

# Bitesize Briefing: Learning from SARs



## 1 What is a Safeguarding Adults Review (SAR)?


A Safeguarding Adults Review (SAR) is a statutory, multi-agency review process. A SAR reviews what happened when an adult with care and support needs has experienced significant harm as a result of abuse and/or neglect, and explores concerns about how organisations may or may not have worked together to protect them.



### SARs: Fact vs. Fiction

 SARs identify missed opportunities or gaps, as well as good practice.

VS

 SARs only look at who is to blame, and 'what went wrong'.


 SARs seek to understand why decisions made sense at the time.

VS

 SARs make hindsight judgements on actions taken.

 SARs aim to improve policies and pathways to prevent similar harm.

VS


 SARs only focus on what has happened in the past.


## 2 Overview of Key Learning: SARs and Thematic Reviews in Gateshead


Recent SARs, Thematic Reviews and associated learning activity undertaken by the Gateshead Safeguarding Adults Board have highlighted some consistent, recurring themes which mirror national learning:



*The consistency of these themes reinforces the need for system-wide change, rather than case-by-case solutions.*

 Outcomes for adults experiencing multiple disadvantage/trauma.

 Complex mental health and substance use needs.

 Self-neglect.



## 3 Key Themes: Local and National Learning

**Complexity lies within the system, not the individual.**

Adults are often described as 'complex', when in reality difficulties stem from fragmented and/or rigid systems. Multiple agencies may be involved without a clear lead, shared plan or sustained relational approach; people can fall between gaps in thresholds, despite intensive practitioner input.

Childhood trauma, abuse, exploitation, and repeated loss have a lasting impact upon vulnerable adults; trauma frequently influences engagement with services, substance use, self-neglect and risk-taking. Practice is not always explicitly trauma-informed, leading to missed opportunities.

**Trauma has a pervasive impact across the life course.**

**Gaps between children's and adults safeguarding.**

There is ongoing disconnect for adults with histories of care proceedings; loss of children is a significant risk point, yet post-proceedings support is inconsistent. There is limited continuity between children's and adults safeguarding systems.

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Adults face substantial difficulties in accessing mental health services whilst using substances. Thresholds, waiting times and expectations of sobriety contribute to disengagement; there is also a lack of long-term, relational support (particularly in cases of self-neglect).

**Barriers to mental health and substance use support.**

**Inconsistent application of the Mental Capacity Act (MCA).**

There is variable practice in assessing capacity, particularly in cases of self-neglect and substance use; executive function and fluctuating capacity is not always sufficiently explored. There is ongoing uncertainty amongst practitioners regarding the balance between autonomy, protection and safeguarding duties.

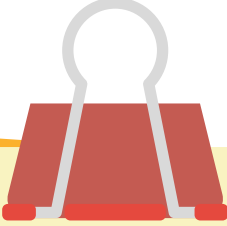
Best practice in these areas involve persistence, advocacy, curiosity and person-centred engagement; the value of trusted relationships is well evidenced, but advocacy and multi-agency working are often introduced too late.

**Making Safeguarding Personal and trusted relationships.**

**Need for coordinated, preventative multi-agency responses.**

Reactive and crisis-driven responses often dominate over early intervention; shared approaches to managing risks (e.g. Teams Around the Person, MARM and coordinated community responses) are more effective.

## 4 Key Learning & Takeaways

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- Preventable harm persists where systems are fragmented, thresholds are rigid, and support is time-limited/service-led rather than person-centred.
  - Local learning reflects national evidence, reinforcing the case for:
    - A whole-system, trauma-informed approach.
    - Earlier, coordinated and preventative intervention.
    - Shared accountability across adults and children's safeguarding, health, community safety and commissioning.

## 5 Supplementary Resources

- Executive Dysfunction/MCA
- Information Sharing
- Self-Neglect
- Professional Curiosity

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