Gloucestershire
Safeguarding Adults
Board

Gloucestershire Safeguarding Adults Board (GSAB)

Annual Report 2024/25

Contents

GSAB Chair

Welcome to the Gloucestershire Safeguarding Adults Board Annual Report for 2024-25

I am pleased to introduce my final annual report as the Independent Chair of the Gloucestershire Safeguarding Adults Board (SAB), which sees the extension of our current three-year Strategic Plan 2022-2025 for a further year, to allow time for my successor to establish a new plan that will set out the priorities for the Board.

The production of an annual report is one of the statutory requirements of the Care Act 2014 and provides an outline of the work undertaken by the SAB and multi-agency partners to fulfil our statutory responsibilities and details progress made against our agreed safeguarding strategic priorities.

The last 12 months has been a very busy year for the SAB, during which some progress has been made that will enable the partnership to grow and close some of the gaps that have been identified over the years and highlighted in the recent Care Quality Commission Assessment of Gloucestershire Adult Social Care in 2024, that was published in January 2025.

We are now recruiting two new co-ordinator posts that will sit in the County Council Safeguarding Team that will help oversee multi-agency work directed towards some of our adults in the county who experience multiple disadvantage and are most at risk. This will lead to a better coordinated response by partners, leading to good person-centred wrap-around support and better outcomes.

One co-ordinator will work on the Making Every Adult Matter (MEAM) Initiative and the other will support the Multi-Agency Risk Management (MARM) Process.

The MEAM Initiative involves working alongside key national charities that have an interest in driving policy and services for adults facing multiple disadvantage, owing to engagement or involvement in criminal justice, substance misuse, rough sleeping, and mental health issues. Work in Gloucestershire will initially be directed towards people who are rough sleeping, and the learning and good practice from this will be used to drive further countywide initiatives.

The MARM process is a framework that facilitates effective multi-agency working with adults with care and support needs who are at risk of harm. It is designed to support anyone working with an adult where there is a high level of risk and the circumstances sit outside the statutory adult safeguarding framework. The MARM can support individuals to achieve maximum wellbeing as well as considering and mitigating the risks they face.

We have also established a second Transitional Oversight Group, specifically for young people who have had a great deal of support from Children's services, but who do not have traditional care and support needs as an adult. This partnership group will ensure the young people receive support and are better signposted to services, so they do not fall off a "cliff edge" when they turn eighteen.

A key part of our role is to scrutinise our data and to examine trends and seek assurance alongside commissioning reviews, to learn from cases where care has not gone as well as it could.

During 2024/25 there were 3059 concerns (compared to 2693 in 23/24) raised of potential abuse and neglect, an average of 255 (compared to 224 in 23/24) per month, which is a rise of 14% compared to the previous year. 806 of the concerns went on to become Section 42 enquiries and 40 other enquiries, a total of 826, or 28% of the concerns.

The Single Point of Access (SPA) Team has now been in place for over 12 months and over 85% of all concerns are now being submitted through the SPA and screened by dedicated Screening Officers and a Safeguarding Practitioner. The SPA handled an additional 7342 contacts in 2024/25. Over the coming years we should see the quality of our Safeguarding data improve as a result of the SPA.

A significant and critical part of the Safeguarding Adults Board role relates to learning and development, through the work of the Workforce Development Group and Safeguarding Adults Review sub group.

A key focus must be learning from reviews and ensuring we have evidence that recommendations are implemented, and that practice is improving across all of our frontline services.

These groups support improvements in professional practice and making sure that the recommendations from reviews, both local and National, become embedded in local practice.

Our Workforce Development Group oversaw the take-up of 18,103 (compared to 17,935 last year) individuals undertaking GSAB approved Adult Safeguarding and Mental Capacity Act training.

During the year, we had fifteen referrals for consideration of undertaking a SAR and three new SARs were commissioned, two of which were Rapid Reviews.

We continue to see multiple disadvantage as the overarching theme in our current reviews and referrals, with self-neglect, mental ill health, drug and alcohol use and sometimes homelessness evident.

As I finally step away from the role, I would like to thank my Board Business Manager, Board members, and members of our various sub groups, for their continued support and commitment to developing and promoting the work of protecting adults.

As always, I would like to acknowledge the work and commitment of our front-line practitioners, for their dedication and professionalism.

Finally, it has been a real privilege to have served as Independent Chair of the Board for the past 11 years and I wish my successor all the best for the future.

Paul Yeatman

Independent Chair
Gloucestershire Safeguarding Adults Board

This is Gloucestershire

The 2021 Census showed that Gloucestershire's population was 645,076 in 2021. This is an increase of 8.1%% between 2011-21, which is higher than the growth rate of 6.3% for England and Wales.

Gloucester continues to have the largest population with 132,416 people and the Forest of Dean has the smallest at 87,004. Between 2021-22, Tewkesbury had the most population growth at 15.8% followed by Cotswold with a 9.6% increase. Cheltenham saw the lowest rate of growth with an increase of 2.7% or around 3,000 people.

The overall gender distribution for Gloucestershire is 48.9% males and 51.1% females, in line with the gender split seen at a national and regional level.

In 2021, 93.1% (600,314 people) of Gloucestershire's population identified as "White". Gloucestershire is less diverse than the national average, with 81.7% of residents across England and Wales identifying as "White", however it was in line with the regional average where 93.1% of residents identified as "White". All districts in Gloucestershire had a higher proportion of residents identifying as "White" than nationally. The urban districts of Gloucester and Cheltenham (84.9% and 91.4%) had the lowest proportion of "White" residents, while the Forest of Dean had the highest (97.5%).

In 2021, an estimated 517,644 adults aged 18 and over lived in Gloucestershire, of these around 139,810 people were over-65s. The proportion of working-age (16-64) is 60.84%; this is lower than the overall working-age proportion in England and Wales (62.93%) but slightly higher than in the South West (60.73%). The proportion of people over the age of 65 is higher in Gloucestershire (21.6%) than in England and Wales (18.66%) but slightly lower than in the South West (22.34%).

In the 12-months to May 2020, around 12,100 adults and older people were receiving social care services funded by Gloucestershire County Council, including about 6,200 who received long-term care such as domiciliary care, residential care and nursing care. There were also around 1,400 adults in Gloucestershire receiving council-funded services as a carer in the same period.

Gloucestershire has a larger proportion of older population (age 65+) than nationally. Its older population is forecast to rise at a faster pace than nationally in the next 25 years, from 135,000 to 205,900 people between 2018 and 2043.

There were around 20,200 informal carers aged 65+ in Gloucestershire in 2020, this is expected to increase to 25,100 in 2030.

Studies suggest that the level of unmet social care need is higher among older people on low incomes than those on higher incomes. In Gloucestershire, 8 neighbourhood areas were ranked among the national top 10% income deprivations affecting older people.

From Older People in Gloucestershire Prevalence of Needs Report (link below)
https://www.gloucestershire.gov.uk/media/basfgyln/op_prevalance_of_need_2020_final.pdf

What is Safeguarding?

The Care Act 2014 Statutory Guidance confirms that "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect" (14.7)

It is about people and organisations working together to prevent and stop both the risks and experiences of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard for their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

Abuse and neglect can take various forms including: Physical abuse, Modern slavery, Domestic abuse, Discriminatory abuse, Sexual abuse, Organisational or institutional abuse, Psychological or emotional abuse, Neglect and acts of omission, Financial or material abuse and Self-neglect.

More information on these can be found in Appendix One.

The Care Act 2014 requires partner agencies and services to work together to protect adults at risk of abuse and neglect. Joined up safeguarding processes and practice ensure that:

- Joint working prevents, reduces or delays the risk of harm to the adult
- Safeguarding concerns are identified and reported to support the adult
- Those who have a statutory duty to enquire, act in a timely, person centred and co-ordinated way

Under Section 42 of the Care Act, the local authority has a responsibility to undertake an enquiry where there is a concern that an adult with care and support needs is unable to protect themselves when experiencing or at risk of abuse or neglect. If the criteria in Section 42 (1) are met, then the local authority must conduct an Enquiry and decide on any action under Section 42 (2).

Any enquiry should include an attempt to gain the views of the adult at risk as to what is important to them and what they would like to happen, providing any necessary support, such as an advocate. This is called Making Safeguarding Personal. If the adult at risk has the capacity to make a decision, their wishes must be respected. However, this view must be balanced with an assessment of the risks and an agreement reached as to how these risks will be monitored and managed.

The Care Act says: Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.

What are the six principles of Safeguarding?

Empowerment

People being supported and encouraged to make their own decisions and informed consent

Prevention

It is better to take action before harm occurs

Proportionality

The least intrusive response appropriate to the risk presented

Protection

Support and representation for those in greatest need

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

Accountability and transparency in safeguarding practice

Deprivation of Liberty Safeguards (DoLS)

If a person needs protective measures to be put in place to keep them safe and is assessed as lacking capacity to make decisions about that particular area, either the local authority or the Court of Protection, depending on the circumstances, can authorise a Deprivation of Liberty Safeguards (DoLS). This gives a legal authority to restrict a person's liberty in a specified way in order to keep them safe. There are strict criteria as to what is appropriate when putting such measures in place.

Safeguarding Adults Board (SAB)

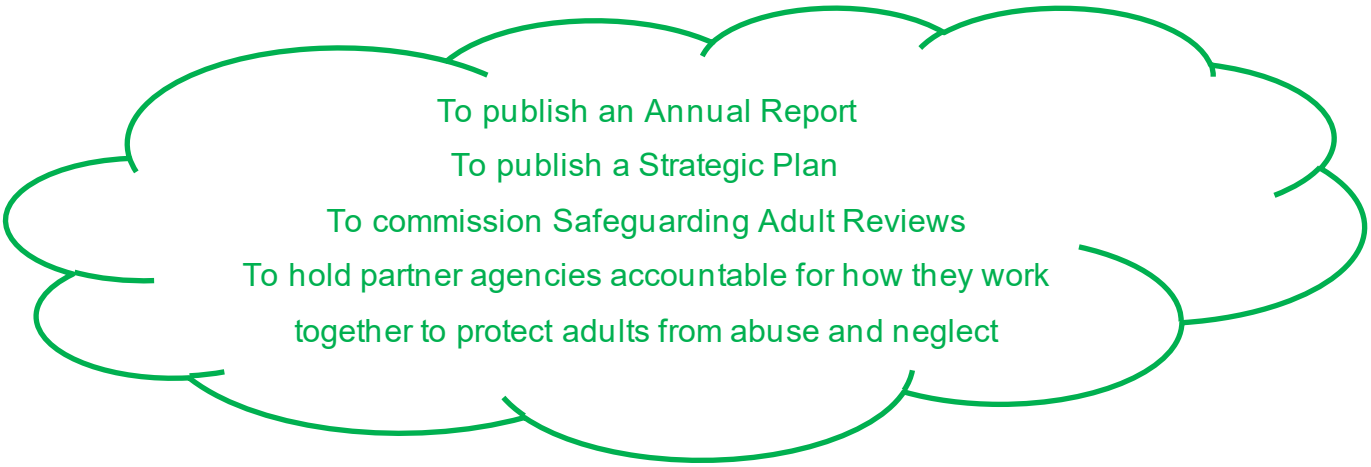
The Care Act 2014 Statutory Guidance confirms that "the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area" who meet the safeguarding criteria (chapter 14.133).

Role and Purpose

The Care Act 2014 introduced Safeguarding Adults Boards (SAB) and gave them the responsibility to seek assurance that there are effective local safeguarding arrangements. The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

Under the Care Act a SAB is required to:



How to report a safeguarding concern

A safeguarding concern is raised where there is reasonable cause to suspect that an adult who has, or may have, needs for care and support is at risk of, or experiencing, abuse or neglect. Care Act 2014 Section 42 (1) (a) and (b).

If you are concerned that you or another adult is being abused or neglected, please report it. Some adults are particularly vulnerable to be hurt or abused because they have a disability, illness, or impairment and need help and support. Depending on others can sometimes make them vulnerable and at risk of abuse, very often from people they know. This isn't always intentional... but it is still abuse.

Helpful Information

- Why you are concerned
- The name, age and address of the adult at risk
- If anyone lives with them
- If they are getting help from any organisation
- Who may be carrying out the abuse

Don't delay in reporting the abuse, even if you're not sure about some of these details.

Contact the Adult Help Desk

- Telephone 01452 426868
- 8am to 5pm Monday to Friday
- Or when out of hours call the Emergency Duty Team on 01452 614194
- You can also email: socialcare.enq@gloucestershire.gov.uk

Professionals Only

Professionals reporting safeguarding concerns about an adult with care and support needs should complete a Safeguarding Adults Referral Form (link below)

https://adultsocialcareportal.gloucestershire.gov.uk/web/portal/pages/home

Single Point of Access (SPA) Team

The adult safeguarding Single Point of Access provides professionals with the ability to make an online referral via the safeguarding portal 24 hours a day and should be used if an individual has an appearance of care and support needs and is at risk or experiencing abuse or neglect.

The link to the Portal is available via the GSAB website or the main GCC website (see link at the bottom of this page).

Portal referrals are screened by safeguarding Screening Officers who have received additional training and guidance in terms of risk assessment and the Section 42 (1) criteria (Does the adult have an appearance of care and support needs and are they experiencing or at risk of abuse or neglect). The Screening Officers discuss referrals regularly with the Safeguarding Specialist Practitioner's and the management team.

The referrer is required to provide the individual's details, which enables us to identify them on the adult social care database. The referral form is designed to capture the relevant information needed to make a decision as to whether a safeguarding referral meets the criteria for Section 42 (1), which is the initial investigation stage of a concern.

The referrer receives an acknowledgement receipt via email, and relevant signposting, if the referral does not meet the criteria for a safeguarding concern.

The Single Point of Access has been operational for almost two years and the number of referral submissions has continued to grow. In April 2025, the number of referrals received via the Portal was 621, with 38% of these meeting the Section 42 (1) criteria to be screened by the Safeguarding Adults team.

A sample of the Single Point of Access referrals are reviewed monthly, for quality assurance purposes regarding decision making, consistency and the signposting provided to the referrer. Any learning identified, is shared with the Single Point of Access Team, to provide an opportunity for reflection on decision making and signposting, with the aim of improving the experience for referrers and the individuals they are supporting.

Professionals can use the following link to access the Portal and make a referral:
Welcome to Gloucestershire County Council Social Care Professional Portal

Concerns being raised by the public continue to be dealt with by the GCC Adult Helpdesk.

Safeguarding activity in Gloucestershire

The data below covers the period 1st April 2024 to 31st March 2025.

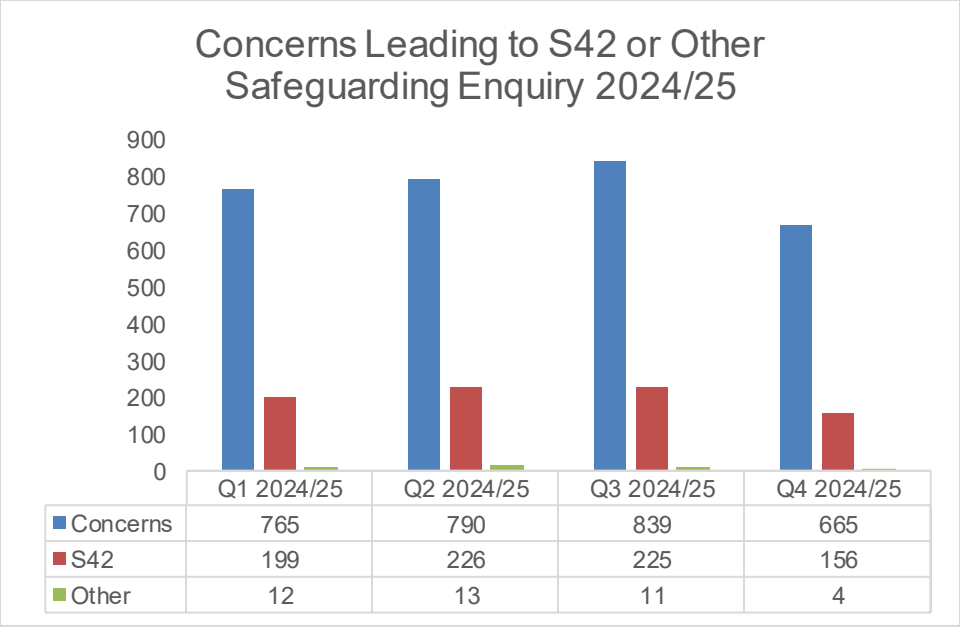
The number of Safeguarding concerns raised on behalf of adults at risk was **3,059**.

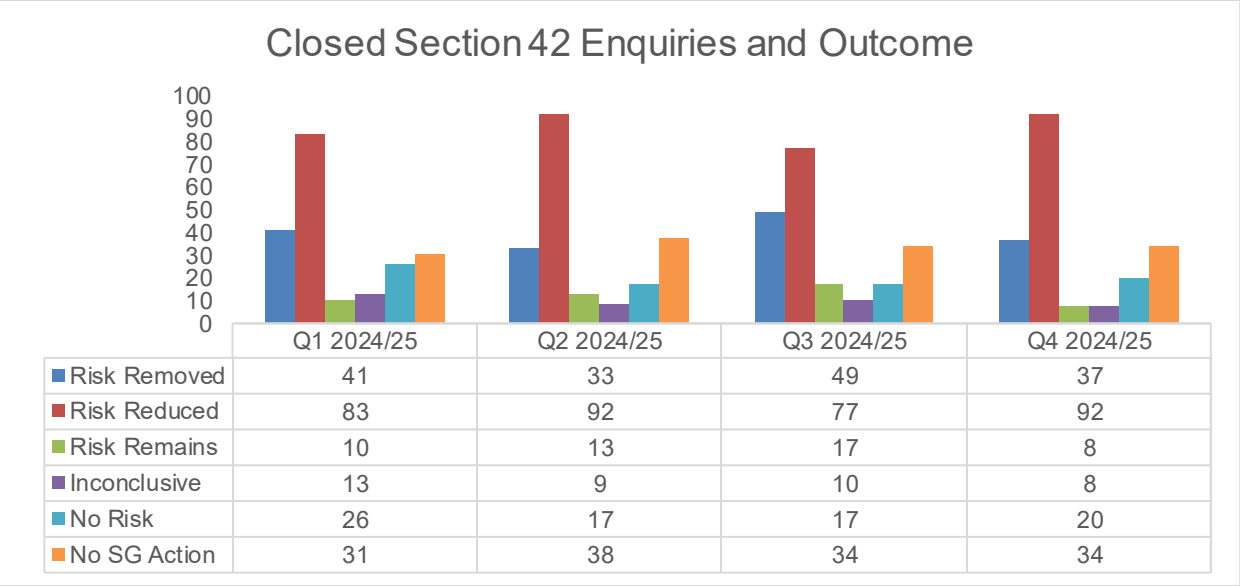
Of the **3,059** concerns, **806** went on to become Section 42 enquiries and **40** became 'Other' enquiries, making a total of **846**.

'Other' relates to enquiries that have not met the criteria for a statutory enquiry, however some form of safeguarding enquiry is deemed to be required, for example, the person is at risk of abuse and has support needs but not care needs.

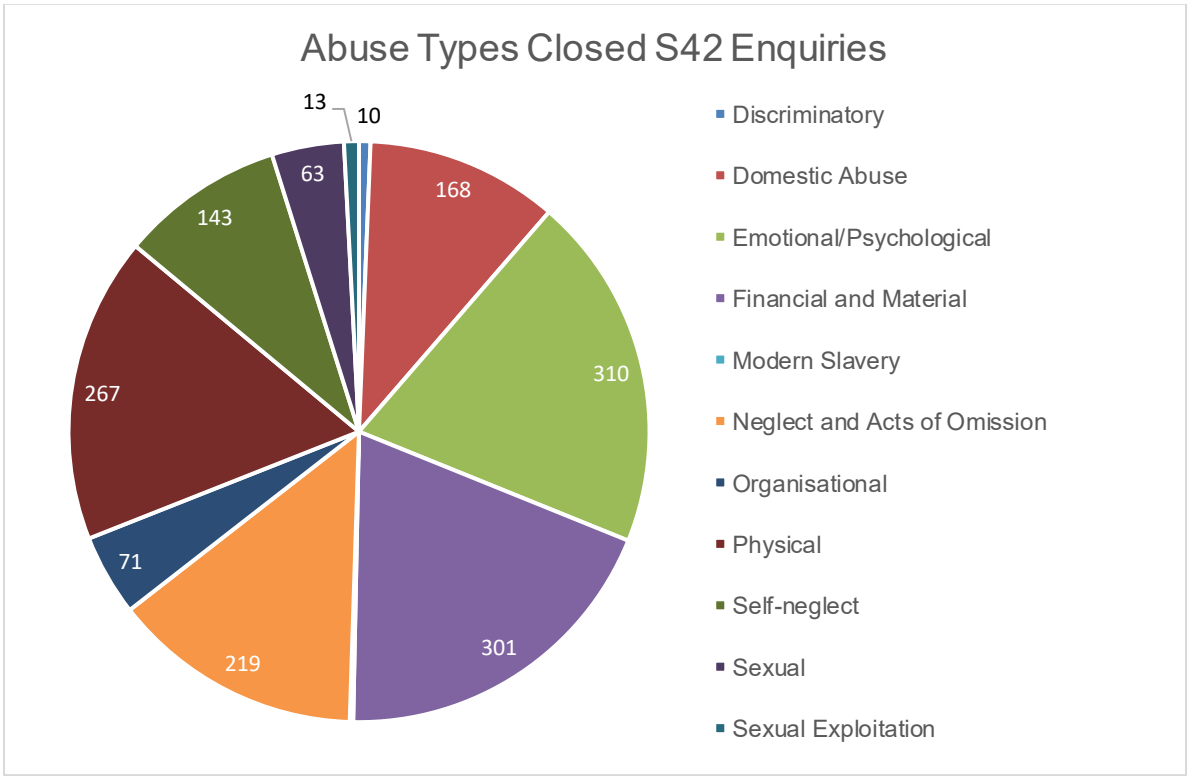
Safeguarding Activity 2024/25

LA	Safeguarding Concerns	Section 42 Safeguarding Enquiries	Other Safeguarding Enquiries	Total Enquiries
Gloucestershire	3,059	806	40	846

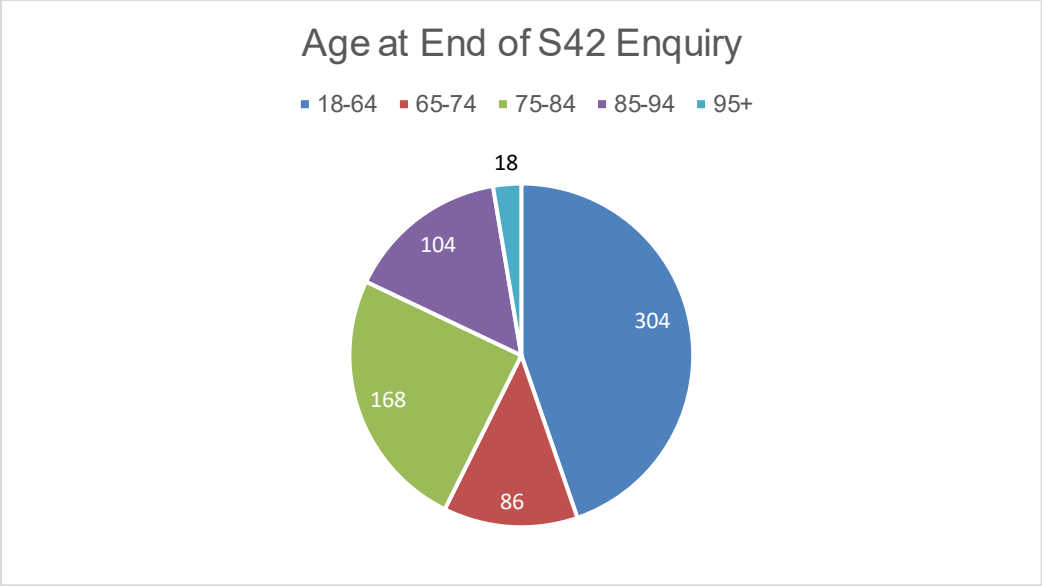




	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Risk Removed	41	33	49	37
Risk Reduced	83	92	77	92
Risk Remains	10	13	17	8
Inconclusive	13	9	10	8
No Risk	26	17	17	20
No SG Action	31	38	34	34



Abuse Types	Total	% of Closed Episodes
Discriminatory	10	1%
Domestic Abuse	168	11%
Emotional/Psychological	310	20%
Financial and Material	301	19%
Modern Slavery	3	0%
Neglect and Acts of Omission	219	14%
Organisational	71	5%
Physical	267	17%
Self-neglect	143	9%
Sexual	63	4%
Sexual Exploitation	13	1%
Total	1568	100%



Age	Number	Percentage
18-64	304	45%
65-74	86	13%
75-84	168	25%
85-94	104	15%
95+	18	3%
	680	100%

There has been an increase in the number of concerns this year compared to last year, when 2,693 concerns were received. The percentage of concerns proceeding for a section 42 enquiry has also increased, from 661 to 806. This is due to the introduction of the Single Point of Access Team, which has led to an increase in the number of concerns received, as all contacts from professionals are now screened by workers within the Safeguarding Adults Team.

As our access to data improves, we hope to provide more qualitative information about people's experience of the safeguarding process which will be used to try to ensure safeguarding enquiries are carried out in a person-centred way.

GSAB Strategic Plan 2022-26

The Board's Strategic Plan usually covers a three-year period, as recommended by the Care Act Statutory Guidance. However, as the Strategic Plan was due to end in April 2025 and the new Independent Chair starts in June 2025, this has been extended to cover four years, to allow time for the new chair to consider the content of the new plan.

Consultation on the content of the plan was conducted by Healthwatch. The priorities of the Strategic Plan are undertaken by the various GSAB Subgroups and partner agencies.

GSAB's Three Key Strategic Priorities

- To increase awareness and understanding of Adult Safeguarding among professionals and the public in Gloucestershire
- Prevention and Responding to Reports of Abuse and Neglect
- Learning and Continuous Improvement

Key achievements and work against the Strategic Plan are detailed throughout this report, but some examples include:

- The 'Information Zone' on the GSAB website continues to be added too
- The GCC Single Point of Access (SPA) for professionals to raise Adult Safeguarding Referrals has been live for a year
- A Hoarding Forum, set up by the Fire Service for both professionals and those that hoard, has continued to grow and expand across the county
- A Train the Trainer CPD Event was held in September, with topics including hoarding, Mental Capacity and learning from a recent Safeguarding Adults Review
- The GSAB Self-Assessment Audit for partner agencies was completed, with an assurance session undertaken for statutory partners
- Producing and disseminating four issues of the GSAB Quarterly Newsletter to over 4,500 subscribers, covering a variety of themes
- Gloucestershire was successful in its bid to join the Making Every Adult Matter (MEAM) Network.
- The creation of a new Multi-Agency Risk Management (MARM) Co-ordinator post

Case Study (Names and some of the details have been changed to protect confidentiality)

Lianne is a 34-year-old woman of dual heritage (White British/Caribbean), who has been rough sleeping intermittently. She has 3 children, all of whom have been taken into care at birth, she is sex working, has problems with substance misuse and is known to the Criminal Justice System as both an offender and a victim.

She is deemed to have capacity to make decisions and although she has no physical care needs, she is at risk of harm through exploitation.

Several concerns have been raised about her vulnerability, she has been seen with bruising to her face and there are concerns about self-neglect. Professionals were not able to work effectively with Lianne as they were not successful in getting her to engage with them.

Lianne did not meet the criteria for a s42 enquiry. However, the Safeguarding team called a multi-agency meeting because of the risks to her. A worker from the Nelson Trust was identified, and over time she was able to build a trusting relationship with Lianne.

Lianne was invited to take part in the meetings. She declined but agreed that her worker from the Nelson Trust would represent her views and feed back to her.

Lianne disclosed to her worker from the Nelson Trust that in her childhood, she was sexually abused by her mother's partner from the age of 12 until 14, at which point she was removed from her family home. Her birth father died of a drug overdose when she was 7. She talked about taking drugs as a way of numbing the emotional pain she carried from her childhood experiences of abuse and abandonment, this spiralled over the years and sex working and petty crime became a way of funding her drug use. Apart from this, Lianne also regularly experienced racism, from some members of the public in the form of racist abuse, to feeling judged negatively by some professionals due to being of dual heritage. She also described her distrust of professionals as a result of her childhood experience of being taken into care.

With support from the Nelson Trust and a multi-agency plan being agreed by the workers involved with Lianne, a plan was devised with her full involvement that offered her support with her accommodation and drug use, with some therapeutic intervention to support her psychologically with the events from her childhood and the bereavements she suffered from her children being taken into care.

Learning
When Lianne disclosed the extremely traumatic events from her childhood, the issues she faced as an adult became easier to understand. Her father dying of an overdose when she was so young highlights how trauma can be passed down in families (intergenerational trauma), and being dual heritage meant that in addition, she was subject to racism, highlighting the layered, intersectional nature of disadvantage. Taking a person-centred, trauma-informed approach to Lianne and listening to her was key to building the trust that would support her to make positive changes in her life, and highlights the need for workers to take a similar approach to people in Lianne's situation.

Learning from our Safeguarding Adults Reviews

A key statutory duty of the SAB is to carry out Safeguarding Adult Reviews (SARs) as appropriate under Section 44 of the Care Act.

The Safeguarding Adults Review (SAR) sub group is responsible for deciding whether a SAR referral meets the criteria for a S44 Review under the Care Act (2014). Decision making on each referral follows the identification of relevant agencies, information gathering and subsequent analysis. As SARs are progressed, the group works together on all proposed recommendations, ensuring that key learning is cascaded.

Safeguarding Adult Reviews (SARs)

For the year 2024/25, three new SARs have been commissioned, one is ongoing and one has concluded; two of the new SARs are Rapid Reviews. We continue to see complex needs as the overarching theme in our current reviews and referrals, with self-neglect, mental ill health, drug and alcohol use and sometimes homelessness evident.

Rapid Review – Homelessness
A Rapid Review is being conducted for two men who were rough sleeping at the time of their deaths. Both experienced severe disadvantage.

SAR – M
A review is being commissioned for a homeless man who died shortly after being released from custody. An Independent Reviewer is currently being sought.

Rapid Review – J
A Rapid Review is being undertaken for an older person with significant pressure ulcers.

Ongoing SAR – F

Commissioned to look at the case of a care leaver who had a mild learning difficulty and complex emotional needs, along with chronic health problems. The final draft report has been produced, and publication is likely in Autumn 2025.

Concluded SAR – E
A referral was raised by a member of the public. E was murdered and there were also concerns about self-neglect. The report has been signed off by GSAB and was published in May 2025.

Overview of SAR Referrals Received 2024/25
The table below shows an overview of the SAR referrals made to GSAB, capturing the breadth of referral sources as well as the time period when referrals were made.

	Q1	Q2	Q3	Q4
Referrals Received	J – Death by neighbour F – Domestic Abuse Related Death L – Arson in own home N – Medical treatment	L – Rough Sleeper death C – Domestic Abuse Related Death P – Rough Sleeper death	H – Self Neglect P – Exploitation T – Risk to others (MAPPA) M – Rough Sleeper death	J – Pressure ulcers M – Self-Neglect G – Fire setting in supported accommodation A – Self-Neglect
Referral Source	Gloucestershire Constabulary x2 Local Councillor GCC Safeguarding Adults Team	Great Western Hospital Swindon Gloucester City Council GCC Safeguarding Adults Team	GCC Safeguarding Adults Team Gloucestershire Constabulary x3	GCC Adult Social Care GCC Safeguarding Adults Team x2 Gloucestershire Constabulary
SAR Undertaken	-	1	-	2
Name	-	L&P Joint Rapid Review	-	J Rapid Review M SAR

Published SARs
SAR Reports can be found at: http://www.gloucestershire.gov.uk/gsab/

Fire Safety Development

Introduction:

People who die because of a dwelling fire, usually share known personal, behavioural and environmental risk factors, such as being over the age of 65, living alone, being a smoker, disabled, misuse of alcohol or drug use, living in overcrowded, hoarded homes, or living in areas with high levels of deprivation. These factors are exacerbated where they overlap, and the risk is well-documented.

In Gloucestershire, we recognise that keeping people safe from fire requires a multi-agency approach and that the people who face the highest risk are often known to other services. The Fire Safety Development Sub Group is focused on sharing information about trends and themes from national and local data to ensure all agencies are aware of emerging risks. The main task is to identify any cross-agency learning from fire related fatalities and to form a Fatal Fire Review Panel, if required.

To reinvigorate the meeting and to ensure it was of value for the representatives, this year the group updated the standing agenda to make the meeting more inclusive, to reflect on our efforts to mitigate risk factors and to facilitate collaboration between agencies. This has resulted in new members joining the group and contributing to discussions and planned activity.

Main Achievements:

Information sharing between all agencies has been effective this year; this has led to collaboration at community events, improved risk awareness and an increase in referrals to Gloucestershire Fire and Rescue Service (GFRS) from agencies in the sub group. This has enabled people who may be at risk of a serious fire to be identified and receive support earlier. The connection between high risk and people with care and support needs has been shared widely by representatives in the sub group; the members have also been given maps showing areas in Gloucestershire that are high or very high-risk for fatal fire so that they are able to assess any immediate concerns for people when they are working in homes in those areas. This has increased high quality referrals for home fire safety visits and helped GFRS work in partnership with other agencies. This partnership work between agencies has provided opportunities to tackle some entrenched issues affecting residents such as problematic hoarding, self-neglect, living in cold homes, and isolation.

Priorities for 2025/26:

- Embed learning from the Fatal Fire Review being caried out by GFRS, to ensure people are safe from fire in their home.
- Embed learning from SARs as needed.

- Develop and support work to reduce homelessness particularly when resulting from adult fire setting, by raising awareness of adult fire-setting and improving support to avoid eviction.
- Strengthen reporting and information sharing between agencies and community mental health teams to support people who may be at risk of fire in their home or considering suicide by fire.
- The focus will be on reducing fatal fires in all types of dwellings, which disproportionately involve people with care and support needs, and which have led to 31 deaths since 2015.

Case Study (Names and some of the details have been changed to protect confidentiality)

Marion is an 87-year-old lady living in her own home with privately paid carers. Marion has care and support needs relating to frailty and memory issues - although there is no formal diagnosis of dementia.

Marion has two grown up daughters who both hold Lasting Powers of Attorney (LPA) for health and welfare and for property and finances. One daughter lives locally to Marion and oversees her care and support, helps with finances and is the telecare first responder.

The other daughter lives in Australia and has little involvement in the day-to-day support of Marion. Both daughters have access to Marion's bank account, which she had agreed to.

Marion mainly managed her own finances with the support of her daughter and liked to receive monthly statements from the bank. When reviewing her monthly statement, Marion asked the carer to look at it, as there were a number of large sums withdrawn which she did not recognise. The carer helped Marion to establish that the withdrawals had been made by her daughter who lived in Australia.

As a result, a safeguarding referral was submitted by the carer with Marion's consent, for domestic abuse and financial abuse. Marion said she would inform her other daughter of the incident herself. Marion stated that she did not want any action taken against her daughter but would like support to communicate with her daughter and look into why the withdrawals were made.

Marion was spoken to by a safeguarding practitioner as part of the information gathering process. Marion was very clear that her family was very important to her, and she did not want to jeopardise the relationship she had with her daughter but would like help to prevent any further withdrawals being made without her knowledge. An enquiry under section 42 of The Care Act 2014 was started and passed to the Adult Social Care Team.
The recommendations given were based on achieving the balance of Marion's views and wishes (regarding her relationship with her daughter) being upheld, whilst protecting her finances.

Marion was visited by a social worker to discuss the concerns and establish what she wished to happen. Marion was clear that she did not want the incident reported to the police and felt that she could speak to her daughter herself to find out why the withdrawals were made without her knowledge. Marion did not want to cause conflict or damage the relationship between her and her two daughters.
The social worker explained various options to Marion including Gloucestershire Domestic Abuse Support Service support which she did not feel she needed, and the possibility of removing LPA and future access to her bank accounts to reduce any further risk. Marion said she felt she could talk to her daughter about this and would get in touch with the social worker when the conversation had taken place.

This demonstrates Marion having control over the pace of the safeguarding enquiry and making her own decisions about what she would like to happen.

Following the conversation with her daughter, Marion requested a visit from the social worker. She talked through her daughter's explanation for the withdrawals, which in her daughter's view was a loan which would be repaid. Marion stated that her daughter understood that she should have sought permission to do this and has since repaid the money into Marion's account. Marion said that she would like support to remove her daughter as LPA and prevent her from accessing her bank accounts in the future, as she had lost trust in her.

Marion was given the details of how to contact the Office of the Public Guardian (OPG) to revoke LPA, which her other daughter will support her with. Marion had contacted the bank herself to remove her daughter's access.

Marion felt that although the relationship with her daughter had changed due to the trust issues, she did not feel that the abuse was intentional but more her daughter not understanding that despite her frailty she was still able to make decisions about her finances. Marion was pleased that the situation will be resolved and that she still has a relationship with her daughter.

Learning points
This is an example of how a person's views and wishes were put at the centre of the safeguarding enquiry, in line with the principles of Making Safeguarding Personal. Marion wanted to take control and have the difficult conversation herself and was given information around the options available in order for her to make a decision about the actions taken.

On this occasion the situation was resolved and Marion's finances protected as a result but there are other domestic abuse cases involving finances that are difficult to resolve because the individual chooses not to jeopardise a personal relationship over protecting their finances; this must always be considered and respected when undertaking an enquiry.

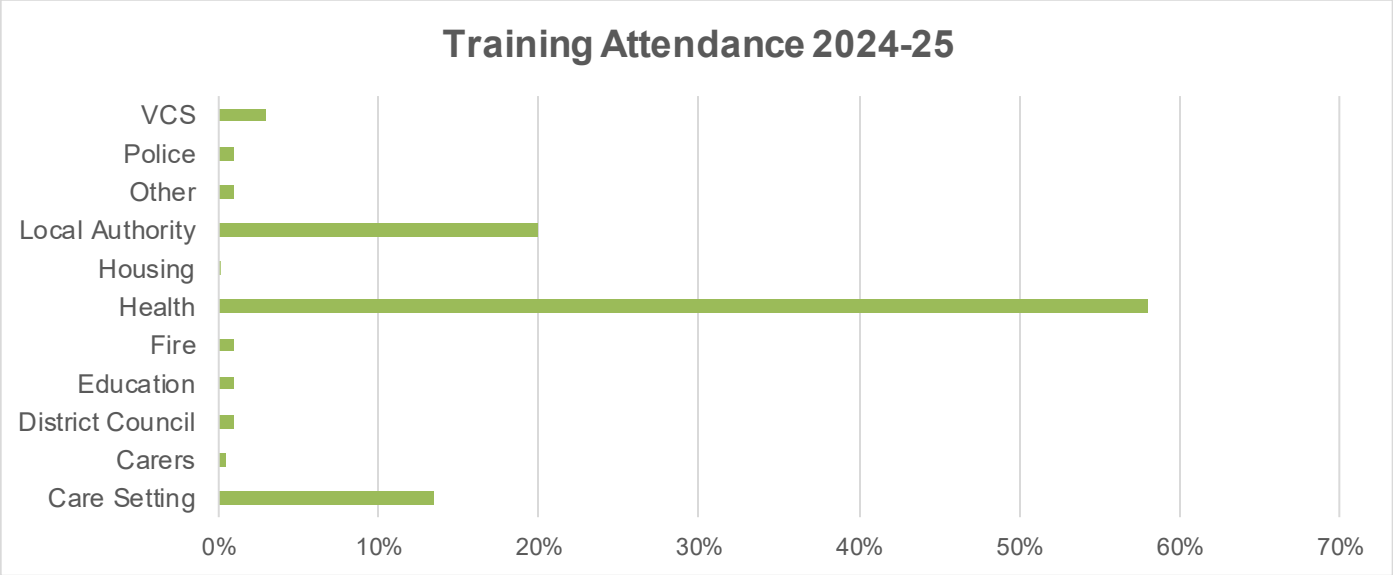
Domestic abuse is often believed to occur only within households; however, this case shows that it can occur in any close personal relationship, regardless of whether the people are living together.

Safeguarding Training

Training figures (found in supporting documents) highlight the take up of GSAB training and e-learning by partners during the year. In summary, **18,103** Gloucestershire staff (and volunteers) undertook GSAB approved Adult Safeguarding and MCA courses.

Safeguarding Training Levels

Level 1 - Is an E-Learning module that provides an introduction to Safeguarding Adults
Level 2 - For all frontline staff that have direct contact with adults with care and support needs
Level 3 - Recommended for those with organisational responsibility for reporting and responding to safeguarding concerns.



Train the Trainer

Two annual Adult Safeguarding Train the Trainer Workshops for new level 2 trainers were held in 2024.

The Annual CPD Event took place in September. Presentations were given on a range of topics including GCC Safeguarding Adults in Gloucestershire, Learning from Safeguarding Adult Reviews (SARs), the Mental Capacity Act and Executive Functioning and Hoarding. The day provided an opportunity for GSAB trainers to share best practice trainer tips and receive an update on safeguarding adults within Gloucestershire. All participants rated the event highly.

The key areas of focus for Workforce Development in 2025/26 will be continuous improvement in learning and development and increasing awareness of Adult Safeguarding among professionals and the public in Gloucestershire.

Looking Ahead

We are entering an exciting and significant period of opportunity for the GSAB, since it was placed on a statutory footing on 1st April 2015.

From June 2025, GSAB will have a new Independent Chair, David Hanley. Also, GSAB will have for the first time, additional staffing from a new GSAB Support Officer. This post will lead on data reporting, with the aim of increasing the amount of partner data received and also presenting it in a user-friendly way. They will also focus on comms and co-production, helping to increase the knowledge and understanding of adult safeguarding in Gloucestershire and gaining feedback from individuals who have experienced a safeguarding enquiry. This will support better outcomes for adults who are at risk of abuse or neglect.

In October 2024, Gloucestershire were successful in its bid to join the Making Every Adult Matter (MEAM) Network. MEAM is a national network and approach, led by a coalition of charities, that focuses on improving outcomes for people experiencing multiple disadvantages by identifying and addressing systemic barriers. Gloucestershire are creating a MEAM Co-ordinator post to support this work and will have a MEAM sub group, which sits under GSAB.

Gloucestershire are implementing a Multi-Agency Risk Management (MARM) Framework in the county for people who do not meet the criteria for a S42 Enquiry but are at high risk of abuse or neglect. A new MARM Co-ordinator post has been created and will be recruited to by the summer.

These are exciting new initiatives that support those individuals who do not necessarily meet the criteria for care and support needs under the Care Act but are still at high risk.

Financial Summary

Funding Contributions
The Board is pleased to confirm that Gloucestershire Constabulary and NHS Gloucestershire ICB (on behalf of Gloucestershire Health and Care NHSFT and Gloucestershire Hospitals NHSFT) have agreed to continue their financial contribution to the Gloucestershire Safeguarding Adults Board.

CORE BUDGET INCOME AND EXPENDITURE 2024/25

Partner Contributions	Amount
NHS Gloucestershire ICB	38,877
Gloucestershire Constabulary	20,440

GSAB Business and Activity Costs	Expenditure 2024/25
Independent Chair	20,000
Other Staffing (Includes 100% GSAB Business Manager and 100% Administrator)	98,929
Workforce Development	30,000
Safeguarding Adult Reviews (SARs)	10,000
Comms and Publicity	1,078
Total	**160,007**

These contributions help with the costs associated with the running of the Board, including its Independent Chair, the Gloucestershire County Council Head of Safeguarding Adults post, costs in conducting Safeguarding Adults Reviews, Communication & Publicity and delivering on the Board's Workforce Development and Training Pathway.

Other partners have contributed with their time and commitment to the Board's work.

All documents and supporting reports referred to in this annual report can also be found on the GSAB website, supporting documentation.

Special thanks are reserved for all agencies who have contributed to this report and the achievements of the Gloucestershire Safeguarding Adults Board over the last year.

Appendix One

What is abuse and neglect?

Abuse and neglect can happen to anyone, whatever their circumstances and can be carried out by anyone. This could be family, friends, neighbours, paid staff, carers, or volunteers. It could also be strangers.

Types of Abuse	Behaviours Include
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
Sexual	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or Material	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
Neglect and Acts of Omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

Types of Abuse	Behaviours Include
Discriminatory	Racism, sexism, or acts based on an adult's disability, age or sexual orientation or other protected characteristics. It also includes other forms of harassment, slurs, or similar treatment such as disability hate crime.
Domestic Abuse	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence by those who are or have been intimate partners or family members.
Organisational Abuse	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes, or practices.
Modern Slavery	Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
Self-Neglect	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

Appendix Two

GSAB Membership:

Cabinet Member for Adults Support and Independence
Care Quality Commission (CQC)
Cheltenham Borough Homes
Department of Work and Pensions (DWP)
District Councils
Gloucester City Homes
Gloucestershire Action for Refugees and Asylum Seekers (GARAS)
Gloucestershire Care Providers Association (GCPA)
Gloucestershire Carers Hub
Gloucestershire County Council
Gloucestershire Diocese
Gloucestershire Fire and Rescue Service (GFRS)
Gloucestershire Health and Care NHS Foundation Trust (GHC)
Gloucestershire Hospitals NHS Foundation Trust (GHT)
Healthwatch
Inclusion Gloucestershire
Kingfisher Treasure Seekers
NHS England
NHS Gloucestershire (Integrated Care Board)
POhWER Advocacy Service
Police
Probation Service
South West Ambulance Service Trust (SWAST)
Trading Standards
VCS Alliance
Young Gloucestershire

Support to the GSAB:
GSAB Business Manager
GSAB Support Officer (New Post for April 2025)