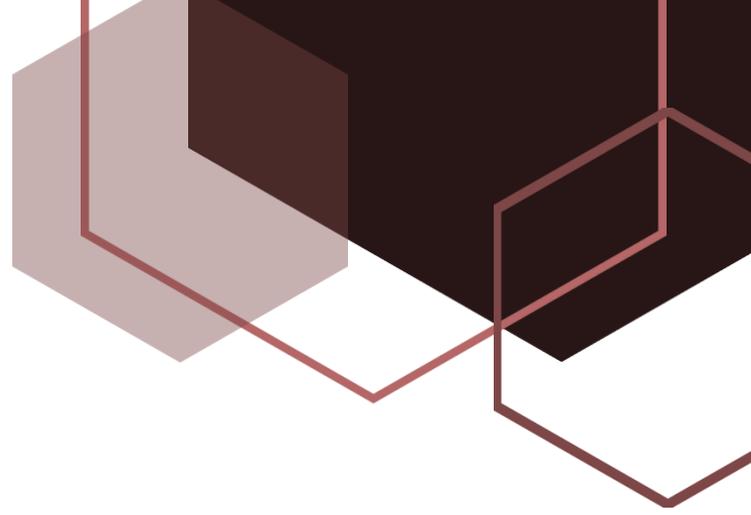


Hertfordshire

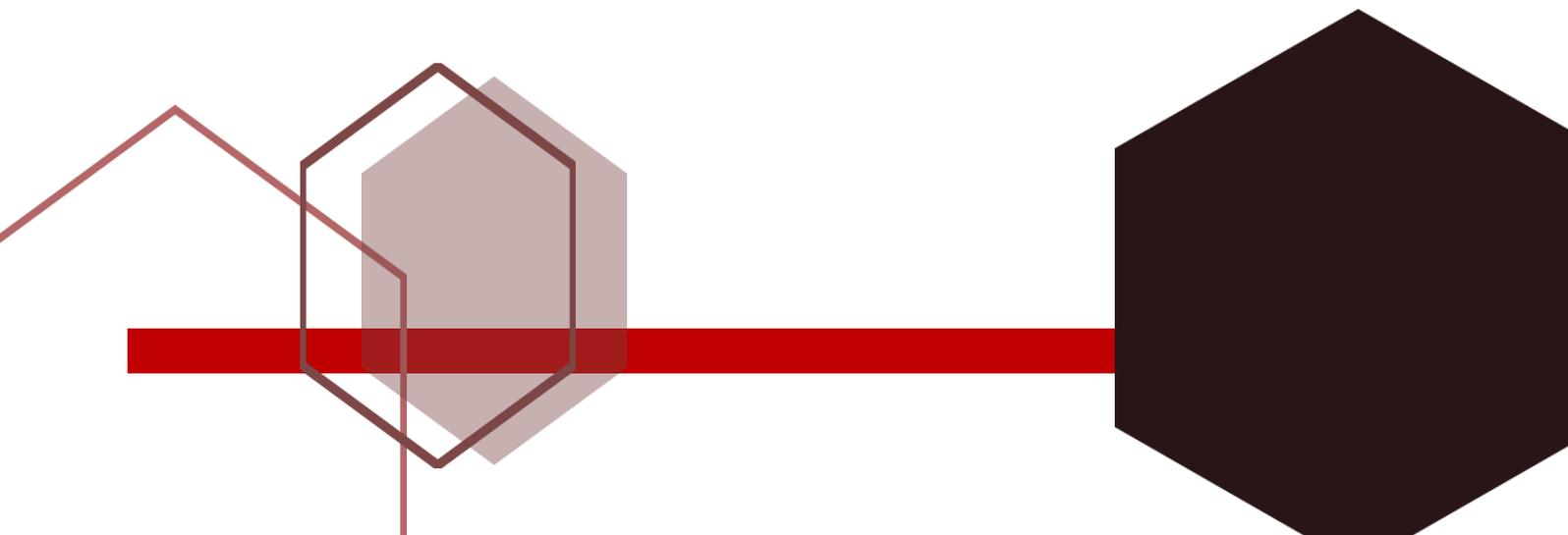
Safeguarding Adults Board

Working together to prevent abuse



Safeguarding Adults Reviews: Toolkit

This toolkit contains detailed documents and templates which are used by the Hertfordshire Safeguarding Adults Board (HSAB) when conducting Safeguarding Adults Reviews. This toolkit is available so professionals involved in a review can have clear expectations around documentation and methodologies being used. This should be read in conjunction with HSAB Guide to Safeguarding Adult Reviews.





Understanding the Responsibilities of the Safeguarding Adults Review Panel

- When the HSAB Chair has agreed to commission a SAR, the Chair of the sub-group will appoint a Panel Chair and Overview Report Writer.
- The Chair of the Panel will have the appropriate level of experience, expertise and knowledge but they must be independent of the immediate management of the case under review and have had no direct involvement with the case either as a practitioner or manager.
- The Chair of the Panel should be independent of any of the agencies involved in the case but not necessarily of Hertfordshire, though this is to be recommended as good practice.

RESPONSIBILITY



- The Panel will be comprised of those member agencies of HSAB who were or could have been providing services to the subject.
- The Chair of the Subgroup will write to the Chief Officers of all agencies who provided services to the subject for nominations to the Panel.
- Each agency will nominate a representative who has the appropriate level of experience, knowledge and expertise and who has had no direct involvement in the case or line management responsibility for any member of staff who has.
- The Chair of the Panel will consider the need for relevant experts to be available either as members of or as advisors to the Panel e.g. Domestic Abuse, substance misuse, medical experts etc.



Quality Markers

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 predominantly on established principles of effective reviews / investigation as well as experience, expertise, 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.

The SAR Quality Markers can be used in a number of different ways and at different times during a single SAR.

When	Which Quality Markers	For what purpose
At the beginning	All	To create clarity and transparency of what is being commissioned
At the beginning	All	To support practical planning and preparation
Progressively over the course of the review	individual markers as appropriate	To manage and quality assure the process
At the end	All	To structure reflection retrospectively on the review and identify improvements for future

The markers should not be treated as a process map because while the three clusters in which they are structured are broadly sequential, the components within them are not.

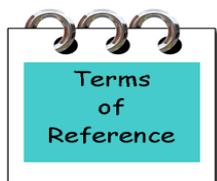
For further details on Quality Markers please see below the link to SCIE website or contact the business unit

<https://www.scie.org.uk/safeguarding/adults/reviews/library/project>



Terms of Reference – What should be considered?

The Chair and Panel should consider in each case, the scope of the review and draw up clear terms of reference, which are proportionate to the nature of the case. Relevant issues to consider include the following:

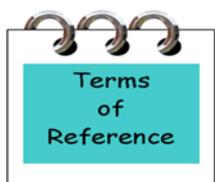


- What appear to be the most important issues to address in identifying the learning from this specific case?
- Over what time period should events in the individual's life be reviewed taking into account the circumstances of the case i.e. how far back should enquiries cover and what is the cut-off point? What history/ background information will help better to understand the events leading to the death or serious incident?
- How can the relevant information best be obtained and analysed?
- Which agencies and professionals should be asked to submit reports or otherwise contribute to the review including, where appropriate, agencies that have not come into contact with the individual but might have been expected to do so?
- How will the SAR process dovetail with other investigations that are running parallel, such as a Local Practice Review, Care Leavers Review or Domestic Homicide Reviews, a criminal investigation or an inquest?
- It will be the responsibility of the Panel Chair to ensure contact is made with the chair of any parallel process to consider combining the reviews. An agreement would be needed as to who would take the overall lead where joint commissioning is agreed.
- Should an outside expert be consulted to help understand crucial aspects of the case? For example, to give advice on the interface between mental capacity and mental health and the impact on a person's physical wellbeing.
- Are there any specific considerations around equality and diversity issues such as age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation that may require special consideration?

HSAB Safeguarding Adult Review Toolkit



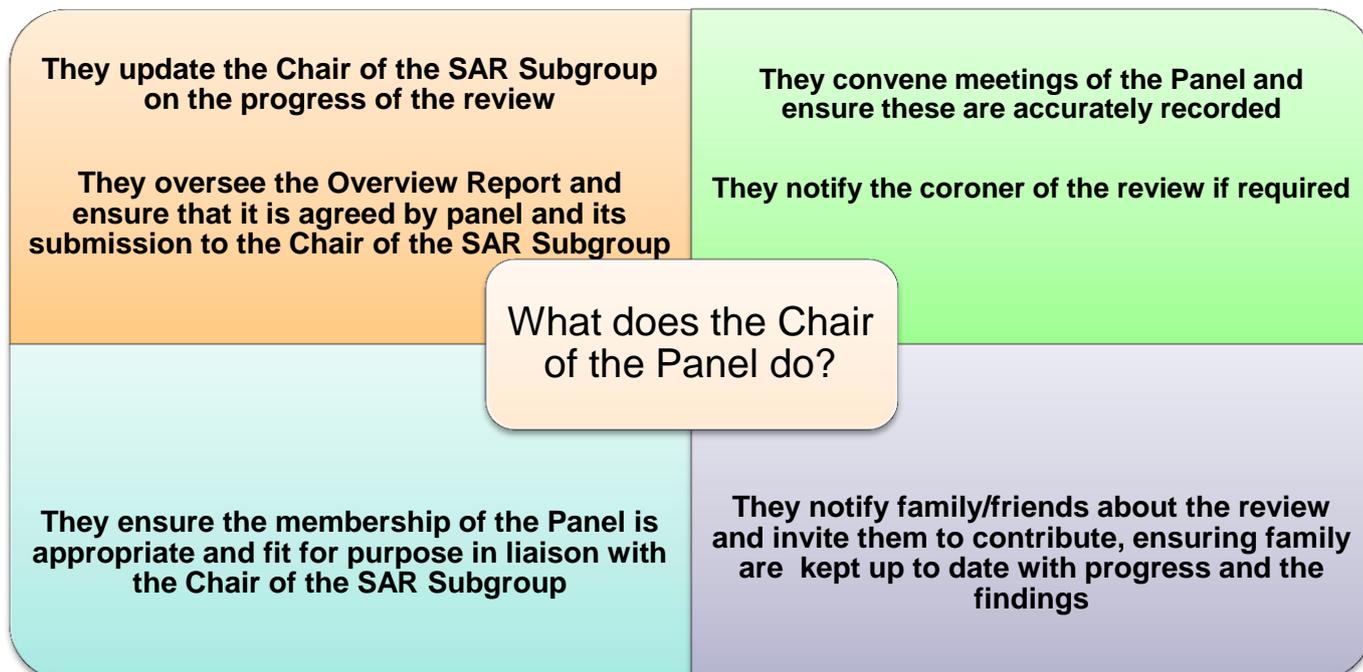
- Where the individual or alleged perpetrators/s were subject to a Multi-agency Risk Assessment Conference (MARAC) or Multi Agency Public Protection Arrangements (MAPPA) there will be the requirement to consider the need for a Memorandum of Understanding for the release of the minutes from the relevant meetings.
- If the individual has suffered significant harm then consideration needs to be given to obtaining their views about the events.



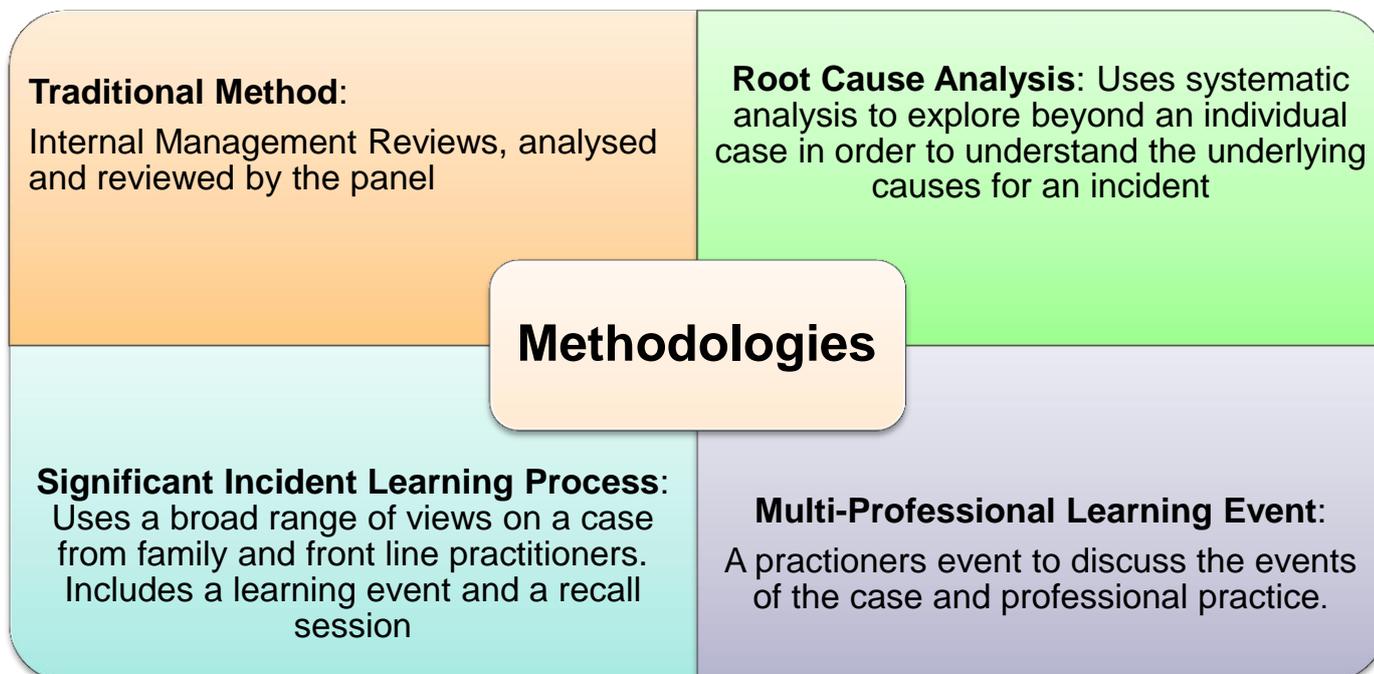
- The local authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a safeguarding adult review. Where an independent advocate has already been arranged under s67 Care Act 2014 or under MCA 2005 then, unless inappropriate, the same advocate should be used.
- How should friends, family members and other support networks (for example, co-workers and employers, neighbours etc.) and where appropriate, the perpetrator/s contribute to the review (including informing them of the terms of reference), and who should be responsible for facilitating their involvement? How will they be involved and contribute throughout the overall process taking account of possible conflicting views within the support network?
- How should matters concerning family and friends, the public and media be managed before, during and after the review, and who should take responsibility for this?
- How will the SAR take account of any coroner's inquiry, and (if relevant) any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared. The SAR should not be unduly delayed unless there is a strong reason to do this. The responsibility for agreeing any delay would need to be signed off by the Board chair?
- Who will make the link with relevant interested parties outside the main statutory agencies, for example independent professionals and voluntary organisations?
- How should the review process take account of previous lessons learned i.e. from research and previous SAR and DHR?
- Does the Review Panel need to obtain independent legal advice about any aspect of the proposed review?



What does the Chair of the Review Panel Do?



Which type of Methodologies Are Available?



- All methodologies will have a specified time line as set out in the Terms of Reference
- Any chosen methodology must be proportionate
- Sometimes a hybrid can be used



Internal Management Review

The following outline format should guide the preparation of management reviews to help ensure that the relevant questions are addressed, and to provide information to the Hertfordshire Safeguarding Adults Board (HSAB) in a consistent format to help with preparing an overview report.

This template should be followed as the standard expected by HSAB in all submissions of Internal Management Reviews for Safeguarding Adult Reviews.

The Front Page should contain:

- Name of report writer
- Name of agency/organisation
- Date report completed

The Format of Report should be as follows:

- Background to case – family details including, names, dates of birth and addresses, and should identify racial, cultural, linguistic and religious needs.
- Summarise the circumstances that led to a review being undertaken.
- Terms of Reference (as agreed by the panel chair)
- What records were considered (include adult and child records where appropriate)
- Who was interviewed and attach interview schedule
- Summary of agency involvement with the family



Having constructed a comprehensive chronology of involvement by the organisation and/or professionals in contact with the adult and family over the period of time set out in the review's Terms of Reference, briefly summarise decisions reached, the services offered and/or provided to the adult and family, and other action taken.

- Analysis of involvement with the family and significant others.

HSAB Safeguarding Adult Review Toolkit



Analysis must fully address the Terms of Reference. Consider the events that occurred, the decisions made and the actions taken or not taken. Where judgments were made, or actions taken, which indicates that practice or management could be improved, try to get an understanding not only of what happened but why. Consider specifically the following:

Were practitioners sensitive to the needs of the adults in their work, knowledgeable about potential indicators of abuse or neglect and about what to do if they had concerns about an adult?

Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of adults and acting on concerns about their welfare?

What were the key relevant points/opportunities for assessment and decision making in this case in relation to the adult and family? Do assessments and decisions appear to have been reached in an informed and professional way?

Did actions accord with assessments and decision made? Were appropriate services offered/provided or relevant enquiries made, in light of the assessment?

Where relevant, were appropriate adult protection or care plans in place, and adult protection or reviewing processes complied with?

When, and in what way were the adult's wishes and feelings ascertained and taken account of when making revisions about adult services. Was this information recorded?

Was practice sensitive to the racial, cultural, linguistic and religious identity of the adult and family?

Were more senior managers or other organisations and professionals involved at points where they should have been?

Was the work in this case consistent with each organisation's and the HSAB's policy and procedures for safeguarding and promoting the welfare of adults, and with wider professional standards?

- Agency context, e.g. were there significant changes, staff shortages or any resource constraints?
- What is the learning from this case for the way in which this organisation works to safeguard and promote the welfare of adults? Is there good practice to highlight, as well as ways in which practice can be improved? Are there implications for ways of working, training (single and inter-agency) management and supervision, working in partnership with other organisations, resources?

Recommendations for Action

- What actions should be taken by whom and when? What outcomes should these actions bring and how the organisation will evaluate whether they have been achieved.
- Please ensure that you complete a chronology of events on the attached template.
- Please give the name, position of IMR author, date completed together with the name and position of the senior person signing off the IMR and date completed.

HSAB Safeguarding Adult Review Toolkit



Practicalities

If you have been asked to be a member of a SAR Panel and/or to provide an IMR for the panel and you have never been involved in such a review previously, the Business Unit and Chair of the SAR subgroup and the panel chair are available to support you.

The Safeguarding Business Unit (Adults Safeguarding Board Support) can be contacted on: 01992 556603 or 01438 844655. The Business Unit will be your first point of contact and will be able to advise on the timescales for work and provide contact details for other members of the panel and the chair.

For smaller organisations and those from the voluntary sector the Board understands that being part of a SAR can feel overwhelming. Support is available via the Business Unit to help understand the processes involved. A guide to SAR's can be found at <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/herts-safeguarding-adults-board/hsab-information-for-professionals/safeguarding-adults-reviews-a-guide-for-practioners-april-2019.pdf>

The Final Overview Report

HSAB will consider the Overview Report and either agree it, its findings and its recommendations or return it to the SAR Subgroup for further work. Once it has agreed the Overview Report, HSAB will:



Ensure that contributing agencies are satisfied that their information is fully and fairly represented within it.



Ensure that all recommendations are SMART



Ensure that recommendations specific to them are endorsed at senior level by each agency.



Clarify to whom the report or parts of the report should be made available, and agree the means by which this will be carried out.



Disseminate the report or key findings to interested parties as agreed



Advise the SAR Subgroup of their agreement of the Overview Report and require them to monitor the implementation of its recommendations

The HSAB will keep the Action Plan on the agenda for all its meetings until such time that all recommendations have been implemented. The SAR Subgroup will monitor the implementation and outcomes of the SAR findings and Agency Action Plans, reporting back to HSAB.



Useful Information

Postal Address and Contact Numbers:

Hertfordshire Safeguarding Adults Board
Safeguarding Boards Business Unit
Post Point CH0116
Room 152, County Hall, Pegs Lane, Hertford, SG13 8DQ
Telephone number: 01438 844655 01992 556603

Liz Hanlon – Independent Chair of Hertfordshire Safeguarding Board
Tracey Cooper (CCG's) – Chair of SAR Sub-group
Steve O'Keefe (Police) – Vice Chair of SAR Sub-group
Dawn Bailey (West Herts Hospital Trust) – Vice Chair of SAR Sub-group

Business Unit

Kate Sullivan – HSAB Business Support Officer
Jean Banks – HSAB Senior Support Officer
Vacant – HSAB Business Manager
Mary Moroney - Service Manager: Hertfordshire Safeguarding Children Partnership and Safeguarding Adult Board Manager

HSAB Website:

<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx>

SAR Guidance: <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/herts-safeguarding-adults-board/hsab-information-for-professionals/safeguarding-adults-reviews-a-guide-for-practioners-april-2019.pdf>

Add website

Safeguarding Adults Policy: <https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx#procedure>

Research in Practice – SAR Library –

<https://www.scie.org.uk/safeguarding/adults/reviews/library/project>

HSAB Safeguarding Adult Review Toolkit



Safeguarding Adults Review Referral Form

For information on safeguarding adults reviews please refer to the HSAB Safeguarding Adult Review Guidance at: <https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/safeguarding-adults-from-abuse---information-for-professionals.aspx>

Please complete and return via secure email to: Kate.Sullivan@hertfordshire.gov.uk and Mary.Moroney@hertfordshire.gov.uk

This information will be collated and used by the Safeguarding Adults Review sub-group to inform the decision about whether or not any form of review should be undertaken by Hertfordshire Safeguarding Adults Board.

PART 1 – to be completed by the person making the referral

Referrer:	
Identified adult(s) at Risk Name: D.o.B.: D.o.D.: Address:	
Known person(s) / Organisation(s) having had contact with the adult:	
Other relevant family / friends:	
Has the Adult got/had care and support needs – please specify	YES / NO (please delete as appropriate) –Please specify
Has their death resulted from abuse or neglect – please specify OR If they are alive have they experienced serious abuse or neglect – please specify	YES / NO (please delete as appropriate) –Please specify
Is there concern that partner agencies could have worked more effectively to protect the adult – please specify	YES / NO (please delete as appropriate) –Please specify
Is this person subject to a DoLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HSAB Safeguarding Adult Review Toolkit



Responding agency:

Name of person completing this form:

Job title:

Contact details:

Executive Officer

Name:

Job Title:

Signature:

Question	Response
Period under consideration :	
Did your agency have any contact with the adult concerned?	
If so, in what capacity? (Please detail all services)	
Has your agency identified any safeguarding concerns in relation to or any other family member / significant other? (please detail)	
Has your agency identified any areas of learning in the way in which services were provided to?	
Has your agency undertaken any form of learning / incident review in relation to this case? (If so, please detail, including recommendations and actual / anticipated impact).	
Is your agency of the view that any form of multi-agency review should be undertaken? (Please explain your response)	
Please detail any other information / comment that you consider would assist the sub-committee in deciding how to respond to this referral.	

HSAB Safeguarding Adult Review Toolkit



**PLEASE ENSURE THIS REFERRAL IS SIGNED BY YOUR AGENCY'S HSAB MEMBER.
THE REFERRAL WILL BE RETURNED IF SIGN OFF IS NOT COMPLETE.**

PART 2 – to be completed by the chair of the SAR sub group

It is recommended/not recommended that this case be subject to a Safeguarding Adult Review for the following reasons:

--

When a case does not meet the criteria for a Safeguarding Adult Review, other options may be considered – in this case the following is recommended:

--

Legal advice has been sought	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		
Print Name		
Date		

PART 3 – to be completed by the chair of the HSAB

Does this case meet the requirements of a SAR?

Yes/No

Does this case meet the requirements of any other review?

Yes/No

Reason for decision:

--

Shared with HSP members

Yes/No

Raised at HSAB meeting under confidential section?

Yes/No

Date:

--

Signed:

--

Print name:

--

Date:

--