



Practitioner Briefing: Key Learning from SAR Douglas

Overview

Douglas was a young adult with complex health, neurodiversity, and caring responsibilities who died by suicide in 2022. His family lived with significant and interconnected needs across two households, involving multiple agencies over many years.

This briefing summarises the core learning for practitioners to strengthen whole-family safeguarding, multi-agency coordination, and support for young people with complex vulnerabilities.

Think Family: Understand the Whole Household

Douglas's family had extensive and overlapping needs, yet agencies often worked with individuals in isolation. A whole-family approach is essential in complex households and should be embedded across all services. **Practitioners must:**

- Consider the needs, risks, and pressures affecting all household members.
- Recognise how one person's needs (e.g., aggression, chronic illness, neurodiversity) impact others.
- Ensure assessments and plans reflect the interconnected nature of family life.

Engaging Fathers and Male Carers

The review found that Douglas's father, Peter, was largely absent from assessments, planning, and agency involvement despite being an active and consistent presence in his children's lives. As a result, practitioners overlooked a key source of insight and potential support, creating significant gaps in understanding risk and family dynamics. Fathers must be proactively included in assessments and planning.

Practitioners must:

- Not assume disengagement based on limited records or one parent's account.
- Ensure professional curiosity is essential when parents disagree or relationships are acrimonious.
- Ensure information provided by one parent is verified directly with the other. Failing to triangulate risks leads to inaccurate assumptions and missed opportunities for support.

Recognise Cumulative Stress and Hidden Risk

Within the mother's household, each person had a range of professionals working with them on an individual level and collectively across all three people. The network of professionals supporting the household unit was immense and this placed a great deal of pressure on this household. Despite the significant and interconnected needs within the family, the review found that agencies did not consider the household as a whole.

Practitioners must:

- Look beyond single incidents to identify cumulative pressure.
- Understand that chronic stress can mask escalating risk.
- Avoid assuming families are coping simply because they continue to function.
- Prioritise clear, personalised conversations over leaflets and signposting.
- Identify a dedicated liaison professional who can provide continuity, explain processes, and help navigate systems.

Hearing the Voice of the Child/Young Adult

At the start of the review period Douglas was 17 and legally still a child, yet his voice was not consistently heard or prioritised. While the Children Act 1989 requires professionals to give due weight to a child's views, parental voices – particularly in high-need families – can dominate professional attention. In Douglas's case, his own wishes and feelings are largely absent from agency records. **Practitioners must:**

- Actively seek a young person's voice and not let it be overshadowed by parents.
- Ensure the child or young adult is heard directly, even when parents are highly involved or distressed.
- Ensure parental frustration or persistence is not misinterpreted as hostility or obstruction. Understanding the fear and exhaustion driving these behaviours helps build trust and prevents professionals from forming inaccurate assumptions.
- Consider how each young person communicates and where possible, offer formats – such as 1:1 sessions – that enable their lived experience to be understood.

Autism, Self-Identity and Understanding Lived Experience

Douglas's experience of autism was a central but insufficiently understood aspect of his life. Developing a sense of identity is challenging for many young adults, but for Douglas – who was autistic, a young carer, a student – this process was particularly complex. Although he received a formal Autism Spectrum Disorder (ASD) diagnosis at 17 following a privately funded assessment, there is limited evidence that agencies explored what this diagnosis meant to him, how he understood his autism, or how it shaped his daily life. **Practitioners must:**

- Recognise that autistic young people may mask distress or struggle to express intent.

- Use curiosity, seek specialist advice, and avoid taking verbal reassurance at face value.
- Tailor communication and risk assessment to neurodivergent needs.

Autism and Mental Health

Autistic people experience significantly higher rates of mental health difficulties, with anxiety and depression affecting the majority, and research showing markedly increased risks of suicidal thoughts and attempts compared with the general population. These vulnerabilities are often compounded by barriers to accessing effective mental health care, including difficulties expressing feelings and services that are not always adapted to autistic communication styles.

Douglas lived with long-standing mental health challenges, including depression, anxiety with psychotic symptoms, and self-harm. He had a history of suicidal thoughts and made two attempts in 2019 before his death in 2022. Across multiple contacts with health services, he consistently reassured practitioners that he had no intention of acting on these thoughts and had coping mechanisms in place. Practitioners accepted these accounts, and there is limited evidence that his suicidal ideation was explored through the lens of autism, despite his tendency to mask distress, avoid burdening others, and present a more positive picture of his circumstances. **Practitioners must:**

- Recognise autistic people face significantly higher risks of mental health difficulties and suicide, and this must be explicitly recognised in assessment and planning.
- Understand that autistic individuals may mask distress, minimise symptoms, or struggle to articulate internal states, making traditional risk assessments less reliable.
- Use clear language, explore behavioural indicators, and triangulate information rather than relying solely on reassurance.

Mental Health Transitions

Douglas's transition into adult mental health services was limited because his first meaningful contact occurred just before he turned 18, leading to a brief period of early intervention support before discharge. After nearly a year without services, his mental health deteriorated sharply at university, with escalating anxiety and suicidal ideation. Despite urgent referrals and two A&E presentations following suicide attempts, he faced long waits, and disrupted continuity of care, leaving him without meaningful support during a period of acute vulnerability. These delays and gaps were particularly harmful given his autism, which heightened the impact of uncertainty and poor communication. Although he chose not to involve his family, practitioners did not appear to explore whether another trusted adult could be identified. The case underscores the need for autism-informed suicide-risk assessment and proactive, consistent communication with young people awaiting mental health support.

Practitioners must:

- Provide autism-informed assessment and safety planning, recognising how neurodivergence shapes distress, communication, and risk presentation.
- Maintain proactive, regular contact during waiting periods, offering updates, check-ins, and clear expectations to reduce anxiety and prevent escalation.
- Explore and document trusted-adult involvement, ensuring that if family are not included, another supportive figure is identified in line with current suicide-prevention guidance.

Educational Transitions

Douglas's education involved several major transitions that required consistent, personalised support. He continued his studies through significant health challenges, supported by a college that understood his needs, and during this period received both his autism diagnosis and an Education, Health and Care Plan (EHCP) that set out his aspirations and the support required to help him reach them. Although his university offered proactive transition support, Douglas struggled with anxiety from the outset and ultimately withdrew despite welfare input and a period of deferment. A key systemic gap emerged when his EHCP ended at the point of university enrolment, leaving the higher education provider without access to his assessed needs and reliant on Douglas to self-disclose. While the university offered a broad package of support, it lacked the statutory continuity of an EHCP. The review identifies a local opportunity to improve practice by ensuring EHCP information is shared – with consent – when young people progress into local higher education settings.

Practitioners must:

- Ensure continuity of assessed needs by sharing EHCP information with higher education providers (with the young person's consent) before enrolment.
- Proactively support educational transitions, recognising that neurodivergent young people may struggle with new environments, expectations, and reduced structure.
- Avoid reliance on self-disclosure by routinely exploring what previous assessments, plans, or supports exist, and ensuring these inform early planning and adjustments.

Apprenticeship Transitions

Douglas secured an NHS Care Support apprenticeship in April 2022, but the four-month delay before it began created a prolonged period of uncertainty at a time when he was increasingly anxious. Concerns raised by his mother about the impact of 12-hour shifts were not shared across agencies, limiting opportunities for coordinated planning. During this period, Douglas saw two different GPs for physical symptoms that, in context, were likely indicators of escalating anxiety, yet these consultations were treated in isolation and continuity of care was lost at a critical moment.

Although national support exists for young people entering apprenticeships, there is little provision for the interim period between securing and starting a role – an absence that proved significant for Douglas. A new local programme, Working Well Norfolk, now offers employment-related support for young people with long-term conditions, including help preparing for new roles. **Practitioners must:**

- Use physical-health presentations as prompts to explore emotional wellbeing, especially when there is a known history of anxiety, depression, or autism.
- Provide proactive support during transition gaps, recognising that the period between securing and starting employment can be a point of heightened vulnerability.

Recognise and Support Young Carers

Douglas took on substantial caring responsibilities from a young age, balancing this with his own health needs and anxiety. Although he initially received helpful 1:1 support, this later shifted to group provision that did not suit his communication needs, leading to disengagement without follow-up. As his caring role continued into adolescence, agencies did not reassess his needs or recognise the impact on him, despite clear statutory duties. As a result, his emotional and practical needs as a young carer went unnoticed during a crucial period, underscoring the need for stronger systems to identify and support young carers with additional vulnerabilities.

Practitioners must:

- Ensure young carers must remain visible throughout adolescence, not just at the point of first identification.
- Ensure young carers receive assessment and support in their own right.
- Understand that caring can affect mental health, education, and engagement with services.

Recognise Adult Carers

Douglas was never assessed by children's or adults' social care despite clear eligibility. This left him without coordinated support and highlights the need for proactive identification, assessment, and planning for vulnerable 16–25-year-olds.

Practitioners must:

- must work together to provide fluid, joined-up safeguarding that bridges adolescence and adulthood.
- Ensure carer assessments must be holistic, connected and informed by a Think Family approach.