



“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 Adult Board Strategic Plan 2020/23

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1. INTRODUCTION

The Care Act 2014 requires each Safeguarding Adults Board (SAB) to publish an annual strategic plan, identifying the actions it will take to meet its Priorities. The plan must be evidence-based, incorporating the views of the local community and bodies such as the local Healthwatch organisation.

To be effective the plan must address the changing and complex nature of adult safeguarding and identify the critical role of key players, including colleagues from Health; the Council; Police; criminal justice agencies; service providers; and the voluntary sector. Together these form a powerful partnership to progress the adult safeguarding agenda.

For the Thurrock Safeguarding Adults Board (TSAB), a vital element of forging and maintaining this partnership is the annual conference. Our highly acclaimed 2019/20 conference explored the effects of psychological trauma on victims of abuse and provided partner agencies with measures to provide the best response to adults at risk of abuse and neglect.

Prevention and partnership working are key features of the TSAB's work and run like a continuous thread throughout this plan. For example, we have strengthened further our close connections with the Local Safeguarding Children's Partnership and Community Safety Partnership. The partnership approach is the foundation to deliver the TSAB priorities.

This plan addresses primarily a number of strategic issues, which require an overarching, multi-agency approach to complement the activities of individual partner agencies and stakeholders. Additionally, however, there will be occasions when it is appropriate for the Board to engage in more operationally-focused issues. These will feature in the TSAB's work plan.

This strategy sets out how the TSAB members have engaged with service users, partners and other stakeholders to agree the specific areas that require focussed work to reduce and prevent abuse and neglect taking place, and improving our response when it does. These areas of activity have been formulated into the TSAB's Strategic Objectives.

2. ABOUT THE THURROCK SAFEGUARDING ADULTS BOARD

Each Local Authority has a duty set out in 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 all appropriate action is taken to prevent abuse and neglect, and ensure that the response is swift and proportionate when abuse or neglect does happen.

The Act sets out who the core partners are that form the SAB. In Thurrock these are the Council; the NHS Thurrock Clinical Commissioning Group; and Essex Police. In addition to these, the membership of the TSAB includes a wide range of statutory, voluntary and independent members. A full list of members can be found at www.thurrocksab.org.uk.

The membership of a SAB is tasked with forming an effective and proactive partnership including all relevant agencies who have a statutory role in safeguarding adults at risk of abuse, to ensure that the local safeguarding adult system meets its statutory responsibilities as set out in the [Care Act Statutory Guidance](#).

Our Aim

To ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of adults in Thurrock at risk of abuse and neglect, in line with the Care Act 2014 and the accompanying Statutory Guidance.

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.



3. THURROCK AS A PLACE

Location

Thurrock is located on the north side of the River Thames, immediately to the east of London.

Population

As of June 2018, the population of Thurrock is estimated to be 172,525, of which 51% are female and 49% are male and is home to 9% of Essex residents. In terms of population density, there are 1,055 people per square km, which is considerably higher than the England average of 430.

Thurrock has a relatively young population, with a larger proportion of its residents aged 0-19 and a smaller proportion aged 60+ when compared to the national population profile. This is reflected in the median age of the Thurrock population being much younger than the UK average (36.9 years compared to 40.1 years). However, it is important to note that the Thurrock population aged 60+ is projected to increase by 22.6% in the next ten years, which is a higher growth rate than the all-age population will reach 200,000 by 2035.

Health

The [Thurrock Joint Strategic Needs Assessment](#) (JSNA)¹ is the tool that helps health and care organisations to plan services for their population. In Thurrock there are a suite of documents based on particular themes which summarise some of the key issues facing Thurrock.

A theme that runs throughout the JSNA is that of health inequalities – inequalities in life chances, opportunities, and health and wellbeing outcomes of different populations within the Borough. With a population estimate of about 173,000, the inequalities are often stark and significant.

There is an 8.3-year gap in life expectancy between males and a 4.3-year gap between females, which is roughly the equivalent of 10% between the most affluent and most deprived areas in the Borough.

Whilst exact numbers of residents with a long-term condition are hard to quantify, methodology devised by the Kings Fund estimates there to be approximately 51,758 Thurrock residents with one or more long-term health conditions, and 15,528 of them also have a mental health condition (source: Kings Fund 2012 and ONS 2018). Thurrock residents also have lower life expectancy than the national average: for males, this is 78.8 years (79.6 years nationally) and for females it is 82.3 years (83.1 years nationally) (source: ONS 2015-2017).

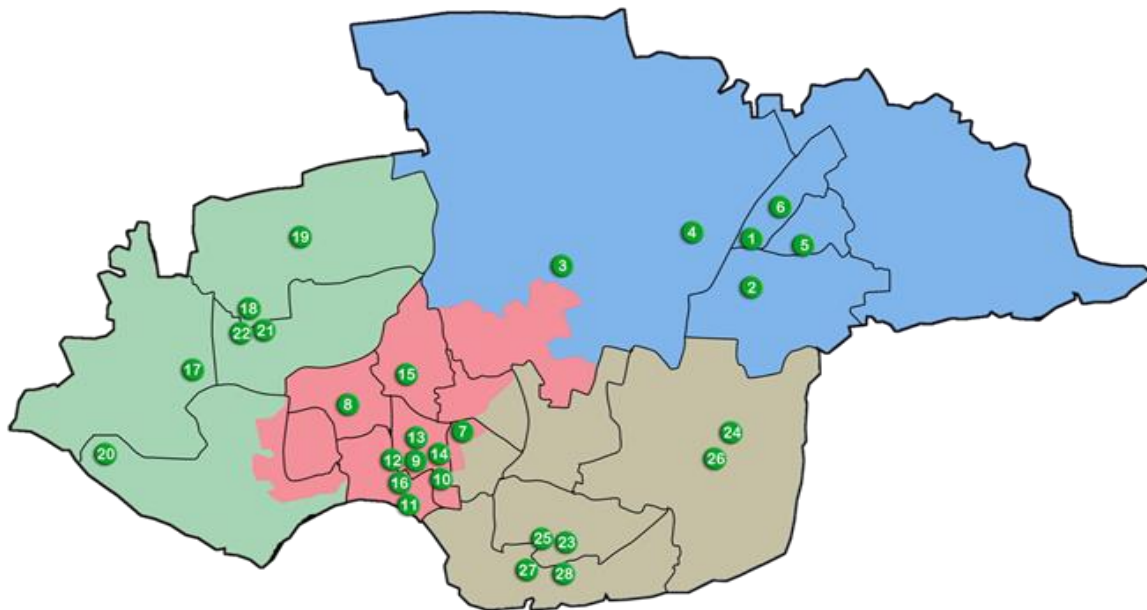
¹ <https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment>

Primary care in Thurrock

Primary care in Thurrock continues to expand and improve. Working to the new Primary Care Network Model, as part of the NHS Long Term Plan, Thurrock has four Primary Care Networks (PCNs). These are based in our four localities;

1. Grays
2. Tilbury and Chadwell,
3. Corringham and Stanford le Hope and
4. Aveley, Purfleet and South Ockendon.

There are 27 GP practices split between these four PCNs. Two of the PCNs are providing an enhanced skill mix between the practices, offering 12 extra staff to include Clinical Pharmacists, Physiotherapists, Advanced Healthcare Professionals, mental health support and primary care Paramedics. This has increased the availability in Thurrock of appointments for treatment.



In addition, with Thurrock's Health Hubs, there is seven day a week extended access to primary care appointments, including nurses and GPs in the evening and weekend. The PCNs are also offering additional out of hours GP appointments on a seven day a week model. There are 34 pharmacies available in Thurrock. There is still a high percentage of patients to GP ratio, but the PCNs and the CCG (Clinical Commissioning Group) are actively addressing the workload issue through the further recruitment of extended skill mix primary care staff.

Ethnicity, Religion and Language

The latest information for Thurrock is from the national census of 2011 (see ethnic profile summary below).

<i>Ethnic Profile Summary</i>	<i>Thurrock</i>	<i>East Region</i>	<i>England</i>
<i>White British</i>	80.91%	85.28%	79.75%
<i>All non-White British</i>	19.09%	14.72%	20.25%
<i>All black, African, Caribbean and black British</i>	7.82%	2.01%	3.47%
<i>All Asian and Asian British</i>	3.77%	4.75%	7.82%
<i>White Gypsy and Irish traveller</i>	0.20%	0.14%	0.10%
<i>Other white, not including White Irish</i>	4.07%	4.45%	4.58%

Our younger population is becoming more diverse. Latest data from the Spring Census 2020 shows 29.3% of Thurrock school-aged children are from a black or minority ethnic group, compared with 19.1% of the all age population. Thurrock also has a slightly higher proportion (0.3%) of Gypsy, Roma and Traveller children compared with the national population (0.2%).

Opportunity and growth

We are home to some of the most exciting opportunities in the country. Our economic [growth programme](https://www.thurrock.gov.uk/growth)² is possibly the largest and most ambitious in the country. £6 billion has already been invested by the private sector in Thurrock up to 2017, with 7,000 new jobs created and 1,170 new businesses coming to the borough, including leading ports, logistics centres, retail and creative industries.

We expect a further 30,000 new jobs to be created by the year 2037. More than 1,000 acres of land are ready for commercial development, with 30,000 new homes likely to be built.

Thurrock is at the heart of global trade and logistics, with no fewer than three international ports. We are well positioned on the M25 and A13 corridors, with excellent transport links west into London, north and east into Essex, and south into Kent.

Culture and Countryside

Thurrock has a unique cultural identity that includes two historic forts and many areas of wildlife and natural beauty. Our larger towns are Corringham, Grays, Purfleet, Stanford-le-Hope and Tilbury, yet Thurrock is 70% greenbelt with rural villages such as Bulphan, Orsett and Horndon on the Hill.

² <https://www.thurrock.gov.uk/growth>

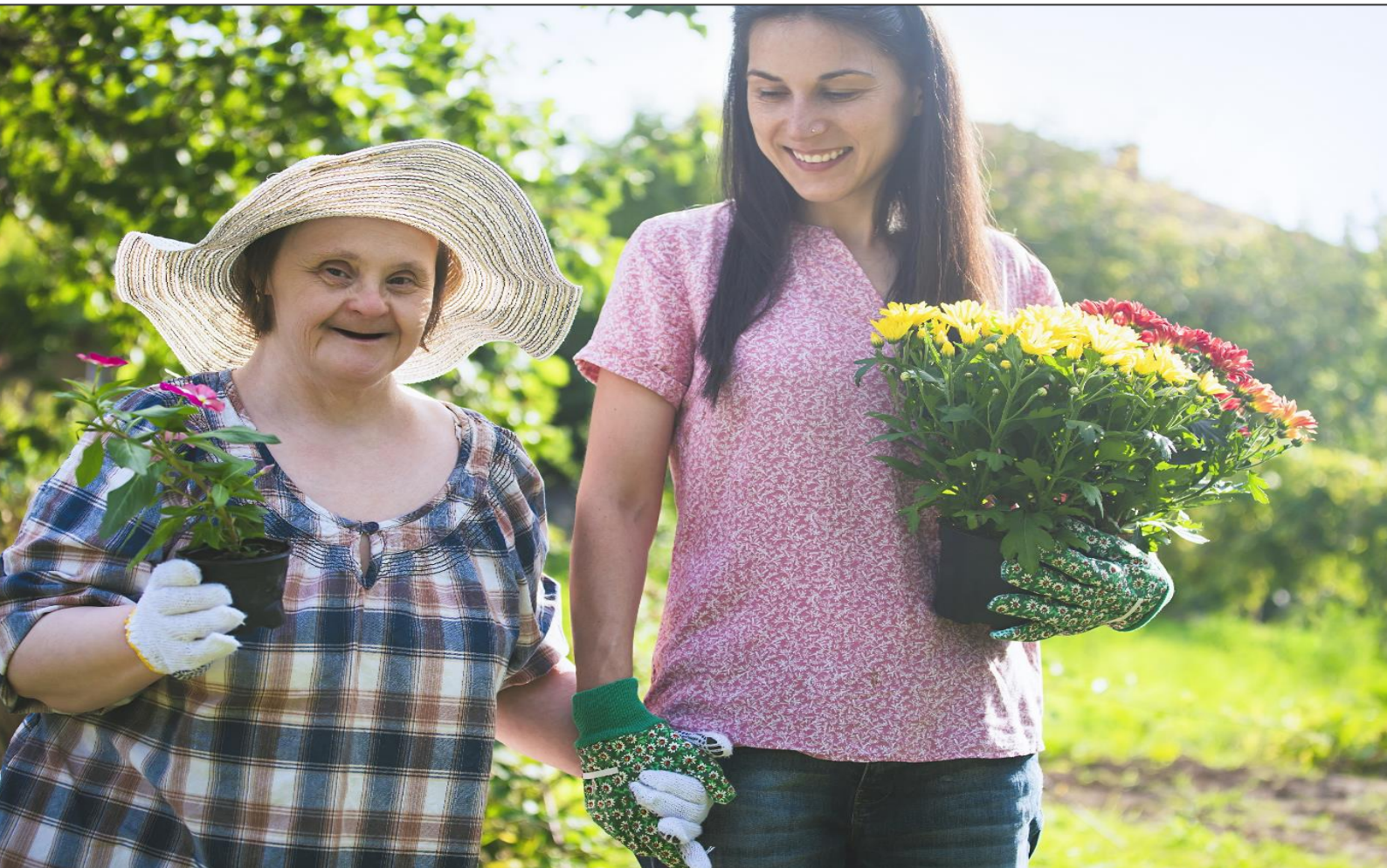
Deprivation

Overall levels of deprivation in Thurrock are lower than the national average, but some areas of Thurrock are among the 20% most deprived in England. 17.7% of children under 16 live in families with low income, and child poverty generally is more concentrated in the most deprived areas of Thurrock – 6% of children live in poverty in parts of Grays Thurrock and Little Thurrock Rectory, whereas the figure rises to 56.4% in parts of Tilbury.

Care profile

The majority of residents in residential care are older people with physical support needs and access/mobility issues. Thurrock also has above average need for residential placements for young adults with a learning disability, which is to be expected given that there are two special schools in Thurrock. Currently, in Thurrock there are:

- 12 older people homes (approx. 600 beds)
- 18 working age adult homes and 28 supported accommodation provisions (approx. 150 beds) combined total for people with mental ill health, learning disability, physical disability
- 2 extra care provisions (147 flats in total).



5. PROFILE OF ABUSE AND NEGLECT

In order to illustrate a coherent and accurate picture of abuse and neglect of adults at risk we have included a broad range of data, from local and national data sources. As with other areas of local and central government, the NHS and Police, data is recorded differently, using separate recording systems, for this reason the data does not always align in terms of reporting periods, yet it does give us an indication of the experiences of Thurrock residents.

The chart below shows the prevalence of abuse and neglect against the ten types listed within the Care Act, and sexual exploitation. The table is intended to demonstrate the experience of the whole population compared to the experiences of adults with care and support needs, who are unable to protect themselves from abuse or neglect, as a result of those needs.

Table 1

	National: all population (where available)	Thurrock S42 enquiries 2018/19 ³	Thurrock S42 enquiries 2019/20 ⁴	Concluded National S42 enquiries ⁵	Local activity compared to 2018/19
Abuse type					
Domestic Abuse	2.4 million aged 16-59 during 2018/19 (Crime Survey for England & Wales (CSEW), 2018)	19	38	7,990	↑
Discriminatory Abuse	Hate crime - 103,379 - 10% increase on previous year (ONS, 2018/19)	1	2	980	↑
Financial Abuse – Fraud, scams	130,000 aged 65+ (Age UK, 2015)	83	121	24,625	↑
Modern Day Slavery/ Trafficking:	Between 10,000-13,000 ⁶ (estimate, 2013)	0	3	340	↑
Neglect and acts of omission		127	206	54,050	↑

³ LAS Thurrock Adult Social Care June 2019

⁴ LAS Thurrock Adult Social Care May 2020

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2018-19-england>

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840059/Modern_Slavery_Report_2019.pdf

Organisational Abuse		6	4	7,040	↓
Physical abuse		49	65	37,630	↑
Psychological abuse		58	67	23,480	↑
Self-neglect/Hoarding	880,451-2,641,354 adults ⁷ during 2018/19. (www.ocduk.org/related-disorders/hoarding-disorder/)	24	25	7,790	↑
Sexual abuse	3.1% of women and 0.8% of men aged 16 to 59 years had been victims of sexual assaults in the last year – which is 510,000 women and 138,000 men (CSEW, 2018)	16	18	6,920	↑
Sexual exploitation (adults)		12	3	1,060	↓

Adult safeguarding is far broader than the 10 types of abuse and neglect which are identified in the Care Act; frontline staff often come across situations that present a threat to adults at risk that are not covered in the statutory guidance but still require a response to ensure the adult's safety and wellbeing. Therefore, the following section describes the most common additional issues that adult safeguarding addresses. For example, the lack of any reported cases of Discriminatory Abuse and of Modern Day Slavery/Trafficking in the chart above, despite anecdotal evidence that such offences do indeed take place in Thurrock, makes clear the need to develop, as a matter of urgency, greater local awareness of these offences and of the reporting pathways to bring such offences to notice.

⁷ Public Health modelled using estimate of 2-6% of population aged 18+

Hate Crime

The term 'hate crime' can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity. These aspects of a person's identity are known as 'protected characteristics'. A hate crime can include verbal abuse, intimidation, threats, harassment, assault and bullying, as well as damage to property. The perpetrator can also be a friend, carer or acquaintance who exploits their relationship with the victim for financial gain or some other criminal purpose.⁸

Hate crime is not one of the ten types of abuse listed in the Care Act, however, as indicated above, in order to understand the full extent of risk faced locally by some adults with care and support needs, it is important to document and acknowledge that various forms of abuse and exploitation sit outside of the statutory list. This is not diminishing the experience of hate crimes by other sections of the community but to recognise areas that some adults may need targeted attention and support. Under Adult Safeguarding processes hate crimes and mate crimes will usually be recorded as 'discriminatory abuse', however it could also be included under other headings such as physical abuse, emotional abuse.

A legal definition of [Mate Crime](#)⁹ does not exist, however it is a form of hate crime and is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'. People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime.

When an adult safeguarding concern is recorded the professional will log it based upon what they assess the concern to be about. Occasionally, it may not be recognised that the incident(s) was motivated by the individual's protected characteristic.

For this reason, it is important to include the definition of hate crime and a range of data to try to give a truer picture of hate crime against adults at risk and the community as a whole.

⁸ <https://www.cps.gov.uk/hate-crime>

⁹ <https://arcuk.org.uk/safetynet/>

Cuckooing

Cuckooing is a term used to describe a form of crime where a person or persons, take over another person's home to use for the purposes of crime. It is usually linked to dealing, storing or taking drugs; sex trade; and financial and/or other abuse of the tenant/home owner. The perpetrators might also move in and start living in the premises too. It is often linked to other forms of exploitation as seen in County Lines, where vulnerable adults are groomed to move and sell drugs, as well as for sexual exploitation.

The person will usually be targeted because of a perceived vulnerability, such as mental illness, learning disability, substance misuse, debt, or isolation. In Thurrock there have been a number of cases of cuckooing and it is an issue that we will continue to tackle energetically. To do so we will focus on streamlining case recording, streamlining and promoting reporting pathways, and raising awareness in the community in order for friends, neighbours, relatives etc. to be able to spot the signs, and know how to report it.

Self-neglect and Hoarding:

All hoarding concerns that are reported to Essex County Fire and Rescue Service (ECFRS) are followed up with a visit from a Community Builder. They provide not only important fire safety advice but work closely with partner agencies in supporting the individuals living with hoarding, identifying the best routes in order to mitigate the potential of harm to self and others.

ECFRs works closely with the housing officers and Local Area Coordinators and visit cluttered/hoarded properties with them. Not all properties reach the threshold for a safeguarding referral, and are managed locally with collaborative working between ECFRS, Local Area Coordinators and Housing Officers.

In February 2020, there were 28 addresses with a hoarding annotation in the Thurrock area, which indicates a [clutter rating](https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/)¹⁰ of five or above.

¹⁰ <https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/>

Carers

Carers provide unpaid support to family, friends, neighbours, or a partner who is either ill, frail, has a disability, mental illness or substance misuse issues. They are a very important group of people, for not only do they provide the physical, practical and emotional support required, they can also communicate on behalf of the person for whom they are caring and raise a concern or request with the relevant body.

In Thurrock the authorities know a total of 605 informal carers, however the likelihood is that there are many more. Indeed, it is estimated that there may be as many as 20,000 people locally who act as carers. Carers can sometimes face a great deal of pressure, perhaps having their own issues to deal with too, which can lead to carer fatigue. Consequently, it is important that carers are able to receive safeguarding support too. However, of these only a small minority are actually formally known to public services and receiving caring support.¹¹ This is a matter that will be investigated further to identify any areas for improvement.



¹¹ Care Market Development Strategy 2018/23

<https://www.thurrock.gov.uk/sites/default/files/assets/documents/care-market-development-2018-v01.pdf>

Table 2

	Thurrock population	National population	Thurrock S42 enquiry 2018/19 ¹²	Thurrock S42 enquiry 2019/20 ¹³	Definition (relating to the Thurrock and National population data)	Source
Support need						
Access and mobility	9,711	3,710,171	27	56	Est no. (estimate number) of population aged 18+	PANSI ¹⁴ + POPPI ¹⁵ 2019
Sight and Hearing impairment		390,000 ¹⁶	1	1	Other terms used are deafblind, multi-sensory impairment and dual-sensory impairment	Sense.org.uk 17.03.20202
Hearing impairment	24,273	9,616,870	1	0	Est no. of population aged 18-64 with a hearing impairment plus the est. no. of population aged 65+ with a hearing impairment	PANSI + POPPI 2019
Learning disability (LD)	3,095	1,043,196	37	32	Est no. of population aged 18-64 with a LD plus the est. no. of population aged 65+ with a LD	PANSI + POPPI 2019
Memory and cognition	1,585	728,671	17	25	Estimated number of population aged 65+ with dementia	POPPI 2019
Mental health condition	22,117	7,301,402	25	39	Est no. of population aged 18-64 with a common mental health disorder plus the est. no. of population aged 65+ with depression	PANSI + POPPI 2019
Personal care	11,617	4,550,913	56	119	People aged 18-64 predicted to have a moderate or serious personal care disability plus people aged 65 and over who need help with at least one self-care activity	PANSI + POPPI 2019

¹² LAS Thurrock Adult Social Care June 2019

¹³ LAS Thurrock Adult Social Care May 2020

¹⁴ Projecting Adult Needs and Service Information <https://www.pansi.org.uk/>

¹⁵ Projecting Older People Population Information <https://www.poppi.org.uk/index.php?pageNo=334&areaID=8640&loc=8640>

¹⁶ <https://www.sense.org.uk/get-support/information-and-advice/conditions/deafblindness/>

Substance misuse (alcohol)	1,547	586,797	4	3	Est no. of adults with an alcohol dependency	Public Health England 2017/18
Substance misuse (opiates/crack cocaine?)	742	313,971			Est no. of adults who use opiates and/or crack cocaine, 15-64 years	Public Health England 2017/18
Social isolation	6,450	Over 9,000,000	9	20	Modelled number of adults aged 18+ who reported to feel lonely 'often' or 'always'	ONS / Campaign to end Loneliness 2018 ¹⁷
Support to Carer (informal)	605 ¹⁸	7,000,000	0	2	Estimated number of carers in the UK	Carers UK 2018
Visual impairment	2,154	927,705	3	4	Est no. of population aged 18-64 with a visual impairment plus the est. no. of population aged 65+ with a visual impairment	PANSI + POPPI
None recorded			29	105		

¹⁷ <https://www.campaigntoendloneliness.org/press-release/response-office-national-statistics-ons-new-data-loneliness/>

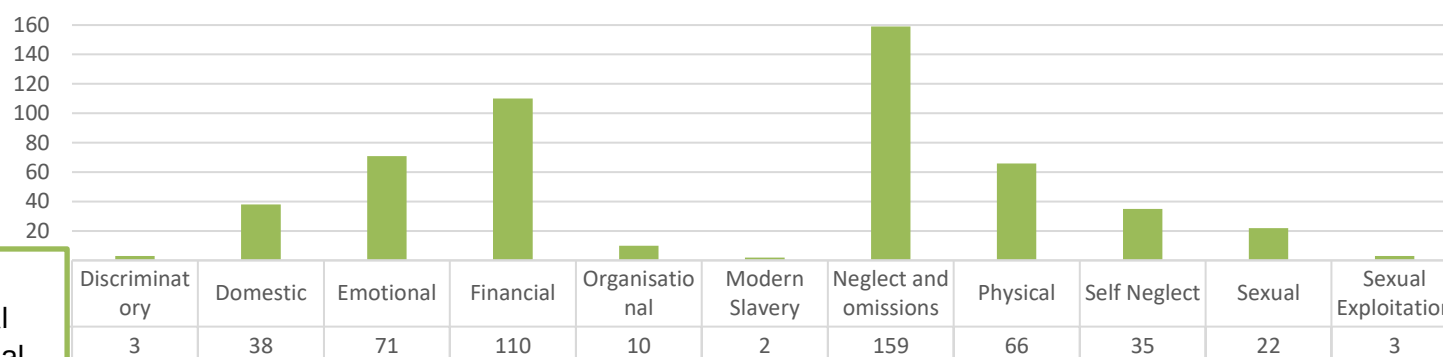
¹⁸ Short and Long Term Support (SALT) Return, NHS Digital, 2018/19

These figures will not match the SAC return for Thurrock as the SAC reports on individuals whereas this reports on activity, for example one individual may have multiple concerns raised which are captured in this data. This data is a more accurate representation of safeguarding activity in Thurrock. The data highlights the types of abuse that are more commonly experienced within specific cohorts, with a view to being able to target preventative action. However, it is acknowledged that the numbers are relatively small within Thurrock and so must be considered in conjunction with other data sets, such as national crime figures, health reports, anecdotal information, local community intelligence.

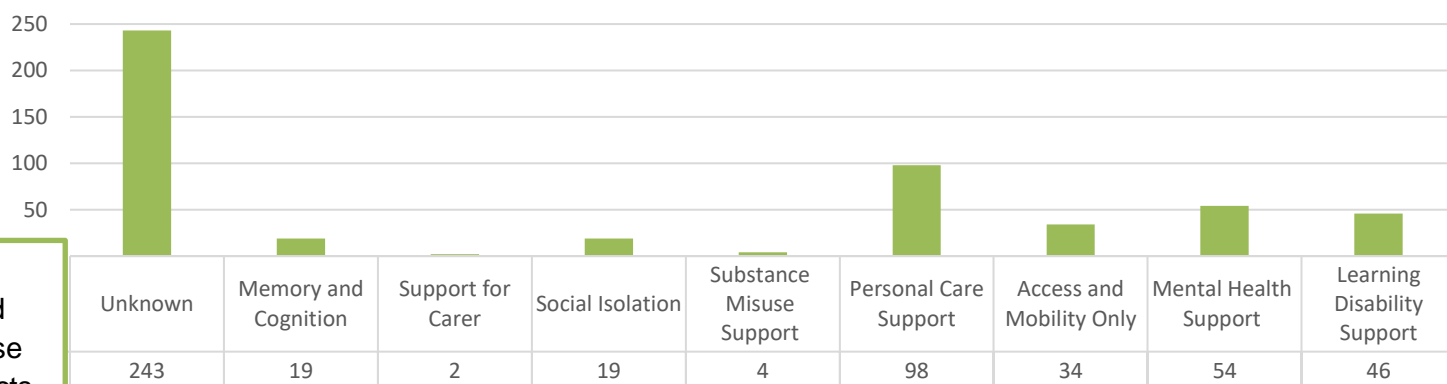
Neglect/acts of omission, financial abuse and emotional abuse are the most common abuse types

All cohorts experienced physical abuse and neglect/acts of omission.

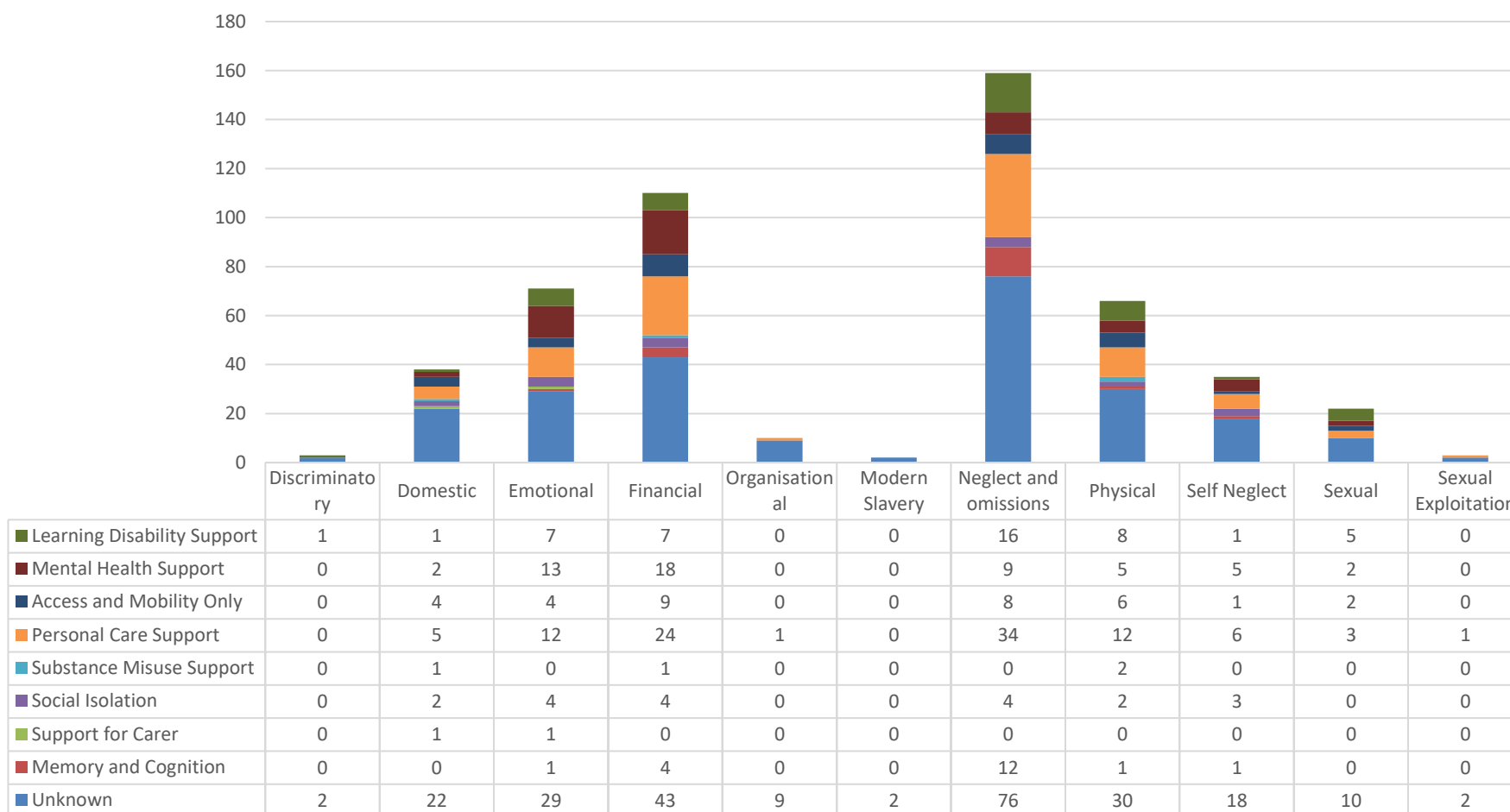
Enquiries by abuse type April to March 2019/20



Enquiries by care and support need April to March 2019/20



Abuse type vs support need - April to March 2019/20



6. DEVELOPING THE PLAN

The Strategic Plan is aimed at all agencies with a role in safeguarding adults, as well as sections of the community with a particular interest in this area, and those with a role in community development such as faith and community groups.

During the course of the 2017/20 Strategic Plan we delivered a number of actions that have improved our understanding and response to abuse types which were rarely dealt with in the adult safeguarding arena before. As previously noted, this Strategy will build on the collaborative working that has been developed with partner agencies on the SAB, particularly the Local Children Safeguarding Partnership and the Thurrock Community Safety Partnership.

Statutory agency priorities

As explained above, each Safeguarding Adults Board has three core partners. In Thurrock these are the Thurrock Clinical Commissioning Group, Essex Police and Thurrock Council. They are responsible for the Thurrock Safeguarding Adults Board, and provide the core funding. To find out what these and our other partner agencies considered should be our strategic priorities in the area of adult safeguarding we asked them to complete an online survey, we also asked for feedback at the TSAB Conference 2019 and then held a workshop on 28 January 2020.

Police Fire and Crime Commissioner

The Police Fire and Crime Commissioner's priorities are outlined in the [Police and Crime Plan 2016-2020](#)¹⁹, the priorities highlighted in bold are shared objectives with the TSAB:

- Priority 1 - More Local, Visible and Accessible policing
- Priority 2 - Crack down on Anti-Social Behaviour
- **Priority 3 - Breaking the Cycle of Domestic Abuse**
- **Priority 4 - Reverse the Trend in Serious Violence**
- **Priority 5 - Tackle Gangs and Organised Crime**
- **Priority 6 - Protecting Children and Vulnerable People from Harm**
- Priority 7 - Improve Safety on Our Roads.

NHS Thurrock Clinical Commissioning Group

[NHS Thurrock Clinical Commissioning Group \(CCG\)](#)²⁰ has worked with partners across Southend, Essex and Thurrock (SET) to ensure that there is a strong focus on all elements of safeguarding at both a local and wider SET system. NHS Thurrock CCG is a key statutory partner ensuring safeguarding requirements are at the forefront of all health and social care commissioning and quality monitoring work. The CCG ensures that there are robust governance arrangements in place. Safeguarding issues and risk are reported to the CCG

¹⁹ <https://www.essex.pfcc.police.uk/what-we-are-doing/police-and-crime-plan/>

²⁰ <https://www.thurrockccg.nhs.uk/>

board through the Quality and Patient Safety Committee and Chief Nurse. The Chief Nurse is also the current Chair of the LCSP, a key member of the Thurrock Safeguarding Adults Board and wider SET safeguarding forums.

Thurrock Council

The TSAB was involved in the development of the [Sexual Violence and Abuse Joint Strategic Needs Assessment](#)²¹ which was published in January 2020. The TSAB is committed to working with partner agencies to continue to develop and implement the recommendations from the JSNA, and will follow this up by seeking assurance from the relevant agencies that they are embedding new ways of working into their organisations as appropriate.

Thurrock Health and Wellbeing Strategy

Thurrock's five-year statutory [Health and Wellbeing Strategy](#)²² was launched in July 2016 and comprises five strategic goals, each underpinned by four objectives. The refreshed Strategy will continue to consider the wider determinants of health and will provide some focus on priorities of the Adult Safeguarding Board and Thurrock Community Safety Partnership when it is refreshed in 2021.

²¹ <https://www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-sexual-violence-abuse-202001-v01.pdf>

²² <https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>

Strategic Partnerships

The TSAB has taken careful notice of the priorities of the Thurrock Local Safeguarding Children Partnership (LSCP) and Thurrock Community Safety Partnership (CSP) in order to ensure best use of resources to achieve goals where we have priorities that are aligned.

Community Safety Partnership

TCSP Strategic Assessment 2020/21 can be found [at www.thurrock.gov.uk/community-safety-partnership/thurrock-community-safety-partnership](http://www.thurrock.gov.uk/community-safety-partnership/thurrock-community-safety-partnership);

The identified priorities for 2020/21 are:

- **Violence against Women and Girls** – the strategy can be found at <https://www.thurrock.gov.uk/sites/default/files/assets/documents/strategy-vawg-2020-na-v01.pdf>
- **Tackling Violence and Vulnerability**
- **Local Community and Visibility**
- **Tackling Offending**
- **Counter Extremism and Terrorism**

The adult safeguarding links into these priorities in a number of ways:

1. *Violence against women and girls* - There are close links with regards to Domestic and Sexual Abuse which are both causes for raising a safeguarding concern in relation to adult at risk. The response to safeguard is well embedded as business as usual but there are opportunities to work closer strategically to look at perpetrator activity and respond to the recommendations within the sexual exploitation strategy which the Adult Safeguarding Board lead on.
2. *Tackling Violence and Vulnerability* - In relation to gangs we recognise that there is a potential for vulnerable residents to be cuckooed and caught up in gang activity. We will also be involved in raising awareness of Modern Day Slavery which is one of the recognised abuse types within adult safeguarding. We will continue to work with the CSP to increase awareness raising and preventative work in relation to hate crime and the links to adults at risk of abuse/neglect due to a learning difficulty, or mental illness resulting in disability hate crime.
3. *Local Community and Visibility* – We will continue to work closely with the CSP at an operational level to safeguard and review victims and or perpetrators of Anti-Social Behaviour with Care and Support needs e.g. learning disability, mental illness, and substance misuse.
4. *Tackling Offending* – We will look at the needs of offenders with identified learning difficulties, mental illness and substance misuse to look at what preventative work can be taken to safeguard them upon their release from prison.

5. *Counter Extremism and Terrorism* – PREVENT is business as usual, however we recommend that there is a focus in the Safeguarding Adults Board forward plan, as many PREVENT referrals are for vulnerable adults and clearly linked to safeguarding.

Local Safeguarding Children Partnership

We continue to share information and best practice with the Local Safeguarding Children Partnership, about new and changing approaches to the way we safeguard adults, as a child's outcomes very much depend on the ability to support effectively the adults in that child's life, and occasionally an adult at risk may rely on a child in their life for care or support and feature as part of their safeguarding plan. The TSAB is keen to ensure that the "Think Family" approach is embedded within our approach to effective safeguarding and preventative initiatives. Additionally, we are cognisant of the needs of vulnerable young adults who do not meet the criteria for a statutory service beyond the age of 18, yet continue to have vulnerabilities that require a safeguarding response. This is a difficult challenge due to the limitations on statutory services set out in legislation, resources and the self-determination of young adults, but it is one that is firmly on the SAB and LSCP's agenda, along with developing our understanding and implementation of contextual safeguarding.

The LSCP and TSAB have embraced the challenge to improve the experience and outcomes for young people of transition age, and will work together during the life of this plan to achieve that. The partnership between the TSAB and LCSP will be strengthened during the life of this plan; details stating how we will work together to achieve this will be added to the delivery plan.

What the community told us...

The TSAB commissioned Thurrock Centre for Independent Living to lead public engagement to raise awareness of adult safeguarding and find out what the important issues are for the community, we also ran an online survey and spoke to specific groups.

WHAT	WHO	WHEN
Thurrock MIND – Emotional Wellbeing Forum	Service users, special interest group	02/10/2019
Community Strategic Plan workshop	Public, service users	28/10/2019
Community Strategic Plan workshop	Public, service users	04/11/2019
Thurrock Disability Network	Service users, special interest group	04/11/2019
Thurrock Lifestyle Solutions Board of Directors	Directors, special interest group	13/11/2019
Engaging with the Faith sector	Faith leaders	04/2/2020 x 2 sessions
Online survey	All stakeholders	13/1/2020 – 14/2/2020

The community feedback gave us some consistent themes, some of which are not within the TSAB's remit to address but the relevant agencies are aware as they form part of the SAB membership.

ISSUE	INCLUDED	NOT INCLUDED AND WHY
Raise awareness of what adult abuse and neglect is and how to report it – with the community		We do this as part of our usual business
Engage specifically with people who have conditions that make them vulnerable		We do this as part of our usual business. We have included this in the Communications Plan and will do targeted campaigns on social media
Sexual exploitation/sexual abuse/sexual violence	Included as a Strategic Objective within this plan	
Focus on each type of abuse		We will include this in the Communications Plan and support local and national campaigns as business as usual
Improve feedback to original referrer to explain why a concern is not progressed and what action will be taken		The Adult Safeguarding Team are working on improving this during 2020
Improve understanding of mental capacity assessments		Training is available for staff and the adult safeguarding

		team will continue to provide advice as required
Improve awareness of the criteria for Adult Safeguarding Concerns with professionals		We do this as part of our usual business, training programmes, but will also factor into the Communications Plan
Improve partnership working, what each agency/department is responsible for and sharing knowledge	All of the Strategic Objectives will involve partnership working	We will do this using the Southend, Essex and Thurrock Safeguarding Adults Group and the Operational Group
Improve the way agencies share information about people with mental illness so that they don't have to keep explaining themselves		Feedback passed to Thurrock Clinical Commissioning Group as they are responsible for commissioning Mental Health services
Treat people who are experiencing a mental health crisis with dignity, respect and urgency when they ask for help		Feedback passed to Thurrock Clinical Commissioning Group as they are responsible for commissioning Mental Health services

Most groups, including professionals reported that raising awareness of what adult abuse and neglect is within the community is essential. There was a feeling that people do not know what to look out for, and if they are concerned, they do not know who to contact.

6. STRATEGIC OBJECTIVES 2020/23

The Safeguarding Adults Board will continue to focus on its core function of ensuring that the safeguarding system works effectively, additionally there will be distinct pieces of work that will focus on particular groups of people or abuse types. The four objectives and themes listed below are the priority areas decided upon during the consultation phase of developing this plan.

- 1. Increase understanding of abuse and neglect: use data to create profiles by location, abuse type, perpetrator, care and support need**
- 2. Contribute to implementing the recommendations of the Sexual Abuse/Violence JSNA**
- 3. Focus on perpetrator disruption**
- 4. Strengthen transitional safeguarding arrangements**

The next step is to work with partner agencies to develop the above priorities into SMART objectives so that we can clearly articulate the outcomes that we will achieve, the tasks that need to be completed, and understand whether we have achieved it. Reassuringly, the [Chief Social Worker's Annual Report²³](#) 2019/20, published after the selection of the above priorities, also named the transitional safeguarding as a focus for 2020/21 so we eagerly anticipate the positive impact of this support, along with the development of the Adult Safeguarding Code of Practice.

This section of the plan will be updated as we complete this work and confirm the detail and action plans that support the above priorities.

²³ <https://www.gov.uk/government/publications/chief-social-workers-for-adults-annual-report-2019-to-2020/chief-social-workers-annual-report-2019-to-2020>

APPENDICES

APPENDIX 1: Review of 2017/20 Strategic Priorities

STRATEGIC OBJECTIVE	WHAT WE ACHIEVED
SO 1: By 31 st March 2020 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.	The TSAB developed a Communications Strategy which was supported by two separate communication plans, one focussing on initial needs such as developing a website, creating public information and public engagement. The second states how the TSAB will develop an online presence to increase its reach to a broader audience and target specific sections of the community. Both plans have been implemented.
SO 2: By 31 st March 2020 this Board will have produced its strategy and associated action plan for the prevention of harm and abuse to adults at risk.	<p>The Prevention Strategy was led by the Principal Social Worker, Thurrock Council and signed off in July 2019. The Strategy pulled together initiatives from a range of agencies, all with the aim of preventing abuse, neglect, empowering the community to maintain and improve their own wellbeing and safety.</p> <p>Prevention is a consistent thread throughout this new Strategic Plan as opposed to being an isolated objective.</p>
SO 3: By 31 st March 2020 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.	The TSAB utilised the work of the Southend, Essex and Thurrock Domestic Abuse Board, which following consultation with people with lived experience of domestic abuse/violence created a social media campaign which aimed to increase the awareness within the community and professionals of Domestic Abuse of people over 50 year olds. Additionally, it signposted to organisations for support, help and advice.

<p>SO 4: By 31st March 2020, 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.</p>	<p>Although not a new abuse type, this was an emerging theme for SABs back in 2016/17. TSAB was proactive in adopting this as a priority; setting up a multi-agency task and finish group it scoped the problem, developed and continues to implement the delivery plan which includes, commissioning the Child and Woman Abuse Studies Unit to conduct an exploratory study; improving operational and strategic safeguarding of transition age young people; developed training for frontline practitioners with the National Working Group, shared best practice and continues to combine resources to target perpetrators to disrupt criminal activity. A targeted victim focussed supportive response will be formed after publication of the study. This long-term priority continues within the governance framework of the Community Safety Partnership, combining efforts to implement the findings of the Sexual Abuse/Violence JSNA and the Sexual Exploitation Study.</p>
<p>SO 5: By 31st March 2020 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.</p>	

APPENDIX 2: Risk matrix

The TSAB covers a range of abuse types, care and support needs and other issues which are complex and require involvement from several different agencies to solve. So, in order to ensure that board works on issues that all partners consider to be a priority, we held a workshop where each agency discussed the issues put forward and rated them in order of priority. The group considered the issues against a set of criteria, including whether it is a local or national priority, their relevance to the safeguarding principles and key roles and responsibilities of Safeguarding Adult Boards. The items in green were selected as the TSABs Strategic Priorities for 2020/23.

Selected as a Strategic Objective (4,5 & 6 will be combined)	Business as usual for the TSAB	Not within the TSABs roles and responsibilities	Work underway by a different board or agency
Strengthen transitional safeguarding	Stakeholder engagement	Improving access to mental health services	Develop assurance enabling the SAB to know whether S/G is working well
Focus on perpetrator disruption	Implement and maintain audit programme	Supporting clients with PTSD and Personality Disorder	Improving feedback to the source of concern
Improve procedure and practice to reduce repeat disclosure	Support Faith and Community Groups to safeguard their communities by improving recognition of safeguarding issues, awareness of reporting mechanisms.	Support people with LD to be safe online and during day to day decision making	Violence and vulnerability
Workforce development - specifically to recognise and support trauma symptoms effectively	Making Safeguarding Personal – voice of the victim	Develop a mechanism to learn from S42 enquiries to prevent repeat incidents	
Implementing the recommendations of the Sexual Abuse JSNA & Sexual Exploitation Study		Is advocacy fit for purpose? Should there be issue specific advocacy?	
Improve use of data		Develop a mechanism to learn from S42 enquiries to prevent repeat incidents	
		Oversight of the suicide agenda	