

National Survey for Safeguarding Adults Board Chairs

2023/24

Acknowledgement

This survey was designed and administered with the support of Partners in Care and Health. Some design, administration, data analysis and presentation for this report was undertaken by the Partners in Care and Health Research and Data Team. Joint Convenors of the National Network for Safeguarding Adults Boards (SAB) Chairs, Siân Walker-McAllister and Michael Preston-Shoot completed the data analysis and this final report.

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Partners in Care and Health works closely with the National Network of Safeguarding Adults Boards Chairs with the common objective of sharing and improving best practice in adult safeguarding. Whilst the Network is not funded by PCH, we work collaboratively and for this survey, PCH supported the Network on collating all the responses from the SAB Chairs’ Survey 2023.

National Survey of Safeguarding Adult Board Chairs 2023/24

# Summary

This is the fourth survey since implementation of the Care Act 2014. Report of the third survey can be found on the network’s website (<https://nationalnetwork.org.uk>). The previous survey collected data between October 2021 and January 2022. This fourth survey collected data between November 2023 and January 2024.

This survey has provided an opportunity for SABs to complete a temperature check on their performance, achievements, and challenges – their effectiveness in meeting their statutory duties and in seeking assurance about the effectiveness of adult safeguarding through data collection and analysis, member assurance reports, and learning from the involvement of people with lived experience. Accordingly, there are sections that cover SAB performance and planning, membership, and funding.

There are also sections on housing, not least because of the increasing recognition that homelessness, insecure or temporary housing and poor quality accommodations are adult safeguarding concerns. There are sections on adult safeguarding enquiries (section 42 Care Act) and safeguarding adult reviews (SARs) (section 44) since these are key barometers of the effectiveness of adult safeguarding.

Finally, the survey offers SAB reflections on their engagement with prisons and with concerns surrounding accommodation for people seeking asylum.

The survey did not include questions about preparation for forthcoming Care Quality Commission (CQC) assurance visits. PCH has provided consultation in response to individual requests from local authorities, some of which have included the work of Safeguarding Boards in the arrangements. From free text comments in the survey, this injection of support has been found to be valuable. Some SABs have engaged actively with partners, especially local authorities, in preparation for CQC assurance, focusing particularly on the key line of enquiry of “safety.” Some survey respondents requested additional support and guidance, for example around data collection and analysis.

# Key findings

**Joint Governance Arrangements** – there was stronger confidence in shared governance arrangements with safeguarding children partnerships and cross boundary arrangements with other local authority areas. In some areas, SABs were also confident about shared governance with community safety partnerships.

**Reviewing SAB performance** was felt to rely heavily on external assessment or peer review. There is emerging evidence of external scrutineers contributing to this (14 SABs had independent scrutineers engaged by the local authority) and also of SABs tasking Quality Assurance sub groups with this task, as well as ensuring that local Scrutiny Committees have the opportunity to scrutinise the SAB Annual Report.

**Effective strategic planning** and review of plans was variable, with just over half of those SABs which responded, demonstrating that they undertake this effectively (54%), stating that they effectively review the strategic business plan to a great extent and others citing more work to do.

**SAB Chair and membership** responses indicated a requirement for greater diversity in recruitment to SAB Chair roles; and whilst statutory partners hold key membership, there is considerable variability in membership from other sectors, with low take up of membership where specific recommendations have been made – for example, from housing, probation/ prisons, and the voluntary and community sector.

Responses showed the numbers and types of SAB subgroups to be variable. This survey showed an increase in the involvement of people with lived experience, and although the methods of involvement were variable, there is a noticeable difference to the responses in this survey from earlier ones. The Network is currently leading work in this area and will report its recommendations in 2024/25.

**Provision of safeguarding data** – responses indicated variability in this area, with most data being received from adult social care. Respondents cited challenges in getting appropriate data from all statutory partners and in particular there was no common approach to analysis of the annual Safeguarding Adults Collection (SAC) return to the government.

**Mechanisms for referral of safeguarding concerns and SARs** - there were many and varied ways in which safeguarding concerns are referred through into adult social care with some areas having multi-agency hubs, some using the front door teams and some using a specialist team. Understandably data provided is variable and further work is needed, nationally with DHSC and NHS England, in improving guidance in this area. Indeed this links in with one of the recommendations from the 2023/24 National SAR Analysis.

Referrals of SARs and data on commissioning SARs within SABs is also variable. Data on the type of abuse continues to indicate that the most prominent referrals and commissions of SARs are for Self-Neglect and Neglect/ Acts of Omission.

An area of interest from this survey shows the areas of difficulty when delivering SARs to publication. Interestingly, this is also raised by SAB Chairs through the Network on a frequent basis and will doubtless lead to some more work in this area in the forthcoming year in a revision of the ‘Rough Guide for SAB Chairs’.

**Challenges working with partners/ agencies (nationally and locally)** \_specific questions were asked in relation to the effectiveness of SABs working with the Home Office. Responses have indicated that effective working together is generally not good. In respect of safeguarding and asylum seekers, difficulties were cited with referrals which clearly indicates a need for more work in this area which will be discussed with Home Office colleagues.

SABs have different approaches to working with prisons in their areas, noted in free text comments from the survey. The Network’s ‘Criminal Justice Task & Finish Group’ will support the Network and SAB Chairs in taking forward a more unified approach on completion of their work.

# Recommendations

**Recommendation One:** the network should consider how to improve the diversity of its membership.

**Recommendation Two:** Network members should consider how wider membership of SABs can be improved in respect of:

* following DHLUC guidance, how strategic housing may be represented
* following the recently implemented MoU with DWP, how local DWP can be better represented
* Prison Services, how representation on SABs may improve wider engagement with prisons, particularly to support preventative safeguarding for those prisoners with health and care needs and also those who are preparing for discharge
* Ambulance Service representation, with regional consideration being given to this, potentially with a Lead SAB in the region, having links to Ambulance Service representation (in the area where a local ICB is the main regional commissioner for the Ambulance Service)
* CQC engagement, with similar consideration be given to CQC which covers wide regional areas; to be supported by regular CQC attendance at the Regional SAB Chairs’ Network.

**Recommendation Three:** the network should continue with the task and finish group on ‘SAB Links with Community Engagement’ activity that was commenced as a priority following the previous survey, with a particular focus on collating examples of good practice in involving people with lived experience.

**Recommendation Four:** SABs should review the SAC returns annually as part of their data analysis and performance review. The network should use the free text comments from the survey as a springboard to collate tools to support the collection and analysis of performance data.

**Recommendation Five:** the network should engage in discussion with NHS England Social Care Statistics Team, DHSC and ADASS with a view to strengthening national data collection and analysis about adult safeguarding.

**Recommendation Six:** the network should continue to engage in discussions with DHSC on policy and practice regarding section 42.

**Recommendation Seven:** the national network and individual SABs should address the improvement priorities from the second national analysis and report on changes to policies and practice, including quality assurance, in their annual reports.

# Recommendation Eight: the network should disseminate to partners, including government departments, the outcomes of the work of the task and finish group focused on prisons, probation and adult safeguarding.

**Recommendation Nine:** the network should collate from members concerns about accommodation provided for people seeking asylum, aftercare when a right to remain is granted, and provision to meet their health and social care needs, to be shared with the Home Office.

# Introduction

The National Network for Safeguarding Adults Boards conducts a survey of its members every two years. The survey is used to inform the network’s priorities. On this occasion, the questions asked in the survey were co-produced by network members and in consultation with our partners in the Department of Health and Social Care, the Home Office, and ADASS. The survey was sent to the chairs of safeguarding adults boards who were asked to complete the survey with their Board business managers.

# Methods

All known chairs of safeguarding adult boards (SABs) were sent a link to the online questionnaire via email at the start of November 2023. A total of 97 completed surveys were received, giving a response rate of 75 per cent. A copy of the survey questionnaire is shown in Annex A of this report. Table 1 shows the response rate by ADASS region.

|  |  |  |  |
| --- | --- | --- | --- |
| **Region of SAB** | **Number of invitations sent** | **Number of responses** | **Response rate (%)** |
| Eastern | 10 | 10 | 100% |
| East Midlands | 9 | 9 | 100% |
| North West | 25 | 22 | 88% |
| London | 27 | 21 | 78% |
| Yorkshire and the Humber | 12 | 9 | 75% |
| North East | 8 | 6 | 75% |
| South East | 14 | 9 | 64% |
| South West | 13 | 8 | 62% |
| West Midlands | 12 | 3 | 25% |
| **Total** | **130** | **97** | **75%** |

**Table 1. Survey response rate by ADASS region**

\*This figure includes 2 SABs that have shared meetings and therefore submitted a joint response

# Performance and Planning

We began the survey by asking about confidence in the effectiveness and/or strength of the joint governance arrangements between the SAB and different partnership organisations. This was an improvement priority identified in the previous survey. Overall, of those responding to the question, levels of confidence in their partnerships were high for the majority of SABs. The strongest levels of confidence were seen in the partnerships with safeguarding children (73% fairly confident or very confident in the effectiveness / strength) and the cross-boundary arrangements into other local authority areas (72% fairly confident or very confident). Additionally, 65% of respondents were fairly or very confident with their partnerships with community safety.

**Figure 2. Confidence in the effectiveness and/or strength of the joint governance arrangements between the SAB and different partnership organisations**

Q - How confident are you in the effectiveness / strength of the joint governance arrangements between the SAB and the following organisations?

We also asked about the effectiveness of the SAB at reviewing itself (figure 3). Overall, more than half agreed to a great extent that they are effective at reviewing the content of the strategic/business plan (54%) with a further 34% agreeing to a moderate extent. A high percentage also said that their SAB was effective to a great or moderate extent at reviewing the outcomes of the strategic/business plan (78%) and its own performance (77%).

**Figure 3. Extent of effectiveness of SAB at different aspects of review.**

Q – To what extent do you feel the SAB effectively reviews the following: Its own performance; The content of its strategic/business plan; The outcomes of its strategic/business plan.

Methods of reviewing the SAB’s own performance relied heavily on peer or external assessment/review, self-assessment templates/discussion, challenge events and development days. Free text comments also referenced the use of sub-groups for performance analysis and scrutiny, the completion of audits and surveys, and an emerging trend of using independent scrutineer reports.

*“Bi annual attendance at the Adult Social Care and Public Health Select Committee (Scrutiny). Independent Review of the SAB by a consultant, who made recommendations which had been taken to the partnership and then tracked through the business plan. ADASS Regional review around the effectiveness of SAR reviews and plans. Completion of annual report is key. Independent Chair undertakes 360 feedback from strategic partners.”*

*“This year we volunteered to have PCH review effectiveness of SAB, highlighting our strengths and weaknesses. We developed a live action plan as a result which is shared with partners regularly and helps to raise awareness of what still needs to be done.”*

*“The SAB identifies areas for review and assurance and picks up on emerging themes requiring greater scrutiny over the course of year at quarterly Board meetings, setting actions for partnership and monitoring progress through SAC return and a Safeguarding Adults data dashboard, which is reviewed quarterly. The SAB also scrutinizes areas for improvement via use of SAPAT tool.”*

*“We hold development day each year where we review our performance against our strategic objectives and look at emerging themes and concerns which will feed into a revised strategic plan annually , we ask partners to support with evidence for the annual report.”*

Not all SABs actively reviewed their own performance, sometimes “*due to other pressures*.” Others were developing their approach.

*“No specific work in this area.”*

*“Attempts to arrange external support re self-assessment - however partner engagement was limited.”*

*“We are currently reviewing how we measure the performance of the SAB. We are trying to agree a framework for this.”*

*“New governance arrangements have been developed with a focus on reflection and practice improvement. Assurance reporting into the partnership is improving with the Chairs of the subgroups submitting executive reports to the Statutory Safeguarding Partners on the key themes, practice issues and actions along with the narrative needed to ensure they are provided with the oversight and assurance of safeguarding arrangements.”*

The same methods were being used to develop the SAB’s strategic plan and to review its outcomes. Development days were prominent here, being used to identify themes and priorities. The compilation of annual reports was also prominent, again as an opportunity to consult with partners, to monitor data and to collate outcome evidence, for example from audits. Once again, free text comments referenced the use of peer/external assessment/review, and reporting by sub-groups to Board meetings.

*“A 3 year strategic plan was developed and this is currently being reviewed by the SAB to ensure that it is still relevant. Each year a business plan is developed where there are specific actions for subgroups to take forward to achieve the SABs priorities based on the strategic plan.”*

*“The strategic plan and its work strands are regularly reviewed by each of the working groups and suggestions for change to inform any revision. All partners are consulted for the strategic plan, partners being reminded to consider the national drivers as well as local landscape when reviewing the plan. Consultation compliance is also reported to the partnership.”*

*“The subgroups have developed longitudinal evidence bases to determine how the work on the SAB has made a difference and improved the lives of adults over the period of the strategy This includes for example; residents surveys which will be completed a number of times over the 3 years, social care users surveys.”*

A small number of comments referenced challenges in strategic planning.

*“Measuring impact of actions and recommendations from SARs is difficult.”*

*“This is a work in progress but is a focus to try to evidence the "so what" question using a "Beyond Green" approach.”*

*“This is underdeveloped. A performance framework against the key priorities outlined in the [Board’s] strategic plan would assist in demonstrating progress against stated outcomes.”*

Moving on to how the SAB functions, the majority of SABs (70 per cent) indicated that they meet on a quarterly basis (figure 4) with a further 19 per cent indicating that they meet more frequently.

**Figure 4. Frequency of SAB meetings**

Q - Approximately how often does the SAB meet?

# SAB Chair and Membership

The majority of SABs indicated that they have an independent chair (90%) with few chairs being a senior officer from one of the statutory partners or from another role.

We also asked about the demographics of the chair in an attempt to assess diversity among people taking on the role. We found that 57% were females and 42% were male. There was very little diversity when looking at ethnicity, disability status and sexual orientation.

**Recommendation One:** the network should consider how to improve the diversity of its membership.

The backgrounds of the chair varied, with the highest percentages coming from social work (37%), and the police (28%). Others came from health, social care, law or other backgrounds, showing the relevance of a variety of experience.

**Figure 5. Background of SAB chair**

Q What is the professional background of the chair/scrutineer?

The majority of SABs (79%) indicated that they do have an Executive Group, with 14% saying that they do not and the remainder not providing an answer. The membership on SABs varied, though almost all indicated that they include the NHS Integrated Care Board, the police and local authority adult social care in their SAB. This should be expected since these three organisations are statutory partners. Other members include NHS provider trusts (43%) and local authority services such as children’s services (29%) and strategic housing (22%).

**Figure 6. Membership organisations for SABs**

Q - Does your SAB have an Executive group?

Q - What is the membership of the Executive group? (asked only to those with an Executive group)

**Recommendation Two:** Network members should consider how wider membership of SABs can be improved in respect of:

* following DHLUC guidance, how strategic housing may be represented
* following the recently implemented MoU with DWP, how local DWP can be better represented
* Prison Services, how representation on SABs may improve wider engagement with prisons, particularly to support preventative safeguarding for those prisoners with health and care needs and also those who are preparing for discharge
* Ambulance Service representation, with regional consideration being given to this, potentially with a Lead SAB in the region, having links to Ambulance Service representation (in the area where a local ICB is the main regional commissioner for the Ambulance Service)
* CQC engagement, with similar consideration be given to CQC which covers wide regional areas; to be supported by regular CQC attendance at the Regional SAB Chairs’ Network.

When asked about the Safeguarding Adults Scrutineer role, there were 14 SABs that indicated they do have someone in this position.

Additionally, we asked all respondents which partner organisations were invited to be part of the SAB, with fire and rescue services, representatives of the local voluntary and community sector and housing services, as well as probation services being named by almost all respondents (figure 7). More than half of SABs said that they also invited the ambulance service, representatives of care providers and the Care Quality Commission (CQC).

It is interesting to observe some differences in Figures 6 and 7. For instance, Fire and Rescue invited by 98% of SABs but with 22% membership.

**Figure 7. Partner agencies invited to be part of the SAB**

Q - Which of the following partner agencies are invited to be members of the SAB

Almost all (91 out of 97) of the SABs indicated that they have sub-groups, with many having a number of different groups. Figure 8 summarises the categories that the sub-groups listed fall into, with quality assurance having the highest number of groups (43%) followed by learning and development (39%) and communication and engagement (34%). Other sub-groups were dedicated to performance, SARs, engagement, practice and policy, with between 20% and 30% of SABs having a sub-group related to one or more of these topics. The majority of subgroups were not chaired by the SAB chair, with around half (46%) chaired by another member of the SAB executive and a similar number chaired by others.

**Figure 8. Summary of types of sub-groups for SABs**

Q – Do you have any subgroups? If yes; Q - Which subgroups exist?

Nomenclature of sub-groups might distort the picture somewhat. If quality assurance and performance sub-groups address similar tasks, then 73% of SABs explicitly use sub-groups to focus on the effectiveness of adult safeguarding. Similarly, 56% of SABs have sub-groups focusing on communication and engagement, and 37% on SARs and case review. SABs have a statutory duty (section 44 care Act 2014) to commission SARs when either the mandatory or discretionary criteria are met. SABs also have a mandate from the Care Act statutory guidance to seek assurance about the effectiveness of adult safeguarding. When sub-groups do not explicitly cover these roles and responsibilities, SAB partners must ensure that there are arrangements to ensure compliance with these duties.

Additionally, SABs indicated that there are various external meetings that regularly take place outside the formal SAB meetings and about which reports are provided for the SAB. These were wide-ranging, which demonstrates the breadth of topic areas being covered by SABs and included the following:

* Health & Wellbeing Board
* High risk and complex cases panel
* Serious violent crime group (including, for example, domestic abuse, sexual violence, crime against women and girls)
* Mental Health services
* Housing Board
* Regional groups and other partnerships between local authorities
* Task and finish groups
* Care markets
* Health forums
* Provider forums
* Workforce development groups
* Community/faith groups (including people with lived experience and volunteers)
* Practitioner forums
* Children’s social care networks.

# Involving people with lived experience

The majority of SABs (91 out of 97) described different ways in which they are involving people with lived experience of adult safeguarding and their carers in the work of the SAB. These included the following:

* Seeking the ‘voice of the person’ through surveys and conversations
* Implementing forums or focus groups of people with lived experience to gather insights
* Direct representation at board meetings and inviting further presentations and inclusion of user stories
* Including individuals and their families in the case review process
* Community engagement including targeted engagement aimed at unpaid carers
* Working with local organisations when developing new systems and documentation
* Healthwatch
* Using people with lived experience to deliver training and present at conferences

It is encouraging to see that overall this involvement has increased in recent years (since the last survey in Autumn 2021), with around half of SABs saying that the involvement has increased somewhat and a further 21% saying it has increased greatly (figure 9). Those which have indicated the biggest changes attribute this to more staff resources being available, a stronger emphasis on equality, diversity and inclusion in the strategic networks and commitment to new working practices around co-production. SABs demonstrated that they have tried innovative approaches to increase engagement, for example, setting up new community groups chaired by representatives from the voluntary sector or by people with lived experience, and co-producing events that see hundreds of multi-agency professionals attending. Also utilising networks that other partnership organisations have, creating or reinvigorating sub-groups, and ensuring that families and carers feel listened to as they share their experiences.

However, it is important to note that this is an area of challenge for many SABs. Not only for those who have seen a decrease in engagement – which is mainly attributed to the break in usual communications and interactions during the Covid-19 pandemic and following period – but also for some where engagement levels have remained the same or increased somewhat. The challenges that were identified included change of personnel leading to a break in the contact with the community, lack of engagement from senior leaders, lack of resources (especially budgets) available to the SAB and difficulty engaging with the community including identifying areas where there are conflicts of interest.

The following free text comments indicate the challenges involved, the commitment to involve people with lived experience, and some innovation.

*“This is an area that we need to develop.”*

*“Very difficult to take forward but some progress through case studies.”*

*“Support from executive partners has been a challenge at times for this area of work.”*

*“Individuals and their families/carers/networks are regularly and actively engaged throughout the case reviews process. We have an experienced team who work with families longer term if they wish to, to incorporate their voices into learning materials for professionals.”*

*“All community activities, events and resources are all co-produced. We have excellent links with service user involvement groups who co-produce the strategic direction and involvement in our annual business plan as well as being instrumental in the delivery of key messages around early intervention and prevention.”*

*“If adult/family are involved in safeguarding adult reviews, they are invited to add comments/views either into the SAR or as a separate statement. Advocacy has been used for SAR work and SAR Coordinator is actively working with an advocacy provider to incorporate advocacy where valuable to do so. A service user representative is also included in the membership of the board.”*

*“There have been multiple areas of research and horizon scanning across the partnership and county that led to the development of a task and finish group underway to produce a strategy for involvement of people with lived experience and their families or carers in co-production of materials and also in due course attendance at the sub groups or board. We are ambitious and hope to have adults with lived experience assisting us to develop our strategy refresh in 2025. This is currently a key priority of the board.”*

*“There is work to do in this space to embed the voice of people with lived experience. There are examples in other parts of the council such as the Poverty and Truth Commission work, Domestic Abuse Partnership and the All-age Mental Health Group where people with lived experience are at the heart of the approach and there are check-backs to ensure their voice resonates in all reports and key activity presented.”*

**Recommendation Three:** the network should continue with the task and finish group on ‘SAB Links with Community Engagement’ activity that was commenced as a priority following the previous survey, with a particular focus on collating examples of good practice in involving people with lived experience.

**Figure 9. Change in involvement of people with lived experience in the work of the SAB between Autumn 2021 and Autumn 2023**

Q – How has involvement developed since the last survey in Autumn 2021?

# Statutory partner reporting in SABs

In recognition of the important relationship between partner organisations and the SAB, we asked about the frequency of data provided on adult safeguarding performance for scrutiny and assurance by the SAB. More than three quarters of SABs said that they regularly receive data from social care and health providers, with a further 12% saying that they do sometimes. Additionally, around 80% of SABs said that they regularly or sometimes receive data from specialist safeguarding staff and the police and criminal justice system. Around 40% said that they regularly receive data from professionals such as clinicians and social workers with around a further 30% saying they sometimes do. It was less common for data to be received from service and professional regulators on a regular basis.

**Figure 10. Frequency that partner organisations provide data on adult safeguarding performance for SAB scrutiny and assurance**

Q - How often do the following agencies provide data on adult safeguarding performance for SAB scrutiny and assurance?

Looking more specifically at data and the challenges that SABs face related to data systems, the main issues identified were technical systems not enabling the collection of data in the required format (43% agreed to some extent or a great extent) and there are not enough staff or staff do not have the time to complete the required data collection and analysis (47% agreed to some extent or a great extent). Less of an issue were the capabilities of the staff and the prioritisation of the data, which is encouraging to see.

**Figure 11. Challenges in data collection and analysis on performance needed by the SAB**

Q - To what extent do the following present challenges in data collection and analysis on performance needed by the SAB?

It appears that SABs do use the data published by NHS England with 28% indicating that they use it to a great extent, 28% to a moderate extent and a further 26% to some extent. Only 10% of SABs said they did not use the data at all.

**Recommendation Four:** SABs should review the Safeguarding Adult Collection (SAC) returns annually as part of their data analysis and performance review. The network should use the free text comments from the survey as a springboard to collate tools to support the collection and analysis of performance data.

**Figure 12. Extent to which SAB use data on safeguarding adults published by NHS England**

Q - To what extent does your SAB use data on safeguarding adults published by NHS England?

We asked about recommendations that SABs had for the development of safeguarding adults data either locally or through the collections published by NHS England. In respect of NHS Digital, the following suggestions were offered:

* The development of national standards or a standard data set, with clearer guidance for local authorities to ensure that equivalent data is submitted
* Ensure that the definitions and terminology used are drawn from the Care Act 2014 and not the predecessor No Secrets guidance
* Review the table that captures information on source of risk. At the moment this table makes a distinction between social care providers and others, according to whether the person alleged to have caused harm was known to the adult at risk. It might be more helpful to distinguish between all registered health and care providers / statutory agencies and others with a further breakdown of “others” (e.g. family members, strangers) as this would indicate the extent to which safeguarding incidents occur outside the remit of health and social care provision and the need for multi-agency response
* Break down data on age in five year increments from 18 to 85+
* Improve national reporting on SARs, including source of referral and types of abuse/neglect that feature in reviews (Note – this is also an improvement priority recommended in the second national analysis of SARs)
* Collect information on: (a) source of referral so that partner agencies can see their respective contributions and see also the need for multi-agency responses (b) the outcomes of referrals that are stood down as “not safeguarding” to illustrate the interface between safeguarding and other sources of help and support and the need for joint working
* Alignment of data collection nationally with the timeline for SAB annual reporting.

Survey responses identified a need to raise awareness of NHS England Social Care Statistics Team and to have a national conversation about what data would be useful to collect to inform local performance analysis. The following quoted response indicates the need for discussion about what reporting lines should become mandatory. “*It would also be helpful to make some of the areas like Making Safeguarding Personal (MSP) a mandatory category for each of the local authorities to report against. This area was introduced some time ago as part of the SAC return, however as it is a voluntary data category to report against a lot of the local authorities across England do not supply this information. This makes it difficult to understand what the real picture is across England in relation to whether people are being asked what outcomes they want from the Safeguarding process and if their outcomes have been achieved*.”

**Recommendation Five:** the network should engage in discussion with NHS England Social Care Statistics Team, DHSC and ADASS with a view to strengthening national data collection about adult safeguarding.

In terms of data collection locally, there were suggestions that the format should enable year on year comparisons and also comparative analysis with similar local authority areas. In terms of content, there were suggestions that data collection and analysis should cover:

* Advocacy
* Carer assessment
* Section 117 Mental health Act 1983 after-care
* Section 42 referrals and outcomes
* Learning Disability Mortality Reviews
* Training statistics
* CQC inspection outcomes
* Neurodiversity
* Mental capacity assessments and deprivation of liberty safeguards
* Impact of “Right Care, Right Person”
* Equality Act 2010 and service responses to “protected characteristics”
* Data from Fire and Rescue, Police , NHS Trusts and ICBs.

The second national analysis of SARs has recommended to DHSC an improvement priority to review the descriptions of types of abuse/neglect. This theme is picked up in a free text contribution on the content of data collection. “*Need to request Neglect & Acts of Omission is broken down into sub-headings to understand the exact issue (i.e. medication incidents) which will drive local authorities to build this into their data capture.*”

There remains concern about variations in performance on adult safeguarding enquiries, linked to diverse interpretations of the criteria in section 42(1) and decision-making with respect to section 42(2). The network has already escalated such concerns to DHSC and the second national analysis has recommended to DHSC an improvement priority regarding law and guidance on adult safeguarding enquiries.

**Recommendation Six:** the network should continue to engage in discussions with DHSC on policy and practice regarding section 42.

# Housing

The Department for Levelling Up, Housing and Communities (DLUHC) recommends that the Director of Housing should attend the SAB and that the SAB should have a nominated leader for homelessness. Less than half of SABs said that they do meet these recommendations, with 41% having a nominated leader for homelessness and 34% having the Director of Housing attend (figure 13).

However, table 14 below shows that just 20 SABs out of the 97 respondents have implemented both of these recommendations (21%), with a third having implemented one of the recommendations and 41 had not implemented either (42%). A recommendation earlier in this report advises SABs to consider their response to DLUHC’s guidance on ending rough sleeping.

**Figure 13. Percentage of SABs that meet the DLUHC recommendations**

Q – Have you implemented the DLUHC recommendation that a SAB should have a nominated lead for homelessness?

Q - Have you implemented the DLUHC recommendation that the Director of Housing should attend the SAB?

**Table 14. Number of SABs that have implemented one or both of the DLUHC recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| No. of SABs | | **The Director of Housing should attend the SAB** | |
| **A SAB should have a nominated lead for homelessness** |  | **Yes** | **No** |
| **Yes** | 20 | 20 |
| **No** | 12 | 41 |

Q – Have you implemented the DLUHC recommendation that a SAB should have a nominated lead for homelessness?

Q - Have you implemented the DLUHC recommendation that the Director of Housing should attend the SAB?

**Mechanisms for referring in safeguarding concerns (S42.1) (S44)**

Around half of SABs responding indicated that they had a Multi-Agency Safeguarding Hub (MASH) in their SAB area. Ten out of the 97 respondents said that they have a joint children and adults MASH, and 34 said that they have separate children and adults MASH. The remaining SABs either had a children’s MASH only, or other methods of triaging through the front door at the local authority, a specialist safeguarding team, or dedicated portal or call centre.

There were wide ranging numbers for safeguarding adult reviews reported by individual SABs, up to the highest of 69. The median (middle) average number for individual SABs was 14 and the mean average was relatively close at 17. There were a few cases where SABs were dealing with a small number of referrals and 100% of them were accepted. However, on average around 40% of cases were accepted as meeting the mandatory or discretionary criteria to be commissioned with up to a maximum of 33 in total being reported in individual SABs.

**Table 15. Average number of SAR referrals to SABs, number and percentage accepted as meeting mandatory or discretionary criteria to be commissioned and the maximum number of referrals reported by an individual SAB**

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure reported by individual SAB** | **How many SARs have been referred to your SAB since April 2021?** | **Number accepted as meeting the mandatory or discretionary criteria for SARs to be commissioned** | **% accepted as meeting the mandatory or discretionary criteria for SARs to be commissioned** |
| Mean | 17 | 6 | 35% |
| Median | 14 | 5 | 36% |
| Maximum | 69 | 33 | 48% |

Q - How many SARs have been referred to your SAB since April 2021

Q - Of those referrals, how many were accepted as meeting the mandatory or discretionary criteria for SARs to be commissioned

There was again variation between SABs when asked to count how many of the SARs commissioned since April 2021 have included each of the ten types of abuse/neglect referenced in the statutory guidance. Due to the variation in the numbers reported between SABs, we ranked each type of harm within each SAB (from 1 to 10) based on the number of referrals reported and then compared the rankings. This was then used to explore how many SABs ranked each type of harm as the highest.

Table 16 shows the number of SABs where the type of harm listed had the highest count of referrals (noting that the sum of these is higher than the total number of SABs as in some cases there were equal numbers in more than one category). For example, 53 SABs told us that their highest number of referrals related to self-neglect, 38 said neglect or acts of omission and 10 said psychological or emotional abuse.

Also included in the table is the total number of referrals reported by all SABs to allow us to see the difference in the magnitude of types of harm. We see that there were over 200 referrals reported for self-neglect and neglect or acts of omission compared to less than 30 for discriminatory abuse, sexual abuse and modern slavery. This picture is very similar to the findings of the second national analysis of SARs completed between April 2019 and March 2023. Self-neglect was the type of abuse/neglect that featured most frequently in reviews (60% of the 652 SARs), followed by neglect/acts of omission (45%). There were very few SARs that featured discriminatory abuse and modern slavery.

**Table 16. Number of SABs reporting the highest number of referrals for each type of harm and the total number of referrals for each type of harm across all SABs**

Note that a SAR may be counted in more than one category so the sum of the counts below may be greater than the previous total provided.

|  |  |  |
| --- | --- | --- |
| **Type of Harm** | **No. of SABs where this was the highest type of referral** | **Total no. of referrals across all SABs** |
| Self-neglect | 53 | 238 |
| Neglect or acts of omission | 38 | 208 |
| Psychological or emotional abuse | 10 | 85 |
| Domestic or violent abuse | 8 | 81 |
| Physical abuse | 7 | 70 |
| Organisational or institutional abuse | 6 | 49 |
| Financial or material abuse | 5 | 47 |
| Discriminatory abuse | 4 | 28 |
| Sexual abuse | 3 | 26 |
| Modern slavery | 0 | 10 |

Q - We would like to understand the prominent types of abuse or neglect in the SARs your SAB has commissioned. Of the SARs that you have commissioned since April 2021, please could you count how many have included each of the ten types of abuse/neglect referenced in the statutory guidance?

In 2020, the LGA published a report on the Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 based on material collected from SABs, material on SARs available in the national repository held by the Social Care Institute for Excellence, and from other web sites. It identified the priorities for sector-led improvement which were categorised under five headings and respondents identified which actions they are taking under each – these are summarised below.

1. SAB practice on the commissioning and conduct of SARs

* SAR Quality Markers are embedded in local processes
* Reviewed and redesigned processes and forms including spreadsheets to track themes
* More training to increase knowledge and enable more tailored commissioning
* Robust commissioning and contracting arrangements that include measures for the quality of SARs and expectation
* Strengthening governance arrangements through creating new policies, processes and procedures
* Using a new case management system that includes a referral portal
* Clearly recording methodology and approach to reviewing.

*“SAB has reviewed and revised its SAR process from referral, through to end process and has adopted a robust commissioning process that includes formal expressions of interest, we have also revised our guidance for conduct of SARs to include rapid reviews and streamlining of learning.”*

*“Reviewed learning at SAR subgroup and implemented some changes including ensuring EDI is sufficiently considered and that the SAR quality markers are embedded.”*

*“In terms of record keeping, we implemented a spreadsheet which tracks themes from SARs and other reviews (CSPRs and DHRs) and their resulting actions. This enables us to identify repeated themes. The SAR Quality Markers are embedded in our local processes. Templates used during the different parts of the SAR process have been reviewed and updated to ensure that protected characteristics are recorded and considered.”*

1. Supporting sector-wide learning from SARs

* Increases of shared learning across the sector including via regional business managers, local networks and partners, including regional ADASS safeguarding leads groups
* Presenting at PCH webinars and national safeguarding conferences
* Links between SABs have been made to share experiences
* Submitting SAR data to the national library of SARs
* Publish seven minute briefings on website and share with partners
* Sub-regional events
* Independently facilitated dedicated learning event with frontline staff and managers in related organisations
* Use of SAR champions
* Sharing learning with commissioners and with scrutiny committees
* Events during adult safeguarding week.

*“Share learning via regional business managers and chairs groups, sub-groups monitor SARs from other areas and take action on those learnings for [our area]. Joint multi agency training.”*

*“SAB has made a significant impact in driving recommendations for change from the [named] SAR involving both national and local organisations. The board has presented at the PCH/LGA webinar and IHP national safeguarding conference. It has also linked with another SAB with similar SAR recommendations to look at driving change. The Region SAB chairs are also developing their agenda to include items on learning from SARs.”*

*“We recognise that there is always learning and work to do to make sure that SARs impact on practice and to have assurance of this. We know we are not there yet we have spent time working with neighbouring SABs to try to develop a system of SAR themes and learning on those themes. This needs further development.”*

1. Support for adult safeguarding practice improvement

* Independent Consultant review of the adult MASH and its processes with recommendations for improvement implemented and monitors at our Scrutiny & Performance Group
* Development of multi-agency policy and procedures
* Actions discussed at board meetings incorporated into strategic plans
* Working with colleagues in other departments locally to better understand barriers to engagement with minority communities and safeguarding processes
* Regular reviews of procedures and action plans
* Subgroups dedicated to improvement practice
* Audit of SARs to ensure learning is embedded and transfer of learning to new staff members
* Webinars and training sessions, development days and audits
* Comparison of findings in the national analysis with findings from local SARs, resulting in action planning.

*“The board has engaged with DHSC, NHSE, CQC, Law Commission in terms of driving recommendations and included our national executive colleagues in the most recent Progress Summits. All our published SARs contain learning in different formats for dissemination across our partnership, including seven minute briefings, videos, easy read. The board is also working alongside the local authority to understand how Making Safeguarding Personal (MSP) is being implemented. Locally our joint scrutiny has also looked at interoperability within the MASH arena and information sharing.“*

*“The SAB has recently gained new membership from the Department for Work and Pensions, and is working with them on safeguarding practice through ongoing dialog in the SAB and inclusion in relevant case reviews. As mentioned in other areas of this questionnaire, the SAB has commissioned learning materials in a number of different, engaging formats. The SAB regularly seeks assurances on practice standards through multi-agency audits quarterly. The audit themes are determined by local and national learning themes, and often the findings contribute towards practice standards/policy improvements.”*

*“Have made use of ADASS discriminatory abuse self-assessment tool to identify gaps and now seeking to improve awareness and understanding of discriminatory abuse as part strategic plan (e.g. through creation of local resources/learning tools).”*

1. Revision to national policy/guidance

* Engagement with national bodies and policymakers including submitting recommendations
* Review of policies and procedures and updates to reflect changes in national policy accordingly
* Use of the national escalation process
* Learning from national analysis of SARs applied
* Contribution to national workstreams and to regional groups
* Updating regional policies and procedures as a result of SAR learning.

1. Further research to inform sector-led improvement initiatives

* Engagement with the Social Care Institute for Excellence (SCIE) on development of quality markers and multi-agency working
* Working with Kings College on a research project to better understand barriers to using the Mental Capacity Act for adults
* Working with regional ADASS groups on sector-led improvement
* Contributing to a pilot domestic abuse project being trialled through the University of the West of England.

These responses to the improvement priorities identified in the first national analysis of SARs provide additional evidence to that obtained through the second national analysis. Data collection for that second national analysis included the number of SARs that made explicit use of, or refer to the findings of the first national analysis and actions taken by individual SABs subsequently to review local practice. In a stratified sample of 229 SARs, only 17 (7.56%) explicitly referred to the first national analysis.

Safeguarding Adult Review (SAR) Quality Markers are a tool to support people involved in commissioning, conducting and quality-assuring SARs to know what good looks like. Covering the whole process, they provide a consistent and robust approach to SARs. The Quality Markers are based on statutory requirements, established principles of effective reviews and incident investigations, as well as practice experience and ethical considerations. They assume the principles of Making Safeguarding Personal, as well as the Six Principles of Safeguarding that underpin all adult safeguarding work (Empowerment; Prevention; Proportionate; Protection; Partnership; Accountable). These principles therefore permeate the Quality Markers explicitly and implicitly.

SABs identified that they are using the SAR quality markers as a guide for best practice. One Board had developed an easy-read version. They are embedding them in policies and procedures and using them to inform referrals and quality checks. Many indicated that they have implemented a SAR tracker or checklist and there are also a number of subgroups dedicated to looking at SARs.

*“The new policy and procedures document has the SAR quality markers embedded throughout the document.”*

*“The updated (March 2022) SAR Quality Markers are embedded in our local processes. We have used them to provide guidance for different key groups. We have guidance, based on the Quality Markers for the SAB, the Case Review Group, the Business Office, SAR Reviewers/Chairs, IMR Authors and Panels/Publication Groups/Action Planning Groups.”*

The emphasis given in survey responses regarding the use of the quality markers is to some degree a helpful counterbalance to the findings of the second national analysis of SARs. In the 652 SARs themselves in that analysis, there was little explicit reference to the quality markers. However, free text comments in the survey have highlighted that the use of the quality markers remains variable.

*“Not all apply to every review.”*

*“Nothing that we are not already doing.”*

*“Not fully used.”*

*“Not explicitly.”*

Understanding the areas that are presenting difficulties with delivering SARs to publication is important for providing support and driving improvement. Figure 17 shows that the areas identified as the biggest issues were the interface with other processes, consultation with families and quality of report writing, where more than half of SABs identified there were difficulties to at least some extent.  **Figure 17: Areas of difficulty for SABs when delivering SARs to publication**

Q - To what extent do the following areas present difficulties for you/ your SAB with delivering SARs to publication?

These survey findings can also be compared with the findings from the second national analysis of SARs. In the stratified sample of reviews (n=229), good governance was reported as follows:

* Management of SARs – 3%
* SAR commissioning – 2%
* Policies, procedures and guidance – 2%
* Exercise of quality assurance – 1%
* Dissemination - <1%

More commonly reported were governance shortcomings, as follows:

* Policies, procedures and guidance – 14%
* Management of SARs – 4%
* SAR commissioning – 3%
* Exercise of quality assurance – 3%
* Dissemination - <1%.

Across the whole sample (n=652), process issues were reported in 33% of reviews. The greatest impact on effective delivery of reviews to publication arose from the pandemic. However, other obstacles to timely completion arose from parallel processes such as inquests or criminal proceedings, poor agency engagement and quality shortcomings in information-sharing, lack of reviewers, and demands on both SAB business managers and staff in the agencies involved.

There continues to be some evidence that SABs and SAR authors might not fully understand the construction of section 44 Care Act 2014, namely the distinction between mandatory and discretionary criteria to inform commissioning. In terms of SAR quality, little progress has been made in reporting on race and culture, gender, sexuality, disability and other protected characteristics, and their impact on how services responded to individual needs. Reports continue to make only limited use of other SARs completed by the commissioning SAB (21% in the stratified sample) or by other SABs (19%). The reports are stronger on detailing what happened rather than exploring answers to the question “why?”

**Recommendation Seven:** the national network and individual SABs should address the improvement priorities from the second national analysis and report on changes to policies and practice, including quality assurance, in their annual reports.

# Funding

Over half of the SABs that responded to the survey said that they were funded by contributions of different amounts from a range of members. Additionally, 35% said that they were funded by the statutory partners, either in a three-way split of equal amounts or differing amounts or there were more than three statutory partners (for ease of interpretation these have been grouped together in figure 18).

The majority of SABs indicated that there had been no change in the levels of funding from the National Health Service Integrated Care Boards (NHS ICBs) or the Police, since April 2021. In fact, some had seen increased funding from these partners (15% and 16% respectively) and 29% said that funding had increased from their local authority.

**Figure 18. Ways that SABs are funded**

Q - How is your SAB funded? Please select the option that most closely fits.

Options were a) A three-way split between the statutory partners; b) Contributions of different amounts are received from a range of members; c) There is no budget as such d) Other.

**Figure 19. Change in levels of funding for SABs from statutory partners since April 2021**

Q - Please indicate if there have been any changes in SAB funding since April 2021

# Prisons

# The National Network for SAB Chairs has recently established a task and finish group focused on prisons, probation, and adult safeguarding, with the objective of collating examples of best practice. Notwithstanding the explicit exclusions in section 43(2) and section 76 Care Act 2014 relating to prisons and approved premises, SABs had sought to engage with custodial institutions. This took various forms, including inclusion of prison staff in training, updating policies and procedures, attendance at internal prison safeguarding meetings, assurance about how health and social are needs are identified and managed whilst in custody and in discharge planning, attendance at Board meetings and/or sub-groups, and participation in self-assessment processes. Free text comments indicate the challenge of securing and retaining engagement, often affected by staff turnover, as well as the focus adopted.

# *“Issues relating to approved premises are addressed at community safety partnership meetings which are attended by the SAB Chair. We do work with London SAB to support continuity of care issues for adults at risk moving into or out of prisons. Issues regarding custody and access to justice are raised at our subgroup which is well attended by criminal justice and victim support organisations.”*

# *“Key priorities are discussed with the prison particularly in relation to homelessness and adults with care and support needs. Response has been ad hoc over the past few years and is dependent on the engagement of the governor.”*

# *“The SAB has a Framework for Safeguarding in the Criminal Justice Pathway which we are currently attempting to review with our prison colleagues. Engagement with the board has been sporadic but we are attempting to reinvigorate the relationships.”*

# *“The SAB seeks assurances as to the effectiveness of safeguarding arrangements within prisons. Prisons in the area have been assisted to develop their procedures and been given practical help with staff training. The prison service is invited and expected to contribute to the priorities within the SAB strategic plan.*

# Recommendation Eight: the network should disseminate to partners, including government departments, the outcomes of the work of the task and finish group focused on prisons, probation and adult safeguarding.

# Asylum and Immigration

The joint convenors of the network have established regular meetings with Home Office civil servants with responsibility for safeguarding. One focus of those meetings has been concern about accommodation provision for people seeking asylum and how well their health and social care needs are met. At the request of the Home Office, the survey asked SABs to comment on contact with the Home Office regarding hotel accommodation for asylum-seekers. Only 32 respondents replied, with 15 being somewhat or extremely dissatisfied, and 14 being neither satisfied or dissatisfied. Respondents were also asked to comment on the quality of referrals

from the Home Office. Only 16 respondents replied, 7 of whom rated the quality of referrals as poor or very poor.

**Recommendation Nine:** the network should collate from members concerns about accommodation provided for people seeking asylum, aftercare when a right to remain is

granted, and provision to meet their health and social care needs, to be shared with the Home Office.

# Looking Back and Focusing Forward

The third survey identified several improvement priorities for the network and this current survey

has provided an opportunity to evaluate progress. Two priorities in the third survey focused on

the involvement of people with lived experience, namely collation of successful approaches to

involvement and exploration of methods to evaluate the impact and outcomes of involvement.

Recommendation three in this survey report reinforces the importance of the work of the task

and finish group on ‘SAB Links with Community Engagement’ that has been established. Free text comments submitted as part of this survey will be made available to support the work of this

group.

Since the last survey was published the network supported SCIE to complete the SAR quality markers, as recommended in the first national analysis of SARs. The network’s website now contains a list of potential SAR authors, completing an improvement priority identified in the third survey. This current survey has provided a snapshot on how that first national analysis and the quality markers have been used to drive practice improvement and to strengthen the approach

to reviews. This current survey and the findings of the second national analysis of SARs offer another opportunity to learn about best practice in conducting reviews and using

recommendations to improve practice and services. That is the rationale for recommendation seven, which is intended to build on improvement priorities that had been identified previously, namely, to circulate different methods for the dissemination of SAR learning, and to identify the strengths of the different methodologies that can be used for reviews.

Some work has been undertaken since the third survey on management of parallel processes

and a task and finish group will shortly complete work, initiated by the Business Managers’ Network, on the interface between SARs and Coronial Inquests. Conversations have taken

place with the Office of the Domestic Abuse Commissioner and with NHS England on how to ensure alignment between Domestic Homicide Reviews (DHRs) and Patient Safety Incident Response Framework (PSIRF) respectively but further work is required here,

not least with the Department for Education, to ensure that SABs have the best guidance

available to manage decision-making when several mandates for reviews are engaged.

This will take forward an improvement priority from the earlier survey.

The network has worked closely with Partners in Care and Health, and the Care and Health Improvement Partnership previously, to develop resources for sector-led improvement.

Resources are available on the Local Government Association and/or network web pages,

for example on discriminatory abuse. The current uncertainty about the future of PCH is destabilising. An improvement priority from the third survey was to develop tools for data collection and analysis. The network’s website contains some tools that have been developed

and this survey has enabled the collation of examples of how SABs are responding to the challenge of analysing performance and the effectiveness of adult safeguarding.

Recommendation four is deigned to take this work forward.

**Conclusion**

The Network is now in a strong and stable position, with its legal status confirmed and with subscription income enabling it to invest in supporting its members and in sector-led

improvement priorities.

The outcomes of this survey will enable the Network to redefine its strategic priorities for the coming two years and continue to support the membership in specific areas with issuing

guidance and tips for SAB Chairs, as well as to lobby nationally with government and other agencies for changes and updates to policy and regulation.

# Appendix – Copy of the survey questions

**About you**

Q1 **Please check that the details we hold for you below are correct:**

Note that this will be kept confidential.

Name

Email address

**SAB Governance Model**

In this first section, we ask you questions about the governance model of the board.

Q2 **How confident are you in the effectiveness / strength of the joint governance arrangements between the SAB and the following organisations?**

If the SAB does not have joint governance arrangements with the organisation, please select not applicable' (N/A).

**Response options:** Very confident; Fairly confident; Somewhat confident; Not at all confident; N/A

* Safeguarding Children Partnership
* Community Safety Partnership
* Cross Boundary arrangements into a separate local authority area for Safeguarding Adults
* Other 1 (please specify)
* Other 2 (please specify)

Q2a **Please use the box below to provide any further comments to expand on your response above, if required.**

Q3 **Approximately how often does the SAB meet?**

Response options: Once a month or more; Once every 2 months; Quarterly; Once every 6 months; Other (please specify); Don't know

**Please describe the governance structure of your SAB in the following questions:**

Q4 **Does your SAB have an Executive group?**

Response options: Yes; No

Q4a **What is the membership of the Executive group?**

Please select all that apply.

* Fire & Rescue Services
* NHS Provider Trusts
* NHS Integrated Care Board
* Police
* Local Prison Service
* Local Probation Service
* Local Councillor/ Cabinet Member/ Portfolio Holder
* Strategic Housing (Local Authority)
* Trading Standards (Local Authority)
* Adult Social Care (Local Authority)
* Children's Services (Local Authority)
* Local Account Group
* Department for Work and Pensions (DWP)
* Public Health
* Other 1 (please specify)
* Other 2 (please specify)

Q5 **Do you have any subgroups?**

Response options: Yes; No

Q5a **Which subgroups exist?** Please list up to 5.

Q6 **Are these meeting chaired by the SAB Chair or someone else?**

Response options for each subgroup listed in Q5a: SAB Chair; Deputy SAB Chair; Other Executive of SAB; Other

Q7 **Are there any meetings which regularly take place outside the formal SAB meetings and about which you report into the SAB? e.g., social care provider, higher and further education, faith groups.**

Response options: Yes (please specify); No

**Involving people with lived experience**

Q8 **How does the SAB involve people with lived experience of adult safeguarding and their carers in the work of the SAB?**

Q9 **How has this involvement developed since the last survey in Autumn 2021?**

Please select the option that most closely matches the change in involvement over this period.

* It has increased greatly
* It has increased somewhat
* There has been no change
* It has decreased

Q9a **Please tell us more about the reasons for this and what impact it has had**.

**Performance and planning**

Q10 **To what extent do you feel the SAB effectively reviews the following:**

Response options: To a great extent; To some extent; Not at all; Don’t know

* Its own performance
* The content of its strategic/business plan
* The outcomes of its strategic/business plan

Q11 **Where appropriate, please provide further details of the SAB's review processes for each:**

* Its own performance
* The content of its strategic/business plan
* The outcomes of its strategic/business plan

**The chair/scrutineer**

Q12 **Who chairs the SAB?**

* An Independent Chair
* A senior officer from one of the statutory partners
* Other (please specify)

Q13 **What is the professional background of the Chair?**

* Social work
* Health
* Police
* Other (please specify)

Q14 **Is there a Safeguarding Adults Scrutineer role?**

Response options: Yes; No

Q14a **What is the professional background of the Scrutineer?**

* Social work
* Health
* Police
* Other (please specify)

NOTE THAT IF YOU ARE COMPLETING THE FORM ON BEHALF OF THE CHAIR/SCRUTINEER, PLEASE ASK PERMISSION FOR THIS INFORMATION TO BE SHARED BEFORE ANSWERING THE FOLLOWING DEMOGRAPHIC QUESTIONS.

We understand that there are a wider range of demographic groups than the broad groupings used in the following questions, however for the purposes of monitoring and due to the relatively small number of respondents to this survey, we have limited selection according to the categories widely published by the Office for National Statistics.

**To enable the Network to monitor equality and diversity, please provide personal details for the Chair**.

Q15 **Gender**

Response options: Male; Female; Other; Prefer not to say

Q16 **Ethnicity**

Response options: Asian; Black; Mixed; White; Other; Prefer not to say

Q17 **Disability status**

Response options: No known disability; Known disability; Prefer not to say

Q18 **Sexual orientation**

Response options: Straight or heterosexual; Gay or lesbian; Bisexual; Other; Prefer not to say

**To enable the Network to monitor equality and diversity, please provide personal details for the Scrutineer.**

Q15a **Gender**

Response options: Male; Female; Other; Prefer not to say

Q16a **Ethnicity**

Response options: Asian; Black; Mixed; White; Other; Prefer not to say

Q17a **Disability status**

Response options: No known disability; Known disability; Prefer not to say

Q18a **Sexual orientation**

Response options: Straight or heterosexual; Gay or lesbian; Bisexual; Other; Prefer not to say

**Partner membership of, and attendance at, SABs**

Q19 **Which of the following partner agencies are invited to be members of the SAB?** Please select all that apply.

* CQC
* NHSEI
* Ambulance Service
* Fire & Rescue Services
* Probation Services
* Local Prison Service
* Housing (Local Authority, District Councils &/or Registered Social Housing Providers)
* Representatives of the local voluntary and community sector
* Representatives of care providers
* Other 1 (please specify)
* Other 2 (please specify)

Q20 **How often do they attend SABs?**

(For each option identified in Q19)

Q21 **Do you have any protocols or agreements about attendance and membership?**

For example, does the local Ambulance Service only attend the SAB in your region where the local NHS in that SAB area commissions ambulance service?

Response options: No; Yes (please provide details)

**Contact with the local prison service**

Questions in this section have arisen from the Joint Convenors’ contact with ADASS Care & Justice Network.

Q22 **Is the local prison service a member of the SAB?**

Response options: Yes; No (please provide more details)

Q23 **How regularly does the SAB review safeguarding activity in Prisons within your area?**

* At each board meeting
* Intermittently, but more than once a year
* At least once a year
* By exception
* Not at all

Q24 **What are the SAB objectives to address Safeguarding in Prisons within your area?**

Q25 **Please provide details of any safeguarding improvements that have occurred in local prisons over the last 3 years as a direct or indirect result of the activities of the Safeguarding Board?**

**Housing representation on SABs**

Q26 **Have you implemented the DLUHC recommendation that a SAB should have a nominated lead for homelessness?**

If no, please provide further explanation in the space provided.

Response options: Yes; No

Q27 **Have you implemented the DLUHC recommendation that the Director of Housing should attend the SAB?**

If no, please provide further explanation in the space provided.

Response options: Yes; No

**Statutory partner reporting in SABs**

Please use the following questions to set out how you work with the 3 statutory partners to promote and discuss specific subjects which arise from national agendas and the national Network Meetings e.g., ‘Right Care Right Place’, CQC Assurance Framework, Homelessness and Transitional Safeguarding.

Q28 **How often do the following agencies provide data on adult safeguarding performance for SAB scrutiny and assurance?**

Response options: Regularly; Sometimes; Rarely; Never

* Social care and health provider
* Specialist safeguarding staff
* Service and professional regulators
* Police and criminal justice system
* Professionals, i.e. clinicians and social workers
* Other (please specify)

Q28a **Please use the box below to provide any further comments to expand on your response above, if required.**

Q29 **To what extent do the following present challenges in data collection and analysis on performance needed by the SAB?**

Response options: Not at all; To some extent; To a moderate extent; To a great extent

* Technical systems do not enable collection of the data in the required format
* There are not enough staff / staff do not have time to complete the data collection
* Staff are not trained on data collection and analysis
* It is not seen as a priority
* Other 1 (please specify)
* Other 2 (please specify)

Q29a **Please provide further details about the challenges.**

Q30 **How is the SAB engaging with the council regarding preparation for CQC assurance?**

Q31 **Does the SAB need any additional support with engaging with the council regarding preparation for CQC assurance? If yes, please briefly explain what support is needed.**

Response options: Yes; No

Q32 **To what extent does your SAB use data on safeguarding adults published by NHS Digital?**

Response options: To a great extent; To some extent; Not at all; Don’t know

Q32a **Please use the box below to provide any further comments to expand on your response above, if required.**

Q33 **What recommendations would you make for the development of safeguarding adults data either through the collections published by NHS Digital or, for example, voluntary benchmarking facilitated by Partners in Care and Health?**

Please use the space below to list up to 5 recommendations.

**Mechanisms for referring in safeguarding concerns (S42.1)**

Q34 **Is there a Multi-Agency Safeguarding Hub (MASH) in your SAB area?**

* Yes - a joint children and adults MASH
* Yes - separate children and adults MASH
* No

Q34a **What arrangements exist in your SAB area for the receipt of s42.1 safeguarding concerns and how they are triaged?**

Q35 **What arrangements do you have for seeking assurance about adult safeguarding?**

**Safeguarding Adults Reviews (SAR)**

Q36 **How many SARs have been referred to your SAB since April 2021?**

Q37 **Of those referrals, how many were accepted as meeting the mandatory or discretionary criteria for SARs to be commissioned?**

Q38 **Where referrals for SARs do not meet the criteria, what other methods does your SAB use to learn and promote learning from significant events? Please list each method separately in the spaces provided below.**

Q39 **How much time do you estimate that your SAB spent on SARs in the last year (to the nearest half day)? Please remember to count person hours, for example if two people worked half a day this would count as a full day.**

Q39a **Please use the box below to provide any further comments to expand on your response above, if required.**

Q40 **What themes are most prominent in the SARs that your SAB has commissioned and/or completed?**

Please list up to 3 themes in the spaces provided below.

**We would like to understand the prominent types of abuse or neglect in the SARs your SAB has commissioned.**

Q41 **Of the SARs that you have commissioned since April 2021, please could you count how many have included each of the ten types of abuse/neglect referenced in the statutory guidance?**

Note that a SAR may be counted in more than one category so the sum of the counts below may be greater than the previous total provided.

* Physical abuse
* Domestic or violent abuse
* Sexual abuse
* Psychological or emotional abuse
* Financial or material abuse
* Modern slavery
* Discriminatory abuse
* Organisational or institutional abuse
* Neglect or acts of omission
* Self-neglect

Q42 **How does your SAB manage the ongoing learning from SARs?**

Please list up to 5 approaches you have used using the boxes provided below.

**In 2020, the LGA published a report on the Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 based on material collected from SABs, material on SARs available in the national repository held by the Social Care Institute for Excellence, and from other web sites. It identified the priorities for sector-led improvement which were categorised under 5 headings.**

Q43 **How has your SAB worked on delivering any of the priorities identified in the first National Analysis of SARs?**

Please only provide details under each of the 5 headings below where you have information to share.

* + - * SAB practice on the commissioning and conduct of SARs
      * Supporting sector-wide learning from SARs
      * Support for adult safeguarding practice improvement
      * Revision to national policy/guidance
      * Further research to inform sector-led improvement initiatives

**Safeguarding Adult Review (SAR) Quality Markers are a tool to support people involved in commissioning, conducting and quality-assuring SARs to know what good looks like. Covering the whole process, they provide a consistent and robust approach to SARs.**

**- The Quality Markers are based on statutory requirements, established principles of effective reviews and incident investigations, as well as practice experience and ethical considerations.**

**- The SAR Quality Markers assume the principles of Making Safeguarding Personal, as well as the Six Principles of Safeguarding that underpin all adult safeguarding work (Empowerment; Prevention; Proportionate; Protection; Partnership; Accountable). These principles therefore permeate the Quality Markers explicitly and implicitly.**

Q44 **How does your SAB use the SAR Quality Markers?**

Please use the spaces below to briefly describe your practices for each section. See here for further details of the markers in each section.

* Setting up the review
* Running the review
* Outputs, action and impact

Q45 **What governance process/models do you have for SARs?**

Please include information about SAR Panels and the process you use from final SAR Panel to approval at Board

Q46 **To what extent do the following areas present difficulties for you/ your SAB with delivering SARs to publication?**

Response options: Not at all; To some extent; To a moderate extent; To a great extent

* Disagreements on recommendations
* Quality of report writing
* Consultation with families
* Author disagreements
* The interface with other processes e.g. the Coroner and Independent Office of Police Complaints
* Other 1 (please specify)
* Other 2 (please specify)

Q47 **Please tell us about the challenges you have faced related to these points and steps you have taken to overcome this.**

* Disagreements on recommendations
* Quality of report writing
* Consultation with families
* Author disagreements
* The interface with other processes e.g. the Coroner and Independent Office of Police Complaints
* Other 1 (please specify)

**Funding SABs**

**We are aware that SABs are funded in different ways and the following questions will help us to better understand the range of ways that funding is being applied.**

Q48 **How is your SAB funded?**

Please select the option that most closely fits.

* A three-way split between the statutory partners
* Contributions of different amounts are received from a range of members
* There is no budget as such
* Other (please specify)

Q48a **Please use the box below to provide any further comments to expand on your response above, if required.**

Q49 **What does the funding pay for?**

Please select all that apply

* The salary of the Chair
* The salary of the Business Manager
* Other staff resource
* Other initiatives
* Other 1 (please specify)
* Other 2 (please specify)

Q50 **Please indicate if there have been any changes in SAB funding from the following since April 2021?**

Response options: Funding has increased greatly; Funding has increased somewhat; No change; Funding has decreased somewhat; Funding has decreased greatly; N/A

* NHS ICBs
* Police
* Local Authorities
* Other 1 (please specify)
* Other 2 (please specify)

Q51 **Please briefly explain what impact this has had on the work of the SAB.**

**Making contact with national organisations and Government departments**

These questions have arisen as a result of the Joint Convenors’ contact with Home Office civil servants

Q52 **Thinking about instances when a SAR is required due to a serious safeguarding incident when there are Home Office interventions, what challenges do the local authority adult safeguarding leads and/or SAB Business Managers face when making contact with the Home Office?**

Please list the key challenges separately in the boxes provided below.

Q53 **How would you rate the quality of adult safeguarding referrals made to you by the Home Office?**

Response options: Excellent; Good; Fair; Poor; Bad

Q54 **How could the quality of adult safeguarding referrals made by the Home Office be improved?**

Please list up to 3 suggestions in the spaces provided below.

Q55 **How satisfied are you with your contact with the Home Office about concerns regarding hotel accommodation for asylum seekers?**

Response options: Extremely satisfied; Somewhat satisfied; Neither satisfied nor dissatisfied; Somewhat dissatisfied; Extremely dissatisfied

Q55a **Please tell us about the reasons for your answer.**

**Learning and development within SABs**

The Care Act statutory guidance sets ongoing requirements to keep up to date with and promote good practice in:

- developments in case law

- research

- any other relevant material.

Q56 **How does the Chair identify and access support to meet the requirements?**

Q57 **How is the SAB engaging in learning and development across your local system?**

Please list up to 3 activities in the spaces provided below

Q58 **How does the SAB promote learning from SARs? For example, does it re-visit learning from your completed SARs and from SARs commissioned by other SABs?**

Please list up to 3 activities in the spaces provided below

Q59 **In the last two years, have you used any Partners in Care and Health resources and tools or attended any webinars?**

* Attended a webinar
* Used our website for information
* Downloaded / used a tool developed by PCH
* Other

Q59a **Please provide details where possible.**

Q60 **Finally, please tell us about any of the following areas that your SAB is addressing that you wish to bring to the attention of the national network?**

* Issues or concerns
* Positive experiences and developments
* Priorities