



# **Harrow Safeguarding Adults Board**

Safeguarding is everyone's business

## **Annual Report**

### **2024 – 2025**

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## Message from the Independent Chair, Lesley Hutchinson

Welcome to Harrow Safeguarding Adults Board's Annual Report for 2024/2025. I am proud to present the report for a second year. Working with partners in Harrow has been such a positive experience as we continue on our improvement journey, and we see the difference our focused work is making. Many examples of this are identified in the report and I make no apology for the length of the report, as partners want to share the work that has taken place.

The Business Unit are now at full complement and they are effectively helping keep us on track in delivering our strategic priorities. The sub-groups led by committed chairs have worked tirelessly with the Business Unit to keep on the front foot. There have been some challenges and delays, for example, in seeking assurance that the victims of Offensive Weapon Homicides did not meet the SAR criteria and undertaking multi-agency audits of practice, but these are in hand for 2025/26.

We have had constructive and challenging discussions about safeguarding activity in Harrow and are scrutinising what this tells us; the report shares, for example, our oversight of the timeliness of responses to concerns and completion of enquiries.

We have continued our focus work on Hate Crime, hear the voice of the person through Making Safeguarding Personal case studies and have started raising awareness – but there is more to do. We convened a fantastic joint conference with our Safeguarding Children Partnership; following this, partners have confirmed their commitment to working in a trauma-informed way and enhancing transitional safeguarding. We heard a very intense presentation on artificial intelligence in our context and are committed to looking further into this. We have identified through our self-assessment the things that work well and those which are barriers, and what we need to improve – all of these issues will be part of our focus for 2025/26.

We are watching closely on how the more recent changes announced in relation to ICBs and NHS England will have regarding the work of the SAB, particularly in light of the ICB being a key statutory partner – this has been formally raised.

Finally, I would like to say thank you to all Board and sub-group members and to the Business Unit for your work and continued commitment to supporting the citizens of Harrow we could not continue to safeguard adults without your effort.



Lesley Hutchinson

London Borough of Harrow Safeguarding Adult Board  
Independent Chair (interim)



## 1.0 Introduction to HSAB and core duties

1.1.1 Each local authority must set up a **Safeguarding Adults Board (SAB)**. 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 criteria set out in the Care Act (2014).

1.1.2 The SAB has a strategic role that is greater than the sum of the operational duties of its core partners. It oversees and leads adults safeguarding across its locality and is interested in a range of matters that contribute to the prevention of abuse and neglect. A SAB has three core duties:

- i. **Strategic Plan** – A SAB must publish a Strategic Plan for each financial year that sets out how it will meet its main objective/s and what the members will do to achieve this. This year has been the first year of the new Strategic Plan for 2024-27 which is on page 14.

To ensure we are delivering on the Strategic Plan, the HSAB has a detailed Delivery Plan, which is monitored on a quarterly basis.

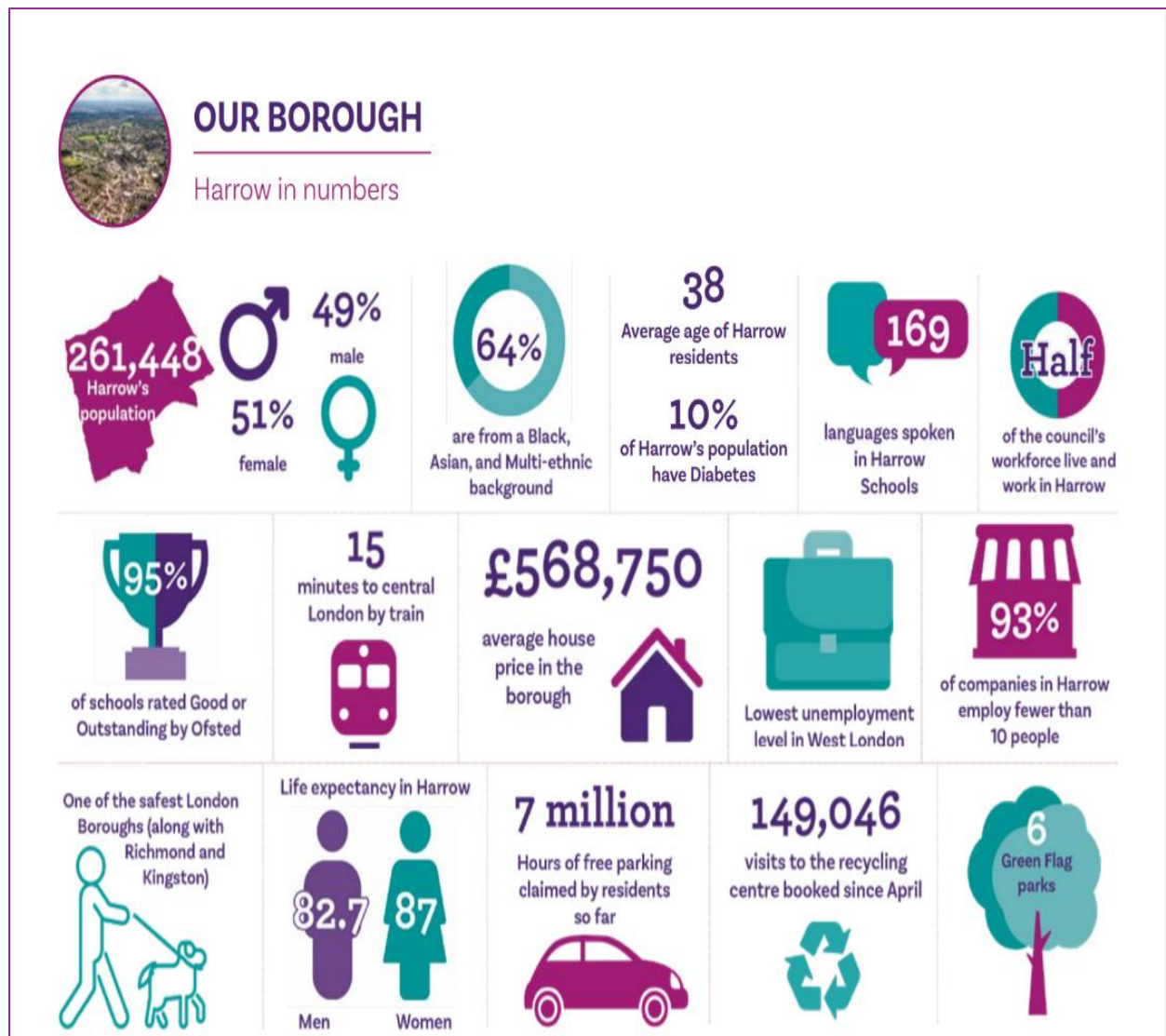
- ii. **Annual Report** – A SAB must publish an Annual Report which details
  - a. what the SAB has done during the year to achieve its main objective/s and implement its Strategic Plan,
  - b. what each member agency has done to implement the Strategic Plan,
  - c. the findings of any Safeguarding Adults Reviews (SARs) and subsequent action.

Each of these elements are included within this report.

- iii. **Safeguarding Adults Reviews (SARs)** – Commission and monitor learning from any SARs in accordance with s.44 of the Care Act 2014. The SAR Case Review Sub-group has placed additional focus on ensuring SAR recommendations are implemented. Our work in this area is outlined in this report.

## 2.0 Safeguarding data and narrative for 2024/25

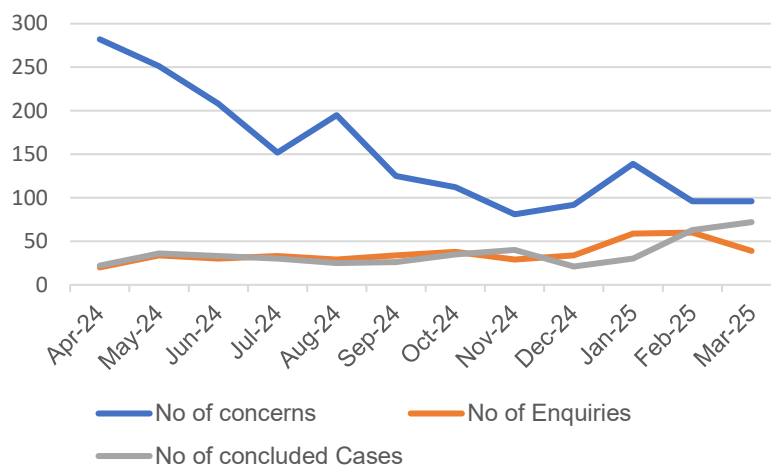
### 2.1 Harrow Adults at a Glance



## 2.2 Safeguarding Activity During 2024-25

Safeguarding Adults in Harrow															
Safeguarding Concerns received by Adult Social Care in 2024-25	The number of Concerns recorded has fallen significantly in the second half of the year as revised recording practices by the Safeguarding Team within LBH have been established and new working arrangements with social care teams enable issues to be addressed before becoming safeguarding Concerns – ensuring the principle of prevention and proportionality is used.														
s.42 Safeguarding Enquiries Completed by Safeguarding Adults Team	Overall, the numbers of Concerns, Enquiries and Completed Cases are similar to last year and very close to London averages (from last year) but we would expect fewer Concerns to be recorded next year as the new practices continue.														
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Grand Total	Average
	No of Concerns	282	251	208	152	195	125	112	81	92	139	96	96	1829	152
	No of enquiries	20	34	30	33	29	34	38	29	34	59	60	39	439	37
	No of concluded cases	22	36	33	30	25	26	35	40	21	30	63	72	433	36
% Conversion Rate - Total Safeguarding Concerns to s.42 Safeguarding Enquiries	Conversion rate	7%	14%	14%	22%	15%	27%	34%	36%	37%	42%	63%	41%	24%	24.0%
	A change in recording practice during the year for Concerns but Enquiries and concluded case numbers remain steady. Overall Concerns (1829 Vs 1835), Enquiries (439 Vs 430) and concluded cases (433 Vs 422) are similar to the previous year. The overall (Concern to Enquiry) conversion rate has fluctuated and was low in the first half of the year but has significantly improved in the second half. With an average for the second half of 43%. We are expecting significantly fewer Concerns to be recorded next year (2025-26). We will continue to monitor this against other London Boroughs.														

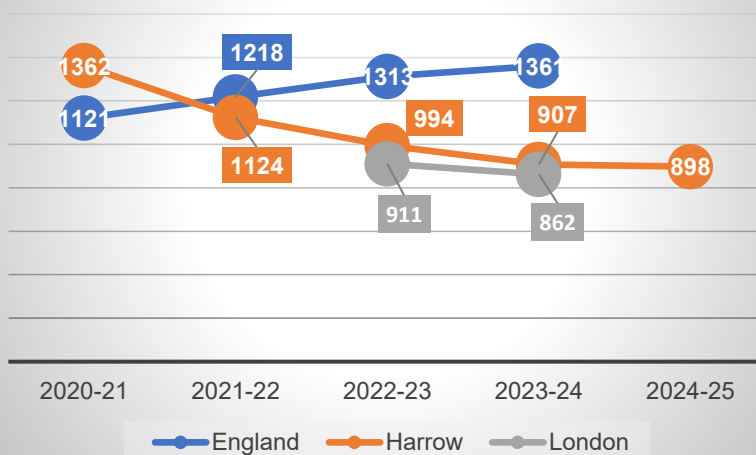
### Concerns, Enquiries and Concluded Cases



### Overview - Concerns and Enquiries: England Vs Harrow (Per 100K adult Population)

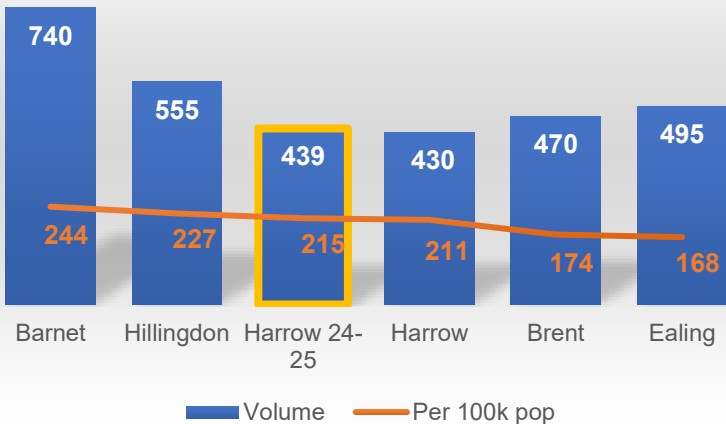
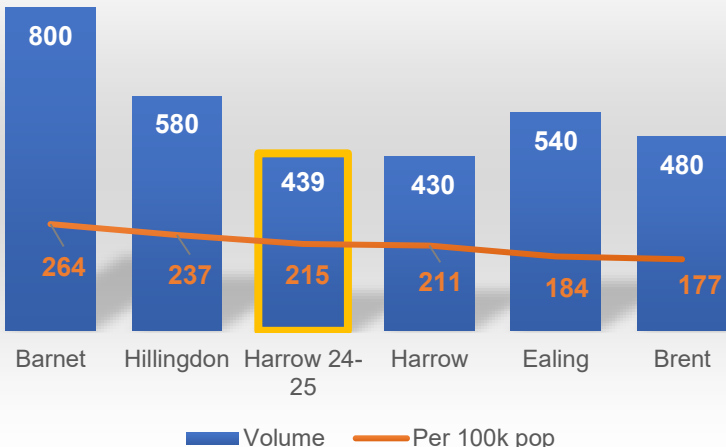
(all data until 2023-24 published by NHS Digital; 2024-25 data is published in the autumn)

### Concerns received over the last 5 years



	<div><h3>Enquiries started over the last 5 years</h3><table><thead><tr><th>Year</th><th>England</th><th>Harrow</th><th>London</th></tr></thead><tbody><tr><td>2020-21</td><td>380</td><td>312</td><td></td></tr><tr><td>2021-22</td><td>415</td><td>313</td><td></td></tr><tr><td>2022-23</td><td>427</td><td>220</td><td>237</td></tr><tr><td>2023-24</td><td>425</td><td>213</td><td>227</td></tr><tr><td>2024-25</td><td></td><td>215</td><td></td></tr></tbody></table></div> <p>Harrow's trajectory has tracked London closely while London has gone in the opposite direction to the rest of England.</p> <p>When comparing this year with last year Harrow saw a;</p> <ul style="list-style-type: none"><li>• 1% reduction in the number of concerns received</li><li>• 1% increase in the number of enquiries</li></ul> <p><b>Note:</b></p> <ul style="list-style-type: none"><li>• <i>England figures include Section 42 and other Enquiries while Harrow only submits Section 42 Enquiries.</i></li><li>• <i>18+ population based on 2023 mid-year estimates (source: ons.gov.uk)</i></li></ul>	Year	England	Harrow	London	2020-21	380	312		2021-22	415	313		2022-23	427	220	237	2023-24	425	213	227	2024-25		215	
Year	England	Harrow	London																						
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Safeguarding Concerns in comparison to neighbouring boroughs	Overview - Comparisons with Neighbouring Boroughs - Enquiries (based on 23-24 published data)																								



	<div><h3>Section 42 Safeguarding Enquiries only</h3><table><thead><tr><th>Borough</th><th>Volume</th><th>Per 100k pop</th></tr></thead><tbody><tr><td>Barnet</td><td>740</td><td>244</td></tr><tr><td>Hillingdon</td><td>555</td><td>227</td></tr><tr><td>Harrow 24-25</td><td>439</td><td>215</td></tr><tr><td>Harrow</td><td>430</td><td>211</td></tr><tr><td>Brent</td><td>470</td><td>174</td></tr><tr><td>Ealing</td><td>495</td><td>168</td></tr></tbody></table></div> <div><h3>All Safeguarding Enquiries</h3><table><thead><tr><th>Borough</th><th>Volume</th><th>Per 100k pop</th></tr></thead><tbody><tr><td>Barnet</td><td>800</td><td>264</td></tr><tr><td>Hillingdon</td><td>580</td><td>237</td></tr><tr><td>Harrow 24-25</td><td>439</td><td>215</td></tr><tr><td>Harrow</td><td>430</td><td>211</td></tr><tr><td>Ealing</td><td>540</td><td>184</td></tr><tr><td>Brent</td><td>480</td><td>177</td></tr></tbody></table></div> <p>If the neighbouring boroughs figures were to remain unchanged, Harrow's relative position amongst our nearest neighbours wouldn't change either.</p>	Borough	Volume	Per 100k pop	Barnet	740	244	Hillingdon	555	227	Harrow 24-25	439	215	Harrow	430	211	Brent	470	174	Ealing	495	168	Borough	Volume	Per 100k pop	Barnet	800	264	Hillingdon	580	237	Harrow 24-25	439	215	Harrow	430	211	Ealing	540	184	Brent	480	177	<div><p><b>Types of Abuse, demographic information, location of abuse and outcomes</b></p></div> <div><p><b>There have been changes in the volumes of different types of abuse recorded (while still having a similar overall number of Concerns):</b></p><ul style="list-style-type: none"><li>• Changes relate to recording practice in LBH council.</li><li>• There has been an increase in organisation abuse concerns recorded. It is not believed to reflect an underlying increase in organisations being systematically at fault however there are more isolated incidents reported.</li><li>• Changes that are about how other teams being involved.</li><li>• Self-neglect concerns have reduced, and this may be because social care teams are working with people instead of a Safeguarding Concern being raised immediately.</li></ul></div>
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- Financial abuse may be higher because of historical issues with the completion of financial assessments but is expected to return to a lower figure next year.

### Concerns – Types of Abuse - (Local data only)

Note rows are highlighted if there are more than 20 records and the change is more than 20%.

	Concerns			Enquiries		
Type of Abuse - Concerns	2023-24	2024-25	Change	2023-24	2024-25	Change
Psychological Abuse	483	493	2%	107	125	17%
Self-Neglect	464	294	-37%	90	41	-54%
Neglect and Acts of Omission	423	491	16%	118	154	31%
Domestic Abuse	284	228	-20%	42	33	-21%
Physical Abuse	265	332	25%	80	90	13%
Financial or Material Abuse	242	271	12%	89	116	30%
Sexual Abuse	69	44	-36%	14	8	-43%
Sexual Exploitation	24	14	-42%	4	7	75%
Organisational Abuse	7	26	271%	3	8	167%
Modern Slavery	4	8	100%	1		-100%
Discriminatory Abuse	11	7	-36%	2	1	-50%
Grand Total	2276	2208	-3%	550	583	6%

We can see significant shifts in types of abuse reported this year compared to last year. Self-Neglect may have reduced because the Neighbourhood Teams have worked on some cases this year. This may also explain the reductions in domestic and sexual abuse recorded. Some of the increase in financial abuse recorded may be due to historical financial assessments which were not completed quickly enough. Possible reasons for increases in Neglect may be down to an increase in reporting by staff.

### Increase in Organisational abuse

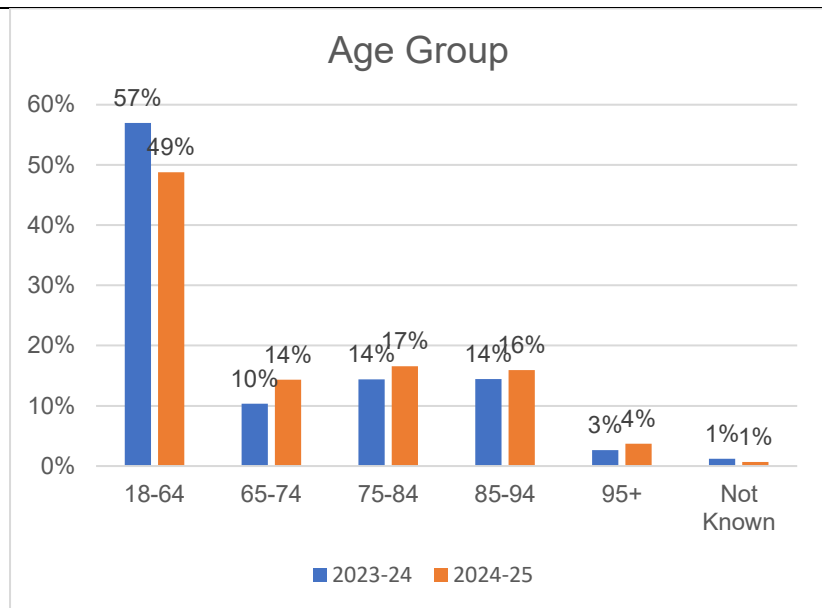
The Safeguarding Team sample checked a few cases and found that organisational abuse was more commonly recorded this year when an initial referral for neglect was raised for a client supported by a provider (e.g. care home). However, the abuse may be isolated and not related to the organisation more generally. This change appears to be more likely to be about how abuse was categorised this year rather than a genuine increase in organisational abuse. The Council Business Intelligence Unit will explore with the Safeguarding Adult Team what they believe the most appropriate categorisation is. The trend is noted and will be watched closely with targeted work with specific care homes as needed.

### Breakdown of Concerns into Primary Support Reasons (need) of People subject to Safeguarding

Primary Support Reason	18-64	65+	Total
No Current Primary Support Reason (Safeguarding Only)	502	284	786
Physical Support	99	505	604
Mental Health Support	168	45	213
Learning Disability Support	92	20	112
Social Support	26	22	48
Support with memory and Cognition	6	26	32
Sensory Support	6	15	21
Unknown	5	8	13
Grand Total	904	925	1829

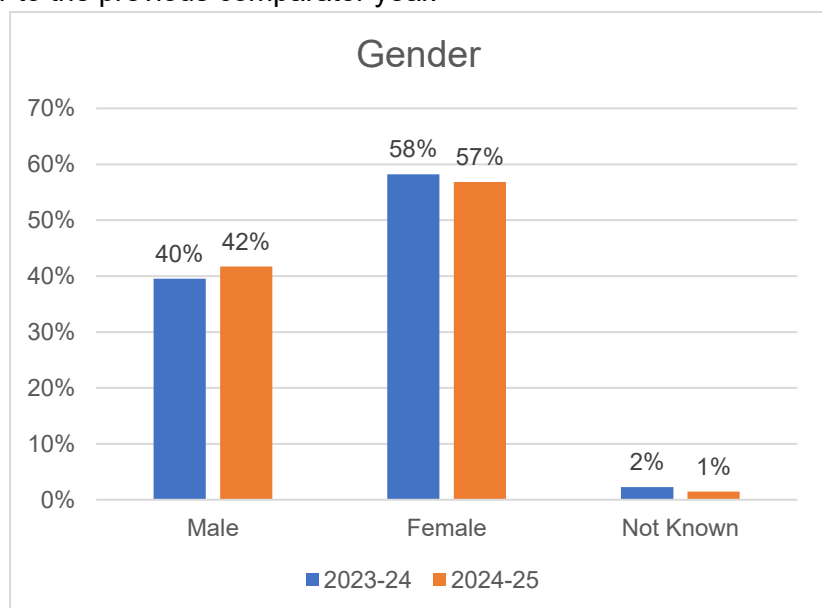
**There have been more Concerns raised about older people (65+)** and fewer about younger adults) – possibly because partners have become more aware of the need to report safeguarding concerns (which tend to be about older people) and partly because of changes to how social care teams work with younger people (e.g. self-neglect example, above). Older age groups are still mainly affected by Neglect (31%), while younger adults mainly affected by Psychological Abuse (28%).

**Further data on the age of individuals Concerns** are referred about is set out below with working age adults being the highest group. However there has been a reduction in this age group as a percentage of all concerns when compared to the previous year.

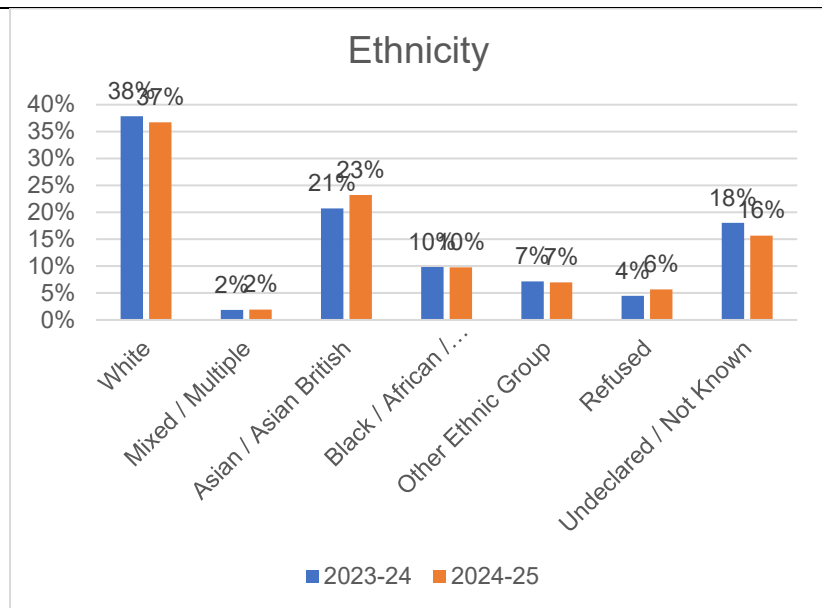


In fact, there were 19% more concerns recorded for older people and 17% fewer concerns recorded for younger people.

**The gender of individuals Concerns have been raised about** is broadly similar to the previous comparator year.



**From an Equalities perspective – at the Concern stage for Individuals**



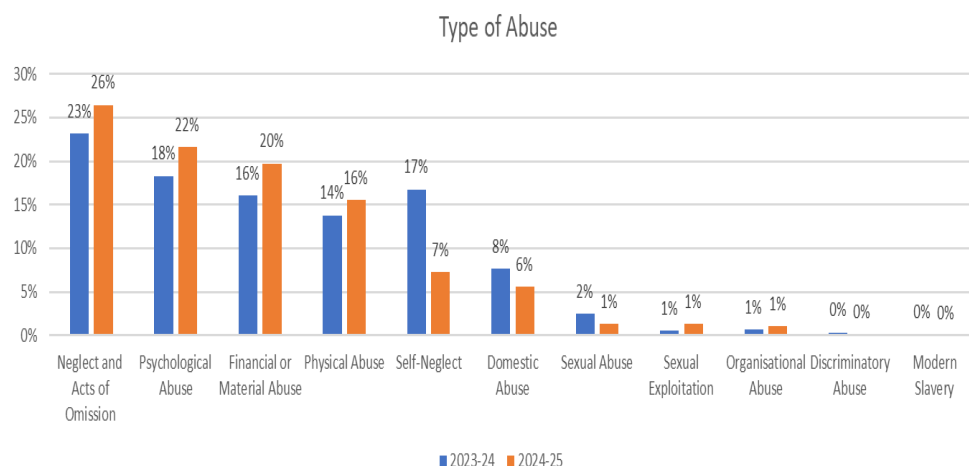
Changes in the proportion of individuals split by gender and ethnicity are similar to the previous year.

Where there are no care needs referrals are usually signposted. The neighbourhood teams are also working with more people who would otherwise have come through to the safeguarding team.

For older adults insights suggest there is more awareness amongst partner to make safeguarding referrals.

- This data shows the decrease in work completed on self-neglect and the increase in work being carried out in care homes (mentioned earlier)
- More people are being asked about what they want to happen as a result of the safeguarding investigation (Making Safeguarding Personal) than last year and a high number achieve these goals, at least partially
- Most work completed results in a reduction (or elimination) of any risk identified (this has become a national indicator)

**Concluded Case by Abuse Type** - Harrow concluded 433 cases compared to 422 in the previous year.



**Note:** Each case may involve more than one type of abuse.

Types of Abuse	Nos
Neglect and Acts of Omission	157
Psychological Abuse	128
Financial or Material Abuse	117
Physical Abuse	92
Self-Neglect	43
Domestic Abuse	33
Sexual Abuse	8
Sexual Exploitation	8
Organisational Abuse	6
Discriminatory Abuse	1
Modern Slavery	0
Total	593

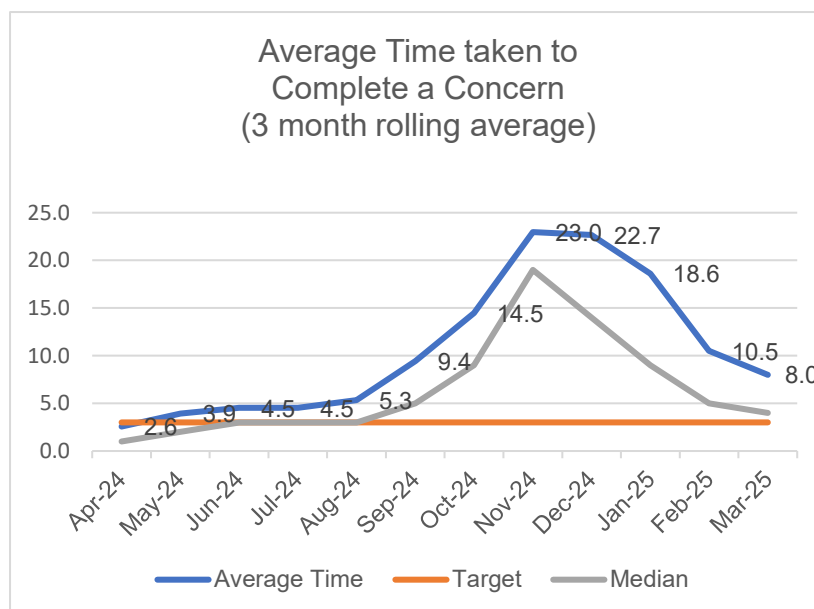
There are some changes in the proportion of abuse reported when compared with the previous year, with self-neglect showing a much larger drop (per previous slide).

#### Location of Abuse

	<div><h3>Location of Abuse</h3><table><thead><tr><th>Location</th><th>2023-24 (%)</th><th>2024-25 (%)</th></tr></thead><tbody><tr><td>Own Home</td><td>64%</td><td>58%</td></tr><tr><td>Care Home - Residential</td><td>11%</td><td>14%</td></tr><tr><td>In a Community Service</td><td>7%</td><td>8%</td></tr><tr><td>Care Home - Nursing</td><td>6%</td><td>7%</td></tr><tr><td>In the Community</td><td>4%</td><td>6%</td></tr><tr><td>Other</td><td>5%</td><td>4%</td></tr><tr><td>Hospital - Mental Health</td><td>1%</td><td>2%</td></tr><tr><td>Hospital - Community</td><td>1%</td><td>1%</td></tr><tr><td>Hospital - Acute</td><td>1%</td><td>0%</td></tr></tbody></table></div> <p>Abuse mainly takes place in the person’s own home; however, we continue to see a greater proportion of abuse taking place in a residential setting and there is an increase in Enquiries (not just Concerns) being carried out in residential care. Most of this is in private homes and includes allegations against staff, which have increased in 2024-25.</p>	Location	2023-24 (%)	2024-25 (%)	Own Home	64%	58%	Care Home - Residential	11%	14%	In a Community Service	7%	8%	Care Home - Nursing	6%	7%	In the Community	4%	6%	Other	5%	4%	Hospital - Mental Health	1%	2%	Hospital - Community	1%	1%	Hospital - Acute	1%	0%																						
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<b>Timeliness of responses to concerns and enquiries</b>	<div><h3>Responsiveness to new concerns in days - (3 month rolling average)</h3><table><thead><tr><th>Month</th><th>Average Time in days</th><th>Median time in days</th><th>Target</th></tr></thead><tbody><tr><td>Apr-24</td><td>3.6</td><td>1</td><td>2</td></tr><tr><td>May-24</td><td>3.1</td><td>1</td><td>2</td></tr><tr><td>Jun-24</td><td>3.2</td><td>1</td><td>2</td></tr><tr><td>Jul-24</td><td>8.0</td><td>1</td><td>2</td></tr><tr><td>Aug-24</td><td>9.9</td><td>2</td><td>2</td></tr><tr><td>Sep-24</td><td>10.0</td><td>1</td><td>2</td></tr><tr><td>Oct-24</td><td>6.2</td><td>1</td><td>2</td></tr><tr><td>Nov-24</td><td>1.1</td><td>1</td><td>2</td></tr><tr><td>Dec-24</td><td>1.1</td><td>0</td><td>2</td></tr><tr><td>Jan-25</td><td>2.2</td><td>0</td><td>2</td></tr><tr><td>Feb-25</td><td>1.9</td><td>0</td><td>2</td></tr><tr><td>Mar-25</td><td>1.8</td><td>0</td><td>2</td></tr></tbody></table><p><i>n.b. ‘median’ relates to the middle-value in a set of data – the ‘least extreme’ time taken among all Concerns started</i></p></div>	Month	Average Time in days	Median time in days	Target	Apr-24	3.6	1	2	May-24	3.1	1	2	Jun-24	3.2	1	2	Jul-24	8.0	1	2	Aug-24	9.9	2	2	Sep-24	10.0	1	2	Oct-24	6.2	1	2	Nov-24	1.1	1	2	Dec-24	1.1	0	2	Jan-25	2.2	0	2	Feb-25	1.9	0	2	Mar-25	1.8	0	2
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Time to start Concerns (from referral) increased significantly during Q2 due to very long delays (oversight) in relation to one provider. Closer monitoring in Q3 led to significant improvements, bringing the figure under target time.

### Average time to complete Concerns



The time to complete Concerns increased significantly in Q3 due to a backlog of cases and staffing issues. The performance clinics have helped focus on the problems encountered and significant improvements were made in Q4, though more work is needed to meet the (pan-London recommended) target.

Concerns are being started (and completed) much more quickly in Q4 than in the first half of the year. We have been monitoring this and are pleased to see improvements being made.

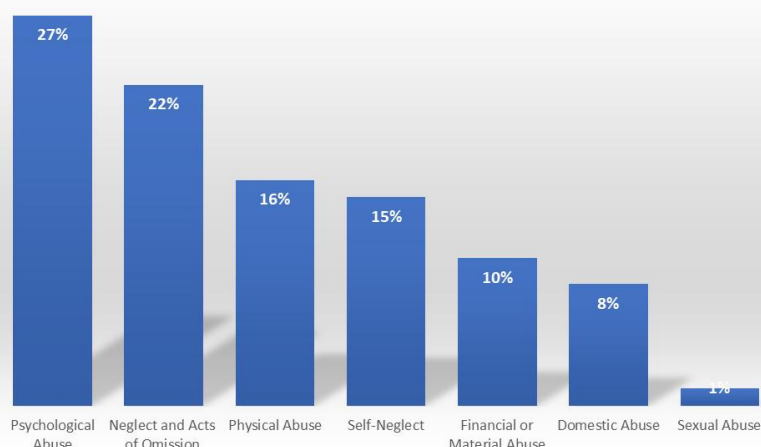
**% Repeat Safeguarding Concerns referred to Adult Social Care**

### Demand – Repeat Concern (Rolling 12 month)

<b>No. of concerns recorded</b>	1829
<b>Of which repeat concerns (during year)</b>	343 (18.8%)
<b>No. of individuals who had repeat concerns</b>	267
<b>Of which no. of individuals with repeated abuse of the same type</b>	150 (56.2%)



Percentage of Repeated Types of Abuse

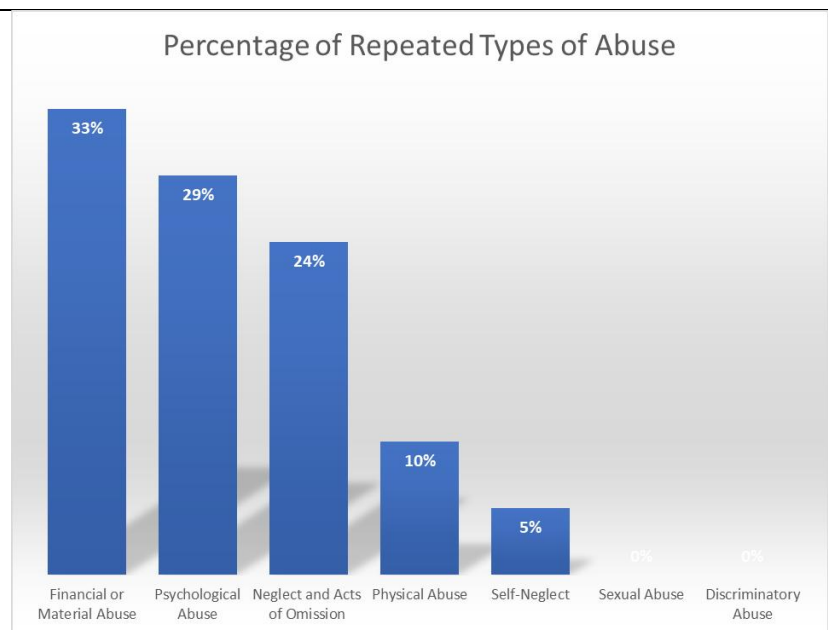


Number of people who more than one concerns

No. of Concerns in year	No. of Clients
2	204
3	46
4	14
5	1
6	2

The overall number of repeats Concerns have reduced compared with previous quarter (371).

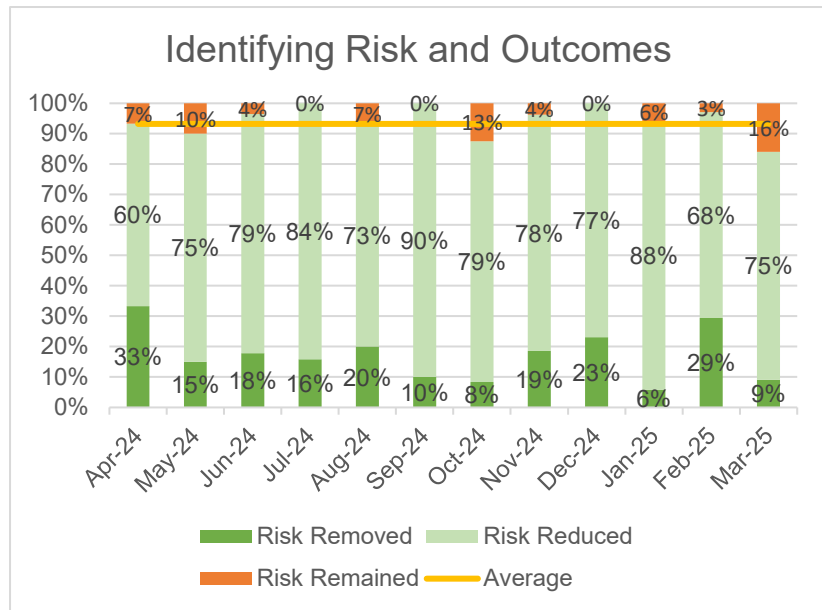
<b>No. of enquiries recorded</b>	<b>439</b>
Of which repeat enquiries (during year) (more than 1 for the same person)	29 (6.6%)
No. of individuals who had repeat enquiries	23
Of which no. of individuals with repeated abuse of the same type	17 (73.9%)



Number of people who more than one enquiry	
No. of Enquiries in year	No. of Clients
2	19
3	2
4	2

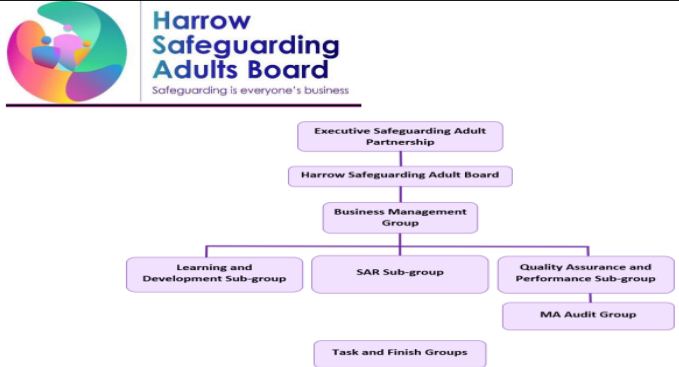
<b>Making Safeguarding Personal:</b> <b>% Adults Desired Outcomes Fully/Partially Met</b>	<p>It is important to the Board to ensure <b>Making Safeguarding Personal</b> has been implemented across safeguarding agencies and ensure that the views and wishes of individuals are heard and taken into account.</p> <p>In 87% of cases in 2024-25 (compared to 80% in the previous year) people were asked for their desired outcomes.</p> <p>In 97% of cases outcomes were either fully and partially met.</p> <p>In 2025-26 the Quality Assurance and Performance sub-group (to HSAB) plan to conduct a survey of cases concluded to better understand whether people feel their preferred outcomes were met.</p> <div><p>People asked about their desired outcomes and whether achieved</p><table><thead><tr><th>Month</th><th>% Fully Achieved</th><th>% Partially Achieved</th><th>% Not Achieved</th></tr></thead><tbody><tr><td>Apr-24</td><td>100%</td><td>0%</td><td>0%</td></tr><tr><td>May-24</td><td>82%</td><td>14%</td><td>4%</td></tr><tr><td>Jun-24</td><td>75%</td><td>18%</td><td>7%</td></tr><tr><td>Jul-24</td><td>83%</td><td>17%</td><td>0%</td></tr><tr><td>Aug-24</td><td>74%</td><td>21%</td><td>5%</td></tr><tr><td>Sep-24</td><td>77%</td><td>18%</td><td>5%</td></tr><tr><td>Oct-24</td><td>75%</td><td>22%</td><td>3%</td></tr><tr><td>Nov-24</td><td>80%</td><td>17%</td><td>3%</td></tr><tr><td>Dec-24</td><td>50%</td><td>41%</td><td>9%</td></tr><tr><td>Jan-25</td><td>50%</td><td>37%</td><td>13%</td></tr><tr><td>Feb-25</td><td>77%</td><td>19%</td><td>4%</td></tr><tr><td>Mar-25</td><td>80%</td><td>16%</td><td>4%</td></tr></tbody></table><p>Legend: ■ % Not Achieved ■ % Partially Achieved ■ % Fully Achieved — Average % of Fully Achieved</p></div>	Month	% Fully Achieved	% Partially Achieved	% Not Achieved	Apr-24	100%	0%	0%	May-24	82%	14%	4%	Jun-24	75%	18%	7%	Jul-24	83%	17%	0%	Aug-24	74%	21%	5%	Sep-24	77%	18%	5%	Oct-24	75%	22%	3%	Nov-24	80%	17%	3%	Dec-24	50%	41%	9%	Jan-25	50%	37%	13%	Feb-25	77%	19%	4%	Mar-25	80%	16%	4%
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<b>Addressing Risk:</b> <b>% Concerns where Risk Identified</b>	<p>In 70% of cases risk was identified over the last 12 months of which 89% was either reduced or removed. Therefore 11% of cases risk remains however people are offered support to manage this.</p>																																																				
<b>Care Provision and Concluded Section 42 Enquiries</b>	<p>Adults known to local authority were receiving Home Care.</p> <p>Adults known to local authority were support in a Care Home.</p> <p>Nationally the highest number of concluded section 42 enquiries are within peoples own homes correlating with Harrow information.</p>																																																				

## Concluded Cases – Risks Identified



In 61% of cases Risk was identified over the last 12 months, of which 93% risk was either reduced or removed (up from 89%). This is now a national ASCOF indicator though we have not seen the data from 2023-24 published by DHSC yet.

## 3.0 Our Journey 2024/25

Harrow Safeguarding Adult Board Strategic Plan 2024/27			
<p><b>Our Vision: Harrow is a place where all people are safe and free from harm and abuse. Safeguarding is everyone's business</b></p>			
<p><b>HSAB has three core duties:</b></p> <ul style="list-style-type: none"> <li>Develop and publish a Strategic Plan setting out how objectives will be met and how member and partner agencies will contribute.</li> <li>Publish an Annual Report detailing how effective the work has been.</li> <li>Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these and ensure lessons are learned.</li> </ul> <p><a href="#">Harrow's Safeguarding Adults Board (HSAB) – Staying safe – London Borough of Harrow</a></p>	<p><b>The overarching purpose of the HSAB is to help safeguard adults with care and support needs. We do this by:</b></p> <ul style="list-style-type: none"> <li>Assuring ourselves that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.</li> <li>Assuring ourselves that safeguarding practice is person-centred and outcome-focused.</li> <li>Working collaboratively to prevent abuse and neglect where possible.</li> <li>Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.</li> <li>Assuring ourselves that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.</li> </ul>		
<p><b>STRATEGIC PRIORITY 1</b> <b>Prevention and Early Intervention</b> Partners will work in collaboration to ensure the prevention of abuse and neglect; taking action at the earliest opportunity to reduce the impact of harm</p>	<p><b>STRATEGIC PRIORITY 2</b> <b>Assurance</b> Ensure safeguarding arrangements in Harrow are effective; that learning is embedded to ensure change and practice improvements</p>	<p><b>STRATEGIC PRIORITY 3</b> <b>Engagement and Communication</b> Working together to raise awareness; ensure Making Safeguarding Personal is embedded and that the views and experience of the adults and risk and carers is acted upon to improve safeguarding service</p>	<p><b>STRATEGIC PRIORITY 4</b> <b>Working in Partnership</b> Work in partnership to strengthen our relationships, build trust and be confident to share learning.</p>
<p><b>WHAT WE WILL DO:</b></p> <ol style="list-style-type: none"> <li>1.1 Ensure there are clear safeguarding pathways for support and guidance for practitioners</li> <li>1.2 Review the SAR protocol; when carrying out SARs ensure we are professionally curious and challenging</li> <li>1.3 Work in partnership to raise awareness of key areas of concern; identify and implement actions needed to ensure agencies know how to respond. Key areas include hoarding, self-neglect, domestic abuse, pressure ulcers and hate crime.</li> <li>1.4 Ensure effective transitional safeguarding arrangements are in place</li> <li>1.5 Raise awareness of contextual safeguarding and consider changes to practice</li> <li>1.6 Seek assurance that services for people with a Learning Disabilities, Autism or Neurodiversity are effectively safeguarded</li> <li>1.7 Seek assurance that IRIS is embedded and effectively delivered across Primary Care</li> <li>1.8 All agencies and commissioned services to provide assurance that DV/A training and learning is in place</li> <li>1.9 Participate in the development of Connect 2 to ensure it will work effectively for residents in Harrow</li> </ol>	<p><b>WHAT WE WILL DO:</b></p> <ol style="list-style-type: none"> <li>2.1 Develop, implement and monitor the impact of a Quality Assurance Framework to enable the Board to understand how effective safeguarding practice is</li> <li>2.2 Develop and implement a Multi-agency Learning and Development Strategy. Priority to be given to learning from local SARs and the Mental Capacity Act; embed a learning culture in all sectors working in safeguarding</li> <li>2.3 Seek assurance that carers are safeguarded effectively and involved in safeguarding procedures appropriately</li> <li>2.4 Seek assurance that domestic violence services are effective and meeting the needs of Harrow residents</li> <li>2.5 Metropolitan Police to provide assurance that adults with care and support needs are identified and supported effectively (Appropriate Adult Scheme or equivalent)</li> <li>2.6 Ensure the learning from other local, London and national reviews are considered and acted upon</li> <li>2.7 Explore the effectiveness of third-party involvement of section 42 responses and discriminatory abuse</li> <li>2.8 Develop a multi-agency dashboard to help triangulate and focus the work of the Board; review data and intelligence to ensure protection is afforded to all residents with care and support needs and carers; ensure demographic change is considered</li> <li>2.9 Seek assurance through audits that equality, diversity and inclusion is considered through practice</li> <li>2.10 Seek assurance that changes to mental health services will not adversely impact on safeguarding adults at risk</li> <li>2.11 Seek assurance that the implementation of Right Care Right Person is not having adverse impacts on people at risk</li> </ol>	<p><b>WHAT WE WILL DO:</b></p> <ol style="list-style-type: none"> <li>3.1 Put in place mechanisms to hear and respond to the voice of adults at risk and carers about their experience of safeguarding and encourage involvement in the work of the Board</li> <li>3.2 Seek lay member involvement in the work of HSAB</li> <li>3.3 Ensuring that information sharing arrangements are robust and embedded</li> <li>3.4 Ensure tools and resources are accessible for practitioners and the public</li> <li>3.5 Seek assurance that the MASH arrangements are effective and partners understand how multi-agency working in Sheldon House contributes to keeping the people in Harrow safe</li> <li>3.6 Develop a multi-agency awareness campaign for the launch of the service replacing Wise Works</li> <li>3.7 Communicate and engage with all care providers (through established mechanisms) about safeguarding issues; involve care providers in the work of the Board</li> <li>3.8 Promote the cultural changes needed to embed Making Safeguarding Personal</li> <li>3.9 Develop and implement an Engagement and Communication Strategy (ensure this is co-produced); ensure the Board has the widest reach (eg faith groups, businesses)</li> <li>3.10 Develop our co-production arrangements to enhance safeguarding work across the Borough</li> </ol>	<p><b>WHAT WE WILL DO:</b></p> <ol style="list-style-type: none"> <li>4.1 Partners openly communicating their criteria for access, pathways, and escalation processes in relation to safeguarding</li> <li>4.2 Partners to contribute and participate in our annual safeguarding conference</li> <li>4.3 Partners to contribute to the development of training and learning opportunities. Take a Think Family approach where possible</li> <li>4.4 Strengthen the partnership with key agencies to include care services, housing and voluntary services</li> <li>4.5 Seek an update from the Suicide Prevention Group to understand the progress and outcomes of their work</li> <li>4.6 Strengthen links with the Safer Harrow Partnership and Childrens Safeguarding Partnership – develop campaigns where concerns are aligned; identify and implement a joint work programme; ensure routine reporting arrangements are in place strengthening collaborations</li> <li>4.7 Strengthen links with Health and Wellbeing Board</li> <li>4.8 Seek assurance on the availability of local specialist domestic abuse perpetrator offer</li> </ol>
<p><b>By taking the actions above we will improve practice and outcomes for adults at risk of abuse and neglect and carers. Our Annual Action Plan sets out how we deliver what we have committed to do and the difference we are making.</b></p>			

### 3.1 HSAB Strategic Priorities and Achievements

As outlined above in the HSAB Strategic Plan 2024-2027, the HSAB has four Strategic Priorities:

1. Prevention and Early Intervention,
2. Assurance,
3. Engagement and Communication,
4. Working in Partnership.

These priorities have been designed to ensure that the Board has the scope to examine any and all areas of adult safeguarding within a concise framework that clarifies the aims, purpose and desired outcomes of the HSAB. As noted at 1.1.2 above, the HSAB Strategic Plan and accompanying Delivery Plan are routinely reviewed. When new requirements or areas of learning are identified, these will be added alongside established priorities and actions.

The HSAB has continued to strengthen multi-agency adult arrangements throughout 2024-25.

#### 3.1.1. Achievements per priorities for the 2024-2025

##### **Priority 1: Prevention and Early Intervention**

Over the past year, there have been significant developments in developing and refreshing key strategic policies and procedures. Notable among these are the new SAR Protocol, SAR Referral Form and Information Sharing Agreement, which were ratified in May 2024. Additionally, efforts have been made to align these documents with the updated London SAR Protocol, to ensure professional curiosity and compliance. **(priority 1.2)**

To raise awareness and protect individuals, we are focusing on several key areas, including hoarding, self-neglect, domestic abuse, pressure ulcers, and hate crimes. The "How Safe Do You Feel" campaign has been launched across Harrow by London North West Hospitals NHS Trust to encourage professionals to routinely inquire about safety concerns regarding domestic abuse. **(priority 1.3)**

Lastly, another important focus has been on safeguarding individuals with learning disabilities, autism, and neurodiversity. Assurance has been sought from the North West London Integrated Care Board (NWL ICB) and Harrow Council regarding safeguarding measures in place for these vulnerable individuals. The Disability Hate Crime Action Group, led by key voluntary and community partners, has also been re-instated to ensure that the HSAB is taking action to protect adults with additional needs in Harrow from discrimination and hate crime. In May 2025, the HSAB will be attending Harrow's Care Provider Forum to strengthen links with the care provision sector, raise awareness around adult safeguarding and seek feedback around any safeguarding issues care providers may feel are important in delivering support to a wide range of adult residents in Harrow. **(priority 1.6)**

## **Priority 2: Assurance**

The development and approval of the Quality Assurance Framework has been a significant achievement to support oversight of safeguarding effectiveness. **(priority 2.1)**

Substantial progress has been made with renewing the HSAB Multi-Agency Learning and Development Strategy, which is due to be signed off in June 2025 **(priority 2.2)**

Additionally, collaboration with the Metropolitan Police Service has enhanced assurance around support for vulnerable adults through the Appropriate Adult Scheme, which provides direct support for adults giving witness statements and police interviews, whereby an adult may have mental health concerns or additional needs. The review of Section 42 responses has also contributed to this, as Harrow Council evaluated third-party involvement in safeguarding cases. **(priority 2.5 and 2.7)**

Regarding homelessness and rough sleeping, in May 2024, the Safeguarding Adults Board (SAB) received a ministerial letter outlining four recommendations aimed at safeguarding individuals and reducing the impact of rough sleeping. The board has worked closely with Harrow Council colleagues in Housing and Adult Social Care in to implement these recommendations, resulting in the development of a local action plan. The plan continues to take shape and will be scrutinised during 2025/26 in collaboration with housing providers. At time of writing, the HSAB learned there were

six individuals experiencing rough sleeping who required additional targeted support in Harrow. The council will conduct a desktop review of the circumstances of these Harrow residents to identify necessary interventions to provide support. **(priority 2.6)**

Finally, in January 2025, during the HSAB Development Day, partners came together and agreed to obtain multi-agency data to develop a comprehensive dashboard. This dashboard will enable the triangulation of data and enhance decision-making processes. Over the past months, strong collaboration with the Business Intelligence Unit (BIU) and HSAB partners has been essential for making progress in this area, particularly in the collection and sharing of information related to Domestic Abuse, Self-Neglect, and the principle of Making Safeguarding Personal. **(priority 2.8)**

### **Priority 3: Engagement and Communication**

One of the initiatives undertaken to address this priority has been the engagement with adults at risk and their carers, focusing on implementing feedback mechanisms to capture their lived experiences. This approach considers cultural competence, diversity, and inclusion in training. **(priority 3.3)**

Significant progress has been made in improving the accessibility of tools and resources, with the most notable achievement being the website review and redesign in collaboration with Phew! The website has been nearly fully developed over the past year, and the goal is to launch it in June 2025, ensuring it is a user-friendly platform that facilitates easy access to key safeguarding information in Harrow. **(priority 3.4)**

The HSAB also supported National Safeguarding Adults Awareness Week from 18-22 November 2024. In partnership with Community Connex, the HSAB Independent Chairperson produced a supporting video to all safeguarding partners, highlighting the importance of adult safeguarding, whilst a workforce development program was offered across the week, including seminars and online training around:

- 'Learning Lessons from Safeguarding Adults Reviews' - to ensure that key lessons from Harrow Safeguarding Adult Reviews were shared with multi-agency partners. This session was re-run in February 2025.
- Hate Crime Training.



- Online webinar examining links between cognitive impairment and adult exploitation.
- Promotion of the London Safeguarding Adults Conference.
- An Introduction to Adult Safeguarding Training Session.

Additionally, we have made progress in our Community Outreach initiatives in collaboration with our partners. Our primary objective is to cultivate a cohesive, inclusive and empowered community that actively engages in safeguarding awareness.

We developed a Community Outreach approach which is aimed at raising awareness of critical safeguarding issues and seeking feedback from individuals with lived experience. This approach incorporates key insights from Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs), focusing on client-centred and trauma-informed approaches. Our goal is to ensure that we make multiple attempts and use various methods to contact adults who require support or protection. We will be sharing the approach in 2025/26 as part of a larger piece of work on communication, engagement and participation.

We aim to equip individuals with the knowledge to recognise the signs of abuse and neglect, while emphasising the importance of reporting such incidents effectively. To measure the success of our outreach efforts, we will focus on monitoring and evaluating the impact of our initiatives. **(priority 3.1 and 3.4)**

#### **Priority 4: Working in Partnership**

The HSAB has collaborated closely with partners to provide updates on local and national efforts related to Suicide Prevention Initiatives. Harrow Public Health Service and CNWL presented information about the planned update to Harrow's Suicide Prevention Policy to the HSAB in January 2025, whilst the HSAB Chairperson is also supporting liaison between Harrow & Brent Public Health Services with the North West London Coroner to gather additional information to further understand how to effectively reduce local and regional suicide risk. **(priority 4.5)**

The HSAB has worked more closely to develop joint campaigns and reporting with the Safer Harrow (formerly Community Safety Partnership) and Harrow Safeguarding

Children Partnership (HSCP). For instance, HSAB and HCSP organised a Joint Contextual Safeguarding Conference in February 2025 where over 170 leaders from a wide range of statutory, provider and voluntary and community organisations attended.

The Joint Contextual Safeguarding Conference has had a substantial impact in that on 18th March 2025 and 3rd April 2025, the HSCP and HSAB respectively agreed to implement trauma-informed practice across Harrow, in line with recommendations arising within an ongoing Domestic Homicide Review. Planning to achieve implementation of this systemic practice approach will be further developed in a cross-board session on 2nd June 2025, with key leaders from the Safer Harrow and Health & Well-Being Board invited to attend alongside HSCP & HSAB leaders. **(priority 4.6)**

Additionally, the Strategic Partnerships Manager is now a standing member of Safer Harrow and as of November 2024, is Co-Chair of the Safer Harrow Violence Against Women and Girls Subgroup, supporting stronger HSAB and Safer Harrow links and joint enterprise. The HSAB Learning & Development Manager has built links with Harrow Commissioning and will regularly attend Care Provider Forums in Harrow from April 2025 onward. **(priority 4.4)**

Links with the Health & Wellbeing Board are developing but further focus is needed to look at Severe and Multiple Deprivation (SMD) and how can we ensure individuals and families with SMD are supported to ensure risks of abuse and neglect are identified and prevented. **(priority 4.7)**

### 3.1.2. Achievements of the board as identified from our partners

All partners were invited to participate in completion of the Safeguarding Adults Partnership Audit Tool (SAPAT) in January 2025, which facilitated evaluation of the board, identification of achievements and challenges, and provision of recommendations aimed at further enhancing board effectiveness. Feedback received was invaluable, offering insights into HSAB perception from the perspective of each member agency, enabling implementation of key changes to improve HSAB performance and outcomes.

Considering the 'Achievements' section of the SAPAT Tool, the majority of respondent agencies identified governance and leadership as the primary areas of achievement for the 2024/2025 period. Notable examples included:

- clear direction provided by the HSAB Independent Chair;
- the recruitment of an HSAB Manager and investment in staff,
- accountability demonstrated by HSAB members,
- the re-establishment of the Board following its disaggregation from the Harrow Strategic Safeguarding Partnership,
- the reinstatement of the Disability Hate Crime Action Group, and
- clarification of the Board's objectives.

The partners have also identified the following key achievements of the board, which are listed in order from the most to the least frequently mentioned:

- action planning and assurance,
- quality assurance and progress,
- training and development,
- engagement and relationship building,
- specialised case management.

### 3.1.3. Barriers to effective partnership working within the HSAB from our partners

Our partners evaluated that the following factors pose barriers to effective partnership working within the HSAB:

1. Staff require sufficient time to embed Making Safeguarding Personal (MSP) standards, which is challenging due to heavy workloads and competing priorities.
2. Resource constraints hinder the capacity to manage the significant input needed for subgroups and audits.
3. Long meetings are often filled with administrative matters that are not relevant to all partners, leading to inefficiencies.

4. Frequent changes in processes and personnel attending HSAB meetings highlight the need for clearer roles and responsibilities.
5. There is need for a system in place for collecting feedback from people in receipt of services and carers, managed by an independent collector.
6. The number of meetings has increased, which can affect participation and engagement.
7. There is a tight turnaround for requesting and sharing information, which can impede effective communication.
8. Limited involvement of individuals in need from the community can result in gaps in representation and understanding.
9. Occasional lack of quoracy during meetings affects the decision-making process.
10. An unclear referral pathway and a clearer support system are necessary to assist practitioners and agencies in making accurate referrals and decisions.
11. Many emails contain multiple attachments, leading to information overload and difficulty in processing.
12. Limited capacity within agencies can restrict active participation and partnership effectiveness.

These barriers are being addressed by the Business Unit and Independent Chair and work with SAB members will take place during 2025/26.

#### 3.1.4. Areas for improvement within the HSAB from our partners

Our partners identified the following areas for improvement within the HSAB:

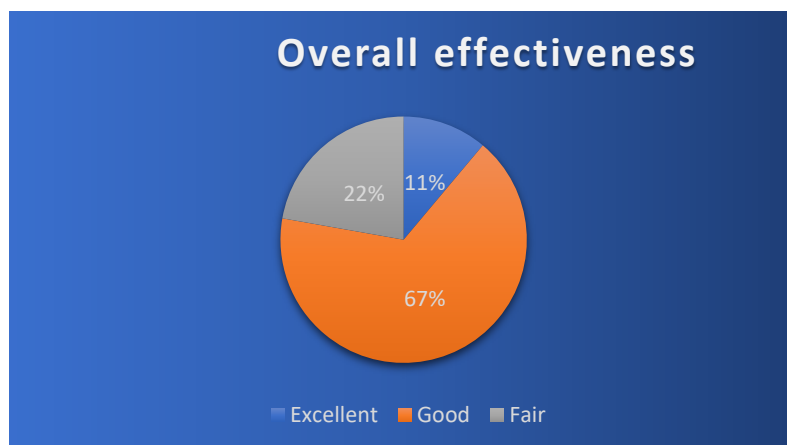
1. Utilise multi-agency audits to enhance service effectiveness.
2. Apply the Mental Capacity Act (MCA) with a focus on executive capacity and available legal options.
3. Establish clear escalation processes for decision-making disagreements.
4. Develop robust pathways to facilitate effective cross-boundary working and communication.

5. Foster a deep understanding of local communities to address service access and inequalities.
6. Ensure transitional safeguarding for individuals moving from children's services to adult services.
7. Maintain responsiveness during case discussions to address urgent needs.
8. Increase the publicity and visibility of the board's work through events and an improved website.
9. Prioritise tasks while managing other key priorities effectively.
10. Enhance training offerings to strengthen skills and knowledge.
11. Strengthen partnership collaboration and support responsiveness across agencies.
12. Increase representation from various organisations, including the Voluntary, Community, and Social Enterprise (VCSE) sector, at Health and Safeguarding Adults Board (HSAB) meetings to enhance multi-agency collaboration.

As with the barriers we will look and action the areas for improvement. Both of these will take time but the board is committed to doing this.

#### 3.1.5. Overall effectiveness of the safeguarding adults board in terms of achieving mutual goals, communication, and resource-sharing

According to the SAPAT tool conducted among our partners, a significant majority (67%) of respondents rated the overall effectiveness of the board as excellent. Additionally, 22% assessed its effectiveness as fair, while 11% expressed that it is excellent. This data reflects a generally positive perception of the board's performance among our partners.



### 3.1.6 How Board Members Describe the Board

We asked Board members to describe the HSAB in three words. These were the words as follows:



## 3.2 HSAB Sub-group overview and achievements

### 3.2.1 Quality Assurance & Performance Subgroup Annual Report

#### Overview of Activity and Achievements During 2024/25

The Quality Assurance & Performance Subgroup convenes every 8 weeks and leads on a range of assurance activity outlined in the Quality Assurance framework (QAF). The framework, completed by the subgroup and signed off at the SAB on 23rd April

2024, is designed to help the Board ensure safeguarding adults' arrangements are effective and aims to:

- Direct the collation of performance management data and quality assurance information across partner agencies to inform the HSAB.
- Support partner agencies to analyse and report findings to the HSAB
- Provide evidence of progression of the quality of safeguarding interventions and the impact of these on outcomes for adults at risk
- Promote constructive challenge across the Partnership
- Identify and share good practice across the Partnership
- Provide assurance that learning from SARs, DARDs and OWHRs etc. are embedded in practice
- Provide assurance that SAB Policies and Procedures are embedded in practice
- Identify areas for improvement and learning

### **Impact of Quality Assurance Activity and Achievements**

- Quarterly ASC safeguarding data is reported to the group, which identifies themes and trends to present at the BMG for wider consideration or escalation.
- Work has commenced to scope data collected by partner agencies that can be used in the creation of a multi-agency data set, including liaison between Local Authority & NHS Data Analysts. Further scoping is planned with MPS analysts in earlier 2025/26.
- Multi agency policy review has begun to support best practice with completion and approval of the HSAB Escalation Policy, followed by current work on the Self-Neglect and Hoarding Policy, Persons in Positions of Trust (PiPOT) Policy and Outreach & Engagement Policy.
- Creation of the multi-agency policy and procedure tracker has enabled greater oversight of the development of guidance, ensuring policies and procedures are cross-referenced and timeframes are in place for revision.
- Development of a safeguarding survey to use with those who have used safeguarding services and is currently in discussion within HSAB regarding implementation.

- Development and good progress of a website designed to make Safeguarding much more accessible to Harrow residents and relevant professionals.
- A multi-agency audit of cases of cuckooing/home invasion is currently underway and learning from this will be shared across partner agencies.

### **Focus for 2025/26**

- Creation of a multi-agency safeguarding data set.
- Completion of the Self-Neglect and Hoarding Policy & PiPOT Policy.
- Updating and launching a new Information-Sharing Policy.
- Work with Harrow Safeguarding Children Partnership and Safer Harrow to create a task and finish group to compile information and draft a process related to exploitation of adults at risk / addressing contextual safeguarding concerns.
- Inclusion of single agency audit reporting as a standing agenda item.
- Movement from bi-monthly to quarterly meetings once the agenda of the group allows.

### **3.2.2 Safeguarding Adult Review Case Review Subgroup (SAR CRG) Annual Report**

#### **Overview of Activity and Achievements During 2024/25**

1.1 The group met on nine occasions to deal with case referrals, reviewing whether the notifications met the Safeguarding Adult Review (SAR) criteria and to cover adult safeguarding case-linked issues. In addition to SAR Notifications, the Subgroup has also liaised with Harrow Community Safety Partnership to retrospectively consider SAR threshold for 4x ongoing Offensive Weapons Homicide Reviews.

1.2 The agenda starts with a video of the “voice of the person” to remind members of the importance of this work to service users and their carers. The agenda is also supported by a forward plan for those items which come less frequently than every meeting, to ensure effective oversight of linked topics. The forward plan includes:

- Updates from the Violence Against Women & Girls Subgroup.
- Community Safety Partnership updated regarding Domestic Abuse Related Deaths Reviews (DARDR).



- Themes from learning from Lives and Deaths – People with a learning disability and autistic people (LeDER reviews).
- Updates from multi-agency panel to review alcohol and drug related deaths
- Work on the prevention of fatal fires.

1.3 HSAB Subgroups clarified their workplans in 2024/5 together. Areas of work arising from SARs were transferred to relevant subgroups for their leadership and action, for example, the development of the Multi-Agency Escalation Policy to the Quality Assurance & Performance Subgroup and learning arising from SARs was passed to the Learning and Development Subgroup to commission the necessary training.

### **Impact of Activity and Achievements of the SAR Case Review Subgroup**

2.1 The SAR CRG completed the Safeguarding Adult Review (SAR) C in 2024-25, this was presented at the HSAB meeting in April 2024 and the SAR C Action Plan is progressing, monitored by the CRG. Sharing the learning of this SAR was impactful and has demonstrated the importance of intervening with those who hoard.

2.2 The SAR CRG has continued to review the SAR process in line with the pan-London SAR Protocol, which was published in 2024. A revised SAR Protocol has been developed: the updated SAR Notification Form was made available at the end of the year. The impact of this has been clarity on the purpose and process supporting agencies to make referrals.

2.3 The SAR CRG continued to implement key learning actions and activities arising from SARs A, B and SAR G (Brent SAR), some of these were progressed with additional meetings outside of the SAR CRG to progress key actions:

- A multi-agency High Risk Panel has been established: this will consider the multi-agency approach to working with resistant or complex service users (SARs A, B & C) and support staff managing multiple complexities.
- A Disengagement Protocol for mental health service users was completed by CNWL and shared with ASC, so that this approach can be consistent across the partnership, supporting service users who may understandably not wish to engage with services. This development is in line with national learning from an incident linked to Nottinghamshire Healthcare Foundation Trust and a recommendation from a Harrow Domestic Homicide Review.

- The Home Invasion (formerly known as Cuckooing) Pathway (SAR C) was developed and a joint tracker established by MPS and Harrows' Community Safety Partnership so that this topic has greater oversight and support offered to victims.
- Work with HSCP colleagues was completed to understand the current specialist support offer for mothers who have had multiple children enter local authority care. This work is ongoing, with further meetings scheduled with Pause National in 2025-26. (Baby O – Local Learning Review)
- Housing staff mandatory training now includes safeguarding adults resulting in greater awareness of trauma and working together with other agencies. (Baby O – Local Learning Review)

### **Focus for 2025/26 for the SAR Case Review Group**

#### **3.1 Moving into 2025/26, planned CRG Activity will include:**

- Conclude the Brent SAR G action for Harrow, due to the person being placed in the Borough, this will demonstrate the learning by commissioning on the importance of appropriate placements linked to needs.
- Ensure the new Harrow SAB Website includes information on safeguarding processes and clarifies the difference between s.42 (Care Act 2014) enquiry (the duty of the Local Authority to make enquiries, or delegate to others to do so, if an adult may be at risk of abuse or neglect), and s.44 (a Safeguarding Adult Referral where the SAB must arrange for a review of a case if a person dies or was seriously injured if the SAB knows or suspects that the death resulted from abuse or neglect, had care and support needs, where there were concerns how partners worked together), aiming to support referrals going to the appropriate place in a timely way and to reduce the referrer confusion.
- Audit practice on information sharing between MPS, National Probation Service, ASC and CNWL (SAR C).
- Review how carers (paid and unpaid) are identified, their needs assessed, how support is offered and how this is recorded (SARs A & B).
- Adapt Bi-Borough Multi-Agency Fire Framework to Harrow, strengthening referrals to LFB in hoarding cases (SAR C).

- Development of the Harrow Adults MASH to support information-sharing and risk assessment of adult cases where Connect/RADAR forms have been completed by Police (SAR C).
- Reviewing 4x cases currently subject to an Offensive Weapon Homicide Review to consider if SAR criteria are relevant for the perpetrator or victim – these are scheduled for threshold consideration in April 2025.

### 3.2.3 Learning and Development Subgroup

#### **Overview of Activity and Achievements During 2024/25**

The Learning and Development Subgroup met on four occasions in 2024-25 (May, September, December 2024 & February 2025).

This report outlines the key activities, achievements, and challenges encountered over the past year. The partnership has made significant strides in enhancing collaborative training efforts and embedding learning practices within safeguarding frameworks.

#### **Impact of the Activity and Achievements of the Learning and Development Subgroup**

##### **1. Training Needs Analysis (TNA) Progression**

A partnership-wide TNA survey was successfully developed and disseminated, allowing agencies to provide updates on their internal training initiatives. For instance, the Royal National Orthopaedic Hospital (RNOH) expanded its Level 3 training to Bands 5–6, while London NorthWest London University Hospitals (LNWHH) conducted a detailed TNA. These insights are currently being incorporated into the Principal Social Worker's Training Needs Summary Analysis (TNSA).

##### **2. Multi-Agency Training Package Rollout**

The new training offerings launched with remarkable success, characterized by strong attendance and positive feedback from participants. Key sessions such as the Mental Capacity Act (MCA) training demonstrated impressive multi-agency representation, enhancing shared understanding and practice across the sector. The HSAB has ambitious plans to develop this multi-agency workforce development offer in 2025-26.

##### **3. Development of the Safeguarding Training Catalogue**

A comprehensive training catalogue for the 2024–25 period was completed at the end of the year, with a view to a new training catalogue will be created for 2025-26. This initiative aims to improve visibility and coordination of available learning opportunities, ensuring that all relevant stakeholders can easily access essential training resources.

#### **4. Learning and Development Strategy Drafting**

A task-and-finish group was organised to draft a HSAB Learning and Development Strategy, which is scheduled for presentation to the Safeguarding Adults Board (HSAB) in April 2025. This document is anticipated to guide future training priorities and practices.

#### **5. Increased Cross-Agency Engagement**

Meetings have consistently featured robust multi-agency attendance and collaboration, with new members stepping into safeguarding roles. This engagement has played a crucial role in maintaining momentum and fostering an environment of shared learning and collaboration.

#### **6. Embedding SAR Learning**

Learning derived from Serious Case Reviews (SAR) C and G was effectively shared and disseminated within various agencies. Planning efforts have also begun for an assurance mechanism to ensure that SAR learning is effectively embedded into practice across services and further activity will be undertaken to ensure that learning from the Second National SAR Review is integrated further SAR-based learning in 2025-26

#### **7. Contribution to Strategic Delivery Plan (2024–2027)**

The subgroup has made significant contributions to HSAB's strategic planning, committing to providing regular progress updates. These contributions are vital for aligning training efforts with overarching strategic goals, as outlined in Section 3.1 above. In addition to updates elsewhere in this report, the L&D Subgroup has addressed strategic action in the following areas and notes areas of future activity. For example, the L&D Subgroup will support the roll-out of the community outreach initiatives with a workforce development offer to promote and embed this into multi-agency practice.

## **8. Additional Workforce Development Events**

Planned events, including a trauma-informed practice session and a SAR G learning session, have assisted in enhancing practitioner skills and strategic insights, contributing positively to the safeguarding ethos.

## **9. Planning for Safeguarding Conference and Learning & Development Day**

The Learning & Development Group supported organisation and execution of a HSAB Development Day in January 2025 and the Joint HSCP/HSAB Contextual Safeguarding Conference in February 2025. These events enabled all partners to understand key learning from the SAPAT Tool as outlined elsewhere in this report and support focus on key developmental areas going forward, including developing a multi-agency dataset and focusing on embedding Making Safeguarding Personal principles in practice.

The Joint Contextual Safeguarding Conference has had a substantial impact, as noted at 3.1.1.

## **Key Challenges**

Despite the positive developments, several challenges persist:

- **Ongoing Gaps in Representation:** The absence of police representation at subgroup meetings continues to hinder effective multi-agency planning and alignment of learning. Changes in staffing over 2024-25 has also meant that the Learning & Development Subgroup has experienced multiple changes in chairpersons. Recruitment of a HSAB Learning & Development Manager in December 2024 has created additional capacity and supported upcoming training offers and ensured drafting of the Learning & Development Strategy has progressed.
- **Low TNA Survey Engagement from Some Agencies:** Certain sectors, notably the police and Voluntary and Community Sector (VAH), exhibited low response rates to the TNA survey, limiting the comprehensiveness of the training data collected.

- Limited Engagement in Conference Planning: Limited responses and partner input regarding proposed dates and arrangements for the Joint Safeguarding Conference in February 2025, necessitating escalation for resolution.
- Early Stage of Assurance Work: While SAR learning is being shared, a formal assurance mechanism to demonstrate its implementation and impact across services is still under development – this is a priority for 2025-26.
- Draft Learning and Development Strategy: Although the strategy is crucial, its impact remains limited until formally presented and approved in 2025-26.
- Need for Improved Coordination Across Adults and Children's Services: There is an ongoing need for better alignment of training priorities and language between adult and children's safeguarding to fully embed a whole-family approach. Activity has commenced to address this via a quarterly Strategic Co-ordination Meeting between senior local authority leads within the HSCP, HSAB, Safer Harrow and Health & Well-Being Board. The L&D Subgroup will focus on ensuring enhanced knowledge, shared language and co-ordination is effected with practitioners and managers going forward.

### **Focus, Impact Future Activity for Learning and Development Subgroup in 2025/26**

The past year has witnessed substantial progress in training needs analysis and multi-agency collaboration. While significant achievements have been made, the outlined challenges must be addressed to enhance the overall effectiveness and reach of our safeguarding training initiatives. Continued commitment to fostering an integrated approach to learning and development will be crucial in supporting our safeguarding efforts moving forward.

The next year we will be focusing on:

- Rapid Development of HSAB Workforce Development Offer – The HSAB Business Unit now has a Learning & Development Manager in post, who has made immediate progress in planning bespoke, targeted training events around crucial safeguarding processes such as the Herbert Protocol and Oliver McGowan Training. Targeted training sessions delivered by an expert MPS Officer, supported by Harrow Council and the HSAB Business Unit, are

scheduled for June and July 2025 respectively. It is intended that a range of courses will be brought on stream rapidly within the first six months of 2025-26.

- Workforce Development Workstreams – Further to rapid expansion of the HSAB Training Program, the L&D Subgroup will focus on developing workforce development of workstreams in line with Section 1 of the HSAB Strategic Delivery Plan, which outlines a range of key safeguarding areas. The HSAB will focus on developing a workforce development offer on key safeguarding topic areas including (but not limited to) domestic abuse, contextual and transitional safeguarding, substance misuse, homelessness, pressure ulcers, self-neglect and hoarding.
- Policy & Procedure Development – In addition to strategic priority areas, the L&D Subgroup will actively focus on developing complementary work force development options to support roll-out of the wide range of policies and procedures emerging from the Quality Assurance & Performance Subgroup come on-stream to ensure practitioner awareness in key areas such as Self-Neglect & Hoarding, Persons In a Position of Trust (PiPOT) and Information-Sharing.
- Enhanced SAR Learning & Training Impact – The L&D Subgroup will review and refresh how it is communicating local and national SAR learning in Harrow, whilst also reviewing and implementing a revised approach to capturing training impact.
- Social Media Expansion – The HSAB L&D Subgroup will lead on developing a meaningful social media presence within the local Harrow safeguarding adults community, to drive uptake of workforce development offers.

Impact – considering these workstreams, impact will be measured by:

- Delegate feedback from HSAB training courses;
- Agency feedback as to safeguarding practice impact from SARs and new Policies & Procedures learning and development offers;
- Feedback from adults and residents of Harrow, through the Safeguarding Survey and outreach/co-production opportunities in developing safeguarding responses and processes to enhance outcomes. Examples include through planned work to support carers, unpaid carers and young carers in Harrow as

a result of SAR learning, or via seeking feedback from those with lived experience, as the Disability Hate Crime Action Group continues to scope and respond to this area. This feedback shape learning & development offers.

### 3.3 Impact & Future Strategic Activity – Contextual Safeguarding

3.3.1 Contextual Safeguarding has long been a priority for Harrow's safeguarding partners in adult safeguarding. In 2024-2025, we collaborated with the Harrow Safeguarding Children's Partnership to plan and develop a high-level Joint Contextual Safeguarding Conference. This event featured thematic workshops on essential topics such as trauma-informed practice, online safety, exploitation, and the relational safeguarding model. Our goal was to raise awareness about contextual safeguarding and enhance knowledge of both internal and external partners, ultimately leading to an improved safeguarding approach.

3.3.2 The HSAB's strategic approach is to build multi-agency structures to prevent Contextual Safeguarding Risk, protect those at risk, pursue perpetrators of Contextual Safeguarding harm and help support adults who have suffered exploitation to recover are. In 2025/26, substantial activity will be undertaken to expand inter-agency relationships and develop a strategic approach to this safeguarding risk.

- As noted above, the HSAB and HSCP have now agreed to implement trauma-informed practice, in line within learning from a completed Domestic Homicide Review;

- Learning from ongoing OWHRs and previous SARs has informed the need to focus on and development borough-wide transitional safeguarding protocols for children, young people and adults. The Joint Conference follow-up event 'Contextual Safeguarding – Next Steps' will focus heavily on securing multi-agency agreement to concrete actions to progress these safeguarding areas. Furthermore, it is intended that key leaders from Safer Harrow and the Health & Well-Being Board will attend, to promote buy-in from those multi-agency structures also.



### 3.5 Training, Learning and Development

The HSAB Learning & Development offer has continued through 2024-25 over a range of safeguarding areas, including:

- Domestic Abuse awareness training and specialist offers (e.g. stalking, MARAC, LNWH – ‘How Safe Do You Feel’ Campaign)
- Hate Crime Awareness Training Sessions
- Introductory Sessions regarding Trauma-Informed Care, and Adult Safeguarding
- Prevent and wider VAWG Safeguarding (Forced Marriage and Harmful Practices training
- Self-Neglect, Mental Capacity Act Training
- SAR A, B & C Learning Sessions
- Advertising and cross-promotion of key partner events (e.g. White Ribbon Day/16 Days of Activism events).

#### **Impact and Future Activity – HSAB Learning and Development Offer**

- As noted above at 3.5., the Learning & Development Offer will refresh its focus along identified workstreams in 2025-26 to support a strategic learning approach across Harrow in line with agreed HSAB priorities, case review learning, incoming policies and procedures and learning from co-production. These workstreams will be heavily guided by strategic areas outlined in s.1 of the HSAB Strategic Delivery Plan.
- The Learning & Development Subgroup will liaise with its counterpart within the HSCP to plan another Joint Conference in February/March 2026.
- Challenges experienced in 2023-24 have highlighted the need to review and refresh the HSAB adults safeguarding offer. A dedicated Learning and Development Subgroup focused on adult safeguarding will have a substantial impact on developing the multi-agency learning offer and provide impetus to ensure that the HSAB/HSCP Conference goes ahead in 2024/25
- Cancellation of the 2023-24 HSCP Conference created substantial impact for the adults training program – the conference provides a key opportunity to

share key safeguarding learning and messages to an extended range of agencies. The Strategic Partnerships Manager is in the process of securing additional funds mooted late in the year for 2024-25 to support multi-agency safeguarding adults training. It is anticipated this will provide the flexibility to secure internal and external training resources in 2024-25

## 4.0 What We Said, What We Did: Reflections on Progress and Practice

### 4.1 Progress on Commitments Identified in 2024/25

Commitment	Progress Update	Next Step
Creation of a dynamic Strategic Delivery Plan to oversee activity to progress multi-agency safeguarding.	Strategic Delivery Plan signed off in April 2024.  HSAB subgroups have worked toward key priorities and will continue to progress activity over the life of this 3-year plan.	Sun-groups to continue to deliver the plan; monitoring to continue.
Identify and review key safeguarding pathways, provide practitioner guidance and develop escalation processes.	In partnership with Adults Social Care, the former Risk Enablement Panel has been overhauled with a new Standard Operating (Practice) procedure and High Risk Panel process to enable multi-agency support for the most vulnerable in Harrow.	Continue to support and progress key safeguarding pathway development through the emerging Adults Multi-Agency Safeguarding Hub (MASH) in 2025-26.
Raise Safeguarding Awareness	The HSAB supported a program of workforce development opportunities for Safeguarding Adults Week in November 2025, whilst publishing a new SAR Protocol to provide guidance and raise awareness of s.44 reviews of safeguarding practice.	Next steps develop and roll out a communication, engagement and participation plan.
Re-focus and support activity to identify and address Disability Hate Crime in Harrow.	In partnership with Community Connex, Voluntary Action Harrow and Safer Harrow partners, the HSAB has re-instated the Disability Hate Crime Action Group.	Continue activity to scope the issue of Disability Hate Crime in Harrow, with a view to developing strategic safeguarding action.

Enhanced co-ordination with other multi-agency boards.	<ul style="list-style-type: none"> <li>- Strategic Partnership Manager integration into Safer Harrow VAWG Subgroup.</li> <li>- Quarterly Strategic Co-ordination Meeting between local authority leads for HSAB, HSCP, Safer Harrow and Health &amp; Well-Being Board.</li> <li>- Cross-board buy-in to implement trauma-informed and transitional safeguarding approaches.</li> <li>- Close partnership working with Safer Harrow Partners to progress actions from an unpublished Domestic Homicide Review.</li> </ul>	Develop Cross-Board implementation structures to ensure that borough-wide approaches to Contextual Safeguarding are implemented across entire safeguarding system.
Enhance staffing capacity to ensure effective function of the HSAB Business Unit.	By December 2025, the HSAB Business Unit became fully staffed, with a HSAB Manager and Learning & Development Manager to progress HSAB business.	Complete recruitment to permanent SAB independent chair post and Strategic Partnership Manager role.

#### 4.1.1 Requests from Health and Wellbeing Board and Scrutiny Committee

Request	Progress Update	Next Step
<p>Development &amp; Implementation of Co-Production arrangements. (Health &amp; Well-Being Board)</p> <p>The Committee expressed concern about past safeguarding challenges in under-represented groups, and asked what was being done to promote awareness among them. (Scrutiny Committee)</p>	<ul style="list-style-type: none"> <li>- Disability Hate Crime Action Group includes peak voluntary and community sector agencies such as HAD (Harrow Association of Disabled People) and Harrow Carers, who will support co-production on this safeguarding area.</li> <li>Cross HSAB/HSCP work to explore contextual safeguarding risks for children, young people and adults to assimilate multi-agency data and understand the Harrow Problem Profile will include demographic information to identify over-representation. This will include children and young adults at Transitional</li> </ul>	<ul style="list-style-type: none"> <li>- HSAB Community Outreach Strategy in draft with a view to signoff in 2025/36.</li> <li>- Joint HSCP/HSAB work to develop strategic approaches to Contextual Safeguarding will incorporate consultation, co-production and demographic and over/under-represented groups in mid-2025 to support awareness-raising activity.</li> <li>- Staff recruitment in late 2024 has provided capacity to further progress activity in these areas.</li> </ul>

	Safeguarding risks entering adulthood.	
Recruitment of Lay Members (Health & Well-Being Board)	'Job Description' for Lay Persons has been reviewed and agreed in May 2025.	Advertisement by end June 2025.
Harrow Adult Social Care was commended for progress on adult safeguarding in CQC Inspection in April 2024. Multi-agency auditing to be implemented to oversee safeguarding quality. (Health & Well-Being Board)	2x multi-agency audits scoped to commence in Q1 2025/26 on Self-Neglect & Non-Engagement and Cuckooing (Home Invasion) to ascertain quality of safeguarding responses.  The Quality Assurance & Performance Subgroup has a robust Adult Social Care dataset reporting on local authority practice.	Completion of audits and explore findings within other key elements of the HSAB Quality Assurance Framework, such as Consultation & Co-Production to further understand audit findings and drive strategic action as required.  Work is underway to enhance local authority information with safeguarding data from Health, MPS and other key partners in Q1 2025-26/
Committee queried if the Metropolitan Polices' new policy of "Right Care, Right Person" when responding to mental health crises had had an impact in Harrow, and were informed that there had not been any reported impact in the borough.	Right Care Right Person is overseen through the Safer Harrow Community Safety Partnership and the SAB. No issues have been raised about adverse impacts on individuals however this is being monitored.	Continue to monitor the impact.

## 5.0 Closing Summary

An inordinate amount of activity has taken place as demonstrated throughout the report. Partners are committed to delivering what has been set out in the Strategic Plan however additional actions are being included in order to address issues identified from the SAPAT and from issues raised by Members and Health and Wellbeing Board. We will prioritise the actions which will make the biggest difference to keep our citizens safe for the risk of abuse and neglect.

## 6.0 Appendices

### 6.1 Appendix 1 - HSAB Budget & Expenditure – 2024/2025

6.1.1 In 2024-25, the HSAB have a separated out the budget previously joint with HSCB:

Harrow Safeguarding Adults Board - Budget - 2024-25	
Budget Item:	Outturn
Income - HSAB Adults Partners	£46,698
Total Income	£46,698
Total Staffing	£161,344
Total Other Expenditure	£11,698
Total Expenditure	£173,042
Net Expenditure Funded by Harrow Council	£126,344

Harrow Council funds the majority of the Board's budget. The ICB fund just over £41,000 and the MET Police £5,000. Without the financial support of partners - particularly Harrow Council - the Board's functioning would be far more limited.

## 6.2 Appendix 2 - Agency Attendance – HSAB Meetings – 2024/25

**Please note:** Cells shaded in **red** indicate absence, while cells highlighted in **blue** indicate presence.

Member Agency	HSAB Meetings – 2024/25					
(N/R Not Required)	18/01/2024	24/04/202	11/07/202	09/10/2	08/01/2	03/04/2
		4	4	4	5	5
Age UK						
Brent Council (Harrow Service)						
Central and North West London NHS Foundation Trust						
Central London Community Healthcare						
Community Connex (including Advocacy Service)						
Elected Member						
Department for Work and Pensions						
HSAB Business Unit						
HAD						
Harrow Carers						
London Borough of Harrow Council (including ASC, Public Health, Business Intelligence)						
London Fire Brigade						
London North West University						

Healthcare NHS Trust						
London Probation Service						
Metropolitan Police Service						
Mind In Harrow						
North West London Integrated Commissioning Board						
Royal National Orthopaedic Hospital NHS Trust						
Voluntary Action Harrow						
VIA						

## 6.3 Appendix 3 — HSAB Partner Agency Annual Report Submissions - 2024/25

### 6.3.1 Agency: Harrow Local Authority - Adult Social Care

#### 1. Quote about the Board

*Something that has resonated with you this year and the difference you think this has made to the citizens of Harrow*

"The HSAB has achieved significant progress in reaching several historical milestones this year. The partnership collaboration has been more consistent and effective, closely aligning with HSAB's strategic objectives. MSP has consistently remained a high priority for HSAB."

#### 2. Three words describing the Board

- A. Supportive
- B. Collaborative
- C. Accountability

#### 3. Making Safeguarding Personal Case Study

##### • Brief Details of the Circumstances

A referral was received from a GP regarding an adult at risk. The GP reported that the younger daughter of the adult at risk has exhibited both verbal and physical abuse towards her mother over the past eight days. The younger daughter has a diagnosed mental health condition.

The younger daughter physically abused her mother the day before the referral was made to the Adult Social Care (ASC) safeguarding service. Additionally, it was reported that she took her mother's phone and pushed her down the stairs, resulting in injuries.

##### • Actions to Safeguard

- The General Practitioner (GP) advised the older daughter of the adult at risk to contact the police.



- The social worker spoke with the older daughter, who clarified that her mother was not pushed down the stairs but had threatened to do so.
- The elder sister reported this incident to the police, who subsequently visited her mother.
- The elder sister clarified that her mother had visited her GP prior to the police visit, and a police reference was obtained.
- The husband of the adult at risk had been on holiday in Pakistan but returned immediately upon hearing of the concern.
- As part of the immediate protection plan, the adult at risk went to stay with her other daughter, who confirmed that 'she is safe and well since the incident'.
- The inquiry worker spoke with the adult at risk, who confirmed she has no injuries and was able to protect herself by locking herself in her room when verbal abuse started.
- The police advised the adult at risk that she could ask her daughter to leave the house, but she chose not to do so.
- The social worker explored mental health support options for the daughter, who has a diagnosis of mental health issues.
- With the consent of the adult at risk, the social worker spoke with her husband, who confirmed the details and stated he would be with his wife as a protective factor at home.
- As a protective measure, the adult at risk and her husband confirmed that they will travel together in the future to minimise risk.
- The family has arranged for the daughter to see a family psychiatrist, who will work with them both individually and together.

- **Outcomes the Person Hoped to Achieve from the Support**

- The adult at risk and her husband have both informed the inquiry officer that they do not require any further support, as they are satisfied with the safeguards implemented by their family.
- The husband of the adult at risk has confirmed that his wife will be adequately cared for and protected under the current arrangements.

- **Other Outcomes Achieved**

A referral has been sent to the daughter's GP to review her physical and mental wellbeing.

The social worker provided feedback to the GP regarding the outcome of his interaction with the adult at risk and her family

- **Learning**

This case underscores the urgent need for safeguarding measures to protect the adult at risk from further harm. It also emphasises the importance of seeking clarity from the adult at risk and her family to ensure that an appropriate protection plan can be agreed upon and the voice of the adult at risk is not lost in the safeguarding process. Additionally, it highlights the necessity for collaboration between the safeguarding inquiry officer and the GP.

Furthermore, the social worker's intervention was person-centred, ensuring that the adult at risk and her family were actively involved in the process. They were able to comprehend their available options and exercised their choices accordingly.

### 6.3.2 Agency: Harrow Association of Disabled People (HAD)

#### 1. Quote about the Board

*Something that has resonated with you this year and the difference you think this has made to the citizens of Harrow*

" The planning of inclusion of citizens, and not just organisations, in safeguarding will make an incredible difference and ultimately will hugely increase the number of people who are supported."

#### 2. Three words describing the Board

- A. Busy (and busy, and busy...)
- B. Interesting (getting good stats particularly helps make sense of what's happening)
- C. Ever changing

#### 3. Making Safeguarding Personal Case Study

- **Brief Details of the Circumstances**

L is a young woman with learning difficulties who has used HAD's services for many years, including the Children and Young people services. There were concerns throughout her childhood, mainly relating to her parental understanding of how to meet a child's needs.

As she grew older, her lifestyle took on some aspects of her mum's lifestyle, including getting into abusive relationships and sexual encounters which it was not clear were from choice. She approached HAD volunteers for money on a few occasions and revealed that she was in trouble with the police for indecent exposure. She was in friendships which did not seem to be supportive, sometimes the opposite, a common form of 'mate' hate crime against people with learning difficulties. This was confirmed by her mum, who was concerned about L's friendships.

At this point she had no money for food and when we discussed with her mum, the family was struggling financially and awaiting a benefits application outcome. We were able to help a little financially but also made a safeguarding referral regarding the various concerns.

- **Actions to Safeguard**

- Safeguarding referral made
- Investigation carried out by Safeguarding team
- Feedback provided to HAD referrers

- **Outcomes the Person Hoped to Achieve from the Support**

Following L's contact with us, we were unable to contact her to tell her that we were making the Safeguarding report. It is likely that she would have seen being able to get money for food as an outcome. It is not clear how she felt about the exposure incident (she was on bail at the time), and she was continuing her friendships with the same people, so it is not clear whether she saw them as a problem, or recognised the kind of friendships she was in.

- **Other Outcomes Achieved**

- Safeguarding lead in her case confirmed that they had met with L, and that she was safe, and happy with her life as it was.
- L did not contact us further either to ask for money or regarding the relationship issues.

- **Learning**

That making a referral was the right thing to do, even although it seemed that there was no real safeguarding issue.

### 6.3.3 Agency: Department for Work and Pensions (PWP)

#### 1. Quote about the Board

*Something that has resonated with you this year and the difference you think this has made to the citizens of Harrow*

"The power of partnership working. How truly working together from the offset, reduces duplication, removes rework and gives back time, enabling all to concentrate on the right, wrap-around-support for our most vulnerable customers."

#### 2. Three words describing the Board

- A. Professional
- B. Inclusive
- C. Approachable

#### 3. Making Safeguarding Personal Case Study

##### • Brief Details of the Circumstances

Customer with addictions, not attending meetings, benefits being impact and placing themselves at risk.

##### • Actions to Safeguard

- Worked with multi-agencies to put the right support in place for the customer.
- Completed a duty to refer to support customer out of homelessness.
- Updated IT system to show vulnerabilities and easements required.
- Looked at additional support available, including provision/training.

##### • Outcomes the Person Hoped to Achieve from the Support

- Move customer into their own accommodation.
- The right support to help with addictions.
- Easements to help customer to prioritise next steps and know support is available.

- **Other Outcomes Achieved**

- Moving customer closer to work, although this will be a long journey.
- Customers trust.
- Wrap-around-support.

- **Learning**

- Being professional curious and how this positively impact.
- Customers don't always declare their circumstances and open up. We will continue to communicate and visually display the support available to customers.

#### 6.3.4 Agency: NWL Integrated Care Board

##### **1. Quote about the Board**

*Something that has resonated with you this year and the difference you think this has made to the citizens of Harrow*

"Joining the board near the end of the year the sense of a cohesive multi-agency approach to safeguarding adults in Harrow was immediately apparent, including strong collaboration between the SAB, SCP and Safer Harrow. It is evident that much has been done to strengthen the governance of the board in the last year. The multi-agency partners maintain this momentum and continually work towards addressing safeguarding concerns and preventing the residents of Harrow from experiencing abuse or neglect."

##### **2. Three words describing the Board**

- A. Proactive
- B. Evolving
- C. Collaborative
- D. Reinvigorated

##### **3. Making Safeguarding Personal Case Study**

The Making Safeguarding Personal (MSP) programme emphasises that safeguarding adults should be person centred, and outcomes focused.

This is supported by the MSP framework which provides a means of promoting and measuring practice that supports outcomes focus and person led approach to safeguarding.

##### **How has DWP supported effective engagement and safeguarding?**

- DWP financially supports millions of people financially across the UK, but it does not have a social care function and therefore has limited insight into customer

circumstances and no legislative duty under the Care Act. Our comments will be general rather than on individual cases due to the nature of the questions asked.

- Where DWP staff do have concerns like those described under S.42 of the Care Act, they will engage with benefit claimants or their representatives and, where appropriate, direct or refer them to agencies – including local authorities, social services, and the police – who can investigate those concerns.
- DWP colleagues are trained to support our most vulnerable customers and have access to a wide range of guidance and signposting to support them. Where further specialist help is required, DWP has a national network of 37 Advanced Customer Support Senior Leaders who can provide additional advice and support through the local networks they have built with external partners and organisations.
- Where a claimant or a child faces clear and significant risks to their welfare or safety DWP explicitly empowers its staff to proactively disclose information to the relevant body without the claimant providing explicit consent and to take any reasonable steps felt necessary to address those risks. It expects that staff will take action to volunteer to disclose information without any undue delay.

### **Support for DWP agents**

- All DWP agents across all benefit lines have access to the intranet-based District Provision Tool (DPT) which is a directory of provision and support available to all agents to use to support customers. The DPT is split into sections for each local authority area and has specific sections for crisis and welfare support and complex needs. This enables agents to signpost customers to the right support organisation or agency for issues. The DPT also contains links and information on how/where to complete a safeguarding referral for each local authority.
- DWP recognises the barriers that vulnerable people face getting back into work and accessing welfare support. Strengthening the existing DWP offer, in line with the priorities identified through the government's Mission work.
- DWP continues to look for opportunities to upskill colleagues to provide support for vulnerable customers, examples include:
- DWP is investing in developing the front-line skills of staff to support diverse customer groups. This includes routeway training for front-line colleagues.



- Resources are available to support customer engagement including guidance on customer accessibility including reasonable adjustments colleagues can make to support customers, particularly in Job Centres.
- The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 (this is a valuable addition to ensure our health care assessors understand more about our disabled and vulnerable customers.
- DWP are currently rolling out The Customer Additional Needs (CAN) Framework across the Jobcentre Plus network. This includes a refresh of Single Points of Contact for a variety of circumstances. The CAN supports districts in taking a place-based approach to developing customer support via joined up working and collaboration with local partners.

### **DWP Strategy - Trauma Informed Approach**

- The DWP is continuously working on ways to support vulnerable customers, including raising awareness around domestic abuse, we are committed to fostering a compassionate and supportive environment for all.
- As part of this dedication, the DWP is committed to becoming a more Trauma Informed organisation to understand and respond to the needs of individuals who have experienced adversity and trauma. We have a dedicated programme which will integrate the six pillars of the Trauma Informed Approach which are safety, trustworthiness, choice, empowerment, collaboration, and cultural consideration (Office for Health improvements and Disparities, December 2022).
- Our programme looks at these six pillars within the contexts of application to our colleagues, our customers, our culture, and the context of the interaction – whether that is physical, telephony, digital or postal interaction.