



Analysis of safeguarding adult reviews: April 2017 – March 2019:

Findings on Advocacy for Sector-Led Improvement

The first national analysis of SARs

- Commissioned by CHIP: sector-led Care and Health Improvement Programme co-produced and delivered by the Local Government Association and the Association of Directors of Adult Social Services in England
- Preston-Shoot, M., Braye, S., Preston, O., Allen, K. and Spreadbury, K. (2020) National SAR Analysis April 2017 – March 2019: Findings for Sector-Led Improvement. London: LGA and ADASS
- Project oversight: Adi Cooper, CHIP

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Methodology



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The analytic framework: five domains



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Two key sets of findings



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1. Advocacy in the SAR process: key questions for SABs & SAR authors



2. 231 cases: some demographics

- Advocacy referred to in 64 SARs (28%)
- 263 subjects, 80% deceased
- 129 male, 109 female
- Average age 55
- Little information on sexuality or ethnicity
- Range of health concerns and complex interplay
 - Physical comorbidities
 - Physical and mental ill-health + significant life events
- Living situations:
 - Living alone (36%)
 - Group care (33%)
- Location of abuse
 - Own home (48%)
 - Residential/nursing care (18%)
- Perpetrator
 - Self (48%)
 - Care providers (30%)

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231 cases: types of abuse / neglect

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

Type of abuse	Reviews n	%
Self-neglect	104	45%
Neglect / omission	85	37%
Physical	45	19%
Organisational	33	14%
Financial	30	13%
Domestic	22	10%
Psychological	19	8%
Sexual	12	5%
Sexual exploitation	5	2%
Modern slavery	2	1%
Discriminatory	2	1%
Other	11	5%
Not specified	29	13%

Care and Health Improvement programme

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Findings and recommendations: advocacy

Do practitioners and commissioners give sufficient attention to advocacy? Is SAB oversight of advocacy sufficient?

Notable findings on advocacy

Advocacy not considered - omissions

Good advocate practice recorded

Provided – but sometimes very late

Waiting list – adequacy of provision Cultural barriers to engaging advocates

Lack of understanding of role of advocates

Individuals not engaging with advocates

Use of family and/or staff as advocates

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Recommendations about advocacy

Ensure advocacy considered

Involve advocates

Services to review practice of engaging with advocates

Services to review commissioning

SABs to audit provision and practice for assurance

SABs to develop guidance for staff

Training

National governance of advocacy

Sector-led improvement priorities arising from the overall study

SAB commissioning and conduct of SARs

Support for sector-wide learning from SARs

Support for adult safeguarding practice improvement

Revisions to national policy / guidance

Further research to develop the good practice evidence base

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Key questions for safeguarding & advocacy during Covid-19

- How do we continue effective advocacy (and other safeguards) during lockdown restrictions? People should not be "lost in plain sight".
- How do we make sure social care is not the poor relation? The focus on the NHS has meant protection in private homes and care settings has not been fully considered.
- How do we make sure everyone with care and support needs at risk of abuse/neglect can access advocacy? This includes those with mental health / mental capacity / substance misuse challenges, homeless people, those who can't access public funds etc.

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