

**Barking and Dagenham  
Safeguarding Adults Board  
Annual Report 2024 – 25**



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# 1. Independent Chair's Foreword and Overview



**Anju Harmit Ahluwalia BEM**  
**Independent Chair**  
**Barking and Dagenham Safeguarding Adults**  
**Board**

This year the challenges in the local environment have not been easy due to the ever-demanding financial constraints, cuts and balancing services across the whole of the partnership.

It has been important for me to further build on work that I have undertaken as the Safeguarding Adult Board Independent Chair over the last 2 years and to continue to listen to the local community. I have fed this back to partners at a Board level, which has allowed them to share with their organisations and improve services for the community.

I have had the pleasure of meeting individuals who use our services, community groups and professionals who work to provide support at the front line. I have built on the relationships and communicated at all levels to understand the local provision whilst gathering feedback about what is working well, where the challenges are and where improvements are required.

With the understanding that adult safeguarding is everyone's business, we held our first joint safeguarding conference across the Safeguarding Adults Board, the Safeguarding Children's Partnership and the Community Safety Partnership, in November 2024.

Professionals, partners, community representatives and services users attended the conference to listen to a number of presentations and share their experiences. The conference was a success, and we had positive feedback. Individuals left feeling empowered, with increased knowledge of what service are available, knowledge of community support and having made useful contacts. We will build on this by holding another joint conference in 2025 to enhance knowledge and partnership working.

Strategic work in terms of the board priorities and work plan has been reviewed and some new actions were set for the year. The committees of the SAB have continued to work in partnership to support the board and implement actions. I am happy to say that the partnership is working well and communication is open and transparent.

The One Panel continues to work well and this has really helped to bring an improved joint working approach across the boards.

Moving forwards the Board will continue to build on the great work that has been undertaken this year and I will personally support this and continue to link with the community and service users.

## 2. What is Safeguarding Adults?

**The Care Act 2014 statutory guidance defines adult safeguarding as:**

‘Protecting an adult’s right to live in safety, free from abuse and neglect. It is important that people and organisations work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

The Care Act 2014 came into force on 1<sup>st</sup> April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from risk, abuse or neglect. The Local Authority, the NHS Integrated Care Board and the Police are all statutory partners of the Safeguarding Adults Board (SAB) and other important local partners are also key players in the work of the partnership.

The Care Act identifies six key principles that should underpin all safeguarding work. These are:

- Accountability
- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership



### 3. The SAB's Vision

Every adult living in the London Borough of Barking and Dagenham has the right to live in safety, free from fear of abuse or neglect. The Safeguarding Adults Board exists to make sure that organisations, people and local communities work together to prevent and stop the risk of abuse or neglect.

In the London Borough Barking and Dagenham we want to embed a stronger and safer culture that supports adults who are at risk of harm. We know that to achieve this we have to work in partnership with the people who use local services and with the wider local community. All agencies working with adults at risk have an essential role in recognising when these people may be in need of protection. Agencies also have a responsibility to work in partnership with adults at risk, their families, their carers and each other. The Safeguarding Adults Board has a statutory duty to ensure it uses its powers to develop responsibility within the community for adults who need care and protection.

The main focus of the work of the Safeguarding Adults Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect, and that there is a common commitment to improving outcomes for them. This means ensuring the community has an understanding of how to support, protect and empower people at risk of harm. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes.

The Safeguarding Adults Board has a three year Strategic Plan in place with priorities, objectives and annual actions which set out how partners will work together to safeguard adults at risk. The Strategic Plan can be viewed here

<https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board#tabs-3> and is referred to again in section 9.

**The Safeguarding Adults Board has a responsibility to:**

**Protect adults  
at risk**

**Prevent abuse  
occurring**

**Respond to  
concerns**

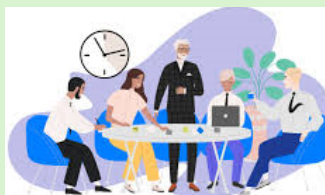
**It may be suspected that someone is at risk of harm because:**

- there is a general concern about someone's **well being**
- a person sees or hears something which could put **someone at risk**
- a person tells you or someone else that something has happened or is happening to them which could put **themselves or others at risk.**

## 4. The Board and Committees

The Barking and Dagenham Safeguarding Adults Board is made up of the following statutory partners:

- The Local Authority
- The Borough Police
- The NHS Integrated Care System



Other members of the board include the Council Cabinet Member for Social Care and Health Integration, chairs of the committees, representatives from North East London Foundation Trust (NELFT), Barking, Havering, Redbridge University Hospitals (BHRUT), the London Fire Brigade, the London Probation Service, Barking and Dagenham Healthwatch and Care Provider Voice.

The Barking and Dagenham One Panel has been in place since 2024 and brings together referrals for cases to be considered for review including Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and Child Safeguarding Practice Reviews (CSPRs). The Panel also undertakes the role of agreeing and monitoring reviews taking place. Guidance documents and the referral form can be found [here](#)

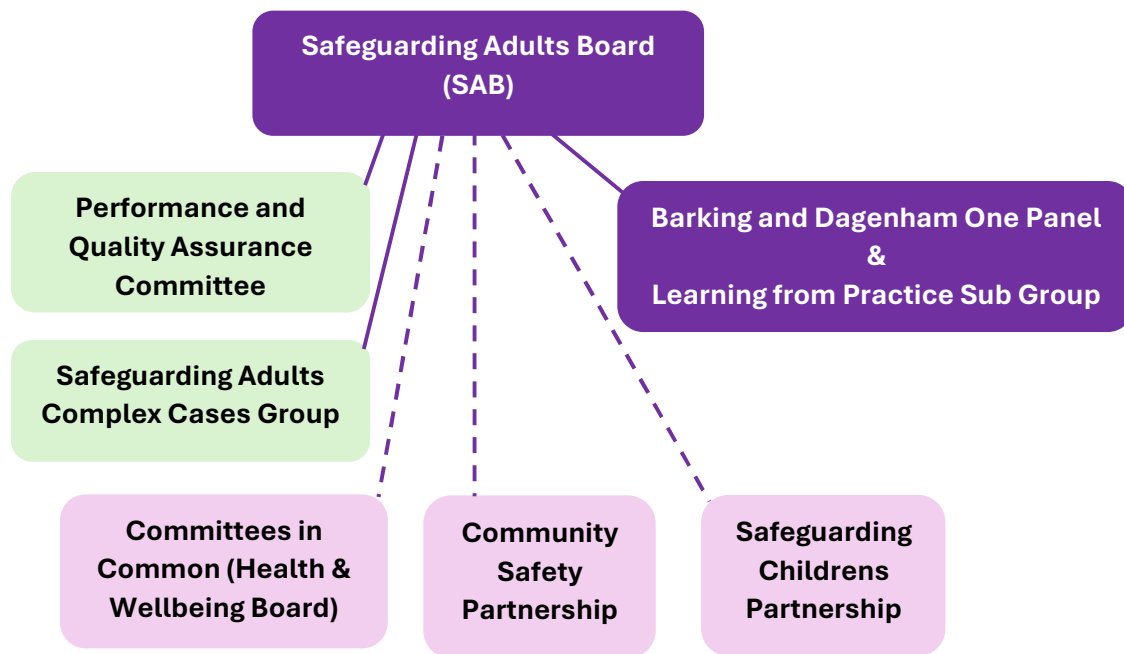
There is now a joint Learning from Practice group that implements the learning and development arising from reviews from across all the local partnerships as well as other local, regional and national learning.

The SAB has four committees, which are chaired by different partner organisations:

- The Performance and Quality Assurance Committee (chaired by Care Provider Voice)
- BD One Panel (chairing is shared across partners and rotates)
- The Safeguarding Adults Complex Cases Group (chaired by the London Borough of Barking and Dagenham)
- The Learning from Practice Group (chaired by NHS Integrated Care System)

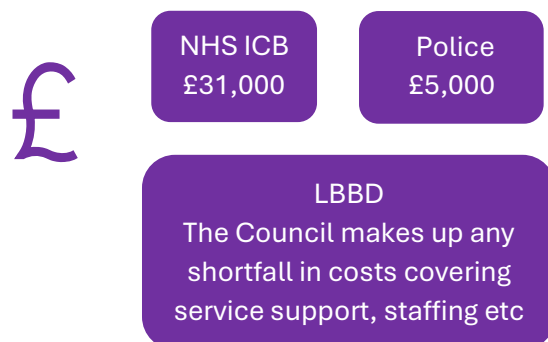
The Independent Chair meets regularly with LBBD Council's Strategic Director of Adults and Childrens Service and the Adult Social Care Operational Director as well as with the committee chairs and other key SAB partners.

The board is supported by the Council Cabinet Member for Social Care and Health Integration as a participant observer. This enables Councillor colleagues to be kept up to date with safeguarding adult matters. In addition, the committee chairs and officer advisors also attend board meetings.



### Financial Contributions

Statutory partners make financial contributions to the SAB. This supports the running of the board including the cost of the Independent Chair, Safeguarding Adult Reviews and any multi agency learning and development activity undertaken across the partnership.



### The SAB's Statutory Responsibilities

The SAB must publish an annual report each year as well as having strategic plan. This annual report reviews the work undertaken by the SAB and its committees throughout 2024-25 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.
- has not died but the SAB knows or suspects that an adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from SARs must be reported in the annual report. Three SARs were commissioned in 2024-25. More information on these can be found in chapter 6.

### Expenditure



## 5. Safeguarding Data

Local data on safeguarding is important and valuable to the Safeguarding Adults Board and performance data and analysis are discussed regularly at the Board. Also, our Performance and Quality Assurance and Committee meet quarterly to discuss insights from across the partnership.

The Safeguarding Adults Collection (SAC) is a key source of data for the SAB. This data collection provides an overview of the statutory duties that local authorities have under the Care Act to safeguard adults at risk of abuse or neglect. Data is submitted annually to NHS England. Barking and Dagenham Council data included in this report covers the SAC from 1st April 2024 to 31<sup>st</sup> March 2025. Benchmarking on safeguarding activity was published in August 2024 and enables comparisons between local and national figures in 2023-24.

### Key figures for Safeguarding in Barking and Dagenham in 2024-25



**1,388**

**safeguarding concerns were raised during the year**



**17 in 100**

**Is our conversion rate of Section 42 enquiries started to concerns raised**



**80%**

**of enquiries occurred in the individual's own home – national average at 46%**



**14%**

**of enquiries had self neglect as risk type - national average at 8%**



**95%**

**of enquiries where risk was assessed as having been removed or reduced.**



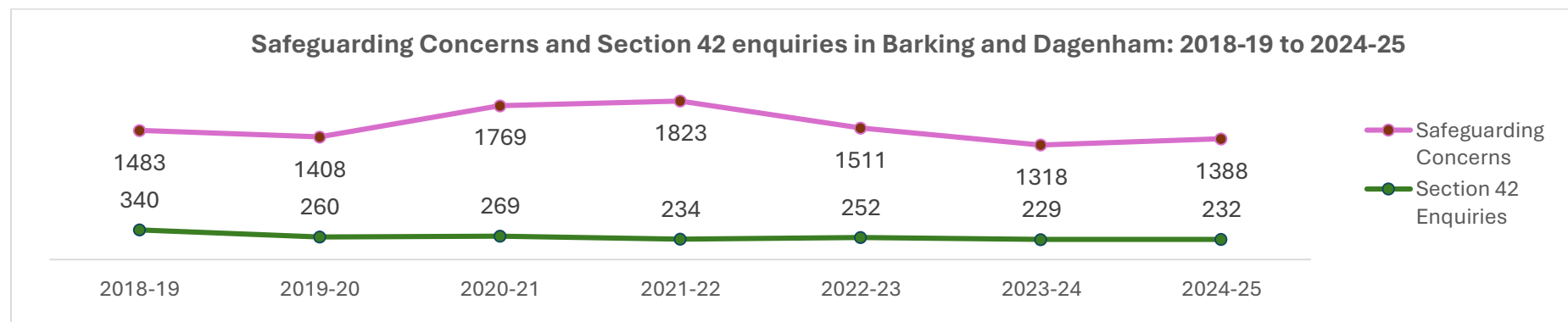
**98%**

**of individuals involved in an enquiry stated that their desired outcome had been achieved**



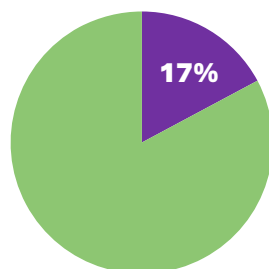
## Safeguarding Concerns Raised and Enquiries Started

Barking and Dagenham Council (LBBD) received 1,388 safeguarding concerns during 2024-25. This figure represents 22% of all contacts received in Adult Social Care in 2024-25. The number of safeguarding concerns had increased by 70 from 1,318 in 2023-24, although the overall trend since the beginning of the decade has been downward, as can be seen from the chart below. 232 concerns met the safeguarding criteria and proceeded to a Section 42 enquiry. This is a slightly higher level than in 2023-24, when 229 enquiries were started.



In Barking and Dagenham in 2024-25, 1,388 safeguarding concerns were raised while 232 Section 42 enquires were started. This means that for every 100 concerns raised, 17 Section 42 enquiries started in the same period. This gives us a conversion rate in the borough of 17%, which remains unchanged over the last three years. Nationally this rate was much higher at 29% in 2023-24, which is the latest available data for benchmarking.

**LBBD 2024-25**

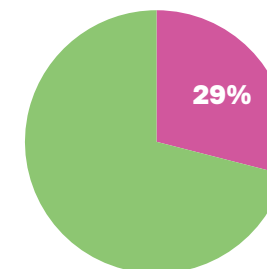


**Barking and Dagenham's**

**Conversation Rate in 2024-25 - 17%**

England was at 29% in 2023-24

**England 2023-24**



## Type and Location of Risk in Concluded Section 42 Enquiries

### Type of risk involving concluded Section 42 enquiries

Reporting around type of risk, source of risk and location are based on concluded Section 42 enquiries rather enquiries starting in that period. In this cohort there were 230 Section 42 enquiries that concluded during 2024-25 rather than the 232 that started.

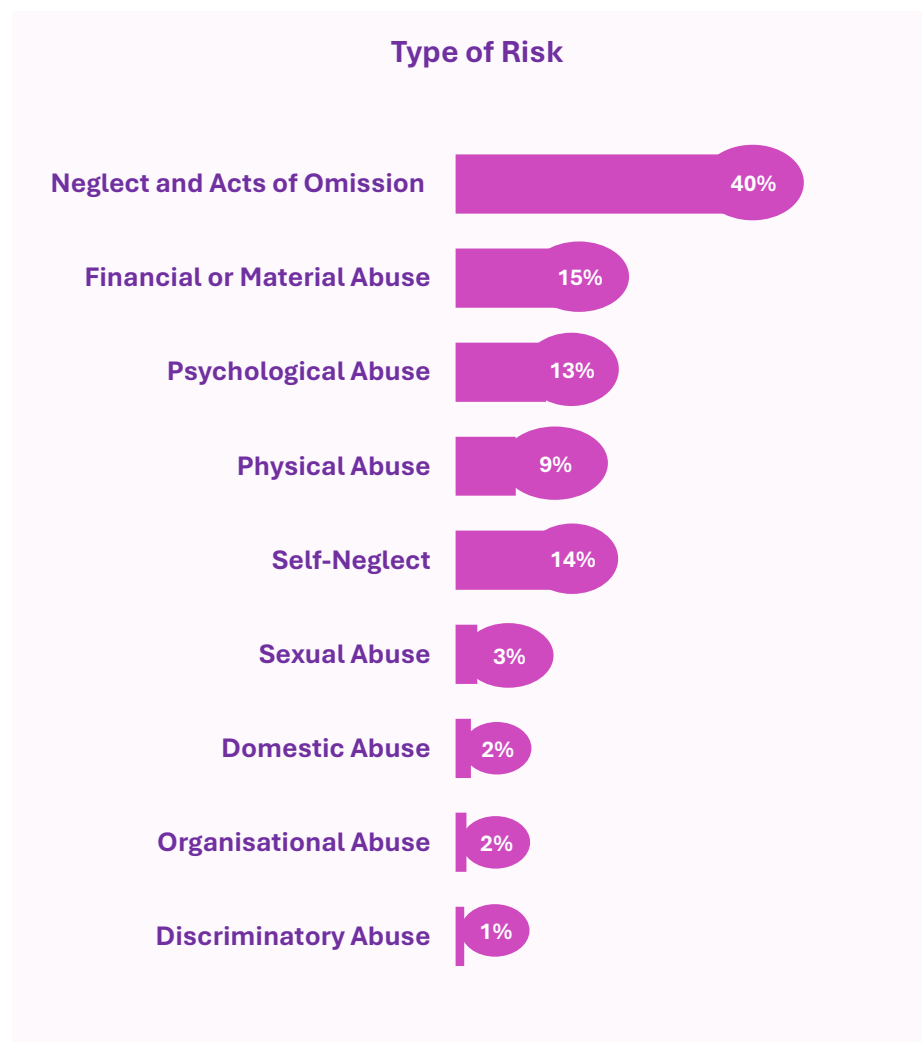
It is also important to note that with this data that one adult may have experienced more than one type of risk, or location of risk or person alleged to have caused harm. Therefore, multiple risk categories may be recorded for one person during an enquiry.

In Barking and Dagenham, self neglect had increased from 8% of all concluded Section 42 enquiries by risk type in 2022-23 to 12% in 2023-24. It then increased further, to 14% in 2024-25. The England average for self neglect was lower in 2023-24, at 8%.

The proportion of Section 42 enquiries that included neglect and acts of omission as the type of risk had risen from 36% in 2023-24 to 40% in 2024-25. Nationally, 32% of enquiries were in this risk category in 2023-24.

In 2024-25, 15% of Section 42 enquiries were as a result of financial or material risk while psychological risk was at 13% and physical risk at 9%.

This data is reported regularly to the SAB in order identify patterns in types of risk.

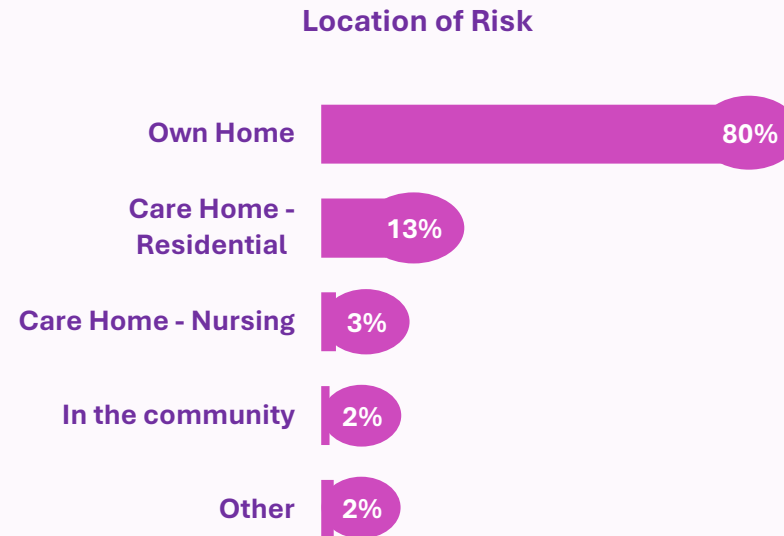


### Location of Risk

The proportion of Section 42 enquiries that occurred in the home of the individual concerned increased significantly from 55% in 2022-23 to 73% in 2023-24 to 80% in 2024-25. Nationally, a much lower level of Section 42 enquiries took place in the person's home in 2023-24 at 46%; this level was at 58% in London in 2023-24.

16% of Section 42 enquiries took place in care homes in 2024/25 (residential 13%) which is significantly lower than the 32% in 2022-23. At a national level, 32% of enquiries took place in a care home in 2023-24.

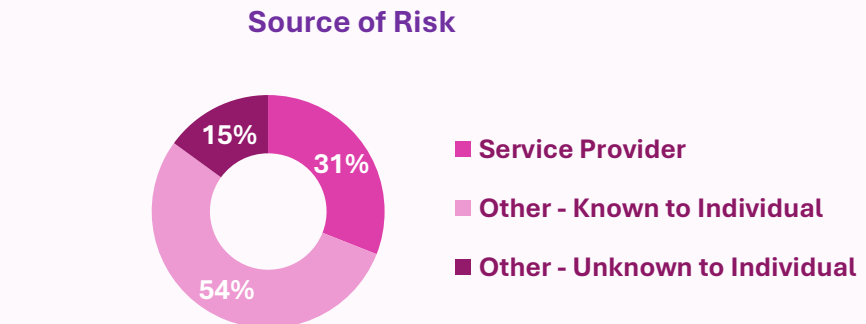
Only 2% of Section 42 enquiries took place in the community while enquiries where risk was at an unspecified location (other) decreased from 13% in 2021-22 to 8% in 2022/23 to only 2% in 2024-25.



### Source of Risk

31% of enquiries had a source of risk recorded as service provider in 2024-25 – a decrease on the level in 2023-24 (35%) and slightly lower than the national average in 2023-24 (32%).

The proportion of enquiries where the source of risk was unknown to the individual has decreased from 29% in 2021-22 to the current level of 15% in 2024-25 and is now closer to the national average in 2023-24 (14%).



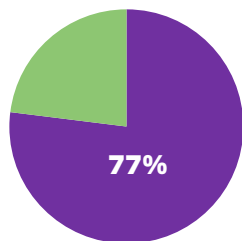
## Making Safeguarding Personal in Concluded Section 42 Enquiries

This section contains information on the 230 concluded Section 42 enquiries that had concluded in 2024-25 including whether professionals have identified and managed risk, whether the individual felt that their desired outcome was achieved and whether the individual concerned has the capacity to make decisions in the safeguarding process.

In LBBD, in 77% of enquiries risk was identified and action taken. A further 8% of enquiries ceased at the individual's request. In other enquiries, risk was not identified or the risk assessment was inconclusive.

In 95% of cases where risk was identified in 2024-25 (190 out of 200) the risk was either removed or reduced - this was higher than the equivalent level in England in 2023-24 (91%).

**LBBD 2024-25**

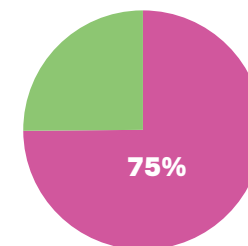


### Risk identified and action taken

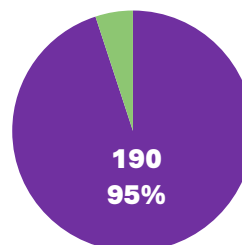
Percentage of enquiries where risk was identified and action taken in LBBD - 77%

75% nationally in previous year 2023-24

**England 2023-24**



**LBBD 2024-25**

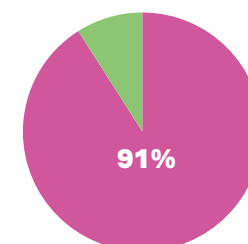


### Risk Removed or Reduced

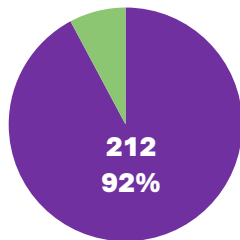
In 90 out of 200 Section 42 enquiries in LBBD (where risk was identified) risk was removed or reduced - 95%

91% nationally in previous year 2023-24

**England 2023-24**



**LBBB 2024-25**

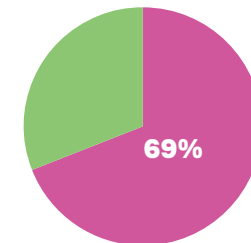


**Desired Outcome Expressed**

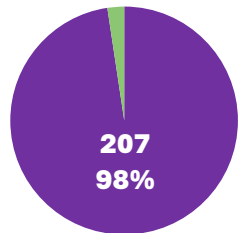
212 out of 230 were asked about their desired outcomes - 92%

69% nationally in previous year 2023-24

**England 2023-24**



**LBBB 2024-25**

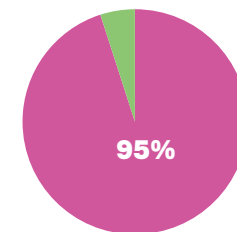


**Desired Outcome Achieved**

207 out of 212 stated that their desired outcome had been either fully or partly achieved - 98%

95% nationally in previous year 2023-24

**England 2023-24**

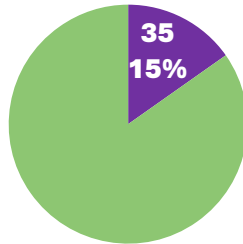


There is a significant difference between Barking and Dagenham and England regarding the likelihood of individuals being asked what they would like to achieve out of the safeguarding enquiry process and the likelihood of achieving that as a desired outcome.

In 2024-25 in Barking and Dagenham, in 92% of Section 42 were asked their desired outcomes, compared to 69% in England in 2023-24. 98% of this cohort of people in 2024-25 stated that their desired outcome was fully or partly achieved, which was higher than the England average in 2023-24 (95%).

In 15% of concluded Section 42 enquiries in 2024-25 (35 out of 230) the individual was assessed as lacking capacity to make decisions for themselves; this was much lower than the England average in 2023-24 (34%). In all 35 of these cases the individuals had advocacy to support them through the process, in the way of family, friends or a professional. At a national level, 83% of people had advocacy to support them in 2023-24.

**LBBD 2024-25**

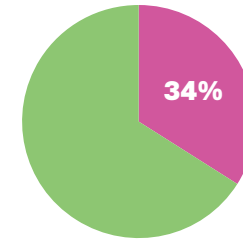


### Lacking Capacity

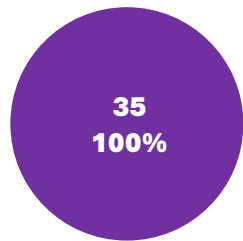
In 35 Section 42 enquiries the individual lacked capacity - 15%

34% nationally in previous year 2023-24

**England 2023-24**



**LBBD 2024-25**

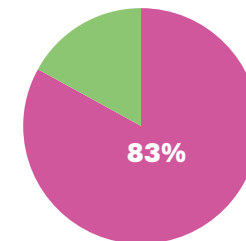


### Advocacy

All 35 of those individuals who lacked capacity had some form of advocacy (e.g. from a family member or professional) to support them through the process – 100%

83% nationally in previous year 2023-24

**England 2023-24**



## People involved in Section 42 enquiries

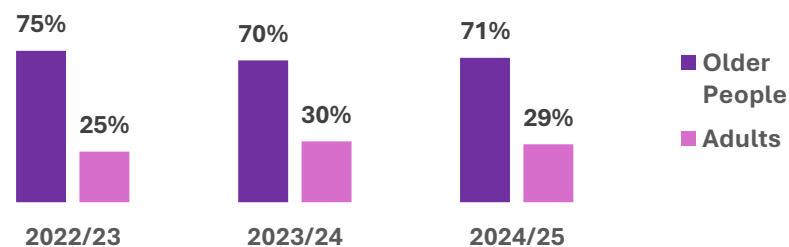
A focus on the demographic profile of Section 42 safeguarding enquiries in Barking and Dagenham shows that older people are more likely to have been involved in safeguarding enquiries. Most people had a primary support reason that was based around their physical needs.

The demographic profile of the cohort of people involved in Section 42 enquiries in terms of ethnicity matches the demography of the wider population in the borough.

### Age

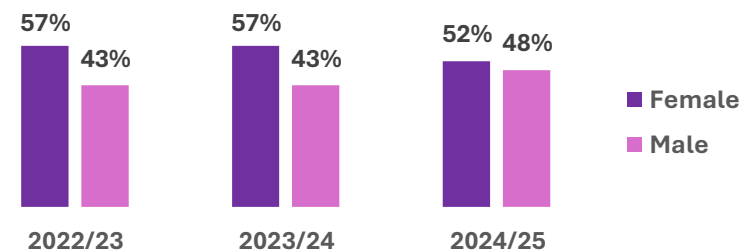
71% of Section 42 enquiries in Barking and Dagenham involved people aged 65 years and over in 2024-25, compared to 29% for those aged 18-64.

The proportion of enquiries pertaining to older people decreased between 2022-23 and 2023-24 from 75% to 70% before the slight increase over the last year.



### Gender

52% of Section 42 enquiries concerned people who identified as female in 2024-25. This was lower than in previous years.



### Ethnic group

Individuals from a White background were more likely to have been subject of a Section 42 enquiry. 80% of enquiries involved people from a White background in 2024-25 and this is higher than for the overall adult population (aged 18+) from a White background which is 47% in Barking and Dagenham.

In contrast people from an ethnic background were less likely to have been the subject of an enquiry. 11% of Section 42 enquiries in 2024-25 involved Asian people (compared to 25% in the overall adult Asian population) while another 8% were Black (22% in the overall adult Black population).

The percentage recorded as ethnicity 'not known' has reduced in recent years (from 18% in 2021-22 to 9% in 2024-25) and Adult Social Care is working on improving this even further. Ethnicity not known has been removed from the calculations so that this chart can visually show comparisons with the overall population.

### Primary Support Reason

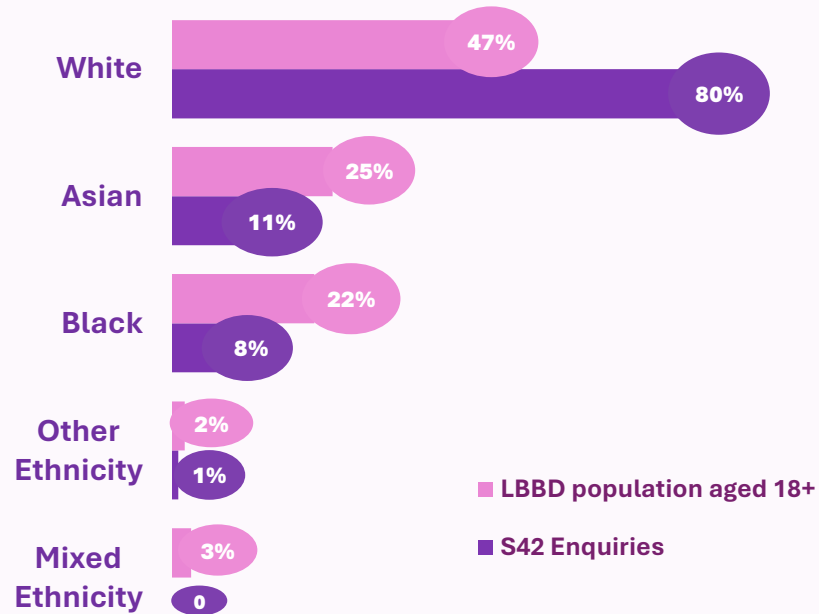
53% of Section 42 enquiries concerned an adult with physical support needs up from 46% in 2023-24 (and 38% in 2021-22).

Only 6% of cases were not recorded, either because it was not known or the adult at risk had no identified needs (10% in 2023-24).

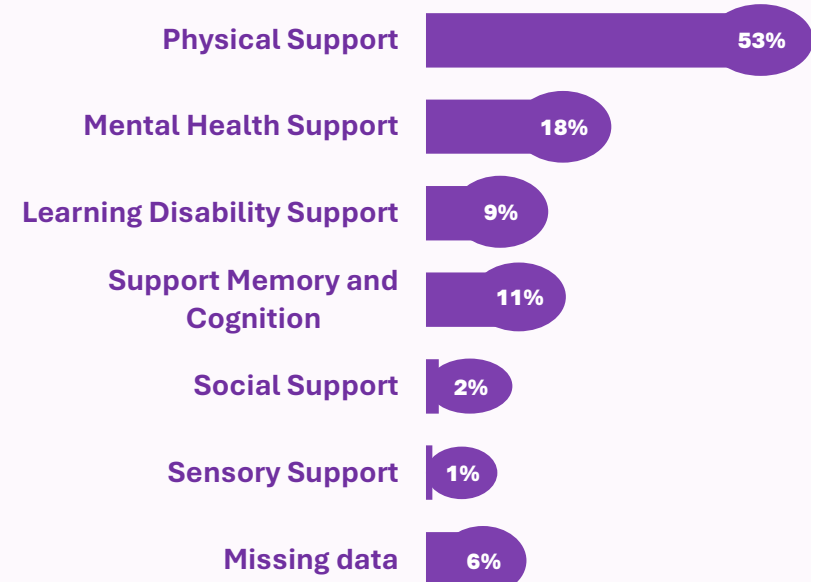
18% of Section 42 enquiries in 2024-25 needed mental health support and 11% needed support with memory and cognition.



**Ethnicity of individuals in Barking & Dagenham involved in Section 42 enquiries in 2024-25**

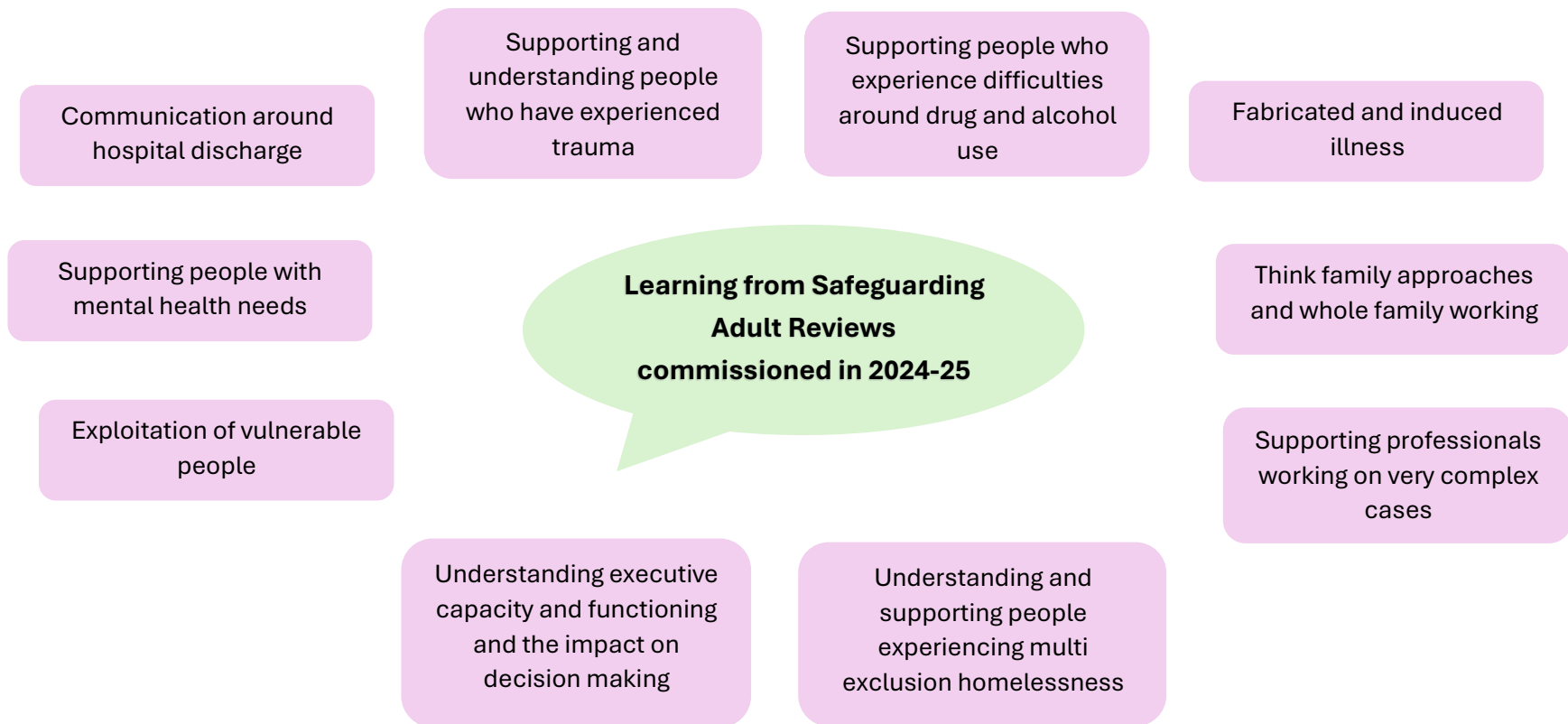


**Primary Support Reason of individuals in Barking and Dagenham involved in Section 42 enquiries in 2024-25**



## 6. Safeguarding Adult Reviews (SARs)

In 2024-25 the Barking and Dagenham Safeguarding Adult Board commissioned three Safeguarding Adult Reviews (SARs). None of these reviews were concluded by the end of March 2024 although learning and themes have been identified and reviewed with professionals across the partnership. Some of the learning and themes from the reviews are set out below. Once the reviews have been completed and agreed they will be published the recommendations will be implemented across the partnership. All of the Safeguarding Adult Review reports are published here [Safeguarding Adult Reviews \(SARs\) | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://lbbd.gov.uk/safeguarding-adult-reviews-sars/)



## 7. The SAB's Partners

### The London Borough of Barking and Dagenham

#### **Developments and improvements in safeguarding adults' practice**

Safeguarding continues to be a priority within Adult Social Care (ASC) and is promoted across all teams and services. On 1<sup>st</sup> October 2024, ASC introduced the new Safeguarding, Quality Assurance and Improvement service to oversee and embed high quality safeguarding practices and strategies. The service is still within its development phase, however, there is now a specific lead for overseeing safeguarding practice – the Head of the Safeguarding and Quality Assurance.

Routine audits have also resumed resulting in better oversight of practice and will assist us in understanding our preventative and response strategies where service delivery is concerned. In addition, our prevention plan is being implemented to ensure that we utilise the support of wider community and statutory partners in ensuring that the best interests of residents are promoted. Practice improvement workshops have also recommenced to support and challenge practices pertaining to safeguarding.

In preparing for the arrival of the Care Quality Commission's (CQC) we have reviewed our processes and responses to safeguarding incidences, contacts and enquiries. Our data suggests that we have a good response to safeguarding. For example:

- All service users who lacked capacity in 2023-24 were supported by an advocate, friend or family member.
- There is no backlog for standard Deprivation of Liberty Safeguards (DoLS), in contrast to most places. 31% of all care staff in LBBD have completed DoLS training.
- Our conversion rate from safeguarding concern to enquiry is lower than elsewhere. This is thought to be due to a high number of referrals being recorded as concerns and recording issues where Sections 42s are not recorded as such.
- Waiting time data on safeguarding concerns and Section 42 decision waiting times are low.

### **Contribution to multi-agency safeguarding practice and partnership working arrangements**

Adults Social Care are a core member of the SAB and One Panel, contributing to a wide range of discussions where both adults and children are concerned. We are also core members of the Performance and Quality Assurance committee, MARAC, MAPPA, the CHANNEL Panel / Prevent Group, and work closely with teams such as Commissioning and the Provider Quality and Improvement team. The SAB's Safeguarding Adult Complex Cases Group is chaired by the Head of Adult Safeguarding, Quality Assurance and Improvement, who is also the named Principal Social Worker.

### **What are the main themes and concerns that are arising in adult safeguarding and what impact have these had on practice development?**

The main themes are around ensuring that all aspects of safeguarding adults are acknowledged and responded to where appropriate. This is more evident for referrals that are infrequent, such as cuckooing, exploitation, street homelessness, those with complex needs, and learning from Safeguarding Adult Reviews at an operational level. There is no demonstrable impact and at present, this has not caused any issues where our service provision is concerned. Yet, ensuring that we have a firm net to respond to any potential increase in demand, will mitigate the risk of these issues becoming a pressing need. We also acknowledge the need to strengthen our front door and responses to concerns that could be better managed by universal services using our Prevention Plan, as well as strengthening our contributions to the 'Think Family' approach.

Adult Social Care and Support's current approach to mitigating these risks aligns closely with the introduction of the new Safeguarding service. It is planned that the service will support operational teams and partners in responding to demands by bridging the gap between the operational and the strategic.



### **The impact of partnership work on the delivery of services for service users**

Partnership working is good at both operational and strategic level. We have found that multi-agency partnership approaches have strengthened our approach to securing the best interests of residents and carers throughout the residents' journey. Our audits and datasets show our commitment towards ensuring that needs are met as soon as they are recognised and early Multi-Disciplinary Team (MDT) meetings avoid drift and delay in many areas of safeguarding. On the other hand, there are areas of improvement to be made in encouraging buy-in and attendance from some statutory partners at strategic level meetings. This is particularly evident within the Complex Cases Group and Performance and Quality Assurance committee.

## The Metropolitan Police

### Developments and improvements in safeguarding adults' practice

The Metropolitan Police have implemented training for frontline officers around adult safeguarding to improve the quality of reporting. The introduction of the Adult Decision Making document sets out how the Police and Adult Social Care will work together to support the community. The development of the Standard Operating Procedure sets out clear standards, principles and guidelines on how the Metropolitan Police Service will identify and protect the vulnerable adults and ensure that they are allowed to live free from abuse and neglect.

### Contribution to multi-agency safeguarding practice and partnership working arrangements

The Police have contributed to multi agency practice via the implementation of joint working protocols across the Police and Adult Social Care and the wider partnership. Work is being undertaken to support prevention, the Multi-agency Risk Assessment Conference (MARAC) and the Safeguarding Adults Complex Cases Group.



### The impact of partnership work on the delivery of services for service users

The Police track trends in data and use this to measure the impact that work is having. Since the implementation of the Adult Decision Making protocol we have seen a 15% drop in referrals to Adult Social Care which enables them to focus on people at most risk. We are also using data to look at repeat people coming to notice and how we reduce harm and demand to vulnerable adults.

### What are the main themes / concerns that are arising in adult safeguarding and what impact have these had on practice development

The Police have had involvement as a statutory partner in Safeguarding Adult Reviews (SAR), the One Panel and oversight of reviews across Adults and Children's Services and Community Safety. Learning from the recent SARs that have been commissioned have highlighted themes of domestic abuse, trauma, communication, mental capacity and executive functioning for partners to consider and implement. The MASH teams review referrals made, undertake research and share information. Crime trends around vulnerable adults have not increased, however circumstances surrounding missing persons have led to wider learning and discussion amongst partners.

## Barking Havering Redbridge University Trust (BHRUT)

### Developments and Improvements in Safeguarding Adults Practice

BHRUT's Safeguarding Strategy 2021-2025 continues to deliver the agreed priorities which are underpinned by the Safeguarding Annual Workplans, which are reviewed quarterly and on an annual basis. They align with key priorities reflecting local and national agendas.

2024-2025 saw a focus on hospital discharges following a themed SAR review by Havering SAB. It looked at systemic issues around discharges and BHRUT implemented a number of improvements such as increased frequency of Multi Disciplinary Team meetings (MDTs) for complex cases, twice daily ward rounds taking place and review of BHRUT's Section 42 and discharge alerts flowcharts.

The Safeguarding Team reports on mental health to demonstrate that the Trust has appropriate mechanisms in place to support patients detained under the Mental Health Act and those who present in mental health crisis. Areas requiring improvement are identified and appropriate actions taken to address the issues.

As a means of improving staff knowledge, safeguarding cases are discussed at the Trust's Patient Safety Summit and at the Trust's Safeguarding Operational Group meeting.

Participation in the Trust's Ward Accreditation Framework (WAF) scheme continued during 2024-25. The programme sets clear standards and measurements to help our staff understand where they are already delivering good patient care and areas where they need to improve. During the WAF assessments, on the spot supervision and training are provided to improve knowledge.

### Contribution to multi-agency safeguarding practice and partnership working arrangements

The Trust has successfully maintained multi-agency attendance at the Safeguarding Adults Board (SAB), the One Panel, the Learning from Practice Group, BHR working groups, the Quality and Effectiveness working group, the Safeguarding Adults Complex Cases Group and the MARAC.

BHRUT continued to be active partners throughout 2024-25 in Safeguarding Adult Reviews and Domestic Homicide Reviews, submitting timely chronologies and reports and involving relevant clinical staff in review meetings.

Safeguarding staff attended learning events and implemented learning from these reviews across the Trust. This has included updating policies and delivering action plans. BHRUT staff are also encouraged to attend all multi agency learning events for professional development.

Cases and information are shared with external agencies such as Social Care and the Police. This may include individual case information or data sourced from deep dive audits requested by external partners.

Multi-disciplinary meetings include facilitating real time collaboration and decision making with partner agencies.



## The impact of partnership work on the delivery of services for service users

Enhancing staff knowledge and skills was the focus of events during Safeguarding Adults Week in 2024. The themes covered included:

- How do we listen to people? Themed around Making Safeguarding Personal and led by the Trust Lead Practitioner for Learning Disabilities and Autism.
- Establishing professional boundaries was led by the Trust Dementia Team.
- Recognising exploitation included a presentation and discussion led by the North East London (NEL) Integrated Care Board (ICB) Designated Professional for Safeguarding Adults in Barking and Dagenham.

The Trust Safeguarding Adults at Risk Policy identifies the requirement for staff to 'Make Safeguarding Personal' increasing staff skills and confidence in mental capacity assessment and promoting the use of advocacy services.

A Patient Partner is a member of the Trust's Safeguarding and Strategic Assurance Group. Patients, relatives and loved ones are members of the Trust's Learning Disability and Dementia Working Groups.



## What are the main themes / concerns that are arising in adult safeguarding and what impact have these had on practice development

There has been an increase in the number of patients who are presenting with mental health concerns or in mental health crisis. BHRUT is in the process of employing a Mental Health Lead along with specialist trained staff to provide support to these patients.

A large number of patients present with perplexing presentations which may include neglect and self-neglect which has resulted in closer working with community teams to ensure safe discharge planning. In addition, BHRUT is actively involved in NEL wide projects to support the development of pathways and guidance and to standardise training in order to support professional development.

There has been a rise in awareness of reporting domestic abuse which has increased the need for hospital based Independent Domestic Violence Advocate (IDVA). An increase in MARAC referrals has been noted when an IDVA is involved.



## North East London Foundation Trust (NELFT)

### Developments and Improvements in Safeguarding Adults Practice

Safeguarding leadership has been strengthened with the implementation of an interim Head of Safeguarding Adults who has with responsibility for leading on Domestic Abuse and Prevent. Additionally, a Head of Safeguarding Children has been appointed, with responsibility for Looked After Children (LAC). These posts will be reviewed in July 2025.

NELFT continues its commitment in providing assurances to safeguarding practices through the Safeguarding Operational and Safeguarding Strategic and Assurance Groups. Both include attendance from NELFT safeguarding management, Integrated Care Directors, service leads from each locality, and Integrated Care Board colleagues. The primary aim being to enhance NELFT's safeguarding response, streamline processes through continuous learning and improvement in order to provide assurance and promote effective collaboration with colleagues and multi agency partners.

The Roles and Competencies document published in August 2024 sets out how, through the delivery of comprehensive training, we will empower staff with the knowledge and skills necessary to identify and respond to safeguarding issues promptly. These combined efforts have led to a more robust safeguarding framework throughout the organisation.

A clear shared safeguarding vision, underpinned by a detailed safeguarding work plan has significantly enhanced the safeguarding team's strategic initiatives. The increase in recruitment has bolstered capacity and ability to ensure a wider presence across the Trust, increasing the visibility of the team in respective localities.

We have offered valuable opportunities to support colleagues with safeguarding concerns promoting professional curiosity, and provide immediate assistance in safeguarding escalations, referrals and actions to support service users.

There has been a notable increase in safeguarding activities and divisional collaboration, attributed to the team's heightened visibility and additional resources. Enhanced visibility ensures that safeguarding practices are consistently applied and monitored, fostering a culture of vigilance and accountability. Additionally, the return of face-to-face level three safeguarding training has begun, to support staff with knowledge and skills necessary to identify and respond to safeguarding issues promptly. These combined efforts have led to a more robust safeguarding framework throughout the organisation.





### **Contribution to multi-agency safeguarding practice and partnership working arrangements**

NELFT continues to ensure that Safeguarding Adults Board and community meetings are prioritised with attendance at meetings by the NELFT Barking and Dagenham Leadership team, which includes the Named Professionals for Safeguarding who also attend One Panel, Learning from Practice and the Performance and Quality Assurance committee. This continues to strengthen partnership working and supports the identification, sharing and dissemination of learning across the respective partnerships. NELFT continues its commitment and contributions in supporting multi-agency arrangements for sharing and embedding learning. This ensures that safeguarding practices are robust, well-coordinated, and effective, while also being responsive and proactive to the themes and trends arising from Safeguarding Adult Reviews (SAR) and Local Child Safeguarding Practice Reviews within the borough. Staff are encouraged to attend all learning events and the Safeguarding Team provides support to raise awareness of multi-agency working, key risk factors and relevant support services.

In November 2024 NELFT led on presenting about psychological safety at the safeguarding conference.

Relationships with Integrated Care Board (ICB) and multi-agency partnership colleagues have been strengthened during this year with ICB Designated Safeguarding Leads having regular case discussions and providing safeguarding supervision to the Named Professionals for both safeguarding adults and children.

### **The impact of partnership work on the delivery of services for service users**

At a strategic level, partnership work is a central priority for NELFT, as highlighted in the Trust's Best Care Strategy. We will continue to collaborate, innovate and co-produce with our patients, communities and partners. The Trust also has co-produced new values for the organisation, in conjunction with colleagues, patients and carers we have which we aim to embed within our culture. They are 'we are kind, we are respectful, we collaborate with our communities'.

The NELFT Safeguarding Team and Operational Services have been working closely with the Lead Patient Safety Specialist on a project to improve collaboration between hospital and community services, aiming to support safer hospital discharges. This year, NELFT's Lead Patient Safety Specialist and Director of Nursing and Patient Experience hosted an engagement event for BHRUT and NELFT frontline clinicians, with attendance from NHS England and London ICB colleagues. The focus was on strengthening relationships to enhance patient safety during care transfers and discharges.

Key outcomes included:

- Sharing updated contact information with acute providers
- Simplifying referral processes to community services
- Promoting mutual understanding of roles
- Sharing Occupational Therapy home visit criteria
- Establishing a clinical group to support patient independence with medication during hospital stays.

NELFT has also embedded the new Patient Safety Incident Response Framework (PSIRF), marking a significant shift toward system-based learning and improvement following safety incidents. Targeted training has been delivered to specific teams based on learning from the Patient Safety Incident Group (PSIG).

The Safeguarding Team has delivered tailored training to enhance staff capabilities in identifying and managing safeguarding concerns. They also attend the Incident Review Group (IRG) alongside operational colleagues, supporting robust responses to safety incidents.

Additionally, the team has provided awareness sessions on:

- Self-neglect
- Professional curiosity
- Mental capacity and its interface with safeguarding
- Persons in a Position of Trust (PIPOT) and Local Authority Designated Officer (LADO) processes.

The Safeguarding and Operational Teams continue to attend Section 42 enquiry meetings and multi-agency meetings for complex cases, including those not meeting Section 42 thresholds.



### **What are the main themes / concerns that are arising in adult safeguarding and what impact have these had on practice development?**

Themes such as domestic abuse, self-neglect, mental capacity, and professional curiosity remain prominent and are consistently highlighted in learning reviews and incident data. There is a growing number of individuals at risk due to complex needs, such as substance and alcohol misuse who may not meet statutory thresholds. Complex case management remains a priority, with multi-agency collaboration essential for information sharing and coordinated support. Safeguarding Advisors and Named Professionals attend high-risk meetings to address emerging concerns and apply learning directly to complex cases.

NELFT safeguarding continues to deliver specialist training and workshops in collaboration with the Mental Capacity Lead, including regular learning events to build staff confidence in applying the Mental Capacity Act. The team also works with Training and Development to translate learning into practical guidance and training packages.

Staff are supported to attend multi-agency learning events, especially during safeguarding awareness week, promoting cross-sector understanding, integrated working and a confident, skilled workforce aligned with national standards and local priorities.

## The Integrated Care Board (ICB)

### Developments and Improvements in Safeguarding Adults Practice

The Designated Professional for Safeguarding Adults continues to engage with wider London and National safeguarding forums, where information is shared across the system as appropriate.

The Designated Professional has continued to develop relationships across the system which has enabled greater partnership working. The Designated Professional has supported Primary Care services by delivering safeguarding adults training and updates at the most recent Protected Time Initiative (PTI) for local GPs. This year's session looked at domestic abuse and had guest speakers from services who work with victims and survivors of domestic abuse, who were able to promote their services to primary care colleagues.

The Designated Professional has co-chaired the newly developed Learning from Practice committee alongside the Designated Nurse for Safeguarding Children. This group takes an all-age approach to using learning from reviews to impact practice.

The Designated Professional has also chaired the newly developed Barking and Dagenham One Panel. This is a new group that considers referrals against criteria for possible statutory reviews such as Safeguarding Adult Reviews (SAR), Child Safeguarding Practice Reviews (CSPRs) and Domestic Homicide Reviews (DHRs).

### Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Designated Professional has continued to engage with the Local Quality Surveillance Group which is a group set up to support assurance and safeguarding work in relation to care homes, supported living schemes, homecare providers and Primary Care providers. This meeting is held bi-monthly and is an opportunity for ICB colleagues to come together with local authority colleagues to better understand where there may be concerns about care providers and the work underway to support them. The Designated Professional continues to work alongside the local authority's Provider and Quality Improvement Team when there have been concerns about specific care providers. The Designated Professional also works with other local authority areas in a similar way to give assurance as to where B&D residents are placed.

The Community Safety Partnership (CSP) is also attended by the Designated Professional as well as workshops around the newly introduced Serious Violence Duty. The Designated Professional has also supported the CSP in regard to a new DHR that will be commissioned in the upcoming year. As the previous chair of the One Panel, the Designated Professional supported in the sharing of information between Police colleagues and the wider professional network.

The Designated Professional has also supported the process for Narking and Dagenham to complete an all-age review of a family where there is thought to be significant learning for both the SAB and the SCP. This is the first time a joint review has been commissioned for a whole family and the Designated Professional has supported in finding an appropriate reviewer and ensuring that the key lines of enquiries are agreed by the group.

### **The impact of partnership work on the delivery of services for service users**

Part of the Designated Professional's role is to gain assurances around how care is delivered. Where there are adverse inspection results, the Designated Professional has supported services to improve in their safeguarding practice, in particular with several primary care services.

As a result of published SARs, action plans have been developed which partners have agreed to implement. This will lead to organisations delivering safer services to service users and shows a willingness for organisations to learn from incidences.



### **What are the main themes/concerns that are arising in adult safeguarding and what impact have these had on practice development**

A key theme that has been emerging from primary care is the prevalence of domestic abuse victims/survivors whom GPs encounter. Some practitioners have felt unsure in the process to refer a victim/survivor of domestic abuse and what services there are available to support them. The Designated Professional has delivered training to GPs where local services were able to showcase what support is available.

## The Probation Service

### Developments and Improvements in Safeguarding Adults Practice

The Probation Service is responsible supervision of adults subject to court-imposed sanctions. Barking, Dagenham and Havering currently supervises approximately one thousand six hundred individuals subject to either community penalties or end of custody licence periods. As part of this statutory duty the Probation Service is responsible for the assessment and management of risk posed to self and others under its supervision.



### Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Probation continues to work collaboratively with key partners to manage risks and support people who are subject to probation and their potential victims.

Probation works strategically through participation in the Safeguarding Adults Board and Violence Against Women and Girls (VAWG) strategic group.

Operationally probation is an active contributor to the Multi Agency Risk Assessment Conference (MARAC), leads on Integrated Offender Management (IOM) and Multi Agency Public Protection Arrangements (MAPPA), case management panels and also contributes to wider community safety and safeguarding work via partnership engagement. Probation has a dedicated Multi Agency Safeguarding Hub (MASH) representative.

Probation has continued to support staff via a series of workshops and thematic training available to all operational staff to complete. There have been improvements around safeguarding data quality for both children and adults and there has been the development of management information to track safeguarding activity.

We will continue to support and prioritise the VAWG agenda, improved understanding of the Care Act, roles and responsibilities and better understanding of the ongoing cost of living crisis and its impact on safeguarding in the community.



## Care Provider Voice (CPV)

### Developments and improvements in safeguarding adults practice

Care Provider Voice have engaged with providers and experts with lived experience to support development and insight into safeguarding practice. Training and updates are shared with providers to ensure improvements are made around safeguarding risks and how to raise concerns.

### Contribution to multi-agency safeguarding practice and partnership working arrangements

CPV support providers through work with paramedics and multi disciplinary teams on various safeguarding projects such as keeping individuals safe in their home or care home. Wider learning and understanding has helped to improve joint working and has fostered supportive relationships. CPV are a member of the Safeguarding Adult Board, attend safeguarding conferences and partnership training and they currently chair the Performance and Quality Assurance committee.



### The impact of partnership work on the delivery of services for service users

We support care providers by sharing good practice, information and advice, sign posting to services and learning in forums to enhance safeguarding awareness and help them to continue to support our service users and carers to live healthy, happy and safe lives.

### What are the main themes / concerns that re arising in adult safeguarding and what impact have these had on practice development

The main themes identified by the CPV are loneliness and self neglect as this can impact on physical and mental health, leading to safeguarding concerns. We aim to support service users by providing additional peer and community support, information sharing and sign posting to appropriate services.



## 8. Quality of Care

The number of providers who are based in the borough has increased. There are now twenty three residential care services and one hundred and fifty two homecare providers registered with CQC. This has meant there has been lots of interest in making applications for the tender renewal for the homecare framework. There continues to be a significant number of new providers setting up supported living services in the borough, who are keen to apply to join a framework to improve the chance of getting referrals from Barking and Dagenham.

### **Work of the Provider Quality and Improvement Team**

There were one hundred and thirty visits to adult providers between April 2024 and April 2025. Throughout the year and as per the Borough's provider risk assessment process, seventeen providers were rated as 'red' and were subject to an intensive improvement plan and heightened level of inspection. Three of these providers were rated as red and then moved to blue which means a temporary suspension was imposed. The suspended providers consisted of three homecare agencies. This means that alongside an improvement plan and heightened level of inspection, these providers were suspended from taking any new service users and any service users that were supported by the provider were reviewed by social work colleagues and other boroughs who also fund placements. At the end of 2024-25 two homecare providers remain suspended.

12 homecare agencies were rated 'red' due to us being informed via London ADASS, CQC and from anonymous whistleblowing, indicating issues with their UK VISA (UKVI) sponsorship. Their licences have either been suspended or revoked. The team has been involved in sharing information to providers and working with North East London partners to plan the use of the funding provided by the Home Office to protect the international workforce. This has been frustrating as we have often found issues with providers before the Home Office have checked them. Subsequently, this has meant that workers do not meet the criteria for displaced worker funding. They may only access this when the agency's licence has been revoked.

One of our homecare providers ceased operating as a result of whistleblowing, complaints and non-compliance with the UKVI scheme. This was reported to the Gangmasters and Labour Abuse Authority (GLAA) and Home Office. Joint working with internal and external colleagues took place to safely ensure service users continued to receive support.



## Provider Engagement

We continue to meet regularly with providers through our Home Care and Care Home Forums. In 2024-25 we have continued to support commissioning teams to gather feedback for the purpose of the homecare tender. Regular service user satisfaction is gathered by a volunteer who makes twenty calls per week to people using homecare services. Satisfaction has remained above 95% throughout the year.

In October 2024 and March 2025, we held face to face all provider forums. The forum continues to increase providers' engagement levels with the Council and delivers an informative and practical agenda that draws awareness to current issues impacting the care sector such as safeguarding concerns, mental health, prevention, reablement, international recruitment and significant training opportunities.

There has been good attendance at both sessions from across the provider spectrum, including homecare, care homes, supported living and mental health providers. There are plans to continue to hold provider forums face to face as the high level of engagement has shown this is the preferred option.

The Council work with Care Provider Voice, who are a care provider run organisation seeking to support the social care sector. They are commissioned to provide support with recruitment and access to a peer support network. This includes a job brokerage service which supports local people into the local care sector and a central recruitment portal which enables providers to post vacancies. This has resulted in job offers across Barking and Dagenham, Havering and Redbridge. In addition to this, local providers are given free access to Flourish which is a health and social care learning portal. This ensures all providers commissioned by and registered in the borough have access to high quality training for staff.

Recruitment and retention issues have lessened. However, we have continued to witness issues with some providers misusing the scheme and recruiting when they have not been able to meet the terms of the scheme e.g. the ability to provide international recruits with full time working hours. Some providers have had their licence suspended or revoked and this has had an impact on other areas of the council, e.g. homelessness, poverty and social services referrals.



## Carers Remain a Priority

The Carers Charter has been in operation for three years and is due to be refreshed at the end of the year. The Carer Charter has helped by setting our ambition and the action plans continue to help ensure we remain on track with our goals and priorities. This work is monitored through the Carers Strategy Group. Recently, we have been worked on the hidden carer space including a dedicated resource to identify carers through hospital visits and appointments. Alongside this refresh, we will soon be retendering our carers support service taking the opportunity to review the needs and refresh the requirements.



## Supporting Discharge

We continue to work in partnership to develop and commission innovative services to support discharge and reduce re-admission to hospital. Our Discharge Hub is being reviewed and will be looking to develop a Barking and Dagenham transfer of care hub to improve responsiveness and support data collection and trend analysis.

In the hospital there are trusted assessors, who continue to support pre-admission assessments to support people out of hospital more quickly and on to the right pathway to meet their needs.

The Home, Settle and Support Service has historically been commissioned across the area. This provision is being reviewed to see how it is meeting local need with a view to refreshing it and tailoring it to the specific requirements of Barking and Dagenham. This service has helped people settle back home after a hospital stay and put in steps to connect back into the community including through food deliveries and shopping and take up of welfare entitlements and positive community activities.

A new reablement service has been commissioned to help people to regain and maintain their independence, reducing the need to rely on formal care. This was piloted last year and has double the number of people back to independence. Thanks to our Better Care Fund grant we have been able to make this investment.



## Everyone's talking about Care Technology

We continue to roll out our technology first approach utilising devices that help keep people safe in their home and maintain their independence. Devices enable easy communication with loved ones and also sensors that help manage the impacts of conditions including dementia. An assessment of the needs of an individual is made to ensure a tailored solution is developed.

This sits alongside a falls pick-up service which helps residents in their homes. These changes are part of our broader strategy to integrate care technology more effectively within our health and social care framework, leveraging digital transformation to provide more personalised, preventive care solutions.

### Direct Payments support for residents

Our redesigned Direct Payment Support Service has been embedded. Our residents wanted simplicity, transparency, hands-on support and comprehensive reviews. Early feedback indicates we are getting this. Residents are helped to innovatively plan the best ways to use their personal budgets with personal assistants who have been vetted for employment checks. This includes a specialist provision to support people who lack capacity.

In setting up the new service, we are committed to a fresh review of each resident, to ensure the basics are right. Alongside this we have implemented our visiting officer who visits people in their homes to support them to understand any possible care costs as per statutory requirements.

### Fair Cost of Care

Ensuring we have a sustainable care market still remains a key focus, having increased rates to ensure that staff are paid the London Living Wage. We also remain acutely aware of the challenging financial climate.

The costs for care continue to increase and we continue to strive to pay a fair price for services that meet residents needs and offer the Council value for money.

Working with our North East London colleagues, we are seeking to analyse the use of the care market as a sector and look at shared themes to help us to develop our market collaboratively and use intelligence, data and customer feedback to better support providers and to improve service delivery.



### Commissioning Plans

We have just published our Market Position Statement that lets care providers and other stakeholders know what we plan to commission, including information on the current needs in the borough and our thinking in relation to strategy.

You can see the [Market Position Statement](#) here.

## Primary Care Providers

There are currently Thirty three GP practices across the borough. Out of these twenty three have been rated by the Care Quality Commission (CQC) as being 'good'. This means that the standard of practice from these practices is a good level for the general population across the borough. The CQC inspect various aspects of care and service provision and this is broken down into five categories.

- Safe
- Effective
- Caring
- Responsive
- Well-led

Seven practices have been rated by the CQC as 'requiring improvement'. Practices rated as requires improvement are supported by the NHS North East London (NEL) Integrated Care Board (ICB) Primary Care Team to improve their practice so that residents receive a better and safer service. Common areas of development include safeguarding, education and training, practice policy updates and communication.

There are now three GP practices which have been rated as 'inadequate', down from four practices the previous year. The NHS NEL ICB Primary Care Team are working with these practices to draw up robust improvement plans which are reviewed regularly to ensure the quality of service from these GP practices improves. NHS NEL ICB are working closely with the CQC, as well as the GP Federation where necessary, to ensure that whilst changes and improvements are made, patients continue to receive good quality, safe care. One of these practices is due for reinspection in the coming year having made significant improvements to the areas that were highlighted initially by the CQC.



## Learning from LeDeR Reviews

LeDeR is a service improvement programme that looks to learn from the review of the deaths of people with learning disabilities and autistic people. These reviews make recommendations to improve practice and change processes so that the lives of people with learning disabilities and autistic people, are changed for the better. The Designated Professional currently holds the role of the Local Area Contact (LAC) for LeDeR reviews. This role essentially looks to quality assure LeDeR reviews that are completed for learning disabled and autistic people who are Barking and Dagenham residents who have sadly passed away.

A total of twelve LeDeR notifications were received for the year 2024-25. Of these twelve notifications five review have been completed. Barking and Dagenham, in comparison to all other areas in North East London, had the lowest number of notifications received for the year.

Locality	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Barking and Dagenham	0	6	7	12	16	18	16	16	12
City and Hackney	0	9	5	7	16	18	10	9	15
Havering	0	15	8	8	27	11	13	24	24
Newham	0	10	9	14	25	16	19	26	17
Redbridge	0	10	12	12	22	15	20	29	17
Tower Hamlets	5	14	8	5	14	10	8	9	16
Waltham Forest	0	9	8	10	10	8	5	11	18

(Table 1 – comparison of notifications received by area since 2016 to present)

Generally, care was delivered to an appropriate level and there were no specific significant concerns about the care that service users received. From the completed reviews, the emerging themes were around the positive work between professionals and the appropriate referrals to onward services in some instances.

A full LeDeR Annual Report will be published in due course and will be available with further data and insights from across NEL.

## 9. Partnership Priorities

The SAB's Strategic Plan is a three year plan for 2023-26 with overarching priorities and objectives. The plan is reviewed annually with actions set. A number of actions were agreed and completed in 2024/25 as set out below. The full Strategic Plan can be accessed at this link <https://www.lbbd.gov.uk/adult-health-and-social-care/barking-and-dagenham-safeguarding-adults-board/safeguarding-adults-0>

Priorities	Objectives	What will we do to implement this?	Actions for 2024/25	Update on Progress at March 2025
<b>1. The Voice of the Community</b>	Hear the experiences of people with lived experience and use the feedback to develop the work of the SAB and its priorities.	<p>Develop information, advice and guidance around safeguarding prevention with and for the wider community.</p> <p>Include people with lived experience in the SAB conference.</p> <p>Gain feedback from people with lived experience via the Social Care Network.</p> <p>Co-produce the 'living well in your own home' information and advice with the community.</p>	<p>B&amp;D representation on London Safeguarding Voices Group. Blog or presentation at a SAB to share experience with the Board.</p> <p>Include people with lived experience in the joint Board event in November.</p> <p>Anju to undertake visits to partner organisations/ professionals working with client groups to gain insight into different partner services including the faith community and Eastern Europe community.</p>	<p>Two representatives sought and attended some meetings but have since stepped back so further work to do.</p> <p>People with lived experience attended and presented to the SAB.</p> <p>Visits undertaken to supported living homes, Al Madina Mosque, Gurdwara, Community Hubs and the Family Hub.</p>

<b>2. The Cost of Living Crisis</b>	Have a clearer understanding of impact of cost of living on safeguarding within the community.	Use data from SAB Performance Framework. Feedback from service users and community through community Hubs, BD Collective and health services.	Independent Chairs visits	Visits undertaken visits within the community to gain feedback.
	Support the wellbeing of staff and professionals across the partnership.	Assurance from partner agencies that support is available to professionals. Ensure new SAB policies aimed at professionals include information about support for professionals' wellbeing.	Staff wellbeing topic to be included in joint partnership conference e.g. checklist for professionals working on complex cases.	Escalation Guidance published in response to SAR and review of Safeguarding Adults Complex Cases Group to ensure support to professionals.
	Communicate across the partnership the support and resources available to our communities and service users.	Develop information and advice around safeguarding, living well in your own home and how to access services and support.	Production of a safeguarding easy read leaflet.  Partners to share any resources around safeguarding service and support.  7 minute briefings focussing on good practice to be shared across partners.	Easy read leaflet complete and published.  Area created on the website for shared multi agency documents.  7 minute briefing for SARs and other safeguarding cases shared and published. Video produced for SAR 'George' on website and presented at conference.



<b>3. Address Inequalities within the Community</b>	Identify the inequalities within our communities and address these.	<p>Use data from SAB Performance Framework to inform work and decision making.</p> <p>Feedback from service users and community through community Hubs, BD Collective, health services.</p> <p>Ensure information and services are accessible to all our communities and people with different needs.</p> <p>Identify any under-represented groups within safeguarding concerns and enquiries and carry out research &amp; engagement to understand reasons behind this, including work in 2023-24 to understand the reasons behind an under-representation of Asian British, Black British communities and people with learning disabilities in safeguarding performance reports.</p>	<p>P&amp;QA Committee to lead on deep dive work around the journey of the person looking at safeguarding referrals, intake team and other information and advice.</p> <p>Links with faith communities/ Independent Chair visits.</p>	<p>Audit undertaken on safeguarding referrals and outcomes shared with SAB. Workshop undertaken to discuss how to address gaps as a partnership. Multi agency training is being planned.</p> <p>Healthwatch research report with South Asian communities around social care services.</p>
	Ensure information and advice is accessible to all communities using different forms, social media etc.	Produce an accessible safeguarding leaflet and video to raise awareness of what safeguarding is and what to do in the event of a concern.	<p>Safeguarding leaflet to be made available in alternative languages.</p> <p>Production &amp; distribution of easy read leaflet.</p>	Safeguarding leaflet published on website and shared.

<b>4. Effective Partnership Working</b>	Use the current training and learning resources across the partnership to enhance learning from SARs and other reviews.	<p>Sharing of the learning from reviews and serious incident investigations across the partnership and with other partnerships.</p> <p>Sharing of training resources and information e.g. 7 minute briefing etc.</p> <p>Development, within a shared localities-based front door/adults MASH, of an aligned or joint safeguarding team with the NHS to have oversight, support safeguarding and share information and learning across the partnership.</p> <p>Assess the impact of the Right Care, Right Person model on safeguarding within the community.</p>	<p>Learning from Practice Group to lead joint partnership conference event in November focusing on learning from all boards across the partnership.</p> <p>Learning from Practice Group to assess impact of learning across safeguarding system.</p> <p>MASH still in development, to be followed up with support from partners.</p> <p>Assess impact Right Care, Right Person model on safeguarding in community.</p>	<p>Conference undertaken and positive feedback received.</p> <p>Development of joint Learning and Development plan across the partnerships.</p> <p>Right Care, Right Person implemented and feedback generally positive.</p>
	Make links across the Adults, Children, Community Safety and Health and Wellbeing Partnership	<p>Independent Chair to attend other partnership meetings where relevant.</p> <p>Work together to tackle domestic abuse including the sharing of learning from Domestic Homicide Reviews and SARs.</p> <p>Safeguarding Adult Reviews to be shared for learning with</p>		<p>Joint partnership rapid review led by Community Safety Partnership including adults and children's services to identify early learning. A Domestic Homicide Review will be commissioned.</p> <p>Joint review commissioned for Family N.</p>



		<p>Children's Safeguarding Partnership, Home Care and Care Home Forum etc.</p> <p>Continue the focus on tackling self neglect across the partnership including building on the launch of the Self Neglect and Hoarding Policy and prevention and awareness raising.</p>		<p>Learning shared via joint One Panel and Learning from Practice processes.</p> <p>One Panel process supports whole family approach working across agencies.</p> <p>Neglect Strategy work across children, adults and community safety.</p>
	Grow the SAB membership to include voluntary and faith sector.	Invite the voluntary and faith sector to the SAB workshops and conference.	To be included in Safeguarding Conference.	Voluntary and faith sector engaged and presented at safeguarding conference.

## 10. Safeguarding Adult Board's Achievements

Continued working of the One Panel to oversee all reviews being undertaken across the partnerships with successful chairing from LBBD, Integrated Care Board and Police partners.

Safeguarding Conference held across Adult, Children's and Community Safety with a wide range of partners, professionals and service users in attendance covering a wide range of safeguarding topics.

Commissioning of three Safeguarding Adult Reviews including a joint review across Adults and Children's

### **The Safeguarding Adult Board's achievements 2024-25**

Continued working of the Learning from Practice group to oversee learning from reviews.

Practice learning workshop around mental capacity and executive functioning.

Multi agency partnership practice evaluation looking at safeguarding referrals.

Production of the SAB and Safeguarding Adult Review 'George' film.

# 11. Managing Risks Across the Partnership

## Provider Failure

This can happen when a care provider is unable to exercise its normal day-to-day duties.

Our Provider Quality and Improvement Team work closely with local providers to support them to provide good quality services. Information is shared with other boroughs and across the North East London area through the Integrated Care Board (ICB).

## Service Demand

We are seeing an increase in need for services across the partnership e.g. mental health, social care and health.

Partners continue to monitor service demand and share information and data across the partnership to respond appropriately.

## Managing Risks Across the Partnership

## Communication

Partners continue to communicate and all partners are engaged in collaborative work so that the shared priorities in the SAB Strategic Plan can be achieved.

## Learning from Safeguarding Adult Reviews and Other Reviews

The learning is fed into the Learning from Practice Group and disseminated across the partnership. Actions are monitored and outcomes are fed back to the SAB and other partnerships.

## 12. Further Information about Safeguarding

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link

[Safeguarding adults at risk of abuse or neglect | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://lbbd.gov.uk/safeguarding-adults-at-risk-of-abuse-or-neglect)

**To report a safeguarding concern**

**Adult Social Care Intake Team**

020 8227 2915

[safeguardingadults@lbbd.gov.uk](mailto:safeguardingadults@lbbd.gov.uk)



**In an emergency**

**Call 999 and ask for the Police**

Call 101 if you are worried but it is not an emergency.

**Out of Hours Emergency Social Work Duty Team**

020 8594 8356

[adult.edt@nhs.net](mailto:adult.edt@nhs.net)

