Learning On One Page (LOOP)

Derby Safeguarding Adults Board (DSAB): Audit – Repeat Referrals (July and September 2025)

Description of audit context

In 2025 the Quality Assurance Subgroup agreed that cases with multiple referrals for the same individual were a growing level of concern. The group agreed that a double lengthened audit topic would provide sufficient time to thoroughly reviewe all repeat referrals for each of the 10 cases. The aim of these session was to discover if earlier action from partners could've led to these cases being solved upon the first referral.

The DSAB completed a multi-agency audit in July and September 2025, reviewing ten case files where safeguarding concerns had been raised for the same adult on multiple occurrences, identifying good practice and learning across the board.

The recent multi-agency case file audits were completed with support from a panel of practitioners who sit on the QA Subgroup. It was not possible to obtain feedback from adults as part of this audit.

A repeat referral is when an individual had more than one safeguarding referral within the past 12 months of the last referral.

Good practice

- Action plans were developed as part of the safeguarding enquires and implemented in 100% of cases.
- In 100% of cases, where appropriate, consent was sought, and Making Safeguarding Personal was considered
- Risk assessment and strategy meetings were undertaken in 100% of cases.
- In 100% of the cases, the Safeguarding criteria was appropriately applied
- Consideration of where the most suitable places to meet with the adult was undertaken in 90% of cases.
- Mental Capacity Act Assessments were considered where appropriate in 90% of cases (some were not necessary but were considered).
- In 100% of cases Equality, Diversity and Inclusion demographics were obtained.
- Historic safeguarding cases were reviewed in 100% of cases.
- In 70% of cases further action on previous cases could not have prevented a Repeat Referral.
- It was noted that for all cases a THINK Family approach was considered where appropriate.
- 100% of the cases acknowledged proactive safety plannings for the adults and a clear focus on reducing risk.
- Consistency with the allocated worker for each adult was noted across all cases. This is viewed as a positive change.

What didn't go so well

- Patterns involving individuals could have been identified and documented more effectively in 40% of cases. Of these, half were specifically related to financial concerns.
- Advocacy services were not engaged in 80% of cases where their involvement would have been beneficial, by potentially identifying outcomes and re-referrals risk.
- While information sharing was generally well managed, in 80% of cases there was potential to involve 1 or more additional agencies during the information exchange process.
- Consideration of carers' assessments was not demonstrated in 20% of cases, where doing so may have resulted in reduced risk of repeat referral.
- Mental capacity, although considered, was not assessed/recorded in 30% of cases, despite partner agencies holding differing perspectives.

Key learning themes

- Recognise patterns in cases, ensuring they get flagged, especially around financial issues.
- The use of Advocacy services.
- The use of Carers assessments.
- Carrying out information exchanges with appropriate agencies.
- Complete Mental Capacity Act assessments where there is doubt with towards an individual's capacity, even if that doubt is from an external professional.
- Consideration of viewing safeguarding enquiries in tandem where Domestic Abuse is the type of abuse with both individuals having care and support needs.

DSAB recommendations

- To include and add additional information around patterns of abuse in existing safeguarding training particularly around financial abuse.
- To promote and raise awareness of the use of advocacy, especially where there are concerns around capacity.
- To ensure carers assessments are considered where cares are identified.
- Adult Social Care to consider all partner agencies during the information exchanges.
- Where required, agencies to consider completion of a formal Mental Capacity Act assessment.
- Adult Social Care to manage domestic abuse cases involving two people who both have care and support needs jointly, and not working on them in isolation.