LGA National Review of SARS

Sector-led improvement priorities

The findings of this analysis give rise to priorities for sector-led improvement. They are clustered below within five main categories. The priorities are numbered as in the main report, for ease of cross reference. Some should already be standard good practice but require reinforcement. Others will require additional resources [22].

SAB practice on the commissioning and conduct of SARs (priorities 2, 4, 5, 6, 7, 8, 10, 14, 18, 20)

2: SABs should review their record-keeping to ensure that completed SARs remain in the collective memory, available as a baseline for measuring subsequent change.

4: The SAR quality markers should be reviewed and completed, informed by the findings of this national analysis. After dissemination of the revised quality markers, SABs should be asked to report on how they have been used to enhance the SAR process.

5: SABs should be asked to provide reassurance that partner agencies understand the relevant legislation regarding referral and commissioning of SARs.

6: Regional and national SAB networks to review approaches to the interpretation and application of section 44 Care Act 2014 in decision-making about SAR referrals.

7: SABs should review their governance procedures for SARs and ensure that referrals and decision-making are timely, with meeting minutes and reviews clearly noting the reasons for positive or negative delay.

8: SABs must ensure that SARs identify the types of abuse and neglect within cases being reviewed.

10: SARs should give a full account and offer a reflective analysis of the methodology used. The quality markers should be revised to emphasise the importance of methodological rigour. 15: SAB should review their reporting of SARs in annual reports to ensure compliance with the requirements of statutory guidance and the imperatives that learning is embedded, and the impact and outcomes of reviews evaluated.

18: SABs should review their approach to ensuring the quality of reports.

20: Terms of reference for all SARs must include consideration of how race, culture, ethnicity and other protected characteristics as codified by the Equality Act 2010 may have impacted on case management.

Supporting sector-wide learning from SARs (priorities 1, 3, 11, 13, 19, 29)

1: The future of the national library of SARs should be secured, with SABs committed to depositing completed reviews therein, and technology developed to enable searching by types of abuse and neglect.

3: SABs should adopt the data collection tool to collate learning from future SARs.

11: Regional and national networks provide a space where SABs can discuss learning regarding a proportional and change-oriented approach to cases involving types of abuse and neglect that have previously featured in local reviews.

13: Regional and national networks provide a space where SABs can discuss and disseminate learning from experiences of individuals' and families' involvement in SARs.

19: Sector-led improvement to engage with SABs to capture the impact of review activity.

29: SABs locally, regionally and nationally should be leading a continuing conversation that seeks to address the questions that arise out of the poor practice reported by SARs.

Support for adult safeguarding practice improvement (priorities 16, 17, 21, 22, 23, 24, 25, 26) [23]

16: The national SAB network should engage with national bodies responsible for services whose roles include adult safeguarding to reinforce agency and service compliance with their duties to cooperate and share information.

17: Further work should take place on the interface between s.42 and s.44 Care Act 2014: (a) to inform understanding of routes that provide best learning where people have survived abuse and neglect, and (b) to inform initiatives to strengthen practice in the category of abuse and neglect most prevalent in s.44 statistics (ie self-neglect).

21: Consideration should be given to the dissemination of briefings on good practice regarding all forms of abuse and neglect but especially those newly highlighted by the Care Act 2014 within adult safeguarding, such as domestic abuse, modern slavery and discriminatory abuse (hate and mate crime).

22: Briefings should be published for practitioners and managers on the implications for best practice in adult safeguarding of the requirements of the Equality Act 2010.

23: In light of the reported poor practice in direct work with adults at risk, SABs should review (in local, regional and national discussion) how they seek assurance on practice standards and contribute to improvement, working to the priorities in the main report.24: In light of the reported poor interagency working, SABs should review (in local, regional and national discussion) how they seek assurance on standards of interagency practice and contribute to improvement, working to the priorities in the main report.

25: In light of the reported concerns about how organisations support safeguarding practice, SABs should review (in local, regional and national discussion) how they seek assurance on organisational systems, culture and resources, and contribute to improvement across their partnership, working to the priorities set out in the main report.

26: In light of the consistency of recommendations in SARs across all four domains of analysis, which replicate those made in earlier reviews, SABs should review (in local, regional and national discussion) how they seek assurance on practice standards and contribute to service and policy improvement and enhancement across their partnerships.

Revision to national policy/guidance (priorities 9, 14, 27)

9: In light of the findings from this national analysis, the statutory definitions of types of abuse and neglect should be revisited and, if necessary, revised to ensure that they fully capture the developing understanding of the contexts in which adult safeguarding concerns and risks emerge.

14: Statutory guidance should be revised to indicate when the SAR process commences. 27: SABs, regionally and nationally, should discuss the role of SARs in sharing learning with central government departments and national regulatory bodies, and holding them to account when findings require a response that is beyond the scope of local SABs.

Further research to inform sector-led improvement initiatives (priorities 12, 28)

12: Comparative research should be commissioned to highlight the effectiveness of different review methodologies.

28: Projects should be commissioned to develop the evidence-base for good practice with respect to preventing, and protecting people from, particular types of abuse and neglect, working to the priorities set out in the main report.

Footnotes

22. The report's authors believe that improvement priorities that are new resource-dependent are: 1, 4, 12, 17, 19, 21, 22 and 28.

23. Drawing also on the roles of designated named professionals in healthcare and safeguarding leads such as Principal Social Workers in councils, as set out chapter 14 of the statutory guidance.

More publications about Adult social care

- <u>Developing a capacity and demand</u> <u>model for out of hospital care</u>
- <u>COVID-19 Adult Safeguarding</u> <u>Insight Project - Second Report (July</u> <u>2021)</u>
- <u>COVID-19 Adult safeguarding</u> <u>insight project: findings and</u> <u>discussion</u>

More publications in this topic

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