



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Tony Burles
Councillor Reeta Chamdal
Councillor Alan Chapman
Councillor June Nelson (Opposition Lead)
Councillor Barry Nelson-West

Date: WEDNESDAY, 12
OCTOBER 2022

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

**Meeting
Details:** Members of the Public and
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this meeting

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Terms of Reference

Health & Social Care Select Committee

To undertake the overview and scrutiny role in relation to the following Cabinet Member portfolio(s) and service areas:

Cabinet Member Portfolios	<ul style="list-style-type: none">• Cabinet Member for Health & Social Care
Relevant service areas	<ol style="list-style-type: none">1. Adult Social Work2. Adult Safeguarding3. Provider & Commissioned Care4. Public Health5. Health integration / Voluntary Sector

Statutory Health Scrutiny

This Committee will also undertake the powers of health scrutiny conferred by the Local Authority

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

- Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.
- Respond to any relevant NHS consultations.

Duty of partners to attend and provide information

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information. Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.

Cross-cutting topics

This Committee will also act as lead select committee on the monitoring and review of the following cross-cutting topics:

- Domestic Abuse services and support

Agenda

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HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2021-2022

Committee name	Health and Social Care Select Committee
Officer reporting	Bukky Junaid - Interim Head of Service Safeguarding Adults
Papers with report	Hillingdon Safeguarding Partnership Annual Report 2021-2022
Ward	All

HEADLINES

- The Safeguarding Annual Report summarises the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents: adults with support and care needs and vulnerable children and their families.
- The report provides reassurance that the actions taken across the local partnership to prevent abuse, neglect and self-neglect have been effective in the year 2021-2022 and that the Council has discharged its statutory duties to ensure that it learns from serious incidents and provides strategic leadership for safeguarding.
- The joint approach to safeguarding children and adults has been reinforced by the implementation of shared chairing arrangements across the three strategic Boards. The Executive Leadership Group has been led by the Borough Commander of the Metropolitan Police Service, the Children's Partnership by the Director of Safeguarding, Partnership and Quality Assurance for the Local Authority, and the Adults' Board by the Chief Nurse of North West London ICB (Integrated Care Board). This highlights our meaningful commitment to shared and equal responsibility for safeguarding adults and children.
- The Partnership has responded effectively to safeguard residents during a challenging year that began with public health restrictions still in place due to the pandemic.
- The pandemic impacted on all Hillingdon's residents' resilience and, in many cases, on their economic independence. This has led to an increased dependence on the services available, including the availability of skilled workforce from both the social care and health perspective meaning there have been significant challenges in maintaining the quality of care available.
- Our Partnership focused through the year on fostering a culture of empowerment, independence and early intervention for residents of Hillingdon, encouraging children, families, adults and their carers to address difficulties before they become entrenched, and to do so in a way that promotes independence, resilience, choice and control that minimises dependency.
- The Partnership has maintained effective working arrangements and relationships that facilitate a nuanced, and dynamic response to changing local, national, and international contexts. This has included the need to support and safeguard increasing numbers of asylum-seeking children, adults and families and those seeking refuge from conflict in Ukraine.
- The report evidences a continued focus on the importance of learning and development work for frontline professionals, with the successful implementation of a scaffolded approach to professional development. This includes the publication of briefings, newsletters and the implementation of webinars to inform, support and develop practice.
- Please note that the report references the Integrated Care Board (ICB) as Clinical Commissioning Group (NWL CCG), as this relates to last financial year's report (this report

covers the period up to 31 March 2022) but has since been replaced by Integrated Care Board (ICB) since April 2022.

RECOMMENDATIONS

That the Health and Social Care Select Committee:

- 1. is reassured that the partnership continues to provide leadership and scrutiny of the safeguarding arrangements for Hillingdon residents;**
- 2. is updated regarding the way in which the partnership has responded to the challenges posed by changing local, national and international contexts; and**
- 3. is informed of the strategic priorities for safeguarding for 2022-23.**

SUPPORTING INFORMATION

1. In September 2019, the Hillingdon Safeguarding Partnership arrangements were launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. The local authority now shares equal responsibility with its statutory partners (the NHS Hillingdon Clinical Commissioning Group and Metropolitan Police) to safeguard children and young people.
2. The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Boards' strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions.
3. In promoting this joint approach, both boards are now scrutinised and held to account through the multiagency Executive Leadership Group. The group is chaired by the local authority's Chief Executive and attended by the senior representatives of the safeguarding partners (Police and Clinical Commissioning Group).

PERFORMANCE DATA

The Safeguarding Adults Board monitors several Key Performance Indicators (KPIs) provided by the participating agencies. Some examples of the items monitored and analysed are: the number of contacts received by Social Care; Section 42 enquiries and their outcomes; source of contact; MERLINS received from Police and the types of abuse referred; advocacy activity; etc. This data set provides the Board, on a regular basis, with a picture of safeguarding activity in the Borough and highlights any trends and areas of focus.

RESIDENT BENEFIT

Hillingdon adults with care and support needs, vulnerable children and their families and carers remain safe and the safeguarding partnership continues to respond effectively and efficiently to the needs of residents.

FINANCIAL IMPLICATIONS

None at this stage.

LEGAL IMPLICATIONS

None at this stage.

BACKGROUND PAPERS

- The Care and Support Statutory Guidance, Department of Health and Social Care, October 2018, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Care Act 2014 – see Sections 42, 43, 44, 68 and Schedule 2 which focus on safeguarding adults, <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Pan London Safeguarding Adults Procedures, <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>
- LBH Safeguarding Adults Board Website, <https://hillingdonsab.org.uk/>
- ADASS DoLS Guidance, <https://www.adass.org.uk/deprivation-of-liberty-safeguards-guidance/>
- Mental Capacity Act 2005 – see Schedule A1 for DoLS, <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- DoLS Code of Practice, <https://www.cqc.org.uk/sites/default/files/Deprivation%20of%20liberty%20safeguards%20code%20of%20practice.pdf>

APPENDICES

Hillingdon Safeguarding Partnership Annual Report 2021-2022

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Hillingdon Safeguarding Partnership Annual Report 2021-2022



**Hillingdon Safeguarding
Partnership**



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1 Impact Statement

Hillingdon Safeguarding Partnership has continued to drive innovative, responsive and considered safeguarding practice for children, adults, their families and carers. The network of subgroups and ongoing commitment and engagement of partner agencies enables the Safeguarding Children Partnership Board and Safeguarding Adults Board to raise awareness of abuse and neglect, to promote good practice and to ensure that we meet our statutory duties to learn from serious incidents. The complexity of safeguarding necessitates that all agencies work together effectively, including coordinating approaches and interventions and, where required, constructive challenge.

This year has seen significant changes internationally, nationally and locally. At the start of the year the country remained under public health restrictions due to the COVID pandemic. As restrictions eased, we have seen an increase in safeguarding activity as 'hidden harms' came to light. This resulted in an increase in demand on the statutory safeguarding services and on all agencies. The pandemic had impacted on all Hillingdon's residents' resilience and in many cases on their economic independence. This has led to an increased dependence on the services available, including the availability of skilled workforce from both the social care and health perspective meaning there have been significant challenges in maintaining the quality of care available. Our Partnership focused through the year on fostering a culture of empowerment, independence, and early intervention for residents of Hillingdon, encouraging children, families, adults and their carers to address difficulties before they become entrenched, and to do so in a way that promotes independence, resilience, choice and control that minimises dependency. This continued and built on the work completed by Public Health looking at areas of health engagement in the borough but also focussed on models for strengthening resilience of families, for instance through the implementation of multiagency initiatives like Stronger Families and locality teams.

The Safeguarding partnership cannot and should not work in isolation and the same principle as described above informs the work we undertake with other strategic Boards, ensuring coherence of services offered and a joined-up approach to preventative work and supporting residents towards self-sufficiency and independence. Key members of the Safeguarding Partnership Boards attend the Health and Wellbeing Board, the Domestic Abuse Steering

Executive, the Youth Justice Partnership Board, Safer Hillingdon Partnership, and the Mental Health Transformation Board and are key to coordinating priorities. The network of subgroups reporting into the Safeguarding boards is structured according to the need of the subject, for example our work around contextual safeguarding looks very different to the work around self-neglect. However, all subgroups share the same underpinning framework of identification, prevention, and response. This joint approach ensures that we are consistently focussed across the partnership on learning from evidence, intervening early and reducing the risk and escalation of harm.

Where there have been serious incidents these have been systematically reviewed and areas of learning identified. Learning was distributed in the partnership via briefings, webinars, and publication on website. Partners have provided assurance about the dissemination of this learning within their respective organisations and feedback from frontline practitioners highlights the usefulness of learning to practice. Where required, we have also introduced new policies and updated procedures to support better working together. For example, the Escalation: Resolving Professional Differences Policy provides a framework for the timely resolution of differences between agencies and enables focus on safeguarding children and adults.

Our awareness raising activities are reaching a wider audience of professionals and the community. We have led focused awareness campaigns for Safeguarding Adults Week, and around Child Exploitation. The Partnership Newsletter provides a regular summary of key information, new initiatives and learning and promotes continuous professional development. We have developed a Communication and Engagement Strategy that sets out how we ensure that the views of those with lived experience are central to strategic safeguarding and added new community sections to our websites that celebrate the diverse population of Hillingdon.

'Social services have helped me along the journey, and I cannot stress this enough how important it is to have people who you can rely on and trust with the up and downs that life gives you.'

'The support is good, I appreciate everything you have done for me it's a lot, always pushing me and on the ball, you are harder on me to get things done and keep me on my feet and I like that.'

'I could not thank you enough for all you have done for me and keep doing, so 'tea' is absolutely nothing compared to your support and what you have done for me for years and continue doing for me. I wish there was more I could do to thank you.'

'Feedback through advocacy: She reports that she is happy and feels safe and wants to continue living in her current placement.'

'Being in care has had a really positive impact and helped me reached my goals. It wasn't always easy to try and cope with the massive change. Like everyone I was trying to figure out my life however being considered as a vulnerable young person it can make it more difficult to try to fit in. I wasn't always this confident to be able to talk in front of many bright students, but as we tell kids or teenagers it all passes and you grow into those insecurities and you will laugh at them later.'

2 Hillingdon Safeguarding Partnership: Safeguarding Arrangements

This report provides an overview of the activity of Hillingdon's Safeguarding Children Partnership and Safeguarding Adults Board. The report seeks to provide assurance around the effectiveness of our local safeguarding arrangements, and to evidence the impact of these arrangements in ensuring the safety of Hillingdon residents irrespective of age.

The vision of the Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive. The three statutory partners work alongside other relevant agencies in achieving this goal.

The Safeguarding Adult arrangements set out how the Safeguarding Adult Board will discharge the council's duty to work collaboratively to optimise the safety, wellbeing, and quality of life of adults with care and support needs, their carers and families. In order to achieve this the Board must raise awareness, minimise the risk of abuse, neglect or self-neglect occurring, and ensure our response is timely, proportionate, effective, and underpinned by the key principles of safeguarding adults when it does occur. The Safeguarding Adult Board's vision is for Hillingdon citizens, irrespective of age, race, gender, culture, religion, disability or sexual orientation to be able to live with their rights protected, in safety, free from abuse and the fear of abuse.

To ensure the success of the shared arrangements we have a joint Executive Leadership Group (ELG) that provides governance, leadership, oversight and challenge to both Boards. The ELG consists of the Local Authority's Chief Executive, the Chief Nurse of Hillingdon NHS Clinical Commissioning Group and the Metropolitan Police Service Borough Commander. This group has joint and equal responsibility for safeguarding in Hillingdon. Each partner is subject to internal scrutiny in accordance with their internal governance structures. In addition to this, the ELG has commissioned independent scrutiny of the Hillingdon Safeguarding Partnership arrangements for both children and adults to provide independent critical challenge and appraisal that will support future developments.

The main engine of the safeguarding arrangements for children is the Safeguarding Children Partnership Board and, for adults, the Safeguarding Adults Board. The Boards have oversight of safeguarding practice and performance, resolving issues as they arise. Where this is not possible, the issue will be escalated to the relevant organisation(s) via the Implementation Unit and if the individual organisation(s) still cannot resolve the matter, it is escalated to the Executive Leadership Group to resolve.

To reflect the vision of joint and equal responsibility the Boards are chaired on a yearly rotating basis by a representative of the three statutory partners. In the third year of the arrangements the Executive Leadership Group has been chaired by a representative of the Metropolitan Police Service, the Children's Partnership Board by a representative of the Local Authority, and Safeguarding Adults Board by the Clinical Commissioning Group. The Boards steer learning and development for the safeguarding environment across the London Borough of Hillingdon, and are informed by subgroups, as well as task and finish groups, as required.

The Safeguarding Partnership Implementation Unit provides support and drive to both the Adult and Children's Partnerships. The unit consists of a Quality and Implementation Manager, a Project Support Officer and three Advanced Social Work Practitioners. A key focus of the team is to facilitate, develop and reinforce links between the Safeguarding Children Partnership and The Safeguarding Adults Board. The team also seeks to develop links and coordinate activity and delivery with the other strategic boards across the council and in the Pan-London Safeguarding context.

3 Progress against Safeguarding Priorities

Over the year 2021-2022 Hillingdon Safeguarding Partnership has focussed work on the key priority areas agreed by the Safeguarding Children Partnership Board and Safeguarding Adult Board. In consequence of the continued challenge posed by the pandemic, and significant global events, there has continued to be a need for flexible and responsive service change to meet the demands placed on key partners.

Throughout the pandemic agencies have been alert to the impact of isolation on children, families, adults, and their carers. Awareness raising activity has been undertaken in recognition of the increased risk of abuse and neglect on children, and the impact of isolation on mental health and domestic abuse. Parallel working with other strategic groups including the Community Safety Partnership and Health and Wellbeing Board has further supported the effective coordination of safeguarding across a wide range of services and need.

To reflect our ethos of shared and equal responsibility for safeguarding the children's subgroups are chaired by a diverse range of partner agencies, with support provided by the implementation unit. This approach carries the additional benefit of ensuring that each subgroup is chaired by a strategic safeguarding lead with the most applicable professional expertise. Subgroups are well attended across all aspects of partnership work, statutory partners are represented in all, with relevant agencies attending according to the focus of the subgroup. It is recognised that there is an opportunity for more diverse chairing arrangements for the subgroups focussed on safeguarding adults.

Safeguarding Children Partnership Priorities:

- Contextual Safeguarding
- Child Sexual Abuse
- Stronger Families

Safeguarding Adults Board Priorities:

- Mental Health and Safeguarding
- Making Safeguarding Personal
- Self-Neglect

Shared Priorities

- Domestic Abuse
- Joint Strategic Safeguarding and Trafficking
- Practice Development

In the last year the following subgroups have concluded workstreams:

- Safeguarding Children with Complex Needs and Disabilities
- Child Neglect
- Financial and Material Abuse

3.1 Safeguarding Children Partnership Priorities

In the last year two child focussed subgroups have concluded with all identified goals achieved. The Safeguarding Children with Complex needs and Disabilities Subgroup undertook a comprehensive multiagency audit of practice, with contributions from all key agencies. The audit considered four areas of practice: the voice of the child, multiagency working, safeguarding practice, overall support and protection. The audit evidenced good practice in understanding the lived experience of children, and in the effectiveness of safeguarding, with no previously unidentified safeguarding concerns found. The learning from the audit was incorporated into multiagency practice guidance.

The Neglect Subgroup concluded all areas of the agreed plan, undertaking an audit to benchmark existing practice, and coordinating the development and delivery of resources and training to develop safeguarding work in this area. Graded Care Profile training was delivered to over 100 participants across the partnership. A successful application to be part of the NSPCC pilot of GCP2 Antenatal training was made but did not progress due to the need to prioritise frontline services considering the pandemic. The final product of the subgroup was the development of the Safeguarding Partnership Neglect Strategy 2021-24, this sets out the strategic plan to support and protect children and their families through the early recognition of and response to indicators of neglect.

The Strategic High-Risk Panel is co-chaired by the Metropolitan Police and Children's Social Care. It is mandated to develop a collaborative strategic response to children at risk of contextual risk factors outside of the family home. The overarching objectives are to prevent, intervene and disrupt child exploitation. The panel collates and scrutinises information from a variety of sources and partners to identify trends and themes. This facilitates multiagency solution-focussed discussions to determine the best way to strategically address the identified needs and priorities. The Panel have produced a Serious Youth Violence briefing in response to improving safeguarding practice and responding to victims of exploitation. The contextual safeguarding approach was successfully launched through delivering workshops to raise awareness. This included a webinar for statutory, community and third sector organisations which focussed on the Local Authorities early response to contextual safeguarding. A multi-agency review regarding the early identification of children at risk of extra-familiar harm is currently underway. The Panel is also assisting partners in education and health services with the final refinement of a toolkit to support schools to identify indicators of unmet health needs, access support for children, and reduce the risk of permanent exclusion.

In August 2021 the Local Authority launched the Stronger Families approach to early help services in Hillingdon. This is a locality-based approach with three hubs, each developing networks to support children and families in the local community. The Stronger Families subgroup led on the provision of webinars to inform practitioners of the changes, and the introduction of the Stronger Families Portal as the route to access support and protection services for children in Hillingdon. Targeted webinars were provided to GPs and Schools. The Subgroup has continued to provide scrutiny and strategic vision for the approach, enabling direct feedback from partners to identify and address any implementation issues, and to share information and updates about the progression of services. The subgroup is undertaking a multiagency review of the service highlighting strengths and opportunities for further development. As with any significant system change there were some teething difficulties in the early stages, however partners report that the referral system is now embedded.

The Children Sexual Abuse subgroup formed in December 2021. The remit is to raise awareness of child sexual abuse in the community and across the partnership, develop

strategies to improve practitioner capacity to identify sexual abuse through increased knowledge and confidence; and improve the partnership response where a child sexual abuse concern is identified. The subgroup is chaired by a Head Teacher from a local school and includes consideration of all forms of child sexual abuse including in the family environment, peer on peer, and online. The subgroup considers issues of equality and diversity, including the additional risks and vulnerabilities faced by children with disabilities. The subgroup is informed through the application of learning and recommendations within relevant reviews, inspection reports and knowledge of best practice and local serviced needs. The subgroup is currently working with The Centre of Expertise on Child Sexual Abuse to develop and pilot a safety planning resource that can be used in schools, residential settings and community centres to guide safeguarding practice and decision making when an incident of harmful sexual behaviour occurs involving peers. The response to the child sexual abuse training and briefing has supported practitioners across the partnership to respond effectively to CSA and understand the local services available for children and families.

3.2 Safeguarding Adults Priorities

The Making Safeguarding Personal (MSP) subgroup has completed a qualitative audit of the lived experience of adults at risk and identified a range of good practice and positive outcomes for some adults. In addition, the audit identified opportunities for development of local practice around partnership working, use of statutory advocacy, and relationship building with adults at risk. An executive summary has been shared via the partnership newsletter and webinar is being delivered to disseminate the audit findings and promote an understanding of how to apply MSP in practice. Partners are also working on improving take up of statutory advocacy. Resources to support practitioners in identifying and responding appropriately to criminal allegations are being developed in order to achieve more positive outcomes for adults at risk. To support the meaningful involvement of adults at risk in safeguarding enquiries the group has also produced guidance to support best practice in working with interpreters.

Mental Health and Safeguarding – The subgroup has been meeting quarterly with wide representation across the local network to address a range of issues that have arisen from

relevant local serious cases. The group has identified a range of structural issues affecting adults with mental health problems and has escalated these issues to the Mental Health Transformation Board. The group has worked to ensure learning from local serious cases is woven into reviews of local policies and standard operating procedures of relevant services locally. There is a resource guide in development to support practitioners identify appropriate pathways, within the new Community Mental Health Framework, to identify and address safeguarding concerns. A webinar was commissioned to address the particular complexities around safeguarding adults with mental health needs. This was well attended and is available in recorded format for others to watch.

The Financial and Material Abuse subgroup concluded in December 2021. The subgroup developed and worked through a comprehensive plan to raise awareness of issues, prevent financial or material abuse from taking place where possible, develop a framework for individuals to seek support, and to ensure that services respond appropriately where abuse is taking place. Resources have been developed and shared within the subgroup and together with information about local pathways added to the SAB website.

Self-Neglect – this is a reoccurring theme in Safeguarding Adult Reviews and has been made a priority of the Hillingdon SAB. The Self-Neglect subgroup is mandated to raise awareness of self-neglect in the community and across the partnership, develop strategies to improve practitioner capacity to identify self-neglect through increased knowledge and confidence; and improve the partnership response where a concern is identified. This is being progressed through a detailed action plan.

3.3 Shared Priorities

The Domestic Abuse Subgroup reports to the Domestic Abuse Steering Executive in addition to the Safeguarding Adults Board and Safeguarding Children Partnership. The development of a shared subgroup has enabled consistency of vision and action across all three strategic Boards. The purpose of the subgroup is to ensure the effective integration of services and support provided to children, and to adults with care and support needs. To this end the membership crosses all strands of the partnership work. In the last year the subgroup has sought assurance from all partners around the provision of training and services in relation to domestic abuse. Good practice has been shared, particularly by the Central and North West

London NHS Foundation Trust within their comprehensive and active network of Domestic Abuse Champions. The subgroup identified the need for the White Ribbon Event to include awareness raising around older adults and domestic abuse, this was well received. Specific briefings have been provided to Local Authority staff to support good practice in completing the Domestic Abuse Stalking and Harassment (DASH) tool. The subgroup has concluded an assurance process to ensure that the learning from the Domestic Homicide Review 'O' has been shared and addressed within agencies. One area where there has been limited progress is in the development of a shared dataset, the collation of compatible data that does not duplicate is proving to be a challenge.

The Joint Strategic Safeguarding and Trafficking subgroup is chaired by Border Force. The subgroup works to improve practice around the prevention, identification, and response to trafficking and safeguarding issues concerning children and adults at Heathrow Airport. Due to operational pressures within the airport this subgroup has not met regularly in the last financial year. In consequence a review of the remit and purpose of the subgroup has been held with the Chairs of the SAB and Children's Partnership and a plan made to reinvigorate this work in the coming year.

4 Learning from Practice

Learning and embedding change into practice is one of the key principles of the two partnerships. We acknowledge that learning can be gained from recognising good practice but also from those circumstances where we, as a partnership, could have responded differently to a child or adult's circumstances. Systemic learning and practice improvement is not only based on local experience but includes that which stems from regional and national research, policy and practice. This approach seeks to ensure that safeguarding practice in Hillingdon is research informed and evidence based and that our residents receive services that are of a high standard delivered by a partnership that strives to continuously improve.

A fundamental duty of both the Safeguarding Children Partnership and Safeguarding Adults Board is to review those cases that may meet the criteria for a statutory review of practice. This review process is undertaken in line with the statutory guidance set out in Working Together to Safeguard Children 2018, and the Care and Support Statutory Guidance 2014.

In the last year the Partnership has developed separate adult and child specific Learning from Practice Framework, in addition to developing tools that have refined the decision-making process for Safeguarding Adults Reviews.

4.1 Serious Cases: Children

A notification to the Child Safeguarding Practice Review Panel (the National Panel) is made when a child has suffered serious harm, and that abuse or neglect is known or suspected. For each serious incident notification, a multiagency Rapid Review is convened to bring together and consider information known about the child by all agencies involved and to identify any areas of learning. The Rapid Review is held within 15 working days of the notification, with a report detailing the circumstances of the child, the actions of involved agencies, any learning identified and a decision around Local or National Child Safeguarding Practice Review. The full information about the case, the notes of the meeting and the Rapid Review decisions are shared with the National Panel which has the function to review and scrutinise and ratify the decisions made by the Rapid Review.

In 2021-22 five Rapid Reviews were convened, these considered the circumstances of six children that had suffered serious harm. Of the five rapid reviews two were in relation to serious youth violence, one due to non-recent physical abuse, one in relation to harmful practices, and one in relation to a concealed pregnancy. Of these five reviews one met the criteria for a Local Child Safeguarding Practice Review. This is being commissioned and will report in the next fiscal year.

4.2 Serious Cases: Adults

The Hillingdon Serious Case Panel is chaired by a Metropolitan Police Detective Superintendent with responsibility for safeguarding. It has a core membership of senior representatives from key agencies, with others mandated to attend according to the specific requirement of the case. The purpose of the Panel is to review those serious cases that may meet the criteria for a Safeguarding Adult Review (SAR) as specified in the Care Act 2014.

The Serious Case Panel has considered eleven cases during 2021-22. Following consideration, a Thematic Safeguarding Adults Review was commissioned to explore practice in relation to Self-Neglect. This Review focussed upon the wider applicability of learning from the care and

support provided to two adults, both of whom had complex mental health conditions and where self-neglect contributed to their tragic deaths. The Safeguarding Adults Board also contributed to a SAR undertaken by Richmond Safeguarding Partnership. The learning from both Reviews will be disseminated to practitioners in a Safeguarding Learning Event.

4.3 Practice Development Forum

The focus of the Practice Development Forum (PDF) is to ensure that learning from any statutory or non-statutory review, local or national, is disseminated across the safeguarding partnerships as required. The Practice Development Forum also considers learning from audits and other statutory reviews. The group has a core membership across both partnerships, in recognition that learning from serious cases usually has applicability across both sectors. There are two affiliated Task & Finish groups, one for child focussed cases, and one for adults. These groups complete learning reviews, and ensure the implementation of recommendations, and progression of actions arising from Rapid Reviews and the Serious Case Panel.

During the last year the PDF has coordinated audits to understand multiagency adult safeguarding practice and the effectiveness of safeguarding arrangements for adults and children within the Channel Panel. Findings have included the need to raise awareness of the Making Safeguarding Personal agenda within agencies that are less traditionally associated with safeguarding, and to ensure that raising awareness of Prevent and risks associated with radicalisation remains a priority.

This year has also seen the development and launch of the Safeguarding Partnership Communication and Engagement Strategy. This strategy sets out how we engage with the wider community, and with children, adults, their carers and families. A new section has been added to the websites to celebrate the diversity of the Hillingdon community and highlight issues of equality and anti-discrimination. In conjunction with Healthwatch Hillingdon now has a representative on the Pan London Safeguarding Voices project, this is a broad focussed consultation and engagement group for adults with lived experience of safeguarding. Links with the existing consultation groups within the Local Authority have been strengthened; our children and young people have rewritten the relevant sections on our website, and adults with learning disabilities and autism have assisted with quality assuring easy read guidance.

For 2022-23 we have developed a Safeguarding Awareness Campaigns Calendar, this has been widely circulated and provides links to relevant resources and materials. In the last year we participated in Safeguarding Adults Week, raising awareness of a range of issues that affect adults with care and support needs, including domestic abuse. A coordinated campaign was delivered in March 2022, as part of Child Exploitation Awareness Day, with evidence of direct impact on safeguarding.

The Partnership Newsletter provides professionals with an accessible and practical overview of key practice developments, resources and learning from practice. Focussed sessions about the role of the Safeguarding Partnership and learning from serious cases have been delivered to children's social care, adult's social care, GPs, Designated Safeguarding Leads, and the voluntary sector.

A further function of the PDF is to develop and coordinate new policies and strategies as required. In 2021 the Escalation: Resolving Professional Differences policy was agreed. The purpose of the policy is to facilitate the appropriate escalation and resolution of safeguarding concerns. This policy has been used on several occasions since launch and there is demonstrable evidence of a positive impact on practice. Also launched this year was the Adult Local Authority Designated Officer policy, this provides a framework for responding to concerns about people in positions of trust, thereby promoting safe care for adults.

Learning from Practice Frameworks have been implemented to promote the continuous improvement of safeguarding practice in both adult and child services. The Task and Finish Groups have a broad remit that includes undertaking non-statutory learning reviews, progressing actions and identifying any thematic barriers to good practice. In the last year six learning reviews have been completed, these provide an opportunity to proactively analyse and reflect on practice. Safeguarding is complex work, and Hillingdon shares the same challenges to good practice that are often reported in reviews of practice. Challenges have included safeguarding children and adults who move between areas; information sharing and information seeking; capturing the lived experience of the adult or child; and dynamic risk assessments.

5 Safeguarding Training Programme

The purpose of the Safeguarding Partnership training programme is to ensure that practitioners have the most relevant and up to date opportunities for ongoing professional development. Over the last year we have broadened the range and reach of safeguarding training, generating interest and attracting delegates from local universities, and the military safeguarding services.

Generic:

- Initial Working Together to Safeguard Children (and Refresher)
- Adult Safeguarding
- Core Groups and Child Protection Plans
- Trauma Informed Practice

Lived Experience:

- True Honour: Female Genital Mutilation
- True Honour: Modern Slavery
- True Honour: Forced Marriage
- Walking in Our Shoes Training

Priority Areas:

- Domestic Abuse: Awareness and Impact on Children and Young People
- Domestic Abuse: Intimate Partner Violence
- Child Sexual Exploitation: Boys and Young Men
- Traffic Light Tool: Harmful Sexual Behaviour
- Preparing for Mandatory Relationship and Sex Education
- Sex Pressures and social media
- Recognising and Working with Child Neglect
- Graded Care Profile
- Responding to Child Sexual Abuse concerns
- Self-Neglect and Hoarding
- Safeguarding Disabled Children

In response to feedback around improved accessibility training has continued to be delivered remotely for most sessions. Training delivered by young people is completed face-to-face. In the last year 1191 professionals attended formal training. It is acknowledged that online training is not the preference for all delegates, however it does meet the needs of the majority in terms of ease of access.

The effectiveness and content of training has continued to be subject to ongoing analysis and review. In analysis of training attendance was completed, with changes made to the frequency of courses that were not well used. This allowed for the diversification of the training offer to meet identified gaps. In the last year the Safeguarding Partnership has commissioned additional training to address learning from serious cases, and from audits. Three new courses were commissioned: Self-Neglect and Hoarding, Responding to Child Sexual Abuse and Safeguarding Disabled Children.

In recognition of the pressures faced by frontline practitioners the Safeguarding Partnership has also implemented a programme of webinars. These are short, focussed briefings, lasting around 90 minutes and focus on a specific area of practice. The webinar approach was trialled in 2021 and has been extended into the next financial year.

Training Impact:

- 100% of delegates rated their understanding of the topic after training as very good to excellent
- 99.7% rated the quality of the training as very good to excellent
- 99.6% of delegates agreed or strongly agreed that they could apply learning from the training to their practice area
- 99.6% of delegates reported that their confidence in the subject area was improved

Sample of Qualitative Feedback – How do you think the training will help in your role?

Health Visitor: *'Helping to guide my observations when looking for signs of neglect'*

Head Teacher: *'Will give me confidence to lead in this area and to be able to signpost others. It will help me provide my students with a safer environment and spotting signs earlier'*

Social Worker: *'In my role I am likely to come across children who have been sexually abused. The training will help me be more confident to follow up on signs and to respond appropriately to any disclosure if this should happen.'*

Nursery Manager: *'I will be more confident in being able to spot signs of abuse or neglect. I know the correct way to record notes and how to ensure I don't ask leading questions, and the process of what to do if a disclosure is made.'*

Social Worker: *'We deal with a lot of clients that self-neglect and of course hoarding as well so it has given me more information and pathways to use to support our clients in the community'*

School Nurse: *'I understand and feel equipped to be able to support children and young people I see if any safeguarding concerns'*

Community Nurse: *'It helps me to remember my important role in (adult) safeguarding'*

6 London Borough of Hillingdon – Children's Services

Contextual Safeguarding

In Hillingdon we are committed to promoting an approach that considers and tackles a range of environments and people that children encounter outside of the family home, environments in which they may experience risk, abuse and exploitation. We aim to work in partnership with families, professionals and communities to create a safer environment for our children within these external contexts.

We work towards this ambition during the year in both statutory services (Adolescents Team, Youth Justice, etc) and in the preventative ones. One of our colleagues in the Youth Justice service was supported to become a local Contextual Safeguarding Champion as part of the Contextual Safeguarding Network and join a network of champions across the country to support and develop the application of this approach in practice. In addition to this, the role provides access to research.

Hillingdon Youth Justice Service was inspected by Her Majesty's Inspectorate of Probation (HMIP) in September 2021. The inspection rated the delivery of partnerships and services as outstanding and noted the innovative, relational based interventions delivered. The overall

rating was requires improvement. The Youth Justice Service and Management Board continue to work with partners at a local and national level including the Youth Justice Board to support the development and delivery of high-quality services to children in Hillingdon. The final inspection was considered at the Hillingdon Youth Justice Strategic Partnership Board and informed the Youth Justice Board annual plan for 22/23.

The number of new Child Protection (CP) plans in the service increased in the second quarter of the year after the Covid restrictions have been lifted. At the end of the year there were 290 active CP plans compared to 270 the year before. The work we are doing with adolescents through the Adolescents Team, and wider in the service, continues to have a positive impact and in recognising the impact on safeguarding by factors that are external to the family home, very few of our adolescents are subject to CP plans as this is often not the most effective way to safeguard against contextual risk factors.

Operational and Strategic High-Risk panels have the function of disrupting and preventing all forms of child exploitation and harm through coordinating information sharing and multi-agency intervention, understand locations of concern, the context, identify persons of concern as well as develop plans across the Partnership to address these issues (Bigger Picture approach). The two panels have replaced MACE in Hillingdon since 2018, and they continued to provide a comprehensive multiagency approach and mechanism to tackling issues of extra-familial harm/abuse (county lines, child criminal exploitation, child sexual exploitation, serious youth violence and trafficking).

The process of conducting the RHI (Return Home Interview) has been in place since April 2020 and no longer relies on an externally commissioned organisation to undertake the interviews with the young person able to choose to have the interview with their allocated worker or an independent person. It is testimony to the impact of our relationship-based practice that most of the children who accept their RHI are choosing to have them with their allocated worker. All feedback from the RHI is considered in supervision between social worker and manager, feeds into LAC reviews and is analysed via Axis to improve individual and overall service delivery for vulnerable young people.

The Axis service is now an established service with Hillingdon both in the council and with safeguarding partners. The service continues to develop a live database and to map data that

informs local partnership activities focussed on prevention, intervention, and disruption in areas of CSE, SYV, PWIT, Missing and exploitation.

In promoting an early intervention approach to contextual safeguarding, Hillingdon has outlined implementing awareness raising and training activities through three distinct phases:

1. The 4 domains of the contextual safeguarding strategy (target the contexts of abuse)
2. Values underpinning the approach
3. Build on activities to create and sustain safe spaces

The focus of the activity to date has been centred on the first distinct phase of the approach which is to raise awareness of Contextual Safeguarding - target the contexts. There have been 4 information workshops with delivery completed to two DSL Cluster Groups, Community Hate Crime Upstanders (HCU's) and Stronger Families Hub (MASH and Early Help). The purpose of the information workshops has been to raise awareness of Contextual Safeguarding and to support the understanding of community safeguarding. Post workshop evaluation has supported the need for increased awareness raising across all disciplines, particularly in terms of the signs and indicators of Contextual Safeguarding.

Alongside the above, a community awareness raising exercise across key geographical areas was undertaken in Hayes and West Drayton. The community awareness raising exercise included contact with local mosques, local businesses; coffee shops, restaurants, newsagents, phone shops, Hayes and Harlington train station and the YMCA, to name a few. This engagement was supported by a learning video, posters and discussion. Initial feedback and evaluation were positive and has already led to an increase in contact and communication with the Anti-Social Behaviour Team further to reports from these businesses. Similar sessions are planned for the next year alongside reviewing and finalising Hillingdon's Contextual Safeguarding Strategy.

Stronger Families

During the year, in Children's Services we implemented Stronger Families, our Early Help offer in Hillingdon. The new Stronger Families Service ensures we focus our resources on keeping families together – via the Stronger Families Hub, the 24 hour Triage, the locality based key

working teams plus our holistic and integrated partnership working across all services working with children and families

There is now one pathway to access help for any child or young person with an additional need and that is through the Stronger Families Hub and portal, via the completion of an Early Help Assessment which also serves as the referral form. The Portal ensures partners are enabled to co-produce family friendly early help assessments alongside parents and carers whilst serving the dual purpose of identifying children with additional needs requiring targeted support and facilitating a referral for statutory support and protection services for children with complex needs and children who may be at risk.

The 24-hour triage team ensures that the referral goes to the 'right person at the right time to lead the right intervention for the child or young person and their family'. The latest data shows that in the first 10 months the Hub has received over 19,000 contacts with more than 8,500 of them being submitted via the new online referral portal. The Hub initiated intervention and support for over 1400 families through Stronger Families.

Early intervention and diversion activities with children through AXIS and the Mobile and Detached Youth Work Team have prevented young people escalating to more serious, violent offences. The project continues to grow and provide robust analysis of information that enables the swift identification of young people at risk of Child Criminal Exploitation (CCE). This led to number of first-time entrants into the Youth Justice to be 114 which is substantially lower than both the London (203) and National (156) figures. There have been no custodial sentences in the last half of the year and the total number in the year has halved compared to 2020/21. The continued reduction in the use of custody is positive, representing robust sentencing alternatives combined with high quality reports which identify the diverse needs of children.

The Stronger Families Partnership Group exists as a subgroup of the broader Safeguarding Partnership Board. The Head of Service for Early Help, Prevention and Permanence co-chairs the bimonthly meeting with the Assistant Director for Safeguarding, North West London (NWL) Clinical Commissioning Group (CCG) who is also the Designated Nurse, Safeguarding Children and Looked After Children/Care Leavers. The group includes a comprehensive

multiagency representation and serves as a mechanism to hear any operational issues as well as drive the Stronger Families Strategy and action plan.

Neglect

We recognise at Children's Services level and at Safeguarding Partnership level the impact of the neglect in the life of our children, and we know that Neglect continues to be the main Abuse Category in our Child Protection Plans. In order to support practitioners in identifying and addressing neglect, we have invested in a new round of training in NSPCC's Graded Care Profile 2. In recognising the impact and the prevalence of Neglect we trained additional colleagues during this financial year to increase the use of the tool and to support new colleagues joining the service.

We signed up to the new Neglect Strategy developed through the Safeguarding Partnership and the implementation and impact will be reviewed at in the second half of the next year through a targeted audit exercise.

Safeguarding Children with Complex Needs and Disabilities

Children with disabilities (CWD) receive services from a dedicated team within Children's Social Care. This is a specialist long term service, supporting children with most severe and complex needs; although majority of the children are supported under a Child In Need plan, social workers in the team also carry out all other statutory children social work tasks and interventions under Child Protection, Public Law Outline, Care Proceedings and Looked After Children's procedures thus ensuring that the children who required the specialised support of the team continue to receive them from professionals they know and trust.

Children's transition to Adult Social Care is managed through a Transition Panel, chaired by Head of Service for Court, CWD and Specialist Assessment.

Our Personal Budgets Policy has been finalised and forms part of our Local Offer for Children with Disabilities. It provides self-directed support that is aimed at giving families more choice, flexibility and independence. We are also working on establishing a centrally coordinated pool of Direct Payment carers that can be accessible to families alongside a new online system that will serve as a single point of information for service provision to children with disabilities and additional needs.

Domestic Abuse and Safeguarding

Project Encompass has continued and despite the pandemic there has been an increase in the number of schools who signed up from 53 the previous year to more than 90. DA Training for schools has also continued online during the pandemic and the feedback continues to remain very positive and it is now being provided face to face again to ensure the schools recognise signs of DA and know how to respond and where to ask for more information.

IDVA service remains a high performing service that addresses all referrals received within 24 hours. In recognition of the impact of the Covid pandemic, especially on the complexity of needs presented, an extra IDVA was recruited to response to the demand. We are progressing with the plans to consolidate the response to Domestic Abuse and looking at combining the IDVA provision with the Domestic Abuse floating support which will provide a more flexible and comprehensive response to victims of abuse.

Joint Strategic Safeguarding and Trafficking

Hillingdon continued to be dedicated to meeting the needs of those seeking asylum in the borough. During the pandemic period we advocated for children traveling into the UK via Heathrow who were required to isolate in quarantine hotels. Hillingdon were one of the first Local Authorities to advocate for the needs of our children and to be clear that children should not isolate in hotels on their own. This led to a national change in practice and policy. Later in the year we were at the forefront of the collaborative response to the Afghan Relocations and Assistance Policy to help ensure the safe passage of over 5500 evacuees including families and unaccompanied children as part of the Operation Warm Welcome.

We have supported, and we continue to support, a large number of asylum-seeking families and children who reside in local contingency hotels. The Home Office use of local hotels to house people seeking asylum has led to many guests in Hillingdon hotels. This, in turn, led to a significant increase in the number of unaccompanied asylum-seeking children (from 23% of the LAC population to 34% of lac population when the national average is 6%).

This year has seen Heathrow airport reopening and the number of young people arriving through the airport has increased compared with the pandemic years. We retained effective and well-established working relationship with colleagues in UK Border Force to tackle and

address issues of trafficking and exploitation and to ensure that children arriving in the country receive prompt and proportionate support.

We work in partnership with other first responders as part of Operation Limelight this is a joint operation with Police and UK Border Force that has the clear aim of raising awareness of Female Genital Mutilation. We also lead a pan London project to increase awareness of FGM and to enable all professionals to recognise the signs and impact and to respond in an appropriate way to cases of FGM and those instances where FGM is a risk.

Child Sexual Abuse

In recognition of the harm caused to children and young people through all forms of child sexual abuse we have committed to work proactively with partners in the related subgroup. Over the next year we will provide training for professionals in the AIM3 assessment tool, this is a specialist assessment that enables the development of evidence based and research informed safety and intervention plans.

7 London Borough of Hillingdon Adult's Services

There has been a significant increase in the number of Safeguarding Adult referrals, including Police Merlin reports sent to Adult Social Care. From April 2021 to April 2022, the number of referrals sent to Adult MASH increased by 13% (1682), considering there was an increase of 48% the previous year. The total number of safeguarding referrals that progressed to a Safeguarding enquiry decreased by 25% (from 4828 (2021) to 3594 (2022)).

Despite the increase in safeguarding referrals the number of concerns that progressed to s42 has significantly dropped because of preventative work from MASH.

There has been an increase in referrals related to Domestic Abuse, Self-Neglect, Mental Health problems, Self-Harm and Suicidal Ideation. Adult MASH activity, including a daily multiagency high-risk meeting, enabled partners to focus on risks, to minimise the risk of abuse occurring and ensure our responses to concerns were timely, robust, and effective. To support the staff during the pandemic specific guidance was shared relating to Domestic Abuse and Self-Neglect.

It is recognised that there are positive and negative aspects to using video calls and going forward this is an area of practice we will retain as an option as it facilitates collaboration and enabled participants to convene quickly to share information and agree actions.

Our skilled and caring workforce continues to show dedication, flexibility, and resilience during the year to optimise the safety, wellbeing, and quality of life of our residents.

We continue to remind Staff to review safeguarding protection plans and we are creative and flexible in minimising the risk of abuse, neglect, and self-neglect to respond to this unique situation.

Domestic Abuse

Representatives of Adult Social Care are core members of each of the subgroups linked to SAB priorities. Responding to the harm caused through Domestic Abuse has continued to be a focussed areas of practice in the last year. The manager of the Independent Domestic Violence Advocacy Service attends the daily high-risk meetings within the Adult MASH, where appropriate to do so. We are core members of the Multi Agency Risk Assessment Conference (MARAC) and strive to raise awareness of the risks to victims with care and support needs, both in the complexity for practitioners in recognising the signs and indicators of Domestic Abuse and in the additional barriers faced by victims when seeking help, support and protection.

Making Safeguarding Personal (MSP)

Adult Social Care are the lead agency in relation to ensuring the outcome(s) the adult wishes to achieve are established/recorded and achieved (where possible). In 2021-22 83% of adults were asked what they wanted to achieve. When the individual's view was established, 95% of outcomes were either fully achieved or partially achieved. The updating of our Adult Social Care case recording system was delayed during the pandemic; however, this work is near completion and the key principles related to MSP are enhanced throughout. Work is being undertaken to increase referrals for statutory advocacy in safeguarding enquiries in the aftermath of the pandemic. The safeguarding enquiry audit tool was reviewed, and changes made in the audit schedule to improve quality assurance and use audit findings to improve

practice. A monthly Safeguarding Adult Manager forum has been introduced to promote reflective practice, peer to peer support and identify barriers to best practice.

Financial and Material Abuse

Establishing how an adult manages their finances and minimising the risk of financial or material abuse occurring in the first place will always be a key priority for Adult Social Care.

Adult Social Care have promoted the timely identification and recording of the details of Donees of Lasting Power of Attorney, and seeking evidence of this, to ensure clarity around financial management. This helps with both preventing and identifying financial abuse. The training delivered to staff around the Mental Capacity Act 2005 is being reviewed to support practitioner awareness of when to set aside the presumption of mental capacity. This will promote more timely intervention to support people in their financial decisions when they may need support to make decisions or may lack mental capacity to do so.

Mental Health & Safeguarding

Adult Social Care have developed the Approved Mental Health Professional (AMHP) workflow on the internal database to enable more efficient information sharing internally between AMHPs and the locality and specialist social work teams. This, in turn improves risk assessment and management in crisis situations, can prevent safeguarding concerns and facilitate more effective responses when concerns are identified. The AMHP workflow also includes prompts to consider adult safeguarding concerns and child safeguarding concerns to promote identification and timely response to abuse and neglect. An AMHP audit schedule has been developed to quality assure AMHP practice, including timely recognition and response to safeguarding concerns by AMHPs. This audit schedule involves direct feedback to improve practice. Safeguarding adults is a standing agenda item in the AMHP forum too so that learning from local cases and incidents can be disseminated.

Mental Health social work hospital discharge processes have been revised in response to learning from local serious cases.

The Adult Social Care led Multi-Agency Safeguarding Hub (MASH) processes have been revised to ensure that adults with mental health problems with the appearance of care and

support needs are more efficiently identified and offered care act assessments when they are referred in to MASH.

Self-Neglect

Adult Social Care has taken the chairing role in the Self-Neglect subgroup. Issues with implementing the Mental Capacity Act 2005 have been recognised and so training delivered to staff is under review, with a particular focus on how effectively it supports practitioners to identify when to set aside the presumption of capacity. The mechanisms for quality assuring mental capacity assessments are also subject to review at present.

The Adult Social Care led Multi Agency Safeguarding Hub has developed clear processes which support improved identification, assessment and risk mitigation of self-neglect concerns.

8 Hillingdon Clinical Commissioning Group (CCG)

Northwest London Clinical Commissioning Group (NWL CCG) formed as a single clinically led statutory NHS body on 1st April 2021, supporting the transition to an Integrated Care System in July 2022. The CCG's Designated Professionals for Safeguarding Children and Adults take on a strategic role across all healthcare settings within the NWL footprint. The team are responsible for providing expert advice and support to ensure robust safeguarding standards are integrated into all service provision.

Designated Professionals attend and contribute to all sub-groups, compliment multi-agency training, auditing, reviews and identify emerging themes or needs assessments to inform service improvement and practice.

Following the launch of a new referral system into Children's Social Care in August 2021, the Stronger Families Sub-Group, co-chaired by the Designated Nurse, offers an opportunity for all partner agencies to discuss, evaluate and review the new initiative as well as build collaborative working practices.

An audit, to seek assurance regarding safeguarding practices, was completed as part of the actions of The Safeguarding Children with Complex Needs and Disabilities sub-group. The audit provided a detailed account of multi-agency safeguarding practice for disabled children

in Hillingdon and demonstrated positive findings regarding recognition and capture of the child's voice, collaborative working practices and service provision. Multiagency training requirements were recommended and progressed.

This year the reconfigured safeguarding adults team designed and delivered a webinar series which (in total) reached an audience of several hundred primary care professionals, i.e. GPs and other practice staff. These priorities featured heavily as part of this work; the series garnered excellent feedback from those who attended. The CCG has also made additional efforts to engage with the wider primary care network in order to enhance practice's capacity to deal with Safeguarding related issues. In this regard the adult designate has arranged for the CCG and Adult MASH service to attend the Hillingdon Practice Managers Forum on a quarterly basis as part of efforts to develop a dialogue and enhance interoperability between services.

Furthermore, in collaboration with colleagues in the local authority learning disability service the CCG has co-created a pilot project designed to improve the uptake, quality and effectiveness of annual health checks for people with learning disabilities. This project has been driven by learning derived from LeDeR outcomes and has been positioned as forming part of the wider mental health transformation work.

9 Metropolitan Police Service

Public Protection manage investigations into allegations of domestic abuse and stalking, sexual abuse and child abuse. The portfolio also has a team of Police Conference Liaison Officers, who work with children who are being supported through child protection plans. The strand also manages referrals into the BCU and external referrals to partners through the Multi Agency Safeguarding Hub (MASH) and CAIT referrals desk. In addition, the Public Protection Teams have strand ownership of mental health and missing people as well as Child Sexual Exploitation (CSE) and online images of children, as well as hate crime.

In March 2022, the Metropolitan Police were part of HMICFRS Peel Assessment. WA BCU was one of four BCU's chosen to take part and each strand lead (Public Protection, Local Investigations, HQ, Emergency Response and Neighbourhoods) was interviewed. Team members were interviewed as part of focus groups. The focus of the assessment was to

assess the effectiveness, efficiency and legitimacy of the Metropolitan Police. The outcome of that assessment has not yet been published.

Throughout the year, Public Protection have several internal audits (centrally delivered and locally delivered). These focus on several different areas; missing, harmful practices, domestic abuse, child abuse, mental health, rape, stalking, harassment, CSE and cases involving indecent images of children. Findings are considered by a local panel and learning taken forward.

SAB: Making Safeguarding Personal, Financial and Material Abuse, Mental Health & Safeguarding, Self-Neglect

WA BCU continue to support the MSP principles in day-to-day activity, with the core elements included in training, supervision and continuous professional development. In almost every interaction police officers have with the public, there is a focus on engagement, inclusion, choice and control, with the individual's views sought as to what they would like the outcome to be. Whilst this cannot always be achieved, the individual is asked, their voice heard. Police have a variety of mechanisms to ensure MSP is at the forefront of our work; provision for video recorded interviews for those in the community who may be eligible to give their accounts in this way, rather than by written statement; provision of wider special measures within the court arena; use of intermediaries for vulnerable and intimidated witnesses, use of advocates, including IDVA's, ISVA's and appropriate adults. Police follow the Victim's Code of Practice, which aims to empower victims, by providing support and information they need, setting out services and information that victims are entitled to. It also sets out the level of contact they can expect from police, their entitlements and choices and gives entitlements to specialist support.

The MASH plays a key role in MSP, identifying people's views and outcomes from an early stage, achieving a clear understanding of risk and promoting a joined-up approach. Within WA, around 18,000 notifications concerning vulnerable adults are managed by the MASH.

Police training includes Mental Capacity Act and officers are encouraged to understand how to support people's understanding of their choices and whether they can understand these and weigh them up.

Referrals to MARAC also play an important role in MSP and within WA, MARAC referrals average around 1500 per year. MARAC is another mechanism to ensure the safety of vulnerable victims of abuse and importantly, their voice can be represented by an IDVA, who represents the victim's views and wishes and ensures the victim's safety remains the focus of the meeting.

Mental Health Team

WA are regarded as one of leading mental health teams in London, in terms of assessing and managing risks relating to MH vulnerability. 2021 saw the introduction of the 'Risk Management and Demand Reduction' (RMDR) protocol. This protocol allows the team to capture all risk/demand information that comes into the MH team; assess the risks and collaborate with internal and external partners to ensure there is an approved and proportionate joint response. In Hillingdon alone, over 270 individuals have entered the RMDR assessment process, 12 of which were considered at highest risk of causing harm to themselves or others.

In 2021, data held by the MH team shows that in Hillingdon there were 23 suicides, 17 near suicides and more than 320 people were detained under s136 Mental Health Act, compared to around 170 in 2019. In addition, 259 people were voluntarily taken to the Emergency Department by police for MH care. Police used the Mental Capacity Act in over 45 cases. This is reflective of the increase in assessments and demand for services associated with national lockdowns, shielding and other economic effects and impact of a 2 year Global pandemic.

HSCP: Contextual Safeguarding, Child Sexual Abuse, Stronger Families, Neglect, Safeguarding Children with Complex Needs and Disabilities

CAIT

Our CAIT team continue to be one of the busiest teams in the Met, with the fourth highest volume across London. In 2021, the team dealt with over 1600 offences, all of which would have been initially reviewed by our Referrals Team. Of this number, around 900 were then allocated to the Investigation team. About a third of all investigations concern allegations of neglect and child cruelty and around 44% concerns allegations of assault, with the remainder largely comprising of allegations of sexual abuse. This breakdown is consistent with other

BCU's across the Met. Victims of child abuse are more concentrated in older children with those aged 12-17 accounting for 42% of cases, followed by those aged 6-11, who accounted for 33% of all cases. Those children aged 0-5 year accounted for 17% of cases, and the remaining cases concerned adults who had reported non-recent abuse.

CAIT officers undertake the Specialist Child Abuse Investigation Development Programme, which is an accredited course focussing on child development in the context of abuse, understanding sexual offending behaviour, investigating child abuse, multi-agency working, attachment and development, trauma and offences. In addition to this mandated training, there continues to be an investment in CPD, with training masterclasses offered for CAIT and CAIT referrals to undertake. This features topics such as NAI.

Child Sexual Exploitation/Child Criminal Exploitation

In March 2021, the MPS jointly launched the London Child Exploitation Protocol. This followed on from the London CSE protocol but expanded the focus from just sexual exploitation to all forms of child exploitation. In doing so it opened the door for local authorities and partners to refer in concerns about children at risk of and being exploited in a range of ways. In WA, the Child Exploitation Team work alongside other policing teams, including WA's Gangs Unit and Missing Persons, as well as working closely with external partners. The team engage with partners at the Multi-Agency Sexual Exploitation (MASE) panel which provides tactical oversight of child exploitation across the borough and all key stakeholders, such as Police, Children's Social Care, Health, Education, Youth Offending Services and non-governmental organisations such as Safer London, NSPCC & Barnardo's are represented. Support for victims and families is an intrinsic part of every investigation strategy. In 2021 the team investigated 130 reports of exploitation of which Hillingdon made up about a third of those. Referral pathways for reporting child exploitation are varied and include a referral rate of about 30% from Children's Services, 41% generated from calls made to police or through police directly coming across cases of exploitation, with the remaining referrals coming from colleagues in education and online reporting or third-party reports.

Online Child Sexual Abuse and Exploitation team (OCSAE)

2021 has continued to be a busy year from our OCSAE team (Online Child Sexual Abuse and Exploitation), which saw nearly 400 crimes being referred into WA, with 105 relating to

Hillingdon. (Crimes which involve online indecent images of children). The demands placed on the investigation team are significant, both in terms of volume, but also in terms of the impact such crime types can have on their own welfare. Despite the challenges, they face, the team have secured some excellent results.

Domestic Abuse

Hillingdon, like many other London boroughs, has seen increases in recorded domestic abuse crime – a crime we know disproportionately affects women. Domestic abuse accounts for a tenth of all crime reports to the Met and WA BCU has continued to see the highest volume of both domestic abuse incidents and domestic abuse offences across the Met, with over 17,800 incidents 10,800 offences over the past year – which equates to 11.5% and 11.2% respectively of the Met’s total overall volume. Calls to domestic abuse incidents and offences accounts for 17% of total I grade and S grade calls responded to by Emergency Response Policing Team (ERPT) colleagues. In 2021 we participated in a pilot, trialling a risk-based approach to standard risk domestic abuse where a complainant did not support police action. This entailed the formation of a Domestic Abuse Assessment Team working alongside Independent Domestic Violence Advocates. The impact of this work is subject to academic review and will report during 2022.

The volume of crime coming into our Community Safety Units (CSU) has brought some real challenges in recent months and we have bolstered team strengths with colleagues from other Units to ensure our operating levels remain satisfactory. The Met has recently undertaken a complete review of Public Protection and it has been recognised that additional permanent resource is required longer term to ensure our teams remain able to deliver high standards of victim care and importantly, bring offenders to justice.

Supporting the work of our ERPT colleagues and CSU investigators, WA also has a strong risk management approach, with an experienced MARAC team and Stalking Protection Order officer.

In 2021, WA BCU secured the most Stalking Protection Orders (SPO) of any other BCU thanks to the efforts of our dedicated SPO officer. We absolutely recognise the importance of these orders in order to keep victims safe, some of whom will have been subjected to unwanted, fixated and obsessive conduct for many months.

WA BCU also participated in the 16 Days of Activism which took place from 25th November to 10th December 2021. This was a great opportunity to amplify what goes on in WA throughout the year; to arrest perpetrators and protect victims of domestic abuse. Surge activity over the 16 days saw collaboration with the Prison Intelligence Unit, Digital Operations, Met Intelligence, and Economic Crime Team to locate and arrest offenders. Within WA BCU, the Met's 'Engagement Bus' was also deployed, allowing officers to speak with women around under-reporting and raise awareness of domestic abuse in the community.

10 Agency Contributions

10.1 Central and Northwest London NHS Foundation Trust (CNWL)

CNWL provides both physical community health services and in-patient and community mental health services in Hillingdon. CNWL Safeguarding Leads attend and participate in all subgroups across the Safeguarding Partnership. Contributing to audits, strategic planning and disseminating learning/driving practice improvement as required.

Safeguarding Adults:

Whenever a Safeguarding Adults (SA) concern is raised by a patient under the care of CNWL services, it is expected that they are asked by the member of staff what they would like to happen and whether they want a SA referral to be sent to LBH. Gaining the patient's consent is a key aspect of Making Safeguarding Personal and therefore it is vital that this is asked on each occasion. If the patient does not give consent, a SA referral will not be made to LBH, unless there are reasons to override this consent e.g. public or vital interest. For any patients lacking the capacity to consent to the SA referral, a best interest decision will be made on their behalf. Family members will be involved in the decision, if the patient is happy with this. The LBH SA referral form asks staff to document that the person has the mental capacity to understand and has given consent for the SA concern to be raised, which ensures staff have asked the question. In addition, if a member of staff rings the Safeguarding Adults & Mental Capacity Assessment Specialist for advice, they are always asked if consent was obtained for raising a SA concern.

The Mental Health and Safeguarding subgroup is chaired by our Interim Borough Director for Mental Health. Self-neglect was the most common type of abuse raised by our physical health services in 2021-22. This evidence demonstrates that these staff can recognise self-neglect. CNWL do not have this information for Mental Health services at present, but there are plans to collect this data in 2022-23.

Safeguarding Children:

Staff in CNWL have continued to access the Safeguarding Children Team for advice, support and supervision. Supervision compliance remains high and an effective tool to promote positive outcomes for children and families. It is a safe and contained environment where the practitioner has the capacity to think and reflect.

The Safeguarding Children Team attend the High-Risk Pre-panel, High Risk panel and Strategic High-Risk Panel. The Hillingdon Safeguarding Children Team carried out an audit to identify the health needs of these children and young people and to see whether earlier intervention may improve outcomes to prevent exclusion. The audit demonstrated that these children and young people had health needs. As a result of these findings, NEET (Not in Education, Employment or Training) School Nurses have been introduced, pathways for Child Development Centre access have been improved. Work is being taken forward on developing a multi-agency health toolkit which will assist all agencies to identify children and young people's health needs to ensure that right care is offered early, which will assist in preventing school exclusions and further risks related to this.

The CSA Subgroup was set up in December 2021. The aim of this sub-group raising awareness across the partnership. CNWL are members of this group and will work with partners in workstreams including prevention, identification and response.

CNWL have reviewed their Female Genital Mutilation (FGM) guidance and documentation. This guidance and documentation are due to be launched shortly. CNWL have joined Hillingdon's FGM task and Finish Group, which has been set up with the National FGM Centre with the aim to increase awareness of FGM, prevent and support to women and children affected by FGM.

Hillingdon Local Authority introduced the Stronger Families Hub in August 2021. CNWL staff use the portal to make social care referrals and access the Stronger Families Hub. Our MASH Health Practitioner had some initial difficulties in accessing this portal, but this issue has now been resolved.

The Neglect Task and Finish Group which ran from February 2020 to December 2021 was chaired by CNWL's Named Nurse. The group's aim was to equip professionals with the training and support. Resources were made available on the partnership's website and 7-minute briefings on neglect were cascaded.

CNWL services attended the Children with Complex Needs and Disabilities Task and Finish Group and contributed to the Safeguarding Children Partnership audit. This audit findings have been shared across CNWL. In response to these findings the Safeguarding Children Team plan to audit the voice of the child in 2022-23.

The vulnerabilities of Children with Complex Needs and Disabilities are also considered / discussed in all training and supervision.

Shared Priorities

CNWL has a Trust-wide Domestic Abuse Lead and a DA Coordinator, there are over 100 members of staff volunteering as DA Ambassadors, with the role of raising awareness and providing support. Guidance for staff affected by domestic abuse has been developed and circulated to Team Leaders across the Trust. We have a designated DA page on CNWL Trustnet, where staff can access information and have launched a new template for Routine Enquiry around domestic abuse, supported by a Trust wide clinical message.

We held our fourth annual Domestic Abuse in November 2021 in line with the White Ribbon Period This conference focused on the impact of Domestic Abuse on staff (both victims/survivors and perpetrators). The conference had good attendance and positive feedback was received from staff. The DA Lead and co-ordinator has also run a section of DA Webinars throughout the year. Domestic abuse is included in the generic mandatory adult and children safeguarding training, which all staff complete every 3 years.

10.2 Local Authority's Designated Officer (LADO) and Education Safeguarding

The team is made up of three staff; the LADO (Local Authority Designated Officer) who manages all allegations against professionals (staff & volunteers) who work with children, the Lead Child Protection Adviser to schools & Deputy LADO and the Domestic Abuse Lead for schools whose main functions are to provide training and support to all schools in Hillingdon (including maintained, academy, independent and faith schools). The DA lead is the single point of contact for schools providing advice and guidance and crisis intervention for families in need, on behalf of the HIDVA service.

From February 2022 the team is also undertaking the child employment, performance, and chaperone licence role of the Local Authority. This includes updating the current processes in the council in ensure they align with best practice regarding safeguarding in these areas.

The team are participating in a research project funded by WWCS (What Works Children's Social Care) involving the secondment of a senior social worker into the team for 2.5 days per week to deliver group supervision to designated safeguarding leads in secondary schools.

In 2021-2022 there were 192 referrals to the LADO. This demonstrates a return to pre-covid rates of referral: in 19-20 there were 191 referrals, whilst in 20-21 there were 131. The largest source of referral is Education, with 42% of referrals originating from schools.

Where appropriate, subgroups are attended by members of the team (CP lead; contextual safeguarding, child sexual abuse, stronger families, FGM, Learning from Practice, High Risk Panel and neglect subgroup. DA lead; domestic abuse sub-groups, sexual abuse sub-group).

A key function of the CP and DA lead is providing an advisory service to all school designated safeguarding leads (DSLs) in Hillingdon. A focus this year has been on supporting DSLs with reflection on decision making. Key themes are monitored, and the CP lead and DA lead keep up to date with research and practice guidance in these areas. Relevant updates and resources are then shared with all schools on a regular basis. The WWCS research project has provided half of Hillingdon secondary schools with group supervision facilitated by a senior social worker to promote best practice.

Any safeguarding complaints received from Ofsted about schools have oversight from the CP lead and LADO. In cases where safeguarding concerns are highlighted these are investigated further with a focus on learning and reflection with the setting. Partner agencies also highlight

any concerns about school safeguarding practices, and these are responded to in the same manner.

The DA and CP lead continue to promote training in the above areas of priority as well as delivering their own training free of charge. The CP Lead updates the level 1 safeguarding training each year in line with statutory requirements and best practice. The CP lead shares this training along with briefing sessions (two in 2021) for the DSLs to support in their own delivery of this to all school staff and delivers this training in schools as required (13 sessions delivered to all school staff this academic year). This training includes an overview of all types of abuse listed as priorities of the HSCP including definition, signs and indicators and how to respond. The CP lead has also delivered termly safeguarding sessions to school governors and trustees recognising their key role in the oversight of schools safeguarding practices (46 governors have attended this academic year). The CP lead has also provided this training to the Hillingdon Music Tutors and the wider Education service in Hillingdon.

The DA lead runs domestic abuse awareness training for schools (all school staff) and this year has run an additional shorter session for those schools who have already had the full training (4 training sessions have been delivered this academic year). The DA has also run training sessions for Governors and trustees on domestic abuse. The DA lead has also facilitated multi-agency training sessions on domestic abuse in the borough. The DA lead is currently creating a training programme for schools in how to recognise and respond to DA abuse in peer relationships, and a further understanding of Domestic Abuse and transferable harm to children.

The DA lead continues to support the IDVA service and provides support directly to staff and families within schools who have been referred to IDVA. This allows for ongoing support to schools around learning and reflection of how to support staff as well as children and parents. Operation Encompass is now rolled out to the majority of schools (90). The DA lead continues to send progress trackers at the end of each school term and work with the police to escalate any issues as well as providing ongoing advice and guidance to schools around the use of Operation Encompass.

The CP lead runs termly DSL cluster groups as a means of providing regular updates to DSLs about key safeguarding themes such as those identified in the sub-groups and learning from

serious cases. The CP lead presents information and facilitates discussion as well as inviting in key speakers from other teams within the Local Authority and external agencies. Key speakers in 2021-22 have included Axis, YGAM (Youth Gaming & Gambling Association), CAMHS, Stronger Families Managers, Safeguarding lead for CNWL, Children's Social Care managers, Safer Schools police and the DA lead. All cluster groups are recorded, and resources shared with all schools. The CP lead also facilitates additional briefing sessions as need arises for example a briefing was co-facilitated by the CP lead and Axis about the role of Axis and contextual safeguarding as well as with Stronger Families to support schools in the new referral process and aims of the service.

The LADO has delivered safer recruitment training to school's senior leaders and governors (71 attendees this academic year). This has a focus on ensuring the right staff are working in schools as well as highlighting the need for ongoing vigilance, management of low level concerns and the role of the LADO. Updated managing allegations training is being rolled out across schools and other services including with support staff and foster carers.

In response to the Everyone's Invited website the cluster groups were used to provide two briefings co-facilitated by the CP lead and safer schools police sergeant: the first providing advice and guidance about responding to peer-on-peer abuse in schools and the other specifically in relation to the findings from Ofsted's report into sexual harassment in schools. Additional resources were then shared with schools including an all staff briefing on how to respond to disclosures and a quiz to test all staff knowledge and facilitate wider discussion regarding peer-on-peer abuse.

From February 2022 the CP lead has established a working relationship with the Centre of Expertise on CSA and has supported in identifying schools who can review their new tool. Three schools have taken part and reviewed a case using the CSA resource with feedback being sought. Other materials that have been finalised recently, such as their guide on how to communicate to children about CSA has been distributed to all schools and is used as tool to provide advice.

10.3 Uxbridge College

Uxbridge College provides further education mainly for 16-18's but also provides services to adults. The designated safeguarding lead for the College is a member of Safeguarding Children Partnership Board and the Strategic High-Risk Panel.

The College was subject to an Ofsted Inspection in February 2022 with an outcome of 'Good'. *The arrangements for safeguarding are effective. Governors and senior leaders have a very clear oversight of safeguarding. The designated safeguarding leads and the safeguarding team are highly trained. They have rigorous safeguarding procedures in place.*

Staff record and deal with safeguarding concerns effectively. They have very strong links with external partners such as the local police, the London 'Prevent' duty coordinator, social services and mental health support charities. They work closely with their partners to keep learners and apprentices safe at the college, at work, and in their local communities.

Staff have a thorough understanding of the local risks that learners and apprentices may face at each of their campuses. They take appropriate actions to help learners stay safe. For example, learners attend focused events, listen to guest speakers and have tutorials on topical issues such as the risks of knife crime and the dangers of illegal drug use.

Learners feel safe and know who to contact if they have concerns. Learners value the presence of the college security team and cameras around the campuses as these measures give them a feeling of security. They understand what appropriate sexual behaviour is and believe that incidents of bullying and harassment will not be tolerated at the college.

The college has had a significant focus on sexual harassment and violence and online sexual abuse between learners who are children or young people this year. This has included: All staff training, Governors' training, Student survey, student conference, focused tutorials, and an action plan. The action plan has all resulted in the college making it easier for students to report and having clearer records of all reports and sharing outcomes with the senior leadership team.

10.4 The Hillingdon Hospital

Hillingdon Hospitals NHS Foundation Trust provides services from both Hillingdon Hospital and Mount Vernon Hospital. The trust has a turnover of around £222 million and employs over 3,300 staff. They deliver healthcare to the residents of the London Borough of Hillingdon,

and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving them a total catchment population of over 350,000 people.

Hillingdon Hospital is an acute and specialist services provider in North West London, close to Heathrow Airport for which it is the nearest hospital for those receiving emergency treatment. Providing most services from the trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency, inpatients, day surgery, and outpatient clinics. The trust also provides some services at Mount Vernon Hospital, in cooperation with a neighbouring NHS Trust.

A strengthened safeguarding families structure implemented in October 2020 was finalised in Q1 2021/22 with the development of our Safeguarding Families Team. All vacancies within this structure were recruited to in Q4 2021/22, furthering strengthening the service. The focus of this team remains for safeguarding to be at the forefront of our clinical care. This includes engagement of frontline staff, provision of training, engagement, and representation across local, national, and strategic partnerships. The Trust is a fully engaged member of the Hillingdon Safeguarding Partnership, attending subgroups, Boards and contributing to learning and practice improvement locally.

The Trust continues to observe a notable increase in presentation of young people with mental health needs during the 2021/22 year. This is a continued trend since the pandemic commenced. We have increased the frequency of Trust led multiagency meetings. These are to ensure that we have a broad spectrum of professional expertise available to consider individual cases, and we access the Partnership escalation procedures as required.

The Safeguarding Families finalists for the HSJ patient safety 'NHS Safeguarding Award 2021 in Q2 2021/22 and were awarded the safeguarding stars through NHSEI in Q1 2021/22.

Safeguarding Children:

In Q2 we worked with the stronger families team and other agencies for the launch of the Portal. We are also active members of the stronger families subgroup.

Weekly multi agency meetings occur with CAMHS, social care, Sorted, ARCH, psych liaison, HIDVA and Axis on Mondays. The meetings have been quorate throughout 21/22 and discuss

safeguarding children's cases of the previous 7 days. These meetings have improved collaboration and identify areas for improved partnerships.

Our policy for safeguarding children has been updated and ratified. Our Maternity and Learning Disability pathway created to improve those attending the Trust for antenatal and postnatal care. There is Improved collaboration for our neonates through cohesion between safeguarding children and maternity service.

Safeguarding Adults:

There has been a focus on improving the processes surrounding sec 42s. There is now a clear database. Themes have identified of Hospital Acquired Pressure Ulcers and alleged unsafe discharges. The Trust now has both of these as Trust key priorities for 21/22 and 22/23.

Weekly multiagency meetings were established and implemented with improved partnership working as a result. Attendance to the 12pm MASH meetings when the agenda includes patients known to THH has occurred throughout 21/22.

Prevent training for staff occurred lead by Prevent lead and Police and was well attended.

11 Priorities for 2022-23

In the first year of our Safeguarding Arrangements, we focussed on developing networks and relationships, and implementing the new model for the Safeguarding Children Partnership. In the second year this approach was embedded in our Safeguarding Adults Board, with focus shifting to the development of a framework of multiagency policies, procedures, and strategies that support key areas of safeguarding practice. In the third year we are focussed on seeking assurance around the impact of the work of Safeguarding Partnership.

We will continue to promote a strong and resilient community, where children, adults and their families and carers are thriving independently of services. Where difficulties arise, these should be addressed at the earliest stage, by the most appropriate service, to prevent escalation and reduce the risk of harm. Statutory support is still required, and we are focussing on the timely identification and early intervention. If there is a need for protective intervention this will be both assertive and effective. The principle of prevention, identification, and response as a conceptual framework for the Safeguarding Partnership,

affiliated strategic Boards and groups will continue to underpin our work into the next year as the impact of COVID pandemic remain present and are felt by residents and professionals alike.

At national level, in 2022-23 it is anticipated that there will be system changing developments within safeguarding children. The Review of Children's Social Care and National Child Safeguarding Practice Review into the deaths of Arthur Labinjo-Hughes and Star Hobson will be published. There will also be changes in the world of adult safeguarding, including the commencement of inspection arrangements by the Care Quality Commission and anticipated implementation of the Liberty Protection Safeguards. These are significant changes and will require a coordinated and dynamic response from local safeguarding partners.

The Safeguarding Children Partnership has identified the following priority areas for 2022-23:

- Stronger Families
- Child Sexual Abuse
- Contextual Safeguarding

The Safeguarding Adult Board has identified the following priority areas:

- Recognising and addressing self-neglect and related capacity decisions
- Making Safeguarding Personal and embedding relationship-based practice
- Mental Health and Safeguarding

Shared strategic priorities:

- Practice Development Forum,
- Joint Strategic Safeguarding and Trafficking
- Domestic Abuse
- Self-neglect and capacity