

BRENT SAFEGUARDING ADULTS BOARD ANNUAL REPORT

25-26



Safeguarding
Adults in Brent

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Foreword

Brent Safeguarding Adults Board Independent Chair



I am particularly mindful of the growing challenges for the Brent communities and services working with them. As I commend this annual report in relation to the work achieved over the year in Brent, I know that the national and international issues are seeping into our communities. We need to be supporting each other and speaking up to protect those who are unable to do so for themselves.

My highlight of 2025-2026 was getting out into the community to hear from people with care and support needs, their carers, or as carers. The conversations I had have stayed with me and direct me when I am talking to those leading the agencies serving Brent communities.

During 2025-2026, the Brent Safeguarding Adults Board (BSAB) worked to complete the strategic plan (2024-2026). The priorities focused on self-neglect, housing need and substance misuse and learning from Safeguarding Adults Reviews. There have been substantial improvements in the three areas. Although these priorities are now completed, there is continuing work to do to ensure that there are sustainable improvements and positive impact. There is a plan for these areas to take forward.

The new strategic plan was approved by the Brent SAB in March 2026. We decided to have a short-term plan, just for a year. This acknowledges that there are external issues and most services are at points of considerable change. This does not reduce the impact I expect for the communities we serve.

The new strategic priorities will focus on:

1. Safeguarding those people with complex care and support needs- specifically focusing on mental health and homelessness issues linked to safeguarding.
2. Prevention of harm of those with care and support needs- we will be looking at how agencies strengthen their responses to people who are at the early stages of needing help to prevent harm occurring.

Additionally, we have shaped three golden threads which we will be looking for across the multi-agency system:

- Community Engagement
- Digital World
- Effective workforce for the Brent population

The BSAB has set clear areas of focus to ensure that there is evidence of the impact of the work of the priorities and golden threads.

My focus this year will be on particularly challenging the BSAB members on their data, visiting member agencies and continuing to hear from communities to help shape the BSAB work.

Do take care and support each other.

Nicola Brownjohn
Independent Chair for Brent Safeguarding Adults Board

02 BOARD ARRANGEMENTS

Brent Safeguarding Adults Board (SAB)

The Brent Safeguarding Adults Board is a partnership made up of statutory (as outlined in legislation) and non-statutory partners. The purpose of the Board is to be assured the organisations that deliver public and voluntary services to residents in Brent are compliant and proactive in their approach to safeguarding vulnerable residents.



The statutory partners are:

- Brent Council
- The Metropolitan Police
- Northwest London NHS Integrated Care Board

There are also many non-statutory partners who provide a valuable contribution to. At present, the Board meets bi-monthly.

Role of the SAB

The SAB is a strategic Board which provides oversight and direction to help partners work better together to achieve the co-produced strategic priorities in line with the Board's strategic plan. It also works to seek assurance from partners that sound systems are in place to effectively manage safeguarding concerns. It does this via reviews, audits and various sub-group activities

Brent Safeguarding Adults Board (SAB) Structure



02 BOARD ARRANGEMENTS

Who are our Partners?

Brent Safeguarding Adults Board Partners span a multitude of functions, many within the Local Authority, but also a wide range of public and voluntary services, with a shared commitment to protect vulnerable residents from harm, abuse and neglect.

As Board members, these organisations collectively guide and contribute to the work of the Board and its sub-groups. Below is a summary of the Board's current partners, and what services they deliver to Brent residents.

Partner	What service to they provide for our residents?
Brent Adult Social Care (LA)	Supports adults with care and support needs due to disability, illness, mental health or old age, including assessments, home care and safeguarding.
North West London Integrated Care Board	Plans and funds NHS health services in North West London and works with partners to improve health and reduce inequalities
Metropolitan Police	Prevents and investigates crime, responds to emergencies, protects vulnerable people and works with communities to keep London safe
Central London Community Healthcare NHS Trust	Provides community health services such as nursing, health visiting, school nursing and therapy in homes and local clinics.
Central and North West London Foundation NHS Trust	Provides mental health, learning disability, community health and addiction services for children, adults and older people
London North West University Healthcare NHS Trust	Provides hospital services including A&E, maternity care, surgery, outpatient clinics and emergency care.
Imperial College Healthcare NHS Trust	Provides hospital and specialist healthcare services including emergency care, surgery, cancer care, and research-led treatment across several London hospitals
Brent Probation Services	Supervises people serving criminal sentences in the community and works to reduce reoffending and protect the public

Partner	What service to they provide for our residents?
London Ambulance Service	Responds to medical emergencies, provides urgent care and transports patients to hospital when needed.
Brent Community Safety (LA)	Works with partners to reduce crime, anti-social behaviour and harm, including domestic abuse and violence prevention.
Via - New Beginnings / Brent Public Health (LA)	Provides drug and alcohol support services and works to improve health and wellbeing across Brent.
Brent Housing (LA)	Manages council housing, homelessness services, housing applications and support for people at risk of homelessness.
Brent Regulatory Services (LA)	Protects public health and safety through environmental health, food safety, licensing, trading standards and enforcement.
CRISIS	A charity supporting people experiencing homelessness with housing advice, education, employment and crisis support.
Department for Work and Pensions	Provides benefits, pensions and employment support, including disability benefits and help to find work.
London Fire Brigade	Responds to fires and emergencies and provides fire safety checks, prevention work and community safety education
Brent Healthwatch	Represents the public voice in health and social care, gathers feedback and helps improve local services.

03 BUDGET, INCOME AND EXPENDITURE

Financial Contributions

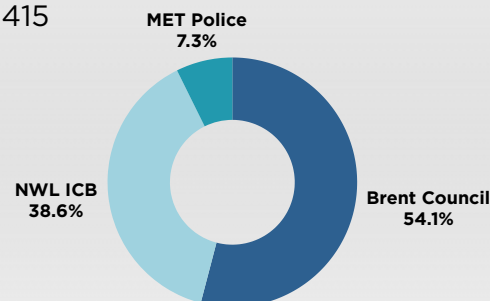
It is the responsibility of all Statutory Partners to ensure the Board is effectively established and supported, including through financial contributions. The Safeguarding Adults Board budget is therefore made up of monetary contributions from each Statutory Partner.

In 2025-2026 these have remained fairly stable year on year, 2026-2027 will see a much welcomed confirmed increase in funding contributions from the Metropolitan Police.

The Board is required to have an Independent Chair and Scrutineer to oversee, direct and be a critical friend in regards to opportunities for improvements in safeguarding activity in Brent. This vital position is funded via the collective Statutory Partners contributions.

This financial year the Board received the following contributions from Statutory Partners:

- **Brent Council:** £37,000
- **MOPAC:** £5,000
- **NWL ICB:** £26,415



These contributions also support in funding the cost of statutory reviews, learning and development activity and any technical and administrative overheads associated with discharging Board duties and activity.

Board resources

Board Partners play an essential part in carrying forward the work of the Board, but capacity to plan, monitor and execute the various statutory functions of the Board would prove extremely challenging for partners given their existing capacity and responsibilities.

Therefore, in line with standard practice across safeguarding partnerships nationally, the Local Authority provides additional funding to support staffing capacity, ensuring the effective management and delivery of Board activity, in addition to the financial contributions outlined above.

Staffing
1 full time Strategic Partnerships Lead (SAB Business Manager)
1 full time Strategic Partnerships Manager - Shared with SCP
1 part time Joint Learning and Development Officer - Shared with SCP (0.8 FTE)

As the independent Chair is only contracted to complete **30 days a year** for Brent (split over the year as approximately **2.5 days a month**) the Partnerships team are crucial in co-ordination and progress of workstreams identified by members around the priorities and system learning.

The Safeguarding Partnerships Team manage all aspects of the Boards work including:

- Managing and monitoring statutory processes, such as case reviews, statutory reviews, reporting and strategic planning.
- Scheduling, planning and executing all Board and subgroup meetings.
- Supporting partners to collaborate and complete both statutory and discretionary pieces of work.

Expenditure

This year, the majority of the Board expenditure was allocated to Chair fees including additional hours invested for community engagement work. There was also no payment this year due for our learning management system, as this is paid bi-annually.

Our Safeguarding Adults Reviews this have been light touch and proportionate, so have not attracted substantial reviewer fees as would normally be seen. Payment for this work will follow in 2026-2027.

During this financial year, the contribution included the set up costs for the launch and implementation of the Podcast project, which has required additional IT solutions. Next year we anticipate this may extend to speaker fees where beneficial.

Expense	Value (£)
Independent Chair Fees (plus additional hours)	24,375
Information systems development	391
Meeting & Event costs	714
Safeguarding Adult Review (SAR) fees	0
Learning and Development programme	618
Total	26,098

04 TIMELINE OF ACTIVITY

MONTH	ACTIVITY
May 2025	<p>15/05 - Performance & Audit subgroup: The data reviewed highlighted gaps in referral feedback, recurring cuckooing and housing challenges, and rising substance-misuse and homelessness needs.</p> <p>20/05 - SAB: The Board endorsed the Annual Report, received updates on the MASH review and community engagement work, and agreed actions to strengthen multi-agency safeguarding processes amid system pressures and forthcoming strategic changes.</p>
June 2025	<p>03/06 - Case review group: The group received updates on national review processes, explored learning from the Offensive Weapons Homicide Review pilot, and heard one case that did not meet SAR criteria, but identified potential learning around hidden populations and bariatric care.</p> <p>17/06 - Joint Executive: The group reviewed safeguarding updates across children's and adults' partnerships, discussed system pressures including ICB reforms, agreed actions on national audit recommendations and transitional safeguarding, and highlighted the need for stronger data, governance, and multi-agency coordination.</p> <p>25/06 - Joint L&D group: This was the final group, agreeing to a reformat of the Partnerships L&D approach, which will focus more on a more responsive, wider format offer that aligns closer to priorities.</p>
July 2025	<p>08/07 - SAB: The Board reviewed progress on strategic priorities, including transitional safeguarding, community engagement, and governance improvement. It agreed actions to strengthen multi-agency coordination, assurance and attendance as part of ongoing system-wide safeguarding development.</p> <p>15/07 - Performance & Audit subgroup: The self neglect data showed higher conversion rates than other concerns, and data highlighted a need for improved referral tracking, clearer criteria, deeper analysis of repeat cases, and reinstated cross-agency discharge meetings.</p>
Sept 2025	<p>09/09 - Case review group: The group reviewed two cases, while SAR criteria were not met, significant learning was required to strengthen communication, and use of escalation processes.</p> <p>16/09 - SAB: The Board reviewed LeDeR report findings, approved the new L&D and Pan-London safeguarding policies, and signed off the updated self-neglect toolkit, while progressing work on strategic priorities and system-wide safeguarding improvements.</p>
Oct 2025	<p>30/10 - Performance & Audit subgroup: The meeting reviewed audit arrangements, data gaps, and rising safeguarding issues while agreeing steps to improve oversight and data quality.</p>
Nov 2025	<p>18/11 - SAB: The Board received assurance updates, including the LAS annual report, community engagement learning, and progress on autism, toolkit implementation, and governance actions and agreed to adopt the Multi-Agency Audit Framework while highlighting the need for stronger cross-agency collaboration, relational practice, and improved referral pathways</p> <p>25/11 - Case review group: The group reviewed 1 case, not meeting criteria and reviewed discussion on a case from the prior meeting where there was agreement to commission a proportionate discretionary SAR, and set the key lines of enquiry.</p>
Dec 2025	<p>02/12 - Joint Executive:</p> <p>16/12 - Performance & Audit subgroup: The meeting reviewed ASC referral data, highlighted rising concerns and conversion-rate challenges across key abuse categories, discussed system and categorisation limitations, and agreed actions to improve data quality, trend analysis, and future safeguarding reporting.</p> <p>17/12 - Extraordinary case review group: The group unanimously concluded that the case did not meet SAR criteria, finding no evidence of abuse, neglect, or multi-agency failure.</p>
Jan 2026	<p>20/01 - SAB Development Day: An interactive workshop was held, inviting all Board member to contribute to co-production of the new SAB Strategic Priorities.</p>
Feb 2026	<p>10/02 - Case review group: The group heard one case for consideration, where they agreed that it did not meet the criteria. They also reviewed progress in moving forward discretionary SAR actions.</p> <p>17/02 - Performance & Audit subgroup: This meeting, they reviewed 5-year historical data to consider patterns and what areas require further scrutiny. The group agreed to explore working towards a joint dashboard.</p>
Mar 2026	<p>24/03 - SAB - The Board received updates from the statutory partners around activity and organisational changes. They also approved the new Strategic Plan for 2026-2028, and discussed how they would like to approach a refresh of the Information sharing agreement.</p>

05 LEARNING FROM DATA

The Performance and Audit group

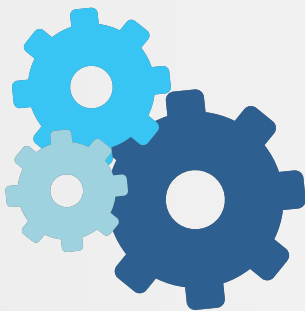
The introduction of this sub group has helped the Board to accelerate it's understanding of what data exists across partners, and how this can start to be used to develop a clearer picture of what safeguarding looks like in Brent, and therefore decide what actions could drive improvements. The group operates in accordance with a themed work plan, structured around priority areas and emerging safeguarding concerns.



This approach enables the systematic review of data held by partner agencies to enhance understanding and inform more effective action and outcomes.

To date, the group has examined data relating to the High-Risk Panel, agency-held figures around safeguarding concern categories and referral volume, and local intelligence concerning housing and substance misuse. In November 2025, the group convened to review and agree a focus from the findings of all the themed datasets presented to the members since inception

The following key issues were identified for further exploration:



- Absence of LGBTQ+ referrals recorded within Adult Social Care (ASC) data.
- Low levels of modern slavery referrals, highlighting the need to develop a more comprehensive understanding of the Brent context.
- Referral-to-enquiry conversion rate within ASC of approximately 25-30%.
- Need for improved feedback mechanisms to ensure that referrers receive appropriate updates regarding outcomes or subsequent actions. This was also present in the 'Indira' SAR recommendations.
- A lack of data available to the Board around suicides in Brent and what prevention policies are in place.

To address these findings, the following actions were agreed:

- Development of two seven-minute briefings for professionals on Modern Slavery and Cuckooing, in response to low referral rates and to promote greater awareness and understanding as well as a need for further scrutiny of how modern slavery issues are recorded to establish how this needs to be addressed. These have been produced and published for professionals to access. Further learning resources will be produced in 2026, including a Podcast and Lunch and Learn sessions. The Board will support and encourage awareness of the Cuckooing policy that is currently in development by Community safety colleagues.
- An planned audit in 2026 to review cases of abuse occurring in individuals' own homes and care home settings, analysing data by abuse type, ethnicity, and age, in line with trends identified in abuse location reporting.
- Work to be undertaken by the Boards new Pan London Policy task and finish group to improve feedback loops when cases are referred for a safeguarding enquiry, so partners feel more assured of progress and know how to progress work with those who are at risk
- There is also a planned audit to be undertaken of multi-agency High-Risk panel cases to review it's effectiveness at move forward and progressing complex cases towards positive outcomes.
- Increased awareness tools developed to improve understanding of suicide prevention, including a Podcast and multi-agency learning Briefing. Prevention strategy and data monitoring has been carried forward as an area of focus on the new Strategic plan.



06 SYSTEM PROGRESS

In the past year, what have partner organisations achieved in safeguarding adults who reside in Brent?

Brent Adult Social Care (ASC)

Despite substantial increases in demand, Brent Adult Social Care (ASC) delivered significant system improvements, supported by a 36-action Safeguarding Improvement Plan and strengthened governance arrangements.

Strengthened Governance & Leadership

- Daily senior oversight at the Front Door ensures consistent screening and threshold decisions.
- Safeguarding model redesign improved workflow clarity, triage escalation, and team roles between Front Door, locality teams and Safeguarding Adults and DoLs Unit.
- Proposed new restructure of Service Managers to consolidate leadership and improve operational grip.

Workforce Capability & Competency

- Safeguarding skills audit completed for all Safeguarding Adults Managers and targeted coaching and mentoring underway.
- Safeguarding Competency Framework was updated
- Weekly safeguarding clinics, reflective sessions, lunch & learn sessions and targeted legal literacy training delivered.
- Increased Best Interest Assessor capacity to improve Mental Capacity Assessments and Deprivation of Liberty Safeguards quality.

Quality Assurance & Audit

- A new safeguarding audit template was introduced, including EDI, Making Safeguarding Personal, risk planning and Mental Capacity Act decision-making.
- Weekly timeliness audits, KPI breach reviews and thematic reviews increasingly embedded.

Provider Concerns & Market Oversight

- Multi-agency intelligence improved escalation and performance management for several providers under concern.
- The provider concerns process is now aligned with revised Pan London procedures and improved commissioning oversight.

Metropolitan Police

Workforce Capability & Competency

Officers that encounter adults at risk within Brent identify safeguarding needs and complete an 'adult come to notice' report which is reviewed by the Brent MASH Team and shared with relevant partners.

Safeguarding adults is embedded in mandatory training for frontline officers and public protection staff.

Over the last year, **23,000 frontline officers** have received training focused on the safeguarding risks associated with Domestic Abuse and Serious Sexual Assault.

North West London Integrated Care Board (ICB)

Over the past 12 months, the ICB has delivered a rolling programme of level 3 safeguarding adults training with a specific focus on domestic abuse. This has enabled Brent GPs and other primary care clinicians to access up-to-date guidance and knowledge and strengthen their ability to safeguard patients within a primary care setting. As a commissioning organisation, the ICB is not primarily patient-facing. Its safeguarding role therefore primarily focuses on gaining assurance from provider organisations and building institutional capacity across the wider health safeguarding system.

This has included the development and delivery of the aforementioned training offer, the dissemination of key safeguarding material and updates aimed at enhancing safeguarding practice across the wider health ecosystem (this includes community care, inpatient care and across and between other health partners). Key areas of focus have included the Mental Capacity Act, alongside the regular dissemination of updates on emerging safeguarding issues and best practice.

For example, recent work has involved collaboration with the Police, to share intelligence and guidance on initiatives such as "The Com," which targets vulnerable young adults.

The Designated Lead for Safeguarding Adults has also provided specialist input into a number of primary care forums on a monthly basis, offering expert advice, guidance, and supervision to clinicians.

In addition, significant efforts have been made to strengthen safeguarding capacity within Continuing Healthcare services. Alongside this, in response to workforce pressures across partner agencies, the ICB has played a key system leadership role by chairing several Brent High Risk Panel meetings in recent months, ensuring continuity in case review and multi-agency oversight.

Imperial College NHS Healthcare Trust (ICHT)

The ICHT safeguarding team have had a service review and are working with our transformation team to see how any redesigns could improve capacity and release resources. Our internal Safeguarding Committee frequency has increased to bi-monthly for increased oversight. We have also strengthened the section 42 process and are ensuring learning is transferrable across the organisation.

The team have also contributed to bariatric guidance and worked to extend criteria for which staff receive safeguarding adults training and mental capacity training.

06 SYSTEM PROGRESS

Central London Community Healthcare NHS Trust (CLCH)

Key achievements over the period include the following:

- CLCH is an active member in multiagency audits that have been completed to both demonstrate good practice and areas for focus.
- Good examples of partnership working in cases where self-neglect identified and Brent social care delivered a training session to Community nursing staff re: “what makes a good safeguarding referral” and feedback from practitioners indicated more confidence in their risk assessments and making referrals.
- Established improved communication across the multi-agency teams and more frequent MDT meetings are held with Brent social care to enable case discussion.
- Organisational Incident Decision Making meetings include safeguarding representatives
- The CLCH Safeguarding conference in September 2025 included themes such as trauma informed approach, working with alcohol dependent people and homelessness using case examples delivered by frontline practitioners.
- Examples of ‘think family’ working across CLCH adult and children’s services are reflected within monthly and quarterly reporting.
- CLCH is signed up to the NHS sexual safety charter and reviews complaints and incidences as guided by NHS England.
- Mental Capacity Act audit completed and lessons shared, with a planned roll out of Mental Capacity Act competencies across the borough teams within the Brent bedded units.
- An Introduction of a dip sample audit tool for inpatient bedded units that is being piloted.
- Safeguarding supervision audit was undertaken and a review of supervision offer across adult teams within Brent resulted in increased visibility of safeguarding across all Brent teams each month.
- Resignation and recruitment to the named nurse post in Brent have been successful
- A Weekly case review with named nurse in attendance and the Safeguarding ‘single point of contact’ line accessible to all staff.

Central & North West London Foundation NHS Trust (CNWL)

Brent CNWL has provided a number of reflective sessions focused on lessons learned from incidents. These have included a recently delivered workshop on risk assessments and on engaging with individuals who may present as challenging to engage with or who are disengaging from services. This work follows lessons learned from Immediate Learning Reviews.

The organisation adopts a “you said, we did” approach to engaging with learning from complaints and incidents. Over the past 12 months, this has contributed to a reduction in the use of physical restraints on wards, alongside the development and launch of an assertive outreach project within Stonebridge. This project works to engage patients who have presented in crisis and who may have been previously unknown to services. It supports earlier identification of potential safeguarding issues and provides opportunities for staff to escalate and address safeguarding concerns earlier in patients’ journeys.

In addition, we have developed a weekly high-dependency service user meeting that focuses on the most complex cases, where there are potential risks including disengagement and/or safeguarding concerns. This meeting is attended by the Borough Director and Clinical Director, and each patient discussed has a universal care plan put in place to ensure continuity and consistency of information sharing across the system.

CNWL convened a joint Social Work conference with Brent in March 2025. A primary focus of this conference was on issues affecting radicalised communities. Both services gained significant benefits from this event, which is expected to foster a more comprehensive understanding and support for diverse and multicultural communities in Brent.

Finally, the Safeguarding Adults team supported the Park Royal In-patient Team to submit a National Referral Mechanism referral, and the experience underlined a need for staff to better recognise and understand the signs of Modern Slavery and how best to protect patients. Support has been offered to the in-patient teams for further reflective and learning sessions.

Brent Probation Services

Over the past year, our organisation has demonstrated a strong commitment to safeguarding adult residents in Brent through several key initiatives and collaborative practices. Timely completion of risk assessments has ensured a heightened awareness of safeguarding needs, enabling us to identify and address risks promptly. Where necessary, we have utilised risk escalation processes to safeguard individuals facing increased vulnerability.

We have actively facilitated referrals to Adult Social Care (ASC), as well as to substance misuse services including Forward Trust (CRS), VIA and Change Grow Live, both of which are local authority partners. Referrals to the Community Mental Health Team (CMHT) have also been made to support those in need of specialist mental health interventions. Additionally, personal wellbeing referrals via and housing referrals have been actioned to promote holistic support and stability for those at risk.

Our approach has been firmly rooted in partnership working with agencies such as MAPPA, IOM, EVVP, and MASH. This collaborative ethos has strengthened our safeguarding responses and ensured information sharing across key stakeholders. We have made use of interpretation services for individuals facing language or communication barriers, thereby ensuring inclusivity and accessibility.

The adoption of PowerBI, an internal data system, has allowed us to improve both the timeliness and accountability of our safeguarding interventions. By leveraging this technology, we have enhanced our monitoring and reporting capabilities, ensuring that safeguarding practices are both responsive and transparent.

06 SYSTEM PROGRESS

London North West University Healthcare NHS Trust (LNWH)

LNWH continues to fulfil its statutory duties under the Care Act 2014, working in close partnership with Brent Council and the Brent Safeguarding Adults Board. The Trust provides acute hospital services across multiple sites and plays a key role in identifying, responding to, and escalating safeguarding concerns affecting adults with care and support needs resident in or presenting from the London Borough of Brent.

Key themes during the year included:

- Sustained high volumes of referrals to Brent Adult Social Care
- Increased identification of self-neglect, domestic abuse, and neglect/acts of omission
- Continued emphasis on Making Safeguarding Personal (MSP), including follow-up on outcomes for individuals referred
- Ongoing delivery of the “How Safe Do You Feel?” Domestic Abuse Routine Enquiry Campaign, supported by an extensive Spotlight Series (**25 sessions delivered in 2025/26**), including topics relevant to vulnerable adults
- Continued management of increasing workload and complexity across safeguarding activity
- A successful Safeguarding Adults Week (November 2025), raising awareness across the organisation
- Contribution to the White Ribbon Campaign and 16 Days of Activism, including delivery of a “Community for Change – Ending Violence Against Women and Girls” presentation for Brent.
- Introduction of a Decaf Drinks Initiative (2025) aimed at reducing falls risk, supporting patient safety
- Introduction of “Purple Folders” across wards and departments (ongoing), providing a single, accessible resource for staff on adult safeguarding processes, learning disabilities and autism, falls, and dementia. These have been well received, with a formal launch planned during Dementia Action Week (May 2026)

The Safeguarding Adults Team has maintained close liaison with Brent Local Authority safeguarding teams, including the Hospital Discharge Team, to support timely information sharing, feedback, and outcome monitoring. Monthly meetings have historically supported this collaboration; however, these have reduced in frequency due to Local Authority restructuring.

The Trust remains keen to re-establish regular engagement and strengthen communication pathways. As the acute provider based in Brent, the Trust manages allegations relating to organisational practice, including concerns regarding discharge and Person in Position of Trust (PiPoT) matters, and works closely with the Local Authority to ensure appropriate investigation and feedback.

The Trust Safeguarding Team actively contributes to the Brent Safeguarding Adults Board, its subgroups, and the High Risk Panel. This supports shared learning from Safeguarding Adult Reviews, development of action plans, and strengthening of local safeguarding policies and procedures. The Trust also welcomed visits from the SAB Independent Chair and Board Manager during the year, which further strengthened partnership working and provided assurance around safeguarding practice.

An All-Age Advanced Safeguarding Practitioner is embedded within Emergency Departments at Northwick Park Hospital (2-3 days per week), providing real-time support to frontline staff. This includes advice on safeguarding concerns, domestic abuse pathways, and application of the Mental Capacity Act and Deprivation of Liberty Safeguards, while promoting a Think Family / Think Household approach.

Brent Regulatory Services

Our Trading Standards team continue disrupt and deter criminals, by providing a rapid response service, when information is received of vulnerable resident being targeted for unnecessary building work or repairs or other doorstep criminality.

The National Trading Standards (NTS) Scams team has been working closely with The Royal Mail to intercept and stop mail which is designed to defraud unsuspected victims out of their money. There are various types of scams, but the most common are fake lotteries, deceptive prize draws, get-rich-quick schemes, investment scams, miracle cures, and clairvoyant/spiritual scams.

The Trading Standards team has received referrals from the NTS Scams team of residents who have responded to such mail and in some cases enclosed a cash payment in response to either one or more of these which have been intercepted, cheques totalling up to £300, have been received to date, all victims have been contacted, advised and where possible their monies were returned to them in the form of a cheque from NTS to be paid into their accounts. The team is set to receive up to **10 referrals a month**.

The Trading Standards team has officers who are Friends Against Scam ‘SCAM Champions’ and can therefore provide training on how to support and reduce the chances of being a scam victim. In July 2025, officers provided training as part of a Safeguarding Partnership, to practitioners who are entering resident’s homes to given then guidance on recognising the signs of possible financial frauds and scams.

London Ambulance Service (LAS)

At LAS, we have continued to maintain our high standard of safeguarding practice across the London boroughs. As part of our commitment to Brent and the surrounding boroughs we have an assigned North West London Safeguarding Specialist, who engages with our safeguarding partners to support learning, development and improvements in safeguarding practice. This includes participating in statutory reviews, learning events and dissemination of learning to LAS and specifically our Brent ambulance stations.

In 2024-25 pan-London LAS completed **59,479 referrals** (inclusive of child and young people referrals). For the borough of Brent and its residents who used our services, we completed **1152 adult referrals** (inclusive of safeguarding and welfare concerns).

06 SYSTEM PROGRESS

VIA New Beginnings

The organisation has developed a Safeguarding Competency Framework, a combination of knowledge skills and behaviours that inform safeguarding practice. The framework supports the organisation to use identifiable standards to measure the competencies of staff, record appropriate evidence, and identify areas for development. The idea being that every relevant job role has a set of safeguarding standards to work within.

In 2025 - 2026 the service submitted **30 safeguarding referrals/notifications**, this includes referrals into adult and child safeguarding teams, DV and Community MARAC, Police notifications and referrals into DVA services. Not all safeguarding cases supported through the service result in referrals, many individuals are already known to safeguarding teams at point of engagement with our services. All safeguarding cases are tracked using our internal safeguarding tracker, as of December 2025 the adult safeguarding tracker had **58 individual active cases**.

In the Summer of 2025, the service launched the EVE project, an additional arm of the adult New Beginnings service, focussed at supporting women involved in sex working in Brent, through engagement in the community, outside of normal service opening hours. Since go live the EVE service has referred **5 women** into structured treatment and engaged with a significant number more.

As of 01 December 2026, the Brent New Beginnings service opened to provide 5 Female only SWEP night beds at the Cobbold Road site, opening on 4 occasions during the 2025 - 2026 Winter period the service received and **accepted referrals for 4 women**. Unfortunately, none of the active referrals attended during the SWEP nights however the service intends to reopen for the whole period of SWEP in Winter 2026 - 2027.

Brent Community Safety Team

Our organisation has successfully supported vulnerable adults across Brent through the Community Multi-Agency Risk Assessment Conference (CMARAC) framework. This coordinated approach brings together professionals and support services to address complex safeguarding concerns and achieve meaningful progress outcomes for those vulnerable and at risk. Overall, the key achievements are the cases managed through coordinated active collaboration with key partners.

Looking at the year 2025, we discussed and **supported 74 cases** across the three Brent localities. Of the **32 active cases** receiving support, **42 have been successfully closed** with a positive or clear outcome. Overall, the average risk reduction was **43.34% across all cases**. All case closures are based on demonstration of risk reduction and sustainable support arrangements.

The CMARAC panel coordinated support for adults presenting with multiple and complex vulnerabilities and disadvantages, including cuckooing, mental health, exploitation, particularly targeting individuals with substance misuse, the elderly, those who are isolated or with a cognitive dysfunction. Including vulnerable individuals in situations of homelessness, housing instability, hoarding, crime and repeated victimisation all manifest through antisocial behaviour.

We organised over **25 case conferences** to thoroughly address the complexities involved and ensure effective, professional collaboration. There were over **12 escalated concerns** that required intervention or an immediate safeguarding response, to senior managers and heads of services. In cases where a single-agency approach was insufficient, a collaborative multi-agency strategy was prioritised for an effective response. This approach involved a thorough assessment of risks and support needs, along with the implementation of appropriate intervention strategies.

In our monthly CMARAC meetings, we have discussed and coordinated several positive outcomes aimed at supporting and reintegrating vulnerable individuals who are not eligible for assistance. Our efforts focus on helping them reconnect with mental health and substance misuse services and find suitable accommodation if their needs change. In addition, we've seen successful outcomes that include the enforcement against perpetrators and the disruption of exploitation and criminal activities.

Accounting for a **total of 42 cases closed** with a positive outcome or reengagement. The effective collaboration of key partners and the coordination of joint efforts and visits have significantly contributed to achieving favourable results for these individuals, who are often facing multiple disadvantages and vulnerabilities, and without this coordination would fall through the net and negatively impact the community.

Another positive outcome was the implementation of the fortnightly cuckooing meeting with police, CMARAC, Anti-Social Behavior (ASB) team and Adult Safeguarding team that specifically focuses on identifying cuckooing cases earlier and having a robust and coordinated approach in safeguarding these individuals, accounting for over **17 meetings** which established a dynamic and effective relationship with key professionals and teams which has been instrumental in refining early intervention strategies. This led to the development of a cuckooing protocol, which should be signed off on in mid-2026 after consultation with key stakeholders.

Each core member has contributed to MARAC's strategic goals in different ways, such as collaboration with the police in providing intelligence for risk assessments. Increased initiative-taking interventions in ASB hotspots, leading to a reduction in incidents.

Safeguarding input provides expert assessment and recommendations for high-risk cases. CMARAC has supported around **3 cases from safeguarding referrals**. Housing continues to assist with emergency housing or housing transfers for victims of ASB through the Turning point on shared expertise at the meetings, and through implemented tenancy support for individuals identified through the CMARAC panel. Community Mental Health Team facilitated access to mental health support or medical reviews and developed joint protocols for individuals with complex needs.

The CMARAC has formed a robust collaboration with the safeguarding team and enhanced safeguarding tools through training initiatives. This is reinforced by the weekly Safeguarding clinic and the coffee-and-catch-up sessions for safeguarding leads, which the CMARAC coordinator attends, providing a platform to discuss safeguarding issues and processes to ensure that no safeguarding opportunities are missed and that referrals for collaborative work with partners to protect individuals are effectively executed. There are also opportunities where MERLIN police reports are evaluated to avoid recurring missed chances for prompt joint intervention.

06 SYSTEM PROGRESS

What have been the barriers to being able to deliver safeguarding duties effectively and how will these be mitigated for 2026-27?

MET Police

There are ongoing concerns with officers identifying a safeguarding risk and the need to complete an 'adult come to notice' report. We have identified this through SAR's where, for example, a person has come to notice to police on six occasions but an 'adult come to notice' report was only completed on four occasions.

Mitigation (2026-27)

The Metropolitan Police Service is rolling out trauma informed training for all officers which will assist with identifying risk. The Central Safeguarding Adult's Team is looking at how to improve completing of the safeguarding reports.

Brent Adult Social Care (ASC)

Key Barriers faced by Brent ASC this year included:

- Triage pressures: high volume and complex needs impact 24-hour KPI compliance
- Threshold variability linked to uneven experience and legal literacy across teams
- Fragmented management oversight across teams
- Provider market instability contributes to service quality risks
- Workforce skill variation in the Mental Capacity Act, risk planning, defensible recording and Making Safeguarding Personal

Mitigation (2026-27)

- Implement redesigned leadership model with dedicated safeguarding managers
- Embed new safeguarding interface pathway, Standard Operating Procedures, and flowcharts by March 2026
- Extend senior presence at peak Front Door periods to strengthen decision-making
- Launch new Power BI dashboard for real-time monitoring of risk, drift and timeliness
- Expand coaching on thresholds, Making Safeguarding Personal, Mental Capacity Act and defensible recording.
- Strengthen provider oversight through commissioning-Safeguarding Adults & DoLS Unit (SADU) structures and joint visits.

London Ambulance Service (LAS)

LAS have experienced no specific barriers, however remain aware of the feedback from our local authority partners following the introduction of our electronic referrals systems. We are listening to the feedback and have a number of future changes that aim to improve the quality.

North West London Integrated Care Board (ICB)

The main challenge faced by the ICB over the past 12 months has been a more limited ability to develop medium to longer-term plans (12-24 months). This has been largely due to organisational uncertainty arising from the merger and restructure, which has made it difficult to anticipate the future shape and capacity of the ICB.

In this context, ICB activity over the past year has primarily focused on delivering against long established priorities. These have included fulfilling statutory safeguarding responsibilities, alongside maintaining a rolling programme of safeguarding adults training, supervision, and other core functions. Notwithstanding this uncertainty, the ICB has remained committed to fulfilling its statutory safeguarding responsibilities.

Brent Regulatory Services

Trading Standards is a small team with many consumer and business protection priorities. Greater resources would provide for dedicated member of staff to expand our work preventing financial abuse, to engage with people's lived experience, carry out preventative work and investigate thoroughly complaints that the service received regarding doorstep and other scams. Currently, we seek to prioritise financial abuse as a subject area and will allocate the best available resources, when incidents are reported to us.

There has been a lack of understanding of the legal procedures and enforcement powers available to Environmental Health officers, particularly efforts to gain access to properties to assess self-neglect and public health risks. Engaging with people who do not wish to engage, can be time consuming and challenging. We are seeing to mitigate this by working with mental health practitioners' to carry out joint visits and ideally, conduct 'Capacity Assessments' (adequately assessing vulnerable persons mental capacity) although securing this resource is not always possible.

Central & North West London Foundation NHS Trust (CNWL)

Over the past 12 months, we have identified disengagement as a potential issue for our services. In response, we have implemented a number of measures to ensure this is effectively managed, including:

- The development of a weekly high-dependency service user meeting.
- The development of an escalation tool based on System One, enabling us to identify more complex and higher-risk service users who can be targeted within individual caseloads. This ensures we are proactively identifying and reaching out to our more vulnerable patients
- Annual reflective practice meetings and workshops.
- Risk assessments for adults at heightened risk of disengagement.

Changes in senior personnel across all agencies have resulted in a loss of some organisational memory, but connections are being established within local networks at ground level to enhance working relationships. This has also caused delays in acquiring feedback on completed safeguarding referrals, which has in some cases affected patient outcomes: a plan for improvement of the Safeguarding Pathway is now in place, which involves both providing feedback and escalating issues via the specialist Safeguarding Adults team.

06 SYSTEM PROGRESS

London North West University Healthcare NHS Trust (LNWH)

Variation in safeguarding knowledge, confidence, and application across the workforce continues to present a challenge. While compliance with core safeguarding training remains strong, translating learning into consistent practice, particularly in complex areas such as self-neglect, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), and domestic abuse can be more difficult, especially for staff who encounter these issues less frequently.

In addition, the increasing complexity of patient presentations, including co-existing mental ill-health, substance misuse, homelessness, self-neglect, and complex family dynamics has required more intensive safeguarding input and multi-agency coordination. This is particularly evident in discharge planning, where risk, capacity, and family dynamics must be carefully balanced to ensure safe and proportionate outcomes.

Workforce capacity and resource pressures within the Safeguarding Adults Team have also impacted the ability to deliver safeguarding supervision consistently across all areas. While the team continues to provide bespoke training, contribute to departmental teaching, and deliver joint sessions with the Safeguarding Children Team to maintain visibility and support staff, a more structured and consistent approach to supervision is required.

Mitigation for 2026-27:

- Implementation of the revised Safeguarding Supervision Policy, with a focus on embedding a consistent, accessible supervision model across the Trust
- Continued expansion of targeted training and reflective learning opportunities, particularly in complex safeguarding themes such as MCA/DoLS, self-neglect, and domestic abuse
- Strengthening multidisciplinary and “Think Family / Think Household” approaches to support staff managing complex cases
- Ongoing focus on staff support and wellbeing through supervision and reflective practice
- Continued collaboration with partner agencies to support safe, timely, and coordinated discharge planning

VIA - New Beginnings

A barrier across all services can be working in partnership to get the right services in place for individuals particularly for identified care and support need assessments. Thresholds for accessing services can result in some individuals not receiving a service at the right time. Via will continue to develop local pathways by attending partner agencies team meetings and discussing how we can collaboratively work together to identify and respond to the care and support needs of people who use our services.

Pathways and access to mental health provision are frequently challenging for our vulnerable adult service users with their drug and or alcohol use affecting their ability to engage in assessments and interventions. In addition, our service users mental health issues/concerns/presentations are frequently reported to be wholly as a result of their drug and alcohol use, with frequent case closures stating that individuals need to reduce their drug and alcohol use before they will be assessed. With drug and alcohol use often being used as a tool to ‘self-medicate’ for mental health difficulties/issues this reduction before accessing interventions for their mental health is often a vicious cycle. The Brent New Beginnings service now has a dedicated Dual Diagnosis team who are working with mental health services to support those most in need to access both services, helping to overcome some of the pathway challenges faced by our service users.

Stigma can often be a significant barrier for our service users accessing other services, including safeguarding services, with professionals asserting that entrenched drug and most commonly dependent alcohol use is an unwise decision, ‘lifestyle’ choice, rather than recognising the real impact that dependence on alcohol and drug use can have on an individual’s capacity to make decisions

Central London Community Healthcare NHS Trust

The main barriers experienced by CLCH over the last year have been:

- Workloads and complexity of cases can often increase demand on the team, and impact attendance at training/ updates, so alternative means and sources must be explored.
- Increase in number of social care requests for information (S42), but no significant increase in referrals from CLCH
- Embedding the Mental Capacity Act (MCA) consistently across all teams, ensuring that assessments are completed whenever a need is identified. This includes applying MCA principles in practice,
- Workforce skill variation in MCA, risk planning, defensible recording and Making Safeguarding Personal and MCA competencies developed which will support this.
- Access to patients, especially when they have capacity and decline health care or disengage, whilst also ensuring staff respond appropriately, by escalating concerns promptly and in a timely manner and use ‘Right care Right person’ guidance, when unable to gain access to a patient as expected.

Mitigation (2026-27)

- Further embedding and ensuring that MCA assessments are completed when a need is identified.
- Named nurse post has been recruited to, and staff member will commence in Brent Q1
- Planned audit of safeguarding referrals, both quality of information and reasons for referral. The findings will support updating of staff and learning from social care training session, monitored locally and through safeguarding committee.
- The ‘No Access’ Policy remains an area of focus, alongside considerations related to “right care, right person” practices and when escalation is required. There is on-going work across CLCH to update and address clinical concerns as the policy is updated to include both staff and patients voices and will be finalised and signed off at Clinical Reference group, the work also entails reviewing pathways for diabetes care who can have significantly higher risks.
- Use of Power BI dashboards for real-time monitoring of safeguarding KPI’s and to monitor any risk timeliness are being explored and developed.
- Multiple media techniques used for sharing information with staff- training, 7-minute briefings, posters, webinars, and newsletters.

06 SYSTEM PROGRESS

Brent Probation Services

High workload and reduced workforce capacity have limited opportunities to complete home visits, which are essential for identifying safeguarding concerns within the home environment. High volumes of weekly contacts for individuals presenting significant risk have, at times, affected professional curiosity, with some contacts becoming briefer than desired for meaningful engagement.

Mitigation for 2026-27

To strengthen capacity and support professional curiosity, we are prioritising home visits for individuals with known safeguarding vulnerabilities, ensuring that risks are identified within the home environment at the earliest opportunity. This is complemented by embedding reflective practice, regular supervision and coaching to promote deeper enquiry into safeguarding concerns. Alongside this, ongoing recruitment and retention activity continues to help stabilise staffing levels and improve overall resilience across the service.

Changes in staffing across the service can create natural variations in continuity when cases move between practitioners. During these periods of transition, it can be more difficult to maintain consistent oversight of important changes in an adult's presentation—such as shifts in mental health, substance use or emerging disability-related needs. Strengthening handover processes and improving information continuity remain key priorities for the year ahead.

Mitigation for 2026-27

To strengthen continuity during staffing changes, we are enhancing our internal handover processes, ensuring clearer information flow when cases transfer between practitioners. We are also embedding consistent use of structured case summaries and ensuring that key safeguarding information is visible and accessible at transition points. Continued emphasis on reflective supervision, quality practice hubs and multi-agency information-sharing will further support practitioners to identify changes in an adult's presentation promptly, even during periods of organisational change.

Delayed or limited responsiveness from key partner agencies

Probation has experienced inconsistent responsiveness from Adult Social Care, the Community Mental Health Team and housing services following referrals. In some cases, actions agreed within multi-agency meetings have not progressed for extended periods, requiring repeated escalation.

Mitigation for 2026-27

To support more consistent multi-agency safeguarding practice, we will work with Adult Social Care, the Community Mental Health Team and housing services to agree clearer escalation pathways, ensuring that concerns can be progressed swiftly when risks increase. We will also request that multi-agency actions are time-bound and routinely reviewed, promoting shared accountability and improving the pace and oversight of joint safeguarding activity.

Information-sharing gaps

Probation is not always informed when individuals are referred to Adult Social Care, the Community Mental Health Team or housing by other agencies, nor when significant changes occur. Although information-sharing legislation may restrict detail, a lack of basic awareness can impede effective risk management.

Mitigation for 2026-27

Encouraging agencies including Adult Social Care, Community Mental Health Team and housing services to share risk and need related information where consent allows, and at the earliest opportunity.

Limited Police information for lower-risk cases

Police updates about lower-risk individuals—particularly where there have been emergency call-outs or police-led referrals to social care or mental health services—have not been shared consistently, reducing opportunities for early identification of safeguarding need.

Mitigation for 2026-27

We are strengthening our partnership with local Police by developing a consistent information-sharing process so that incidents involving adults supervised by probation are communicated promptly and appropriately.

Imperial College Healthcare NHS trust (ICHT)

Core challenges for the trust have been the level of activity vs resources. To mitigate this, a service review and transformation work will take place. The current ICB restructure has also added an additional lever of uncertainty. Suitable actions will be taken once this has been finalised.

Additionally, a struggle has been the volume of meeting it is required that we attend. As a result, all meetings requests are now reviewed and only accepted where it adds value to the work we do. We also experience complex thresholds across different boroughs. To manage this, we still submit referrals and await the outcomes from the borough and convene professional meetings as required.

Brent Community Safety Team

Over the past year, the CMARAC Panel identified systemic barriers affecting the effective safeguarding of vulnerable adults. Key issues include:

- Inconsistent professional curiosity, delayed escalation, and incomplete medical histories, resulting in missed risk indicators and limited contingency planning, particularly for individuals who disengage or experience repeated crises.
- Unclear oversight from Adult Social Care (ASC) on whether cases remain open, leading to lost opportunities for early intervention and increased risk of relapse, anti-social behaviour or repeated victimisation.
- Fragmented safeguarding decisions, where cases are passed between teams without clear timelines, follow-up, or accountability.
- No information on mental health diagnosis, in circumstances where the individual disengages from the community mental health services and is discharged back to the care of his GP with no other intervention or support and no action is recorded.
- The need for consent to refer individuals to support services where the vulnerable individual lacks capacity to make a decision because they are under duress or influence, trauma-based or faced with multiple disadvantages.

06 SYSTEM PROGRESS

Mitigation Actions for 2026-27

Strengthening Safeguarding Processes

- Continue the weekly safeguarding clinic and maintain the appointed safeguarding led to support timely escalation.
- Structure a clear pathway for triaging police Merlin reports through Adult Safeguarding, Adult Social Care and other teams, such as the ASB Team, including standardised recording of outcomes and timeframes for allocating social workers where necessary.
- Improve liaison and documentation between Adult Social Care and the Community Mental Health Team (CMHT) on high threshold cases.
- Ensure that the Adult social care/Mental health team follows up on periodic case reviews for individuals with recurrent mental health episodes and expand contingency planning for those who are known to disengage.
- CMARAC will request full access to Mosaic records to have oversight on the relevant actions and care plan, especially where the ASB team is involved in cases such as closure orders, cuckooing, or vulnerable individuals causing ASB.

Improving Mental Health Escalation

Referrers report difficulty accessing mental health support, resulting in cases looping between the Community Mental Health Team and General Practitioners, which end up falling through the system. Slow responses impact individuals affected by other factors, such as substance misuse and self-neglect, which is expressed in Antisocial behaviour. This is a pattern of bouncing between systems has been identified in the CMARAC referrals, making it difficult to support the individual.

We proposed:

- A simplified mental health escalation pathway and case-specific plans for high-risk cases with the Community Mental Health Team Senior Leadership Team.
- Encourage consistent Community Mental Health Team attendance and require clear reasons for declined referrals and propose solutions.
- Promote earlier referrals to appropriate panels where non-engagement is a risk factor.

Strengthening Adult Social Care Case Closure

Cases are sometimes closed without a clear rationale, next steps, or mitigation strategy of duress, trauma-based, fluctuating capacity, or coercive control. Some assessments are completed by phone despite complexities, with no visibility of risk factors and environmental circumstances. Premature closures result in repeated referrals, increased antisocial behaviour, unclear risk ownership and serious safeguarding concerns.

Mitigation:

- Introduce a standardised case-closure template requiring rationale, risk assessment, and signposting evidence.
- Request for Adult social care to have a trauma-informed practice and avoid mislabelling individuals as making “poor lifestyle choices.”
- CMARAC has raised concerns about better assessment practice, including Care Act assessments, Mental Capacity assessments that reflect fluctuating capacity to be completed face-to-face.
- Request for social services to implement multiple attempts contact protocols, which should include face-to-face or exploration of joint visits with other partners known to be working with the vulnerable individual.
- Promote a “no wrong door” approach to prevent case bouncing between services under the Adult Social Care umbrella.

Cuckooing and Exploitation

Barriers have included inconsistent use of terminology (e.g., misuse of “cuckooing”) which results in misclassification and causes delays in intervention and increases the risk of vulnerability, exploitation and harm.

Housing partners sometimes prioritising an enforcement approach over vulnerability assessment and Police restructuring has disrupted the scheduled cuckooing meetings.

Mitigation:

- Maintain CMARAC and other agency training, presentations, and workshops to continue exploring the cuckooing topic and its layers.
- Require vulnerability checks with all housing referrals.
- Integrate cuckooing oversight into CMARAC with consistent police attendance and intelligence sharing.
- A Cuckooing Protocol is in draft to be signed off by mid-2026 to coordinate swift multi-agency action.

Cases with Limited Engagement

Barriers here include presence of experienced trauma, neurodiversity, and mental health conditions being missed or under-assessed. Cases are closed due to non-engagement from the vulnerable individual despite high ongoing risk.

Mitigation:

- Incentive use of assertive outreach, joint visits, and trauma-informed engagement techniques and training.
- Promote CMARAC and early referrals to the CMARAC panel when cases need a multi-agency approach.
- Promote shared organisational responsibility rather than vulnerable individuals being blamed for non-engagement.

Summary of Mitigation Themes for 2026-27

- Clearer and stronger escalation pathways across mental health and adult social care.
- Improved cross-agency communication, transparency, and case-closure standards.
- Consistent use of vulnerability assessments.
- Integrated multi-agency approach to cuckooing and exploitation within the CMARAC framework.
- Encourage thorough assessments that genuinely capture changing abilities and the real-life experiences of individuals.
- Promote and expand training to strengthen professional curiosity and accurate terminology.
- Encourage early referrals for intervention to prevent escalation to crisis.

06 SYSTEM PROGRESS

What work have Partners undertaken to engage with people who have a lived experience of services, in particular adults with protected characteristics or under-represented communities?

Brent Adult Social Care (ASC)

Brent ASC continues to strengthen engagement with people who use services, particularly adults with protected characteristics and under-represented communities, through several initiatives:

- Making Safeguarding Personal outcome letters and questionnaires are being embedded to ensure people can express desired outcomes and reflect on whether these were achieved.
- Equality, Diversity & Inclusion reviews and audits of Section 42(1) and (2) closures help identify disproportionality and ensure equitable safeguarding responses.
- Strengthened engagement with carers and under-represented communities, including targeted outreach through community groups and voluntary sector partners.
- Themes from engagement feed directly into workforce training, audit activity, and pathway redesign, ensuring that lived experience shapes practice improvement.
- Accessible safeguarding information, including easy-read materials and translated resources tailored to high-risk communities.
- Feedback loops through provider concerns and safeguarding enquiries, ensuring that learning from people receiving care in regulated services informs our commissioning and practice improvements.
- Use of advocacy services, ensuring that people who may lack capacity or have communication barriers are supported to express their views throughout the safeguarding process.

VIA - New Beginnings

The organisation has developed its Volunteering and Participation Team with a focus on developing on our work to ensure that lived experience underpins everything we do. In particular the women's safe space has continued to develop over the last year, allowing for more women to enter treatment and remove the barriers associated with accessing treatment services.

Additionally, in early 2026 the organisation launched a survey of people who use our services nationally to understand what people value and what we could do better. At time of writing the survey has had **over 1000 responses** and the findings will be used to inform service development.

New Beginnings works closely with B3, Brent Service User council to ensure the lived experience voice is strong in-service development and day to day service delivery. B3 are hosted from the Cobbold road site and use this space to provide safe Saturday and Sunday services to Brent residents, providing 7 days a week provision from the Treatment and Recovery site. B3 is a model of best practice in Brent.

B3 volunteers support goes beyond providing lived experience voice. Coproduction with service users and those with lived experience is possible and active in Brent with many B3 volunteers actively supporting New Beginnings to deliver services. For example, dedicated outreach volunteers that support the EVE project, volunteers that provided night shifts to support SWEP provision, and additional capacity for those exiting prison.

Central & North West London Foundation NHS Trust (CNWL)

Within Brent CNWL, we hold a monthly Patient Care Race Equality meeting, chaired by the CNWL Director for Brent. The meeting brings together partners from the voluntary, social enterprise, and third sectors. We review local demographic data and information related to areas such as admission rates for acute mental health conditions into CNWL acute services. Brent mental health services have also established a Health Inequalities Team that collaborates with the Brent Health Matters service to reach previously unreached communities.

We also agree and review community engagement activities. This has included engaging with communities across Brent in a variety of settings, including temples and mosques, as well as working with community leaders. In addition, we have developed a programme to train spiritual leaders in mental health to support acute services. As part of this, CNWL commissions the Somali Advice and Forum of Information (SAAFI), which entails advice, information, and guidance; addressing health and social inequalities, such as health, education, and employment; facilitating skills development and training for employment and self-employment; advocating on matters affecting mothers and their children, such as unemployment, health, education, housing, immigration, and benefit cuts; and organising cultural events, exhibitions, and arts activities to celebrate heritage, fostering self-esteem and confidence within the community.

London Ambulance Service (LAS)

To help ensure we deliver the best possible care for our patients and their families, we work with a wide number of patient groups and charities to seek their advice and input into the decisions we make.

In June 2020, we launched the London Ambulance Service Public and Patients Council, which brings together a wide range of patients and the public representatives from across London at regular intervals to provide feedback on the care we provide and to help shape the way care is delivered.

The Council provides a voice for patients, the public and carers in the design, development and delivery of Trust services and advises on ways to gain broader engagement, as necessary. Our Learning Disabilities and Vulnerabilities Lead, has also set up a Learning Disabilities and Autism specific patient council that engages with those with lived experience from these patient groups to ensure that they can shape the services that they receive.

MET Police

The Metropolitan Police Service is rolling out trauma informed training for all officers which will assist in recognising protected characteristics, under-represented communities and repeat trauma through lived experiences

06 SYSTEM PROGRESS

Central London Community Healthcare NHS Trust (CLCH)

The CLCH Equality Strategy sets out how the Trust engages with our patients (and staff) to support engagement from all communities. The CLCH Patient Advisory and Liaison Service (PALS), complaints and complements team seek feedback from those accessing our services, which is then reported at Board level and learning /changes in practice are put in place.

Each year we invite people who have had lived experience of services to our annual safeguarding conference to share their experiences for us to learn from and CLCH have an active Patient engagement team with co-production initiatives in place. Patient stories are collated and presented at divisional meetings. Alongside this, the recruitment to managerial and frontline positions frequently includes interview panel members who are carers or patients

CLCH is committed to working in partnership with patients and the public and actively seeks patient representation to help design safe and accessible services. We use advocacy services, ensuring that people who may lack capacity or have communication barriers are supported to express their views throughout the safeguarding process.

A shared governance model includes patient representatives, complaints and investigation for consideration, being open culture.

Sub-groups progress board priorities and key work in relation to protected characteristics

The CLCH Learning Disability Group includes carers with lived experience and includes feedback from the NWL ICB regarding data relating to death reviews of people with learning disability and autism (especially those from BAME communities) and share learning from Learning from Lives and Deaths - People with a Learning Disability and Autistic People Reviews (LeDeR).

Staff complete Oliver McGowan Autism awareness training to further develop and strengthen understanding of Learning disabilities.

Brent Community Safety

Over the past year, CMARAC has strengthened how it incorporates the lived experience of adults, particularly those with protected characteristics and individuals from marginalised or under-represented communities, into its safeguarding practice.

A key part of this CMARAC has been working closely with trusted partner organisations that can represent the individual's voice and rights in the panel, despite their level of engagement. Galop is a core CMARAC partner and plays a vital role in ensuring that LGBTQ+ adults' experiences are accurately represented.

CMARAC partners also help represent the experiences of adults facing multiple disadvantages. Were young adults with multiple complex needs have been concerned, work in partnership with personal advisers, who have been able to provide insight enabling professionals to shape a more supportive and realistic plan tailored to individuals circumstances.

To ensure that individuals' voices meaningfully shape decision-making, CMARAC routinely collaborates with:

- Independent advocacy services, including women and girls network services
- Mental health and learning disability services
- Homelessness and rough sleeper outreach teams
- VIA the substance misuse services
- Department of working pensions

These organisations help communicate the lived experiences of people who may struggle to engage due to disability, trauma, language barriers, neurodiversity, mental ill-health, social isolation, multiple disadvantages or distrust of statutory agencies.

Insights from partner agencies about individuals' priorities, fears, barriers, and unmet needs directly inform multi-agency risk assessments and action plans. Themes emerging from lived experience—such as stigma, difficulty accessing mental health support, fear of enforcement-led responses, or cultural misunderstandings—are fed back to services to improve professional curiosity, training, accessibility, and fairness.

This continuous feedback loop strengthens safeguarding practice and ensures adults with complex needs or protected characteristics are understood, supported, and empowered in the decisions that affect them.

All these processes under the Community MARAC panel are upheld by the Sharing Agreement agencies in Brent, outlining fair practices applicable to all individuals, regardless of gender, disability, nationality, race, age, religion, or sexual orientation, under relevant laws, including the Antisocial Behaviour Crime and Policing Act 2014 and the Human Rights Act.

Imperial College NHS Healthcare Trust (ICHT)

Measures the Trust implement include:

- All referrals have mandatory section to be completed around Making Safeguarding Personal (MSP)
- The Trust has an Independent Mental Capacity Advocate (IMCA) on one site one day a week
- We have Increased communications around use of Independent Mental Capacity Advocates and also use of Mental Capacity assessments
- It is standard process that Equality Impact Assessments are completed on all policies introduced in the Trust.
- Reasonable adjustments made as required, which application continues to be strengthened

06 SYSTEM PROGRESS

North West London Integrated Care Board (ICB)

The ICB works closely with operational partners to ensure that the lived experiences of individuals with protected characteristics, as well as those from underrepresented communities, are reflected in commissioning decisions. As part of its wider commissioning role, the ICB routinely engages with community organisations and key stakeholders when developing services to meet the needs of local residents. This engagement takes a variety of forms, including collaboration with patient representatives, community roadshows, and other targeted outreach activities designed to inform the design and delivery of health services.

In addition to gathering insight from local communities, the ICB works with regional and national health partners to ensure that the latest intelligence and research are incorporated into service development. This includes collaboration with organisations such as NHS England, as well as specialist clinical and research networks and charities (for example, in areas such as homelessness, domestic abuse, or diabetes and cardiology), to ensure that newly commissioned services reflect current evidence, innovation, and best practice in healthcare delivery. The NWL ICS Learning from Lives and Deaths Panel for People with LD and Autism, has a core membership of two Designated Nurses for Safeguarding Adults to ensure safeguarding issues are recognised and referred to the appropriate Safeguarding Adult Board. There have been a number of referrals for consideration of a Safeguarding Adult Review (SAR) or shared learning. Learning across the health economy is regularly shared through training and supervision.

London North West University Healthcare NHS Trust (LNWH)

The Trust recognises the importance of engaging with people who have lived experience of health and care services, particularly adults with protected characteristics and those from under-represented or marginalised communities. This is essential to ensuring safeguarding practice is equitable, person-centred, and responsive to individual needs. Safeguarding training across the organisation encourages staff to reflect on discrimination, unconscious bias, and the lived experiences of individuals with protected characteristics. This supports a culture where staff are better equipped to listen, recognise structural inequalities, and tailor safeguarding responses to meet cultural, communication, and accessibility needs.

Key areas of work include:

John's Campaign and Carer Passport: The Trust has implemented John's Campaign, a national initiative that promotes the involvement of families, carers, and loved ones as partners in care, particularly for people living with dementia, older adults, and other vulnerable groups. This includes flexible visiting arrangements, enabling carers to remain with patients outside standard visiting hours where clinically appropriate, supporting continuity, reassurance, and improved patient outcomes.

Learning Disability and Autism Support: The Trust's Learning Disability Nurses provide both clinical and strategic leadership to ensure that adults with a learning disability and/or autism receive safe, equitable, and person-centred care. They work directly with patients with complex needs, offering specialist advice, advocacy, and support to ensure reasonable adjustments are identified and implemented across both emergency and planned care pathways. Initiatives such as the use of calm bags in high-pressure environments, particularly Emergency Departments, help reduce distress and improve patient experience. The team also supports a network of Learning Disability Champions to embed best practice at ward level and improve staff confidence.

Domestic Abuse: The Trust has also developed a Domestic Abuse Staff Toolkit and an Easy Read Domestic Abuse Guide for patients with learning disabilities and/or autism, ensuring that support is accessible and inclusive, and enabling individuals to better understand and disclose their experiences safely.

Patient and Carer Engagement: The Dementia Matron and Lead Nurse for Learning Disabilities actively contribute to a multi-agency Patient and Carer Steering Group across Brent, Harrow and Ealing. This forum, led by the Trust's Head of Patient Experience, focuses on strengthening collaboration with community and voluntary sector partners, improving support for carers, and gathering feedback on patient and carer experience. In addition, the Trust facilitates an internal Patient and Carer Participation Group, ensuring that lived experience directly informs service development and improvement.

Brent Regulatory Services

The Trading Standards team has officers who are Friends Against Scam 'SCAM Champions' and can therefore provide training on how to support and reduce the chances of being a scam victim. In July 2025, as part of the Brent Safeguarding Partnerships, an officer assisted in presenting to practitioners who are entering resident's homes, guidance in recognising the signs of possible financial frauds and scams.

Brent Probation Services

The Probation Service continues to strengthen its engagement with people who have lived experience of the criminal justice system, recognising the value their insight brings to service improvement and inclusion. Nationally and across London, several initiatives support meaningful involvement. These include peer mentoring programmes, and the Going Forward into Employment (GFIE) scheme, which recruits individuals with criminal records into government roles. These programmes ensure that people with lived experience have opportunities to influence practice, contribute to service design, and move into sustainable employment.

Locally, we support initiatives such as the recruitment of Peer Mentor Coordinators—roles specifically designed for individuals with lived experience of probation or custody. Staff are encouraged to share these opportunities with people on probation who may be well-placed to contribute their insight and experience to the service. Through these mechanisms, the organisation is continuing to broaden representation, amplify lived-experience voices and ensure that service developments reflect the diverse needs of under-represented communities and individuals with protected characteristics.

06 SYSTEM PROGRESS

What measures are being taken to embed the London Safeguarding Adults Policy and Procedures?

Brent Adult Social Care (ASC)

A multi-team workshop in December 2025 formally introduced the refreshed London Multi-Agency Safeguarding Adults Policy and Procedures across ASC, ensuring all teams understood the updated statutory expectations and practice standards. Internally, local safeguarding standard operation procedures, including Section 42(1) and 42(2) enquiries, provider concerns, and threshold guidance have been rewritten and aligned directly to the London procedures.

Case management software safeguarding workflows are being updated to incorporate London-aligned requirements, including outcome letters, strengthened evidence capture, and consistent recording templates.

Additionally, all safeguarding training delivered through the ASC Skills Academy is being refreshed to reflect the updated London Policy and Procedures, ensuring staff apply consistent thresholds, use MSP effectively, and follow statutory guidance in their enquiries.

Further embedding work continues through supervision, audit feedback and safeguarding clinics, where application of the London procedures is routinely reinforced and monitored in live casework.

Central London Community Healthcare NHS Trust (CLCH)

In CLCH, the London Multi-Agency Adult Safeguarding Policy and Procedures are embedded through trust-wide safeguarding policies and standard operating procedures, shared, referenced, and promoted via safeguarding supervision sessions with staff.

Mandatory role specific staff training is delivered via induction, e-learning, and face to face updates via a clearly defined pathway aligned to the Care Act 2014 principles. Safeguarding assurance frameworks are reflected within quarterly reports to the ICB alongside mid-year and annual reports.

Safeguarding concerns are escalated through line management and the Trust safeguarding teams with referrals made to the local authority in line with multi-agency procedures and any discordance or ongoing concerns are then escalated through the Brent High-Risk panels and local escalation pathways.

CLCH is an active member in multi-agency partnership working, ensuring proportionate, timely, and accountable responses to safeguarding concerns

VIA - New Beginnings

The Via Safeguarding Adults at Risk policy and procedures are reviewed annually and aligned with the Pan London Safeguarding Adults policy. All changes are shared with the safeguarding leads who disseminate to local teams to ensure that teams know and understand the changes to policies.

During service audits adherence to policy and procedure is reviewed and reported back to managers. Elements of policy and procedure are frequently agenda items at the organisation wide safeguarding leads forum. Additionally, key messages and topics from these meetings are cascaded to local safeguarding meetings. For example, we recently spent time looking at effective working with pregnant clients and ensuring safeguarding procedures are understood and being appropriately used.

The organisation does an audit every two years (based on Section 11, but for all safeguarding) where services self-assess. This is used to both inform where training and support would be beneficial and to pull together a Via wide action plan. The National and Quality Team safeguarding leads also met with each service individually to discuss anything relevant to their specific service. The Brent S11 audit action related to the roll out of Trauma Informed Care training, alongside partners CNWL, for staff, this has been completed and is a mandatory requirement for all staff.

MET Police

The Metropolitan Police Service implements this policy by:

- Embedding Pan-London procedures into local policing practice
- Identifying and safeguarding adults at risk alongside investigations
- Working in partnership with safeguarding agencies
- Applying trauma-informed, person-centred approaches
- Learning from SARs and continuous improvement processes

Central & North West London Foundation NHS Trust (CNWL)

Our Named Professional for Safeguarding Adults and the Mental Capacity Act is a member of the task and finish group commissioned by the Brent Safeguarding Adults Board, and this group is currently reviewing and implementing local safeguarding policy to ensure compliance with the London Safeguarding Adults Policy and Procedure.

Our own Safeguarding Adults policy is also under review to reflect the London Policy and to embed learning from Safeguarding Adults Reviews.

06 SYSTEM PROGRESS

London North West University Healthcare NHS Trust (LNWH)

The Trust's Safeguarding Adults Policies and practice are aligned with the London Multi-Agency Adult Safeguarding Policy, Practice, Guidance and Procedures, ensuring a consistent and coordinated approach to safeguarding across partner agencies.

Embedding of the London framework is supported through a number of key measures:

- **Training and Workforce Development:** The Trust maintains high standards of safeguarding training in line with the Intercollegiate Document for Healthcare Staff. This includes Level 3 safeguarding training, which incorporates the six safeguarding principles outlined in the Care and Support Statutory Guidance and promotes consistent application in practice.
- **Making Safeguarding Personal (MSP):** A strong emphasis is placed on person-centred practice, ensuring that adults are involved in decisions about their safety wherever possible. Staff are supported to balance risk, autonomy, and protection, in line with MSP principles.
- **Multi-agency Working and Section 42 Enquiries:** The Trust works closely with partner agencies to prevent and reduce abuse and neglect, contributing to effective multi-agency safeguarding arrangements. This includes active participation in Section 42 enquiries, strategy discussions, and safeguarding investigations.

Policy Framework and Specialist Safeguarding Areas

The Trust has a robust policy framework supporting key safeguarding areas, including:

- Persons in Positions of Trust (PiPoT)
- Safeguarding and pressure ulcers
- Responding to adults experiencing homelessness
- Recognition of emerging risks, including online abuse
- Transitional Safeguarding

The Trust has established a Transitional Safeguarding Board to support young people moving into adulthood, recognising the additional vulnerabilities associated with transition and ensuring continuity of safeguarding support across services.

A revised Domestic Abuse Policy, underpinned by a clear "golden thread" of Recognising, Responding, Supporting and Preventing Harm, ensuring a consistent and structured approach across services.

The Trust is committed to being a safe place for adults, where safeguarding is recognised as everyone's responsibility. This is supported through clear policies, accessible guidance, and ongoing visibility of safeguarding across clinical and non-clinical services.

The Trust has also contributed to national work through participation in the NHSE Safeguarding Adults National Network (SANN) Task and Finish Group, which developed an All-Age Professional Curiosity Rapid Read Practitioner Briefing. This resource has been shared with partner agencies supporting wider system learning and strengthening professional curiosity in safeguarding practice, including Brent, where it informed the development of a local 7-minute briefing to support practice. Embedding is further supported through ongoing learning from safeguarding reviews and local partnership activity

North West London Integrated Care Board (ICB)

The ICB continues to play a central role in coordinating the health system's approach to safeguarding adults across its partner organisations. This includes regular engagement with contracted providers, such as primary care services, acute and inpatient services, and community services, including mental health services, continuing healthcare, and district nursing. The ICB also works directly with services commissioned through pan-London arrangements, such as the London Ambulance Service.

The ICB's ability to coordinate policy responses is delivered via established reporting mechanisms and multi-agency forums, through which the ICB works to align safeguarding practice and promote consistent implementation of the London Safeguarding Adults Policy and Procedures.

The ICB maintains a quarterly reporting process through the Safeguarding Health Outcomes Framework (SHOF). In addition, it further strengthens oversight and harmonisation of policies and procedures via a rolling quarterly "hot topic". This enables the ICB to better calibrate how health providers deliver against specific safeguarding issues, with partners asked to provide targeted assurance and evidence of practice.

For example, a recent "hot topic" focused on carers' assessments. Learning from local Safeguarding Adults Reviews and Domestic Homicide Reviews has highlighted the need to improve awareness of carers' assessments across multi-agency services, with concerns that opportunities to identify carers are sometimes missed during care delivery. In response, partner organisations were asked to demonstrate:

- How they promote carers' health and social wellbeing as part of patient care and treatment.
- Whether there is a clear policy and/or pathway in place for carers' assessments.
- How referrals to local authorities for carers' assessments are identified and recorded.
- How a "whole-family approach" is embedded in assessment and support, particularly in relation to young carers and their families.

Imperial College Healthcare NHS Trust

ICHT has updated internal policies to reflect the updated procedures and made amendments to training content offered so that it aligns with the Pan London Policy. The Policy itself has been added to our internal safeguarding intranet pages as a resource.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What has the Board achieved?



The Brent Self-Neglect Toolkit and associated resources were developed collaboratively with Board Partners to strengthen local practice and consistency in responding to self-neglect. This priority has persisted due to the continued prevalence of self neglect in both Safeguarding Adult Reviews and case referrals, highlighting a need to ensure competence in how practitioners approach and support those who need it.

The Toolkit provides a combination of theory, signposting to essential resources and templates to support practitioners with how to approach and support those who self neglect. It includes helpful topics such as:

- Challenges with engagement
- Legal literacy
- Homelessness & self neglect
- Fire risks & Hoarding
- Assessing decisional & executive capacity

These documents were formally approved by the Board and successfully launched at a live event hosted by the Board Chair in October 2025, which was attended by **53 professionals** from across the Brent Partnership.

In response to positive feedback from event attendees, the introduction session has since been adapted into a stand-alone webinar, which is hosted online to allow colleagues to access the material flexibly at their convenience.

The core toolkit is further supported by the following resources:

- A published **'Process Flowchart'** providing clear guidance on key steps and responsibilities.
- A template **assessment form** for hoarding, designed to support practitioners in conducting structured and comprehensive assessments.
- Ongoing access to the **recorded webinar**, ensuring sustained availability for practitioners across the partnership.

The impact of implementation and usage of the toolkit will need to be tested in 2026/27, and amended to reflect feedback received from practitioners. Partners will share further in the report how the toolkit has started to be introduced and used across the system.

In the coming year, the Board will look to seek further assurance on what impact this has had in how practitioners approach working with self neglect and hoarding cases. A 7 minute briefing has also been produced and published in regard to self neglect,

In addition to the above resources, the Board launched its first **'Safe-Tea' podcast**, hosted by the Brent Safeguarding Adults Board Independent Chair, with the inaugural episode focused on prevention in self neglect work and how practitioners can take realistic steps to help prevent escalation.

It is hoped this new approach will provide a more flexible and reflective method of learning, that breaks away from 'theory' and focuses on hearing about practice examples and experiences that can be adopted and applied. As of March 2026, this episode has been listened to **85 times**.



06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

Brent Adult Social Care (ASC)



The self-neglect toolkit produced by the Brent Safeguarding Adults Board is now routinely applied across triage, safeguarding clinics, supervision, and case audits, ensuring consistent assessment of risk and executive functioning.

Staff have received targeted safeguarding training aligned to Pan-London procedures, with specialist mental health and threshold training scheduled for March 2026. Weekly reflective sessions and coaching reinforce learning from SARs and complex cases.

Joint safeguarding clinics and stronger cross-team coordination have improved consistency, reduced repeat referrals for high-risk individuals, and enabled earlier joint interventions in complex self-neglect cases. Strengthened governance and learning from SARs have improved defensibility.

North West London Integrated Care Board (ICB)



the ICB delivers its safeguarding responsibilities primarily through its oversight of contracted operational partners. This includes promoting the use of established mechanisms such as the self-neglect toolkit and other offers such as a rolling programme of training, and other system-wide resources designed to support best practice.

From a commissioning standpoint, the ICB holds providers to account where such measures are not effectively implemented. The ICB routinely monitors training compliance and other performance data in addition to other safeguarding KPIs – including: trends in the number and nature of safeguarding concerns raised within specific areas, such as self-neglect, domestic abuse or acts of omission.

Where persistent issues or gaps are identified, these are escalated with providers and addressed through contractual and performance management processes.

Metropolitan Police



Use of the Toolkit

The Police are not using the tool kit routinely at present.

Workforce Training

There has been no training on the tool kit or self-neglect at present. However, the tool kit has been shared with the neighbourhood policing teams Inspectors for Brent for them to review, and any training requests will be followed up.

Central & North West London Foundation NHS Trust (CNWL)

The Self-neglect Toolkit has been distributed to all services and put into practice. We have collected solid evidence of its practical use when considering raising safeguarding concerns. This has strengthened our approach through multi-agency safeguarding meetings, promoting early identification and intervention for at-risk individuals.

Practice has been discussed during safeguarding supervision and reflective sessions and has become a fundamental part of every safeguarding discussion or consultation, and the Self-neglect Tool has been incorporated into safeguarding and MCA training to increase staff awareness.

CNWL's Brent Borough Director and the Brent Lead Occupational Therapist are developing a pathway for practitioners dealing with low-level self-neglect/hoarding cases that do not meet the threshold for multi-agency intervention. This issue was also highlighted in recent fatal fire death reviews.

Our Safeguarding Adults team has circulated the new Self-Neglect and Hoarding Toolkit in clinical areas. They also promoted the 'Safe Tea' podcast to local teams, where the SAB Chair discusses current issues. Recently, the SAB Chair issued a statement on the importance of MCA in practice with the Deputy Safeguarding Head at CNWL. Initial feedback from practitioners has been positive regarding the themed podcasts.

Imperial College Healthcare NHS Trust (ICHT)

IN ICHT, the Brent self-neglect toolkit has been shared across safeguarding committee representatives for wider cascade to teams who would benefit from it and added to our internal Safeguarding intranet pages. The toolkit is also referenced in training.

We are seeing safeeguarding referrals increasing around self-neglect presentations and undertaking discussions within safeguarding supervision

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Self-neglect remains the highest criteria for referral to social care and is often the areas staff find most difficult, especially when patients have capacity.

Complex cases are discussed in two weekly case discussion that all staff can refer into, discussion helps identify cases where early intervention and support may be required and we use this to agree next steps for clinicians.

CLCH cover self-neglect and abuse during safeguarding adults training at all levels and encourage practitioners to discuss cases with the safeguarding team. We make risk assessment tools readily available for staff and discuss them during all training.

We have noticed a better awareness around the links between Hoarding, Self-neglect, and Fire risk – increased use of clutter rating scale and fire risk assessment

Staff training

- The Brent toolkit was recirculated across all Brent teams and staff are encouraged to use the guidance
- SAB training is shared with staff and teams across Brnet, and self-neglect and hoarding is incorporated into staff mandatory training Levels 1-3.
- Two Weekly case discussion and reflection reinforce learning from SARs and complex cases.

Multi-Agency Work has resulted in stronger links with social care and early multi-agency meetings have helped develop more consistency, especially when also discussing case at complex case meetings.

Going forward, teams would benefit from earlier or prompter update to cases from social care in relation to actions and support put in place. This would allow for continued improvements to outcomes.

London North West University Healthcare NHS Trust (LNWH)

The Trust continues to support the Brent Safeguarding Adults Board priority on self-neglect through active engagement in multi-agency forums, workforce development, and safeguarding practice.

A Trust representative regularly attends the Brent High Risk Panel, where complex self-neglect and hoarding cases are discussed. Where individuals are admitted to hospital, the Trust contributes to multi-agency planning, supporting coordinated actions and facilitating safe and appropriate discharge arrangements. This reflects strong partnership working across Brent.

Within the organisation, self-neglect is recognised as a complex safeguarding issue requiring a coordinated and proportionate response.

Staff are supported to:

- Identify and escalate safeguarding concerns appropriately
- Seek advice from the Safeguarding Adults Team to support decision-making
- Recognise cumulative and escalating risks, including environmental hazards and fire risk
- Apply the Mental Capacity Act as a central component of assessment and risk management

The Trust works collaboratively with partner agencies where adults with capacity remain at high risk, contributing to the development of shared risk management plans that balance autonomy and protection.

While the statutory duty to undertake safeguarding enquiries sits with the Local Authority, the Trust fully cooperates with Section 42 enquiries, ensuring timely information sharing and contribution to safeguarding decision-making.

The Brent Self-Neglect Toolkit is being incorporated into Level 3 safeguarding training to strengthen workforce understanding and application. However, consistent use of the toolkit in practice remains a challenge due to clinical pressures and competing demands within acute settings.

Brent Probation Services

Practitioners have been supported to improve identification and escalation of self-neglect through reflective supervision, quality practice hubs and increased awareness of local pathways.

This has contributed to more consistent use of multi-agency forums—including multi-agency safeguarding hubs, Integrated offender management, Multi-agency public protection arrangements, and Exploitation, violence & vulnerability panels—to monitor risk, share information and agree coordinated actions for adults with intersecting vulnerabilities.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

Brent Regulatory services

Our Environmental Health participate in multi-agency meetings to assess self-neglect cases and hoarding behaviour, agree action plans including enforcement actions to tackle public health risks and nuisance arising from this kind of behaviour.

In appropriate cases legal enforcement notices have been issued, ahead of the council utilising its powers to carrying out works in default.

Where cases require a multi-disciplinary approach, they are referred to the 'High Risk Panel' to be assessed by Safeguarding, ASC, Community Mental Health and the GPs to try and effect a programme of resolutions. These cases are referred through the 'Self-neglect Toolkit' (which was introduced by the Safeguarding team) by officers from EH, PRS, ASC and other units.

VIA - New Beginnings

From an organisational perspective during 2025 – 2026, Via has seen an increase of referrals submitted to local authorities due to complexity of self-neglect and have continued to support individuals who may refuse a statutory intervention.

The ongoing challenge is when referrals are not accepted, as individuals may not meet threshold and their behaviours can be seen as an unwise decision and that the person referred is making a lifestyle choice.

While an individual may not be deemed to meet the threshold their needs and potential risks are still more significant than can be addressed by a community drug and alcohol service in isolation.

Brent New Beginnings has a comprehensive Outreach Team and during 2025 - 2026 delivered a number of key objectives in line with our published Outreach Strategy. This outreach enables the team to identify those in the community most at risk of self-neglect and harm.

The comprehensive Outreach Team also supports the facility of home visiting which allows professionals, including clinicians and Dr's to see individuals in their home.

Identifying care and support and particular issues in relation to self-neglect. During 2025 - 2026 the outreach service carried out a minimum of **281 home visits** (at time of writing, reporting for March 2026 is not yet finalised.)



06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 - HOUSING NEED AND SUBSTANCE MISUSE

What has the Board achieved?

In July 2025, the Chair met with key points of contact responsible for various existing panels and review processes across the Brent system, including Drug and Alcohol Related Death reviews, Domestic Abuse Related Death Reviews, Offensive weapon Homicide reviews & Homelessness Mortality reviews to start to establish a clearer way forward, with tighter governance and assurance.

The Mortuaries team also attended to speak on what data they have access to and collate in regards to deaths, that may have not come through a review process.

The following was agreed:

- Once processes are established, to meet every 6 months to check in report into the SAB around data and outcomes from the various existing panel processes.
- Development of an internal triage process for SARs, DARDRs & OWHRs to ensure they follow the most applicable and effective review process, without duplication.

The first stage of this improvement work commenced by convening a dedicated meeting with Housing Providers servicing Brent to gauge their understanding of their statutory duties around reporting homelessness deaths.

The aim was to co-produce an established process to improve their awareness of their responsibilities and to improve compliance and reporting.

Following a successful initial meeting, this resulted in the development of:

- 2 process guidance documents, 1 for Providers and 1 outlining the wider process.
- An accompanying reporting form was developed to standardise responses.
- A dedicated presentation session held in December 2025 to launch these tools with the relevant Providers and start to embed the process
- A consideration of a wider 'launch' event to be held 2026 to look at National & local cases and start to test out and improve effectiveness of the process.

There has since been an expansion on reach after recognition that Supported Exempt Accommodation Providers should also be included in the process. Approved in December 2025 and launched, the Brent Housing Team moving forward will be able to better assure the Board around figures and actions undertaken regarding homelessness deaths.

Further work will follow around the other panels and exploration in to how we can streamline triaging, clearer referral pathways for the system and develop better routine reporting into the Board.

The final outcome will be that the Board will be assured of solid processes across the various death related panels and receive regular 6 monthly updates. Homelessness will continue to be a strategic priority over the 2026-2028 period.



Brent Homelessness Mortality Reviews

Understanding the comprehensive process for addressing homeless mortality in our community

01

Notification

Death is reported to the Housing Provider for a review to be initiated.

02

Level 1 Review

The Housing Provider collects relevant information and identifies key learning before submitting the findings report form to the Brent Director of Housing.

03

Level 2 Review

The Director convenes a multi-agency panel to analyse the death and identify significant themes for further action.

04

Reporting

The Director reports findings to the BSAB CRG to ensure ongoing learning and improvement, and consideration of a Care Act s44, if appropriate

05

Continuous Improvement

The Director submits an annual report on learning outcomes from the homeless mortality reviews to the BSAB.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 - HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

Brent Adult Social Care (ASC)



Staff confidence in working with people who misuse substances

Staff confidence has strengthened through targeted safeguarding training, weekly reflective clinics, and updated legal-literacy sessions focused on mental health, substance misuse and risk planning. These improvements form part of the wider workforce development programme and safeguarding clinics reinforced in 2025-26.

Staff awareness of referral routes to drug and alcohol services

There are clear referral pathways into Change Grow Live (CGL) and homelessness services have been widely disseminated across teams through updated standard operating procedures and supervision discussions. This ensures practitioners understand how to refer, escalate and coordinate multi-agency responses when substance misuse is a factor.

Organisational response to cuckooing and home invasion

ASC follows the Brent Multi-Agency Cuckooing Protocol, ensuring immediate risk assessment, joint visits with Housing and Police, and safeguarding referrals where exploitation is suspected. Indicators of cuckooing and home invasion are also captured through strengthened provider-concerns oversight and multi-agency intelligence, enabling earlier detection and coordinated intervention.

Strengthened multi-agency coordination

ASC has enhanced joint working through:

- SMART24, which provides rapid multi-agency decision-making on adults at risk with overlapping needs such as substance misuse, homelessness and exploitation.
- Regular Housing Clinics, jointly chaired by ASC Mental Health Team and Housing, enabling coordinated risk planning, earlier intervention and consistent escalation pathways for adults experiencing housing insecurity and substance-related harm.

These structures help ensure shared risk ownership, faster problem-solving, and more consistent safeguarding responses across agencies.

The ICB fulfils its safeguarding responsibilities by seeking assurance from its contracted partners. Where concerns arise, it holds providers to account through established mechanisms, including performance and assurance reviews.

In this context, significant issues — such as emerging trends indicating a failure to respond appropriately to risks such as cuckooing/home invasion, or substance misuse — these are identified through routine monitoring and escalated via contractual performance processes.

This ensures that concerns are addressed promptly and that providers are supported and challenged to improve practice where required.

North West London Integrated Care Board (ICB)



Staff confidence in working with people who misuse substances

Brent neighbourhood policing teams work very closely with VIA, who are commissioned by Brent Council for drug and alcohol misuse.

Staff awareness of referral routes to drug and alcohol services

Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) within the Metropolitan police service, allows police to complete a referral for anyone that needs support. Prior to this, police would refer direct into VIA.

Organisational response to cuckooing and home invasion

Inspector Zhang, Brent NPT, is in regular contact with the head of service for public health. They information share and feed into each other's plans. For examples, police can direct VIA outreach into area with Class A use. SNT sergeants will attend the monthly Community MARAC meetings.

It's at these CMARAC meetings that cases of cuckooing are discussed. Information is shared with Adult Social Care, Public Health and Police. There are **currently 9 live cases with about 60 cases dealt with** in the last year. Between the partners on the CMARAC an action plan will be formulated, normally consisting of police attendance to confirm welfare of subject and dealing with any criminal offences.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 - HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Strengthening staff confidence when dealing with patients who misuse substances is an ongoing priority for the coming year. Staff will bring cases to complex case meetings and supervision for discussion and recognise impact these risks can have on patient recovery and care. Future updates from substance misuse services will be planned in 26/27.

This year's CLCH safeguarding conference was titled: See Me, Hear Me - Make the Difference and included discussion presentations on considering executive function and included presentations from Professor Michael Preston Shoot.

Multi-exclusion homelessness (MEH) is included in training re: risk and seeing MEH as a safeguarding concern. The CLCH homeless health team held a conference which included a session on safeguarding adults delivered by a member of the Safeguarding team, the team are also available to advice and guide clinicians.

Staff are aware of referral routes to drug and alcohol services and there are clear referral pathways into services, which are shared across Brent teams.

Cuckooing is an ongoing area of concern for staff; work is ongoing re: recognising cuckooing by being professionally curious and escalating concerns promptly. We have seen escalations over the last year and more curiosity. This work also incorporates importance of staff safety and lone working policies. The SAB 7-minute briefing has been shared across teams. Indicators of cuckooing and home invasion are also captured through early case discussion and escalation and incorporated into training across the Trust.

Central & North West London Foundation NHS Trust (CNWL)

Local CNWL services are, together with the local authority, running substance misuse services and are aware of the referral pathways and processes involved. Substance misuse and dependency are assessed as a part of routine initial assessments and documented and referrals to substance misuse services are offered where there are identified challenges or issues in relation to substance misuse.

In 2025 a meeting was held with service managers for substance misuse services and mental health services promoting a better understanding of referral pathways and processes relating to substance misuse and relevant presentations were provided to local teams.

CNWL is a core member of the High Risk Panel, addressing health-related concerns and implementing interventions as needed. We also contribute to general discussions when the Multi-disciplinary Team agrees on the best course of action. The High Risk Panels meet weekly.

Cuckooing/home invasion has long been part of our standard safeguarding training, and learning from a recent SAR with a large element of cuckooing in another London Borough has been shared with clinical teams. This included responding to indicators, and these are linked in to local procedures and pathways.

VIA - New Beginnings

The Brent New Beginnings service is available to provide training and support including 1:1 case support for case discussion. This support is available 24/7 through the New Beginnings helpline which is available 24hrs a day every day of the year.

The Brent New Beginnings service is available to support referrers with any queries; referrals can be made online or in person by professionals. Individuals can be supported to complete referrals over the phone, as above this facility is available 24/7.

The organisational procedure is that all victims of cuckooing / home invasions are placed on the service safeguarding tracker for ongoing monitoring and management oversight and that services follow their local referral pathway.

Brent Probation Service

Practitioners have benefited from high levels of support and visibility from local substance misuse partners, including VIA and Forward Trust, who provide regular office-based sessions and swift pathways into treatment. This improved accessibility has enabled earlier intervention, more coordinated care planning and increased engagement from individuals with complex needs. In relation to housing, practitioners have continued to make timely referrals to Brent Housing, St Mungo's and Commissioned Rehabilitative Service for accommodation support, ensuring individuals at risk of homelessness or unsafe living environments receive specialist assessment and intervention.

Routine use of personal wellbeing assessments and joint working with the Community Mental Health Team has further strengthened our response to adults where self-neglect, mental health decline or hoarding behaviours present safeguarding concerns.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 - HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

London North West University Healthcare NHS Trust (LNWH)

The Trust continues to support the Brent Safeguarding Adults Board priority on housing need and substance misuse through targeted pathways, partnership working, and staff support. The Trust has a dedicated Homeless Pathway Team, which supports patients who are homeless or have no fixed abode. The team works with individuals during admission to complete relevant assessments, establish eligibility for housing, and liaise with Local Authority housing services, supporting safe and appropriate discharge planning.

In relation to substance misuse, staff are supported through established referral pathways and partnership working. Emergency Departments and inpatient wards can refer directly to the Alcohol Liaison Nurse Service (provided by CNWL), and there are well-established links with local substance misuse services, including VIA, enabling timely referral with patient consent.

Staff confidence in working with individuals who misuse substances is supported through safeguarding training, access to specialist advice (including the Safeguarding Adults Team and liaison services), and multidisciplinary working. However, as with other complex safeguarding themes, confidence may vary depending on staff experience and exposure, and this remains an area for continued development through training and reflective practice.

Staff are made aware of referral pathways through training, clinical guidance, and support from specialist teams, ensuring that individuals can be signposted or referred to appropriate local services.

In relation to cuckooing and home invasion, the Trust responds in line with safeguarding procedures under the Care Act 2014. Where concerns are identified, safeguarding referrals are made to the relevant Local Authority, and immediate risks are assessed, including the safety of discharge arrangements.

The Trust works collaboratively with partner agencies, including Local Authority safeguarding teams, housing services, and the police, recognising that these situations require a coordinated multi-agency response. Where appropriate, cases are escalated to multi-agency high-risk forums to support effective risk management and safeguarding planning.

Imperial College Healthcare NHS Trust (ICHT)

At ICHT, alcohol services are embedded in emergency departments and patients are tracked across the Trust to give assistance to patients in community and whilst as an in-patient.

Safeguarding supervision is available for all staff and we have also commenced an audit around alcohol use and safeguarding response. Cases will be brought to safeguarding supervision and/or to the safeguarding team for advice. Following this, safeguarding referrals will be submitted and/or professional meetings will be held.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 – LEARNING FROM SARS

What has the Board achieved?

Mental Capacity

Born from an action in the 'Indira' Safeguarding Adults Review recommendations, and that Mental Capacity Act has arisen as a repeat theme in review cases, a multi-agency task and finish group was set up to review learning needs across the system and consider potential solutions.

The Mental Capacity Task and Finish group successfully concluded in June 2025, with the following outputs:

- Development and collation of responses to a multi-agency survey of professionals speaking on their experience and knowledge around mental capacity, with an aim to identify knowledge and process gaps in the Brent system.
- Publication on the Safeguarding Partnerships website of a practical case study resource, based on Brent cases, for Brent professionals that can be used as training material or reflective practice tool.
- Their experience and knowledge around mental capacity, with an aim to identify knowledge and process gaps in the Brent system.

Learning theme briefings

In response to other emerging case themes and SAR learning, the Board has produced topical 7-minute learning briefings that are publicly available for professionals on the following:

- Self neglect
- Professional curiosity
- Trauma informed Practice
- Substance misuse
- Suicide Prevention
- Modern slavery
- 'Cuckooing' or 'Home invasion'

In addition, The Chair has committed to hosting monthly 'Learning from SARs' lunch & learn sessions, focusing on local and national SAR learning,



Feedback loops

A learning point featured in the 'Indira' SAR was a need for improvement in feedback loops, this has been echoed through work in the Performance and Audit group and also in the Pan London policy task & finish group.

An action was set for a clear policy to be drafted, that would outline for referring partners what the process should be in terms of what feedback they should receive and what detail they will get. This can then be tested for compliance in application, and assurance can be sought from agencies as to what they do next when a referred case is not taken forward.

Governance changes

There was a recognition that recommendations and actions from SARs in the past have taken too long to address, leaving plans active for much longer than they should be. The Board has now agreed to move towards a 'task and finish' approach when it comes to addressing review actions.

This method has helped to expedite work around learning and partners have initially fed back that it has helped to keep them more accountable in seeing recommendations through. The task and finish model is something that the Board looks to use increasingly in the coming year, as it's approach appears to be a more focused and outcome orientated than relying on routine meetings.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 - LEARNING FROM SARs

What have Partners achieved?

Brent Adult Social Care (ASC)



Learning from local and national SARs has directly informed updated to safeguarding standard operating procedures, decision-making guidance, audit tools and training content.

Themes from the Adult H SAR—including escalation, chronologies, advocacy, Making Safeguarding Personal and Mental Capacity Act have been embedded into practice, risk planning approaches and quality assurance processes.

SAR learning has been shared through Lunch & Learn sessions, management briefings and reflective practice forums.

messages have been incorporated into induction, supervision templates, coaching sessions and audit feedback loops, ensuring SAR themes are consistently applied across teams and integrated into everyday practice.

The ICB's multi borough footprint means it is uniquely positioned to disseminate safeguarding learning at scale across North West London. This reach ensures the ICB has the ability to drive consistency, reduce variation in practice, and embed safeguarding standards across a complex health economy. In this context, the ICB plays a critical system leadership role to ensure that learning from Safeguarding Adults Reviews other safeguarding intelligence is translated into practice.

North West London Integrated Care Board (ICB)



This is achieved through a structured approach to information sharing and partner engagement, including multi-agency forums such as the quarterly North West London Safeguarding Leads Meeting, primary care and GP safeguarding leads interface meetings, and wider place-based network arrangements. These forums provide a tried and tested vehicle for both cascading information, and professional challenge, reflective learning, and the triangulation of safeguarding themes across and between health partners.

In addition, the ICB actively signposts partners to relevant safeguarding boards and sub-groups across the North West London safeguarding system, ensuring alignment with local priorities. Key lessons are further reinforced through contractual and performance management processes that enable the ICB to seek assurance that providers have embedded recommendations from reviews into policy, training, and practice.

New contracts are routinely reviewed against current safeguarding legislation, policy, and emerging best practice, ensuring that safeguarding requirements are explicit, measurable, and enforceable. This enables the ICB to utilise its contractual weight not only to hold providers to account but also drive improvement and a culture of proactive rather than reactive safeguarding

Metropolitan Police



Changes made in response to SARs

Learning from local and national SARs has directly informed updates to safeguarding Standard Operating Procedures, decision-making guidance, audit tools and training content.

How learning has been disseminated and embedded

SAR learning is being shared through the teams via their managers at team meetings. Presentations have been given to response officers when they parade for duty.

Brent Probation Service

Probation have actively strengthened practice in line with themes arising from the Indira SAR and the current learning emerging from the HR SAR. Our focus has been on embedding learning that improves professional curiosity, the use of interpreters, information-sharing and the timely escalation of safeguarding concerns.

Quality Practice Hubs have supported this by increasing opportunities for face-to-face skills development, case discussion and peer learning. These hubs have helped reinforce practitioners' confidence in recognising safeguarding indicators, understanding referral pathways and escalating risk where concerns persist. This aligns directly with SAR themes relating to multi-agency communication, coordinated risk management and clarity of professional roles.

In addition, annual safeguarding training—delivered both online and in person—continues to be mandatory for all staff, with follow-up monitoring to ensure completion. This has strengthened practitioner understanding of self-neglect, hoarding, substance misuse and mental-health-related vulnerabilities, alongside reinforcing responsibilities under the Care Act. Regular refreshers ensure that learning from SARs is embedded consistently across the team. Together, these improvements have enhanced our ability to identify, respond to and escalate safeguarding concerns at an earlier stage, supporting safer and more coordinated practice across Brent's multi-agency safeguarding system.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 - LEARNING FROM SARs

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Learning from local and national SARs has informed updates to safeguarding standard operating procedures, decision-making guidance, audit tools, and training content. Themes are also discussed within Safeguarding committee and incorporated within the Safeguarding annual workplan.

Themes from the Adult H SAR, included escalation, chronologies, advocacy, making safeguarding personal and the mental capacity act, all of which are ongoing areas of discussion with staff and cases, and we continue to embed into practice, risk assessments, and quality assurance.

SAR learning has been shared through Lunch & Learn sessions, briefings, and reflective practice forums. Key messages are incorporated into induction, supervision templates, and audit feedback, ensuring SAR themes are consistently applied and integrated into everyday practice.

The annual CLCH safeguarding conference agenda uses the preceding year's themes and topics from SAR's to reflect and update about National policy and guidance and encourages professional curiosity to challenge and ask questions.

This year's conference was titled: CLCH Safeguarding Conference 2025 - See Me, Hear Me - Make the Difference and included discussion presentations on considering executive function / the Mental Capacity Act in decision making, and working with families when access to a vulnerable patient is blocked or there is a breakdown in relationships.

CLCH and system-wide webinars have been delivered on trauma-responsive services, drawing on learning from the Stephen SAR and associated 7-minute briefing, as well as sessions covering self-neglect, no access, and the Mental Capacity Act (MCA).

In addition to the above, the following SAR-driven activity has taken place:

- An online seminar presented by Alex Ruck Keene (Mental Capacity legal expert) was promoted across teams.
- The Associate Director of Safeguarding has delivered webinars / training on SARs.
- Fire Deaths: Survey completed, and fire risk included in training. Evidence of referrals to fire and rescue services
- Multi-exclusion homelessness-(MEH): Included in training re: risk and seeing MEH as a safeguarding concern.
- CLCH homeless health team held a conference which had a session on safeguarding adults delivered by a member of the Safeguarding team.

CLCH has delivered a quarterly journal club webinar that have included topics:

- Was not brought/ No access
- Restrictive Intervention
- PIPOT/Lado
- Fire Review
- Escalation

Central & North West London Foundation NHS Trust (CNWL)

Learning recommendations from various SARs are included in each quarterly divisional report to promote learning and raise awareness among management and staff. The main themes this year have been:

- Inconsistent use, recording, and application of the Mental Capacity Act
- Complex self-neglect that is not adequately recognised, addressed, and escalated when necessary;
- Carers are not recognised as carers, nor offered assessments or support, which may lead to carers' stress contributing to increased risk and harm;
- Fragmented multi-agency working, with information not shared appropriately;
- Hidden exploitation of adults with care and support needs, and misinterpretation of "lifestyle choice" where coercion is involved, including cuckooing/home invasion.

We have implemented key recommendations from recent SARs by enhancing information-sharing protocols and reinforcing professional curiosity during case reviews. Safeguarding training now includes SAR learning modules that focus on systemic issues and improving safeguarding decision-making. To improve staff knowledge and expertise in applying the Mental Capacity Act, as it is a recurring theme in SAR recommendations, a week of Mental Capacity Act awareness activities was organised in May, featuring various workshops, presentations, and case discussions, and a second week is planned for May 2026 as well.

Imperial College Healthcare NHS Trust (ICHT)

Strengthening learning around Mental Capacity Act, advocacy, making safeguarding personal, fatal fire work continues, in addition to safeguarding and mental health concerns, professional curiosity and difficult conversations.

Learning is shared across the ICT safeguarding committee to divisional representatives who will take key information back for wider cascade. The Trust participated in safeguarding adult week with training and learning from SARs that included sessions on 'Today I Learnt Something' and 'Back to the Floor and In the Know' sessions. SAR learning is used with safeguarding training and safeguarding supervision presentations.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 - LEARNING FROM SARs

What have Partners achieved?

London North West University Healthcare NHS Trust (LNWH)

The Trust has continued to strengthen its approach to learning from both local and national Safeguarding Adult Reviews (SARs), ensuring that learning is translated into practice and embedded across the organisation.

SAR findings and recommendations are systematically reviewed by the Safeguarding Adults Team and escalated through internal governance structures, including the Safeguarding Adults Committee, Integrated Safeguarding Board, and relevant training forums. This ensures organisational oversight and accountability for implementation.

Learning from the Adult G SAR and another local SARs informed a targeted audit of the use of the Safeguarding Adults Decision Guide for Patients with Pressure Ulcers. This provided assurance around practice and identified areas for improvement in the recognition and escalation of safeguarding concerns related to tissue viability.

In response to SAR learning, the Trust delivered multi-agency "lunch and learn" sessions for both LNWH staff and community partners. These sessions, delivered jointly by the Safeguarding Adults Team and the Trust Consultant Tissue Viability Nurse (TVN), focused on the identification, classification, and management of pressure ulcers, as well as when concerns should be escalated as safeguarding issues.

Learning from SARs is also embedded within safeguarding training programmes and wider educational activity, supporting staff to reflect on practice, strengthen professional curiosity, and improve decision-making in complex safeguarding situations.

This approach supports a culture of continuous learning and improvement, ensuring that safeguarding practice evolves in response to both local and national learning.

VIA - New Beginnings

Via commissioned and delivered the Domestic Abuse Routine Enquiry (DARE Toolkit) training following a review which focused on working with individuals who cause harm. This was rolled out to all safeguarding leads.

A key change being implemented for couples in treatment is the importance of reviewing them in multi-disciplinary teams as a couple as well as reviewing their individual needs, this is particularly pertinent when there are concerns of possible domestic abuse and violence in their relationship

On completion of external reviews, any learning and recommendations are presented at the quarterly safeguarding committee meeting and service safeguarding leads are required to share the learning within their local team meetings to ensure lessons are learnt.



08 LEARNING & DEVELOPMENT

BRENT SAFEGUARDING PARTNERSHIPS MULTI-AGENCY LEARNING

New Learning & Development Strategic Plan

The new Brent Safeguarding Partnerships Learning and Development Strategic Plan has been developed in response to feedback and recognition that the prior approach to the Partnerships learning strategy- led by a sub group, was not as effective at addressing learning and driving system improvements as it should be. The group, whilst well established, did not always have the right voices or knowledge in the room to help move forward the learning priorities..

It was recognised that different strands of work and subject areas often require a broader and more diverse range of expertise than the current sub-group structure allows. It was also acknowledged that, while face-to-face training can be valuable in certain contexts and for specific topics, it is not always the most effective or efficient method for disseminating learning across the wider Brent system.

The new strategy seeks to strengthen the multi-agency learning and development offer for both the Safeguarding Children Partnership and the Safeguarding Adults Board. It sets out an expanded vision to diversify learning methods, with a clear ambition to enhance the reach, quality, and impact of learning across the partnership.

The development of the new strategy was led by Independent Scrutineer Keith Makin and outlines a more flexible approach to developing and coproducing learning solutions. This will be supported by the development of an implementation plan to start to embed the new approach.

Approach

Multi-agency safeguarding learning and development

Brent Safeguarding Partnerships recognise that learning extends beyond formal training courses. Meaningful development happens through everyday work including structured training, on-the-job experiences, Supervision, collaboration, coaching, self-directed learning, and knowledge sharing.

Delivering Learning

To support workforce demands and learning styles, an increasing variety of approaches are offered. Each is designed to build skills, strengthen knowledge, promote collaborative multi-agency working and improve practice across Brent.

Self-directed learning

Curated resources (such as newsletters and best practice guidance), briefings, e-learning, podcasts and webinars that support flexible and accessible learning

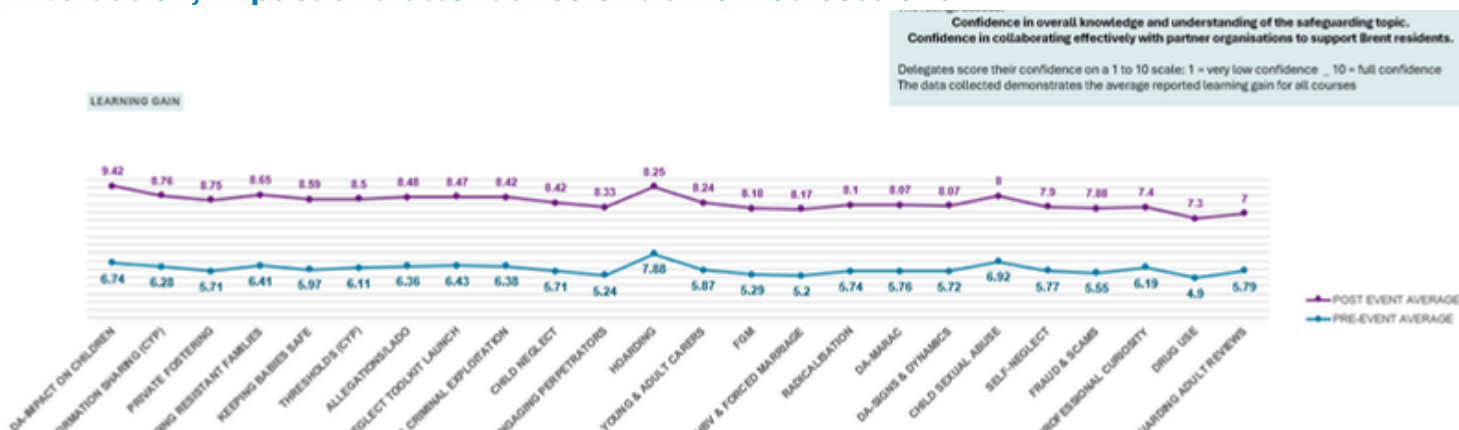
Collaborative learning

Policy and toolkit launches, reflection sessions, live audits, and game-based learning and events that strengthen joint working, support reflective practice, and encourage an understanding roles and responsibilities across sectors

Structured Multi-Agency Training

Facilitator-led, topic-specific sessions to build shared understanding and consistent practice, embedding learning from multi-agency reviews, audits and case studies

Evaluation, impact and attendance of trainer-led sessions



Most sessions result in an average gain of two learning points, in some cases three, which for context is above average for Safeguarding Partnerships who use the same learning management platform.

The overall response rate of Learning Gain evaluations completed post-course is **38%**

Of those who respond, the average learning gain for learners attending courses across the whole multi-agency structured training programme is **22.3%**, demonstrating that both confidence in knowledge and how to work with others is improved by engaging with the Partnerships Learning & Development offer.

Learning from SARs sessions

In support of our strategic priority, the Chair held monthly 'learning from SARs' sessions to help strengthen how the system learn from, and respond to, SAR learning this is how attendees have responded:

Learning translated into practical safeguarding actions

Participants identified actions aimed at improving safeguarding practice and continuity of care.

"Updating my Safeguarding Lead & Team."

"I will try to ensure that a named person will review the patient once discharged from hospital."

Overall delivery was positively received

Most participants rated the training delivery as **excellent or good**, reflecting strong facilitation and subject expertise.

"Very informative, and the statistics and research analysis were very helpful."

Demand for practical examples and interaction

Feedback highlighted a desire for more **SAR case examples** and interactive discussion to support application to practice.

"The theory was clear, but the session would have benefited from some real-life case examples."

09 NEW STRATEGIC PLAN

Brent SAB new focuses for 26/28

In addition to producing an annual report, the SAB is required to periodically set strategic priorities to focus and guide its work. Brent opts to set its priorities bi-annually.

When developing the priorities that form the new strategic plan, the Board Chair held a Development Day on 20 January, 2026. This was an interactive day where members from partner agencies were invited to attend and participate in a collaborative workshop, with the goal of co-producing the new Board priorities for 2026-2028.

The following priorities are what members collectively agreed should be the Boards main ongoing focus for the next two years:



PRIORITY 1 - SAFEGUARDING THOSE PEOPLE WITH COMPLEX CARE AND SUPPORT NEEDS

Part A - Mental health and suicide

Why is it important:

There are currently between 15-20 suicides a year in Brent, yet there is no clear system-wide response to suicide, no clear understanding of the causes of suicide occurring in Brent, or what support was offered to those who took their own lives.

What Improvements the Board would like to see:

The Board would like to be more assured that professionals know how to respond when someone is displaying suicidal intent.

What will the Board do:

- Expects the multiagency partnership to develop a Suicide Prevention Strategy and Plan, will seek assurance about the work being done to prevent suicides
- Promote suicide awareness training for the workforce and agencies will be required to report on the impact of the training in supporting staff to talk to people with suicidal intent

Part B - Homelessness linked to safeguarding

Why is it important:

The Board consider that there remains insufficient links between housing and safeguarding. There are concerns that there is silo working in the system.

What Improvements the Board would like to see:

A better understanding of housing and homelessness issues across Brent and ways to find a more flexible approach to working with people who are homeless.

What will the Board do:

- Gain assurance through monitoring the deaths of those living on the streets, through the mortality panel report.
- Will be informed by the 'Built for zero' work on how street homelessness is being reduced

PRIORITY 2 - PREVENTION OF HARM OF THOSE WITH CARE AND SUPPORT NEEDS

Why is it important:

Many case examples and reviews highlight how those who 'fall through the cracks' in regards to meeting thresholds around risk at earlier stages of receiving care and support, can escalate towards serious safeguarding concerns when left unchecked.

What Improvements the Board would like to see:

A stronger focus on those people who would not meet the criteria for a section 42 safeguarding enquiry, but where there are some growing concerns that they are at risk of harm.

What will the Board do:

- Commission a multi-agency audit of s42 referrals for people in their own homes to explore what interventions are taken for those who do not meet the criteria for a s42 enquiry
- Seek assurance on how members work with people with care and support needs to undertake risk assessments and safety planning & work with those who seem 'hard to reach'



09 NEW STRATEGIC PLAN

Brent SAB new focuses for 26/28

GOLDEN THREADS

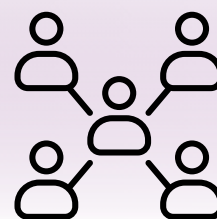
Alongside the new priorities, the following **3 golden threads** were also identified and will help to drive the focus of the Brent Safeguarding Adults Board in how it conducts its work over the next two years.

The golden threads are not so much themes that have arisen as learning from case review, but things that it is felt that we should continue to be mindful of when working to deliver effective and inclusive safeguarding solutions.

They should underpin and be considered when developing policies, procedures and practice regardless of the concern.

Community engagement

The Chair led a project during 2025 to look at how the Board can engage with the community more effectively. This work including visiting community groups in Brent to talk about safeguarding and culminated in a workshop for the SAB in November 2025 led by the Brent Co-Production Team where they heard a first hand account from an individual who had experienced Brent Safeguarding processes first hand.



It was agreed that a formalised approach needs to be embedded into the Board. The Board will work with the co-production team in 2026 to look at how it can receive more direct and regular feedback from residents. Therefore, this will be taken forward as a continuing golden thread in the strategic plan for 2026-2028.

Digital world



It is recognised that the digital world is advancing rapidly. It can be extremely helpful in connecting the public to services, and in how the services manage their work.

However, this has the risk of excluding those who cannot use computers, smart phones and artificial intelligence. This is particularly true of those who are elderly or for those who struggle to speak/read in English.

With technological developments, there also comes the emergence of new ways to both perpetrate and experience abuse, so it is essential that the Board stay in-touch with these as they emerge, and be proactive to build a plan on how they can collectively safeguarding against them.

Effective workforce for the Brent population

It is acknowledged that the good safeguarding needs an effective workforce across the system, from senior leaders to the practitioners working directly with people with care and support needs.

In recent years, the recruitment and retention of staff working across both health and social care has been a national challenge. Alongside this, the Board is aware of some significant structural staffing changes that have or are coming to effect across its statutory partners.

With this in mind, the Board will monitor change and support collaborative ways to adapt and ensure services are still prioritising users safety.

