Central Bedfordshire and Bedford Borough
SAFEGUARDING ADULTS BOARD

Safeguarding Adults Board
Central Bedfordshire and Bedford Borough
Annual Report 2024-25

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1. Foreword By Safeguarding Board Independent Chair – Maud O'Leary

Dear Reader,

As Independent Chair of the Safeguarding Adults Board (SAB) for Central Bedfordshire and Bedford Borough I am pleased to introduce the Annual Report for the year April 2024 to April 2025.

Through this report we will share with you our successes and challenges as a partnership over the past year. We will share too our plans for the next three years.

It has been very much business as usual this year. The Board set a priority of reviewing our structure and governance and the Executive set it's focus on looking at our framework. Following consultation, all statutory partners agreed to maintain the status quo. The Executive Group found that the existing structure was working effectively and was the least demanding in terms of meeting time commitment. Partners continue to be committed to delivering and reporting on the Business Plan outside of the Board and subgroup meetings.

We have reviewed our Terms of References (TOR) and agreed a SAB Constitution. The Multi Agency Guidance on Prevention and Early Intervention in Adult Safeguarding was developed and signed off by the Board in June 2024 as well as a new Safeguarding Adult Strategy which sets out our priority areas for the next three years.

As a Board, we have debated the challenge of a tight delivery programme timeline. We acknowledge that currently, our yearly delivery plan is achieved within an 8 1/2 month window. This means we have sign off by both councils in the Autumn and need to review and plan for the new delivery year the following June. This inhibits the delivery of more extensive pieces of work. We have therefore agreed at the Board to work on a three-year Business Plan. This allows us to set an even more ambitious programme, but this will require tight monitoring and continuous oversight.

Co-production has been a consistent theme in the past year. It is an area where continuous improvement is required. The Board needs to ensure it is clearly hearing the voice of people who use our services and who experience a safeguarding journey. As a Board, in conjunction with Health Watch CBC we held a workshop and undertook a survey. We asked parents and carers who may experience child and adolescent to parent violence and abuse (CAPVA), what helps and hinders risk reduction in these situations. It was unsettling to hear the voice of families and carers describe their immense challenges.

The responses to the survey revealed a lack of support and services by many. This along with the 'Max' and 'Joe' Safeguarding Adult Reviews, the surveys, workshop and case studies reinforce the ongoing need to support and audit transition cases. This will hopefully lead to ongoing improvement in transitional safeguarding. This will ensure young people receive all the support they need during an exceedingly difficult stage in their lives as well as safeguard parents, carers and siblings from significant harm through CAPVA. The SAB also developed domestic abuse /hidden harm tools and a video with the involvement of experts by experience.

The Older Persons Partnership Board helped to promote the video and the tools. Elder abuse continues to be a concern, and engagement to ensure education and awareness has been a positive piece of work this year. The Annual Report highlights significant work in this area from individual organisations, and the Board will continue to seek assurance on progress. Other good examples of working include the ICB employing experts by experience in delivering the Oliver McGowan programme with Autism Bedfordshire. Also, the police set up a Survivors Voice group for people who are victims of domestic abuse. They hope to extend this to victims of sexual abuse in the future.

I continue to attend the National Safeguarding Chairs Network who meet quarterly, and there are a range of themes that we have included in our local agenda. This has included among many other things: street homelessness (which we continue to monitor and collect data on) co -production, suicide, CQC assurance visits, proposed increased safeguarding responsibilities for the DWP, prisons, SAB Chair guidance and transitional safeguarding.

We predict challenges in the year ahead. CQC assurance visits are imminent in both authorities with dates already set for Bedford Borough. Financial challenges continue for all organisations. The demands of the Board in terms of work schedules on the programme can be a difficult to deliver alongside other increasing demands. Organisational changes are as ever present. As a Board we are observing the planned programme of change for ICBs. We continue to offer our support and understanding to colleagues in that organisation. We are also noting any potential impact that changes may make to our safeguarding partnership arrangements.

Again, this year I would like to thank the Board and subgroups for their ongoing work and commitment to safeguarding adults through partnership working. Also, I wish to extend the Boards gratitude to the experts by experience, especially TIBBS and OP Partnership Boards for their pledge and commitment to work with the SAB regarding older people safeguarding and dementia care. They generously give their time and share with us the invaluable knowledge and experience they have gained through their safeguarding journeys. They offer us above all the opportunity to learn and improve.

Lastly, I would like to extend my thanks to the Business Unit. Although a lean unit they continue to work efficiently to support the Board and subgroups and ensure our delivery programme is on target.

Maud O'Leary

Maud O'Leary
Independent Chair

2. About The CBC & BBC Safeguarding Adults Board (SAB)

The Care Act 2014 makes Safeguarding Adults Board a statutory requirement. This SAB has joint arrangements covering the two local authority areas of Central Bedfordshire Council and Bedford Borough Council. These shared arrangements were established prior to safeguarding boards being a statutory requirement and ensure consistency of safeguarding arrangements across the areas, benefitting partner agencies, practitioners and local communities. Learning and best practices as well as policies and procedures and Board resources are all shared thereby minimising burdens both in terms of cost as well as professionals time.

The Safeguarding Adults Board's statutory core duties under the Care Act 2014 are to:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their members and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Commission Safeguarding Adult Reviews for any cases which meet the criteria for these.

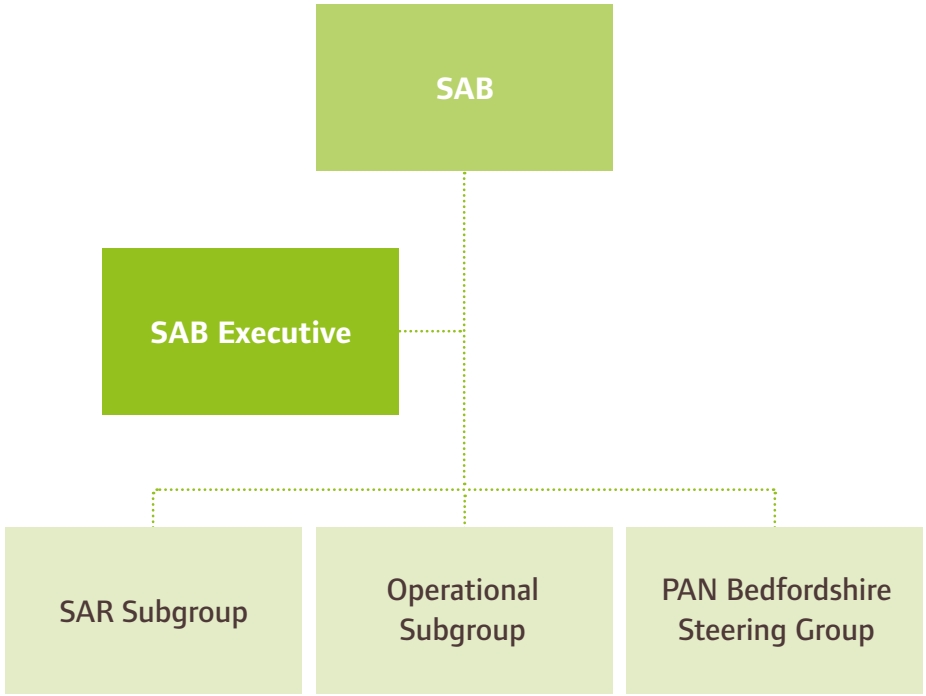
The SAB meets these statutory objectives by:

1. Setting out annual priorities for assurance and improvement
2. Measuring the effectiveness of local safeguarding arrangements.
3. Ensuring that safeguarding practice is person-centred, proportionate and focused on improving outcomes.
4. Supporting partners and enable them to work collaboratively in preventing harm and abuse.
5. Seeking assurances of continuous improvement with regard to safeguarding arrangements both as single agencies and as a partnership.
6. Undertaking, learning and driving improvements from Safeguarding Adults Reviews.

SAB Structure and Governance

This Safeguarding Adults Board covers two local authorities' areas with Central Bedfordshire Council and Bedford Borough Council agreeing shared arrangements. This has allowed for robust and effective sharing of safeguarding information and learning across boundaries also aiming at ensuring consistency and quality. The SAB is chaired by an Independent Chair to ensure effective leadership and independent scrutiny.

In May 2025 the SAB drafted the **SAB Constitution** and this was signed off in July 2025. This also sets out a Memorandum of Understanding that each SAB member must sign up to.



SAB Executive. This is chaired by the Independent Chair. Membership consists of statutory partners from both local authorities, health and police. The SAB Executive provides for top level leadership, ensures adequate resourcing and statutory oversight of safeguarding activities and priorities. The SAB Executive meets at minimum four times annually.

Safeguarding Adults Board. The SAB is chaired by the Independent Chair and is inclusive of statutory partners and local organisations with key safeguarding responsibilities as follows:

Central Bedfordshire Council

- Adults and Children's Social Care
- Housing
- Public Health
- Rough Sleeping and Homelessness

Bedford Borough Council

- Adults Children's Social Care
- Housing
- Public Health
- Rough Sleeping and Homelessness

Bedfordshire Police

ICB BLMK

- Integrated Care Board Bedfordshire, Luton and Milton Keynes

Board Members - Organisations with key responsibility

The SAB meets at minimum four times annually with, additionally, an additional development day or half day as well as ad hoc meetings as needed.

Safeguarding Adults Review (SAR) Subgroup. This Subgroup's focus is on receiving alerts and referrals under Section 44 of The Care Act. The Subgroup is chaired by the statutory partners (taking it in turn), and the Subgroup meets every six weeks. The SAR Subgroup further oversees the progression and completion of SARs as well as overseeing the implementation of actions resulting from SARs.

Operational Subgroup. This Subgroup progresses SAB priorities and activities via its eight or more meetings each year. The focus is on linking safeguarding strategy with operation and practice, gathering assurance and progressing the work of the SAB. Membership of the Operational Subgroup is reflective of that of the Board. Senior Managers within local authorities currently chair this meeting, taking turns.

PAN Bedfordshire Steering Group. This Subgroup links the work of the local SAB with that of the Luton SAB, covering the whole of Bedfordshire. This group is responsible for keeping the policies and procedures up to date. The Subgroup seeks to ensure consistency in safeguarding arrangements across Bedfordshire.

Local and National Collaboration

The SAB Independent Chair and local delegates take a full part in national safeguarding meetings hosted by ADASS. The Independent Chair also attends the SAB Chairs Network now hosted by the Independent Safeguarding Board Chair's Network. This ensures that any national issues are considered locally and learnings from local safeguarding cases can be shared whilst avoiding duplication.

Alongside this the SAB Chair attends CBC's Safeguarding Chairs Network that includes the Chairs of the Safeguarding Adults Board (SAB), Safeguarding Children's Board (SCB), Bedfordshire Domestic Abuse Partnership (BDAP), Community Safety and Health and Well-Being Board Chairs and the Network coordinates shared priorities to avoid duplication and with a focus on improving practice taking a 'think family' view.

Locally there are at minimum bi-annual meetings between the various partnership Board Chairs/Scrutineers to coordinate and agree shared priorities.

3. The Six Principles of Safeguarding

The six principles of safeguarding must be embedded in and underpin the work of the SAB and its partner agencies. Furthermore, engaging with our communities and people with safeguarding needs will now be a golden thread and measure putting engagement and co-working at the heart of what we do.

1. Empowerment
People being supported and encouraged to make their own decisions and informed consent.
I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.

2. Prevention
It is better to act before harm occurs.
I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

3. Proportionality
The least intrusive response appropriate to the risk presented.
I am sure that the professionals will work in my interest, in consultation with me and they will only get involved as much as needed.

4. Protection
Support and representation for those in greatest need.
I get help and support to report abuse and neglect. I get help to ensure that I can take part in the safeguarding process to the extent to which I want.

5. Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

6. Accountability
Accountability and transparency in delivering safeguarding.
I understand the role of everyone involved in my life and so do they.

Safeguarding Principles – The Safeguarding Board Partner Pledge

- ✓ The SAB will continue to monitor that safeguarding practice is reflecting of the six principles.
- ✓ The SAB and its partners will develop ways to involve people with lived experience of safeguarding in developing strategy and practice.

4. Demographics

Snapshot of Central Bedfordshire

Central Bedfordshire has attractive market towns and villages complemented by the beautiful local countryside which boasts 30 sites of special interest and 14 nature reserves. This includes the Chiltern Hills, Dunstable Downs, Greensand Ridge and the Forest of Marston Vale, areas of outstanding natural beauty.

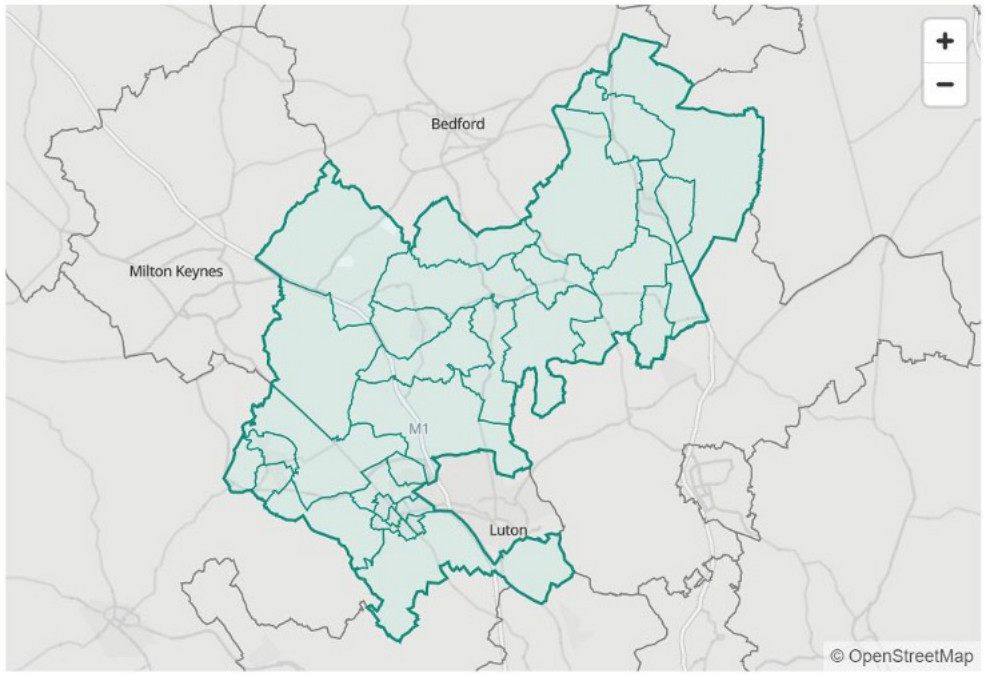
The area has excellent road and rail transport links. The A1, M1, A507 and A6 connect north, south, east and west. Three major rail lines run through Central Bedfordshire, connecting the area directly with two international airports: with access into central London in 35 minutes.

Amongst CBC's amenities are Woburn Safari Park, Whipsnade Zoo, Center Parcs and Woburn Abbey, which bring people from all over the country to Central Bedfordshire every year. CBC also has its own Cranfield University a post-graduate public research university specialising in science and engineering.

Central Bedfordshire is a popular place to live with a growing population. It is one of the top ten fastest areas of growth in the country and attracts new families. Central Bedfordshire Council are working hard to ensure it is sustainable, affordable, and family friendly.

The area is generally prosperous. People living here earn more than the national average, with above-average levels of employment and low rates of claiming Universal Credit. But it also has some residents across all parts of Central Bedfordshire who are struggling; demand for food banks and debt advice is increasing. CBC wants all our communities to thrive, support each other, and be the best they can be.

More employers are looking to come to CBC. With good transport connections, CBC is an attractive location for businesses, and it has a strong and growing economy, with growth in medium and large businesses outpacing the national average. Collins Aerospace, Nissan, Lockheed Martin, MBMA Systems and Amazon have chosen to make Central Bedfordshire their home.



Snapshot of Bedford Borough

The Borough of Bedford was awarded Charter status by Henry II in 1166, and includes the county town of Bedford, the urban area of Kempston and forty-three rural villages - an area of around 120,000 acres. Its population is approximately 185,000 and is one of the most cosmopolitan in the UK, with some sixty ethnic groups being represented.

Situated on the arc between Oxford and Cambridge and with easy access to London and Milton Keynes, Bedford has the advantage of proximity to both the M1 and the A1 and has excellent transport links. Bedford is a significant growth area and approximately 27,000 new homes are planned by 2040 with expectations that the Borough's population will carry on growing well into the future particularly with the landmark announcement of the Universal Destinations and Experience resort proposal.

Bedford and Kempston make up the urban centre of the district - a centre noted for its excellent shops, wide range of high-quality housing, first class educational facilities and unrivalled recreational amenities. The River Great Ouse is a central and attractive feature of the town.

Today, Bedford is a lively market town with plenty of opportunities and a cultural diversity.

5. Progress against priorities 2024-25

During 2024-25 the SAB set out five priorities. Below we provide feedback as to how these have been progressed.

Priority 1: Review and refresh the governance and functioning of the SAB and its Subgroups taking account of feedback from partners and the SAB audit.

Actions:

1.1. Review the SAB Structure and Terms of Reference.
1.2. Develop a Business Plan.
1.3. Refresh the Information Sharing Agreement (ISA)
1.4. Refresh the SAR Framework
1.5. Develop a Prevention Framework
1.6. Refresh the Hoarding Pathway
1.7. As a golden thread consider and improve the involvement of people with lived experience of safeguarding throughout this review.

Summary of actions Priority 1:

All of the above actions have been completed except for the review of the ISA that is ongoing and being led by Bedfordshire Police. This outstanding item will be brought forward as part of the SAB business plan. The current ISA will continue in place until the process of review has been completed. The SAB has strengthened its governance arrangements through the introduction of a SAB Constitution. Newly developed documents and guidance can be accessed within the resource section of the safeguarding policies and procedures platform: Contacts and Practice Resources

Priority 2 – Improving Assurance, Reporting and Challenge

Actions:

2.1. Improve the data collections analysis and interpretation to provide more effective assurance and outcomes.
2.2. Evidence from partners to show sustained effective and safe transitions including feedback from people with lived experience and their families.
2.3. To report on increasing numbers of alerts relating to older people, domestic abuse, self-neglect and financial and material abuse with a view of reducing numbers.
2.4. For partner agencies to carry out an audit of what underpins increasing reports of abuse of older people including domestic abuse of older people and increasing numbers of self-neglect and financial and material abuse (all adults) with a view to developing preventative measures and risk reduction strategies.
2.5. Set out and agree a forward plan for agencies to present specific assurance reports.
2.6. Consider equality.
2.7. Seek assurance that safeguarding training (provided by partner agencies) is effective and reflecting of best current practice.

Summary of action Priority 2:

- Safeguarding Data Collection. The task and finish group are aiming to provide the first draft of the new presentation of SAC data using Power Bi for interpretation and analysis for Q1 2025/26 due September 2025. Drafts were presented at the SAB development day on 12 June 2025, and further progress will, in the meantime, be monitored by the SAB's Operational Subgroup. Both BBC and CBC data analysts are working on their respective user management systems to extrapolate and interpret the information using Power Bi. The task and finish group will stay in place until the new data collection is fully embedded.

- The SAB developed hidden harms video, posters[1] and information leaflet and the SAB worked with the older people (OP) Partnership Boards in regard to domestic abuse of older people and how to safeguard older people from harm and access help.[2]
- The SAB promoted information and toolkits via OP Partnership Boards and SAB members across the OP communities and professionals networks locally.
- MARAC/DA of Older People analysis revealed that the MARAC criteria was family bias (focused on risks to children) so much so that this meant that in most cases, older people's cases would not meet the criteria as they hardly ever lived with children. Older people's cases even with the highest of risk were not being safeguarded via MARAC. This led to the development of a new OP MARAC risk assessment that is currently being trialled by Bedfordshire Hospitals NHS Trust.
- The SAB discussed and received assurance reports from both local authorities and East London Foundation Trust (ELFT) regarding reported concerns of abuse overall against older people. The presented assurance reports did not raise any concerns about numbers being reported or responses by safeguarding partners. The SAB recognise that partner agencies such as our police and trading standards colleagues work hard to raise awareness around scams and fraud that affects all of society with more and more sophisticated techniques.
- The Hoarding Pathway and guidance for practitioners has been reviewed and linked for escalation with the local authority Risk Enablement Panels. New guidance and tools are available on the policies website for access by everyone.[3]
- Safeguarding partner agencies have provided assurance reports that set out their safeguarding priorities and achievements, any barriers and challenges as well as a training strategy and how this is being met. This will be summarised in the partner section of this report.

Priority 3 - Develop better systems of engagement and co-production

Actions:

3.1. Utilise partner agencies existing user groups and ensure that partner agencies include the feedback from people with lived experience as part of assurance reports.

3.2. For the SAB to host, develop or commission service user forums, engagement and co-production groups.

3.3. Work with the OP Partnership Boards and older people with lived experience to prevent hidden harms and domestic abuse.

3.4. For partner agencies to evidence improvements in the voices of older people being heard and support made available including advocacy, intermediaries etc.

Summary of Actions Priority 3:

- The SAB have developed Domestic Abuse (DA)/hidden harm tools with the involvement of experts by experience. The SAB engaged with the OP Partnership Boards to discuss DA/hidden harms and promote the video and help tools and support available regarding this 'taboo' subject. OP Partnership Boards promoted the video and the associated toolkits developed. The OP Partnership Boards are now linking with the SAB going forward: delegates welcomed the SABs engagement and promotion of the subject.
- The SAB in conjunction with CBC Healthwatch teamed up for the CAPVA (Child and Adolescent to Parent/Carer Violence and Abuse) survey and workshop for parents/carers who have experienced CAPVA to develop better and more effective multi-agency responses when working with parent/carers faced by CAPVA.[4] [5]

1. cbc-bbc-older-person-abuse-flyer-a4-1-.png
2. older-people-domestic-abuse-resources-hidden-harms-video-v2.docx
3. bbc-cbc-sab-hoarding-behaviours-guidance-final-december-2019docx.docx
4. CAPVA Survey Report - Healthwatch Central Bedfordshire
5. Breaking the Silence: Voices from Families Facing Child-to-Parent Abuse - Healthwatch Central Bedfordshire

- The SAB are in close contact with the TIBBS dementia experts by experience group whose members have been pivotal in sharing their experiences around dementia care and providing that expert experience as part of a current Safeguarding Adults Review. Again, this group have offered to co-produce with the SAB in future. This priority is ongoing with recommendations resulting from a current SAR that is looking at dementia care and how this is delivered in care homes, admission and care pathways and risks.
- Safeguarding Partners showcased their own engagement and co-production at the SAB meeting March 2025, and this will be referenced in the partner reports.

Priority 4 – Child to Parent Abuse

Actions:

4.1. For all partner agencies to take part in the Bedfordshire wide multi-agency audit.

4.2. To facilitate an expert by experience discussion group of affected parents/carers and ascertain their views.

4.3. Consider the findings of the audit and support strategies for development.

Summary of Actions Priority 4:

- The Pan Bedfordshire CAPVA multi-agency audit has been completed. The outcomes are being looked at by the Operational Subgroup and across the safeguarding network locally. Issues raised by the audit include:
  - Lack of effective engagement with agencies around the parent/carer/adult
  - Evidence that risks increase over time even with agency interventions and involvement.
  - The effects of CAPVA on other siblings lacked consideration.
  - Poor sharing of information between agencies and lack of multi-agency safeguarding planning with a whole family approach including all agencies around the child/children and adults.
  - Inputs from agencies NOT leading to risk reductions and better outcomes e.g. reduction of harm and abuse.
  - No clear CAPVA pathways or tools (Though this has now been developed).
- Practitioners not implementing best practices consistently.
  - Transition planning was also found to be patchy.
  - Working between children and adult services patchy at best, poor at worst.
- A further workshop has been planned for discussion of the findings of the case audit and single agency responses.
- The current SAB/Healthwatch Parent/Carers with lived experience of CAPVA survey was aimed at hearing the voice of the parents and to identify barriers, gaps and what works well for them.
- CAPVA Parent/Carer Survey Phase 1 and Focus Group and Case Studies Phase 2 published:

CAPVA Survey Report - Healthwatch Central Bedfordshire

Breaking the Silence: Voices from Families Facing Child-to-Parent Abuse - Healthwatch Central Bedfordshire

- The CAPVA survey, focus group and case studies provides a rare insight into the feelings, coping strategies and loneliness of parents and carers coping with domestic abuse directed at them without a means of leaving or finding safety. The reports make dire reading, but the SAB and its partners are committed to make a difference.
- A summary of parents and cares feedback re CAPVA:
  - The responses reveal a deeply concerning reality: for many families, CAPVA

is not a one-off incident, but a persistent and escalating pattern of emotional, physical, and psychological harm, often beginning in early childhood and continuing well into adolescence and adulthood.
- An overwhelming 98% of respondents (45 out of 46) reported experiencing abuse and/or violence from their child. 80% of the children involved were under the age of 18, confirming that CAPVA is not restricted to adult children and often begins in early childhood or in adolescence. Over half (52%) reported that siblings were also subjected to abuse, underscoring CAPVA as a broader family safety and safeguarding issue.
- Respondents frequently cited PEGS, CAMHS, and Newbold Hope as known services, but the majority still reported feeling unsupported or let down. Formal services such as schools, social care, and police were frequently described as inadequate, judgemental, or inaccessible. Common experiences included being blamed, having concerns dismissed, or not being believed, all of which discourage seeking further help. Barriers to seeking help included: Fear of blame or judgement. Uncertainty about where to go for help. Previous negative experiences.
- This survey paints a concerning but vital picture: CAPVA is not only prevalent but often prolonged, misunderstood, and unsupported. Many families are dealing with complex, long-standing harm with little, to no, formal assistance. The findings call for systemic improvements in identification, referral, support provision, and public awareness, particularly for families who are currently navigating CAPVA alone.

- CAPVA Toolkit for professionals developed.
- The audit findings need to be converted into systems findings to inform multi-agency improvement, and a plan needs to be developed to ensure more effective responses to CAPVA. The development of the CAPVA toolkit is likely to help towards this but also requires evaluation considering the parents/carers voices. CAPVA will remain on the SAB priority list alongside transitional safeguarding as a result.

Priority 5 – Rough Sleeping and Homelessness (Ministerial Directive)

Actions

5.1. Identify lead officers representing both local authority areas.

5.2. For the SAB to be informed of the current safeguarding risks relating to rough sleepers and homelessness affecting people with care and support needs.

5.3. Take forward any actions resulting of the review and information provided in relation to this priority.

5.4. Seek assurance that safeguarding arrangements are robust in preventing and responding to allegations of harm and abuse relating to this group.

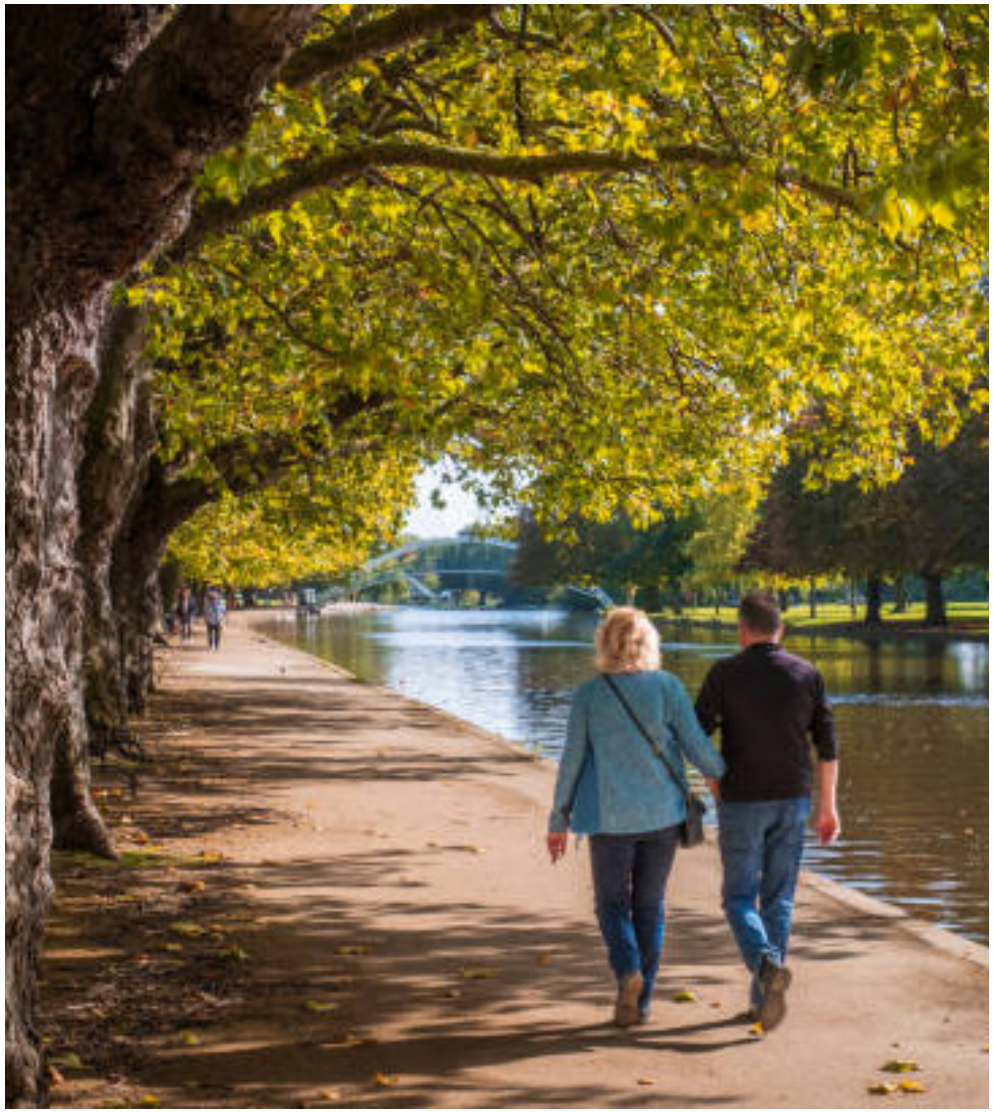
Summary of Actions Priority 5:

SAB response to Ministerial Directive – Homelessness and rough sleeping:

- Lead Officers have been identified to represent CBC and BBC as board members and as members of the SAR and Operational Subgroups.
- The SAB tabled assurance reports at its meetings in September and December 2024 and March 2025 providing information and an analysis of risk of harms relating to rough sleeping and or homelessness across CBC/BBC.
- The assurance reports outline some multi-agency actions that could prevent risks of harm for the SABs discussion and consideration.
- There has been one SAR referral relating to a person with a history of rough

sleeping that did not meet the criteria for a SAR. There was no evidence from SAR referrals or data seen past or present that this is a high-risk area in central Bedfordshire or Bedford Borough. Risks are mitigated through help available. Additional resources are available during cold weather and numbers of rough sleepers in both CBC and BBC remain low.

- There was good evidence that the support offered to people experiencing homelessness and /or who are rough sleeping is effective at preventing risks of harm and abuse. The SAB therefore concluded that this area will be monitored as a matter of business as usual going forward.



6. Safeguarding Adults Reviews (SAR)

Audit of all SAR referrals 2021-25 & Identifying Themes from SAR referrals

The SAB undertook a review of SAR referrals and cases over the last three years (See table below)

Total SAR Referrals to SAB

14 (2022-2023) 11 (2023-2024) 7 (2024-2025)

Central Bedfordshire

8 (2022-2023) 7 (2023-2024) 3 (2024-2025)

Bedford Borough

6 (2022-2023) 4 (2023-2024) 4 (2024-2025)

Total SAR criteria met

5 (2022-2023) 4 (2023-2024) 2 (2024-2025)

Total SAR criteria NOT met

9 (2022-2023) 7 (2023-2024) 4 (2024-2025)

Conversion rate

35% (2022-2023) 36% (2023-2024) 50% (2024-2025)

SARs completed

2 (2022-2023) 1 (2023-2024) 4 (2024-2025)

SARs currently ongoing

1 (2022-2023) 1 (2023-2024) 2 (2024-2025)

SARs in planning

0 (2022-2023) 2 (2023-2024) 1 (2024-2025)

SARs on hold

2 (2022-2023) 0 (2023-2024) 1 (2024-2025)

Two of the SARs agreed this year will be taken forward as a thematic review relating to self-neglect and hoarding. The SAB have long established multi-agency guidance in place, and this was reviewed during 2024, 'Joint Working Protocol'[6] and Risk Enablement Panels.[7]. This guidance was developed as a result of the case of Mr B (mr-b-sar-report-final-f.pdf) a SAR completed and published 2020. This SAR will give insight into current safeguarding arrangements and systems post Mr B.

The SAB published its learning from one case that was reviewed using Significant Incident Learning methodology. The findings and learning were published using briefings: 'Martin' (sar-learning-briefing-may-2025-fin.pdf). Martin remained unseen even though there had been a number of safeguarding referrals, meaning that risks remained and whilst Martin sadly died of natural causes there were missed opportunities to respond to risk of harm including self-neglect.

The SAB further completed and published two full SAR reports:

Joe SAR joe-sar-final-report-sept-2024.pdf

Joe had just turned 18 when he sadly died in January 2023. Joe was a poly-substance user from the age of 14, and had repeatedly overdosed, requiring hospital treatment on at least 8 occasions from January 2022. He was known to CBC Children's Social Care as a child in need, Child and Adolescent Mental Health Services and Aquarius for substance misuse, as well as to Bedfordshire Police due to incidents of domestic abuse towards his parents and intelligence reports around drug use and supply. His parents believed he had undiagnosed depression. They and Joe moved to Northampton in the autumn of 2022 to try and remove him from the local drug dealers who had been repeatedly reported to police and social services. Joe declined referrals to Northamptonshire adult services. In January 2023, Joe died of pneumonia bought on by cocaine toxicity along with trace elements of 4 other drugs, police found drugs in his possession.

This SAR raised system findings relating to:

- CAPVA and transitional safeguarding
- That there is a lack of information for parents regarding decision making, confidentiality and mental capacity.
- That there is a need to work in partnership with parents and agencies around the parents.
- That there is a need for a better understanding of drug dealing and use of social media sites and that disruption techniques should also be used even when there is no evidence of criminal exploitation.
- A need to expand the range of resources available to young people with different needs who are misusing substances across Bedfordshire, including dual diagnosis and rehabilitation options, to increase the engagement of young people in drug treatment.

The SAB are working in partnership with the Drug and Alcohol Partnership, Children's Safeguarding Partnership, Public Health and others to address the recommendations. We have already reported some of the in-depth work that is taking place around CAPVA raising awareness, providing guidance and tools for professionals and working with people with lived experience to inform practice going forward. Transitional safeguarding remains on the agenda. The SAB will be monitoring multi and single agency action and as a matter of strategic priority increase links with children's safeguarding partners and partnerships to progress shared recommendations to improve transitional safeguarding and CAPVA.

6. joint-working-protocol-2023-final-v4.pdf
7. risk-enablement-policy-and-practice-guidance-2022-002-002-.pdf and risk-enablement-panel-procedure-formatted-.pdf

Mike SAR mike-sar-report-march-2025-final.pdf

Mike was a man in his early 50s with care and support needs. He was known to mental health, alcohol services and adult social care. He had a personal budget and employed a personal assistant to help him with tasks of daily living. Mike struggled with alcoholism throughout his adult life, managing times of abstinence from alcohol and times when he was drinking again. This impacted his health. He suffered a seizure during detox, which left him with a visual impairment, and reduced mobility. He was seen by Gastroenterology specialists, for decompensated alcohol-related liver cirrhosis. It impacted and interrelated with his mental health; he had a mental health inpatient admission due to psychosis, and experienced anxiety and low moods. He appears to have been diagnosed with Korsakoff syndrome – alcohol related cognitive impairment. It impacted on his loved ones and his relationships. He became an abusive partner, and his life-partner of 15 years who had cared for him for five years since his seizure was forced to leave for her own safety, meaning he was very much alone bar the distant friendship of his nephew.

On 20 April 2021 the alarm was raised with Mike's nephew by Mike's ex-partner, due to incoherent emails including the word help. His nephew contacted his personal assistant who had had no contact with Mike for two weeks. On getting to his home, she could hear Mike but was not able to understand him, he did not answer the door and through the letter box she saw bottles of vodka on the table.

This raised serious concerns about his health and wellbeing. There was contact with the allocated social worker, police and mental health services. But it took Mike's nephew to drive over 250 miles to discover his uncle in a state of collapse in his bathroom, his home covered in human waste, and nobody having seen in his home possibly since December 2019. Mike was taken to hospital where he received treatment but sadly died on 24 April 2021 of multiple organ failure.

Below we set out the findings and actions:

Finding 1 - Process for requesting health information

There was a lack of input and involvement in social care planning from health and clinical specialist involved with Mike due to his alcoholism and leading to his health, mental health and impacts on his mental capacity not being fully understood or considered.

A process is now in place to request such information for the purpose of social care planning or safeguarding.

Finding 2 - Mike was not regularly seen face to face

Mike's ongoing cognitive and physical decline went unnoticed by social care professionals who did not see Mike face to face or his environment for long periods of times and there were consistent changes in care management/ social worker.

Managers must consider the impacts and time required to get the right practitioners in place and allow enough time for them to build relationships and trust with a person, versus the risk that allowing the passing of time, in terms of the person's safety and well-being.

Finding 3 - A need for an escalation process in adult safeguarding

Safeguarding adult's alerts and referrals were closed by the receiving social work teams on account that they were already working with the person.

Escalation for adult safeguarding will be via Risk Enablement Panels CBC and BBC.

Processes can be accessed below:

CBC: risk-enablement-panel-procedure-formatted-.pdf

BBC: risk-enablement-policy-and-practice-guidance-2022 002-002-.pdf

Finding 4 - Assess regularly the mental capacity to manage direct payments and own care arrangements when there are identified progressive cognitive impairments

Social workers and finance officers must work together to assess mental capacity to manage finance, direct payments and with such their own care

These assessments must be kept under review considering the likelihood of deterioration of cognition due to a progressive impairment (including alcohol induced dementia, Korsakoff's etc.)

Mental capacity assessments must be in line with statute and guidance. Tools are available here:

Mental Capacity Act 2005 Resource and Practice Toolkit

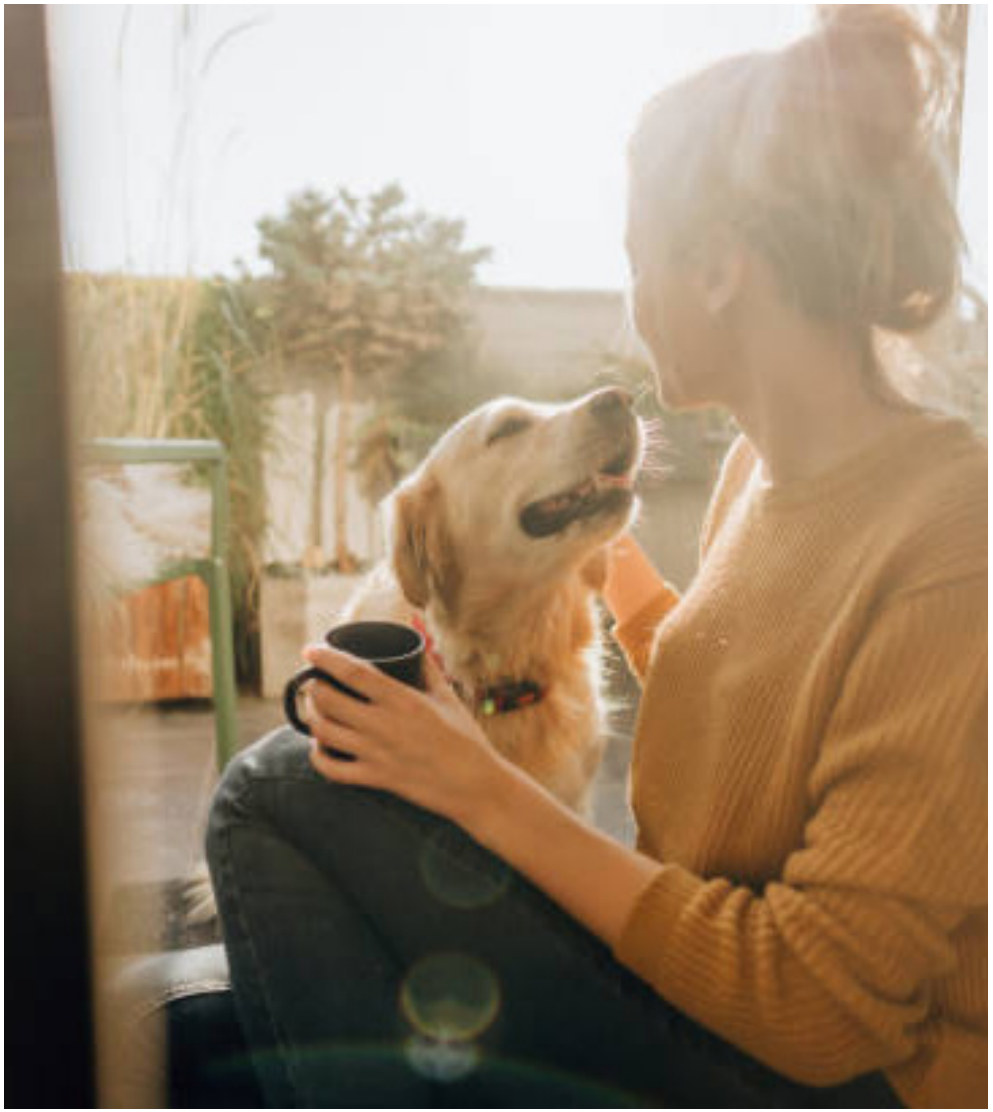
Finding 5 - Domestic Abuse

Mike was a perpetrator of Domestic Abuse against his long-term partner Susan who had to flee her own home until Mike was re-homed.

This history of domestic abuse was not adequately shared across agencies leading to Susan not being protected, and practitioners continuing to contact her and Mike and professionals relying on her to support Mike.

Systems must therefore identify domestic abuse clearly, with perpertrators being flagged.

Victims of domestic abuse must be safeguarded and their details removed from perpetrator files as appropriate.



7. Safeguarding Data

Whilst we will be presenting the safeguarding data in area specific sections, we wanted to report back on how we try to ensure equality and inclusion of people and communities with protected characteristic in safeguarding and how our partners, their practitioners and managers promote and work toward inclusivity and equality in safeguarding practice. Here we will look at gender, age and ethnicity across the SABs area.

Equality, Diversity and Inclusion:

Gender:

- Data in both local authorities and national data shows higher numbers of concerns being reported relating to females compared to males. This and ongoing increases and reports of domestic abuse, rise of violence against women and girls and our concerns around CAPVA, mainly directed against women and girls, mothers and sisters (but not exclusively). This also translates into conversion rates where more enquiries therefore are also progressed and concluded relating to females and resulting in a local and national focus on reducing violence against woman and girls.

Age:

- The safeguarding national data collection differentiates between working age adults (18-64) but for people over the age of 65 are counted in ten year sections 65-75; 75-85 etc.). CBC: 339 working age compared to over 65: 436. In BBC: 129 working age compared to 68 over the age of 65. Abuse can affect people of all ages. SAB partners looked at abuse against older people during 2024-25. The older people safeguarding audits and subsequent assurance reports to the SAB did not identify an increase in the numbers of referrals generally compared to other age groups or previous years. However, the SAB took action regarding the often 'hidden harms' of domestic abuse by working with the Older Peoples Partnership Boards in putting information and awareness raising posters and our 'hidden harms' video out to our older people via their networks. Alongside this the new older peoples MARAC risk assessment is being piloted, ensuring that high risk cases of domestic abuse involving older people are identified and signposted to MARAC and ensuring that this safeguarding pathway is accessible and used to stop harm.
- Over the last 12 months the BBC based team have been working in areas of high deprivation and health inequalities. One area of development is their "Age care technology", this identifies older people who are not at present in contact with adult services and who have health conditions that may compromise independence via their GP. This encourages early identification and contact to prevent loss of independence.
- Bedfordshire Police researched all crimes against 65+ year olds between 01/05/2022 and 12/05/2025. The main crimes that they are victimised by are Common Assault (12%), followed by Theft if not classified elsewhere (11%) and then Theft from motor vehicle (9%). When looking at the general crime group of Violence Against the Person, there were 367 offences in 2022, 601 in 2023, 609 in 2024 and 225 during the first quarter of 2025. Again, based on 2023 and 2024, violence seemed to remain stable.

Ethnicity:

Notably all professional groups and safeguarding partners have in place codes of professional conduct and practice that those representing the profession or organisation must adhere to and that strive to ensure equal treatment, access to services, protection and safeguarding. Assurance reports evidenced that partner agencies include Equality, Diversity and Inclusion (EDI) training as well as awareness raising around the risks of radicalisation and how to respond to concerns of discrimination in all its forms. Notably there are many projects that are targetted at better engagement with our local minority groups.

In both BBC and CBC, the majority of safeguarding cases relate to white, British people but note that in over a third of cases in both local authorities the ethnicity had not been recorded and in fact in some cases individuals did not want to share their ethnicity. BBC responds to higher numbers of safeguarding cases from Black, Asian and other ethnic groups in line with differences in local demographics. BBC having a higher population of Black, Asian and other ethnic groups.

When safeguarding adults partner agencies consider, ethnicity, diversity and inclusion by responding in a person-centred way and in line with 'Making Safeguarding Personal' and by

- Undertaking culturally sensitive assessments that consider the relevant person's beliefs, backgrounds, religion, gender orientation etc. and ensuring equality and inclusion.
- Identifying possible systems issues that may discriminate (e.g. the family focus in MARAC risk assessments leading to older people's domestic abuse not reaching MARAC as there are usually no children involved.)
- Inclusive communication; Use of accessible language and formats, large prints or interpreters to facilitate effective communication.
- Trained workforce; providing staff training on diversity, inclusion and cultural competence to enhance understanding and response to diverse need. Examples of this are anti-racist training and understanding gender and gender identity and how key they can be in someone else's life.
- Person-centred approaches; focused on the individual's specific needs, preferences and experiences and tailoring support and safeguarding accordingly.
- Reaching out to communities: One example is CBC's "Ebonista Project" with a strong focus on reaching women from the Black, African and Caribbean community who may have experienced barriers accessing safeguarding for domestic abuse. The organisation is led by a team of people with lived experience which drives their passion and commitment to support others.
- Bedfordshire Police's 'Listening Circles' are safe, inclusive spaces where individuals can openly discuss issues that have significantly impacted them or their communities. Relaunched in May in partnership with Nine Red, a multicultural charity supporting victims of domestic and sexual abuse, these monthly sessions aim to foster healing, understanding, and community cohesion. Bedfordshire Police is working with communities across the county to ensure diverse voices are heard, with feedback and recommendations from the circles being shared with the Force Victim Board and Legitimacy Board. This initiative complements the expansion of Survivors Voice, helping to capture a broader range of lived experiences and inform more responsive, community-focused policing.

BBC: By Ethnicity

- White
- Black / African / Caribbean / Black British
- Asian / Asian British
- Another Ethnic Group
- Mixed/Multiple
- Not recorded

BEDFORD BOROUGH COUNCIL

CBC: By Ethnicity

- White
- Black / African / Caribbean / Black British
- Asian / Asian British
- Another Ethnic Group
- Mixed/Multiple
- Not recorded

Central Bedfordshire

Central Bedfordshire Council
Headline Numbers:

Total number of residents in Central Bedfordshire:

301,501

Over 65:

54,618

2341

Number of safeguarding concerns received by the local authority during the year

965 (41.8%)

Of safeguarding concerns became section 42 enquiries

57.4%

Of concluded Section 42 enquiries, the risk was located in their own home

80%

Of concluded Section 42 enquiries, the risk was reduced or removed

25%

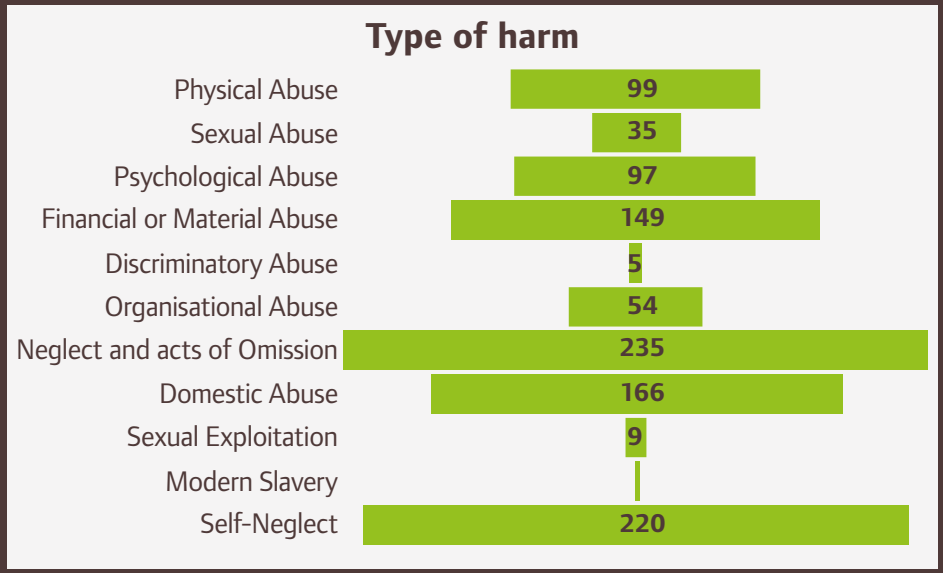
Of concluded Section 42 enquiries, the adult lacked capacity

61%

Of those lacking mental capacity % provided with an independent advocate

82%

Where the person expressed and outcome this was partially or fully met



The number of contacts received in 2024-2025 was 6,994 which is an increase from the 5612 received in the previous year, a 24.6% rise in overall contacts compared to the previous year. Out of the 6,994 contacts, after triage, 2,341 were considered a safeguarding concern. This year the data shows the concerns recorded are separated from the contacts as these were merged in previous years. The number of concerns progressed to a Section 42 safeguarding enquiry is 965. The conversion rate this year is 41.56% which indicates a significant increase from 10.5% in 2022–23 due to the safeguarding recording changes.

There has been a steady increase in the percentage of concerns progressing to Section 42 enquiries and this rose from 7.6% (2021-22) to 10.5% (2022-23), then spiked sharply in 2023-24 to 41.56%. This sharp rise in conversion rate is therefore primarily attributed to how contacts are signposted and safeguarding concerns separated from the outset.

Top 3 types of abuse:

1. **Neglect and Acts of Omission**
2. **Self-neglect**
3. **Domestic Abuse**

All these will remain priorities for the SAB. Its partner agencies and the SAB will continue to work with the Domestic Abuse Partnership to drive development and risk reduction. (See Section – Priorities 2025-28)

Bedford Borough Council
Headline Numbers:

Total number of residents in Central Bedfordshire:

189,891

Over 65:

32,709

3106

Number of safeguarding concerns received by the local authority during the year

197 (6.3%)

Of safeguarding concerns became section 42 enquiries

22.1%

Of concluded Section 42 enquiries, the adult lacked capacity

100%

Of those lacking mental capacity % provided with an independent advocate

91.4%

Where the person expressed and outcome this was partially or fully met

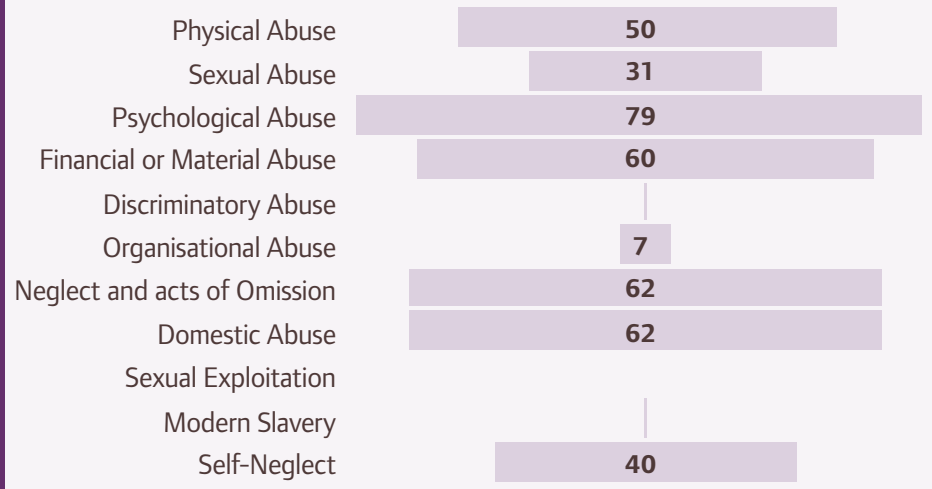
56.9%

Of concluded Section 42 enquiries, the risk was located in their own home

90%

Of concluded Section 42 enquiries, the risk was reduced or removed

Type of harm



There has been a steady increase in concerns received between previous year and 2024/25. The quarter 4 data shows a rise in concerns reported. The Bedford Borough Council Safeguarding Adults Team team have reviewed and change their recording processes which are now capturing each referral, counting each referral even when there is more than one referral relating to the same concern, from different agencies.

In the year ahead we will focus on how data is captured to distingusih between referrals which are S42 and those which are not S42 that the safeguarding team has made extensive enquiries resulting in signposting and / or recommendations.

Top 3 types of abuse:

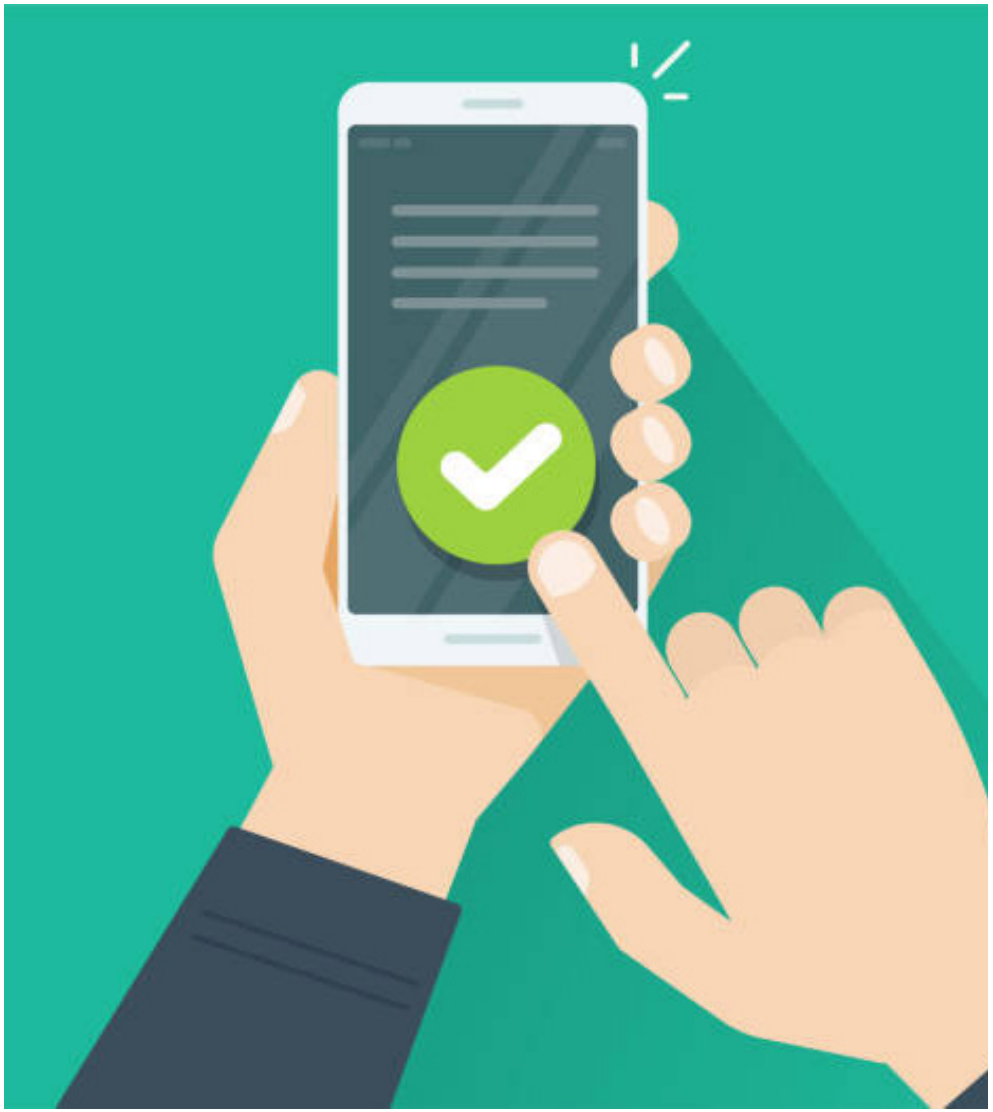
1. **Psychological Abuse**
2. **Neglect and acts of omission**
3. **Domestic abuse**

The significant rise in psychological and domestic abuse is because Bedford Borough Council's Safeguarding Adults Team has reviewed the coding process following an external audit that recommended that all types of abuse be recorded. For example, where there has been concern of domestic abuse: financial, sexual, or other types of abuse may also be apparent. The figures therefore indicate that psychological abuse including coercive control are often one aspect of the totality of abuses experienced by individuals. With regards to Neglect and Act of Omission this reflects the large care provider market and the fact that we also have a general hospital in the geographical area, leading to proportionately higher reports of neglect and or acts of omission.

Deprivation of Liberty Safeguards (DoLS)

DoLS are a legal framework applying to individuals who lack the mental capacity to consent to the arrangements for their care. Where such care may amount to a "deprivation of liberty" the arrangements are independently assessed to ensure they are in the best interests of the individual concerned.

"There were an estimated 332,455 applications nationally for DoLS received during 2023-24. This is an increase of 11% similar to the previous year, which is closer to the rate of growth seen before COVID-19 (between 2014-15 and 2019-20 the average growth rate was 14% each year) following an interim period of relatively small increases in numbers of applications. The proportion of DoLS applications which have an urgent authorisation attached was 58% in 2023-24."[8]



8. Mental Capacity Act 2005, Deprivation of Liberty Safeguards, 2023-24 - NHS England Digital

Central Bedfordshire

Deprivation of Liberty Safeguards	Annual 2024-2025	Annual 2023-2024	Annual 2022-2023
Total number of DoLS applications received 1st April 2024 to March 2025	2371	2029	1967
% of All DoLS authorisation applications completed at end of March 2025	91%	90%	85%

Commentary

The number of DoLS applications has continued to increase on a yearly basis. There was an increase of 16% in DoLS from 2023-2024 to 2024-2025.

Central Bedfordshire Council has trained additional signatories throughout the year to meet the increasing demand. The percentage of applications completed remains high at 91%.

BEDFORD BOROUGH COUNCIL

Deprivation of Liberty Safeguards	Annual 2024-2025	Annual 2023-2024	Annual 2022-2023
Total number of DoLS applications received 1st April 2024 to March 2025	1,288	1,304	1,196
% of All DoLS authorisation applications completed at end of March 2025	80.4%	77.8%	97%

Commentary

The team receive an average of 27 DoLS requests each week, which is an increase on previous years. Bedford remains compliant with no unauthorised applications. There continues to be repeat DOLs referrals for the same person following them from hospital to various short- and long-term care settings under the Discharge to Assess pathway often involving multiple moves of the relevant person.

Central Bedfordshire Council

How we met the SAB priorities:

Engagement and Co-production:

As part of the safeguarding enquiry, people are asked several "making safeguarding personal" questions. One of the pertinent questions relates to how happy they are as to the outcome of the safeguarding enquiry. In addition, a review of the audits will include contact with people directly and ask for their feedback on their experience.

CBC also has an Older People's network (OPN) which seeks to promote the inclusion and integration of older people living in the various communities of Central Bedfordshire, to promote equality of access to information and services, to promote a positive attitude to ageing and to promote an enhanced quality of life for older people. The Network includes all who represent the views of older people, this could include older people themselves, whether or not in receipt of services, together with carers, organisations and groups who represent the voice of older people.

- The network facilitates themed quarterly meetings followed by a newsletter to share updates along with support and resources available. Themed meetings have included 'Living with Dementia' – sharing a range of services and activities available for people with dementia and their carers in Central Bedfordshire,
- "Home is where your heart is" - included many aspects of the meaning of "home" including housing and communities, how to shape the future of where you live with the Local Plan, Meeting the Accommodation Needs of Older People (MANOP's) impact in the community and Reducing ageism and hearing the voice of older people and hidden harms.
- They Supported 'The Festival of Older People'. The focus for the day celebrated older people and the contribution they make to society, with the theme being, 'The part we play: Celebrating the integral role of older people in our communities' and 'Valuing the contribution of Older People' hearing from older people and their contribution to the community, Co-producing the Changing Place programme, Community Development, Strengthening local social action and feedback on the Adult Social Care Strategy 2024-2029.

The Adult Social Care People Participation team have:

Supported care and support services (e.g. Biggleswade older persons day centre) to evidence a project on Dignity. People attending the service worked alongside staff to carry out an audit and create an action plan, which led to the creation and implementation of a Dignity Charter. This charter underpins the values of the services people have had and continue to have the opportunity to design and take part in activities that embed Dignity at the heart of what the service offers every day.

Focussed on meeting people where they are by carrying out community engagement at locations e.g. lunch clubs, dementia groups. Listening to what is important to people and what is important when we talk about Adult Social Care.

The themes gathered during outreach conversations are as follows:

- Importance of putting people at the heart of what we do when "improving services"
- Clarity about how sharing feedback leads to strategic development at ground level. Easy access to the information people are seeking
- Grateful for support from family but not always what is wanted
- Support in the community – human connection is key to wellbeing

- Digital isolation – addressing opportunities to support those isolated in a digital world.

The people participation team have supported colleagues to co-design the creation of the Supported Employment Service to meet the needs of the people who will be using the service. Engagement sessions were carried out at our Learning Disability Day opportunities gathering feedback to support the delivery of the service moving forward.

The Talk Adult Social Care forum has been established where lived experience partners work alongside us to improve ASC services. The workshop in April saw forum members creating a set of lived experiences scenarios to test the content and ease of navigation to information on our adult social care web pages.

Transitional Safeguarding:

There is evidence of partnership working having improved, during the last year the CBC Safeguarding Partnership has developed a process for Multi-Agency Joint Supervisions.

The relationship between core agencies in safeguarding vulnerable children is crucial in identifying the most effective support for transitions which promotes best practice in delivering interventions that bring about lasting change.

Effective collaboration through formal joint supervision between agencies provides a safe forum for exploring complex or challenging situations or addressing circumstances where there is drift, to promote an understanding of what may be happening for a child, ensuring we take a trauma informed view, increasing awareness of different perspectives, and promote system wide learning.[9]

Achievements, Barriers and Challenges in Safeguarding

The safeguarding recording changes undertaken this year have meant that CBC has a clearer differentiation between contacts made to the safeguarding team and safeguarding concerns. The conversion rate to safeguarding enquiries better reflect the work undertaken showing 41% as a conversion rate to safeguarding enquiries for the year.

Despite the ongoing increases in demand to the safeguarding team, both the safeguarding team and the social work teams have managed demand well with no waiting lists arising.

The CBC Domestic Abuse Service have engaged members of the community with lived experience of domestic abuse to join the Authentic Voice Panel. Panel members meet regularly with the support of an Independent Domestic Violence Advisor (IDVA) to work strategically with the Domestic Abuse Local Partnership Board to ensure that the voice of survivors is embedded when developing new processes and services.

Frontline professionals met with members of the community with lived experience of domestic abuse. It is an opportunity for professionals to hear from those with lived experience as to what worked well and what would have improved their engagement with services. This has provided opportunities for frontline professionals to learn and develop their skills engaging victims and survivors of abuse. The feedback from those with lived experience has been very positive that they have been able to use their voices to improve the experiences of others who may currently be experiencing domestic abuse.

The Domestic Abuse service have engaged with various groups such as people with a Mental Health, Substance use group and Older Persons groups. The service

9. Safeguarding Bedfordshire

has identified opportunities to speak with groups of adults in the community to hear from those with protected characteristics and have used the opportunities to raise awareness of domestic abuse within the community. Other group opportunities planned include discussions with Carers in Bedfordshire and those with lived experience accessing support from the "Ebonista Project" which offers emotional and practical support to women and children who have been subjected to domestic abuse.

The Domestic Abuse service have co-produced various tools for use by frontline professionals.

We have worked with partners from across the Bedfordshire Domestic Abuse Partnership (BDAP) to create a Non-Fatal Strangulation toolkit. We have created Domestic Abuse pocket guides which we have co-commissioned for use Pan Bedfordshire by frontline professionals. A workshop was organised to bring together partners and members of the public from our Parent/Carer forum to co-produce a Child and Adolescent to Parent Violence and Abuse (CAPVA) toolkit.

The CBC Domestic Abuse service have engaged with members of the public to consult on the Domestic Abuse Local Needs Assessment and on the 2025-2030 Domestic Abuse Strategy. These consultations have been shared with members of the public and partners across the region.

CBC Domestic Abuse Service has done focused workshops for practitioners across adult and children services on CAPVA and has also participated in the Pan Bedfordshire Child to Parent abuse audits. The service has also created a practitioner guide re CAPVA.

The Mental capacity lead has delivered several sessions at the Provider forums to support care providers with mental capacity assessments in care delivery.

Safeguarding Case Example “Ann”

Ann is a woman in her early 50s living with significant physical health conditions that impact her mobility and cause chronic pain. As a result, she requires the use of crutches and a wheelchair and receives care and support to manage her daily needs. For over a decade, Ann had been in a relationship with a partner who also acted as her main carer. However, over time, this relationship became abusive, and multiple safeguarding concerns were raised.

Over a two-month period, three separate safeguarding referrals were received concerning domestic abuse incidents involving Ann and her partner. Despite police interventions, Ann chose to remain in the relationship, expressing a desire to work towards a safer and healthier dynamic. Professionals responded by providing support aimed at harm reduction:

- *A carers' assessment was completed for her partner.*
- *A referral was made to "Path to Recovery" (P2R) for substance misuse support.*
- *Ann was encouraged to consider safety-enhancing technology and solutions that would also provide her partner with respite.*

Contact with Ann eventually ceased, and repeated attempts to reach her were unsuccessful. Following another safeguarding referral, an urgent welfare visit was carried out. Her partner was found to be highly intoxicated, and Ann called out from another room reporting that she had been assaulted. The property was in disarray, and both individuals disclosed that they had been consuming alcohol heavily for several days, during which multiple altercations had occurred. Although Ann declined police intervention and the offer to move to a place of safety, she accepted safety planning advice and agreed to follow-up visits. A safeguarding enquiry was initiated, and domestic abuse specialists were involved. The incident was also reported to the police. The following morning, Ann contacted authorities again after another assault, leading to police intervention.

Ann was admitted to hospital for two days following this incident. During her recovery, a care package was implemented, and she received support with:

- *Attending GP appointments and managing prescriptions.*
- *Accessing food and shopping support.*
- *Further safety planning.*
- *Installation of a ring doorbell and police response markers.*
- *Financial safeguarding, including contacting her bank and the Department for Work and Pensions.*

Although Ann was offered respite and temporary accommodation, she chose to remain in her home. She was supported to complete a housing register application, and housing options were explored.

Despite repeated efforts to support Ann to maintain independence and safety, the abusive relationship resumed on multiple occasions. Each time, her partner returned to the property and assaulted her, leading to police removals. During this period, Ann remained in contact with services but often cancelled care visits. There was a suicide attempt, resulting in Ann’s formal admission to hospital under the Mental Health Act. Professionals continued to engage with her during her inpatient stay to maintain trust and continuity of care. Her partner was later arrested and released with bail conditions, including electronic monitoring. However, due to a fault with the tag, he breached the conditions and assaulted Ann again. He was re-arrested and charged with criminal damage, assault, and breach of bail. Ann was supported to attend court via video link. When her partner was released without conditions, professionals supported her in obtaining a non-molestation order, completing further home security checks, and enhancing her safety plan.

Following the final assault, Ann was supported to relocate to a new, safe and accessible home. She has remained abstinent from alcohol since this incident and has rebuilt her support network:

- *She developed a strong, trusting relationship with her personal assistant (PA).*
- *She engaged positively with adult social care and other professionals.*
- *She reconnected with her children, grandchildren, and wider family.*

Adult Social Care and partner agencies adopted a trauma-informed, person-centred approach throughout. Despite setbacks and repeated incidents, professionals demonstrated patience, persistence, and respect for Ann’s autonomy. Their collaborative work enabled Ann to regain control of her life and achieve long-term safety and stability. At the final safeguarding case conference, Ann attended in person. She expressed gratitude to the professionals involved, saying she was "very happy in her life now" and deeply appreciative of the support she received.

Bedford Borough Council

How we met SAB priorities:

Engagement and Co-production:

Bedford Borough Council undertook a survey targeted at adults over the age of 65 to ask how safe they feel in BBC. 71.6% responded that they feel as safe as they want with 22.6% reported feeling adequately safe but not as safe as I would like. Where appropriate, follow up calls were made to help, information or assurance.

The OP partnership boards continue to flourish and are an opportunity to consult, engage and co-produce developing strategies with people who have lived experience, enabling also an open platform to discuss national and local policies that may impact them.

The Portfolio holder for Valuing Families - Adult Services, and the Service Director of Operations, have recently attended meetings of various community groups to increase engagement into the partnership boards, and to look to develop further working groups going forward. The aim is to ensure the voices of people are heard.

Healthwatch Bedford were also commissioned for specific projects to seek objective views in a co-produced way with people who use services. As part of third-party contract reviews, lived experience case studies were of crucial importance and assured our requirement to include an outcome focus for the person.

Transitional Safeguarding:

It was recognised in the BBC Special Educational Need and Disability (SEND) Inspection recent report that "strong joint working means that many young people with SEND enter adulthood with confidence and independence. Social care and early help services start planning for transitions early. They ensure that they consider all areas of children's needs."

Transitions for young people with mental health needs are well considered. Local training providers work with the partnership to fill gaps in the market for those not able to access college. This gives young people a gateway to success in adulthood.

BBC continues to plan for the young people that will be entering adult services, which is all part of the "Preparing for Transition protocol". This is supported by a dedicated Advanced practitioner 'Preparing for Adulthood'.

Achievements, Barriers and Challenges in Safeguarding

The Bedford Borough Safeguarding Adults' Team prioritise representation of adult services at the contextual safeguarding meetings, which are jointly facilitated by children's services, community policing, trading standards, youth offending and housing providers. This is an early opportunity to consider preventative options around cuckooing, anti-social behaviours etc. with experts in the same space.

Over the past year, an area of focus has enabled further practice activity, with the safeguarding adults team we have introduced internal case discussions twice weekly, which has enabled a chance for safeguarding practitioners to discuss case examples and share decision making ideas.

Weekly calls with Bedfordshire Police Public Protection Unit, mental health and substance misuse services have continued; strengthening our networks with partners and seen as an efficient use of time that facilitates discussions and decisions.

A member of the Safeguarding Adults Team is part of the Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) quorum; this aids decision making as part of the multi-agency input and helps to minimise risk to individuals in the wider community.

Some care providers based in Bedford Borough rely on placements which are funded by other authorities which can bring challenges if a person is not previously known to BBC.

A challenge for the Safeguarding Adults Team is balancing the demand and expectations of others in an increasing complex area.

The roll out of Right Care Right Person was implemented. The strong governance structure that was put in place enabled escalation and resolution when required.

Safeguarding Case Example – Amy

Amy was known to Adult Services due to referrals over the last 12 years, most prominently in the last 5 years regarding self-neglect/homelessness, exploitation (sexual context), domestic abuse & significant drug abuse. Numerous statutory services had made attempts to engage and provide support to Amy. The case was often discussed at VARAC (Vulnerable Adults Risk Assessment Conference). It was reported Amy had a mistrust of social services from past experiences as a child and as an adult. Amy had historically not consented to support and had disengaged from services.

Concerns regarding self-neglect and exploitation were raised and through information gathering from safeguarding partners evidence was obtained that indicated abuse was occurring. Statutory thresholds were not met but risks identified to be so high that a non-statutory enquiry[10] was needed to prevent harm, possibly to life. The purpose of Adult Safeguarding Team leading the non-statutory enquiry would be to facilitate and co-ordinate professionals as although Amy had just engaged with the Drug and Alcohol service, we did not want to sabotage this therapeutic relationship.

Amy could not be located at the time of the safeguarding decision. Amy was homeless, misusing substances and engaged in sex work to support her drug use. There were also mental health concerns and historic trauma. The case required consideration of the contextual safeguarding around Amy's history and circumstances. An initial protection plan was made to locate and provide relevant advice and guidance to Amy to encourage engagement and safeguarding and to offer practical help around access to emergency housing, health care, benefit checks, and help to manage money.

Amy was located at an out of area hospital. She had a decline in her immediate health; she was later diagnosed with stage 4 cancer and deemed to be at the end of life. From hospital Amy wished to be discharged to independent housing, with care and support to maintain her wellbeing. Assessment under the Mental Capacity Act was not required; Amy was able to make decisions in relation to her care and accommodation. Amy required a Section 11 Care Act assessment prior to discharge; she was not deemed eligible for Continuing Heath Care funding. A Risk assessment and Protection plan was updated to reflect Amy's change in circumstances with additional support sought from ELFT Primary health services to consider her needs in the community.

Amy's primary need had been substance misuse. She was self-caring but due to entrenched homelessness required support to integrate and maintain independent living. There was a high risk (in the community) of self-neglect and exploitation. She was likely to disengage, unless she had a consistent routine and network in place. Although she did not have a diagnosis, her mental health and historic trauma was a prominent factor impacting on her emotional wellbeing. Care planning and discharge was time sensitive due to her prognosis. Adult Safeguarding Multi-Disciplinary meetings were held to consider presenting risk and discharge planning for both health and social care needs; numerous professionals were involved due to the level of historic concern.

Amy was discharged to independent accommodation. However, became significantly unwell in the days following discharge due to her cancer progressing and there was again evidence of self-neglect. Amy was admitted to a local hospital for treatment and comfort. A further multi agency meeting was held and due to Amy's deterioration physical health Amy was eligible for Continuing Heath Care Fastrack. Amy's wishes were to be discharge somewhere she would be treated with dignity and for her views listened to whilst palliative and end of life care and comfort could be provided to her. Hospital discharge planning made arrangements for Amy to be discharged to a local nursing home.

10. (A non-statutory enquiry may be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014).

Bedfordshire Police

Bedfordshire Police – How we met SAB priorities:

Engagement and Co-production:

Bedfordshire Police runs Survivors Voice and Listening Circles to improve engagement with victims and communities. Both initiatives are inclusive of all ages and genders, recognising that abuse can affect anyone, including older people. Survivors Voice, delivered with Victim Support, allows victims—currently focused on domestic abuse—to speak directly with officers about their experiences and the police response. Feedback, including from older victims via domestic abuse surveys, helps shape better practice. Plans are in place to expand the sessions to include survivors of sexual abuse.

Listening Circles, relaunched with Nine Red, offer a safe space for people from diverse backgrounds and age groups to discuss community issues. Held monthly, they ensure all voices are heard and contribute to building trust and understanding. Insights from both initiatives are shared with the Force Victim Board and Legitimacy Board to inform improvements.

Scrutiny panels take place where cases are reviewed. Where there is learning and themes, these are recorded and flagged to the relevant departments. PPU Hub[11] take part in weekly adult safeguarding meetings across pan beds where any themes or issues raised are shared for fast time learning where individual cases are reviewed.

Victim engagement officers continue to work closely with victims throughout the investigation collaborating with the IDVA service to ensure all victim's needs are met. This continues to improve the handling of investigations and enhance Victim Support and increase offender accountability within Bedfordshire. The remit of Victim Engagement Officers has widened to including working within our Protecting Vulnerable People (PVP) Investigation Teams. VEO's will support vulnerable adults (including older people) throughout the period of the investigation. They will make relevant referrals to partner agencies that can assist throughout the judicial process.

Victim Satisfaction surveys are completed by our Victim Support services. Feedback is provided to officers and teams to ensure on-going learning. The feedback is also fed into the Force Victim Board for a higher level of governance and scrutiny.

Survivors voice training continues to be delivered to officers and staff allowing them to hear the accounts directly from the victim. This will continue to Identify any missed opportunities for intervention.

Transitional Safeguarding:

The Force has implemented a new Silver Child Exploitation meeting to track threats in relation to victims, suspects, Organised Crime Groups and locations. This feeds into Force tasking and tracking of Male Violence Against Women and Girls. There is a steady stream of these cases, and the triggers are vast and complex, including sexual and criminal exploitation in many forms.

Listening and understanding the victim's voice is crucial in decision making. It shows the force have empathy with their victims, understand their needs and requirements and can ensure the appropriate support is in place to help the victim whilst they are going through the criminal justice process. By providing the right support and listening to them, we will attain greater collaboration from our

11. Public Protection Unit Hub - The team manage referrals to and from partner agencies and take part in strategy meetings for adults and children if the investigation is not allocated to an investigation team.

victims, reduce victimisation and increase support in prosecutions and decrease victim attrition. To help us understand what our victim needs are we obtain this information through the following mechanisms:

Survivors Voice is a collaborative initiative that enables victims of domestic abuse to engage directly with police officers. The goal is to improve officers' understanding of the abuse victims have experienced, its ongoing impact, and how policing responses have affected them. This dialogue also allows officers to ask survivors how they can improve their approach, while survivors can ask questions about police procedures. Currently the force runs a Domestic Abuse Survivors Voice in partnership with Victim Support. These sessions have been received well by the Police attendees and the survivors with positive feedback being provided in relation to the engagement and interaction. Additional survivors voice sessions are being considered for those who have suffered sexual abuse.

Prevention -Herbert Protocol

The Herbert Protocol scheme is designed to prevent people living with dementia and memory problems going missing

Beds Police work in partnership with the Alzheimer's Society, Bedfordshire Fire and Rescue and Carers in Bedfordshire, to ensure that vulnerable people are located quickly and offered further wraparound support.

A Herbert protocol marker can be placed on the address of a vulnerable person

Lanyards, wristbands and tags can be provided providing a QR code with the persons address helping in returning them home

GPS technology is already being trialled by other forces that will enabling families to track a person

Case examples – Bedfordshire Police Operation Nola

Cuckooing visits carried out by neighbourhood officers to identify vulnerability and prevent further victimisation.

There has been increased use of partial closure orders which allows the vulnerable person to remain but others to be barred, rather than full closure orders.

Bedfordshire Police – Achievements

- Bedfordshire Victim Care Services - a police team of support staff who provide advice and support to victims of all crime types. The process was not working effectively in 2024 and early part of 2025. The process has now been redesigned, with a power BI and it is featured in the daily Force meeting. This has seen a significant increase in the number of Domestic Violence Protection Order checks which ultimately safeguards victims further.
- The Stalking Protection Order process has also been modified using Power BI[12] to inform daily meetings and risk management.
- Innovative measures such as Domestic Abuse Alarms and other safeguarding measures are offered to high-risk victims to provide a holistic approach to safeguarding measures.
- Beds Police is using AI to increase the number of Clares Law DA disclosures. This has been recognised Nationally as best practise and other Forces are currently benchmarking our processes.
- The use of the Chrysalis centre for offender rehabilitation has seen reductions in repeat offending.

12. Power BI is a Microsoft 365 product that displays data in various visualised ways to make interpreting the data easier.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB)

BLMK – How we met SAB priorities:

Engagement and Co-production:

Through our inequalities programme, we have recruited Community Connectors who work with their communities to discuss health related issues. We have connectors working with the south Asian, Caribbean and African and Eastern European communities to talk about issues such as lung cancer and prostate cancer.

People and their families are fully supported to engage in the CHC assessment process. Following an assessment people are asked for their views and feedback.

The ICB has patient participation groups and encourage commissioned services to host patient participation groups.

The ICB has employed experts by experience to help deliver the Oliver McGown programme with Autism Bedfordshire. In the last year this training was by attended by more than 5k health staff across BLMK.

Transitional Safeguarding:

In line with the National Framework for continuing healthcare, transition planning strives to take place from age 14 to ensure robust transition planning into adult CHC or other funding streams. The CHC team moved to an all-age model which will further aid smooth transitions as well as the following:

- Transition workstream set up within the ICB.
- Transition planning and preparedness for transition are now seen as fundamental and should follow best practice to commence preparation for adulthood as indicated by young person and needs
- Transition summits held for the health economy and workstreams developed
- Deputy Chief Nurse chairs regional East of England Transition Network meeting local health partners transition leads are linked into this meeting ensuring transition remains a priority area locally

BLMK Safeguarding Data and Information and achievements

- 54 safeguarding concerns from BBC requiring ICB support and escalation.
- 84 safeguarding concerns from CBC requiring ICB support and escalation.
- 10 level 3 adult and children safeguarding training sessions delivered, total attendance: 168
- 9 Safeguarding bitesize themed training sessions delivered, total attendance: 126
- 12 MCA bitesize training sessions delivered to 228 attendees. 3 primary care forums which count towards GPs safeguarding training hours attended by 307 GPs.
- The ICB have introduced a GP safeguarding audit tool, which is used in support visits to GP practices to highlight what safeguarding practice looks like and where support may be helpful. During the last 12 months the safeguarding team carried out Supportive safeguarding visits to 33 GP practices. These visits were led by the named GP for safeguarding, and the designated nurses for adults and children.
- We have strengthened links with the quality and primary care team to ensure early identification of potential risk and a multi team response.

Bedfordshire Fire and Rescue

Compared to the 2023-24 financial year, for BBC, adult referrals have increased from 100 to 141 (increase of 41%). For CBC, adult referrals have increased from 187 to 209 (increase of 12%).

For Bedford Borough, the most common reason cited for adult referrals within the 2024-25 financial year was self-neglect (60% of referrals featured this as a reason for referring), followed by neglect/acts of omission (11% of referrals featured this as a reason for referring). Of the self-neglect referrals, 51% also cited hoarding as part of this self-neglect.

In terms of care and support needs highlighted, mental health was the main care and support need identified (14% identified this). Dementia was the second most identified (5%).

For Central Bedfordshire, the most common reason cited for adult referrals within this half year was self-neglect (56% of referrals featured this as a reason for referring), followed by neglect/acts of omission (13% of referrals featured this as a reason for referring). Of the self-neglect referrals, 58% also cited hoarding as part of this self-neglect.

In terms of care and support needs highlighted, mental health was the main care and support need identified (9% identified this). Dementia was the second most identified (6%).

Bedfordshire Hospitals NHS Trust

Hospital data and Information

In 2024/25 Bedfordshire Hospitals (BedsFT) received 2571 notifications regarding concerns of potential abuse relating to adults. The number of notifications received, remains similar in number to that of 2023/24.

All 10 categories of abuse were identified within the referrals received. Neglect and Acts of Omission was identified as the highest category, with Domestic Abuse and Self Neglect following closely behind.

This also remains similar to that of 2023/24.

Despite the similarity in data to last year, it was noted that within the category of Domestic Abuse, the number of people over the aged of 65 referred, had increased. This was reviewed and analysed and later discussed at the Domestic Abuse Strategic Board. In consultation with Victim Support, the hospital agreed to trial an older person's domestic abuse risk assessment, as it was felt the current risk assessment was more suited to younger individuals. This new risk assessment was trialled over a period of 3 months and evidenced positive outcomes. As a result, the Trust alongside Victim Support agreed to utilise this permanently.

Bedfordshire Hospitals – How we met SAB priorities:

Engagement and Co-production:

All information relating to a person's interactions, views and wishes are recorded within their existing medical records. This information is also shared with the professionals involved in a person's care to ensure robust risk assessments and care plans are created that allow the voice of the adult to be at the centre of our involvement.

Adults and Young People who have accessed hospital services have played an active role in the co-ordination of feedback and service improvement. In addition, some have also represented their peers at meetings.

Finally, the Trust actively seeks feedback from all patients that have accessed hospital services. This includes adults, parents and young people whereby they would be able to give feedback independently. This information is then collated and used to improve services in the future as well as identifying good practice that could be replicated elsewhere.

Transitional Safeguarding:

Transition in Bedfordshire Hospitals NHSFT consists of a wide range of areas, including the process of moving patients between different care settings or levels of care, both within the hospital and to other healthcare facilities or back to their homes. These transitions are crucial for ensuring continuity of care, optimizing patient outcomes, and managing healthcare resources effectively. Examples include transfers from acute wards to sub-acute or community settings, or the transition of young people from children to adult services.

The following is a summary of the key aspects and responses to transitional care within the acute Trust:

- Continuity of Care:
  BedsFT aim to ensure a smooth handover of information and care responsibilities between different healthcare professionals and settings. This also includes transfer of care from paediatric to adult services. All interactions are documented within the manual/ electronic records, which can then be accessed by any professional interacting with a particular patient. In addition, formal handovers if required, can take place between paediatric/ adult specialities, with some specialists covering both adults and children for the duration. The Trust supports the engagement of patients and their families in the transition process as this is deemed essential. Patients are also encouraged to make decisions regarding their health care, including the option to transfer to a different hospital if they wish.
- Discharge Planning:
  The Trust believe a well-managed discharge process is vital for preventing readmissions and ensuring patients have the necessary support to manage their health at home. The Trust has a dedicated discharge planning team that comprises of social care, community nursing and hospital staff. In addition, wards and departments have dedicated discharge officers to support with individual discharges from these units. This includes a discharge officer for the paediatric units also. Discharges are regularly monitored and reviewed, with any learning identified following the internal Patient Safety Incident Response Framework (PSIRF)[13] model.
- Transition from Children's to Adult Services:
  The Trust has employed a transitions/ Send Nurse to support with transition

13 NHS England - Patient Safety Incident Response Framework

from children's services into adult services within the acute Trust. This nurse alongside the clinical teams supports the gradual process of preparing young people for adult healthcare, and when required also support with decisions on appropriate services and locations of care.

- Safeguarding:
  It is evident in the last year that our continued collaboration between the Adult Safeguarding team, Safeguarding Children and Safeguarding Midwifery teams is supportive of our 'Think Family' ethos. As a result, the link between adults presenting with adult safeguarding concerns is regularly identified, whereby as a child there may have been previous safeguarding involvement in childhood. This structure supports and improves the level of communicated handovers of care into the various services.
- Learning Disability:
  The Trust has a specialist Learning Disability Team who are currently commissioned to support patients from 18 years upwards when in attendance at the hospital. This includes Emergency Department, Outpatient and maternity attendances alongside inpatient stays. The team have recently completed sessions in the community at various facilities to speak with young people diagnosed with a Learning Disability and their families, regarding the support available within adult services at the hospital. This has helped identify upcoming transitions, increased awareness and in turn appropriate support when accessing adult services within the acute trust.
- Training and Education:
  Training healthcare professionals on best practice for transitions and ensuring they have the knowledge and skills to support patients effectively is encouraged at BedsFT.
- Utilizing Technology
  Technology and software systems within BedsFT, such as Inpatient Management (IPM), NerveCentre, Symphony, Evolve and Integrated Clinical Environment (ICE), help optimise reviews and reduce delays in transitional care.
- As stated in section 5, all information relating to a person's interactions, views and wishes are recorded within their existing medical records. This information is also shared with the professionals involved in a person's care to ensure robust risk assessments and care plans are created that allow the voice of the adult/child to be at the centre of our involvement. This involves information regarding transitional care.
- Adults and Young People who have accessed hospital services have played an active role in the co-ordination of feedback and service improvement. In addition, some have also represented their peers at meetings.
- Finally, the Trust actively seeks feedback from all patients that have accessed hospital services. This includes adults, parents and young people whereby they would be able to give feedback independently. This information is then collated and used to improve services in the future as well as identifying good practice that could be replicated elsewhere.

Achievements:

Our previous priorities for 2024/25 included the following:

- Continued with the delivery of Safeguarding Adult Training to increase training compliance, skills and knowledge base across both hospital sites.
- Reviewed the model (including capacity) of both hospital sites Safeguarding teams to ensure appropriate resource levels to meet the increasing complexity of safeguarding activity within the hospitals.

Both of these have been completed, with staffing increased in 2024/25 and development of a new training programme with increased capacity.

Implementation of the following also took place and supported the board priorities alongside learning identified in SARs/ CSPRs/ LeDeR etc.:

- ✓ Implementation of Oliver McGowan Training for Learning Disability and Autism
- ✓ Developed a 16 Days of Action programme in support of the Violence Against Women agenda which included support from external partners and training sessions for acute staff
- ✓ Commenced Specialist Safeguarding training for nursing/ midwifery students at the University of Bedfordshire to support increased awareness of safeguarding practices and processes during acute placements.
- ✓ Implemented a High Intensity Users Panel
- ✓ Supported the development and implementation of the multiagency Self Neglect protocol for safeguarding
- ✓ Implementation of a new referral system/ data collection for Paediatric & Adult Safeguarding
- ✓ Introduction of an onsite Dementia carers drop in cafÈ weekly. This encourages visiting carers or next of kin (NOK) for people with Dementia to seek support and advice and enable signposting to relevant support services during a patient's inpatient stay.
- ✓ Implemented a new pathway to improve the data collection and monitoring of Mental Health Detentions in hospital. Quarterly reports are now available to ensure board oversight.

Successful implementation and/ or continued funding for the following services also took place during 2024-25

- ✓ New Emergency Department Navigators Service– To support individuals whereby there are concerns of exploitation aged 10-25.
- ✓ The Delirium Recovery Pathway – This pathway supports individuals to return home on discharge from hospital with 24hr support temporarily and upon regular risk assessments care is gradually reduced. Evidence identifies that individuals on this pathway reduce the need for long term support in 24hr care facilities and promotes the Home First Model.
- ✓ Alzheimer's support worker – Supports carers and inpatients whereby there is a diagnosis of Dementia.
- ✓ New onsite Specialist Drug and Alcohol Team

Development of the following cross site guidance/ policies etc. were also completed:

- ✓ New Standard Operating Procedure (SOP) on the management of allegations against staff
- ✓ New Restraint and Restrictive Practices Policy alongside newly developed care plans and risk assessments.
- ✓ New Cross site Domestic Abuse Policy
- ✓ New Learning Disability Policy
- ✓ New Learning Disability Strategy
- ✓ Revision of the Enhanced Therapeutic Observation Policy

Safeguarding Case Example – Patient safety

The Accident and Emergency Department (A & E) raised an adult safeguarding concern around neglect following an unwitnessed fall of an 80-year-old lady with a diagnosis of dementia. Patient sustained a large haematoma. The patient lived at home with her daughter.

The A & E Doctor raised concerns that the daughter continually changed the story regarding the falls and injury. In addition, the team were also concerned that the daughter was advocating that mum be discharged from hospital, citing the reason she would not be in recipe of her carers allowance if mum was admitted to hospital.

The decision was made for mum in best interest, and a Deprivation of Liberty Safeguarding authorisation was requested during her stay in hospital.

During the patient's inpatient stay, additional concerns were raised by the Dementia/Delirium Nurse Specialist when visiting the patient and her daughter on the ward. The nurse reported the daughter appearing to have an extreme anxiety and displayed manic behaviour at times. She appeared to be controlling everything her mother did from eating to washing and medications that were deemed not conducive to Best Interest Decision making. The patient was noted to be regularly nervous & upset in her daughter's presence. In addition, concerning behaviours were also observed on the ward when the daughter was speaking to her mother.

When spoken to without her daughter present, the patient was able to clearly express that she did not want to return to live with her daughter, that she was not happy living with her daughter and felt afraid of her. Further conversations with patient's daughter raised questions around her understanding of her mother's care needs and a reluctance to accept the diagnosis of dementia. In addition, there were concerns for the daughter's mental health and her ability to provide an adequate standard of care.

Initial enquiries by Bedford Borough Council Adult Safeguarding Team identified previous safeguarding concerns had been received. Previous concerns were noted to be similar concern in nature.

The initial enquiry into the concerns raised by the hospital concluded that the patient was a vulnerable adult with care and support needs and may have been experiencing abuse from her daughter who was her main carer. A decision was made for a formal enquiry under Section 42 of the Care Act 2024 to be conducted by Bedford Borough Council.

Section 42 Planning meetings included representation from all agencies involved with the patient whereby clear direction regarding various roles and responsibilities were identified and actions taken forward. An advocate was identified to support the patient throughout the enquiry also. Considerations were also made to facilitate a safe and timely discharge. She was later discharged into a temporary 24-hour care facility, and she was not returned home.

East London Foundation Trust (ELFT)

ELFT safeguarding data and information

Across the Trust the most common location of risk for our patients is their own homes at 68%, but it should be noted a small but significant proportion is ELFT premises at 5% and highlights the necessity for close scrutiny and oversight of enquiries where adults are at risk or have experienced harm while in the Trust's care. Similarly, in 7% of enquiries source of risk was an ELFT member of staff (mostly allegations of neglect or acts of omission).

The most common source of risk were adults at risk themselves, and this reflects the high number of enquiries where self-neglect is a concern. Members of the adult at risk's family, 12%, or their partner, 17%, account for the source of risk in 29% of ELFT enquiries. This is reflective of the higher proportion of enquires conducted by ELFT where there are concerns of domestic abuse.

The type of abuse of neglect in enquiries undertaken by ELFT, differs significantly from the national picture and reflects that 83% of ELFT safeguarding enquiries are undertaken with working age adults whereas the national average is the reverse with over 85% of enquiries conducted with adults over 65 years of age.

In ELFT, the most frequent type of abuse in enquiries is self-neglect at 22% compared to 8% nationally while neglect and acts of omission and organisational abuse are significantly less frequent than the national average. As a mental health Trust primarily working with working age adults the types of abuse and risks these adults encounter is different from adults in older age. Our patients are younger likely more physically well than older adults are and less likely to be receiving domiciliary, residential or nursing care. However, they have different sets of vulnerabilities, and this is accounted in the higher proportion of enquiries where self-neglect, domestic abuse and sexual abuse are identified compared to the national averages. These differences in the risks faced by our patients informs our work plans, training and safeguarding supervision.

In addition, ELFT, carry out between four and six safeguarding audits per month in Bedfordshire, focusing specifically on completed enquiries. Learning from these audits is shared directly with teams, integrated into monthly quality reports, and used to inform safeguarding supervision and training delivered by Named Professionals locally.

ELFT – How we met SAB priorities:

Engagement and Co-production:

ELFT has a well-developed system of seeking the views of service users and those that care for them. This included:

- Patient Reported Experience Measures (PREMs)
- Patient Reported Outcome Measures (PROMS)
- A well-developed People Participation programme. People Participation is about helping our service users and their carers to have a say in how we run the Trust and working together so that we can offer a better service for all.

In addition to the above the ELFT Safeguarding Team have a specific plan to routinely seek feedback from adults at risk following the completion of enquiries. This is due to start in the summary of 2025-26.

Transitional Safeguarding:

ELFT have provided the Board with previous assurance report this year, as part of the Max SAR updated. This reported detailed improvement in practice and process in the following areas:

- ✓ Joint Working Protocol
- ✓ Strategic Review and Transition Improvements
- ✓ Practice, Policy, and Procedure Enhancements
- ✓ High-Risk Forums
- ✓ Inclusion in Multi-Agency Meetings
- ✓ Workforce Training and Development

Achievements:

This year has brought both challenge and reflection, prompting us to draw critical learning from national safeguarding failures, including the ongoing inquiries into Southport and Nottingham attacks. These events serve as powerful reminders of the serious consequences that can arise when concerns are overlooked, and systems fail to respond effectively.

At ELFT, we are proud to uphold a strong safeguarding culture, underpinned by high levels of training and supervision compliance, and driven by a shared commitment to professional accountability, compassionate care, and continuous improvement. These principles are central to our safeguarding approach and shape the way we respond across services.

We recognise that ongoing financial pressures across the Trust present real challenges to safeguarding delivery. Workforce shortages, funding constraints, and rising demand place pressure on our teams and systems. We remain firmly committed to a whole family approach, recognising that safeguarding cannot be separated from holistic, person-centred care. Whether working in mental health, community services, or corporate teams, our staff collaborate across disciplines to ensure that children, adults, and families receive the right support at the right time.

Notable achievements this year include launch of a new Quality Improvement project on Routine Enquiry into Domestic Abuse. This initiative aims to strengthen early identification of domestic abuse, enhance support pathways for service users, and ensure staff are equipped to respond sensitively and confidently to disclosures. Other notable achievements include the continued improvement in safeguarding training compliance across our Bedfordshire Directorates and a successful reduction in delays of completion of safeguarding enquires despite workforce pressures.

Case Example – Tolu

Tolu is a 30-year-old who lives alone in a Housing Association property. She has historical diagnoses of post-traumatic stress disorder (PTSD) and depression.

A safeguarding adult concern referral was made for Tolu, for self-neglect concerns and high-risk hoarding. The accumulated items extended to every room of the property, with the clutter assessed to be above level 7 on the clutter scale throughout. Tolu couldn't sleep in her bedroom or use her kitchen; she had a small space in the living room where she would eat and sleep. Tolu struggled to open the front door to get in and out. The hoarded items spilled into communal corridors, and there were complaints from neighbours to Housing. Police were involved due to alleged assaults against neighbours.

A Safeguarding Adult S42 Enquiry was carried out for a multi-agency approach, for all involved professionals to share information, assess the level of risk, support Tolu and agree a protection plan.

There was a significant risk of fire and serious harm. Tolu's was initially reluctant to engage with support offered.

There was partnership working, with multiple agencies involved to discuss ongoing concerns for Tolu and explore options on how best provide support to her. Involved where practitioners from the Community Mental Health Team, Housing, Police and ELFT Safeguarding Team. Tolu was also referred the local advocacy service. The case was also referred to the local Risk Enablement Panel.

Due to Housing staff being denied access to the property, court orders were obtained for entry and clearance of items. Tolu's mental health was stabilised due to voluntary hospital admission. Tolu was able to make her views known about the safeguarding process and the personal outcomes she wanted from it.

Conclusion:

The condition of the home was significantly improved, the home was decluttered, with Tolu being supported by hospital staff to visit the flat while on leave to monitor the progress. The necessary repairs were completed by Housing. The Fire Service carried out a Home Fire Safety Visit, where advice and guidance was provided and necessary equipment was fitted, including smoke alarms. A grant was obtained, to purchase new household items for Tolu. The Community Mental Health Team completed a S9 Needs Assessment under the Care Act 2014. Tolu was discharged from hospital, she returned to her home, with a commissioned package of care, and Tolu continues to be supported by the Community Mental Health Team.

It was concluded that the safeguarding enquiry would end.

8. SAB Strategic Priorities 2025-28

The SAB set out its strategic priorities in its new Strategic Plan 2025-28. The SABs strategic priorities are:

Priority 1 – Prevention & Protection

We will improve the awareness of adults at risk within and across our communities and partner agencies, and we will work to prevent and respond to abuse and neglect.

Priority 2 – Learning

We will be open and transparent, sharing lessons learned from safeguarding practice and promote the development of an up to date, competent, skilled and shared workforce.

Priority 3 – Quality

We will assure our own work, learn from experience, and set up processes to give insight into our ongoing commitment to continuously improve safeguarding practices and safe services.

Priority 4 – Working in Partnership across adults and children's safeguarding.

The SAB will form a platform for safeguarding partners to work together, including with children's safeguarding partners to take a whole family approach to safeguarding, ensuring effective transitional safeguarding, and the sharing expertise.

SAB Business Plan Priorities 2025 onward

The SABs strategic priorities will now be linked into the SAB Business Plan, and this will go beyond one financial year allowing for medium- and long-term goals to be set out. Areas that will be taken forward under each priority this year are:

Priority 1 – Prevention & Protection

Data Analysis

- Using analysis identify people or groups at increased risk and that ensure these risks are mitigated and placed on the SAB's risk register.

Assurance

- The SAB will seek specific audit reports in relation to any themes or risks.
- Assurance reports relating to any inspectorate's or reviews findings relating to partner agencies safeguarding arrangements.
- Obtain assurance reports from Commissioners and CQC

Self-neglect:

- Establish working group to develop self-neglect guidance and toolkits. In doing so incorporate the current hoarding guidance and protocol into one.
- The working group to undertake scoping search relating to self-neglect/ hoarding.
- For people with lived experience to be to be involved in the development of or review of guidance.
- Multi-Agency training re prevention. Identification and best practice

Dementia

- Implement learnings from the current SAR (to be published autumn 2025)
- Continue to work with TIBBS and others to provide the view of people with lived experience.

Violence against Women

- Obtain data relating to how woman with care and support needs are currently affected and or harm prevented.
- Implement the Government's recommendations for SABs and / or safeguarding adults and work with the local DA Board regarding the safeguarding of woman with care and support needs.

Priority 2 – Learning

- Provide SAR referral training. What is a SAR? What makes a good referral and the referrers role.
- Take note of the findings of the national SAR review report.
- Implement the recommendation from all local SARs.
- Monitor implementation of SAR actions single- and multi-agency including training.

Priority 3 – Quality

Partners to review the referral pathways into safeguarding

- Confirmation from partner agencies that they have reissued the ADASS guidance as to what constitutes a concern and / or safeguarding alerts.
- Develop a brief guidance tool with case examples. For agencies to monitor and improve the quality of safeguarding alerts aimed at improving conversion rates.

Priority 4 – Working in Partnership across adults and children's safeguarding.

- Increase SAB and Subgroup representation of Children's services
- Forge closer networks with the children's partnership boards
- Draft a formal agreement of how to conduct and resource SARs concerning young people transitioning to adulthood
- Implement the shared learning from 'transition SARs': Max, Joe and the anticipated Alex SAR.
- Improve transitional safeguarding.
- Develop the CAPVA toolkits, resources and responses to CAPVA, taking account of the feedback and experience of parents and carers that are captured in the CAPVA survey.

9. Board Office Contact Details

Email: sab@centralbedfordshire.gov.uk

Glossary

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, domestic and organisational abuse and modern-day slavery.

ADASS (Association of Directors of Adult Social Services): the national leadership association for directors of local authority adult social care services.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Alert: a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Alerter: the person who raises a concern that an adult is being, has been, or is at risk of harm, abuse or neglect. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

BedsFT Bedfordshire hospitals trust: which includes the general hospitals: Bedford Hospital and Luton and Dunstable Hospital.

BBC Bedford Borough Council: The Lead agency for making adult safeguarding enquiries (under The Care Act) within its Council area.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

CBC Central Bedfordshire Council: The Lead agency for making adult safeguarding enquiries (under The Care Act) within its Council area.

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.

CQC (Care Quality Commission): the body responsible for the registration and regulation of health and social care in England.

DOLS (Deprivation of Liberty Safeguards): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005 and apply to people in care homes or hospitals where they may be deprived of their liberty.

DA/Domestic Abuse/DV/Domestic Violence: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation

and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily (Home Office 2012).

DHR Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

EEAST East of England Ambulance Service

ELFT East London Foundation Trust: Locally provides for alcohol and drug services, community nursing and mental health services across CBC and BBC.

Harm: involves Ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

ICB (Integrated Care Board): are responsible for the planning and commissioning of local health services for local populations.

IOM Integrated Offender Management: Bedfordshire Police Intense support via high risk offender management programme aimed at preventing re-offending.

LeDeR Learning Disability Mortality (death) Review Programme: Process by which a suitably qualified person examines the circumstances around the person's life and death to identify any learning and recommendations to improve quality and practice.

LSCB Local Safeguarding Children's Board: The role of the LSCB is to coordinate what is done by everyone on the LSCB to safeguard and promote the welfare of children in the area to make sure that each organisation acts effectively when they are doing this.

MARAC (Multi-Agency Risk Assessment Conference): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'- based violence.

MSP/Making Safeguarding Personal: Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

NHS (National Health Service): the publicly funded health care system in the UK.

Out of Area Placement: A person being accommodated, treated or cared for outside of their area of residency.

OP Older People: those over the age of 65.

PPE – Personal Protective Equipment: equipment such as masks, gloves, gowns, visors etc. worn to prevent spread of infection, including Covid 19.

PREVENT: The Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to address. It is the preventative strand of the government's counter-terrorism strategy, CONTEST.

Public Health: Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.

SAB Safeguarding Adults Board, The Board: a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area under Section 43 of The Care Act.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety are promoted.

SAR Safeguarding Adult Review: a statutory review commissioned by the Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry/Section 42/S42: the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry'.