



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

Thurrock Safeguarding Adults Board Strategic Plan 2017/20

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Author / Lead:	Levi Sinden – TSAB Manager
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0.1	Levi Sinden – TSAB Manager	Consultation draft to Leadership Executive Group.	
0.2	Levi Sinden – TSAB Manager	Confirmed Strategic Objectives. Finalised the data. TSAB for sign off	13/11/2017

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1. About the Thurrock Safeguarding Adults Board

Purpose of the Board

Each Local authority has a duty set out at Section 43 of the Care Act 2014, to establish a Safeguarding Adults Board. It has many responsibilities but its main duty is to assure itself that services set up in the local area to help and protect adults with care and support needs who are at risk of abuse or neglect are fit for purpose.

Our aim

The aim of the TSAB is to ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of at risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance.

Thurrock's SAB will use these principles to measure existing adult safeguarding arrangements and future improvements.

Our vision

That people are able to live a life free from harm, where the community has a culture that does not tolerate abuse, works together to prevent abuse and knows what to do when abuse happens.

Membership

The TSAB has three core statutory partners:

- Thurrock Borough Council
- NHS Thurrock Clinical Commissioning Group
- Essex Police

In addition to this, the membership of the TSAB includes a wide range of statutory, voluntary and independent members. A full list can be found at www.thurrocksab.org.uk

2. Purpose of the Strategic Plan

The Care Act 2014 specifies that each SAB should publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

This plan identifies how the partners of the TSAB will continue to work together to ensure that existing services that prevent abuse and support people who have

experienced abuse, are appropriate and meet the needs of the individual. Every partner of the TSAB is committed to working together to use what we know about the needs of adults at risk to improve services that safeguard adults and address emerging issues by combining our expertise and resources.

This plan addresses strategic issues; those are broad issues that require a multi-agency approach to achieve long term goals that will have a significant impact on the TSAB's overall goals, not day to day business that is carried out by a single agency. However, there will be occasions when the Board will contribute to non-strategic issues, when this happens it will be featured in the TSAB's work plan.

This plan has a delivery plan that sets out the actions that the TSAB will take to deliver its strategic objectives and improve services that safeguard adults from abuse. The delivery plan will be used to focus the Board's attention on its objectives and used as a tool to demonstrate how well the TSAB is meeting its duties under the Care Act. To this end the plan was developed with a wide audience, views of the public and partners were sought in developing the strategic objectives.

3. The local picture

The Office for National Statistics estimates that the population of Thurrock is 165,184 as of the mid-year estimate 2015. 83,835 (50.8%) are female and 81,349 (49.2%) are male.

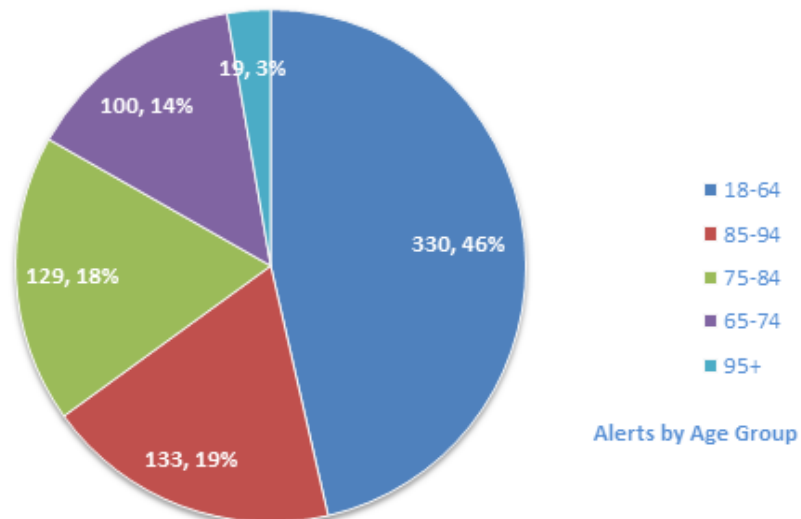
Thurrock's age structure is similar to that found regionally and nationally, but generally has a larger young population aged 0-19, and a larger population in their 30s and early to mid-40s for both England and the East of England.

The ONS figures show that 22,845 people are 65+, 13.8% of Thurrock's population are aged 65+, for England the percentage aged 65+ is 17.7%.

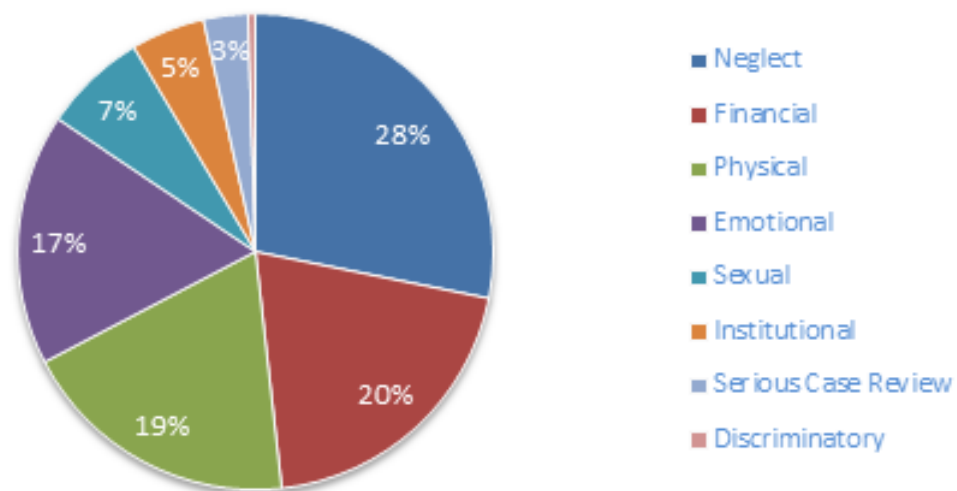
16.5% of Thurrock residents have a long term health condition, which is lower than both the England average of 17.6%, and the East of England Region at 16.7%. It is estimated that 10.8% of Thurrock population aged 16 to 64 has a physical disability (England 11.1% and East of England Region is 11.4%).

Approximately 5.1% of Thurrock adult population is in contact with secondary mental health services (England average is 5.4%, and the East of England Region is 4.8%)

There were 711 safeguarding concerns raised regarding suspected abuse or neglect during 2016/17, of these 181 were progressed under Section 42 of the Care Act 2014. Data gathered during 2016/17 tells us that women aged between 18 – 64 years old are most likely (59% of total number of alerts) to experience abuse, and that neglect is the most common type of abuse.



Referrals by Type of Abuse



4. How we decided upon the Strategic Objectives

In order to develop a set of strategic objectives that will deliver the requirements set out in the Care Act 2014 and reflect the needs of the local population, we sought the views of our partners and local community.

Safeguarding Adults Conference

During 2016/17 the TSAB held a stakeholder conference on safeguarding adults, from this event stakeholders gave their views on the key issues that the TSAB should focus on during 2017/18.

Gap analysis exercise

To round up the work undertaken during 2016/17 Board members met to discuss the strengths, weaknesses and emerging issues, the feedback from this exercise was used to contribute to the key issues that the Board should focus on.

Data analysis

The Board reviewed the data that was collected from safeguarding alerts and Section 42 enquiries during 2016/17 to identify trends and emerging concerns. This has helped Board members to focus their efforts on people who face the most risk and where the most impact will be felt.

The Board also reviewed recommendations and findings from national research and good practice, on specific issues such as Mate Crime, Forced Marriage, Modern Slavery, and Cuckooing to name a few examples.

Strategic Objectives

SO 1: By 31st March 2018 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

In order to fulfil its statutory obligations effectively the board requires a Communications Strategy to effectively communicate with and listen to its stakeholders, underpinned by the six key principles of adult safeguarding:

Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability.

The Communication Strategy will support the TSAB Prevention Strategy by setting out how the board will create a culture of empowerment, equipping current and future service users and their carers with the knowledge to spot the signs of abuse and how to maintain their own safety.

The Communication Strategy will improve professional stakeholder awareness of emerging safeguarding issues, to improve their response to safeguarding concerns, in line with Making Safeguarding Personal principles, proportionate to the risk and in partnership with relevant agencies.

The TSAB demonstrates accountability and transparency in its conduct and work by publishing an annual report and this Strategic Plan. However, the Communications Strategy will improve transparency and accountability by increasing its public presence and enhancing stakeholder engagement.

Strategic aims:

- Develop a coordinated approach to stakeholder engagement, ensuring that views are heard and intelligence acted upon in order to improve our ability to protect adults from abuse and neglect.
- Engage stakeholders in development of the boards priorities and strategic direction, and scrutiny of adult safeguarding service provision.
- Develop public information and events to clients, carers and the general population to recognise abuse and neglect in order to maintain their own safety and stop abuse and neglect.

SO 2: By 31st March 2018 this Board will have produced its strategy and associated action plan for the prevention of harm and abuse to adults at risk.

The Care Act 2014 statutory guidance outlines six key principles, one of which is *Prevention: It is better to take action before harm occurs.*

‘14.140 Strategies for the prevention of abuse and neglect is a core responsibility of a SAB and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board’s, Quality Surveillance Group’s (QSG), Community Safety Partnership’s and CQC’s stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively.’

With this in mind, the board felt that an objective with prevention at its core was essential to creating a step change in the board’s strategic direction, to build on existing partnership commitment, and create a targeted strategy that will improve the resilience of our local community and best coordinate efforts of professionals.

Adults at risk are a group who have care and support needs and are unable to protect themselves from abuse and neglect, as a result of those care needs; however it is only a percentage of adults at risk who are unable to protect themselves (section 14.2). Additional risk factors, such as isolation increases the opportunity and likelihood of abuse occurring; therefore identification of those risk factors will lead to the development of targeted prevention strategies.

The SCIE Report 41: Prevention in adult safeguarding presents the following themes where abuse or neglect presents a higher risk:

- People with learning disabilities
- Older adults
- Family carers
- Identify risk in services

The Prevention Strategy will set the strategic direction for preventing abuse and neglect of adults at risk in Thurrock. An associated delivery plan will identify priority areas of work and enhance the benefit that can be achieved by increased collaboration.

SO 3: By 31st March 2018 this Board will have worked with SET partners to consider and publish good practice in dealing with domestic abuse in older adults and in care settings.

Definition

The cross-government definition of domestic violence and abuse¹ is:

any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Domestic Abuse was added to the definitions of abuse within the Care Act 2014 after consultation on the draft Care Act guidance. The guidance states that the abuse can be caused deliberately or unintentionally.

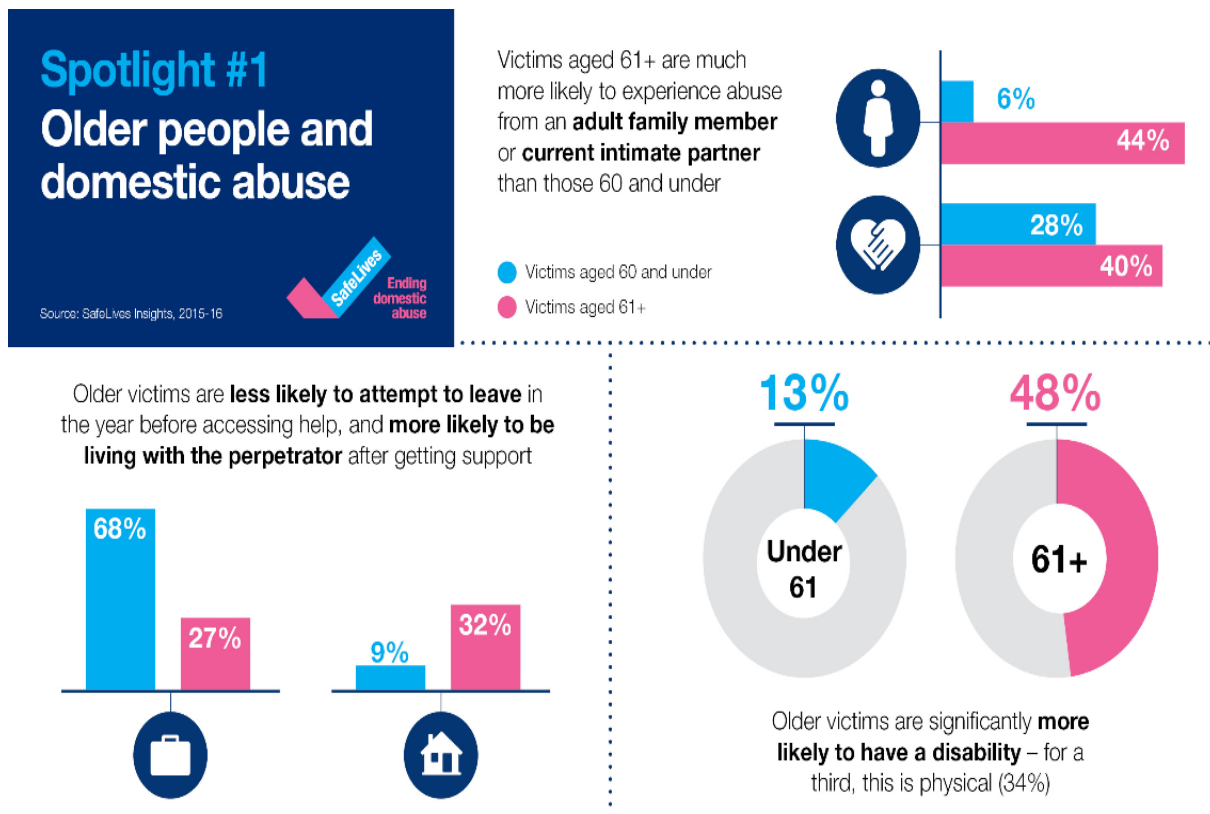
Older people, in this context 61+, have not featured in studies and research regarding domestic abuse until recently, see *Safe Later Lives: older people and domestic abuse*. Despite there being similarities in the experiences of survivors of domestic abuse across the age groups, there are marked differences in how they are treated by professionals, their views of their situation, and their knowledge of services available to them.

National picture²

Older victims are more likely to experience abuse from an adult family member, and have additional risk factors which make it more difficult for them to leave an abusive relationship, such as a physical disability.

¹ <https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition>

² Safe Lives (2016) *Safe Later Lives: Older people and domestic abuse*



Local picture³

- There were 3,235 domestic incidents recorded in Thurrock in 2016.
- The proportion identified as high, medium and standard risk in Thurrock is similar to the average for Essex, with just over 1 in 10 being classified as high.

RISK LEVEL THURROCK	No. By Risk Level	% of Total	Essex Average
High	374	11.8%	11.59%
Medium	1419	44.6%	41.47%
Standard	1389	43.7%	46.94%
Grand Total	3182	100%	100%

- The reported level of repeat victimisation is 34.2% (compared to 36.9% for Essex as a whole) * *Victim reporting to police on more than x1 occasion.*
- Female victims account for 77% of all reported incidents.

Data collection for this client group appears to be sparse, evidence suggests that the issues are under reporting and specifically for adult safeguarding and health, the symptoms of domestic abuse are recorded as the cause for contact such as physical, financial, emotional or the clinical presenting condition, as opposed to recording under the category of domestic abuse.

³ Essex County Council (May 2017) Domestic Abuse and Harmful Practices: Strategic problem profile

In trying to understand the nature of domestic abuse experienced by older people, it is imperative to explore who the alleged perpetrators are in order to create targeted services for victims and perpetrators.

Reports suggest that under reporting of domestic abuse amongst this age group is low and that when they do make a disclosure, there is a lack of recognition of the situation as one of domestic abuse, instead they may see injuries as a clinical issue. As a result they are under-represented at MARAC and within domestic abuse services.

The table below shows the relationship of alleged perpetrator to the victim, the ratio of child on parent abuse for 45 years plus, is significant in relation to the all age total of child on parent abuse.

SUSPECT RELATIONSHIP TO VICTIM (DOMESTIC INCIDENTS)	Thurrock	Thurrock %	Essex	Essex %	Thurrock (victim 45+) by number and %	
Child (Child on parent)	349	11.8	3162	10.7	259	36
Current Partner (intimate partner)	926	31.4	9482	32.0	202	28
Ex-Partner (intimate partner)	1307	44.4	13349	45.1	193	27
Family Member (familial, including hba)	117	4.0	1094	3.7	51	7
Parent (parent on adult child)	116	3.9	1292	4.4	2	0
Sibling (familial, including hba)	131	4.4	1225	4.1	17	2
Total	2946	100.0	29604	100.0		

Strategic Aims

In keeping with the findings of the Safe Lives report⁴, we have six strategic aims to reduce the prevalence of domestic abuse amongst older people, improvement the rates of disclosure and seeking support, and targeting services to meet the needs of older victims.

1. Systematic invisibility
2. Long term abuse and dependency issues
3. Generational attitudes about abuse
4. Increased risk of adult family abuse
5. Effectively target services towards older victims

Safe Lives (2016) Safe Later Lives: Older people and domestic abuse⁴

SO 4: By 31st March 2018, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

SO 5: By 31st March 2018 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.

Sexual exploitation is an emergent issue for children and adult services, research is limited especially in the context of adults, however researchers have found that findings and recommendations can also be applied to adults and adult services.

Definition

A definition specific to adults does not exist, however the definition can also be applied to adults

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”⁵

Understanding the problem

In a letter to Safeguarding Adult Boards and other stakeholders, Phillipa Cresswell, *Regional Strategic CSE co-ordinator – West Midlands Metropolitan region*, describes the problem that agencies have in supporting people who are experiencing sexual exploitation or have made a disclosure about previous sexual exploitation.

“Whilst some support will be available under the auspices of; The Leaving Care Act 2000 & The Care Act 2014, primarily but not exclusively, these provisions are not comprehensive nor easily applicable to many of the young people to whom we refer.”

Phillipa Cresswell goes on to say...

“Currently vulnerable children are becoming vulnerable adults and experiencing harm as a result of changes in legislation for Adults that impact on our ability to intervene due to issues around capacity, consent, thresholds for services”.

The Care Act at Section 1 sets out the duty to promote an individual’s wellbeing, one of the elements of wellbeing is to be protected from abuse and neglect. Often the symptoms of sexual exploitation can be seen by way of physical injury, sexual

⁵ [*Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*](#) DfE, 2017, p5

abuse, mental ill health, drug or alcohol abuse. Therefore the Care Act provides the scope to protect people who have or continue to experience sexual exploitation, the key is recognition and the threshold for services.

Scale of the problem

Data collection is currently an issue across the partnership. Individual agencies do not have systems that are set up to record sexual exploitation as a cause for the referral or cause for treatment. In an attempt to develop a picture of need in Thurrock, we have taken the data relating to children, under18⁶, as an indicative figure of the number of adults that will require support.

- **High Risk Total 23:** 7 are boys and 14 are girls: 2 identify as Trans. Average age 15.2 years. **Three 18 year old girls are assessed as high risk of CSE**
- **Medium Risk Total 22:** 8 are boys and 14 are girls. Average age is 15.5 years

TOTAL: 45 = all ages within Thurrock who are at medium or high risk of CSE.

Notwithstanding the need to develop a long term strategic strategy and action plan, there is an immediate need for a strategic approach to safeguard this group of victims. In the period August 2016 – August 2017, 75 people turned 18 who were known to the local authority as a child in need, or a looked after child or an unaccompanied asylum seeker. Of the 75:

- 2 assessed as high risk of CSE
- 5 assessed as medium risk of CSE
- 3 discussed at the gang related violence meeting – gang model of CSE

Strategic Aims

Given the limited research around sexual exploitation and adults, it is prudent to adapt existing theories on CSE for the purposes of improving the response to adults. *Working with adults who have experienced child sexual exploitation* is a guide written by Angie Heal and Sam Mayne, updated 17.02.2017 that applies learning from childrens services to adults, and summaries the following areas for action for adult social care and safeguarding adult boards which are a foundation to build upon for Thurrock.

1. Translating policy into practice
2. Leadership and strategic planning
3. Organisational culture
4. Thresholds

Thurrock will adopt these themes for development of a strategy to reduce the likelihood of CSE occurring and to safeguard adults who have experienced CSE and/or continue to experience sexual exploitation as an adult.

⁶ Thurrock Council, Children Social Care, 02.10.2017

5. Thurrock Safeguarding Adults Board Delivery Plan 2017/20

Thurrock Safeguarding Adults Board (TSAB) has agreed a three year Strategic Plan which sets out the commitment to prevent abuse, help and protect adults at risk and improve overall wellbeing for adults in Thurrock. The Strategic Plan explains how the TSAB has decided on the priorities that it will focus on during 2017/18.

Each organisation represented on the TSAB is committed to delivery of the six safeguarding principles and the Strategic Plan, to demonstrate this they have committed to the actions within this delivery plan by allocating resources and achieving appropriate Chief Executive sign-off.

The TSABs is committed to the principles of Making Safeguarding Personal, which aims to ensure that safeguarding services are delivered in a personalised way and the six key safeguarding principles. These principles are set out by the government in the Statutory Guidance that accompanies the Care Act and are threaded throughout the strategic objectives.

SIX KEY PRINCIPLES	
Principle	Description
1: Empowerment	Presumption of person led decisions and informed consent.
2: Prevention	It is better to take action before harm occurs.
3: Proportionality	Proportionate and least intrusive response appropriate to the risk presented.
4: Protection	Support and representation for those in greatest need.
5: Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6: Accountability	Accountability and transparency in delivering safeguarding. Focusing on outcomes for people and communities and being open about their delivery.

The objectives of the board were developed in consultation with the statutory, voluntary and independent sectors; this ensures that the priorities reflect the needs of people in Thurrock.

Making Safeguarding Personal

The principles of Making Safeguarding Personal are fundamental to the work of the TSAB, as such the board has embedded personalisation throughout the delivery

plan. The TSAB will strive to ensure that all agencies working with adults at risk are adapting their policies and practice to implement the principles of Making Safeguarding Personal.

Governance and performance monitoring

Partner organisations that have committed to deliver an action within this plan will discuss the resources required to deliver their actions within their own organisations and will report within their internal governance structures. However, they will also be held to account by the TSAB. In order to do this the following process is in place to provide support to colleagues and monitor performance.

The TSAB will have strategic responsibility for ensuring timely delivery of this plan. Each organisation that has made a commitment within this plan will provide updates at the TSAB via their representative.

1. The TSAB Board Manager will periodically seek updates from partner organisations, via their representative on the TSAB. This delivery plan will include a rag rating and brief narrative that will inform the TSAB of progress made between meetings.
2. The delivery plan will be discussed in detail at the Operational Group, where issues can be resolved at an early stage allowing a supportive and collaborative environment to create improvement plans to overcome obstacles.
3. The TSAB will receive a progress update at every meeting. An updated delivery plan will be circulated with papers prior to each meeting. Partner organisations will be required to provide an exception report on red rated actions at every TSAB meeting, including intentions regarding remedial action and risks. The TSAB will provide challenge and support as necessary.

As set out in the TSAB Constitution, the Chair will escalate issues of non-compliance to the relevant senior manager within the member organisation.

Further information

If you would like more information about safeguarding adults in Thurrock, please visit:

www.thurrocksab.gov.uk

If you would like this information in a different language, large print or Braille, please contact:

Thurrock Safeguarding Adults Board

c/o Thurrock Clinical Commissioning Group

Civic Offices, New Road

Grays

Essex, RM17 6SL

Email: TSAB@thurrock.gov.uk

Phone: 01375 365810

If you are worried that an adult is being abused or neglected...

Contact Thurrock Council Adult Social Care on:

Phone: 01375 511000

Email: safeguardingadults@thurrock.gov.uk

If the adult is in immediate danger, dial 999.