

Analysis of safeguarding
adult reviews:
April 2017 – March 2019:
Adults Safeguarding
Conference, November
2021

The first national analysis of SARs

- Commissioned by CHIP - the sector-led Care and Health Improvement Programme co-produced and delivered by the Local Government Association and the Association of Directors of Adult Social Services in England
- Authors: Michael Preston-Shoot, Suzy Braye, Oli Preston, Karen Allen and Kate Spreadbury
- Project Oversight: Adi Cooper, CHIP

Our aim today



Voices of Experts by Experience

- When asked what he needed, Terence replied: “Some love, man. Family environment. Support.” He wanted to be part of something real, part of real society and not just “the system”. (reported in a thematic review on people who sleep rough, Worcestershire SAB (2020)).
- From the Leeds Thematic Review (2020):
 - “I lost everything all at once: my job, my family, my hope.”
 - “Without [this help in Leeds], I’d already be dead. I’ve no doubts about that. If the elements hadn’t got me, I would have got me. Sometimes I have rolled up to this van in a real mess and they have offered help and support and got my head straight.”
- Ms I’s partner commented (Tower Hamlets SAB (2020) Thematic Review):
 - At times “she could not help herself” because of the feelings that were resurfacing; access to non-judgemental services was vital and helpful, and that support is especially important when individuals are striving to be alcohol and drug free. It was during these times that stress, anxiety and painful feelings could “bubble up”, prompting a return to substance misuse to suppress what it was very hard to acknowledge and work through.

Helen's Message

- “What hope do I have to ever recover or feel better when this keeps happening? I encourage anyone who truly cares to come and spend a day with me to see what it's like to be helpless, when days feel like weeks, weeks feel like months.”
(reported in a Luton SAB SAR).

Learning from the voices of lived experience

- Seeing the whole person in their situation
- A trauma-informed, whole system response to the person in context
- The problem is not the problem; it is the solution that is the problem. Tackling symptoms is less effective than addressing causes.

“Attempting to change someone’s behaviour without understanding its survival function will prove unsuccessful. The problem is a way of coping, however dysfunctional it may appear. Too often we are responding to symptoms and not causes. Put another way, individuals experiencing multiple exclusion homelessness are in a “life threatening double bind, driven addictively to avoid suffering through ways that only deepen their suffering.”

Methodology

Reviews
completed
1/4/17-
31/3/19

- Request to all SABs
- National repository
- Websites trawl
- 129/132 (98%)

The
sample

- 231 SARs
- Data collection tool completed for each SAR: structured & unstructured data

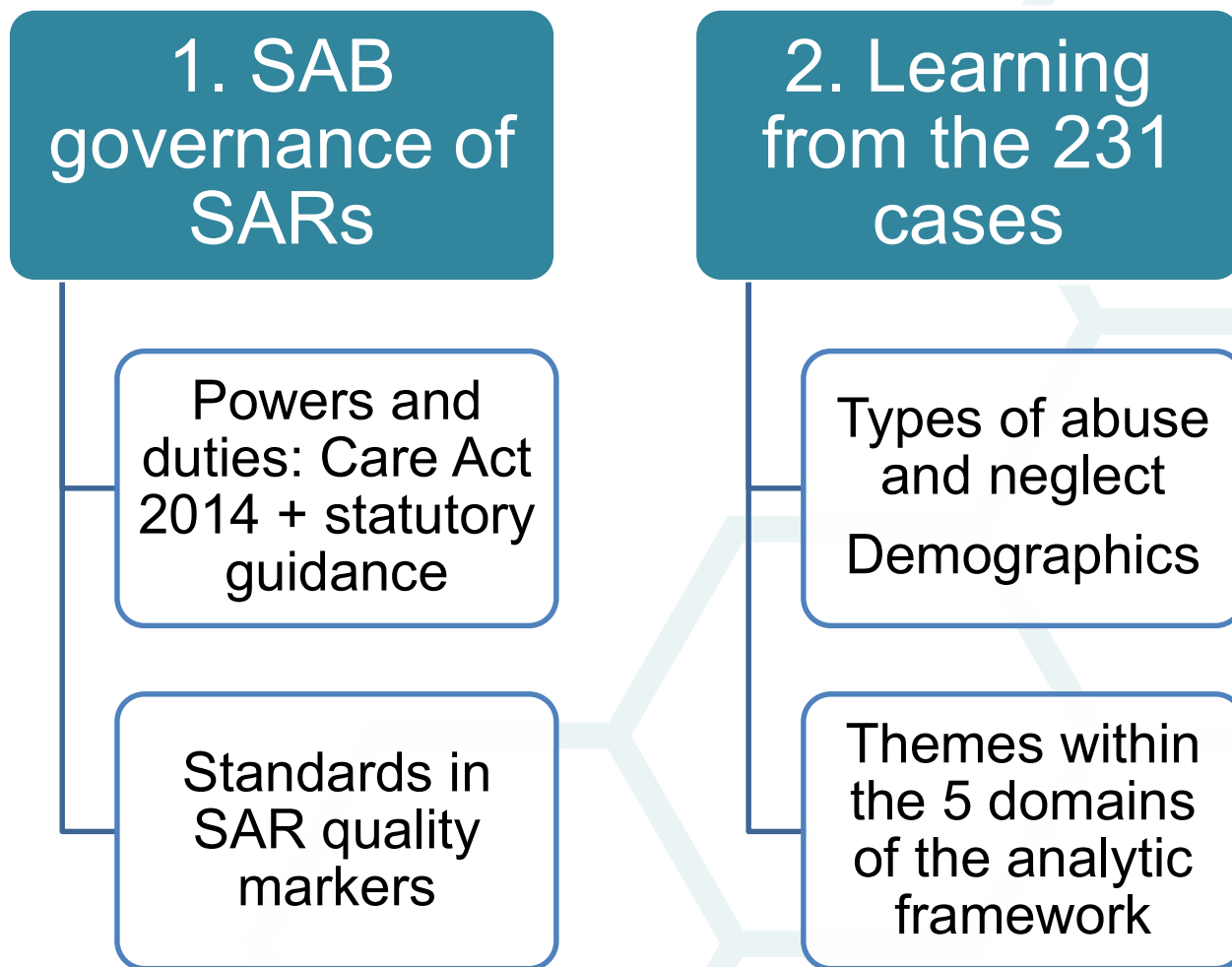
Analysis

- Quantitative analysis
- Qualitative analysis
- Thematic framework

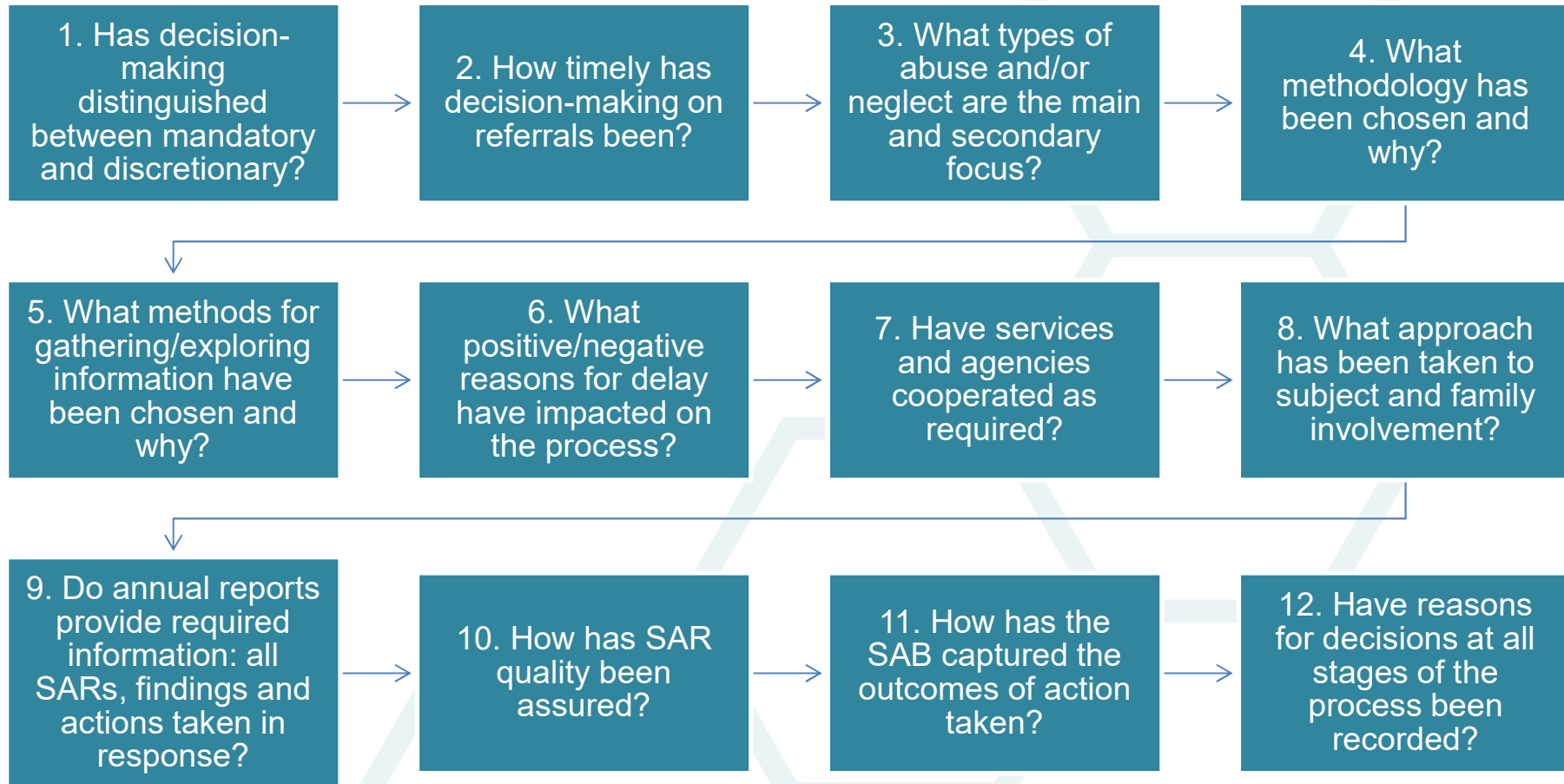
The analytic framework: five domains



Two key sets of findings



1. SAB governance: Key questions for SABs & SAR authors



2. The 231 cases: demographics

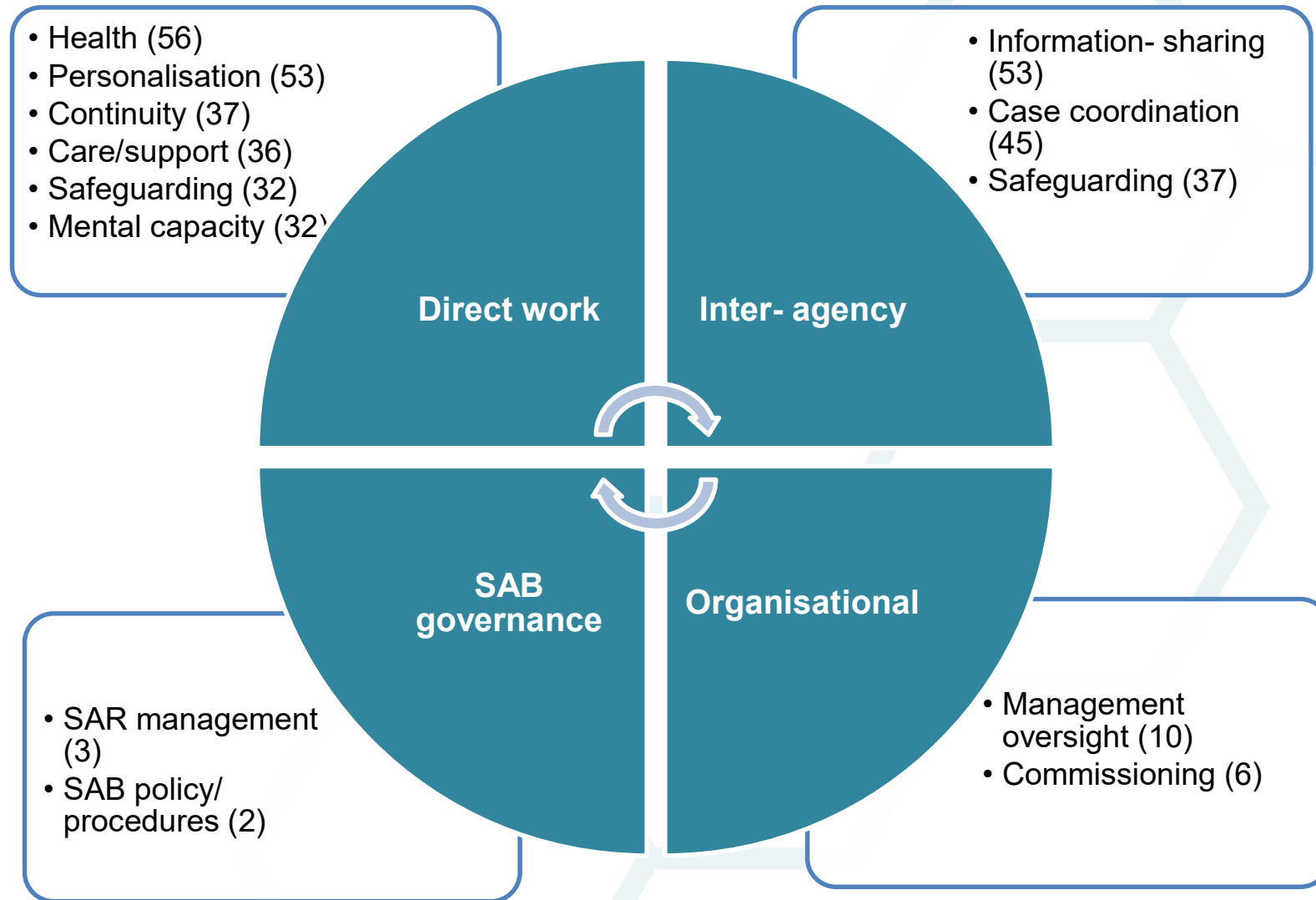
- 263 subjects, 80% deceased
- 129 male, 109 female
- Average age 55
- Little information about sexuality or ethnicity
- Range of health concerns and complex interplay
 - Physical comorbidities
 - Physical and mental ill-health + significant life events
- Living situations:
 - Living alone (36%)
 - Group care (33%)
- Location of abuse
 - Own home (48%)
 - Residential/nursing care (18%)
- Perpetrator
 - Self (48%)
 - Care providers (30%)
- Concluded prosecution = 16.2%

The 231 cases: types of abuse/neglect

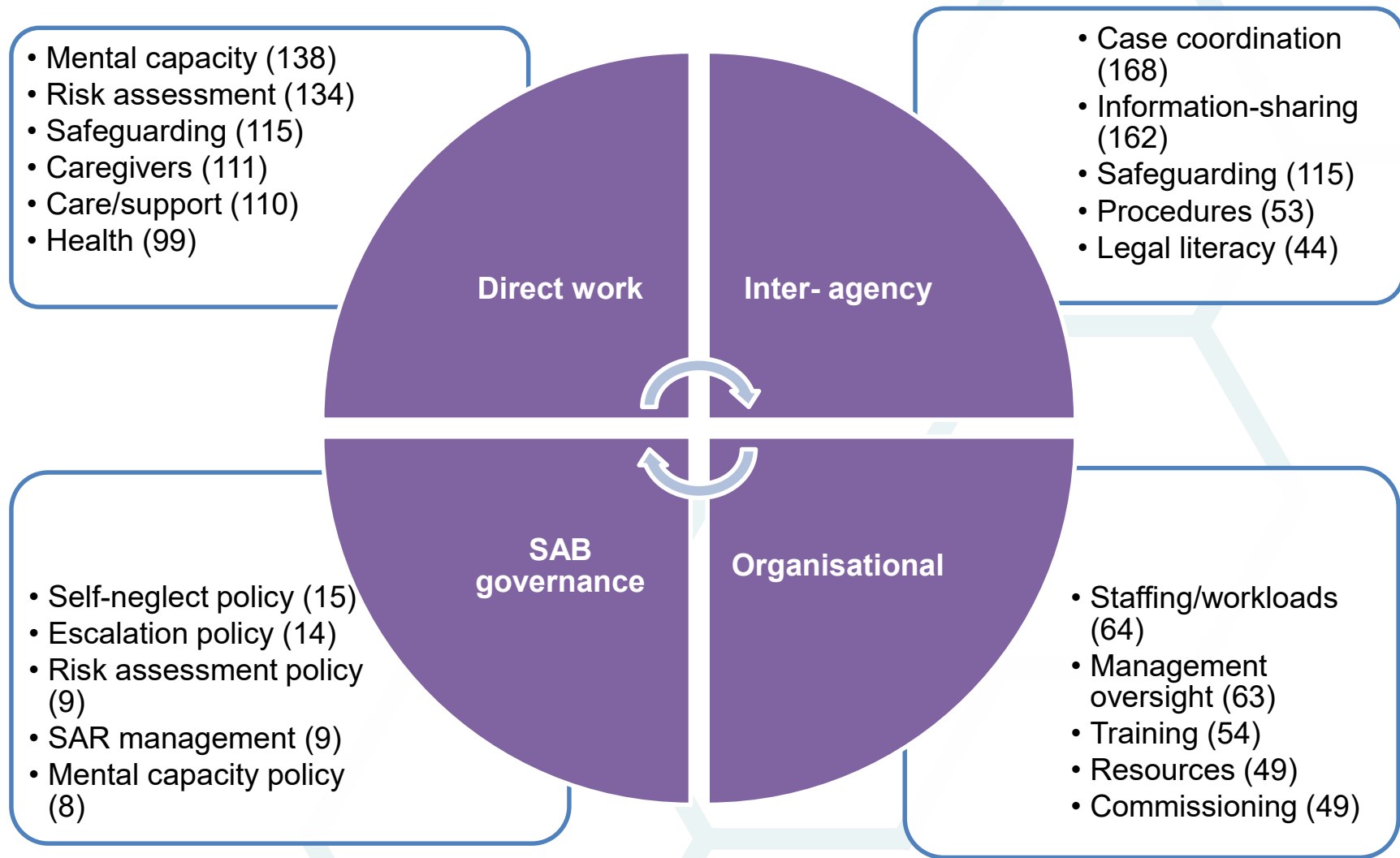
- Modern slavery/sexual abuse/sexual exploitation more prevalent in younger subjects
- Neglect/abuse by omission more prevalent in older subjects
- Psychological/emotional abuse and modern slavery more prevalent for females
- Financial, physical abuse and self-neglect are (slightly) more prevalent for males
- No correlation with types of abuse/neglect subject to s.42 enquiries
- Some types of abuse/neglect positively correlated with each other (e.g. domestic, financial, physical and emotional abuse); some appear unrelated to other types (self-neglect, neglect/omission)

Type of abuse/neglect	Reviews n	%
Self-neglect	104	45.02%
Neglect/omission	85	36.80%
Physical abuse	45	19.48%
Organisational abuse	33	14.29%
Financial abuse	30	12.99%
Domestic abuse	22	9.52%
Psychological abuse	19	8.23%
Sexual abuse	12	5.19%
Sexual exploitation	5	2.16%
Modern slavery	2	0.87%
Discriminatory abuse	2	0.87%
Other	11	4.76%
Not specified	29	12.55%

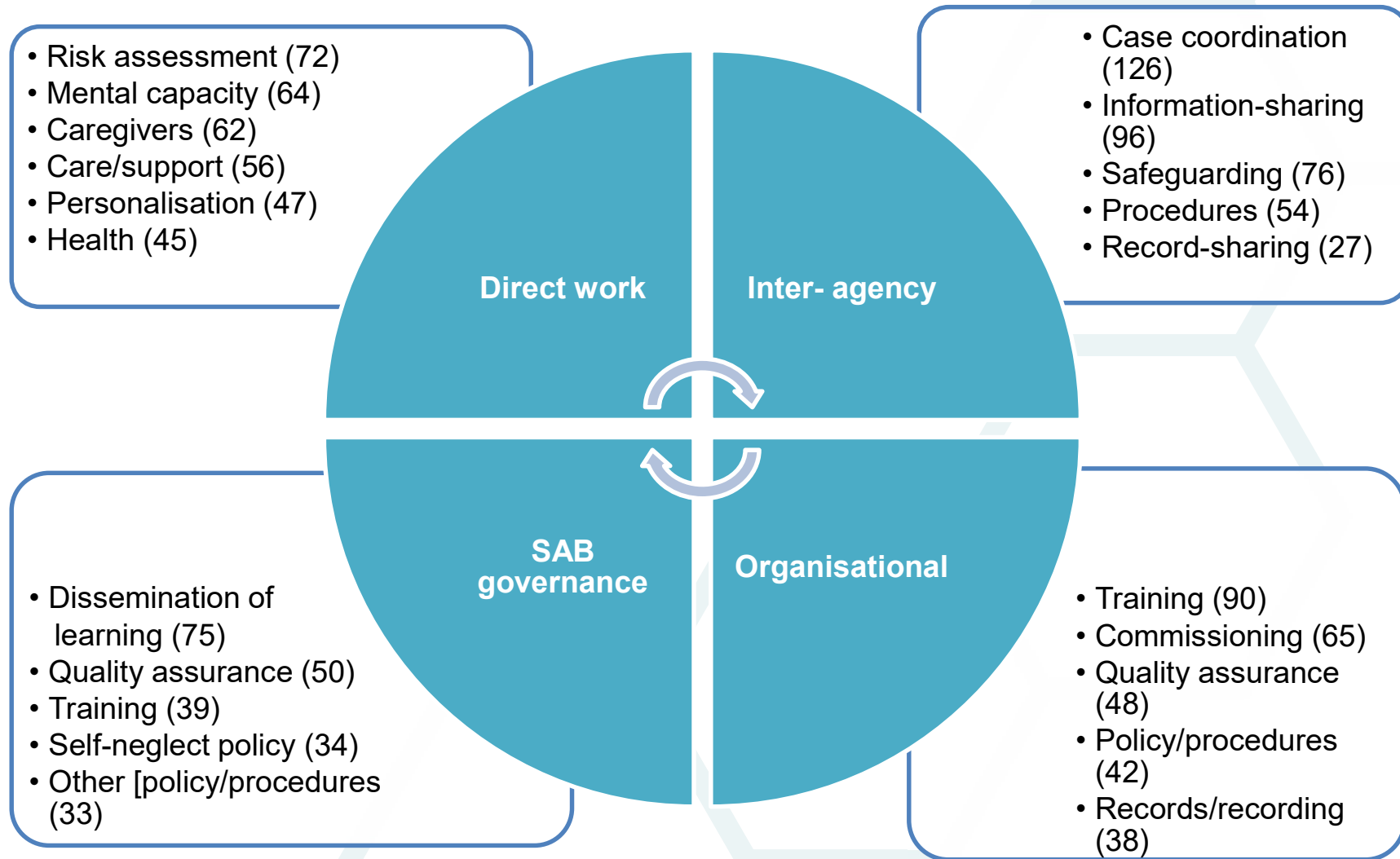
Good practice across the domains



Poor practice across the domains



Recommendations across the domains



Direct practice – best practice (self-neglect)

Person-centred,
relationship-
based practice

Professional
curiosity
(history)

Assessment of
care & support,
and mental
health

Transitions –
opportunities
not cliff edges

Assessment &
review of risk
and capacity

Family
involvement
(think family)

Availability of
specialist advice

Legal literacy

Balancing
autonomy with a
duty of care

Inter-organisational environment – best practice (self-neglect)

Guidance on
balancing
autonomy with a
duty of care

Information-
sharing &
communication

Working together
on complex,
stuck and stalled
cases

Use of multi-
agency meetings
and safeguarding
enquiries

Clear roles and
responsibilities
(lead agencies
and key workers)

Shared record-
keeping

Organisational environment – best practice (self-neglect)

Development, dissemination & review of guidance

Clarifying management responsibilities and oversight

Staffing, supervision, support & training

Recording standards

Commissioning & contract monitoring

Culture of openness, challenge and escalation

SAB governance – best practice (self-neglect)

Audit & quality assurance of what good looks like

Multi-agency training

Review of management of SARs

Workplace as well as workforce development

Continual review of outcome of recommendations

Use of SARs to inform policy development, practice audits and training

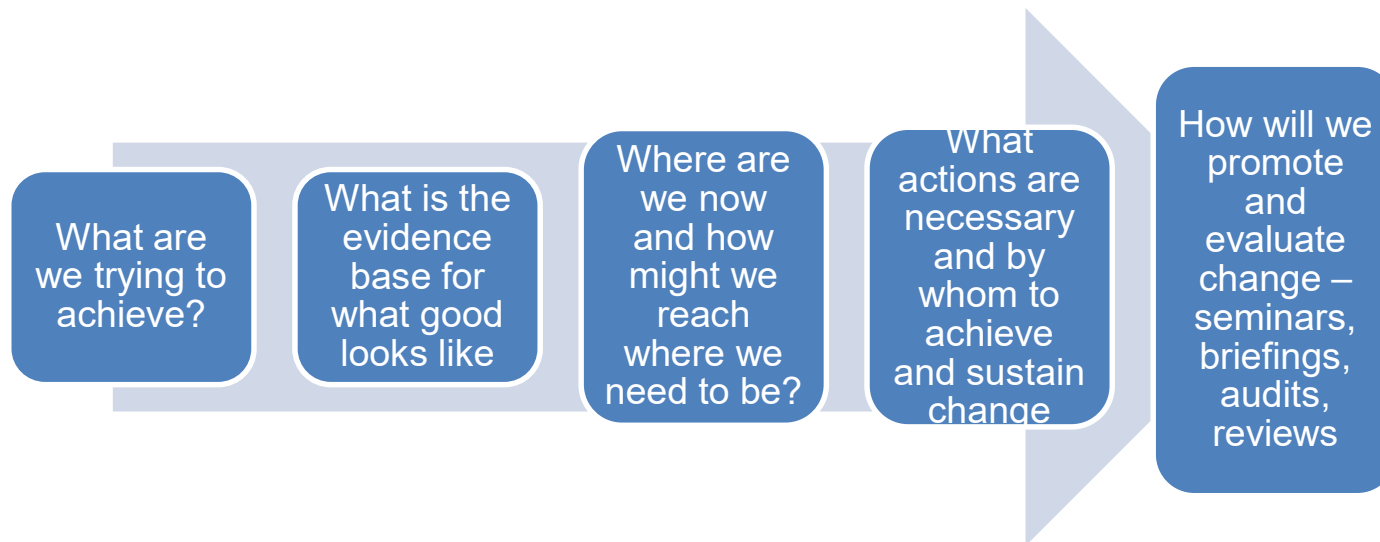
Sector-led improvement priorities



Progress on implementation of priorities

- Escalation protocol agreed by National Network of SAB Chairs with DHSC
- Quality markers being completed and revised
- Database of published SARs from the national analysis available on Research in Practice web platform
- National library to be hosted by National Network of SAB Chairs on a new web platform
- CHIP programme commencing a project on discriminatory abuse
- Ongoing focus on guidance regarding out of borough placements
- Developing the evidence-base against which to evaluate practice – self-neglect, transitional safeguarding, homelessness, alcohol-dependence

Thinking about change – a whole system conversation with SAB as the guiding presence



Dissemination

To whom are key messages being sent and how?

What is expected from them?

How will this be followed up?

Implementation

Are Board partners active in leading the change?

Are staff empowered to implement changes in practice?

Are agency structures blocking or facilitating change?

Tracking change

How are outcomes being monitored?

How are changes being consolidated?

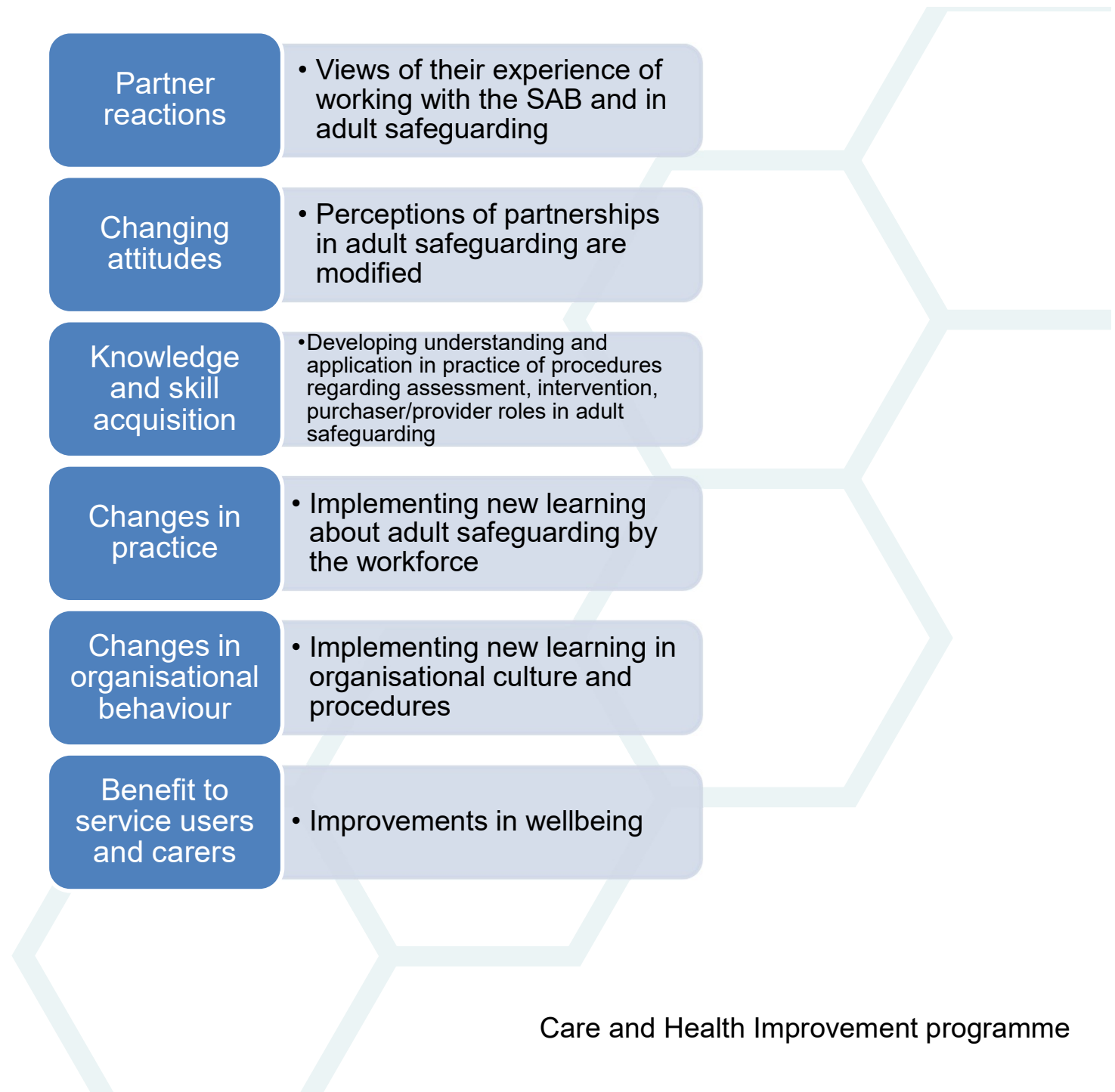
How are new approaches to policy and practice being transmitted?

Maintaining direction

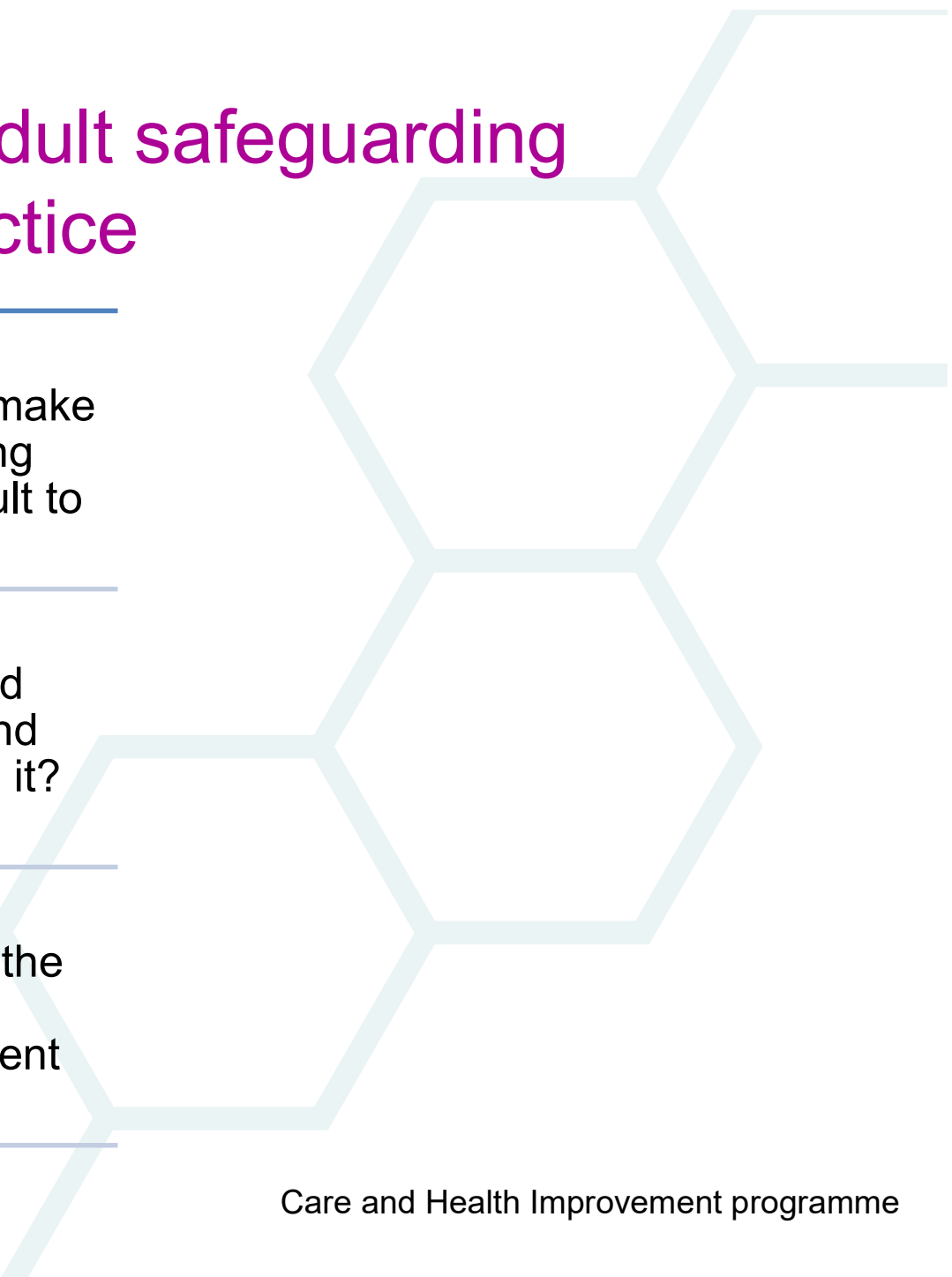
What actions are necessary, by whom, to sustain change?

Are further refinements to policy or practice indicated?

What has been the outcome of similar cases since the one reviewed?



Key questions for adult safeguarding communities of practice



What does this evidence tell us about the systemic factors that make adult safeguarding so challenging and change so apparently difficult to achieve?

What does this evidence tell us about how we can enhance good practice in adult safeguarding and remove the barriers that impede it?

What still needs to be achieved locally and nationally to provide the best context for preventing and protecting individuals from different types of abuse and neglect?

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