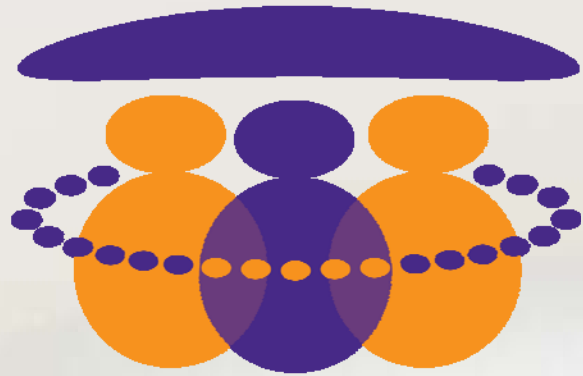




& our Partners,

Committed to Safeguarding Adults



# Safeguarding adults from abuse in Harrow is everyone's business

## (user engagement strategy)

(September 2012)



In partnership with:



Royal National Orthopaedic Hospital

The North West London Hospitals

Central and North West London

Ealing Hospital

Harrow Community Services

Harrow

Say **NO**  
to abuse



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<sup>1</sup> LSAB is the Harrow multi-agency group responsible for coordinating all safeguarding adults' work in the borough

## 1. Introduction

This strategy is specifically about user engagement in Harrow's safeguarding adults' work. However it should be read in the context of the wider and ongoing work in the Council's Adult Social Care Division (led by the Service User Engagement Officer) and that which takes place in all the LSAB member organisations.

The LSAB as a Board and through the activities of its member organisations has already done a great deal to involve users in developing and delivering services – this strategy builds on those successes with a particular focus on the area of safeguarding adults at risk of harm.

This strategy has looked at the available research and areas of best practice with a resulting action plan for Harrow. The LSAB will oversee the working of the plan to make sure that user engagement makes a real difference to the user knowledge of and experience of the service.

### **LSAB Vision**

*The Harrow LSAB is committed to the involvement in its work of people who use (or may in the future use) safeguarding adults' services. It recognises that only with open two way communication, creativity in providing information and a commitment to a rights based approach to engagement can safeguarding adults services demonstrate continuous improvement.*

## 2. The LSAB's approach to user engagement

The LSAB has agreed a 3 tiered approach to this work in Harrow:

- Tier 1      “General” - activities aimed at reaching as many potential future users of safeguarding adults’ services as possible through awareness raising campaigns and other forms of easy to read publicity. Also using the skills and knowledge of people with a disability/mental health problem in designing printed materials and training/awareness sessions etc
  
- Tier 2      “Individual users” - activities aimed at ensuring that any users already involved are central to (and wherever possible in control of) the safeguarding adults’ process
  
- Tier 3      “Follow up” – making sure that all users who have been through the safeguarding adults’ process are able to give feedback about how it went – using the information to continue to improve services

Audits  
Surveys  
Complaints  
(tier 3)

Person centred approach to  
assessment & protection planning

Balancing risk with  
independence/choice

(tier 2)

Awareness raising for the general public/Community Safety

Making the local Policy available to lots of people

Awareness raising/empowerment of users and carers

Consultation on key service developments/documents

Staff training - involving "users"

Make easy to read information available to everyone

(tier 1)

### 3. Policies/guidance/research

According to the literature about involvement, key principles and values include: respect, equality, genuine partnership, social inclusion, empowerment, choice, privacy, confidentiality, independence and to be treated as an individual.

Research in 2006 also found that people who use services value rights and independence, along with (not instead of), support.

Involvement needs to build on and advance values, like those of the social model of disability and independent living, to secure people's empowerment.

Involvement should be a collaborative venture where groups work together to increase people's control over their lives - a goal of all involvement (and the one service users talk about most) is seeing real change result from getting involved on equal terms.

***“Our health, our care, our say”*** (Department of Health 2006) promised a ‘strong voice for people using services and for local communities in the way in which the whole health and care system is designed and works’.

***“Putting people first”*** set out a shared government vision for adult social care, which aimed to be ‘the first public service reform programme which is coproduced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage’.

### *No secrets guidance*

The statutory guidance, *No secrets* (Department of Health/Home Office, 2000), set out the first comprehensive policy framework on adult safeguarding. Calling for good partnership work, it gave local authorities the lead role in developing local policies and procedures on adult safeguarding.

*No secrets* set out some basic principles of empowerment, confidentiality, information, advocacy and rights, to be balanced with risks to the self and others. It stated that outcomes should be looked at regularly so that problems can be learned from and practice improved. The balance of risk on the one hand and freedom of choice on the other is a clear tension throughout the *No secrets* guidance, and another is the balance between openness and confidentiality.

### *No secrets and user involvement*

*No secrets* contained a number of references to the involvement of people who use services. It included 'user groups and user-led services' among the list of 6 'responsible and relevant agencies' when it comes to creating and implementing the guidance. It also recommended that:

- the views of service users, families and carer representatives must always be listened to
- the multi-agency management committee should audit (preferably annually) the working of its policies and procedures, including evaluation of community understanding of them
- agencies should learn from experience by regularly collecting information on what happened in investigations and users'/carers' views on how policy has worked for them
- the policy should always be available in an easy to read form for families and carers and (where appropriate) to service users



*No secrets* said that advocates are to be appointed where necessary and that agencies must set out how the services of advocates can be accessed and their role. Also that information for people who use services, carers and the general public should be available in user friendly design, with explanation about what abuse is, how to raise a concern or complaint, and what they can expect.

One thing missing from *No secrets* was that it contained no recommendation for the training for staff and volunteers to include training in involving users.

### ***Review of No secrets***

In 2007 the Department of Health (2009) announced a review of *No secrets*. The consultation received responses from 12,000 people. Most challenged the term 'vulnerable adult', and as a result the report used the term 'adult'. A key message from the consultation was the central role of empowerment or 'listening to the victim's voice'. Some groups, in particular people from black and minority ethnic backgrounds, and the older generation, had less understanding of what abuse meant and how to get help. Participants expressed concern that the balance of choice and risk flagged up in *No secrets* still needs to be explained more given the personalisation agenda.

As part of the review, Mind carried out a study which involved surveys and focus groups of people who use services and voluntary organisations, to gain insight into people's experiences of abuse and what they wanted from statutory agencies. Mind found evidence of exclusion of people with mental health problems from involvement.

### ***ADASS safeguarding standards***

In 2005, the Association of Directors of Adult Social Services (ADASS) produced a framework for the implementation of adult safeguarding, which set out 11 standards for how local authorities should work. Standards 10 and 11 state respectively that safeguarding procedures should be accessible to all adults covered by the policy, and that safeguarding adults partnerships must include service users as key partners in all aspects of their work, as members and participants in strategic planning and training, and in 'planning and implementation of their individual safeguarding assessment and plans'.

### ***CSCI, safeguarding and user involvement***

The Commission for Social Care Inspection (CSCI), subsequently replaced by the Care Quality Commission (CQC) completed two important pieces of work on safeguarding: (i) a big meeting to access the views of people (who use services) on safeguarding and (ii) a study of the effectiveness of arrangements to prevent abuse and support victims of abuse:

- (i) Participants at the CSCI meeting agreed that vulnerability relates to circumstances rather than being an inherent quality, so they called for an alternative to the *No secrets* definition of 'vulnerable adults'. Participants saw empowerment as a crucial factor. They drew attention to the often delicate balancing of choice and risk and called for training for service providers in supporting individuals to take risks and make choices, while also being able to listen, respond and act if told about experiences that may be abusive. They called for debates in adult safeguarding to focus on rights and wellbeing, not just on abuse and protection. Personalisation was seen as the opposite of over-protective paternalistic services.

- (ii) CSCI's study on safeguarding drew on a range of evidence: self assessment reports from 150 councils, CSCI service inspections, inspections of care homes and services to ask about safeguarding, and in-depth accounts from 30 people in 5 council locations on how the arrangements to protect them from abuse worked for them.

CSCI found some good practice in raising public awareness of abuse and safeguarding and in some councils, good work is being done to communicate with people with learning disabilities living in the community.

CSCI found that more information about safeguarding was targeted at older and disabled people. However, they also found uneven progress in developing safeguarding procedures and the quality of support given to people who have been abused.

CSCI found that users in 82% of care services did feel able to speak to staff if they felt unsafe, but users in only 61% of services were confident their concerns would be acted on.

Advocacy was valued but 58% of councils had shortfalls in the provision of advocacy and the Independent Mental Capacity Advocacy (IMCA) service was still at an early stage of development.

They found that most safeguarding adults' boards were struggling to find practical ways of engaging local people who use services and other members of the community in decision making, service design and strategic development.

CSCI recommended that more personalised protection planning is needed and suggested that most councils and care services put in place systems 'to obtain feedback from people who have experienced abuse and monitor the outcomes for people in order to improve services'. They also recommended that information about safeguarding be better targeted, as they found evidence that people using mental health services, people misusing drugs or alcohol, people from black and minority ethnic communities and those funding their own care may be missing out on information.

### ***Safeguarding guidance for London (pan London procedures)***

A recent development is the production of London's multi-agency policy, *Protecting adults at risk* (SCIE 2011). The policy includes a key commitment to 'empower and support people to make their own choices' but warns about the limits to involvement given the need for confidentiality and safety and the mental capacity of the adult at risk. The document makes explicit reference to involving people who use services.

The priority throughout is the safety and protection of adults at risk, but this is balanced by considerations of choice, informed consent and capacity to make decisions. The policy suggests ways to support choice, such as working together with people who use services and carers, easy to read information, access to advocates or IMCAs and access to complaints procedures. Safeguarding adults managers are expected to ensure that adults at risk are involved in all decisions that affect their daily life and to ensure that if a protection plan is needed, the person is involved in and consents to this, if they have capacity to participate, or to ensure the plan is in the person's best interest if they do not have capacity

## **4. Safeguarding and personalisation**

The question of how personalisation can work alongside safeguarding is a key issue for both people writing policies and social workers/care managers as it brings together issues of risk and empowerment. This section examines the links between the two policy developments and reports that research evidence supports the case for positive risk-taking alongside self-directed support.

### ***Government guidance***

The Department of Health has produced guidance on how personalisation can work together with safeguarding adults.

The guidance states:

‘Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes they want in ways that best suit them. It is important in this process to consider risks and keeping people safe from harm. However, risks need to be weighed up alongside benefits. Risk should not be an excuse to restrict people’s lives’.

The Department of Health is of the view that personalisation and risk management can work together, ‘empowering people to speak out, enabling them to make informed choices and encouraging communities to look out for one another’, with the aim of building stronger communities where people can lead the lives they choose, free from harm.

### ***Lessons from research***

Carr (2010) reviewed the main research on risk enablement in the self-directed support and personal budget process, with regard to the issues of adult safeguarding. Her findings support the Department of Health message that positive risk-taking can be

integrated into self-directed support, if responsibility is shared through techniques such as risk enablement panels.

Risk enablement panels are becoming more common as a way of helping with challenging or complex decisions that may arise as part of signing off a person's support plan. They show how local authorities implement self-directed support and personal budgets in ways that empower individuals while ensuring risks are managed and responsibility is clear. The most important thing is shared decision making that supports person-centred frontline practice and improves social workers'/care managers' confidence.

Duty of care decisions can be made in a shared and informed way, with clear, shared responsibility.

## **5. User involvement on LSABs**

Research in 2010 found a tension between 'the need to create a group of senior officers' (ideal for joint decision-making between agencies) and the wish to involve a wide range of interested people. To maximise efficiency, boards are tending to create layers of responsibility within their structures, or to be smaller with a number of sub-groups. LSABs typically have up to five sub-groups, including groups promoting participation from people who use services and carers, which call for structures to maintain coordination and communication between levels and groups.

The research also found that participation is often through forums or public consultation.

Good examples of participation models found by the research included:

- procedures to increase participation during individual safeguarding investigations
- advocacy and support to promote participation
- debriefing and reviews of services to find out about satisfaction of people who use services
- research and surveys on the experience of people who have been through a safeguarding procedure

### Are the systems working?

In 2007 some research was carried out which looked at the findings of inspections and meetings carried out to evaluate the National Service Framework for Older People. One aspect of these inspections was to look at people's experiences of adult protection. The findings showed that, although older people usually say that they know where to go to report mistreatment, many are reluctant to complain and carefully weigh up the risks of doing so. Some of those who do raise concerns are not always listened to. The researchers suggested that there was a need to raise awareness of elder abuse and to increase the capacity of adult protection services to respond positively to concerns raised.

A small study in 2006 explored the views of people living and working in private care homes about how to better protect older people. Nineteen managers and nineteen residents were interviewed about their understanding of abuse and possible action to deal with offending care staff. Only five residents said they would raise serious concerns with a CSCI inspector. Most of the residents would discuss their concerns with a house manager but only 50% believed they would be taken seriously. The author concludes that care homes should develop a number of ways to show greater resident and relative involvement, for example 'friends of the care home' groups, independent advocacy, surveys and regular residents' meetings in order to offer more opportunities for residents

to comment on their experiences of living in homes. She recommended that the CSCI inspections should pay greater attention to seeking feedback from people who use services.

## **6. Barriers to involvement**

### ***Risk and empowerment***

The relationship between attending to risk and promoting empowerment is raised frequently in the literature. In the consultation on *No secrets*, many people said that they were offered safety, 'often at the expense of other qualities of life, such as dignity, independence, family life and making their own decisions'. Concerns about risk can be used to block the involvement of people who use services in adult safeguarding.

Researchers have found that social workers' attitudes to risk vary according to the groups of people who use services. Social workers often saw people who use mental health services as posing a risk to others, but for other groups, including older people and people with disabilities, they were more likely to see risk as a part of normal life, needing to be managed, but having positive potential in terms of self development. Some researchers find evidence of a generally risk-averse culture in social work. They report that, while social workers do not place much confidence in risk assessment tools, they are used widely, replacing rather than informing professional judgement.

## **7. Supporting involvement**

This section looks at research and practice on how the involvement of people who use services (or may do so in the future) in social care can be supported and be effective. Research shows that even groups who are not heard from very often can be involved, given



enough investment of time and using methods that work for those groups. Also that involvement of people who use services is useful in a wide range of ways – to the people themselves and to the staff who work with them and can improve services provided.

### ***A range of supports***

Based on a study of safeguarding adults boards (LSABs), research in 2010 concluded that what helps involvement is:

- vision and will, support and leadership from senior staff
- open and honest communication and commitment to a rights-based approach
- creativity and imagination in finding ways of communicating
- resources of time and energy, not just money

It called for LSABs to set out clear rules of engagement, with resources for participation and to set standards for empowerment in all aspects of safeguarding.

### ***User involvement in training***

In 2001/02, the Department of Health asked people who used services what they wanted from social workers. The responses emphasised the personal qualities of understanding, warmth, empathy, respect and non-judgmental attitudes. These qualities are especially key in safeguarding work and involving service users in delivering training courses/awareness sessions is one way of these messages being heard by staff in a more direct way.

### ***Support, training and capacity building***

The involvement of people who use services needs to be supported in a range of ways which include briefing and information on what is expected, debriefing, and easy to read information and meeting formats.

## ***Recognising diversity***

Several pieces of literature discuss general issues related to involving people from different groups. Factors found to help included enabling people to have access to information and get to meetings, taking into account their different individual lives and of issues including age, disability, gender, sexual orientation, social class, religion, faith and ethnicity. Also finding a range a range of methods to engage people beyond invitations to meetings.

Some writers have focussed on ways of involving particular groups of users. For example, Slater (2000) suggests a user involvement strategy for elder abuse should take into account the emotional and moral problems in asking people who use services to relive painful experiences ‘in the interest of the “greater good”’. He suggests that staff notes about their work with users should be of good enough quality to provide at least an indirect source of the user’s voice in such cases.

Research in 2001 showed that involving people with dementia is both possible and worthwhile. The writers recommended using a variety of different approaches, including individual interviews or group discussions, or creative methods such as life story work and poetry-writing, depending on people’s levels of ability and speaking to carers or service providers in some cases, although this has its disadvantages as the person’s views are filtered through a third party. Whatever way is used it is important to build trust and take the time needed.

## ***Information***

Much of the good practice guidance and research suggests that greater effort/creativity/imagination is needed to improve and make more understandable the information that is distributed to the public.

## 8. Learning from audits

*No secrets* stated that agencies should regularly gather information on the outcomes of investigations and users' views on how well this has worked for them. It is clear from the case studies that auditing involvement is working well in terms of learning from experience and changing staff attitudes.

## 9. Recommendations

This section pulls together recommendations drawn from the literature, research and case studies.

### Tier 1 “General” – activities

#### ***Involvement of service users in strategic planning***

LSABs should:

- take account of the views of service users and their representatives and see them as key partners in safeguarding and planning future services
- involve service users (from a range of groups) in training staff, in staff recruitment and selecting providers for services
- ensure that policies and procedures are made available and accessible e.g. using Plain English
- ensure that there is good communication between everyone on the Board, so that people who use services can have input into decision making
- provide a range of means to involve people, not necessarily as Board members, but also through sub-groups or forums and public consultations

## ***Community engagement and involvement***

- barriers to involving groups such as women suffering domestic abuse, older people from black/other ethnic minority groups, and people with dementia or learning disabilities can be overcome with enough time and resources
- put effort into getting good clear advice and information material out and keep it up to date
- involve communities and voluntary sector in discussion on adult protection and rights, e.g. through Awareness Weeks and supporting local projects
- helping service user groups' with their work e.g. providing training and support for a range of service user groups
- work with existing organisations of and for service users
- feed back to communities the results of their involvement and what happened because of it

## ***Staff training is needed in:***

- involving service users from diverse groups
- the provisions of the Mental Capacity Act, Equalities legislation, and other relevant rights legislation
- how to balance choice and risk and to be aware of how to implement personalisation, direct payments and methods for shared risk taking, such as risk enablement panels
- ensuring service users' voices are reflected in deciding their protection plans and recording users views in notes of case meetings
- ensuring that safeguarding processes go at a pace that allows for involvement and shared decision-making and speaking with service users after a safeguarding procedure

## **Tier 2 “Individual users”**

### ***Involving individuals in safeguarding processes***

- individual safeguarding processes should be carried out in such a way as to reflect the values of user involvement including respect, partnership, equal relationships and personal experience. The organisation’s culture should promote joint staff/user problem solving and sharing of power
- offer all people who use services accessible information on adult safeguarding, covering topics such as what is abuse, what happens after abuse is reported and what social workers and others do to help keep people safe
- encourage and facilitate an individual’s involvement in the safeguarding process. Individuals should feel that they can speak up to direct and make decisions about their own safeguarding plans
- ensure that an individual can access an advocate where necessary
- a named social worker should brief and support the individual throughout the safeguarding process. A person who has been through a safeguarding process previously could also support the individual
- work in ways that are person-centred and inclusive: make meeting formats accessible, including times and locations and offer translation and interpretation as needed
- use plain language such as 'feeling safe' and find out from the individual what this means to them. Early on establish the sorts of outcomes the individual is hoping for from the safeguarding process
- allow time and energy to work in a person-centred way to support the individual to feel safe and listened to. Different ways may be needed for involving different individuals, but

- encourage and train workers to record accurately and thoroughly the views of people who use services during safeguarding processes
- wherever possible, work alongside individuals who use services to produce a personal protection plan

### **Tier 3 “Follow up”**

- at the end of an investigation, give feedback on what happened and what will change as a result of the investigation
- listen to and learn from the experience of people who have been through a safeguarding procedure. This may be through speaking with the person after the procedure is complete, or in more formal ways such as complaints procedures, audits, research and surveys
- involve people who have been through a safeguarding procedure in training both staff and others who use services in order to improve services and to empower individuals

### ***Surveys and audit***

- LSABs should audit and evaluate outcomes of safeguarding interventions and find out how these are working for service users, improving procedures based on findings
- involvement of service users in design and carrying out of research is important and possible and makes a difference
- means of involvement include: checking draft surveys with a range of stakeholders, ensuring support for survey participants, and learn from other areas on what type of survey or audit and involvement has worked there

- service users and volunteers can be trained and supported to carry out interviews with users that judge how well the process went for them - simple questions about how a safeguarding procedure worked, asked in a one-to-one conversational way work well
- sometimes people may not want to be interviewed afterwards, due to 'reliving' a difficult experience. Thorough case notes taken at the time reflecting the service user's views may be able to be used instead
- involvement should be evaluated and the results shared so that people know what difference it makes and how to improve methods used

## 10. ACTION PLAN

	Action point	Lead	Timescale
1	<b>Introduction/Principles</b>		
1.1	All LSAB member agencies have agreed to: “open two way communication, creativity in providing information and a commitment to a rights based approach to user engagement”	LSAB representatives/senior managers	End September 2012
2.	<b>Tier 1 “Generic” Activities</b>		
2.1	Establish an “accessibility” sub group (ex service users & community volunteers) to the LSAB’s prevention & community engagement work stream so there is two way communication with the main Board in place	Seamus Doherty	End December 2012
2.2	Support the “accessibility” sub group so that its work is effective and on an equal basis with other work streams and LSAB sub groups	Seamus Doherty/Sue Spurlock/Una Taylor	Ongoing after December 2012



2.3	Ensure no new Harrow document (about safeguarding adults) aimed at the public is agreed by the LSAB before the “accessibility” sub group has reviewed it and provided comments for the Board’s consideration	Sue Spurlock	Ongoing after December 2012
2.4	Explore with the training provider which course could involve a “user by experience” as a pilot exercise	Seamus Doherty	End December 2012 for introduction in April 2013
2.5	Ensure regular involvement of “users” in staff recruitment for relevant posts (to be determined by each organisation)	LSAB members/senior managers	Ongoing
2.6	Ensure relevant safeguarding adults’ policies/procedures are available in easy to read formats e.g. the pan London procedures	LSAB members/senior managers	Ongoing
2.7	Implement the LSAB “options for community engagement” paper – as agreed at the Annual Review Day 2012	Seamus Doherty	See Community Engagement options paper for milestones
2.8	Review existing public information (about safeguarding adults) with “accessibility” sub group and other relevant forums e.g. partnership boards, to ensure it is easy to read	Seamus Doherty	End March 2013

2.9	Continue to run awareness raising activities including WEAAD, Carer's week	Prevention/Community Engagement sub-group	End March 2013 and annually
2.10	Ensure that safeguarding adults is discussed at relevant Partnership Boards where there is full "user" involvement – and provide feedback on the discussions to the LSAB "accessibility" sub group	Seamus Doherty	Ongoing
<b>3</b>	<b>Tier 2 "Individual users"</b>		
3.1	Introduce a "nothing about me, without me" course to the training programme to ensure that staff are reminded about keeping the "user" at the centre of the safeguarding process	Seamus Doherty	End September 2012
3.2	Ensure that mental capacity act training remains central to the multi-agency programme	Seamus Doherty	Ongoing

3.3	Monitor use of the IMCA service in safeguarding adults work and report to the LSAB annually – so that the voice of users without capacity can be heard in the SGA process	Sue Spurlock	End March 2013 and annually
3.4	File audits to check that service users input has been obtained in developing protection plans and generally in case recording	Seamus Doherty	End March 2013
3.5	Ensure “easy to read” information is available for users about what to expect from the safeguarding adult’s process	Sue Spurlock	End March 2013
3.6	File audit processes to check that users are offered an advocate when relevant	LSAB members/senior managers	Ongoing
3.7	File audits to check that user outcomes from the process were clearly agreed and written down at the start	Seamus Doherty	Ongoing
<b>4.</b>	<b>“Follow up”</b>		
4.1	Further develop the system of obtaining user feedback at the end of the safeguarding adults’ process and report findings to the LSAB as part of the file audit programme	Sue Spurlock	End December 2012

4.2	File audit to check whether outcomes wanted by the “user” at the start of the process were achieved	Seamus Doherty	Ongoing
4.3	Report to the LSAB (at the annual review day) on user engagement with a focus on what difference the work has made to service improvements	Visva Sathasivam	End July 2013 and annually

## Glossary of terms – what some of the words mean

LSAB LSAB is the Harrow multi-agency group that coordinates all safeguarding adults' work in the borough



Empowerment making sure that users have a strong voice about what they need



Department of Health

the Government office that makes sure everyone has a service if they are ill or disabled

Home Office

the Government office that works with the Police and the law Courts to make sure that people are safe and get justice if they are the victim of a crime

Audit

looking at a worker's written reports every few months to make sure they are doing everything properly to keep a user safe



## Personalisation

supporting people to lead the lives that they choose and achieve the things they need in ways that best suit them, including having money to manage their own care



## Mental capacity

the ability that a person with a disability or mental health problem has to make their own decisions e.g. about managing their own money



Independent Mental Capacity Advocate (IMCA)

a person who is not a family member or friend who makes sure that someone who can't take their own decisions has a voice e.g. about where they live



Social Care Institute of Excellence (SCIE)

an organisation that tells everyone how to give excellent care and support to people with a disability or mental health problem





Who to call or write to if you are worried that someone is  
being abused

The website is:

[www.harrow.gov.uk/safeguardingadults](http://www.harrow.gov.uk/safeguardingadults)

The e-mail address is:

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

You can write to:

Civic Centre (Second Floor East Wing)  
PO Box 7, Station Road,  
Harrow, Middx. HA1 2UH



& our Partners,  
Committed to  
Safeguarding Adults



Adult abuse - break the silence  
**REPORT IT**

If you or someone you know is being abused, hurt  
or exploited, please call Harrow Council's  
Safeguarding Adults Service

Abuse can be physical, sexual, financial,  
psychological, discriminatory or neglect.

**Safeguarding Adults Service**

during office hours:

tel: **020 8420 9453**

at all other times

**020 8424 0999**

fax: **020 8416 8269**

email: [safeguarding.adults@harrow.gov.uk](mailto:safeguarding.adults@harrow.gov.uk)

web: [www.harrow.gov.uk/safeguardingadults](http://www.harrow.gov.uk/safeguardingadults)