

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Corporate Director for People
to

Cabinet

on

5th January 2016

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

Annual Report on Safeguarding Children and Adults

People Scrutiny Committee–

Executive Councillors: Cllr Anne Jones & Cllr James Moyies

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 adults in Southend. This report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2015 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 For the period 2014 -15 the Local Safeguarding Children Board (LSCB), Safeguarding Adults Board (SAB), 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 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 2015*)

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 Adults Board (SAB) became a statutory partnership from April 2015, responsible for co-ordinating and monitoring the effectiveness of safeguarding adults arrangements in all agencies. The SAB works in Partnership with the LSCB and Health and Wellbeing Board to provide strategic leadership across all services. Safeguarding 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 SAB'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 SAB 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, SAB and Council's effectiveness in the discharge of their safeguarding responsibilities. The report contains four 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).
- The annual report from the independent chair of the SAB covering the effectiveness of safeguarding adults and identifying key priorities locally to improve that effectiveness. (Appendix 3).
- A report from the Head of Adult Services covering the quality and effectiveness of the Council's adult social care delivery (Appendix 4).

3.7 Working Together 2015 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 SAB must publish an annual report that must clearly identify what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic/business plan.

- 3.8 As Director of the Department for People I have responsibility for improving outcomes for all children, young people and adults with additional care and support needs in Southend and to ensure that all appropriate local authority services engage effectively with the LSCB and SAB. 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:
- a) A Southend specific solution to improve the timeliness of information sharing and assessment in the Multi Agency Risk Assessment Conference (MARAC) process will be implemented by April 2016. A monthly update on progress will be provided to the Chief Executive
 - b) An assurance report will be provided by Children's Services to the Chief Executive regarding the Essex Police safeguarding children cases audited by HMIC
 - c) A meeting of the Assistant Chief Constable; Chief Executive; Director for People; LSCB and SAB Chair; Head of Children's Services; and Head of Adult Services will be arranged as a matter of urgency to take forward and formulate partnership solutions to the safeguarding children and adults performance of Essex Police. *(As this report was finalised the HMIC Vulnerable Persons Inspection Report for Essex Police, finding them to be inadequate for safeguarding vulnerable people was published. The LSCB and SAB with its partners, including Southend Borough Council, will be supporting, monitoring and challenging Essex Police as it pursues its journey towards providing an outstanding safeguarding service for vulnerable people)*
 - d) A strategic review will be undertaken of the impact of budgetary cuts and restructuring of services across partner agencies to ensure safeguarding services are maintained and improved

4. Other Options

None

5. Reasons for Recommendations

To keep the Council informed of the position in respect of safeguarding children and 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 and adults directly contributes to the Council's priority to look after and safeguard our children and vulnerable adults.

6.2 Financial Implications

Spending on Safeguarding Children Services is approx. £11.5M (*approx. 8.6% of total Council budget*)

Spending on Safeguarding Adults Services is approx. £52M (*approx. 38% of total Council budget*)

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 SAB 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 SAB service user organisation member and new Healthwatch member represent the interests of the community on the SAB in line with statutory guidance. The SAB is also in the process of appointing lay members to the Board.

6.7 Equalities and Diversity Implications

The Council, the LSCB and the SAB have the responsibility to ensure that all children and adults with additional care and support needs have their safety and welfare needs addressed. The Southend, Essex and Thurrock Procedures for both Child Protection and Safeguarding 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 SAB sub groups address equality matters, with a standing item on all agendas.

6.8 Risk Assessment

Risk logs are maintained for the LSCB and SAB and within the Department for People. There is a standing item on the LSCB and SAB 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 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 SAB members ensure that all functions are undertaken on value for money principles. Since July 2013 the business management resource of the LSCB has been shared with the SAB, 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 & SAB arrangements support the safety for our most vulnerable members of society across the localities and partnerships. The LSCB and SAB oversee work on road safety, e safety, violence against women and girls, modern slavery, sexual exploitation, bullying and hate crime as it relates to children and 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 (2015)
- 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 (2015)
- Mental Capacity Act (2005)
- The Care Act (2014)
- Care Act Guidance (2014)

8. Appendices

Appendix 1 – Southend LSCB Annual Report on the Effectiveness of Safeguarding Children in Southend 2014/15

Appendix 2 – SBC Annual Report on the Effectiveness of Safeguarding Children 2014/15

Appendix 3 – Southend SAB Annual Report on the Effectiveness of Safeguarding Adults in Southend 2014/15

Appendix 4 – SBC Annual Report on the Effectiveness of Safeguarding Adults 2014/15

Annual Report on the Effectiveness of
Safeguarding Children Services in Southend



Contents

		Page
Section 1	Introduction Introduction from the LSCB Chair and Lay Members Role of the Board Governance and Accountability Strategic Links to Other Boards and Partnerships	
Section 2	Executive Summary Overview Progress Against LSCB's 2014-15 Business Plan Priorities Key Successes	
Section 3	Context Demographics Integrated Approach to Safeguarding Children The LSCB's Learning and Improvement Framework	
Section 4	The Journey of the Child Prevention and Early Help – Stage 1 Early Intervention and Children in Need – Stage 2 & 3 Child Protection and Acute Services – Stage 4 Safeguarding of Looked After Children and Young People Leaving Care Child Sexual Exploitation Missing Children Children Missing Education	
Section 5	Management of Allegations Against Adults Working With Children	
Section 6	LSCB Challenge to Partner Agencies and Strategic Bodies	
Section 7	Partner Agency Annual Statements Southend Borough Council Essex Police Community Rehabilitation Company NHS England South Essex Partnership Trust (SEPT) Southend Hospital East of England Ambulance Service Southend Association of Voluntary Services (SAVS) CAFCASS South Essex College	
Section 8	Implementing Learning from Reviews	

Serious Case Reviews
Child Death Reviews
Other Reviews

Section 9 **Financial Report April 2014 to March 2015**

Section 10 **Board Membership and Attendance**

Section 11 **Conclusions and Areas for Development**

Key

Evidence of impact of LSCB activity in highlighted in **GREEN**

Areas of Challenge or for development are highlighted in **YELLOW**

SECTION 1 – INTRODUCTION

Introduction from the LSCB Chair and Lay Members

Introduction from the LSCB Chair

I am very pleased to introduce the 2014-15 annual report for Southend on Sea LSCB.

The Board has continued to develop its breadth of understanding of safeguarding across the partnership, with a specific theme this year of looking at how well partners listen to the voice of the child and embed this in their operational activities. The Board's performance management arrangements and learning and improvement framework have matured to enable a broad overview of safeguarding in Southend to be taken, as well as delivering detailed investigations of specific areas of practice.

During the year the Board has been assured in many areas of activity that practice quality continues to improve, partnerships are strong, and progress has been made in many aspects of safeguarding. There have been strong preventive strands of work in CSE and Domestic Abuse (using the "Prince Charming" workshops) and E-Safety (using "Walk on Line") ensuring that young people are aware of risks and are able to protect themselves, and each other, using this knowledge.

The partnership can be seen to continue using the Early Help and Early Intervention models to address risk and potential neglect, supporting young people through their families and using the team around the child model. This has been bolstered by Southend's successful Big Lottery bid which has brought to the Borough additional capacity for family support and intervention through the Better Start initiative.

At the statutory end of safeguarding the service continues to perform well and a recent Peer Review has confirmed this and indicated areas for further development and improvement. Strengthening the input of children into their own conferences and plans and more strongly hearing the voice of the child in safeguarding are key aspirations in this area of practice.

In terms of areas of future development, the interface with Essex Police remains a key challenge, especially around Domestic Abuse. The revised MARAC arrangements introduced

during the year, which include a triage process, have reduced but not eliminated delays for conferencing high risk cases, and this area of work remains a concern. A Southend solution will now be sought and implemented by the end of the 2015-16 financial year should this matter not be otherwise resolved. The provision of information by Essex Police on Domestic Abuse incidents involving children, which should be part of the Southend JDAAT function, has also been difficult due to problems retrieving data from the new police data management system, Athena. Going forward, the Southend Partnership, led by the Local Authority, will be seeking an urgent solution to redress this issue.

In terms of work on CSE, the SET Strategic CSE Group was reviewed and its governance clarified and refined to fit the wider pan -Essex system. There is a clear CSE strategy in place and very good working arrangements in Southend, which includes a vibrant and well supported CSE Champions group.

With the governance of such areas of work becoming more complex, due the cross cutting nature of the work in terms of relationships to both Safeguarding Boards, the Health and Wellbeing Board, and the Community Safety Partnership, I am grateful for the support of Rob Tinlin the Chief Executive of Southend Borough Council, in setting up an internal co-ordination process to ensure that each of these bodies has clear and compatible plans in any cross cutting area of work.

Finally in terms of further areas of service development, there remains the challenge of ensuring services for victims of CSE, including counselling and specialist support, are provided. Also this year, data provided to the LSCB has identified a concerning trend of increase in self harm amongst young people. Whilst the data requires more investigation, this apparent trend is supported anecdotally, by the views of head teachers for example, and the LSCB will be further investigating and responding to this issue during the coming year.

In conclusion, I would like to thank all partners for their continuing support and input to the LSCB, including those colleagues who attend or chair sub groups. Attendance at, and contribution to, both the Board itself and its sub groups continues to be of an excellent quality and commitment, without which the LSCB could not achieve its comprehensive work programme.

Introduction from the Community Lay Member

Role of the Board

The LSCB is a statutory body created under the Children Act 2004. It is responsible for challenging all relevant organisations on their performance in ensuring that children and young people are kept safe and are free from abuse in Southend. Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
 - (vi) cooperation with neighbouring children's services authorities and their Board partners;
- (b) communicating to persons and bodies in the area of the authority 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;

(c) monitoring and evaluating 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;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory functions under regulation 5 a LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

To evidence its fulfilment of its statutory responsibilities the LSCB produces an annual report covering its reporting year of October to September. The LSCB has agreed this reporting cycle in order that the findings of the annual report and the identified priorities for the coming year can be considered and built into the development of the strategies and delivery plans of other partnership boards and commissioners, including the Chief Executive and Leader of Southend Borough Council; Health and Wellbeing Board; Children's Partnership Board (Success For All Children Group in Southend); and Essex Police and Crime Commissioner.

Governance and Accountability

Although the LSCB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the Chair to account for the effective working of the LSCB. The Chair of the LSCB meets with the Chief Executive and Leader of Southend Borough

Council to present the LSCB Annual Report on the effectiveness of safeguarding children in Southend following its approval by the LSCB's Board in November annually.

Strategic Links to Other Boards and Partnerships

The Chair of the LSCB is invited to attend the Health and Wellbeing Board (HWB) annually to present the LSCB's annual report on the effectiveness of safeguarding children in Southend. The HWB ensure that the Police and Crime Commissioner is present at this meeting.

The LSCB seeks to gain assurance that the HWB is effectively considering children's safeguarding in the decisions it makes. The HWB in turn uses the LSCB as a 'critical friend' in safeguarding children considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The LSCB has a direct relationship with the Success for all Children Group (SACG) and the Corporate Parenting Group (CPG). The SACG and CPG report to the HWB and have responsibility for shaping and delivering children and young people's and looked after children's health and wellbeing agenda. The LSCB holds the SACG and CPG to account for ensuring the safeguarding of children and looked after children are considered in the decisions they make and their strategic priorities. The LSCB will consider the annual reports from the SACG and CPG and their safeguarding children and looked after children priorities.

The LSCB also has a direct relationship with the Community Safety Partnership (CSP). The LSCB seeks assurance that the CSP is appropriately considering children's safeguarding in the decisions it makes. The LSCB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has been recognized by Ofsted as a model of good practice.

The Chief Executive of Southend Borough Council has, over the last year, been further developing the strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the strategic boards, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police and Southend CCG.

SECTION 2 – EXECUTIVE SUMMARY

Overview

The Southend Partnership has continued to work in a co-ordinated and affective way to improve the quality of services and the effectiveness of Safeguarding during 2014-15. There has been good progress made on most of the LSCB's objectives for the year.

The level of safeguarding training of professionals in Southend remains very high across the partnership. During this year significant improvements have been made in terms identifying children who are missing from education (and who therefore may be at risk, including from CSE).

Areas of challenge continue to be the provision of data about Domestic Abuse where the Police data requires improvement, and the operation of the MARAC, where there continue to be delays despite a strategic review which introduced a triage process designed to avoid backlogs. These two areas remain a concern as they mean that information about children who might be affected by domestic abuse, and the formulation of plans to reduce risk in such families, are not securely in place at the present time. These therefore continue to be priority areas for the LSCB, which have continued to be taken forward in discussion with Essex Police and others, with the active support and intervention of the Southend Council, including its Chief Executive. A deadline of March 2016 has been set for a Southend specific resolution of the MARAC process concerns

Other areas of work include reduction of co-sleeping risks. There were no deaths this year in Southend involving co-sleeping. The overall number of deaths of children has also fallen.

In terms of Early Help (Stages 1 to 3 of the tiered approach) there were more children supported at levels 1 and 2 this year than the previous year, which indicates a more preventive approach. The LSCB has concluded from this picture that the Early Help offer continues to be generally working well. Southend received a very substantial Big Lottery grant which is being targeted in areas of higher deprivation to support families and improve parenting capacity.

Looked After Children are kept under strong review by the LSCB and this year there continued to be improvements in the stability of placements for Looked After Children, with 78% of placements being stable. It was an LSCB objective to ensure that Looked After Children report feeling safe, and this is detailed in the Voice for All report. There was a further increase in the number of Private Fostering cases identified, which allows the Local Authority to make checks to ensure the placements are suitable and of a good standard.

Child Sexual Exploitation (CSE) remains a very high priority for the LSCB and its partners, and during this year further improvements in identifying young people at risk were made, with a total of 45 high risk individuals being identified as at September 2015. At present it is regarded as good to see such an increase due to the high levels of presumed under reporting in this area of work. Once young people are identified as being at risk, it is possible to begin to commence working with them and their families to understand and reduce risk, and prevent CSE taking place. A substantial number of CSE “Champions” have been trained and are supported across the partnership, making sure that all agencies have the capacity and skills to know how to approach work in the challenging area. **There continue to be number of challenges in taking this work forward, including improving the mapping of intelligence about where CSE threats are focussed in Southend , and also in terms of the Police triage process which is meant to assess and co-ordinate strands of information about perpetrators and victims, but which is not fully in place at present . There are also gaps in services for victims of CSE in terms of counselling services and support for past and current victims and this has been flagged up to the Health and Wellbeing Board as a service development need. The Police and Crime Commissioner has recently commissioned specialist support services for victims of sexual assault of all genders and ages from March 2016**

In terms of statutory safeguarding (Stage 4 of the tiered approach) there has been an increase in the number of children and young people on a child protection plan (186 in June 2015 as opposed to 161 the previous year). Nevertheless the child protection system has continued to operate to good timescales, secured high levels of attendance of professionals, and good feedback from participants, as 90% of those attending felt the conference was of a good quality. **Improvements have been identified, including the better preparation of families before conference and more timely distribution of reports allowing participants to be better prepared.**

In terms of the prevention of safeguarding risk, and the building of resilience in young people in Southend, there have been a number of strong areas of activity this year. These include a very comprehensive programme of CSE awareness, a Diversity and Equality initiative which includes a strong anti-bullying aspect, and a programme of E- safety which assists young people to be safe in online activity. In addition there continues to be a reduction in serious road traffic accidents, and there have been no preventable deaths in Southend this year from fire.

One area of increased concern is the rate of self-harm admissions of children and young people to the Southend University Hospital. Over the last three years these have risen significantly, from 49 in 2012-13 to 98 this year. The LSCB is concerned that there appear to be significant pressures on young people which may be leading to this increase, and this is flagged up as an area for priority attention in the coming year. More analysis will be

needed to establish the drivers for this trend, and what actions can be put in place to mitigate their effect.

In conclusion, there are some priority areas for joint work, especially with Essex Police, which focus largely on Public Protection, and which are cross cutting in terms of the Southend governance, including for example work undertaken under the Community Safety Partnership. To promote the effectiveness of plans in Southend, and to ensure they are seamless, the work of the various strategic groups is being better co-ordinated with the support of the Chief Executive, which will enable both the internal relationships between groups, and the external interface, especially with the Police, to be supported and areas of concern to be addressed.

Progress Against LSCB’s 2014-15 Business Plan Priorities

The Board identified the following priorities and projected outcomes and impact measurements in its Business Plan for 2015-18. Quantitative and qualitative measures were identified, against which the Board was able to monitor progress

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
A	Developing a culture of communication between all stakeholders to safeguard children	LSCB Learning and Improvement Framework evidences that information is shared appropriately to safeguard children	Percentage attendance and/or information sharing at case conferences for each partner agency School Nurse 72%; Health Visitor 66%; Hospital 38%; School 78%; Police 90%; Probation 17%	An LSCB audit evidences an appropriate level of information sharing to safeguard children
B	Reduce the number of children and young people who have experienced bullying including face to face, text or internet	Baseline data established evidencing children’s experience of bullying with on-going data collection evidencing that	Percentage of children reporting they have experienced bullying is 32%	On the whole questionnaire and other feedback provided by children, including those who are looked after, evidences that if they are bullied that

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
		children's experience improves		this is dealt with appropriately by the relevant agency
C	Ensure that the Domestic Abuse Strategy is effectively implemented to reduce the impact of Domestic Abuse on children and young peoples' life chances	Reduction in the number of children recorded by Essex Police as present during domestic abuse incidents.	Number of children witnessing domestic abuse incidents – data is currently not available from Essex Police due to change in data system	The LSCB will be monitoring qualitative data in the future from prevention and perpetrator schemes to evidence any improvement in perception of impact of domestic abuse on victims
D	Support families at the earliest opportunity to prevent their needs escalating	<p>Qualitative data from children and families receiving an early help offer evidences an improvement in their perception of the presenting issues at time of referral.</p> <p>Quantitative data evidences a reduction in children supported at stage 4.</p>	<p>Percentage of children and their families supported at each level of intervention indicates increase in those supported at stages 1 and 2.</p> <p>July 2015: Acute/Stage 4 = 10.9% (8% previous quarter); Complex/Stage 3 = 32.8% (45.8% previous quarter); Vulnerable/Stage 2 = 41.3% (35.3% previous quarter); Universal/Stage 1 = 15% (10.8% previous quarter).</p> <p>Number of children with a child protection plan. 186 at end of June 2015 compared to</p>	<p>Qualitative data from children and families receiving an early help offer which was scrutinized by the LSCB evidences an improvement in their perception of the presenting issues at time of referral</p> <p>LSCB audits completed evidence that children and families are supported appropriately</p>

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
			161 at end of June 2014	
E	Reduce the number of children killed, seriously and slightly injured in road traffic collisions	Quantitative data evidences a decrease in the number of children killed, seriously and slightly injured in road traffic collisions	Number of children killed and seriously or slightly injured in road traffic accidents has remained static at 6. Overall trend is downwards since 2011	None
F	Identify and provide early support to children at risk of sexual exploitation, to prevent harm and reduce the impact on their life chances	Qualitative and quantitative data evidences that children identified as being at risk of sexual exploitation are provided with support that is appropriate to their needs	Number of child sexual exploitation (CSE) information reports received by Essex Police regarding potential CSE in Southend or involving children from Southend. Data not currently available Number of children identified as at high risk of CSE by the CSE & Missing Group as at end of September 2015 was 45	LSCB CSE & Missing Group identified children at high risk of CSE and ensured they are appropriately supported
G	Ensure that looked after children are safeguarded effectively	Qualitative and quantitative data evidences that looked after children are safeguarded effectively	Number of looked after children who report feeling safe in the Voice for All report – data not currently available	Completed LSCB multi agency audits and feedback from children evidences that looked after children are being safeguarded effectively

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
H	Identify and provide support to vulnerable adolescents to ensure they are safeguarded effectively	Qualitative and quantitative data evidences that vulnerable adolescents are supported and safeguarded effectively	Number of adolescents admitted to hospital as a result of intentional self-injury/harm has increased Reduction in number of young people known to IYSS who re-offend	Audit of support to young people known to Children's Services completed by the LSCB evidences that they are supported appropriately

Key Successes

- Identification of children and young people at high risk of CSE
- Over 800 children and young people participated in the Prince Charming Project (*an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships*) and had an impact on their understanding and perception of healthy relationships
- Over a thousand primary and secondary school children and young people participated in an Equality and Diversity programme partly focusing on anti-bullying.
- Over 4000 children and young people attended the Walk On Line roadshow in summer 2015 (*providing advice on E Safety*). Those who attended were more conscious of basic protection strategies such as checking privacy settings in social media profiles and editing lists of contacts to exclude individuals not known off-line; and were aware of reporting mechanisms for handling nuisance contact requests and abusive posting in public forums.
- Child Death Reviews completed in the period identified that there were no deaths of babies as a result of co-sleeping
- Coroner reports are now shared with paediatricians in order that they can support bereaved parents to understand the findings
- High levels of safeguarding children training of professionals and volunteers

- Core Groups are being held on time and effectively monitoring the Child Protection Plan in more than 90% of cases monitored.
- Over 90% of Child Protection Conference participants who responded said that they felt able to express their views; that clear decisions were made, and the chairing of the meeting was good or very good; and that the length of the meeting was OK.
- Improvement in the general stability of placements for looked after children (long term stability 74%)
- Increase in number of private fostering arrangements known to the local authority
- Effective systems are in place to monitor, identify and locate children that are either at risk of, or have become missing from education

SECTION 3 – CONTEXT

Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900. Southend's population is projected to grow to 185,000 by 2020. (Source: ONS - 2013 Mid-Year Estimates).

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country, using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

Children and young people under the age of 20 years make up 23.8% of the population of Southend-on-Sea. 21.7% of school children are from a minority ethnic group. The health and wellbeing of children in Southend-on-Sea is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 21.7% of children under 16 years of age living in poverty. The rate of family homelessness is better than the England average.

In 2013/14 there were 37869 young people under the age of 18 in Southend. This is estimated to rise to 38452 in 2014/15 and to 39511 in 2017. Of the 2013/14 figures;

- 11391 were under the age of 5, a rise of 12 from 2012/13;
- 12240 were aged 5-10 years a rise of 436;
- 9848 were aged 11-15 years a decrease of 334, with
- 4390 aged 16+ a decrease of 138.

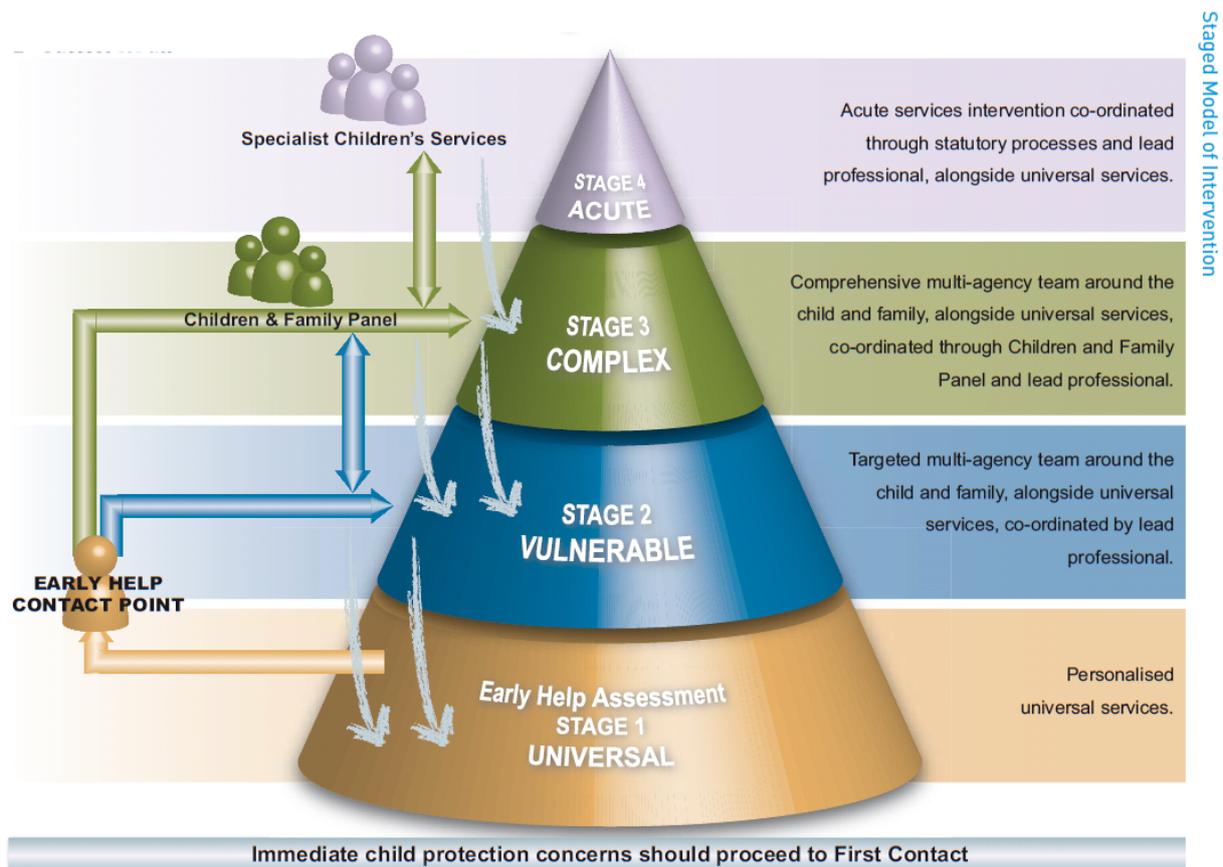
It is estimated that by 2017;

- 12864 will be aged under 5 years;
- 13516 will be aged 5-10 years;
- 9317 will be aged 11-15 years and

- 3814 will be aged 16+.

Integrated Approach to Safeguarding Children

Southend’s integrated staged approach to intervention ensures a partnership approach to identifying and meeting children’s needs as soon as possible (see diagram below). 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.



The LSCB's Learning and Improvement Framework

The LSCB has a well established Learning and Improvement Framework. Working Together to Safeguard Children (HM Government 2015) requires 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 form the basis of the LSCB's Learning and Improvement Framework:

Element	Activity	Expected Outcome/Impact of the Activity
Serious Case Reviews	Identification and implementation of learning	Learning from SCRs and improvement actions will be informed by the views of families and practitioners. The LSCB expects to see 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
Child Death Reviews	Identification and implementation of learning	The LSCB expects to see that actions taken in response to findings from CDRs reduce the number of child deaths with modifiable factors

Element	Activity	Expected Outcome/Impact of the Activity
Other Case Reviews	Identification and implementation of learning	The LSCB expects to see that learning from reviews and improvement actions are informed by the views of families and practitioners. The LSCB Expects to see 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
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	The LSCB expects to see that partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of LSCB audits	The LSCB expects to see that the audit programme evidences the effectiveness of safeguarding services throughout the journey of the child
	Audit of Board effectiveness conducted by identified LSCB team.	The LSCB expects to be able to evidence its effectiveness in monitoring and coordinating the safeguarding of children and promoting their welfare

Element	Activity	Expected Outcome/Impact of the Activity
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 LSCB expects to see that 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	The LSCB expects to see that risks to the effectiveness of safeguarding children services are identified early and addressed in a timely way and that 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 data from partner organizations	The LSCB expects to see evidence of improvement in identified key areas of safeguarding practice.
Section 11 Audits	Reporting of qualitative and quantitative data by LSCB partner agencies	The LSCB expects to see that partner agency self-assessments of safeguarding efficacy are robust

Element	Activity	Expected Outcome/Impact of the Activity
Annual Reports from Strategic Partners (e.g. Corporate Parenting) and LSCB Members	Needs analysis and monitoring of safeguarding effectiveness	The LSCB expects to see that evidence of 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 expects to see that it and its strategic partners identify any risk and/or need and implement improvements to address these

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. At the end of June 2015 10.8% of children with an Early Help Assessment were supported by personalised universal services.

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 Integrated Locality Toolkit reflects the 'Early Help' offer and includes the new early help assessment; single social work assessment, and education health care plan.

Southend Information Point (SHIP) encourages service users and practitioners to access the earliest help independently through a universal website, with an average of 18,000 unique page requests per month, with peak months usually around school holiday periods rising to 21,760. Service users can access information, advice and guidance on childcare, activities, clubs and community events, voluntary and targeted services, health needs, education and finances, and a comprehensive Local Offer for Special Educational Needs and Disability

The most popular search terms are childcare followed by parenting, children's activities and child and family counselling

A restructuring of Early Help and Early Intervention is currently being undertaken within the integrated staged approach.

Activities and Impact

Approximately 800 young people from Southend schools, including one based in a children's home, participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships. The Soroptomists supported the project by providing additional information for young people about domestic abuse.

Feedback from young people about the project has been very positive and evidences an impact on their understanding and perception of healthy relationships

Prince Charming is an interactive drama performance where children and young people in the audience can intervene and stop the performance to discuss the events and choices the characters are making in their relationships.

Additionally, Public Health are providing sex and relationship education (SRE) programmes for all primary and secondary schools in Southend with implementation support. This will ensure a consistent content and approach to SRE across all Southend schools.

Over a thousand primary and secondary school children and young people participated in an Equality and Diversity programme partly funded by the LSCB, focusing on anti-bullying.

Submissions from participating schools evidence the positive impact of the programme

Throughout June and July of 2015 the LSCB commissioned and organised a series of 20 Walk On Line Roadshow events at several schools in the borough and a local Theatre. 44 schools within the borough were invited to attend the roadshow, including comprehensive, selective, faith, and special primary and secondary schools. A total of 4,024 individual pupils participated.

Walk On Line presents advice and guidance on how children and young people can better protect themselves whilst engaging in online activities, particularly social media services such as Facebook, Twitter, Instagram, Tumblr, etc.

Essex University provided grant funding to undertake follow up research measuring the impact of the roadshow. The research indicates that Walk On Line was experienced as valuable by the children and young people, who were more conscious of basic protection strategies such as checking privacy settings in social media profiles and editing lists of contacts to exclude individuals not known off-line. There was also evidence that the programme raised awareness of reporting mechanisms for handling nuisance contact requests and abusive posting in public forums.

The LSCB has prioritised a reduction in the number of children who are killed or seriously in road traffic collisions for the last 4 years. Death and serious injury to children caused by road traffic collisions presents the biggest risk to the safety of children. There were 6 children killed or serious injured in road traffic collisions between October 2014 and September 2015, consistent with the number for the previous year. The trend overall continues to be downwards

All secondary schools, statutory agencies, GPs, children's homes, fostering agencies as well as a number of private and community organisations, some primary schools, have trained Child Sexual Exploitation (CSE) Champions. CSE Champions raise awareness of indicators of CSE within their organisations to support 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 on-going support and professional development for Champions. 385 CSE Champions and key practitioners have been identified and successfully completed training. A further 555 have undertaken online training

Essex County Fire and Rescue Service (ECFRS) undertake Home Fire Safety Checks and educational visits to schools. **In the financial year 2014-15 there were no preventable fire deaths in Southend.**

Southend LSCB, Health Visitors and other partners have been promoting the Safer Sleeping for Babies message since 2010. On their first visit to new parents Health Visitors use an LSCB Safe Asleep leaflet to explain the risks of co-sleeping, and the baby's sleeping environment. **The LSCB's Child Death Review process has found that there were no deaths as a result of co-sleeping in 2014-15.**

In partnership with the Maritime and Coastguard Agency the LSCB has produced and distributed a leaflet about the Safe Use of Mudflats locally as well as regionally to schools in response to safety issues identified by the LSCB.

Child Death Reviews from the wider Essex area and the LSCB Scrutiny Panel have identified risks associated with Water Safety around private pools. A water safety awareness campaign was undertaken by Southend LSCB in summer 2015.

An awareness raising campaign was undertaken with schools to help identify and support children at risk of forced marriage or female genital mutilation (FGM).

Child and Adolescent Mental Health Services (CAMHS) have been re-commissioned during the period, with a new provider offering a restructured Emotional Wellbeing and Mental Health Service (EWMHS) from November 2015. **There continues to be an increase in the number of children and young people admitted to hospital as a result of unintentional or deliberate injuries to 98 from Oct 2014 to Sept 2015, (compared to 49 in 2012/13 and 78 in 2013/14). 54 admissions had a diagnosis of intentional self-harm, an increase from 37 in 2013-**

14. Anecdotal evidence links the increase to possible exam pressure and stress experienced by young people and online bullying

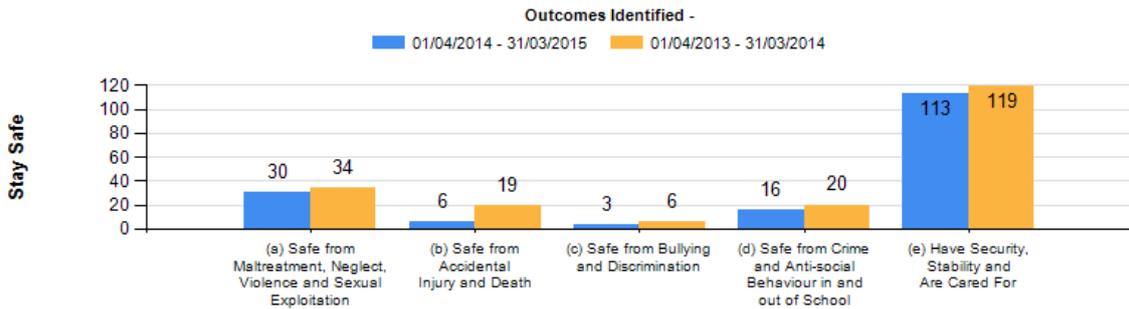
The LSCB is currently undertaking further investigation of data and other information to identify the causes of self-harm among young people; target activity; and monitor the impact of preventative programmes delivered through the new EWMHS on reducing self-harm among young people

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

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. The Streets Ahead Team now forms part of the Stage 3 services as well as working at stage 4.

At the end of June 2015 81.1% of children and young people with an Early Help Assessment were supported at Stage 2 (Early Intervention) or Stage 3 (Child in Need). Over 40% of Early Help Assessments are undertaken by schools. There has been a significant rise in assessments completed by the Southend Borough Council Integrated Youth Support Service due to the work by Streets Ahead, Southend's Troubled Families service, who work within stages 3 and 4 of the integrated model. The table below shows the 'Stay Safe' outcomes of Early Help Assessments completed between April 2014 and March 2015:



The implementation of the Counter-Terrorism and Security Act 2015 on 1 July placed a duty on local authorities and other public bodies to have “due regard to the need to prevent people from being drawn into terrorism”, as part of the Prevent Duty. To support partner agencies the LSCB, in partnership with the Safeguarding Adults Board and Community Safety Partnership, with Essex Police, have provided a number of Home Office accredited training sessions. All educational establishments now have a trained Prevent lead to cascade training to other practitioners. A Channel Panel, to coordinate support for those identified as being vulnerable to radicalisation, has also been established

There were 10 private fostering arrangements known to the local authority in September 2015. There was one private fostering arrangement in the period which was prohibited following assessment by Southend Borough Council Children’s Services. In this case the private fostering arrangement was assessed as being unsuitable

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 Southend Borough Council Children’s Services in partnership with Essex Police and other agencies.

There are high levels of safeguarding children training of professionals and volunteers:

Southend Hospital – 72.7% (Feb 15); Essex Community Rehabilitation Company – 100% (Sept 15); SEPT – 99% (April 15); ECFRS – 80% (April 15); GPs– 100% at level 3 (Sept 15); Southend CCG – 94.3% (Sept 15); Essex Police – 66.9% levels 1&2 (April 15); South Essex Homes – 99% (March 215); Early Years 96% (Sept 15)

High levels of training means that professionals and volunteers have a good understanding of thresholds for making safeguarding children referrals and identify children at risk of significant harm, resulting in a good conversion rate from referral to Single Social Work Assessment of 94.9% in May.

The number of children with a child protection plan continues to increase, with 186 in June 2015 compared to 161 in June 2014. Whilst the number of new Child Protection Plans for first quarter of 2015/16 were lower than the average for the previous two years, so was the rate of discontinuation of Plans. The LSCB is assured through its learning and improvement framework activity and comprehensive review by Southend Borough Children's Services that the increased numbers of children with a Child Protection Plan are largely as result of changes in practice following the most recent revision of the Public Law Outline in April 2014, which continues to provide good outcomes for children.

The LSCB is assured that Core Groups are being held on time and effectively monitoring the Child Protection Plan in more than 90% of cases monitored. Over 90% of Child Protection Conference participants who responded said that they felt able to express their views; that clear decisions were made, and the chairing of the meeting was good or very good; and that the length of the meeting was OK.

The LSCB has identified as a priority the provision of reports for Child Protection Conferences in advance of meetings to enable families and professionals to participate fully in the process. In the period around 20 % of participants said they did not have time to consider reports. The LSCB has received action plans from all partner agencies detailing the actions to be taken to improve practice in this area, and will continue to monitor performance

Safeguarding of Looked After Children and Young People Leaving Care

Looked After Children are made up of several distinct groups, although they have overlapping as well as specific needs. They include:

- Babies and younger children particularly 0-4yrs (45.8%)
- 16-18yr olds (10.3%)
- Disabled children - Eight looked after children have severe and complex disabilities.
- Young People who are parents
- Young people preparing to leave care
- Care leavers from 18-25 yrs - There are a total of 87 care leavers 18-25. They are supported by the Southend Borough Council Care Management 16+Team

The Pledge for Looked After Children includes the following safeguarding assurances:

- We know that we are all different in terms of where we grew up and we know that we all need different things to feel happy and safe. We want you to feel safe with other people, at school and where you live. If you ever feel unsafe we will make sure you know where to go for help.
- We will make sure your foster carers know how to keep you happy and healthy.
- If you are happy where you are living we won't move you, unless there is a problem. We will also try and keep you with the same social worker for as long as possible,
- If you do have to move, we will give you all the information we can about your new home and your new carers.

The LSCB has noted the following outcomes for Looked After Children and young people leaving care as reported by the Corporate Parenting Group:

- Improvements in the general stability of placements (long term stability 74%)
- Placing children with relatives and friends
- The proportion of looked after children placed locally with Southend foster carers (57.2%)

- An increase in the numbers of children with permanent placements through Special Guardianship Orders or Adoption
- A improvement in timescales for children between entering care and being placed with an adoptive family
- An increase in the number of young people with a permanency plan in place by the second review
- More children with up to date health assessments and dental checks
- Improvements in school attendance and a reduction in permanent exclusions
Improvements in attainment at Key Stages 2 & 4
- An increase in the proportion of carer leavers who are in suitable accommodation
- An increase in the proportion of care leavers in education, training employment and at University.

The Voice of Children and Young People

Southend Borough Council Children's Services held workshops for social workers in November 2014 and February 2015, to share the findings from 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

The Children's Plans & Reviews Team arranges and provides independent chairs for all Child Protection Conferences and Review Meetings for Looked after Children in Southend. As part of their statutory responsibilities under the Care Planning, Placement and Review Regulations (Section 25B, CA 1989), Independent Reviewing Officers (IROs) have a duty to monitor performance and to identify any patterns of poor practice and alert senior local authority managers to these concerns, as well as identify good practice by social workers.

IROs identified that although fewer children are choosing to attend review meetings, children are consistently consulted prior to their review.

Care Plans presented to Reviews were of good quality with 97% of care plans covering all key elements required in 2014/15, and written care plans are being presented to Review meetings more consistently.

The quality of social work reports presented to reviews is of good quality and continues to improve.

There has been some improvement in sharing reports with parents prior to review meetings, however this remains an area of challenge and has been identified as a priority for the coming year

Parental attendance at LAC reviews varies, and on average parents attended 48% of LAC Reviews, which is a slight fall from last year. Approximately 42% fathers and 58% of mothers attended LAC reviews for their children, which are both increased from last year 99% of children (aged 4 and over) participated in their reviews during 2014/15. An average of 55% attended their reviews in person, which is a slight increase on last year. The remaining 44% contributed to their meeting either by completing a consultation form or by giving their views to the IRO, their advocate, or other person they identify to speak on their behalf.

80% of children said they get to speak to their IRO alone.

Child Sexual Exploitation (CSE)

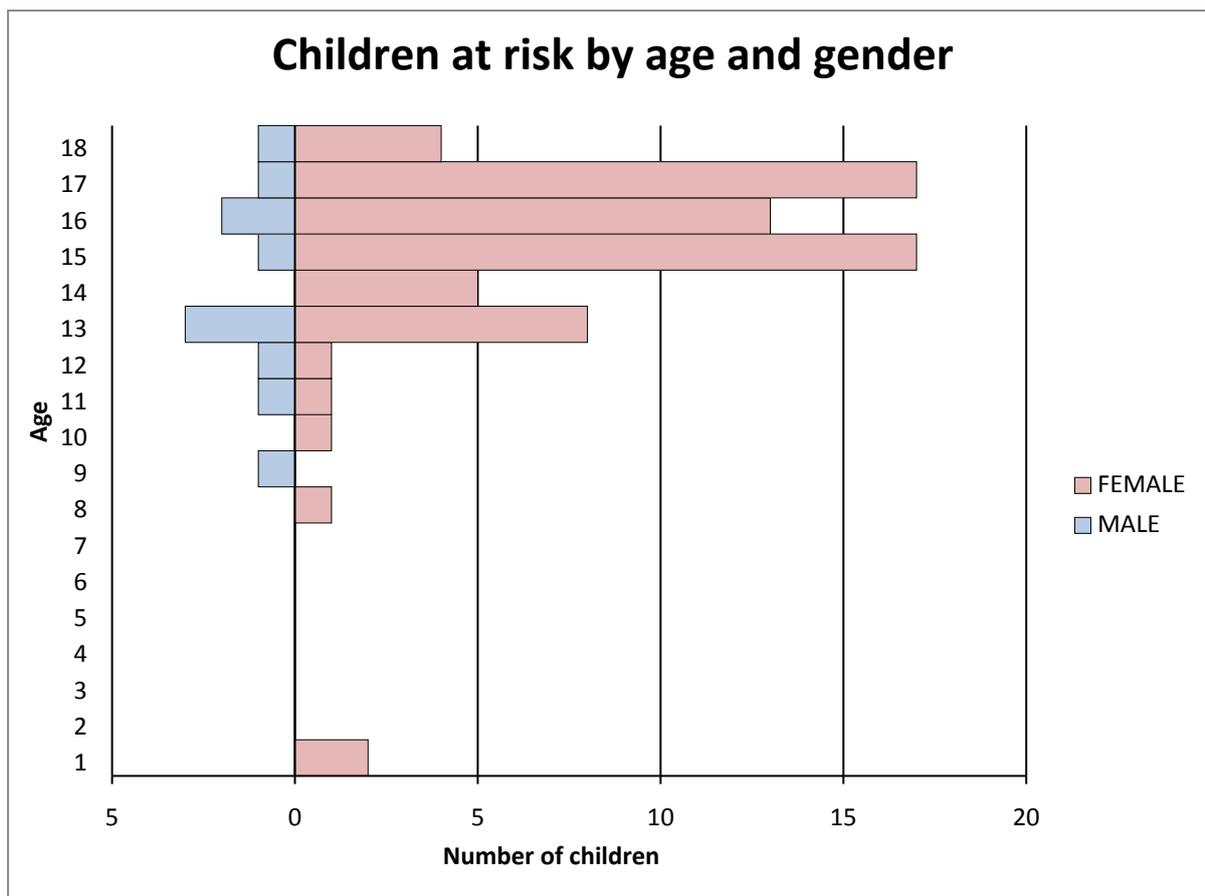
Tackling Child Sexual Exploitation (CSE) and its impact on children and young people, is a priority of the LSCB and its partner agencies. A peer review conducted in September 2015 found a strong commitment by Southend Borough Council to collectively tackling CSE and the Council has committed resources to tackling CSE in the borough, including the creation of Service Manager CSE and CSE data analyst posts. "Strategic leadership across children services is informed and thoughtful", with an "ambitious, admirable, and intense CSE strategic and operational focus", reflected in the revised CSE Action Plan 2015 – 2016. The plan is based on four key borough wide priorities; prevention, protection, prosecution, overcome and support. The implementation of the CSE action plan, strategically owned by the LSCB and its members and Southend Borough Council, together with the Community Safety Partnership and the Health and Wellbeing Board, provides an opportunity to move forward and improve the approach to CSE. The LSCB, working together with the Community

Safety Partnership and Health and Wellbeing Board will ensure that sexual, mental and public health provision and crime prevention and prosecution are all able to respond to or incorporate the requirements of the child sexual exploitation action plan.

Much of the initial focus of the LSCB and its partners has been the 'prevention' and 'protection' priorities. 385 CSE Champions and key practitioners have been trained, and a further 555 practitioners and volunteers have completed an E learning course. Awareness raising sessions have also been undertaken with key groups, and CSE has been integrated into the training programmes of all partner agencies. The Prince Charming project delivered to over 800 school pupils regarding teenage relationships, and the provision of sex and relationship education resources reinforces 'prevention' activities.

'Protection' activity is monitored by the LSCB's CSE and Missing Children Group, which ensures that all children and young people identified as being a high risk of CSE are being appropriately protected and supported within the Integrated Staged approach to intervention. The Group has been supported in its analysis of CSE by Southend Borough Council Children's Services. Since December 2014, 84 young people have been identified and discussed by the CSE & Missing Children Group. In September 2015 36 cases were classified currently at risk and 43 were classified as historic. Below is a chart showing the age and gender breakdown of children who have been identified as at high risk of CSE. It is clear that significantly more young women were identified as at risk of CSE. Young men account for only 14% of the dataset.

Recent research by UCL in partnership with Barnado's (2014) suggests up to a third of CSE victims are male, in contrast to previous research (OCC 2012) that suggested 9% of victims are male (with 72% female and 19% not recorded). This implies young men at risk could be underreported in Southend.



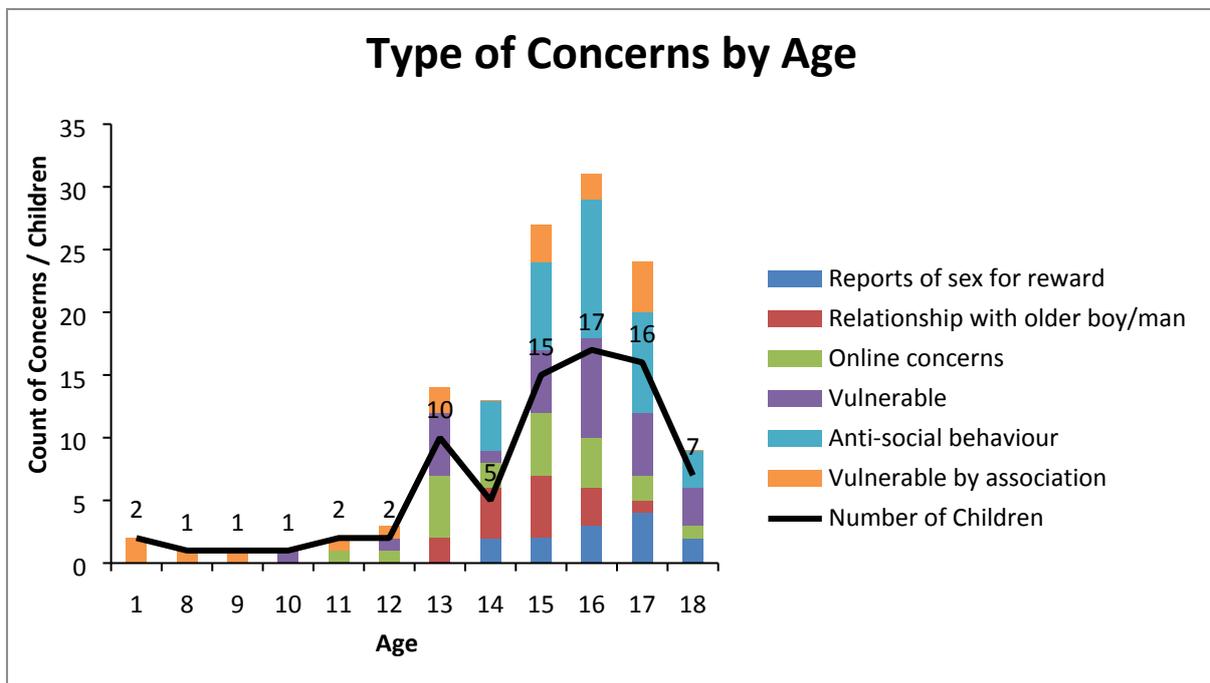
41% of identified children had either statement of Special Educational Needs (SEN) or a lower level of SEN support, supporting the view that vulnerable children are more likely to be targeted and fall victim to CSE. Looked after children are significantly overrepresented; 39% of all children identified as at risk of CSE are looked after. This is consistent with the view that this group of children are more vulnerable and as a result they may be targeted by perpetrators.

6.4% of all current looked after children to Southend have a CSE risk identified. This compares to 1.8% of children on a child protection plan

33% of all young people identified as at risk of CSE had one or more missing episode in the last 12 months (01/10/2014-30/09/2015). When historic cases are removed, this rises to 50%. This would suggest historic cases are ceasing to go missing.

Combinations of identified concerns are shown in the table below. Where the corresponding concerns for a single cell match, the cell number refers to the amount of cases where the specified factor was the only concern.

CSE concern	Reports of sex for a reward	Relationship with older boy/man	Online concerns	Anti-social behaviour	Vulnerable	Vulnerable by association
Reports of sex for a reward	0					
Relationship with older boy/man	4	1				
Online concerns	4	2	7			
Anti-social Behaviour	8	9	3	12		
Vulnerable	3	5	10	4	10	
Vulnerable by association	0	1	0	5	3	10



The analysis of intelligence by Essex Police and mapping of the prevalence of CSE in the area continues to be an area of challenge for the LSCB

Prosecution activity - In November 2014 two men were successfully prosecuted for sexually exploiting girls in Southend. Partner agencies worked well together to support the girls involved in the case, particularly following a due to administrative difficulties with the Court proceedings. The LSCB is working with Her Majesty’s Courts and Tribunal Service to ensure there are no similar delays in any future prosecutions.

‘Overcome and Support’ activity - Commissioning of young people centred support services in respect of CSE is underdeveloped across the partnership. There is a recognised need for a more coherent approach to commissioning CSE victim support services, particularly in statutory services. The Police and Crime Commissioner has recently commissioned specialist support services in Southend for victims of sexual assault for all genders and ages from March 2016

Missing Children

When a child is reported missing to the Police, the local authority is notified and an investigation starts to find out where the child is located. When a child is found and returned home the Police conduct a ‘Safe and Well check’ which just establishes that the child is home and unharmed. When the local authority is notified that the child has returned an independent ‘Return Home Interview’ is undertaken to explore with the young person why they went missing and if there are any outstanding issues such as CSE or related problems that need addressing.

For the year April 2014 to March 2015 the tables, graphs, and diagrams below provide an insight into children who are going missing, why, for how long, as well as the demographics of the missing population.

Found Children	Missing Episodes	Return Visits	Episodes with Visit	% Return visits	Completed in 2 working days
101	186	143	173	93.0%	36.60%

Reason for Episode	Age		
	Under 12	12 to 15	16+
Contact with peers	3	41	33
Issues at home (not evidence of harm)	1	19	3
Contact with friends	1	8	7
Unknown - no visit	2	7	4
Other	1	7	4
Contact with family	1	7	3
Contact with other adults	0	6	4
Issues in placement (not evidence of harm)	1	4	4
Issues at home	0	4	0
Evidence of harm at home	0	3	0
Substance Misuse	0	1	2
Unknown - Visit unable to take place	0	2	0
Bullying	0	1	0
Not recorded	0	0	1
Offending Behaviour	0	1	0
Total	10	111	65

The majority of children (70) only went missing once which suggests that the intervention process and Return to Home Interviews are on the whole successful in that they identify causes for running away and support is provided

Children Missing Education

The term 'children missing education' (CME) it is generally used to mean those children who are not receiving a suitable full time education. 'Suitable' is defined as full-time education suitable to the child's age, ability and aptitude and to any special educational needs the child may have. A child missing education may be enrolled at school and not attending well enough; not enrolled at school or alternative provision; or occasionally receiving home education that does not meet their needs. They may also be receiving education, but only for a few hours.

What do we know about children missing education?

- 'Identifying children not receiving education is a key part of discharging the responsibility to safeguard and promote the welfare of children.' (Roger Singleton 2009)
- 'Children and young people who are not being educated quickly become at risk of failing academically and socially' (Ofsted survey report 2010)
- 'Children who are missing from home, school or care are at greater risk of sexual exploitation.' (Ofsted survey report 2014)
- 'A similar correlation has been found between a child missing education and becoming a victim of forced marriage' (NCB, referring to a House of Commons Home Affairs Committee report, 2011)

A review of Southend's children missing education (or at risk of) was undertaken for the LSCB CSE and Missing Group, which crossed over six different key service areas:

- Looked after Children (Virtual School HT),
- Persistent Absence (CFEIT),
- Alternative Education (Learning and Skills Advisor & HT Seabrook College)
- Exclusion (HT Seabrook College),
- Elective Home Education (Virtual School HT),
- Teenage Expectant mothers/Teen Parents (Teenage Pregnancy PA)
- Children Not on a School Roll/Missing from School (School Admissions Service).

From the information provided it was apparent that there are areas of strength, where Southend had very tight systems to monitor, identify and locate children that were either at risk of, or had become missing from education with good examples of children being found and returned to education. However, there were other areas where systems needed tighter, evidence based, monitoring to ensure children didn't fall under the radar and their absence from education didn't go unnoticed.

The priority areas identified for further development were:

- Ensuring urgent and effective action is taken to protect children when they go missing from school

- The Local Authority monitoring all in-year and transition point admissions through an agreed protocol with schools.
- Ensuring there are clear processes with set timescales to place children on a school roll
- Evidence of impact/improving picture regarding children that are hard to place in school and fit the Fair Access Protocol.
- Evidence of impact/improving picture regarding children receiving education otherwise than at school (elective home education)
- Children and young people who do not attend school have access to good quality registered alternative provision, receiving at least 25 hours per week.
- Evidence of impact/improving picture regarding children receiving alternative provision
- Evidence of impact/improving picture regarding children receiving alternative provision through the Local Authorities alternative pupil referral unit provision
- Reducing numbers of fixed term and permanent exclusions with evidence identifying the impact upon the child/young person (including LAC) and arrangements to support their return to school or suitable alternative provision
- Urgent and effective action is taken to protect children where their attendance noticeably reduces
- All those involved in the care of children – for example schools, the virtual head, social workers and services – are effective in working together to help children and young people return to or remain in suitable education
- A review of the use of reduced school timetables for statutory school aged children that exceed a half term in length and to promote schools' responsibilities and raise awareness of the potential vulnerabilities for children that are regularly missing from education

SECTION 5 – MANAGEMENT OF ALLEGATIONS AGAINST ADULTS WORKING WITH CHILDREN

The Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures (2015) detail the process that is required to be followed when there is an allegation that a person who works with children, in any connection with her/his employment, voluntary activity or in any personal capacity has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child, or children, in a way that indicates they may pose a risk of harm to children (amended by *Working Together*, 2013)

In *Working Together* (2015) it is identified that Local Authorities should have designated a particular Officer, or team of Officers, to be involved in the management and oversight of allegations against people who work with children. Local Authorities are required to:

- provide advice and guidance to employers and voluntary organisations;
- liaise with the Police and other agencies;
- monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

In Southend, the Local Authority Designated Officer (LADO), and the person who undertakes the above role, is the Child Protection and Safeguarding Co-ordinator

In the period 1st April 2014 to 31st March 2015 there were a total of 29 allegations in respect of adults working with children in a variety of capacities in Southend, which is broadly consistent with, the figures for the previous year. In the main, referrals/allegations are received from the Police, Social Care and Education, however, they relate to a range of employment sectors including education, early years, fostering and the private and voluntary sector

The LADO also gives advice in relation to allegations against staff that did not meet the threshold for LADO involvement. During the period 1st April 2014 to 31st March 2015 advice

of this nature was given in 152 cases, which is an increase of approximately 50% on the previous year, when advice was given in 105 cases. This increase is consistent with that reported by LADOs nationally and is thought to be related to the heightened awareness of abuse by adults working with children, as well as the profile of the LADO being raised. In particular there has been a significant increase in historic allegations reported to the Police which are brought to the attention of the LADO.

28 cases were resolved during the period with 50% (14 cases) substantiated and 46% (13 cases) unsubstantiated. A further case was unfounded; there was evidence to disprove the allegation. These figures are broadly comparable with the data from 2013/14; unsubstantiated 51%, substantiated 49%.

A range of actions were taken in relation to substantiated cases from support and training through to dismissal and referral to the Disclosure and Barring Service. The LADO identified that the vast majority of employers understood their roles and responsibilities in managing allegations and any areas of difficulties were addressed.

An evaluation questionnaire is sent to participants following the concluding meeting for each allegation case. In the period 1st April 2014 to 31st March 2015, 10 questionnaires were been returned. In relation to the impact of the process, 100% of respondents identified this as positive. In relation to satisfaction regarding the outcome of the process, 98% of respondents graded this as 5 (1 being poor and 5 being outstanding); one case was graded as 4.

SECTION 6 - LSCB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

The LSCB monitors its challenges to partner agencies and strategic bodies and progress in resolving these. The following challenges were made by the LSCB in the period October 2014 to September 2015 and outcomes or resolutions recorded:

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
<p>Commissioning process and structure of counselling pathways for the Sexual Abuse Resource Centre (SARC)</p>	<p>Further update to report required detailing:</p> <ul style="list-style-type: none"> • Priorities for Essex Area Team • Clarity on the on-going commissioning intentions by NHS England; • Whether the pathways mentioned cover all ages; • NHS England LAT to recognise the challenges re out of hours provision (& continuing challenge for young people accessing services); • Accountability of 	<p>NHS England LAT</p>	<p>The counselling pathway for the SARC was defined by Southend CCG which has assured the LSCB that all stages are now resourced and commissioned effectively</p>

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
	<p>the SASP Strategic Board;</p> <ul style="list-style-type: none"> • Clarity on governance, i.e. with South Essex Strategic Commissioning Group • Equity of access to pathways; • Clarity on responsibility for pathways (need ideal pathway); • A patient journey as an Appendix to the document. 		
<p>Essex Safeguarding Children Board (ESCB) lack of consultation on implementation of joint adult and children safeguarding efficacy returns to the LSCB from</p>	<ul style="list-style-type: none"> • Liaison with ESCB to ensure Southend and Thurrock are consulted in the development of an enhanced online version of the joint safeguarding efficacy tool 	<p>LSCB</p>	<p>Consultation was completed and separate children and adults safeguarding standards developed and implemented.</p>

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
partners, replacing the section 11 audit used previously by all the SET LSCBs	<ul style="list-style-type: none"> SBC Corporate Director for People to raise and re-state the principle of cooperation and consultation between the SET areas at senior level 	SBC Department for People	
Timeliness of completion of initial and core assessments by Southend Borough Council (SBC) Children's Services	SBC to report on actions taken to improve performance	SBC Department for People	Report received. Performance improved for completion of initial and core assessments
Vitamin D deficiency in pregnancy as a modifiable factor in deaths of babies as identified in the Child Death Review Annual Report	Public Health to implement distribution of Vitamin D supplements at Children's Centres	SBC Public Health	Vitamin D supplements now distributed via children's centres and other venues
Development and implementation of the Domestic Abuse Strategy	Southend Community Safety Partnership to present the new Domestic Abuse	Southend Community Safety Partnership	New Domestic Abuse Strategy presented to Board with local implementation plan.

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
	Strategy to the Board and local implementation action plan		Board will continue to monitor implementation of the strategy
Delays in the consideration of high risk domestic abuse cases at MARAC	SET Domestic Abuse Strategic Group to address the effectiveness of the functioning of MARAC as part of its review of the Domestic Abuse Strategy	Southend Community Safety Partnership	Review of MARAC undertaken by SET Domestic Abuse Strategic Group. Revised arrangements in place to triage high risk cases has reduced number going to MARAC meetings and reduced delays. Some delays still experienced by Southend MARAC so additional meetings being held while alternative solutions are explored, including further development of the scope of the Joint Domestic Abuse Triage Team. A Southend specific resolution to delays in

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
			the MARAC process will be in place by March 2016
Lack of police attendance at initial child protection conferences	Essex Police to ensure attendance at initial child protection conferences and review conferences where appropriate	Essex Police	Attendance by Essex Police at initial child protection conferences is now good
Lack of suitable Achieving Best Evidence (ABE) Suites	Essex Police to procure suitable equipment for the refurbishment of ABE Suites	Essex Police	ABE suites have been refurbished
Variable quality of Child in Need Plans and their implementation identified through LSCB audit programme	SBC Children's Services to identify actions to improve quality of Child in Need Plans	SBC Children's Services	Post identified by SBC Children's Services to coordinate improvement in Child in Need plans and core group processes. Quality of Child In Need Plans has improved
Reduction in School Nursing Provision	Public Health to report on provision of school nursing	SBC Public Health	Board assured that safeguarding is being prioritised by school

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
			nursing above other duties and that recruitment has taken place to fill vacancies
Increase in number of children with a Child Protection Plan	Children's Services to raise at regional level and to report to be considered at next Board meeting	SBC Children's Services	Board is assured that the increase in number of children with a Child Protection Plan is largely as a result of changes in process regarding Public Law Outline
Timescale and resourcing of implementation of ACPO Missing Children Guidance by Essex Police	LSCB Executive has formally requested clarification from Essex Police regarding the timescales and resourcing of the implementation of the Missing Children Guidance	Essex Police	ACPO Missing Children Guidance now being implemented by Essex Police
Engagement of strategic partners in discussions regarding a potential MASH model	SBC Children's Services to arrange a meeting of strategic partners to discuss	SBC Children's Services	Agreement reached to extend current Joint Domestic Abuse Triage Team arrangements

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
Provision of performance information regarding the impact of domestic abuse on children	LSCB Business Manager to send request to Essex Police to provide performance information	Essex Police	Due to issues with Essex Police's new data recording system, Athena, Southend specific performance information regarding domestic abuse remains unavailable. Issue escalated to chief officers
A number of procedural issues have been identified regarding the implementation of the CSE Strategy by Essex Police	Essex Police to address the recommended actions detailed in the CSE Review Report	Essex Police	A restructuring of the Essex Police dedicated team for CSE has improved some procedural issues, however, analysis of intelligence provided to Essex Police by practitioners across the partnership regarding CSE has not yet been completed
Sharing and explanation of coroner reports on child deaths with parents and relevant	Meeting with the coroner to be arranged to agree a process for supporting parents to understand coroner	SBC Head of Children's Services	Coroner has agreed that reports will be shared with paediatricians in order that they can support

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
partners	reports and for findings relevant to child protection processes to be shared with relevant partners		bereaved parents to understand the findings. Findings relevant to child protection processes will be shared with relevant partners
Concerns regarding the future sustainability around the provision of support to victims and specialist support services. The concerns related to the ad-hoc nature of the funding, e.g. comes from a variety of sources and was not secured funding	Funding and sustainability of specialist support services and victim needs be raised with relevant agencies and partnership groups including Health and Wellbeing Board and Community Safety Partnership	LSCB Chair	Issue to be raised with Health and Wellbeing Board to ensure mainstreaming of funding for essential specialist support services for victims of domestic abuse and sexual abuse and exploitation Police and Crime Commissioner has commissioned specialist support services for all victims of sexual assault from March 2016
NHS England advised that they would not be able to regularly attend meetings of	Response to NHS England setting out the Board's concerns about NHS England	LSCB Chair	Board has raised the issue with the chief executive of NHS England. National

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Outcome
the LSCB and SAB due to organisational change and reduced resources. Board AGREED that the proposed arrangement was not acceptable	attendance at the LSCB		Association of LSCB Chairs and Association of Directors of Children’s Services also raising issue of NHS England non-compliance with statutory responsibilities. NHS England have now committed to attendance at the LSCB Executive

SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS

The following are LSCB partner agency self-reports on the effectiveness of their safeguarding children practice over the year

Southend Borough Council

Southend Borough Council (SBC) Children's Services, which delivers the statutory safeguarding children activity, produces an annual safeguarding children report which is presented to the chief executive and leader of the council in November 2015 and Council Cabinet in January 2016, at which time it will be appended to this report.

In addition to the discharge of its statutory role there is a wider corporate commitment to safeguarding children. SBC Adult Services ensures that its front line staff working with adults with additional care and support needs receive safeguarding children training and Housing Services are in the process of ensuring that all their staff undertake safeguarding children awareness training.

Public Health supports the Council and LSCB's strategic approach to safeguarding through initiatives such as the Prince Charming drama productions which promote healthy relationships and prevention of domestic abuse and sexual exploitation; a successful Equality and Diversity Programme for schools; road safety awareness activity; and establishing a consistent approach to sex and relationships education.

The Department for Place has also worked to ensure its public protection strategy is linked to the safeguarding children priorities and to support the implementation of the PREVENT strategy locally and establishment of a Channel Panel to support those at risk of radicalization, together with the Department for People

SBC has identified additional resource to secure the appointment of a CSE Strategic Lead and a Data Analyst to assist the work of the local authority and the LSCB in identifying and supporting victims of CSE and disrupting perpetrators. Council departments have identified and trained CSE Champions and an awareness raising campaign and 'call to action' is in the final stages of development for roll out to all staff. Regulatory Services have raised

awareness of CSE with their own staff and are supporting the LSCB to raise awareness of CSE and human trafficking with taxi drivers and licensed premises in the town.

Essex Police

Essex Police is committed to improving Child Abuse Investigation and the wider safeguarding agenda. Child Abuse and Child Sexual Exploitation feature in the National Strategic Policing Requirement for the first time as national threats and are the top priorities in the Essex Police control strategy.

The demand within the Police Child Abuse Investigation Teams has been steadily increasing over the last two years. Child abuse offences across the force have increased by 18.0% (121 more offences) between April and August 2015 versus the same period April to August 2014. This increase has been mainly in neglect and sexual offences. Offences dealt with by the Child Abuse Investigation Teams have increased by 28.5% (156 more offences) to September 2015. Rape offences have increased by 29.9% (23 more offences) overall. The South hub, which covers Southend, has dealt with 179 offences between April and September 2015.

The Child Sexual Exploitation Triage Team (CSETT) services the whole county and receives concerns regarding children at risk of CSE from internal and external partners. The team have increased threefold in size since its inception in 2013 which is indicative of the rise in incidents of CSE. The link between CSE and missing is well known and missing person coordinators are firmly embedded in this team. Over the last year the CSETT has been reviewed and its processes adjusted to provide robust gate-keeping to ensure those at risk are properly identified and prioritised. Operation Dartford led to the first successful prosecution for offences linked to Child Sexual Exploitation and has provided valuable lessons to improve the outcomes for these young people. This work continues to be coordinated through the Southend, Essex and Thurrock (SET) Strategic CSE group chaired by the Police.

The police on line investigation team are responsible for dealing with offenders who commit offences against children in the digital world through use of the internet, social media sites and other mediums. This team currently have 248 live investigations County wide.

In November 2014 Operation Maple was launched and is led by the Deputy Chief Constable to look at Essex Police response to allegations of child abuse. This followed proactive internal scrutiny of investigative quality and timeliness which uncovered some issues, mainly in the North of the county. As a result Her Majesty's Inspectors of Constabulary and the College of Policing visited the force early in 2015 to understand the scope of the issue and provide oversight and peer review support to Operation Maple. This attracted media interest and shows the commitment and openness of senior leaders to deliver a service that is robust and provides the best outcomes for children and young people. A change of leadership, improved training and a robust performance framework evidence areas of the improvement plan that have already been embedded. Other areas of work include the development of a tasking process whereby threat, risk and harm is considered and priorities set for the command's resources.

The Strategic Change Management Team is tasked with finding financial savings across the force in line with the Governments Current Spending Review under the "Evolve" Programme. The Public Protection project aims to design and deliver a Public Protection function fit for the future which is lean, efficient and provides the resources necessary to deliver what is recognised as a priority for the force. It is anticipated that this may be an area which sees growth rather than savings.

The new IT system "Athena" went live on 1st April 2015 and Essex Police are the first of seven forces to implement this new system which brings together investigation, intelligence, custody, and case management. With the advent of such a large project, teething issues have been identified and are being worked through to ensure the quality of this information sharing remains high. The extraction of management data has proved challenging and is a priority for the force as this has mainly affected the sharing of domestic abuse incidents involving children with partners.

Over the last year the Crime and Public Protection Command has developed a three day Public Protection Course to ensure front line officers and staff have an awareness of the thirteen strands of public protection to sufficiently enable them to recognise and tackle hidden harms. This programme began in August 2015 and will be rolled out over the next two years.

Essex Police have officers firmly embedded in the Southend Joint Domestic Abuse Triage Team and are participating in discussions to support a wider partnership hub. Essex Police have continued their commitment to the LSCB and supported the new CSE structures providing a solid basis to drive and improve better outcomes for Southend's children.

Essex Community Rehabilitation Company

In June 2014, Essex Community Rehabilitation Company (CRC) was established following the Government's Transforming Rehabilitation programme. CRCs are providers of probation services, comprising the offender management of low and medium risk of serious harm offenders, and the provision of interventions to both offenders allocated to the CRC and those retained by the National Probation Service. Essex CRC remained in public ownership until February 2015, when the contract was awarded to Sodexo. The CRC is currently moving to a new organizational structure, estates profile and operating model, which will not be fully complete until Spring 2016. Stakeholder events to update partners about these changes were held in September 2014 and September 2015.

Essex CRC's commitment to safeguarding and public protection remains and is evidenced for October 2014 - September 2015 in the following ways:

- Participation in the safeguarding children and adults boards.
- Completion of Section 11 audits.
- Referrals to local authorities where children or adults are considered at risk or abuse and neglect, or in need of care and support.
- Participation in case conferences, core groups and reviews, where we have a relevant case.
- Deployment to all staff of the 2015 children and adult SET procedures, and the 2015 revised working together

- Provision of child protection training - level 1 for all staff; level 1&2 for all practitioners.

In addition, the following extract from Essex CRC's Safeguarding Policy Statement highlights the principles of our safeguarding work:

"Essex CRC will safeguard children and adults at risk of abuse or neglect by being vigilant, through contact with adults, where children may be at risk or have unmet need, and will make the appropriate referral for early help, children in need services or child protection services. We will contribute to multi-agency work to address this need or risk; engage with a 'whole family' approach; deliver sentence plans and interventions to address harmful behaviours; work with others to ensure that victims of abuse are protected and supported so that risk factors can be identified and safety plans put in place; and we will identify adult social care needs and make appropriate referrals for mainstream provision as well as referring for specialist services where applicable."

NHS England

NHS England has dual safeguarding responsibilities with regards to both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, sexual assault referral centres, screening and immunisation services) and safeguarding responsibilities across the wider health economy. NHS England's safeguarding roles and responsibilities have been formally set out in the "Accountability and Assurance Framework" which was published in June 2015 and supports the existing close working relationships with the designated teams of the CCGs in our area. NHS England attends all the Health Executive groups within our area, which ensures we are sighted on all aspects of the safeguarding agenda and areas of LSCB work relevant to health and the local economy.

NHS England host the Safeguarding Children Forums which bring together safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. As part of the group formal continuous professional development occurs and the forum also shares learning from Serious Case Reviews and Serious Incidents (extending beyond the Essex locality). The forum provides a means of clinical supervision and support and has a work plan which ensures clear outcomes and maximises the benefit of bringing together this group of professionals. Current areas of work include improving health professionals' contributions to case conferences, and production of specific resource packs for health professionals.

In terms of the challenges we face, it is difficult to apply local initiatives and recommendations when we are part of a national organisation. This is a particular issue when, for example, a serious case review highlights recommendations for General Practices. A further challenge is within the complexity of commissioning for certain areas of health provision such as Sexual Assault Referral Centres, and for areas that are in transition from health to local authority commissioning (such as health visiting). Raising concerns through multi-agency platforms such as the LSCB and Quality Surveillance Meetings is a way we work to ensure that ownership is taken over quality concerns.

South Essex Partnership Trust (SEPT)

Highlight report of key issues arising during 2014/15 addressing the priorities

1. Prevention / raising awareness

A series of awareness raising initiatives have taken place within SEPT and in partnership with Southend LSCB. These have included

- Briefing sessions on the outcomes of Serious Case reviews and Domestic Homicide reviews
- Reviewing the Trust response for Domestic Abuse

- Signing up to the National FGM data set for the NHS
- Updating policies and training programmes in line with LSCB and national directives
- Ensuring smooth transition of services (school nursing provision) whilst maintaining robust partnership working.

2. Workforce development and Training

The Trust compliance for safeguarding remains consistently good as demonstrated below.

The Trust has introduced an enhanced programme on Domestic abuse which is mandatory for all clinicians

Core Practice Courses	South East Essex		
	Total Target	Trained	
		No	%
Red <90% Green >=90%			
Safeguarding Level 1	734	667	91%
Safeguarding Level 2	555	498	90%
Safeguarding Children Level 3	140	126	90%
Safeguarding Adults Level 3	21	21	100%
Safeguarding Children Levels 4/5/6	6	6	100%

3. Quality Assurance

3.1 The outcome of the section 11 audit was presented to the LSCB in March 2015 and provided substantial assurance that the Trust has robust safeguarding processes. This included that service user feedback was positive and many, particularly Looked After Children valued the support, health advice and expertise given.

3.2 The Trust Safeguarding group includes the LSCB minutes as a standard agenda item together with the strategic priorities the LSCB sets. The action log of this group includes recommendations from SCR, DHR and any LSCB initiatives. This is monitored monthly for compliance and to ensure any progress is maintained

3.3 The Trust Learning Lessons Oversight Committee meets monthly and regularly includes safeguarding children cases. Learning is cascaded throughout the Trust and discussed at team meetings etc.

4. Partnership Working

The Trust is represented at Board, Executive and all relevant sub groups by experienced specialist staff who have been able to support and develop the LSCB agenda.

Southend Hospital

The past year has seen a 50% increase in contacts with the safeguarding team. The development of electronic patient records across the Trust has allowed for all safeguarding records to be stored electronically and viewed by Clinicians instantly.

The safeguarding team has been enhanced by the appointment of a Clinical Midwifery Specialist who works closely with the Maternity service.

CSE and FGM Champions have been appointed to increase awareness of services within the Trust. Policies have been embedded and training sessions provided to ensure staff are aware of patient pathways and processes relating to these key areas of practice. To support

this work further Link Nurses are being developed within the Paediatric, Maternity and A&E departments.

Level 1 & 2 training are now delivered via E learning to all staff, comprehensive face to face Level 3 training is delivered to all relevant staff groups.

The Named Doctor provides supervision and peer review for all medical staff within the Trust. Medical support to the SARC has continued and is now provided seven days per week

East of England Ambulance Service

How the East of England Ambulance Service Trust has ensured an effective safeguarding response for Children during the period October 2014 to September 2015

To have in place policies, procedures and guidelines for safeguarding across the organisation. This is to include the training for staff in what to do in the event of a child death.

To communicate information relating to safeguarding to all relevant parties within the Trust.
To include any relevant legislation relating to children and young people.

To ensure that training in safeguarding is accurate and appropriate to the relevant staff groups. We have added Female Genital Mutilation, Child Sexual Exploitation, Honour Based Violence, forced marriage and Spirit possession to our training slides.

To work with other clinicians to improve referrals and to strengthen safeguarding in the Trust. We are actively seeking feedback from referrals to pass back down to our crews. This reinforces the excellent work that is taking place.

To provide appropriate safeguarding advice, taking into account national guidance, to key Trust committees. This is reported to our Bi monthly meeting internally.

To carry out and quality assure safeguarding audits within the Trust.

To ensure all statutory requirements are met and partnership working remains effective both regionally and nationally.

Monitoring of the safeguarding referral line has remained consistent over the last year; this work ensures the quality of data leaving the Trust and the pathway choices regarding a GP referral and/or Local Authority concern. These referrals are evaluated by the safeguarding team no more than 3 days after the referral is made. This is to ensure patient concerns are received and managed by the correct agency.

East of England Ambulance Service Trust Safeguarding team has completed a re structure. On 01st September 2015 the new Named Professional for Safeguarding was appointed and on 01st October 2015 the new Head of Safeguarding was appointed.

Southend Association of Voluntary Services (SAVS)

Southend Association of Voluntary Services (SAVS) is a Council for Voluntary Service (CVS), a local infrastructure organisation for voluntary and community sector (VCS) organisations, and carries out five core functions which are; Services and Support, Liaison, Representation, Development Work and Strategic Partnerships. SAVS also have a sixth strand of volunteering and hosts the Turning Tides projects.

The main work carried out at SAVS is to support voluntary and community sector organisations in Southend and as such SAVS has no direct contact with children and young people, however when giving advice to groups this will include safeguarding and child protection when relevant. The Turning Tides project does work with children and young people so will be considered separately in this report. All roles within SAVS are risk assessed and those involving work with children and young people are subject to a DBS check in line with SAVS Child Protection Policy. SAVS Child Protection Policy was last reviewed by the Board in February 2015 (all Policies are reviewed bi-annually).

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. 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

CAFCASS

- *Introduction*

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families.

Cafcass' statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to "safeguard and promote the welfare of children". Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

- *Effectiveness of Safeguarding Arrangements*

A key focus during 2014/15 was continued improvement following our "good" Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children's best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all of the following actions had been met:

- To improve the minority of safeguarding letters which are not yet fit for purpose: this has been met;
- Improve effectiveness of efforts to contact parties. Where sufficient efforts have been made these should be better recorded: this has been met;
- Ensure that in all private law work casework begins as early as possible once a Family Court Adviser (FCA) has been allocated: this has been met;
- Improve the percentage of "good" work in private law work after first hearing (WAFH) in London: this has been met;
- Improve further the analysis in the report to the court and ensure that all relevant information is pulled through in to the report based on research: this has been met.

We are continuing efforts with one further action, to eliminate poor grammar and typographical errors; the percentage of "good" and "met" work in this respect has improved considerably, and we aim to increase this.

Cafcass has a robust programme of internal audits to assure the effectiveness of safeguarding in both public and private law. We provide tools for practitioners to use in self-assessment in order to benchmark the quality of their own work, and these tools are also used by managers and auditors as an evidence base for assessment. Throughout all the tools there is a consistent focus on assessing risk and whether appropriate actions have been taken after the assessment of risk.

Practitioners are supported extensively and scrutinised routinely to ensure the effectiveness of their safeguarding practices. FCAs are encouraged to take responsibility for their own performance, and are provided with the resources to do so via MyWork, an online platform containing performance and workload data. Learning and assessments are consolidated in quarterly Performance Learning Reviews (PLRs), allowing FCAs, with their line managers, to formally assess safeguarding practice and evidence whether service objectives have been met along with effective adherence to policies.

Reports to court are routinely quality assured and practice observations are undertaken, as set out in our Quality Improvement and Assurance Framework. Managers are further assisted by the Performance Management System by strengthening their ability to identify areas requiring improvement, as well as helping to meet the development needs of staff. Actions by practitioners and managers are further scrutinised by senior operational managers via a monthly sample of closed files and the observation of one PLR per manager, per annum.

Further assurance is provided through yearly national audits and our Key Performance Indicators (KPIs). A national audit of practice was undertaken in November 2014 with the objective of providing a snapshot assessment of the standard of casework. The audit measured the progress of work since the audit in September 2013 and the Ofsted inspection of April 2014. The conclusions were positive, reporting the percentage of work graded as “good” at 65%. This represents a significant improvement of 16% from the previous year’s audit.

Our KPIs, set by our sponsor department the Ministry of Justice, measure the proportion of open public law care cases allocated to an appointed children’s guardian, and private law cases allocated to an FCA. Other KPIs measure the timeliness of allocation in care

applications and the proportion of private law Section 7 reports that meet their agreed filing times. All of our KPIs are consistently met.

We will undertake three thematic audits in 2015/16, focusing on further improvements required. These will look at the extent of the improvement in the joint working between the Independent Reviewing Officer (IRO) and the Guardian; the Guardian's involvement and agreement to any position statement filed in proceedings; and evidence in WAFH of the improvement in analysis of assessment and increased use of research and tools.

Alongside our internal methods of quality assurance, we record and disseminate learning identified within service user correspondence, including correspondence received from children and young people. The learning points are fed back to the National Improvement Service (NIS) which maintains a national learning log, updated and disseminated throughout the organisation on a quarterly basis. The learning log sets out clear action plans designed to improve safeguarding practice and systems across the organisation.

Further scrutiny is given to our safeguarding practice and processes by the Family Justice Young People's Board (FJYPB) comprising young people with direct experience of the family court. The FJYPB contribute to our publications, review our resources for direct work with children, and are involved in the recruitment of frontline staff. Board members also review the complaints we receive from children and young people.

Number of serious incidents involving children and young people and outcomes from reviewing them

Cafcass has contributed to 26 Individual Management Reviews (IMRs), requiring a variety of methodological approaches. Of all the child deaths Cafcass has been made aware of from April 2014 – March 2015, in 52% of cases, maltreatment was suspected. This information is collated and managed nationally.

The learning from IMRs is collated and reported in an annual paper, which is disseminated nationally within Cafcass. We also publish externally a redacted version of the report, with a focus on wider learning points within the family justice system.

- *Responding to emerging issues*

We continue to respond to, and facilitate, developments within the family justice system and in particular the move, in private law towards supporting parents, where possible, to make safe decisions outside of court proceedings. We are currently piloting a programme announced by the MoJ, to provide advice and to encourage out of court pathways for separating parents, where it is safe to do so. The 'supporting separating parents in dispute' (SSPID) helpline was launched in November 2014. Callers are put through to a Cafcass practitioner who can talk through the difficulties of separation, offering support, guidance, and information. We also ran a six month pilot of a safeguarding advisory support service for mediators, aimed at providing support in cases featuring child protection concerns.

Cafcass is also working on the Parents in Dispute pilot, in partnership with the Tavistock Centre for Couple Counselling. The chief aim of the project is to support separating parents involved in high conflict disputes in the family courts. FCAs in London have been able to recommend that separating parents attend the course in order to help parents to reconsider their behaviour in order to better focus on their children and create positive outcomes for them.

A significant emerging issue in recent years has been child sexual exploitation (CSE), We are implementing a CSE strategy which involves consolidating systems to capture data on CSE in cases known to us; providing mandatory training on CSE to our staff, running workshops to increase awareness; reviewing policy guidance to staff; creating dedicated management time to support the delivery of the strategy at a national level; and creating CSE ambassadors within each service area.

- *Partnership working*

Cafcass is committed to joint working, as demonstrated in some of our work recorded above. We continue to work with partners such as the Association of Directors Children's Services (ADCS), the FYJPB and the National Family Justice Board. With ADCS in particular we will continue to work in partnership to identify and share good practice.

Cafcass also plays a strong leadership role at a local level, actively participating in Local Family Justice Boards. Cafcass chairs 10 out of 42 local Family Justice Boards and has a strong leadership role on all others.

- *Workforce Development*

The work of our FCAs in family proceedings is challenging, and the family justice system rightly has a high expectation of our staff. This is supported by a robust recruitment process. All FCAs have a minimum of three years post qualifying experience, although most of our staff have many more. FCAs must also maintain their HCPC registration as a condition of employment. When recruiting staff we look for social workers with proven experience in safeguarding, child engagement, inter-agency working, case analysis, planning and recording.

To ensure that our staff are able to safeguard children as best as possible, Cafcass has an extensive workforce development strategy. To begin with, new practitioners attend a core training induction programme comprising four separate days that require completion prior to confirmation in post. This four modules are: the legal basis of Cafcass' work and court skills; casework skills such as planning, recording, assessing and reporting, interview skills when working with conflict and talking to children; and risk and harm in Cafcass.

Thereafter training is delivered by NIS, which is also responsible for supporting operational services through audits and commissioned activities such as 1:1 coaching and mentoring. The national training programme is approved annually by the Corporate Management Team, and senior operational managers can commission from NIS specific training or coaching to meet local need in their service areas.

All staff have access to an online learning environment (MySkills) which hosts information and skills-based courses (core and optional) as appropriate to their roles and identified needs. MySkills is both a source of all training materials and a database for monitoring the take up of training across Cafcass.

Workforce development is also assisted by several other mechanisms. Cafcass commissions at least four pieces of research a year as part of its research programme, as well as subscribing to Research in Practice. The findings from this are disseminated throughout the organisation and incorporated into training. Staff also make extensive use of our in-house Library, with 5722 items provided to staff in 2014/15, and all operational staff can access the professional network as part of our corporate membership of the College of Social Work.

South Essex College

The key strengths of the College are identified as:

1. A robust review of Safeguarding via the annual Section 11 Audit was received favourably by the LSCB as being honest and rigorous with a clear action plan written and is monitored regularly.
2. The development of the Safeguarding sections on the new College Intranet have allowed for the policies and procedures related to safeguarding to be more widely shared.
3. Proactive approach to the Prevent Duty by implementing strategies, procedure (Notice, Check, Share), external liaison, action plans and risk assessments including key staff being WRAP trained. All staff are currently working on an E-Learning package around the Channel Support Process as are members of the College's Corporation Board. A meeting with the FE/HE Regional Prevent Coordinator and Essex Police evidenced that as a College we are making excellent progress and engaging well with the Duty. Our strategies and action plan clearly show our direction, what we are doing, by when and who is responsible as well as providing the opportunity to ensure evidence collection.
4. Through the coaching and mentoring of Senior Leadership, Management Teams, Academic staff there has been an improvement of safeguarding management across the College. Staff are confident to raise any concerns regarding peers and Managers feel confident to deal with these concerns with a strong awareness of when to escalate.
5. A strong internal training package is available to staff which is continually developing based on changes in legislation and regulations along with staff needs.
6. Safeguarding concerns raised in relation to students are dealt with in a prompt and timely manner to minimize risk to the individual concerned, other students and staff. Where appropriate referrals are made to external agencies same day with acknowledgement and referral pick-up on average within 2-3 days.

7. The Safeguarding Team has a strong working relationship with LSCBs, LADOs, Essex Police and external agencies. These relationships have led to the College being part of a national pilot for the Young Carers Standard and being the only FE institution to feed into this project. Relationships with external agencies allow for students to access regular drop in services for support with sexual health, crime and safety, pastoral support and health services on a weekly basis at all campuses as well as regular events. These links also enable the team to access to a range of CPD sessions so members are up to date on services and referral mechanisms.

The following are areas identified as priorities for the College over the next 12-18 months:

1. To continue to provide training and educate staff and students on a range of safeguarding related topics with the priority subjects being:
 - a. CSE
 - b. Prevent
 - c. Bullying & Harassment
 - d. E-Safety
2. Strengthen the Ready, Respectful and Safe ethos with all students during induction and through events during the academic year.
3. Embedding of the Prevent Agenda within safeguarding practices across the College including the delivery of WRAP training and the process for the booking of Guest Speakers.
4. Improvement of communication with Heads of Department re. 'At Risk' students and appropriate planning to support most vulnerable students to achieve.
5. Education of all staff in identifying the differences in child protection, safeguarding and pastoral needs within students and their roles in providing support.
6. Collection of feedback and outcomes for students known to the Safeguarding Team to influence future service provision.
7. Continual building of strong links with appropriate external agencies.

8. Recruitment methods are undergoing a full review as each post arises to ensure we are appropriately vetting and assessing applicants' suitability to work within an Education environment.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

Serious Case Reviews

Serious case reviews are undertaken by LSCBs where a child dies or is seriously injured and abuse or neglect are known or suspected to be a factor in the death. Their purpose is to identify and implement learning to improve how services work together to safeguard children.

Southend LSCB completed one serious case review during the period October 2014 to September 2015. The LSCB Board and Chair agreed with the recommendation of the LSCB Case Review Panel that the review should not be published. The LSCB Chair consulted the independent National Serious Case Review Panel, set up by the government, which agreed that to protect the wellbeing of surviving family members, and in light of the fact that there was limited learning from the review regarding how agencies could have worked better together, the review, its findings, and recommendations should not be published.

The LSCB is assured that all of the recommendations identified in the independent overview report for this review have been implemented, and recommendations from agencies' individual management reviews of the case are being implemented appropriately or have already been implemented.

Child Death Reviews

Seven notifications of deaths of children resident in the Southend area were received during the year April 2014 to March 2015 compared to 9 deaths in 2013-14. This is the lowest number since 2010/11 (13 deaths) and continues a decrease in numbers over the past five years. Six of these deaths were in children under one year of age. Deaths of children under the age of one in the Asian or Asian British group are overrepresented. There were three unexpected deaths during the period in the Southend area. Unexpected deaths usually require a Rapid Response. There has been a change in the way that Rapid Response process is undertaken with a new county wide Health Rapid Response Service becoming operational from March 2015. The new service works with the Designated

Doctors, paediatricians and health professionals and in partnership with the Police, Social Care and other partners. The service provides support to families, including bereavement counselling; and is a single point of contact for the Rapid Response process across the county. **The LSCB has liaised with the Coroner in order that bereaved parents are now able to meet with a paediatrician who will go through and explain the Coroner's report or post mortem with them.**

Nine child death reviews were completed for Southend cases in the period. Not all reviews are completed in the year of the notification received, especially when there was an Inquest or criminal proceedings. Five reviewed deaths were found to have modifiable factors, including one due to deliberate injury, abuse or neglect (serious case review undertaken); one due to a chronic medical condition; and three due to infection. Four were found to be not preventable, including two due to chromosomal, genetic and congenital abnormalities; and two due to infection. **No reviews identified co-sleeping as a modifiable factor.**

Other Reviews

No other reviews were completed during the period October 2014 to September 2015. The Case Review Panel did undertake a thematic review of Neglect cases, learning from which has been identified earlier in this report.

The Panel is undertaking one review which did not meet the criteria for undertaking a serious case review, and this is due to be completed in 2016. Learning from this review is being implemented as it emerges

SECTION 9 – FINANCIAL REPORT APRIL 2014 TO MARCH 2015

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

Agency	% Contribution	Actual Contributions in 2014/15
Southend Borough Council	49.5%	£42672
Essex Police and Crime Commissioner	16.5%	£14224
CCG/Local Commissioning Board	26.0%	£22414
National Probation Service	7.2%	£6207
CAFCASS (+ reserves)	0.7%	£550
	0.1%	/£140
Total	100%	£86207

The Board received additional income from a grant of £10,000 from the Schools Forum; training and other charges, and interest. The Board carried forward £77,435 for 2014-15

Funding and staffing of the Southend LSCB is relatively low level, compared to other Boards regionally and nationally. The LSCB shares a business manager and administrative assistant with the Safeguarding Adults Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the LSCB.

For the year 2014-15 the LSCB's expenditure was as follows:

Description	Expenditure (£)
Total Employees	58,016
Total Supplies And Services (includes chair remuneration and meeting/training costs)	37,562
Total Contribution To Equality & Diversity in Schools Programme	5,000
Total Transport	150
Total	100,728

For the financial year 2014/15 the LSCB carried forward £79,334.96 in reserves.

SECTION 10 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	November 2014	March 2015	June 2015	September 2015
Independent Chair	√	√	√	√
Vice Chair - Corporate Director for People	√	√	√	√
Councillor Anne Jones, lead Member	√	√	√	√
Essex Community Rehabilitation Company	√	√	Apologies Substitute attended	√
South Essex College	√	√	√	√
Essex Police – Southend District	√	√	Apologies	√
Youth Lay Member	√	√	√	
Independent Schools Rep	√	Apologies	Apologies	-
Department for People, Chair LSCB Executive	√	√	√	√
Southend CCG	√	Apologies Substitute attended	√	Apologies Substitute attended
Essex Police	√	√	√	√
Community Lay Member		√	Apologies	√
Public Health	Apologies	√	√	Apologies

Representative	November 2014	March 2015	June 2015	September 2015
Department for People – Children’s Services	√	√	√	√
Special Schools Heads Rep	√	Apologies	√	Apologies
CAFCASS	-	Apologies	√	√
Primary Heads Rep	Apologies	√	√	Apologies
National Probation Service , South & South Eastern Division (from June 2014)	Apologies Substitute attended	Apologies Substitute attended	Apologies Substitute attended	Apologies
Southend Hospital	√	√	√	√
Secondary Schools Rep	√	√	√	√
Voluntary Sector - SAVS	√	√	√	√
NHS England LAT	√	Apologies	-	-
Designated Doctor	√	Apologies	Apologies	Apologies
LSCB Legal Advisor	√	√	√	√
SEPT	√	√	Apologies Substitute attended	√
East of England Ambulance Service	-	Apologies	√	√

SECTION 11 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

Key Areas for Development and Challenge 2015-16

Monitoring this year has shown the following areas of development need to be addressed in the coming year:

- An increase in the number of children and young people admitted to hospital as a result of unintentional or deliberate injuries to 98 (*compared to 49 in 2012/13 and 78 in 2013/14*). 54 admissions had a diagnosis of intentional self-harm, an increase from 37 in 2013-14. Work is required to address the issues of self-harm and mental health, including more exploration and triangulation of the relevant data, and a better understanding of the prevalence and the underlying causes.
- The provision of reports for Child Protection Conferences in advance of meetings to enable families and professionals to participate fully in the process. There need to be improvements in the timeliness and of the reports being provided to the family.
- The analysis of intelligence by Essex Police and mapping of the prevalence of CSE in Southend needs attention in order to build up a richer picture of where the risks are to be found and hence what type of prevention/disruption/investigative activity is required to address these.
- Commissioning of young people centred support services in respect of CSE is underdeveloped across the partnership. If this was addressed the LSCB view is that there would be a greater capacity to both respond to historic CSE with suitable counselling services, and it may encourage more victims, both current and past, to come forward particularly if there was a third sector "front door". The reason for this is firstly that some CSE victims do not initially see themselves as victims of CSE, and secondly some may be wary of approaching a statutory service in the first instance.
- Mainstreaming of funding for specialist support services for victims of domestic abuse and sexual abuse and exploitation is needed, in order to ensure a secure on-going contract for these services.

- The quality of information shared by Essex Police regarding domestic abuse incidents requires considerable improvement. Children and unborn babies are not always identified by the Police and the flow of information into Children's Social Care has not been reliable. This forms part of the Essex Police improvement plan
- Delays in the consideration of high risk domestic abuse cases at the Multi Agency Risk Assessment Conference (MARAC). These have continued despite the new pan Essex arrangements for triage and as a matter of urgency Southend will now seek a local solution to these on-going delays, to be put in place by the end of March 2016 at the latest.

In addition, the LSCB has identified the following areas as a priority:

- To continue to develop a comprehensive range of services in response to Child Sexual Exploitation, in line with the developing local strategy
- To continue to exercise oversight of the child protection process ensuring its on-going effectiveness and improvement
- To ensure that the early help model is fully integrated with the multi-agency sharing of information and child protection processes, making one unified and comprehensive system to ensure all children and safeguarded and professionals know how and where to get the right help.
- To ensure that the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals.
- To continue to address and improve the governance of the LSCB in terms of its relationships with other boards and processes in Southend , especially to ensure that cross cutting areas of work such as CSE do get looked at holistically across the partnership, and that potential gaps and overlaps are identified addressed effectively.
- To respond to the Violence and Against Women and girls agenda, including FGM EFM etc. Providing a comprehensive programme of work

- To hold the corporate parent to account in its work with Looked After Children and Care Leavers.

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 2015.
- 3.3 The service responds to approximately 2000 referrals a year and as at 30th September 2015 there were 177 open child protection cases, an increase of 13 on 31st October 2014, 431 Children in Need, including 118 allocated within the Children with Disabilities Team, a decrease of 94 on 31st October 2014. In addition there were 236 Looked After Children, an increase of 6 when compared to 31st October 2014.

- 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 2015 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. The annual report is also taken to the LSCB and Success for All Children Group.

4. Performance

- 4.1 Performance continues to be good and is stronger than when this report was last presented.
- 4.2 Reassurance processes are sound. 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 (an independent partnership board), the Corporate Parenting Group (accountable to elected members), and Success for All Children Group (accountable to the Health and Wellbeing Board).
- 4.3 The impact was seen during 2014/15 of the use of interrogating performance data to target resource in the areas of children in need and recording of Core Group meetings (statutory meetings within the child protection process).
- 4.4 We altered the suite of performance data in 2014/15 in order to monitor areas of focus during including:
- 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.

During 2015/16 we have developed new performance information so that we can track public law outline (PLO) processes in order to identify any drift in case work and take steps to address it. PLO processes are the actions taken in order to prepare cases to issue care proceedings within the Family Court.

4.5 The formal feedback from the Eastern Region safeguarding peer review undertaken in September 2015 referred to the strength of performance management. It stated that *“Performance management is good and senior managers and partners use the management information to track areas for improvement”*

4.6 The table below shows the comparative performance data for 2014/15

Performance Measure	Southend	Statistical Neighbour	National Average
Children with a child protection plan per 10,000 (low is good)	48.1	53	42
Re-referrals to children social care in 12 months (low is good)	21.4	25.9	24
Single Social Work Assessments completed in 45 working days (high is good)	96.3%	77.9%	81%
Number of looked after children per 10,000	60	63.9	60
Number of children in need per 10,000 (low in good)	268	363.9	337.3

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. Audits are undertaken by all managers from the Corporate Director to Team Manager. 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.

5.2 417 case audits were undertaken within Children’s Services during 2014/15 which equates to 20.1% of cases open to the service at any one time during the year. The majority of the cases audited would have been one child who is part of a sibling group. This means the impact of an individual audit would reach beyond the individual child as learning would be applied to the sibling group.

5.3 The outcomes of the audit activity are 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 give assurance that our quality assurance processes are sound.

5.4 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 programme of audits helps us to ensure our safeguarding processes are robust as well as supporting our preparedness for inspection. 12 social workers engaged with audit processes undertaken by the peer review team in September 2015. During the coming months social workers in the fostering service will be involved with 'Ofsted Style' audits.

5.5 Audit activity enables us to identify areas of challenge and take action to make improvements. Improvements have been seen in relation to child in need cases, timely recording and reviewing officer activity. Planning and management oversight is stronger. Continued areas of challenge include the recording of supervision, recording the sharing of reports with parents and consistently recording statutory home visits.

5.6 In 2014/15 74.3% of cases audited were graded as outstanding, good or requires improvement. This is an improvement of 21.1% from the previous year when 53.2% attained this grading.

5.7 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
<ol style="list-style-type: none"> 1. Thresholds are well understood and consistently applied 2. Conversion rate of referral to assessment is strong 3. Management Decisions on referrals 4. Assessment timescales 5. Reduction in re-referral rate means children are safeguarded effectively. 6. Timeliness of Child Protection Case Conferences 7. Timeliness of Initial Core 	<ol style="list-style-type: none"> 1. Consistent recording of statutory visits to children 2. Sharing of reports with families 3. Consistent recording of supervision 4. Continued focus on the recording of core group meetings 5. The need to focus on a small number of cases that are judged in audit to be inadequate and remain inadequate for more than 3 months.

<p>Groups</p> <p>8. Use of appropriate assessment tools</p>	
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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 Feedback from young people about their Independent Reviewing Officers is reported in the annual report of the Principal Reviewing Officer. This is reported to the Corporate Parenting Group, LSCB and the Director of Children’s Services.
- 7.6 A social work workshop was 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 supported practitioners to change their practice in response to the feedback from children and families.
- 7.7 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 as engaging young people in Child Protection Conferences is a regionally acknowledged area of challenge.

8. Workforce

- 8.1 As reported in 2013 and 2014; 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. The vacancy rate stands at 8%. We have 13 posts filled by appropriate agency social workers an increase of 2 from last year. This equates to 10% of the social work establishment across Children's Services. This is higher than we would wish however it compares well both regionally and nationally.
- 8.3 There are 67 qualified social workers, including managers, working within Fieldwork Services in Children's Services. These are the social workers who work with children and young people where there are safeguarding concerns.
- 8.4 Over the past year recruitment activity has continued to include speaking at national conferences and regular recruitment activity.
- 8.5 Southend Head of People and Policy chairs the East of England group which is developing actions to reduce reliance on agency social workers and reduce cost. This has led to a memorandum of understanding across the region which ensures similar rates of pay for agency staff across the region, preventing escalation of cost and improving stability and staff levels. Initial assessment indicates the memorandum is supporting a reduction in staff turnover.
- 8.6 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.
- 8.7 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 80.8% 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.
- 8.8 We commission training based on identified need. Need is identified from learning from case reviews and areas identified regionally and nationally. Training commissioned in 2015 has included the impact of neglect, chairing meetings, assessing risk where suicidal ideation is present and radicalisation and extremism. Training in relation to child sexual exploitation continues to be delivered as is core safeguarding training.

8.9 Practitioners continue to report they feel well supported and that managers are accessible to them. The Eastern Region safeguarding peer review team identified in September that *'The social workers we spoke to were very positive about working in Southend, felt their caseloads were reasonable and that they were very well supported by Managers. CPD is good and newly qualified social workers were very positive about their experiences and support'*.

8.10 The impact of the changes to the Public Law Outline and increased numbers of children subject to child protection plans has been identified as resulting in an increased workload for social workers. Additional temporary resource was put in place from April 2015 to ensure workflow was not negatively impacted. Ways to increase management oversight within the Care Management Teams is currently being explored. This will give practitioners additional support as demand increases and enable continued improvements in performance.

8.11 Both the peer review team and 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 is beginning to have an impact on the recording of supervision. Feedback from social workers on the practice manager role in undertaking CPD supervision is positive however this type of supervision practice is not consistent across fieldwork services and the fostering service.

8.12 Our continued investment in our staff continues to assist in succession planning and internal promotions, following competitive interview, have been made to 3 independent reviewing officer, 2 team manager and 1 practice manager posts during the last year. We do however recognise the benefit of recruiting externally to bring new skills, experience and ideas to the council.

9. Local Authority Designated Officer

9.1 In Working Together (2015) it is identified that Local Authorities should have designated a particular officer, or team of officers, to be involved in the management and oversight of allegations against people who work with children. Children's Services have a designated officer or LADO to undertake this work. Local Authorities are required to:

- Provide advice and guidance to employers and voluntary organisations;
- Liaise with Police and other agencies
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

- 9.2 In 2014/15 29 allegations were made requiring 45 management planning meetings and 1 formal consultation. This is a reduction of 11 allegations from 2013/14 and a reduction of management planning meetings of 34. Activity is reported to, and monitored by, Children's Services Management, Departmental Management Team and the LSCB.
- 9.3 The majority of referrals were made by the Police (11) followed by the Education (7) and Children's Social Care (6)
- 9.4 Timeliness of the completion of investigations improved during 2014/15 with 61% being resolved within 1 month in comparison with 41% in 2013/14 and 68% being completed within 3 months compared with 69%. 11% of cases, 3 cases, took up to 12 months to resolve. These cases were where there were criminal investigation and consideration of prosecution. It is important to note that, in these cases, the adults were not working with children during this period. Where investigations are not completed within 3 months this is due to the length of time the Police forensic investigation of IT equipment takes to complete.
- 9.5 43% of cases were found to be unsubstantiated and 50% were substantiated. This is broadly comparable to the outcomes in 2013/14. For cases found to be unsubstantiated a thorough investigation and statutory was followed in order for this conclusion to be reached.

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.

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, was published in August 2015. Disappointingly the positive feedback received from the inspection team was not reflected in the report

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. The functioning of the team was compromised in April and May 2015 due to technical

challenges experienced by the Police following the introduction of their new IT system, Athena. This was compounded by a period of time when there were no Police officers based within Southend JDATT although we were able to access officers within the Essex JDATT.

- 10.2.3 Concerns have been raised within both children's and adult services in relation to delays in receiving notification of domestic abuse incidents and incomplete information being received from the Police. The concerns have been escalated to Corporate Director and Chief Executive level. The LSCB has been advised of the concerns and is monitoring this. Meetings have been held with the Deputy Chief Constable of Essex Police.
- 10.2.4 Partnership work has been undertaken to address delays experienced in cases being heard at Multi-Agency Risk Assessment Conferences (MARAC) and the delay has significantly reduced although delays remain. Partnership work continues.
- 10.2.5 It has been decided that a multi-agency safeguarding hub (MASH) will not be implemented in Southend. The plan is for an extended JDATT to be implemented. The model is being finalised and will be taken to the LSCB, Safeguarding Adults Board and the Health and Wellbeing Board.
- 10.2.6 The extended JDATT will further improve decision making and response to incidents of domestic abuse. Additionally it will make it extremely unlikely that delay in cases being heard within a MARAC process will occur. This will be implemented by the end of March 2016.
- 10.2.7 Families with children who have experienced domestic abuse assessed by Police as medium risk but do not meet the threshold for statutory social work intervention are offered the opportunity to engage with Streets Ahead. This innovative approach will reduce the impact of domestic abuse in Southend.
- 10.2.8 Refreshed training in relation to Domestic Abuse, including joint training with adult services, has been 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 A CSE strategy and action plan has been written. This is monitored by the LSCB CSE group and the LSCB

- 10.3.3 A Service Manager post has been created within Children's Service. The post hold leads on CSE, so called honour based violence and Female Genital Mutilation. This increases capacity across the partnership to tackle these forms of abuse.
- 10.3.4 A CSE peer review was undertaken in August 2015 by staff from Thurrock Council. This was a reciprocal arrangement with Southend staff undertaking a CSE peer review in Thurrock. Learning from the peer review will be taken forward as part of the CSE action plan.
- 10.3.5 The peer review team concluded their feedback by stating that;
"Southend appears to have a growing confidence in the effectiveness of its arrangements to safeguard and protect children at risk of child sexual exploitation. Relationships are strong and Operation Cast provided a good example of the collaborative approach being taken to tackling child sexual exploitation at both the strategic and operational levels."
- 10.3.6 The Group Manager for Quality Assurance and the Service Manager for CSE continues to attend the Southend, Essex and Thurrock Strategic Group for CSE which develops the overall plan for CSE across the area and monitors its implementation. The Group Manager also chairs the LSCB CSE and Missing Group which implements the strategic plan in Southend.
- 10.3.7 Performance on return home interviews continues to be strong and makes a significant contribution to safeguarding children and young people.
- 10.3.8 There has been one significant operation relating to CSE in the past year, Operation Cast. It related to allegations that an internet café in Westcliff was linked to CSE involving young women from Essex and Southend. The operation has now concluded.
- 10.3.9 A peer review was conducted by the Home Office in October examining gang activity in Southend. CSE and drug activity were also covered during the peer review due to the connections between these activities and gangs. The findings of the peer review will inform the future development of the CSE strategy and action plan.

10.4 Radicalisation and Extremism

- 10.4.1 The implementation of the Counter-Terrorism and Security Act 2015 on 1 July placed a duty on local authorities and other public bodies to have "due regard to the need to prevent people from being drawn into terrorism", as part of the Prevent Duty.
- 10.4.2 Training on the Prevent agenda has been delivered to children's services in May, June and October. Further training is being delivered in November.

- 10.4.3 A common prevent referral form is being used across greater Essex which supports a consistent approach.
- 10.4.4 Southend has just established a Channel panel which reviews cases, of both adults and children, where there has been an assessment that a person is at risk of being drawn into terrorism.
- 10.4.5 If safeguarding concerns are identified the usual statutory processes are undertaken by children's social care.
- 10.4.6 To date there have been no cases involving children where action has had to be taken to prevent a person being drawn into terrorism.

10.5 Self-harm and Suicide

- 10.5.1 Self-harm and suicide has been identified as an area of priority by the LSCB and SAB.
- 10.5.2 Children's services will contribute to the development of training, staff confidence and services relating to this area of safeguarding.

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 however this is an expensive option. A recruitment strategy has been developed to address this challenge.
- 11.2 We currently have one Team Manager post covered by an agency worker. 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. A 3 year plan is being developed which will assist with succession planning and reduce the use of agency social workers.
- 11.4 The impact on social worker workload due to the revised Public Law Outline (care proceedings), as reported last year, has continued. We will continue to review whether the current establishment is sufficient to meet demand. Despite this social workers reported to the peer review team that over the last 2 years support and practice has improved.
- 11.5 Improving the response to domestic abuse is a key priority. An extended JDATT needs to be implemented swiftly. Due to pressure across the partnership this will be a challenge in terms of time and

resource. The extended JDATT will be implemented by the end of March 2016.

- 11.6 Reductions to budgets continue to be implemented across the Council. Safeguarding children has remained a priority for the Council and the safeguarding functions of Children’s Services have been protected from cuts to frontline staff. This will become increasingly challenging.
- 11.7 We are waiting to be notified of the Ofsted inspection of children’s services. A regular meeting, chaired by the Corporate Director for People, is held to ensure the Local Authority is meeting the current safeguarding children standards.

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 and by the safeguarding peer review in September 2015.
- 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 2016 are summarised in the table below

Priority Improvement	Action	Outcome
Reduce demand on statutory children’s safeguarding services	Implement refreshed early help model to prevent escalation of need and promote timely step-down from statutory children’s social care. Continue to identify the preventative elements of A Better Start evidence based programmes to support timely step-down from statutory children’s social care and to prevent the escalation of need for 0 – 5 year olds.	Number of cases open to children’s social care does not increase by more than 5%

Strategic issues relating to domestic abuse	Implementation of extended JDATT Continued engagement with Essex wide Joint MARAC operational group	Extended JDATT is functioning by April 2016 MARAC cases are heard within 4 weeks of the incident
Recruitment of experienced staff and managers	Continue to implement the workforce strategy Continue to explore solutions at Eastern Region children and young people group Three Year recruitment strategy to be developed and implemented.	Reduction in use of agency social workers to 10
Missing children and Child Sexual Exploitation	CSE action plan to be monitored and reviewed. Learning from peer review of CSE and Home Office review of gang activity to inform CSE action plan.	Action plan is reviewed to ensure it continues to meet the level in need in Southend.
Improved recording to capture the quality of supervision	Dedicated administrative support to be further embedded Briefing of supervisors by Service Manager Audits of supervision to continue to be taken to LSCB Executive	Audit of supervision shows an improvement in quality and frequency of supervision
Consistently timely recording of statutory visits to children	Continued monitoring by worker and team To continue to be included in all social worker's PMR	Recording of statutory visits meets timescale set in Children's Services Plan

2014-15

Annual Report on the Effectiveness of
Safeguarding Adults in Southend



Southend SAB

October 2014 to September 20 15

Contents

		Page
Section 1	Introduction Introduction from the SAB Chair and Vice Chair Role of the Board Governance and Accountability Strategic Links to Other Boards and Partnerships	
Section 2	Executive Summary Overview Progress Against SAB's 2014-15 Strategic Plan Priorities Key Successes Key Areas for Development and Challenge 2015-16	
Section 3	Context Demographics The Care Act The SAB's Learning and Improvement Framework	
Section 4	Making Safeguarding Personal Prevention and Early Help Adult Protection Mental Capacity Act & Deprivation of Liberty Standards	
Section 5	Challenge to Partner Agencies and Strategic Bodies	
Section 6	Partner Agency Annual Statements & SAB Assessment Southend Borough Council Essex Police Community Rehabilitation Company NHS England	

	Southend CCG South Essex Partnership Trust (SEPT) Southend Hospital East of England Ambulance Service Essex County Fire and Rescue Service (ECFRS)	
Section 7	Implementing Learning from Reviews Serious Case Reviews Other Reviews	
Section 8	Financial Report April 2014 to March 2015	
Section 9	Board Membership and Attendance	
Section 10	Key Priorities for 2016-17	

Key

Evidence of impact of SAB activity in highlighted in GREEN

Areas of Challenge or for development are highlighted in YELLOW

SECTION 1 – INTRODUCTION

Introduction from the SAB Chair and Vice Chair

As Chair of the Safeguarding Adults Board (SAB) I am pleased to introduce this year's Annual Report, outlining how the SAB has developed its remit to meet the requirements of the Care Act. I believe good progress has been made this year, following a very helpful workshop facilitated by Colm Lehane of Clara Learning, which enabled all partners to grasp the impact of these significant changes on their respective organisations, and to put in place the foundations of the new approaches which are required. The SAB in Southend is, I believe, well placed to take forward the work of making safeguarding everyone's business, and in ensuring that a wide range of services are co-ordinated to reduce risk and improve the safety and well-being of those adults who are vulnerable to abuse or neglect. There is evidence from the partners that they have embedded these new requirements within their governance arrangements and are working to bring about improvements. Whilst this remains a work in progress, I do believe that Southend has made a good start and there is ample evidence in the report of the progress made and I look forward to working through the SAB to further this initiative, ensuring at all times that the principles of Making Safeguarding Personal permeate throughout all the activity, ensuring that the wishes of vulnerable adults are at the heart of the decision making process.

Chris Doorly - Independent Chair

Role of the Board

The Safeguarding Adults Board (SAB) is a statutory body created under the Care Act 2014. The main objective of an SAB 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 them from either the risk of, or the experience of abuse or neglect.

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.

SABs have three core duties. They must:

- develop and publish a Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an Annual Report detailing how effective their work has been
- commission Safeguarding Adults Reviews for any cases which meet the criteria for these

Governance and Accountability

Although the SAB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the Chair to account for the effective working of the SAB. The Chair of the SAB meets with the Chief Executive and Leader of Southend Borough Council to present the SAB Annual Report on the effectiveness of safeguarding adults in Southend following its approval by the SAB's Board in November annually.

Strategic Links to Other Boards and Partnerships

The Chair of the SAB is invited to attend the Health and Wellbeing Board (HWB) annually to present the SAB's annual report on the effectiveness of safeguarding adults in Southend. The HWB will ensure that the Police and Crime Commissioner is present at this meeting.

The SAB seeks to gain assurance that the HWB is effectively considering adult's safeguarding in the decisions it makes. The HWB in turn uses the LSAB as a 'critical friend' in safeguarding

adults considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The SAB also has a direct relationship with the Community Safety Partnership (CSP). The SAB seeks assurance that the CSP is appropriately considering adult's safeguarding in the decisions it makes. The SAB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

SECTION 2 – EXECUTIVE SUMMARY

Overview

The Board has made good progress over the year to implement the Care Act 2014 requirements and continue developing its structure and processes.

The continued development and implementation of its Learning and Improvement Framework has enabled the Board to build on its monitoring of the effectiveness of safeguarding adult services, and evidencing the impact of its activity. Further work is required over the next year to continue this progress, building a robust performance management framework which will inform the areas of challenge for the Board and evidence its impact on improving the safeguarding and wellbeing of adults with additional care and support needs in Southend.

The partnership response to domestic abuse remains a significant challenge, and in particular the functioning of the Multi Agency Risk Assessment Conference (MARAC) process. Despite a review of MARACs across wider Essex and the introduction of a revised process, which included the triage of some cases, there continues to be a backlog of cases waiting to be heard at the multi-agency conference. Southend partners are taking action to mitigate the risks to domestic abuse victims and ensure they are effectively safeguarded, however a local resolution will need to be sought to ensure the MARAC process is effective in safeguarding adults with additional care and support needs.

The SAB is assured that on the whole adults involved in the safeguarding process, where they have capacity to do so, are consulted appropriately about the actions taken and report feeling safer at the end of the process.

The SAB Learning and Improvement Framework identifies that practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) requires further development

Progress Against the SAB's 2014-15 Strategic Plan Priorities

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	1	To ensure that the guiding principles and business plan of the Southend Safeguarding Adults Board upholds the safeguarding principles in the Care Act 2014	Improvement in safeguarding adults practice by all partners.	Outcome of multi-agency audits	Audit programme completed and evidences that safeguarding practice is on the whole effective and sensitive to the needs of adults requiring protection
			Implementation of the safeguarding elements of the Care Act 2014 A gap analysis of requirements for implementation of the Care Act 2014 identifies actions to ensure compliance	SAB Annual Report Gap analysis action plan monitoring by the SAB	The Board is fully compliant with the Care Act
			Improved attendance at Board and sub group meetings	Attendance Report	Attendance at the Board and its sub groups is good overall however that of the Quality, Monitoring and Audit Group is inconsistent and impacts on the

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					effectiveness of the implementation of the Board's Learning & Improvement Framework. Non-attendance at the SAB by NHS England has been resolved
			Funding for SAB business support team is secured	SAB Budget	Funding secured for 2015-16. Proposal re enhanced resourcing of business support team under consideration
			Engagement of elected members and non-executive members of partnership boards, who are provided with appropriate training to fulfil their scrutiny role	SAB Scrutiny Panel established	SAB Scrutiny Panel to be in place by March 2016
A	2	Develop and review SET (Southend, Essex and Thurrock) Safeguarding Adults policies,	Policies, protocols and procedures support the effective safeguarding	Survey of practitioner awareness and understanding of new SET Safeguarding	To be completed

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
		protocols and procedures across the adult services economy in Southend and ensure they are reflective and reflexive with regards to changes in government guidance, legislation and lessons learned.	of adults	Adults Procedures 2015	
			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	100% of practicing Best Interest Assessors are certified
			Development of a large scale investigation procedure	Procedures signed off by SAB	Procedure developed and in process of ratification by the wider Essex Boards
			Develop and implement policy and procedures to support victims of so called 'Honour Based Abuse', Forced Marriage, Female Genital Mutilation (FGM), Human Trafficking and Radicalization.	Policies and procedures approved by SAB for implementation by partners	Work being led by the Office for the PCC. PREVENT strategy and Channel Panel in place Awareness raising activity re HBA, Forced Marriage, FGM and Human Trafficking being undertaken

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	3	Ensure the effective implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) by all partners	The MCA and DoLS are applied appropriately with adults able to make decisions where appropriate regarding their personal life choices.	Report to SAB on an audit of the effectiveness of MCA and DoLS assessments, authorisations and reviews	Audit identified that appropriate advocacy by next of kin or IMCA not always identified by practitioners. Action plan in place to implement learning across partner agencies
			Training for practitioners on the application of MCA and DoLS which promoted professional curiosity is developed and implemented	Percentage of appropriate practitioners completing MCA and DoLS training	Data in development
A	4	Identify and monitor significant practice or resource matters and identify ways to resolve issues with partnership support.	Risks to effective safeguarding adults practice are identified and mitigated by the Board	Risk register evidences impact of partnership's impact on mitigating identified risks	Record of identified risks in SAB Executive minutes with progress to mitigate these
A & B	5	Coordinate the work of the Safeguarding Adults Board with that of the Local Safeguarding Children Board and the wider crime	Practitioners from adult focused services have an increased awareness of safeguarding children issues,	SAB Annual Report evidences impact of integrated approach by adult and children's	During 2014/15 Children's Social Care received 23 referrals for 38 children from an Adults based service compared to 43

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
		and disorder reduction agenda.	and practitioners from child focused services have an increased awareness of safeguarding adult issues	services and boards and other strategic partnerships to identified key cross cutting issues, including domestic violence, exploitation, transition from child to adult services, and implementation of the Family Focus Protocol	<p>referrals for 72 children in 2013/14</p> <p>Reduction in referrals from Community Mental Health (8 compared to 13); Probation (3 compared to 17); Adult Social Care (1 compared to 3); Substance Misuse Services (5 compared to 10)</p> <p>Increase in referrals from Prison Service (4 compared to 2)</p>
			The Domestic Abuse Strategy is implemented effectively and within timescales to reduce the impact on victims	Domestic Abuse Strategy progress reports from the Community Safety Partnership	<p>Revised SET Domestic Abuse Strategy implementation being monitored by the Board.</p> <p>Functioning of MARAC process has been challenged and a revised process implemented which has improved delays, however timeliness of the process remains a concern and a Southend specific solution</p>

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					will be finalised by end of March 2016
			Increased safeguarding adults referrals from child focused services and safeguarding children referrals from adult focused services	Number of safeguarding adults referrals from child focused services and safeguarding children referrals from adult focused services	Data in development
			Reduction in domestic abuse incidents involving adults from vulnerable groups or children	Number of children reported present in domestic abuse incidents Number of adults from vulnerable groups who are victims of domestic abuse	672 Oct-Dec 2014 Data to be provided – issues with Essex Police Athena system preventing data reporting currently
			Increased reporting of sexual or other exploitation of children or adults	Number of children or adults identified as at high risk of sexual exploitation	45 children identified as at high risk of sexual exploitation as of September 2015. CSE and Missing Group ensures all children at high risk are being supported

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					appropriately Reporting for adults in development
			Young people and their families transitioning to adult services are supported appropriately through the process	Percentage of young people and their families transitioning to adult services report that they were supported appropriately through the process	Data to be developed. Transition Protocol reviewed
			Increase in safeguarding referrals regarding domestic abuse from agencies other than the police, and the public.	Number of DASH completed and referred by other organisations	Significant increase in high risk DASH referrals from Essex Police. Number of DASH referrals overall is approximately the same
A & C	6	Have a mechanism to carry out safeguarding adults reviews or other reviews, and where necessary to make recommendations regarding practice, policy, and protocols. To examine other serious case reviews nationally to implement learning and recommendations.	The Board has a range of methodologies identified for undertaking reviews and monitoring the implementation of learning. The Board receives an annual summary of learning from national reviews	Board's Learning and Improvement Framework evidences the impact of implementation of learning from reviews	Process in place and currently being implemented. Positive feedback regarding introduction of practitioner learning event as part of the process

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	7	To develop effective multi-agency partnership arrangements to meet the needs of adults who are experiencing abuse, including information sharing processes	<p>The SET Safeguarding Adults Procedures provide clear guidance on the arrangements for meeting the needs of adults who are experiencing abuse</p> <p>All agencies have robust arrangements to meet the needs of adults experiencing abuse</p> <p>Information sharing processes are resourced and implemented appropriately by partner agencies to safeguard vulnerable adults</p>	Learning and Improvement Framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse	Information from audits and other elements of the learning and improvement framework indicate that the impact of safeguarding arrangements on adults who experienced abuse is largely positive
				All partners have an identified designated adults safeguarding manager (DASM)	All partner agencies have identified a DASM
				Board retains record of all DASMs	SAB Business manager has record of identified DASMs for all agencies
				SAB audit of the quality of information sharing to safeguard vulnerable adults evidences that information is shared appropriately and in a timely way	Audit evidences that quality of information sharing to safeguard adults is on the whole good

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
B	8	To raise awareness and promote the prevention agenda	Public and professionals are more aware of and report safeguarding adults issues, including Abuse and Neglect; Exploitation; FGM, Honour Based Abuse (HBA), Forced Marriage and Human Trafficking; Radicalization; Fraud and Online Safety; Road Safety; Hoarding; pressure ulcers Identification and signposting is in place to support adults, including via an enhanced Board web presence	Number of safeguarding referrals from professionals, and the public including those regarding FGM, HBA, Forced Marriage, Human Trafficking and Radicalization.	192 safeguarding referrals Oct-Dec 2014
				Number of reported fraud cases	107 reported fraud cases in 2014. Data for 2015 not yet available
				Number of people over 65yrs killed, seriously or slightly injured in road traffic collisions	Data not currently available
				Number of SET SAFs as a result of pressure ulcers	Data in development
C	9	Ensure that training carried out across Southend meets the SET Training Strategy and that appropriate training needs are identified and training is resourced to meet those needs.	All training delivered by the SAB and its partner agencies and training facilitators are quality assured and approved by the SVAB. All partner agencies have	Report to Board on number of courses and trainers quality assured	SBC and SEPT courses approved
				Percentage of practitioners appropriately trained	SEPT – 100%; Essex CRC – 10.6% (actions in pace to improve performance);

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
			<p>as a minimum 70% of their staff trained in safeguarding adults to an appropriate level as defined in the Training Strategy.</p> <p>Evaluations of training evidence that service delivery and practitioner confidence is improved</p>		<p>Southend Adult & Community College – 83%; South Essex Homes – 99.5%; GPs – 100%. Data from SBC, Southend Hospital, and Essex Police outstanding.</p>
				Analysis of training evaluations	Evaluation now being undertaken with analysis from September 2015
C	10	Involve, consult and engage with vulnerable adults and their carers to ensure that the safeguarding process is free from oppression, increases choice and control and fosters independence for the service user, and in turn increases competence in support services.	Methods of facilitating participation and feedback from service users and the community is fair, transparent, and understood and results in the improvement of safeguarding services	All partner agencies report on the outcome of service user engagement to the SAB and evidence how this has informed the delivery of effective safeguarding services in the SAB Annual Report	All agencies represented at Quality, Monitoring and Audit Group have reported on service user engagement. SBC data evidences that 96% of people requiring safeguarding support were aware of the process and had it explained to them
C	11	Develop and implement a Learning and Improvement Framework to inform	SAB Annual Report evidences a positive impact on the effectiveness	Register of SAB challenge to partnership agencies and strategic	Register established and evidences impact of the Board's challenge to

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
		improvements and commissioning of services across statutory and third sector services for vulnerable adults	of safeguarding of adults as a result of the SAB's challenge of partner agencies and other strategic partners, based on the findings from its learning and improvement framework Assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards are effective Recommendations from domestic homicides relevant to safeguarding adults are implemented effectively	partners.	partner agencies
				Percentage of recommendations from serious case reviews implemented	100% of recommendations from completed SCR implemented. SCR 'Anne' overview report completed Nov 2015
				Percentage of partner agencies providing performance information	80% of partner agencies are providing performance information
				Learning from multi agency audit reports	Audit programme evidences that on the whole the safeguarding process is implemented effectively
				Percentage of recommendations from multi agency audits implemented	Action plan in place and being monitored
				Report to SAB on the effectiveness of assessments, authorisations	Audit identified learning regarding identification of next of kin or suitable

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
				and reviews of referrals under the Deprivation of Liberty Safeguards	advocate by practitioners. Action plan in place and implementation monitored by the SAB
				Reports to SAB on implementation of Domestic Homicide Review recommendations by Domestic Abuse Forum	A number of Domestic Homicide Reviews are due for publication following quality assurance by the Home Office

Key Successes

- The SAB is fully compliant with the requirements of the Care Act 2014
- 'Buddy' scheme for residential care homes to provide support and information on a wide range of tissue viability issues
- The Turning Tides Team from SAVS has been visiting 800 people over the age of 65 who have been identified as being particularly vulnerable to scams.
- There were no preventable fire deaths in Southend in 2014-15.
- With SBC Children's Services and the Safeguarding Children's Board the SAB has funded preparations for the launch of Keep Safe in early 2016.
- Safeguarding of adults is largely effective in Southend, with high levels of satisfaction from those who have been the supported through the process.
- The SAB worked with the Boards in Essex and Thurrock to successfully develop and implement new Safeguarding Adults Guidance in 2015, which is compliant with the Care Act 2014.

- In 87% of all concluded safeguarding cases, the risk to the individual had been removed or reduced

Key Areas for Development and Challenge 2015-16

- Ensuring arrangements to implement the Domestic Abuse Strategy are robust and that information sharing and assessment of risk is undertaken in a timely way, particularly as part of the MARAC process
- Improve practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS)
- Development of the SAB's Learning and Improvement Framework

SECTION 3 – CONTEXT

Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900.

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country. Using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

The number of older people (65+) in Southend living alone is estimated to increase from 11,757 in 2011 to 12,627 in 2015, an increase of 7.4%, compared to 9.7% for England.

The number of older people (65+) in Southend living in a care home is expected to increase from 1,586 in 2011 to 1,701 in 2015, an increase of 7.3%, compared to 10.7% for England.

The number of people (65+) helped to live independently in Southend is estimated to increase from 2,668 in 2011 to 2,921 in 2015, an increase of 9.5%, compared to 11% for England.

The number of older people aged 65+ predicted to have a learning disability in Southend is estimated to increase from 630 in 2011 to 693 in 2015, an increase of 10%, compared to 11.3% for England.

The Care Act

The Care Act 2014 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

Central to the Care Act is the idea of 'wellbeing'. This starts from the assumption that an individual is best placed to judge their own wellbeing. Wellbeing relates to the following areas:

- Personal dignity and respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Individual control over everyday life
- Participation in work, education and training
- Social and economic wellbeing
- Positive family and personal relationships
- Suitability of living accommodation

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 safeguarding adults reviews into cases where someone who is experiencing abuse or neglect dies or is seriously injured or there is concern about how agencies worked together, to ensure lessons are learned
- Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions

The SAB is fully compliant with the Care Act

The SAB's Learning and Improvement Framework

The SAB's Learning and Improvement Framework enables partner agencies to be clear about their responsibilities, to learn from experience, and improve services as a result. This is an integrated framework which builds on the SAB's culture of learning and improvement. The following elements form the basis of the SAB's Learning and Improvement Framework:

Element	Activity	Expected Outcome/Impact
Safeguarding Adults Reviews (SARs)	Identification and implementation of learning	<p>Learning from SARs 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 adults' welfare and safety</p>
Other 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</p>

Element	Activity	Expected Outcome/Impact
		the current arrangements and processes in terms of improving adults' welfare and safety
Learning from complaints and other enquiries	Identification and implementation of learning	Learning from complaints is informed by the views of adults and their families 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 adults' welfare and safety
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	SAB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of SAB audits	SAB evidences the effectiveness of safeguarding services for adults
Qualitative Information from Adults with care and support needs and their Families	Analysis of information obtained to quality assure the effectiveness of	The development and improvement of safeguarding services is

Element	Activity	Expected Outcome/Impact
	safeguarding of adults	informed by the views and experience of adults and their families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	<p>Risks to the effectiveness of safeguarding adult's services are identified early and addressed in a timely way.</p> <p>Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding vulnerable adults practice and increase in confidence</p>
Single Agency Performance Information	Analysis of quantitative data from partner organizations	Evidence of improvement in identified key areas of safeguarding practice.
Partner Agency Safeguarding Standards Self Assessments	Reporting of qualitative and quantitative data by SAB partner agencies	Partner agency self-assessments of safeguarding efficacy are robust
Annual Reports from Strategic Partners and SAB Members	Needs analysis and monitoring of safeguarding effectiveness	The SAB evidences the effectiveness of safeguarding practice

Element	Activity	Expected Outcome/Impact
Strategic & Themed Work	Mapping of issues and development of overarching strategies	The SAB and its strategic partners identify any risk and/or need and implement improvements to address these

SECTION 4 – MAKING SAFEGUARDING PERSONAL

Prevention and Early Help

The SAB coordinates and monitors prevention and early help activity and its outcomes. The Board and its partners are committed to preventing abuse or neglect and providing early help through universal services where risk is identified early.

The SAB has monitored work of partner agencies to prevent pressure ulcers in adults who are frail or disabled, including a 'buddy' scheme for residential care homes to provide support and information on a wide range of tissue viability issues. The scheme enables staff to feel empowered in the care they give. Initial feedback from the homes involved in the scheme has been very positive.

Southend Association of Voluntary Services (SAVS) and SBC Public Health worked together to undertake 'Warm and Well' checks on older people and those with additional care and support needs during the winter months.

The SAB has been working with Crimestoppers and the Police and Crime Commissioner to pilot an 'Elder Abuse Helpline' in Southend and across wider Essex, raising awareness with the public of the signs of abuse and neglect and providing a confidential reporting line. Crimestoppers, SAVS, and the Post Office in Southend are also working together to tackle post, phone and online scams. The Turning Tides Team from SAVS has been visiting 800 people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.

The SAB has also worked with Essex Police to provide information about different types of scams and frauds for domiciliary and care workers so that they are more able to identify when vulnerable clients may have been victims of scams or fraud and to help them raise awareness with their clients.

The SAB also works in partnership with the Boards in Essex and Thurrock to provide the AskSAL helpline for reporting abuse and neglect of any adult with care and support needs.

The SAB has identified the reduction of numbers of people over the age of 65 who are killed or seriously injured in road traffic collisions as a priority objective. Working with SBC Public Health and other partner agencies the Board is taking a strategic approach to reducing the number of collisions involving cars, including raising awareness of the effects of some prescription drugs with GPs and pharmacists so that they can provide appropriate advice to drivers. Public Health is also promoting travel alternatives to car use.

Essex County Fire and Rescue Services, the SAB, 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, including fitting smoke alarms free of charge. The scheme has been rolled out throughout Essex and is available to cover adults aged 18 and over. Awareness raising has also been undertaken with GP safeguarding leads to cascade within their surgeries, and with other health professionals, regarding the risks of using petroleum based ointments with non-mobile patients, especially when there is an added risk of fire from smoking. **There were no preventable fire deaths in Southend in 2014-15.**

With SBC Children's Services and the Safeguarding Children's Board the SAB has funded preparations for the launch of Keep Safe in early 2016. Keep Safe supports people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by BATIAS. Local businesses are identified and sign up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who is in distress. Participants in the scheme would look for the logo in the shop window. Using the emergency number card or fob provided, the person themselves would call their carer or

parent. If required, the shop would assist or call the police if needed. The scheme aims to support people to reduce the feelings of fear or agitation in accessing the community alone.

Adult Protection

The SAB worked with the Boards in Essex and Thurrock to successfully develop and implement new Safeguarding Adults Guidance in 2015, which is compliant with the Care Act 2014.

The SAB audit programme evidences that the safeguarding of adults is largely effective in Southend, with professionals dealing sensitively with cases in a learning culture, and with high levels of satisfaction from those who have been the supported through the process.

For the period April 2014 – March 2015 there was a decrease in the number of safeguarding referrals for the first time since 2008. The decrease in referrals may be attributed to the Alerts versus Referrals pathway introduced in April 2014. Allegations that do not meet the criteria for a safeguarding investigation are recorded as 'Alerts' and those do meet the threshold are recorded as 'Referrals'. The SAB will scrutinize performance in this area to ensure adults who need to be safeguarded are being appropriately identified and referred.

Older people continue to represent the highest percentage of safeguarding referrals (they are also the highest demographic service user group in receipt of services). The highest number of referrals was for people living in their own home, however, this has decreased by 19% compared to the previous year. Neglect continues to be the highest reported category of abuse.

Residential care staff (28.5%) domiciliary care staff (11.4%) and other professionals (16.8%) make up 56.7% of alleged perpetrators.

26.7% of all safeguarding referrals meet the definition of domestic abuse, reflecting the significant impact this issue has on the Southend community.

The CQC is the regulator of social care services. In September 2015 the outcome of their visits to care homes based on their published reports was as follows:

Older People (In Borough)	%		LD (In Borough)	%
Excellent	0.00%		Excellent	0.00%
Good	24.62%		Good	13.64%
Requires Improvement	10.77%		Requires Improvement	4.55%
Inadequate	0.00%		Inadequate	4.55%
Not Yet Inspected	64.62%		Not Yet Inspected	77.27%
	100.00%			100.00%
MH (In Borough)	%		PSI (In Borough)	%
Excellent	0.00%		Excellent	0.00%
Good	18.18%		Good	0.00%
Requires Improvement	9.09%		Requires Improvement	0.00%
Inadequate	0.00%		Inadequate	0.00%
Not Yet Inspected	72.73%		Not Yet Inspected	100.00%
	100.00%			100.00%

Where significant shortfalls in compliance are identified, contact is then made by Southend Borough Council with the provider to ensure that there is an action plan in place and provide support to the provider to ensure the required improvements are made.

Where care homes close, either as part of planned reductions in services or as a consequence of continued shortfalls in compliance, the local authority and CQC work together to support the transition of residents to alternative provision. This reduces the mortality rate usually associated with unsupported transitions

In 87% of all concluded safeguarding cases, the risk to the individual had been removed or reduced (consistent with performance for the previous year). Some people with capacity to

make informed decisions choose to remain in contact with the alleged perpetrator and so performance of 100% is not possible.

70% of all Adult Services assessment practitioner staff are aware of and working in line with the Family Focus Protocol

The SAB has agreed an Essex wide protocol to support people, with hoarding behaviours, which is due to launch in late 2015. SBC Public Health is scoping the commissioning of a specialist service to support people who hoard.

Southend Borough Council seeks the views of people who have received support in relation to safeguarding adults' investigations via an Outcome Questionnaire. 96% of people who had received support regarding a safeguarding investigation said that they were aware of the investigation and had had the process explained to them. 95% said they felt involved in the decisions made about their wellbeing and safety, and 77% felt safer as a result of the intervention

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

There has been more than a 568% increase in the number of DoLS referrals for the past year financial year, however, SCB Adult Services have continued to complete all assessments within timescales.

The SAB has been supporting partner agencies to improve the application of the Mental Capacity Act by professionals, including provision of training and quality assurance of training provided by partner agencies.

An audit completed by the SAB evidenced that professionals are not always appropriately identifying Next Of Kin or suitable Independent Mental Capacity Assessors (IMCAs) where a person does not have capacity to make decisions about their care or treatment. A multi-agency action plan has been developed to take forward and implement the learning

SECTION 5 – CHALLENGE TO PARTNER AGENCIES

	Challenge	Action	Progress	RAG
1	To reduce delays in the MARAC process	Review current process and identify process change to expedite partnership information sharing and risk assessment of high risk domestic abuse cases	<p>Following challenge from the Board regarding process backlogs MARAC was reviewed and triage process put in place. There has been an improvement in the timeliness of the MARAC process however backlogs in cases to Southend MARAC continue to be an issue. Further review and action required by partners to identify a Southend solution by March 2016.</p>	Red
2	Clarify support pathways for users of the SARC	Pathways for accessing counselling and other specialist support services to be identified	<p>Pathways have been mapped by Southend CCG and assurance given regarding its resourcing</p>	Green
3	Provide specialist support services	Public Health and SBC Adult Services to scope and	<p>Office of the Police and Crime Commissioner</p>	Green

	Challenge	Action	Progress	RAG
	for adult male victims of sexual abuse	commission suitable provision	has included adult males in specialist support service commissioning across wider Essex	
4	NHS England have stated they will not be attending safeguarding boards, which is contrary to statutory guidance	SAB Chair and Director of Adult Services to make representations at national bodies regarding NHS England policy	Agreement reached with NHS England regarding attendance at Southend SAB Executive. The SAB continues to pursue attendance of NHS England at the Board	Green
5	Provision of performance information regarding the impact of domestic abuse	SAB Business Manager to send request to Essex Police to provide performance information	Introduction of Athena has impacted on performance information provision. No timescale currently given for provision of Southend specific information	Red

SECTION 6 - PARTNER AGENCY ANNUAL STATEMENTS

All partner agencies completed a safeguarding adults standards self-assessment during the period, identifying areas of compliance and also areas for development. These will be updated in 2015-16 to identify progress in the areas identified for development. Partner agencies have also provided the following statements regarding the effectiveness of their services in safeguarding adults:

Southend Borough Council

Southend Borough Council Adult Services produces an annual report on the effectiveness of their statutory activity to safeguard adults for Cabinet in January 2016, which will be appended to this report at that time.

Corporately SBC is committed across all departments to the safeguarding of adults. Children's Services have undertaken work to ensure support to young carers is Care Act 2014 compliant. Social workers are also receiving training regarding the application of the Mental Capacity Act and Deprivation of Liberty Standards. Adult and Children's Services have also worked in partnership to review and implement the Family Focus Protocol and Transition Protocol. Children's Services have also worked together with Adults Services to support information sharing in relation to Domestic Abuse to safeguard children and adults with additional care and support needs

Public Health has supported the safeguarding priorities and activity of the SAB in relation to areas such as reduction of deaths and serious injury as a result of road traffic collisions; undertaking 'warm and well' visits for adults identified as particularly vulnerable; and work to identify specialist support services for adult male victims of sexual abuse

The Department for Place has ensured that the safeguarding adults priorities of the SAB are reflected in the public protection priorities. Public Protection, Children's Services and Adult's Services have also worked together to establish support the implementation of the PREVENT strategy locally and the establishment of a Channel Panel to support children and adults at risk of radicalization. Regulatory Services have supported the development and

implementation of the SAB's strategic approach to supporting adults with hoarding behaviours.

Essex Police

Domestic abuse

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

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

National developments in the past year have led to the introduction of new tools for police forces in tackling domestic abuse. These include Domestic Violence Protection Orders and the Domestic Violence Disclosure Scheme.

Domestic Violence Protection Notices (DVPN) and Orders (DVPO) were introduced on 1st June 2014. These are civil orders introduced by the Crime and Security Act 2010, which have been introduced to help provide immediate safeguarding to victims of domestic abuse, and can be used when a perpetrator has been violent or threatened violence against a

victim during an incident. Orders can last for 28 days and provide victims with space to consider what to do next. Perpetrators who breach orders are liable for arrest.

The Domestic Violence Disclosure Scheme is also known as “Clare’s Law” and was introduced on 7th March 2014. The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know, and there is a concern that the individual may be abusive towards their partner. In addition if police checks show that a domestic abuse perpetrator has a record of abusive offences, or there is other information to indicate a risk of harm towards an individual, the police will consider sharing this information with the person. The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice

Mental ill health

Essex Police together with NEP and SEPT piloted a Street Triage project across Essex from 01/12/2014 – 31/03/2015. During this period, triage cars operated on Friday, Saturday and Sunday nights (supported by a telephone advice line outside of operating hours). From the 1/4/2015 – the street triage scheme will operate 7 days per week between 1800 and 0200 (2 cars).

Different models of Street Triage have been implemented across the UK, with some police forces having a street triage car available 7 days a week, and others using a mix of street triage and telephone helplines. In Essex we adopted a mixed model – this has provided the opportunity to compare different models of intervention, however initial results strongly indicate that the helpline was not utilised by Police Officers and has limited impact on diverting individuals to appropriate mental health resources.

During the Street Triage pilot project, the street triage cars saw 269 individuals, appropriately assessing and diverting 110 individuals to appropriate mental health services, with 20 individuals (7.4%) accepting an offer of informal admission. As a result of direct feedback from those police officers involved in the Street Triage pilot, 46 individuals

assessed by the Street Triage car would have been detained by Police Officer using their powers under s136 MHA (1983) (but for the availability of the Street Triage service) and a further 17 would have required intervention using s135 Mental Health Act.

Street Triage has already produced a number of significant benefits – these include:

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

Evaluation of the Street Triage Pilot suggests that further savings will be achieved if Street Triage is operational seven nights a week between 18:00 and 02:00. From 01/04/2015 Street Triage has been operational seven nights per week (excluding bank holidays), operating with two cars working pan Essex.

Safeguarding of Vulnerable Adults

In the past year Essex Police have reviewed and increased the resources within the Safeguarding of Vulnerable Adults (SOVA) team which now includes a Detective Sergeant and Detective Inspector. This team is responsible for triage of all safeguarding referrals received by Essex Police to determine the necessary investigative and safeguarding actions required in order to protect individuals from harm. The SOVA team have close working

relationships with Social Care professionals which they utilise to ensure that information is shared and plans are implemented to protect vulnerable people within our communities.

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

Community Rehabilitation Company

In June 2014, Essex Community Rehabilitation Company (CRC) was established following the Government's Transforming Rehabilitation programme. CRCs are providers of probation services, comprising the offender management of low and medium risk of serious harm offenders, and the provision of interventions to both offenders allocated to the CRC and those retained by the National Probation Service. Essex CRC remained in public ownership until February 2015, when the contract was awarded to Sodexo. The CRC is currently moving to a new organisational structure, estates profile and operating model, which will not be fully complete until Spring 2016. Stakeholder events to update partners about these changes were held in September 2014 and September 2015.

Essex CRC's commitment to safeguarding and public protection remains and is evidenced for October 2014 - September 2015 in the following ways:

- Participation in the safeguarding children and adults boards.
- Completion of Section 11 audits.
- Referrals to local authorities where children or adults are considered at risk or abuse and neglect, or in need of care and support.

- Participation in case conferences, core groups and reviews, where we have a relevant case.
- Deployment to all staff of the 2015 children and adult SET procedures, and the 2015 revised working together
- Provision of child protection training - level 1 for all staff; level 1&2 for all practitioners.

In addition, the following extract from Essex CRC's Safeguarding Policy Statement highlights the principles of our safeguarding work:

“Essex CRC will safeguard children and adults at risk of abuse or neglect by being vigilant, through contact with adults, where children may be at risk or have unmet need, and will make the appropriate referral for early help, children in need services or child protection services. We will contribute to multi-agency work to address this need or risk; engage with a ‘whole family’ approach; deliver sentence plans and interventions to address harmful behaviours; work with others to ensure that victims of abuse are protected and supported so that risk factors can be identified and safety plans put in place; and we will identify adult social care needs and make appropriate referrals for mainstream provision as well as referring for specialist services where applicable.”

NHS England

NHS England has dual safeguarding responsibilities with regards to both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and across the wider health economy.

NHS England's safeguarding roles and responsibilities are formally set out in the “Accountability and Assurance Framework” (June 2015) which supports the existing close

working relationships with the adult safeguarding leads in the Clinical Commissioning Groups (CCGs) in our area.

A major success of the NHS England local office is the hosting and facilitating of the Adult Safeguarding Forums, which bring together safeguarding leads from health providers and commissioners across East Anglia and Essex. As part of the group, formal continuous professional development occurs, and the forum also shares learning from Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents (extending beyond the Essex locality). Finally, the forum provides a means of supervision and support for commissioning leads.

In terms of training and development, during 2014/15 NHS England commissioned an extensive programme of Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) training for primary care. The training was open to all primary care across Essex and was facilitated by experts in the field. The sessions were attended by 230 delegates, with representatives from Primary Care in Southend, including GPs, Practice Managers, and dental staff. Additionally, a bespoke 6 day Supervision training package was commissioned for adult safeguarding leads working in commissioning and provider organisations, 15 staff across Essex attended and the feedback was extremely positive and further training is being commissioned.

We are involved in the Transforming Care agenda to ensure people with learning disabilities and Autistic Spectrum Disorders are appropriately placed as close to home as possible. We have been ensuring the right care is being delivered in the right places by working with our partners to complete Care and Treatment Reviews (CTRs) as required.

In terms of challenges we face, it can sometimes be difficult to apply local initiatives and recommendations when we are part of a national organisation. However, we continue to work with national, regional and local colleagues to address this challenge. A further challenge is within the complexity of commissioning for certain areas of health provision such as Sexual Assault Referral Centres. Raising concerns through multi-agency platforms such as the LSCB and Quality Surveillance Meetings is a way we work to ensure that ownership is taken over quality concerns.

Southend CCG

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

The CCG is committed to ensuring that the services it commissions have in place all the requirements to ensure that the services are of a high quality, are safe, that they have a good understanding of the safeguarding agenda and are operating within the law with regard to the Mental Capacity Act 2005 and the Care Act 2014. An action plan is in place with regard to the Accountability and Assurance Framework which is monitored through the Quality, Finance and Performance Committee at the CCG.

In line with mandatory CCG training requirements, all staff are required to undertake safeguarding adults training and Prevent training. An update is planned for Governing Body and Clinical Lead members in December.

The CCG hosts Time to Learn sessions which are attended by General Practitioners (GP), Practice managers and Nurses from member practices across the locality. Training has been provided in Time to learn sessions on Safeguarding Adults, MCA and Prevent on several occasions this year. The Quality Team members have also been provided with WRAP (Workshop to Raise Awareness of Prevent) training.

The CCG is fully committed to meet their statutory obligations to work in collaboration with other external agencies to support and embed learning from Domestic Homicide and Safeguarding Adults reviews. There is active involvement in the work of the Safeguarding Adults Board and it's subgroups by the CCG representatives.

The CCG is taking forward the changes brought about by the Supreme Court Ruling with regard to the P v Cheshire West and Chester Council ruling. An application has been made to the Court of Protection for authorisation of a deprivation of liberty where the person is residing outside the hospital or care home environment and is funded by the CCG.

South Essex Partnership Trust (SEPT)

Highlight report of key issues arising during 2014/15 addressing the priorities

1. 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

2. Safeguarding activity

The number of alerts raised has increased since the previous year however the number of subsequent enquiries has remained stable. All cases requiring an investigations were responded to with the set timeframes

Alerts raised Oct 14- Sept 15	209
Alerts leading to Enquiry	177

3. Workforce development

The Trust compliance for safeguarding remains consistently good as demonstrated below.

Core Practice Courses

Red 0 - 94% **Green 95%+**

South Essex MH		
Total Target	Trained	
	No	%

Safeguarding Level 1	1876	2052	100%
Safeguarding Level 2	1089	1162	100%
Safeguarding Children Level 3	228	201	88%
Safeguarding Adults Level 3	203	215	100%
Safeguarding Children Levels 4/5/6	2	2	100%

4. 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.

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 2014/15, addressing the priorities

Prevention / raising awareness

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

Partnership working

The Trust continues to be active members of the Southend Safeguarding Board and sub groups.

Quality Assurance

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

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

How the East of England Ambulance Service Trust has ensured an effective safeguarding response for adults with additional care and support needs during the period October 2014 to September 2015:

To have in place policies, procedures and guidelines for safeguarding across the organisation.

To communicate information relating to safeguarding to all relevant parties within the Trust.

To ensure that training in safeguarding is accurate and appropriate to the relevant staff groups.

To work with other clinicians to improve referrals and to strengthen safeguarding in the Trust.

To provide appropriate safeguarding advice, taking into account national guidance, to key Trust committees.

To carry out and quality assure safeguarding audits within the Trust.

To ensure all statutory requirements are met and partnership working remains effective both regionally and nationally.

Monitoring of the safeguarding referral line has remained consistent over the last year; this work ensures the quality of data leaving the Trust and the pathway choices regarding a GP referral and/or Local Authority concern. These referrals are evaluated by the safeguarding team no more than 3 days after the referral is made. This is to ensure patient concerns are received and managed by the correct agency.

East of England Ambulance Service Trust Safeguarding team has completed a re structure. On 01st September 2015 the new Named Professional for Safeguarding was appointed and on 01st October 2015 the new Head of Safeguarding was appointed.

South Essex Homes

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs during October 2014 to September 2015 they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015).

All front line staff are trained regularly in safeguarding adult awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimer awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting

concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional safety and security measures for victims of domestic abuse and hate crime.

Essex County Fire and Rescue Service (ECFRS)

Essex County Fire and Rescue Service (ECFRS) is committed to ensuring all policies treat their employees and members of the public equally, regardless of their age, race, religion or belief, gender, disability or sexual orientation. The Service is also committed to adhering to the contents of the Care Act and to ensuring an individual's wellbeing is always in mind when making decisions about them or planning services.

ECFRS completed the Essex, Southend & Thurrock Safeguarding Adults Boards 2014-15 Audit to check the strength of their arrangements to safeguard and promote the welfare of vulnerable adults.

ECFRS evidenced that it fully met or partly met 34 of the 36 areas of concern with only two requiring attention.

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

SECTION 7 – IMPLEMENTING LEARNING FROM REVIEWS

Safeguarding Adults Reviews (SARs)

The SAB commissioned one SAR in 2014, identified as SAR 'Anne', which is due to be completed and approved by the Board in November 2015. Learning identified during the SAR process is already being implemented by partner agencies to improve safeguarding adults services

Other Reviews

The SAB conducted an alternative review of a case during the period involving a patient, with alcohol dependency, discharged to a residential care home, who sustained fatal injuries when he climbed out of an upstairs window in order to obtain alcohol.

Learning from the review included:

- Ensuring substance dependency issues were included in any information provided to residential care homes on discharge from hospital
- That residential care homes have arrangements in place for residents with mental capacity to obtain alcohol if they wish
- For substance dependency training to be made available for residential care home staff
- Ensuring all opening windows in residential homes above ground floor level are fitted with secure opening restrictors

Learning from the review is being implemented and monitored by the SAB

SECTION 8 – FINANCIAL REPORT APRIL 2014 to MARCH 2015

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

Agency	Percentage Contribution	Contribution for 2014-15
Southend Borough Council	48%	20407.68
Southend CCG	26%	11054.16
Essex Police	26%	11054.16
Total Contribution		42516.00

The SAB shares a business manager and administrative assistant with the Safeguarding Children Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the SAB.

For the year 2014-15 the SAB’s expenditure was as follows:

Description	Expenditure (£)
Total Employees	36200
Total Supplies And Services (includes chair remuneration and meeting/training costs)	18450
Total	54650

For the financial year 2015/16 the SAB carried forward £14000 in reserves.

SECTION 9 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	25 th November 2014	24 th March 2015	30 th June 2015	29 th September 2015
Independent Chair	√	√	√	√
Vice Chair - Corporate Director for People, SBC	Apologies	√	-	-
Lead Member, Southend Borough Council	Apologies	√	√	Apologies
DIAL Southend	√	√	√	√
East of England Ambulance Trust	-	Apologies	Apologies	-
Essex Community Rehabilitation Company	Apologies Substitute attended	√	√	√
SBC Business Regulation	√	√	√	Apologies
Quality, Monitoring & Audit Group Chair – SBC Adult Services	√	Apologies	√	√
South East Essex Advocacy for Older People	√	√	Apologies	√
South Essex Homes	√	√	Apologies	√
Southend CCG	√	√	√	√

Representative	25th November 2014	24th March 2015	30th June 2015	29th September 2015
Essex Fire & Rescue Service	-	-	Apologies	√
Healthwatch Southend	√	-	Apologies	√
SBC Head of Adult Services	√	-	√	√
Essex Police	Substitute attended	Substitute attended	√	√
CQC	Apologies	-	√	Apologies
Safeguarding Adults Manager - SBC	√	√	√	√
SAVS	√	√	√	√
NHS England	Apologies Substitute attended	-	-	-
Elaine Taylor - SEPT	Apologies Substitute attended	√	Apologies Substitute attended	√
Southend Hospital	√	√	√	√
SBC Public Health (chair of Domestic Abuse Group)			√	√

SECTION 10 – KEY PRIORITIES FOR 2016-17

The SAB has identified the following key priorities for 2016-17 for the Board, its partner agencies, and other strategic boards to improve the safeguarding of adults in Southend:

- **Assure itself that local safeguarding arrangements are in place, as defined by the Care Act 2014 and other legislation, and that they are effective, person-centred and outcome-focused**
- **Prevent abuse and neglect where possible and ensure timely and proportionate responses when abuse or neglect have occurred**
- **Assure itself that arrangements to implement the Domestic Abuse Strategy are robust and that information sharing and assessment of risk is undertaken in a timely way**
- **Assure itself that safeguarding adults services are informed and improved by the views of adults with additional care and support needs and their family or carers**
- **Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Southend**
- **Improve practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS)**
- **Respond to the Violence Against Women and Girls agenda, so called Honour Based Abuse and Modern Slavery, providing a comprehensive programme of work**
- **Assure itself that adults who are vulnerable to exploitation or radicalization are identified and supported appropriately**

Appendix 4

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

2014/15

Prepared by: Sharon Houlden: Head of Adult Social Care

Sarah Range: Safeguarding Adults Service Manager

Purpose of the report

- To provide the Southend-on-Sea Safeguarding Adults Board (SAB), 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 2014/15 Annual Report for the Southend-on-Sea Safeguarding Adults Board.

Recommendation

That the report is noted and priority areas for development in 2015/16 are endorsed.

Summary

Achievements

Southend Borough Council's Department of People- Adult Services supports 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:

- People report that they are safer as a result of safeguarding interventions. 87% of responders report that they feel safer as the risk they had been experiencing has been reduced or removed. This rate holds consistent from

2013/14 and is much higher than the national benchmark and our regional comparators. 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.

- In 87% of respondents report that their original outcomes as to what they wanted to happen in an investigation were met.
- Participating in multi-agency safeguarding audits as part of the SAB, the quality of safeguarding investigations was proven to be of a good quality resulting in applied learning across Adult Services and partners.
- Co-authoring and launch of the Care Act compliant SET (Southend, Essex and Thurrock) Safeguarding Adults Guidelines (version 4).
- Participation in the Making Safeguarding Personal programme.
- Positive feedback from people who have experienced a safeguarding investigation.
- Partnership work with Council Departments to improve outcomes for health and wellbeing and ensure feelings of safety and protection from harm are imbedded through service planning and delivery.
- Partnership work with the Southend Safeguarding Adults Board (SAB) and Southend Local Safeguarding Children's Board (LSCB).
- Review of the development and delivery of training for social care practitioners on domestic abuse, inclusive of the new categories of abuse.
- Development and pre-launch of the Keep Safe scheme.
- Revision and development of Care Act 2014 compliant procedures and policies.

SECTION 1: Background

Since the Annual Report of 2013/14, the Safeguarding Adults Board, (SAB) agreed that it would report separately from the Council regarding the provision and quality of safeguarding activity. This is the second 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

In April 2015, the Care Act 2015 came into force, which replaces 'No Secrets' and provides statutory guidance, legislative structure for conducting 'safeguarding enquires' and statutory foot for safeguarding adults' boards as well as a number of other person centered practice requirements.

Up until the 1 April 2015 and the enactment of the Care Act 2014, *No Secrets: guidance on protecting vulnerable adults in care (DH 2000)* dictated 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's 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 worked during 2014/15 onwards supporting vulnerable adults under the auspices of safeguarding. Up until 1 April 2015, a vulnerable adult was 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)

On the 19 March 2014, a landmark Supreme Court judgement [**P v Cheshire West and Chester Council and another and P and Q v Surrey County Council**] was handed down which has radically affected all local authorities in England. Nationally, local authorities have seen a massive spike in referrals. During 2013/14, the Council received 401 applications from care homes and hospitals. This represents a 568% increase in referrals from 2013/14.

For contextual background, Southend Borough Council is the 'Supervisory Body' for all Southend and self-funding residents in care homes. There are 103 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 2014/15, the Council employed nine Best Interest Assessors, who all have day to day assessment and management responsibility within social work teams. Two service managers and one team manager who are qualified BIAs act as Signatories under the Safeguards.

As a result of the Supreme Court judgement, cost pressures were identified to assist in meeting the demand. With some of the additional funding, the Council began a programme to identify and support the education of an additional thirteen Best Interest Assessors as well as strengthening up the safeguarding and DOLS management team. The remainder of the funding has been dedicated to fund the costs of Section 12 psychiatrist assessments and independent Best Interest costs. Potential for further cost pressures due to DOLS have been flagged 2016/17 as the rate of referrals continues to rise.

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 (SAB).

Dental Care

The Council worked 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, aimed to provide carers and managers to give their views about current practices within their services. The aim of the work is to develop an evidence base from which to commission further training to encourage staff to refresh or gain new skills to support people to maintain their health through effective interventions to maintain or improve oral hygiene. This work is on-going.

Quality Assurance

The Council participated in multiagency audits of safeguarding investigations that were carried out in 2014/15 by the Safeguarding Board. The findings for learning were shared with the SAB and informed the work of the Subgroups. The Council intends to carry out audits across Mental Capacity Assessments and safeguarding enquiries during 2015/16.

Keep Safe

Children's Services and the Safeguarding Adults Board and the Safeguarding Children's Boards have funded the pilot year of Keep Safe for 2014/2015 with launch in 2015/16. Keeping Safe is a scheme to support people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by BATIAS, an independent advocacy service. Local businesses will be identified and sign up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who are in distress. Participants in the scheme would look for the yellow and black telephone sticker in the shop window. Using the emergency number card or fob provided, the person themselves would call their carer or parent. If required, the shop would assist or call the police if needed. The scheme will support people to reduce the feelings of fear or agitation in accessing the community alone. The Keep Safe scheme is being championed by Southend SAVS and Essex Police and we are working in partnership to launch this initiative.

PREVENT

Southend Borough Council has assumed new responsibilities in assisting the Government to prevent vulnerable people being drawn into terrorist activity. The Council's new duties are part of the PREVENT Strategy, which is part of CONTEST.

"The government's counter-terrorism strategy, *CONTEST*, is based on four areas of work:

- Pursue: to stop terrorist attacks.
- Prevent: to stop people becoming terrorists or supporting terrorism.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack.

The government's *Prevent strategy*, published in June 2011, has three objectives, to:

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with a wide range of sectors and institutions (including education, faith, health and criminal justice) where there are risks of radicalization which we need to address. (*Paragraph 7.2, Prevent Strategy 2011.*)

Adult Services has been working closely in partnership with the Department for Place, including Public Protection and Children's Services to ensure that there is a strategic approach as well as an operational response. The PREVENT Board is a multi-agency initiative chaired by the Department for Place, supported by Adult and Children's Services. The Council is setting up CHANNEL Panels, which are a convened group of safeguarding professionals representative of statutory and third sector services who can assist in supporting a person who is or is at risk of being radicalised. The person must be willing and consent in the CHANNEL process and will be involved in working with professionals who are proactively supporting the disruption of the exploitation to ensure that the person is adequately safeguarded.

Key Partnerships

SAB Subgroups

Please see the SAB Annual Report for 2014/15, 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 SAB 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 SAB to deliver against the business plan. To this

end, members of the Council's strategic and operational management teams participate in the SAB 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.

SAB & LSCB Training Sub Group: In 2014, the Southend Local Safeguarding Children's Board (LSCB) and the SAB agreed to merge the work of the subgroups into one entity. A joint training strategy was 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. This work resulted in updating the training provided to include domestic abuse work which covers the topics of intergenerational violence, female genital mutilation, honour based violence, risk assessment and management of risk.

SAB & LSCB Community Sub Group: The Council participates in this merged group which raises community awareness of safeguarding children and adults, including work to reduce the number of vulnerable adults killed or seriously injured in road traffic collisions, and looks forward to delivering against the SAB business plan.

SAB & LSCB E Safety Sub Group: The Council joined this merged group which raises awareness of safeguarding children and adults online and looks forward to delivering against the SAB business plan, including work on raising awareness with vulnerable groups of online and telephone fraud.

Children's Services and the 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. In this context, the needs of the child are primary when working with families and this is a statutory requirement which shapes all interventions. 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 Workforce Strategy to ensure that our operational social work staff and our in house community based services have had e-learning in; child protection, recognising neglect and abuse in children, and awareness of Child Sexual Exploitation.

Over the last 24 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. Adult Services has also identified a number of key operational and management staff members who have had additional training and are now CSE Champions.

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.

In June 2015, Adult Services also began working in close association with the Southend Joint Domestic Abuse Triage Team. This team is comprised of Children's Social Care, Health, Probation and Police. It is early in the development of this partnership but innovative solutions are being employed to streamline information sharing and recording between Children's and Adult Services to safeguard high risk families effectively.

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.

Public Health and Improved Health Outcomes

Safeguarding Adults works collaboratively with the Public Health Team to deliver outcomes that improve wellbeing and reduce the impact of abuse and violence. The Safeguarding Team is part of the wider range of internal partners with whom the Public Health team consult yearly in the development of their work plan.

Safeguarding Adults is a longstanding and committed member of the Southend Domestic Strategy Group, led by the Deputy Director of Public Health. Currently, there is a project underway between Adult Safeguarding and Public Health to analyse and support the provision of services to male victims of sexual violence. Further work is underway with the team to work with partners across Southend to identify the prevalence of the issue for people who engage in hoarding/self-neglect and the service responses and best practice currently available with the aim to reduce the impact for these people.

Domestic Abuse

Southend Borough Council - Adult Social Care is a key partner in the delivery of domestic abuse support in Southend. Adult Social Care has a duty to support adults with care and support needs 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. As a result, in 2015/16, a number of new domestic abuse focused trainings have been commissioned around various topics such as; intergenerational abuse, forced marriage, female genital mutilation and so called 'honour' based abuse.

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 SAB 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.

Concerns have been raised within both children's and adult services in relation to delays in receiving notification of domestic abuse incidents and incomplete information being received from the Police. The concerns have been escalated to Corporate Director and Chief Executive level. The LSCB and SAB have been advised of the concerns and are monitoring this. Meetings have been held with the Deputy Chief Constable of Essex Police.

Partnership work has been undertaken to address delays experienced in cases being heard at Multi-Agency Risk Assessment Conferences (MARAC). The delays have reduced and it is anticipated there will be no delay from mid-November.

It has been decided that a multi-agency safeguarding hub (MASH) will not be implemented in Southend. The plan is for an extended Joint Domestic Abuse Triage Team (JDATT) to be implemented. The model is being finalised and will be taken to the LSCB, Safeguarding Adults Board and the Health and Wellbeing Board.

The extended JDATT will further improve decision making and response to incidents of domestic abuse. Additionally it will make it extremely unlikely that delay in cases being heard at MARAC will occur.

Refreshed training in relation to Domestic Abuse, including joint training with Children's Services, has been commissioned which will incorporate learning from Domestic Homicide Reviews and Serious Case Reviews where appropriate

Safeguarding Adults Review

There was one Serious Case Review, which commenced in 2014 and has not yet concluded, but an action plan is being implemented. Adult Social Care was also involved as an advisor on one Domestic Homicide Review.

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 2014/15, the SET Working Group reviewed and rewrote the SET Guidelines and launched Version 4 in April 2015. For 2015/16, the Workgroup has identified a full plan of

strategic and policy improvements and initiatives. Effectiveness of the implementation of the SET Guidelines is monitored by the SAB through its learning and Improvement Framework, which identifies that the Guidelines are on the whole well understood and implemented by practitioners.

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.

During 2014/15, the SAB/LSCB Training Subgroup quality assured and approved all Safeguarding and Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) training programmes. This was of particular importance to the lead up of the implementation of the Care Act in April 2015 so that assurances could be given that all Council commissioned safeguarding training operates within the new legislative framework. Southend Borough Council continues to work proactively with the Training Subgroup to embed the LSCB/SAB Training Strategy.

SECTION 3: Progress on Delivery against SAB 2014/2015 Action Plan

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

Business objective	Delivery outcome
<u>Care Act Project Board</u>	Safeguarding was represented on the Council's Care Act Project Board. The Council worked collaboratively with internal partners and the SAB to ensure that the organisation was 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>Where care homes close, either as part of planned reductions in services or as a consequence of continued shortfalls in compliance, the local authority and CQC work together to support the transition of residents to alternative provision.</p> <p>The Council is actively working in partnership with Essex and Thurrock local authorities as well as the Care Quality Commission in meeting quarterly to share information about the quality of care home and domiciliary care provision.</p> <p>Council safeguarding is also represented as member of the Essex Quality Surveillance Group, chaired by NHS England which is attended also by MONITOR, HealthWatch and Thurrock and Essex County Council.</p>
<u>Yearly Statutory Return</u>	Southend Borough Council complied with both statutory requirements to report to government on safeguarding investigations and deprivation of liberty applications received in 2014/2015.

Business objective	Delivery outcome
<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. The Council is compliant with the procedures and all doctors have been vetted and approved for 2015/16.
<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. This piece of work has been rescheduled until Spring of 2016 due to the need to prioritise the revision of the guidelines for the Care Act implementation. Southend Borough Council has been asked to lead on this piece of work.

Key Objectives Update for 2014/15

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
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	The Keep Safe scheme will be launched in January 2016. After the launch, the SHIELDS Councillors will facilitate a questionnaire to monitor awareness of the scheme, whose findings will be shared with the SAB.
	Demonstrative leadership and engagement in SAB Action Groups	To continue to play a key role in supporting the efficient delivery of the SAB Business Plan objectives through leadership in the Action Groups.	Through engaged attendance and participation and delivery of associated action plan, highlighting any mitigating risks.	As evidenced through this Annual Report and consistent meeting attendance, the Council has played a key role in supporting the Action Groups/Sub Groups.

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
Personalisation	Making Safeguarding Personal	<p>Southend Borough Council and the Southend SAB have applied and been accepted to implement the Making Safeguarding Personal agenda, a Government initiative to ensure adults with additional care and support needs are actively consulted and involved in their safeguarding. To ensure that services and interventions 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.</p>	<p>77% overall positive feedback from service users via the Outcome Questionnaire process.</p> <p>To address issues of practice through revision of the SET Guidelines and through the Training Subgroup.</p>	Please see detailed statistics in the Performance Section of this report.
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 SAB	Support the work of Health to ensure that the psychosocial aftercare needs are	Adult Social Care continues to work with Public Health to identify aftercare counselling support for males who may

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
		and LSCB to ensure there is adequate provision to support males who may experience sexual violence.	met through the identification of local resource to meet this need.	experience sexual violence. Provision has now been commissioned by the PCC
	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	The Safeguarding Adults' Team is fully engaged with supporting the Complex Needs case management bi-weekly meetings ensuring that appropriate support is provided to those experiencing homelessness
	Explore a triage of referrals system	Explore with the LSCB and the SAB and key partners whether a triage mechanism for safeguarding referrals adds benefit to the investigation outcomes and to the experience of the service user.	Support the multiagency work to explore this area with the SAB and LSCB	Adult Services has contributed to an on-going piece of work identifying whether a Multi-Agency Safeguarding Hub approach would be of benefit to adults and their families. This scoping work is due to complete in autumn 2015.

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
	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	The revised protocol is embedded but a survey to Adult Services staff has not been undertaken due to capacity within the safeguarding service.
	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	Adult Social Care has been working with a range of statutory and third sector partners to identify current service provision and numbers of people who are known to services and reportedly are engaging with hoarding behaviour. The Council has contributed to a SET wide protocol to support people, which is due to launch in late 2015. Through the work undertaken, it is

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
				<p>clear that significant work needs to be completely around scoping to support the commissioning of any specialist service. Adult Services are contributing to a piece of work being led by Public Health in this area.</p>
<p>Governance and Quality Assurance</p>	<p>Dynamic informatics systems for safeguarding and deprivation of liberty referrals</p>	<p>Ensure that systems can provide intelligent information to comply with statutory and local requirements to aid management and quality assurance.</p>	<p>100% compliance with data returns to the SAB Quality Monitoring Subgroup and statutory reports for the Information Centre.</p>	<p>The Department of Health released new DOLS assessment forms in April 2015. The new forms are being launched on 9 November 2015 within Southend. The automated input of the forms will allow for efficient data collection.</p> <p>The SET SAF Safeguarding Forms were updated during 14/15 to ensure Care Act compliance.</p>
	<p>Support the Safeguarding Adults Board to assume statutory footing via the Care Act</p>	<p>Provide lead strategic advice and support to the SAB towards working to</p>	<p>Through positive engagement with the SAB Subgroups</p>	<p>Adult Services, supported by the SAB Business Manager, ensured that the Board reviewed</p>

Objective	Aim	Delivery progress	Performance Indicator	Year End Update and outcomes
	implementation	ensure the Board is prepared for strategic footing.		the Terms of Reference and updated the Strategic Business Plan to be Care Act compliant.
	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 SAB.	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.

SECTION 4: Performance and Statistics

In 2013/14, 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 and assurances

- Of people in Southend who have experienced a safeguarding investigation 87% of respondents state that they are safer as a result of interventions.
- In 87% of respondents report that their original outcomes as to what they wanted to happen in an investigation were met.
- In 87% of all concluded cases, the risk to the individual has been removed or reduced. This rate holds consistent from 2013/14 and is much higher than the national benchmark and our regional comparators. 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.
- Participating in multi-agency safeguarding audits as part of the SAB, the quality of safeguarding investigations was proven to be of a good quality resulting in applied learning across Adult Services and partners.
- First decrease of safeguarding referrals since the introduction of the SET Guidelines in 2008. This follows a plateau of referrals in 2013/14. This is attributed to the introduction of an 'Alert' versus 'Referral' triage policy change which means that less cases are being closed at referral stage as 'unsubstantiated' instead of being discounted appropriately as not being a safeguarding issue. This is a positive development in terms of data integrity because that has meant that data regarding issues that are appropriately identified allows a focus on safeguarding matters, therefore effectively targeting resources to those at high risk.

- 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.
- In 14/15, 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 risen slightly for the first time in four years.
- Southend has significantly higher rates of referrals for people with longer term physical conditions compared to national and our comparators.

Further detailed performance information can be found in appendix 1

SECTION 5: Key Priority Development Areas in Safeguarding for Department of People: Adults 2015/16

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 SAB to deliver the objectives of the SAB Business Plan.

Objective	Aim	Delivery	Performance Indicator
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 SAB and LSCB to ensure there is adequate provision to support males who may experience sexual violence.	Continue to work with Public Health to ensure that the psychosocial aftercare needs are met through the identification of local resource to meet this need.
Support, advocacy and intervention	Explore the development of a localised response and management to victims of domestic abuse who are supported through the Multi-Agency Risk Assessment Conference.	In partnership with the Safeguarding Boards and statutory partners, inclusive of Children's Services.	Exploration and required service planning as appropriate.
Service Delivery	Ensure that people being deprived of liberty in care homes, hospitals, supported living	Through the appropriate assessment of applications made to Southend Borough	Compliance with statutory data return for the HSCIC (Health and Social Care Information Centre) annual collection.

	schemes and within their own homes have appropriate protection of their legal rights.	Council.	
Prevention and empowerment	Improve feelings of safety whilst accessing the community	Southend Borough Council continues to work 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.
	PREVENT Strategy Prevent people from being drawn into terrorist activity	Collaboration between Integrated Youth Services, Adult Services, Children's Services and Public Protection.	Establishment of a referral pathway for both Children's and Adult Services to accept referrals. Establishment and delivery of CHANNEL panels for Adult and Children's Services. 75% of all assessing social work practitioner staff are PREVENT trained by 1 April 2016.
	Self-harm and suicide has been identified as an area of priority by the LSCB and SAB.	Adult services will support the work of the SAB.	Adult services will contribute to the development of training, staff confidence and services relating to this area of safeguarding.
	Neglect has been identified as a priority by the SAB	Adult Services will support the work of the SAB	Adult Services will contribute to the development and implementation of staff training and awareness raising with practitioners and members of the public
Governance and Quality Assurance	Further develop a robust and reflective audit tool to monitor compliance with the safeguarding	Development of an audit tool from which to identify practice strengths and areas for	A robust audit tool which delivers reportable data.

	process.	improvement.	
Policy Development	<p>Development of policies and procedures, namely:</p> <p>Position of Trust allegations</p> <p>Large Scale Investigation Protocol</p>	<p>Development and implementation of SET policy and procedures.</p>	<p>Policies adopted and implemented in partnership with SET and the SAB.</p>

SECTION 6: Overall Summary

Performance in safeguarding continues to be strong, with positive feedback from people who have directly experienced the process, which demonstrates a high level of satisfaction.

The Council continues to contribute strongly into the work of the SAB and its new role as 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	19 November 2015
Southend-on-Sea Borough Council Cabinet	

Appendix 1 – Performance Information

Chart 1: Referrals received

The rate of referral for 2014/15 has for the first time, decreased by 12.5%. Southend Borough Council received 599 referrals that met threshold for 520 people, meaning that some people had more than one allegation made regarding their care and treatment.

Since data has been collected in 2006/7, there has been a cumulative total 456% increase in referrals until 2014/15. The reason for the decrease in referrals last year may be attributed to the new Alerts versus Referrals pathway introduced in April 2014 whereby allegations that did not meet the criteria for a safeguarding investigation were recorded for information as 'Alerts'. Cases that did meet the threshold were then recorded as 'Referrals' and triggered as full investigation.

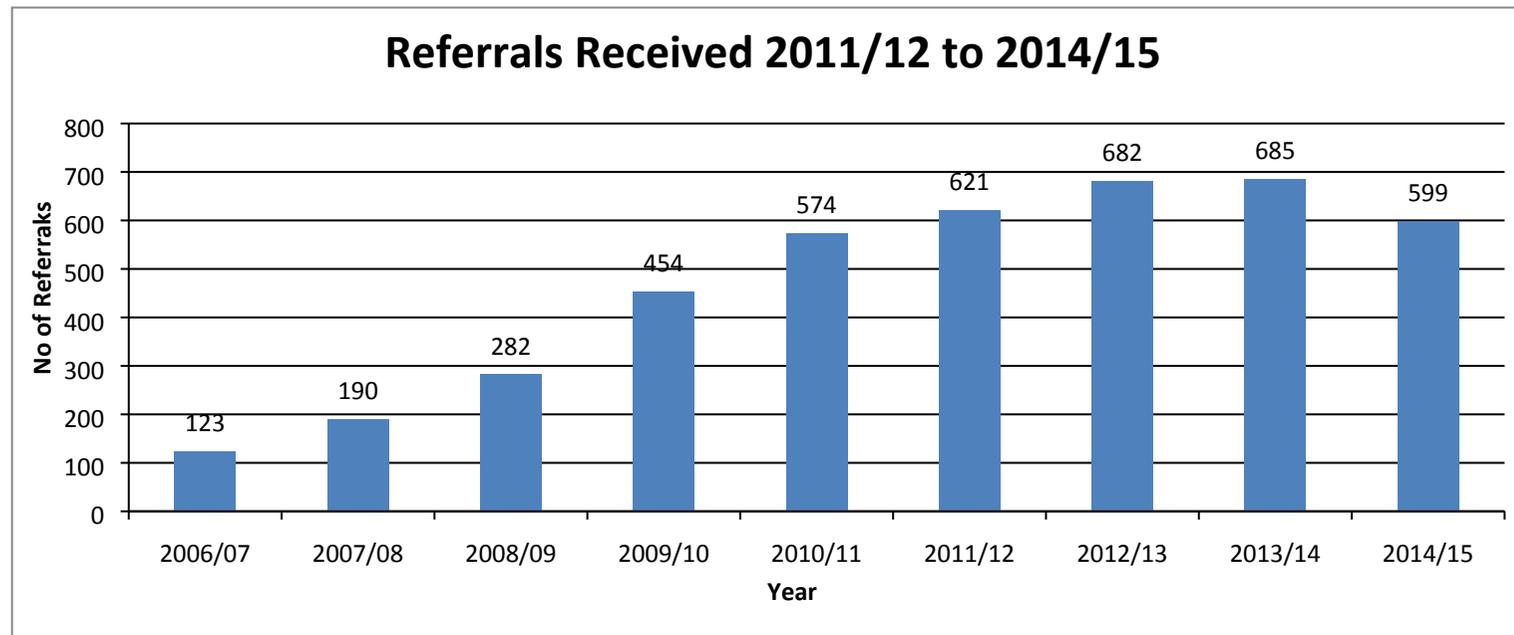


Chart 2: Referrals by Primary Support Reason 2013/14 – 2014/15

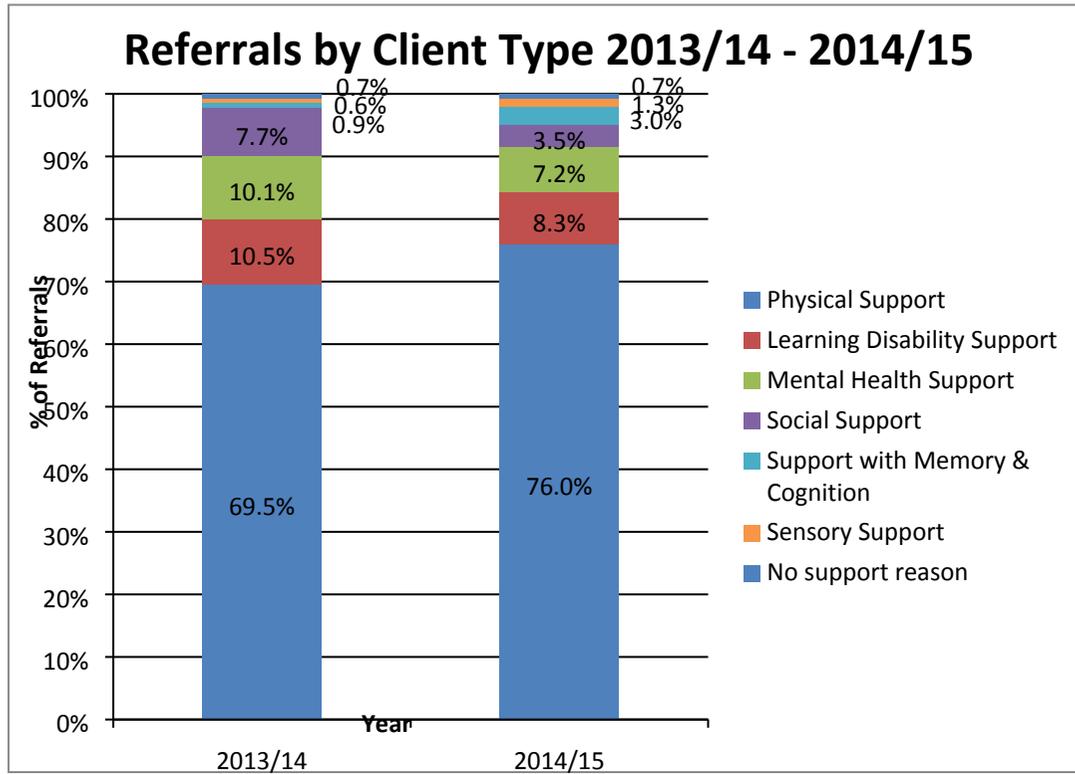


Chart 2: Referral by type of abuse 2014/15

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. Across the 599 referrals, 748 referral types were alleged.

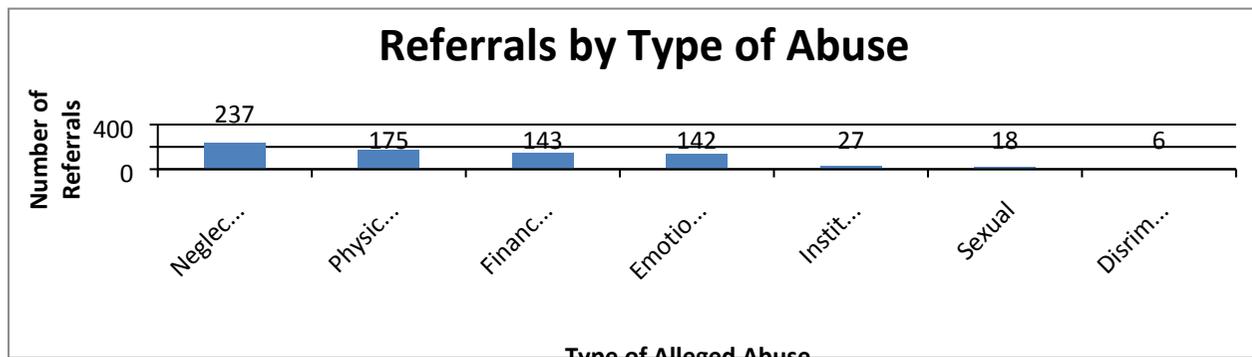
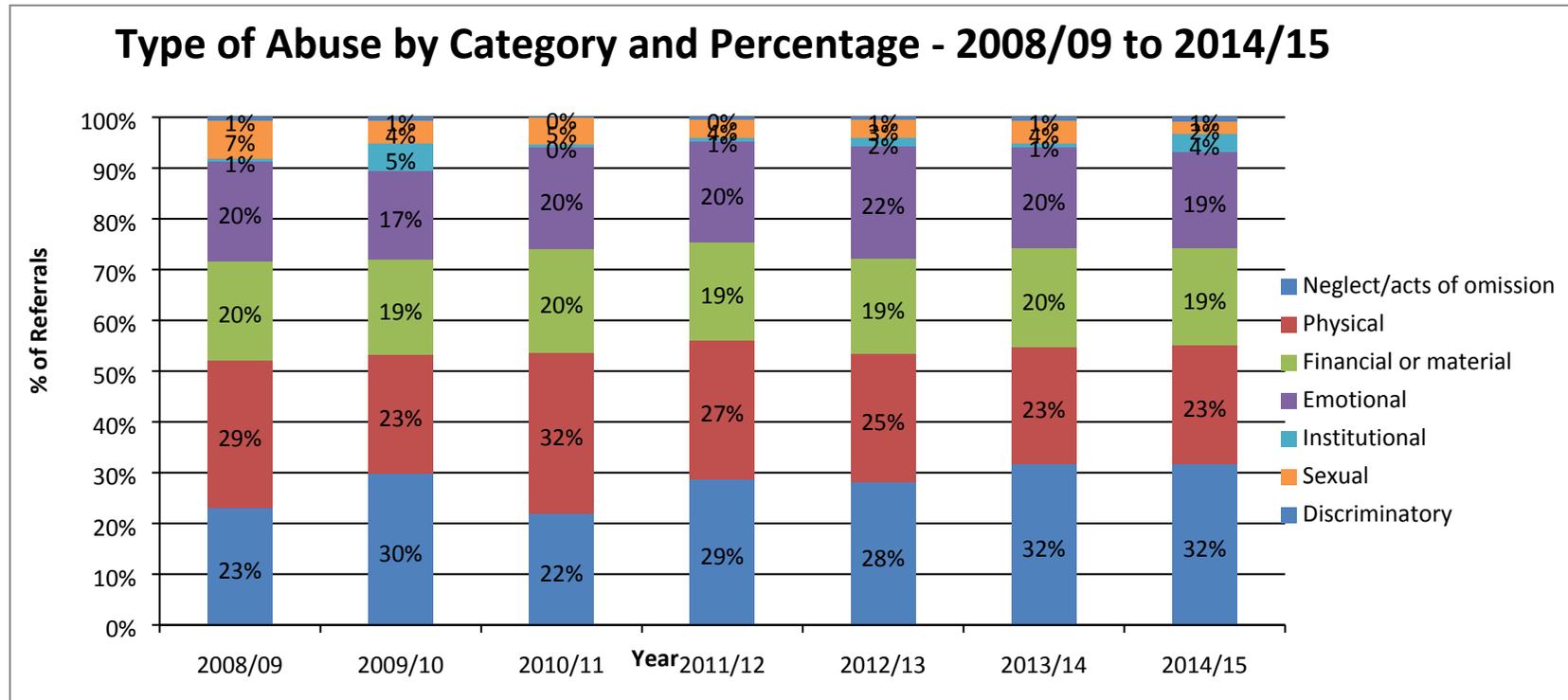


Chart 4: Cumulative Abuse Types- 2008-2014

This chart depicts the allegations of abuse, broken down by type across years. Due to some small sample sizes, to aid confidentiality, the data is presented in terms of percentages.

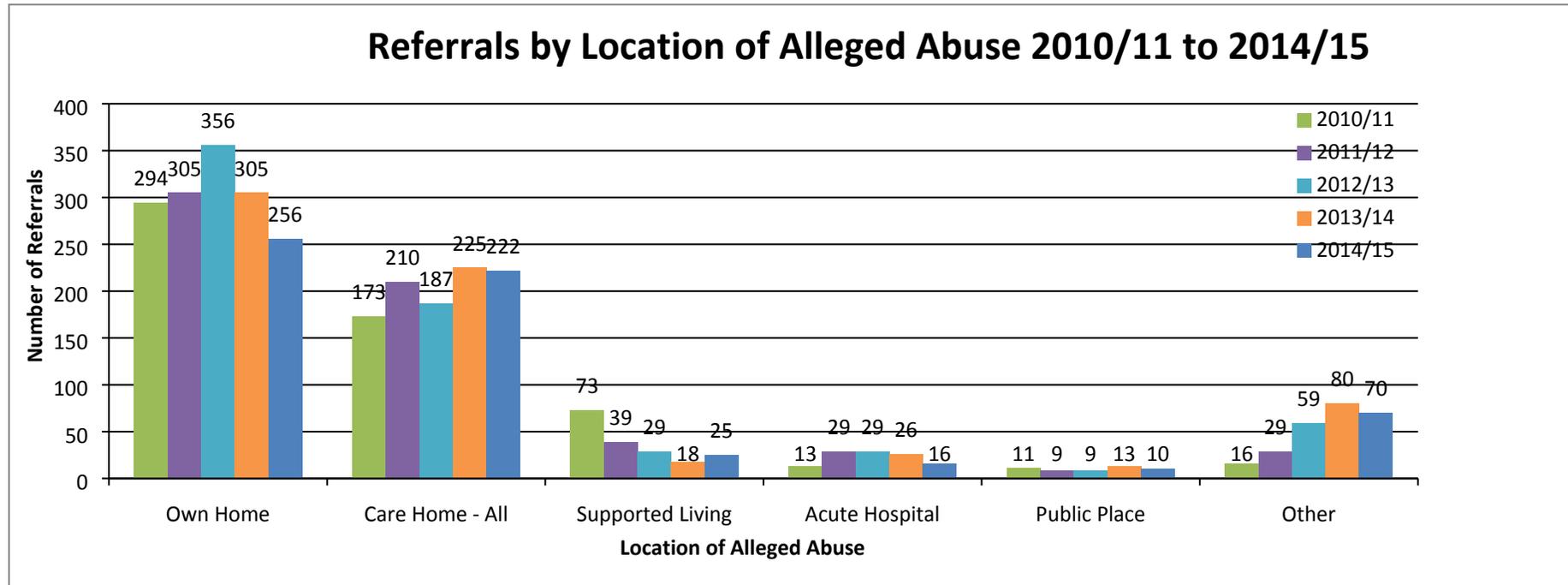


The types of abuse reported are broken down by category and percentage. Again in 2014/15, the predominate type of abuse is *neglect/acts of omission*, followed by *physical abuse*. *Neglect*, *Emotional abuse* and *financial abuse* allegations were reported as parallel levels in 2014/15.

Chart 5: Categories of Abuse by Percentage 2014/15

We are not able to use national comparator data from the Health and Social Care Information Centre data as it is not due to be released until late October 2015.

Chart 5: Referrals by location of alleged abuse 2010/11-2014/15



There has been a 19% decrease in allegations raised about people living in their own homes and a 1.4% 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 38.8% increase in referrals from supported living schemes but due to the small sample size, this must be viewed in that context.

There has been a 14% decrease 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.'

Chart 6 - Referrals by location of abuse - Comparative data across 13/14 and 14/15

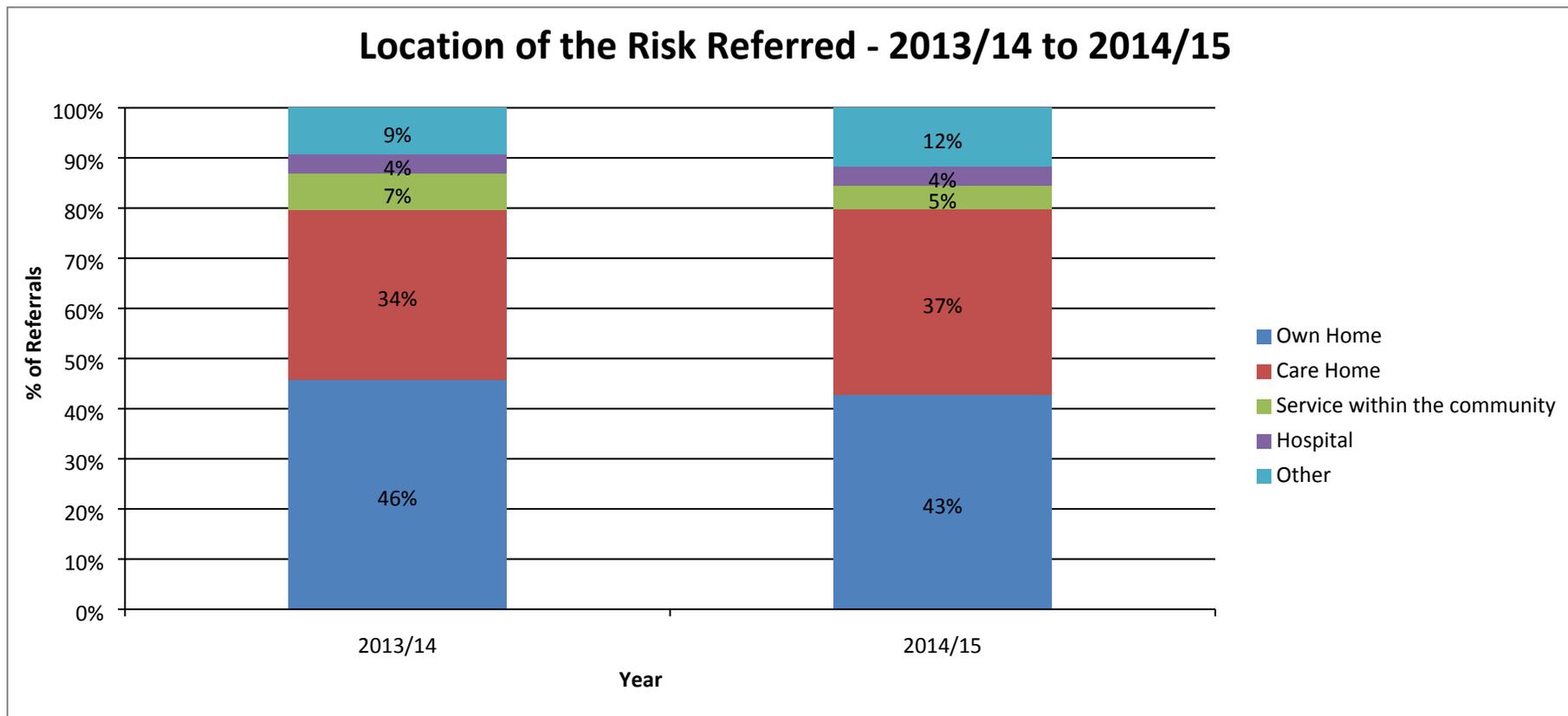


Chart 7: Referrals by ethnic group

Office of National Statistics comparator data

Chart 7 feature the numbers of referrals broken down by ethnicity compared to local percentages depicting the ethnic makeup of Southend. For illustrative purposes, 1.0% of all safeguarding referrals for 2014/15 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. There has been an increase of 0.8% in the number of referrals from people who describe themselves as mixed ethnicity and a decrease of 0.8% in Asian/Asian British ethnicity.

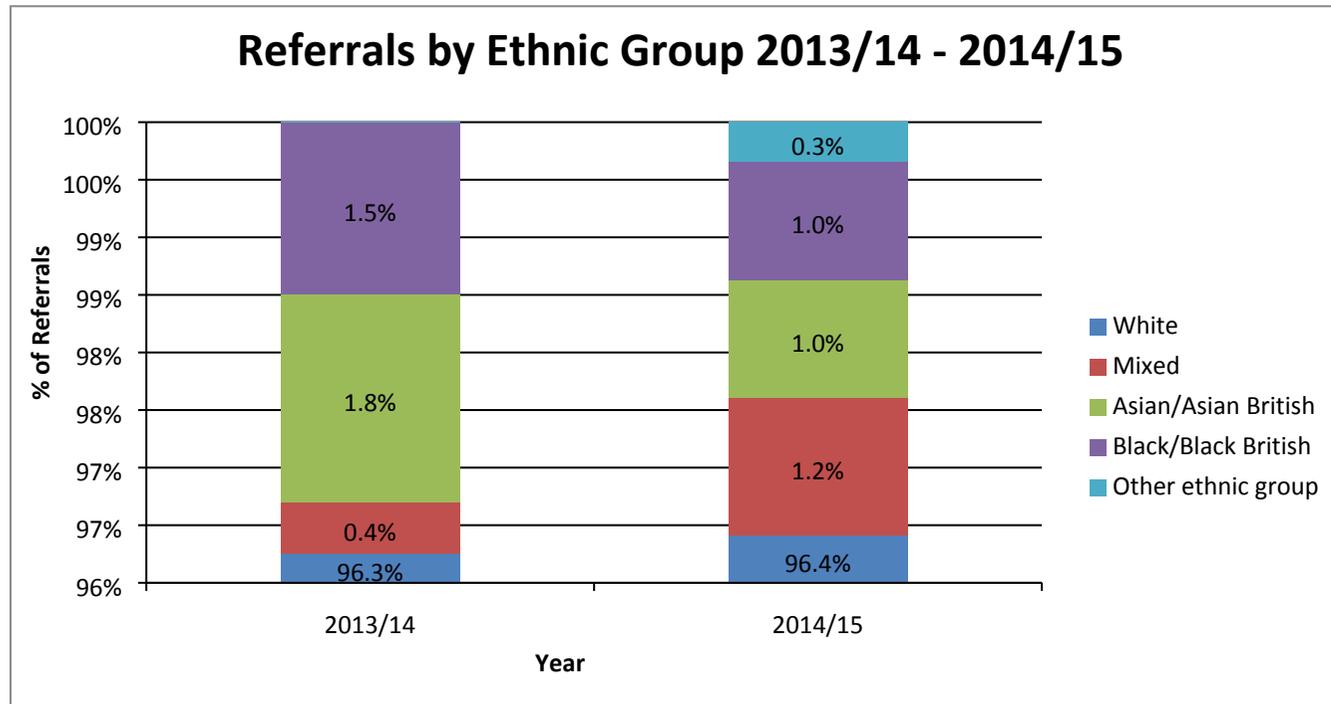


Chart 8a and b: Referrals by alleged perpetrator/person of concern

Chart 8a illustrates the relationship between the victim and the alleged perpetrator/person of concern. As a result of improved recording during 2014/15, this is reflected in the decline in 'Other' from 2013/14. Domiciliary & Residential Care Staff have seen the biggest increase in alleged perpetrator/person of concern and may also be due to better recording.

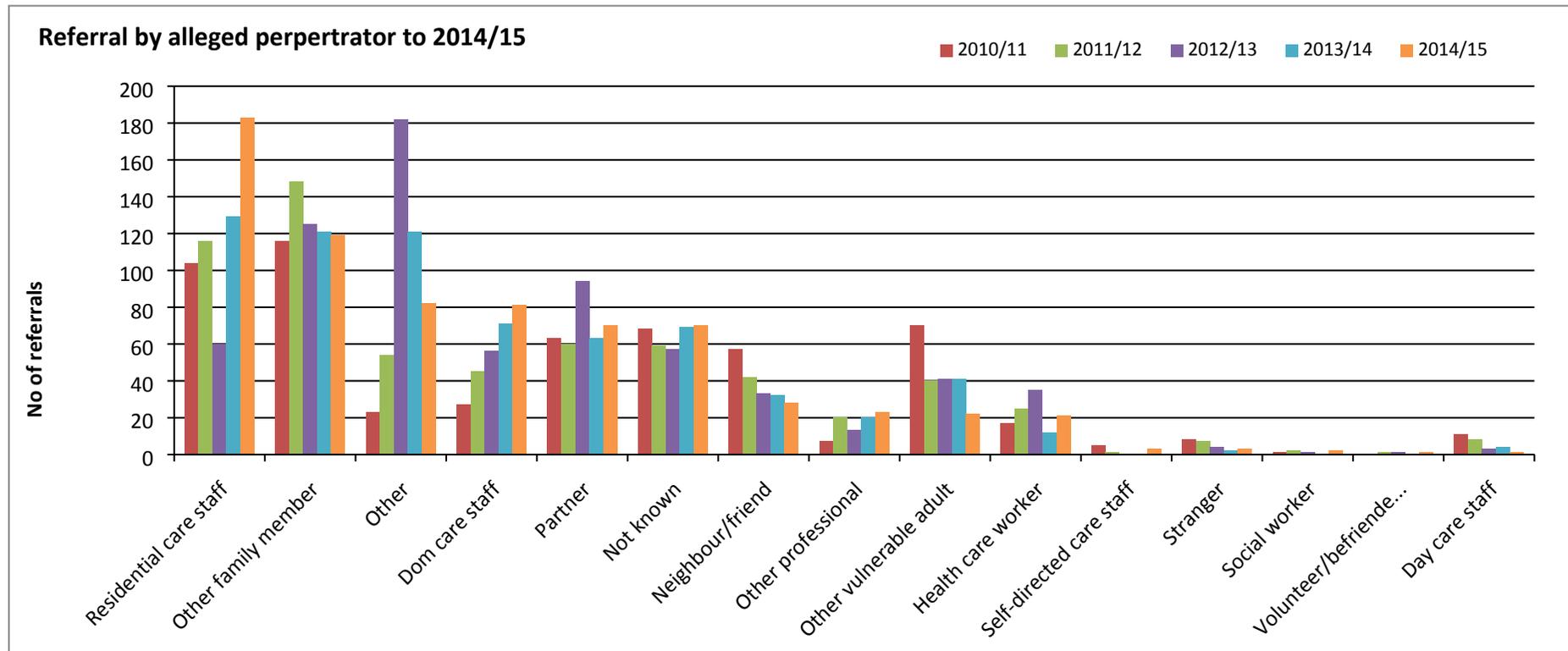
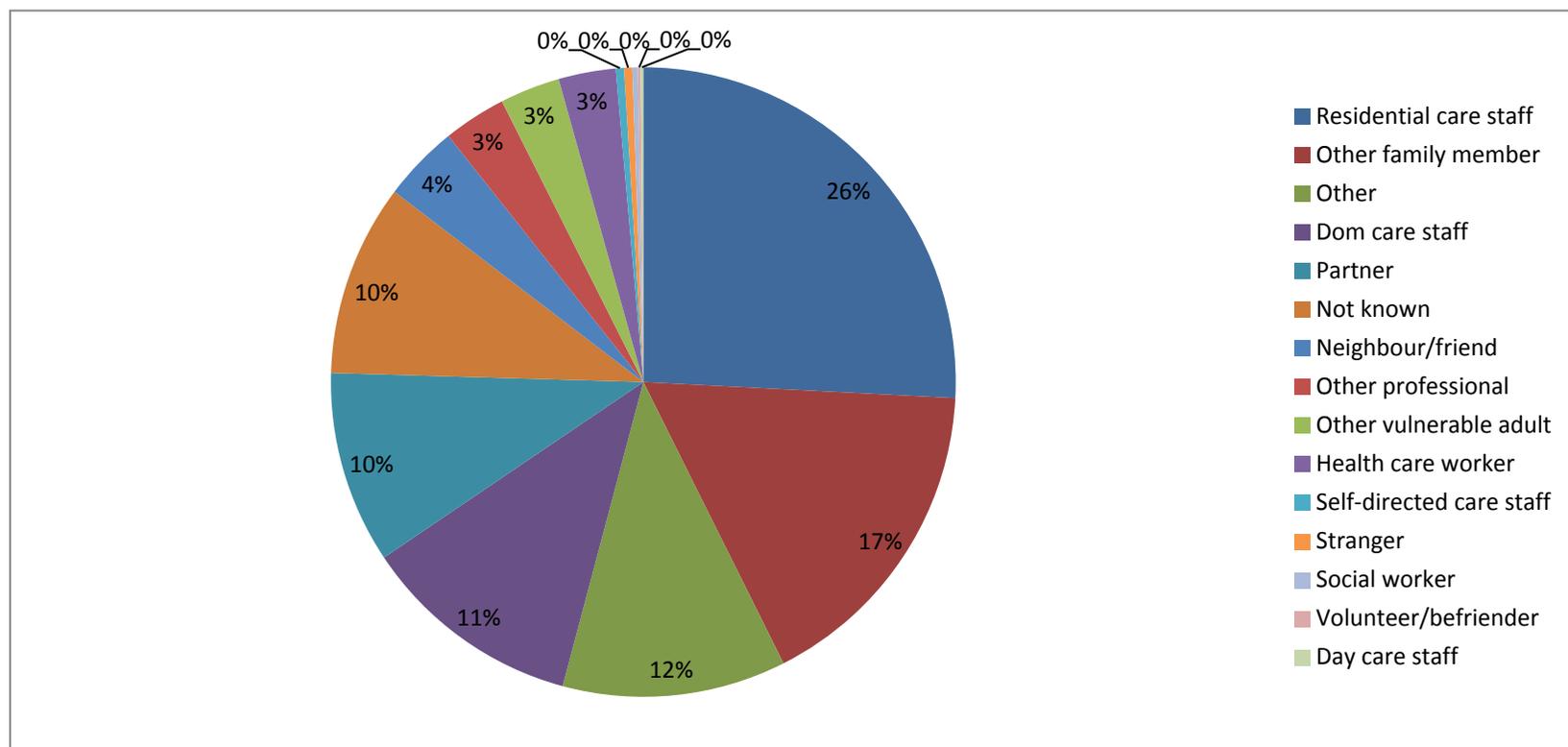


Chart 8b – Percentage of alleged perpetrators 2014/15



26.7% of all safeguarding referrals meet the definition of domestic abuse. The Home Office definition of domestic violence and abuse 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 9: Total referrals by age

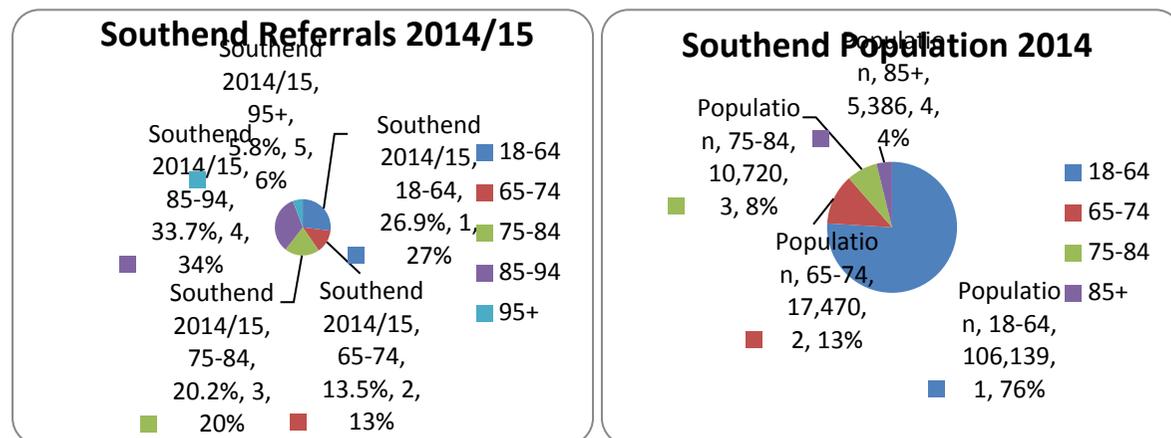
Safeguarding referrals by age

The below table shows a breakdown of safeguarding referrals by age band trended over 2 years.

Age	Southend		SNA		EEA		National	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
18-64	34.8%	26.9%	36.0%	33.0%	38.0%	38.0%	36.8%	36.2%
65-74	12.2%	13.5%	11.8%	12.0%	11.9%	11.5%	12.1%	11.9%
75-84	20.9%	20.2%	21.9%	22.5%	21.4%	20.8%	22.9%	22.7%
85-94	28.7%	33.7%	26.0%	27.3%	24.9%	24.9%	24.6%	24.9%
95+	3.5%	5.8%	4.2%	5.3%	3.8%	4.9%	3.6%	4.2%

Source: SAR 2014/15

SNA= Southend Strategic Needs Assessment. EEA= East of England area comparators. National= National Prevalence Data from the Health and Social Care Information Centre.



The table shows that between 13/14 and 14/15 the proportion of referrals from the 18-64 age band has dropped to a level that is now almost 10% below the national figure.

The other large variation that can be seen from these tables is in the 85-94 age range where 33.7% of Southend's referrals are in reference to people from this age band, compared to 24.9% nationally.

Southend's referrals from the 95+ age range has also increased taking the figure to well above the national figure. This can, however, be explained by large statistical variance which is caused by the low numbers of referrals that are received from this age group (just 30 in Southend in 14/15).

Southend's population can be used to benchmark the age bands for people who are reported to require support for safeguarding:

Age Bands	18-64	65-74	75-84	85+
Population	106,139	17,470	10,720	5,386
Proportion	76.0%	12.5%	7.7%	3.9%

Source: ONS 2014

Of Southend referrals, 26.9% come from the 18-64 age range compared to this group making up 76% of the relevant population.

13.5% of referrals come from the 65-74 age range whilst they make up 12.5% of the population.

20.2% of referrals come from the 75-84 age range but make up just 7.7% of the population.

39.5% of Southend's safeguarding referrals come from the 85+ age range; this is compared to this age range making up just 3.9% of the 85+ population.

This shows that the prevalence of safeguarding referrals increases with age, which also is in line with the majority of people receiving a service being people over the age of 65.

Chart 10a: Case conclusion by outcome

This chart illustrates the number of case concluded by the outcome of the investigation. 22.2% of cases reached the conclusion of *inconclusive*, meaning that it could not be established on balance of probabilities whether abuse occurred. 8.0% of cases reached the conclusion of *partially substantiated*. 31.4% of cases reached a conclusion of *substantiated* where, on balance of probabilities, it would established that the allegation occurred and was abusive in nature. 34% of allegations were deemed *not substantiated* as there was evidence to confirm that on balance of probabilities, abuse did not occur. 10.2% 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.

Chart 10a – Number of referral cases concluded by outcome

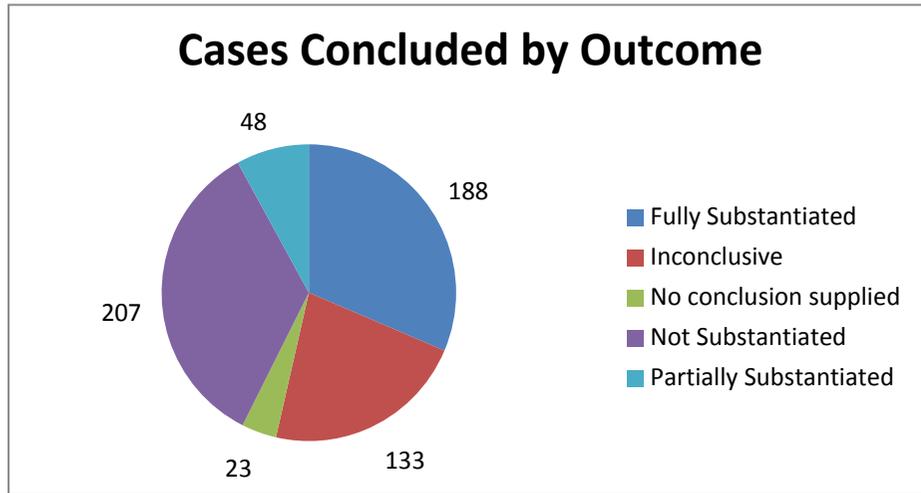


Chart 10b – Percentage of referral cases concluded by outcome from 2010-2015. The percentage of referrals that were partially or fully substantiated increased slightly from 2013/14 by 3%, whereas the percentage of referrals not substantiated increased by 16%

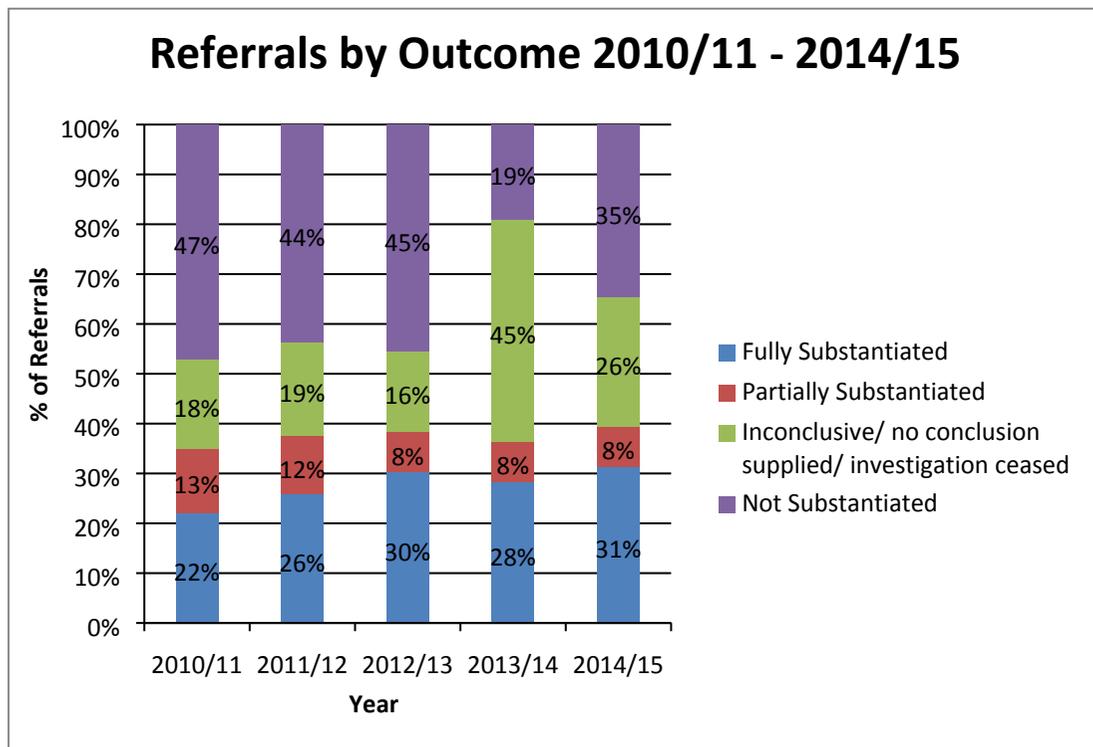


Chart 11: Referrals open and closed

For the referrals open and closed in 2014/15:

53% of all referrals are open and closed within one month. 28% of cases are opened and closed within 2-3 months. 20% of cases take longer than three months to conclude the investigation due to the complexities of the individual circumstance. In effect, 80% of referrals are closed within three months of initial referral. There is no nationally prescribed time periods that govern length of investigations.

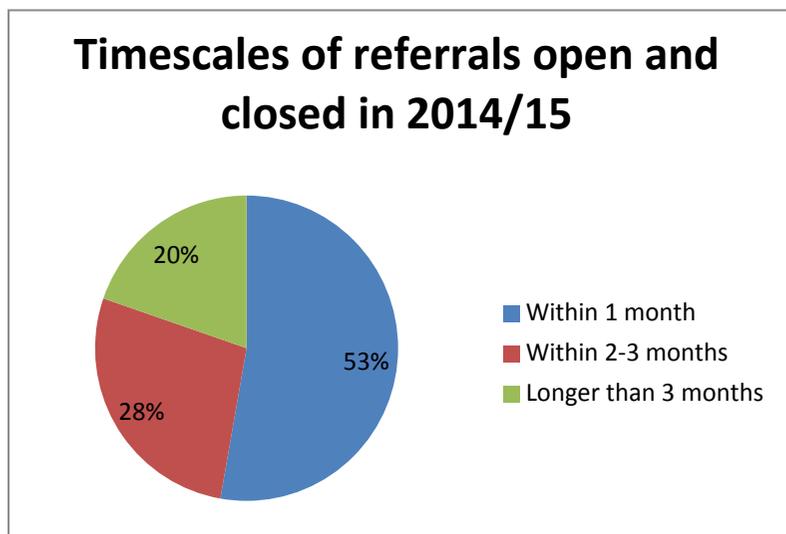
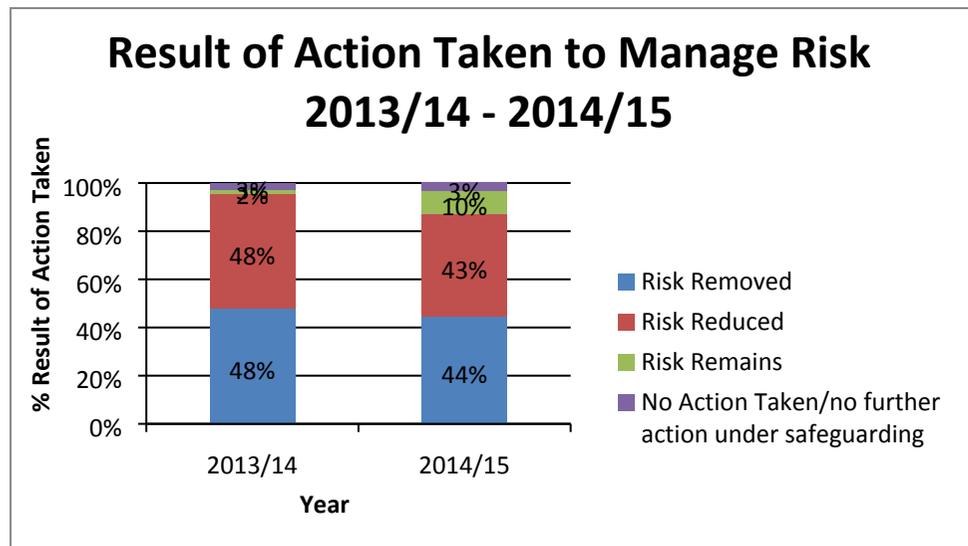


Chart 12: Action taken to support management of risk

Chart 12 depicts the risk that remains after the safeguarding investigation has concluded. In 87% of cases, risks were either completely removed or reduced. This is exactly consistent with the risk reduction rate of 2013/14. In 10% of cases, risk remains.

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.



Experience tells us: Outcome Questionnaire

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.

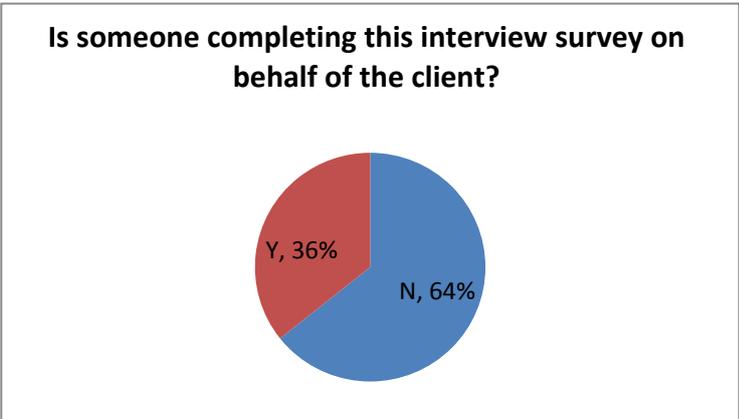
Question 1: Eligibility to partake in the questionnaire

Of the 448 cases that closed during the time period, for 33% of people it was acceptable to be asked and agreed give feedback.

Client Details Q1. Is this client eligible to be included in the survey

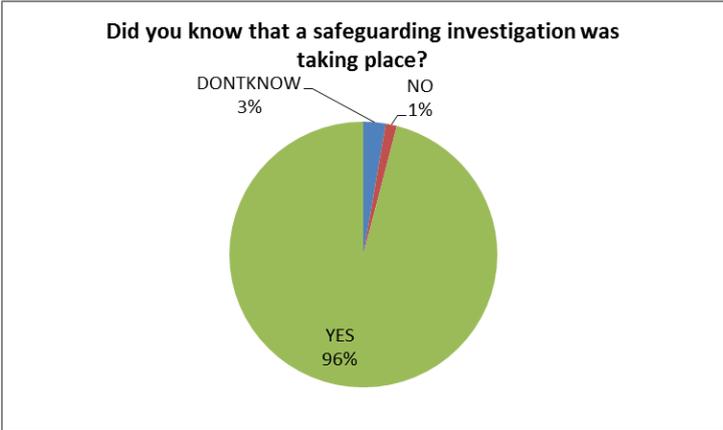
1	2014/15 2014/15 Quarters	1	2	3	4	Grand Total	Percentage
	1YES	25	43	39	43	150	33%
	2DECLINE	34	23	39	16	112	25%
	3NO	35	45	39	67	186	42%
	Grand Total	94	111	117	126	448	100%

Question 2: Did someone else complete the survey on behalf of the client?



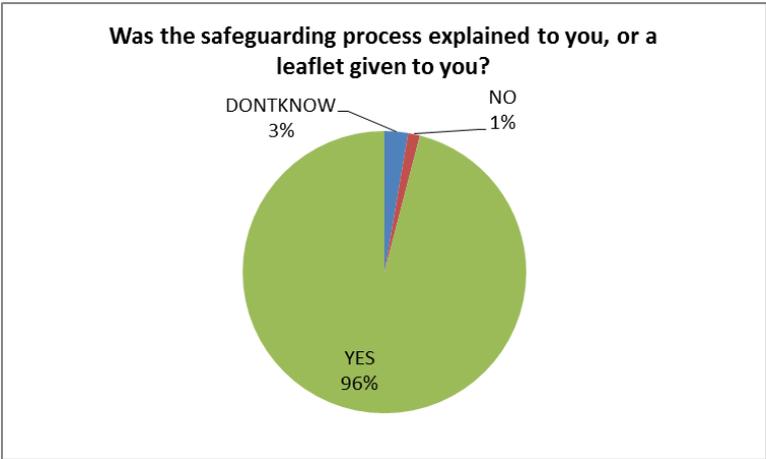
In 36% of the questionnaires completed, someone else, be it a family member or advocate, completed the survey on behalf of the person.

Question 3: Knowledge of Safeguarding Investigation



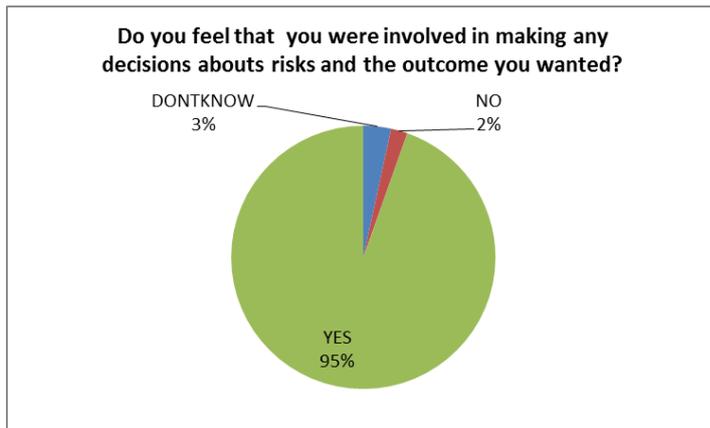
In 4% of investigations, the person or the person replying to the survey was not aware a safeguarding investigation was taking place. To address this issue and improve statistics, the standard read and the easier read versions of 'What is a Safeguarding Investigation' booklet was designed and implemented midway through 2014.

Question 4: Leaflet and Process



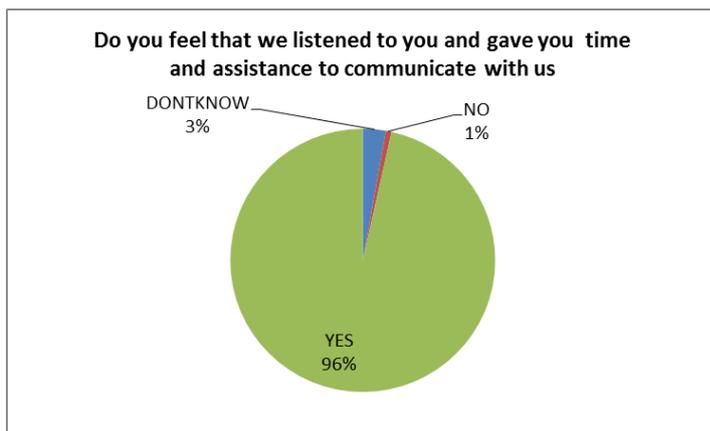
1% of people stated that the process was not either verbally explained to them or a leaflet provided. In the situation of the 3%, it may transpire that the person completing the survey on behalf of another did not know what information was provided to their family or client.

Question 5: Involvement in decision making

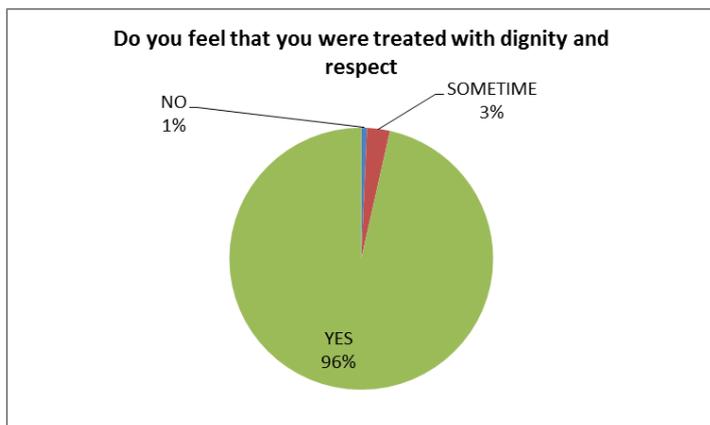


In 2 % of the situations, the person themselves did not feel that they were involved in the decision making. Due to confidentiality, further elaboration is not possible. In 95% of situations, people felt engaged and supported in determining the direction, so much as possible in situations that concern their wellbeing and safety.

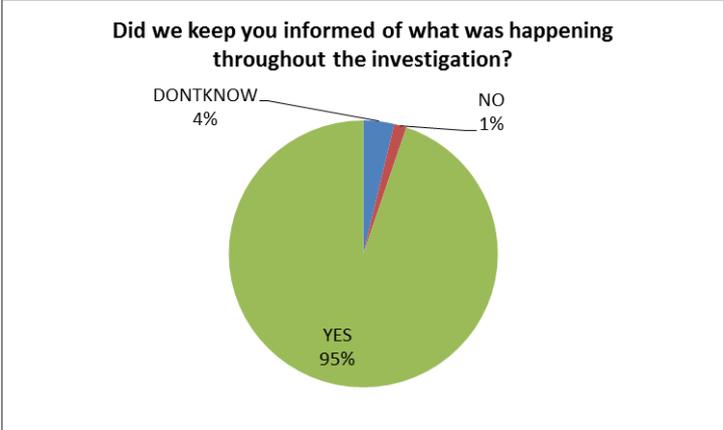
Question 6: Engagement and communication



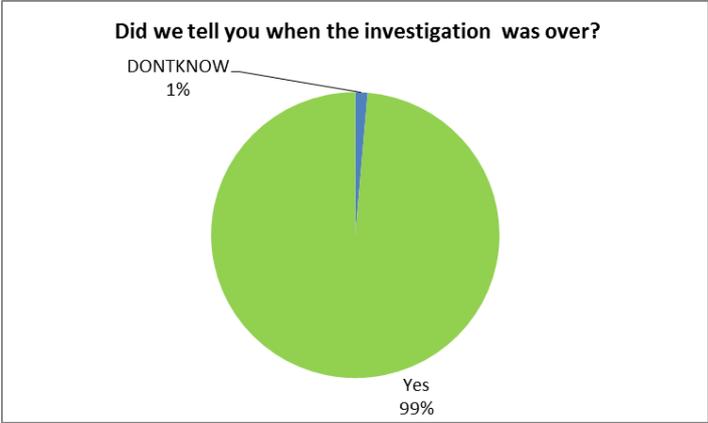
Question 7: Dignity and respect



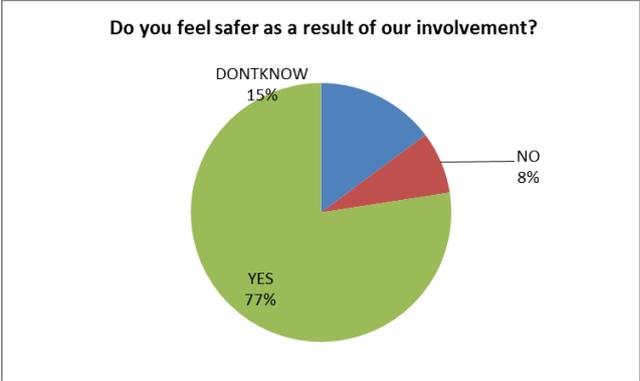
Question 8: Keeping informed



Question 9: Conclusion

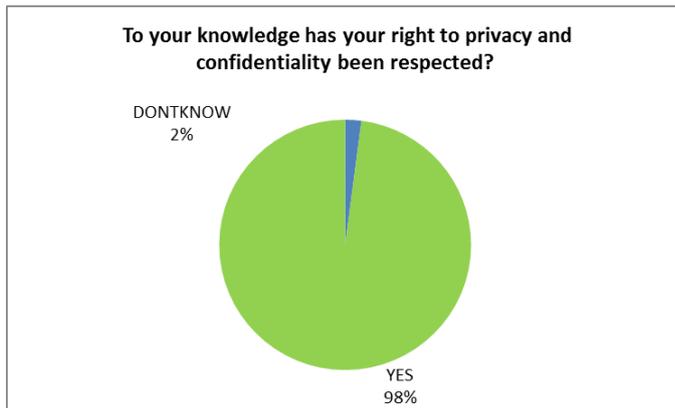


Question 10: Improved feelings of safety

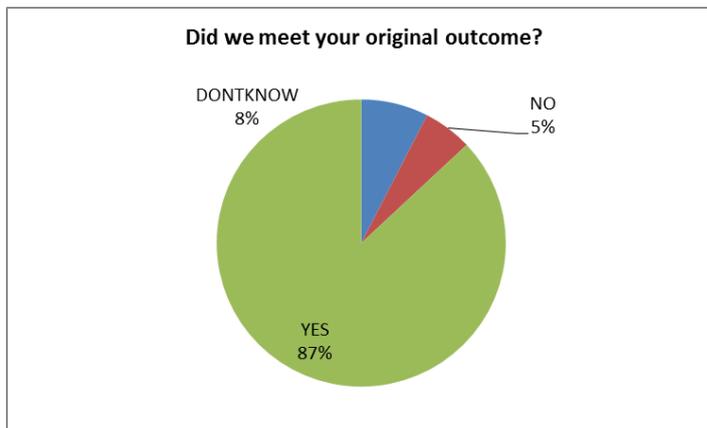


Improved feelings of safety are an important but subjective outcome. In many circumstances, it is difficult to improve feelings of safety due to the impact of the abuse and the relationship between the person and the other party as the source of concern. For example, a person experiencing domestic abuse may continue to live with the perpetrator and may report that they feel unsafe, even after the investigation because the only complete removal of the risk might be unrealistically achievable for a number of interdependent reasons.

Question 11: Confidentiality and Privacy



Question 12: Outcomes



In 87% of all survey responses, the investigation and management delivered the intended outcomes that the person themselves stated that they wished to achieve through the process. The outcomes are completely free text for people to select what they wish the outcome to achieve at the beginning of the process. The Outcome Questionnaire then revisits the outcomes and gauges whether they were achieved. On some occasions, the outcomes the person wishes to achieve are outside the sphere of possibility or are not within the power and control of the local authority; for instance, for a person of concern to be convicted.