
Meeting	Cabinet
Date	24 September 2013
Subject	Safeguarding in Barnet
Report of	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Safety and Resident Engagement Cabinet Member for Public Health
Summary	This report provides Members with an overview of governance arrangements and activity as it relates to the Council's safeguarding responsibilities.

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Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Executive
Enclosures	Appendix 1: The governance of safeguarding in Barnet Appendix 2: Further information on the key safeguarding governance structures in Barnet
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1 RECOMMENDATIONS

- 1.1 Cabinet requests full Council to note the content of this report which outlines governance arrangements and activity as it relates to the Council and partners' safeguarding responsibilities.**
- 1.2 That Cabinet notes and comments on the progress made in relation to safeguarding since last year.**
- 1.3 That Cabinet requires an annual report on safeguarding to continue to be submitted to Cabinet and Council.**
- 1.4 That Cabinet requires that safeguarding across the Council and partners continues to be strengthened through the full engagement of all providers of health services, including through the Health and Wellbeing Board.**

2 RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet 18th April, 2013, Decision item 8: 'Children and Young People's Plan 2013-16'.
- 2.2. Cabinet 17th July 2012, Decision Item 6: 'Safeguarding in Barnet' (Report of Cabinet).
- 2.3 Council, 12th July 2011, Decision Item 4.1.1: 'Safeguarding in Barnet' (Report of Cabinet).
- 2.4. Cabinet, 15th June 2011, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Education, Children and Families, Cabinet Member for Adults, Cabinet Member for Community Safety and Cohesion and Cabinet Member for Health).
- 2.5 Council, 3rd November 2009, agreed to note safeguarding activities and governance arrangements set out in the Cabinet Members' report.
- 2.6 Cabinet, 21st October 2009, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Children's Services and Community Services).

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Safeguarding is a key priority for the Council and partners and is reflected in strategic partnership goals including the Corporate Plan 2013 - 14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy.

- 3.2 The Corporate Plan includes the strategic objective 'to create better life chances for children and young people across the borough' with an emphasis on early intervention and support and a further objective 'to promote family and community well-being' with a commitment to 'strengthen our approach to safeguarding'.
- 3.3 Safeguarding children and adults from avoidable harm or abuse underpins everything we do and is the responsibility of everyone who works for or with the London Borough of Barnet. A survey of residents' concerns for Barnet (2012) identified crime as the top concern of Barnet residents. Our aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe. These are reflected in both Adults and Communities and Family Service's business plans.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children or vulnerable adults safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in Children's Service, whilst failure to keep vulnerable adults safe is a key risk in the Adults and Communities risk register. Although safeguarding must be the concern of all agencies working with children and vulnerable adults, the Local Authority is the lead agency for safeguarding children and vulnerable adults. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including health and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.
- 4.2 There are a number of strategic boards with oversight of safeguarding, as outlined in appendix 1 of this report. Links between these boards have been strengthened in recent years to support joined up working. The Health and Well-Being Board has had a strong focus on quality and safety issues to help ensure that the right leadership arrangements are in place to keep patients safe in the new NHS system. Furthermore, a single Overview and Scrutiny Committee helps provide Councillors with greater oversight of safeguarding issues across the Council. There remain ongoing challenges to ensure that learning related to safeguarding is effectively coordinated and disseminated across service areas and partner agencies.
- 4.3 There are a number of areas where the Council and its partners are undergoing significant change in terms of governance and practice in relation to economic challenge, and service improvement. This paper outlines the current arrangements to safeguard the outcomes for children and vulnerable adults. Barnet's Safeguarding Children Board, Adult Safeguarding Board and the Safeguarding Overview and Scrutiny Committee will be kept updated and will be consulted with regard to any changes.
- 4.4 The Secretary of State for Education has the power to intervene if he considers that a Local Authority is failing in its safeguarding duties toward children. This is considered to be a low risk in Barnet; the 2012 Ofsted and

CQC inspection of safeguarding and looked after children judged safeguarding services and outcomes for looked after children as good overall in Barnet. Nevertheless, a risk remains should insufficient regard be paid to the Council's statutory responsibilities relating to safeguarding.

- 4.5. The Council over the last twelve months has implemented a new senior management structure separating out strategic commissioning responsibility from operational service delivery. The risks of fragmenting responsibility for safeguarding in this new structure have been addressed through a clear protocol setting out roles and responsibilities of the key statutory officers and senior managers along with bi-monthly focused 'assurance' meetings of the Strategic Commissioning Board, reviewing safeguarding activity, information, developments and trends in detail. The Leader of the Council holds safeguarding review meetings on a quarterly basis, with those cabinet members and senior officers who hold statutory safeguarding responsibilities. These are the Cabinet Member for Education, Children and Families, Cabinet Member for Adult Services, statutory Director for Children's Services (Director for People) and statutory Director of Adult Social Services (Adults and Communities Director).
- 4.6. Elected members are involved in overseeing safeguarding arrangements through a dedicated Safeguarding Overview and Scrutiny Committee which meets 6 times per year. The Council will need to ensure that if it chooses to change its governance arrangements from an executive model of decision making to a committee system, that there remains a Lead Member for Children's Services in line with statutory guidance and that there remain opportunities for elected members to be assured of the robustness of local safeguarding arrangements.
- 4.7. The current Safeguarding Overview and Scrutiny Committee receive the Annual Reports of both the Adults and Children Safeguarding Boards and the annual complaints reports for adults and children's social care. Over the last 12 months the committee have examined quality and safety issues within residential care, examined arrangements for young people's involvement in children's safeguarding; considered proposals for joining up the work of the Adults and Children Safeguarding Board, as well as the outcomes from 'enter and view' visits undertaken by the Barnet LINK (now Barnet HealthWatch) into social care establishments and the outcomes from elected member visits to Children's Homes run by the borough. Barnet LINK formally became Barnet HealthWatch in April 2013, as part of the national changes to patient involvement in health, brought about by the Health and Social Care Act 2012. HealthWatch will continue to carry out 'enter and view' visits and will continue to play a vital role in local safeguarding and quality assurance arrangements.

5. EQUALITIES AND DIVERSITY ISSUES

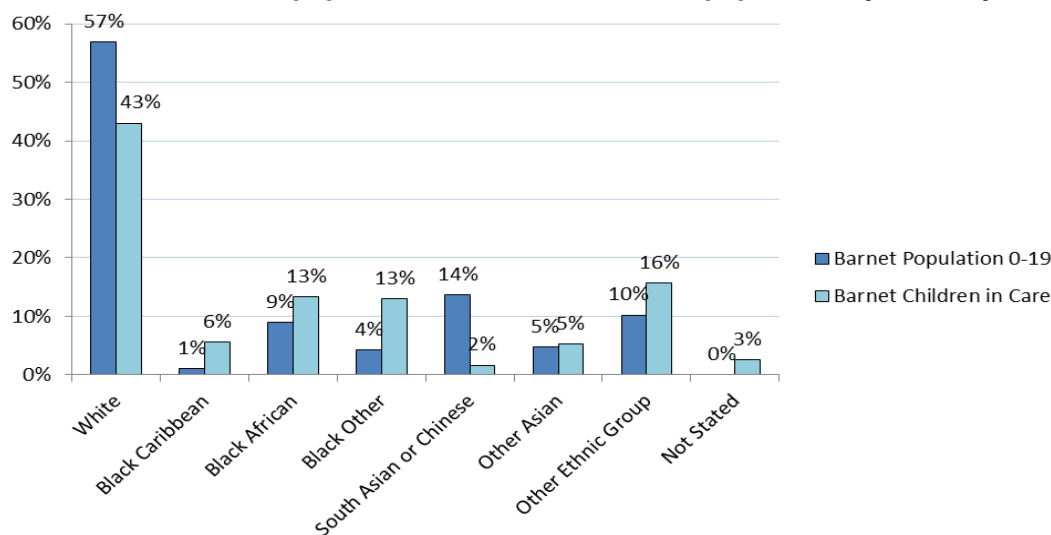
- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day

to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.2 Children’s Service - Ethnicity:

5.2.1. Chart 1 shows the distribution of children by ethnicity in the care of Barnet Local Authority as compared with the 0-19 population of Barnet as a whole¹.

Chart 1 – Barnet’s 0-19 population and Children in Care population by ethnicity



This indicates that:

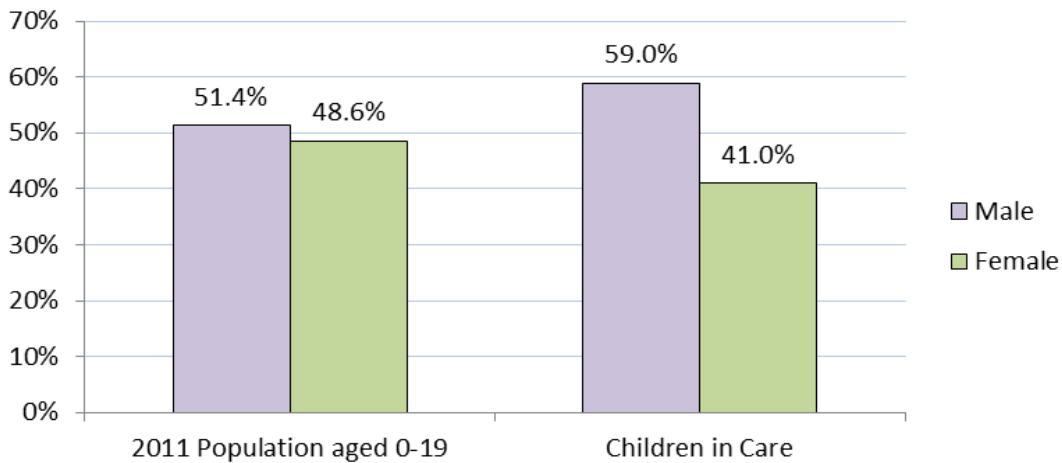
- White children, and South Asian or Chinese children, are under-represented in care compared to the wider population.
- Black African, Black Caribbean, and Black Other children are over-represented in care in comparison with their proportion of the overall population.
- Children categorised as ‘Other’ are also over-represented.

5.3 Children’s Service – Gender

5.3.1 Chart 2 indicates that male children are over-represented in Barnet’s Children in Care population, as compared to female children.

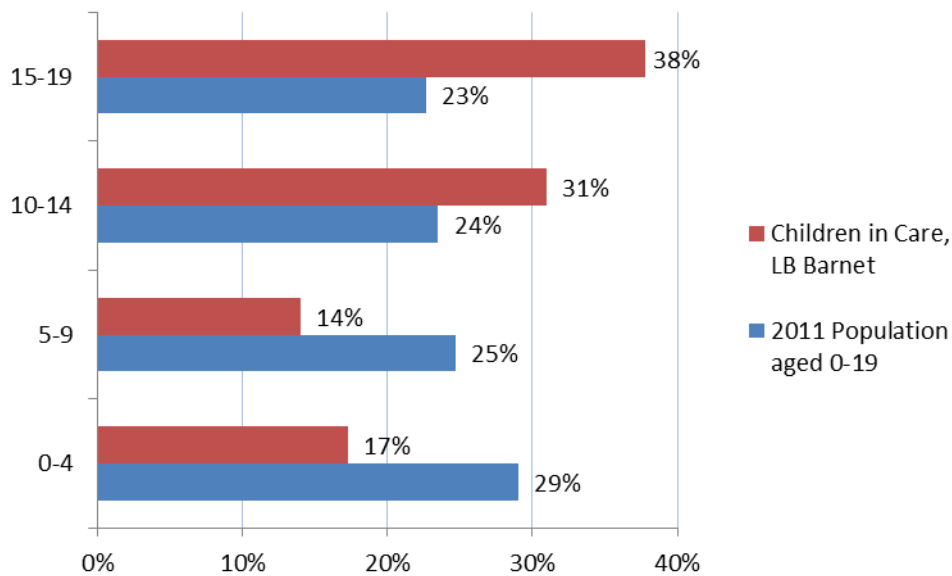
¹ Population group estimates are taken from Barnet’s Children and Young People’s Profile, based on ONS mid-year estimates and Census 2011 data. Mixed race ethnicities have been added into ‘other’ categories as per the GLA standards (e.g. Mixed British and Asian is added to the Asian other category). In order to protect information about our children in care, some ethnicity categories have been combined where numbers within individual categories are small.

Chart 2 – Gender breakdowns of Barnet's population 0-19 and Children in Care



5.3.2 Finally, when considering the age profile of Barnet's Children in Care, it can be seen in chart 3 that the proportion of children aged 10-19 is higher than in the population at large, while the proportion aged 0-9 is lower.

Chart 3 – The distribution of the child population and Children in Care in Barnet by 5-year age bands



5.4 Adults at Risk - Age

67% of the adults referred were over the age of 65, with a third of these aged 85 or over. This largely reflects the age profile of Barnet service users receiving statutory social care packages. However, compared to last year the proportion of people over 85 has increased.

Table 1: Adults at Risk referred - Age

Age	18-64	65-74	75-84	85+	Unknown
2011/12					
Safeguarding cases	246	65	97	126	6
	46%	12%	18%	23%	1%
Care packages	35%	65%			-
2012/13					
Safeguarding cases	204	65	138	199	6
	33%	11%	23%	33%	1%
Care packages	37%	63%			-

N.B. The number of cases involving older people will differ from the number of adults over the age of 65+, as client categories are based on the adults at risk primary needs.

5.5 Adults at Risk - Gender

As in previous years, there were more referrals concerning women in all client groups, except learning disabilities where 56% of alerts were for men.

Table 2: Adults at risk referred - Gender

	Older People	Learning Disability	Mental Health	Physical Disability	Other
Male	120	41	37	25	0
Female	261	32	61	27	3
Unknown	3	0	2	1	0

5.6 Adults at Risk - Ethnicity

5.6.1 The proportion to cases involving white residents has seen a 6.5% increase from the previous year. The proportion of cases involving residents in all other ethnic backgrounds fell by an average of 3.6% from the previous year.

5.6.2 Based on general Adult Social Care figures, the number of alerts for Black / Black British and Asian/Asian British adults is lower than might be expected. This may be explained at least in part by an increase in cases where ethnicity was not recorded. However, over the coming year the faith and communities sub-group of the Adult Safeguarding Board will consider what further work should be undertaken to address under-representation in these groups.

Table 3: Ethnicity adults at risk referred

Ethnic grouping	2008/09	2009/10	2010/11	2011/12	2012/13
White	282	313	379	385	481
Asian / Asian British	21	34	46	49	38
Black / Black British	17	29	32	49	28
Any Other Ethnic Group	23	24	18	40	40
Ethnicity not known	2	20	21	11	25

6 USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 There are no significant resource implications arising from the recommendations of this report.
- 6.2 The demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services has been recognised in the Medium Term Financial Strategy. £800,000 has been allocated to the Adults & Communities budget for each financial year; 2013/14, 2014/15 and 2015/16.
- 6.3 The increasing demand for Children's safeguarding and social care services has been recognised as a pressure over the next three years, with £750,000 allocated each year for demand led statutory and targeted services. In 2011/12, the Children's Service invested £1m in early intervention and prevention services, providing earlier support to reduce the number of children and families experiencing complex problems.
- 6.4 Safeguarding training is currently provided and is allowed for within Children's Services and Adults and Communities budgets.
- 6.5 The current annual budget of the Barnet Safeguarding Children Board (BSCB) is £155,390, which includes the contributions made by partner agencies, of which the local authority contribution is £98,000. Most of the budget covers staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel.
- 6.6 The current annual budget for the Safeguarding Adults Board is £174,791 most of which covers three specialist safeguarding posts and the post of independent Chair and training for the health and social care workforce. In 2012/13 the board secured a financial contribution from most of the statutory partners towards these costs and is in the process of reviewing this.

7. LEGAL ISSUES

- 7.1 The Primary functions of Local Safeguarding Children Boards (LSCBs) are set out in S14(1) of the Children Act 2004. These are "to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established and; to ensure the effectiveness of what is done by each such person or body for those purposes".
- 7.2 The detailed functions are set out in LSCBs Regulations 2006/90 (The Regulations). Regulation 5 states that the functions of LSCBs in relation to its objective (as defined in section 14(1) of the Act 1) are as follows:
1. Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.

2. Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
3. Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
4. Participating in the planning of services for children in the area of the authority.
5. Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

A brief summary of the relevant statutory provisions and guidance relating to safeguarding for both children and adults is given below:

- 7.3 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as defined in the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. Upon being satisfied that the relevant criteria are met and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced. An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made.
- 7.4 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.

In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead

member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

- 7.5 In April 2012, the Department for Education updated the statutory guidance on the roles and responsibilities of the DCS and the LMCS. Pursuant to s18 (7) of the CA 2004 a children's services authority *must* have regard to any guidance given to them and should only depart from it with good reason. One of the key aspects of this guidance is that given the breadth and importance of children's services functions that the DCS and LMCS cover, local authorities should give due consideration to protecting their discrete roles and responsibilities before allocating to them any additional functions other than children's services.
- 7.6 The CA 2004 also requires Local Authorities to establish LSCBs for their area and it has been a requirement for local authorities to have a board since 2006. The LSCB replaced the former non statutory Area Child Protection Committees. The intention of Parliament was for the LSCB to have a wider remit than ACPCs and to be more pro-active. The Apprenticeships, Skills, Children and Learning Act 2009 subsequently introduced a requirement for the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.
- 7.7 Statutory guidance Working Together to Safeguard Children (2013) was revised following the Munro Review and sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children's Act 2004.
- 7.8 The legal framework for the provision of adult social care services dates back to 1948 and has been described by the Law Commission as a complex, incoherent and confusing patchwork of legislation. The duties, powers and responsibilities conferred upon local authorities to ensure that appropriate steps can be taken to protect and safeguard vulnerable adults can be found in a number of statutes, including the National Assistance Act 1948, the Mental Health Acts of 1983 and 2007, the NHS & Community Care Act 1990, the Human Rights Act 1998, the Domestic Violence Crime & Victims Act 2004 and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards which confer certain protections to people who lack capacity in care and health settings. A change in terminology by practitioners from "protecting vulnerable adults" to "adult protection work" and now "safeguarding adults" reflects the change in context over the years and the out of date legislation. The phrase "Safeguarding adults" referred to in the 2005 ADSS report means all work which enables an adult *"who is or may be eligible for community care services"* to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need - in relation to safeguarding - is for access to mainstream services such as the police.
- 7.9 "No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" was issued by the

Department of Health and the Home Office in 2000 under section 7 of the Local Authorities Social Services Act. It provides guidance to local authorities on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse.

- 7.10 The Law Commission undertook a review of adult social care legislation and reported in May 2011. It provided the foundation for the most significant reform of adult social care law in 60 years through a single, unified adult social care bill that would consolidate, modernise and simplify the law which will bring much needed clarity and accessibility to this key area of the law for service users and practitioners. The Care and Support Bill 2012, which is currently being passed through Parliament aims to reform the law relating to care and support for adults and the law relating to support for carers and to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.
- 7.11 The Bill is expected to become law in spring 2014. It will put Safeguarding Adults Boards on a statutory footing with the Council, NHS and Police as core members. Councils remain the lead agency for safeguarding.
- 7.12 The Crime and Disorder Act 1998 places a duty on a Local Authority and other relevant authorities to exercise their functions to do all that is reasonably practical to prevent crime and disorder in its area.
- 7.13 A range of legislation such as the Licensing Act 2003, Gambling Act 2005, Anti-Social Behaviour Act 2003, confer certain powers and responsibilities upon local authorities to ensure that vulnerable adults and children are safeguarded.
- 7.14 A range of legislation such as the Equality Act 2010, Racial and Religious Hatred Act 2006, Public Order Act 1986, Criminal Justice Act 2003, confer certain powers and responsibilities on authorities to ensure that Hate Crime is treated with a specific focus.
- 7.15 Section 9 of the Domestic Violence, Crime and Victims Act 2004 creates an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This came into force on 13th April 2011.

8. CONSTITUTIONAL POWERS

- 8.1 As set out in Part 3 of the Council's Constitution, Responsibility for Functions, the Executive holds responsibility for those functions which comprise safeguarding. Furthermore, several specific safeguarding functions are delegated to individual Cabinet Members as highlighted within this section of the constitution.
- 8.2 This is not a key decision as it does not involve significant expenditure and does not require a decision that could impact on more than one ward.

9. BACKGROUND INFORMATION

9.1 The Council has a statutory duty to promote the safeguarding of both children and vulnerable adults.

9.1.1 Safeguarding children is defined by the Department for Education as protecting children from maltreatment, preventing impairment of children's health or development, and ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

9.1.2 A vulnerable adult is defined as anybody over the age of 18 years who is or may be in need of Community Care Services by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect themselves against significant harm or serious exploitation.

9.1.3 The Council also has statutory duties to help prevent crime and disorder and anti social behaviour, and to ensure that Hate Crime is treated with a specific focus.

9.1.4 In 2011 it was resolved that an annual report on safeguarding in Barnet would go to Cabinet and Council to support effective scrutiny and oversight. This report provides an update on recommendations approved by Council on 17th July 2012. It also highlights key developments over the past 12 months and sets out some emerging challenges and opportunities.

9.1.5 Further information on the safeguarding activities of the Barnet Safeguarding Children Board and the Safeguarding Adults Board can be found in their respective 2012/13 annual reports, which will be presented to the Safeguarding Overview and Scrutiny Committee.

9.2 Safeguarding Governance

9.2.1 A robust governance framework is in place and is set out in appendix 1. Further detail on the key structures providing oversight of safeguarding is contained in appendix 1. In summary they are:

- Safeguarding Overview and Scrutiny Committee
- Barnet Partnership Board
- Safer Communities Partnership Board
- Children's Trust Board
- Health and Wellbeing Board
- Barnet Safeguarding Children Board
- Barnet Safeguarding Adults Board

9.2.2 In addition there are some key internal mechanisms which provide assurance to these boards: safeguarding processes are embedded into HR and recruitment; safeguarding services are monitored and trends analysed.

9.2.3 Audit and quality assurance frameworks are also in place in Children's Service, Adults Services and Health Services to ensure that responsibilities in relation to safeguarding are being effectively undertaken. The recent Social Care Institute of Excellence (SCIE) Review and Ofsted Inspection of Safeguarding and Looked After Children have strengthened Children's Service audit work over the past year, and the updated Working Together 2013 guidance requires LSCBs to maintain a learning and improvement framework. Barnet's adult safeguarding function was subject to a Local Government Association Peer Review in March 2013, which has further strengthened audit and quality assurance. Barnet has not been involved in a serious case review for over three years but during 2012/13 we have undertaken three reviews using the SCIE systems methodology using a collaborative approach and reports (with action plans) of the updated review process are being considered at the Standing Serious Case Review Group which has an independent chair and this group functions in line with Working Together 2013 guidance.

9.3 Listening to the Views of Service Users

9.3.1 Listening to the Views of Children and Young People

The work of Youth Shield was recognised as an example of good practice when they won the London Safeguarding Children Board Award 2012. During this year young people were involved in designing a CAMHS leaflet for young people regarding allegations, and Youth Shield have proposed a work plan including roll out of healthy relationship peer to peer training and a mystery shopping exercise of different services.

9.3.2 Listening to the Views of Adults Service Users

The Barnet Safeguarding Adult Service User Forum meets quarterly; and this year they have been involved in questioning, challenging and influencing the board including the proposal of priorities for the coming year. They tested information on abuse on the Barnet website and fed back to Barnet & Chase Farm NHS Trust on keeping patients safe. They also developed interview questions for the Safeguarding Service user experience survey. The Carers Forum has also been re-launched this year. The Barnet Safeguarding Adults User Forum was recognised as an example on good practice by the Local Government Association Peer Review Team.

9.4 Safeguarding in Health Services

9.4.1 Local health services have been continuing to improve the quality and safety of local services:

- i. All NHS partners have established an internal Safeguarding Group to ensure that patients in hospital and those receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things go wrong this is taken seriously, investigated thoroughly, and work done to prevent it happening again. The Safeguarding Adults Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.

- ii. Central London Community Healthcare NHS Trust (CLCH) has appointed two full time Safeguarding Adults Professionals who are supported by a Safeguarding Adults administrator.
- iii. Central London Community Healthcare (CLCH) and the London Ambulance Service have reviewed their Safeguarding Adults at Risk policies to make sure they include new guidance on PREVENT, the deprivation of liberty safeguards (DoLS), management of allegations against staff and duty to whistle blow.
- iv. Central London Community Healthcare (CLCH) has implemented a programme to enable patients to give feedback on services.
- v. Barnet General Hospital and the Royal Free Hospital each have an Acute Liaison Nurse for people with learning disabilities to ensure they can access services within the hospital, and that staff on wards can make reasonable adjustments to make sure their health needs are met. This year the nurse has worked with the day surgery unit to improve access and has given training to staff including student nurses.
- vi. Barnet and Chase Farm Hospital Trust ran a “We Care” campaign and have introduced a ‘Quality of Interaction Observational Tool’ to improve the quality of communication between staff and patients. The Trust’s Patients and Relatives Group undertake monthly audits to see how it is working.
- vii. Barnet and Chase Farm Hospital Trust is planning some environmental changes as part of its dementia strategy, and extending the use of colour and symbols to help patients identify specific areas. There is an extensive dementia training programme in place for staff and a range of information and advice sheets are now available to patients, staff and their relatives. The Trust has also implemented a ‘green cup’ scheme for patients with dementia to prevent dehydration.
- viii. The London Ambulance Service made 583 referrals to Adult Social Care for residents who they thought may require an assessment. They have appointed a Head of Safeguarding Adults and have a local lead for all safeguarding Boards.
- ix. Barnet, Enfield and Haringey Mental Health Trust carry out case file audits to ensure their staff are safeguarding people with Mental Health problems.
- x. Barnet CCG is responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect and they are responsible for implementing the Francis Report’s recommendation in Barnet. The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (also known as the Francis Report) was published in February 2013. The Inquiry investigated how conditions of appalling care were able to flourish in the main hospital, and how a culture of corporate self interest and cost control allowed this to happen. The Report made 290 recommendations designed to make sure patients come first by creating a common patient centred culture across the NHS. The CCG will be asking all the services they commission to carry out a review of what happens in their own organisations and identify any actions they need to take to ensure that what happened in Stafford does not happen here in Barnet.

9.5 Trends and Issues

In 2012/13, several trends and potential issues have been identified in relation to safeguarding, which have required further analysis.

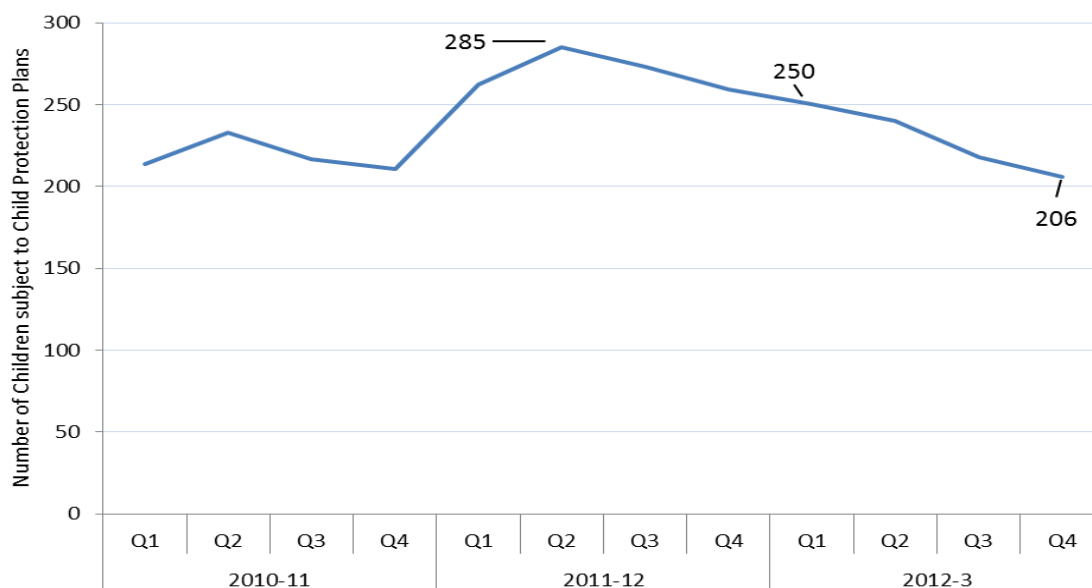
9.5.1 Children's Service: Numbers of Children on Child Protection Plans Reduces Significantly

While 2012/13 saw a small rise in initial assessments, a significant rise in core assessments and a rise in Section 47 child protection investigations, the number of children on a child protection plan reduced significantly.

This compares well to the previous year 2011-12 where there were concerns about increasing numbers of children being placed on child protection plans compared to similar Boroughs.

- Over the 2012/13 year, the number of children subject to a Child Protection Plan in Barnet has fallen by 20%.
- This is a reduction from 258 children (March 2012) to 206 (March 2013), while the under-18 population has increased².
- This follows a peak of 285 children in September 2011

Chart 5 – Number of Children in London Borough of Barnet subject to a Child Protection Plan, quarterly, 2010-11 to 2012-13



9.5.2 Revolving Door in Child Protection

There has been a continuous downwards trend over the past two years showing a reduction in the number of children who become the subject of a child protection plan for a second or subsequent time.

² GLA population projections suggest that the population of 0-17 year olds in Barnet has increased from 84,845 in 2012 to 86,809 in 2013.

Table 4 - Proportion of children subject to CPP for second or subsequent time

Proportion of children becoming subject to CPP for a second or subsequent time			
	2010/11	2011/12	2012/13
%	18%	13.8%	9.6%
Numbers	37	35	22

In 2011-2012, the proportion of children becoming the subject of a child protection plan for a second or subsequent time decreased to 13.8% (35 children) from 18% (37 children) in the previous year. This trend continued in 2012-13 with 22 (9.6%) of children made subject of child protection on plans for a second or subsequent time. The following actions have been in place to tackle this 'revolving door' and support the reduction of subsequent child protection plans:

- Strengthening support when children cease to be subject of a child protection plan with improvements to our Early Intervention services including the intensive work of Family Focus (Troubled Families).
- Carrying out the style of audits recommended by Professor Eileen Munro (see 9.5.2) to draw out organisational issues and other key themes to improve practice.
- A newly developed Protection Panel now meets on a monthly basis to examine the findings of case audits in detail and make recommendations both in terms of thematic organisational issues that emerged.

9.5.3 Adults Services

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people; however this year has seen a substantial increase for this client group with 121 more cases than in 2011/12. This increase can be attributed to better awareness of partner agencies such as Central London Community Health Care who have increased the number of alerts from 28 to 51 this year. The vast majority of these relate to older people.

Despite this increase in alerts, the percentage of those investigated has slightly reduced in 2012-13. In 136 cases a more proportionate response was made to the alert such as an assessment of need or referral onto another more appropriate agency to help.

Alerts relating to adults with learning disabilities were at their lowest in 5 years with a fall of 51% on last year. This change in pattern was identified by the Safeguarding Adults Board who requested a review of the issue; the findings indicated that whilst safeguarding practice gave no cause for concern, issues were identified in relation to the completion of monitoring data. Measures have been put in place to address this process issue and the new financial year, 2013/14, has seen alerts return to previous levels.

A total of 173 adults referred were recorded as having dementia. This is an increase from 142 last year and 95 the year before.

Table 5 - Safeguarding alerts by primary need

Primary Client Group	2009/10	2010/11	2011/12	2012/13
Older People	44%	47%	49%	63%
Learning Disability	23%	29%	28%	12%
Mental Health	20%	18%	16%	16%
Physical Disability & Sensory Impair.	13%	5.5%	7%	8%
Substance Misuse	-	0.5%	-	-

9.5.4 Drugs and Alcohol

Substance misuse covers both drugs and alcohol. Alcohol use is a growing concern, given the new guidelines for GPs which dictates mandatory alcohol screening and scoring; this could 'reveal' a new type of alcohol user, who has not traditionally identified themselves as having a problem, being diagnosed as requiring help.

Substance misuse in Barnet is still below national levels. In 2012/12 a total of 365 people entered treatment; this was due to rigorous performance management and setting of monthly targets. Within the year 140 successfully completed treatment drug free. Research is underway to identify any commonalities for those who drop out of treatment (177 people this year) and those who represent into treatment (a successful completion is defined by someone completing treatment and not returning for a minimum of 6 months).

The rate of Opiate and Crack Users (OCUS) engaging in support provision is currently running at 84%, an increase on the figure last year of 56% and comparing well to the regional figure of 69% and nationally at 68%; this has been as a result of a targeted approach to bring those into treatment who cause the most harm to themselves and the community.

The number of treatment completions across OCUs is quite low (140). Reviews have taken place with the main treatment providers and some research is underway to identify any commonalities for those who drop out of treatment.

16% of the 365 entering treatment in Barnet are parents with children living at home. A whole family approach needs to be adopted to ensure effective treatment and appropriate safeguarding. There is already a seconded drugs/alcohol worker based in Family Focus (troubled families) however anecdotal reports suggest there are many more drug using parents in Barnet who are not entering treatment, and we need to consider how to resource this.

One of the key tools in protecting the public is vaccinations and there has been good uptake of vaccinations with 48% of those in treatment being vaccinated for blood borne viruses.

9.5.5 Integrated Offender Management

We continue to monitor offenders in the borough with a view to:

- Working with key partners and services to risk-assess and track offenders and ex-offenders who live with or have direct contact with children to ensure those children are kept safe and to challenge intergenerational criminality.
- Identifying and working with victims of crime, who have been or may have been targeted as vulnerable, with a view to enhancing their sense of safety and security, minimising the risk of repeat victimisation and supporting them to live independent lives free of the fear of crime.
- Tackling key issues and barriers to reducing reoffending via a co-located, multi-agency team that includes mental health and substance misuse provision.

9.5.6 Early Intervention and Prevention

There is a key commitment to early intervention and prevention across the Council and partners. The key developments in 2011/12 are as follows:

Following the implementation of the new commissioning Council a Safeguarding Data set is prepared monthly and submitted to the Chief Executive in order that we can monitor our early intervention on a regular basis.

The Multi Agency Safeguarding Hub (MASH) was established in July 2013 and fully operational from August this year. The MASH provides a fire-walled secure co-location which allows the sharing of information to be undertaken safely and is seen as a key tool to building strong partnership work to identify vulnerable children earlier and help services intervene at an early stage. It brings together a core membership including Children's Social Care, Police, Probation, Mental Health, Education, Housing, Youth Offending Service and Health. Information on how referrals to the MASH will link to existing CAF and Social Care referrals are now incorporated into all Safeguarding training for practitioners.

Barnet's Family Focus work continues to provide early interventions to build families' resilience; concentrating on supporting families with multiple problems to improve parenting skills and relationships within the family and improve outcomes for vulnerable children and young people. We are currently undertaking a cost analysis project on our Troubled Families work to ensure we fully understand the impact of the work.

9.6 **Key Achievements**

9.6.1 Working Together to Safeguard Children 2013

The revised Working Together to Safeguard Children 2013 was implemented in April this year and an action plan has been established through the Safeguarding Children Board in order to ensure implementation. All actions are now completed except the work on assessments which is due for completion by March 2014*.

1. The board have published a widely accessible Threshold document to ensure widespread understanding of the processes for early intervention and referral to social care.
2. A report is being prepared for the BSCB on the completed audit of all relevant agencies using S11 guidance.
3. The Barnet Safeguarding Children Board has an independent chair and from October 2013, the independent post will also chair the Safeguarding Adult Board.
4. In order that the BSCB maintains a local learning and improvement framework, cases are referred to the Board where there are areas of poor practice and where good practice is recognised to allow learning to be shared. A comprehensive audit of a child's journey has been introduced to focus in depth with the involvement of all relevant agencies.
5. Regular reviews are in place using the recommended SCIE model as recommended by Profession Munro, and outcomes reported to the BSCB.
6. The Serious Case Review group follows guidance and reports to the BSCB Chair.
7. Final reports of SCRs findings are published on the council's website and the LSCB's website for a minimum of 12 months.
8. Child Death Review processes are in place and follow national guidance. Reported to BSCB through an Annual report from Paediatrician lead for child deaths.
9. Work to address the revised nature of initial and core assessments is under way and will be completed by March 2014.*

9.6.2 Implementing the Ofsted Inspection Plan Action Plan

1. BSCB were required to ensure that all schools adopted the correct safeguarding procedures. Guidance was refreshed and re-issued to schools and presented at relevant heads and safeguarding leads meetings. Additional training was also arranged with an input from the police Child Abuse Investigation Team and schools were encouraged to take up training including that related to allegations management.
2. Attendance at board meetings was not consistent. The BSCB chair held discussions with relevant agencies and attendance has improved and continues to be monitored.

- 3 BSCB was asked to strengthen its management oversight. Changes were made to the Executive Group that have provided additional detail scrutiny to areas of focus such as case reviews and the examination of data.
- 4 The board was asked to be more robust in scrutiny of data and it has developed changes to the presentation of data using an information dash board which highlights areas of significant change or priorities.

9.6.3 BSCB Audit with Partner Agencies

BSCB carried out a focused section 11 audit in 2013 with partner agencies to review compliance with safeguarding duties. The findings from this be will reviewed through the BSCB in quarter 3 of 2013/14, however one of the emerging priorities is in relation to improving information sharing across the agencies. Establishing a MASH will improve information sharing and from the start of a referral to children's social care. As part of the response to the most recent case review, it has been agreed that the BSCB will undertake work on information sharing.

9.6.4 Munro Demonstrator Pilot

Children's Services in Barnet were selected as a Munro Demonstrator site the purpose of which is to improve practice and for learning to be shared between local authorities in implementing the Munro recommendations. A significant focus of that work has been around addressing neglect. Barnet social care and partner agencies worked with Action for Children and Sterling University in the development of a Neglect Resource Pack for use by practitioners across agencies.

9.6.5 Sexual Exploitation

A renewed focus on sexual exploitation linking with arrangements to safeguard missing children is a priority for BSCB. Sexual exploitation training is being delivered including gangs training with input from young people who have been affected by gangs. A conference on trafficking and sexual exploitation has been held jointly with Enfield Safeguarding Children's Board.

9.6.6 Personality Disorder Pilot

Working with families where a parent or care had a personality disorder was a key issue in a recent case review. The BSCB has developed a pilot of support and consultation for staff working with families where personality disorder is a feature, helping practitioners manage cases more effectively without the need to escalate. Early reports are that staff find this support helpful and effective in their work with families.

9.6.7 Violence Against Women and Girls

Barnet has agreed to move the response to Domestic Violence so that it is placed within the wider Violence against Women and Girls (VAWG) agenda with a new strategy and action plan. This is in line with national and London

Policy, and will prioritise a wider range of issues affecting safeguarding of women and girls including forced marriage, trafficking and Female Genital Mutliation.

9.6.8 Learning From Others - Peer Audit of Adult Safeguarding Arrangements

Barnet Safeguarding Adults Service underwent a Local Government Association peer review by a team of professionals from other local authorities and the LGA Lead on Safeguarding. Several aspects of our approach have been shared via the LGA national network as good practice and we are acting on suggestions for improvements by introducing family conferencing for adults at risk who have difficult situations within their families, and leading work with Health and care homes on the management of pressure ulcers.

The review team identified a number of strengths and good practice such as:

- The Safeguarding Adults Board had strong multi-agency ownership and was effectively led.
- That partners felt that the Board held them to account and that it accounts to the population through a strong annual report.
- Barnet safeguarding practice was high quality and focused on what service users and carers wanted and made sure they were involved.
- That safeguarding was quality assured through an 'innovative practice' governance framework case audits, practice forums, learning events, and evaluation interviews with users, finding out what people who use services thought of them.
- Our work in gathering feedback from users to improve people's experience of safeguarding
- Barnet's adult safeguarding communication materials, which give people information in an accessible way.
- The work of the safeguarding service user forum

9.6.9 Keeping A Focus on Safeguarding in the New NHS

Barnet's Health and Well-Being Board has agreed to take an approach to forward planning that ensures it considers a number of key responsibilities it has - one of these is 'Quality and Safety'. To date, Barnet's Health and Well-Being Board has played a key leadership role in overseeing the safeguarding agenda, and ensuring that the commitments made in the Winterbourne View Concordat are achieved.

The Health and Well-Being Board Chairman signed off the Winterbourne View stock take in June 2013, having been satisfied with the progress being made locally to address safeguarding concerns as set out in the Winterbourne View Concordat. The Barnet Safeguarding Adults Board held a conference to ensure learning was shared on the Winterbourne View failures was also held in March for 84 staff across commisioned services, health and adults social care.

The Board has also played a pivotal role in holding partners to account following the release of the Francis Inquiry report, which required local providers and wider stakeholder such as Healthwatch to consider how to improve their practices to ensure patients are protected from poor care. The Chairman of the Health and Well-Being Board sent letters in early February 2013 to the four major NHS Trusts serving Barnet asking how they were addressing the recommendations arising from the Francis Inquiry report and inviting them to a Health and Well-Being Board meeting.

Specific achievements recognised at this meeting included:

- The CCG had put governance arrangements in place to support the delivery of high quality care, and uses and acts upon hard and soft intelligence including from GPs to ensure quality care is delivered.
- All complaints handled at Barnet and Chase Farm Hospital NHS Trust were being signed by the CEO or someone of a senior level and if the responses are not accurately written then the CEO would request that they are rewritten to address the concerns
- The Royal Free Hospital set out their ambition for a world class programme which would engage staff and patients and clarify what would be their priorities from the Francis report. Collaborative work with other Trusts would also be developed including through a UCL partners work stream on this issue.
- Central London Community Healthcare (CLCH) reported that quality and patient safety was of paramount importance to them and the recommendations from the Francis report being taken forward included a recently refreshed quality strategy; four listening events across four boroughs with involvement from staff and patients; support from a quality action team; a safety thermometer and feeding this data back to frontline staff.
- Healthwatch is setting up a sign-posting service and explained that the intention was to speak to individual providers and feedback this information, and to initiate more public meetings to support on-going communication with patients and the public

The Health and Well-Being Board will request further reports throughout 2013/14 on how all relevant players in the system are working together to implement the Francis report, including how feedback from patients, relatives and staff is being brought together.

9.6.10 Establishing 'Safe Places' for Vulnerable People

Your Choice Barnet, Barnet Mencap and the Metropolitan Police have worked together to create 'Safe Places'. This aims to offer trusted safe places in local shops and businesses which can provide reassurance to vulnerable people. Local people will be trained to ensure they can respond to people in need or difficulty. This is initially targeted at people with Learning Disabilities but if successful could be adopted by other vulnerable groups. Local, trusted safe spots will be recognisable by the sticker placed in the window. Five safe

places are now in operation in Golders Green, North Finchley and Edgware, with a further ten safe places to be identified for training to bring them in as part of the scheme.

9.6.11 Improving Fire Safety

The London Fire Brigade carried out 2435 free home fire safety visits to Barnet residents in 2012-13 many of whom are vulnerable people. They were also able to reduce the number of dwelling fires to 236 in a year (which succeeded their target of 240), and have started working with Neighbourhood Watch schemes and the Metropolitan Police Safer Neighbourhood Teams to identify people at risk so they can work with them to reduce the risk of a home fire.

9.6.12 Quality In Care Homes

Care homes are one setting where safeguarding issues are of particular importance. The Social Care Institute for Excellence identified that “most safeguarding activity relating to care homes occurs as a result of poor practice and poor quality of service rather than malicious intent. The impact of poor practice and neglect can be just as significant as intentional abuse and yet it is arguably far easier to prevent” (2012). Barnet has one of the largest number of care homes in Greater London providing 3,068 beds for a range of older people and younger people with disabilities. Adults and Communities has established a Quality in Care Homes Team’ as part of our drive to improve quality and develop good practice to reduce the number of pressure ulcers and improve standards of care. The Integrated Quality in Care team includes social workers, a CQC inspector, a tissue viability nurse, a mental health social worker and a registered care manager. This provides the team with a multi-disciplinary background to support working in partnership with homes to develop their services. This team will also work with CQC and Health Watch to ensure early intervention with relevant homes.

9.6.13 Excellent Detection Rates For Hate Crimes

Barnet has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year. The hate crime action plan for 2013/14 is complemented by having 21 third party reporting sites in the Borough.

9.7. Future Challenges and Opportunities

9.7.1 New Children’s Service Inspection Framework

Ofsted moved away from its proposed multi agency inspection framework for implementation in 2013 and has returned to a single agency approach. Ofsted is developing a single agency framework for inspecting local authority child protection, children in need, and services for looked after children, including those leaving or who have left care. The consultation on the new frameworks will take place in Autumn 2013.

The single framework proposes an evaluation of help, protection and care for children including the arrangements for local authority fostering and adoption services. As part of service improvement, Barnet is strengthening its provision of services in line with the recommendations of the Munro Review and findings from the 2012 Ofsted inspection of safeguarding and looked after children.

9.7.2 Reducing Resources, But Increased Demand

Barnet's total population has grown by 16.5% over the past decade, to approximately 375,000³. Over the next 5 years, Barnet's population is expected to increase by a further 8.7%, including significant growth in the 0-19 age group (8.4%) and those aged 65-84 (10%) and proportionally high growth in those aged 85 and over (16.6%). This will continue to pose challenges; even if levels of safeguarding and social care activity remain constant there will be an increased need for services due to an overall increase in the population.

1. The Safeguarding Children Board has identified the threat of diminishing resources available to member agencies to safeguard children as a risk which has been logged and will continue to be monitored.
2. There are concerns that the financial impact of changes to grants and funding to voluntary and community sector services may have an impact on safeguarding in this sector.

9.7.3 Strengthening Partnerships across the Children's and Adults Safeguarding Boards

At the request of the Cabinet Member for Education, Children and Families and Cabinet Member for Adult Services to examine how the work of the two safeguarding Boards can be brought closer together to strengthen safeguarding practice, a single independent Chair for both Boards will be appointed during autumn 2013. Joint subgroups for training, working with faith and BME communities, and communications will support both Boards to take a wider whole systems approach to safeguarding.

9.7.4 Adult Services Work to Support Family Carers

The Carers Hub will be raising awareness of abuse among carers, and will be working to reduce the stress in families that can lead to abuse. Workshops for carers will be taking place on the Mental Capacity Act and we will be fully involving carers in assessments and reviews of the people they care for.

Family carers play an essential role in safeguarding adults, whether they are the sole family carer or receive some support with their caring role. *Carers and Safeguarding Adults – working together to improve outcomes (July 2011)* has been used in work with carers and staff to identify how we can work better with family carers on safeguarding issues. It focuses on three areas:

³ Based on GLA population projections

1. Carers speaking up about abuse or neglect within the community or within different care settings
2. Carers who may be experiencing harm from the person they are trying to support. This could be unintentional.
3. Carers who may harm the person they support, this might be due to the stress they are under, and the fact that they are not receiving enough support with their caring role.

9.7.5 Focusing on What Matters - Quality of Care

The Health and Wellbeing Board will continue its focus on quality and safety of local health and care services, alongside the ongoing leadership of Safeguarding by the Council and the Adults and Children's Safeguarding Boards. Barnet Healthwatch has come into being as a consumer's champion, adding an extra dimension to local monitoring to quality and safety in care.

This is being led by a consortium of organisations including Community Barnet Age UK, Barnet Mencap, the Carers' Centre and Jewish Care, commissioned by the Council.

9.7.6 Community Safety Developments

Further developments will include the introduction of Neighbourhood Justice Panels, a restorative programme aimed at supporting and empowering victims of crime. Work will also be undertaken to review the wider criminal justice system from point of arrest through to court disposal to ensure appropriate support is in place for vulnerable clients and, in particular, those with learning disabilities.

9.7.7 Community Safety - Tackling Hate Crime

Building on the success from last year Barnet remains a safe borough and in line with the governments blueprint to tackle hate crime 'Challenge it, Report it, Stop it' we have enhanced our commitment to tackle three key areas:

1. Preventing hate crime from happening by challenging the attitudes and behaviours that foster hatred, and encouraging early intervention to reduce the risk of incidents escalating.
2. Increasing the reporting of hate crime that occurs by building victims' confidence to come forward and seek justice, and working with partners at national and local level to ensure the right support is available when they do
3. Working with the agencies that make up the Criminal Justice System to improve the operational response to hate crime. We want a more effective end-to-end process, with agencies identifying hate crimes early, managing cases jointly and dealing with offenders robustly.

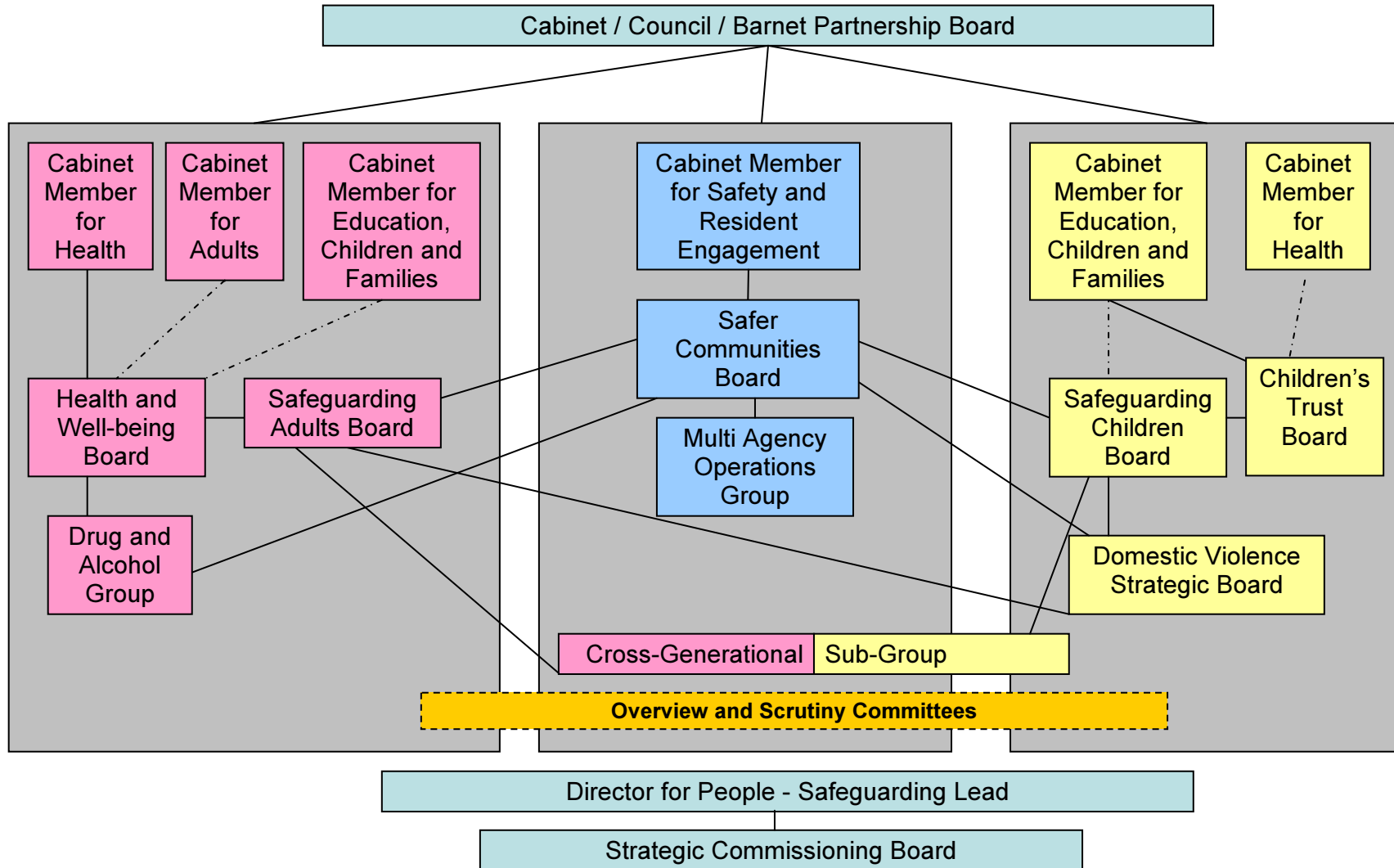
4. In addition there will be four hate crime awareness seminars to improve under reporting. We have also received funding to continue with the safer homes scheme. This scheme helps people who have been burgled or who have been affected by hate crime to make their property safer by replacing locks, and cutting back hedges.

10. LIST OF BACKGROUND PAPERS

- (i) [Working Together to Safeguard Children 2013](#) Department for Education 2013
- (ii) Department for Education. May 2011. *The Munro Review of Child Protection: Final Report*
- (iii) Ofsted. April 2012. *Framework for the inspection of Local Authority arrangements for the protection of children*
- (iv) Ofsted and CQC. February 2012. *Inspection of safeguarding and looked after children services: London Borough of Barnet*
- (v) *Draft Barnet Safeguarding Children Board Annual Report 2012/13*
- (vi) *Barnet Safeguarding Adults Board Annual Report 2012/13*

Cleared by Finance (Officer's initials)	FB – 19 August 2013
Cleared by Legal (Officer's initials)	LC – 16th August 2013

APPENDIX 1: The Governance of Safeguarding in Barnet



Appendix 2: Further information on the key safeguarding governance structures in Barnet

Safeguarding Overview and Scrutiny Committee provides Member scrutiny of the Council and its partners in the discharge of statutory duties in relation to safeguarding

The **Barnet Partnership Board** meets in public and is an overarching partnership board that takes an overview of the cross-cutting challenges facing the Borough. The Council agreed new arrangements for the Board in February 2012.

The **Safer Communities Partnership Board** (SCPB) recognises safeguarding as a priority and is the inter-agency mechanism in Barnet to reduce crime and anti-social behaviour and reoffending, and to promote social cohesion. Reports from the Children's and Adults' safeguarding boards are a standing item on the SCPB. The Safeguarding Adults Manager is also now a member of the Safer Communities Partnership Board.

The **Barnet Children's Trust Board** provides inter-agency governance to ensure that partners in Barnet are working together effectively, to improve the wellbeing of children and young people. Responsibilities cover the needs of all children and young people in Barnet under the age of 19 as well as young people under who are leaving care, up to the age of 21 or 25 (depending on whether they are in education) and young people who have learning difficulties and/or disability, up to the age of 25.

The **Health and Wellbeing Board** provides the function of joining up commissioning of local NHS services, social care and health improvement at a strategic level and support integration across health, adult social care and children's services.

Barnet Safeguarding Children Board is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. There are four 'task groups': Faith and Cultural; Audit of a Child's Journey; E-Safeguarding; Missing & Sexual Exploitation, and four sub groups in addition to the Standing Serious Case Review (SCR) Panel and the Child Death Overview Panel (CDOP). The sub groups are;

- Cross -Generational Sub Group/Joint Services
- Performance and Quality Sub Group
- Training and Development Sub Group
- Professional Advisory Sub Group

Barnet Safeguarding Adults Board co-ordinates activity between agencies. It monitors and audits progress in safeguarding vulnerable adults. Membership has been reviewed and changes have been made to extend membership to include the Domestic Violence Co-ordinator, a GP representative, and London Probation Service. A representative from the London Ambulance Service was secured earlier in the year. Barnet Safeguarding Children Board continues to be represented at Safeguarding Adults Board and the Safeguarding Adults Manager attends the Barnet Safeguarding Children Board to promote links at a strategic level.