



Thurrock Safeguarding Annual Report 2014/15



Foreword by Graham Carey, Independent Co-Chair

This is the 7th Annual Report to which I have contributed and, as Les Billingham says below, the year has been one of preparing for change while maintaining the safety net of business as usual. Bringing about major change in the current economic context is not ideal, particularly as our agenda broadens to include areas such as suicide, modern day slavery, emergency planning for vulnerable adults and domestic violence. Adult safeguarding may need to be careful of both mission creep and of being used to fill gaps left by others.

That said, the headline figure for the year is that 287 alerts were raised which resulted in 199 referrals being dealt with. That is a reduction of about a third for both alerts and referrals over previous years and we, as a board, need to understand whether that is a positive decline reflecting a better understanding of what should be reported, or whether it is indicative of something that we should be concerned about.

This report also describes referrals as being “substantiated” or otherwise, which has been the established way of recording the result of a safeguarding intervention. That emphasis on culpability and on the “perpetrator” has been recognised as unhelpful and Making Safeguarding Personal seeks to move the emphasis from process to outcome. The key indicator for MSP is whether or not the outcome achieved was that wanted by the person at the centre of the intervention. This will be a challenge to professionals in the year ahead and may mean an acceptance of risk that some will be uncomfortable with, but it is a welcome challenge.

For the board and its members, our challenge ahead is to add value over and above the work already undertaken by individual agencies. As important as assurance, co-ordination, information sharing and promoting partnership working is, the board should aim to make a measurable difference to adult safeguarding in Thurrock, particularly through its preventative agenda. For the first time we have included our priorities and aims for the year ahead within this report we look forward to reporting back on our efforts to achieve those aims in next year’s report.

Finally, there are as ever, many people and partners who need to be thanked for their contribution over the last year. Our partners include the CCG and NELFT, SEPT and BTUH as health providers; Essex Police, the Probation Service, Essex Fire and Rescue and East of England Ambulance. Also Thurrock’s Community Safety Partnership, Trading Standards, Housing, Healthwatch and the members of the care sector who give up their time. Thank you to Fran Leddra and the Operational Group and to Jill Moorman and her team. Thank you also to Les Billingham, Sarah Attersall, Louise Brosnan and Bill Clayton from the Local Authority. Jayne Foster-Taylor and Andrea Metcalfe from the CCG; Michelle Cunningham and Jim Nicholson from the CSP; Neil Woodbridge from TLS; Kim James from Healthwatch and Ian Evans from the Thurrock Coalition.

Contents

Foreword by Graham Carey, Independent Co-Chair	2
Message from Les Billingham – Head of Adult Services and Co-Chair.	4
Executive Summary.....	4
Partnerships.....	5
Thurrock’s Safeguarding Adults Board 2014/15.....	8
Empowerment	10
Protection	11
Prevention	14
Proportionality.....	18
Future Priorities	19
Appendix 1 – Asset Based Strategy	20

Message from Les Billingham – Head of Adult Services and Co-Chair

“2014/15 was a very significant year in terms of Adult Safeguarding, with the Care Act coming in to force from April 2015, placing our work within a statutory framework for the first time. The team and the extended partnership had to undertake their normal work ensuring that vulnerable adults were kept safe and free from harm wherever possible, alongside developing clear plans to ensure Thurrock’s safeguarding approach was fully compliant with the new duties. Not everything is yet as good as we would want but much has been achieved and I would like to thank everyone involved personally for managing the transition successfully.

Alongside this change the implementation of Making Safeguarding Personal presented further challenges. The need to ensure that the person at the centre of each safeguarding case had their choices understood and that these choices were reflected in the outcomes achieved signalled a significant development in Safeguarding practice, one that I feel those involved locally met with success; once again I would like to offer my thanks to all involved.

Finally the increase in work load and complexity associated with Deprivation of Liberty cases has also added to the pressure on the team. This is an area of particular success for us, increasingly the work we undertake locally is being seen as representative of best practice nationally and provides further assistance means that I feel we can be very proud of the way in which safeguarding is delivered in Thurrock. As ever much remains to be done and as circumstances and expectations change we need to be ready to adapt to meet new challenges. I remain confident that we have a strong and stable partnership that is sufficient to meet these demands.”

Executive Summary

Thurrock’s Safeguarding Adults Partnership Board 2014/15 Annual Report provides an overview of the Board’s achievements over the past 12 months.

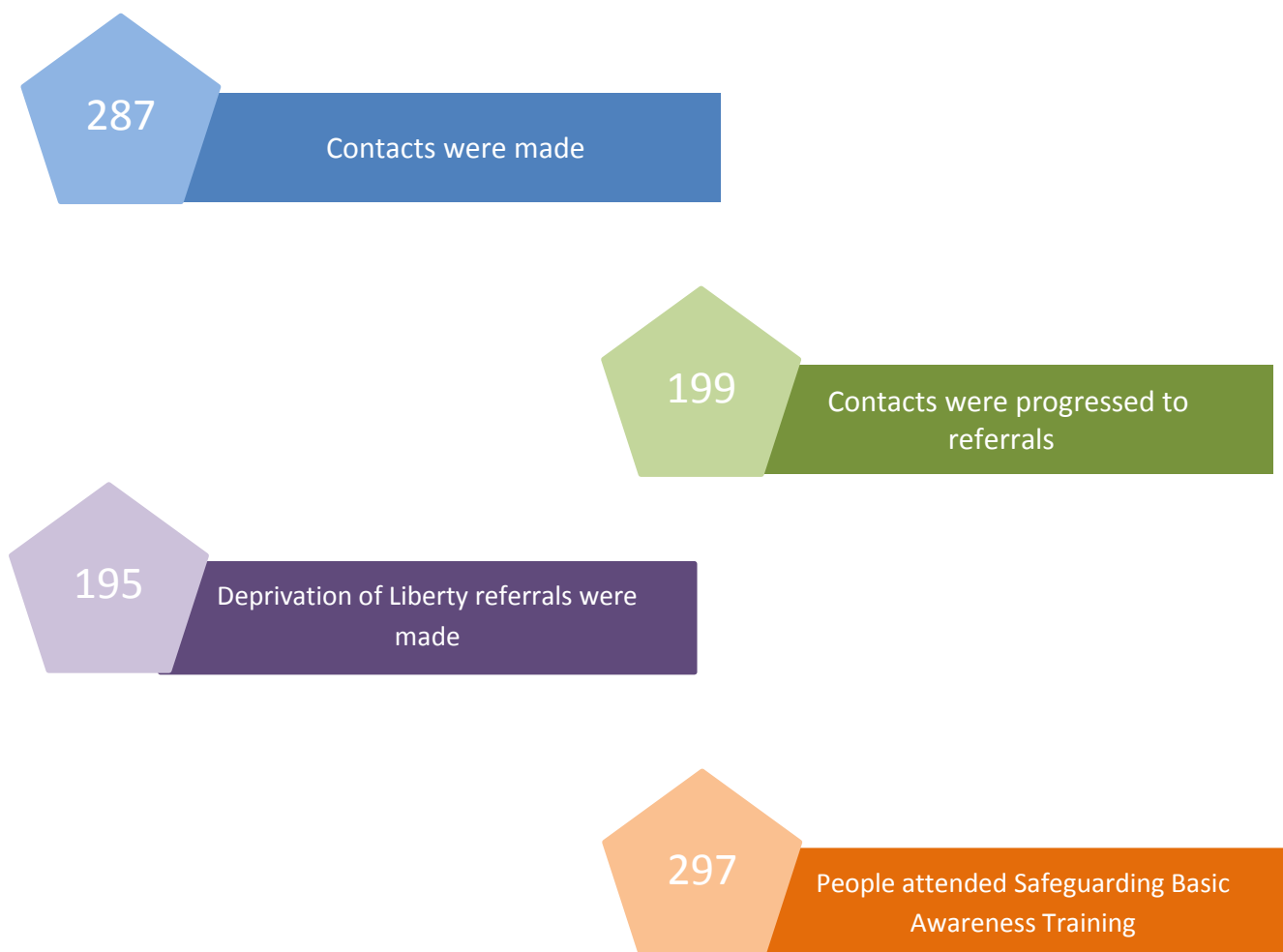
In May 2011 the Government set out its policy on Safeguarding Adults which included a statement of principles from which Local Authorities including Social services, Housing, Health and the Police could develop and measure their local safeguarding arrangements. They continue, and are strengthened with the Care Act 2014 Guidelines. It is these principles which form the framework for this year’s annual report.

The Board has been actively working this year to set a new Terms of Reference and Annual Work Plan which we aim to finalise within the next couple of months. The strategy and objectives have also been updated. Our future priorities are summarised on Page 17

Furthermore, the Board has asked for all providers to review their safeguarding policies as part of the new Care Act and also to consider training.

The Safeguarding Team underwent a restructure in December 2014/January 2015 with Safeguarding Senior Practitioners being moved into Adult's Social Care's front line Early Intervention and Prevention teams. This has ensured that throughout the teams safeguarding has become everyone's business and has increased the knowledge and experience of all practitioners in the teams and has been instrumental in the application of Making Safeguarding Personal.

Key Facts & Figures



Partnerships

Local solutions through services working with their communities, communities have a part to play in preventing, detecting and reporting neglect and abuse

The Adult Safeguarding Team are working with a number of different organisations to ensure Safeguarding continues to have a high profile.

Partnerships with the Safeguarding Executive Board

Thurrock Clinical Commissioning Group (CCG) – Jane Foster-Taylor

Thurrock Clinical Commissioning Group (CCG) actively supports and embraces partnership working for the Adult Safeguarding agenda across the locality. It is committed to following the SET (Southend Essex & Thurrock) Safeguarding Adults Guidelines and provides support to staff within the CCG, commissioned services and Primary Care. The CCG has Jane Foster-Taylor, Chief Nurse as the Executive lead, Dr Grewal as GP lead for safeguarding and Linda Smart as the Designated Adult Safeguarding Manager (DASM) for the CCG.

The CCG is taking forward the changes brought about by the Supreme Court Ruling with regard to the P v Cheshire West and Chester Council ruling. Plans are in place for applying to the Court of Protection for authorisation of a Deprivation of a Liberty where the person is residing outside the hospital or care home environment and is funded by the CCG.

Essex Police – Mark Wheeler

In the past year Essex Police have reviewed and increased the resources within the Safeguarding of Vulnerable Adults (SOVA) team which now includes a Detective Sergeant and Detective Inspector. This team is responsible for triage of all safeguarding referrals received by Essex Police to determine the necessary investigative and safeguarding actions required in order to protect individuals from harm. The SOVA team have close working relationships with Social Care professionals which they utilise to ensure that information is shared and plans are implemented to protect vulnerable people within our communities.

Essex Police continue to work closely with partners across Essex and will continue to do so to safeguard those who are vulnerable and at risk of harm or neglect. We have been working with the Office of Police and Crime Commissioner, our colleagues from Thurrock, Southend and Essex Safeguarding Adults Boards and Crime stoppers in the development of an Elder Abuse Helpline. The helpline, launched in February 2015 as a pilot campaign, is managed by Crime stoppers who then refer concerns regarding elder abuse to the local authority and Essex Police.

Partnerships with other agencies

Thurrock Adult Community College – Sharon Walsh

The safeguarding referral process is embedded and understood across the college. Safeguarding is a set agenda item on all team meetings held in college; this is a requirement and regularly audited by TACC's Health & Safety Committee to ensure the practice is observed. Furthermore, a safeguarding report is made to the termly H&S committee, the termly Resources Governing Body committee and an annual report to the Governors.

Community Safety Partnership (CSP) – Michelle Cunningham

Trading standards have continued to work with adult safeguarding and Essex Police to visit people who have been identified as being vulnerable to scams, providing advice and following up where they have found victims. The CSP hosted a conference for professionals to alert them to all the different types of fraud and scams that they may pick up when visiting vulnerable residents.

We have an excellent partnership with the voluntary sector, specifically Neighbourhood Watch who have continued to take referrals from all professionals to visit anyone who may be considered vulnerable and provide them with free crime prevention equipment which is fitted by Thurrock Lifestyle Solutions.

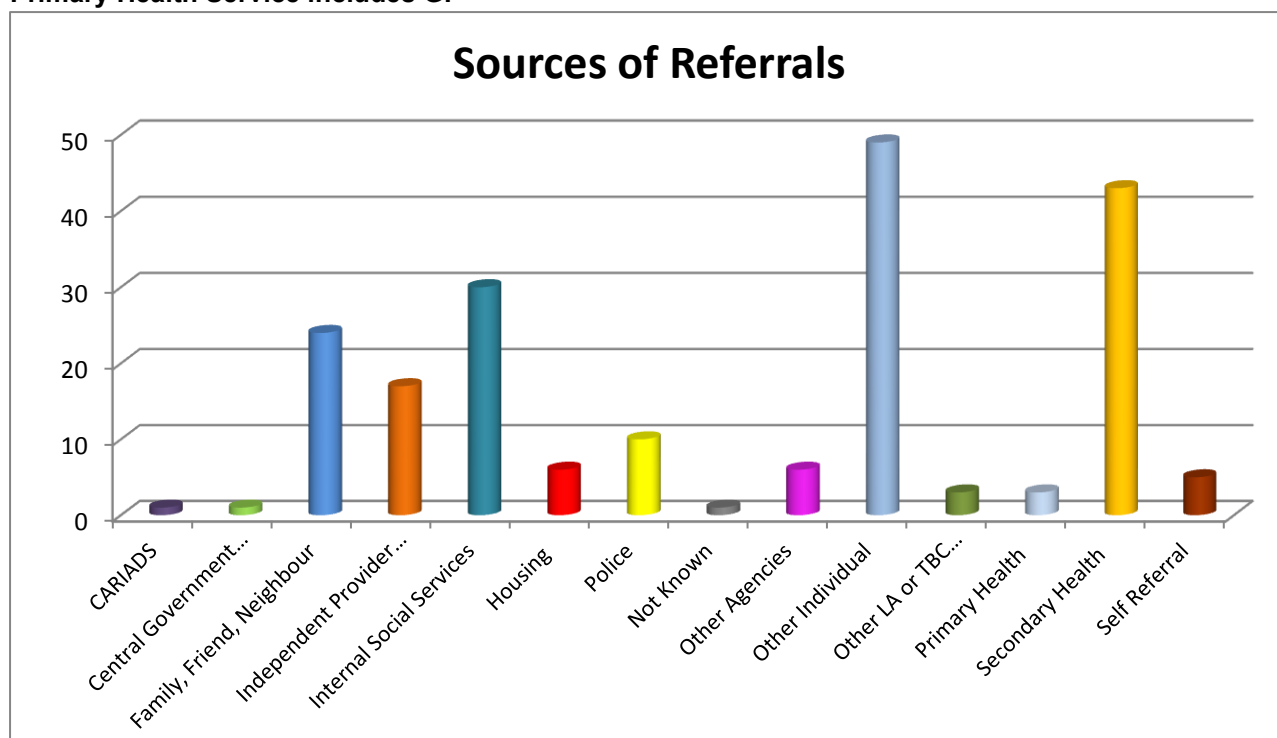
“I now feel so much safer following the visit and advice”

Following a visit by our crime reduction officer and neighbourhood watch to an elderly lady who had recently been widowed and had previously been a victim of prolonged Anti-Social Behaviour she said “thank you, I now feel so much safer following the visit and advice”.

For 2013/14 the Adults Safeguarding Team received referrals from a number of different sources, showing that our partnerships with agencies is growing.

Links with our Early Intervention and Prevention teams via Multi-Disciplinary Team Meetings in Health provide valuable feedback for the concerns raised by the Ambulance Service which are all screened for Safeguarding concerns.

Graph 4: shows figures in relation to the different sources of referrals- Please note that Primary Health Service includes GP



Thurrock’s Safeguarding Adults Board 2014/15

The Board’s Vision

Thurrock is a place where every adult, in every home, in every community, matters. Our vision is:

“To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities”

Safeguarding is everyone’s business and our vision is shared by all of our partner agencies. It cannot be delivered by agencies acting in isolation. It can only be achieved by agencies working together, through common plans and strategies.

Thurrock’s Safeguarding Adults Partnership Board works with agencies to improve practice, reports and responses to adult abuse and ensures that our policies and procedures underpin and provide a solid framework for the protection of vulnerable adults in our community.

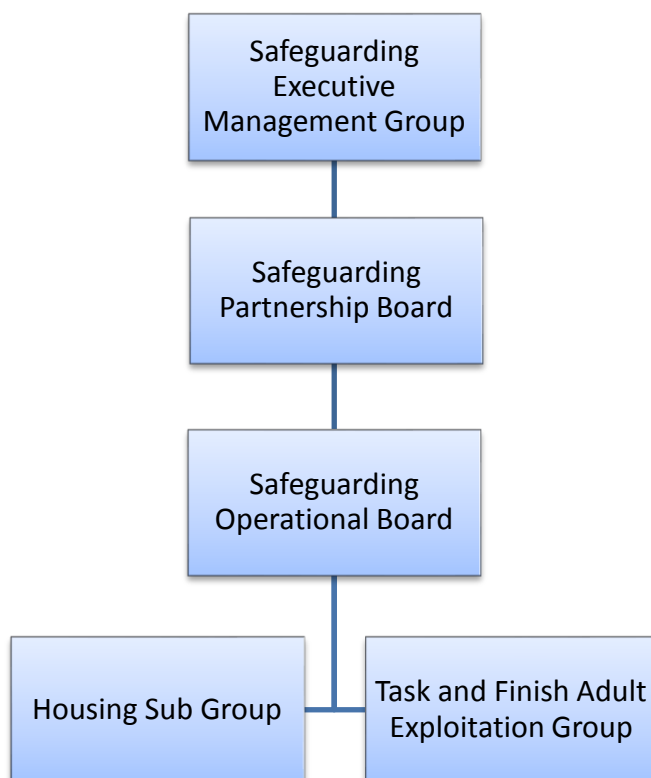
Thurrock’s Safeguarding Adults Board

Graham Carey our Independent Safeguarding Champion and Co-chair and Les Billingham, Head of Adult Services have continued to challenge and support the Board in achieving continuous development for Thurrock.

The Board has representatives from a range of organisations, including:

- Basildon and Thurrock University Hospital NHS Foundation Trust
- East of England Ambulance Service
- Essex County Fire and Rescue Service
- Essex Police
- Essex Probation
- Healthwatch Thurrock
- Age Concern
- Local residential and Domiciliary Care Providers
- NHS England
- North East London Foundation NHS Trust
- South Essex Partnership University NHS Foundation Trust
- Public Health
- Thurrock Clinical Commissioning Group
- Thurrock Community Safety Partnership
- Thurrock Council – Adult Services, Children’s Services & Housing
- User Led Organisation

Thurrock Safeguarding Adult’s Board Structure



Thurrock Adult's Board Activities

On the 27th March an away day was organised for the Safeguarding Adults Board at the Culver Centre. An initial board meeting was held in the morning to cover any matters arising. The partnership agreed the following actions:

- Sign off of Asset Based Strategy (Appendix 1)
- Sign off of Terms of Reference
- Agreed key objectives for 2015/16 (Appendix 1)
- Agreed a work plan

The afternoon session had a presentation from Peter Hood at Essex Police looking at protecting vulnerable people during civil emergencies. This is an area of growing concern and the board have undertaken to continue to develop our approach.

Empowerment

Personalisation and the presumption of person led decisions and informed consent

In the year 2014/15, Safeguarding received 288 contacts with 199 being progressed to referrals, with 78 of those being closed as substantiated or partially substantiated.

15 of the 199 referrals were ceased at the individuals request but the Safeguarding team ensured that the individuals were advised of any information that could be of ongoing assistance.

Deprivation of Liberty (DOL)

The Deprivation of Liberty and Mental Capacity Act Lead is fully embedded in the service . The service provides knowledge and support to our practitioners and providers in and out of the borough. In 2014/15 the Council received 215 DOL referrals, this is almost a 400% increase from 2013/14 (54 referrals).

Authorisations were granted for 115 applications and by the end of the year only 13 were outstanding, although due to the added pressures associated with the Supreme Court judgement, 102 of these were not carried out within the set timescale.

Number of Days Delayed	Number of Assessments	Percentage
30 days or under	36	35%
31-60 days	34	33%
61-80 days	21	20%
81 days and over	10	10%

This is attributable to availability of Best Interest Assessors and S12 Doctors in most cases.

Making Safeguarding Personal

We have signed up to Making Safeguarding Personal to achieve a Bronze level in the next year. There has been a pilot questionnaire put in place to collate information from people who are reported to have experienced abuse and their views about their expectations of outcomes from our enquiries and actions. This is also being incorporated into our electronic systems.

While we are confident that people are already included in decision making and outcome setting it is important that it is formally recorded to enable us to monitor our performance. This will also enable us to look at our use of advocacy in safeguarding.

Not just respite but a holiday in a seaside town

Mrs B was referred to safeguarding due to financial abuse by members of her family and her inability to refuse their requests for money or purchases. As a result of our intervention the Corporate Appointee Team (now incorporated within the safeguarding team) has been working with her and her husband to manage their money alongside their instructions. Most recently, Mrs B requested to have respite from their home while adaptations were being undertaken. Discussions with them, their social worker and the corporate appointee have ensured that this was not just respite but a holiday in a seaside town which met her needs in line with their expressed outcomes.

Protection

Support and representation for those in greatest need

Out of the 287 alerts made from April 2014 to March 2015, 88 of these were not progressed to a Safeguarding referral, however, advice and information was given and referrals made to other organisations if appropriate. This has enabled us to record relevant information about these individuals which can be retrieved and matched with any other incidents or concerns that arise which puts us in a good position to help in the future.

A significant proportion of the safeguarding assessments we carried out (47%) were people who either didn't receive a current service from the Council and some were

previously not known, this is evidence that we are able to protect the wider community who meet the criteria of vulnerability.

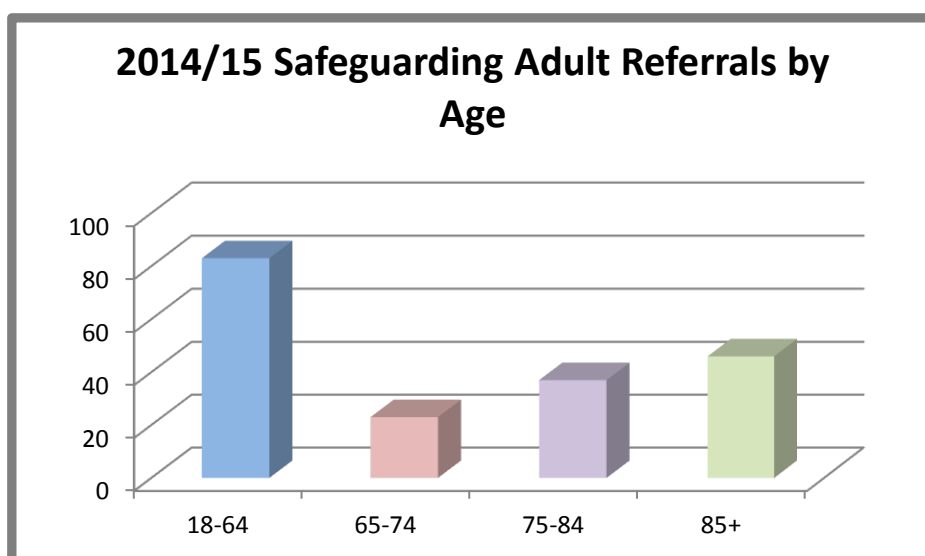
The vast majority of those who declared their ethnicity were White British, 8 (4%) people were noted to be either Black or Asian with only 1 older person being Asian.

Analysis of the types of abuse experienced reveals that 20% were victims of financial abuse and 22% were victims of Physical Abuse. This was a similar trend across all age groups.

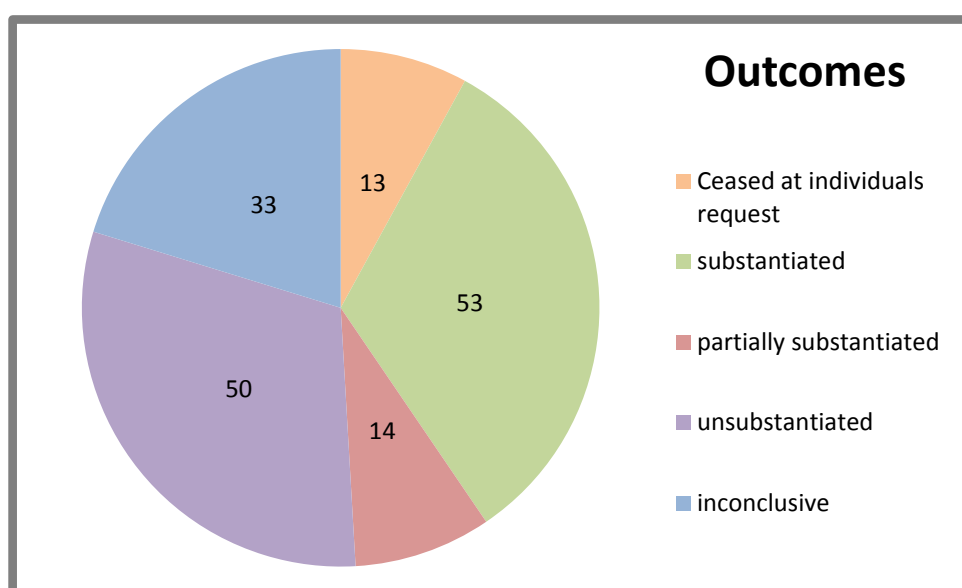
Looking at Table 1, the age range of 18-64 received the highest number of contacts of 83.

Allegations of Neglect were made in 51 of the referrals (25%). Nearly 70% of these allegations referred to people over the age of 75 and of these 37% were in their own home and 45% were in a Care Home setting.

Graph 1: shows figures in relation to the number of referrals for the different age ranges



Graph 2: shows figures in regards to the different outcomes for the 163 closures in this period

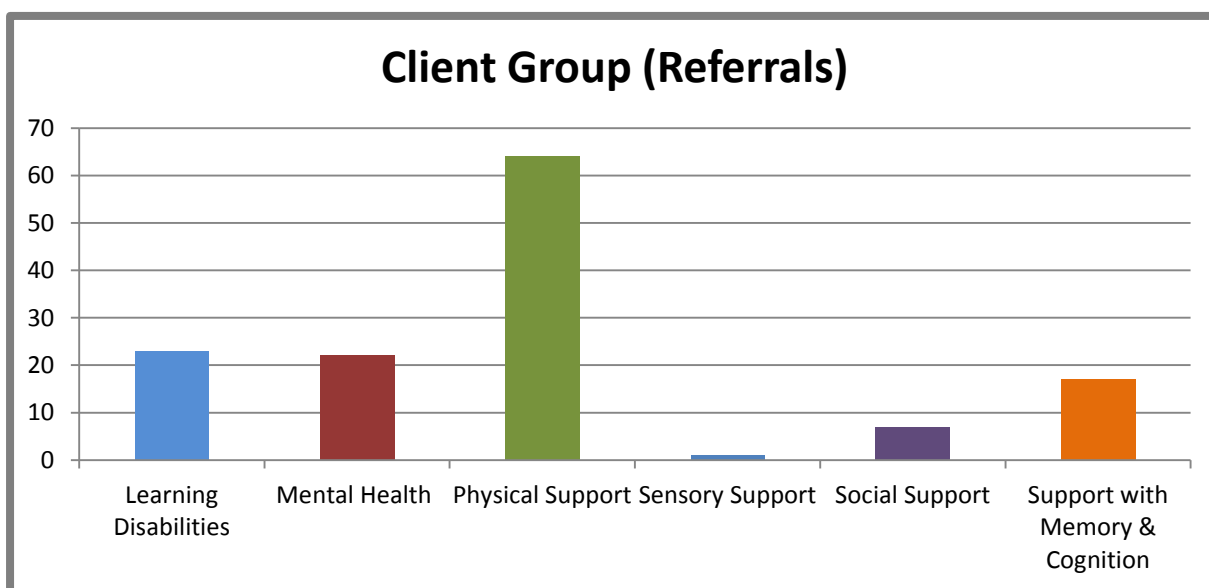


Where the allegation was substantiated, 81% had an outcome of the risk being removed or reduced. Those partially substantiated, 50%, inconclusive was 63% and even where the allegation was unsubstantiated the risk was removed or reduced in 46% of the cases.

Where the risk remains, full risk assessments are in place.

Looking at graph 3, In regards to the Physical Support client group, 32 (50%) of the alleged abuse took place in their own home, with 19 (29%) taking place in a Care Home setting, the remaining took place in other settings.

Graph 3: shows figures in regards to the client groups that referrals were made



Community Safety Partnership – Michelle Cunningham, Thurrock Community Safety Partnership Manager

The (CSP) has taken a lead on promoting Essex Police’s “Stop the Hate” campaign and with great support from Thurrock Disability Network, in particular Ian Evans. Last year we trained 35 hate crime ambassadors and established 3 hate incident reporting centres – all in venues which are attended by adults with disabilities. BATIAS have also taken on the role of ambassadors and are promoting awareness amongst the community they work with.

Vulnerable people continue to be at the heart of Thurrock’s community safety priorities for 2015/16 with the priority: **To reduce harm to and safeguard vulnerable victims** from:

- Domestic abuse;
- Sexual offences including rape;
- Child sexual exploitation;
- Serious Youth Violence;
- Hate crime;

- Anti-social behaviour;
- Cyber bullying;
- Honour based abuse and
- Serious Organised Crime encompassing Modern day slavery & Fraud where victims are vulnerable

Prevention

It is better to take action before harm occurs

Training

Training is an area that is high on our agenda in relation to our preventative work. Our aim is for staff to not only understand what abusive practice is but for them to be confident to report it.

Workforce Planning – Bill Clayton, Senior Training & Staff Development Officer

In 2014/15, 297 people attended Safeguarding Basic Awareness Training with 53% coming from the Private, Voluntary and Independent sector.

In addition to this, our Workforce Planning team have also worked with our Private, Voluntary and Independent sector to carry out training for managers. This training was designed to enable managers to gain a better understanding of the revised SET procedures. It also explored their responsibilities within the policy and the revised threshold.

To address concerns within our Traveller's Community in Thurrock, Safeguarding and Workforce Planning joined together to arrange training titled "One Voice for Travellers". The sessions were run by Travellers themselves and enabled people to understand and engage with the culture better. Between October 2014 and January 2015 45 people attended including staff across the Council and partners.

At the beginning of the year the service hosted a conference day regarding Modern Day Slavery. This is of particular importance as it also included as a type of adult abuse within the Care Act. The conference covered the following: -

- Understand Modern Day Slavery in the context of Thurrock
- Understand the context of child sexual exploitation and trafficking to identify different types of Modern Day Slavery

The conference had a wide target audience and was supported by Unchosen, a leading charity in this area. 94 people attended an informative and interactive day representing adult services, children services, schools and health services.

Thurrock Adult Community College – Sharon Walsh, Principal

Thurrock Council and Thurrock Adult Community College has been working together

for a number of years for staff to have a good understanding of Safeguarding. These staff have included cleaners, caretakers, volunteers, teaching staff and Managers.

At the annual Staff Conference at the start of the academic year, Sept 2014, all staff & volunteers were encouraged to attend a Prevent session, led by Peter Martin, the PREVENT regional Further & Higher Education Coordinator.

Corporate Appointee Team – Sarah Attersall, Financial Management Officer

Demands on the Appointee & Court of Protection Team continues to grow, although the team only work cases that have been referred through Adult Safeguarding or, if no family/friends are available to take on the support role in relation to finances. They provide information and advice to Adult Services to enable them to support Thurrock's most vulnerable adults.

Funding has been agreed for a Lasting Power of Attorney project, that will hopefully raise awareness of this valuable tool which allows people to plan for any future incapacity, giving them the power to appoint who they would like to make decisions on their behalf if they are unable to.

SEPT – Elaine Taylor, Associate Director Safeguarding

A series of preventative and awareness raising initiatives have been implemented this year within the Trust and audits have evidenced that staff awareness and response to Safeguarding issues has improved in the timeframe process and quality of investigations.

Community Safety Partnership – Michelle Cunningham

The CSP have funded 2 projects which have been delivered by TLS and SERICC respectively to

- i) deliver SAFER training to people with learning disabilities – how to manage bullying in the community, and
- ii) self-defence awareness for victims of sexual abuse.

Working with the Adult Safeguarding Lead, the CSP have developed an action plan in response to national concerns with regards to modern day slavery and contributed to the delivery of the conference as mentioned earlier.

Thurrock Clinical Commissioning Group (CCG)- Jane Foster-Taylor, Chief Nurse

In line with mandatory CCG training requirements, all staff are required to undertake safeguarding adults training, PREVENT training and Board members training is available on MCA and DOLS. The CCG also host Time to Learn sessions which are attended by General Practitioners (GP), Practice managers and Nurses from member practices across the locality.

Furthermore, training has been provided jointly by Graham Carey and Jill Moorman from the Local Authority and Andrea Metcalfe from the CCG, which have covered the fundamentals of Safeguarding Adults and MCA and more recently legal and policy updates

The CCG is making further arrangements with Bond Solon to deliver additional MCA/DOLS training for staff in Primary Care over the next few months.

Essex Police – Mark Wheeler

Over the past year Essex Police has continued to work with our partners to share information and improve the all-round support we give to domestic abuse victims. Special operations have been set up to monitor offenders and target those considered to be a danger while improved support has been put in place to make it easier for survivors to leave abusive relationships and start afresh. We are speaking to victims and survivors of domestic abuse to help shape the way we deal with this abhorrent crime and make sure that their needs are at the heart of what we do.

In early 2014 we conducted a Domestic Abuse Crime Unit pilot in the South of Essex. The DACU introduced improvements in the investigation of domestic abuse incidents and consisted of experienced officers dedicated to protecting the most vulnerable in our community. The pilot occurred simultaneously with the introduction of body worn video equipment for officers responding to domestic abuse incidents. These cameras proved immediately beneficial in the prosecution of offenders and in supporting victims through the court process. In September the DACU pilot was extended force wide and was renamed Operation JUNO.

Domestic Violence Protection Notices (DVPN) and Orders (DVPO) were introduced on 1st June 2014. These are civil orders introduced by the Crime and Security Act 2010, which have been introduced to help provide immediate safeguarding to victims of domestic abuse, and can be used when a perpetrator has been violent or threatened violence against a victim during an incident. Orders can last for 28 days and provide victims with space to consider what to do next. Perpetrators who breach orders are liable for arrest.

Essex Police together with NEP and SEPT piloted a Street Triage project across Essex from 01/12/2014 – 31/03/2015. During this period, triage cars operated on Friday, Saturday and Sunday nights (supported by a telephone advice line outside of operating hours). Different models of Street Triage have been implemented across the UK, with some police forces having a street triage car available 7 days a week, and others using a mix of street triage and telephone helplines. In Essex we adopted a mixed model – this has provided the opportunity to compare different models of intervention, however initial results strongly indicate that the helpline was not utilised by Police Officers and has limited impact on diverting individuals to appropriate mental health resources.

During the Street Triage pilot project, the street triage cars saw 269 individuals, appropriately assessing and diverting 110 individuals to appropriate mental health services, with 20 individuals (7.4%) accepting an offer of informal admission. As a result of direct feedback from those police officers involved in the Street Triage pilot, 46 individuals assessed by the Street Triage car would have been detained by Police Officer using their powers under s136 MHA (1983) (but for the availability of the Street Triage service) and a further 17 would have required intervention using s135

Mental Health Act. Street Triage has already produced a number of significant benefits – these include:

- Significantly improved relationships between police and mental health professionals
- A small decrease in waiting times for Mental Health assessments
- An emerging shift in police culture from being risk adverse to positive risk management
- Improved police confidence in talking about mental illness from those officers directly involved in the project who have provided very positive feedback on their experience.
- Greater understanding within both Police and Mental Health professionals of each agencies respective powers and authority Experiential learning due to multi-agency teamwork, leading to greater understanding of the roles of other professionals within the Mental health Service and a greater understanding of mental illness and pathways to support such clients.
- Significant multi agency financial savings. During the pilot project, Street Triage directly prevented 63 individuals from requiring detention under s136/s135 resulting in efficiency savings of £18,900 during the pilot project (Police & Mental Health Professionals) – or potential annual efficiency savings of £56,700.

North East London Foundation Trust (NELFT) – Rita Thakaria

In February 2015 NELFT had the pleasure of co-ordinating a multi-agency one day workshop centring on the Self-Neglect agenda, especially in the light of this being included as a category of harm under the *Care Act 2014*.

Speakers were invited from a range of statutory partners (both Essex and London) and delegates were drawn from across the wider Essex and Eastern London areas from a variety of agencies including Voluntary, Housing, Local Authorities, Commissioners and staff from NHS services for people with Learning Disabilities, Mental Health needs, Community Health needs and Acute Hospitals.

Jill Moorman, Strategic Safeguarding and Intervention Manager, led a session on the ground-breaking approach to multi-agency working being implemented in Thurrock which has gone on to be embraced within the Southend, Essex and Thurrock (SET) SGA Guidelines regarding Self-Neglect.

NELFT has a number of bespoke training relating to Domestic Abuse, Honour based Violence, Trafficking, Forced Marriage and Sexual Exploitation. Training is available for partner agencies as part of the existing safeguarding arrangement to improve services and protect families from the impact of harmful practices

Proportionate and least intrusive response appropriate to the risk presented

Mrs A “would like help but doesn’t have the money and doesn’t know where to start”

Mrs A is a hoarder and the neighbours had concerns for their well-being. Safeguarding had tried to engage with Mr A numerous times but each time Mrs A cancelled at the last minute. Susan Griggs, Local Area Coordinator was asked to try and engage with Mrs A.

Susan Griggs started to meet with Mrs A and for her to gain trust and confidence. Susan slowly started to mention to Mrs A her living conditions and the hoarding issue. Mrs A agreed she would like help but doesn’t have the money and doesn’t know where to start.

Firstly it was agreed that the front garden could be cleared as winter was fast approaching and Mrs A was finding the stairs to the property hard as the garden was overgrown. A local gardening company was contacted and they were happy to help free of charge, the garden was then cleared. Mrs A stated that she felt like a new woman with a lovely garden and being able to access the hand rail to the steps that she had forgotten existed.

Susan and Mrs A discussed the potential for a Fire Safety Officer to come round. When the Officer came round, there was some initial reluctance from Mrs A but eventually let the Officer into the back area where they discussed fire safety and explained the risks of hoarding and said that he would offer Mrs A any help if needed.

Following the conversation with the Fire Safety Officer, Susan and Mrs A discussed the clearing of the back door as this was Mrs A main access into her property and for her to get in, she has to climb to the top of a pile of possessions before she can enter the property. Mrs A said there was no rush to get items and possessions cleared, however, due to the nature and capacity of the hoarding, Environmental Health are now also on board.

Mrs A will be having her property cleared by a professional company and doesn’t need to worry about the finances as Environmental Health will put a charge onto the property. Whilst the property is being cleared Mrs A may be offered temporary accommodation as the property may not be safe.

Mrs A is looking forward to having her property cleared but apprehensive at the same time.

Small but significant improvements

Self-neglect due to alcohol abuse has been an increasing issue for the safeguarding team, Mr C was referred following a call to the fire service, further concerns were raised by neighbours and housing staff which resulted in a meeting to discuss the risks involved and the actions that could be taken, all of which were relayed back to Mr C via the Local Area Coordinator (LAC) who had managed to engage with him over the previous weeks. A coordinated approach resulted in fire prevention equipment being explored, how housing staff can approach concerned neighbours to diffuse what could become a volatile situation, and continued support from the LAC resulting in small but significant improvements.

Future Priorities

In 2015/16 we want the profile of Safeguarding to continue growing, therefore, we have a number of future priorities, they are:

Taking forward the role of Designation Adult Safeguarding Manager (DASM)

Review training in line with the Care Act

Formalise budget monitoring for the team and Boards

The 4 Key Objectives to be met

Using the SET guidelines for Serious Adult Reviews

2 projects to be agreed and taken forward

Organising a safe house for vulnerable adults

The Lasting Power of Attorney project

THURROCK SAFEGUARDING PARTNERSHIP BOARD

SAFEGUARDING ADULTS STRATEGY – 2014-2016

An Asset Based approach

Introduction

The Thurrock Adult Safeguarding Partnership Board has been clear from the beginning that Adult Safeguarding is everybody's concern with communities playing their part in support, prevention, detection and in sharing concerns about potential abuse and neglect. Many people are able to self protect. Some adults with care and support needs, however, may be more at risk of abuse or neglect than others. Some are less able to protect themselves from harm. No one agency can cover all these situations on their own: we need to work together.

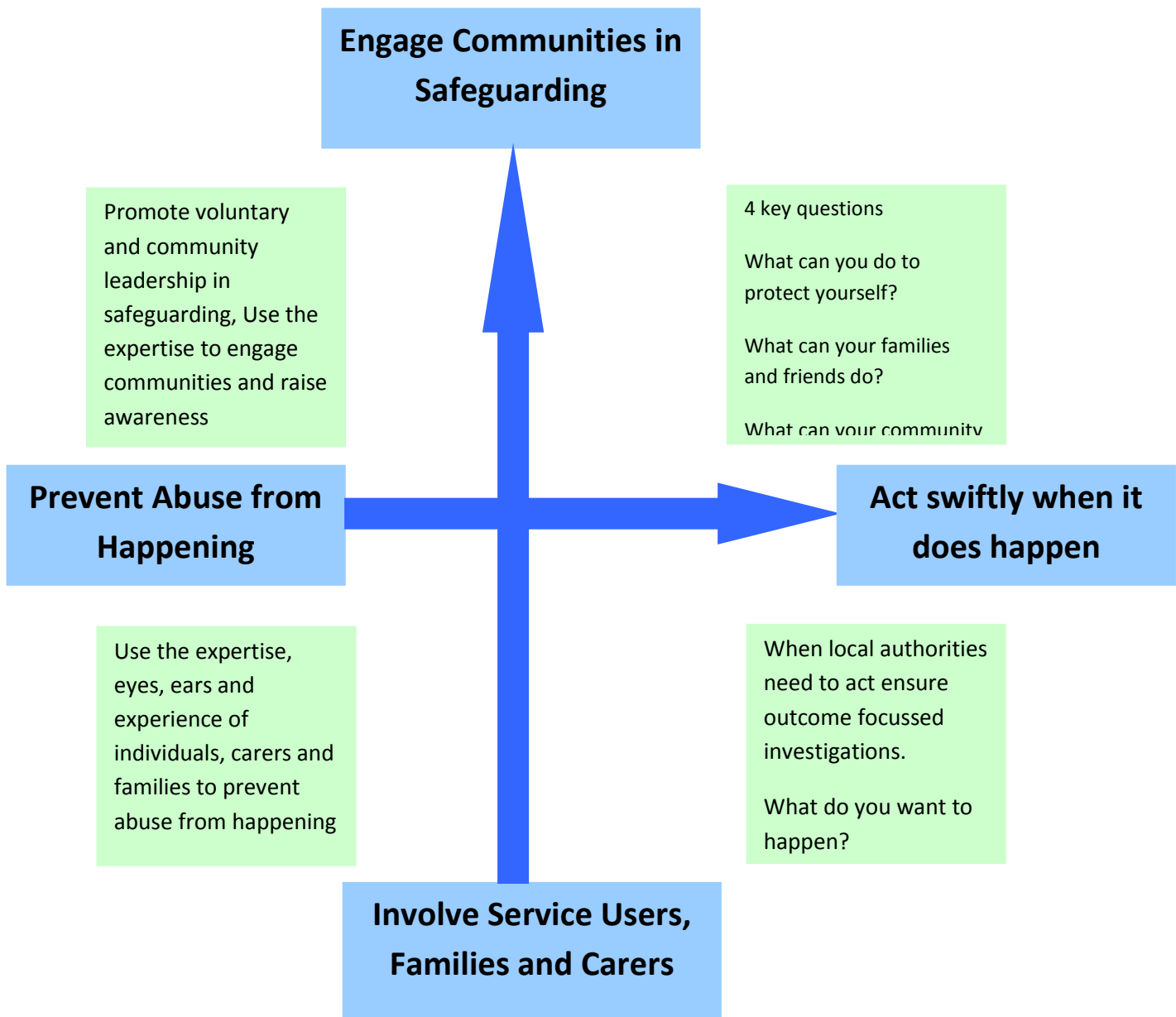
The Coalition Government has included provision in the ***Draft Care and Support Bill*** for partnerships, such as ours, to be placed on a statutory basis. We welcome this. It may mean changes to the way we work or what we do. To ensure that Safeguarding is everyone's business each Board will need to develop a shared strategy with key partners and to report their progress to local communities. A successful partnership depends on sustaining a shared vision and agreed priorities. Thurrock has been developing an Asset Based approach to all aspects of social care; using people's strengths instead of looking at their problems, and promoting independence rather than creating dependence. We believe the same principles can apply to Adult Safeguarding.

Engaging Communities in Adult Safeguarding

A number of values underpin user involvement in health and social care, and these include respect, equality, social inclusion, partnerships and choice. No Secrets (2000) included references to the importance of involving and working with communities, and this was strengthened in its review of 2009, focussing on personalisation, choice and control and people empowered to do more for themselves and self- direct their support.

This legislative context continues to grow in the new Care Bill. There is more emphasis on prevention and community strengths rather than vulnerability and protection, with the role of safeguarding boards to be more representative, more engaging and supporting communities and individuals to protect themselves.

Asset Based Safeguarding Model



Using an Asset Based Model

Asset based models of working are being introduced in a number of different areas across the UK. The model considers local assets as the primary building blocks of sustainable community development. By building on the skills of residents, the power of groups and networking, communities solve their own issues, manage their own development and create something a lot more meaningful and real than any service being imposed upon them.

The discussion regarding adopting the same model when it comes to the adult safeguarding agenda is again one which is growing. The sector led project 'Making Safeguarding Personal' has provided valuable information on what Councils are already doing to focus on the outcomes for individuals who use safeguarding services. It raises questions about whether a person centred, outcome focused approach could be more cost effective, than a professionally led and process driven one.

We should start from the premise that an Adult Safeguarding Board does not keep people safe. It is individuals, families, neighbours, friends and the community that can keep people safe. Community engagement therefore is far more about providing the tools to help people help themselves, than it is to tell them what to do. The tension however is the balance between promoting choice and control whilst managing the risks. We know that as well as neighbourhoods supporting one another, individuals can be destructive, prejudice and harmful. It is the balance of those risks and responsibilities that often lead to barriers to community engagement and involvement. Community engagement is also about engaging with professionals/ providers in the community

- Strong links with the voluntary and independent sector will assist good community engagement
- SAB's should use the strengths of these providers who are locally based, have good community links and directly work with vulnerable adults, their families and carers
- Some people will prefer to engage via one of their service providers rather than directly with Local Authority. Examples such as Healthwatch, home care agencies, local residential providers, Advocacy groups etc.

National Developments and Drivers influencing strategy

Thurrock's Safeguarding Adults Strategy is influenced by National policy and legislation. These include

- **Safeguarding Adults (ADASS) 2005** a national framework of standards for good practice in adult protection work.
- **Mental Capacity Act 2005**
- **Making Safeguarding Personal – (LGA/ ADASS) 2013**
- **Safeguarding Vulnerable Groups Act 2006**
- **Deprivation of Liberty Safeguards (DoLs)**
- **Draft Care and Support Bill**

Key elements of the draft Care and Support Act are:

- To place Safeguarding Adults Partnership Boards on a statutory basis.
- Boards will have to report to local communities.
- Core membership needs to consist of the local authority, NHS and Police.
- There is a duty on partners to cooperate.
- Strategic Plan to be agreed by the local community.
- The Strategic Plan and Annual report to be published

Safeguarding Principles

The Coalition Government's six principles for adult safeguarding are important to us:

Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Protection – support and help for those adults who are vulnerable and most at risk of harm

Prevention – working on the basis that it is better to take action before harm happens

Proportionality – responding in line with the risks and the minimum necessary to protect from harm or manage risks

Partnership – working for local solutions in response to local needs and expectations

Accountability – focusing on outcomes for people and communities and being open about their delivery

Priority areas for 2013 – 16 (agreed by partners)

PERSONALISATION

The Board will ensure that safeguarding activity makes a difference to peoples' lives, with them being at the centre of, and influencing any approach to achieve a personalised outcome.

- ✓ Build in outcomes that people want right through the process and develop a system of measuring how effective that process has been.
- ✓ Ensure community engagement is meaningful and asset based. The Board wants to work in a different way utilising community strengths to help safeguard vulnerable people.
- ✓ Ensure all partners understand the principles of personalisation and the implications for them.
- ✓ Encourage and enforce provider's standards of dignity and rights.
- ✓ Develop and deliver a communication strategy.

BOARD AND LEADERSHIP

In preparation for the Care Act , The board will provide leadership and effective management of safeguarding across all council departments and partners to ensure high level engagement and readiness for statutory governance.

- ✓ Ensure the chair has independence, knowledge and skill to challenge, lead and hold Board members to account.
- ✓ Regular review of the Board's terms of reference to keep it up to date with NHS and other organisational changes.
- ✓ Use the self-assessment tool to audit Board performance and to identify and fill gaps to measure its effectiveness and to hold members to account.
- ✓ Hold development sessions for Board members to keep up to date, encourage joint working and hear from and respond to people who have been through safeguarding.
- ✓ Ensure safeguarding is embedded in corporate and service strategies across the Council and partners, including new PCC, CCG and Healthwatch.
- ✓ Provide awareness training to Councillors and give them a role in preventing abuse.
- ✓ Present the Annual Report to the Overview and Scrutiny Committee and Health and Wellbeing Board.

WORKFORCE DEVELOPMENT

The Board will ensure that staff of all levels and needs have access to appropriate levels of training and have the skills and competence to work with and safeguard vulnerable people of Thurrock.

- ✓ Monitor, audit and deliver the Training and Development strategy as developed by Workforce Planning.
- ✓ Involve communities in developing a user friendly guide to safeguarding
- ✓ Ensure the voluntary and Independent sector provide good quality training by introducing endorsements through the Safeguarding Operational group.

POLICY DEVELOPMENT

Participate in cross cutting policy development with Children's Service, Community Safety Partnership to further develop Violence against women's and girls, Human Trafficking, and forced marriage

- ✓ Ensuring Adult safeguarding is a key agency delivering the Thurrock Violence Against Women and Girls Strategy
- ✓ Develop further information and knowledge in respect of Forced Marriages, ensuring each practitioner has an awareness and carries an information card
- ✓ Work with the Essex Police Lead in Human Trafficking and develop a local policy and guidance.

PARTNERSHIPS

For the Board to be truly representative of partners, with shared vision and commitment. There is a duty to have core membership from Police, Health and the Local Authority.

- ✓ Ensuring data sharing protocols are in place and are fit for purpose
- ✓ Develop strong links with partners across health, housing, emergency services, probation, police, third sector partners and citizens
- ✓ Ensure that ownership of safeguarding adults is shared with mutual learning through Serious Case Reviews

Agreed Key Objectives for 2015/2016:

1. Develop a relevant local audit tool to include both a qualitative person centred focus and a set of performance data with relevant analysis and reporting functionality to drive improvement.
2. Implement a process check to ensure appropriate processes for delivering a Serious Case Review locally in accordance with national guidance.
3. Implement and evaluate processes that demonstrate the key principles associated with “Making Safeguarding Personal” are in place across all partner agencies.
4. Provide clear evidence of community involvement in, and understanding of, local safeguarding policy development and operational delivery.

Statutory Board Outcomes

Annual Plan

Success of the Board Strategy will be measured by the following outcomes:

By March 2016 the Board will have:

1. Encouraged partners to move to a more outcomes based recording process. In particular the person at the centre of the enquiry or intervention should have the opportunity to have recorded their initial desired outcome from the process.
2. The Board will have championed an Asset Based approach to safeguarding Adults in Thurrock
3. Produced a quality audit report focussing on personalisation and community engagement.
4. Produced its first strategic assessment of adult safeguarding in Thurrock
5. Undertaken at least two different preventative initiatives within the Community.
6. Run a one day adult safeguarding event in either February or March 2015 to both launch the Board and provide information to a broad audience.
7. Run at least one part day session on board development and one part day session on learning from relevant serious case reviews. (*easy*)
8. Reviewed the practices around the appropriate sharing of serious incident reports between health and social care professionals and make recommendations for changes if needed.
9. Completed all matters related to the statutory Board's membership, governance, finance, structure and role/function