



7-MINUTE BRIEFING – Learning from SAR Karla

Background:

Karla was a 52-year-old woman with complex physical and mental health needs, including Emotionally Unstable Personality Disorder. She was a wheelchair user with a long history of trauma and frequent hospital attendances. Despite being known to multiple services, her care remained fragmented. She declined formal support under the Care Act and relied heavily on informal carers.

In late 2021, her health deteriorated—she became malnourished, developed severe pressure ulcers, and was increasingly dependent on her family. A safeguarding referral was made during her final hospital admission, but concerns raised by family were not reflected in professional records. Karla died in hospital in December 2021.

 **Key Message** : *Fragmented care and missed opportunities can lead to tragic outcomes. Practitioners must act with curiosity, compassion, and collaboration*

Recognise and Respond to Self-Neglect:

- Be alert to signs of self-neglect, even when individuals decline support.
- Use the [The Guidance and Process for Self-Neglect in Birmingham](#) and escalate concerns appropriately.
- Don't assume refusal of care means someone is coping.
- Consider how fragmented care can mask serious safeguarding risks.
- [See BSAB Guidance for Individuals or Families who are not engaging.](#)

Multi-Agency Working & Reflective Supervision:

- If engagement is difficult or risks are escalating, don't work in isolation.
- Convene a Multi-Disciplinary Team (MDT) meeting to coordinate support.
- Use MDTs to share information and align interventions.
- [Seek reflective supervision to think critically about complex cases.](#)
- Promote a culture of learning and shared responsibility.

Apply [Professional Curiosity](#):

- Ask deeper questions: Why is the person refusing help? What's behind their choices?
- Look beyond the surface to understand the whole context.
- Document concerns thoroughly and share with relevant agencies.
- Curiosity can uncover hidden risks and unmet needs



Support Informal Carers & Promote Continuity of Care:

- Offer and follow up on Carers Assessments - don't wait for carers to ask.
- Recognise signs of carer strain and escalate where needed.
- Ensure carers are part of the care planning process.
- Ensure timely discharge documentation and referrals to community services.
- Follow up on care plans, especially for pressure ulcer management.

Assess [Mental Capacity](#) Thoughtfully:

- Repeated unwise decisions should prompt a review of mental capacity.
- Consider how conditions like [EUPD](#) affect decision-making
- Record assessments clearly and include risk mitigation strategies.
- Mental capacity is dynamic—review it when risks escalate.
- [Watch this webinar](#)

Use Trauma-Informed Practice:

- Recognise how past trauma affects engagement and decision-making.
- Avoid judgment—focus on building trust and understanding.
- Attend and apply trauma-informed training.
- Trauma-informed care is essential for people with complex histories like Karla.
- [More information about Trauma Informed Practice](#)

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