

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Corporate Director for People
to
Cabinet

on
6th January 2015

Report prepared by: Simon Leftley
Corporate Director, Department for People

Annual Report on Safeguarding Children and Vulnerable Adults
People Scrutiny Committee–
Executive Councillor: Cllr Anne Jones
A Part 1 Public Agenda Item

1. Purpose of Report

To provide an annual assurance assessment for the Chief Executive and elected members in respect of their responsibilities for safeguarding children and vulnerable adults in Southend. This report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2013 and the Care Act 2014.

2. Recommendation

2.1 That the report is noted and the actions detailed in 3.8 are approved.

3. Background

3.1 In previous years separate reports have been produced to provide an annual assurance for the chief executive and elected members regarding their responsibilities for safeguarding children and safeguarding vulnerable adults. For the period 2013-14 the Local Safeguarding Children Board (LSCB), Safeguarding Vulnerable Adults Board (SVAB), Southend Borough Council Children's Services and Southend Borough Council Adult Social Care Services have coordinated their annual reporting cycles in order to provide the chief executive and elected members an overview of the activity and effectiveness of safeguarding children and vulnerable adults service in Southend.

3.2 Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (Working Together 2013)

3.3 The Local Safeguarding Children Board (LSCB) is a statutory partnership responsible for co-ordinating and monitoring the effectiveness of safeguarding children arrangements in all agencies. The LSCB works alongside the Success for All Children Group, which is responsible for leading and coordinating improvements in services for all outcomes for children, including their safety. Both the LSCB and the Success For All Children Group work with the Health and Wellbeing Board which provides strategic leadership across all services.

3.4 Effective safeguarding children systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
- high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
- when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
- local areas innovate and changes are informed by evidence and examination of the data.

3.5 The Safeguarding Vulnerable Adults Board (SVAB) will become a statutory partnership from April 2015, responsible for co-ordinating and monitoring the effectiveness of safeguarding adults' arrangements in all agencies. The SVAB works in Partnership with the LSCB and Health and Wellbeing Board to provide strategic leadership across all services. Safeguarding Vulnerable Adults Boards should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SVAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and

consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;

- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out safeguarding adult reviews;
- produce a Strategic/Business Plan and an Annual Report;
- evidence how SVAB members have challenged one another and held other boards to account;
- promote multi-agency training and consider any specialist training that may be required;
- consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.

3.6 This report provides an annual assurance statement of the LSCB, SVAB and Council's effectiveness in the discharge of their safeguarding responsibilities. The report contains five elements:

- The annual report from the independent chair of the LSCB covering the effectiveness of safeguarding of children, and identifying key priorities locally to improve that effectiveness. (Appendix 1).
- A report from the Head of Children's Services covering the quality and effectiveness of the Council's children's social care delivery (Appendix 2).
- A review of activity and outcomes of work by the LSCB and its partners regarding Child Sexual Exploitation, and identified areas for development (Appendix 3).
- The annual report from the independent chair of the SVAB covering the effectiveness of safeguarding vulnerable adults and identifying key priorities locally to improve that effectiveness. (Appendix 4).
- A report from the Head of Adult Services covering the quality and effectiveness of the Council's adult social care delivery (Appendix 5).

3.7 Working Together 2013 states that the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of

weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

The Care Act Guidance 2014 states that the SVAB must publish an annual report that must clearly identify what both the SVAB and its members have done to carry out and deliver the objectives and other content of its business plan.

- 3.8 As Director of the Department for People I have responsibility for improving outcomes for all children, young people and vulnerable adults in Southend and to ensure that all appropriate local authority services engage effectively with the LSCB and SVAB. The lead members and I have met with the Chief Executive and the Council Leader with this report in order that they can satisfy themselves that I am fulfilling my responsibilities. The actions from that meeting are detailed below:
- i. This report and its appendices will be presented to Pre Scrutiny before presentation to the Full Cabinet.
 - ii. The Chief Executive will write to the Police and Crime Commissioner, Nick Alston, to escalate the concerns regarding the effectiveness of the Multi Agency Risk Assessment Conference (MARAC) process, and in particular the delay in reporting the outcome of the strategic review of MARAC commissioned by the Southend, Essex and Thurrock (SET) Strategic Domestic Abuse Board; and the quality and process concerns regarding the interim triage process.
 - iii. The Chief Executive will contact the Chief Constable of Essex Police, Stephen Kavanagh, regarding concerns about the capacity within Essex Police to effectively engage with the LSCB and SVAB and other strategic boards.
 - iv. The Director of the Department for People will ensure that the scoping and forward planning for the proposed implementation of a Multi Agency Safeguarding Hub (MASH) in Southend is undertaken within timescales
 - v. The LSCB Chair will request an update from the Police and Crime Commissioner regarding engagement of the Crown Prosecution Service and Her Majesty's Court and Tribunal Service in the strategic approach to supporting victims of child sexual exploitation to ensure the conviction and disruption of alleged perpetrators.
 - vi. The SVAB will develop its interface with commissioners of social care provision to monitor the quality of that provision effectively
 - vii. The SVAB will improve the quality and analysis of the performance information received from partner agencies to provide a more detailed assurance of the effectiveness of safeguarding vulnerable adults services and identify priority areas for development in its first statutory annual report for 2014-15.

4. Other Options

None

5. Reasons for Recommendations

To keep the Council informed of the position in respect of safeguarding children and vulnerable adults in Southend.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

The work of partners and the Council in safeguarding children directly contributes to the Council's priority of improving the life chances of vulnerable children.

6.2 Financial Implications

None

6.3 Legal Implications

This report supports the Council, The Leader, the Chief Executive Director and Lead Member to discharge their statutory duties under the Children Act 2004 and Care Act 2014.

6.4 People Implications

None

6.5 Property Implications

None

6.6 Consultation

The LSCB and SVAB are inclusive organisations which involve statutory and voluntary agencies. The LSCB community lay member and a youth lay member, represent the interests of the community on the Board and its sub groups, in line with statutory guidance. Consultation with children and families, which influences the way in which services are delivered, is a key strategic priority for the LSCB.

The SVAB service user organisation member and new Healthwatch member represent the interests of the community on the SVAB in line with statutory guidance

6.7 Equalities and Diversity Implications

The Council, the LSCB and the SVAB have the responsibility to ensure that all children and vulnerable adults have their safety and welfare needs addressed. The Southend, Essex and Thurrock Procedures for both Child Protection and Vulnerable Adults addresses the "recognition of additional vulnerability" and covers the considerations which must be taken into account when meeting the needs of particular groups. All the LSCB and SVAB sub groups address equality matters, with a standing item on all agendas.

6.8 Risk Assessment

Risk logs are maintained for the LSCB and SVAB and within the Department for People. There is a standing item on the LSCB and SVAB Executive agendas identifying risks to the efficacy of safeguarding services identified by partners, and agreeing mitigating actions to address these.

6.9 Value for Money

Fulfilling our responsibility to safeguard children and vulnerable adults and promote their welfare is a statutory requirement. The Council works in partnership with other organisations and local authorities to ensure we fulfil those responsibilities in the most cost effective way. LSCB and SVAB members ensure that all functions are undertaken on value for money principles. From July 2013 the business management resource of the LSCB has been shared with the SVAB, with some additional administration resource shared between both Boards. There has been a saving to the LSCB in staffing costs which the Board has reinvested into its safeguarding children priorities.

6.10 Community Safety Implications

LSCB & SVAB arrangements support the safety for our most vulnerable members of society across the localities and partnerships. The LSCB and SVAB oversees work on road safety, e safety, bullying and hate crime as it relates to children and vulnerable adults, and monitors the effectiveness of the implementation of the domestic abuse strategy

7. Background Papers

Many are core documents and are the same as identified in previous reports

- The Children Act 2004 Every Child Matters: Change for Children
- Children Act 1989
- The Protection of Children in England: A Progress Report – Lord Laming (2009)
- Working Together to Safeguard Children (2013)
- The Munro Review of Child Protection: Final Report : A Child Centred System (May 2011) – DfE website
- A Child Centred System: The Government’s response to the Munro Review of Child Protection (July 2011) – DfE website
- SEN and Disability Green Paper (2011) – DfE website
- Independent Reviewing Officers (IRO) guidelines (2010) – DfE website
- Family Justice Review (Nov 2011)
- Children’s Commissioner –Report on the findings of the OCC’s enquiry into child sexual exploitation in gangs and groups (Nov 2012)
- Keeping Children Safe in Education (2014)
- No Secrets (2000)
- Mental Capacity Act (2005)
- The Care Act (2014)
- Care Act Guidance (2014)

8. Appendices

- Appendix 1- LSCB Annual Report on the Effectiveness of Safeguarding Children in Southend 2013/14
- Appendix 2- Report on the Effectiveness of Safeguarding and Protecting Children by Southend Council's Children's Services
- Appendix 3- Report on Child Sexual Exploitation in Southend
- Appendix 4- SVAB Annual Report on the Effectiveness of Safeguarding Vulnerable Adults 2013/14
- Appendix 5- Annual Report on the Effectiveness of Safeguarding Vulnerable Adults by Southend Borough Council Adult Social Care Services



October 2013 -
September 2014

Effectiveness of Safeguarding Children in Southend



Southend-on-Sea Borough Council
October 2013 - September 2014

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SECTION 1 – INTRODUCTION

Background

This Annual Report is produced in compliance with Working Together to Safeguard Children (HM Govt 2013) which states that the LSCB chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area, and that the report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board (ch3 para16). Chapter 17 of the guidance also states that the report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period and should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent.

Foreword from the LSCB Chair

I am pleased to introduce the Annual Report for 2013-2014 for the Southend LSCB. This is the first such report produced after the revised guidance in Working Together 2013, and as such has been developed to include an analysis of how well safeguarding is going in Southend; to log the various challenge areas which the Board has identified during the year; and to show clear evidence of outcomes for children and young people. In addition the report highlights areas of concern for ongoing safeguarding work, lays out the future priorities, and has been produced in a more user friendly format to assist in assuring a strategic focus is retained.

Southend LSCB continues to be an energetic and committed body of professionals and lay members who have had a significant impact on the delivery of safeguarding throughout the year. The sub groups and task groups which makeup the LSCB have worked energetically and effectively to ensure that activity is both well co-ordinated and effective in delivering outcomes. There has continued to be considerable organizational change (Probation services restructuring being the most noticeable) and budgetary pressures across all services. The LSCB has, during this year, combined its business support functions across the Southend Adults and Children's Boards, enabling both the dedicated Board resources, and the time commitment of the

partnership, to be maximized by sharing activity where this makes sense (for example in some of the sub groups) whilst still maintaining a clear focus on children and young people as appropriate.

Looking to the future, whilst there will undoubtedly be areas of ongoing organizational challenge in respect of safeguarding, it is clear that this work is proceeding on a sound footing in Southend due to the collective culture of constructive challenge and aspiration for continuous improvement which the partnership exemplifies in its work.

Foreword from the LSCB Youth Lay Member

Southend is performing well in its early help intervention, along with its clearly signposted access to universal services which are ensuring that the children's circumstances are not unnecessarily worsened, putting the child at risk of harm.

Southend's partnership working and local public relations is providing the LSCB with a presence in the local community, where professionals and public alike can seek advice and resources from the LSCB on safeguarding issues. If we maintain our focus, we can reach the wider population of Southend to ensure that safeguarding issues are raised, considered and dealt with in an appropriate manner.

SECTION 2 - EXECUTIVE SUMMARY

Overall, services to safeguard children in Southend are effective. There is a well embedded Early Help offer which has been the subject of a recent Ofsted thematic review, finding that the service was of a good standard with appropriate use of thresholds. The thematic review made some key recommendations, which included the need to be more focused on specific outcomes for children and young people. These actions are underway and continued, targeted improvements to those services are evident, although inevitably a number of key areas for further development remain, as captured below.

Because the Early Help offer is well embedded amongst Southend professionals, at stage 1 and 2, higher level safeguarding services continue to offer a sound and well managed approach towards children and young people with more complex needs and casework requirements. Performance on specific areas such as the timeliness of assessments and the quality of this work continues to be effective. The LSCB has been assured that Looked after Children services are of a good standard and there has been good progress on the priority of developing an effective response to prevent Child Sexual Exploitation in Southend.

The LSCB has a comprehensive Learning and Development Framework and it continues to keep under review the information requirements of the LSCB, which will enable a comprehensive and accurate assessment of how well safeguarding is going in Southend to be achieved. Some areas of further development remain in this respect, but nevertheless the LSCB is well informed and communication between agencies and the capacity for partners within the LSCB to constructively hold each to account is therefore good.

The table below shows progress this year against the LSCB's high level objectives, as outlined in the previous Annual Report:

Progress on LSCB's Identified Priorities for 2013-2014

	Priority	Outcome/Impact
A	Developing a culture of communication between all stakeholders to safeguard	The majority of practitioners have received appropriate training in the recognition, communication and response to child abuse

	children	and neglect. The LSCB Learning and Improvement Framework has evidenced that information is shared appropriately to safeguard children
B	Reduce the number of children and young people who have experienced bullying including face to face, text or internet	A pilot project is being undertaken with schools to establish baseline data of children's experience of bullying with ongoing data collection evidencing that children's experience is improving as a result of the pilot
C	Reduce the impact of Domestic Abuse on children and young peoples' life chances	The Domestic Abuse Strategy focuses on prevention of domestic abuse as well as reducing risk to victims and interventions with perpetrators. Further work is required by the LSCB and its partner bodies to ensure a reduction in the impact of domestic abuse. The development of a Joint Domestic Abuse Triage Team has improved information sharing to safeguard children from domestic abuse
D	Support families at the earliest opportunity to prevent their needs escalating	Completion of a Common Assessment Framework (CAF) or Early Help Assessment (EHA) enables practitioners to identify the needs of children and families effectively. Feedback from children and families is positive about the early help and intervention they receive, finding it timely and effective. They spoke highly of the lead professional role to guide them through a helpful process where reports and reviews are clear and helpful.
E	Reduce the number of children killed, seriously and slightly injured in road traffic collisions	Partners have undertaken significant road safety awareness raising with children and young people. The number of children killed or seriously injured has continued to decline, from 8 in 2012-13 to 6 in 2013-14,

		however the number of slight injuries for the same period has increased from 50 to 62. The LSCB will review and develop its road safety awareness strategy to seek to reduce the number of slight injuries.
F	Identify and provide early support to children at risk of sexual exploitation, to prevent harm and reduce the impact on their life chances	The LSCB's CSE & Missing Group ensures that children identified as being at risk of sexual exploitation are receiving support that is appropriate to their needs by reviewing the partnership response for all children and young people identified as being at risk of CSE on a monthly basis. A risk assessment tool and awareness training for children's practitioners and the wider workforce ensures children at risk of CSE are identified.

Key Successes in 2013-2014

- Children and their families are positive about the early help and intervention they receive
- 525 children have a Child in Need Plan in place
- All children in need of support at stage 2 & 3 had a CAF or Early Help assessment and a Child in Need Plan was in place
- Child in Need Plans are SMART, with specific, achievable, measurable objectives and appropriate timescales
- Practitioners have a good understanding of thresholds for making safeguarding children referrals
- Children's Services are able to make informed, effective decisions regarding the protection of children
- The number of known Private Fostering arrangements has increased to 10 in October 2014, compared to 7 in October 2013, representing a 43% increase.
- A significant improvement in the quality of Child Protection and Child in Need Plans
- 80% of looked after children feel very safe in their home and feel well looked after

- 92.1% of single social work assessments in September 2014 were completed within 40 days
- Child Sexual Exploitation (CSE) Champions report increased confidence in identifying young people at risk of CSE; sharing intelligence; and using referral pathways
- The 2 year average child death rate per 100,000 in Southend has reduced by 26% between 2009/2011 and 2012/14.
- High rate of appropriate training of staff in all partner agencies

Key Areas of Challenge and Development to be carried forward into 2014-2015

- Bi-annual meetings of partnership board chairs, facilitated by the local authority chief executive, to enhance strategic communication and development
- Reduction in numbers of young people admitted to hospital as a result of substance misuse and self harm
- Reduction in numbers of young children admitted to hospital as a result of accidental poisoning
- Implementation of the revised Domestic Abuse Strategy across Southend, Essex and Thurrock and resolution of the operational issues relating to the functioning of the MARAC
- Strengthening of operational links and working practices; training of wider population; and improving data flows and mapping of intelligence around Child Sexual Exploitation
- Improving access to specialist support services for victims of sexual violence and exploitation
- Improving awareness of female genital mutilation, forced marriage, trafficking and modern slavery and support to victims and those at risk
- Increase recruitment and retention of foster carers, as identified by the Corporate Parenting Group
- The development of any proposals to ensure improve information sharing through the development of a Multi Agency Safeguarding Hub (MASH)
- Ensuring the re-commissioning of forensic and ongoing support services for child victims of sexual abuse provide appropriate, accessible, and joined up pathways for children and young people

- Continue to develop focus across all services on achievement of outcomes for children and young people
- Embed more strongly the children's voice across all services
- Use of the big lottery funding to improve safeguarding children outcomes for those living in the areas of highest deprivation
- Ensuring safeguarding children practice of all LSCB partners is responsive and accessible to the increasingly diverse population of Southend
- Ensuring the continued improvements in the quality and implementation of Child in Need Plans

Text boxes are used throughout the following sections of this report and are coded as follows:



Case Studies/Examples



Outcomes or Impact of activity



Expected Outcome or Impact of an Activity



Feedback from Children and their Families

SECTION 3 - CONTEXT

Southend has a population of 175,284 (ONS mid-year population estimate September 2012) of which 41,583 are aged 0-19, with 11,641 being aged 0-4.

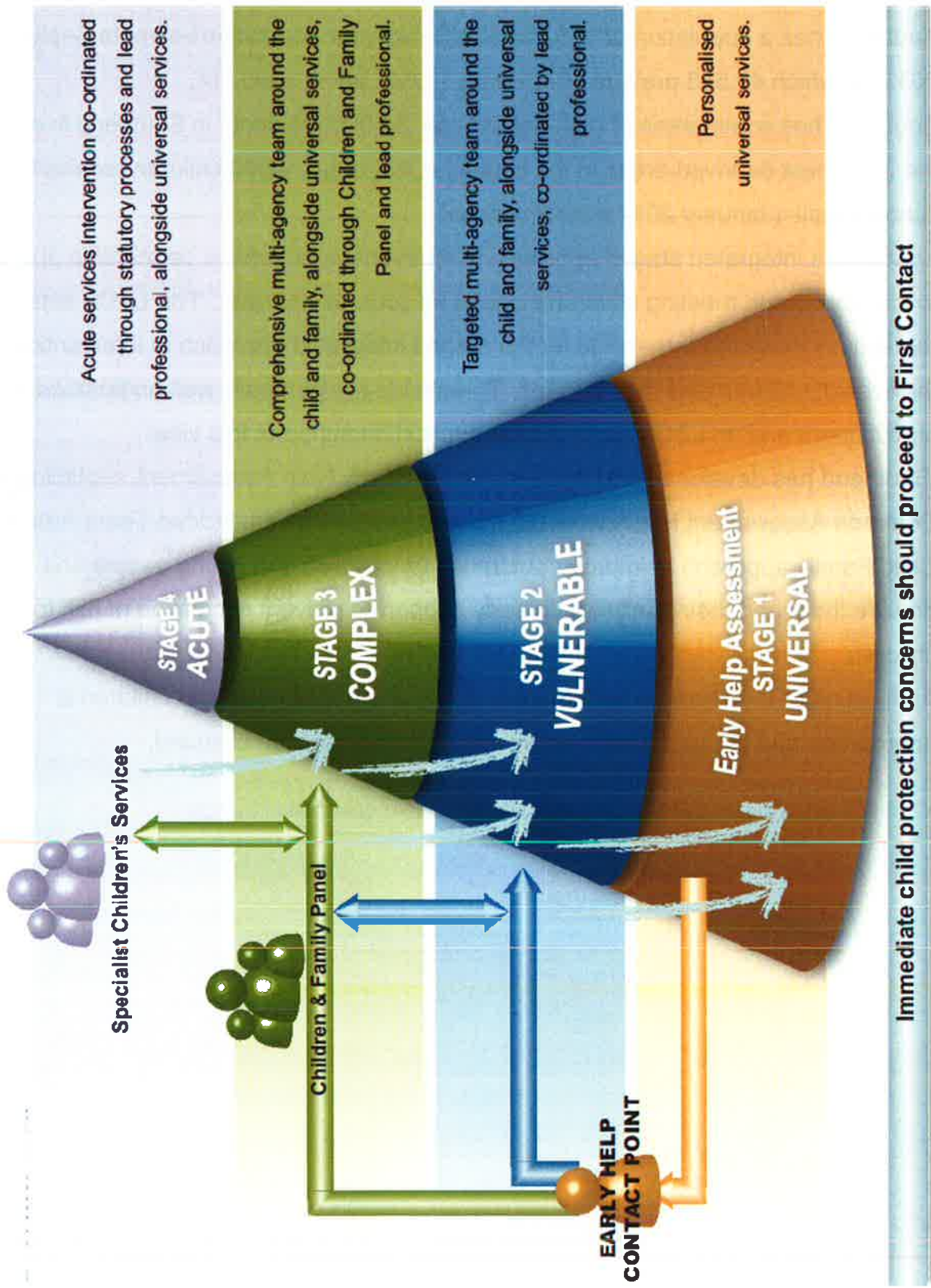
Southend has some areas of high deprivation. 50,000 residents in Southend live within the 30% most deprived areas in the country (ONS data). 4,300 children receive free school meals (January 2012 school census)

Southend's integrated staged approach to intervention ensures a partnership approach to identifying and meeting children's needs as soon as possible. The LSCB sets and regularly reviews the thresholds for the staged integrated approach to intervention in the lives of children and their families. Thresholds are generally well understood by practitioners and an LSCB audit of their application supports this view.

Southend has developed and implemented an Early Help Assessment, replacing the Common Assessment Framework (CAF), and uses a well embedded Team Around the Child/Family approach to improve outcomes for children and young people and provide them and their families with early support to prevent escalation of risk to children.

Application of thresholds where there is a risk of significant harm to children is appropriate and the partnership approach to child protection is sound.

Staged Model of Intervention



The LSCB's Learning and Improvement Framework

Working Together to Safeguard Children (HM Government 2013) required all LSCBs to establish and maintain a Learning and Improvement Framework which “enables organizations to be clear about their responsibilities; to learn from experience; and improve services as a result”. The focus in Working Together is on the use of reviews and audits to inform the learning and improvement framework. Southend LSCB has identified additional areas for obtaining learning to improve practice, to develop an integrated framework which builds on its culture of learning and improvement. The following elements will form the basis of the LSCB's Learning and Improvement Framework:

Element	Activity	Expected Outcome/Impact
Serious Case Reviews	Identification and implementation of learning	<p>Learning from SCRs and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving children's welfare and safety</p>
Child Death Reviews	Identification and implementation of learning	<p>Actions taken in response to findings from CDRs reduce the number of child deaths with modifiable factors</p>
Alternative Case Reviews	Identification and implementation of learning	<p>Learning from reviews and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving children's welfare and safety</p>
Single & Multi	Reporting of single	LSCB partner agencies evidence effectiveness

Agency Audits and Audits of Board Effectiveness	agency audits	of safeguarding practice and identify areas for improvement
	Programme of LSCB audits	LSCB evidences the effectiveness of safeguarding services throughout the journey of the child
	Audit of Board effectiveness conducted by identified LSCB team.	LSCB evidences its effectiveness in monitoring and coordinating the safeguarding of children and promoting their welfare
Qualitative Information from Children, Young People and their Families (including compliments and complaints)	Analysis of information obtained to quality assure the effectiveness of safeguarding across the tiers of intervention	The development and improvement of safeguarding services is informed by the views and experience of children, young people and families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	Risks to the effectiveness of safeguarding children services are identified early and addressed in a timely way. Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding children practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative and qualitative data from partner organizations	Evidence of improvement in identified key areas of safeguarding practice.
Section 11 Audits	Reporting of qualitative and	Partner agency self assessments of safeguarding efficacy are robust

	quantitative data by LSCB partner agencies	
Annual Reports from Strategic Partners (e.g. Corporate Parenting, school governing bodies and MAPPA) and LSCB Members	Needs analysis and monitoring of safeguarding effectiveness	The LSCB evidences the effectiveness of safeguarding practice throughout the journey of the child
Strategic & Themed Work (e.g. domestic abuse, child sexual exploitation)	Mapping of issues and development of overarching strategies	The LSCB and its strategic partners identify any risk and/or need and implement improvements to address these

Additionally at each meeting the LSCB Executive Group identifies any operational or strategic changes within each partner agency which may impact on the effectiveness of services to safeguard children. A partnership approach is taken to mitigate these identified risks

SECTION 4 – THE JOURNEY OF THE CHILD

Prevention and Early Help – Stage 1

Prevention and Early Help is undertaken at stage 1 of the integrated staged approach to intervention in Southend. There is a strong and developing prevention and early help offer in Southend which reduces the escalation of risk to children and young people. Support to children and families at stage 1 is provided by personalised universal services

Example 1

Health Visitors provide and discuss a leaflet on 'Safe Sleeping' with all parents of newborn babies in Southend to reduce sudden infant deaths due to co-sleeping and other preventable factors

Key Achievements

In July 2014 the Local Authority, Pre-school Learning Alliance, and its partners were awarded £40m from the Big Lottery Fund's 'Fulfilling Lives: A Better Start' initiative. The award supports partners to work with the local community in six key wards over the next ten years (Kursaal, Milton, Westborough, Victoria, Shoeburyness and West Shoebury) to shape and redesign services during pregnancy and early childhood and help parents to give their children a better start in life. The plan which underpins this; 'Our Children, Our Community, Our Future', has been developed with local parents, the community and professionals, to put prevention at the heart of the way services are delivered. The LSCB anticipates that this investment in prevention will have a significant positive impact on the safeguarding of children in Southend.

In November 2013 Ofsted undertook a themed inspection of the partnership approach to early help and intervention. Inspectors found that partnership working in Southend is strong, both at a strategic level and operationally. The needs of children and families are identified and responded to in a flexible and timely way with professionals demonstrating their confidence in safeguarding and working within thresholds.

Early Help is part of the overall partnership strategy for improving educational outcomes for children and young people, removing barriers to learning, and improving life chances. The Southend Special Educational Needs Strategy includes Early Help

and is an integral part of assessing children's needs, whether they are educational, social, and emotional or health related.

Locality Teams hold budgets to allow the purchase of bespoke early intervention resources to meet the needs of individual children and their families.

The Integrated Locality Toolkit has been revised to reflect the 'Early Help' offer and includes the new early help assessment; single social work assessment, and education health care plan. The toolkit also includes the work of the Streets Ahead project and how this compliments the Early Help offer. Southend Information Point (SHIP) provides information for accessing Early Help through local services including Southend's Local Offer for children and families; community activities and events; and local childcare providers

In response to an increase in domestic and sexual violence offences between young people in Southend a pilot programme was undertaken by partner agencies with secondary aged pupils raising awareness of domestic and sexual violence and promoting healthy relationships.

Outcome/Impact

Evaluations from young people following the pilot have been positive and the programme is being rolled out with schools across Southend. The LSCB will monitor reported offences between young people to measure the impact of the programme.

The LSCB has prioritised a reduction in the number of children who are killed or seriously in road traffic collisions for the last 3 years. Death and serious injury to children caused by road traffic collisions presents the biggest risk to the safety of children.

Outcome/Impact

The number of children killed or seriously injured has continued to decline, from 8 in 2012-13 to 6 in 2013-14, however the number of slight injuries for the same period has increased from 50 to 62.

All secondary schools and statutory agencies, as well as a number of private and community organisations, have trained Child Sexual Exploitation (CSE) Champions to promote the implementation of an assessment toolkit to assist the early identification

and support of children and young people at risk of CSE. Children and young people identified as being at risk of CSE are supported within the integrated staged approach to prevent escalation of risk. A CSE Champions Forum has been established to provide ongoing support and professional development for Champions.

Outcome/Impact

CSE Champions report increased confidence in identifying young people at risk of CSE; sharing intelligence; and using referral pathways

An awareness raising campaign was undertaken with schools to help identify and support children at risk of forced marriage or female genital mutilation (FGM), in partnership with Karma Nirvana. The LSCB will monitor the impact of the campaign and any increase in contacts from Southend residents to Karma Nirvana.

What Children and Their Families Tell Us

Children and their families are positive about the early help and intervention they receive, finding it timely and effective. They spoke highly of the lead professional role to guide them through a helpful process where reports and reviews are clear and helpful.

Areas for Development

The monitoring of outcomes from early help requires further development to evidence positive impacts on the lives of children and their families, as well as identifying areas for further service development.

At a time of budget constraints across all partner agencies the LSCB and its strategic partners will need to evidence and promote the value and cost effectiveness of maintaining and building on the early help offer in Southend.

The LSCB will prioritise awareness of FGM, Forced Marriage, Trafficking and Modern Slavery to improve identification and support for victims and those at risk

The LSCB will continue to prioritise road safety awareness to reduce death and injury to children

There has been a significant increase in the number of children and young people admitted to hospital as a result of unintentional or deliberate injuries, from 49 in 2012/13 to 78 in 2013/14. In 37 cases primary or secondary diagnosis was poisoning as a result of substance misuse or overdose/self harm by young people over the age

of 12 years. In 7 cases primary or secondary diagnosis was accidental poisoning of young children.

The LSCB and its partners will continue to work together to reduce substance misuse and self harm in young people.

Expected Outcome – Reduction in numbers of young people admitted to hospital as a result of substance misuse and self harm

The LSCB and its partners will also undertake awareness raising campaigns to prevent accidental poisoning in young children.

Expected Outcome – Reduction in numbers of young children admitted to hospital as a result of accidental poisoning

Early Intervention and Children in Need – Stage 2 & 3

Early Intervention takes place at stages 2 and 3 of the integrated staged approach, where children and their families require additional, coordinated support to that provided by universal services alone. A single point of contact for early intervention has been established in each of the three localities across the Borough. This contact point is serviced by early intervention screening officers, supported by a multi-agency team which also includes a CAMHS specialist as part of the early help assessment. At Stage 2, a Team Around the Child, coordinated by a lead professional and working with universal services, provides targeted support to vulnerable children and their families. At Stage 3 support to children and their families with complex needs is coordinated by Child and Family Panels with a comprehensive Team Around the Child and a lead professional.

Example 2
A 7yr old child is identified by their school as having some behavioural problems. The school completes an Early Help Assessment. The school's special educational needs coordinator (SENCO) is the lead professional and coordinates support for the child and family, including a behaviour management programme and support for the class teacher; an assessment by an educational psychologist; a learning mentor; and a parenting programme for the parents.

Key Achievements

The Ofsted thematic inspection of Early Help and Early Intervention in November 2013 found that strategic and operational partnership working was strong and that professionals were confident in working with children and their families in a flexible and timely way within thresholds. The inspection also identified that early intervention screening officers are very well regarded, as is the Children and Families Early Intervention Team (CFEIT) and their ability to work with families in their own home and with those that are hard to engage; and that there is good liaison between the locality teams and social care.

This assessment is supported by the LSCB's Learning and Improvement Framework activity, including multi agency audits and scrutiny of performance information.

Outcome/Impact

An LSCB audit report in May 2014 identified that in all cases audited a CAF assessment had been undertaken and a Child in Need Plan was in place, a significant improvement on findings from the previous year's audit.

Outcome/Impact

An LSCB audit report in May 2014 identified that Child in Need Plans were found to be SMART, with specific, achievable, measurable objectives and appropriate timescales. The majority of assessments also clearly distinguished between the needs of the child and those of the adults in a family (an area previously identified as a weakness in local and national serious case reviews); and assessed the impact of significant males in the family (previously identified as a weakness in local and national serious case reviews).

Children and young people identified as at low or medium risk of child sexual exploitation are supported by the locality teams to prevent risk from escalating. All Children and Young People who go missing from home or care are now offered a return home interview by an independent worker. Emerging trends from the outcomes of these interviews are addressed by the CSE and Missing Group. The Local Authority has employed a coordinator to ensure children and young people who go missing receive a coordinated partnership response and that any risk of sexual exploitation is

identified and addressed. Work is currently being undertaken with schools to support them in the development of the PHSE curriculum, to include awareness of CSE.

What Children and Their Families Tell Us

Children and their families report that they find the early intervention process very positive. They receive a timely and effective response, and found the process helpful, with clear and useful reports and reviews. They valued highly the work of the lead professional in coordinating the early intervention process for them and their families.

Areas for Development

Work is in progress to improve the engagement in the early intervention processes by early years services, services for 16 – 18 year olds, and Essex Police.

The quality of Common Assessment Frameworks (CAFs), now replaced by the Early Help Assessment, is inconsistent, and the voice of the child is not always heard clearly through them. An action plan is being implemented by the LSCB to ensure the voice of the child is evident in Early Help Assessments, and that they are consistently of a good quality.

Consultation with the children and young person about their Child in Need Plans and the difference that the interventions have made is mixed and is an area for further practice development

Further development of the Child in Need plan format is required to support practitioners to evidence good practice in areas including identification of what needs to change, a contingency plan, and frequency of visits to the child

The monitoring of outcomes from early intervention requires further development to evidence positive impacts on the lives of children and their families, as well as identifying areas for further service development. This is identified as a priority in the LSCB Business Plan.

Child Protection and Acute Services – Stage 4

Child protection concerns requiring a statutory response are dealt with at stage 4 of the staged model of intervention by the Local Authority's Children's Services First

Contact, Care Management, Fostering, Adoption and Leaving Care Teams in partnership with Essex Police and other agencies

Example 3

An unborn child is referred to Children's Services by a local hospital midwife because of concerns regarding the mother's illicit drug use during pregnancy. A child protection plan is put in place focused on supporting the mother to cease her drug use. The mother fails to stop using drugs and the baby is born with significant health problems due to acquired drug dependency from its mother. The baby is placed with foster parents as there are no other family able to look after it. Further work is undertaken with the mother to support her to manage her drug use and care for her baby, but this is unsuccessful in achieving sufficient changes to ensure the safeguarding of the baby if it were returned to the mother. The Child and Family Court decided that the baby should be removed permanently from the care of its mother and it is placed for adoption. The baby's current foster parents apply to, and are successful in, adopting the baby.

Key Achievements

High levels of staff and volunteer safeguarding children training are reported for the majority of partner agencies (data for September 2014 except where stated):

Southend Hospital – 90% (March 2014); Essex Community Rehabilitation Company – 97.6%; SEPT – 99%; ECFRS – 90% (March 14); Schools – 98.2% (March 14); Commissioned Dental Practitioners – 50.5% (March 14); GPs– 100% at level 3; Essex Police – 73.5% levels 1&2 (March 14); South Essex Homes – 79% ; SBC Children's Services 95% (March 14); SBC IYSS 99.5% (March 14); Early Years 90.7% (Sept 14)

A good conversion rate from referral to Single Social Work Assessment of 93.1% indicates that staff and volunteers have a good understanding of the thresholds for making safeguarding children referrals and that they are identifying children at risk of significant harm.

Outcome/Impact

Practitioners have a good understanding of thresholds for making safeguarding children referrals

There has been a significant increase in safeguarding children referrals from 457.2 per 10,000 population in 2012/13 (520.7 national average for same period) to 529.5 in March 2014, reflecting a national picture of increasing referrals, although performance in relation to national averages (573) remains good. 8.6% of referrals are made by family or members of the public (Oct 2013 – March 2014) reflecting awareness raising activity by the LSCB and other organisations and local confidence in safeguarding services. Within Southend, CAF's, and more recently Early Help Assessments, are used to support referrals to Children's Social Care where there are child protection concerns. The quality of CAFs remains variable, but is improving.

Outcome/Impact

Children's Services are able to make informed, effective decisions regarding the protection of children.

The development of a Joint Domestic Abuse Triage Team (JDATT), based within Children's Services and resourced by personnel from Essex Police, Probation and Health Services has improved the sharing of information to safeguard children from domestic abuse. All domestic abuse incidents reported to the police where there are children in the household are shared with Children's Services and triaged by the team to identify children at risk.

Outcome/Impact

Practitioners report improvements in information sharing and response to domestic abuse incidents involving children as a result of the JDATT.

An independent review of the effectiveness of the JDATT is being undertaken with consideration of how the potential development of a Multi Agency Safeguarding Hub (MASH) could complement and operate effectively within the existing staged approach to intervention.

Children and young people who are assessed as being at high risk of sexual exploitation are identified and supported at this stage of intervention. The LSCB has developed a CSE and Missing Children Sub Group, which identifies children and young people at high risk of CSE or who may go missing on a frequent basis to ensure that they are being effectively supported within the staged approach to intervention.

The LSCB has provided online training for 450 practitioners working with children and young people, and has provided training for over 90 CSE champions and GP leads, identified by all statutory partners, secondary schools, children's homes, private foster carers and private and community organisations. A CSE Champions Forum has been established to support this group in their work. Awareness raising work is being undertaken in schools and with the community in addition to targeted professionals and organizations such as licensing officers, the hotel trade etc. who play a key role in helping to identify and disrupt CSE activity.

Children in Private Fostering arrangements are also supported at stage 4. Private Fostering arrangements refer to children and young people who are living with people other than close family. Practitioners and the community have a legal responsibility to

let the local authority know of any private fostering arrangements they are aware of. Historically the number of children known to the local authority in private fostering arrangements has been between 4 and 5. Placements are assessed to ensure they are suitable and appropriate action taken where this is not the case.

Outcome/Impact

Identification of a dedicated worker for private fostering within Children's Services and awareness raising by the LSCB and its partners have increased the number of known Private Fostering arrangements to 10.

Following a child protection referral a single social work assessment is undertaken to identify the level of risk to the child. 92.1% of Single Social Work Assessments were completed within 40 working days compared to 73.4% nationally and 64% for statistic neighbours

Where this level of risk meets the threshold for statutory intervention a child protection conference is held. The quality of information sharing and child protection planning as been audited by the LSCB, and is generally good. LSCB audits also identify that the quality of assessments has improved, and partner agency reports for case conferences are not always shared with the child and family in advance of the conference. All partner agencies have been required to develop action plans to ensure these issues are addressed.

Southend has recently introduced a 'Strengthening Families' framework for child protection conferences, designed to help families participate more easily; to help all participants assess risk better; and for all to be more engaged in the development of a Child Protection Plan or Child in Need Plan. Initial feedback to the LSCB regarding the 'Strengthening Families' framework has been positive.

Outcome/Impact

The LSCB will undertake a formal review over the coming months to evidence whether practitioners, and particularly children and their families, experience improved outcomes as a result of the Strengthening Families framework

The quality of the activity and outcomes of Core Groups and Child in Need meetings has been audited by the LSCB, with improvements evidenced from previous audits and their resulting action plans. The identification of additional personnel to provide administrative support for core groups by Children's Services has contributed to these improvements.

Outcome/Impact

In 85% cases the child (where appropriate) and family members attended the Core Group/ Child in Need meetings and where the child did not attend, and they were of an age to do so, they were consulted and their views sought before the meeting; there was evidence that the Core Group/Child in Need meetings had developed and implemented the outline plans; and there was evidence that meetings reevaluated risk or needs.

Outcome/Impact

There is a significant improvement in the quality of child protection and child in need plans.

Early in 2014 the LSCB Learning and Improvement Framework identified a significant increase in the number of children with a child protection plan. 75 children were subject to a child protection plan in 31st March 2013. On 31st March 2014 the number of children subject to child protection plan had increased to 163 children, and appears to have stabilized with 161 children on a child protection plan in September 2014 (42.8 per 10,000 compared to 42.1 nationally and 52.8 for Statistical Neighbours). When explored further the increase was identified as being due to a number of practice related factors:

- Practice changes in relation to pre-proceedings in public law means that children were held on child protection plans rather than as children in need before becoming Looked After
- A number of cases were identified where a short period of intensive child in need work would have negated the need to move to a child protection plan
- Some impact of reviewing cases where some poor performance had been identified up to August 2013.
- An increase in referrals in relation to CSE

The LSCB is assured that the increase in the number of children with a child protection plan is appropriate

The LSCB will continue to monitor the number of children with child protection plans to ensure thresholds are being applied appropriately

What Children and Their Families Tell Us

A survey of children and young people over the age of 8 years, who have a social worker, indicates that over 55% rated their Social Worker as having excellent listening skills and patience and excellent trust in their social worker. Over 55% also said that their Independent Reviewing Officer has excellent patience, timekeeping and listening skills

Areas for Development

Continued improvements in the quality of assessments will improve the effectiveness of information sharing to safeguard children.

Improve recording of outcomes and impacts for children and their families as a result of child protection planning.

An LSCB audit of domestic abuse referrals and of domestic abuse notifications received from Essex Police identified a number of procedural issues, which when addressed will further improve the response to safeguard children experiencing domestic abuse

A revised Domestic Abuse Strategy across Southend, Essex and Thurrock will be monitored by the LSCB to ensure that the impact of domestic abuse on children's safety and life chances is reduced

The LSCB will monitor the learning and implementation of recommendations from a review of Multi Agency Risk Assessment Conference (MARAC) processes across Southend Essex and Thurrock for high risk domestic abuse cases. In 2013/14 a backlog of cases to be considered at MARAC was identified. Interim measures were put in place to address the backlog and the LSCB will monitor the impact of these and the effectiveness of an identified revised process going forward.

Across the partnership there is a need to strengthen operational links and working practices as well as improving data flows around CSE. There is a need to improve recognition by practitioners, especially by means of a more enquiring approach, and to improve their confidence in investigating and responding to CSE. Every partner to the LSCB needs to have its own plan in this respect

The LSCB and its partners need to ensure that appropriate and sufficient specialist support services are provided for victims of sexual exploitation and sexual violence

The Southend LSCB has, during the course of this year, identified a number of areas of joint working with Essex Police in particular, with the objective of improving the local capacity for effective action against CSE.

Detailed discussions have taken place to address these areas and to develop a common understanding about the priorities for action in the coming year.

The following priority actions have been identified, and will be included in the LSCB Business Plan for 2014-15:

- Essex Police CSE Triage Team –
 - This team currently triages information about suspected CSE from the 3 SET Local Authorities in Essex County. Essex Police are currently taking steps to deal with backlogs which may have occurred and the team has been strengthened to ensure work is kept on track. Southend LSCB has been assured by Essex Police that information now submitted by Southend referrers will be triaged and responded to in a timely fashion.
 - The work of the team needs to be formalized into a process document with operational sign up from the three Local Authorities involved, including Southend. This will then be signed off by the respective LSCB's.
 - In the longer term it is may be more effective to move this triage function to a local level by incorporating it into a Southend MASH, should Southend proceed to develop one from its current JDAAT arrangement, which has recently been reviewed and the report is awaited by the LSCB.

- Front Line Police Response to CSE in Southend –
 - To improve the ability of front line call handlers and police officers in the borough to both identify CSE and respond appropriately, the following actions are proposed:
 - The LSCB will support the Police in the purchase of a cost effective e - learning package for front line police staff including PCSO's.
 - Essex Police will introduce a protocol for call handlers supporting their effective response to potential CSE.
 - The LSCB will support an event designed for briefing Sergeants and Child Abuse Investigation Team staff in handling CSE work; in support of front line officers; and in managing the interface with Children's Social Care.
 - The LSCB will work with the Police to develop an effective data set which will enable to LSCB to assess progress and outcomes in addressing CSE within the Police as well as other agencies.

- 5 Year Review of Cases –
 - The three SET Local Authorities and Essex Police have agreed to undertake a review of all cases over the last 5 years with the view of identifying potential cases of missed opportunities to address CSE. This will be coordinated by the SET working group which supports all three LSCB's, and although each Local Authority may adopt slightly different approaches, it is hoped to achieve some degree of consistency of recognition and response to CSE in future cases, and also to ensure that any young person potentially having been, or still being at risk, will be identified and supported as appropriate. Lessons learned will be disseminated by the LSCB and their impact evaluated.

- Co-ordination of Future Linked CSE Cases –
 - Following a review of the a CSE case which involved multiple Southend victims, there will be improvements to the way in which the Essex Police interface with the Local Authority Children's Services for CSE. This will involve the work of the Police Serious Crime Directorate activity being coordinated through the Public Protection Directorate in terms of this interface. From the Southend Local Authority perspective the Complex Cases Protocol will be deployed to ensure intelligence and activity is well managed jointly. These arrangements will be kept under review by the LSCB, and developed and improved as appropriate.

- Improvements to the Court Process in Respect of CSE Cases –
 - Southend LSCB is very concerned that in a recent CSE case with multiple victims the scheduled trial of accused perpetrators was deferred due to the unavailability of a suitable Judge. This has put the victims, acting as witnesses in the case, through further unacceptable stress and trauma.
 - We wish to draw this to the attention of the Police Crime Commissioner for Essex and ask that he use his powers to raise this matter with Her Majesty's Courts and Tribunal Service (HMCTS) and to ensure that more consideration is given to the victim's perspective within the Court system.

- Police Data Set for CSE –
 - The LSCB will develop its data set for measuring our impact in the area of CSE. This will include discussion with Essex Police about the development of suitable data, both qualitative and quantitative, which will evidence improvements in detection and response to CSE in Southend.

Safeguarding of Looked After Children and Young People Leaving Care

Key Achievements

Adoption performance has seen a significant improvement. Timescales have reduced for children where adoption is the plan

Timescales for the assessment of adoptive families has reduced following the introduction of the new Prospective Adopters Report, from over 8 months to an average of only 4-6 months.

The Looked After Children (LAC) Permanency Panel has identified continued improvements in LAC planning. Nearly 100% of children now have a permanency plan within 4 months of becoming looked after

Stability of placement remains high and is within the government's best performance banding

Numbers of Looked After Children who go missing (often a sign of possible CSE) are low. Numbers from children missing from care has consistently reduced over the past year with clear monitoring of all young people, which is shared on a quarterly basis with the local authority portfolio holder

What Looked After Children and Young People Tell Us

80% of looked after children feel very safe in their home and feel well looked after

Significantly more looked after children report that their social worker always talks to them in private – 58% in 2014 compared to 22% in 2013

79% said they had a care plan or pathway plan, compared to 67% nationally, however, only 73% said their plan was being kept to (compared to 94% in 2013)

59% said they moved placement with a week or less notice compared to 63% nationally in 2013

Areas for Development

Increase recruitment and retention of foster carers to ensure that children and young people who become looked after can be placed with appropriate foster carers within the local area.

Sufficiency of suitable placements available and where external provision required, ensure quality and safeguarding within these provisions.

Increase quality of assessments as monitored by audit activity

Monitor improvements in the work with Looked After Children who go missing from care and who are identified as being at risk of Child Sexual Exploitation

SECTION 5 - LSCB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

LSCBs have a statutory duty to ensure the effectiveness of what is done by each of its partner bodies to safeguard children. In undertaking this duty LSCBs are required to:

- communicate to persons and bodies the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
- participate in the planning of services for children in the area

As part of this function the LSCB constructively challenges its partner bodies to ensure that services to safeguard children are effective. The following are the areas and outcomes, where relevant, of the LSCB's challenge during the reporting year.

Sexual Abuse Resource Centre (SARC) and Service Pathways (SASP)

The LSCB has been concerned about the provision of forensic medical services at the Sexual Assault Referral Centre (SARC), situated in Brentwood, and the sexual assault service pathways (SASP) for ongoing medical and emotional support to child sex abuse victims. A new SASP Board has recently been established that is focussed on strategic commissioning rather than operational issues and is separate from contract monitoring.

Outcome/Impact

The LSCB is assured that in the short term there are interim arrangements in place to secure a suitable forensic service at the SARC and that young people referred for this service will receive a suitable response whilst the longer term service is commissioned

The SASP Board has also assured the LSCB that in the coming year it will take all reasonable steps to assure improvement in:

- the quality of services to victims whilst ensuring integrated care pathways to other health and healthcare services, safeguarding, social care and criminal justice services;

- access to long-term support from third sector specialist sexual assault services (provide advocacy, counselling and support), NHS psychological therapies and appropriate mental health services;
- victim's experience and satisfaction with access, healthcare, ancillary forensic medical examination and follow-up after-care;
- the supply of competent forensic examiners in sexual assault services, including paediatric forensic medical examiners;
- clinical governance and peer review in sexual assault services;
- safeguarding sexually-assaulted children, young people and vulnerable adults;
- facilitating decisions to prosecute in cases of rape and sexual assault through improved forensic medical provision for both children and adults

Domestic Abuse and Multi Agency Risk Assessment Conferences (MARAC)

Increasing rates of reported domestic abuse, including incidents involving children; findings of Domestic Homicide Reviews; and concerns regarding significant delays between referral of high risk cases and their consideration at MARAC prompted the LSCB to challenge partner agencies and the Community Safety Partnership regarding the effectiveness of the Domestic Abuse Strategy in Southend and across Essex.

Outcome/Impact

A comprehensive review of the Southend, Essex and Thurrock (SET) Domestic Abuse Strategy has been undertaken and actions identified to improve the multi agency response to domestic abuse. The implementation of these actions is monitored by the SET Domestic Abuse Strategic Board

The LSCB will continue to monitor the implementation of the revised strategy and its effectiveness in preventing and supporting those affected by domestic abuse

Implementation of ACPO Guidelines for Missing People

The Association of Chief Police officers (ACPO) published new guidance in April 2013 regarding missing children including new definitions of missing and absent. The new guidance has resource implications for Essex Police, and has not yet been implemented. The LSCB has requested a timescale for implementation of the guidance in order that it can effectively coordinate the response of all partners to missing children

Increased Number of Children with a Child Protection Plan

Early in 2014 the LSCB Learning and Improvement Framework identified a significant increase in the number of children with a child protection plan. 75 children were subject to a child protection plan in 31st March 2013. On 31st March 2014 the number of children subject to child protection plan had increased to 163 children, although this reflects a regional pattern. When explored further the increase was identified as being due to a number of practice related factors:

- Practice changes in relation to pre-proceedings in public law means that children were held on child protection plans rather than as children in need before becoming Looked After
- A number of cases were identified where a short period of intensive child in need work would have negated the need to move to a child protection plan
- Some impact of reviewing cases where some poor performance had been identified up to August 2013.
- An increase in referrals in relation to CSE

Outcome/Impact

An action plan to address the areas identified has been put in place and the LSCB will continue to monitor the number of children with child protection plans to ensure thresholds are being applied appropriately

Since 15th April 2013 Social Work teams have been completing the Single Social Work Assessment. Local timescales for completion of assessments is 40 working days with a performance target of 90%. This compares favourably with the rest of the East of England region where timescales are 45 working days in Essex, Hertfordshire and Suffolk.

SBC Children's Services reported to the LSCB that between April and July 2013, unauthorised changes in practice, including recording practices, were implemented in the First Contact Service, which had a negative impact on the timescales for assessment. Robust action was taken and the backlog has been cleared.

Outcome/Impact

92.1% of single social work assessments in September 2014 were completed within 40 days compared to 73.4% nationally

Outcome/Impact

Due to the improved practice within Children's Services caseloads stand at 15.1 children per social worker which is the lowest since 2007. This should help to maintain the rapid improvement in performance on assessment timescales.

Variable quality of Child in Need Plans and their implementation

The LSCB's Learning and Improvement Framework identified that Child in Need Plans were variable in quality and implementation. To support improved practice SBC Children's Services identified additional personnel resources to coordinate improvements. The quality of Child in Need Plans and their implementation will be monitored by the LSCB over the coming year to ensure sustained improvement.

Reduction in School Nursing Provision

Ahead of a planned move of commissioning arrangements for school nursing from the NHS to local authority Public Health numbers of school nurses had reduced as a number of posts had become vacant. The LSCB received assurance that safeguarding children activity was prioritised by the school nursing service above other activities. The LSCB will continue to monitor school nursing provision during the transitional arrangements

Joint Safeguarding Children Standards across Southend, Essex, and Thurrock

Joint safeguarding children standards across Southend, Essex and Thurrock (SET) had previously been agreed as a vehicle to assessing partner agency compliance with section 11 requirements of the Children's Act 2004. In 2012-13 Essex LSCB developed its own integrated safeguarding adults and children standards, without consultation with Southend and Thurrock LSCBs. In order that some statutory partner agencies were not required to work to different standards Southend adopted the integrated standards on the condition that these were reviewed on a SET basis the following year. This review has now taken place.

Outcome/Impact

Revised, distinct safeguarding children standards have been agreed across the Southend, Essex and Thurrock LSCBs

'Achieving Best Evidence' Suites

In July 2013 Essex Police reported to the LSCB that there was at that time a lack of digital recording equipment for Achieving Best Evidence (ABE) suites, making it difficult to capture and record witness statements, etc and this was a significant concern, as a key facility needed to support vulnerable victims/witnesses. Due to the

lack of operational suites, vulnerable children had to travel significant distances to give statements.

The LSCB requested a timescale for upgrading of ABE suites from Essex Police and monitored progress against these.

Outcome/Impact

Essex Police has confirmed that all Achieving Best Evidence suites have been refurbished and are now operational.

SECTION 6 - PARTNER AGENCY ANNUAL STATEMENTS

Southend Borough Council Adult Social Care

Southend Borough Council's Adult Social Care takes its responsibilities for safeguarding children within the context of the work we do with families as paramount. Adult Social Care is represented both on the LSCB Board and the LSCB Executive, representing the needs of adult family members and carers. For example, in the last year, we have worked collaboratively with Children's Services to deliver on the review of the Family Focus Protocol, which ensures that professionals across the partnership economy work proactively and collaboratively to ensure that interventions within the home take into account the needs of all members of the family.

Adult Social Care is also represented in the work to prevent and support victims of child exploitation and sit on the Southend Child Sexual Exploitation Workgroup.

Over the last 18 months, Adult Services social workers have undertaken e-learning training related to the needs of children, primarily child abuse awareness and child sexual exploitation. Practitioners have also attended specially commissioned safeguarding children training at Level 2 and 3, which was delivered by the LSCB.

Specialist training will continue on a rolling basis as part of the Council's training and development plan.

Southend Borough Council's People Department- Adults will continue to work proactively to ensure that practitioners are trained to have an awareness of the safety of children. We will continue to make referrals when appropriate and engage in plans to support children and their families.

Southend Borough Council Integrated Youth Support Service (IYSS)

Achievement/progress in safeguarding over the last year:

All IYSS staff have participated in the Missing and CSE on-line training, which has raised general awareness and understanding of the issues. The training has helped staff recognise the signs of exploitation and potential exploitation. Through improved assessment, staff are more effective at ensuring appropriate interventions and risk management plans are in place, reducing vulnerability and securing improved safeguarding.

As part of the missing and CSE agenda SBC has employed a Missing and CSE co-ordinator. The co-ordinator is co-located within IYSS and they have proved to be very successful at collating information and intelligence relating to concerns regarding CSE for both victims and perpetrators.

The Missing coordinator/Streets Ahead now undertake missing interviews for all young people, following a reported episode of absence. Information is collated centrally and concerns regarding vulnerability and safeguarding are addressed by ensuring appropriate referral and interventions.

Areas for development over the next 12-months:

- Staff will receive updated training on the completion of vulnerability plans in accordance with HMIP and YJB case management guidance.
- Internal Performance Monitoring Report will include missing and CSE following the implementation of a flagging system on YOIS.
- Prevention team to be routinely included in CSE and Missing intelligence so this can feed into street based deployments.

Southend Clinical Commissioning Group (CCG)

Southend Clinical Commission Group (CCG) continues to have a commitment to the safeguarding children agenda and to work with local NHS providers to ensure safeguarding children arrangements are in place in line with the requirements of Section 11 of the Children Act 2004. The CCG is integrated and works in collaboration with all partner agencies.

Following the introduction of CCGs on 1st April 2013 it became evident that a review of the Safeguarding Children Clinical Network (SCCN) in Essex was required to ensure it remained fit for purpose, provided commissioners value for money and continued to operate within the appropriate legislative frameworks. The review has been completed and a revised Collaborative Agreement and structure has been put in place to reflect the changing health economy and support the collaborative work of designated professionals across Essex.

The CCG has worked with Primary Care services in Southend to respond effectively to the needs of Looked After Children and to children and families where there are safeguarding concerns. All General Practitioners have now completed safeguarding children training in accordance with the requirements Children and Young People: roles and competences for health care staff, intercollegiate document (2014). This work has been supplemented by the GP Safeguarding Children Forum which has met on a quarterly basis and has been supported by all LSCB partner agencies, in particular Southend Borough Council. The CCG alongside NHS England has introduced a modified section 11 audit for primary care to which south east Essex had

the highest response rate in the county. The safeguarding arrangements of GP practices have been significantly improved as a consequence of the actions arising from the audit.

Southend CCG has led in the development and implementation of a south Essex wide policy and procedure to improve the co-ordination of the response of health services to fabricated and induced illness.

Areas for development 2014-2015 include:

- 1) Ensuring that we listen to what children and young people say about things that affect them. Safeguarding services within the health domain continue to seek their views when developing, progressing and evaluating services aimed towards this population
- 2) Review designated doctors and nursing workforce to ensure that capacity reflects the recommendations of the Intercollegiate Document March 2014
- 3) Agreeing a standard set of key performance indicators across Essex for providers of NHS services in respect of Safeguarding and Looked after Children

Essex County Fire and Rescue Service (ECFRS)

Essex County Fire & Rescue Service completed a joint Self Audit Tool to check the strength of their arrangements to safeguard and promote the welfare of children, young people and vulnerable adults. The Self Audit Tool assesses the extent to which Essex County Fire & Rescue Service safeguard and promote the welfare of children under Section 11 of the Children Act 2004 (and referred to in Chapter 2 of "Working Together to Safeguard Children" 2013).

Essex County Fire & Rescue Service evidenced that they fully met or partly met 33 of the 36 areas with only 3 areas Not Met. 2 of the areas identified for progress within the organisation included the need to review the policies and procedures in line with the Safeguarding Boards standards. This action was completed and amendments made with effective communication for all staff. Safeguarding Training included the signs and symptoms of Child Sexual Exploitation where role apparent. Systems were introduced ensuring that all front line staff were made aware of the learning outcomes from referrals and that information was evidenced.

Essex County Fire & Rescue Service remains committed to maintaining its high standards in all aspects of Safeguarding.

National Probation Service (NPS)

From the 1st June 2014, the National Probation Service (NPS) became a newly formed organisation.

- The focus of the NPS for the coming year is to complete the Section 11 audit and to continue to promote the training and quality assurance processes for safeguarding children.
- The NPS will ensure it works with its partners to identify children at risk of harm and will review and update child protection policies, protocols and procedures to reflect national and local recommendations.
- Senior Managers will ensure that local area staff who work with offenders:
 - are familiar with guidance on the recognition of children in need, particularly those who have been abused or neglected;
 - know what to do if they have concerns about the welfare of children,
 - and recognise the role they can play in working with offenders that can improve their skills as parents and carers as well as reduce the likelihood of re-offending.

Southend Borough Council Early Years Team

All early years settings now have policies for E Safety containing procedures for mobile phone and camera use as well as the use of social network sites. This policy is attached to their child protection policy.

Settings including pre-schools, nurseries, children's centres and childminders have zero tolerance to the use of mobile phones for parents and visitors and designated places and times of use for staff.

These procedures that are now embedded into everyday practice have raised further awareness with practitioners of how to safeguard children.

E Safety is now included in the early years safeguarding training delivered by the early years tutor covering e.g. staff concerns, the impact of Facebook, CEOP.

The result of progress made with E Safety is that two practitioners, from a pre-school and children's centre, now represent the early years on the LSCB E Safety Sub Group together with the early years team Senior Development Officer.

Children's centres play a big part in safeguarding children by the preventative work that they do with children and families as well as early interventions.

They provide a variety of services including parenting programmes, the majority of which are evidenced based, and the Freedom Programme for women experiencing domestic violence and abuse as well as being able to signpost families to other centres and organisations to receive help, as well as providing more targeted support for some families. Three children's centres work in partnership as a collaborative group in the more disadvantaged areas of Southend offering a more targeted package of services to support families and safeguard children. Children's centres as well as settings are increasing their use of the Early Help Assessment form/CAF's in order to get the support that children and families need. 190 EHA/CAFs were received for 0-5 year olds from children's centres and settings, from July 2013 – June 2014 compared to 148 for the previous 12 months.

Children's centres and settings are working more closely with families in order to safeguard children.

Currently 83% of PVI settings are either Good or Outstanding following an Ofsted inspection.

All Children's Centres that have been inspected are either Good or Outstanding.

The early years team is always highly motivated to reach higher standards of safeguarding children in Southend and continue to strive forward by updating their own knowledge of safeguarding children.

During a recent training course delivered by an outside consultant, expert in her field of safeguarding children and who regularly works with us, the early years team were congratulated on their already high standards and knowledge of safeguarding children in Southend.

Areas for development:

One of the early years key roles is to support providers to deliver high levels of safeguarding.

We continually look for areas of development for our providers through impact of training and our own needs analysis.

The early years team would now like to take safeguarding children further by raising provider's awareness of adult mental health and domestic violence and abuse and the impact this has on young children; to look at the bigger picture and be more aware of what's happening in the background within the family unit.

We already have 70 practitioners trained at safeguarding level 4 so further training will be targeted at this level.

This will link through the Big Lottery - A Better Start, Fulfilling Lives - and safeguarding will be at the heart of all delivery.

Southend Association of Voluntary Services

SAVS is a membership organisation and since April 2010 prospective members are asked if they have the correct safeguarding policies in place. They are then signposted to the LSCB and Safe Network websites or to SAVS for further information and support if required.

SAVS Funding Development Officer gives advice to organisations to enable the organisation to apply for funding. This support can be for organisations setting up, for those wishing to expand and those reviewing good practice. This service includes giving advice on writing Child Protection Policies for which the SAVS Officer has received training. Training programmes are run by SAVS through SACC and the LSCB; this training is open to volunteers and paid staff working for VCS groups. In addition a Children & Young People's Thematic Group is held quarterly to bring together organisations working in this field. The Group encourages partnership development to enable collaborative working and share good practice amongst peers. A speaker is invited to each of the four Thematic Group meetings to share information about relevant topics of interest.

The Volunteer Centre brokers and markets volunteering, promotes good practice, develops volunteering opportunities and strategic development of volunteering. On registration an organisation is given good practice advice and when a volunteer is referred assurances are required that the organisation will comply with current good practice.

SAVS also has a database of VCS organisations in Southend and can put partners in touch using a number of routes. We have a Newsletter which is sent out at least 4

times a year, regular emails to members and mail can be targeted to a particular area such as organisations working with children or young people. Special events could also be arranged in partnership to get a particular message across.

The Turning Tides project runs youth activities through the Triple T initiative. These are held through two youth clubs for children aged 8 upwards in two of the most deprived areas of Southend. Volunteers are recruited and trained to run the clubs alongside the two paid members of staff. The project was funded by Children in Need until March 2014 who have stringent Child Protection guidelines that must be followed. We continue to work to these guidelines.

SECTION 7 - LEARNING FROM REVIEWS

Learning from Serious Case Reviews

The LSCB chair commissioned one serious case review (SCR) in the period.

Completion of this review is expected in November 2014, at which point the LSCB will disseminate learning from the case to practitioners. There have been no other SCRs in the period.

The LSCB has completed the implementation of the learning from the 'Baby Kathy' SCR. The recommendations were as follows:

Recommendation
The LSCB should recommend to The Success For All Children Group that further multi agency training is commissioned to embed locality working and the use of CAF/TAC
The LSCB should ensure that there are robust and regularly reviewed interagency referral processes in place, with clear guidance about safeguarding thresholds, roles and responsibilities.
The LSCB should ensure that all commissioners of services are aware of their responsibilities in respect of safeguarding
The LSCB should ensure that all schools and early years settings within the Borough are made aware of the learning from this review, particularly with regard to the keeping and sharing of information about pupils.
The LSCB should require each agency to inform the Board of any restructure, with a robust analysis of risk in terms of the impact and implications for service delivery and safeguarding issues during implementation.
The LSCB should commission a themed report with appropriate action plan on the topic of agencies' engagement with significant men in families they are working with.
The LSCB should ensure that it receives regular monitoring reports from NHS Direct

Outcome/Impact

The LSCB's Learning and Improvement Framework has evidenced the achievement of all outcomes against all the recommendations from this case.

National SCRs

The LSCB has also identified the following learning from national SCRs to take forward in the coming year:

- Particular issues of hidden adversity for children aged 5-10
- The risks of harm to children associated with parental suicide or parental self-harming behaviour

- The potential adverse effects on children linked with parental separation.
- Neglect is a background factor in the majority of serious case reviews (60%), and for children of all ages not just the younger children. Although neglect is uncommon as a primary cause of death in children, it is a notable feature in the majority of deaths related to but not directly caused by maltreatment, including sudden unexpected death in infancy (SUDI) and suicide, and in over a quarter of homicides and fatal physical assaults. Neglect was the primary reason for undertaking a serious case review in 11% of the non-fatal cases, but also featured in 58% of other non fatal cases, including physical abuse and sexual abuse.

Outcome/Impact

The LSCB will be undertaking specific thematic work in the coming year regarding neglect.

- An understanding of normal development in childhood is an essential component of child protection practice. Overall, there is a dearth of child development teaching on professional courses for those who will be working with children. Where children have communication impairments the onus is on the professional not the child to find ways of communicating.

Outcome/Impact

The LSCB will work with local further and higher education providers to ensure that they address child development through curriculum development in professional training courses.

Learning from Child Death Reviews

In 2007 the LSCBs of Southend, Essex and Thurrock (SET) established a shared Strategic Child Death Overview Panel (SCDOP) with five Local Child Death Review Panels (LCDRPs). Child Death Reviews undertaken by the Panels aim to help reduce avoidable deaths in children by identifying modifiable factors; whether deaths were preventable; and what lessons can be learned from deaths. Recommendations are then made about actions which could be taken to prevent such deaths in the future.

Outcome/Impact

The 2 year average child death rate per 100,000 in Southend has reduced by 26% between 2009/2011 and 2012/14. In the period April 2013 to March 2014 there were 9 deaths of children in Southend.

44% of childhood deaths in SET in the year 1 April 2013 – 31 March 2014 were neonatal deaths, i.e. within the first 0 – 28 days of life. 65% of all deaths occurred within the first year of life. This is reflected in the ages of children who died in Southend for the same period, with 5 deaths occurring in children under the age of one. The number of notifications of neonatal deaths in the year April 2013 – March 2014 in the Southend area equates to 0.4 deaths per 1000 live births. This is lower than the national rate for England and Wales of 2.9 deaths. 66% of neonatal deaths in the year 2013-2014 occurred in children born before 38 weeks gestation. 33% occurred in children born before 28 weeks. The opening of a state-of-the-art centre for unborn babies at Southend Hospital should help to further reduce the number of neonatal deaths.

Modifiable factors were identified in 35% of the completed reviews in the year April 2013 – March 2014 in SET area. In Southend 3 deaths were identified as having modifiable factors, 2 involving children with chronic medical conditions and one neonatal death. In all cases action has been taken to implement the learning from the death.

Recommendations from child death reviews implemented in Southend have achieved the following outcomes:

Outcomes/Impact

- Midwives emphasize the importance of Vitamin D and good nutrition during pregnancy.
- Vitamin D is distributed to pregnant women in Southend via children's centres and other venues
- Work is undertaken with schools to improve safety of journeys to and from schools and raise general awareness of road safety and child car seat fitting.
- Health Visitors discuss safer sleeping advice with new parents on their first visit
- Safer sleeping article included in Outlook magazine, delivered to all households in Southend

Learning from Other Reviews

In the period October 2013 to September 2014 the LSCB has implemented the learning from an alternative review into the death of a baby. Learning from the case included:

- The LSCB will remind practitioners that professionals meetings are promoted, in clearly defined circumstances, especially in complex cases, in addition to the child protection process

- The LSCB will receive assurance that conference chairs lead and facilitate a shared understanding amongst partners of the impact of de-escalation from Child Protection to Child In Need.
- The LSCB should ensure that core groups and Child In Need meetings are appropriately structured and monitored against the SET Procedures.
- The LSCB should recommend Housing Services to:
 - undertake an audit against the existing protocol for information sharing between the service, the ALMO and Children's Services
 - evidence that a similar protocol is in place with all housing associations operating in Southend
 - evidence that its officers have a sufficient level of safeguarding training
- On completion of the revision of the core group work with case conferences the LSCB should consider using this review as a case study to facilitate a workshop day for practitioners to think through the issues systemically in multi-agency groups
- The LSCB should seek assurance from NHS England (Essex Area Team) that GPs are held accountable for their safeguarding responsibilities
- The LSCB should recommend that the Children's Partnership develops a local multi-agency protocol for the implementation of the Early Years Foundation Stage and the 0-5 Healthy Child Programme.
- The LSCB, Success for All Children Group, and all partner agencies will know how to proactively encourage the growth of a culture of professional support and challenge
- The LSCB will develop and implement guidance regarding the challenge and support of case conference and core group minutes by practitioners

All recommendations are expected to be completed by March 2015, with progress monitored by the LSCB. Learning from the case will be integrated within the LSCB's Learning and Improvement Framework in order that practice changes and their impact can be monitored and evidenced in the coming year.

SECTION 8 - FINANCIAL REPORT APRIL 2013 – MARCH 2014

The LSCB uses the funding formula below to ensure it has adequate resources to undertake its business effectively

Agency	% Contribution	Actual Contributions in 2013/14
Southend Borough Council	49.5%	£38847.60
Essex Police	16.5%	£12949.20
CCG/Local Commissioning Board	26.0%	£20404.80
Probation	7.2%	£5650.56
CAFCASS (+ reserves)	0.7%	£550.00
	0.1%	/£77.84
Total	100%	£78480

The Board received additional income from a grant of £10,000 from the Schools Forum; training charges (£14931), reserves (£38,000) and interest.

Funding of the Southend LSCB is relatively low level, compared to other Boards nationally, however, the considerable contribution of partners to both the Board and sub groups is a major resource which is difficult to quantify, but is critical to the effective functioning of the LSCB

For the year 2013-14 expenditure was as follows:

Description	Expenditure
Total Employees	70,015
Total Supplies And Services (includes chair remuneration)	23,564
Total Internal Recharge to Service	2,860
Total	96,439

Free training provided for charities and voluntary and community organisations was £8,950

For the financial year 2014/15 the LSCB carried forward £77,434.96 in reserves.

SECTION 9 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	November 2013	March 2014	May 2014	July 2014
Independent Chair	√	√	√	√
Vice Chair - Corporate Director for People	√	√	Apologies	√
Essex Community Rehabilitation Company (from June 2014)	Apologies Substitute attended	√	√	√
South Essex College	√	√	√	Apologies Substitute attended
Essex Police – Southend District	√	√	Apologies	√
Youth Lay Member	√	Apologies	√	√
Independent Schools Rep	√	√	Apologies	Apologies
Department for People, Chair LSCB Executive	√	√	√	√
Southend CCG	√	Apologies	√	√
Essex Police – Child Abuse Investigation Team (until September 2014)	Apologies Substitute attended	√	√	√
Community Lay Member	Apologies	Apologies	Position Vacant	Position Vacant
Public Health	√	-	Apologies	Apologies
Department for People – Children's Services	√	√	√	√
Special Schools Heads Rep	√	Apologies	√	Apologies
CAFCASS	Apologies	Apologies	√	Apologies
Primary Heads Rep	√	√	√	√
National Probation Service , South & South Eastern Division (from June 2014)				√
Southend Hospital	Apologies	√	√	√
Secondary Schools Rep	√	√	Apologies	√
Voluntary Sector - SAVS	√	√	√	√
NHS England LAT	√	√	√	√
Designated Doctor	√	√	√	√
LSCB Legal Advisor	Apologies	√	√	√

Representative	November 2013	March 2014	May 2014	July 2014
SEPT	Apologies Substitute attended	Apologies Substitute attended	Apologies Substitute attended	Apologies Substitute attended
Councillor Courtenay, lead Member (until May 2014)	Apologies	Apologies Substitute attended	Apologies	
Councillor Anne Jones, lead Member (from June 2014)				√
East of England Ambulance Service	-	-	-	-
Essex Fire & Rescue Service	-	-	-	

Appendix 2 - Annual report on the effectiveness of safeguarding children by Southend Council's children's social care services

Prepared by John O'Loughlin, Head of Children's Services and Ruth Baker, Group Manager Fieldwork

1. Purpose of Report

- 1.1 To provide the Chief Executive and the Leader of the Council with information in order to give assurance about the functioning and effectiveness of the safeguarding of children and young people by children's social care
- 1.2 To support members to discharge their safeguarding duties in relation to children and young people
- 1.3 This report should be read alongside the annual report of the Local Safeguarding Children Board

2. Recommendation

- 2.1 That the report is noted and the priority areas for improvement for 2015/16, as detailed in section 12, are agreed

3. Background

- 3.1 Children's social care service is the lead service area responsible for discharging the council's duties to assess need and to protect children assessed to be at risk of suffering, or suffering, significant harm. This duty is discharged in partnership with all Departments within the Council and partner agencies such as health, education, police, probation and the third sector.
- 3.2 Our statutory duties are contained within the Children Act 1989, subsequent legislation and statutory guidance such as the Children Act 2004 and Working Together 2013.
- 3.3 The service responds to approximately 2000 referrals a year and as at 31st October 2014 there were 164 subject to a child protection plan, an increase of 56 on 31st October 2013, 525 Children in Need, including 200 allocated within the Children with Disabilities Team (a disabled child is defined by the Children Act as a child in need), a decrease of 112 on 31st October 2013. In addition there were 230 Looked After Children, a decrease of 25 when compared to 31st October 2013.
- 3.4 Case holding Health and Care Professional Council (HCPC) registered children's social workers, across 7 teams, are the lead professionals for children in need, children in need of protection, children in care and care leavers from 20 weeks gestation to 25 years of age.

3.5 The activity and performance in relation to Looked After Children was reported to Cabinet in September 2014 in the Corporate Parenting Annual Report. The report included information relating to safeguarding such as the quality of placements for Looked After Children and children missing from care.

4. Performance

4.1 Performance continues to be good and is stronger than when this report was last presented and stronger than the out turn performance for 2013/14.

4.2 The service continues to use a suite of performance information which is monitored by managers across the service including the Department Management Team, Children's Services Management Team and Fieldwork Services Management Team. Key safeguarding indicators are also monitored by the Corporate Management Team and People's Scrutiny Committee. In addition safeguarding performance is regularly reported to our strategic partnership groups; the Local Safeguarding Children's Board and Success for All Children Group.

4.3 The impact was seen during 2013/14 of the use of interrogating performance data to understand the low numbers of children subject to child protection plans in April 2013. Practice was amended in relation to the use of Child Protection Plans when children was subject to pre-proceedings under the Public Law Outline and this is one reason why we can now see an increase in the numbers of children subject to plans.

4.4 We have been able to alter the suite of performance data in order to monitor areas of focus during 2014/15. This includes the sharing of reports with parents prior to child protection conferences and Looked After Child review meetings and the number of days between a referral being received and allocated to a qualified social worker and the child/ren being seen and spoken to alone. Our use of performance management data continues to increase in sophistication.

4.5 As reported in 2013; we continue to proactively use our performance data to benchmark our performance against our statistical neighbours, eastern region local authorities and the national average. Our comparative performance continues to be at or above the national and regional average in relation all indicators other than the recording of visits to children subject to child protection plans.

5. Quality Assurance

5.1 Quality Assurance within children's social care is an area of strength. The revised quality assurance framework, implemented in April 2013, has been further revised to ensure the framework aligns with the new Ofsted Single Inspection Framework. All managers from team manager to Corporate Director undertake monthly case file audits and they are supported by a team of highly skilled external auditors. The external auditors are

experienced social work practitioners many of whom have held senior positions within statutory children’s social work. The framework incorporates audits of the files of foster carers, adoptive parents, supervised contact and assessments undertaken at the Marigold Family Resource Centre.

5.2 The outcomes of the audit activity is reported on a monthly basis by the Group Manager for Quality Assurance and this is reviewed by Group Managers and the Head of Children’s Services. This is reported on a quarterly basis to the Departmental Management Team. It is pleasing to note that the findings of external auditors continue to correlate with those of internal auditors which gives assurance that we know ourselves well.

5.3 We have undertaken ‘Ofsted style’ audits on two occasions in the last 12 months. These audits mirror the case selection criteria which will be used by Ofsted during inspection. During the second of the ‘Ofsted Style’ audits the case holding social workers were involved in the activity. This supports our preparedness for inspection.

5.4 Audit activity enables us to identify areas of challenge and take action to make improvements. Improvements have been seen in relation to referral and assessment process, child protection cases and child in need cases. Planning and management oversight is stronger. Continued areas of challenge include the recording of supervision, stand alone care plans for Looked After Children and capturing the activity of independent reviewing officers on case files.

5.5 The LSCB undertake multi-agency quality assurance activity and this is reported to the LSCB Executive and monitored by the LSCB Monitoring Sub-group. This activity is detailed in the LSCB annual report.

6. Summary of strengths of strengths and challenge

6.1 Based on performance monitoring and quality assurance the table below details out identified strengths and areas for improvement.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> ▪ Thresholds are well understood and consistently applied ▪ Conversion rate of referral to assessment ▪ Management Decisions on referrals ▪ Assessment timescales ▪ Reduction in re-referral rate ▪ Timeliness of Child Protection Case Conferences ▪ Timeliness of Initial Core Groups ▪ Reported increased confidence of practitioners in reporting CSE 	<ul style="list-style-type: none"> ▪ Consistent recording of statutory visits to children in line with their child protection plan ▪ Sharing of reports with families in good time for meetings ▪ Consistency in the quality of assessments ▪ Maintain improvements in the recording of core group meetings ▪ Develop use of consistent set of assessment tools

7. Voice of the child

- 7.1 Children's social care actively work to ensure children and young people are able to influence service delivery both in relation to their individual cases and overarching themes. We are able to capture this work through a number of methods.
- 7.2 Audit activity shows the views of children and young people is an area of strength in case work conducted by social workers.
- 7.3 We have continued to send questionnaires to a selection of children about their social workers twice a year. The responses are incorporated into social workers continued professional development (CPD) supervision and overarching themes are pulled into a report which is shared with the service and with individual workers.
- 7.4 The strong areas coming through the feedback is that children and young people continue to feel that their social worker takes them seriously, they can get hold of them and that they see them alone. Children and young people have continued to report they would like to see their social worker being better at keeping to agreed appointments and being on time.
- 7.5 A social work workshop is being held in November 2014, and a second in February 2015, to share the findings from the questionnaires sent to children, the 'Are we Keeping our Pledge' survey sent to Looked After Children, outcomes from audits relating to the voice of the child and learning from complaints and comments. This will support practitioners to change their practice in direct response to feedback from children and young people.
- 7.6 Work continues to support more young people to attend, where appropriate, their Child in Need meetings and Child Protection Conferences. We are contributing to work being undertaken across the Eastern Region in relation to this.

8. Workforce

- 8.1 As reported in 2013; the recruitment of experienced social workers is a challenge being experienced on a national basis.
- 8.2 We currently have a small number of social work vacancies which are being recruited to within children's social care. In 2013/14 the vacancy rate reduced to 10.1% against a vacancy rate of 12.5% in 2012/13. We currently have 11 vacancies filled by appropriate agency social workers. This equates to 10% of the social work establishment. This is higher than we would wish however it compares well both regionally and nationally.
- In an attempt to work more collaboratively across the eastern region all directors of children's services have signed a memorandum of cooperation to manage issues such as costs and retention of agency social workers

- 8.3 Over the past year recruitment activity has continued to include speaking at national conferences and regular recruitment activity. It is hoped that the contract with a new recruitment provider will lead to a reduction in the use of agency social workers.
- 8.4 We no longer sponsor staff to complete the degree or masters level qualification required in order that they may practice as a social worker. This is due to the fact we experience no challenge in recruiting newly qualified social workers and there is no longer a business case for sponsoring employees.
- 8.5 We continue to support and develop skilled practitioners and this is an area of strength. This activity is underpinned by the 'Workforce for Excellence' Strategy. The impact of training is assessed by practitioners and their line managers 3 months and 6 months after the training has taken place. This enables us to refine and amend the training on offer. In September 2014 88.2% of qualified social workers held a Post-qualifying award or were undertaking a course at a Higher Education Institution to obtain one. Post-qualifying awards build towards Masters level qualifications.
- 8.6 We commission training based on identified need. Need is identified from learning from case reviews and areas identified regionally and nationally. Training to be commissioned in 2015 will include the impact of neglect, charring meetings and assessing risk where suicidal ideation is present.
- 8.7 Practitioners continue to report they feel well supported and that managers are accessible to them. The impact of the changes to the Public Law Outline and increased numbers of children subject to child protection plans upon practitioners has been identified as resulting in an increased workload for social workers and ways of offering additional support are being explored.
- 8.8 The quality assurance framework has identified that the quality of the recording and frequency of case work supervision continues to be inconsistent. Additional administrative support has been put in place and a recently recruited Practice Manager will focus on delivering CPD supervision to the Care Management part of Fieldwork Services.
- 8.9 Our continued investment in our staff continues to assist in succession planning and internal promotions, following competitive interview, have been made to an interim Service Manager, Service Manager and 4 Senior Practitioner posts during the last year. We do however recognise the benefit of recruiting externally to bring new skills, experience and ideas to the council.
- 8.10 In September 2014, Sue Hadley retired as Head of Children's Services and we are extremely grateful for her significant contribution to improving Children's social care. John O'Loughlin has replaced Sue as Head of Children's Services.

9. Local Authority Designated Officer

- 9.1 The Local Authority Designated Officer, LADO, is a statutory position within each local authority. The LADO manages allegations made against adults working or volunteering with children. The threshold was amended in Working Together 2013 and the criteria now includes adults who 'behave towards a child or children in a way that indicates he or she would pose a risk to children' replacing the criteria 'behaved towards a child in a way which indicates that s/he is unsuitable to work with children.'
- 9.2 In 2013/14 40 allegations were made requiring 79 management planning meetings and 2 formal consultations. This is a reduction of 2 allegations from 2012/13 but a reduction of management planning meetings of 17. The LADO has identified that the second half of 2012/13 had a broadly equivalent level of activity as the first half of 2013/14. Activity is reported to, and monitored by, both Children's Services Management Team and the LSCB.
- 9.3 As with 2012/13, the majority of referrals were made by children's social care followed by the Police and then education.
- 9.4 Timeliness of the completion of investigations reduced during 2013/14 with 41% being resolved within 1 month in comparison with 67% in 2012/13 and 69% being completed within 3 months compared with 93%. The main reasons behind the reduction in performance were beyond the control of the service; an increase in complexity of investigation and ongoing criminal investigations with consideration being given to prosecution.
- 9.5 51% of cases were found to be unsubstantiated and 49% were substantiated. This is broadly comparable to the outcomes in 2012/13.
- 9.6 The work of the LADO is reported twice a year to the Departmental Management Team.

10. National and Local Issues

10.1 Inspection Framework

- 10.1.1 There has been no change to the Ofsted Single Inspection Framework since the last annual report
- 10.1.2 We continue to have an inspection planning group which meets regularly and is chaired by the Corporate Director of the Department for People (DCS). Since the last annual report the self-assessment against the inspection framework has been completed and updated.
- 10.1.3 Some inspections will take place at the same time as inspections undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Constabulary, Probation and Prisons. These will be aligned inspections rather than joint inspections.

10.1.4 In December 2013 Ofsted conducted their first thematic inspection of early help in Southend. The report from the thematic inspections, conducted in 12 Local Authorities, has not yet been published. The feedback from inspectors at the end of the inspection included that they were confident that threshold for social care intervention was applied consistently and was well understood, that decision making at point of referral was robust and that children are safeguarded.

10.2 Domestic Abuse

10.2.1 Domestic Abuse continues to be a priority for the Council and the LSCB.

10.2.2 The multi-agency Joint Abuse Domestic Abuse Triage Team, JDATT, remains based within the First Contact Service. It has expanded since the last annual report and the team now comprises of children's social care, police and probation and supports improved decision making when notifications are received of incidents of domestic abuse where children are present or may be at risk.

10.2.3 We have commissioned Nigel Boulton, who developed and implemented Multi-agency Safeguarding Hubs across London and in many other Local Authorities to undertake a scoping exercise to support a decision as to whether Southend Council should develop a MASH. This work is being overseen by the Department for People major project board, the domestic abuse strategic group and the LSCB.

10.2.4 Discussions have taken place in relation to expanding the JDATT further however no action is being taken until a decision has been made about implementing a MASH

10.2.5 The LSCB undertook an audit of domestic abuse and identified a small number of concerns with the process of recording information relating to domestic abuse notifications. These issues have been addressed and are monitored by the LSCB.

10.2.6 Refreshed training in relation to Domestic Abuse, including joint training with adult services, is to be commissioned which will incorporate learning from Domestic Homicide Reviews and Serious Case Reviews where appropriate.

10.3 Child Sexual Exploitation and Missing Children

10.3.1 Increased focus has been given to service delivery for missing children and children at risk of, or being, sexually exploited over the last 12 months and it remains a priority for the Department and the LSCB.

10.3.2 The Group Manager for Quality Assurance attends the Southend, Essex and Thurrock Strategic Group for CSE which develops the

overall plan for CSE across the area and monitors its implementation. He also chairs the LSCB CSE and Missing Group which implements the strategic plan in Southend.

10.3.3 A dedicated worker, based within Integrated Youth Support Services but matrix managed by the child protection and safeguarding co-ordinator, completes return home interviews for all missing children including Looked After Children other than those children placed at a significant distance from Southend. For those children who are placed a significant distance from Southend the allocated Social Worker undertakes return home interviews. Following the implementation of these arrangements performance on the completion of return home interviews has greatly improved.

10.3.4 The perpetrators of abuse involved in the significant CSE case reported last year, Operation Dartford, are currently being tried. 3 young women from Southend are witnesses at the trial and the 2 young women who are below the age of 18 have allocated social workers to support them through the process.

10.3.5 An additional significant investigation, involving an escort service based in Southend, is currently on-going. The investigation is called Operation Cobham and it is being progressed under the SET Complex and Organised Abuse procedures.

11. Challenges to the Service

11.1 The recruitment of social workers with more than 2 years' experience of frontline statutory children's social work remains a challenge. We continue to use experienced agency social workers to mitigate against this is an expensive option.

11.2 We currently have one Team Manager post and two independent reviewing officer posts covered by agency workers. These posts are extremely difficult to recruit to.

11.3 The age profile of team managers and reviewing officers, where 50% are over 50 years of age will be a challenge in relation to succession planning however our 'Workforce for Excellence' strategy will assist with this.

11.4 The increase in numbers of children subject to child protection plans, an increase which has occurred in all but one of the 11 Local Authorities that make up the Eastern Region, places additional workload pressures on Fieldwork Services.

11.5 The impact of the increase in numbers of children subject to child protection plans is compounded by the increase in workload due to the revised Public Law Outline. Public Law cases are now being listed by the Courts to conclude within 20 – 26 weeks which gives the social work teams little capacity to respond to unexpected events and emergencies on cases.

- 11.6 Changes to the commissioning of health services for children are not yet embedded and there is not yet a children's commissioner in post in the Clinical Commissioning Group.
- 11.7 The increased understanding of how to identify and respond to young people who are at risk of, or are being, sexually exploited has identified the potential need for additional resource in this area. The work is demanding and resource intensive. This is currently being explored.
- 11.8 We are aware that the bar has been raised in relation to achieving Good or better for safeguarding children under the Single Inspection Framework. Additionally the 33 inspections where the inspection reports have been published indicate that large shire counties are more likely to achieve a grading of Good than other types of Local Authorities.

12. Overall summary

- 12.1 Performance in the service continues to be strong and, supported by the robustness of the LSCB, we continue to deliver an effective safeguarding service. This was externally validated by Ofsted in December 2013 during the thematic inspection of early help.
- 12.2 We know the areas in which we need to focus effort to make improvements. Identification of these areas is supported by the strength of our quality assurance framework which results in both early identification and rapid action. The priority areas for 2015 are summarised in the table below

Priority Improvement	Action
Sharing of reports in good time for meetings	Monthly reporting (new report) by worker and team Changes to be made to Looked After Child care plan form to capture the activity Further training for social workers
Improved recording to capture the quality of supervision	Dedicated administrative support to be embedded Audit of CPD supervision Manager workshop to be held
Improve consistency of the quality of assessment	Suite of assessment tools to be developed for practitioners Training on use of new tools in assessment and evidence (Court work)
Consistently timely recording of statutory visits to children	Consideration to continuing with additional administrative capacity. Continued monitoring by worker and team To continue to be included in all social worker's PMR

Recruitment of experienced staff and managers	Continue to implement the workforce strategy Continue to explore solutions at Eastern Region children and young people group Use contract monitoring of new recruitment contract as a lever
Development of the MASH	Hold stakeholder event following receipt of the report from Nigel Boulton Next steps to then be agreed
Respond to the impact of the revised Public Law Outline and increase in numbers of children subject to child protection plans	Fieldwork Services to explore alternative delivery models, to include thinking in relation to early help
Missing children and Child Sexual Exploitation	Further explore model of delivery including the development of a specific manager for missing children and CSE
Support cultural competence in safeguarding	LSCB cultural competence guidance to be shared with social work teams and to be incorporated in to assessment and evidence guidance.

Appendix 3 - Report on Child Sexual Exploitation in Southend on Sea

Introduction:

The purpose of this report is to review the current strength of the Southend response to Child Sexual Exploitation (CSE) as highlighted in the recent report by Professor Jay into events in Rotherham. This report has been commissioned by Rob Tinlin as Chief Executive of Southend on Sea Borough Council, with the aim of identifying the following:

1. Identifying progress to date and the current strengths of the Southend response to CSE, seeking assurance that this work is being effectively managed and is being held to account by the LSCB.
2. Identifying any problem areas or ongoing challenges which need to be addressed
3. Identifying what solutions and recommendations can be made to address these challenges.
4. Identifying any resource requirements

Context of our work on CSE:

National Context

At national level there have been a number of reports and reviews on the issue of CSE. These include the Jay report on Rotherham Council, the Reviews of Oxfordshire and Rochdale events, and some Serious Case Reviews. In addition, the Office of the Children's' Commissioner has undertaken extensive research into CSE and has issued both calls for information and reports summarising information, practice guidance and lessons learned to date. The Southend LSCB has kept all of these reports under review and has drawn on them in order to develop its action plans and to support the issuing of guidance to professionals on the matter of CSE. Across the country the particular pattern of how CSE has shown itself, and its prevalence, has varied considerably, although it is assumed that there is still considerable under reporting and numbers of identified cases continue to grow.

The key characteristics of CSE which have been identified include the organized and co-ordinated nature of much of the CSE, its links with the night time economy, the grooming of victims so that they either do not see themselves as victims, or, if they do, the intimidation and threats which are used to prevent CSE victims from being willing or able to report the abuse to the authorities; and the prevalence of organized groups of CSE perpetrators coming from black, minority or ethnic groups. Research, and the experience of other LSCBs and their partners nationally, also identifies a strong link between children and young people who go missing from home or care and those who are at risk of CSE.

Missed opportunities by professionals to intervene to prevent the exploitation of young people have been identified as being caused by professionals being insufficiently enquiring, not seeing their behaviour as abuse (eg by defining them as prostitutes as was the case in Rotherham) and also by them being labeled as criminals eg because of their use of drugs or alcohol or as out of parental/carers control when going missing

Local Context

Southend has an increasingly diverse population, with the black, minority and ethnic population rising from c. 6% to c. 13%. Southend agencies and their staff will need to incorporate the messages from Rotherham and other areas regarding balancing cultural awareness and being free to express concerns regarding potential CSE within all sectors of the population.

The LSCB has incorporated the learning from Rotherham and other areas into its training materials and operational protocols, and continues to keep all new information about CSE under scrutiny.

From February 2012 Southend LSCB established a working group on CSE which includes the SET partners (Southend Essex and Thurrock, with whom we share procures in safeguarding). The group is chaired by Essex Police and a CSE action plan has been put in place which focuses on the development of protocols and guidance, a risk assessment tool, and the training of practitioners in the recognition of CSE.

The implementation of the action plan via the Southend SVAB and LSCB is largely complete. The working group has developed its remit to include co-ordinating activity of all the partners around the issue of CSE. The working group also co-ordinates the sharing of information regarding missing children and vulnerable adults and those identified as being at risk of sexual exploitation to ensure that they and their families receive good support. The LSCB has provided online training for 450 practitioners working with children and young people and has provided training for CSE champions who are identified by all statutory partners, secondary schools, children's homes, private foster carers and private and community organisations. A CSE Champions Forum has been established to support this group in their work.

Current Practices and how well they are working

Currently, when a practitioner identifies that a child or young person may be at risk of CSE they complete a risk assessment tool with their CSE champion. The toolkit enables the practitioner to identify the level of risk posed to the child or young person and the most appropriate pathway to seek a multi agency response to support them and their family.

At the same time practitioners are asked to complete a CSE information sharing form, to provide intelligence to Essex Police to assist in the identification of victims and perpetrators.

Information regarding children and young people identified as being at risk of CSE, or who regularly go missing from home or care is shared on a multi agency basis at the Southend LSCB CSE and Missing Group to ensure all are being appropriately supported.

All Children and Young People who go missing from home or care are now offered a return home interview by an independent worker. Emerging trends from the outcomes of these interviews are addressed by the LSCB CSE and Missing Group

Awareness raising work is being undertaken in schools and with the community in addition to targeted professionals and organizations such as licensing officers, the hotel trade etc. who play a key role in helping to identify and disrupt CSE activity

Over 90 CSE champions and GP Leads have been identified and provided with training, with ongoing support and training provided through quarterly CSE Champions Forum meetings

Southend Borough Council uses a range of powers to support the prevention, identification and disruption of CSE including:

- Licence Conditions for premises –including specific provisions for preventing harm to children. Able to use regulatory powers to prevent use of licensed premises to groom and exploit young people
- Extensive CCTV coverage in the Town Centre and surrounding areas (plus the ability to deploy mobile cameras) – 24 hour operation of cameras and an Out of Hours Call centre which manages any calls received. Specific links to Police with the CCTV set up. Has been used to improve CCTV coverage of an identified CSE 'hotspot' to disrupt activity of perpetrators
- SOS Bus in place in town centre. This is part of the night time economy measures. Volunteers and staff have received CSE awareness training and are able to identify and support young people at risk of CSE
- Emergency call points located in many key premises in the town centre enabling any person to raise concerns with the Police etc. Enables young people at risk of exploitation to seek assistance
- Behave or Be Banned (BOBB) which enables premises to bar individuals. Can be used to disrupt activities of perpetrators bringing young people into licensed premises
- Purple Flag – a number of coordinated activities across many Council and external partner services to provide a safe and vibrant town centre 'offer'.
- Licensing of taxis / Private Hire vehicles / drivers – vetting of drivers on application and regularly via DBS. Promoting new Vehicle Conditions to control any in-car CCTV to ensure access to images is only possible via Police / Council. Taxis have been used in other areas to transport young people for the purpose of sexual exploitation.
- Trading Standards – promote Challenge 25 for sale of alcohol. Prevents the purchase of alcohol by younger perpetrators of CSE.
- A number of town centre partnerships in place where information is shared and issues raised for targeting resources. Ensures that where CSE activity and

perpetrators are identified this is shared between partners to ensure coordinated approach

Southend LSCB has, to date, been unable to obtain data from Essex Police regarding the number and quality of CSE information sharing forms received from Southend practitioners, so has been unable to assess the effectiveness of this process.

A number of children at risk of CSE are being supported throughout the Southend staged intervention model, and the LSCB is developing its performance information to evidence outcomes for these young people. However, not all aspects of the current arrangements are working well, and whilst it is felt that Southend has put in place some of the elements needed for an effective CSE response, this report offers the opportunity to review and analyse what still needs to be done to ensure we move forward in providing an effective response. One of the main concerns is the low number of referrals to date leading to the suggestion that we are currently, like many parts of the UK, likely to be suffering under reporting of CSE, mainly because as highlighted in the reports to date, there is under reporting by victims and professionals are not able to get beneath the surface of presenting issues in order to uncover CSE.

A response to CSE in Southend must therefore work at a wide range of levels in order to be effective, and whilst at the present time the basic referral pathways and procedures are in place, there is more which needs doing to fully address CSE “in the round”.

We recommend that the LSCB and its partners identify appropriate, accessible, channels for practitioners and the public to raise concerns regarding potential CSE activity

Analysis of Southend situation

i) Leadership Culture and Political will

The Rotherham events highlight that whilst practitioners were in some cases effectively raising concerns about CSE, the leadership and culture at the top of key organisations such as the Local Authority and the Police, were not conducive to effectively addressing the issues. The two key aspects highlighted were fear of disturbing community relations (as the perpetrators were from an Asian background) and failure to offer effective leadership or a suitable climate to listen to victims and act accordingly. The leadership and political climate in Southend does not resemble that in Rotherham- there is strong and effective leadership in the Council, support from senior officers in Essex Police, a corporate approach and good partnership working. Nevertheless, elected members and some senior officers of the council and its partners have not had any dedicated CSE training and it is therefore recommended that this is redressed.

We recommend that safeguarding children training is organized for all elected members and senior officers of the Council and its partners, including CSE. All political groups leaders should be asked to make attendance at this a priority for their Members.

ii) Partnership Approaches

Across the partnership there is a need to strengthen operational links and working practices as well as improving data flows around CSE. There is a need to improve recognition by practitioners especially, by means of a more enquiring approach, and to improve their confidence in investigating and responding to CSE. Every partner to the LSCB needs to have its own plan in this respect, and the LSCB should co-ordinate these.

We therefore recommend that all LSCB partners should have a defined CSE plan which are overseen in their development by the LSCB

Reviews of cases, such as that for Rotherham, indicate that historically CSE cases have not always been identified and addressed effectively

We therefore recommend that, as proposed by the SET LSCB group and Essex Police, partners review cases on a multi agency basis from the last 5 years, which may have been missed opportunities to identify CSE

III) The Police

There is a strong lead on CSE at a senior level in the Police and a very senior police officer has chaired the SET CSE Group. At present there are a few of areas of concern in relation to Essex Police's response to CSE. Most notably, the three key individuals within Public Protection who have led the police response to CSE have all moved to new positions outside of the Public Protection function, and it is felt that this poses a risk to the continuity of the CSE work.

The LSCB is not currently assured that referrals to Southend of medium or low risk CSE victims are being directed correctly by Essex Police using the Southend Integrated Locality Framework. In addition, police internal information sharing where cases are allocated between or across different police teams has been problematic in some cases.

The LSCB will be seeking assurance regarding the degree to which front line police officers have been trained in CSE awareness and can therefore identify cases and respond appropriately.

The provision of performance information and mapping of intelligence from police activity across Southend in order to better identify the venues, perpetrators, patterns and networks, which will form the basic intelligence background to police and partner work in Southend is currently inconsistent.

We recommend therefore that a project officer is appointed by Southend Council to work on these and other issues in order to improve the operational response and interface around CSE, with the police and other partners, and also to drive forward the development of services responding to CSE as described elsewhere in this report. In order to undertake this role the project officer should be able to

communicate directly with chief officers of partner organizations. We recommend that this role is at least at Service Manager Level.

lv) The Courts

There is an identified need to work with the Courts and CPS to improve both the scheduling and the victims experience when they are acting as witnesses. The recent CSE case which has been investigated in Southend was due to be heard at Southend Court and was deferred at short notice due to scheduling issues and the unavailability of a suitable judge. For victims of CSE giving evidence is a highly stressful and distressing experience and everything possible should be done to ensure this is minimised.

We recommend therefore that a significant piece of work is undertaken with the Court Service to improve the way CSE cases are heard and to support vulnerable witnesses. It needs to be identified who can lead this work as the LSCB has no HMCTS interface. The proposed project officer can then support this work. HMCTS should also be requested to identify a representative to the Community Safety Partnership

y) Health

Many potential sources of referral lie within the health system, for example sexual health clinics, the hospital including accident and emergency services, GPs and primary care staff and school nurses. There is a need to improve reporting of suspected CSE cases and a need to educate health professionals as well as to take steps to improve the voice of children and young people in these health services. Some of these areas could be included in the remit of the proposed project worker, and the overall health plan will be part of the LSCB CSE implementation process.

The LSCB will be seeking assurance regarding the degree to which front line health workers have received CSE awareness training, and can therefore identify and respond to cases appropriately

We recommend that the Director for Public Health and Director for Children's Services consider what CSE services should be included the 0-18 (25) commissioning of health care.

We also recommend that a series of workshops for GPs and other frontline primary health staff, to raise awareness of CSE, should be commissioned

vi) The Community

It is important that the local community understands where to report CSE concerns and how to get a service. It is also important that local communities understand that CSE will not be tolerated, that perpetrators will be prosecuted and that victims will be

supported. The Rotherham report outlines how perpetrators felt confident to continue with abuse as there were no convictions being made.

Getting messages out to the local community and other front line staff, including licensing officers, Streetscene workers, parks staff and door supervisors, can be enhanced by working through some of the third sector organisations and SAVS, and through the use of the LSCB Community Sub Group. However at present such efforts are impeded by the LSCB website which is not well constructed and has been identified as needing some resources to make it more fit for purpose.

We recommend that resources are identified to improve the LSCB website as a matter of urgency

A further need is to develop the type of community profiling which will create a more intelligence led approach to CSE, allowing for police approaches such as disruption and prevention. This should combine any relevant information about areas such as licensing, the hotel trade, taxis, and take away addresses, if these have been seen to play a local role in CSE, as they have elsewhere. In addition information derived from previous CSE cases, analysis of missing return interviews and other relevant sources (eg the MASH once fully established) should enable a local profile to be created, led by the police, to support CSE work.

We recommend that it becomes a requirement that the Police undertake this report on an annual basis supported by partnership intelligence

vii) Children's Social Care

The Jay report outlines how in Rotherham there was a good service for CSE victims provided by "Risky Business" which was an arm of the Local Authority, but this did not interface well with the rest of the Local Authority and partnership services. The key features of Risky Business which made it effective were the degree of engagement understanding and trust which it was able to generate with victims. The backdrop was that child protection services in Rotherham were not working well and were under great pressure.

The situation in Southend is not as it was in Rotherham. Southend has well performing safeguarding services and an effective early help offer. Nevertheless we feel that there is a question as to whether a dedicated multi-agency service is called for in respect of CSE victims. This is because there are some unique features needed by this group which include the need to be proactive in uncovering the abuse, and in particular that they may not recognize themselves as being victims; the need to support victims through the court process; and to ensure that appropriate therapeutic support is provided to assist victims in recovering. There is a question about whether such victims will be comfortable using the "front door" of children's social care or whether a more dedicated, more easily accessible front door and more tailored response are appropriate. It is not felt that we can offer the answer to this question at present.

We recommend that the project officer is charged with investigating these and other issues, referring to experience elsewhere such as Oxford and Rochdale as well as local experience, to make recommendations in due course about the effective shape and location of a more comprehensive CSE service for Southend.

In respect of Looked After Children, who have been identified by the research as being particularly at risk of CSE through a mixture of their often disturbed past and the ability of CSE perpetrators to target children's homes, it is reassuring that in Southend numbers of LAC who go missing (often a sign of possible CSE) are low. In addition Children's Services have instigated thorough checks and liaison with local children's homes and are implementing new DFE guidance which outlines how Local Authorities are to check on the children and young people placed within their LA area by other LA's. There is a project running currently to address these areas and this will be reported back to the LSCB in due course.

In respect of current cases of children within children's social care managers are not confident that in all cases the risk of CSE will have been given sufficient consideration during assessment.

We recommend therefore that all current cases open to CSC of children between the ages of 11 and 18 years are reviewed with a view to the evaluation of potential CSE risks.

vii) MASH

Southend has an embryonic MASH currently operating to triage domestic abuse allegations, but this is under review at present with an external team of peer reviewers who are specialist in the MASH process. It is anticipated that the MASH will become more embedded in the general referral process for safeguarding and that it will be located at the front door of this service. As such the MASH will assist in intelligence gathering and identification of CSE and data derived from the MASH should support the intelligence gathering process suggested earlier in this report.

viii) Schools

Schools have an important role to play in prevention through the modules being delivered as part of PHSE which cover relationships sexual advice etc. In addition experience elsewhere has shown that friends are often instrumental in identifying when a young person is being exploited (especially where they do not perceive that to be the case themselves) so encouraging and supporting schools in this approach is important.

Work is currently being undertaken with schools to support them in the development of the PHSE curriculum, to include awareness of CSE. A programme for schools regarding sexual violence is also being rolled out

x) Youth Offending Service

Youth Offenders may also be victims of CSE and as such the LSCB should receive an annual report from the Youth Offending Service which would include their action plan on CSE.

x) Youth Service

The Youth Service, including YPDAT and Streets Ahead, has an important role to play in CSE and again at present does not present an annual report to the LSCB detailing its safeguarding work including CSE.

We recommend therefore that the Youth Offending Service and the Youth Service should both report annually to the LSCB on their safeguarding work, including their plans for supporting an effective CSE service.

We recommend therefore that all current cases open to the Integrated Youth Support Service (Youth Service and YOS) of children between the ages of 11 and 18 years are reviewed with a view to the evaluation of potential CSE risks.

xi) Regulatory Services

The local authority's regulatory services are members of the CSE and Missing Group and have received CSE awareness training specific to their role. CSE training has been provided to SOS bus staff and street pastors and South Essex College training for security personnel will now include awareness of CSE to raise awareness of CSE within the night time economy in Southend. Further work is to be undertaken with hotels and other accommodation providers in the area and taxi driver associations to raise awareness of CSE.

Xi) The LSCB

The role of the LSCB is to co-ordinate and to hold to account the work on CSE. The Jay report outlines that although the Rotherham LSCB was good at issuing procedures and training it was less good at assessing whether these had actually made any difference. The immediate issue is the need to establish via the LSCB how well the CSE work is currently going. As a priority the LSCB should audit the current CSE risk assessments and determine how effective and appropriate these are, making suitable recommendations. It should also receive reports on the issues outlined in this report. The LSCB Annual Report needs to make a statement about CSE and how far this work has gone and what has been achieved, and also outline any resourcing or other issues which need to be addressed in order to improve overall effectiveness of CSE services.

There are two areas which the LSCB has already recognised it needs to improve and for which reports have been commissioned, these are the need to evaluate how well we are listening to children and young people; and how well we are focusing on outcomes in all the work of the children's services.

We recommend that these two thematic reports give specific consideration to the issue of CSE within their overall approach to these two areas.

We also recommend that on a 6 monthly basis a meeting is chaired by the local authority chief executive with the chairs of the LSCB, SVAB, Community Safety Partnership, and the chief officers of Essex Police, and Southend CCG in attendance to monitor progress in implementing the recommendations of this report and have oversight of any emerging strategic issues

xii) Resources

CSE Project Officer at Level 11 to support work on CSE, Female Genital Mutilation (FGM) and Forced Marriage – £65K pa (approx) – Propose 12 month contract

Information Analyst capacity to support the work of the CSE and Missing Group– £35K pa (approx) – Propose 12 month contract

Independent consultant capacity to review Children's Services and IYSS cases which are currently open – 30K (approx) – Propose 6 month contract

Back filling of Children's Services capacity to review historical cases where CSE may not have been identified –£30K (approx) - Propose 6 month secondment

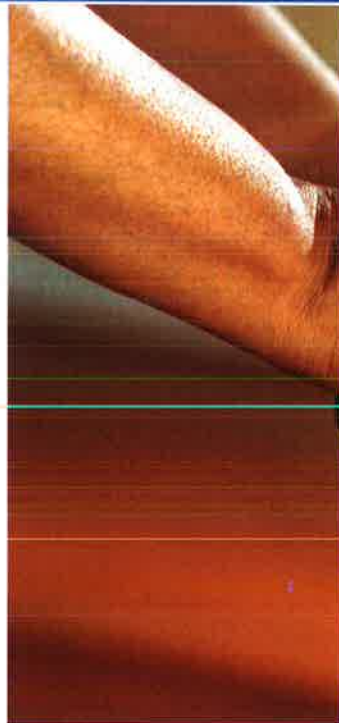
LSCB Website Development – proposal to LSCB in development

Sue Hadley
Chris Doorly
John O'Loughlin

October 2014

2013-14

Effectiveness of Safeguarding Vulnerable Adults in Southend



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Endorsed by:

Date:

Southend-on-Sea Safeguarding Adults Board	
Southend-on-Sea Health and Wellbeing Board	
Southend-on-Sea Borough Council Cabinet	
Essex Police and Crime Commissioner	

FOREWORD

Independent Chair – Chris Doorly

I am very pleased to introduce this Annual Report which harmonises the annual reporting cycle with that of the Children's Safeguarding Board, and is designed to influence the commissioning cycle for Southend Borough Council as well as its partners. The Safeguarding Vulnerable Adults Board (SVAB) has developed significantly this year, with the benefit of co-ordinated support to the SVAB from the combined business support unit, which also manages the work of the Children's Board, and the increasing "buy in" from partners, as we approach the date by which Adult Safeguarding becomes statutory.

From April 2015 the SVAB will need to step up to the requirements of the Care Act, and work is currently underway to achieve this. In addition, the need to ensure that all sectors of the community are aware of how to access safeguarding services, and the need for all professionals to understand their respective roles in this task, are central concerns and challenges.

I would like to thank all those who have contributed to the Board this year, including both Board members, and individual and partners who have chaired sub groups and contributed so much energy. I look forward to working with the Southend Partnership in the coming year in fully implementing the Care Act and in ensuring that Vulnerable Adults in Southend build on the good foundation achieved so far, and increasingly receive effective and person centred services which truly meet the outcomes which they are seeking.

SECTION 1 - SUMMARY

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. The main objective of a Safeguarding Vulnerable Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who

- have needs for care and support, and;
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act 2014)

The Safeguarding Vulnerable Adults Board (SVAB) and its partners are well placed to ensure compliance from April 2015 with the requirements of the Care Act 2014. The SVAB's Learning and Improvement Framework has been developed, and its continued implementation over the coming year will allow the Board to be increasingly effective in its monitoring of the effectiveness of safeguarding services and evidencing of their impact. This interim annual report has been produced in advance of the requirements of the Care Act 2014 and illustrates the progress made by the Board and its partners to ensure vulnerable adults are safeguarded effectively in Southend. The Board will improve the analysis of information within its learning and improvement framework over the coming year to provide a robust assurance of the effectiveness of safeguarding vulnerable adults services, and identify areas for development of those services in its first full annual report in December 2015.

Achievements

- Publication of SET Safeguarding Adults Policy April 2014 – currently being reviewed to reflect Care Act 2014 requirements
- Participation in the Making Safeguarding Personal Initiative
- Review and development of the Boards governance and structures
- The Board's position review and development plan in response to the Care Act 2014

- Partnership response to safeguarding adults with Hoarding behaviours

Areas of Challenge/Development

- The impact of domestic abuse on vulnerable adults
- Enabling vulnerable adults to feed back about their experiences of safeguarding services to inform service development
- Oversight of the implementation of the Mental Capacity Act and Deprivation of Liberty Standards
- Oversight of the proposed development of a Multi Agency Safeguarding Hub (MASH)
- Embedding the Family Focus Protocol
- Oversight of the implementation of the Care Act 2014
- Development of awareness and action to prevent exploitation, human trafficking, modern slavery and female genital mutilation

SECTION 2 - CONTEXT

Southend has a population of 175,284 (ONS mid-year population estimate September 2012), with an estimated 30,800 people aged 65+. Southend has some areas of high deprivation. 50,000 residents in Southend live within the 30% most deprived areas in the country (ONS data).

14% of people over 65yrs (2012/13 rolling year) received a service, including residential care, from the Local Authority. Of these, 11% were referred to Adult Safeguarding in the same period. These are adults in need of care and support who may be at risk of abuse or neglect, due to the actions (or lack of action), of another person. In these cases it is critical that local services work together to identify people at risk, and put in place interventions to help prevent abuse or neglect and to protect people.

The Care Act 2014

The Care Act 2014 is a landmark piece of legislation that places care and support law into a single, clear, modern statute for the first time. It aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

The Act introduces the first statutory framework for protecting adults from abuse and neglect and includes:

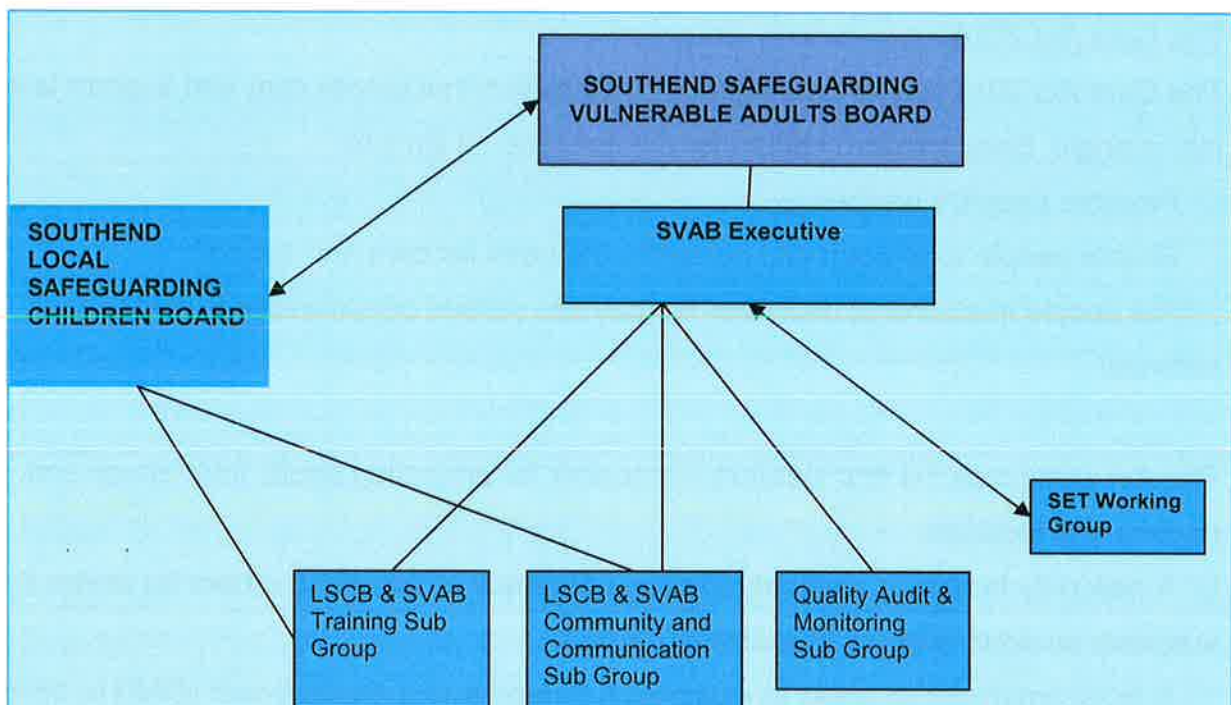
- A new duty for a local authority to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- A requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together Local Authority, NHS and the police to coordinate activity to protect adults from abuse and neglect
- A requirement for safeguarding adults boards to carry out serious case reviews into cases where someone who is experiencing abuse or neglect dies or is seriously injured or there is concern about how authorities acted, to ensure lessons are learned
- Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions

SECTION 3 - GOVERNANCE AND ACCOUNTABILITY

The work of the **Southend-on-Sea Safeguarding Vulnerable Adults Board (SVAB)** supports adults who are defined as 'vulnerable'.

The SVAB has ensured that partner agency policies, strategies and corporate plans reflect local and national safeguarding vulnerable adults' priorities.

The SVAB is made up of a wide range of public sector organisations both from the statutory and voluntary sectors. The purpose of the Board is to ensure that organisations from around the Borough work together in partnership to help reduce the risks of abuse and prevent adults being subject to abuse. The Board undertook a governance review in late 2013, re-establishing an Executive Group and a number of sub groups, some of which are integrated with those of the LSCB.



Members of the SVAB commit to supporting vulnerable adults to enjoy a full life, free from abuse. All adults in Southend should be able to make informed choices without fear or intimidation.

The SVAB also leads work in the community aimed at raising awareness about abuse, preventing abuse and supporting those who have been harmed by abuse.

Each partner agency commits, at Chief Executive level, to support the work of the SVAB by identifying suitable representatives to the Board and its sub groups who are able to do the work of the SVAB, and by contributing financial and other resources.

In 2013/14 a number of key partner agencies have undergone some degree of restructuring. The SVAB has ensured that new and restructured partner agencies have remained committed to supporting the safeguarding of vulnerable adults.

The Care Act 2014 has legislated for Safeguarding Vulnerable Adults Boards to become statutory bodies from April 2015. Southend SVAB is well placed for the implementation of this legislation, having had a Board in place since 2002, and a business support team since 2013. The Care Act requires SVABs to publish a 'Strategic Plan' or Business Plan every financial year, detailing its priorities and how these will be achieved. The Care Act also requires SVABs to publish an Annual Report each year providing an assessment of the effectiveness of safeguarding vulnerable adults in Southend; progress on the implementation of the SVAB's Strategic Plan; and progress on the identification and implementation of learning from serious, and other, case reviews.

An Annual Report has been produced for the Board for the period 2013/14 and a Strategic Plan for the period 2014 to 2017 has been agreed. The SVAB has agreed to move its reporting year to October to September, in line with that of the Local Safeguarding Children Board (LSCB), in order that the Annual Report can inform the business planning of strategic bodies and agency partners for the subsequent financial year. This report is therefore an interim Annual Report in December 2014. Subsequent full Annual Reports will be published in December annually. Together with the LSCB Annual Report, an overview of the effectiveness of safeguarding of children and vulnerable adults will be produced by the SVAB and LSCB in December annually. This annual report will be submitted to the Health and Wellbeing Board. In addition, as required by The Care Act 2014, it will be shared with the chief executive and the leader of the local authority, the Police and Crime Commissioner, and Healthwatch.

Local Safeguarding Children Board (LSCB)

The Safeguarding Vulnerable Adults Board continues to have strong links with the LSCB. Both Boards have the same independent chair and resource a shared business support team. Joint Training, Community and E Safety sub groups enhance the integration of the safeguarding adults and children activity of partners. The SVAB and LSCB are represented on each others Boards and continue work to coordinate the development of a joint safeguarding commissioning strategy in 2014/15. The SVAB and LSCB approved and are monitoring the implementation of the revised Family Focus Protocol to promote the identification and communication of safeguarding adult and children issues by adult and children's focused services.

Community Safety Partnership

The Board continues to work closely with the Community Safety Partnership (CSP) and the LSCB to monitor and coordinate the local response to cross cutting safeguarding issues including domestic abuse, sexual exploitation, sexual violence, modern slavery, Female Genital Mutilation (FGM), forced marriage and hate crime.

SECTION 4 - SUMMARY OF ACTIVITY AND OUTCOMES IN 2013/14

Progress during the period April to September 2014 against the objectives identified in the SVAB Business Plan 2014-17 is detailed below:

	Objective	Projected Outcome	Performance Indicator	Progress Update
1	Develop a shared understanding of the coordinating, monitoring and scrutinizing role of the SVAB and the safeguarding agenda with engagement across all partners, and particularly new and emerging strategic bodies	Improvement in safeguarding vulnerable adults practice by all partners.	Outcome of multi agency audits	Multi agency audit programme to be agreed by QMA Sub Group
		Improved attendance at Board and sub group meetings	Attendance Report	68% of Board members attended 75% or more of meetings during the period Oct 13 to Sept 14.
		Implementation of the Health and Care Bill 2012	SVAB Annual Report	The Board has reviewed its governance arrangements in preparation for statutory status April 2015. An Executive Group has been established and agency representatives have been identified
		Funding for SVAB business support team is secured	SVAB Budget	SVAB budget for 2014/15 agreed
		Engagement of elected members and non executive members of partnership boards, who are provided with appropriate training to fulfil their scrutiny role	SVAB Scrutiny Panel established	Panel to meet from 2015. Nominations to the Panel to be sought by December 2014
2	Develop the interface between adult and children's	SVAB Annual Report evidences impact of integrated approach by adult and children's	Increased safeguarding adults referrals from	The QMA Sub Group will be monitoring

	services and safeguarding boards	services and boards to identified key cross cutting issues, including domestic violence and sexual exploitation	children focussed services. Percentage of vulnerable adults or children who report they have been effectively supported following a domestic abuse incident.	performance
3	Develop a learning and improvement framework, ensuring lessons are identified and learned from serious and other case reviews, multi agency audits and the scrutiny of performance information.	SVAB Annual Report evidences a positive impact on the effectiveness of safeguarding of vulnerable adults as a result of the SVAB's challenge of partner agencies and other strategic partners, based on the findings from its learning and improvement framework	Register of SVAB challenge to partnership agencies and strategic partners.	Register of challenge established with reporting due in 2014/15 annual report
Number of recommendations from serious case reviews implemented			100% of SCR 'Mrs A' overview recommendations implemented	
Percentage of partner agencies providing performance information			75% of partner agencies providing performance information	
Multi agency audit reports			Multi agency audit programme agreed for implementation from early 2015	

			Percentage of recommendations from multi agency audits implemented	Multi agency audit programme agreed for implementation from early 2015
		Monitoring of the effectiveness of assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards by the Board	Report to SVAB on the effectiveness of assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards	Reports to SVAB March and June 2014. Significant increase in DoLS referrals following Supreme Court ruling
		Monitoring of implementation of recommendations from domestic homicides relevant to safeguarding vulnerable adults	Reports to SVAB on implementation of Domestic Homicide Review recommendations by Domestic Abuse Forum	Domestic Abuse Forum chair to include in reports to SVAB
4	Review and update safeguarding vulnerable adults policies, protocols and procedures to reflect national and local recommendations of practice change/development approved by the Executive	Policies, protocols and procedures support the effective safeguarding of vulnerable adults	Survey of practitioner awareness and understanding of new SET Safeguarding Adults Procedures 2014	Procedures launched April 2014. Survey to be undertaken. Review of procedures initiated in response to Care Act 2014
		Modify the existing re-accreditation approval protocol to ensure all qualified Best Interest Assessors are uniformly recertified in line with all Eastern Region Authorities.	Percentage of recertified Best Interest Assessors	Modified re-accreditation protocol has been quality assured by the SVAB.
		Development of a large scale investigation procedure	Procedure signed off by SVAB	Draft policy is being considered by SET Procedures Group for adoption across

				Southend, Essex and Thurrock
		Develop and implement a policy to support victims of Honour Based Violence and Female Genital Mutilation.	Policy approved by SVAB for implementation by partners	Draft SET policy to be reviewed by SET Procedures Group
5	Deliver public and professional awareness campaigns on safeguarding vulnerable adults	<p>The SVAB Annual Report evidences the effectiveness and impact of targeted campaigns with measurable outcomes</p> <p>Identification and signposting to support for vulnerable adults who are victims of or at risk of sexual exploitation who do not meet the threshold for intervention by SBC Safeguarding Adults Department.</p>	<p>Increase in safeguarding referrals from professionals.</p> <p>Increase in referrals from the public.</p> <p>Number of vulnerable adults identified as victims or at risk of sexual exploitation</p>	Public and professional awareness campaigns to be delivered by joint LSCB & SVAB Community Sub Group
6	Ensure the SVAB and its partners facilitate the meaningful participation of vulnerable adults and the community to inform the delivery of effective safeguarding services	The SVAB Annual Report evidences the impact of participation and feedback from vulnerable adults and the community on the improvement of safeguarding services	Evidence from partner agencies reported to the SVAB that safeguarding services are improved as a result of feedback from vulnerable adults	First report on feedback from SBC Safeguarding service users presented to SVAB March 2014.
7	Continue to develop the workforce development/training strategy and training framework and implement	<p>All training delivered by the SVAB and its partner agencies and training facilitators are quality assured and approved by the SVAB.</p> <p>Evaluations of training</p>	Report to Board on number of courses and trainers quality assured	Joint LSCB & SVAB Training Strategy agreed by SVAB June 2014 including processes for quality assurance of courses and

	quality assurance processes for safeguarding vulnerable adults training and facilitators	evidence that service delivery and practitioner confidence is improved		trainers and training levels for groups of staff
			Number of practitioners appropriately trained	Performance on percentage of practitioners appropriately trained collected by LSCB & SVAB Training Sub Group from September 2014.
			Analysis of training evaluations	Training evaluations to be compiled and analysed from September 2014

The SVAB Business Plan is implemented by the Board, its Executive and Sub Groups. The SVAB shares some of its sub groups with the LSCB in order to further develop an integrated approach to safeguarding children and vulnerable adults. The oversight of the implementation of Learning and Improvement Framework is undertaken by a dedicated SVAB Quality, Monitoring and Audit Group.

SVAB Quality, Monitoring and Audit Sub Group

The sub group has developed the SVAB's Learning and Improvement Framework. The sub group is working together to identify what information is required from partners to assist the Board to ensure that any safeguarding performance issues are identified and managed in a consistent fashion. A multi agency audit programme is also in development. Southend, Essex and Thurrock (SET) Safeguarding Adults Standards have been drafted to enable partner agencies to provide an annual self assessment of the effectiveness of their services for vulnerable adults. The Board will consider the first self assessments against these standards early in 2015.

Safeguarding Performance Information

Safeguarding Investigations

Year	Referrals	People
2012/13	682	612
2013/14	685	576

In 2013/14, the Department of Health changed the reporting requirements regarding safeguarding activity. Previously, the number of referrals was reported, whereas since 2013, this has been replaced by reporting on the number of people for whom a safeguarding referral is made. For the financial year 2014/15, Southend, Essex and Thurrock (SET) Safeguarding Vulnerable Adults Boards have adopted guidelines that will ensure that the information captured illustrates the numbers of "alerts raised". This is when someone raises a safeguarding concern about a vulnerable adult.

685 referrals were received for 576 individuals in 2013/14 compared to 682 referrals received for 612 individuals in 2012/13.

Of the 685 referrals received in 2013/14, 66.5% relate to older people over the age of 65 (456 referrals); people with a learning disability account for 9.7% (67 referrals); people with physical or sensory impairment 10% (69 referrals); people with mental health conditions 7.4% (51 referrals) and people with other needs 6.1% (42 referrals).

Neglect accounts for the largest proportion of referrals (41.1%); with physical (29.9%), emotional (25.6%) and financial (25.5%).

The location of alleged abuse leading to referrals was predominantly people's own homes (44.5%) although this has reduced by 14.3% since 2012/13, and care homes (32.8%) an increase of 20% since 2012/13. Other locations of abuse are supported living (2.6%), acute hospital (3.7%), public place (1.8%) and other locations (11.6%).

28.7% of referrals meet the definition of domestic abuse perpetrated by intimate partners or family members

Area of Challenge/Development

28.7% of referrals meet the definition of domestic abuse perpetrated by intimate partners or family members. Domestic abuse is identified as a significant cross cutting priority for all strategic groups

20 of alleged abuse is reported to be perpetrated by care home staff and 11.1% by domiciliary care staff.

Area of Challenge/Development

The SVAB and Southend Borough Council are working together to ensure care home and domiciliary staff receive appropriate safeguarding training and that safeguarding standards are monitored

66% of referrals are opened and closed within 3 months. In 42.7% of cases the outcome of the safeguarding investigation was inconclusive as it could not be established on the balance of probability whether abuse occurred. 28.2% of cases were substantiated. In 88% of cases, risks were either completely removed or reduced.

Mental Capacity Act and Deprivation of Liberty Standards

The Mental Capacity Act Deprivation of Liberty Standards (MCA DoLS) provide a legal framework around the deprivation of liberty to protect the interests of an extremely vulnerable group of people and

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide them with rights of challenge against unlawful detention
- Avoid unnecessary bureaucracy.

The MCA DOLS apply to anyone:

- Aged 18 and over
- Who has a mental disorder
- Who lacks capacity to consent to the arrangements made for their care or treatment in either a hospital or a care home (registered under the Care Standards Act 2000)
- For whom a deprivation of liberty may be necessary in their best interests to protect them from harm

- Where detention under the Mental Health Act 1983 is not appropriate at that time

When a hospital or care home identifies that a person who lacks capacity is being, or risks being, deprived of their liberty, they must apply to the local authority for an authorisation of deprivation of liberty.

Authorisation should be obtained in advance except in urgent circumstances. The supervisory body must obtain six assessments:

- Age assessment
- No refusals assessment
- Mental capacity assessment
- Mental health assessment
- Eligibility assessment
- Best interests assessment

In addition the Supreme Court ruled on 19 March 2014 in that there is a new 'acid test' for deprivation of liberty safeguards:

- Is the person subject to continuous supervision and control
- Is the person free to leave

As a consequence of the Supreme Court judgment since 1st April there has been a 723% increase in DoLS referrals compared to the previous year, reflecting a national picture. The SVAB is assured that Southend Borough Council, as of September 2014, was undertaking DoLS assessments within timescales despite the significant increase in referrals. The SVAB will be monitoring actions identified to meet increasing demand for DoLS assessments in a sustainable way

Care Home Standards in Southend

There are 103 care homes in the borough, a high number in proportion to the population, which are broken down as follows:

Older People	68
Learning Disability	24
Mental Health	9
Physical Disability	2

The CQC is the regulator of social care services. In June 2014 the outcome of their compliance visits to care homes was as follows:

Older People	%		Learning Disability	%
Compliant	72.06%		Compliant	87.50%
One Standard not Met	11.76%		One Standard not Met	4.17%
Two standards not Met	5.88%		Two standards not Met	4.17%
Three Standards not Met	2.94%		Three Standards not Met	4.17%
Four Standards not Met	4.41%		Four Standards not Met	0.00%
Five Standards not Met	1.47%		Five Standards not Met	0.00%

Mental Health	%		Physical Disability	%
Compliant	90.00%		Compliant	100.00%
One Standard not Met	0.00%		One Standard not Met	0.00%
Two standards not Met	10.00%		Two standards not Met	0.00%
Three Standards not Met	0.00%		Three Standards not Met	0.00%
Four Standards not Met	0.00%		Four Standards not Met	0.00%
Five Standards not Met	0.00%		Five Standards not Met	0.00%

All Service Types In Borough Combined Averages	%
Compliant	87.39%
One Standard not Met	3.98%
Two standards not Met	5.01%
Three Standards not Met	1.78%
Four Standards not Met	1.10%
Five Standards not Met	0.37%

Where significant shortfalls in compliance are identified, the local authority Contracts Team contacts the provider to review their action plan and arranges a series of monitoring meetings to ensure the required improvements are made.

The Contracts Team also manages the local authority's contractual relationship with care providers and monitors their performance in line with the Eastern Region Contract Monitoring Workbook (launched autumn 2013).

To date 27 care homes for older people have been reviewed using the tool with the following results:

Excellent	11
Good	14
Adequate	2

The local authority Contracts Team provides regular reports to the SVAB to support its monitoring of safeguarding standards in care homes

Area of Challenge/Development

The SVAB will need to develop its oversight of the quality of commissioning of services for vulnerable adults

Serious Case Reviews

The sub group also monitors how well partners are applying what they have learned from serious case reviews. The SVAB has commissioned one serious case reviews at the end of the period 2013/14, due to be completed in summer 2015. The SVAB has also commissioned an alternative case review due to commence in November 2014. The learning from both reviews will be disseminated to practitioners, and the implementation of any recommendations monitored by the Quality, Monitoring and Audit Sub Group.

The SVAB has signed off on the implementation of the recommendations from a serious case review following the death of 'Mrs A' completed in September 2012.

Mrs A died in October 2010 aged 81 following the admission of Mr and Mrs A to the local hospital earlier that same day. Mr A subsequently died in November 2011. It was known that that Mrs A had had considerable contact with Southend agencies, Essex Police, Southend Adult Social Care, her GP and others, in relation to alleged domestic abuse from her husband who, at the time of the incident, was aged 88. Mr A had been admitted to the local hospital where he had alleged domestic abuse by his wife and was discharged home, a few hours before the fatal incident.

The following recommendations from the serious case review have all been implemented:

- 1) The Local Authority should develop a Domestic Abuse policy.
- 2) The interface between the SVAB procedures and the Domestic Abuse procedures across the partnership should be reviewed and clarified with a particular focus of the intersection between the two sets of procedures and how this impacts Vulnerable Adults. Any gaps in procedures, and the degree of compliance with them should form part of this review, as should emphasis on ensuring that safeguarding services are personalised and take account of the individual and their context.
- 3) The SET Working Group should revisit the SET Safeguarding Vulnerable Adults guidelines in order to clarify respective individual and partnership responsibilities in domestic abuse cases where the person also has community care needs.
- 4) The Health and Wellbeing Board should evaluate the demand for services in this area of need, and should ensure that these needs are reflected in future commissioning plans and service delivery.
- 5) The learning from this case should be suitably cascaded to front line staff to enable practice improvements.

SVAB & LSCB Training Sub Group

A joint SVAB and LSCB Training Strategy has been developed This strategy ensures that all safeguarding training delivered across Southend is of a high quality and identifies target groups for specific levels of training and competencies. This strategy came into effect in 2014 and all future mandatory safeguarding training will be commissioned against it.

The Sub Group has also started to monitor the compliance of partner agencies in ensuring their relevant staff are trained to an appropriate level. 771 units of training have been delivered for the period (see appendix 3 for breakdown)

SVAB & LSCB Community Sub Group

This joint SVAB and LSCB sub group has recently been formed and is developing its work plan to include awareness raising activity within the community to reduce deaths and injuries to vulnerable adults from road traffic collisions; identify and take action where there is risk of exploitation; fire safety; and public campaigns to raise awareness and reporting of abuse by community.

Areas of Challenge/Development

The sub group is working in partnership with SHIELDS and BATIAS to establish a Keeping Safe scheme for vulnerable adults to help them feel safer when out in the community

Reporting Abuse

The Ask SAL helpline is a partnership project between the Southend, Essex and Thurrock Safeguarding Adults Boards and Essex County Council. Its main aim is to provide advice, information and a referral pathway for service users, families or members of the public. Any person with knowledge of, or suspicion that, a vulnerable adult may be at risk of abuse or is being abused must report their concerns. Ask SAL operates Monday through Friday from 9- 5 p.m. and can be contacted on 08452 66 66 63.

Area of Challenge/Development

The SVAB and its partners will work to increase awareness of AskSAL in the community

Preventable Fire Safety Deaths

Essex Fire and Rescue Services, the Southend-on-Sea SVAB and Southend Borough Council launched the new service, 'Preventable Fire Safety Deaths' in 2013 to increase awareness of fire risks among social workers, domiciliary and community support providers, care home providers and voluntary agencies. The service enables practitioners to identify 'at risk' adults, for example, people who smoke and have mobility problems. Practitioners were then encouraged to make referrals to the Fire and Rescue service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire. The scheme has now been rolled out throughout Essex and is available to cover adults aged 18 and over.

Hoarding Behaviour

The SVAB the Southend Association of Voluntary Services (SAVS) are coordinating a partnership approach to identifying and supporting adults with hoarding behaviours to minimise risk to themselves and others.

SVAB & LSCB E Safety Sub Group

This joint SVAB and LSCB sub group will be focusing on raising awareness with professionals and vulnerable adults to support them to stay safe online. The group will

be undertaking awareness raising campaigns regarding online fraud and 'phishing', safer use of social media, as well as telephone, postal and doorstep pressure selling.

Feedback from Vulnerable Adults and their Families/Carers

Southend Borough Council Safeguarding Adults Team undertakes a questionnaire with clients regarding their experience of the safeguarding process. Analysis from these will be reported to the Quality, Monitoring and Audit Sub Group. The SVAB is developing its processes for obtaining feedback about safeguarding services to inform service development going forward, in line with the Making Safeguarding Personal agenda

Areas of Challenge/Development

As part of the Making Safeguarding Personal initiative the SVAB and its partners will be developing its processes for obtaining feedback about safeguarding services

SECTION 5 - PARTNER AGENCY SAFEGUARING STATEMENTS

From 2015 all partner agencies will submit a self assessment against the SET Safeguarding Adults Standards to provide an assurance regarding their safeguarding adults compliance. For 2013-14 partner agencies were asked to submit a summary of their achievements in ensuring a quality safeguarding response for vulnerable adults during 2013/14. Essex Police and Essex County Fire and Rescue Service have not provided summaries. Southend Borough Council provides a comprehensive annual report on the effectiveness of its safeguarding adults services, and was therefore not required to submit a summary

Southend CCG

Commissioning & Procurement

The commissioning intentions agreed in the contract are that we expect the provider to work in partnership with statutory and other agencies to continuously develop and improve the provider's ability to safeguard adults and improve safeguarding outcomes and to follow the key principles of empowerment, prevention, proportionality, protection and accountability, paying particular regard to the following:

- a) Compliance with the Southend, Essex & Thurrock Guidelines for Safeguarding Adults.
- b) Provide quarterly returns on the Safeguarding Adults Training the Provider have provided to staff.
- c) Have appropriate representation at the Safeguarding Adults Board.
- d) Allow spot reviews of their compliance of the Mental Health Capacity Act and Deprivation of Liberty Safeguards applications.
- e) Provide PREVENT returns on training and referrals made.

There is increased involvement in the procurement process through reviewing submitted policies to ensure that they meet core standards. The main providers have key performance indicators for Safeguarding Adults based on local guidance.

Quality Reporting

The CCG receives reports from the main provider organisations at the Clinical Quality Review Groups (CQRG). These include quarterly reports on Safeguarding Adults activity or by exception.

The information received at CQRG is reported back through the CCG Quality & Governance Committees and the Governing Body Meetings.

Safeguarding Adults issues are incorporated into the visits carried out by the Quality Team and Safeguarding Adults Lead to provider organisations. These are both on an announced and unannounced basis and may also be in conjunction with the Local Authority Quality Team or as part of a Safeguarding Adults investigation.

The findings, learning and actions from these visits are reported to the local authority, CQC and the CCG Chief Nurse as appropriate and learning is disseminated to relevant provider organisations.

Mental Capacity Act & Deprivation of Liberty Safeguards

With regard to the Deprivation of Liberty Safeguards work is underway to develop an action plan around the Cheshire West judgement.

Training sessions are planned for GP practices and CCG staff in November. Three sessions are due to be held around Prevent awareness and a 4 hour session on the application of the Mental Capacity Act.

South Essex Partnership Trust (SEPT)

Highlight report of key issues arising during 2013/14 addressing the priorities

Prevention / raising awareness

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. Analysis of all SEPT safeguarding cases are analysed for any trends and reported to the Trust Safeguarding Group

Workforce development

Safeguarding policies were updated in September 2013. The Training strategy has been updated and all Trust staff have been mapped against the level of training required dependant on their role.

Quality Assurance

A weekly report to the Trust Executive Team gives assurance of Safeguarding activity and compliance to timescales. The Trust Safeguarding Group monitors the Safeguarding action plan for assurance.

Involving people in development of safeguarding services

The Trust has developed a Safeguarding Questionnaire for those subject to investigation. Feedback is reported regularly and influences the process of engaging service users, their families and advocates. Two 'Lets Talk' Service User and public events have been held this year.

Outcomes and improving people's experience

The outcomes of audits and Service User feedback demonstrates an improved service has been delivered and experienced by Service users.

Improvements made in adult safeguarding during 2013/14, addressing the priorities

Prevention / raising awareness

The numbers of referrals this year continues to rise and reflects the training programmes delivered which aim to raise awareness of safeguarding issues.

Workforce development

All relevant staff in the mental health service have received a series of specific training programmes this year including Investigations and PREVENT

Partnership working

The Trust continues to be active members of the Luton Safeguarding Board, Operational Group and other sub groups. The Safeguarding Practitioner has raised awareness of mental health services to Luton Social Care staff and has made strong links with LBC Safeguarding Team

Quality Assurance

The Trust has reported consistent improvements in the safeguarding process and outcomes of investigations

Outcomes and improving people's experience

The process for investigating cases has continued to improve. 95% of Strategy discussions and Closures comply with the Local Authority procedures.

Southend Hospital

Southend University Hospital has continued to work together with partner agencies to safeguard vulnerable adults that access our services. We deliver Safeguarding Adults training to all of our patient facing staff so that they are more able to identify and respond to all types of abuse. We consistently aim to empower all our patients to ensure that, where able, they are at the heart of and involved with decisions around their care.

The Hospital has a dedicated Safeguarding Adults team that oversee all safeguarding cases and guide and support staff when they have concerns relating to a patient's safety. This team has worked in partnership with other signed up members of the Safeguarding Board, regularly attending meetings and contributing to the development of safeguarding responses and services

The Trust hosts a quarterly Adult Safeguarding Committee that reviews cases, identifies themes, shares learning and develops action plans for practice improvement. Senior internal staff attend, as well as external agencies. The meeting provides a forum for discussion, challenge and support to agree actions. There are mechanisms in place for this group to provide assurance to the Trust Board of compliance and quality.

This past year has seen us strengthen our role in working with patients who are victims of Domestic Abuse where we host and chair a quarterly multi-agency Domestic Abuse committee. The aim of the committee is to develop the way the Trust works with patients who are victims of this type of abuse, providing key staff with the knowledge and understanding of how to safely identify and respond to this particularly sensitive problem. Both the Adult and Children's Safeguarding teams provide support for staff and victims.

Our Learning Disabilities (LD) Nurse is part of the Safeguarding Adults team. She has responsibility for leading on a number of initiatives to continually improve the care we offer to our patients with a Learning Disability who access our services or who are admitted to our wards. The emphasis is ensuring that all needs are understood and met through developing an appropriate care plan with reasonable adjustments. A staff resource portal has been set up on our internal website for staff to be able to access information, and this is updated each month. The first of a planned series of DVDs was launched which focused on a patient journey through Outpatients. The Trust holds monthly multi-agency meetings to further develop the services we provide for patients with a Learning Disability, this includes service user attendance. One of the benefits of the LD Nurse being part of the Safeguarding team is that it enables sharing of good practice and a collaborative and multi-professional approach to meeting the needs and improving the care of vulnerable people and patients with enhanced needs. The Trust is committed to continually work towards safeguarding the local population through partnership working, full participation and by keeping up to date with national and local initiatives.

East of England Ambulance Service

The East of England Ambulance Service NHS Trust works across the Eastern Region working with multiple partner agencies in ensuring both children and adults are safeguarding. We have a good working relationship with Southend Local Authority, Southend Safeguarding Adult Board and NHS partners. We continue to ensure all staff are trained in safeguarding and the need to support the local community where concerns are found. We have a local senior manager within the Southend area, who supports local staff and local thinking around safeguarding and service development for the local community

SECTION 6 - FINANCIAL REPORT 2013-14

Budget for 2013/14 was £36,000

Agency contributions were as follows:

Agency	2013-14 Contribution
Southend Borough Council	£16,000 + remuneration of chair
Southend CCG	£10,000
Essex Police	£10,000
Total	£36,000

Total Employee Costs for 2013/14 was £23,831

Includes Board Chair, 0.5fte Business Manager (July 13-March 14) and 0.25fte Administrator (Jan – March 2014)

Underspend for 2013/14 of £12,150 carried forward to 2014/15

Underspend is mostly accounted for by delay in recruitment of 0.25fte administrator

SECTION 7 - ATTENDANCE REPORT

Representative	17 th December 2013	18 th March 2014	19 th June 2014	9 th September 2014
Christine Doorly -Independent Chair	√	√	√	√
Simon Leftley - Vice Chair - Corporate Director for People	√	Apologies	√	√
Gaynor Abbott-Simpson/ Elaine Taylor - SEPT	Apologies E Taylor attended	Apologies T Adiukwu attended	√	√
Ron Alexander – DIAL Southend	√	√	Apologies C Alexander attended	√
Traci Dixon - SEH	Apologies	Apologies	-	√
Ch. Insp. Simon Anslow – Essex Police	N/A	N/A	-	Apologies
Robert Ashford – East of England Ambulance Trust	-	-	-	-
David Baxter – SBC	Apologies Sue Porter attended	Apologies Sue Porter attended	Apologies	√
DI Nick Burston/Lucy Morris/Tom Simons – Essex Police	√	√	√	√
Carol Cranfield - SBC	√	Apologies	√	Apologies
Ann Davenport - SEEAOP	√	Apologies	-	-
Linda Dowse – Southend CCG	Apologies Andrea Metcalfe attended	Apologies	√	Apologies L Smart attended

Representative	17th December 2013	18th March 2014	19th June 2014	9th September 2014
Daniel Gatehouse – Essex Fire & Rescue Service	√	√	N/A	√
Ross Gerrie - SBC	Apologies Yvonne Adams attended	√	√	√
Laurel Juniper – Essex Community Rehabilitation Company	Apologies	Apologies	√	√
Katharine Marks - SBC	√	√	√	Apologies
Cllr Lesley Salter /Cllr David Norman/ Jennifer Pattinson/Lo-Anne Spink - CQC	√	Apologies	√	√
Jennifer Pattinson/Lo-Anne Spink - CQC	-	-	-	-
Sarah Range - SBC	√	√	√	√
Cheryl Schwarz – Southend Hospital	√	√	-	Apologies C Hooper attended
Alison Semmence - SAVS	√	√	√	√
Eleanor Sherwen – NHS England	√	√	√	Apologies S Ward attended

Appendix 5 - Annual Report on the effectiveness of Safeguarding Vulnerable Adults by Southend-on-Sea Borough Council's Adult Social Care Services 2013/14

Prepared by: Katharine Marks: Head of Adult Social Care
Sarah Range: Safeguarding Adults Service Manager

Purpose of the report

- To provide the Southend-on-Sea Safeguarding Adults Board (SVAB), Chief Executive and the Leader of Southend Borough Council with information in order to give assurances about the functioning and effectiveness of safeguarding adults' investigations by the Council's People Department: Adult Social Care.
- To support Elected Members to discharge their safeguarding duties in relation to vulnerable adults.

This report should be read in conjunction with the 2013/14 Annual Report for the Southend-on-Sea Safeguarding Adults Board.

Recommendation

That the report is noted and priority areas for development in 2014/15 are endorsed.

Summary

Achievements

Southend Borough Council's Department of People- Adult Services mark several key achievements towards supporting adults to live lives free from fear and abuse. This ethos is delivered through the strategic development of policies, procedures and projects as well as through operational duties of care. As lead organisation for the investigation of allegations of abuse, the Council delivers our statutory investigation responsibilities robustly, in partnership with people who use services and their support networks. A summary is provided below:

- Co-authoring and launch of the SET (Southend, Essex and Thurrock) Safeguarding Adults Guidelines (version 3).
- Multi-agency review of the SET (Southend, Essex and Thurrock) Mental Capacity Act and Deprivation of Liberty Safeguards policy and procedure.
- Participation in the Making Safeguarding Personal programme.
- Positive service user feedback.
- Joint partnership review and re-launch of the Family Focus Protocol.

- Partnership work with Council Departments to improve outcomes for health and wellbeing and ensure feelings of safety and protection of harm are imbedded through service planning and delivery.
- Partnership work with the SVAB and LSCB.
- Development and delivery of training for practitioners on domestic abuse and older people.

SECTION 1: Background

In 2014, the Safeguarding Vulnerable Adults Board, (SVAB) agreed that it would report separately from Adult Services regarding the provision and quality of safeguarding activity. This is the first Council focused Annual Report highlighting the dedicated response provided by the Council to the safeguarding agenda with respect to partnership development and investigatory function.

Statutory Responsibilities

Safeguarding Investigations

No Secrets: guidance on protecting vulnerable adults in care (DH 2000) dictates that local authorities play the key role in coordinating and investigating allegations of abuse against vulnerable adults. The Council holds the responsibility to work collaboratively with partners to support service users to live lives free from abuse and harm. In Southend, the Council leads on the management of allegations for people aged 18 and over who may have aging, physical or sensory needs and older adults with mental health needs. South Essex Partnership University NHS Foundation Trust leads on the investigation of allegations of abuse for people with mental health conditions from 18 to 65 years old. Investigations into allegations of abuse are governed by the *SET (Southend, Essex and Thurrock) Safeguarding Adults Guidelines*. These guidelines, written in partnership with the Southend Safeguarding Adults Board, Essex Safeguarding Adults Board and Thurrock Safeguarding Board, support investigation work in the geographical area of Essex.

Southend Borough Council' Department of People' maintains the statutory assessment responsibilities for all applications under the Deprivation of Liberty Safeguards. These assessments are governed by the SET (Southend, Essex and Thurrock) Mental Capacity Act and Deprivation of Liberty Safeguards policy and procedure. The Council and partners currently work towards supporting vulnerable adults under the auspices of safeguarding. A vulnerable adult is currently defined from the 1997 Consultation "Who Decides?" issued by the Lord Chancellor's Department, as a person over the age of 18:

"Who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of unable to protect him or herself against significant harm or exploitation".

Deprivation of Liberty Safeguards

Southend Borough Council is the 'Supervisory Body' for all Southend and self-funding residents in care homes. There are 102 care homes in Southend. As of 1 April 2013, the Council assumed responsibilities as Supervisory Body for all Southend local authority/Southend Clinical Commissioning Group funded and self-funded people within long stay and acute hospitals. Since 2009, the Council has also been the Supervisory Body for Southend residents placed in care homes and hospitals outside of Southend. In order to ensure that people are not arbitrarily deprived of their liberty, the Council receives Urgent Authorisations and Standard Authorisations from these settings and is

required by statute to carry out up to 4 assessments for each referral. Specialist qualified assessors, called Best Interest Assessors, carry out assessments as independent entities of the Supervisory Body. An additional two assessments are commissioned by the local authority from a qualified Section 12 trained doctor, usually a psychiatrist. All six assessments are mandated in the Deprivation of Liberty Safeguards, as enforced by the Mental Capacity Act 2005.

The 'Supervisory Body' must carry out assessments usually within seven calendar days when an Urgent Authorisation is granted by a Managing Authority. The Council must carry out assessments within twenty one calendar days in cases where a Standard Authorisation alone is applied for. The Council can exercise no discretion as to which type of assessment is carried out. The Managing Authority, the Supervisory Body or a relevant third party can request a review of a current authorisation.

During 2013/2014, the Council employed nine Best Interest Assessors, who all have day to day assessment and management responsibility within social work teams. Two service managers who are qualified BIAs act as Signatories under the Safeguards.

During 2013/14, the Council received 60 applications from care homes and hospitals.

As a result of the Supreme Court judgement [**Judgment of the Supreme Court: P v Cheshire West and Chester Council and another and P and Q v Surrey County Council**] in March 2013, cost pressures have been identified. Work will be ongoing in 2014/15 to identify resources to meet the increasing demand for deprivation of liberty assessments.

SECTION 2: Key Areas of Work

The Department of People committed to lead on several key areas of work in partnership or on behalf of the Southend Safeguarding Adults Board (SVAB).

Experience tells us

Southend Borough Council seeks the views of people who have received support in relation to safeguarding adults' investigations. The Outcome Questionnaire is a face to face conversation with the person, their family member or advocate to gauge their views on the process and to identify learning. The questionnaire is offered to all service users unless there are issues of mental capacity or risk of escalating further harm. For people who may lack capacity to have consented to the investigation, the Independent Mental Capacity Advocate, (IMCA) advocate or family member acting in their best interest is asked for their views. The feedback from the questionnaire is then used to further improve services and inform training plans to ensure that staff provides quality interventions that support dignity and improve quality of life.

Preventable Fire Safety Deaths

Essex Fire and Rescue Services, the Southend-on-Sea SVAB and Southend Borough Council launched the new service, 'Preventable Fire Safety Deaths' in 2013. Southend Borough Council and Essex Fire and Rescue Services launched the scheme to increase awareness of fire risks among social care practitioners, domiciliary and community support providers, care home providers and voluntary agencies to enable them to identify 'at risk' adults. For example, people who smoke and have mobility problems will benefit from targeted prevention advice. Partner agencies were then encouraged to make referrals to the Fire and Rescue Service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire. The scheme has now been rolled out throughout Essex and is available to support adults aged 18 and over¹.

Infection Control, Norovirus and Influenza

The Council's Public Health, Safeguarding and Adult Contracts Team joined forces in October 2013 to host an event entitled: *Infection Control: prevention and control of healthcare-associated infections as well as Flu & Norovirus-Season Precautions*. Domiciliary and residential care providers attended the conference to learn more about what they can do to prevent or minimise the risk of vulnerable people becoming unwell because of winter health conditions such as flu. The SVAB, and the Department for People and the Department for Public Health will continue to work to identify joint

¹ Southend-on-Sea Borough Council, (2013) Outlook Magazine: Issue 27, Southend, Southend-on-Sea Borough Council.

initiatives that improve the opportunities for people to live well, free from the risk of harm.

Dental Care

The Council is working collaboratively with the University of Essex and Southend Clinical Commissioning Group to look at whether current training provision to the care workforce meets the needs of people who use services with reference to dental hygiene. The project, which is in the initial scoping stage, aims to provide carers and managers with the opportunity to refresh or gain new skills to support people to maintain their health through effective interventions to maintain or improve oral hygiene.

Quality Assurance

A targeted program of audit was carried out in 2013/14 and a report is being finalised for presentation to the SVAB.

Key Partnerships

SVAB Subgroups

Please see the SVAB Annual Report for 2013/2014, which details fully the work of the Board. The Council plays a key role in supporting and engaging with the subgroups to deliver against the SVAB Business Plan priorities. Below please find the key Council contributions towards the individual subgroups.

Quality, Monitoring and Audit Sub Group: Southend Borough Council continues to play the lead role in supporting the SVAB to deliver against the business plan. To this end, members of the Council's strategic and operational management teams participate in the SVAB action groups. The Council chairs the Quality, Monitoring and Audit Sub Group, which concentrates on monitoring the delivery against learning from Serious Case Reviews, learning from multi agency audits and works to ensure that safeguarding performance data is analysed and improvements and developments imbedded in practice.

SVAB & LSCB Training Sub Group: In 2014, the Southend Local Safeguarding Children's Board (LSCB) and the SVAB agreed to merge the work of the subgroups into one entity. A joint training strategy has been developed to which the Council has collaborated heavily. Focused work led by the Council has been undertaken to review the provision of domestic abuse training provided by the Council via Essex Police to internal staff and Board partners, especially in response to learning derived from Domestic Homicide Reviews and Serious Case Reviews.

SVAB & LSCB Community Sub Group: The Council has recently joined this newly merged group and looks forward to delivering against the SVAB business plan.

SVAB & LSCB E Safety Sub Group: The Council has recently joined this newly merged group and looks forward to delivering against the SVAB business plan.

Local Safeguarding Children's Board

Southend Borough Council's Adult Social Care takes its responsibilities for safeguarding children within the context of the work we do with families as paramount. Adult Social Care is represented both on the LSCB Board and the LSCB Executive, representing the needs of adult family members and carers. For example, in the last year, we have worked collaboratively with Children's Services and the LSCB and partners to deliver on the review of the Family Focus Protocol, which ensures that professionals across the partnership economy work proactively and collaboratively to ensure that interventions within the home take into account the needs of all members of the family.

Adult Social Care is also represented in the work to prevent and support victims of child exploitation and sit on the Southend Child Sexual Exploitation Workgroup. We are also engaged in the Child and Family Poverty Workgroup, looking to increase the opportunities and life outcomes for people experiencing poverty and the ramifications. Over the last 18 months, Adult Services' social workers have undertaken a series of e-learning training related to the needs of children, primarily child abuse awareness and child sexual exploitation. Practitioners have also attended specially commissioned safeguarding children training at Level 2 and 3, which was delivered by the LSCB. Specialist training will continue on a rolling basis as part of the Council's training and development plan.

Southend Borough Council's People Department - Adults will continue to work proactively to ensure that practitioners are trained to have an awareness of the safety of children. We will continue to make referrals when appropriate and engage in plans to support children and their families.

Domestic Abuse

Southend Borough Council - Adult Social Care is a key partner in the delivery of domestic abuse support in Southend. As previously highlighted in Chart 7 above, 28.7% of all referrals during 2013/14 meet the criteria for classification as domestic abuse. Adult Social Care has a duty to support vulnerable adults who may be experiencing domestic abuse, which may occur alongside a myriad of other social needs. Adult Social Care is represented in the work of the Southend Domestic Abuse Strategy Group, which delivers against the Southend Domestic Abuse Strategy.

Adult Social Care is working to continuously review the provision of domestic abuse training to ensure that practitioners have the required skills to support people experiencing harm.

Adult Social Care makes referrals into and attends the Southend Multi Agency Risk Assessment Conference (MARAC). An experienced and appropriately trained operational manager attends MARAC twice monthly. Council practitioners and operational SVAB partners receive standard and advanced training from Essex Police to ensure that workers appropriately risk assess victims using the Domestic Abuse, Stalking and Harassment (DASH) risk assessment tool.

In 2013/14, Southend Borough Council provided training to Social Care practitioners on the issues of domestic abuse and older people.

Serious Case Reviews

There were no Serious Case Reviews in 2013/14.

SET Working Group

Adult Social Care is a lead member on the SET (Southend, Essex & Thurrock) Working Group. This group is responsible for the revision of the SET Guidelines in line with national and local policy change, legislation and learning. In 2013/14, the SET Working Group reviewed and rewrote the SET Guidelines and launched Version 3 in April 2014.

Eastern Region Leads groups

Southend Borough Council is an active member in both the Safeguarding Adults Leads' group and the Deprivation of Liberty Leads' groups. Both groups are facilitated by the Association of Directors of Social Services and the Local Government Association. The group aims to deliver a forum for best practice, the development of robust policy and continuity of response to safeguarding concerns.

Anti Social Behaviour (ASB) Operational Board

Adult Services is represented on this board to ensure that people experiencing ASB or perpetrating ASB are appropriately identified if eligible to be offered a NHS and Community Care 1990 referral or require support from a safeguarding adults' perspective.

Training and Workforce Strategy

The Safeguarding Adults Service Manager works closely with the Council's Workforce Strategy Team to ensure that the training commissioned for providers and practitioners is appropriate and informed by national and local learning. The following courses were commissioned during 2013/2014, populated by attendance figures. Please note that not all courses are required for the audiences in attendance.

For 2014/15, the SVAB/LSCB Training Subgroup will kite mark all Safeguarding and MCA and DOLS training programmes. Southend Borough Council continues to work proactively with the Training Subgroup to embed the LSCB/SVAB Training Strategy.

COURSE	ATTENDANCE
1. Assessing Mental Capacity	55
SBC staff (Children's and Adults)	47
*Provider staff (domiciliary care, care homes, nursing homes, supported living)	2
*Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	6
2. DASH Basic Awareness	11
SBC staff (Children and Adults)	6
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police,	4

Essex Fire and Rescue)	
3. DASH Marac Advanced	8
SBC staff (Children's and Adults)	7
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	0
4. DOLS - What Carehomes and Hospitals Need to Know	29
SBC staff (Children and Adults)	3
Provider staff (domiciliary care, care homes, nursing homes, supported living)	26
5. MCA DOLS - Refresher for Interface with Safeguarding and Court of Protection	41
SBC staff (Children and Adults)	40
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	1
6. MCA DOLS - Refresher for Managers of Residential Homes	35
SBC staff (Children and Adults)	0
Provider staff (care homes, nursing homes)	35
7. Mental Capacity Act (Full Day)	14
Provider staff (domiciliary care, care homes, nursing homes, supported living)	14
8. Mental Capacity Act (Half Day)	86
SBC staff (Children and Adults)	10
Provider staff (domiciliary care, care homes, nursing homes, supported living)	76
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	3
9. Safeguarding Vulnerable Adults from Abuse for Managers	42
Provider staff (domiciliary care, care homes, nursing homes, supported living)	36
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	0
3rd Sector Staff (SAVS, Voluntary agencies etc)	6
10. Safeguarding Vulnerable Adults from Abuse - Raising Awareness	383
SBC staff (Children and Adults)	29
Provider staff (domiciliary care, care homes, nursing homes, supported living)	350
3rd Sector Staff (SAVS, Voluntary agencies etc)	4

11. Safeguarding Vulnerable Adults from Abuse - Investigator Skills	38
SBC staff (Children and Adults)	38
3rd Sector Staff (SAVS, Voluntary agencies etc)	0
12. Champions - MCA/DOLS	19
SBC staff (Children and Adults)	3
Provider staff (domiciliary care, care homes, nursing homes, supported living)	16
Partner Staff (SEPT, SUHFT, EOE Ambulance Trust, Police, Essex Fire and Rescue)	0
3rd Sector Staff (SAVS, Voluntary agencies etc)	0
13. Champions - MCA/DOLS Review	3
SBC staff (Adults & Children)	0
Provider staff (domiciliary care, care homes, nursing homes, supported living)	3
14. Champions - MCA/DOLS Annual Review	7
SBC staff (Adults & Children)	0
Provider staff (domiciliary care, care homes, nursing homes, supported living)	7

SECTION 3: Progress on Delivery against SVAB 2013/14 Action Plan

The SVAB will report separately and in depth against the objectives of the SVAB Business and Action Plan. Illustrated below are key contributions from the Council to meet the aims of the plan.

Business objective	Delivery outcome
<u>Care Act Project Board</u>	Safeguarding is represented on the Council's Care Act Project Board. The Council contributed to the Care Act regulation consultation from a safeguarding perspective. The Council is working collaboratively with SVAB to ensure that the organisation is prepared for the implementation of the Act.
<u>Quality Provision of Care</u>	<p>Safeguarding Adults is represented in a variety of meetings which examine the current quality of services within the community and hospitals/care homes. The Council meets monthly with contract partners and health partners in the Southend Clinical Commissioning Group to look at quality, safety and current functioning of commissioned services. Safeguarding is also represented at the Quarterly Information Sharing Meeting with the Care Quality Commission, SET local authorities and Health.</p> <p>Council safeguarding is also represented as member of the Essex Quality Surveillance Group, chaired by NHS England.</p>
<u>Yearly Statutory Return</u>	Southend Borough Council complied with statutory requirements to report to government on safeguarding and deprivation of liberty applications received in 2013/14.
<u>Best Interest Assessor and Section 12 Doctor Selection Criteria and Re-approval Procedures</u>	Pan- Eastern Region procedures were approved and introduced in 2013/14 to ensure suitably trained practitioners and doctors are commissioned for Deprivation of Liberty work.
<u>Large Scale Investigation Protocol</u>	Adult Social Care developed a protocol during 2013/14, which has been submitted to the SET (Southend, Essex and Thurrock) Working Group to be rolled out in the re-launch of the SET Guidelines in the spring of 2015.

SECTION 4: Performance and Statistics

For 2013/2014, the Department of Health via the Information Centre changed the national data collection parameters regarding allegations of adult abuse. In previous years, statistics have been provided with reference to numbers of referrals received. From 2013, statistics are now collected regarding number of people allegedly experiencing abuse. The Department of Health- Information Centre has stated that due to the reduced size of the national return, there are no directly comparable data sets to compare and contrast from previous returns. Therefore, it is not possible to continue to report in the same way to provide year on year trend analysis comparator data as the parameters for collection have changed.

This report will cover headline trends and offer detailed analysis with reflection for learning.

Headline trends

- Local data regarding types of abuse people may experience is directly in line with data reported in England to the Health and Social Care Information Centre for 2013/14.
- First plateau of safeguarding referrals since the introduction of the SET Guidelines in 2008.
- Older people continue to be the subject to the highest percentage of safeguarding referrals, however are the highest demographic service user group in receipt of services.
- Neglect continues to be the most prevalent reported category of abuse.
- There is no consistent, year of year pattern as to the location where reported abuse occurs.
- In 2013/14, the highest prevalence of reports of abuse was for people living in their own homes. The numbers of referrals for people living within supported living schemes has continued to drop over the past four years.
- In 88% of all concluded cases, the risk to the individual has been removed or reduced. It is not possible to achieve the removal of risk in 100% of cases as some people make informed decisions to remain in contact with the alleged perpetrator and have capacity to make this decision.

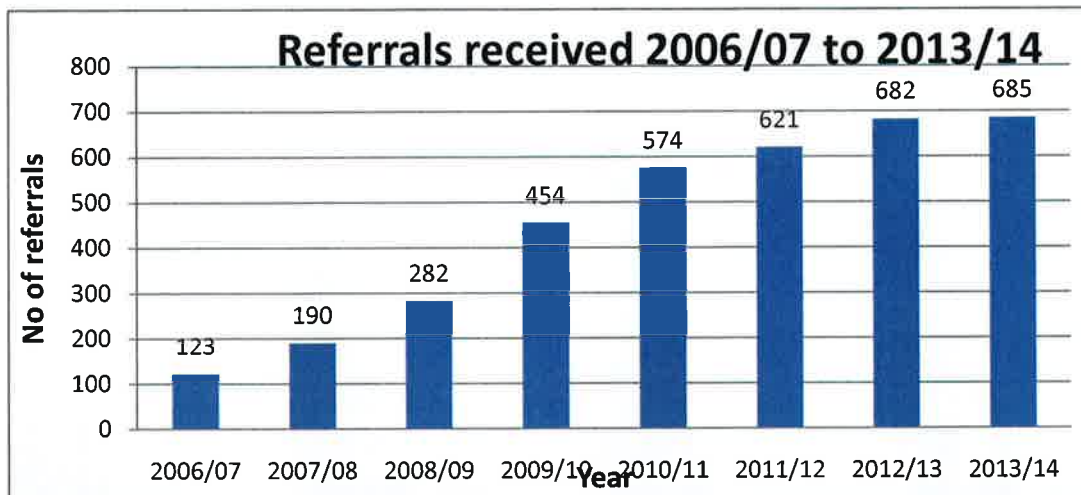


Chart 1: Referrals received

The rate of referral for 2013/14 equates to a 0.4% increase from 2012/13. The rate of referral has increased 10.3% in the last three years. Since data has been collected, there has been a 456% increase in referrals. This increase is attributed to a coordinated approach to detecting and reporting safeguarding, and due to increased awareness both locally through the work of the Council and the Safeguarding Adults Board and nationally through issues of public concern.

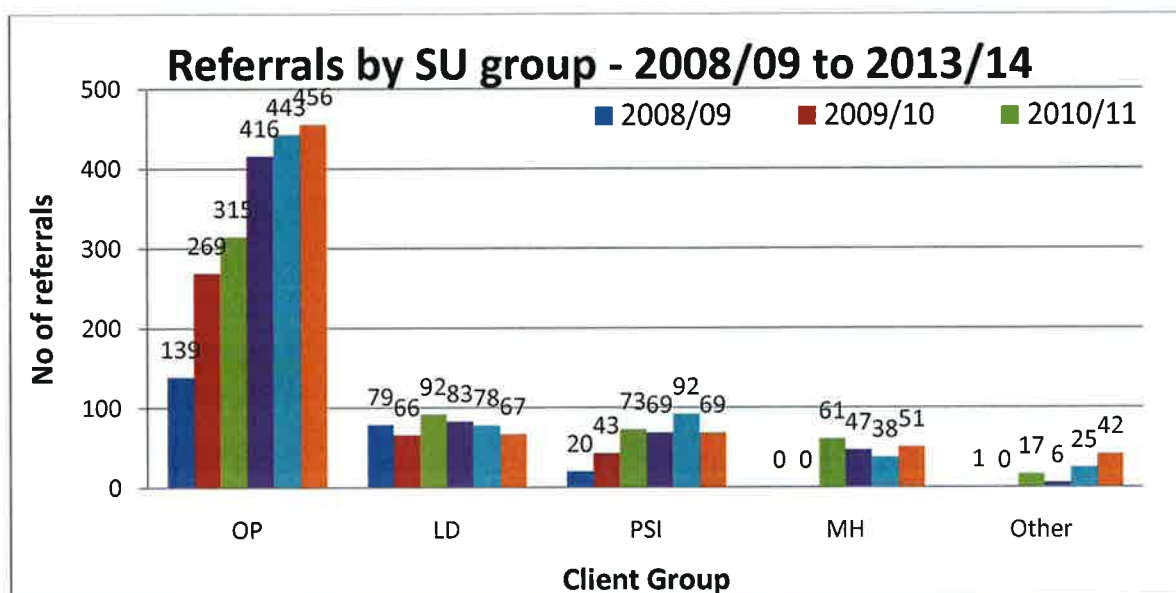


Chart 2: Referrals by service user group

Referrals are recorded by the main presenting need of the person. The categories illustrated are: people over 65, people with a learning disability, people with physical or sensory impairment needs and people with mental health conditions or other needs.

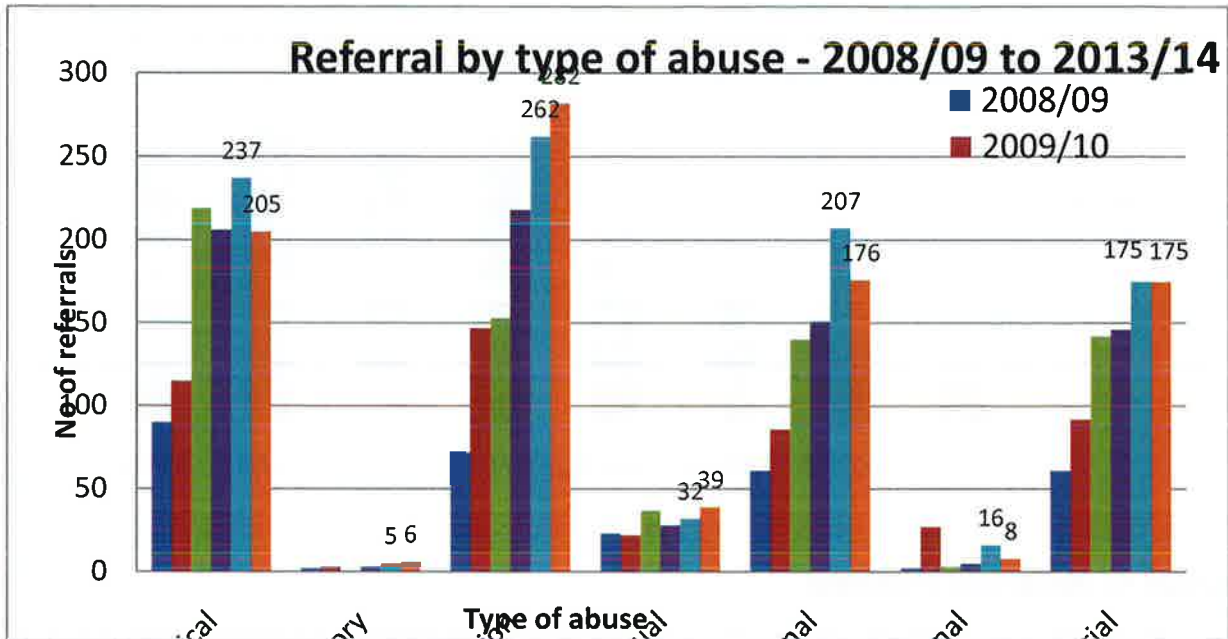


Chart 3: Referral by type of abuse

A person may be subject to allegations of multiple types of abuse. It should be noted that abuse types are recorded as part of the referral. It is possible that as the investigation progresses, there are other forms of abuse that are disclosed.

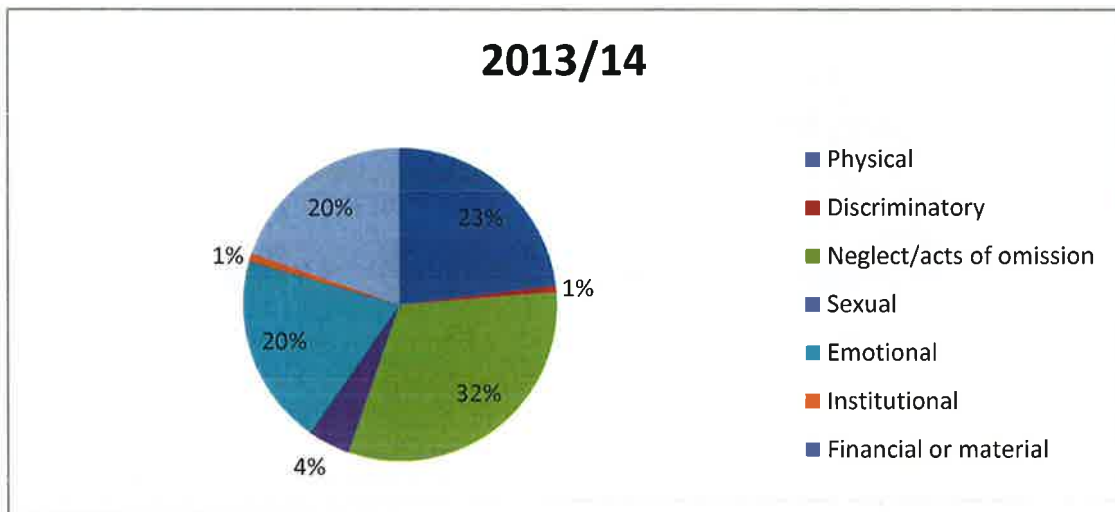


Chart 4a: Types of abuse by category and percentage-Southend

The types of abuse reported are broken down by category and percentage. In 2013/14, the predominate type of abuse is *neglect/acts of omission*.

HSCIC Safeguarding Adults Return 2013/14- ENGLAND

Type of Alleged Abuse or Risk	Percentage
Physical	27
Sexual	5
Psychological/ Emotional	15
Financial and Material	18
Neglect and Acts of Omission	30
Discriminatory	1
Institutional	4

HSCIC Safeguarding Adults Return 2013/14

Chart 4b: HSCIC ENGLAND comparator data

Using national comparator data from the Health and Social Care Information Centre data, Chart 4b highlights that Southend data, although from a much smaller sample size, reflects the national referral patterns with variations within a few percentage points.

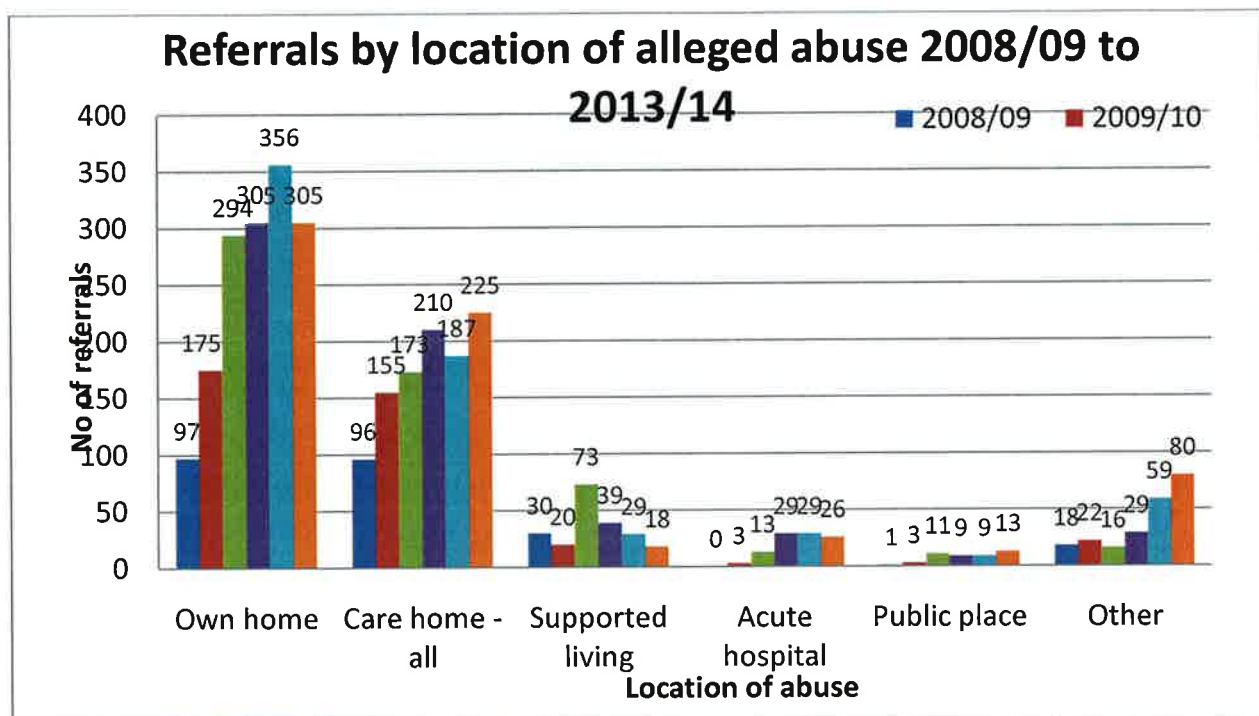


Chart 5

There has been a 14.3% decrease in allegations raised about people living in their own homes and a 20.3% increase in cases referred for people residing in care home settings. The location of the abuse does not assume that the alleged perpetrator is associated with the provision of location or service, so for instance, if a concern is recorded as occurring in a care home, it should not be assumed from the 'Location of the Abuse' statistics that the alleged perpetrator is associated with the care home. There has been a 35.6% increase in referrals in other locations. An example of another location could be recorded as such for a person residing in a care home who develops a pressure area the day after being admitted into the hospital. It would be unclear, until a root cause analysis was undertaken, where the pressure area developed, so it would be recorded as 'location unknown.'

Location of alleged abuse	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Residential	39.7%	41.0%	29.8%	33.8%	28.0%	33.7%
Community	60.3%	59.0%	70.2%	66.2%	72.0%	66.3%

Chart 5a

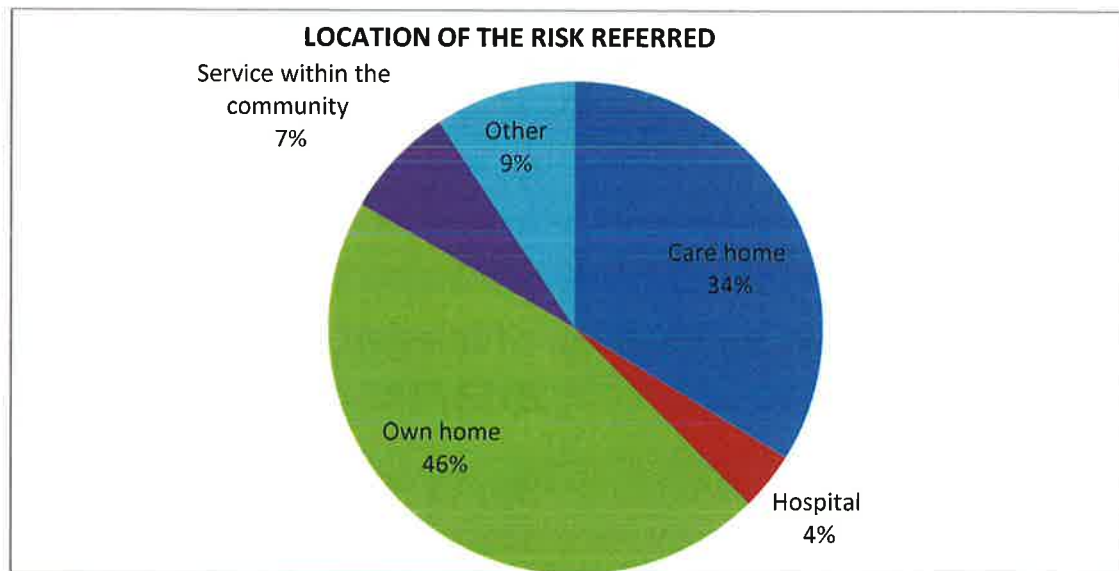


Chart 5b

Chart 5 and 5a and 5b: Referrals by location of abuse

In 2013/14, the highest prevalence of reports of abuse were for people living in their own homes. The numbers of referrals for people living within supported living schemes have continued to drop over the past four years. This is interesting to note, considering the trend of deregulation of care homes and introductions of new schemes that has occurred across the sector during this time. The location of 'other' can cover a multitude of variable locations.

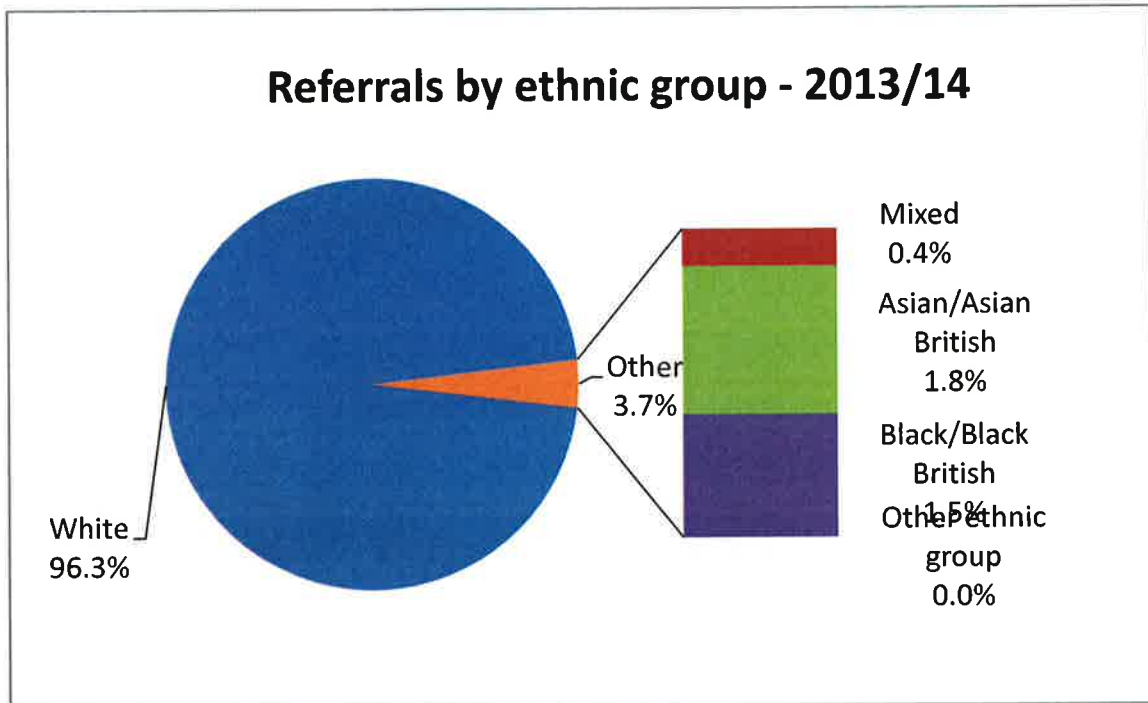


Chart 6

2013/14 Referral By Ethnicity	NUMBER	%	2011 CENSUS %
White	642	96.3%	92%
Mixed	3	0.4%	2%
Asian/Asian British	12	1.8%	4%
Black/Black British	10	1.5%	2%
Other ethnic group	0	0.0%	1%
	667		

Chart 6a

**Chart 6 and Chart 6a: Referrals by ethnic group
Office of National Statistics comparator data**

Charts 6 and 6a feature the numbers of referrals broken down by ethnicity compared to local percentages depicting the ethnic makeup of Southend. For illustrative purposes, 1.8% of all safeguarding referrals for 2013/14 were reported regarding Asian/Asian British adults. People who describe themselves as Asian/Asian British make up 4% of the total population of Southend-on-Sea.

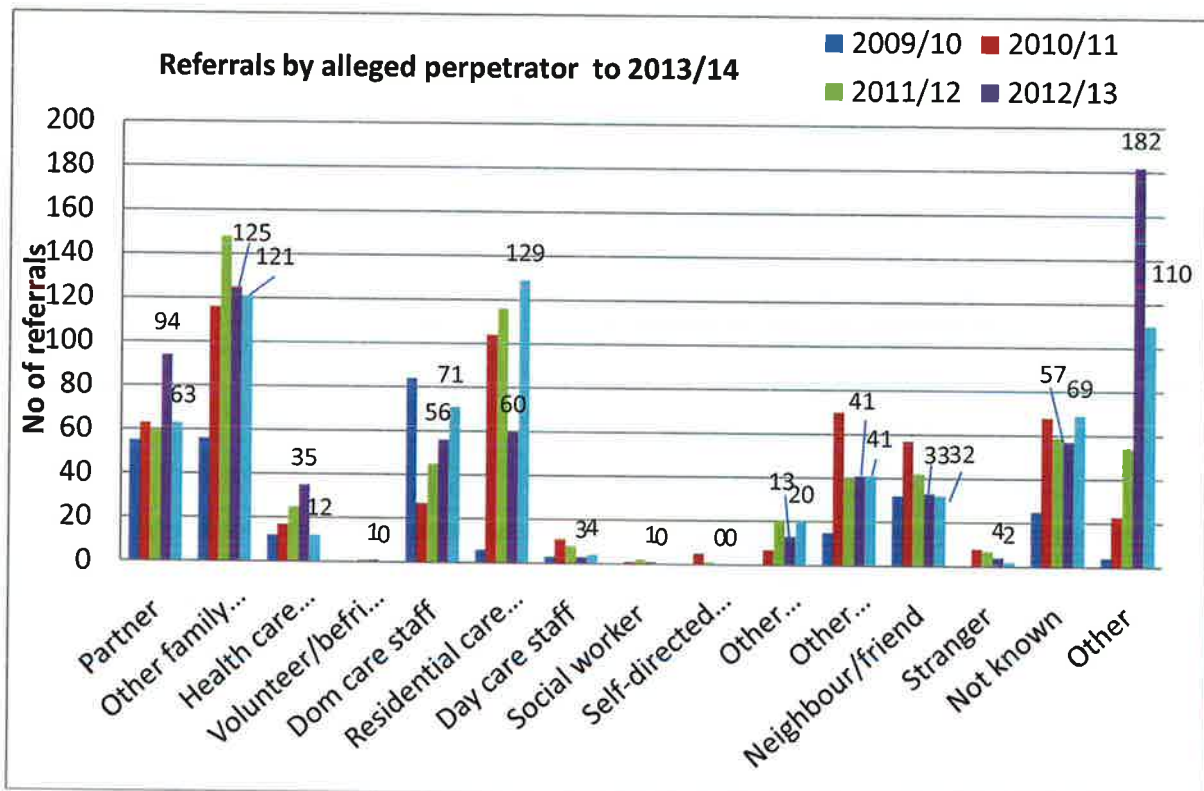


Chart 7: Referrals by alleged perpetrator

Chart 7 illustrates the relationship between the victim and the alleged perpetrator. 20% of all alleged abuse is reportedly perpetrated by residential care home staff. 11.1% of referrals are allegedly perpetrated by domiciliary care staff, providing support to people within their community based accommodation or home. 28.7% of all safeguarding referrals meet the definition of domestic abuse. The Home Office definition of domestic violence and abuse now states:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group (Home Office 2012).”

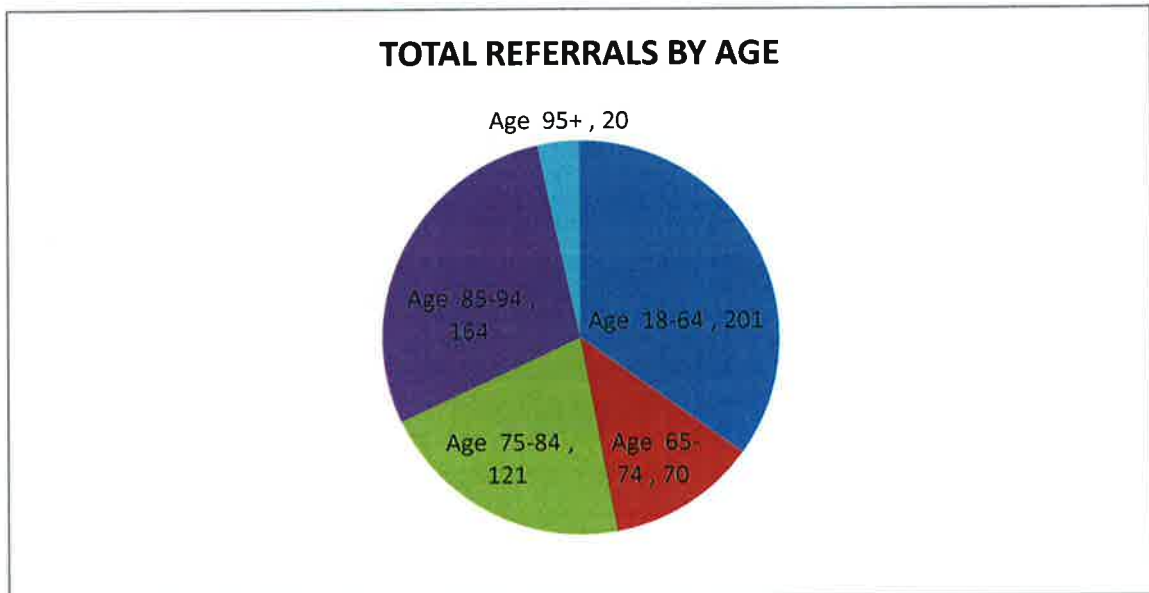


Chart 8: Total referrals by age

Chart 8 illustrates the referral rate by service user age. The total number of referrals for each age bracket are also listed. The highest prevalence is for working aged adults, followed by people from aged 85-94.

POPULATION BY AGE BAND

	Age					TOTAL
	18-64	65-74	75-84	85-94	95+	
TOTAL	105501	15184	10548	5066		136299
Proportion	77%	11%	8%	4%	0%	

The adult population is 77% of the total but only accounts for 35% of referrals.

Chart 8 a

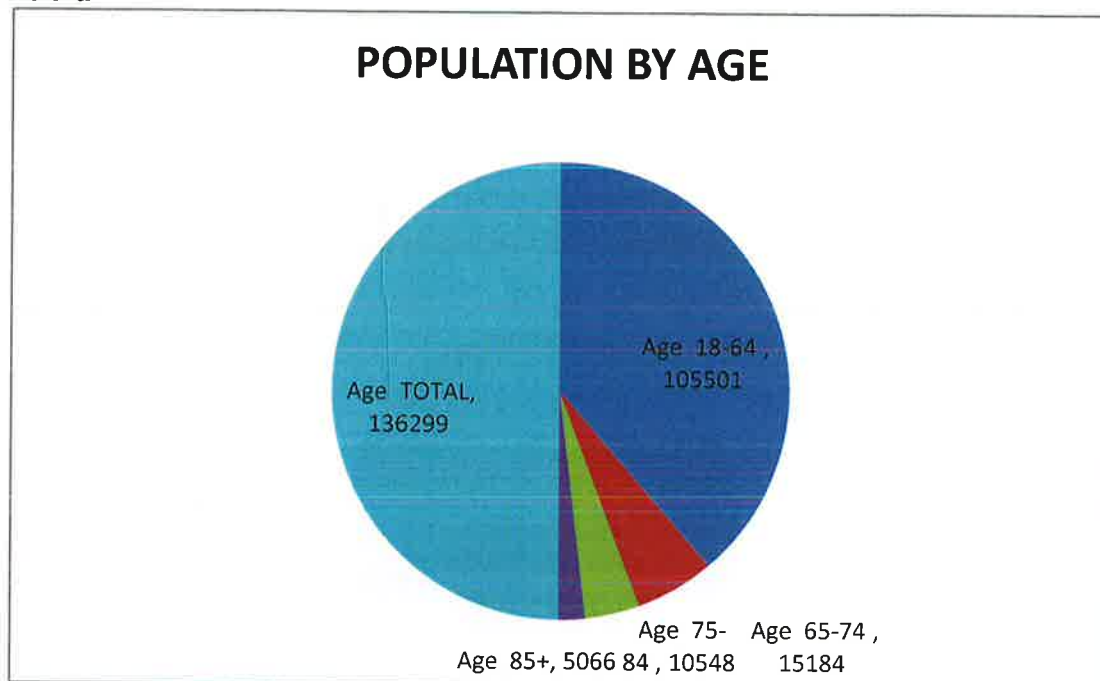


Chart 8b

SERVICE USERS		
18-64	1438	26.1%
65+	4076	73.9%
total	5514	

POPULATION		
18-64	105501	77.4%
65+	30798	22.6%
total	136299	

Adults make up around 3/4 of our population. But 1/4 of the service users.

Older People make up 1/4 of the population but account for 3/4 of service users.

This pattern is roughly repeated in the proportion of referrals by age.

Chart 8 c

Charts 8a and 8b depict the proportion of referrals received split by age and the proportion of the general population split by age in Southend. These charts show that adults aged 18-64 make up 77% of the population in Southend whilst this group accounts for only 35% of the safeguarding referrals received. From people 75 years old and upwards, this accounts for 11% of the total population of Southend, conversely this age group had 49% of the safeguarding referrals. This would not be

unusual as the majority of people in receipt of services from Southend Borough Council are over the age of 65.

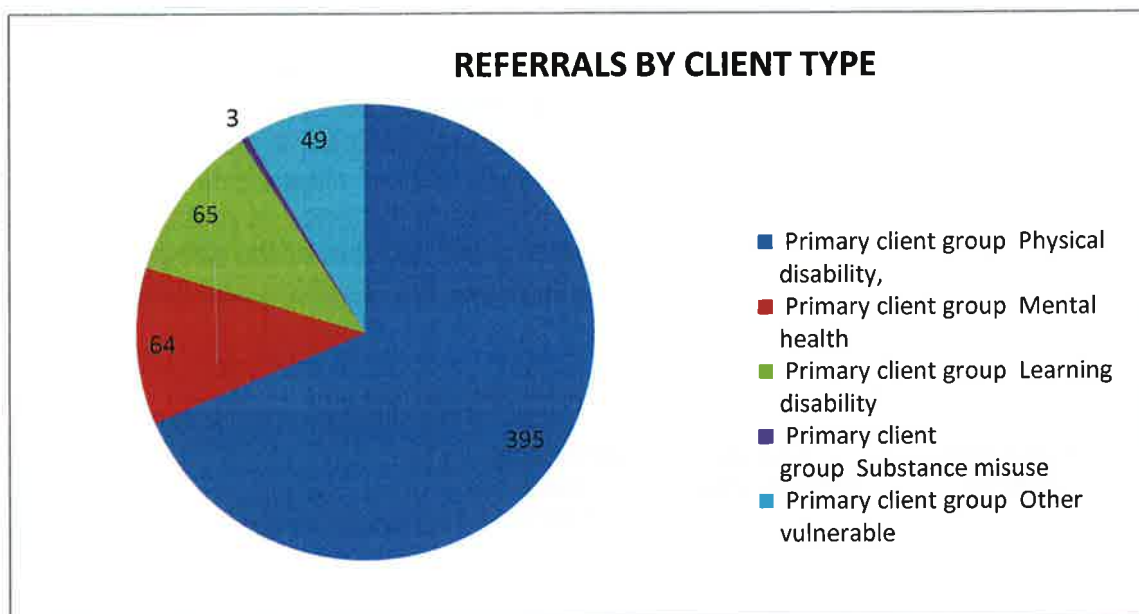


Chart 9: Referrals by client type

Each person referred to the Council under safeguarding procedures is classified as having a 'primary client type' as their main, predominate need for support. In 2013/14, 68.7% of all referrals were for people classified as having a physical/sensory impairment. 11.1% of people are classified as having predominantly mental health related needs with 11.3% of people having learning disability related needs 8.52% of people have other vulnerabilities. 0.52% of all referrals were for people who had primary substance misuse needs.

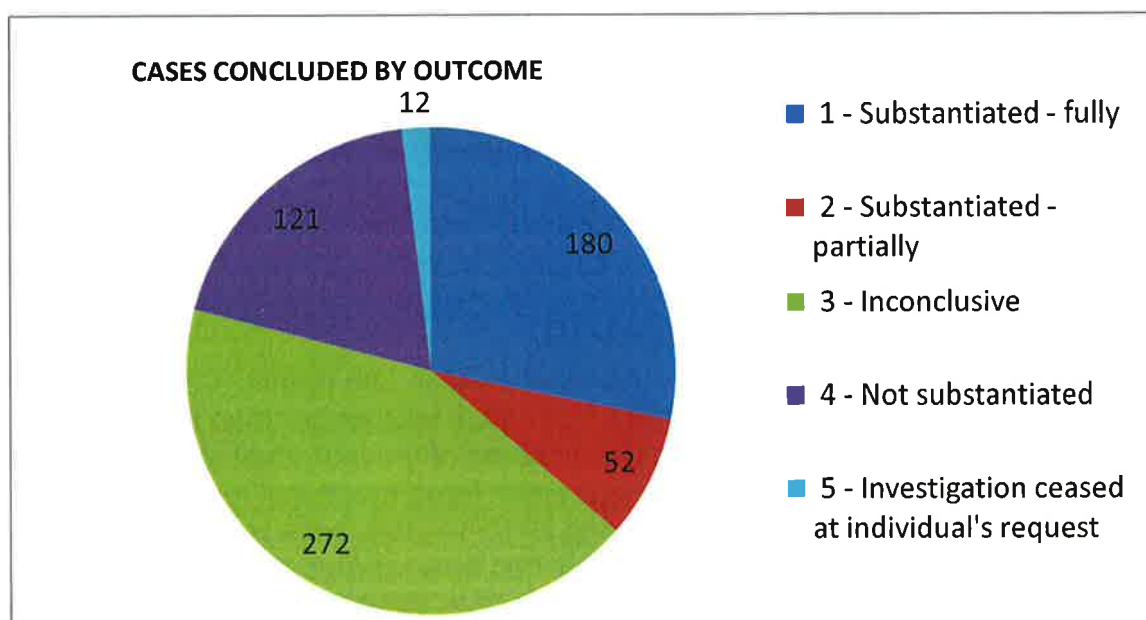


Chart 10: Case conclusion by outcome

This chart illustrates the number of case concluded by the outcome of the investigation. 42.7% of cases reached the conclusion of *inconclusive*, meaning that it could not be established on balance of probabilities whether abuse occurred. 8.16% of cases reached the conclusion of *partially substantiated*. 28.2% of cases reached a conclusion of *substantiated* where, on balance of probabilities, it would established that the allegation occurred and was abusive in nature. 19% of allegations were deemed *not substantiated* as there was evidence to confirm that on balance of probabilities, abuse did not occur. 1.88% of investigations *ceased at the request of the alleged victim*. This action was taken as the adult had capacity to make this decision and there was no threat to any vulnerable adult.

FOR THE REFERRALS RECEIVED AND CONCLUDED IN 2013/14

DURATION (DAYS)	CASES OPEN/CLOSED	AVERAGE TIME (DAYS)
1-28 DAYS	174	11
29-91 DAYS	154	55
92+ DAYS	136	177
DURATION (DAYS)	CASES OPEN/CLOSED	
1-28 DAYS	174	38%
29-91 DAYS	154	33%
92+ DAYS	136	29%
	464	

FOR THE REFERRALS RECEIVED AND NOT CONCLUDED IN 2013/14

DURATION (DAYS)	CASES STILL OPEN
1-28 DAYS	13
29-91 DAYS	48
92+ DAYS	65
	126

Chart 11

For the referrals open and closed in 2013/14: Roughly 1/3 of all referrals are open and closed within one month. 1/3 of cases are opened and closed within 2-3 months. 1/3 of cases take longer than three months to conclude the investigation due to the complexities of the individual circumstance. In effect, just over 2/3 of referrals are closed within three months of initial referral. For the referrals received but not concluded during 2013/14, 10% were received less than one month before year end. 38% of the referrals had been open between 2-3 months before year end. 52% had been received more than three months before year end. There is no nationally prescribed time periods that govern length of investigations.

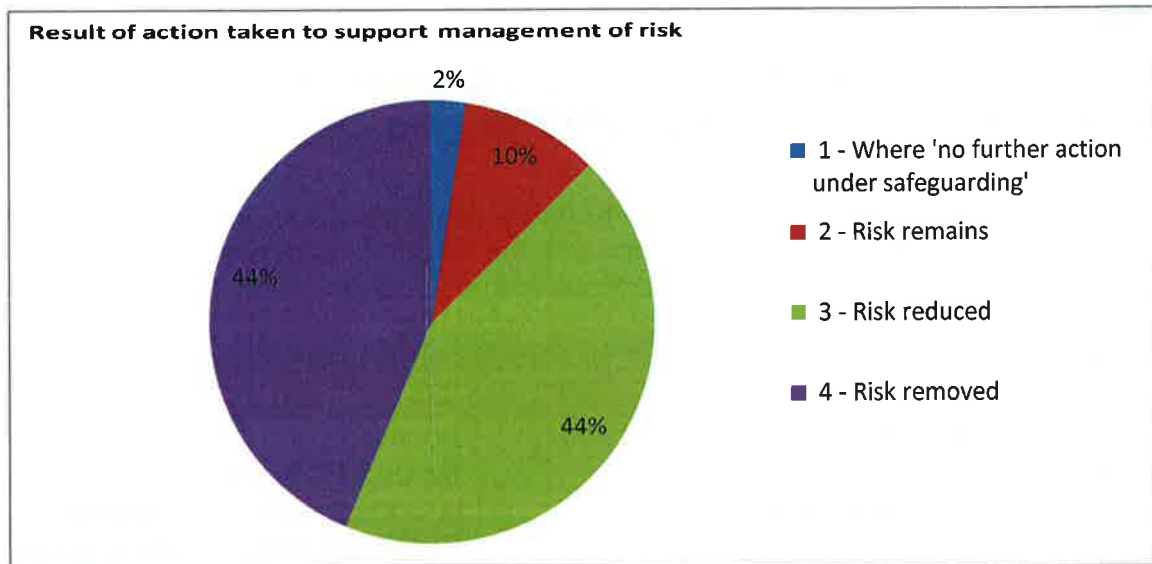


Chart 12: Risk

Chart 12 depicts the risk that remains after the safeguarding investigation has concluded. In 88% of cases, risks were either completely removed or reduced. An example of a risk removed is the conviction of perpetrator who is then referred to the Disclosure and Barring Service for consideration of suitability to work with vulnerable people. Another example of risk reduction is the introduction of a court appointed deputy where there are concerns with regards to a family member's management of the money of a person who lacks capacity to manage this independently. There are occasions due to the choice of the service user in which they continue to be exposed to the identified risk of violence or harm; however they have the ability to make these informed decisions.

SECTION 5 Key Priority Development Areas in Safeguarding for Department of People: Adults 2014/15

Adult Services is working at strategic and operational levels to deliver a programme of work to support statutory responsibilities and the Council's Corporate Plan whilst assisting the SVAB to deliver the objectives of the SVAB Business Plan.

Objective	Aim	Delivery progress	Performance Indicator
Prevention and empowerment	Improve feelings of safety whilst accessing the community	Southend Borough Council is working with SHIELDS and BATIAS to support the delivery of the Keeping Safe Sticker scheme.	60% awareness of people with a learning disability as facilitated by the SHIELDS Councillors via a questionnaire.
	Demonstrative leadership and engagement in SVAB Action Groups	To continue to play a key role in supporting the efficient delivery of the SVAB Business Plan objectives through leadership in the Action Groups.	Through engaged attendance and participation and delivery of associated action plan, highlighting any mitigating risks.
Personalisation	Making Safeguarding Personal	Southend Borough Council and the Southend SVAB have applied and been accepted to implement the Making Safeguarding Personal agenda. To ensure that services and interventions	77% overall positive feedback from service users via the Outcome Questionnaire process. To address issues of practice through revision of the SET Guidelines

		place service users at the heart of what we do. To ensure that service users are supported proactively to take risks if they have capacity to do so.	and through the Training Subgroup.
Support, advocacy and intervention	Support to younger and adult male victims of sexual violence	Adult Social Care to work with Public Health, the Child Sexual Exploitation Workgroup and the SVAB and LSCB to ensure there is adequate provision to support males who may experience sexual violence.	Support the work of Health to ensure that the psychosocial aftercare needs are met through the identification of local resource to meet this need.
	Supporting adults with complex needs	Work with the Council's Housing Team, Supporting People Team and Drug and Alcohol Commissioning Team to roll out a programme to support people with complex needs who are experiencing homelessness.	Support the work being led by the Council's Housing Service and the Drug and Alcohol Team
	Explore a triage of referrals system	Explore with the LSCB and the SVAB and key partners whether a triage mechanism for safeguarding referrals adds benefit to the investigation outcomes and to the experience of	Support the multi agency work to explore this area with the SVAB and LSCB

		the service user.	
	Imbed the Family Focus Protocol	Ensure the imbedding of the Family Focus Protocol across Adult Services so that information is shared in the best interests of service users and families so that families have the support they require to live lives free from fear and abuse.	70% of all Adult Services assessment practitioner staff are aware and working in line with the Family Focus Protocol
	Support people who engage in hoarding behaviour	Adult Social Care to lead work with partners to identify appropriate pathways to support people who self neglect and hoard belongings at the detriment of their safety or wellbeing.	Development of a pathway map of services Ensure that 70% of Council assessment staff demonstrate an awareness of the services that are available to support people around this area of need through workforce development
Governance and Quality Assurance	Dynamic informatics systems for safeguarding and deprivation of liberty referrals	Ensure that systems can provide intelligent information to comply with statutory and local requirements to aid management and quality assurance.	100% compliance with data returns to the SVAB Quality Monitoring Subgroup and statutory reports for the Information Centre.
	Support the Safeguarding Adults Board to assume statutory footing via the Care Act implementation	Provide lead strategic advice and support to the SVAB towards working to ensure the	Trough positive engagement with the SVAB Subgroups

		Board is prepared for strategic footing.	
	Ensure that the investigation functions and processed are complaint with the Care Act implementation- duty to cause an enquiry	Lead the Council's work and input into the redevelopment of the SET (Southend, Essex and Thurrock) Safeguarding Adults guidelines. Ensure that all training commissioned by the Council is compliant with the legislation.	Contribute to the revision of the SET Safeguarding Adults Guidelines, which when completed will be endorsed by the SVAB.

SECTION 6

Overall Summary

Performance in safeguarding continues to be strong, with the rate of referrals consistent, which demonstrates a high level of local awareness of safeguarding issues. The Council continues to contribute strongly into the development of the SVAB as it makes its' journey to become a statutory board. There are many areas of development and improvement that have been highlighted in the report and planned for the coming year.

Endorsed by:

Date:

Southend-on-Sea Council Corporate Director for People	12 November 2014
Southend-on-Sea Borough Council Cabinet	