Hillingdon Safeguarding Partnership

Annual Report

2023-2024

'…there continues to be many strengths to the safeguarding arrangements for both children and adults across Hillingdon. I have found a strong partnership that is open to scrutiny and challenge and one that strives to continually learn and improve practice… I have not come across any areas of poor practice or weaknesses in service provision…

There is strong leadership from the ELG and a clear sense of joint and equal responsibility from the three safeguarding partners. The partnership is one that is built on high support, high challenge and where difficult conversations are encouraged.'

(Alan Caton, OBE, Independent Scrutineer December 2023)

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1 Impact Statement

2023-2024 marked another busy year for the Hillingdon Safeguarding Partnership. The Partnership has striven to meet an increase in complexity of need for those adults and children requiring safeguarding support and intervention. We have seen a particular rise in the emotional and psychological needs of children, families, adults, and their carers. Many of our residents have experienced significant financial hardship due to the cost-of-living crisis with the associated stresses that this generates.

This increase in complexity of need occurs in a context of increased pressure on safeguarding agencies, rising inflation, and the associated implications for public sector organisations providing services in a challenging financial context. Each of the statutory partners has navigated areas of challenge in respect of recruitment and retention, and restructure of services. This rise in need impacts across all sectors, including universal services like our schools and primary care, to those services providing targeted and specialist support and intervention.

In December 2023 the Department for Education published an update to 'Working Together to Safeguard Children'. This is the underpinning Guidance for the Safeguarding Children Arrangements, with applicability to operational and strategic services, and to every agency working with children and families. We are in the process of identifying the Lead and Delegated Safeguarding Partners ahead of publishing an update to our 2019 Arrangements by the end of the calendar year.

We have implemented a business plan for the Safeguarding Children Partnership, and reviewed and updated the existing plan for Safeguarding Adults Board. The Business Plans are complimentary and ensure that the strategic focus of the Partnership is maintained, and we can effectively monitor our progress against the agreed objectives. This necessitates close working arrangements with the other related strategic boards, including our Community Safety Partnership, Youth Justice Board and Health and Wellbeing Board. To this end, a Chair's Network meeting has been implemented that enables the Chairs of each to meet regularly and ensures that we are coordinate approaches, principles and priorities.

During the year there has been considerable scrutiny of local services. Our local authority children's social care services were subject to Ofsted Inspection and graded as an Outstanding service, with specific recognition of the strengths in partnership working. The process of CQC inspection of Adult Social Care is underway and will conclude in the next financial year, with preparation also underway for the Local Area Partnership Inspection for SEND and Alternative Provisions expected in 2024-25. The Metropolitan Police Service has responded to the findings of the Casey Review and HMICRFS

Inspection of adolescent safeguarding services through the development of the New Met for London initiative. The CQC has also undertaken inspection of Maternity Services at the Hillingdon Hospital. These focussed inspections take place in a context of routine regulatory activity for our schools, residential services, and care providers.

This year our Independent Scrutineer, Alan Caton OBE, was commissioned to review the effectiveness of our senior strategic boards: the Safeguarding Children's Partnership Board, the Safeguarding Adults Board, and the Executive Leadership Group and to consider the functioning of our safeguarding arrangements within statutory partners and relevant agencies. The scrutiny process is structured in line with the 'Six Steps for Independent Scrutiny' developed by the University of Bedfordshire. Alan was also able to hear directly from children and adults with lived experience, highlighting that *'engagement with children, young people and adults is a real strength in Hillingdon'*. The full outcome letter, with areas for further consideration, is published on the Partnership's websites and has been widely shared. The letter concludes that:

> *'…there continues to be many strengths to the safeguarding arrangements for both children and adults across Hillingdon. I have found a strong partnership that is open to scrutiny and challenge and one that strives to continually learn and improve practice… I have not come across any areas of poor practice or weaknesses in service provision…*
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> (Alan Caton, OBE, December 2023)

2 Hillingdon Safeguarding Partnership: Safeguarding Arrangements

This report provides an overview of the activity of Hillingdon's Safeguarding Partnership. 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 Safeguarding Partnership Implementation Unit provides support and drive to both the Adult's and Children's Partnerships. A key focus of the team is to facilitate, develop and maintain links between the Safeguarding Children Partnership and The Safeguarding Adults Board. The team also seeks to develop links and coordinate delivery with the other relevant strategic boards across Hillingdon and Pan-London.

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 ensure the success, coordination, and impact 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 Integrated Care Partnership, and the Metropolitan Police Service BCU Commander. This group has joint and equal responsibility for safeguarding in Hillingdon. The statutory partners share responsibility for funding the Safeguarding Arrangements, with a tripartite agreement in place in respect of statutory reviews.

We are working on meaningful inclusion of Education leads at a strategic level in line with the updates to Working Together to Safeguard Children, with a focussed subgroup well embedded, and representation at the Safeguarding Children Partnership. Due to the complexity of education as a sector representation at the Executive Level requires careful consideration due to the need to reflect the broad range of providers across the sector.

Each partner is subject to internal scrutiny in accordance with their internal governance structures. In addition to this, the ELG has commissioned regular independent scrutiny of our safeguarding arrangements for both children and adults to provide reassurance of the effectiveness of the arrangements and independent critical challenge and appraisal that supports learning and future development.

To reflect the vision of joint and equal responsibility the Boards are chaired by a representative of the three statutory partners. From September 2022 responsibility for chairing the Executive Leadership Group passed to the Integrated Care Partnership, for the Children's Partnership Board to the Metropolitan Police Service, and for the Safeguarding Adults Board to the Local Authority. The Boards steer learning and development for the safeguarding environment across the London Borough of Hillingdon, and are informed by independent scrutiny, quality assurance activities, and subgroups.

3 The Voice of the Person

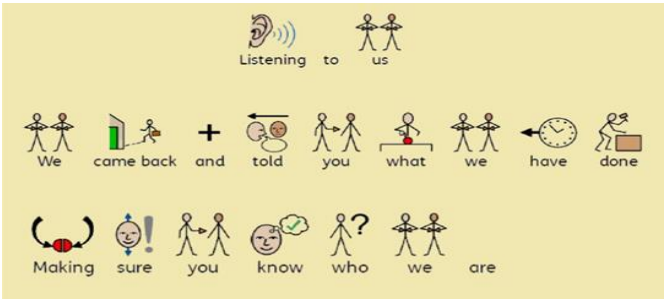
In 2022 our Communication and Engagement Strategy was agreed. This document sets out how the Safeguarding Partnership interacts with individuals in receipt of services, the wider community, and professionals. One of the cornerstones of our local arrangements is an emphasis on understanding the lived experience of children, adults, their families, and carers. This ensures that we understand the impact of our work and provides a steer for future areas of priority and focus. The Strategy is scheduled for update in the next financial year, this will solidify the central emphasis of coproduction and consultation with adults, children and young people, and their parents and carers to inform strategic work.

Over the last year all partners have worked to embed the findings of our coproduced review 'Exploring Practice: The Voice of the Person'. It is important to highlight that this is not an area of work that can ever be completed, to facilitate meaningful engagement partners agencies all continuously strive to ensure that services are informed by feedback from those who receive them. This includes respecting the efforts of those children, young people and adults who generously shared their expertise and experience to inform our strategic work, and communicating this respect through providing routine updates about what has been achieved, and where this has not been possible, why this is, and what our next steps are.

One significant impact of this work was an approach from a care experienced young person, Max, who wished to share her lived experience of mental health difficulties to raise awareness. We built on this through also seeking input from adults and carers with shared wisdom and made learning from lived experience the focus of World Mental Health Day 2023. This resource was shared across the Partnership and demonstrates the power of meaningful coproduction. The Partnership is unable to do this without the generosity of those children and adults who agreed to contribute, our thanks go to Angela, Ron, John and Max.

In response to feedback from our children's consultations groups that they would like to know who strategic leads 'actually are' we held a 'You Said: We Did' event in October. This was attended by our Independent Scrutineer, and senior representatives of the local authority, police, Central and North West London NHS Foundation Trust and Hillingdon Hospital. The aim of the event was to support children, young people and adults to build relationships and links. Three young people presented their feedback directly, with updates provided by the strategic leads around the actions their agencies had taken in response.

To further amplify the views of children and adults with lived experience we recorded videos of them sharing the findings of the reflective review and delivering their feedback in their own words, using their own voices. These were widely shared across the safeguarding networks and are available to any practitioner working in the Borough. A member of the Safeguarding Partnership Team was invited to deliver a session on co production, lived experience and Making Safeguarding Personal as part of the Pan London Safeguarding Adults Week Conference.



Over the course of the year, we have continued to engage with the various consultation groups facilitated by the council, with members of the team supporting the activities of the Children's Participation Team and attending the Learning Disability Partnership Board and Older People's Forums. In March this culminated with formal updates about the work that has been achieved across the partnership in response to the reflective review. This was adapted according to the age and needs of children and young people, with support from Children's Residential Services to ensure that it was accessible to children with disabilities. Children and adults have felt listened to and valued through this approach:

'This is amazing I truly feel empowered as I read all of it and felt so heard and so much a part of it. I'm so glad that this is going this way onwards and upwards'.

(Care Experienced Young Person)

"*May I also say how much I value your person-centred approach to safeguarding. It is really reassuring to know that lived experience is being given such prominence. As you know, this hasn't been my experience, but this seems a really positive step forward*."

(Adult with Lived Experience)

Hillingdon SCP safeguarding children partnership

Hillingdon Safeguarding Partnership

Hillingdon safeguarding adults board

The Safeguarding Partnership is all the people that help and support us. Our social workers, doctors, carers, mental health workers, nurses, police officers, GPs, housing officers, mentors, support workers and many more.

You Said !

"It helps me to know that other people have been through the same kind of things"

Listening to us and doing the things you say that you will do.

Learning about the things that matter to us!

When adults show us that they care

What is going well?

Having groups where there are fun activities, and where we can speak to other kids and adults that understand us.

What our 6-12year olds said about being in care:

- I feel loved
- I feel cared for
- I have fun
- People are kind
- I get the help I need

Being searched at school...

Travel costs

Being outside late at night

Worries

Changing workers

Social media

Schools aren't getting us ready for adult life

Help me understand what I'm thinking and feeling

Get to know us by listening to us and doing fun things.

Understand what it's like to be us

What Helps?

We should meet somewhere that feels homely

Make it easier to see my social worker

Hillingdon SCP safeguarding children partnership

Hillingdon Safeguarding Partnership

Hillingdon safeguarding adults board

The Safeguarding Partnership is all the people that help and support us. Our social workers, doctors, carers, mental health workers, nurses, police officers, GPs, housing officers, mentors, support workers and many more.

We Did !

Interview new members of staff

We come back to you and tell you what we have done

Some children choose their own social worker

listen to us more

Making sure that you know who we are

Social Media like whatsApp and TikTok

ALL children and young people can contribute by using simple and accessible words and pictures

Every child attending school in Hayes will be asked what they think will make Hayes safer.

working more closely with experts in community safety

Helping Adults understand Risk in the community

Make the community better and safer

Help me understand what I'm thinking and feeling

Set up a new group of all different professionals

Have raised awareness of what adults might see when a child or young person needs support

Have raised awareness about mental health and support that is available to children and young people

residential homes are linked up with their local police team

We are doing Awareness Weeks

You have trained police officers, nurses and other health professionals.

You will soon be training teachers and leads in schools

We are not quite there just yet, but we heard you!

Walking in Our Shoes!

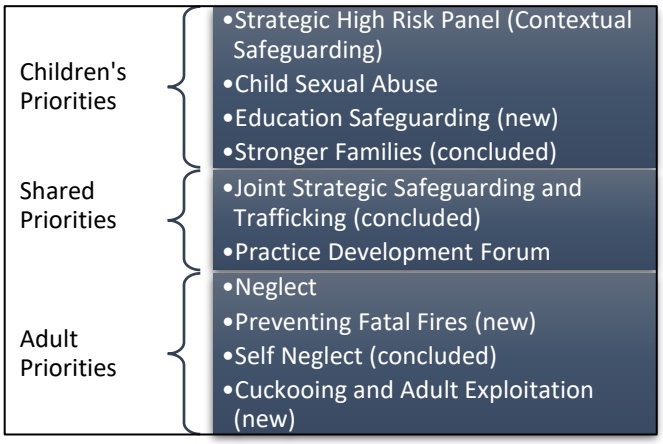
Training should be valued and People now pay some money to hold the training. This money funds some of your activities – like KICA

84 professionals across lots of different agencies

What Next ???

4 Safeguarding Priorities

This section outlines the highlights of multiagency working in the last year. To reflect our ethos of shared and equal responsibility for safeguarding we have continued to encourage partner agencies to chair subgroups. In the last year we have secured improved multiagency engagement, with subgroups chaired by representatives of the statutory partners, and relevant agencies including London Fire Brigade. Subgroups are generally 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.



4.1 Children's Priorities

The **Strategic High-Risk Panel** is co-chaired by the Metropolitan Police and Children and Young People's Services. There has been considerable flux in senior leadership within the police service, this has resulted in changes in the responsible officer for the chairing role. In effect, during the year, the group was largely chaired by the local authority. The focus of the subgroup remains developing a collaborative strategic response to children at risk of extrafamilial harm. The overarching objective is to prevent, intervene and disrupt child exploitation. The group 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.

Highlights in the last year include the Contextual Safeguarding Strategy and achieving funding for a pilot project to rollout the approach in Hayes. This project is being led by the Stronger Families Team leader with the benefit of comprehensive local knowledge of the area, and pre-existing networks with the local community. The project is reporting into both the Community Safety Partnership, and the Panel with governance facilitated through the newly formed Community Safety's "Serious Violence" subgroup.

The **Child Sexual Abuse Subgroup** was established in December 2021. Its purpose is to raise awareness of all forms of child sexual abuse within the community and across our partnership. The subgroup aims

to enhance practitioner capacity to identify sexual abuse, increase knowledge and confidence, and develop a coordinated response when a child sexual abuse concern arises. Additionally, the subgroup addresses issues of equality and diversity, including the unique risks faced by children with disabilities.

While it had been anticipated the strategic work would conclude last year, after consultation with partners, we recognised the need for ongoing efforts to ensure best practices in our multiagency response to child sexual abuse.

In the last year there has been increased regional focus, with partners contributing to the ICB led project to develop a North West London Child Sexual Abuse Hub. This is anticipated to be a comprehensive service for those children impacted by sexual abuse. There are some challenges to the approach, with the location of the Hub in Kensington and Chelsea. Representatives of the subgroup continue to advocate for Hillingdon residents to have access to an accessible service and are mindful of the potential increased barriers to support for children with disabilities.

The NSPCC PANTS Programme has now been launched in Hillingdon. This is a preventative approach to child sexual abuse, educating children in an age-appropriate way, about their rights to safety and support. There has been great enthusiasm across the partnership, with practitioners, schools, health, and voluntary agencies encouraged to sign up to be trained as a 'PANTS Champion'.

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. In 2022-23 the subgroup 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. In the last reporting period, the subgroup concluded the strategic aspect of the rollout, progressing to operational delivery and development at a locality level. This ensures that the work of each locality team is informed by the needs of the local community they serve.

The **Education Safeguarding** subgroup is co-chaired by a senior manager within the local authority education department, and the child protection lead for education. The subgroup has representatives from early years, primary, secondary, special schools, and further education in addition to wider multiagency partners from health and policing. The aim of the subgroup is to provide education leaders with a formal conduit into the wider work of the partnership. Key areas of work have included coproducing the audit tool for the s175/157 education safeguarding audit, this is underway and will be concluded in the next financial year. The subgroup is also mapping the complex network of

consultation and feedback groups within the sector, this will enable improved information sharing across the education landscape.

4.2 Shared Priorities

The **Joint Strategic Safeguarding and Trafficking** Subgroup originally formed in 2015 to provide scrutiny and oversight of the safeguarding arrangements for children and young people arriving at Heathrow and was later expanded to include safeguarding vulnerable adults. In 2022 the terms of reference were updated to reflect a focus on the prevention, identification and response to safeguarding concerns arising within the airport. In the reporting period the subgroup developed, finalised and agreed the Safeguarding Partnership Modern Slavery Practice Guidance. This provides practitioners with clear guidance and pathways to safeguard adults and children who are believed to be exploited.

During its tenure the subgroup facilitated the development of relationships between operational and strategic leads across the partnership. These are now well embedded with good links, systems and processes between those agencies based at the airport and local safeguarding services. The work of the strategic subgroup was subject to reflective review this year, to establish progress made and identify any areas of continued focus. This concluded that there was no requirement for strategic leads to continue to meet, with the development of an operational networking group to ensure the maintenance of achievements, with the capacity to refer to the senior strategic boards should there be any intractable issues.

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 partnership 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 practice usually has applicability across both sectors. This year there has continued to be three affiliated Task & Finish groups: Child Learning from Practice; Adult Learning from Practice; and Female Genital Mutilation.

During the year, to help disseminate and share information in different ways, we published the Safeguarding Partnership Newsletter which continues to provide professionals with an accessible overview of key practice developments, resources and learning from practice.

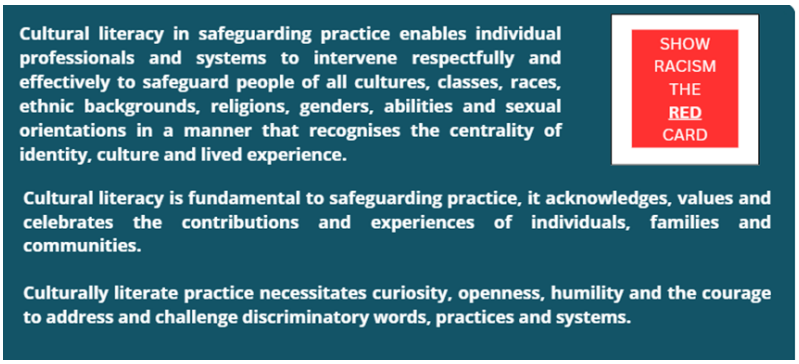
We believe that in addition to good information sharing, learning activities and good communication, quality assurance plays an important role in assessing and evaluating the impact of various activities and the effectiveness of the safeguarding arrangements. A coherent structure to the quality assurance activities of the partnership and an analytical approach has continued through the annual multiagency quality assurance schedule that is further explored later in this report.

The Safeguarding Partnership proactively raises awareness of **safeguarding themes and issues** throughout the year to continuously reinforce knowledge and increase awareness of issues of abuse and neglect. Through doing so it contributes to a community of residents and professionals who are well informed to prevent harm before it occurs and know how to seek help when needed. This year the Partnership has promoted:

- Carers Week
- Show Racism the Red Card
- Safeguarding Adults Week
- Mental Health Awareness Week
- Child Exploitation Awareness Week
- World Suicide Prevention Day

Tools and resources are developed in advance and shared across the professional network, in addition to being available on our websites. Input from expert leads across the partnership is sought where required, both in the development of resources, and in ensuring that the target audience is reached. There is evidence to support direct impact on safeguarding practice, and positive feedback from safeguarding partners about the usefulness of the resources.

Our focus for **Show Racism the Red Card** was to highlight the impact of structural inequalities, and the centrality of anti-discrimination and cultural literacy to safeguarding practice. The Partnership embraced the ethos of the campaign, reflecting on the increased diversity of the community we serve, and the value of celebrating culture and history. In the coming year we will build on this through reviewing the impact of the Safeguarding Partnership's Equality, Diversity, and Inclusion Statement.



The proactive acknowledgement of awareness days enables the partnership to revisit previous areas of priority practice, ensuring sustainability of strategic work and highlighting intersections between the often-diverse nature of need that residents can experience. Our **World Suicide Prevention Day** resource provided easily accessible training videos for practitioners and highlighted the increased risk of suicide for victims of domestic abuse. Each briefing highlights the nature of the campaign, the intersection with safeguarding, local resources, and signposting to further support. They provide an opportunity to highlight services and resources that are sometimes overlooked, for example the specialist post suicide bereavement service delivered by Mind on behalf of North West London Integrated Care Board.

For Child Exploitation Awareness Day, we trialled the delivery of a 'conference in a week' through designing and implementing a series of standalone webinars across a five-day period. Each webinar focussed on an area of practice, with attendance across all three supporting practitioners to develop a foundational knowledge of exploitation, to understand our local picture, and to increase awareness of the importance of disruptive activity and transitional safeguarding. The approach was well received and will be repeated as appropriate.

4.3 Adult Priorities

The **self-neglect** subgroup was led by the Head of Service for Safeguarding in Adult Social Care. In the last year the subgroup has progressed through the strategic objectives to raise awareness of self-neglect, to improve practitioner knowledge, capacity and confidence and to develop the multiagency safeguarding response. The 2022-2023 audit considered barriers to best practice, interagency working and information sharing and identifying good practice. Actions taken in response to the audit have included raising awareness of referral pathways, increasing practitioner knowledge of the Clutter Image Rating Scale, and practice development around the implementation of the Mental Capacity Act.

The subgroup concluded at the completion of the agreed multiagency action plan. In terms of further developments, the specialist self-neglect training remains in place, with positive feedback from

delegates around applicability to practice. The SAB has sought assurance from partners around the sufficiency of training in respect of the Mental Capacity Act and has continued to promote widespread use of the Clutter Image Rating Scale.

Our priority to address the impact of **Neglect** on adults has been the focus of a designated subgroup for a year. The subgroup is attended by representatives of core agencies, with specialist input provided by Care Providers, and the voluntary and community sector. There have been some challenges with the capacity of adult social care to provide consistent representation due to staffing changes. Key areas of output in the last year include the development of briefings to highlight key information for frontline practitioners and operational managers, commissioning of neglect training, the development of a neglect focussed section on the SAB website and seeking assurance around practice and procedure in partner agencies. In the coming year the subgroup will develop a local multiagency guidance/strategy to collate information about best practice into one strategic document.

During the year the Pan London SAB identified the need for regional development in response to learning from fatal fires. Our local efforts have been co-ordinated within the **Learning from Fatal Fires Task & Finish Group.** By design, this was a highly focussed group led by our Borough Commander for London Fire Brigade with the support of the Safeguarding Partnership Team. Key areas of focus have included awareness raising activity, incorporating fire risk into routine assessments, and reviewing local mechanisms for response where a fire has been established. This work culminated in the design of a multiagency training webinar that is scheduled for delivery in the new financial year. A follow up meeting to review impact will take place six months after the conclusion of the group.

Our most recent area of focus is the multiagency response to **exploitation and cuckooing**. This work is in its infancy and will continue into the coming financial year. Strategic work in this arena necessitates close working with colleagues in Community Safety, to ensure that the imperative to disrupt perpetrators as well as safeguard victims is achieved. The community safety leads are developing a local exploitation and cuckooing protocol to inform multiagency practice. From the perspective of the Safeguarding Partnership an assessment tool has been developed to assist in identifying signs and indicators, inform risk assessment and shape safeguarding intervention for those affected. This will be implemented within Adult Social Care in the first instance, with a rollout plan to partner agencies and services in development.

5 Learning from Practice

It is acknowledged 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 2018/2023 and the Care and Support Statutory Guidance 2014.

A notification to the Child Safeguarding Practice Review Panel (the National Panel) is made when a child has suffered serious harm, and that abuse and/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. In the reporting period the Partnership convened 2 Rapid Reviews. There are two ongoing Local Child Safeguarding Practice Reviews, one in respect of safeguarding infants, and one in respect of child sexual abuse. Our child sexual abuse LCSPR is delayed due to an accompanying police investigation.

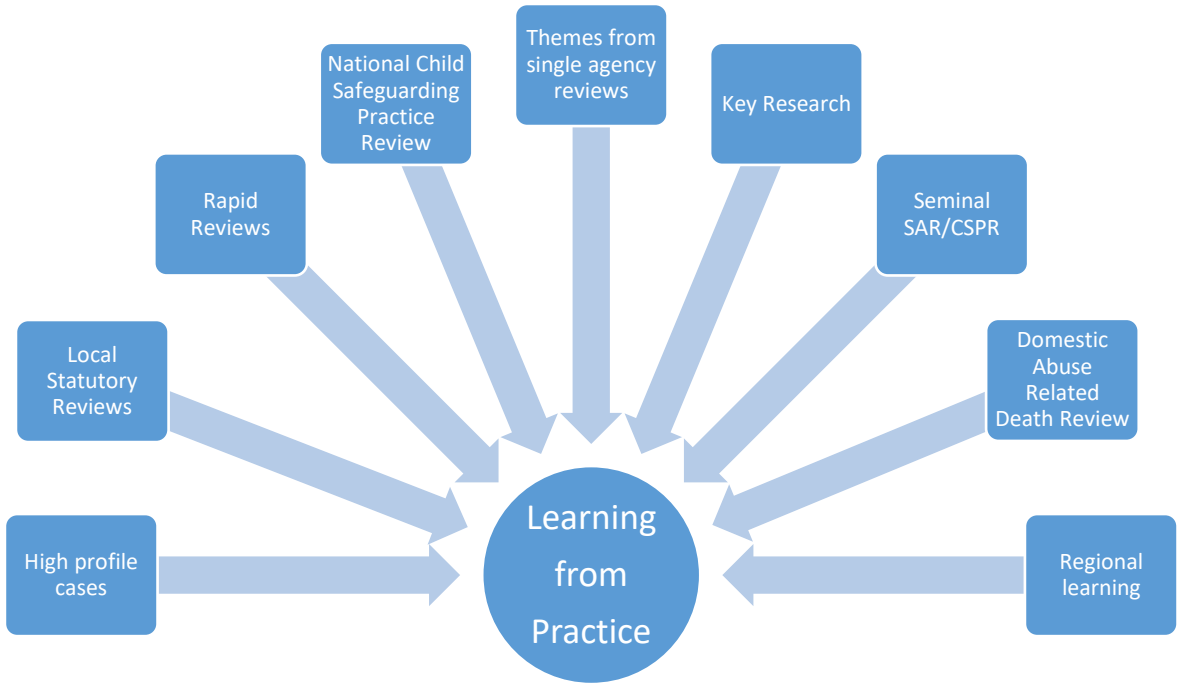
The Hillingdon Safeguarding Adult Review Panel is chaired by a Metropolitan Police Detective Superintendent with responsibility for safeguarding. It has a core membership of senior representatives from key agencies, with others mandated to attend according to the specific requirement of the case. The purpose of the Panel is to review circumstances that may meet the criteria for a Safeguarding Adult Review (SAR) as specified in the Care Act 2014. In 2023-2024 the Panel considered five referrals, of these three met the criteria for a statutory safeguarding adults review (SAR). For each review there is consideration of the most appropriate methodology, options include externally commissioning a review author, or co-ordinating within the SAB. All SARs are underway and will be concluded in the next reporting period.

In January 2024 the Partnership published the 'Carol' SAR. This considered the circumstances of a 77-year-old woman who suffered serious harm due to her care needs not being met. The SAR was

coordinated by the Safeguarding Partnership Team and undertaken by a Panel made up of representatives of the core agencies. The key lessons for local practice were summarised as follows:

- Practitioners should strive to understand the lived experience of adults.
- Working with carers is necessary to reduce the risk of abuse and neglect.
- Supervision and management oversight supports better safeguarding practice.
- Practitioners need to correctly apply the Mental Capacity Act.
- Effective partnership working is integral to the identification and management of risks.

A multiagency action plan is in progress to address the learning identified. To support agencies to disseminate and address the areas of learning within their organisations a practice briefing was written to expand upon each domain, highlighting useful sources of support, advice and information to improve safeguarding practice. Addressing learning meaningfully necessitates that it is revisited on an ongoing basis and incorporated into wider practice development. This is achieved through agencies incorporating learning into their training for staff, and by the Partnership continuing to seek assurance that it is being addressed.



Our **Learning from Practice Frameworks** 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 the Frameworks have been updated to incorporate learning from domestic abuse related reviews where appropriate. The aim is to support the development of a learning culture across the partnership that:

- is open and honest.
- is proportionate and avoids hindsight bias.
- identifies and addresses systemic practice issues.
- supports and challenges safeguarding partners to make continuous improvements to practice.

In response to The National Review Safeguarding Children with Disabilities in Residential Settings the partnership developed an action plan, that facilitated application of the core findings to local safeguarding practice. This informed the focus of multiagency quality assurance activity in 2023-2024, including an audit of responses to allegations against staff and volunteers, and consideration of multiagency safeguarding practice in relation to children with complex needs placed outside of their community. These are explored in more detail in the next section.

6 Quality Assurance

One of the core functions of the Safeguarding Partnership is to seek assurance about practice in Hillingdon. To this aim we have undertaken a wide range of auditing activity in the last year:

- Allegations against People in Positions of Trust
- Evaluating the Impact of Local Safeguarding Adults Reviews
- Safeguarding Children with Disabilities placed outside of the Local Community
- Adult MASH
- The Quality and Impact of Safeguarding Partnership Training

Each audit has been completed with the support and expertise of representatives across the multiagency group, with methodology adjusted according to the nature and matter under review. Methods used include self-assessment, file audits, roundtable discussions and the development of bespoke review tools. Where reviews considered the quality of safeguarding practice the outcomes were largely positive, providing assurance about the impact of multiagency safeguarding arrangements on practice in Hillingdon. The findings, analysis and recommendations of each review have been communicated to the relevant subgroup and Safeguarding Board, with a standalone report produced for each area of focus.

In response to the findings of the National Child Safeguarding Practice Review the Partnership sought assurance about local processes and practices in respect of the management of **allegations against professionals in a position of trust working with children**. This includes both paid staff and volunteers.

The Local Authority Designated Officer (LADO) function is a statutory requirement set out in Working Together to Safeguard Children (2018, subsequently updated in December 2023). The task of the LADO is to coordinate and respond to allegations against members of the children's workforce. The audit was designed using the draft Standards agreed by the London LADO network.

The review highlighted a need for **continuous awareness raising activity** of the role and function of the LADO service. In response to the findings of the s11 Audit in 2022-2023 the LADO provides multiagency training four times per year, with a bespoke offer for foster carers and residential staff. This is good practice and demonstrates a proactive safeguarding approach. It was highlighted that there was a need to extend this to voluntary, community and faith-based organisations. The LADO has seen increasing numbers of referrals, and an extension of the recording requirements to include low level concerns. This raises a question about sufficiency within the service. At the time of the audit the local authority was developing new recording systems to improve data collection and quality. The need for this was confirmed within the audit and has subsequently been achieved. Following the audit the local authority has established routine quality assurance processes for LADO, with monthly qualitative auditing in place.

The **referral pathway** for allegations and concerns is clear, and well understood by those agencies making referrals. Triage of allegations is timely, with formal management meetings and reviews arranged as needed. Investigations were conducted thoroughly fairly and in a timely manner, with risk identified, agreed actions proactively monitored and outcomes both appropriate and proportionate. There are a small number of cases that have not progressed in a timely manner, this is due to ongoing criminal investigations. The LADO and senior officers within the Metropolitan Police Service have developed an escalation pathway to address this.

In 2022 the Partnership published two Safeguarding Adults Reviews, Evelyn and Angela and Chris: A Thematic Review of Self-Neglect. As previously outlined to ensure that the Partnership has embedded learning it is necessary to intermittently revisit the findings, this serves an additional purpose of providing insight into methods for reaching frontline practitioners and operational managers. For this purpose, focussed quality assurance activity was undertaken: **Evaluating the Impact of Local Safeguarding Adults Reviews.** A multilevel questionnaire was developed to seek input from frontline practitioners, operational managers and strategic leads.

The review found good evidence that both SARs have impacted Central and North West London NHS Foundation Trust and the Hillingdon Hospitals NHS Foundation Trust at a strategic level, shaping training delivery and policies and processes that embed many aspects of learning from the SARs into practice. Unfortunately, there was no strategic level response from Adult Social Care, the ICB, the

Police, London Ambulance Service, Circle Health Group, all of whom were involved in at least one of the relevant SARs. In the absence of strategic level assurances or greater frontline and management responses to this survey, there was little assurance provided by this survey that learning from SARs has been embedded into policy, procedures, or training. Subsequently assurance has been sought by the SAB around the actions taken to embed learning.

The National Child Safeguarding Practice Review **'Safeguarding Children with Disabilities in Residential Settings'** was published in 2022. The Review was undertaken in response to abuse and neglect that occurred in a residential school setting, with multiple children and young adults suffering harm, over a period of months and years. It was published in two phases, with phase 1 exploring the specific circumstances of the children, and phase 2 the wider national implications. The purpose of this reflective review was to consider the themes and recommendations of the National Review for local safeguarding partners. The review sought to highlight specific areas of practice strength, and opportunities for development in multiagency practice across Hillingdon through exploring how well partners understood the children's lived experiences and how effectively partners ensured that their outcomes are met. The focus was on children placed outside of their local community in residential homes and schools.

Overall, the review group found that children with complex health needs and disabilities that were placed outside the borough were receiving good safeguarding responses and their needs were being effectively met within residential settings. There were elements of good practice with partners working together to safeguard children and families ensuring that specialist services were implemented when required. The experiences of these children before they became looked after demonstrated the need for professionals to be more child centred when assessing the risks and harms that could be caused by their caregivers, rather than focussing on the needs of the parents. Hearing and amplifying the child's voice and understanding their lived experiences helps to improve safeguarding practice whilst ensuring the family get the right holistic support at the earliest opportunity.

In September 2020 the Adult Multi-Agency Safeguarding Hub was launched in Hillingdon, led by Adult Social Care. The hub has responsibility for screening potential adult safeguarding concerns, triaging all safeguarding concerns, undertaking initial safety planning, and determining whether the criteria for section 42 are met.

Whilst the **Adult Multi Agency Safeguarding Hub (MASH)** was the focus of Independent Scrutiny in 2022-23, with positive feedback, our Thematic Self-Neglect SAR published in September 2022 found learning in respect of the identification of safeguarding concerns and the sufficiency of interagency

information sharing at the concern stage. Practice Development Forum agreed that the Adult MASH would be the focus of a Quality Assurance audit in quarter three of 2023-24. This was to seek assurance about robustness of safeguarding practice at the concern stage. The period audited was during a time of significant and rapid turnover in staffing and management of the MASH and this likely had a detrimental impact on the ability of staff and managers to ensure consistency of practice.

There are opportunities to improve the quality of referrals, consideration of neglect as a potential crime, and to better seek the views and wishes of adults at risk when raising a safeguarding concern. Once safeguarding concerns reach Adult MASH there is evidence of some good practice in triaging concerns, effective use of the daily high-risk meeting, good partnership working to assess and manage risk, and efforts to seek the views and wishes of adults at risk. However, there was considerable variation in the quality of practice across the sample. This included in the application of Making Safeguarding Personal principles. In just under half the triages the person did not appear to have received the right help and protection at the concern stage, and information had not been shared effectively.

7 Multiagency Safeguarding Training

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**. To promote accessibility training is delivered through a range of methods, including online, face to face and via webinar. Training by our children and young people is delivered in person. In total, **1846 sessions of professional development activity** have been facilitated by the Safeguarding Partnership in 2023-2024. This includes commissioned training and that delivered via the webinar programme.

In April 2023, the Safeguarding Partnership Team was transferred responsibility, from the council's Learning and Development Team, for full administration of training, including the creation of new Learning Zone account requests for any practitioner external to the council. In the last year over 350 new accounts have been created.

To ensure the continued relevance and accessibility of multiagency safeguarding training, and to measure the effectiveness of the Late Cancellation Policy at reducing non-attendance, we undertook a structured analysis of training in the reporting period. Findings have informed ongoing commissioning arrangements, with the extension of the Late Cancellation Policy to include all training. Where there are agency specific challenges with attendance at safeguarding training this is monitored with feedback provided to the lead within the respective agency.

In recognition of the time pressures faced by frontline practitioners we offer a programme of **webinars**. These are sharply focussed, last around 90 minutes and address a specific topic or area of practice. All webinars are available on the Safeguarding Partnership websites and can be accessed using a password that is shared with Hillingdon practitioners.

Webinar	Attendees
An Introduction to the Safeguarding Partnership	147
Child Exploitation Awareness Week	
- Myth Buster & Back to Basics	59
- AXIS – Understanding Local Trends	48
- The Children's Society – Disruption and Transitional Safeguarding	45
An Introduction to Contextual Safeguarding	73
Introduction to the Centre of Expertise on Child Sexual Abuse	49
Total:	**421**

Following attendance delegates are asked to complete a feedback form, this enables the Partnership to monitor the **effectiveness and impact** of sessions and informs our needs analysis.

- 97% of delegates rated their understanding of the topic after training as very good to excellent.
- 96% rated the quality of the training as very good to excellent.
- 98% of delegates agreed that they could apply learning from the training to their practice area.

A core aim of our training programme is accessibility and relevance across the diverse range of professionals and volunteers working in the borough. In addition to monitoring training quantitively, in terms of attendance and representation, we also seek qualitative feedback from delegates. A selection of comments, from a range of different agencies across the scope of the training offer is provided below. This highlights that the training programme is broadly accessed, and that delegates find the content to be useful and applicable to their practice.

Nursery Worker*:* Children's LADO *'I have a better understanding of what needs to be reported to LADO and how they can help'.*

Early Years: Contextual Safeguarding '*Although my work is mostly with children under 5, we work with the whole family. Using the training to inform staff during staff meetings and their 1-1s'.*

Primary School: Working Together *'I will use this training to help in following questioning techniques and knowing who to contact'.*

Independent School: Contextual Safeguarding *'I will cascade to my DSL team and then to wider staff'.*

Special School: Working Together *''Seeing situations from a different perspective. Knowing how to deal with situations calmly and being able to respond in an effective way'.*

Adolescent Development Services: Child Neglect '*Being more confident in "reading" situations…more able to respond'.*

Child Development Centre: Working Together Refresher '*I am a community Paediatric Consultant so doing lots of safeguarding and child protection medicals. This refresher course is very useful.'*

Children's Social Care: Child Sexual Abuse *'updated my knowledge to support my team'*

CNWL Mental Health Services – Working Together *'I have developed better awareness of signs and symptoms, some of which could/would have been overlooked in encounters with CYP…'*

CNWL Health Visiting Modern *Slavery 'Be more aware of indicators of possible modern-day slavery'.*

Hillingdon Hospital Safeguarding Disabled Children *'Information to be included within internal training on this subject'.*

Maternity Services: Contributing Effectively to Child Protection Plans and Core Groups *'I will use the knowledge constantly (referrals, strategy meetings, professionals' meetings, core groups, CP conferences)*

Adult Social Care*:* Adult Safeguarding *'It will help me to make sure that the person is always at the centre of each decision, fully informed at the right level and pace and that information is only shared with those who need to know'*

LBH Housing Department: Modern Slavery *'I will use this training when interacting and visiting Tenants to identify and raise safeguarding concerns where modern slavery is suspected'.*

LBH Rent Team: Walking in our Shoes *'I will make sure I go the extra mile'*

Heathrow Airport Ltd: Modern Slavery *'Share contacts & information with my team.'*

H4All: Self Neglect & Hoarding '*The training will help me to support my clients better as it's given me a deeper insight into this topic and resources available.'*

Age UK: Adult Safeguarding *'I have become SG nominated lead person for our Charity so this will enable me to have a better understanding'*

Areas of training need are identified in line with the priorities of the strategic boards, and in response to learning from practice. In the coming year this will include the rollout of the NSPCC PANTS programme, with a range of options for professionals and parents. The Partnership is also supporting the ICB launch of ICON, this is a preventative programme to reduce the risk of abusive head trauma

through supporting parents to better cope with crying infants. From an adult perspective, our focus will be on raising awareness of the signs and indicators of cuckooing and adult exploitation and to promote consistency across the partnership in adult safeguarding enquiries. In terms of generic safeguarding training, we continue to promote a trauma informed approach to practice and will be working around best practice in professional curiosity.

8 London Borough of Hillingdon Children and Young People Services

Children and Young People Services provides support to children, families, and carers where there are welfare or safeguarding concerns. There is evidence to support the effectiveness of our Stronger Families approach with **the Hub responding to over 25,000 contacts**. Out of these contacts over 11200 were received via the online portal which can be accessed and completed anywhere and at any time by all professionals. Joint, locality work is at the centre of the way in which we work with the partnership to **identify needs early** and to support our families to identify their support networks and to build resilience without the need for statutory intervention. To make this aspiration a reality, our three locality-based key working teams cover three defined areas and facilitate holistic partnership working with statutory (health, education, police, children's centres) and voluntary sector partners.

Over 1,600 children have been referred to our Stronger Families Localities Teams, ensuring that their needs are assessed, and proportionate support is provided to all who need it at the earliest possible stage. This empowers our families to address their needs and utilise the resources available to them in their communities and extended networks and it also reduces the need for statutory social work intervention in the life of the family.

At the end of the financial year, over 2,700 children were supported by social workers 11% of whom have a disability. 254 children are at risk of significant harm and therefore supported via a Child Protection (CP) Plan. It is a positive that this number remained consistent over the year showing a good management of demand and risk.

Hillingdon is corporate parent for the 329 children in our care (LAC). This is a reduction of the number of children in our care from 364 the previous year. This is a strong indicator of effective early intervention and management of risk that **focuses on partnership with the families and relationship-based practice approach** that supports young people to remain living with their families or move towards successful independence.

At the end of the financial year, we have 765 young people being supported into independence as care leavers, 49% of these young people came into care due to their need as unaccompanied asylum-seeking children. We have seen a significant increase in the number of young people eligible for some form of ongoing support as care leavers, with an increase from 441 in the previous financial year. Our population of asylum-seeking children is predominantly male, this is a consistent trend over the last three years. Most of our children have travelled to the UK from Sudan, Afghanistan, Eritrea, Somalia, Iran, Vietnam and Kuwait. The overall number of asylum-seeking children in our care is now reducing due to the National Transfer Scheme. However, our context as a port authority of providing support and care to those children presenting in the borough means that there will be an increase in the proportion of care leavers who have an asylum-seeking background.

We continue to support our children in a difficult local and national context, and we have experienced a **continuing increase in the complexity of needs**. The impact of the pandemic, the cost-of-living crisis, and the wider economic climate has seen increases in the number of children and adults experiencing poor mental and emotional health, an increase in persistent absence from education, and of families experiencing increased pressure impacting on parental capacity. We continued to see the systemic and compounded impact of the current pressures on all the providers of services including Courts, Police, primary health and mental health provision. The impact of various national and international factors combined with associated difficulties at the Home Office has resulted in a significant increase in numbers of people seeking asylum accommodated in the borough.

The change in demand and additional pressures created by the current economic situation required us to **adapt and innovate quickly** to ensure we can continue to achieve the best outcomes for children and their families, whilst supporting our colleagues and workforce to continue to deliver high quality support and intervention. These combined pressures re-emphasise the importance of coordinated and strong partnership working with other agencies and with our families and young people, to ensure a proportionate and timely response in the difficult local and national context. **Our focus remains on cooperation and coproduction** with our partners, schools, families and communities, aiming to foster a culture of empowerment, independence, and early intervention for our families. Through our relationship-based practice approach we continued to encourage children, families, adults and their carers to recognise and address difficulties before they become entrenched, and to do so in a way that promotes independence, resilience, choice and control that minimises dependency.

Over the last year, we have **realigned our social care services and Education and SEND** provisions by joining them up under one service for the first time in over a decade. This provides a strong end-to-end understanding of the children's continuum of need and, in conjunction with the embedding of

our innovative Stronger Families multi-agency locality-based practice, we have moved away from 'early help' to 'help' that is available when needed and delivered by the right person/service at the right time.

We remain **an active and committed safeguarding partner** and we contribute to a variety of boards and forums to ensure the voice of our children and the needs we are identifying in the cohorts we work with are reflected in the strategic decision making and contributing to the strategic coordination of services and priorities: Health and Wellbeing Board, the Domestic Abuse Steering Executive, the Youth Justice Strategic Partnership Board, Safer Hillingdon Partnership, and the Hillingdon Health and Care Partners CYP Transformation Board (HHCP).

We are proud that the high quality of work delivered in Hillingdon was acknowledged by the regulator OFSTED during their inspection of local authority children services (ILACS)in October 2023 which said that "***Children in Hillingdon continue to receive highly effective services****. Very strong political support and diligent partnerships have enabled the senior leadership team to be an excellent champion for children, families and young people*." the services were graded as Outstanding and the inspectors also found that: "***Partnership work is a strength within Hillingdon****, with a relentless focus on cooperation with partners, families and communities. Through relationship-based work and the creation of the Stronger Families Hub, families and communities are well supported to address issues before they require more intense interventions*".

As a result of the inspection recommendations, we have focussed on the following areas:

- We have reviewed and relaunched the process and policy for providing consistent services for 16- and 17-year-olds who present as homeless.
- We are in the process of launching a new Local Offer for care leavers that will emphasise the importance of keeping in touch and ensure that their rights and entitlements are communicated effectively.

We continue to work with our partners to meet the needs of the children who are at risk of harms outside their home through adopting a **contextual safeguarding** approach. Our strengths-based model of practice and focus on contextual safeguarding has led to a reduction of child protection plans and sustainable change achieved through greater collaboration. Areas of practice include continuation of children and families being supported where possible to 'choose their own social worker', devolved budgets to enable frontline staff to make decisions and implement support identified with families with reduction in delay and bureaucracy. In this service we are successfully piloting and implement

the Your Choice Programme that utilises CBT principles in engaging and working with young people and their families.

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 Panel has initiated and supported the development of the Hillingdon Contextual Safeguarding Strategy, which was signed off this year, with a plan to undertake a pilot of the approach in the Hayes area of the Borough. The importance of relationship-based practice and engaging the families and communities in decision making and coproduction are at the centre of the project. This is being implemented with colleagues from Community Safety.

The **AXIS** service continues to underpin Hillingdon's response to adolescents at risk. The continued evolution of the AXIS analytics supports robust analysis and the swift identification of children at risk from exploitation whilst informing **targeted activity to disrupt** in Hillingdon and beyond. AXIS network crime practitioners continue to be involved in strategy meetings, operational and strategic forums aimed at triangulating information that inform action. The AXIS Bulletin continues to be distributed to an extensive network of over 3000 professionals across Hillingdon on a monthly basis, providing a picture of exploitation activity in Hillingdon along with awareness and ways to support adolescents at risk.

With a focus on **transitional safeguarding** funding was secured to support a part time AXIS Worker dedicated to working with 18–25-year-olds. This post actively works with agencies across the partnership including police, health, housing and the job centre to support diversion and sustainable outcomes. Where exploitation **'hot spots'** are identified via data analytics, we can respond timely by deploying our detached youth work service and transporter bus**. 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. This is evidenced in the low numbers of children who return to the attention of the service. In the last 12 months 73% of young people engaged did not come back to notice or concern.

We recognise that **school is often the safest place for a child** to be during the day. Nationally, attendance for Children with Social Workers (CWSW) is lower than for peers who do not have social care involvement. Typically, children in primary school have better attendance than those in secondary school, and children supported by CIN plans have better attendance than children supported on a CP Plan. In addition to the academic achievement that children miss out on, they can also miss the important protective factors school attendance can offer such as a space of safety, pastoral support, identification of need and positive social opportunities. Through our virtual school

service, we offer training around responding to persistent absenteeism and emotional based school avoidance. This is delivered in collaboration with the Attendance Support & Exclusions Team to schools and social care. The virtual school and child protection advisors (CPAs) work closely to ensure that the connection between attendance and safeguarding is considered, with CPAs also building links with the Designated Safeguarding Leads for Schools network.

The child's voice remains at the centre of our practice. In the last year we consulted with our children in a series of topics and continue to promote the participation of young people in meetings and discussion that are important and relevant to them. For instance, the participation of children in their LAC reviews and CP conferences has increased. Our young people continue to co-chair the Corporate Parenting Panel. The **Walking in Our Shoes training** continues to be a strength and its being provided to all our staff and many of the partners agencies. However, we are also listening to the voice of our children in those reachable and teachable moments when something bad has happened through project turnaround.

Learning from the findings of the **National Child Safeguarding Practice Review**, we reviewed the residential provisions we are using, and we have committed significant investment to strengthen the offer in the borough. We also contributed to the multiagency review of our LADO function and launched a new process that offers the ability to use online reporting enabling the sharing of information in a timely and safe way to ensure a prompt response. To ensure ongoing delivery of high-quality service and to promote continuing learning we have implemented **a LADO Quality assurance framework** that is now being embedded in the QA practice.

Placement sufficiency is a national issue that also impacts on Hillingdon. Securing appropriate placements for young people, especially within the residential sector, has become increasingly difficult during the year and the scarcity of foster placements, which are always the preferred option, has compounded the difficult situation. The national shortage of placements increased the difficulty in sourcing the right placement and the costs of these placement has increased significantly, nearly doubling during the year. We responded to the challenge this year by embarking on an ambitious project to increase the availability of residential placements in the borough, combined with a new, comprehensive Fostering Offer and the commissioning of service wide training to embed during the next year PACE methodology and Trauma Informed Practice. We know there is more that needs to be done at regional and national level and we continue to work closely with our colleagues in London to identify new joint solutions to this issue.

The economic challenges posed by **inflation and the rising cost of living** have significantly impacted children and families in Hillingdon. Many households are struggling to meet basic needs such as food,

housing, and utilities, leading to increased stress and instability. Inflation has eroded the purchasing power of family incomes, making everyday essentials more expensive and putting a strain on already tight budgets. This financial pressure often results in difficult choices, such as cutting back on nutritious food or healthcare, which can have long-term detrimental effects on children's development and well-being. Additionally, poverty exacerbates social issues, including educational disparities and mental health problems, as families may lack resources for extracurricular activities, academic support, or psychological services.

Hillingdon Children's Services has observed **an increase in demand for assistance programs**, reflecting the broader community's growing need for support. We work diligently to provide resources and support to alleviate some of these pressures, but the pervasive impact of economic hardship continues to pose significant challenges for ensuring the health, stability, and future prospects of Hillingdon's children and families. Our Stronger Families and community engagement remain at the centre of our approach to identify needs early and work with the community and our partners to intervene at the right time and empower families to meet the needs within their support network.

Hillingdon is experiencing a **rise in complex cases** that require statutory intervention. Despite more families being supported early through Stronger Families, there has been a noticeable increase in the demand for intensive intervention. Children are supported by Child Protection plans for longer and neglect continues to remain the most prevalent category of need. We continue to respond efficiently to the demand and remaining child focused on our approach.

Ofsted inspectors visiting Hillingdon from Monday 2 to Friday 6 October praised staff for being an "excellent champion for children, families and young people" and reported that **"children in the London Borough of Hillingdon continue to receive a highly effective service."** The glowing report recognised the increased demand for services in the borough and commended the council's leadership for strengthening and improving practices, "highlighting areas of innovation that stand out as exceptional practice, improving children's experiences and progress." In addition to a stable and experienced senior leadership team, social workers were commended for their dedication to improving children's lives. The report said "**social workers are skilled, experienced and ambitious** for children, who they know well and visit regularly. Social workers are committed to children and are proud of their roles in their lives, talking with warmth and knowledge about them."

The **Children's Services Conference** was one of the highlights of 2023, with just under 400 attendees, it proved to be an electrifying event marked by dynamic discussions and meaningful engagement. The conference covered a wide range of topics essential to the betterment of children's services, including education, Social GRAAACEs, EDI cultural literacy and greater awareness of issues such as power

dynamics and allyship. Participants had the opportunity for reflection away from their usual responsibilities and enjoyed getting to know their wider colleagues.

Inspirational speakers highlighted the importance of integration between Education, SEND and CSC, building trust, and understanding across all services. The event created open and honest discussions, promoting personal development and practical tips for improving inclusive practices. Networking was a significant focus, allowing attendees to connect faces to names and build relationships essential for supporting Hillingdon's young people. The conference also provided a reflective space to acknowledge skill gaps and explore ways to address them, ensuring that young people's voices are heard and respected. Overall, the event was a resounding success, enhancing understanding, promoting inclusion, and setting the stage for a more collaborative and effective future in children's services.

Neglect continues to be the primary criterion for intervention. Following review of the use of the Graded Care Profile Tool we developed **a new scaling tool** that can be used as a standalone document or as part of any assessment involving neglect. This tool helps identify the level of risk—low, medium, serious, likelihood of significant harm, or very high significant harm—allowing practitioners to assess vulnerability and determine necessary actions based on the risk score. Although still in its early stages, and currently being tested across the service with a review planned for later in the year, this tool represents a significant step forward. It will enable practitioners to confidently assess neglect risk, adding an essential resource to their toolkit. While the long-term success is yet to be determined, initial feedback from users and partners has been positive.

Hillingdon joined the **Your Choice violence reduction programme**, implemented by the Adolescents team. This initiative has resulted in fewer missing episodes, reduced youth violence, better engagement with services, and fewer children entering care or the criminal justice system. By March 2024, over 45 young people had been recruited, which surpasses our annual target of 34. Key objectives included reducing knife crime, repeat violence, racial disparities in justice, and increasing access to therapeutic interventions. The programme, designed with the NHS Violence Reduction Programme, involved CBT-enhanced practices. All Adolescent Team staff and additional social workers have been trained in CBT principles.

The team has worked intensively with adolescents, using CBT and meeting three times a week for 12 weeks or more. They focus on children in need, under protection plans, or in Local Authority Care, using relationship-based, coproduced approaches and conducting Risk and Vulnerability Assessments for those at risk. With reduced caseloads, social workers have built stronger relationships with young people, who chose their social workers based on profiles. This person-centred approach increased engagement and optimised outcomes, aligning with restorative models and coproduction principles.

Long-term outcomes aim to improve emotional and mental health, reduce re-offending, enhance social skills, and increase educational and employment opportunities for young people. Families also benefit, with improved parenting capacity and reduced sibling risk of violence. The programme's success has been supported by strong senior management and ongoing budget commitments, including Section 17 funds dedicated to this approach, using the methods from previous pilots such as the devolved budgets which has allowed for effective risk management and collaborative work with families all that have been pivotal to achieve the success.

9 London Borough of Hillingdon Adult's Services

Adult social care is a key priority for the council. Over the last four years the adult portfolio has seen a significant increase in its budget to reflect growth in demand mainly due to the ageing population, complexity of need, the mental health issues arising from the COVID-19 pandemic and there has been a steady rise in the number of people presenting with neurodiverse needs as well as people with learning disabilities whose long-term family carers are no longer able to care for them.

The ASC **Multi Agency Safeguarding Hub** (MASH) receives in the region of 250 enquiries per week and takes immediate action to ensure safety plans are put in place, before either closing or handing on to the relevant social work teams for enquiries. The MASH is intrinsically linked with partner organisations, and we have the Metropolitan Police hub on site supporting the daily enquiries. In 2023/24, 2,077 cases reviewed by MASH proceeded to a section 42 Adult Safeguarding enquiry.

Neglect and Acts of Omission remains the most common reason for an **Adult Safeguarding Enquiry** to be undertaken, accounting for 35% of all concerns in the last year. This is followed by Financial and Material Abuse (15%) and Physical Abuse (13%). The most common location for abuse to take place is in the adult's own home, with people alleged to have caused harm relatively equally divided between social care staff, health care staff and family members.

In line with the principles of **Making Safeguarding Personal** adults are asked for their desired outcome of the safeguarding process. Positively 93% of those asked reported that their outcomes had been either fully or partially met. It is not always possible to meet an adult's desired outcome in full, where this is the case they, or their representative, should be made aware of the reasons why.

The **Statutory Review team** conducts scheduled reviews of care and support needs to ensure that residents' needs are best met. Eligible residents who require a Care Act assessment of need are prioritised for assessment within 28 days. Urgent cases undergo triage and are prioritised for a response to mitigate risk, ensuring timely intervention to prevent escalation of need. During 2023 it

became clear that annual reviews were delayed, meaning that 336 were overdue. The senior leadership reviewed this and agreed to use grant funding to address the backlog, completing all 336 reviews by February 2024

Out of **hospital services** provide an excellent bridging care service, reablement and stepdown bedded care support meaning that discharge is achieved in the shortest possible time, and no one must decide their long-term place of residence whilst in hospital. The care provider for bridging care is fully embedded in the integrated discharge team for weekday and weekend discharges. A recent North West London NHS/ICB peer review of discharge processes demonstrated significant strength in the partnership working with Adult Social Care, the care providers and the hospital trust.

Our **reablement and bridging service** is delivered by a lead provider, delivering a combined more than 1,000 hours per week of out of hospital and community prevention and rehab support to Hillingdon residents, with excellent outcomes. More than 70 per cent of people using the reablement service achieve their goals with either no ongoing service needs or a reduced package of care and dependency.

We have a busy **mental health social work service** which undertakes the responsibilities set out in the Care Act with people who have severe and enduring mental disorders who are known to the community mental health teams run by Central and Northwest London NHS Foundation Trust (CNWL). The borough also has a specialist Approved Mental Health Professional (AMHP) Hub that deals with the statutory responsibilities under the Mental Health Act by undertaking Mental Health Act assessments 24 hours a day, 365 days of the year.

Our **Learning Disability service** provides support to more than 900 residents. The service provides a range of support to residents over the age of 18 who have eligible needs under the Care Act. Additionally, the service provides assessment, information, and guidance for young people from age 17 to support their transitions to adult services.

In the last four years we have been developing an awareness and identification of **people with Autism** requiring support. The number of residents receiving support services has increased to 180 people from 18 in 2019. This trend is increasing, and the service is being developed to further meet the needs of this specialist group of residents

Hillingdon Council commissions two lead providers with a further 10 on a framework to provide **homecare** across the borough. We have a 48-hour referral KPI which means that residents do not have a lengthy wait for their package of support to begin.

Hillingdon Council has four **extra care schemes** with two built to Stirling University Gold Standards for Dementia, for example using different textures, colours, and wayfinding around the building. The accommodation provides 24-hour support with onsite care and technology and is a valuable alternative to care home placements for those with complex care needs as well as those with emerging needs. Our **prevention and early intervention approach** is predicated on good housing, good technology and equipment for independence and good care and support to help people live independent lives.

Our **Quality Assurance team** provide support, advice and information to 44 care/nursing homes, 59 supported living schemes and 60 homecare services. A bi-monthly forum is held with providers which provides an excellent opportunity to work collaboratively by sharing ideas and best practice and a quarterly newsletter keeps them updated with local and national information.

The **care governance board** is held monthly to bring together evidence of quality or safeguarding concerns in relation to services and providers. It also determines appropriate action by way of a risk register process in response to concerns. The board monitor any concerns noted by the CQC Oversight team and maintain good local links with the regional inspectors both in and outside of the borough

During 2023/24 there have been **248 monitoring visits** conducted by the Quality team to care provision based in Hillingdon, with 18 care providers in Hillingdon and 19 care providers who supported Hillingdon residents out of the borough, being subject to governance monitoring. This resulted in four providers in Hillingdon moving to provider concerns meetings. The process is a corrective and improvement approach that is supportive to ensure providers can, where possible, continue with the services to residents

We recognise that ensuring the effectiveness of adult safeguarding services is contingent on the quality of our partnership working. To this end senior officers within the department have a broad range of representation across the scope of operational and strategic multiagency fora. We are key contributors to the Domestic Abuse Steering Executive, Combatting Drugs and Alcohol Partnership, Prevent Partnership and Community Safety Partnership. The integration of **Public Health Services** within the wider adult social care portfolio supports the delivery of joined up services.

We support the dissemination of **learning from practice** through the dissemination of the various practice briefings, and newsletters, developed by the Safeguarding Partnership. In the last year we have refreshed and reimplemented Mental Capacity Act Workshops, with specific reference to the learning established through statutory Safeguarding Adults Reviews. Our Principal Social Worker (PSW) provides leadership to social workers and practitioners and acts as a conduit to senior

managers. They support practice development and quality assurance which helps social workers work through complex situations as well as being responsible for the learning and development of apprentice/newly qualified social workers and supporting the quality auditing systems for reviewing the quality of work.

In the coming year we will be engaging with the CQC through statutory inspection of adult social care services. We welcome the opportunity an external lens provides to identify strengths and to inform our continuous development and improvement of services. We started the **transformation** process for our 'front door' aided by technology that assists in the triage of calls to adult social care. This has supported the collection of data around the most appropriate services to support residents, ensuring that help is provided by the agency or service best equipped to do so.

Our **Quality Assurance Framework is** also being reviewed and refreshed to ensure that all auditing activity and learning is linked to the residents' records and supports qualitative and quantitative review alongside practice development and learning. The new framework promotes engagement and co-production by supporting the auditor to directly engage with both the allocated worker and the residents to obtain their views in the quality of practice and care they are receiving. This demonstrates our increasing focus on ensuring that the voices of those with **lived experience** are sought and, their views and opinions respected.

10 NHS North West London Integrated Care Board

The North West London NHS Integrated Care Board commissions a wide range of healthcare services across numerous boroughs making up the NWL footprint.

The NWL ICB has made significant strides in fulfilling its duties under the Care Act 2014 and Children Act 1989 and 2004 by proactively addressing the complex issues of **neglect and self-neglect.** By utilising insights from learning mechanisms such as Safeguarding Adult Reviews (SARs) and Safeguarding Children Incidents, the ICB is working to further foster a culture of learning and continuous improvement across its immediate workforce as well as primary care services across North West London, ensuring that healthcare, and allied professionals are equipped to identify and support individuals at risk.

The ICB development and delivery of a safeguarding training programme was a great success. It was well attended and well-reviewed by professionals across the NWL Integrated Care System. The ICB's proactive stance in launching **ICON** and seeking assurance from NHS Provider organisations across NWL regarding **allegations against staff and volunteers**, especially in light of the Lucy Letby case,

underscores a dedication to maintaining the highest standards of safety and accountability. In bringing together a suite of resources, including targeted training and up-to-date guidance, these further empower GPs and other healthcare colleagues to respond effectively to signs of neglect and self-neglect, promoting early intervention and safeguarding vulnerable adults. Furthermore, the ICB's move to further integrate safeguarding leads into service procurement processes ensures that all new services commissioned across NWL are designed with the safety and well-being of vulnerable individuals in mind.

This commitment to prevention extends to **fire safety**, as the ICB actively collaborates with partners across London to share best practices and implement effective prevention strategies, with a particular focus on raising awareness among frontline staff to identify and mitigate fire risks among vulnerable populations. Through these collaborative efforts, the NWL ICB is not only meeting its statutory obligations but also fostering a safer and more resilient community for vulnerable residents across North West London.

The NWL ICB has proactively disseminated lessons **learned from practice** through a multi-prong approach, ensuring that valuable insights reach primary care colleagues and commissioners across North West London. This comprehensive knowledge-sharing strategy includes the sharing and promotion of key "7-minute reads," in-depth discussions at GP safeguarding lead meetings and other relevant forums, and direct engagement with designated safeguarding colleagues in neighbouring boroughs. By fostering a collaborative learning environment, the ICB is promoting best practices and continuous improvement in safeguarding adults and children across the NWL healthcare landscape.

The North West London ICB has supported the implementation of the highly regarded **IRIS programme**. This is commissioned by the Local Authority and its main purpose is to support and equip local GP practices with knowledge and skills to address Domestic Abuse. To ensure continued fulfilment of its statutory role, the ICB successfully recruited into permanent roles of Designated Nurse for Safeguarding Children, Designated Nurse for Looked After Children, and Designated Doctor for Looked After Children

11 Metropolitan Police Service (MPS)

In 2023, the **MASH team** at Hillingdon processed over 13,886 reports, this is an increase on 2022. Of these reports at least 604 were graded as RED risk and processed within 24 hours, 325 of these red reports were children. Over 3,373 were graded as AMBER risk with most of these reports also being processed within 24 hours, 1,238 of these Amber reports were children. The West Area MASH is now

the best performing MASH department in the Met; this is a significant improvement in practice following the declaration of critical concerns in the summer of 2022.

In terms of practice development many reports the MASH team received lacked the essential information from reporting officers, including parent's details and telephone numbers – some of this information was essential for partners. This has had an impact on matters like operation Encompass. A training package was devised and rolled out over the autumn of 2023 to address this. This resulted in an improvement in the quality of referrals from front line officers. During the year we saw the rollout of a whole new police system called Connect that was introduced in Feb 2024, this replaced the MERLIN system. Officers had to learn the new system and prepare the closure of the MERLIN system. The training was successfully applied and ensured a smooth transition.

In 2023, data held by the **Mental Health team** shows that in Hillingdon there were 26 suspected suicides, with 77 incidents of attempted suicide. Over 300 people were detained under s136 Mental Health Act, compared to a similar amount of 300 in 2022. In addition, 238 people were voluntarily taken to the Emergency Department by police for care, this is down by over 100 since the previous year. Police used the Mental Capacity Act in 23 cases up from 18 in 2022. The Mental health team have successfully launched the Right Care Right Person initiative on the West Area that has seen a positive impact to Hillingdon. In the initial phase of the implementation the partnership agencies have come together to monitor the implementation and the impact of the initiative ensuring that the safety and wellbeing of residents remains central to the approach.

Our **Child Abuse Investigation Team (CAIT)** continues to be one of the busiest teams in the Met, with the second highest volume across London. In February 2023 to March 2024, the team dealt with over 1832 offences, all of which would have been initially reviewed by our Referrals Team. Of this number, around 324 were specific to Hillingdon children. Approx 65% of all investigations concern allegations of assault, with an additional 20% 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 over 60% of all cases, followed by those children aged 6-11 year accounted for 30% of cases, and Hillingdon had 25 cases concerned adults who had reported non-recent abuse.

This year CAIT officers have undertaken additional training into topics of Sudden Child Death for all detectives, Digital Forensic Strategy, and Understanding the role of LADO all of which enhance our officer's ability to focus on child development in the context of abuse, understanding digital investigations, providing support to bereaved parents, investigating serious harm, and multi-agency working. 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 Welfare Support, Understanding the impact on staff and partners, and effective support referral mechanisms.

West Area CAIT continues to perform very highly achieving 21.4% positive outcome rate for Child Sexual Abuse Investigations, and 36.7% for Rape allegations. This contrasts positively with the national trend for the same period, which indicates a slight reduction in charge rates for sexual offences.

Child sexual/criminal exploitation: In October 2023 this area of policing was reviewed by His Majesty's Inspectorate of Constabularies & Fire and Rescue Services. A preliminary report was released in November 2023 and the full report was published in January of 2024. The reviews findings cantered around the following two distinct areas in relation to child exploitation Investigation:

- Combatting those who seek to exploit children.
- Reducing the frequency and duration of children's missing episodes.

On West Area we had already highlighted these areas as requiring improvement and we had started to make changes to address them. These changes have continued into 2024 and have already started to see some fantastic results, but this is an ongoing process.

To combat those who seek to exploit children, we have increased the size of the Child Exploitation Unit (CET), both in terms of Investigative and supervisory staff. We have ceased the use of the exploitation matrix that was used previously, meaning all allegations now receive some input and are progressed using professional judgement. The team have been given the following KPI's:

1) Safeguard those identified as being at risk of exploitation.

2) Promote exploitation awareness, internally and externally.

3) Utilise diversion tactics for exploited children.

4) Proactively target those exploiting children.

To reduce the frequency and duration of children's missing episodes, we have doubled the size of the **Missing Persons Unit** and extended their working time to provide a professional response further into the evening. We have placed three officers in the role of Missing Co-Ordinator, permanently focusing on the Philomena Protocol and being the SPOC for care homes on WA. We have delivered training to nearly all 3000 staff on the WA policing area and pushed this delivery out to schools and children's residential home staff. We have started to replace old trigger plans with new updated and more comprehensive versions, working with local authorities to share information.

We have improved the Initial Investigation of medium risk missing children by rebuilding the unit responsible for these Investigations and staffing it with permeant officers who have been trained in missing Investigation and child exploitation. This means that the correct enquiries are being completed when a child is reported missing, and this combined with the updated trigger plans, allows for a well-informed risk grading to be completed by the reviewing officer.

Going forward we will see PCs being replaced by Detectives, to staff the Child Exploitation Team. This will ensure officers have had the Nationally accredited Specialist Child Abuse Investigation Development Programme and source handling courses to better equip them to deal with exploited children. The initial 48hr period for missing people will be removed and it is extremely likely that we will move to one local unit within West Area, responsible for the handling of missing Investigations from the point of report to the matter being closed. Again, this will ensure officers are better trained and equipped to Investigate missing children and deliver an improved service.

We have been working closely with colleagues in Operations Orochi and Yamata, this has resulted in the successful location of several exploited children from the Buckinghamshire, Wiltshire and Surrey areas, and recovery of a large quantity of drugs, firearms, and ammunition. We have also assisted with the arrests of individuals responsible for exploiting these children. We have also been proactive in identifying linked series of individuals sexually exploiting children. In addition, we have increased the number of exploitation reports being created, this is a direct result of our training and awareness program, ensuring allegations / intelligence of exploitation is no longer being missed.

The **Online Child Sexual Abuse and Exploitation Team** (OCSAE) worked with Directors of Children's Services to implement a multi-agency approach to manage the risk assessment process, ensure appropriate support, and share relevant information. The welfare of any children at an identified address is the most important issue and overrides all other considerations. Therefore, if there are children at an address where intelligence states that Indecent Images of Children have been uploaded to the Internet the OCSAE team MUST contact Children's Social Care (CSC) within 24 hours. This contact should be information sharing from both partner agencies and based upon this contact, a decision needs to be jointly made as to how to proceed. It may be necessary to hold a strategy meeting. If so, the OCSAE DS should share information within this Strategy Meeting and give CSC the opportunity of attending the address with police.

Central OCSAE command provide a bespoke 2-week OCSAE course – the only one that exists nationally - and it is used to help shape national training following a previous HMICFRS recommendation. In addition, there are 2 training days for OCSAE teams per year. There is also a comprehensive Toolkit on the police intranet site to support understanding of this area of investigation. OCSAE work with

Schools to deliver the Safety-First programme. They also work with the Lucy Faithful Foundation to make direct referrals of offenders to ensure early intervention. OCSAE deliver inputs onto the Police Schools Officers training days.

There have been 47 Referrals/Investigations of Indecent Images of Children offences relating to Hillingdon investigated by West Area OCSAE in the last financial year. Officers within the team have successfully charged and convicted adults in the Hillingdon area, safeguarding children. One example investigation was triggered by information about suspicious online activity. The officer in the case identified a suspect who is a Registered Sex Offender, successfully applied for a warrant, OCSAE officers searched the address and a total of five devices that could contain images were seized from the address. Upon digital analysis and investigation there was indecent images of children found on a device. The suspect denied the offence in interview, but the evidence was gathered and presented to the CPS who authorised charges. In January 2024 the evidence presented to the court by the officer was compelling, leading to conviction and a custodial sentence. The suspect will remain on the sex offenders register managed by Hillingdon JIGSAW.

Our **Community Safety Units** (CSUs) in West Area have the highest demand across London, with a large volume of domestic abuse. Our Positive Outcome rates are around 11%, contrasting with the national average of 8%. The West area also has the highest amount of stalking prevention orders in the MPS. We also have an Operation Dauntless Specific Point of Contact (SPOC) who identifies high risk domestic abuse offenders. We are making consistent improvements in the delivery of right to ask and right to know under the Domestic Violence Disclosure Scheme, also known as Clare's Law.

In response to the HMICRFS Inspection findings we have increased supervision levels so that each investigation has oversight within the first 24-48 hours of operation. This ensures any safeguarding action needed is in place, with a clear investigative strategy to inform ongoing activity. To support this, we are increasing the number of supervisors, this will improve supervision ratios and reduce workloads, enabling greater oversight and increased drive of investigations. There is a rebalance programme which is pulling officers from other departments into Public Protection teams which has grown the teams from 13 to 18 officers per team. This will have a significant impact on workloads, allowing for a better service for DA survivors. There is also a dedicated DA arrest car which has been effective in expediting arrests relating to DA and this has allowed for early arrest of DA suspects.

Staffing and resourcing are a significant issue along with an inexperienced workforce as 80 % of the CSU teams consist of Direct Entry Detectives and many new supervisors at the DS rank. There is a clear learning and development pathway to ensure that both supervisors and officers build their skills so that they can improve service delivery. There is a Frontline policing team that ensures that

organisational and national learning is shared across CSU's in the MPS. This team ensure regular CPD and shares weekly data to improve service delivery. There is a big drive in upskilling leadership for supervisors and also a focus on wellbeing of officers.

We have developed a DA Improvement Plan, this focuses on training within the West area on key themes such as DVPN/DVPO, IDVA's, Victim Care, Safeguarding, Stalking Inputs, Criminal Justice Improvements around case building and achieving best evidence. DVDS – Clare's and Sarah's Law, Effective case management and a drive in arresting offenders in a timely manner through effective offender management structures.

Many domestic abuse cases hinge on statements obtained from survivors. Working together the Crown Prosecution Service and MPS have formulated model statements to assist investigators in obtaining high quality statements. There is also a clear governance structure in place to monitor case file compliance to ensure that there are fewer cases that get discontinued by the CPS and an improvement in victimless prosecutions.

The MPS apply the DARA risk assessment model, and this is supported by THRIVE + to ensure **Threat/Harm Risk** as Risk principles are applied to all cases and that I – **Investigation** plans are set for officers to follow, to ensure all necessary evidential building blocks are followed. V – **Vulnerabilities** are also assessed along with clear E – **Engagement** strategies in place and I- Intervention plans to ensure that the DA survivors are fully supported and that perpetrators are dealt with in an expeditious manner. This is supported by a safeguarding triage to identify enhanced safeguarding concerns. A new system named 'Connect' has been a major part of clearly documenting risk principles to guide decision making around effective risk management and safeguarding.

The MPS are the lead agency facilitating High-Risk DA Panel, MARAC. MARAC reviews 686 cases annually, above the 440 yearly case average. There is strong partnership working with Hillingdon partners, particularly the Hillingdon Domestic Abuse Advice Service's IDVA Team who are key contributors to the achievement of the MARAC overall. The Hillingdon MARAC is a successful one but is struggling to consistently hear cases in a timely manner due to resourcing. In the coming year we will be exploring alternative delivery models with key partners, for example a shift to a daily MARAC with shared ownership for leadership.

Our collaborative working has been showcased by a Police presentation by our Hillingdon DA Lead at the 2023 White Ribbon Day, with an officer also delivering a session on Digital Stalking and the way perpetrators use digital methods to stalk victims. The presentations were commended by local Councillors, highlighting the impact of Partnership working. Our commitment to collaborative working

leads to regular effective risk management, valued victim care and positive perpetrator enforcement. There are improvements to be made but overall, our strategy focuses on Prevention, Intervention and Enforcement. The recent Drive perpetrator panel is also being progressed to ascertain how we can take a holistic approach in working with Perpetrators to move them away from acting in a violent manner. This initiative will be closely monitored over the next 12 months and shows an innovative approach on how we tackle Domestic abuse with our Hillingdon partners. Working towards how we keep our communities safe and combat DA is a joint responsibility and we are confident that we will continue to do this effectively in the years to come.

12 Agency Contributions

12.1 Central and North West London NHS Foundation Trust (CNWL)

CNWL provides a wide range of physical and mental health services. In Hillingdon this includes the 0-19 service, Community Children's Nurses, Special School Nurses, the Child Development Centre, Allied Health Professional therapies, Addiction services, Adult Physical Services, Community Mental Health Services, Inpatient Mental Health services, Perinatal services, Talking Therapies and Child and Adolescent Mental Health services (CAMHS). Across CNWL we also have sexual health, health and justice services (all ages) and the National Gambling Helpline. There is Single Point of Access mental health crisis line for adults and children that is available 24 hours a day, 7 days a week for patients and professionals. CNWL provides a health practitioner within the Multi-Agency Safeguarding Hub (MASH). This has seen a continued increase in workload and a business case has been submitted to increase resource for this area. These services are supported by adult and child Safeguarding Professionals.

There is **senior representation at the Safeguarding Adult Board (SAB) / Safeguarding Children Partnership (SCP) board meetings and all sub-groups are attended by CNWL**. The Named Professionals, Director of Mental Health and Safeguarding Adult and Mental Capacity Act (MCA) Specialist supported the annual independent scrutiny process, contributing directly to the outcome. The Trust has a good relationship with the London Borough of Hillingdon Safeguarding Partnership and any Safeguarding Partnership approved publications are disseminated to all CNWL staff. In addition, key messages from any Safeguarding Adult Reviews / Domestic Homicide Reviews / Child Safeguarding Practice Reviews are disseminated to all staff and discussed in relevant CNWL Hillingdon meetings. They are also shared in Trust-wide meetings when appropriate. Audits for the year are consulted on and agreed with the partnership prior to them being developed and sent out to agencies to complete. **All audits are completed by CNWL as requested and sent back on time**.

The Trust contributes fully to the identification of **Learning from Practice**, and actively drives practice development. We are exploring methods of reinforcing learning through alternative methods, for example active discussion in team meetings and training. We continue to share good practice messages in respect of Mental Capacity Assessments, recently highlighting a need for specialist assessment where there is a concern about the executive functioning of the patient (the ability to not only understand the issue but also to carry out associated actions). The Trust have refreshed the Allegations against Staff and Volunteers policy and the Trust is developing a PiPoT (People in Position of Trust) policy and recognises its obligations to manage any concerns involving staff.

CNWL held its first joint Safeguarding Adults and Safeguarding Children conference in 2023, with topics including transitional safeguarding, Safeguarding Adults and MCA, self-neglect and modern slavery. Over 600 people registered for the event, which was very successful and was well received. This will now be an annual event.

For **Safeguarding Adults (SA)**, the most common concerns identified by our physical health services are neglect and self-neglect and for mental health services it is physical abuse. The organisation raises SA concerns when appropriate and information is shared with the Adult MASH as requested. We have a good relationship with the LBH MASH Team and meet weekly with them to establish the outcome of SA concerns raised by CNWL staff. We also have a good relationship with other partner agencies, such as The Hillingdon Hospital and the ICB and share information as required. The CNWL quarterly Safeguarding Health Outcomes Framework is shared with both the Hillingdon ICB and also the North West London ICB. The ICB is also invited to the CNWL Goodall Division quarterly Safeguarding meeting.

For children's, **the 0-19 service website provides a wealth of health information** for parents and professionals. The service provides a wide range of health advice and support to families and provide a key public health role. The 0-19 support MASH, Child and Family assessments and also children who are on a Child in Need / Child Protection Plan and support safety planning with families. The Health Visiting service has an asylum-seeking specialist Health Visitor who is in post to work with families who are living in contingency hotels and families affected by asylum seeking status. The 0-19 service also undertake health assessments for Children Looked After. The 0-19 School Nurse service also developed a Safe Hand tool for working with children who are living in homes where domestic abuse is a factor. The School Nurse team support children not in education, employment or training and have dedicated School Nurses for these children. A return from missing health plan is offered to ensure children are offered a consistent health response to missing periods.

CAMHS have a new under 5's service which offers specialist consultation and interventions to both parents and professionals aimed at improving the wellbeing of children under five years old. The service offers consultation for parents and professionals, parent child sessions and signposting. Schools, social services, GPs can make referrals to this service. The triage process for CAMHS includes referrals being triaged within 24 hours of a referral being accepted to the service. For those not accepted, they are signposted to tier 2 service; which are the Mental Health support team / child wellbeing practitioners as well third sector organisations who will be able to effectively meet the needs of the children and young people**. In the next month CAMHS are starting a new group called "Emotionally support parenting for parents with children under core CAMHS".**

The **Community Children's Nurses** deliver health care to children in their homes. They attend 3 monthly Team Away days which always includes a session on safeguarding children and a focus on learning. The team recently received a session on contextual safeguarding. Safeguarding children learning opportunities are cascaded to all team members. The team have recently reviewed their assessment paperwork in response to some recent safeguarding children learning to include safeguarding specific questions; such as FGM and Domestic Abuse.

The **Hillingdon Children Looked after Children (CLA) service** is co-located with the Harrow CLA team and is a well-established service having developed an excellent reputation in delivering good health outcomes for children who are looked after. The team have developed good working partnerships with Hillingdon Local Authority and other agencies. The team continue to ensure that children are seen for statutory health assessments, contribute to strategic planning at high-risk panels and strategy meetings. As part of responding to safeguarding needs, the team review all information forwarded from accident and emergency services and ensure follow up for those CLA attending with significant concerns.

The CLA service has noticed increased levels of children with mental health and complex needs identified in health assessments and these are shared with appropriate professionals. Where children and young people are known to CAMHS / Mental Health services the CLA team would liaise with them also. The Designated Nurse for CLA services at the ICB is also made aware of individual cases and common themes arising. Representatives from CNWL continue to be involved in ICB working groups on CLA services, where issues around mental health and complex needs are shared. It may be worth noting that the issue around increasing numbers mental health and complex needs is not just an issue for CLA services but also for other groups of Children and Young People (CYP) across the sector. The ICB has various work streams about CYP with neurodiversity, ASD and also CYP with Speech language and Communication difficulties where the needs of CLA are highlighted as well. CLA are a significantly

represented in the children discussed at the High-Risk Panel. It is apparent that numbers of children being placed in Hillingdon by other local authorities is increasing the workload.

CNWL provides **Speech Therapy, Occupational Therapy and Physiotherapy services** to children in Hillingdon. There has been increased funding from the ICB to support service provision. There has also been increased Speech Therapy resource in the Youth Justice Service.

CNWL continue to promote the importance of understanding **lived experience** within adult and child services and have a lived experience team focussed on promoting engagement. This continues to be an area of priority.

CNWL continue to support **FGM** within the SCP and participate in providing multi-agency training. There is participation and attendance at the FGM subgroup to support this area of work. This is also covered in CNWL Level 3 core training and has also been offered as stand-alone training. There has also been Trust wide work to raise awareness and empower staff to ask about FGM. This is an annual priority for the Trust.

A toolkit of resources has been developed and is available to all staff to assist in identifying and responding to **Child Sexual Abuse (CSA).** The Safeguarding Children Team attend the SCP subgroup. Raising CSA awareness and developing a toolkit for staff was an annual priority for the Trust this year.

CNWL are fully committed to supporting victims of **Domestic Abuse (DA).** CNWL staff refer and attend MARAC for high-risk cases of DA. We have a Domestic Abuse lead and co-ordinator who provide on-going work throughout the Trust including training, domestic abuse expertise, and develop / support domestic abuse champions. CNWL ran its yearly DA conference in December 2023 with the theme of "Windows of opportunity: A Whole Health Approach" which was open to internal and external staff and was very well attended with positive feedback provided. Addressing DA is supported via a Think Family approach in all services.

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

Our team consists of three positions, the LADO, who manages the team and the LADO functions including management of all allegations against professionals & volunteers who work with children, the Deputy LADO and Lead Child Protection Advisor to Schools and the Domestic Abuse Lead for Schools. The team provides an Annual Report to the Children's Safeguarding Partnership Board that details performance across the financial year.

Following an audit of the LADO service, the process for recording LADO oversight was reviewed and updated. The LADO process now consists of one online contact form which must be completed to both

request a consultation with the LADO, as well as to make a LADO referral. All contacts are recorded in the confidential LADO space on the electronic file management system ensuring there is a clear record of all decisions and to support in early identification of patterns of behaviour. This new recording system has been in development throughout the year which has increased the level of data captured as the year has progressed. This will support more effective data capture and analysis in the next financial year (2024-25).

Training delivered by the LADO (2023-24):

- 5 half day multi-agency 'managing allegations against members of the children's workforce' training sessions aimed at senior managers with over 125 attendees.
- 3 bespoke training sessions for the faith and voluntary sector
- 1 bespoke session for primary health (GPS).
- Bespoke training to the child abuse investigation team in the MET police and the department for police professional standards.

There have been 253 LADO contacts received in 2023-2024. As per the statutory functions of the LADO all contacts relate specifically to individuals. In addition, there have been 5 concerns relating to settings which have required LADO co-ordination and oversight. This is a 25% increase compared to last year (total 202 referrals against individuals) and continues to evidence an upward trajectory of referrals to the LADO service. Information from the national LADO network indicates this is consistent with the trend on a national scale.

Education staff remained the largest cohort of staff referred to the LADO making up approximately 60% of all referrals. Following this, the most referred sectors were early years staff, children's home staff, foster carers and 'other' (usually relating to carers) with 5-6% of referrals per cohort. The least referred sector remains faith group leaders. There has been targeted awareness raising in this sector from October 2023, with a slight increase in referrals indicating a positive impact. The number of referrals received regarding police has also increased (this has also been identified nationally) and is likely due to a combination of media coverage in this area, as well as LADO training targeted specifically at the police regulator. The number of referrals relating to health professionals is the only sector that has decreased this year (1.35% of all referrals). This has already been acknowledged and targeted awareness raising in this area has begun, in conjunction with designated health safeguarding leads.

This year data has only been specifically captured on the employment of the referred individual however, for the next year the sector of the referrer will also be captured to support clearer analysis of understanding of the LADO role across organisations.

Of the 253 LADO contacts, 146 were considered not to meet the LADO harm threshold. In most cases this outcome is determined in discussion between the LADO and referrer and/or employer. In more complex cases, the outcome was determined following a multi-agency LADO evaluation meeting. In all case the LADO ensures a clear record of decision making and outcome rationale. Where it is determined that the allegation relates to a breach of conduct the LADO will provide advice and guidance to the employer about any further investigation or action to address this.

Of the 107 referrals deemed to meet LADO harm threshold approximately 50% of referrals related to alleged physical abuse. Following this the most referred categories were alleged behaviours of concern of individuals and sexual abuse. The least referred category was alleged neglect.

107 referrals met LADO threshold with the following outcomes recorded:

- 30 substantiated
- 32 unsubstantiated
- 23 unfounded
- 12 false
- 2 malicious
- 8 cases remain open to the LADO (1 risk assessment, 4 ongoing internal investigations and 3 active police investigations)
- 7 cases remain open from the previous year (all active police investigations)

Overall, the LADO held 165 multi-agency evaluation or allegations against staff or volunteers initial and review meetings. There was a small decrease in the percentage of referrals resulting in a substantiated outcome compared to last year (11.86% compared to 12.87%). However, this is reflective of the greater number of overall contacts to the LADO.

Of the substantiated outcomes:

- 11 related to transferable risk of harm to children (10 behaviour of concern and 1 transferable risk from person life concern), 10 physical abuse, 5 sexual abuse, 3 emotional abuse and 1 neglect.
- 18 related to employed school staff, 3 agency school staff, 2 foster carers, 2 semi-independent support workers, 1 early year's worker, 1 sports coach and 3 others (2 carers and 1 Local Authority worker).
- Following the substantiated outcome 18 individuals were (or would have been) dismissed from their role and in all cases a referral was made to the DBS for consideration of barring. 1 matter resulted in a separate referral being made to the Teaching Regulation Agency.
- Of the substantiated sexual abuse allegations 3 related to education staff, 1 sports coach and 1 semi-independent worker.
- Overall, the outcomes appear reflective of the overall number of referrals and there are no specific themes relating to types of abuse identified across a particular sector.

Part of the LADO function is to consider any organisational learning in each matter as well as to draw out any thematic issues. There remains a lack of understanding around the LADO threshold and oversight role across organisations as well as an inconsistency in investigation processes. This creates a wide variety in the level of seriousness of concerns referred to the LADO as well as the quality of information shared by the referrer. LADO multi-agency training aims to promote consistency and quality of referrals and investigations however, this year the LADO will also focus on some targeted sessions with individual sectors with the aim to increase consistency and quality of referrals as well as subsequent investigations. As noted, referrals relating to health staff decreased in the last year and so targeted awareness raising will begin with designated safeguarding leads and senior managers responsible for managing allegations across the health sector including Hillingdon Hospital, CNWL and GPs. Given the largest number of referrals relates to the education sector the LADO will also target individualised awareness sessions to Headteachers and Chair of Governors.

Alleged physical abuse remains the most likely reason for an individual being referred to the LADO. Whilst this does not differ from prior years, it has been identified in learning from LADO allegations meetings that there is an increase of agency or lesser qualified staff being expected to manage complex situations without the necessary skills or training. A large majority of referrals relating to alleged physical abuse relate to poor management of behaviour or 'restraints' which have not aligned with organisational codes of conduct, and which have resulted in a child potentially being harmed. In several cases, the member of staff has had limited or no specific training or experience on how to manage complex behaviours appropriately.

Due to national difficulties in recruitment and retention, especially within the education sector, the indication is that sometimes employers are having to take on staff with lesser experience than they would otherwise accept and identify lack of funding/ resource is a barrier to providing staff with the training and support they require to establish the necessary skills. Whilst there are limitations in the LADO role this is an area that the LADO and education safeguarding team will continue to try to raise where possible, including highlighting the importance and responsibility of organisations to ensure robust safer recruitment processes, induction and training including for agency staff they take on. As well as an ongoing responsibility to fairly investigate and address any concerns recognising wider organisational learning where necessary. Specifically for school staff (employed and agency) this is something that will be reviewed via the Education Safeguarding Sub-group. The LADO has also produced a webinar for all staff that highlights the role of the LADO and expectations of organisations and staff that organisations are encouraged to use as part of their induction process with all staff.

The LADO recognises the continued complexity of organisations being able to identify behaviours of concerns specifically linked to grooming and sexual abuse. This year the LADO aims to focus on awareness raising particularly in this area to ensure that settings seek support and guidance from the LADO where they have concerns given the known barriers to children reporting this type of abuse and known understanding or manipulative and coercive behaviour of individuals who sexually abuse children.

This year the LADO will use the safeguarding partnership newsletter as a way of sharing learning identified that is relevant to wider organisations as well as the before mentioned targeted awareness raising.

Training and preventative work

- The domestic abuse lead for education delivered 34 training sessions across schools and multi-agency practitioners on understanding the signs and indicators of domestic abuse and the impact on children.
- 100% of maintained and academy schools in Hillingdon are signed up and supported in Operation Encompass (system for schools to be alerted when police have attended the child's home due to a domestic abuse call out)
- 7 half -termly 'cluster' meetings have been held for school designated safeguarding leads (DSL) to facilitate sharing updates and reflections on legislation, guidance, research and best practice in the area of safeguarding.
- A DSL development day was held with 67 schools represented, focused on facilitating sharing of good practice across settings as well as identifying and addressing gaps in safeguarding practice via audit action plans.
- All school safeguarding training created and delivered to DSLs with a focus on empowering them to deliver within their own settings and engage in reflective conversations with their staff around safeguarding.
- 55 reflective practice sessions held by the CP lead for schools with DSLs/headteachers to assist in individual matters but also to promote the wider use of reflective practice in school settings. 7 of these resulted in a formal escalation by the CP lead which resulted in access to a service or statutory social care input for a child/family.
- This year has seen the establishment of the Education Safeguarding subgroup with core membership and targets established and embedded. This year the actions of the group resulted in an overhaul of the 175/157 safeguarding audit for schools, creation of the DSL development day and ongoing review of attendance and safeguarding processes.

12.3 Children's Rights and Participation Service

The Children's Participation Team are part of the Safeguarding, Partnership and Quality Assurance Service, under the management of the Director for Safeguarding, Partnership and Quality Assurance. Our team coordinates the children in care councils and youth voice consultation groups, ensuring that the voices of children are heard within the local authority, and with external agencies.

The Participation Team are now responsible for Youth Council and have worked with the Adolescent Development Team to facilitate a smooth transition. This is a forum for young people to discuss community issues. The core group is elected annually from Hillingdon schools, but all are welcome. HYC partners with the UK Youth Parliament and London Youth Assembly, engaging in various activities led by young people, including project work and promoting cultural understanding. It provides feedback to key agencies and enables communication between local representatives and young people. HYC offers a platform for youth voices, fostering personal growth and friendships. Despite its formal appearance, HYC is inclusive, offering youth a voice in decision-making and fostering personal growth through skills development and building relationships.

Key Facts and Figures:

★ Engaged with 339 individual children through children in care councils and other enrichment and engagement activities.

★ Supported young people in volunteering 635 hours of their time in addition to attendance at CiCC's (200 more hours than last year!)

★ Completed a successful residential trip the Isle of Wight for 18 care experienced young people

★ Continued the development of Tuesday football sessions including monthly staff vs young people tournaments and secured coaching support from Brentford football club.

★ Celebrated 545 individual young people who were nominated for KICA awards.

★ Delivery of a high successful KICA event with 148 winners attending the event

★ Celebrated a young person who was a finalist in the Children and Young People Awards; Biggest Impact

★ Identified and supported young people to be involved in the recruitment to 39 roles within Children's Social Care, including Participation Officers, residential workers, NQSW's, apprentices, personal advisors and YJS officers.

★ Facilitated Walking in our shoes training to 284 multi-agency professionals.

The team continue to engage in consultation and discussion with young people who are more challenging with complex needs, behaviours, and mental health difficulties. We have adapted each session to the members needs to ensure that everyone is fully supported.

12.4 The Hillingdon Hospital

The Hillingdon Hospital 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. We 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, urgent treatment centre, inpatients, day surgery, and outpatient clinics. The trust also provides some services at Mount Vernon Hospital, in cooperation with a neighbouring NHS Trust.

In 2023 our maternity services were the subject of CQC inspection, the inspection outcome was that the service requires improvement. We have developed an action plan to support improvements within the service, including raising compliance for medical colleagues safeguarding Level 3 training.

A significant development for the trust has been the implementation of a new electronic patient record, Cerner, as part of a North West London transformation project. This system links with other hospitals in North West London, so allows a more seamless approach across borough boundaries. There are some challenges with the functionality, and links to the hospital and local authority safeguarding teams. We are working across ICT departments to resolve this where possible to do so.

In the last year there has been an increase in the frequency and complexity of safeguarding concerns for both adults and children. For children we have seen a notable increase in the number of presentations where a child has mental health difficulties, and/or is neurodiverse. This increase in need is also reflected in our contact with adults. In response we are expanding our provision for mental health support.

For adults there has been a year-on-year increase in the number of safeguarding referrals made, with 300 additional in the year 23-24. The most common concerns are in respect of neglect, self-neglect,

and mental health difficulties. The incidence of domestic abuse is increasing, the hospital has an onsite IDVA who provides advice and guidance when a domestic abuse concern is identified. We are driving the use of routine enquiry to enable patients to disclose where there is a domestic abuse concern.

The Hospital Safeguarding Team continues to play a full and active role in the Safeguarding Partnership, we contribute to subgroups, and have reported directly to the senior strategic boards. Where there is learning from practice, we incorporate this into the mandatory training programme for hospital staff, using practice briefings to guide responses to specific concerns and as a tool to promote reflective conversations. One example is increased focus on safeguarding practice for children aged 16-17, children of this age usually have their clinical needs met on adult wards. In response we have introduced specific training that highlights the vulnerability of this age group and incorporated this across the wider training offer.

12.5 Domestic Abuse Steering Executive, Safer Hillingdon Partnership

The DASE is a subgroup of the Safer Hillingdon Partnership. It provides strategic oversight and direction in terms of the delivery of the domestic abuse partnership strategy. In November the Partnership launched our Domestic Abuse Strategy, this sets out how we work together to promote the safety of victims, and reduce the risks posed by perpetrators, it is underpinned by a comprehensive delivery plan. In recognition of the benefits of close working with safeguarding leads we are developing closer links with the various multiagency fora that underpin the Safeguarding Partnership. This enables us to address shared areas of learning and ensure that we work together effectively to reduce risk and promote wellbeing.

On 25th November 2023 we convened a conference to mark White Ribbon Day, this was attended by a wide range of professionals and focussed on rising to the challenge of protecting victims in a technological age. As part of wider acknowledgement of the 16 days of Activism various fundraising and awareness raising activities were promoted, including a VAWG themed quiz, a charity three bridges walk and a bake sale.

In the coming year the Safer Hillingdon Partnership will be progressing with 4 Domestic Homicide Reviews. Our approach of action learning ensures that any areas of immediate needs are progressed without delay. Our Vulnerabilities Manager has worked closely with the Safeguarding Partnership team to improve communication with the DASE and wider multiagency network. Where appropriate, areas of learning identified in Domestic Homicide Reviews/Domestic Abuse Related Death Reviews

will be progressed within the child and adult learning from practice task and finish groups, with preventative intervention being streamed through the education safeguarding subgroup. This subgroup will also retain oversight of Operation Encompass, ensuring effective governance and clear communication to the senior strategic groups.

12.6 London Fire Brigade

In 2023-2024 London Fire Brigade has contributed significantly to the work of the Safeguarding Partnership, at both a strategic and operational level. Our Borough Commander chaired the Safeguarding Adult's Board Fire Safety Task and Finish Group, with other Officers attending various operational multiagency groups that contribute to the safeguarding of specific individuals. These forums include the Multi Agency Risk Assessment Conference (MARAC), Hoarding Panel and Multi Agency Safeguarding Hub.

In terms of prevention, we have delivered presentations to support and educate groups about fire safety. This includes Housing Officers, the voluntary sector, the Older People's Assembly and Disability Assembly. Our Borough Commander worked closely with a member of the Safeguarding Partnership Team to develop a practice resource and webinar to disseminate learning and information about fire prevention, this will launch in the next financial year.

12.7 The Churchill Clementine Hospital

The Churchill Clementine Hospital is a private healthcare provider operating in the London Borough of Hillingdon. Representatives of the Hospital safeguarding team attend both the Child and Adult Safeguarding Boards, ensuring that relevant information is disseminated throughout the wider workforce. This provides assurance that our workforce is informed and up to date with best practice. In the last year we have implemented safeguarding supervision for staff, supported by the Safeguarding Partnership Team.

12.8 The Probation Service

The Probation Service is responsible for the supervision of adults subject to court-imposed sanctions. Ealing and Hillingdon Probation Delivery Unit (PDU) currently supervises approximately 2500

individuals serving either community or custodial sentences. The Probation Service is responsible for the assessment and management of risk of serious harm and risk of re-offending.

The Probation Service is a fully engaged member of the Hillingdon Safeguarding Partnership and continue to work collaboratively with key partners to manage risk and safeguard potential victims and those deemed vulnerable. Our priorities are aligned with the priorities of the partnership and our strategic and operational policies and frameworks serve to support the outcomes of the Hillingdon partnership. Safeguarding should be a golden thread that runs throughout everything we do in the Probation service. Our staff have the skills, knowledge, and responsibility to contribute to child safeguarding, child protection and to improve outcomes for vulnerable children and adults who are at risk.

Some key frameworks are critical to this golden thread such as MAPPA (Multi-Agency Public Protection Arrangements). MAPPA is a formal mechanism through which partner agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. MAPPA facilitates agencies to assess and manage individuals on a multi-agency basis by working together, sharing information and meeting to ensure that effective plans are put in place. The value of MAPPA comes from the active exchange and collaboration among key agencies that enables a collective view of the individual and a more informed overall picture of the context and relevant circumstances, so that the right decisions about the management of that person's risk can be made and acted upon, and those considered vulnerable are safeguarded.

The probation service recognises the significant harm caused by domestic abuse and engages in partnership working, to effectively manage individuals assessed as posing a risk of domestic abuse. The service is a key partner in Multi Agency Risk Assessment Conference (MARAC) particularly in relation to domestic abuse victims identified as at high risk of harm. The *Domestic Abuse Policy Framework* sets out the Probation Service's commitment to reducing domestic abuse-related re-offending and the risk of serious harm associated with it, to provide interventions to support rehabilitation and ensure staff at all levels understand what is expected of them, and to ensure that action is taken to safeguard adults and children at risk.

Probation work closely with the Hillingdon Justice Service (YJS) and Youth Custody Service (YCS) to ensure the transition process into adult services is carried out as smoothly as possible. The Probation Service and YJS will agree locally, to review young people who are approaching 18 and eligible to transfer to adult services, monitor case transfer preparation and manage any issues within the transition process. It's recognised that more needs to be done in the area of transition from child to

adult services, particularly around vulnerability to exploitation, and this will be a new focus area over coming months.

The National Offender Personality Disorder Pathway (OPD) is jointly commissioned by the National Health Service (NHS) and HMPPS (His Majesty's Prison and Probation Service) to deliver a pathway of psychologically informed services for those who have offended and meet the pathway criteria. The person on probation or in prison does not require a formal diagnosis of having a personality disorder to meet the criteria to be screened in to the OPD Pathway or access its services.

Nationally driven probation initiatives this year have included 'Think Child Campaign' and 16 Days of Activism Against Gender Based Violence is an annual campaign to end violence against women and girls. Each year, HMPPS works with staff to gain a deeper understanding of domestic abuse by hosting a series of online events which feature academics and subject matter experts. We have been proactive in our use of MOPAC GPS tagging for domestic abuse perpetrators as well as engaging and supporting the implementation of DRIVE.

Being an active member of the partnership means being fully engaged in achieving better outcomes and we welcome the opportunity to collaborate and work alongside partners on issues such as 'cuckooing', one example of the cross-cutting across the partnership.

We recognise the importance of continuous learning and professional development, and we have invested quite heavily in this over the past year. We hold PDU-wide practitioner learning days once a month, selecting a theme or practice area where we recognise a learning and development need e.g. one event recently was focused on domestic abuse. Professional curiosity is a theme that runs through all chosen topics. We encourage peer learning and in the last year have set up a specific peer learning group for newly recruited staff and for our newly qualified officers, which is receiving positive feedback in terms of their professional development. These events are informed by the learning from our Serious Further Offences reviews and our quality assurances processes, as well as by practitioners in areas they would like to develop their skill set.

Every practitioner in Hillingdon has attended a Trauma-informed training event, rolled out across London, and the Hillingdon teams engaged in a London Skills Improvement Programme, which featured classroom events on child and safeguarding practice. All probation staff undertake a rolling programme of safeguarding training as part of their mandatory training schedule. This is directly linked to pay progression and the civil service competency-based framework.

Quality assurance is a key element of our ongoing learning, and the introduction of a new quality assurance framework helps enhance practice around safeguarding. We also have a valuable learning

opportunity in the coming months where the quality assurance subgroup will be focusing on referrals submitted by probation – as a learning organisation, this presents a real opportunity to improve the standard of our referrals and co-ordination of the work.

We are very proud that we were recognised in London Probation's 'Of the Year' awards: both Senior Probation Officer of the Year and London's Probation Officer of the Year are both based in our Ealing & Hillingdon teams.

Resettlement panels have been established with the collaboration of Hillingdon local authority housing – this enables proactive planning in advance of a release from custody ensuring accommodation is considered, particularly where it enhances the management of risk in the community.

Hillingdon teams have also recently welcomed colleagues from the Service Delivery Safeguarding and Quality Assurance Team [Asylum Support, Resettlement and Accommodation] – this was aimed at building relationships and at identifying ways we could work more collaboratively to ensure good safeguarding practice in the management of asylum seekers in the community, between Probation and the Home Office.

13 Priorities for 2024-2025

Hillingdon Safeguarding Partnership continues to strive for excellence in practice, our commitment to continuous development of local services for children, adults, their families, and carers is fundamental to all aspects of our work. This necessitates a reflective and dynamic approach to strategic safeguarding; willingness to recognise our opportunities for development, and to build on what we do well. In the coming year the Partnership will focus on embedding the learning from quality assurance processes, and core practice challenges. Our underpinning principle of amplifying the voices of children and adults provides us with an impetus to understand and respond to the lived experiences of those individuals, and families, in need of support or protection.

In the coming year we will need to progress with reviewing and updating our Safeguarding Arrangements, strategies, and practice guidance in line with the changes to Working Together to Safeguard Children. This also presents an opportunity to reflect on our Safeguarding Adults Arrangements and to align more effectively with related strategic work.

The **Safeguarding Adults Board** will focus on:

- Neglect
- Cuckooing and Exploitation
- Transitional Safeguarding

The **Safeguarding Children Partnership** will focus on:

- Contextual Safeguarding
- Child Sexual Abuse
- Education Safeguarding
- Transitional Safeguarding