

Gloucestershire Safeguarding Adults Board (GSAB)

Annual Report 2025/26

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Welcome from the GSAB Chair

Welcome to the Gloucestershire Safeguarding Adults Board Annual Report for 2025-26

I am pleased to introduce my first annual report as the Independent Chair of the Gloucestershire Safeguarding Adults Board (GSAB), Firstly I want to thank my predecessor Paul Yeatman for his many years of service to GSAB during which he worked so hard to develop and improve how the Board worked.

This year has been a year of change. A new strategy for 26-29 has been developed, and alongside that there have been significant changes to the way the Board is structured and organised. I want to thank all the individuals and organisations involved in the Board for their understanding and patience whilst these changes were implemented and acknowledge their contribution to the development of adult safeguarding over the years. I hope that the new arrangements will prove successful and allow even greater involvement in the work of GSAB.

The new strategy should bring a clear focus for the development of safeguarding within Gloucestershire. One of the central planks of this is co-production, involving people at risk and others in all elements of improvement of adult safeguarding. This is a major challenge, and over the coming year I hope to see real progress in this area. I am grateful to our VSC Board members for their continuing support and their willingness to join the new Scrutiny Group which I hope will provide the necessary challenge required to ensure we keep the voice of the user central to everything we do.

To deliver improvement will require individuals and agencies to work together towards the common aim of reducing the impact of abuse on adults at risk within Gloucestershire. There is already some significant developments underway, such as the Making Every Adult Matter (MEAM) initiative and the establishment of Multi-Agency Risk Management (MARM), both excellent examples of the commitment to supporting and protecting people at risk in Gloucestershire. Development can be challenging in these very busy and uncertain times, but I have been very heartened by the enthusiasm and support shown across the Board, and I am looking forward to the coming year as we work together to implement the new strategy for Gloucestershire.

Lastly, I want to acknowledge the work of Carolyn Bell (Board Manager) and Michelle Garland (Board Support Officer) for all their hard work and support, without which GSAB would not be able to function.

Dr David Hanley
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 saw the largest 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) was 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%).

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)

Individuals and organisations need to work together to prevent abuse happening, respond to it when it does, as well as promoting the adult's wellbeing. Central to this is listening to their views, wishes, feelings, and beliefs when deciding on any action. Adults can have complex relationships and feel uncertain, conflicted, or have unrealistic perspectives 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 Two.

The Care Act 2014 requires partner agencies and services to work together to protect adults at risk of abuse and neglect in order to reduce or delay the risk of harm to the adult

- Ensure safeguarding concerns are identified and reported to support the adult
- Safeguarding enquiries are timely, person centred and co-ordinated.

Under Section 42 of the Care Act, the local authority has to undertake a safeguarding 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.

Any enquiry must seek to understand the views of the adult at risk, such as what matters most to them and what outcomes they want. Individuals must be supported including access to an advocate if wanted. This approach, known as Making Safeguarding Personal, assumes that where the adult has the capacity to make decisions, their wishes should be respected. However, these wishes must be carefully balanced with an assessment of risk, with agreement reached on how any identified 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.

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 worried that you or another adult may be experiencing abuse or neglect, please report it.
Some adults are more at risk because they have a disability, illness, or impairment and rely on others for care and support. Being dependent on others can increase vulnerability and the risk of harm, often from people they know and trust. This harm is not always deliberate - but it is still considered abuse. The process for reporting adult abuse is in Appendix One.

If you are not sure what to do, then get in touch and talk to the Adult Helpdesk

What we are learning from safeguarding enquiries

During the closure of a Safeguarding Enquiry, individuals are offered the opportunity to provide additional feedback on their experience of the process, helping to ensure their voice continues to inform service improvement.

Over the past year, sixteen individuals agreed to be contacted and share their views. Their feedback has provided valuable insight into how safeguarding processes are experienced in practice, highlighting both positive aspects and areas for development. Below are two examples of the feedback received.

'Liz' – Domestic Abuse

A member of the public reported witnessing Liz's partner, 'Patrick' kick her at a train station. The pair continued arguing at a nearby supermarket. Police attended and Liz initially disclosed that Patrick had assaulted her, and he was arrested on suspicion of common assault, and Liz was taken to hospital as she appeared drowsy. Later, Liz retracted her allegation, stating no assault had occurred, she explained that the argument had been triggered by a distressing phone call from her mother.

Following the safeguarding enquiry, Liz reported feeling supported by her social worker and she is currently engaging with GDASS (Gloucestershire Domestic Abuse Support Service), mental health services, and an eating disorder clinic. She described past coercive and controlling behaviour from Patrick and expressed fear of him when he is not in custody. '**He controlled me and would often look at my old messages; he threatened to kill me. I trusted him, but he broke me'**

Liz stated she feels safer now, has protective measures in place (including a safety phone and emergency bag), and does not wish to resume the relationship. She demonstrated good insight into her vulnerability and the dynamics of the relationship. Liz was particularly thankful for the support she had from her social worker.

> Regarding the social worker: **'She was the first professional that I felt I could be myself with. I felt free to be myself, if you know what I mean. With others I felt like I was being judged. I could talk to her and not feel judged'**

'Liam' – Self Neglecting

Liam is a 93-year-old man with dementia who lives alone and was identified as self-neglecting. Concerns were raised by his daughter, prompting a Section 42 enquiry. Initially, Liam was anxious, resistant to help, and living in unsafe conditions, including a broken toilet and poor hygiene. Through ongoing visits between February and April 2025, the Social Care Practitioner, 'Kerry', built trust and supported Liam to remain at home safely.

Key actions included improving home safety (fire safety checks, gas safety measures, handrails), restoring sanitation, arranging a deep clean, and introducing care support for personal needs and daily living. Financial concerns were also addressed through a Deputyship referral.

Liam was visited, to ask him about the safeguarding process. Although Liam could not recall all of the details, he gave very positive feedback about Kerry, describing the support as "**the best**" and "**amazing**".

> How did you feel about the support? **'I wanted to stay at home, and they sorted everything to make sure I could stay. The only way I'm leaving this place is in a box.'**

Liam's home is now warm and safe, and he receives ongoing care for personal needs and daily living. Adaptations such as handrails have improved his mobility and financial safeguards have been put in place. Overall, the positive outcomes are largely attributed to the consistent, trust-building support provided by Kerry.

Overall Feedback

The table below provides an overview of the feedback collected over the past year, reflecting the experiences and views of individuals who have been involved in safeguarding enquiries. This feedback highlights both positive outcomes and areas for improvement, supporting continuous improvement in practice.

Positive Outcomes	Areas for Improvement
• Good ongoing support put in place • Online feedback forms are helpful • Protective measures put in place promptly • Professionals are compassionate and diligent • Strong impact of good multi-agency partnership working	• Delays due to external factors can cause frustration • Keep individuals and families updated regularly • Support with the home environment can prevent future risks • Support staff to navigate challenging family dynamics • Improve early-stage communications to manage expectations and role explanations

Final Thoughts

Listening to the voices of people who have experienced a Safeguarding enquiry is central to embedding the principles of Making Safeguarding Personal. By creating safe, supportive opportunities for individuals to share their lived experiences, it also ensures that their insights directly inform how safeguarding practices are developed and delivered.

Safeguarding Adults Board (SAB)

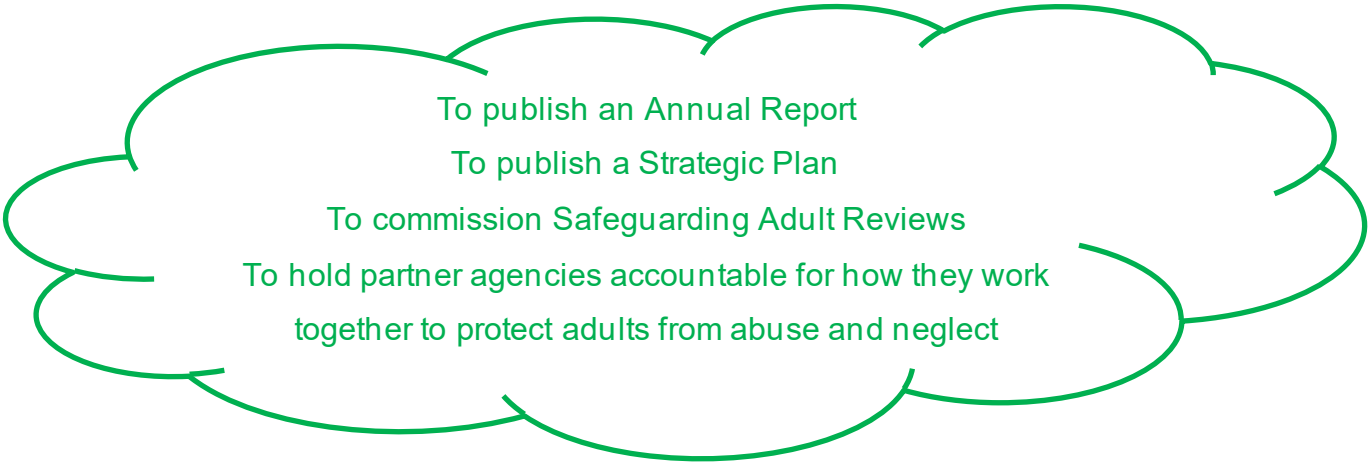
The Care Act 2014 Statutory Guidance confirms that "the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area" who meet the safeguarding criteria (chapter 14.133).

Role and Purpose

The Care Act 2014 introduced Safeguarding Adults Boards (SABs) 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:

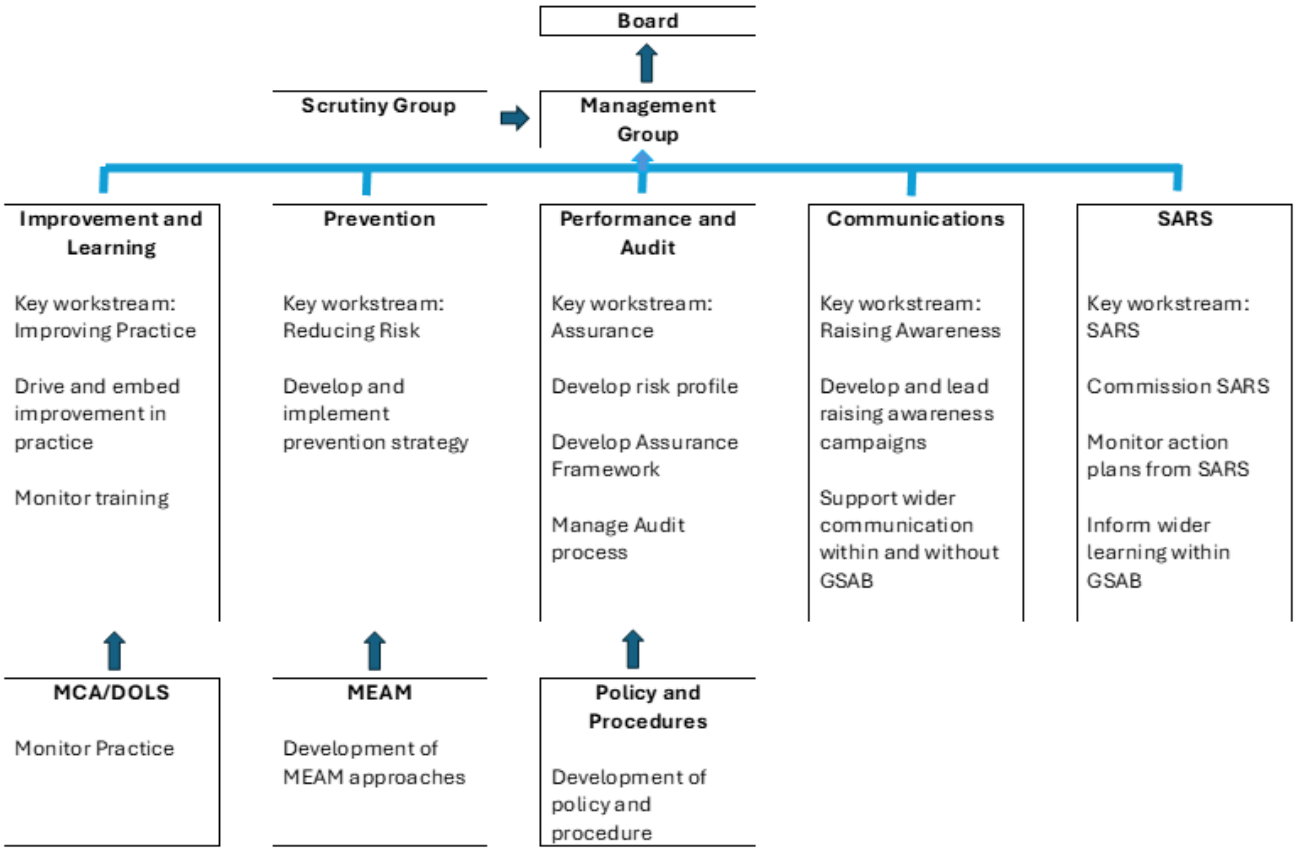
- Assuring itself that local safeguarding arrangements are in place (as defined by the Care Act 2014 and statutory guidance)
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect
- Ensuring agencies and individuals give 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:



New Board Arrangements

The GSAB Board has consisted of a wide range of bodies, both statutory and voluntary. There has never been a lack of commitment from all concerned, but as part of formulating a new strategy the current Board set-up was reviewed. A decision was made to establish a small Executive Board consisting of the three statutory partners, who are the Local Authority, the Police and the ICB. The sub-groups supporting the work of the Board have been reviewed (see below), and the aim is that all the previous members of the Board will be able to contribute more effectively to the work of GSAB through the group they are members of. These arrangements will be kept under review, and it is hoped that they will be effective in delivering the new GSAB Strategy.



The newly established Scrutiny Group, comprising representatives from the voluntary and community sector, has commenced quarterly meetings and is chaired by Young Gloucestershire.

New GSAB Strategy

The new GSAB Strategy (26-29) has now been agreed after consultation with a range of stakeholders. This new strategy will drive the work of the Board and the development of safeguarding across Gloucestershire for the next three years.

The strategy has one overall aim: ‘to reduce the impact of abuse on adults at risk within Gloucestershire’

To achieve this aim there are three objectives

- Reducing Risk
- Raising Awareness
- Improving Practice

Each of these objectives will be a specific workstream, led by senior managers from each of three statutory partners

- Reducing Risk: Emily White, GCC
- Raising Awareness: Steve Bean, Gloucestershire Constabulary
- Improving Practice: Mel Munday, ICB

The workstream leads are currently establishing their agreed sub-groups for each workstream and will be developing action plans to meet the goals of the strategy.

Safeguarding Activity in Gloucestershire

The data below covers the period 1st April 2025 to 31st March 2026.

The number of Safeguarding concerns raised on behalf of adults at risk was **10,044**.

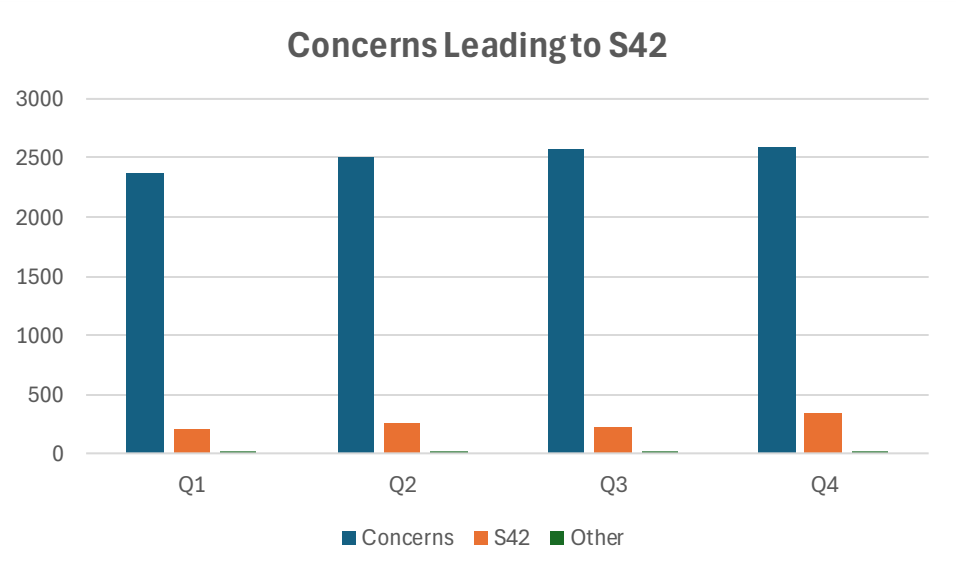
Of the **10,044** concerns, **1,015** went on to become Section 42 enquiries and **40** became 'Other' enquiries, making a total of **1,055**.

'Other' refers to cases where the threshold for a statutory safeguarding enquiry has not been met, but a safeguarding response is still necessary. For example, the individual may be experiencing or at risk of abuse or neglect and have support needs, although they do not meet the criteria for care and support needs under the Care Act 2014.

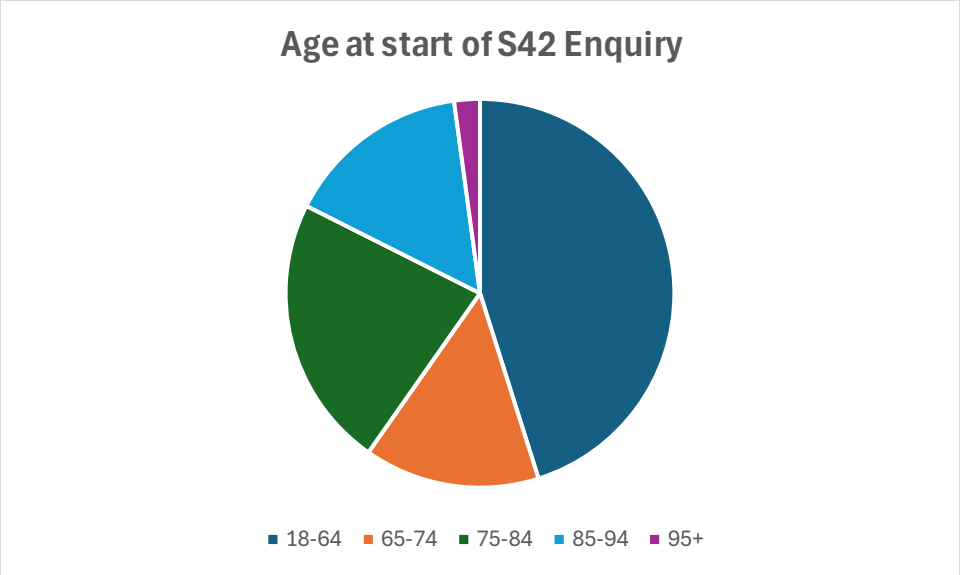
There has been an increase in the number of concerns this year compared to last year, this is attributed largely to the successful implementation of the Single Point of Access (SPA) model and the introduction of the online reporting portal.

Safeguarding Activity 2025/26

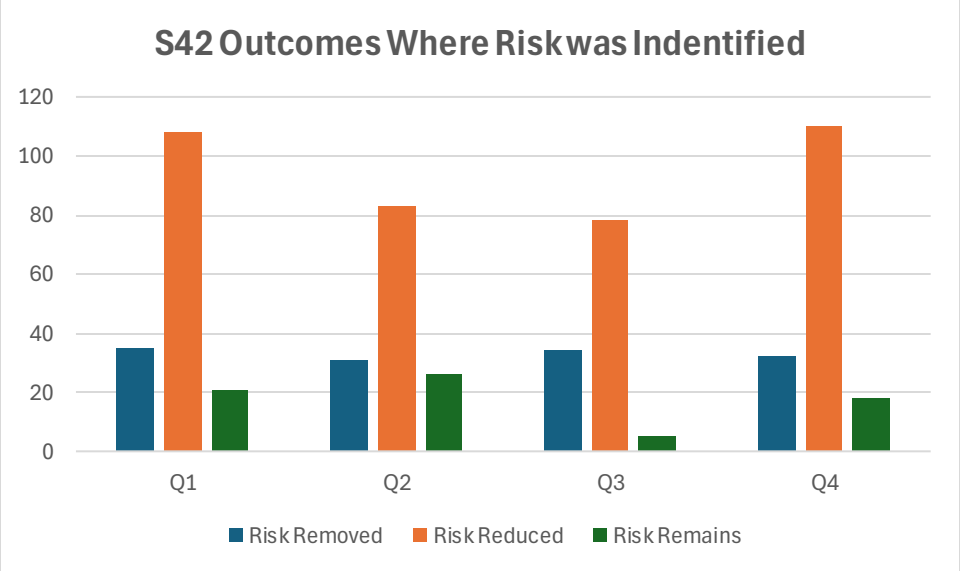
LA	Safeguarding Concerns	Section 42 Safeguarding Enquiries	Other Safeguarding Enquiries	Total Enquiries
Gloucestershire	10,044	1,015	40	1,055



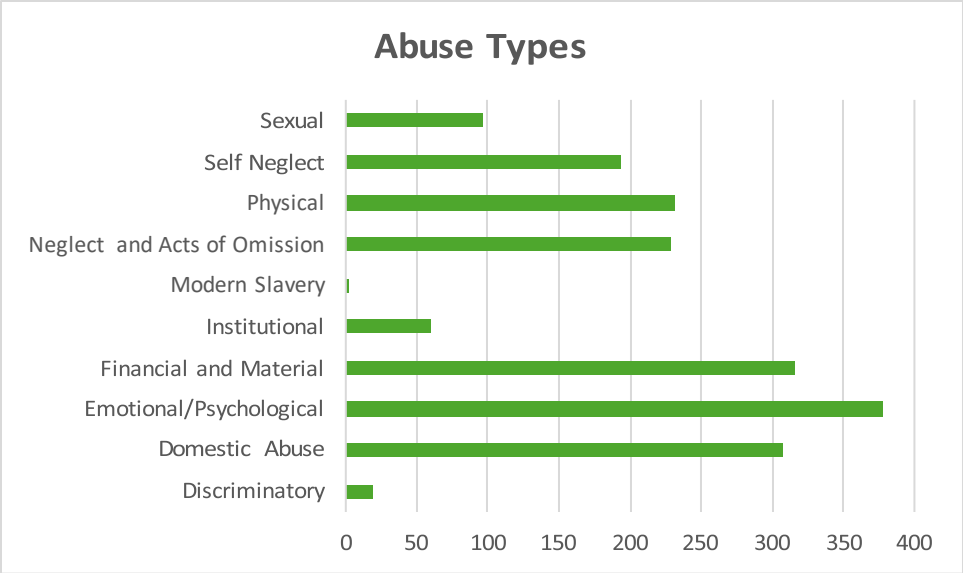
2025/26	Q1	Q2	Q3	Q4
Concerns	2368	2508	2569	2599
S42	207	250	222	336
Other	14	7	6	13



Age	Number	Percentage
18-64	380	45%
65-74	123	15%
75-84	191	23%
85-94	130	15%
95+	18	2%
Total	842	100%



	Q1	Q2	Q3	Q4
Risk Removed	35	31	34	32
Risk Reduced	108	83	78	110
Risk Remains	21	26	5	18



Discriminatory	19	1%
Domestic Abuse	308	17%
Emotional/Psychological	378	20%
Financial and Material	316	17%
Institutional	60	3%
Modern Slavery	2	0%
Neglect and Acts of Omission	229	13%
Physical	231	13%
Self-Neglect	193	11%
Sexual	97	5%
Total	1833	100%

Multi-Agency Risk Management (MARM) Case Study

This involved a woman in her 40s experiencing significant housing instability linked to relapse and ongoing risk from her ex-partner. She had been repeatedly moved between properties after being located by her ex-husband, resulting in a persistent cycle of displacement, fear and instability. This pattern had a profound impact on her mental health and sense of safety. In response to the trauma she experienced, her alcohol use escalated, which in turn began to affect her ability to sustain accommodation. Over time, this created a cyclical pattern in which trauma contributed to relapse, and relapse increased the likelihood of further housing instability and vulnerability.

Although her alcohol use was at times significant enough to impact her ability to care for herself, this fluctuated and was less evident when she was sober. Despite the complexity of her situation, she was clear and consistent in her wishes. Her primary goal was to relocate out of the area to escape the ongoing risk posed by her ex-partner and to be closer to her family, whom she viewed as a vital source of safety and support.

This met the MARM criteria as she was an adult with capacity when sober, there was a high level of risk relating to domestic abuse, substance misuse and potential homelessness, and multiple agencies were involved including housing, domestic abuse services, health and substance misuse services. The risks were considered situational and therefore did not meet the threshold for a Section 42 enquiry.

Engagement was sustained through consistent support from housing and partner agencies, who worked to build trust despite ongoing instability. She engaged positively with the MARM process and contributed to the “What to Expect” discussion, clearly identifying relocation and safety as her priorities. Although she was unable to consistently attend meetings due to her emotional wellbeing, her views were well represented and remained central to planning.

Multi-agency discussions brought together housing, domestic abuse services, substance misuse services and health professionals to develop a shared understanding of risk. The meeting focused on the cumulative and cyclical nature of her circumstances, particularly the interaction between trauma, alcohol use and housing instability. Professionals considered both immediate risk management and longer-term planning, with a strong emphasis on the potential for relocation to break the cycle of harm.

A coordinated plan was implemented to address both her immediate safety and longer-term needs. Housing services took steps to stabilise her accommodation and prevent immediate homelessness, while professionals worked collaboratively to support her relocation by providing evidence and advocacy to another local authority. In the interim, a comprehensive safety plan was put in place, including access to women-only accommodation, support from domestic abuse services, police awareness and the use of personal safety measures. She also identified informal support through a trusted friend. Alongside this, she continued to engage with health and substance misuse services to support stabilisation.

Although relocation is ongoing, there have been clear improvements in safety and stability. She is currently in safer accommodation and has a coordinated plan to support her move. Her engagement with services has strengthened, supported by a consistent and person-centred approach that has recognised her experiences and respected her wishes. This highlights the importance of listening to individuals’ own assessment of risk and safety, the critical role of housing in safeguarding, and the value of coordinated multi-agency working in addressing complex issues. It also demonstrates the importance of recognising cyclical patterns of harm and implementing interventions that aim not only to manage immediate risk but to support long-term recovery and stability.

Learning from 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 for each referral follows the identification of relevant agencies, information gathering and subsequent analysis. As SARs are progressed, the group works to shape and agree recommendations, ensuring that key learning is clearly identified and shared.

Safeguarding Adult Reviews (SARs)



For the year 2025/26, two new SARs have been commissioned, one is ongoing and one has concluded; one of the new SARs was a Rapid Review. There was also one Joint Review with the Gloucestershire Safeguarding Children Partnership (GSCP) and one audit. 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 – Dorothy
A Rapid Review was conducted for an older lady who was self-neglecting. The report can be found at gsab-sar-rapid-review-dorothy-august-2025-final-published.pdf

SAR – V
A review is underway for an older lady with dementia who was experiencing domestic abuse.

Overview of SAR Referrals Received 2025/26
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	K – Domestic Abuse P – Neglect Dorothy – Self-Neglect V – Domestic Abuse M – Suicide C – Self Neglect	S – Self-Neglect A – Self-Neglect D – Attempted Suicide F – Self-Neglect E – Self-Neglect		C – Suicide M – Self-Neglect J – Self Neglect H – Sexual Abuse Joint GSCP review
Referral Source	Gloucestershire Health and Care NHSFT (GHC) x 3 Integrated Care Board Gloucester Royal Hospital Gloucestershire Constabulary Family Member	Gloucestershire Constabulary x 2 Gloucester Royal Hospital Oxfordshire SAB Worcestershire County Council		Family Member Gloucestershire Health and Care NHSFT (GHC) Gloucestershire Constabulary Housing Services GCC Safeguarding Adults Team
SAR Undertaken	2	0	0	1
Name	Dorothy Rapid Review V SAR	-	-	Joint GSCP Review

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

Update from the Statutory Partners

Integrated Care Board (ICB)

As a statutory safeguarding partner, the ICB has continued to strengthen its health system leadership and contribution to adult safeguarding across Gloucestershire over the last year. Through active participation in the GSAB, its sub-groups and wider partnership structures, the ICB has helped shape strategic priorities, improve policy and practice, and ensure that safeguarding remains central within health commissioning and system oversight. This has included leading the new GSAB Improving Practice workstream with statutory partners, which will develop over the next 3 years, chairing the Policy and Procedures subgroup, and providing visible health safeguarding leadership across domestic abuse, Prevent, serious violence, sexual violence and transitions from children to adult services via the Designated Nurse and Named GP for safeguarding adults and their statutory responsibilities.

Over the reporting period, the ICB has also improved assurance, learning and system response in adult safeguarding. This has included stronger reporting into the ICB System Quality Committee, the development and renewal of key safeguarding policies, leadership of health system action planning arising from Safeguarding Adult Reviews and Domestic Abuse Related Death Reviews, and the introduction of more focused work on trauma-informed practice, self-neglect, complex transitions and multi-agency risk. The ICB has supported partners to embed learning from reviews into practice, promoted safeguarding expertise across primary care and health commissioning, and helped ensure that adults at risk are better protected through more coordinated, evidence-informed and partnership-led safeguarding arrangements.

Gloucestershire Constabulary

General

In February 2026 the Constabulary replaced its main core record management system (NicheRMS). Niche implementation has brought about ‘real time’ triage updates meaning all safeguarding activity in relation to adult safeguarding is visible to the wider organisation at an earlier stage. Niche also allows for repeat reviews and reports to be produced more efficiently by MASH (Multi-Agency Safeguarding Hub) staff when reviewing adult safeguarding referrals.

Adults at Risk (AAR)

All AAR reports are checked for ‘3 in 3’ (3 Public Protection Notices in 3 Months); where this threshold is reached an automatic referral is made to the relevant Neighbourhood Policing Team (NPT) for their review/additional oversight, in addition the MASH team now consider all vulnerabilities when identifying the ‘3 in 3’ repeats.

The MASH Manager now holds regular (2-monthly) meetings with the CQC Manager. This has

been introduced to discuss themes, open cases and relevant updates.

Improved information sharing has been introduced for AAR professionals' meetings. Following professionals' meetings, all core members of the created 'care group' share information (via email) and review one another's information, actions and notes on the adult at risk.
Improved joint working between AAR decision makers and Gloucester NPT/Vulnerability team has enabled regular reviews regarding attendance at professional's meetings. These reviews help identify who within the constabulary holds the best information and knowledge to help safeguard the adult in question and will therefore attend the meeting.

The introduction of routine referrals to GP's where Public Protection Notices (previously VISTs) relate to suicidal ideology for certain offences.

Missing People

The MIST team has been running for the last 12 months delivering improvement in the management of live missing episodes. A performance improvement clinic was held with Child safeguarding partners focusing on prevention. Improvements identified will be replicated where possible for adults who regularly have missing episodes.

Domestic Abuse

A 12-month Home Office pilot for MATAC (Multiagency Tasking and Coordination) has been in operation. The MATAC function is for the coordination and management of the most prolific high-risk DA (Domestic Abuse) offenders. The scheme has a focus on the offender and is disruptions focused. The pilot has delivered:

- A complete overhaul of how high-risk DA perpetrators are identified including the mapping of patterns of behaviour indicating an increase in the risk posed by an individual.
- Stronger links with partner agencies with regular structure of engagement for information sharing, advice, guidance and signposting.
- Multi agency problem solving for disruptions. More timely interventions.
- More holistic robust plans and higher custodial sentences.
- Increased referrals to reduce risk to public.
- Horizon scanning for future emerging DA threat.

The pilot has been extended until the end of September. Additional funding is being explored to continue this function.

Modern Slavery

A group email has been set up as agreed by the Anti-Slavery Working Group for implementing a new process to share information and review NRM (National Referral Mechanism) notifications for new adult Modern Slavery referrals.

Gloucestershire County Council - Safeguarding Adults Team

The Safeguarding Adults Team at GCC has made a number of improvements over the financial year 2025/26. Below is a brief overview of some of the key changes implemented:

Making Every Adult Matter (MEAM)

Following GCC's acceptance onto the MEAM approach, a Coordinator was appointed on a 2-year fixed term contract in September 2025 to progress this initiative. The purpose of MEAM is to find ways of working more effectively with people experiencing multiple disadvantage and promote system change. The Co-ordinator has made good progress with implementing this approach across the county and has been promoting the importance of trauma-informed practice, along with identifying a cohort of individuals experiencing multiple disadvantage from whom we can learn about what works for them when they are in contact with services.

Multi Agency Risk Management Framework (MARM)

GCC introduced the MARM framework in Autumn 2025 with the appointment of a MARM Coordinator. The framework provides a process for multi agency partners to work together to support people who are at risk of serious harm but do not meet the criteria for a statutory safeguarding enquiry under the Care Act 2014. As there is considerable crossover with individuals facing multiple disadvantage, the two Coordinators have been working together to improve our response to people who are often at risk of falling through the gaps between services. Principles of co-production are central to both approaches.

These two initiatives are addressing the important issue of safeguarding adults in complex situations with whom agencies have traditionally struggled to engage with successfully.

Strengthening the feedback loop from learning into practice

Work has been undertaken during 2025/26 to strengthen the systems to ensure learning from Safeguarding Adults Reviews and audits are fed back into practice and reaching practitioners on the front line. 7-minute briefings, with accompanying videos, are now being published on the GSAB website in response to SARs as they are published and learning events are being scheduled online to give practitioners the opportunity to learn more about the published SARs and offer an opportunity for reflection on the issues raised. The views of people who have experienced the section 42 enquiry process are being sought where they have given their consent to be contacted, and their comments are being fed back to frontline practitioners so that we can better ensure that their voices are heard and lead to further improvements in safeguarding practice.

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 2025/26

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

GSAB Business and Activity Costs	Expenditure 2025/26
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 Reporting a safeguarding concern

If you are worried that you or another adult may be experiencing abuse or neglect, please report it. Some adults are more at risk because they have a disability, illness, or impairment and rely on others for care and support. Being dependent on others can increase vulnerability and the risk of harm, often from people they know and trust. This harm is not always deliberate - but it is still considered abuse.

If you are not sure what to do, then get in touch and talk to the Adult Helpdesk

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 Gloucestershire County Council Adult Helpdesk

- 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 use the following link to access the Portal and make a referral:

Welcome to Gloucestershire County Council Social Care Professional Portal

Appendix Two

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 Three

GSAB Membership:

Cabinet Member for Adults Services and Independence
Care Quality Commission (CQC)
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