Redbridge Safeguarding Adults

Learning from Safeguarding Adult Reviews (SARs)

Briefing by the Redbridge Safeguarding Adult Board (RSAB)
Learning & Improvement Subgroup

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Introduction & Key Themes

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A total of nine Safeguarding Adult Reviews (SARs),commissioned by Redbridge Safeguarding Adult Board (RSAB) and published between 2021 and 2025, were considered and the following five key themes identified:

- **Self Neglect** factored in five SAR's and defined as a lack of self-care to the extent that it threatens personal health and safety.
- **Hospital discharges** factored in three SAR's and defined as a patient discharged from hospital before it is medically safe or without the necessary support in place to ensure their ongoing care and recovery.
- **Transitional safeguarding** present in one SAR and is an approach that involves children and adult services working together recognising that the needs of young people do not stop when they reach the age of 18.
- **Contextual safeguarding** featured in one SAR and is the exploitation and abuse of children, young people and adults where the exploitation comes from outside the home. It recognises different relationships the person has within their neighbourhood and communities.
- **Making Safeguarding Personal** featured in four SAR's and is explained as a person-centred approach that prioritises the individual's wishes, needs and desired outcomes and their desired choice in all safeguarding processes.

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Findings & Learning

What messages do we need to take forward into resourcing, policy making and practice?

Self-Neglect

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- Individuals who self-neglect often **avoid or refuse support**, even when at significant risk. It's crucial not to interpret non-engagement as a lack of need—**risk may still be high.**
- Self-neglect can be hidden in plain sight, a cluttered home, poor hygiene, or malnutrition may be dismissed as lifestyle choices.
- Professional/concerned curiosity encourages practitioners to look deeper, ask sensitive questions, and challenge assumptions. It supports early identification and appropriate intervention.
- Adverse Childhood Experiences (ACE)- adults with ACEs may struggle with trust, self-worth, or emotional regulation, increasing the risk of self-neglect.
- Multiple health conditions can reduce a person's ability to **care for themselves**, manage medication, or attend appointments. Co-morbidities may also affect **cognition, mobility, or mood**, contributing to self-neglect. Coordinated, multi-agency responses are often needed to address complex needs.

Transitional Safeguarding

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- **Neuro-diversity** - individuals with autism, ADHD, or other neurological differences, process information and respond uniquely. Adapt communication and support to their specific needs, using clear, straightforward language, visual aids, and flexible approaches to reduce anxiety and barriers during transition.
- **Can the person understand the process of transferring care**? Assess if the person understands the transition to adult care process. Use simple language and easy-read or visual materials to explain each step clearly. Encourage the person to ask questions to empower informed decision-making.
- Does the person require support in expressing their views and decision-making? Advocacy is vital for people who struggle with communication or feel uncertain during the transition.
- **Identify barriers** to appointment access, such as difficulties with phone, internet, travel, communication, mental health, cognitive impairments, or learning disabilities (e.g., dyslexia). Address these sensitively and adapt communication and scheduling accordingly. NICE stresses involving adults with care needs in decisions using accessible communication.
- **Did not attend/Was not Brought/Cancellation** - investigate why. May signal confusion, logistical difficulties, disengagement or safeguarding concern. Provide clear, accessible information, including easy-read guides, about who to contact to rearrange appointments. Regular follow-up contact and flexible scheduling can help re-engage individuals and reduce missed appointments. Regular information sharing with professionals involved.

Contextual Safeguarding

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- **Making Safeguarding Personal (MSP)-** puts the individual's voice and wishes at the heart of safeguarding. It recognises risks outside the home, i.e. peer groups or online and ensures responses are person centred with an outcomes that improve safety and wellbeing.
- **Listening** to the voice of the person. What is their daily experience and how does this influence the decisions that they make.
- **Consider** the following:

  - Who else is in their support network?

  - What are the individual's values and beliefs i.e. has consideration been given to cultural norms?

  - Who are they vulnerable to? Being professionally curious/concerned curiosity, thinking about how daily life works for the person, who do they go to for help, or how and where do they spend their time.

  - Working collaboratively with those involved in the care of the individual

Hospital Discharge

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Multi-Agency Planning

- Take a holistic approach to all aspects of care. Are the appropriate professionals involved?
- Coordinate with health, social care, and community services.
- Consider convening a discharge planning meeting for complex cases.
- Has the patient been offered a Care Act Assessment? Have family/carers been offered a carers assessment?

Risk Factor Assessment

- Identify and document co-morbidities, mental health concerns, and social vulnerabilities.
- Evaluate the level of family or informal support available post-discharge.
- Mental health and suicide support. Are they able to get help i.e. contact services? Ensure robust risk formulation and care planning is in place. Has this been done with the person and/or family members in best interest?

Mental Capacity & Family Involvement

- Assess the patient's capacity to make decisions about their care.
- Involve carers and family members in planning and decision-making, especially if capacity is impaired. What is their story, and can they continue to support? Does the person need an advocate?

Safeguarding Considerations

- What are their vulnerabilities? Check that the support that is proportionate to the situation.
- Be alert to signs of neglect, abuse, or unsafe home environments.
- Raise safeguarding concerns appropriately, while ensuring support plans do not overwhelm the patient or family.

Practitioner Tips

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- When care planning, ensure that care is person centred and individualised to person's needs.
- Share professional information with all agencies involved including those that may work outside of the borough.
- Consider the effect of past services on the person and reflect how this can be approached differently.
- Use the risk tools and complex case panels to support practice.
- Hear what the person wants and consider their capacity and rationale for decisions.
  How easy is it for the person to function, what would help them to understand.
- Don't manage on your own, Think supervision and escalation when appropriate. Refer to the local escalation policy.
- Transition: all service should try to contact, follow-up and involve relevant professionals, including GP during transition to adult service and miss their appointment. Contact family/carer or refer back to named worker or children services.

Resources

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- RSAB Safeguarding Adult Reviews (SARs) – Overview Reports
- RSAB Multi-Agency Self Neglect and Hoarding Protocol (2nd Edition) (NB: under review)
- National SAB Manager Network – Non-Engagement Toolkit
- Adverse Childhood Experiences (ACEs), Early Intervention Foundation
- LB Redbridge Transitional Safeguarding Panel Referral Form
- LGA - Making Safeguarding Personal (MSP)
- RSAB & RSCP Professional Curiosity 7 Minute Guide
- RSAB Multi Agency Cuckooing Map and Guide
- Redbridge Community MARAC
- RSAB Information - Advocacy in Safeguarding
- RSAB & RSCP Joint working Protocol - See the Child See the Adult
- RSAB Escalation & Resolution Policy
- RSAB MCA 7 Minute Briefing