

The background features a light purple-to-blue gradient. Scattered across the surface are numerous water droplets of various sizes, some with soft shadows. A large, faint, light-colored circular graphic is centered in the upper half of the image.

# LEARNING FROM SAFEGUARDING ADULT REVIEWS

LONDON SAFEGUARDING ADULTS BOARD

ADULT SAFEGUARDING WEEK

NOVEMBER 2023

# METHODOLOGY FOR SECOND NATIONAL ANALYSIS OF SARS

- 136 SABS OF WHICH 128 HAVE CONFIRMED THE ACCURACY OF OUR SAMPLE OF PUBLISHED REPORTS AND HAVE CONTRIBUTED 58 UNPUBLISHED REVIEWS
- A FURTHER 22 UNPUBLISHED REVIEWS HAVE BEEN WITHHELD
- 8 SABS DID NOT COMPLETE ANY REVIEWS IN THE FOUR-YEAR PERIOD
- INITIAL SCREENING OF SARS OBTAINED FROM THE SAR LIBRARY AND FROM SABS – COMPLETED AND INTERIM REPORT PROVIDED TO THE COMMISSIONER
- SOME METHODOLOGIES DO NOT INCLUDE DETAILS OF THE HUMAN STORY, MAKING SCREENING DIFFICULT
- QUALITATIVE ANALYSIS OF A STRATIFIED SAMPLE TO BE UNDERTAKEN BETWEEN NOVEMBER 2023 AND END OF JANUARY 2024
- REPORT WRITING TO BE COMPLETED BY THE END OF MARCH 2024, COMPRISING A RESEARCH REPORT, BRIEFINGS FOR DIFFERENT STAKEHOLDERS (AS PREVIOUSLY) AND A DIVISION OF THE RESEARCH REPORT INTO SEPARATE PUBLICATIONS ON METHODOLOGY, SAR PROCESS AND SAR FINDINGS

# DEMOGRAPHICS

## NATIONAL ANALYSIS 1. N=231

- 263 SUBJECTS, 80% DECEASED
- 129 MALE, 109 FEMALE
- LITTLE INFORMATION ABOUT SEXUALITY OR ETHNICITY
- RANGE OF HEALTH CONCERNS AND COMPLEX INTERPLAY
  - PHYSICAL COMORBIDITIES
  - PHYSICAL AND MENTAL ILL-HEALTH + SIGNIFICANT LIFE EVENTS
- LIVING SITUATION:
  - LIVING ALONE (36%)
  - GROUP CARE (33%)
- PERPETRATOR
  - SELF (48%)
  - CARE PROVIDERS (30%)

## NATIONAL ANALYSIS 2. N=629

- 835 SUBJECTS, 82% DECEASED
- 412 MALE, 365 FEMALE
- LITTLE INFORMATION ABOUT SEXUALITY OR ETHNICITY
- SIMILAR RANGE OF HEALTH CONCERNS AND COMPLEX INTERPLAY. MENTAL HEALTH AND CHRONIC PHYSICAL ILL-HEALTH PROMINENT
- LIVING SITUATION
  - LIVING ALONE (48%)
  - GROUP CARE (30%)
  - REFLECTED IN LOCATION OF ABUSE
- PERPETRATOR
  - SELF (76%)
  - CARE PROVIDER (28%)
  - FAMILY/FRIENDS (25%)

# COMPARATIVE ANALYSIS OF SARS BY TYPE OF ABUSE

## 2017-2019 N=231

SELF-NEGLECT	104 (45.2%)
NEGLECT/ACTS OF 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%)

## 2019-2023 N=629

• SELF-NEGLECT	376 (60%)
• NEGLECT/ACTS OF OMISSION	288 (46%)
• DOMESTIC ABUSE	102 (16%)
• PHYSICAL ABUSE	88 (14%)
• FINANCIAL ABUSE	80 (13%)
• SEXUAL ABUSE	34 (5%)
• CRIMINAL EXPLOITATION	31 (5%)
• PSYCHOLOGICAL ABUSE	26 (4%)
• ORGANISATIONAL ABUSE	24 (4%)
• SEXUAL EXPLOITATION	20 (3%)
• DISCRIMINATORY ABUSE	16 (3%)
• MODERN SLAVERY	1 (0.15%)
• OTHER	65 (10%)

# SPECIFIC CONCERNS

## 2017-2019

- 57 CASES INVOLVE ALCOHOL-DEPENDENCE ISSUES (25%)
- 25 REVIEWS INVOLVING HOMELESSNESS (11%)
- 35 CASES INVOLVING SKIN INTEGRITY (15%)
- 34 CASES INVOLVING DIABETES (15%)
- 161 CASES INVOLVING MENTAL HEALTH (70%)

## 2019-2023

- 209 CASES INVOLVED SUBSTANCE MISUSE, FREQUENTLY ALCOHOL-DEPENDENCE (46%)
- 82 REVIEWS FOCUS ON HOMELESSNESS (13%)
- SKIN INTEGRITY (17%)
- DIABETES (14%)
- MENTAL HEALTH (70%)

# DATA ON KEY LINES OF ENQUIRY REQUESTED BY COMMISSIONERS

- ABUSE/NEGLECT AT HOME BY PAID, UNPAID OR VOLUNTEER CARERS: N=1 47
- USE OF AND/OR NEED FOR A POWER OF ENTRY: N=29
- CLOSED ENVIRONMENT: N=1 1
- ACCOMMODATION IN MULTIPLE AUTHORITIES: N=69
- TRANSITIONAL SAFEGUARDING: N=45
- SARS WITH CARE EXPERIENCED SUBJECTS: N=52
- HOMELESSNESS: N=82
- EXPLOITATION (SEXUAL, CRIMINAL, FINANCIAL): N=61
- SUBSTANCE MISUSE: N=209

# SAR PROCESS

- 74% GAVE NO INDICATION OF WHO REFERRED FOR A SAR
- STILL SOME CONFUSION ABOUT SECTION 44 MANDATORY AND DISCRETIONARY CRITERIA
- 76% WERE COMPLETED BY A COMMISSIONED INDEPENDENT REVIEWER
- 46% USED A HYBRID METHODOLOGY
- 22% TOOK OVER 12 MONTHS TO COMPLETE
- IN 50% FAMILY MEMBERS GAVE INFORMATION OR CONTRIBUTED VIEWS TO THE REVIEWER

# 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.



## 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
- 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.”

# IS SAFEGUARDING PERSONAL?

- EVIDENCE OF UNCONSCIOUS BIAS
- POOR RECORDING OF ETHNICITY
- LIMITED CONSIDERATION OF IMPACT OF RACE, CULTURE, GENDER, SEXUALITY, ETHNICITY
- HOW MUCH DO WE REALLY KNOW ABOUT THE PEOPLE WE WORK WITH?
- ARE WE SUFFICIENTLY SKILLED IN ASKING CARE-FRONTATIONAL QUESTIONS, IN EXPRESSING CONCERNED CURIOSITY?

# CONCERNED CURIOSITY – SAR FINDINGS

- DEMONSTRATED AN IMPORTANT SKILL IN GAINING AN UNDERSTANDING OF THE INDIVIDUAL AND THE SIGNIFICANCE OF THEIR HISTORY
- PRACTITIONERS ACCEPTED ACCOUNTS AT FACE VALUE, WHICH MINIMISED ABUSE/NEGLECT OR FAILED TO RECOGNISE TRAUMA
- SELF-NEGLECT, FOR EXAMPLE ALCOHOL-DEPENDENCE AND/OR REFUSAL OF SERVICES, NOT EXPLORED
- SHORTCOMINGS IN CURIOSITY IN RISK ASSESSMENT, CARER NEEDS, FAMILY DYNAMICS, RAPIDLY ESCALATING HEALTH NEEDS, REPEATED A&E ATTENDANCE, DROPPING OUT OF SIGHT
  
- “CARE-FRONTATIONAL QUESTIONS”
- “LOOK FOR THE NOT SO OBVIOUS”
- OMISSION OF “THE MUNDANE AND THE OBVIOUS.”

# WHY IS CURIOSITY IN THE TOO DIFFICULT BOX?

- LACK OF TIME, PRESSURE OF WORKLOADS, AND PRIORITY GIVEN TO SHORT-TERM INVOLVEMENT OVER RELATIONSHIP-BASED PRACTICE?
- FEAR OF REACTION – EVEN HOSTILITY AND ANGER?
- CONCERNS ABOUT CAUSING OFFENCE?
- CONCERNS ABOUT LACK OF CULTURAL AWARENESS?
- PERCEIVED LACK OF SKILL – UNCERTAINTY ABOUT HOW TO QUESTION?
- MYTHS ABOUT MAKING SAFEGUARDING PERSONAL?
- IMPACT OF RULE OF OPTIMISM?
- PRIORITISING AUTONOMY AND SELF-DETERMINATION, THE RIGHT TO PRIVATE AND FAMILY LIFE?
- MYTH OF LIFESTYLE CHOICE?

# FINDINGS FROM THE FIRST NATIONAL SAR ANALYSIS – MENTAL CAPACITY

## GOOD PRACTICE

- ROBUST CAPACITY ASSESSMENTS AND BEST INTEREST DECISIONS
- OUTCOMES CLEARLY RECORDED
- ASSESSMENT CLEARLY MAPPED AGAINST MCA REQUIREMENTS

## PRACTICE SHORTFALLS

- FAILURE TO ASSESS OR REVIEW
- POOR ASSESSMENTS
- MISUNDERSTANDING OF MCA PRINCIPLES
- MISUNDERSTANDING OF DIAGNOSTIC TEST
- NEGLECT OF EXECUTIVE CAPACITY
- NEGLECT OF ADVOCACY
- ASSUMPTIONS ABOUT LIFESTYLE CHOICE
- POOR RECORDING
- LACK OF CONFIDENCE

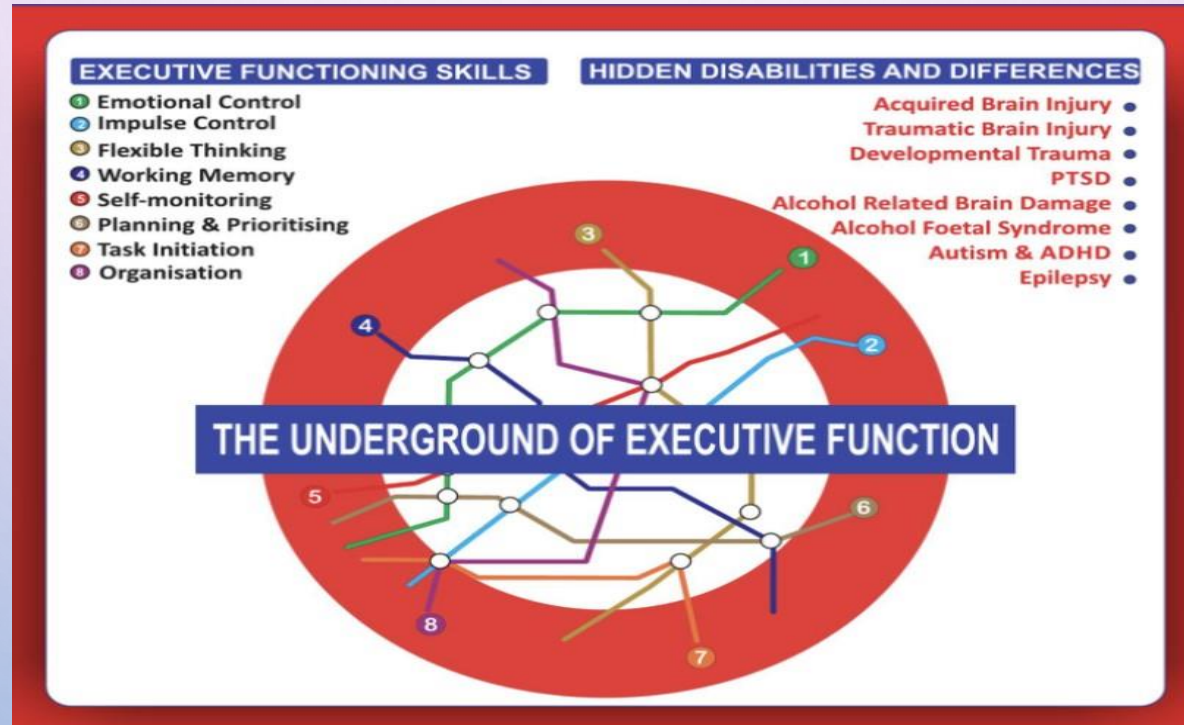
# NATIONAL GUIDANCE (NICE 2018) AND CASE LAW ON EXECUTIVE FUNCTIONING

*PRACTITIONERS SHOULD BE AWARE THAT IT MAY BE MORE DIFFICULT TO ASSESS CAPACITY IN PEOPLE WITH EXECUTIVE DYSFUNCTION – FOR EXAMPLE PEOPLE WITH TRAUMATIC BRAIN INJURY. STRUCTURED ASSESSMENTS OF CAPACITY FOR INDIVIDUALS IN THIS GROUP (FOR EXAMPLE, BY WAY OF INTERVIEW) MAY THEREFORE NEED TO BE SUPPLEMENTED BY REAL WORLD OBSERVATION OF THE PERSON'S FUNCTIONING AND DECISION-MAKING ABILITY IN ORDER TO PROVIDE THE ASSESSOR WITH A COMPLETE PICTURE OF AN INDIVIDUAL'S DECISION-MAKING ABILITY.*

DECISION-MAKING AND MENTAL CAPACITY GUIDANCE (PARA 1.4.19)

- SUNDERLAND CITY COUNCIL V AS AND OTHERS [2020] EWCOP 13
  - IMPORTANCE OF REAL WORLD OBSERVATION TO OBTAIN A FULL PICTURE.
- A LOCAL AUTHORITY V AW [2020] EWCOP 24
  - ABILITY TO THINK, ACT AND SOLVE PROBLEMS INCLUDE THE FUNCTIONS OF THE BRAIN WHICH HELP US TO LEARN NEW INFORMATION, REMEMBER AND RETRIEVE THE INFORMATION WE'VE LEARNED IN THE PAST, AND USE THIS INFORMATION TO SOLVE PROBLEMS OF EVERYDAY LIFE.

# EXECUTIVE FUNCTION



# SIGNPOSTS TO BEST PRACTICE

- IN CASES OF FLUCTUATING CAPACITY, THE COURTS AND NICE HAVE ADVISED TAKING A LONG-TERM PERSPECTIVE ON SOMEONE'S CAPACITY RATHER THAN SIMPLY ASSESSING THE CAPACITY AT ONE POINT IN TIME.
- CAROL SAR (TEESWIDE SAB): *THE CONCEPT OF "EXECUTIVE CAPACITY" IS RELEVANT WHERE THE INDIVIDUAL HAS ADDICTIVE OR COMPULSIVE BEHAVIOURS. THIS HIGHLIGHTS THE IMPORTANCE OF CONSIDERING THE INDIVIDUAL'S ABILITY TO PUT A DECISION INTO EFFECT (EXECUTIVE CAPACITY) IN ADDITION TO THEIR ABILITY TO MAKE A DECISION (DECISIONAL CAPACITY).*
- HOWARD SAR (ISLE OF WIGHT SAB) AND THE MS H AND MS I SAR (TOWER HAMLETS SAB) HIGHLIGHT PEOPLE WHO ARE DRIVEN BY COMPULSIONS THAT ARE TOO STRONG FOR THEM TO IGNORE. THEIR ACTIONS OFTEN CONTRADICTED THEIR STATED INTENTION TO CONTROL THEIR ALCOHOL USE. THEY WERE UNABLE TO EXECUTE DECISIONS THAT THEY HAD TAKEN.
- RUTH MITCHELL SAR (PLYMOUTH SAB): *TO ASSESS RUTH AS HAVING THE MENTAL CAPACITY TO MAKE SPECIFIC DECISIONS ON THE BASIS OF WHAT SHE SAID ONLY, COULD PRODUCE A FALSE PICTURE OF HER ACTUAL CAPACITY. SHE NEEDED AN ASSESSMENT BASED BOTH ON HER VERBAL EXPLANATIONS AND ON OBSERVATION OF HER CAPABILITIES, I.E. "SHOW ME, AS WELL AS TELL ME". AN ASSESSMENT OF RUTH'S MENTAL CAPACITY WOULD NEED TO CONSIDER HER ABILITY TO IMPLEMENT AND MANAGE THE CONSEQUENCES OF HER SPECIFIC DECISIONS, AS WELL AS HER ABILITY TO WEIGH UP INFORMATION AND COMMUNICATE DECISIONS.*



# DIRECT PRACTICE – BEST PRACTICE

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

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

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

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

# LEWISHAM: MENTAL HEALTH SARS

- MICHAEL – RESPONSE TO MENTAL HEALTH CRISIS, AWARENESS OF MHA 1983, ESPECIALLY NEAREST RELATIVE
- LEE – ALCOHOL ABUSE, PHYSICAL AND MENTAL ILL-HEALTH, RESPONSE TO PEOPLE WHO ARE MISSING, DUAL DIAGNOSIS
- MIA – HOMELESSNESS, SUBSTANCE MISUSE AND DOMESTIC ABUSE, CAPACITY ASSESSMENTS, SELF-NEGLECT, ENGAGEMENT, WORKING TOGETHER
- ADULT Z – SECTION 117 MHA 1983, CAPACITY ASSESSMENTS, AWARENESS OF MHA 1983, ESPECIALLY NEAREST RELATIVE
- AMANDA – SUBSTANCE MISUSE, MENTAL ILL-HEALTH, MISSING FROM A CARE HOME, FOUND DECEASED IN A DERELICT GARAGE
- EILEEN DEAN – ASSAULTED IN A CARE HOME BY ANOTHER RESIDENT AND DIED OF HER INJURIES.
- SAR ARTHUR – FATHER MURDERED BY HIS SON. BOTH WERE AFRICAN CARIBBEAN. SON HAD BEEN KNOWN TO MENTAL HEALTH SERVICES SINCE 2000. RISK ASSESSMENT WAS SPORADIC. NO EVIDENCE OF A SECTION 117 AFTER-CARE PLAN DESPITE ELIGIBILITY.

# LEWISHAM SAB RESPONSE

- ALL REVIEWS HAVE BEEN PUBLISHED AND BRIEFINGS ARE ALSO DISSEMINATED
- MULTI-AGENCY TRAINING ON MCA 2005 AND MHA 1893/2007
- LEARNING EVENTS HAVE BEEN ORGANISED TO COINCIDE WITH PUBLICATION (600 PEOPLE BOOKED ON A RECENT EVENT)
- REVIEW FINDINGS AND RECOMMENDATIONS ARE REVISITED IN LEARNING EVENTS TO HEAR FROM PRACTITIONERS, OPERATIONAL MANAGERS AND SENIOR LEADERS ABOUT WHAT HAS (NOT YET) CHANGED
- PLACEMENTS – ASSURANCE REPORTING ON PROVIDER CONCERNS, QUALITY ASSURANCE MECHANISMS, ASSURANCE REPORTING ON PLACEMENT REVIEWS
- UNDERSTANDING AND APPLICATION OF SECTION 42 CARE ACT 2014 – SOUGHT ASSURANCE FROM ASC AND MENTAL HEALTH TRUST
- HELD MEETINGS WITH MENTAL HEALTH TRUST TO FOCUS ON REPETITIVE FINDINGS AND DISPROPORTIONALITY
- RECEIVED ASSURANCE REPORTS ON SAFEGUARDING FROM MENTAL HEALTH TRUST
- EILEEN DEAN IDENTIFIED BY OTHER SABS AS HAVING NATIONAL SIGNIFICANCE (SECOND NATIONAL SAR ANALYSIS)
- QUESTION – WOULD THIS APPROACH BE STRENGTHENED BY A NEW STATUTORY DUTY FOR SABS TO SEEK ASSURANCE ON MENTAL HEALTH PROVISION?

# LEWISHAM SARS (MENTAL HEALTH) OVERVIEW (1)

- WE HAVE SEEN AN INCREASE ANNUALLY IN THE NUMBER OF SAR REFERRALS.
- MENTAL ILL-HEALTH IS THE HIGHEST SUBJECT REFERENCED IN SAR NOTIFICATIONS.
- OUR CONVERSION RATE FROM REFERRAL TO COMMISSIONING A MANDATORY OR DISCRETIONARY REVIEW IS 43%. THE TEAM IS BUSY!
- THERE IS A DISCONNECT BETWEEN SECTION 42 ENQUIRIES AND SARS - ORGANISATIONAL ABUSE IS ONE OF THE TWO MOSTLY COMMONLY REPORTED TYPES OF ABUSE IN THE 21 SAR NOTIFICATIONS IN LEWISHAM SINCE 2018 (ALONG WITH NEGLECT & ACTS OR OMISSION), BUT OVER THAT PERIOD LESS THAN 5% OF THE CONCLUDED S.42 ENQUIRIES IN THE BOROUGH ARE FOR THAT SUBJECT. IN 2021-22 MENTAL ILL-HEALTH WAS THE MAIN 'SOURCE OF SUPPORT' IN ONLY 5% OF THE CONCLUDED S.42 ENQUIRIES CONDUCTED IN LEWISHAM, BUT THIS SUBJECT IS A KEY FEATURE IN 66% OF THE SARS EITHER ALREADY PUBLISHED, OR IN PROGRESS IN THE BOROUGH.

## OVERVIEW (2)

- THE ETHNICITY OF THOSE ADULTS LINKED TO SARS IN LEWISHAM IS BROADLY CONSISTENT WITH THE WIDER DEMOGRAPHIC PROFILE FOR THE BOROUGH.
- HOWEVER, WHEN YOU CROSS-REFERENCE THIS TO THE SUBJECT OF MENTAL ILL-HEALTH, ADULTS FROM BLACK, BLACK BRITISH, BLACK CARIBBEAN OR AFRICAN BACKGROUNDS ARE DISPROPORTIONATELY REPRESENTED AND AROUND TWICE AS LIKELY TO BE A SUBJECT OF A SAR NOTIFICATION.
- THE AGE OF INDIVIDUALS WHOSE LIVES ARE THE FOCUS OF SARS IS YOUNGER THAN THAT FOR SECTION 42 ENQUIRIES.



# QUESTIONS FOR US ALL

- HOW OFTEN DO WE TAKE A TEMPERATURE CHECK ABOUT HOW CLOSE SERVICES ARE GETTING TO THE EVIDENCE-BASE DRAWN FROM VOICES OF PEOPLE WITH LIVED EXPERIENCE, RESEARCH, SARS AND PRACTITIONER/MANAGER FEEDBACK – THE ENABLERS AND THE BARRIERS?
- SARS PREDOMINANTLY FOCUS ON ANSWERING THE QUESTION “WHAT?”
- SARS PREDOMINANTLY ZOOM INWARDS RATHER THAN ALSO ZOOMING OUT INTO THE POLITICAL, SOCIAL, ECONOMIC AND LEGAL CONTEXT IN WHICH ADULT SAFEGUARDING IS SITUATED – IS THIS AN UNTOLD OR UNTELLABLE STORY?
- HOW DO WE ANSWER THE QUESTION “WHY?”
- WHAT ARE OUR AMBITIONS FOR ADULT SAFEGUARDING IN TERMS OF DIRECT PRACTICE, TEAM AROUND THE PERSON, ORGANISATIONAL SUPPORT AND GOVERNANCE?
- HOW, AND TO WHOM DO WE SPEAK ABOUT THESE HUMAN STORIES IN THE LEGAL, POLICY AND FINANCIAL NATIONAL CONTEXT?

# FURTHER QUESTIONS FOR US ALL

- HOW OFTEN DO WE SEARCH THE NATIONAL SAR LIBRARY?  
([HTTPS://NATIONALNETWORK.ORG.UK](https://nationalnetwork.org.uk))
- NOT ALL SABS HAVE BEEN SENDING THEIR PUBLISHED SARS FOR INCLUSION IN THE LIBRARY AND NOT ALL SABS RETAIN THEIR PUBLISHED REVIEWS INDEFINITELY ON THEIR OWN PAGES – LOST LEARNING
- DO SABS HAVE A LEARNING AND DEVELOPMENT STRATEGY THAT PROMOTES PRACTICE IMPROVEMENT AND SERVICE DEVELOPMENT IN RESPONSE TO SAR FINDINGS AND RECOMMENDATIONS?

# SARS AS TRANSFORMATIONAL HUMAN STORIES

- HOWARD'S HUB (SAR HOWARD, ISLE OF WIGHT SAB)
- HEARING THE VOICES OF EXPERIENCED YOUNG CARERS SAR SK, MERTON SAB)
- ADDRESSING THE BACK STORY (SAR MS H AND MS I, TOWER HAMLETS SAB)
- LEARNING FROM THE DEATHS OF WELFARE BENEFIT CLAIMANTS (THEMATIC REVIEW, HARINGEY SAB)
- IMPROVING TRANSITIONAL SAFEGUARDING (MS A, HAVERING SAB)
- RAISING AWARENESS OF SEXUAL EXPLOITATION (SAR MOLLY, TEESWIDE SAB)
- IT IS OUR RESPONSIBILITY TO BE THE CARRIERS OF HOPE AND WE HAVE RESPONSIBILITY

# PROFESSOR MICHAEL PRESTON-SHOOT

- INDEPENDENT CHAIR,  
GREENWICH  
SAFEGUARDING ADULTS  
BOARD
- INDEPENDENT CHAIR,  
LEWISHAM SAFEGUARDING  
ADULTS BOARD
- INDEPENDENT CHAIR,  
SOMERSET SAFEGUARDING  
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