

Appendix Three – Partner Highlights

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As part of the quality assurance framework, agencies are required to report on how they are meeting the Board’s three strategic priorities. This report provides some examples of good practice from the responses received.

Note: Some of the good practice examples may not be unique to the agency but will only have been listed once, to avoid repetition of good practice examples and allow for the inclusion of other highlights.

1. Promoting Person Centred Safeguarding

Agency	Example
The Advocacy People	<p>Championing the Role of Advocacy</p> <p>As the provider of statutory advocacy in Kent, we are committed to promoting person-centred safeguarding—placing adults at the heart of everything we do. This approach is a core principle of advocacy and reflects our values of empowerment, respect, and ensuring that individuals’ voices are heard and their rights upheld, especially when they are most vulnerable.</p> <p>Over the past year, we have continued to champion the role of advocacy in safeguarding by actively raising awareness among professionals and ensuring practitioners understand when and how to make referrals. Our aim is to make sure individuals' rights are upheld throughout safeguarding enquiries. To support this, we have developed and shared a revised statutory advocacy flowchart with referrers, which has led to an increase in appropriate and timely referrals.</p> <p>Our advocates have participated in KMSAB open sessions, including the September event on Safeguarding and the Care Act’s wellbeing principle, with key learning cascaded across the wider team. In addition, we have reviewed and streamlined our internal safeguarding reporting and escalation procedures, alongside updating and strengthening our mandatory safeguarding training to ensure all staff are well-equipped to identify and respond to concerns effectively.</p>
Ashford Borough Council (ABC)	<p>Listening to Our Community - Safeguarding and Community Safety:</p> <p>Ashford Borough Council’s (ABC) Community Safety Unit (CSU), ABC Housing and the Police carry out joint Community Surveys (formerly Anti-social Behaviour surveys), in areas where there have been particular or ongoing issues. Although the surveys are initially around anti-social behaviour and criminal activity, they are also a very good tool for identifying and evidencing tenants’, residents’ and victims’ safeguarding concerns. They also assist in formulating a plan of action to support those vulnerable people as well as the immediate community. An information card is given out with the survey which signposts people to where they can report a number of different types of concerns.</p> <p>Anti-social Behaviour (ASB) Case Reviews are available to residents within the borough who meet the criteria and who are experiencing ASB that they feel is not being resolved. There can also be safeguarding concerns linked to a case, or it could be that they have experienced abuse themselves in the past and the ASB is also retraumatizing them. The victim(s) of the ASB are invited to a case review panel where they have an opportunity to</p>

	<p>explain how the antisocial behaviour is affecting them. The panel will include all agencies who have had involvement. The victim(s) then leave allowing the panel to come up with recommendations to resolve the concerns raised. Where a case is complex and has a number of recommendations, it may be followed up with a task and finish group to work through the recommendations. Closure Orders have been applied for and used when a vulnerable tenant is the victim of abuse and criminal activity.</p> <p>One example being to safeguard a tenant whose property was being used for criminal activities: cuckooing, holding stolen item, as well as financial abuse of the tenant. In addition to implementing the Closure Order intense support was given to the tenant, this included them being supported by ABC's Welfare Intervention Officers to assist in sorting out the financial difficulties they had got into due to the financial abuse. An application to extend this was made to further safeguard the tenant as proportionate and necessary due to the success of the initial closure. These three key tools also ensure the voice of the person is heard.</p>
<p>Canterbury City Council</p>	<p>Dementia Projects at the Beaney Museum & Art Gallery</p> <p>The museum delivers a range of wellbeing activities, planned against the Creative Health Quality Framework. One of the key principles is 'Safe' ensuring sessions at the museums do no harm, ensure safety and manage risk. The Museum delivers specific sessions that support those in the community who are experiencing symptoms of dementia, mild cognitive conditions and long-term health conditions. The <i>Power of the Object</i> and <i>Sounds of the Beaney</i> have been delivered to those with Dementia and their Carers and Partners (recognising the impact of stress on those living with and supporting people with dementia). These projects provide a sense of community and a supportive environment to take part in well-being and therapeutic activities. Part of the National Academy for Social Prescribing enables GPs to refer directly those identified with a need. Staff receive specialist training as part of their continuous professional development and have a good understanding of what good practice looks like as a result. Accessibility and putting participants at the heart of the projects has been fundamental throughout including adapting resources for those who are also visually impaired and changing end times for projects so participants can leave safely whilst it is still daylight.</p> <p>The Beaney's community activity demonstrates an improvement of wellbeing factors such as reported higher levels of 'interest in others' and a high reported level of relaxation in sessions. A reduction in social isolation is reported by 71% of the group reporting they come to be with others, whilst 57% of the group rated one of the top reasons that they came to the group because of the safe environment.</p> <p>Internal improvements that promote person centred safeguarding made as a result of the KMSAB Self Assessment Framework (SAF) 2023.</p> <p>The council used the SAF process and action plan as an opportunity to further improve internal practice and in particular beginning to move towards an embedded trauma informed and healing approach. As a result, the council has:</p> <ul style="list-style-type: none"> • Developed a "Did not attend/Was not brought" procedure. The implementation of this to front line staff providing opportunities to promote a trauma informed and Think Family approach. • Experienced and trauma informed front line manager taking on the role of Co-occurring Conditions champion. Staff now have a point of contact for those complex cases and someone who can promote the Co-occurring Mental Health and Substance Misuse Disorders joint working protocol.
<p>Dartford & Gravesham NHS Trust</p>	<p>Training for Trust Board Members</p> <p>The safeguarding teams delivered Face to face training for the Trust Board with the use of virtual reality headsets. This allowed the Board members to experience scenarios that included self-neglect (including drug and alcohol misuse), possible trafficking and sexual</p>

	<p>exploitation as well as clutter and hoarding. This prompted discussions around the safeguarding agenda, safeguarding responsibilities and the importance of learning from reviews to enable change.</p> <p>Nursing Times Award</p> <p>The Trust won the Nursing Times Award 2024 in the ‘Critical and Emergency Care Nursing’ category for its Emergency Department familiarisation visits for people with a learning disability:-the nursing times judging panel noted ‘The project, driven and led entirely by nurses, demonstrates a profound commitment to placing patients at the heart of care. Targeting individuals who often fear hospital visits, whether for emergencies or appointments, it promises long-term benefits, including potential reductions in mortality and morbidity for this vulnerable group. The judges said the project was a standout winner because of the team behind its undeniable passion and dedication, vividly illustrated through videos showcasing its impact. Strong qualitative evidence demonstrated genuine improvements in patient care and staff morale, making it an exemplary model of successful transformation. Its simplicity and effectiveness suggest this initiative is easily replicable in other organisations, paving the way for widespread positive change’</p> <p>Patient Experience Forums</p> <p>The adult safeguarding leads attends Patient Experience Forum, which are held monthly, with every other month being held face to face in a community setting. This is well attended by patient representatives who can voice concerns, provide suggestions and help implement change to improve patient care.</p>
<p>Dartford Borough Council (DBC)</p>	<p>Complex Needs Panel and Dartford Vulnerability and Contextual Safeguarding meeting (DVACS) meeting</p> <p>Dartford Borough Council hosts a Complex Needs Panel monthly, bringing together staff from different teams to review complex cases such as hoarding and self-neglect. Additionally, The Dartford Vulnerability and Contextual Safeguarding meeting (DVACS) meeting is a monthly meeting which is run in two parts, the first half is chaired by the Dartford Community Safety Manager and is a multi-agency meeting whereby professionals can refer cases which they feel may require support/advise/guidance from other agencies. The referrer remains the case holder for any referrals made to DVACS and will be expected to attend each meeting, whilst the case is open to the panel, should it be accepted. The Panel do not take on responsibility of owning or managing cases it is simply to add a partnership perspective and offer support and advice from other agencies. A referral to the DVACS meeting does not take away the expectation on agencies to make all appropriate referrals.</p> <p>The second part of the meeting is chaired by the KCC Family Hub Manager and is the district contextual safeguarding meeting also known as DCSM.</p> <p>Between April 24 – March 25 there were 48 cases discussed, some of these may have been the same case discussed over a number of months (not necessarily all new/different cases each month) where there were actions to be carried out and or further on-going support required.</p> <p>Referral Processes</p> <p>Following a recommendation from a KMSAB audit, the Care and Support Needs referral process has been introduced at DBC and incorporated into the internal logging system. This provides staff with a formal mechanism to refer individuals who may require additional support.</p> <p>To assist with implementation, a comprehensive guidance note has been created and circulated to staff. The guidance outlines what constitutes a care and support needs referral, how to complete one and clearly distinguishes between a safeguarding referral</p>

	<p>and a support referral. It also includes useful resources from KMSAB website to help raise awareness of the boards work.</p> <p>The referral process and accompanying guidance became available to all staff in September 2024. Staff have a clear understanding of the difference between the two referrals which will result in less referrals being declined.</p>
<p>Dover District Council (DDC)</p>	<p>Safeguarding Adults Week – 18 – 22 November 2024</p> <p>Dover District Council Community Safety team worked in collaboration with the Southeastern Safeguarding team, Kent Police and other Community Safety Partnership partners, to deliver small events across the Dover District. We used these engagement events to promote the work of the Board and for residents to voice their opinions. Owing to the diversity within our communities, we were able to use the translated materials from the Board to remain inclusive in our engagement.</p> <p>The events were promoted by the Dover District Council Communications team throughout the week via various social media platforms, ensuring the widest reach possible to all communities across the District. It was recognised that some vulnerable individuals may not have been able to attend the events across the week, to help combat this, we shared links to the board and provided literature to those in the charity and volunteer sector.</p> <p>Effective Joint Working</p> <p>DDC Community Safety Team received reports that individuals were being housed in converted sheds on farmland in the District. Following the report, a multi-agency visit was set up to attend the farm and ascertain the validity of the report. Safeguarding advice and signposting to support services was given to those who were present onsite and information packs were given to those who did not wish to engage or were not present within the properties.</p> <p>The visit allowed professionals to engage with several individuals that they were not aware of and to provide support to them weeks after the event. DDC Private Sector Housing continued to work with the landlord of the site to improve the standard of the converted accommodation to ensure it remains safe and fit for purpose. Follow up visits conducted by Kent Fire and Rescue Service to validate this.</p>
<p>East Kent Hospitals University Foundation Trust (EKHUFT)</p>	<p>Safeguarding Adults Awareness Week– awards in high safeguarding standards and good practice</p> <p>During Safeguarding Adults awareness week, the Trust ran a social media campaign, and the Safeguarding team delivered safeguarding awards for excellence in Safeguarding practice, based on specific cases. It was noted how there was renewed engagement in Safeguarding within the care groups. The team supported in delivering sessions at the site hubs for staff to drop in. Members of the Safeguarding team ‘walked the wards’ supporting and reinforcing safeguarding messages and signposting to internal safeguarding tools and KMSAB resources.</p> <p>Complex maternity tool- person centred practice</p> <p>A tool was developed to support women and families who access maternity care with complex needs. This tool was created with clinical teams, in response to a safeguarding incident which was reviewed by the safeguarding children’s partnership. The task and finish group included learning disability team, safeguarding adults, MCA leads and led by the Named Midwife. The aim of this tool is to empower staff and patients to get the right support to enable them. This is now being shared as a national resource and has been endorsed by the National Maternity Safeguarding Network</p> <p>Homeless –MADE event</p> <p>This event was jointly hosted by EKHUFT and the Integrated Care Board (ICB) Homeless Pathway lead in November. It examined the cases of current hospital inpatients experiencing homelessness. The multiagency teams including NHS, Social care, Housing,</p>

	<p>charities, worked together to consider possible solutions to achieve safe discharge from acute hospital care. Prior to this event our Patient experience team sought the views of people who are homeless including their care experience. They used this to inform the care pathway and develop training to help clinical colleagues use a holistic approach when treating a patient with no fixed abode and reduce health exclusion experienced by the group of patients. The team won a Healthwatch award for this work.</p> <p>Following this the Homeless resource pack was shared and workshops delivered by the Safeguarding team to discharge /flow co-ordinators on achieving safe discharge.</p>
<p>Folkestone and Hythe District Council (FHDC)</p>	<p>Ensuring the Wellbeing of Tenants in Our Independent Living Schemes</p> <p>Our Independent Living (sheltered housing) accommodation is specifically designed for people over 60, or people who are disabled, to allow them to live independently. Our aim is to support residents without intruding and while maintaining both their freedom and privacy. There are 14 Independent Living schemes, spread right across the district from Lyminge to Lydd. We complete an annual Wellbeing Plan with all Independent Living tenants. In doing so, we discuss all their needs, including their ability to live independently and carry out day-to-day tasks such as cooking, cleaning, shopping and laundry (and any support they require to do so), any physical or mental health issues, whether they require any property adaptations, any feelings of loneliness or isolation, any hoarding issues, whether they require a person-centred Fire Risk Assessment Plan, any safeguarding issues and any financial issues. Depending on the answers the tenant gives, this allows us to signpost them to relevant agencies for any additional support they need. Notably, over the last year we have referred several tenants to the Home Straight service, who have assisted them to resolve hoarding issues which has had a positive impact on residents' sense of wellbeing.</p> <p>Tenants in the Independent Living schemes can also choose to receive a daily reassurance call from their Independent Living Officer if they wish. Many tenants take advantage of this, which ensures we are safe in the knowledge that they are well, and the daily calls also provide social contact for tenants who feel lonely or isolated.</p> <p>During 2024/25 we have also appointed a supplier to install a new digital telecare system. One of the main benefits of the new system is that it includes an "I'm OK" function, which tenants will press once daily to inform the team that they are ok. If a tenant does not press the "I'm OK" button or they call us advising that they need assistance, we will either visit, call their next of kin or call the emergency services, depending on the issue. This new system will be installed in all Independent Living schemes during 2025/26.</p> <p>Ensuring All Adults Can Access Support</p> <p>Our Customer Support team use various methods to ensure that residents can access support as needed. The team maintain an in house directory which lists staff who can speak other languages – they can be called upon where appropriate to assist with any translation needs. They also use a third party translation service who can provide assistance with telephone translation, written translation, braille and British sign language. Additionally, staff in the Customer Support Team have this year undertaken deaf awareness training and are undertaking a British sign language qualification. Members of the Customer Support Team have also completed Mental Health First Aid training and Domestic Abuse training (as part of our DAHA work). For those residents who have limited literacy skills, staff will assist them on tablets at our Customer Access Point - both from a 'walk in' perspective but also via face to face and telephone appointments. For residents with limited digital skills, staff at our Customer Access Point are trained to help them complete online forms and receive the service they require. Face to face and telephone appointments are utilised here too.</p>

<p>Gravesham Borough Council (GBC)</p>	<p>Tenant Engagement</p> <p>Gravesham Borough Council (GBC) continue to strengthen tenant engagement, the council launched a mobile Housing Hub in December 2024, bringing housing services directly to residents across various estates in Gravesham.</p> <p>This monthly hub enables tenants & leaseholders to:</p> <ul style="list-style-type: none"> • Speak directly with the Housing team • Report repairs • Discuss issues like damp and mould • Address concerns regarding anti-social behaviour • Explore housing options • Access digital services <p>The hub is monthly and has scheduled monthly visits throughout 2025.</p> <p>The police have partnered up with GBC which has proven to be invaluable especially when trying to combat anti-social behaviour. The NHS are also joining the housing hub which will enable tenants to have their blood pressure taken, discuss health and wellbeing concerns including healthy eating and smoking amongst other safeguarding concerns.</p>
<p>HCRG Care Group</p>	<p>Safeguarding Awareness Week 18-22 November 2024.</p> <p>All HCRG Care Group services across all sites in North Kent were visited by the Safeguarding Lead to discuss partnership working with services and they were asked to review patients on their caseloads to identify any with additional support needs or the needs of their informal carers, where a referral for a carer assessment would be beneficial. The meeting was of an informal nature with refreshments provided, to encourage self-care with posters distributed displaying relevant webinars for colleagues to sign up to. The purpose was intended to refresh understanding and awareness regarding the importance of safeguarding processes and reporting mechanisms. Our colleagues were very responsive and engaging, with colleagues’ feedback stating they felt more informed of the value of multi-disciplinary working and joint care planning with local partners.</p> <p>KMSAB Self-Neglect and Hoarding Policy</p> <p>The KMSAB policy, together with HCRG Care Group’s own policy, including the clutter score index with guidance, is well embedded and accessible across the services. In addition, this is incorporated into the new starter induction programme for Kent and in colleague group supervision sessions. There is also a dedicated safeguarding resources folder for colleagues to refer to as and when required. Our incident reporting process is compliant with the Patient Safety Incident Reporting Framework where themes and trends are monitored. Our current top reason for raising safeguarding is for self-neglect. Our colleagues are fully informed of the process regarding management of self-neglect, including discussing concerns with patients/family to establish an outcome. This includes onward referrals to multidisciplinary partnerships and documentation of decisions etc, putting the service user at the forefront of the processes. Between June 2023 and June 2024 there were 40 cases of self-neglect reported to Kent County Council (KCC) by our colleagues. Of which: 23 became a Section 42 enquiry, with outcomes such as ‘no abuse was founded or ongoing care needs assessments.’ 17 remain open with ongoing enquiries.</p>
<p>Healthwatch</p>	<p>Strengthening Safeguarding Efforts in Kent and Medway</p> <p>In 2024/2025, Healthwatch Kent and Healthwatch Medway collaborated with stakeholders across the system to strengthen relationships and expand the reach of Healthwatch reports and lived experiences. This effort aimed to define and enhance safeguarding practices based on public feedback and real-life experiences. As an active and consistent member of the Kent and Medway Safeguarding Board, Healthwatch plays a vital role in ensuring that people’s voices shape discussions and decisions. With a standing agenda item, we regularly present reports and insights to ensure community perspectives remain central to safeguarding strategies.</p>

	<p>Healthwatch Kent and Healthwatch Medway have shared a range of reports with Board members, including:</p> <ul style="list-style-type: none"> • Housing Report • Spotlight Report on the Deaf Community in Medway • Crisis Report • Steady Steps to a Solid Future – Healthwatch Medway Falls Report • Holistic Assessment Insights • Spotlight Report on Substance Misuse and Access to Mental Health Services • Care Home Manager Interviews – Initial Insights • Local Mental Health Network Reports • Anima Report • Medway Place-Based Reports <p>Advocacy and Awareness Initiatives - In December 2024, Healthwatch supported the Kent and Medway Safeguarding Board’s "Worried About an Adult?" campaign, reaffirming its commitment to raising awareness about adult safeguarding across the region. Additionally, we have refined our email/Have Your Say Form automated responses to ensure signposting information is provided as early as possible. This improvement allows individuals to access relevant support and guidance promptly.</p>
HMP Elmley	<p>Anonymised Case Example</p> <p>Person X arrived at HMP Elmley as a new reception having never been in prison before. It was quickly identified through our first night process that Person X was extremely vulnerable due to his neurodiverse characteristics. It was also highlighted that he was a potential victim of modern slavery and was at risk of suicide and deliberate self-harm. Immediate steps were taken to safeguard Person X on his arrival, which included location in our in-patient’s department. Over the first few weeks of his time in prison, staff from different departments worked together to ensure Person X was safe, and to support him to understand how the prison regime worked. These departments included Safety officers, healthcare and the psychiatrist, the neurodiversity support manager, the mental health team and In Patients officers. Through building a rapport with Person X, staff learned what his protective factors were, and subsequently, with permission, invited a close relative in to the prison to attend one of his reviews. The relative was instrumental in helping to get Person X engaging well with staff. Following this safety staff, who had built a supportive relationship with Person X, assisted him with a reintegration plan which enabled him to move from the in-patient’s department on to a normal wing, at his pace and in a way he felt comfortable. Person X is now living successfully on a wing, and is fully engaged in the prison regime and doing extremely well.</p>
HMP Rochester	<p>Anonymised Case Example</p> <p>There had been noted changes in a Person Z’s behaviour prior to release. It was evident from the initial raising of this he was due to be released to no fixed abode and steps to support him upon release weren’t clear. He was suffering from a number of medical conditions where there were concerns about how he would get to his probation appointments. Additionally, there were concerns around a recent medication change. A multidisciplinary approach was adopted to ensure a clear release plan was in place for this prisoner, with multiple agencies, internal to and external from the prison attending to ensure this was in place.</p>
HMP East Sutton Park	<p>Safety Intervention Meetings (SIM) meetings</p> <p>These are held weekly to discuss ‘at risk’ prisoners and prisoners who are new to the establishment that week. This is a multi-disciplinary meeting with representatives from the following teams – safety, healthcare, offender management, security, substance misuse, reducing reoffending, keyworkers and family support workers. These meetings focus on the women and the issues they may be facing, and actions are assigned to relevant staff to</p>

	<p>ensure wrap around support is provided to address issues and avoid any harm being caused.</p> <p>Special Circumstance Risk Boards</p> <p>These are used when there is specific and immediate concern that a woman is at risk. These meetings involve the prisoner, her offender manager, her keyworker and a duty manager. Other staff are invited to these as necessary. These are used to hear the prisoner’s voice and point of view in relation to the concerns and allow staff to put an action plan in place to ensure she is supported. This can include suspending her access to being released on licence in the community if that is where the concern lies.</p>
<p>HMPPS Probation Service</p>	<p>Involvement with the KMSAB:</p> <p>Some examples of how the service has engaged with work of the Board include:</p> <ul style="list-style-type: none"> • Offering training from KMSAB to Probation staff • Raising awareness of safeguarding via the links from the Board’s website and creating our own links to KMSAB within our Probation Intranet • Bulletin from Heads of Service from Mid and North for all of Kent and Medway to increase the focus on adult safeguarding • Making safeguarding individual by asking the people we work with about their views on their vulnerability and coping methods and support – rather than our views • Thinking about the trauma and impact of offending on the person themselves (as well as the victim) and how this may affect them (an example is in regular life sentenced prisoner panels) • Attendance at executive and working groups • Leads at strategic/manager and practitioner level • Attendance at offered training and sharing/promoting that training
<p>Kent and Medway NHS and Social Care Partnership Trust (KMPT)</p>	<p>Promoting Person Centred Safeguarding Staff and Patient Resource</p> <p>The voice of the adult is discussed during safeguarding consultation and training to ensure a personal centred approach and consideration of risks and next steps. Care plans developed by practitioners with patients is a core function of KMPT care, this ensures a partnership approach in the recovery of mental ill health. The KMPT safeguarding team spot check referral activity to ensure the voice of the patient is evident, and where necessary target intervention to ensure this is consistently applied as appropriate. Reassuringly the KMPT dip sample audit completed for the board around safe discharge identified that 98% of records reviewed had documented evidence that information was shared with patients and family. Our Make Safeguarding Personal Leaflet enables safeguarding discussion both proactively and in response to abuse. This leaflet is accessible as hard copies or via a download. These leaflets explain what safeguarding is and what making safeguarding personal looks like.</p> <p>Example Feedback</p> <p>I do not know what our team would have done without the support and guidance of the KMPT Hospital (Independent Domestic Violence Advocate) HIDVA in navigating two very complex and risky domestic violence situations and subsequent referrals to MARAC. The HIDVA was incredibly responsive, meeting with us at short notice and following-up with phone calls. She was a font of wisdom and I learned a lot through our contact. The HIDVA has a very personable and warm approach, which put me at ease to ask any questions. The HIDVA service is such a valuable and potentially life-saving service and essential for the work we do in mental health.</p> <p>Safeguarding Adults Awareness Week</p> <p>In support of Safeguarding Adults Week 2024, our safeguarding team was ‘out and about’ around our sites promoting safeguarding, the work of the adult safeguarding board, and</p>

	<p>resources to patients, visitors and staff. Additionally, as part of working together we delivered a shared learning event for KMPT and Maidstone and Tonbridge Wells Foundation Trust staff.</p> <p>Involving Friends and Family</p> <p>KMPT encourages engagement from friends and families to share experiences and concerns. Involving family and friends with safeguarding activity is promoted within safeguarding champion meetings and discussed within training whilst reflecting the rights of patient confidentiality and consent. Through the ‘dip style’ safe discharge board audit we captured that 92% of records clearly recorded the persons views and wishes and where appropriate the carer’s and advocates. Although it is recognised the sample is limited, it is a reassuring start, the information is shared with the Head of Nursing to consider other activity.</p>
<p>Kent Community Health NHS Foundation Trust (KCHFT)</p>	<p>Hearing from individuals</p> <p>KCHFT overarching group, the People’s Network, is comprised of 20 participation partners, with lived experience of using services, along with carers, volunteers, governors and members of the public. The network reports to the Learning from Experience Council and Quality Committee and monitors the effectiveness of patient and public engagement and involvement and provides a continuous feedback loop between services and people, ensuring improvements are made as a result of feedback. The People’s Network plays a varied and active role, sharing insights, working with services on co-production and co-design of patient and public engagement initiatives. As members of the network they monitor the impact of engagement activities and co-design and deliver involvement training. A number of partners on the group are also members on clinical governance and service improvement groups, bringing lived experience to service development at a strategic level. In 2024/2025 KCHFT held 2 workshops with the People’s Network and with the health communities steering group to look at the NHS 10-Year Plan. These sessions allowed patients, carers, and community members to provide feedback on long-term healthcare goals and priorities.</p> <p>KCHFT Healthy Communities Steering Group</p> <p>KCHFT Healthy Communities Steering Group is part of our work towards reducing health inequalities. The group aims to better understand our communities, reduce health inequalities, and ensure our communities’ voices are heard. Membership is open to people from migrant communities and ethnic minority groups, as well as those who have worked with these communities and understand inequalities and barriers experienced. Patients, members of the public and colleagues are welcome to attend. The board has generated new outreach event opportunities for the mobile health unit and public health services enabling KCHFT to engage with new communities. The group have produced a race, religion and cultural awareness guide and now have a cloud account to be able to co-create documents live in the future.</p> <p>Inclusion Health Group</p> <p>The work of this group involves engagement with different community groups to better understand their health needs. In 2024/2025 KCHFT have chosen specific inclusion health groups to gain insights from and embed improvement or targeting of interventions with services operational plans. One of these groups are the fishing communities in the differing coastal areas in Kent and across age ranges and cultures. A joint project was carried out between the KCHFT Heath Inequalities Team and Engagement Team, who partnered with the Fisherman’s Mission and the NHS Health Checks Team to support the mental and physical wellbeing of fishermen in the UK, enabling fishermen to access health promotion and illness prevention services. KCHFT carried out one to one interview with members of</p>

	<p>the fishing community to gain feedback on the health challenges they face as a result of their trade and subsequent way of life. As a result of this work, 30 people were interviewed, The NHS Health Checks team completed health checks and were able to signpost Fisherman to further health improvement services. There is now an action plan in place and work has started on bringing together different services to support the health of fishermen. The work supporting the health of fishermen as part of an inclusion group was celebrated by Healthwatch for its commitment to inclusivity and equal access.</p> <p>Safeguarding Adults Awareness Week 2024</p> <p>The campaign engaged both internal staff and multiagency partners, while also reaching out to the public. The week was launched with a recorded message from the Trust's Chief Nursing Officer, emphasising the vital role of safeguarding and reinforcing the message that "noticing is not nosiness." A total of 12 webinars were delivered throughout the week, attracting 158 participants, including colleagues from other NHS organisations, Kent County Council, and AgeUK. These webinars have been made available on the Trust intranet for all 5,000+ staff to access as part of their ongoing development. Safeguarding awareness stands were held at Gravesham Community Hospital, Trinity House in Ashford, and the Repton Community Centre Live Well Event, drawing engagement from staff and the public. In total, 258 individuals signed guestbooks to show their support and interest. A targeted social media campaign via the KCHFT Facebook page which used KMSAB messages supported the week, generating: ❖ 148 reactions ❖ 416 clicks ❖ 20 shares ❖ Over 9,000 impressions ❖ A reach of more than 7,000 users. Additionally, the KCHFT Safeguarding Team published 11 interactive blogs on the Trust intranet, covering a range of safeguarding topics. Awareness was further promoted through clinical site visits, staff meetings, safeguarding link worker conversations with patients, and distribution of branded merchandise across community hospitals and Trust sites. This multifaceted approach ensured that safeguarding remained a visible and accessible priority throughout the organisation and the communities it serves.</p> <p>Learning Disability Awareness week –</p> <p>The KCHFT West Kent Learning Disability Team, together with young people and adults with a learning disability performed “This is me” from the film the Greatest Showman in the heart of the Tonbridge community. Hearts, minds, voice and Makaton sign were used to express this iconic anthem of self-acceptance and resilience. With the support of Tunbridge Wells and Tonbridge Day Services, The Oaks Specialist College and Scott’s Project, it was truly a celebration of being seen, being heard and being valued.</p>
Kent Fire and Rescue Service (KFRS)	<p>Involving Family and Friends in Safeguarding</p> <p>When consent has been gained to speak to family members KFRS Designated Safeguarding Officers (DSOs) will do so to develop an understanding of the safeguarding concerns. When relevant we also take opportunities to ensure we understand the needs of family carers and consider what support they need and how they may want/need to be involved. During an ongoing incident relating to fire, water or height, and/or when co-responding with South East Coast Ambulance (SECAMB) there are sometimes circumstances where due to the nature of the incident or the capacity of the person we are unable to gain their wishes and feelings. If family have been present, DSO’s will consult with them.</p> <p>Anonymised Case Example</p> <p>Crews have raised concerns via a DSO for an elderly male presenting at their station confused and sometimes distressed. It was established by liaising with Police that he lived close to station with his wife, who also had the onset of dementia. His daughter was contacted, and our concerns were discussed. We developed an understanding of the least intrusive steps she was taking to keep him safe in line with his wishes to remain living at home rather than in a care home. The safeguarding team developed a person-centred response plan which the family were supportive of. Sadly, there has been a further decline</p>

	<p>in presentation and risks. These have been discussed with family on each occasion and shared with appropriate agencies as they have been identified.</p> <p>This case was also used as learning for Duty Group Managers showing them how to access information on our system when someone presents at a fire station. Training sessions showed how to see if the person was known to safeguarding (open/closed cases) and if a family contact was available this put in a prominent place so that they could be contacted as part of any safety planning in place.</p>
<p>Maidstone and Tunbridge Wells NHS Trust (MTW)</p>	<p>Discharge Planning</p> <p>The Trust has implemented an integrated, person-centred approach to the discharge planning process for patients with complex care mental health and physical health needs. This multidisciplinary and multi-agency approach brings together internal teams and external partner agencies, including social care, community health services, advocacy providers, mental health services and neurodivergent services where appropriate to a meeting, to ensure a holistic and coordinated discharge plan. Key elements of this approach include early identification of patients with complex needs, timely referrals to appropriate services internal and external, joint decision-making, and active involvement of the individual (and their representatives where appropriate) in the planning process. This approach demonstrates the Trust’s commitment to safeguarding adults, using the learning from Kent and Medway Safeguarding Adults Reviews (SARs), as a foundation for these meetings, as it highlights the importance of multi-agency collaboration, clear communication, and maintaining the voice of the patient throughout transitional care. The integration of advocacy services ensures that patient rights and preferences are upheld, particularly for those who may lack capacity or face barriers to expressing their wishes.</p> <p>Impact/Benefit: This integrated approach has significantly improved the safety, quality, and person-centredness of discharges for patients with complex needs. By involving partner agencies early and ensuring a coordinated, well-communicated process, the Trust has been able to minimise risks, reduce delays, and ensure continuity of care beyond the hospital setting. A notable example occurred in quarter 3 of 2024, when the Trust, with the support of the steering group, successfully facilitated the safe discharge of a patient who had been in hospital for nearly 48 months. The voice of the patient was heard directly from her and sometimes through her Relevant Person’s Representative (RPR), and discussions centred around it. The receiving partner agency demonstrated exemplary collaborative practice by engaging with the patient well in advance of the final discharge. Over a period of several weeks, the agency’s staff visited the hospital regularly to build rapport, gain a comprehensive understanding of the patient’s care needs, and gradually assume elements of the care plan. This phased transition allowed the patient to adjust to the change in a supportive and familiar environment, significantly reducing the risk of distress or disruption to their wellbeing. This case illustrates the tangible benefits of the Trust’s integrated discharge approach of complex case management demonstrating improved outcomes for patients, better inter-agency collaboration, and alignment with safeguarding best practice.</p>
<p>Maidstone Borough Council (MBC)</p>	<p>Domestic Abuse - Safe Accommodation</p> <p>Analysis of both local and national data highlighted the significant impact of housing approaches and temporary accommodation on individuals experiencing domestic abuse. Maidstone records the highest rates of domestic abuse housing approaches and temporary accommodation placements across Kent and Medway, underscoring the urgent need for effective and responsive housing solutions. Through case studies, service user feedback, data analysis, and SARs, clear themes and recommendations emerged. These included the importance of a holistic and accessible approach, making safeguarding personal (MSP), and addressing co-occurring conditions such as substance misuse and mental health challenges. Collectively, this evidence revealed a significant gap in local service provision.</p>

	<p>In response, we adopted a systems-thinking approach and collaborated with West Kent Housing to address this gap. Recruitment began for a dedicated Domestic Abuse Support Worker, and a specialised accommodation service was developed. This service supports individuals who have experienced or fled abuse and face multiple disadvantages. Many of these individuals have not had their needs met or their risks mitigated through traditional housing or support services. Increasingly, residents present with dual diagnoses or co-occurring conditions that pose barriers to accessing mainstream services such as refuges, mental health, or substance misuse support.</p> <p>The service prioritises wellbeing, safety, and recovery—recognising not only the risks posed by perpetrators but also external factors and internal vulnerabilities, including the risk of self-harm. These concerns align with Domestic Abuse-Related Death Reviews, which highlight the heightened risk of suicide among survivors.</p> <p>A West Kent property was established using a trauma-informed approach. It provides safe accommodation for female survivors of domestic abuse and their children, where applicable. Upon intake, residents complete the Edinburgh-Warwick Mental Wellbeing Scale, which is reviewed regularly during their stay. Personal goals are developed collaboratively, and robust safeguarding procedures are implemented to identify and manage risk effectively. Resident feedback is a core component of our service; feedback is gathered regularly through community-based activities such as coffee mornings and informal check-ins. MSP informs our response by guiding us to tailor interventions and support strategies based on what is important to each individual—not solely on what professionals may assume is needed.</p> <p>In collaboration with partner agencies, where required, we provide bespoke, trauma-informed support rooted in what residents identify as their priorities. We also apply MSP (Making Safeguarding Personal) principles in our risk management and safeguarding processes. Rather than applying a 'one-size-fits-all' approach, safeguarding discussions are framed around what safety means to the individual, and what outcomes they want to achieve. Consent and involvement are consistently sought when sharing information or developing safety plans, unless risk thresholds necessitate otherwise.</p> <p>Exit feedback is equally important. When residents move on from the safe accommodation, we conduct reflective conversations to understand their experiences and what impact the service had on their wellbeing, recovery, and sense of safety. We also provide them with an anonymised form to allow them to speak freely about their experience with us. This not only helps us evaluate our effectiveness, but also affirms that their voice remains central throughout their journey.</p>
<p>Medway Community Healthcare (MCH)</p>	<p>Involvement with the KMSAB:</p> <p>Some examples of how the service has engaged with work of the Board include:</p> <ul style="list-style-type: none"> • Self – Neglect Guidance and grab guide – MCH Safeguarding Team and MCH clinicians have supported with numerous self-neglect meetings, chaired professionals meetings, liaised with partner agencies and attended adult strategy and establishment meetings to share information with relevant teams to promote a collaborative approach within self-neglect cases. • Quality of Safeguarding Referrals Audit –highlighted that our teams are getting better at having conversations with the individual about what they want to happen, the 'what makes a good referral' document is shared and known within our clinical services and we have invited leads from Adult Social Care to our quarterly safeguarding Links meetings to further emphasise this message. • The Customer Care Team complete Patient Satisfaction Surveys and manage complaints. Our Customer Care Lead has joined members of the Safeguarding Team at KMSAB Learning events to further encourage a positive link between our teams and the individual

	<ul style="list-style-type: none"> • The MCH Safeguarding Team has used the KMSAB escalation policy to support when there have been professional differences relating to specific cases, we have also utilised the support of Designate nurses within the ICB • Events and messages from KMSAB disseminated to staff via comms, Links, Facebook staff group, the Safeguarding Newsletter, and National Safeguarding Adults Awareness Week (NSAAW) this is done to support our clinical teams to be better equipped to recognise abuse and support vulnerable individuals. Social media messages sent by comms using the templates from KMSAB – these are shared on our patient facing groups and, on our patient, facing website • During National Safeguarding Adults Awareness week, the Safeguarding Team also held stalls at specific locations and GP surgeries with a high patient footfall to spread the word of the KMSAB • The Safeguarding Team often support clinicians in complex cases, visiting patients, participating in MCA’s and attending strategy meetings where needed. • The Foundation Dentist is working with MCH customer experience team to ensure capture of the child’s voice/ experience and the vulnerable adults voice/ experience rather than the parent / carers views
<p>Medway NHS Foundation Trust</p>	<p>Work of the Safeguarding Team</p> <p>There is a regular safeguarding agenda item on the monthly Trust Nursing, Midwifery & Allied Health Professional meetings – this is used to share the learning form SARs and Domestic Homicide Reviews, safeguarding updates and key messages. This began with the sharing of information around suicide pacts following SAR referrals.</p> <p>In addition, the safeguarding team regularly attend the Divisional Band 7 meetings to present updates for them to cascade out to their teams. One area that has had a big impact has been the difference in self-neglect recognition and referrals and the use of the clutter rating score. This is also included in training and the Safeguarding Operational Group. Bespoke work and training with therapy staff including Mental Capacity Act has been undertaken as they were found to be doing unnecessary safeguarding referrals.</p> <p>Safeguarding Audits and Multi-Agency Working</p> <p>Audits of safeguarding referrals have demonstrated that there is more evidence of families being involved in safeguarding discussions, there is evidence recorded in Electronic Patient Records of conversation with relevant persons. There has been an increase in multi-disciplinary team and Best Interest meeting invites for safeguarding support where the family are also in attendance. Staff are encouraged in training to always seek the views and support of family members where the patient consents to their involvement.</p> <p>Safeguarding Adults Awareness Week 2024</p> <p>Modern slavery and exploitation were key messages. A “prize” in a wrapped-up box, was the lever to get engagement from staff and the public. The box was actually empty however visitors wanted to complete the quiz and engage for the chance to win the mystery prize, this demonstrated how easy it can be to scam and exploit them. Trolley dashes around the wards and clinical areas were undertaken every day focusing on the messages of the day.</p>
<p>Sevenoaks District Council (SDC)</p>	<p>Knowledge Boost - In 2024, we launched our internal ‘Knowledge Boost’ training and information sessions for all members of council staff, which has included information on safeguarding and services where we are supporting vulnerable adults, such as community safety and homelessness. This has helped improve knowledge and awareness across the organisation, not only in terms of safeguarding, but in encouraging a more joined up working approach.</p> <p>Case Study – Person X was reported by his neighbours as they had not seen them, and the garden was overgrown. Police Community Support Officers (PCSO) attended and called Sevenoaks District Council (SDC) to visit, they also made a Social Services referral. In early</p>

	<p>2025, SDC attended with the PCSO and called an ambulance as Person X was in a neglected state and was having trouble breathing. The food in the property was out of date, the house was dirty and there appeared to be no working heating. SDC also submitted a Social Services referral. SDC waited for an ambulance who tried to move Person X to hospital, but they refused as they were frightened. SDC Officer bought food and drink for person X to support him for a few days. The Social Services team called SDC that day and visited with SDC the following day, working sensitively with Person X, who agreed to go to hospital.</p> <p>Whilst in hospital the Social Services team organised for their house to be cleaned, and their heating sorted. Person X was placed in a nursing home for respite care and during this period of recovery, they were able to access washing and other facilities, helping them to stay clean and organise a haircut. SDC organised access to support for their alcohol consumption/dependency. Person X was happy they would be returning home, once the house was suitable for them to stay in.</p> <p>Person X moved back home. Their finances were sorted out, the heating fixed, fresh food delivered and a new bed and mattress provided. Person X has managed to refrain from drinking and was regularly visited by Social Services and SDC staff, who went above and beyond in working to support, including SDC reaching out to family members who lived nearby and helping Person X to reconnect.</p>
SECAMB	<p>Role of SECAMB</p> <p>As a regionally commissioned organisation South East Coast Ambulance Service (SECAMB) has responsibilities to numerous Boards and Partnerships across Kent, Surrey & Sussex; unfortunately, there isn't the capacity to drill down its safeguarding activity to produce localised awareness raising of each individual board and partnership. The primary role of the ambulance service is to respond to urgent, emergency, and critical situations; recognising safeguarding concerns is generally a secondary responsibility. However, SECAMB clinicians will recognise and escalate safeguarding risks to adults and children in line with guidance based on the thresholds outlined within local multi-agency safeguarding policies and protocols.</p> <p>An example of good safeguarding practice demonstrated by SECAMB clinicians were demonstrated when paramedics responded to an incident involving an elderly gentleman who had reportedly fallen. Upon arrival, the patient was assessed and deemed suitable for home treatment. However, when this outcome was communicated to his wife, she became highly distressed. She then revealed to the staff that her husband had been physically and emotionally abusing her for the past 20 years. Her intention was to leave the home while he was in the hospital. A call was made to the on-call safeguarding practitioner, and a safety plan was discussed for the wife.</p>
Swale Borough Council	<p>Supporting the development of Southern Housing's Safeguarding Team</p> <p>Southern Housing has created their own Safeguarding Team and Swale BC team have supported and mentored the team with guidance and flagging policy and procedures from KMSAB and the Kent and Medway Safeguarding Children Multi-Agency Partnership. We continue to work collaboratively with them.</p> <p>Safeguarding Adults Awareness Week 2024</p> <p>To complement adult safeguarding week, a weeklong event was carried out visiting caravan parks on the Isle of Sheppey. The area has a high number of people who use the caravan sites as main residency. The sites are either 8- or 10-month occupation. The aim was to raise awareness for those living in caravans over the winter period. We have identified a number of people who are deteriorating in health and mobility that are seriously affected by the site closure. The aim was to raise awareness of cost-of-living support and services</p>

	<p>that could support people in the community. This was a joint approach by Swale BC, Department for Work & Pensions, Energy Advisor from Children and Families Ltd, KCC staff, Population Health Management Medway & Swale Health and Care Partnership and Citizens Advice Bureau.</p> <p>The teams who went out spoke with staff in reception who agreed to take posters/flyers and display these in reception areas and would highlight to residents who came in to speak with them.</p> <ul style="list-style-type: none"> • Poster and flyers put in offices of caravan parks that were open, lots of offices were closed for the season. Parks that did not have offices open, we found a place to leave some leaflets/posters i.e. in the laundry rooms of the parks. • Dropped a poster/flyer into lots of the local businesses along the promenade including convenience stores, takeaways, bakers, pubs, caravan park estate agent. Some parks have worked collaboratively with social work teams to ensure their clients safety. <p>Visits to Safeguarding Webpages</p> <p>The safeguarding policy received 325 views and the page “Get advice if you're worried about a child or vulnerable adult”, was viewed 2130 times in 2024/25. This shows an increase of use compared with the previous year and could be attributed to the impact of such events above.</p>
<p>Thanet District Council</p>	<p>Involvement with the KMSAB:</p> <p>Some examples of how the service has engaged with work of the Board include:</p> <ul style="list-style-type: none"> • Safeguarding Training has been delivered to all staff across the organisation to improve organisation knowledge on safeguarding, policies and protocols that underpin this. This includes private landlords. • We have worked with colleagues to understand their safeguarding requirements when supporting staff, and have adopted our ways of working to most benefit the organisation as a whole. • We meet outside agencies to gauge their current ease of working, and look to build partnerships with them to improve ways of supporting individuals, such as Oasis, United Mothers and Age UK. • We shared multiple post on our social media platform to 1500+ followers through KMSAB toolkit to promote safeguarding practices and educate people on how to spot issues of concern on what to do in these situations • To date, we have broadcast 8 podcasts around the specific topic of safeguarding, other podcasts have mentioned safeguarding as a general theme. https://tcsppodcast.buzzsprout.com/ • KMSAB newsletters are disseminated to all staff in the organisation, via the safeguarding lead and safeguarding champions. • Community Conversations (formally Neighbourhood Engagement Meetings) - both online and in the community to discuss concerns, signposting, referring and supporting in all aspects of safeguarding and community safety. • Annual Safety Bonanza took place in April 2024 - Outdoor event that aims to support local residents both personally and in the community. Agencies in attendance include Thanet District Council, Kent Police, KFRS, Community Wardens, Oasis and other stakeholders. promoting personal safety, safeguarding, mental health, community safety. • Violence Against Women and Girls (VAWG) Sessions/Workshops throughout the year engaging with women from various backgrounds, listening to their experiences and seeking advice on how we can support vulnerable people in the community. Our VAWG walk and Talk took place in Ramsgate, in attendance were police, local dog walkers, KCC ward councillors and we compared surveys with members of the public.

	<ul style="list-style-type: none"> • As part of VAWG feedback self-defence classes for women and girls were arranged. This was a 5 week course that ran between June-August 2024. Teaching techniques to keep themselves safe if they were attacked/approached unwantedly. Also building confidence, resilience and wellbeing. • Park Life Events April, October 2024 and April '25. An outdoor community hub for all members of the community to be able to access advice and support about such things as; mental health, sexual health, healthy relationships, exploitation, housing, benefit advice, carers advice, where to access support. At every event we lead and/or attend we distribute KMSAB leaflets and offer advice and support around safeguarding. • Gym Safe was launched in March 2025, currently we have 18 gyms who have signed up and pledged. Gym Safe is a Thanet District Council project that aims to keep women and girls safe whilst taking part in activities in particular gyms. It offers the gym's advice and support around how to keep every member safe. It's also hoped that gyms will share information between them as good practice. • Safeguarding Adults Week 18-22 October 2024. Engaging with the community and running professional online workshops to discuss the themes; Look, Listen, Ask - Developing professional curiosity, working in partnership: How to work effectively with the people you support, establishing professional boundaries, Recognising exploitation: The Ladder of criminality, professional and organisational learning. • Suicide Prevention Workshops held between professionals 31 October 2024 (2 x sessions)
<p>Tonbridge and Malling Borough Council (TMBC)</p>	<p>Embedding Person-Centred Safeguarding in Temporary Accommodation Support Tonbridge and Malling Borough Council has strengthened its safeguarding approach by integrating regular welfare visits into its temporary accommodation service. Feedback from residents has shaped this initiative, enabling early identification of safeguarding concerns and ensuring that support is tailored to individual needs. This proactive, person-centred model has improved outcomes for vulnerable adults and enhanced multi-agency collaboration.</p> <p>Involving Family and Friends in Safeguarding Responses Tonbridge and Malling Borough Council recognises the vital role of family and friends in safeguarding. In joint assessments, family members are invited to participate where appropriate, ensuring a holistic understanding of the individual's circumstances. In a recent case, an individual's role as a carer for a family member was central to the safeguarding response. Their caring responsibilities were carefully considered in support planning to ensure the safety and wellbeing of both the individual and their loved one. This approach reflects the Council's commitment to person-centred safeguarding that values the voices and roles of those closest to the individual.</p>
<p>Tunbridge Wells Borough Council</p>	<p>Communications We have shared and promoted safeguarding content including supporting several national campaigns on our social media channels and weekly email to residents, such as National Hoarding Awareness Week in May 2024 and Learning Disability week in June 2024. Evidence of success of this is raising awareness to our residents of the advice and services available.</p> <p>Case Example A vulnerable individual with multiple complex needs, frequent A&E visitors, and known to several services was rough sleeping after being released from prison. We led on organising and coordinating multi-agency meetings involving mental health, adult social services, tenancy sustainment worker, TWBC housing team, and the substance misuse agency, with guidance and advice from the brain injury team at the relevant hospital. The individual and</p>

	<p>their family member were consistently involved with feedback from the meetings and involved in any issues they wished to be raised at the monthly meetings. Evidence of success is that five months on from being street homeless the person is consistently engaging with services, maintaining his tenancy with support, and has had only one unplanned hospital admission. A care needs assessment is now underway to explore supported independent living.</p>
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2. Strengthen System Assurance

Agency	Example
The Advocacy People	<p>Local Multi Agency Network (LMAN) for The Mental Capacity Act</p> <p>The Advocacy People continue to collaborate with other organisations to ensure adults are supported effectively in safeguarding processes, particularly where there may be concerns about capacity, risk, or rights being overlooked. One of the ways we contribute to this joined-up approach is through our active involvement in the Local Multi Agency Network (LMAN) for the Mental Capacity Act. This forum brings together a wide range of partners—including health and social care professionals, advocacy services, and safeguarding leads—to share expertise, discuss best practice, and address any systemic barriers to upholding the rights of adults who may lack capacity. By regularly attending and contributing to these meetings, we ensure that the voice of advocacy is present in strategic discussions, helping to shape more person-centred and legally compliant safeguarding practices.</p> <p>Deprivation of Liberty Safeguards (DoLS)</p> <p>We also have a monthly liaison meeting with the Kent Deprivation of Liberty Safeguards (DoLS) team, which plays a vital role in safeguarding individuals who are deprived of their liberty under the Mental Capacity Act. These meetings enable continuous dialogue around emerging themes and trends, allow for early identification of any issues, and ensure that advocacy is responsive to the needs of individuals subject to DoLS authorisations. This collaborative approach helps ensure a shared understanding of roles and responsibilities and supports the effective use of advocacy to uphold rights, challenge poor practice where necessary, and promote person-centred decision-making.</p> <p>By working in partnership in these ways, we strengthen our collective ability to respond to safeguarding concerns promptly, effectively, and with the individual’s rights and wellbeing at the centre of every decision.</p>
Ashford Borough Council	<p>Weekly Partnership Problem Solving Meeting</p> <p>This weekly meeting includes Ashford Borough Council (ABC) Community Safety Unit, ABC Housing, ABC CCTV Monitoring Centre, the Police and KCC Warden Team Leader for Ashford and looks at some of the borough’s complex cases that could benefit from a multi-agency partnership approach. There is a standing agenda item for “safeguarding cases of concern”. This meeting looks to resolve a number of community safety issues, where there are often knock-on or relating safeguarding concerns. It also looks to resolve issues where a person has complex needs, has capacity but makes unwise decisions; these may either be outside of, or in conjunction with the monthly Ashford Vulnerabilities Panel.</p> <p>An example of the work of this group was a Partnership “Day of Action” that took place in an area where there were complex interlinked safeguarding concerns involving a number of properties, as well as there being criminal activity and anti-social behaviour in the neighbourhood. This event involved neighbourhood inspections and the completion of Community Surveys, as well as there being safeguarding advice and community safety</p>

	<p>equipment available to residents. The Housing Repairs Team were also on hand to assist with a number of on-the-spot repairs such as broken windows and doors.</p> <p>Getting to Know you Session</p> <p>This session, which ABC organised and hosted, was for both KCC Adult Social Care & Health and ABC Officers (in particular housing officers) to get together to understand each other's roles, what each agency is able and unable to do due to legislation, the challenges faced, and how we can work better together for those most vulnerable residents of the borough. It was also an opportunity to network and make contacts. Over 70 officers attended from both organisations. It was agreed to host a future session to include Kent Community Mental Health colleagues.</p>
<p>Canterbury City Council</p>	<p>Level 2 and Level 3 Adult Safeguarding training for staff</p> <p>The Ann Craft Trust is commissioned to deliver our adult safeguarding training. The council's lead safeguarding officer meets regularly with the external trainer to ensure that the training reflects any learning from SARs and feedback from KMSAB audits. An example of this was understanding the roles and responsibilities of agencies and adding a specific section on appropriate referrals into KCC Adult Social Care. As a result, there is an improvement in staff using the correct referral pathways; appropriately referring for care needs assessments or a section 42 safeguarding referral.</p> <p>Hospital Pathways Homeless Officer (HPHO)</p> <p>Hospital discharge has been an area of focus (highlighted as an area for improvement in the 2023/2024 KMSAB SAF process). The HPHO works as part of a multidisciplinary team within the hospitals to prevent discharge of patients to the street. They contribute to holistic risk assessments that are carried out as part of the Hospitals Safeguarding team and co-produce needs assessments with the client. The HPHO will secure accommodation and then follow up. The council has some stepdown provision specifically for homeless patients in self-contained units. Whilst employed by Canterbury City Council the HPHO will also advocate and work with other Local Authorities to find housing solutions.</p>
<p>Dartford & Gravesham NHS Trust</p>	<p>Safeguarding Advisor Role</p> <p>The Trust has a Safeguarding Advisor role which is dedicated to the Emergency Department. They support the safeguarding agenda and the High Intensity User group – which is a multi-agency approach between health, Mental Health, Social Care, Drug and Alcohol services and other agencies such as the police. This helps puts systems in place to safeguard individuals, including arranging care planning with the GP or highlighting concerns with other agencies, including referrals to Adult Social Care and Vulnerabilities panels. The Safeguarding Advisor delivers a weekly teaching session at the early morning handover which will include learning from SARs/Domestic Homicide Reviews, trends and themes including the Mental Capacity Act. These sessions capture all staff including nurses, Doctors and Consultants. An increase in raising concerns and referrals has been noted. Staffs' confidence has increased around the safeguarding adult's agenda, how to make referrals and who to contact. <i>Example: - the reporting of patients, to the trust safeguarding team, who are deemed to be self-neglecting during the reporting period June 24- April 25 was 169.</i></p> <p>Multi-Agency Meetings</p> <p>The safeguarding team attend Multi-Agency Risk Assessment Conferences (MARAC), Vulnerabilities panels and Self Neglect panels. This supports multi-agency working but also enables organisations to share concerns and work together to support their client/patient groups.</p> <p>Example of good practice: Multi agency meetings have been organised for a complex person where a number of concerns have been raised individually across multiple</p>

	<p>organisations. The meetings have been attended by GP practice, community teams (NHS), other acute hospitals, Adult Social Care and the Police. All agencies' concerns have been shared so that all agencies are able to offer appropriate support but also work together with the concerns.</p> <p>Safeguarding Hub</p> <p>The Trust has developed a Safeguarding Hub where all safeguarding leads are co - located this also includes the Hospital Independent Domestic Violence Advocate (HIDVA), Mental Health Lead nurse, Learning Disability Liaison Nurse, Social Workers and fortnightly the independent Mental Capacity Advocate (IMCA). This supports family centred approach to safeguarding. The Mental Health Lead Nurse manages the Enhanced Care Team. This team offers one to one support to patients with mental health, dementia, learning disability who are finding hospital admission difficult. The team is able to support activities and distraction techniques allowing for a better hospital admission. The safeguarding Hub also supports students including Social Work students on their 100 day placement as well as year 3 general nursing students who have placements with safeguarding teams. T100-dayports their safeguarding knowledge which they can put to practice when they return to their placement area (wards) and when they have qualified. The feedback that they provide from their experience in the safeguarding hub is positive, giving them a clearer understanding of the safeguarding agenda.</p>
<p>Dartford Borough Council (DBC)</p>	<p>Safeguarding Steering Group</p> <p>The safeguarding steering group is composed of designated safeguarding leads and serves as a forum to discuss all aspects of safeguarding. It ensures effective communication and collaboration both within DBC departments and directorates, and externally with Kent County Council's Children's Social Work Services and Adult Social Services.</p> <p>Monitoring of safeguarding referrals is a standing item on the group's quarterly agenda. An external representative—specifically, the local Team Manager for Safeguarding Adults—participates in the group and provides a crucial link for addressing operational issues between DBC and local Adult Social Services teams. This contact helps to resolve concerns such as delays in receiving updates on referrals. To date, no issues have been raised by KCC, which provides reassurance regarding the effectiveness of our processes. Information about Safeguarding Awareness Weeks is also circulated regularly, helping staff not only recognise the signs of abuse or neglect but also know who to contact when they have concerns. This has a positive impact on the knowledge of staff but also promoting the work of the Kent and Medway Safeguarding Adults Board throughout the organisation.</p>
<p>Dover District Council (DDC)</p>	<p>Winter Well Roadshow</p> <p>The Winter Well Roadshow took place during late November and early December 2024 and was targeted at supporting families impacted by the cost of living but also looked to support those from the homeless and street drinking communities.</p> <p>The Roadshow was supported by a number of Health providers to offer advice and guidance to those attending to stay safe and well through the winter months, items such as blankets and warm clothing were given away for free, alongside a number of workshops that included: cooking on a budget, budget management and grow your own produce. The Roadshow allowed for those identified as requiring additional support to be referred to relevant support services, with a holistic and multi-agency approach.</p> <p>Community Cohesion and Resilience Fund</p> <p>A Community Cohesion and Resilience Fund from the Ministry of Housing, Communities and Local Government (MHCLG) was secured by the DDC Community Safety team to the amount of £57,000. The fund was used to support local Charities, Community Interest</p>

	<p>Companies and Constituted Groups to deliver projects to build community relationships and work to prevent and counter harmful narratives. There were 7 successful Applicants who applied for grants between £5000 - £10,000. The successful applicants were able to set up and deliver collaborative projects across multiple agencies, these projects also raised awareness of the roles and responsibilities of work of the Charity and Voluntary sector, in particular the vital work they deliver across the district. The projects are still in progress and yet to be evaluated, but feedback so far has been positive and allowed for engagement with those from the hardest to reach communities within the district.</p>
<p>East Kent Hospital University Foundation Trust (EKHUFT)</p>	<p>Developing a Safeguarding Culture We have worked throughout the year to create a Safeguarding Culture around EKHUFT as an organisation.</p> <ul style="list-style-type: none"> • We have done this by ensuring all policies have a safeguarding review • Through improving our Safeguarding training compliance • We have built a Patient Tracker List (PTL) with our digital team to ensure that all wards can view patients where there are current Safeguarding concerns or restrictions in place following application for Deprivation of Liberty Safeguards for patients • The Safeguarding team have participated in ward accreditation to ensure ward assessments include Safeguarding standards in line with CQC Safe standards • The Safeguarding team have continued to work with site teams to consider safeguarding in patient flow, Length of Stay and discharge meetings <p>National Oversight Framework mandated support EKHUFT began this year in level four of the NHS England national oversight Framework which meant that we were receiving mandated support at a National, South East Regional and Kent and Medway Local level to meet statutory Safeguarding requirements. Through safeguarding leadership, strengthening our processes, learning from when we don't get things right, listening to our population and investing in our workforce we have been able to demonstrate significant improvement. Our assurance activity has enabled us to demonstrate progress against all aspects of the NHS Safeguarding Accountability and Assurance Framework and has resulted in a return to standard oversight of our local integrated care board. We have been supported on this journey by our local partners and we continue to use metrics to drive improvements in standards with a vision of creating an environment where patients feel safe to disclose and our staff can recognise abuse and neglect and our organisational role in preventing it.</p>
<p>Folkestone and Hythe District Council (FHDC)</p>	<p>Multi-agency working around self-neglect and safe discharge Our Lifeline Team work closely with a number of carers and NHS care navigators to identify clients at risk, whose personal safety and wellbeing could be increased using a Lifeline service. We offer a discounted rate on some of our products for clients referred by care navigators to ensure that they get the equipment they need to best support them on the discharge from hospital. The installation team often pick up additional work as well to ensure we fit these in as quickly as possible to help free up bed spaces and get people back in their homes safely as soon as possible. We are often in contact with doctors, KCC, carers or family where we have concerns about a client's self-care including self-neglect, and again, due to the longevity of some of the relationships we have, we can sometimes spot subtle changes in clients that other agencies may not be well positioned to pick up on.</p> <p>Multi agency working through Community Safety and District Vulnerability Panels Fortnightly Community Safety Unit (CSU) Meeting, bring together a diverse network of partners, including representatives from police, KCC Adult Social Care, health services</p>

	<p>(including mental health), housing/homelessness teams, drug and alcohol charities, etc. Partners can raise cases relating to individuals of concern, or wider issues around places and other contextual safeguarding issues, either to seek support and advise, or to share information with other partners. The collaborative nature of these meetings allows for open dialogue, informed decision-making and coordinated responses to the challenges our communities face. These meetings are a vital tool in promoting information sharing, fostering inter-agency cooperation and taking proactive steps to resolve complex community safety concerns.</p> <p>In some cases, where an individual is considered to be at high risk of harm, they will be passed from the CSU to the District Vulnerability Panel (DVP). The primary purpose of these meetings is to discuss individuals in the district who are identified as vulnerable or at risk. Through open and confidential information sharing, professionals can coordinate their efforts, either collaboratively or independently, to provide tailored support and find effective solutions for each person. This multi-agency approach is critical in ensuring that no one falls through the gaps and that all available resources are used to safeguard and support those in need.</p>
<p>Gravesham Borough Council</p>	<p>Community Safety Shop</p> <p>During Safeguarding Adult’s Awareness Week 2024, Gravesham Borough Council, (GBC) Community Safety Unit (CSU) arranged and facilitated a Community Safety Shop in the heart of Gravesend Town Centre. The CSU have built a good working relationship with the manager of the Shopping Centre and she was keen to support with a Community Safety Shop and kindly offered the use of a large empty unit with a good footfall of pedestrians. CSU invited a range of partner agencies to attend and share the services and support that they can offer to Gravesham residents, and when not in attendance at the shop themselves they were able to leave literature and merchandise so that residents were able to see a range a services that were available for their individual needs. Partner agencies that attended include Kent Police, GBC Rough Sleeping Initiative, Kent Family Hubs, Clarion Domestic Abuse Service and Violence Reduction Unit. CSU provided personal safety alarms, key blocking card holders and other safety gadgets as well as general safety advice and support. The purpose of the shop was to engage with the community, ensure they’re aware of the CSU at GBC and what we do, what we can help with, how we can support them, etc but also to ensure they’re aware of the services and support that is offered by our partners too. The Community Safety Shop is about, helping and supporting GBC residents, raising awareness of the roles and responsibilities of other partner organisations and the various services that are available, and engaging with the local community.</p> <p>Domestic Abuse Housing Alliance (DAHA)</p> <p>Gravesham Borough Council signed up to the Domestic Abuse Housing Alliance (DAHA) accreditation in 2023. The DAHA Accreditation is a framework designed to enable social housing providers and local authority housing teams to embed policy and practice that ensures they identify and respond to domestic abuse earlier and with greater efficiency so that victims/survivors can achieve safety and housing security. The accreditation framework includes 8 priority areas that considers the organisation's operations and delivers safe and effective interventions in domestic abuse. The Domestic Abuse and Safeguarding Officer is the lead who is managing the project to implement the framework. Operational and Strategic board meetings take place to update the DAHA action plan and to provide updates on the accreditation process. Over this last financial year, a Domestic abuse policy and procedure, for both staff and tenants, has been created. Training has also been identified for all staff which includes domestic abuse awareness training.</p>

	<p>It is noted that partnership working is vital for local authorities and housing providers to effectively respond to tenants/residents and staff experiencing domestic abuse. As Individuals’ needs are multi-dimensional and interlinked, meeting these requires integrated and joined-up services. This involves collaboration between all the agencies/services that may have a role to play in supporting victims/survivors and holding The SAFER scheme that is KCC’s countywide offer of Sanctuary and expands the offer of support within safe accommodation have attended the team meetings of housing colleagues to explain how the service can provide support to victims/survivors or domestic abuse, the benefits of the services and how staff can refer in. The SAFER Scheme’s engagement with housing teams has had a positive impact by improving multi-agency collaboration and increasing awareness of available support for domestic abuse survivors. Face-to-face meetings allowed staff to build relationships, ask questions, and better understand the SAFER Scheme’s role and referral process. This enhanced staff confidence in making referrals and strengthened awareness of partner organisations' roles and responsibilities, leading to more joined-up and effective support for victims.</p>
<p>HCRG Care Group (formerly Virgin Healthcare)</p>	<p>Multi-Disciplinary Team (MDT) coordinators HCRG Care Group North Kent have Multi-Disciplinary Team (MDT) coordinators within the community nursing service. These roles facilitate the MDT meetings where complex cases are discussed. Our core services are geographically aligned to Primary Care Networks (PCN) as part of our journey in developing Integrated Neighbourhood Teams. This further supports local multi-agency working to ensure that the correct professionals are represented, and in attendance to ensure that the patient’s case is discussed, with actions identified along with the owner of the action to ensure the right outcome for the patient is achieved. Patients with safeguarding concerns, with consent, are also managed within the MDT approach, ensuring all present are aware of the concerns, the desired outcomes and the available support where required. Additional professionals’ meetings can be arranged following MDT discussions depending on the need, complexity and required collaborative approach whilst ensuring the patient, where appropriate, is fully involved in every step of the journey. A recent case referred to the MDT meeting was due to the high complexity of their needs in the community with both patient and colleague safety concerns. The MDT included drug and alcohol link workers, housing, therapy teams, nursing, care agency management and the police. This has now progressed into a multi-agency risk Meeting due to the ongoing complexities.</p> <p>Weekly discharge planning meetings HCRG Care Group North Kent hold weekly discharge planning meetings with inpatients on the community hospital wards. This process provides an opportunity for the patient and their family to discuss any past or present challenges that may cause concern in the community. This informs the care planning as a valuable part of their rehabilitation programme whilst on the ward, and enables plans to be put in place to ensure a safe discharge is achieved – for example equipment and a package of care. This is effective and enables the patient to be discharged on the agreed date in a safe timely way thus preventing avoidable additional days in hospital. Patients and families/carers are encouraged to speak to the colleagues about any concerns they have regarding the admission and their imminent discharge back to a community setting. From the KMSAB discharge planning audit it was established that, 11 out of the 12 patients discharged, were discharged back to their own homes successfully. One patient had a discharge pathway change due to sudden changes in their condition and was transferred to a Local Authority assessment bed for their longer-term care needs to be reviewed.</p>
<p>Healthwatch</p>	<p>Improving Crisis Mental Health Support in Kent and Medway In the months leading up to Christmas 2024, Healthwatch Kent and Healthwatch Medway observed a concerning rise in negative feedback from residents regarding their experiences in accessing crisis mental health support. To address this, a report detailing</p>

	<p>these experiences was shared exclusively with stakeholders in November 2024. This decision was made to prevent further distress among residents while urging commissioners, providers, and wider stakeholders to take action. The report called for immediate improvements in crisis support availability during the 2024 festive period and encouraged system-wide collaboration to address public concerns and develop effective solutions. Action Taken - In response to the report's findings, Healthwatch Kent and Healthwatch Medway developed a Mental Health Support Resource Pack, outlining available services and their operating hours throughout the festive season in Kent and Medway. This resource was made accessible via our website and distributed in a printed leaflet format. Both versions were shared with system partners and promoted across our social media platforms. Additionally, we created an infographic to enhance awareness, which was shared across social media and included in stakeholder newsletters. This ensured both professionals and the wider public were informed about available support services during this critical period.</p> <p>The Care Home Managers' Interview Project Healthwatch Kent and Healthwatch Medway are collaborating with stakeholders to improve outcomes for adults through the Care Home Managers' Interview Project. This initiative aims to strengthen support systems for care home managers and enhance their relationship with health services.</p> <p>Project Aims - The project focuses on:</p> <ul style="list-style-type: none"> • Gathering care home managers' insights on opportunities to adapt and enhance existing support. • Assessing current relationships between care providers and health services. • Providing homes with a platform to share feedback on winter planning, helping shape future strategies. <p>Engagement and Impact - The project is engaging with approximately 60 care homes across Kent and Medway. Key themes emerging from these conversations will be shared with the NHS and local councils, guiding actionable improvements. Working alongside the Aging Well Board, Kent County Council (KCC), and Medway Council, Healthwatch aims to deepen understanding of care home managers' and residents' experiences, ultimately fostering positive change.</p>
HMP Elmley	<p>Domestic Abuse Awareness During 2024 – 2025 HMP Elmley and Clarion Housing group have formed a new working relationship. This work has centred around the visiting hall and around awareness of signs of domestic abuse, coercive and controlling behaviour. Clarion Housing group have delivered Domestic Abuse awareness training session to approximately 30 prison staff, of which predominately work in the visits hall. There are 2 more session already planned, to upskill another 30 staff, with the aim of delivering to all operational prison officers over the coming 2 years. This has raised awareness of the more subtle signs of domestic abuse to look out for when working in the visiting hall. We have also given guidance on how to report any concerns, which includes making the visits centre outside the prison aware so that they can offer support to visitors where needed.</p>
HMP East Sutton Park	<p>Discharge Boards Discharge boards were previously not happening consistently, so the process was reviewed and improved through engagement with other departments to ensure release planning was robust and safe for those being released. There is now multi agency attendance to ensure prisoners have met their resettlement needs, where possible including information around accommodation, employment, support network and training. If these are in place</p>

	<p>it helps to provide assurance that the person leaving custody will be well supported and safe. If any of these things are not in place, we are able to liaise with outside agencies and provide a handover to ensure they can be helped in the community.</p>
HMP Maidstone	<p>Share KMSAB Bulletin The functional heads disseminate the KMSAB bulletin within their teams to upskill all staff on the work of the KMSAB.</p>
HMP Rochester	<p>Safety Drop in Sessions We have held a number of Safety drop in sessions focusing on the identification of risk and how to support people identified as at risk. Feedback from these has been positive. Engagement in Weekly safety meetings and Monthly strategic meetings has improved leading to a better multiagency approach to decision making.</p> <p>Quality Audits We now regularly quality assure at least 20% of our open Assessment, Care in Custody and Teamwork documents. Assessment, Care in Custody and Teamwork (ACCT) is the care planning process for prisoners identified as being at risk of suicide or self-harm. Learning from this is shared to staff to promote improvements in care.</p>
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	<p>Strengthening system safeguarding assurance: KMPT have Safeguarding Champions represented in each Place Based Team, Safeguarding Champions have access to bi-monthly Champion meetings in which local KMSAB policies, themes and learning are discussed; in addition to other agencies being invited to share what they do and the latest developments, thus enabling us with our allied partners to learn and engage with partnership working.</p> <p>KMPT additionally hold a quarterly trust-wide safeguarding meeting chaired by the Safeguarding Executive Lead for Safeguarding and the Chief Nurse. The Integrated Care Board, Local Authority, Care Quality Commission, Kent Police, and partner agencies are invited to listen, promote, share and contribute to widening and improving communication, understanding of agencies roles whilst supporting KMPT's safeguarding agenda.</p> <p>KMPT are active participants with the KMSAB Working Groups supporting developments, policy and learning as part of the system. The KMPT Head of Safeguarding supports the KMSAB as SAR working group chair, in which the SAR working group supports and enables strategic partnership learning activity as a collective with the KMSAB team.</p> <p>KMSAB Policies and Protocols in practice Case Example Community Recover Team Operational Lead: Implementing the Self Neglect and Hoarding Multi-Agency Protocol: Feedback: We spoke with the client about the self-neglect meetings and the outcomes, they did not attend in person and they did continue to feel that everything was pointless and hopeless. Their day to day experiences were unchained but they did not deteriorate further. However, it is only now they may start to feel the effects of our multi agency working as they is due to move to supported accommodation and out of the house that was so damaged and damaging to them. The process supported the team to learn more about the person and acted to bring agencies together.</p>
Kent Community Health NHS Foundation Trust	<p>Healthwatch Awards In 2024/2025 KCHFT received a total of 9 awards. An award was received for prime example of a successful collaboration, in partnership with South East Coast Ambulance Service NHS Foundation Trust and East Kent Hospitals University NHS Foundation Trust, colleagues working in the east Kent clinical hubs, which provide a single point of access so frail patients get the urgent treatment they need at home, relieving pressure on</p>

emergency teams. The East Kent Home First Team was honoured at the Health awards for empowering local people to monitor standards and drive improvements, while the Adult Communication Assistive Technology Service was recognised for its outstanding involvement of people in both the commissioning and delivery of services.

Audits - Was Not Brought/Did not attend/Disengagement

Following learning from Local Safeguarding Reviews, KCHFT conducted an audit to evaluate compliance with the Kent and Medway Safeguarding Adults Board (KMSAB) policies and Trust guidelines on Was Not Brought (WNB), Did Not Attend (DNA), and Disengagement. Missed health care appointments have been consistently identified as a risk factor in serious abuse, neglect, and death. This audit aimed to ensure services are being followed up appropriately and to highlight areas for further improvement. This was the first KCHFT WNB audit related to adults. A total of 85 cases where there was adult WNB, DNA and disengagement were included in the audit. These were from 12 KCHFT adult services. The audit provided assurance to KCHFT that services are generally following guidance. A Trust wide action plan was implemented to increase awareness and ensure consistent application of the guidance. The audit will be repeated in 2025 to assess progress and further embed good practice. Areas of good practice included: ❖ Follow-up demonstrated after the first WNB by letter/text/telephone call or email ❖ Demographic details were checked with another agency and liaison with a GP or the referrer were evident ❖ Evidence found of a plan in place in the patient record following non-attendance Areas for strengthening practice were ❖ The need to follow up a safeguarding concern with a manager or a safeguarding team ❖ Consistent liaison with a GP or referrer

KMSAB Safe Discharge from Hospital Audit

The audit was completed by KCHFT and aimed to identify areas of practice in the hospital discharge process that may require strengthening to make discharge from the hospital safer and, as a result, improve patient outcomes, therefore minimising the risks of harm, abuse or neglect. The audit involved two KCHFT services: Community Hospitals and Rapid Transfer Service. The sample size used was 10% of Hospital Discharges for quarter 1 of 2024/2025, resulting in 136 records being audited across 9 community hospitals and 3 Rapid Transfer service sites. The audit provided good assurance of KCHFT following key standards in the safe discharge process. The plans have already been agreed to collaborate with local community health providers to review the audit template and repeat the audit in 2025/2026. Areas of good practice included: ❖ Person's/their advocate's views incorporated into the discharge ❖ Relevant partner agencies involved in discharge planning ❖ Where required, discharge planning meeting took place and the appropriate agencies attendance ❖ Information regarding discharge was shared with the person/advocate/carer ❖ Support from agencies/different services confirmed and set up prior to discharge ❖ Discharge notification/letter sent to the GP ❖ Mental Capacity Act was appropriately considered, as part of discharge planning. Areas for strengthening practice were ❖ Considering Safeguarding of the person/carers/children

Homelessness

KCHFT Rough Sleepers Service is a dedicated team supporting improved health outcomes for rough sleepers and those in temporary accommodation across Kent and Medway. The team provides those most vulnerable with easy access to health services, such as specialist nursing, podiatry, dentistry and dietary advice. They support people to self-manage some conditions, where possible and encourage them to re-engage with mainstream services. At the heart of the KCHFT Rough Sleeper Service, the practitioners work tirelessly to break down physical, emotional and mental barriers to effectively meet the individual's needs. To mark 2024 World Homeless Day the team captured their activity to highlight the impact

	<p>they made on rough sleepers in Kent and Medway. The work of the service is unmistakable and the activity of the complex care nurses in each locality is evidence of that. In just four weeks, the service made 329 contacts to people who desperately needed help and were supported by this small service, ❖ In Medway, the complex care nurse had 111 patient contacts, attended 6 urgent multidisciplinary team (MDT) meetings and 5 routine MDTs. ❖ In west Kent, the complex care nurse managed 108 patient contacts, collaborating with services like sexual health, Hepatitis C nurses, Dentaaid, mental health, social services, and drug and alcohol teams. The nurse attended 9 professional meetings and 4 safeguarding meetings. ❖ In east Kent, another complex care nurse recorded 110 patient contacts, participated in 5 urgent MDTs, and attended 5 professional meetings. One complex care nurse working in the service said “Each contact represents a life touched, a barrier dismantled, and a step toward better health and stability. For many of our service users, trust in systems, especially healthcare, has been eroded by trauma. As trauma-informed practitioners, we approach each person with care, patience and understanding, knowing that their past experiences can make it difficult for them to seek help.”</p>
<p>Kent Fire and Rescue Service (KFRS)</p>	<p>Improved multi-agency working The safeguarding team have developed a wider understanding regarding co-occurring conditions which significantly improved the outcomes for a customer where the concerns for high-risk self-neglect were impacted by their alcohol dependency and poor mental health. Through multi-agency working it was suggested a referral to the co-occurring conditions panel would offer the benefit of a fresh look at how to approach this complex case. This led to the allocated social worker and their team being supported through a best interest process which led to a clinical detox enabling the housing provider to complete deep clean and repairs. Assessment will take place whilst on ward to support them moving forward and better understand the underlying trauma which is impacting their life.</p> <p>Raising awareness of the roles and responsibilities of other partner organisations Through the Armed Forces Network Kent Fire Rescue Service (KFRS) is a long-standing supporter and already has a number of designated armed forces champions within its workforce, who are specially trained to understand the culture of the military community, and the impact it can have on individuals and their families. By using their knowledge, the champions can develop tailored services for veterans who live and work across Kent and Medway, including colleagues within the service, while helping them to seek extra support for them and their families from other organisations. Armed forces champions raise awareness of the support that can be accessed during our Safe and Well visits. Safe and Well Officers now ask specific questions to identify veterans and families of former or current serving members of the armed forces community and make referrals.</p> <p>Partner feedback received from Royal Air Force Benevolent Fund, Community Engagement Worker ‘I have been collaboratively working with (name) of Kent Fire and Rescue. I must start by saying what an absolute pleasure it is to work with him. His desire, passion and drive to support the Armed Forces Community and especially the RAF, is a credit to him. I have worked with Veterans now for the past 12 years, previously for the RBL and the past 2.5 years for the RAFBF. I cover the whole of the County, supporting those RAF veterans (National Service or Regular) and their widows/widowers who are socially isolated or lonely. (name), on his home visits, asks the question " Have you served " and this generates a conversation between the client and him. As soon as (name) knows they are RAF, he makes a referral to me for support. I can quite honestly say, that KFRS is the talk of my colleagues, who are very jealous of the relationship that I have and the referrals that I get.’</p>

<p>Maidstone and Tunbridge Wells NHS Trust (MTW)</p>	<p>Nursing Times Award Shortlist</p> <p>The Trust Complex Patient Admission Pathway and Oral Sedation Pathway for learning disability patients were recognised and shortlisted for the Nursing Times Awards: An oral sedation pathway designed for patients with learning disabilities (LD) who require minor medical interventions. These two Pathways were led by our Learning Disability Liaison Nurse in collaboration with our Mental Capacity Specialist Nurse. The pathways were specifically tailored for LD patients needing diagnostic investigations and treatment under sedation or general anaesthetics. These pathways were developed in response to the significant barriers faced by patients with LD in accessing routine and essential healthcare services due to high levels of anxiety and phobias related to hospital environments and medical procedures.</p> <p>Impact / Benefits: These innovative pathways have enabled some of our most complex LD patients to successfully access vital health screenings, investigations, and treatments that they were previously unable to undergo. This has not only improved health outcomes for these individuals but also enhanced their overall experience of care. In addition, the pathways have contributed to a reduction in the number of repeated or multiple hospital admissions by allowing several procedures to be carried out during a single admission. This has led to more efficient use of clinical resources, improved coordination of care, and reduced stress for patients, carers, and staff alike.</p>
<p>Maidstone Borough Council (MBC)</p>	<p>Multi-Agency Working</p> <p>In 2024, an analysis of data from our internal safeguarding log, coupled with insights from case management meetings, revealed a significant and concerning trend: a marked increase in individuals and households facing multiple, intersecting disadvantages and co-occurring conditions. Between January and June 2024, 41 safeguarding referrals were raised. Notably, mental health and domestic abuse emerged as the predominant concerns, with a marked rise in cases where both issues were present concurrently. In consultation with staff, it became apparent that housing-related cases were increasingly high-risk, often necessitating a more coordinated, multi-agency approach to ensure effective and sustainable outcomes. Through these discussions, operational housing staff reported they were encountering challenges with the multi-agency approach. In response, we conducted anonymised surveys focusing on staff wellbeing, vicarious trauma, and compassion fatigue. The findings highlighted a gap in systems assurance and in order to strengthen this we were required to establish clearer lines of responsibility for escalation and enhance oversight. This led to an internal recommendation for the adoption of a systems-thinking approach to safeguarding. This approach aims to better support staff, improve service provision, and ensure that the core principles of safeguarding, as outlined in the Care Act, are upheld. A key focus of this approach is strengthening partnership working and accountability across the service.</p> <p>To facilitate this, we utilised the KMSAB Escalation Policy to help resolve practitioner differences regarding referrals and adult safeguarding. An internal mechanism was established to escalate specific cases, ensuring they receive appropriate oversight from the Domestic Abuse and Safeguarding Coordinator. In parallel, we developed "Case Clinics" within our safeguarding and domestic abuse teams. These clinics were modelled on previous attempts to collaborate with partner agencies, which had not been successful due to low attendance from both sides. With the KMSAB updates on the MARM framework still pending, we opted to implement an internal mechanism to support staff and enhance partnership working, ultimately strengthening our safeguarding processes and improving outcomes.</p> <p>In November 2024, bi-weekly diary invitations were extended to all frontline housing staff, offering them the opportunity to attend drop-in sessions for guidance and oversight regarding case and risk management, particularly in instances where a multi-agency</p>

	<p>approach had been attempted but had not been successful. A comprehensive framework was established to systematically record and assess each case, with a strong emphasis on utilizing the KMSAB Kent & Medway Threshold Tool during these internal meetings to determine eligibility for Section 42 enquiries, where appropriate. These sessions have been instrumental in promoting a collaborative approach to safeguarding individuals at risk. Additionally, they have significantly bolstered staff confidence by providing consistent support and enhancing their understanding of the roles and accountability of other organisations within the safeguarding framework.</p>
Medway Community Healthcare	<p>Safeguarding Links Meetings Our quarterly meetings are attended by a link from every service across the organisation. We often invite guest speakers to talk about their services and how they safeguard others. Over the past year we have had representatives from KMSAB, Kent Police, Adult Social Care, Age Concern, Libra partnership and Porchlight.</p>
Medway Foundation Trust	<p>Multi-Agency Meetings In response to learning identified from SARs, and from SAR referrals that did not progress to SARs, we developed a prompt list for staff of who to consider to invite to multi-agency meetings, Multi-Disciplinary meetings, complex discharge meetings and Best interest / safeguarding meetings. Previous concerns had been the lack of involvement of GPs and community services who also held information on the individual. There has been an improvement in the communication and information sharing of safeguarding concerns and risks.</p> <p>In addition to the above, and prior to the MARM being in place we introduced the multi-agency meetings for complex high intensity users, where significant risks are associated with their behaviours and attendance. This has allowed for agencies not previously aware or involved to support the safeguarding of individuals. Learning from SAR Charlotte Burton continues to be shared due to the complexities of these young adults often the subjects of these meetings. Through safeguarding training and the internal meetings attended referral pathways and support from partner agencies is always highlighted, sharing good news stories and areas where learning is identified.</p> <p>As an organisation we work very closely with multi agency groups to protect and support those in need. We share information and support individuals highlighted through the Vulnerability panels and through substance misuse meetings held with public health.</p> <p>Independent Mental Capacity Advocate (IMCA) Working closely with LIBRA advocacy services (the commissioned provider for Medway), we have an Independent Mental Capacity Advocate (IMCA) on site every Thursday. The IMCA in collaboration with the safeguarding team attends wards and departments to highlight the role, explore patients that may be relevant for referral and supports complex referrals. There has been far more uptake of IMCA referrals through this approach to protect patients' rights.</p> <p>Right Care Right Person introduced by the police has been a challenge for the Trust especially when patients have left the Trust and are considered to be vulnerable. Learning shared through the right care right person meetings is shared widely with staff and in the safeguarding operational group.</p>
Sevenoaks District Council (SDC)	<p>Staff Briefings and Meetings At our internal, all staff briefing in March 2025, we were invited to provide an update on safeguarding, our policies and referrals process. This was delivered over 3 briefing events in one week and reached an audience of nearly 300 staff. As a result of staff feedback, in May, we will be attending the next round of staff briefings to discuss Mental Health Week and Personal Resilience, which will include a section on neuroplasticity helping to improve</p>

	<p>mental health, but also support frontline staff to reframe their understanding of childhood trauma. Attending staff briefings, helps us not only raise awareness of our own safeguarding roles and responsibilities, but also provide information on partner organisations.</p> <p>We continue to have Safeguarding as a standing agenda item at SMT (Strategic Management Team) every other month to highlight the work of the internal Safeguarding group, the number of referrals made, type of safeguarding concern case reviews, any new legislation that will affect us, and updates from KMSAB and the KSCMP. This has helped us as a Council to see where we may have higher numbers of certain types of safeguarding (e.g. adult or child neglect, DA, mental health, financial abuse etc.) and ensure we consider training or wider services that may be needed to support an individual (not just via the safeguarding route). This gives us the assurance that we are taking a holistic approach in supporting our customer needs.</p> <p>Work with housing Providers</p> <p>We work particularly closely with our largest Registered Housing Provider, West Kent Housing Association, alongside Moat Housing to help support and raise awareness of safeguarding. This is notably relevant when dealing with nominations for the Housing Register or temporary accommodation, where we will need to consider any safeguarding concerns in terms of a placement.</p>
SECAmb	<p>Referral Processes</p> <p>Adult Social Care in KCC and Medway are continuing to work with SECAmb colleagues regarding its vulnerable persons alerts to assist understanding of where an alert may meet criteria for Section 42 and therefore a safeguarding concern. The agency representatives have met over 2024/25 and continue to review arrangements around safeguarding using feedback from the Local Authority.</p> <p>Despite the continued increase in referral numbers and subsequent pressure on the team’s capacity there is assurance that SECAmb are escalating concerns appropriately and in a timely way. There are regular touchpoint meetings with heads of service across the SECAmb footprint in both adult and children’s social teams where discussions take place regarding the quality and appropriateness of referrals.</p> <p>A randomised audit was conducted throughout February 2025, spanning a month, to ensure timely processing of referrals. The audit concluded</p> <ul style="list-style-type: none"> • 57.5% of referrals on average processed in 24 hours • 22% of referrals on average processed in 48 hours • 11.1% of referrals on average processed in 72 hours • 9% of referrals on average processed between 72 and 120 hours <p>SECAmb’s Safeguarding team have built good relationships with partners across social care and with the Designated Safeguarding Teams within the Integrated Care Boards (ICBs). This enables queries to be answered quickly where necessary to ensure there is no delay to patient care, it also raises the profile of the ambulance service within the wider safeguarding network. Working in partnership with local police services has seen improvements in joint working when sharing referrals. The Trust has established a clear pathway to share concerns in a timely way particularly if there are concerns regarding potential areas of neglect.</p>
Swale Borough Council	<p>Cost of Living Partnership Meetings</p> <p>Throughout the pandemic Swale Borough Council (SBC) worked with agencies across the borough to implement emergency support to residents. Since then, Swale’s Cost of Living Partnership Group has grown and is attended by multiple agencies from Statutory, Voluntary Community & Social Enterprises (VCSE) and Housing, as well as other</p>

	<p>countywide services who attend the meetings held bi-monthly. The meetings discuss key issues as well as looking for innovative ways to work collaboratively to support vulnerable residents in the borough.</p> <p>Examples of projects that have come from this group include One Swale Roadshows, funded projects such as warm spaces and delivery of Household Support Fund. Much of the projects and discussion from these meetings are as a result of what families and vulnerable people have experienced and their reasons for accessing services.</p> <p>Supporting Safe Discharge The attendance at hospital meetings has resulted in some elderly clients who have been known for being victims of Domestic Abuse and or other safeguarding concerns, such as carer breakdown being flagged to the discharge teams (KMSAB policies are regularly quoted). Without this work, the community knowledge would not have been known. The careful balance of the clients’ rights and safety are always held in the forefront utilising learning from KMSAB work including SARs.</p> <p>Case Example: A gentleman had been in hospital for 11 months with multiple co-morbidities, homelessness and complexities. The Safeguarding team led multi-agency meetings with the community healthcare team, the hospital, social work teams, housing and Forward Trust to ensure a safe discharge was completed. This included engaging addiction services whilst an inpatient, ensuring housing assessments were completed and suitable accommodation found right through to registering him with a local GP and even attending the property to take receipt of equipment. It took a truly collaborative approach to ensure the discharge happened by utilising management but most importantly actual practitioners actioning and progressing the case.</p>
Thanet District Council	<p>Safeguarding training Delivered to over 60+ landlords to support the Housing teams within the council, this in turn has a positive impact upon residents within Thanet by providing increased knowledge and support around the district to prominent people. As well as 500+ members of TDC staff. All safeguarding is delivered face-to-face.</p> <p>Multiagency working</p> <ul style="list-style-type: none"> • Multi-agency is at the core of what we do, all events are a multi-agency approach. The safeguarding team at Thanet District Council sits within a co-located office (Kent Police, Kent Fire and Rescue Services, Department of Work and Pensions, Licencing etc, as well as hotdesking from substance misuse organisations, mental health support, social services, not an exhaustive list). • Thanet District Council safeguarding team attend the daily policing briefing and discuss vulnerable individuals who have caused concern over the last 24hrs. • Thanet District Council attend and participate in the Thanet District Vulnerability Panel hosted by Police and attended by agencies including mental health, SECAMB, Housing, Forward Trust and RISE (rough sleeping team), referring people into the panel, feedback to meetings and offering support to other agencies on cases they have referred to the panel. • Multi-agency Task Force meetings, with the above agencies but also including housing providers, KCC (adult and child), probation, KFRS, DWP, Domestic Abuse provider, Substance misuse sector, mental health (NHS). • Joint visits are carried out in a multi-agency approach; who is the best place to engage and support the vulnerable person? Whose service is more relevant to the needs of the person?

	<ul style="list-style-type: none"> • Thanet Community Safety Partnership is a strong and dedicated group of agencies, looking at the concerns around the district and how we can support the most vulnerable. Putting together plans and projects to tackle any community issues, as well as working with vulnerable groups and individuals. • Multi-agency work in our organisation has begun to further extend to healthcare services, this has improved the support we are able to provide to residents by extending our network to outside agencies, by (as a partnership) attending the local hospital to build relationships about staff safety and discuss safeguarding. • Thanet District Council is a joint partner in the Thanet Health Alliance, whose priorities are; Frailty and Mental Health and Employment.
<p>Tonbridge and Malling Borough Council</p>	<p>Enhancing Safeguarding Oversight and Information Sharing Tonbridge and Malling Borough Council has strengthened safeguarding assurance through the appointment of a Designated Safeguarding Officer and the use of the secure QES Case Manager system. This has improved internal oversight and enabled consistent, secure information sharing with partner agencies, supporting a more coordinated and accountable safeguarding response.</p> <p>Strengthening Multi-Agency Collaboration and Learning The Council actively participates in multi-agency forums such as KMSAB District Lead meetings and Community Safety Unit/Safeguarding Individuals at Risk of Harm panels, fostering shared learning and joint responses to safeguarding concerns. Staff have engaged in a wide range of training, including KMSAB level 3 courses, covering topics from suicide prevention to modern slavery. This has deepening understanding of partner roles and strengthened collaborative safeguarding practice.</p>
<p>Tunbridge Wells Borough Council</p>	<p>Vulnerability Board meetings We hold monthly multi-agency Vulnerability Board meetings into which partners can refer individuals who are vulnerable or susceptible to becoming victims of crime, chaired alternately by the Kent Police Community Safety Unit Inspector and the Council’s Community Safety Manager. Evidence of success can be seen with having tightened up the referral form to ensure good nominations are received and ensuring safeguarding-related signposting is better understood and that KMSAB resources and policies are used in conjunction with the Vulnerability Board for clients referred.</p> <p>Home Straight Service In 2024-25, we re-tendered for the Home Straight service, a service to support persons with hoarding behaviour and extreme clutter and provides a Home Straight grant accessible by the Home Straight Co-ordinator to assist with essential works such as cleaning, clearance, and repairs. We also re-tendered for the Hospital Discharge Service, a partnership service with TMBC and Sevenoaks Council, which helps support the discharge of patients from hospital and prevent delays with discharge. Attached to the service is the Home Enablement Grant, which provides funding accessible to the Housing Co-ordinators to arrange essential works to enable a patient to be discharged from hospital or a rehabilitation unit to their home. Works can include deep cleaning and repairs to essential services and facilities. Evidence of success of this is demonstrated through the quarterly reporting from the Home Improvement Agency delivering the services and case studies of individuals who have been assist through the service, reducing delayed hospital discharges and improving the home environment of residents.</p>

3. Embed Improvement and Shape Future Practice

Agency	Example
The Advocacy People	<p>Training</p> <p>Over the last year we have been undertaking a review of our internal training offer to ensure it equips staff with the knowledge and confidence they need to respond effectively to safeguarding concerns. This includes strengthening our safeguarding modules and refreshing content to reflect updated guidance.</p> <p>Referrals</p> <p>We closely monitor referral numbers on a quarterly basis, not only tracking volume but also assessing the appropriateness of referrals. This allows us to identify any reductions or gaps and to target awareness-raising activities to specific teams or localities where advocacy may be underutilised.</p> <p>In addition, any safeguarding concerns raised within the team are reviewed as part of our reflective learning culture. These reviews help us to identify any emerging themes or training needs, and to respond proactively by providing targeted support and development to our staff. This ongoing cycle of review and improvement ensures we are always evolving to meet the needs of the people we support and to maintain high standards of practice.</p>
Ashford Borough Council (ABC)	<p>The highest number of referrals Ashford Borough Council has made over the last year have been around self-neglect, complex cases, co-occurring conditions and homelessness.</p> <p>Beacon Centre:</p> <p>Homelessness, and in particular alcohol & substance dependency/co-occurring conditions, have featured in SARs, as well as the DHR for ‘George’. Ashford Borough Council (ABC) opened an outreach centre in January 2025 to support rough sleepers. The facility, which is operated by the council’s Single Homeless Team, is currently open three days a week (Mondays, Wednesdays and Fridays). Breakfast is available for the first hour every morning, following which there is a drop-in service where officers assess the needs of each individual and develop personalised support plans; appointments are facilitated for the remainder of the time. The facility has a place where people can shower or use a washing machine, there is food, drinks (including hot) and points they can charge their phones. A dental bus, the Hep C Team, The Forward Trust, podiatry and nurse have attended the centre to offer wrap around health care services. Servico, the Council’s out-of-hours outreach service are also encouraging the rough sleepers they interact with to attend the centre. Two of the team operating the service have now completed the Space Matters adverse childhood experiences (ACE) Ambassador / Trauma Informed Programme and are able to utilise a trauma informed approach, which of course is pivotal when dealing with some of our most complex clients where co-occurring conditions are present.</p> <p>“Albert” (this is a pseudonym): This example relates to Albert who was living with co-occurring conditions, chronic self-neglect, potential brain damage due to alcohol misuse, and chronic physical conditions. He was also at risk of financial abuse, specifically from a partner, as well as being at risk of muggings, and there were concerns around the people he was involved with. It had been assessed that Albert had mental capacity, but was often making unwise decisions, and this was leaving him vulnerable and at risk of self-neglect. A self-neglect meeting (instigated by ABC) took place after which Albert was moved into his own bungalow. He did however live with chronic self-neglect, and even though he was supplied with a microwave, he used a camping stove (putting himself and others at risk). Albert struggled with coming off the streets and</p>

	<p>was often spending nights back on the street and drinking heavily. Urgent referrals were made to Adult Social Care and Health and ABC undertook joint assessments with them. Hospital safeguarding also became involved, as Albert was often being admitted and then discharging himself; this allowed ABC Officers to know where he was. He refused a care package but had built good relationships with both an ABC officer and an Adult Social Care & Health worker, which allowed them to ensure Albert had nutritious food, the heating was on and that risks were removed, as well as ensuring he had clean clothes (which was vital due to his ulcers). Although he was engaging well (daily) he became unwell with pneumonia and was admitted to hospital where a further capacity assessment took place. ABC called a best interest meeting, where it was agreed he would stay in hospital to preserve his life. After recovering Albert was discharged to a respite facility specially for alcohol dependent people with brain trauma where he did well. However, once home he returned to drinking and rough sleeping within three weeks. The Capacity Act and Best Interest were applied and Albert went into a specialist home where he is now thriving and taking up former hobbies; he is now living his best life. This was a success due to the tenacity of officers and partnership working to support one of our more complex cases.</p>
<p>Canterbury City Council</p>	<p>Working towards the Domestic Abuse Housing Award accreditation (DAHA) Data from corporate safeguarding records of concern have shown that concerns about domestic abuse are in the top 3 categories of concerns raised. To improve responses to victims and survivors a raft of work has taken place over the past year to reach the required standards for the DAHA accreditation and as a result responses are more consistent, rooted in best practice and are trauma informed. 14 domestic abuse champions across front line services have been recruited and received training in recognising & responding to domestic abuse, carrying out Domestic Abuse, Stalking, and Harassment (DASH) assessments, intersectionality and unconscious bias. A domestic abuse policy for tenants has been produced and is in the process of being signed off. Working with our specialist domestic abuse service providers has also strengthened relationships and understanding of roles and responsibilities.</p> <p>Zero Tolerance /Bystander Training Extended The Community Safety Unit produce a strategic assessment yearly and uses the data to plan projects based on the analysis. In collaboration with the Canterbury Business Improvement District (BID) the Zero Tolerance training programme was rolled out for a second year running and expanded into the daytime economy as well as the nighttime, seeing a further 22 businesses and 104 staff members trained. The emphasis is on safeguarding those who may be vulnerable to abuse or exploitation and links to the Violence Against Women and Girls agenda. Following this training there were some excellent examples of businesses having the confidence to put this learning into practice: In one case; staff from the local nightclub intervened when an individual was on the railway tracks. Staff went out and supported the adult off the tracks and referred them into relevant support. In another case; a young neurodivergent adult was going to have his first night out in a club setting. His parents reached out to the club who took the time to meet with the young man and walk him around the premises and talk through what to expect to enable him to have a safe entrance into the environment.</p>
<p>Dartford & Gravesham NHS Trust</p>	<p>Safeguarding Advisor role dedicated to the Emergency Department The advisor has been able to support the safeguarding agenda raising the profile of adult safeguarding. They share the learning from relevant reviews (such as SARs) so that staff remain informed but can also improve their practice. They also organise and Chair the High Intensity User Steering group which is a multi-agency approach between health, Mental Health and Social Care. This helps puts systems in place to safeguard individuals but does not necessarily lead to making a safeguarding referral.</p>

<p>Dartford Borough Council</p>	<p>Safeguarding Steering Group As common practise, the Safeguarding Steering Group includes a standing agenda item to review and discuss quarterly safeguarding referrals, categorised by type (e.g., adult, child, domestic abuse). This agenda item includes comparative analysis with previous quarters, allowing the group to identify significant increases or emerging trends. One such insight has highlighted the need for increased awareness around Modern Slavery, Human Trafficking and Prevent. In response, the Communications Team has developed an alternative method of raising awareness by displaying key messages on staff computer backgrounds. This approach will now complement existing communication methods such as the intranet and social media going forward.</p> <p>Training compliance Training compliance remains strong as evidenced from our training record which is monitored monthly. All staff receive training appropriate to their roles, as determined by a training matrix. The Safeguarding Steering Group has recently completed Level 3 safeguarding training, which is refreshed every three years.</p>
<p>Dover District Council</p>	<p>Lead Safeguarding Officer attends Staff and Manager inductions It was recognised that safeguarding is “everybody’s business” at the Council and so the Lead Safeguarding Officer attends all staff and manager inductions, to provide an overview of the safeguarding responsibilities the Council holds and remains at the forefront of all staff working practices.</p>
<p>East Kent Hospitals University Foundation Trust (EKHUFT)</p>	<p>Responding to Statutory safeguarding enquiries Throughout this year EKHUFT has been embedding our new procedure for Section 42 enquires, A meeting with the local authority was re-established to ensure timely response and working together to safeguard adults who require support. The new pathway includes safeguarding supervision for the individual practitioner completing the report and the team involved in the incident once actions and learning is established. Workshops support thematic learning; these can be trust wide or team specific dependant on the learning needs. The trust safeguarding champions support ward level safeguarding signposting, sharing learning and resource management.</p> <p>Safeguarding Conference On the 11 October 2024 EKHUFT held its first adult focused safeguarding conference. All the speakers were chosen to support the learning from EKHUFT Safeguarding incidents and themes. This was attended by over 130 delegates. We included the roles of the Safeguarding Adults Board and partner agencies in supporting our clinical teams and considered groups which suffer health exclusion and their experiences of care, to embed learning already shared through our safeguarding operational group.</p>
<p>Folkestone and Hythe District Council (FHDC)</p>	<p>Safeguarding Training Plan. During 2024/25 a comprehensive new training plan was developed and implemented across the organisation, to help embed good safeguarding understanding and practice. The plan listed every job role within the council, and identified what safeguarding training was required for that role. The training was divided into that which was mandatory for the role, and advisable. For example, staff with minimal frontline involvement with residents (e.g. Finance) were only required to complete the eLearning modules on Safeguarding and Prevent, while staff with more direct involvement with residents (e.g. Housing, Customer Contact, etc) were required to also attend additional face to face training sessions delivered by the council’s Safeguarding Officer (accredited for training by the children’s partnership) and KCC’s Prevent Team. Designated Safeguarding Officers were also required to attend specific, Designated Person</p>

	<p>safeguarding training sessions. Details of how to access the training and all key information is available on the staff intranet.</p> <p>As an additional improvement, following safeguarding audits, evaluation of the face-to-face training has been built into the process, to ensure that the impact of training and any future needs are monitored. Face to face training is also updated as necessary building on learning/recommendations from Safeguarding Adults Reviews, Domestic Homicide reviews, etc. Additional safeguarding and Prevent training is also being provided for Members to provide additional assurance.</p> <p>Safeguarding Data Analysis (including training other districts) Additional work has been carried out in 2024/25 to look at the safeguarding data held on our Safeguarding Record System (QES), and specifically ways to analyse this data to best effect.</p> <p>Following discussion with other Designated Safeguarding Leads (DSLs) across Kent about the data held by QES, Folkestone and Hythe District Council’s Safeguarding Officer offered to give training to the DSLs in Spring 2025 on how the raw data held by QES could be analysed (through Excel) in a variety of ways to draw out themes or trends – for example how to break down the data into the categories of safeguarding (e.g. physical abuse, self-neglect, mental health crisis, etc); how to obtain the ages of the individuals in the records from their dates of birth; and how to obtain location data to identify any hotspot areas for safeguarding concerns. This training, and the subsequent guide to the data processing produced by FHDC’s Safeguarding Officer, will enable better and deeper analysis of safeguarding records by both FHDC and the other Districts who use the QES system going forward.</p>
Gravesham Borough Council	<p>Safeguarding Training</p> <p>In response to an identified learning need, a new in-person safeguarding training package now forms part of the Safeguarding training matrix and is mandatory for all staff, members and volunteers at GBC to attend. This is being facilitated and delivered by the Lead Safeguarding Officer and Domestic Abuse and Safeguarding Officer. It is a full day training session to include all elements of Safeguarding, reference to local and national cases, Making Safeguarding Personal, Trauma-Informed Practice, and learning from Safeguarding Adults Reviews, Domestic Homicide Reviews and Local Child Safeguarding Practice Reviews, and includes staff responsibilities and reporting procedures. Prior to this training being implemented at GBC, the mandatory Safeguarding training consisted solely of e-learning which did not include specific roles and responsibilities for GBC staff or the specific reporting procedures we follow at GBC. It was identified that this was a huge gap in the training, as it was so important that staff knew how to raise any safeguarding concerns that they may come across, and knew how to report and refer appropriately. By creating a bespoke Safeguarding Training for GBC we can ensure it is personal, specific, engaging and relevant. Feedback received was extremely positive.</p> <p>Employment Pathway</p> <p>Gravesham Borough Council (GBC) has introduced an Employment pathway for former rough sleepers within the Waste recycling and refuse collection service. This focuses on former rough sleepers who have been placed into GBC Supported housing scheme to have a chance at re-entering the workforce and sustaining employment. Following their stay in the supported accommodation and with the support they receive, once they are ready for employment, we assist them to create a CV and complete an employment risk assessment. Tenants complete an induction day and 2 days' work experience for 2 weeks and enter casual contracts.</p>

<p>HCRG Care Group (formerly Virgin Healthcare)</p>	<p>Monthly Quality and Governance Committee All published Safeguarding Adult Reviews (SARs) with recommendations for learning are discussed at the HCRG Care Group Monthly Quality and Governance Committee. All managers attend for their respective services. There is a focus on the reflective questions to be discussed in more detail at individual team meetings. The SAR recommendations and learning with links are then disseminated to all colleagues and added to the resources folder for learning as required. A recent SAR learning event was held jointly with the ICB regarding a self-neglect and hoarding case. Colleagues were encouraged to discuss the challenges they have with solutions identified to address. As a result, there is improved engagement with GPs and colleagues feel more empowered to escalate their concerns and raise safeguarding concerns. Colleagues are asked to follow the 6 principles of the Care Act which incorporates making safeguarding personal. The session provided the opportunity for colleagues to discuss their concerns where patients do hoard, or self-neglect, has raised awareness throughout our teams, improved their risk awareness and enabled them to provide appropriate support to our patients. As a result, colleagues feel they are supporting patients to remain at home, enabling a more integrated approach to the care and support wrapped around the needs of the patient.</p> <p>Safe Discharge Audit The recent KMSAB audit for discharge planning was conducted across the 4 North Kent community hospital wards where 115 patients during the audit period were discharged from inpatient wards. (10% sample for Q1 2024). This identified areas for targeted improvement which have now been actioned, these were: • All discharge summaries to be sent electronically to GPs. • To ensure that ethnicity and other personal data is recorded on the patients’ medical record if not already recorded. Overall, the audit was positive with good outcomes for patients being discharged our wards with robust discharge planning processes in place, engaging with patients and family/ carers appropriately to ensure a safe and timely discharge. Future audits are planned within our annual audit plan and where relevant, will be included in future reports.</p>
<p>Healthwatch</p>	<p>Healthwatch Recognition Awards 2025</p> <p>In March 2025, Healthwatch Kent and Healthwatch Medway proudly hosted the Annual Healthwatch Recognition Awards, celebrating outstanding contributions to health and social care across the region. A total of 40 individuals, services, and collaborations were nominated for their innovation, dedication, and commitment to delivering world-class care for residents in Kent and Medway. The Healthwatch Awards serve as a platform to:</p> <ul style="list-style-type: none"> • Recognise excellence in health and social care services. • Champion the engagement of lived experiences in service design. • Highlight best practices, encouraging creativity and collaboration in the sector. • Beyond celebration, the event reinforces the importance of patient-centred care, ensuring that services continue to evolve based on the needs and experiences of the community.

	<p>Progress in Addressing Health Inequalities for the Deaf Community in Medway</p> <p>In April 2024, Healthwatch Medway published A Spotlight Report on the Deaf Community in Medway, highlighting ongoing concerns about the lack of system-wide improvements since the original report in 2022. In response, we collaborated with system partners to drive meaningful change, leading to several short-term achievements:</p> <ul style="list-style-type: none"> • Medway Local Authority has introduced a video BSL interpreting service, improving communication accessibility. • The report helped shape Medway Foundation Trust’s (MFT) strategy, resulting in: <ul style="list-style-type: none"> ○ The installation of additional hearing loops across Medway Hospital. ○ The availability of clear panel masks and visors in key areas to enhance communication for individuals who rely on lip-reading. <p>These improvements mark an important step forward in tackling health inequalities faced by the Deaf community, with continued efforts to ensure lasting and systemic change.</p>
HMP Elmley	<p>Independent Domestic Violence Advocate (IDVA)</p> <p>Through working with Clarion Housing Group, HMP Elmley has been able to have an Independent Domestic Violence Advocate (IDVA) based within the visits centre one day a week. This was trialled over a number of weeks to see how the service was received by visitors and whether we could make any adjustments in order to support visitors who may be experiencing domestic abuse. Although it was a trial it has helped us to build up an excellent working relationship with Clarion Housing group and also with our family services provider Pact, so we can work towards providing the best level of support to our visitors and their families.</p>
HMP East Sutton Park	<p>Effective Information Sharing</p> <p>We have improved our transfer process when receiving prisoners from closed prisons through use of improved information sharing prior to transfer to allow our healthcare, safety and neurodiversity staff to prepare for new arrivals. Introducing the sharing of transfer reports before arrival has helped to make the induction process smoother and safer for prisoners arriving with us.</p>
HMPPS Probation Service	<p>Case Example</p> <p>Person X was diagnosed with Emotionally Unstable Personality Disorder (EUPD), Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD) and Learning disability. Initial multi-agency working was difficult due to services assessing Person X as out of their scope but acknowledging the need for support. The Social Care Person X required was hindered by their housing issues and the Community Mental Health Team deemed Person X needs to be unsuitable for their intervention. Following a Multi-Agency Public Protection referral, both Adult Social Care and Housing recognised the need for involvement and were fully committed. There have been struggles at times with services not understanding the limitations of others but communication between Adult Social Care, Housing, Hospitals and Police became an essential part of risk management and responding to Person X needs.</p>

<p>Kent and Medway NHS and Social Care Partnership Trust (KMPT)</p>	<p>Training. In response to identified learning needs stemming from internal learning and external statutory reviews KMPT promoted and delivered additional bespoke training to enable staff to reflect, visit & revisit, and consider practice that can be utilised to enable adults at risk to be safeguarded as part of safe care delivery. The following bespoke training was delivered to KMPT staff lead by the KMPT Patient Safety Team</p> <ul style="list-style-type: none"> • Patient Safety Bitesize Learning Event - Falling Through the Cracks: Preventing Unsafe Discharge • Patient Safety Learning Event - Matching Needs with Solutions: A "Right Care, Right Person" Event • Patient Safety Learning Event - Let's Talk About It: Mental Health & Suicide in Young People • Patient Safety Learning Event - Decoding the Silent Language of Domestic Abuse • Patient Safety Learning Event: Empowering Safeguarding: Building a Safe, Person Centred Culture • Patient Safety Learning Event - Beyond Diagnosis: Learning from those living with Dementia • Patient Safety Learning Event: Reimagine Care: Exploring Autism and Learning Disabilities
<p>Kent Community Health NHS Foundation Trust</p>	<p>Safeguarding reviews and learning KCHFT works in partnership with the Kent and Medway Safeguarding Adults Board (KMSAB) to fulfil its statutory duties, including participation in Safeguarding Adult Reviews (SARs) when serious harm or death occurs. The Trust collaborates throughout the review process to identify lessons learned and ensure improvements are embedded into practice. Learning from published adult and child case reviews, as well as Domestic Abuse Related Death Reviews (DARDRs), is shared widely across the Trust. Dissemination is supported through audits to monitor the application of learning in practice. Trust safeguarding practitioners actively promote themes and learning during safeguarding consultation duty line with frontline colleagues and encourage initiation and participation in multi-agency meetings. They promote multiagency guidance and provide specialist support to staff managing complex safeguarding concerns. They assist with case enquiries and lead professional escalation when progress is lacking or risks remain unmanaged</p> <p>Data In 2024/2025, KCHFT Safeguarding Service facilitated 1349 specialist safeguarding adults consultations. This is a 38% increase from 979 the previous year. This highlight both the complexity of safeguarding concerns and the engagement and learning embedded in practice by community health staff. The most significant increases were concerns related to care and support, self-neglect, neglect, mental health and domestic abuse. Despite this rise in consultations, adult safeguarding referrals to the local authority remained stable with 700 concerns submitted, indicating effective early intervention and coordinated support by community teams.</p> <p>Self Neglect</p>

	<p>In 2024/2025, the KCHFT Safeguarding Team strengthened its oversight of the self-neglect theme by enhancing its internal database to include a dedicated column tracking multi-disciplinary team (MDT) meetings. This improvement aimed to monitor the effectiveness of multi-agency self-neglect procedures and ensure KCHFT's active role in collaborative safeguarding work. Of the 213 safeguarding consultations related to self-neglect concerns, 119 cases involved an MDT meeting initiated or led by KCHFT practitioners. These often included complex cases that were supported directly by the Trust's Safeguarding Team, demonstrating KCHFT's ongoing commitment to playing a proactive and accountable role in multi-agency safeguarding partnerships. To support staff in managing complex safeguarding concerns more efficiently, KCHFT has developed clear flowcharts and embedded templates for arranging self-neglect and best interest meetings. These resources are accessible via direct links, streamlining the process and ensuring consistency and compliance with multi-agency procedures. This improvement makes it easier for frontline staff to coordinate appropriate meetings and take timely action in complex cases.</p> <p>Example from practice - Initiating and leading multiagency meeting Feedback following a self-neglect meeting led by KCHFT practitioner. The practitioner who led the meeting demonstrated a strong understanding of the complexities surrounding self-neglect, and the facilitation of the meeting was both insightful and compassionate. The practitioner effectively encouraged an open dialogue among team members, creating an environment where everyone's thoughts and concerns were valued. This approach not only enhanced the quality of discussions but also emphasised the importance of collaboration in addressing sensitive issues in the case. The practitioner's commitment to putting the patient at the centre of our discussions was evident. The patient's needs and preferences were consistently advocated, maintaining "making safeguarding personal" mindset reflecting dedication to providing respectful and dignified care. The thorough documentation of the meeting outcomes and action points was evident to facilitate ongoing efforts in supporting the patient, the attention to detail and clear communication enhanced collaborative multiagency work to support the patient.</p>
<p>Kent Fire and Rescue Service (KFRS)</p>	<p>Learning from SARs/internal reviews has improved practice Learning from SAR Nik is improving practice. The review highlighted the importance of equality, diversity and inclusivity, specifically linked to gender identity, recording pronouns/gender and sex on recording systems. KFRS replaced the CRM (Customer Relationship Management) system used to record our safeguarding cases and visits in November 2024 and it is now possible to capture Equality, Diversity & Inclusion data. This will be used to ensure that services are accessible to different customer groups and to make sure that underrepresented groups can be targeted when we promote home fire safety visits.</p> <p>This SAR and other learning (for example from safeguarding adults awareness week) has led to KFRS developing further training on trauma informed approaches. In January 2025, work started to develop new face to face training at Level 3-4 as the current one-day course has been delivered for 3 years and it needed a refresher. This includes video content on adverse childhood experiences. Increasing awareness on what it means to be trauma informed is helping Designated Safeguarding Officers to recognise this and offer appropriate support by signposting and/or making referrals.</p>

	<p>Updated station training in response to an identified learning need</p> <p>KFRS crews are also trained first responders, our on-call stations attend on behalf of SECAMB in the first instance and either triage or assist until SECAMB attend. Crews were mobilised as first responders to a home which was hoarded and where there were other indicators of high-risk self-neglect and unmet care needs. As they handed over to SECAMB, SECAMB stated they would raise safeguarding regarding the self-neglect concerns. No KFRS safeguarding was raised. It was identified that there was a level of confusion when the crews are working in this dual role regarding who would deal with safeguarding concerns.</p> <p>The expectation is if KFRS crews note a concern they should be raising as per our safeguarding policy. Feedback was provided to the specific station and crews; however, it was identified there was an opportunity to deliver more training to on-call stations. A revised training package targeted at our first responders was developed and face to face delivery commenced March 2025.</p>
<p>Maidstone and Tunbridge Wells NHS Trust (MTW)</p>	<p>Activity: The Trust has taken meaningful steps to improve patient experience by actively listening to and engaging with staff feedback, with a strong focus on addressing health inequalities. In 2024, the Trust launched the Experience of Care Strategy 2024–2029. This strategy was co-produced with patients, their families, and friends who use services provided by the Trust. The strategy outlines the Maidstone and Tunbridge Wells NHS Trust recognition of and commitment to, the importance of the patient care experience. The strategy outlined four key domains which are communication, involvement, partnership, and culture. The strategy also outlined a structured approach to enhancing the experience of care, including how progress will be monitored and how we will continue to work in partnership with patients, carers, and stakeholders.</p> <p>Impact/Benefits: A key development has been the launch of a new Friends and Family Test portal, which allows staff to delve more deeply into patient feedback. This ensures that patients feel genuinely heard and valued throughout their care journey. Several service areas have also introduced ‘Relatives Clinics’, dedicated sessions where patients’ families and friends can meet with clinical teams to discuss complex care plans and cases. These forums provide a valuable opportunity for open dialogue, helping to enhance transparency and collaborative decision-making in patient care. Further strengthening our approach, the Trust appointed a Patient Safety Partner whose involvement has positively impacted both the experience of care and clinical outcomes. In addition, we have developed strong partnerships with local organisations, individuals with lived experience, volunteers, and leaders from faith communities. These connections help to ensure our services are informed by diverse perspectives and remain responsive to the needs of the populations we serve. Patient feedback is now being more actively embedded into clinical practice. Patient stories, in particular, are being used to inform service improvements and to reinforce a culture of care delivered with kindness and compassion. This person-centred approach is helping to shape how care is experienced on the ground. In support of continuous improvement, more than 800 colleagues have been trained in the Patient First Improvement System. This programme equips staff with the skills and tools to drive meaningful change and strengthen the overall experience of care. Together, these initiatives reflect the Trust’s strong and ongoing commitment to delivering compassionate, inclusive, and high-quality care that places patients and their families at the centre of everything we do.</p>

<p>Maidstone Borough Council (MBC)</p>	<p>Internal Safeguarding Champions meetings are held bi-monthly. Within these meetings, we discuss published SARs and analyse the learnings and recommendations. Discussing the SAR for “Saunders” in 2025 led to conversations regarding capacity and Safeguarding vs safeguarding.</p> <p>It became apparent that staff would benefit from increased confidence in understanding the s42 process and legislation in terms of safeguarding accountability which has now been completed following the Legal Literacy training event. The feedback from Safeguarding Champions has been positive, confirming that their confidence has increased and they are able to take forward this knowledge to embed within their teams. What was particularly helpful was recognising mental capacity vs executive functioning. This knowledge has led to an increase of accessing services such as the Co-occurring Conditions Panel to better support those known to MBC who require intervention but have difficulty with executive functioning that impacts their ability to engage or achieve positive outcomes.</p> <p>The SAR also highlighted the need for increased awareness and newsletters for all staff are now produced with SAR learnings included.</p>
<p>Medway Community Healthcare</p>	<p>Additional Training</p> <ul style="list-style-type: none"> • Launched Restriction and Restraint training in response to Right Care Right Person – improving legal literacy • New induction package developed and initiated to include themes from learning – escalation, Making Safeguarding Personal (MSP), self-neglect, Mental Capacity Act (MCA) etc. <p>Governance Assurance Information Network (GAIN)</p> <p>GAIN Meetings continue to take place. They are open to all MCH staff, however each operational service must be represented. It is attended by MCH directors, assistant directors, non-executive directors, heads of service and chaired by the Quality Team Leads. The aims are to:</p> <ul style="list-style-type: none"> • bring together the MCH community in an informative and interactive forum which puts patients at the centre of all we do • provide the opportunity to showcase good practice and innovation, share lessons learned and to build networks ensuring everybody’s voice matters • promote the quality improvement agenda and everybody’s role within it • evidence quality assurance to key stakeholders including staff, the Integrated Quality and Performance Assurance Committee and MCH Board • facilitate the cascade of information and effective communication through easily accessible events and newsletters <p>There have been 4 GAIN sessions, 3 virtual and 1 face to face, each one well attended by staff from across MCH. There have been presentations from a range of MCH services and external speakers.</p>
<p>Medway Foundation Trust</p>	<p>Learning from SARs has been a key feature of the internal safeguarding work this year. We have specifically focussed on the following learning to improve practice.</p> <p>Legal literacy – Mental Capacity Act (MCA) training compliance has been above the Key Performance Indicator of 85% for over 6 months and is now off of the risk register. 50% of all patients on a DoLS (Deprivation of Liberty) have their MCAs audited every month and the results show improving quality month on month.</p> <p>Self-neglect - referrals have increased and quality of recognition and referrals has improved.</p> <p>Safe Discharge – Integrated Discharge Team (IDT) Medway Community Healthcare (MCH) and MFT discharge liaison nurse are now all working in the same team, working to same process. This aids communication and information sharing.</p>

	<p>Multi- agency working - The Emergency Department High Intensity User meeting has been reestablished and allows a multi-disciplinary oversight of risks and concerns of some of the most frequent attending patients with complex presentations.</p> <p>Carers – The learning of the impact of caring responsibilities on carers has continued to be highlighted throughout training and meetings. Staff are now seen to be having conversations with carers and documenting the conversation. They offer referral for carers assessment and leaflet is emailed to ward staff to give to the relative to inform them of their rights and how to request a carers assessment. Even if they decline they are given signposting should they change their mind.</p> <p>Alcohol / cooccurring conditions – the promotion of the Mental Capacity Act Assessments, ensuring clinicians consider executive functioning when seeing repeat attenders who do not wait to be seen but then reattend has been significant throughout the year as this patient group can be very complicated for a busy unit or environment to manage. By using the Addenbrookes Cognitive Exam (ACE3) we have been able to support clinicians in assessing and managing these patients in a more holistic way.</p>
<p>Sevenoaks District Council (SDC)</p>	<p>Data Analysis</p> <p>Through our case referral system, we have been able to gather intel on the reports and look at what cases are being referred. We added Multi Agency Risk Assessment Conference (MARAC) cases to the system which has proved helpful, as we are now able to compare data to previous years, identifying any common themes. For example, there has been an increase in cases linked to mental health and we have worked with staff to provide mental health training and via the national mental health awareness days/weeks.</p> <p>Training</p> <p>We deliver safeguarding training every 3 months internally. Three members of staff are now trainers, so we are able to provide more training and not rely on just one person, which has provided greater resilience in the organisation.</p>
<p>SECamb</p>	<p>Mental Capacity Assessments</p> <p>Over the past twelve months there has been increasing challenge to SECamb’s mental capacity practice – the challenge has come from Coroner’s inquests and a recent SAR. The Trust has developed a plan to address these concerns.</p> <p>The Trust’s current position is:</p> <ul style="list-style-type: none"> • Mandatory Mental Capacity Act (MCA) e-learning rolled out during 2024/25 for all staff in a patient contact role • Level 3 Safeguarding training for all registrants has a focus on MCA • Current Level 3 training compliance as of 01/03/2025 is at 82% • Recognition that mental capacity assessments in Emergency Operations Centre (Ambulance Control) and 111 is challenging and recognised at a recent Coroner’s Inquest • Ability for clinicians either at scene or in EOC/111 to escalate MCA concerns to Clinical and Critical Care Support Desks • 24/7 Safeguarding On-Call available with appropriate escalation <p>Current Gaps in provision:</p> <ul style="list-style-type: none"> • The organisation has reasonable assurance that systems and processes are in place to ensure that relevant staff working with adults at risk are aware of the Mental Capacity Act and how and when to apply it. However, decision making and mental capacity assessments are not always recorded appropriately. • There is evidence that staff are not always able to complete patient documentation in a way which provides evidence of mental capacity

	<p>assessment. In particular, staff do not always record the evidence of how best interest decision making was achieved.</p> <ul style="list-style-type: none"> • There is limited understanding of Executive Function of capacitated decision making <p>Mitigations and plans to address deficits:</p> <ul style="list-style-type: none"> • All staff receive Mental Capacity Act training commensurate with their role <p>Actions to address these deficits include:</p> <ul style="list-style-type: none"> • Training – focus on ability on decision making and whether patients can undertake their desired decision • Focus on impact of executive functioning on mental capacity assessment • Reported into Quality & Clinical Governance Group and Quality & Patient Safety Committee – safeguarding annual report • Regular senior safeguarding attendance at local operational leadership meetings to raise the profile of MCA, Best Interest Decision Making • Electronic Patient Care Record update now includes the ability to better evidence MCA assessment and best interest decision making • Development of podcasts and webinars with a focus on mental capacity and best interest decision making
Swale Borough Council	<p>We have been involved in cases relating to co-occurring conditions and entrenched alcoholic work for some time, which has been highlighted within multiple SARs. The Complex needs project was born out of these and our own experiences. This year we have forged some real improved working practices and relationships with addiction services. This has resulted in them being able to carry out joint visits with our teams, including hospital inpatient visits. Alongside this we have had to accept that some deaths we cannot prevent despite our best efforts. With these cases we advocate for a dignified death. We use data from national services as well as our own to adjust and refocus this work each year. Data such pre and post engagement: hospital admission levels, contact with blue light services and contact with addiction services to look at barriers to engagement etc.</p> <p>As part of the above and other SARs we have introduced mental capacity training. A mandatory requirement for front line staff.</p> <p>Case study: A case of a gentleman who was chronically alcohol dependent, homeless with multiple complexities. Despite him being assessed to have capacity when an executive dysfunction assessment was requested, following a Multi-Disciplinary Team meeting it was found from Addenbrookes Cognitive Examination (ACE) he was experiencing declining executive function. This gentleman continued to be in and out of hospital but due to this being highlighted, an end of life package was achieved. This is not always the case for entrenched alcohol dependent individuals.</p>
Thanet District Council	<p>Strategic Assessment</p> <p>Thanet District Council as the host for the Thanet Community Safety Partnership, carries out a strategic assessment each year. This strategic assessment looks at hospital admissions, fires, police data, social services data (adult and child), domestic abuse data, PREVENT data, TDC data, Department for Work and Pensions data. From the outcomes of this strategic assessment, we look at our practices and how we can adapt to help reduce any concerns raised in the data. The community safety team then adjusted the Community Safety Plan accordingly.</p> <p>Case reviews</p>

	<p>We carry out Case reviews that are complex Anti Social Behaviour (ASB) cases, where 9/10 times there are safeguarding issues. We look at (with Kent police, social housing, Integrated Care Board) how the case was managed, what extra could have been done and what plan there is for the future, as well as discussing with the individual (and sometimes family) what their needs and expectations are.</p> <p>Safeguarding Forum and Policy The Safeguarding forum looks at safeguarding processes and how they can be improved, this is done in various ways; internal reviews, partnership reviews and looking at Domestic Homicide Reviews, Safeguarding Adults Reviews and information through KMSAB and the Kent Children Safeguarding Multi-Agency Partnership, as a standard on the agenda item for the forum. TDC's Safeguarding policy is reviewed annually and lessons learnt from these reviews/meetings are taken into consideration and embedded into policy where it is necessary.</p>
Tonbridge and Malling Borough Council	<p>Using Learning from Reviews to Improve Frontline Practice Tonbridge and Malling Borough Council has embedded learning from Safeguarding Adults Reviews (SARs) into regular internal safeguarding meetings, ensuring that insights are actively discussed and applied. For example, learning from a national webinar on safeguarding rough sleepers led to updates in the Council's Rough Sleeping Toolkit, directly improving support for vulnerable individuals.</p> <p>Data-Driven Planning and Strategic Oversight The Council uses safeguarding data, such as domestic abuse trends and rough sleeper estimates, to inform service planning and resource allocation. This evidence-based approach supported the case for a dedicated Housing IDVA (independent domestic violence advisor) and ensures safeguarding remains a strategic priority through its inclusion in the Annual Service Delivery Plan.</p>
Tunbridge Wells Borough Council	<p>Homelessness Practitioners Recourse Guide The Council's Safeguarding lead participated in and later chaired a KMSAB Policies and Practice working group looking to develop a Homelessness Practitioners Recourse Guide, to support agencies know how to assist a person who is presenting to their agency as either homeless or at risk of becoming homeless, or rough sleeping. This resource was developed as a result of homelessness being identified as a theme within several SARs undertaken by the KMSAB. Evidence of success is that there is now a published resource for agencies to refer to support with working with clients who are homeless and ensure agencies are aware of how to support the clients to obtain assistance with housing.</p> <p>Creative Health Team Within the Council's Arts, Heritage and Engagement services, our creative health team works regularly with older people living with Dementia in care settings and on site, helping to engage them with physical objects which both trigger memories, but also engage the mind in the present by asking questions about touch, feel, and look. We work regularly with universities on best practice in the cultural sector on Creative Health to ensure that what we are doing is a benefit to people's mental wellbeing and positive sense of life satisfaction. Evidence of success of this delivering services to support older people improve their mental health and wellbeing.</p>