



*"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 (TSAB) Strategic Plan 2023-26

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## Introduction

### **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.

### **Six Safeguarding principles**

The six safeguarding principles:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent
- Prevention: it is better to take action before harm occurs
- Proportionality: the least intrusive response appropriate to the risk presented
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability and transparency in safeguarding practice

### **SAB statutory duties**

SABs have three core duties (see Appendix 1). They must:

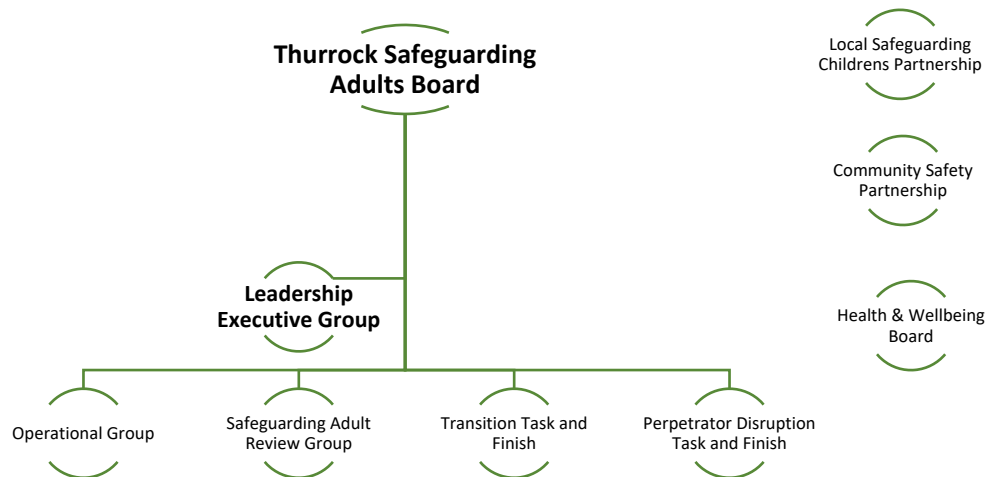
- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adult reviews (SARs) for any cases which meet the criteria for these.

### **Who are we**

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](#) (see Appendix 2).

### **TSAB Structure**

The structure of the Board during this strategic plan is as follows. Thurrock Safeguarding Adults Board also work closely with Essex Safeguarding Adults Board and Southend Safeguarding Adults Board as well as Southend, Essex and Thurrock Domestic Abuse Board.



## Current Strategic Plan - What we have achieved so far?

### 1. To increase our understanding of abuse and neglect.

- We developed a new and improved performance dashboard. This provides a more visual picture about abuse and neglect in Thurrock. Currently reviewing the possibility of using Power BI.
- We commenced our audit programme, auditing cases based upon themes such as safeguarding and domestic abuse ensuring they were person centred and Making Safeguarding Personal was embedded. This is now business as usual.
- We developed a Quality Assurance Framework to clearly explain the systems, processes and principles that underpin our approach to managing data and information.
- We added comparator data to review and analyse how Thurrock compares with the national picture. This will be added annually once the national SAC return data is released.
- We improved the recording of safeguards of domestic abuse through existing training and guidance for the local authority.

### 2. To contribute implementing the recommendations of the Sexual Abuse/Violence JSNA.

- We finalised and published the exploratory study of the scale and nature of sexual exploitation of adults and transition aged young people in Thurrock.
- We reviewed the recommendations from the report which highlighted issues for practitioners and agencies in Thurrock in relation to the response to Adult Sexual Exploitation.
- We funded a sexual abuse and violence online training package for staff across the partnership
- We worked with the Community Safety Partnership and ICENA to develop the content for the sexual abuse training package.

This is now being taken forward under the VAWG agenda.

### 3. To focus on perpetrator disruption.

- We collected data to analyse prevalence and identify trends, themes and 'hot spots' locally.
- We put a modern slavery strategy in place underpinned by an action plan which will be monitored by the Community Safety Partnership.
- We promoted training on modern day slavery, domestic abuse, and sexual abuse.
- Developed a contextual safeguarding report showing mapping of local area including hotspots, types of crimes and locations. This will continue to be written and shared at the operational group.
- Identified initiatives to help people keep themselves safe and contributed funding to new cold calling signs.

### 4. To strengthen transitional safeguarding arrangements

- We started our baseline mapping in order to ensure that young adults are able to safeguard themselves from harm when they are moving from children services to adult services.
- We reviewed the recommendations from national reviews involving transition age young people.
- We reviewed the recommendations from 'Bridging the Gap' and followed this up with a presentation and discussion from the author Dez Holmes to discuss implementing the recommendations locally.
- We improved information sharing between children and adult social care to identify young people who are at risk of exploitation and approaching critical transition points.
- We asked young people, their families and carers where they thought gaps were.

*There is still work to do to fully progress this strategic priority.*

## New Strategic Plan Methodology

In developing the new strategic plan, TSAB have drawn together a range of information to help form the strategy in this document which includes:

- Local demographic information (see Appendix 3)
- Local strategic plans (see Appendix 4 & 5)
- Safeguarding data (see Appendix 6)
- SET Self Assessment Audit (see Appendix 7)
- TSAB Consultation (see Appendix 8)
- Themes/recommendations from reviews locally (see Appendix 9 & 10)
- Impact of covid (see Appendix 11)

When developing the Strategic Plan due regard was given to equalities and the impact the plan may have.

## TSAB strategic priorities for 2023 – 2026

### Priority 1 - Empowerment

What we will do	How will we do it?
Thurrock SAB will seek assurance that safeguarding services are delivered in line with Making Safeguarding Personal Principles and Mental Capacity Act 2005	<ul style="list-style-type: none"> <li>We will continue to embed the principles of Making Safeguarding Personal with Partners ensuring adults are supported to make their own decisions</li> <li>We will develop processes to enable meaningful feedback to the SAB from service users and carers who have experienced safeguarding interventions</li> <li>We will work in partnership with adults to coproduce work</li> <li>We will work with Partners to increase knowledge and understanding of the Mental Capacity Act (MCA) 2005 within the workforce</li> <li>We will explore how the voice of the adult can be heard</li> </ul>

### Priority 2 – Prevention

What we will do	How will we do it?
Thurrock SAB will continue to develop approaches to raising awareness of safeguarding adults	<ul style="list-style-type: none"> <li>We will provide partners with tools (such as newsletters, social media messaging) to help them raise awareness of the Board and safeguarding adults</li> <li>We will ensure communications are accessible for a variety of communication needs</li> <li>We will work with Partners to ensure practitioner are equipped with knowledge to make appropriate referrals or signpost to adult safeguarding so adults can receive the support they need</li> <li>We will ensure there are mechanisms to review the impact and effectiveness of training</li> </ul>

### Priority 3 – Proportionality

What we will do	How will we do it?
Thurrock SAB will seek assurance that services are learning and improving in their safeguarding practice and risks are managed collaboratively	<ul style="list-style-type: none"> <li>We will gain assurance of the quality of care provision in Thurrock</li> <li>We will support partners in the implementation of Liberty Protection Safeguards</li> <li>We will ensure the SAB has robust multi-agency safeguarding data and audit activity to shape learning, awareness and practice</li> <li>We will ensure learning from SARs, other reviews and multi-agency audits are effectively embedded into practice and facilitate organisational change</li> </ul>

#### Priority 4 – Protection

What we will do	How will we do it?
Thurrock SAB will protect people who need help and support	<ul style="list-style-type: none"><li>• We will strengthen the focus on transitional safeguarding</li><li>• We will ensure support is available for carers (both paid and unpaid)</li><li>• We will ensure TSAB and Partner agencies have a framework of policies and procedures that keep people safe from abuse and neglect</li><li>• We will undertake horizon scanning and respond to any changes that may impact on safeguarding adults in Thurrock</li><li>• We will promote a Think Family response</li></ul>

#### Priority 5 – Partnership

What we will do	How will we do it?
Thurrock SAB will improve multi-agency partnership and aligning its work with other partnerships	<ul style="list-style-type: none"><li>• We will support the Community Safety Partnership (CSP) with reducing risk of exploitation in all its forms to safeguard vulnerable adults</li><li>• We will collaborate across Southend, Essex and Thurrock (SET) on cross cutting policy and practice</li><li>• We will develop arrangements with the Thurrock Local Safeguarding Childrens Partnership to be responsive to shared safeguarding themes</li><li>• We will engage with voluntary, community and faith organisations including advocacy</li><li>• We will link with existing Boards and Partnerships</li></ul>

#### Priority 6 – Accountability

What we will do	How we will do it
Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership	<ul style="list-style-type: none"><li>• We will hold TSAB partners to account and gain assurance of the effectiveness of their safeguarding adult arrangements, function and performance</li><li>• We will ensure there is effective governance in place</li><li>• We will ensure that there is appropriate representation from TSAB partners on the Board/subgroups</li><li>• We will provide a clear and transparent annual budget plan which includes all TSAB activities</li></ul>

## Appendix 1 - Functions of the Board

Taken from [Care Act Statutory Guidance](#) (Updated Sept 2022)

14.139 Each SAB 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
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
- carry out safeguarding adult reviews and determine any publication arrangements;
- produce a strategic 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

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.

14.141 Within the context of the duties, safeguarding partnerships can be a positive means of addressing issues of self-neglect. The SAB is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

## Appendix 2 - Membership of the Board

 <p><b>ESSEX POLICE</b> Protecting and serving Essex</p>	 <p>Care Quality Commission</p>	 <p>Essex County Fire &amp; Rescue Service</p>	 <p>NHS East of England Ambulance Service</p>
 <p>NHS Mid and South Essex Integrated Care Board</p>	 <p>healthwatch Thurrock For Better Health &amp; Social Care Services</p>	 <p>Thurrock Lifestyle Solutions A Community Interest Company</p>	 <p>NELFT NHS NHS Foundation Trust</p>
 <p>NHS Essex Partnership University NHS Foundation Trust</p>	 <p>NHS Mid and South Essex NHS Foundation Trust</p>	 <p>PFCC POLICE, FIRE AND CRIME COMMISSIONER FOR ESSEX</p>	 <p>Thurrock Adult Community College</p>
 <p>THURROCK COUNCIL</p>	 <p>POhWER Voices Heard - Lives Empowered</p>	 <p>Probation Service</p>	 <p>mind for better mental health</p>
<p>Essex Police</p>	<p>Care Quality Commission</p>	<p>Essex County Fire &amp; Rescue Service</p>	<p>NHS East of England Ambulance Service</p>
<p>Mid and South Essex Integrated Care Board</p>	<p>Healthwatch Thurrock</p>	<p>Thurrock Lifestyle Solutions</p>	<p>NELFT NHS Foundation Trust</p>
<p>NHS Essex Partnership University</p>	<p>Mid and South Essex NHS Foundation Trust</p>	<p>Police, Fire and Crime Commissioner</p>	<p>Thurrock Adult Community College</p>
<p>Thurrock Council</p>	<p>POhWER</p>	<p>Probation Service</p>	<p>Thurrock Mind</p>

## Appendix 3 - Thurrock environment

*Taken from Health and Wellbeing Strategy (2022 – 25)*

Thurrock is based at the heart of the Thames Gateway in close proximity to the east of London, Thurrock is a busy borough with picturesque towns, reams of beautiful countryside and 18 miles of river 6 frontage. We are a borough of contrasts with urban areas of Grays, Tilbury and Purfleet to the south and rural villages and open countryside to the north.

The population of Thurrock is just over 175,000. Population growth has been strong in recent years, with an 11.3% growth in population since the last census in 2011. This strong growth is projected to continue over the next decade with a further increase of 9.2% expected by 2030.

Thurrock is a relatively young place, with an average age of 36.9 years old compared to the England average of 40.2 years old. Just under 26% of the population are aged under 18 years. The recent trend for both England and Thurrock has been towards an increase in the average age, and we can expect to see this trend continue. Presently in Thurrock there are almost 6,000 individuals aged 80+, with close to 1,000 individuals aged 90+.

Within its geographic area of 165 square kilometres, Thurrock hosts a diverse range of people and places. Over 130 different languages are spoken by children in Thurrock as their main language, and whilst most residents in Thurrock were born in the UK, over 10% were born overseas. White British is the most common ethnicity reported by Thurrock residents at 77% of the population. The second largest ethnic group is Black/African/Caribbean and Black British at 9% followed by all other White at 7%.

It is estimated that 3,120 people have a learning difficulty, which accounts for just under 2% of the Thurrock population. The proportion of people living with a learning disability in Thurrock is lower than the average for England.

The most recent deprivation scores show that Thurrock has several areas that fall within the 10% most deprived locations in the country, but also some areas that fall within the most affluent in the country. The more deprived areas are mainly located in and around Tilbury, with further areas in South Ockendon, Grays and areas of Corringham also suffering from higher levels of deprivation. Less deprived areas tend to be found in Thurrock's more rural locations, around South Chafford, and in some areas to the north of Grays.

Life Expectancy (LE) is the highest-level indicator of health inequality, and life expectancy for both men and women in Thurrock is significantly worse than the average for England. LE is significantly lower in Thurrock than average across England for both men (78.3 years versus 79.4 years) and women (82.6 years versus 83.1 years).

Crime has a considerable impact on the community, and the rate of violence offences in Thurrock (35.5 per 1,000) is significantly above the England rate of 29.5 per 1,000 population.

## Appendix 4 - Relevant strategic priorities

### Health and Wellbeing Board

- Domain 1 – Staying Healthier for Longer Aligned with Thurrock Alliance Further Case for Change Health and Care Strategy and Brighter Futures Strategy.
- Domain 2 – Building Strong and Cohesive Communities Aligned with Stronger Together Thurrock and the Collaborative Communities Framework (CCF).
- Domain 3 – Person-Led Health and Care Aligned with Thurrock Alliance Further Case for Change Health and Care Strategy. Ambition
- Domain 4 – Opportunity for All Aligned with the Backing Thurrock Economic Strategy, major investments such as Thames Freeport and the Brighter Futures Strategy.
- Domain 5 – Housing and the Environment Aligned with the Local Plan, Housing Strategy and Homelessness Strategy.
- Domain 6 – Community Safety Aligned with Thurrock Community Safety Partnership Priorities and Brighter Futures Strategy.

### Local Safeguarding Children Partnership relevant priorities

- Violence and Vulnerability - Child Exploitation, Domestic Abuse, Harmful Sexualised Behaviour and Violence Against Women and Girls (VAWG) are areas of focus for the LSCP. We will continue our work with the Thurrock VAWG group and Southend, Essex and Thurrock (SET) partners to reduce the prevalence of those experiencing violence and exploitation in these areas.
- Think Family - We know families do not exist in isolation, so if we 'Think Family' and their wider contacts we can secure better outcomes for children, young people and their families. By working with partners to co-ordinate support and interventions and co-producing plans with families we are better placed to achieve this. Families will experience a system of joined up safeguarding and support.
- Transitions and Transfers - Bridging the gap between points of transition are important in the continuity of safeguarding children and young people. In responding to the need during times of developmental life stages and when children, young people and families move, we are adopting a transitional approach to safeguarding. To do this we will work with our partners to develop knowledge and our collective response at these crucial times.

### Community Safety Partnership

1. Tackling disproportionality in relation to Violence Against Women and Girls – including sexual offences, stalking and rape, whilst recognising that men and boys can also be victims
2. Breaking the cycle of Domestic Abuse: in line with the Domestic Abuse Duty and needs assessment
3. Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence
4. Counter Extremism and Terrorism: Preventing Violent Extremism locally
5. Reduce harm to and safeguard victims from Hate Crime – including Sex/Gender based hate crime
6. Tackling Community based Anti-social Behaviour and Safeguarding victims - including off road motorbike nuisance
7. Human Trafficking and Modern-Day Slavery and Organised Immigration Crime

8. Safer streets through increased visibility and community engagement
9. Tackling offending – reducing high volume crimes e.g. burglary

#### Mid and South Essex Integrated Care Board

The ICB safeguarding priorities for next year are;

- Develop the work programme approach to develop more specific work on ensuring safeguarding priorities are:
  - informed and co-produced – make safeguarding personal.
  - Proactive and preventative – contextual safeguarding
  - Support those in greatest need – inequalities

#### [The Police Fire and Crime Commissioner \(PFCC\) priorities for 22/23](#)

1. Further investment in crime prevention
2. Reducing drug driven violence
3. Protecting vulnerable people and breaking the cycle of domestic abuse
4. Reducing violence against women and girls
5. Improving support for victims of crime
6. Protecting rural and isolated areas
7. Preventing dog theft
8. Preventing business crime, fraud, and cyber crime
9. Improving safety on our roads
10. Encouraging volunteers and community support
11. Supporting our officers and staff
12. Increasing collaboration

The Crime Prevention Strategy for Essex 2021/25 Crime Prevention Strategy 2021-2025  
Essex Police have identified 14 thematic strands

1. Knife Crime
2. Rape
3. Night-Time Economy
4. Child Abuse / Child Sexual Exploitation
5. Domestic Abuse
6. Drugs & Alcohol
7. Mental Health
8. County Lines / Exploitation
9. Serious Organised Crime
10. Cybercrime & Fraud
11. Places
12. Burglary / Robbery
13. Prevent (radicalisation)
14. Hate Crime

## Appendix 5 – Mapping Priorities

Thurrock Health and Wellbeing Board	Local Safeguarding Children Partnership relevant priorities	Community safety Partnership	PFCC	MSE ICB	TSAB
Domain 1 – Improve the prevention, identification and management of physical and mental health conditions, to ensure people live as long as possible in good health.	Violence and Vulnerability - Child Exploitation, Domestic Abuse, Harmful Sexualised Behaviour and Violence Against Women and Girls (VAWG) are areas of focus for the LSCP. We will continue our work with the Thurrock VAWG group and Southend, Essex and Thurrock (SET) partners to reduce the prevalence of those experiencing violence and exploitation in these areas.	Tackling disproportionality in relation to Violence Against Women and Girls – including sexual offences, stalking and rape, whilst recognising that men and boys can also be victims	Further investment in crime prevention	Reduce health inequalities	Empowerment - Thurrock SAB will ensure safeguarding services are delivered in line with Making Safeguarding Personal Principles
Domain 2 – We are committed to creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged.	Think Family - We know families do not exist in isolation, so if we 'Think Family' and their wider contacts we can secure better outcomes for children, young people and their families. By working with partners to co-ordinate support and interventions and co-producing plans with families we are better placed to achieve this. Families will experience a system of joined up safeguarding and support.	Breaking the cycle of Domestic Abuse: in line with the Domestic Abuse Duty and needs assessment	Reducing drug driven violence	Create opportunities supporting education and local employment	Prevention - Thurrock SAB will continue to develop approaches to safeguarding which recognise the value of prevention and early intervention
Domain 3 – Better outcomes for individuals, that take place close to home and make the best use of health and care resources.	Transitions and Transfers - Bridging the gap between points of transition are important in the continuity of safeguarding children and young people. In responding to the need during times of developmental life stages and when children, young people and families move, we are adopting a transitional approach to safeguarding. To do this we will work with our partners to develop knowledge and our collective response at these crucial times.	Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence	Protecting vulnerable people and breaking the cycle of domestic abuse	Support health and wellbeing, through prioritising prevention, early intervention and self-care	Proportionality - Thurrock SAB will ensure services are learning and improving in their safeguarding practice and risks are managed collaboratively
Domain 4 – Thurrock will be a place of economic opportunity, with investment and wider regeneration programmes building a stronger and more vibrant economy, with local communities having the opportunity to contribute to and benefit from our economic successes. We want to support people in Thurrock to be aspirational, resilient and able to access high quality education and training; enabling them to develop skills to secure good quality employment and volunteering opportunities to live fulfilling lives and achieve their full potential.		Reduce harm to and safeguard victims from Hate Crime – including Sex/Gender based hate crime	Reducing violence against women and girls	Bring as much care as is safe and possible closer to where people live	Protection - Thurrock SAB will protect people who need help and support
Domain 5 – Fewer people will be at risk of homelessness and everyone will have access to high quality affordable homes that meet the needs of Thurrock residents. Homes and places in Thurrock will provide environments where everyone feels safe, healthy, connected and proud.		Tackling Community based Anti-social Behaviour and Safeguarding victims - including off road motorbike nuisance	Improving support for victims of crime	Improve and transform our services	Partnership - Thurrock SAB will improve multi-agency partnership working to safeguard adults and their families
Domain 6 – Thurrock is a place where people feel and are safe to live, socialise, work and visit. We will also ensure that victims/survivors of crime are able to access support to cope and recover from their experiences, should they need it.		Counter Extremism and Terrorism: Preventing Violent Extremism locally	Protecting rural and isolated areas		Accountability - Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership
		Human Trafficking and Modern Day Slavery and Organised Immigration Crime	Preventing dog theft		
		Safer streets through Increased visibility and community engagement	Preventing business crime, fraud, and cyber crime		
		Tackling offending – reducing high volume crimes e.g. burglary	Improving safety on our roads		
			Encouraging volunteers and community support		
			Supporting our officers and staff		

# Safeguarding data

The data below is taken from the annual SAC return. The SAC (Safeguarding Adults Collection) return is completed by all local authorities in England and records information on safeguarding data for adults 18 and over. The TSAB audit and operational groups monitor the data for issues and trends.

**1097**  
Safeguarding concerns  
(1071 in 2020/21)

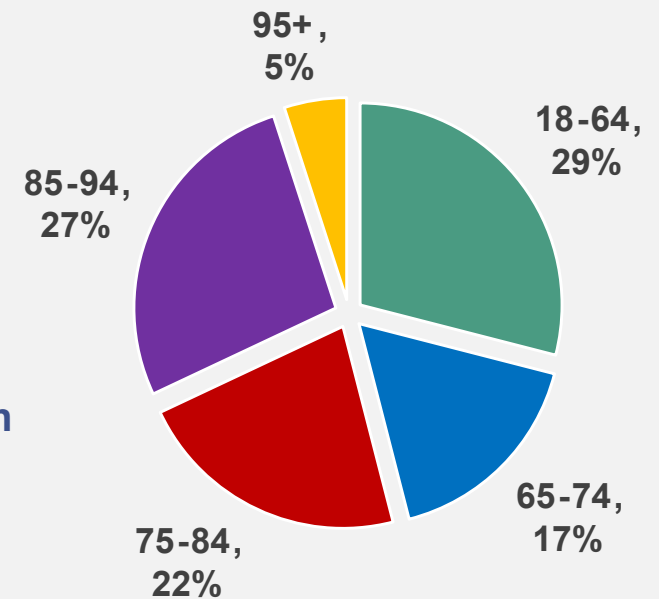
**369**  
Section 42 enquiries  
(346 in 2020/21)

**38% Male**  
**62% Female**

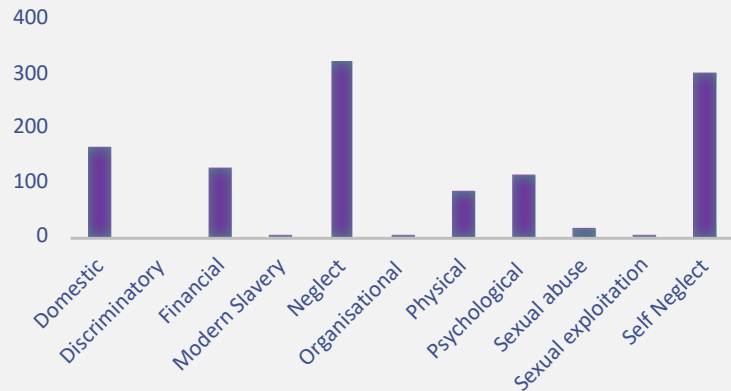


**79% White**  
**2% Asian**  
**4% Black/African/Caribbean**  
**1% Other**  
**15% Not known**

**The majority of safeguarding enquiries are for those aged 65 and over**



# Safeguarding data



Most safeguarding concerns raised were in relation to neglect, self neglect and domestic abuse

## Location of abuse

Own home 49%

Care home 34%

Other 17%

17% of safeguarding enquiries involved a **Service provider**

54% of safeguarding enquiries involved someone **known to individual**

29% of safeguarding enquiries involved someone **unknown to individual**

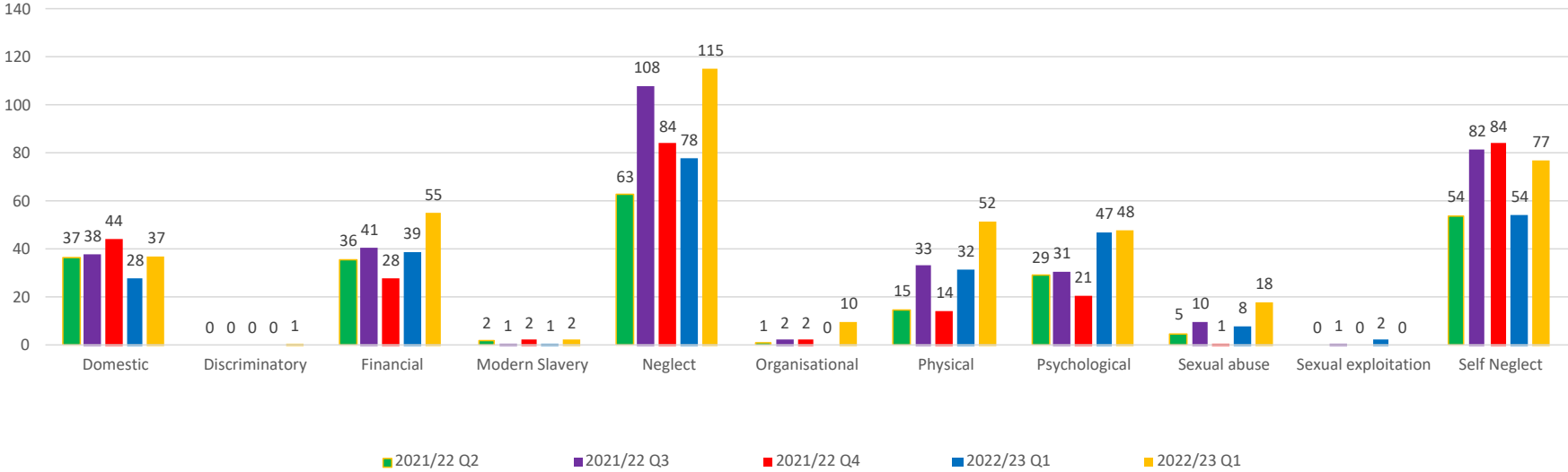
**68%** Of safeguarding enquiries adults did not lack capacity

**31%** Of safeguarding enquiries adults lacked capacity

**84%** Of those that lacked capacity were supported by an advocate, family or friend



# TYPE OF ABUSE by concern



Neglect continues to be the highest reported concern, followed by self neglect. There was an increase in organisational abuse concerns raised this quarter. There was also an increase of sexual abuse concerns raised this quarter. Both these numbers are the highest figures in the last 3 years.

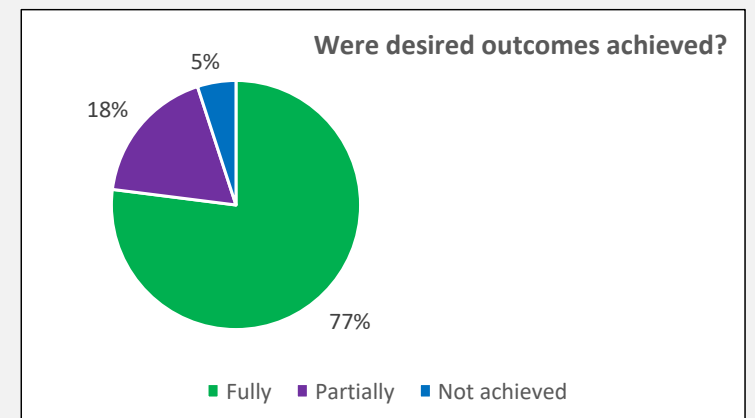
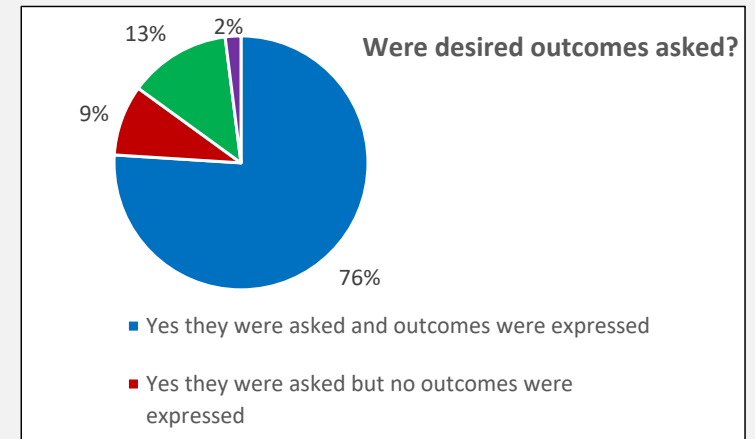
# Safeguarding data

Making Safeguarding Personal (MSP) is a key part of safeguarding practice within Thurrock. MSP is about asking what outcomes the adult wants from the safeguarding enquiry. It is about giving opportunities along the safeguarding process to change their views and participate in the process in line with the key safeguarding principles. This is also the case for those who lack capacity, in this case it may be that the persons representative, the family or an independent advocate can participate in the process on behalf of the adult.

In Thurrock desired outcomes were asked in 85% of cases, this has increased from 80 % in 2020/21. Research into the remaining 15% found that of those that were recorded as No, this included where a person died or moved away and couldn't be asked, or where they weren't asked but someone else like an advocate or family member was involved in the enquiry.

In 95% of cases desired outcomes were fully or partially met.

Risk was reduced or removed in 87% of safeguarding enquiries.



Risk remained 12%	Risk reduced 73%	Risk removed 14%
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## Appendix 7 - Recommendations from the SET Safeguarding Adult Self-Assessment

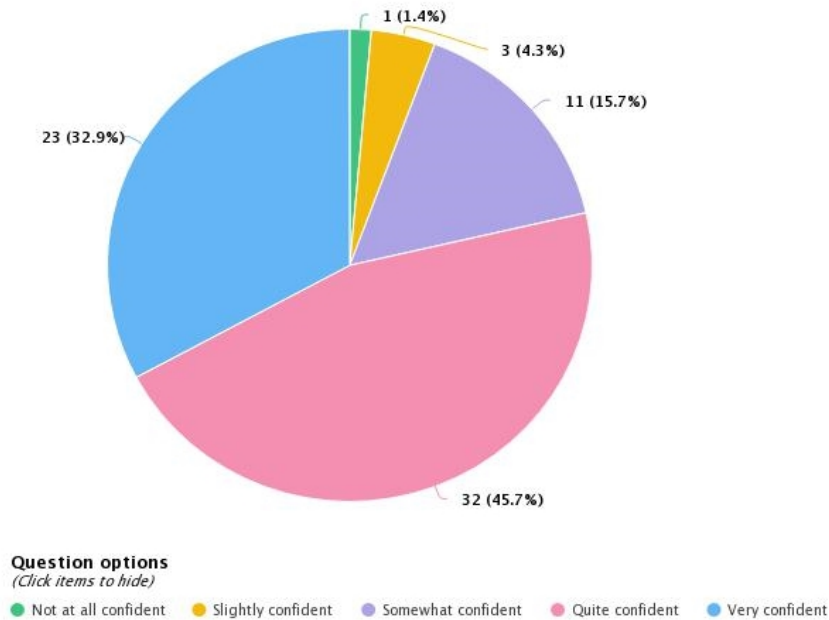
### **Recommendations**

- 1: All to review external websites re accessibility and ensuring it is clear what format information is available in or there is a statement to say that it is available on request.
- 2: All organisations to add a link to external facing websites to the relevant Safeguarding Board websites.
- 3: To review information available in public facing areas and consider displaying up to date [SET Safeguarding adult posters](#).
- 4: Organisations to raise awareness of MSP.
- 5: To consider how this information on how many adults attend safeguarding meetings could be collected e.g. can a tick box be added to electronic records to capture this.
- 6: Organisations to encourage all staff to attend MCA training.

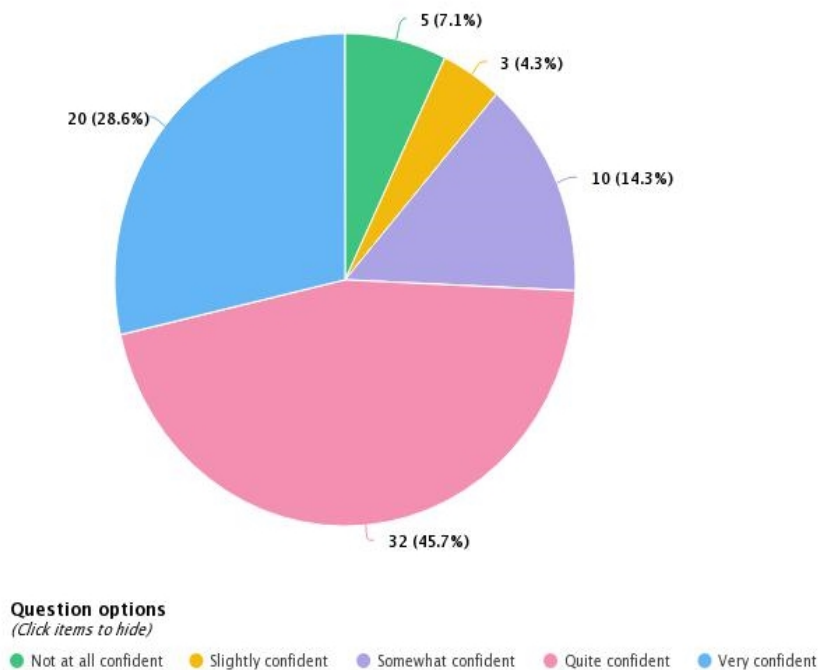
## Appendix 8 - TSAB Consultation

There were 70 responses to the TSAB consultation, some collected via Thurrock Council Consultation Portal and some collected by TSAB support staff when attending events in the community.

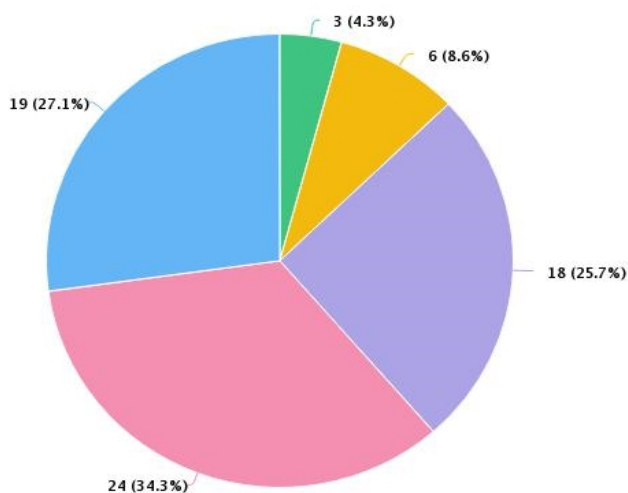
Q1 - How confident are you in knowing what abuse and neglect of adults is?



Q2 – How confident are you in knowing how to raise a safeguarding concern about an adult?



Q3 – How confident are you in knowing where to find out more about adult safeguarding



Question options  
(Click items to hide)

● Not at all confident  
 ● Slightly confident  
 ● Somewhat confident  
 ● Quite confident  
 ● Very confident

**Please rank the following suggested priorities in order of preference (1 being most important)**

**Top 5 responses**

OPTIONS	AVG. RANK
We will ensure that young people moving between children and adult services are safeguarded	3.07
We will deliver a preventative approach to safeguarding adults to reduce the risk of abuse	3.71
We will work together to safeguard people who can't keep themselves safe from hidden harms e.g. modern slavery, exploitation, self-neglect	4.03
We will ensure that adults with care and support needs are being supported and encouraged to make their own decisions to stop harm and abuse in order to feel safe	5.19
We will encourage organisations to work well together to support and safeguard adults	5.87

There were a number of comments made which are already included in the plan:

Empowerment	<ul style="list-style-type: none"> <li>To ensure that consideration is given to mental capacity principles where appropriate</li> </ul>
Proportionality	<ul style="list-style-type: none"> <li>Consideration may also be given to the role that data sharing can have in cases of adult safeguarding. Case reviews often highlight that organisations may have acted differently if they had known what others knew. The Safeguarding Board may consider itself to be well-placed to encourage and facilitate improved data sharing practices that facilitate the identification and support of vulnerable individuals</li> </ul>

Protection	<ul style="list-style-type: none"> <li>• More support should be given to care leavers who are taking on their own tenancies</li> <li>• That those of the edge of adult services are supported through the transition process. We should work with education partners more.</li> <li>• If an adult is vulnerable/at risk/being abused and has a child, don't just pass them off to child safeguarding because ultimately child safeguarding doesn't care about the adult, why can't both run in tandem? Don't assume that because the adult has not been in the 'system' before that they are not vulnerable enough to meet safeguarding criteria and don't need help.</li> <li>• Identifying ways of increasing support for and engagement by those who are at risk due to substance misuse and undiagnosed mental health rather than due to recognised statutory duty with regards to vulnerability.</li> <li>• Educate informal and formal carers on the types of abuse and safeguarding process.</li> <li>• Mental health of unpaid carers especially if sole carers.</li> </ul>
Partnership	<ul style="list-style-type: none"> <li>• The Safeguarding Board has a key role in aligning its work with other partnerships. The Strategic Plan for Safeguarding should also pay regard to the Police &amp; Crime Plan which includes a specific priority around protecting vulnerable people.</li> <li>• Joint working with Children partnership</li> </ul>

Other comments where further discussions are needed to determine whether they should be included in the Priorities.

- Consistency and trust with the service users we work with, easy to access services which are local organisations and not national, workers working within the community that are local to the area and have good links, enabling service users to have a voice with an effective advocacy service that has strong partnerships with the local community and social care professionals
- There are not enough staff employed to deal with safeguarding. Local hospital trusts do not have easily accessible safeguarding staff for other staff to contact for advice and working through specific cases. Old adults who end up on inpatient mental wards have family members who end up selling their homes up from under them. Social workers / key workers and housing staff are placing vulnerable old people across Essex in hostels (when they are homeless and no appropriate housing is made, but they are not deemed unwell enough to be in a care home.)
- There could be something additional around ensuring partners are confident in recording suicidal ideation and can support anyone presenting with suicidal thoughts or behaviours to access appropriate support.

## Appendix 9 - Recommendations from SARs

### **SAR 1**

Recommendation 1: In the absence of learning or evidence from this review to support it making a recommendation to address this potential concern, the panel invites the TSAB to ensure this pathway is embedded within its safeguarding processes.

Recommendation 2: That the MPS Lead Officer for Missing Persons ensures officers in neighbouring county Police forces are aware of the MPS contact and can ensure that MPS information is fed into case management discussions at Long Term Missing Panel meetings and discussions to ensure robust information sharing and collaborative multiagency decisions.

Recommendation 3: MPS Officers within the Specialist Crime Review Group to review their external communication to partner agencies and remind officers located within Basic Command Units of their role in leading MPS involvement in statutory reviews.

Recommendation 4: The Home Office ensures that partner agencies are cognisant of the roles of each department and when a case would require the input of specific departments.

Recommendation 5: Children's Social Care's strategic lead care to formalise the process that ensures Home Office colleagues are enabled to appropriately tag their internal systems when a person is reported as missing.

Recommendation 6: All agencies are to proactively ask about presenting concerns in relation to medical and mental health issues when undertaking new contact with service.

Recommendation 7: The panel invite the TSAB to support its constituent agencies to ensure that migrant and asylum-seeking individuals receive trauma informed contact and support by ensuring access to trauma informed training.

Recommendation 8: All agencies to ensure that departments having contact with individuals who report unusual occurrences, e.g., they are being followed, understand the need to, and ensure, this information is shared under third party reporting arrangements to enable further support needs to be triaged and offered where appropriate. In addition to the above recommendations, the panel identified national learning from this review. This relates to how, at a national level, colleagues would benefit from a national system to:

- Flag missing persons as located
- Ensure the safety of colleagues and mitigate any risk posed to them when undertaking first contact with service users

Noting the complexity of this learning, the Panel do not make a recommendation in relation to it but does invite the TSAB to consider how this development can be progressed at a national level.

### ***SAR 4 (awaiting sign off by Home Office)***

*Recommendations focused around support for carers*

## Appendix 10 - Themes from SETDAB, ESAB

### SETDAB thematic review 2022

Identification, understanding and response to domestic abuse, coercive control and stalking

- Recognising the pattern of behaviour and the importance of professional curiosity.
- Environmental privacy to support enquiry and disclosure.

Risk identification, assessment, and management

- The need for agencies to ensure they have robust risk assessment and management processes in place.

Perpetrator Management, support, and disruption

- Holding perpetrators accountable for their behaviour with proactive management of their risks and support needs by agencies.
- This includes referrals to relevant support such as mental health support, substance misuse support, consideration of housing options and relevant programmes.

Think Family

- To ensure children are visible and consider the risk to other family members and friends.

Adult family abuse

- Research has highlighted five interlinked precursors to Adult Family Homicide (AFH): mental health and substance/alcohol misuse, criminal history, childhood trauma, financial factors, and care dynamics

Multi-agency working and information sharing

- The need to share information across safeguarding forums and other partners to enable coordinated and targeted joint risk management plans.
- The importance of signposting to or accessing DA Services in health settings.
- The need to report safeguarding concerns appropriately by the organisation identifying them.

Understanding of and responses to co-existing mental health, drug/alcohol, and domestic abuse

- The importance of agencies in making appropriate referrals for support and that, a 'referral' should not be seen as the end of involvement.
- The recognition and response to the misuse of prescribed medication.
- Effective coordinated support/management around mental health and recognising the impact of significant events in people's lives as well as the importance of mental capacity assessments.
- Dual diagnosis- providing holistic support.

Older victims



- There are no age limits on domestic abuse, older victims are just as likely to experience domestic abuse as younger victims but can face significant barriers when asking for help or when trying to leave an abusive relationship.

#### Teenage victims

- The need to improve understanding of the impact of domestic abuse on teenagers.
- Understanding of adverse childhood experiences and the importance of trauma informed practice.
- Transitions of young people particularly where they may be treated as both an adult and child in different forums.

#### Disability, coexistence of dementia and care dynamics

- Dementia, caused by disease of the brain, can create changes in a person's mood and behaviour but it is always important to explore relationships for any previous history of domestic abuse.
- Not all people will recognise themselves as carers, but it is important to offer carers assessments and recognise the role of families and of carer's needs.
- Awareness of the impact of domestic abuse and having a disability, such as a hearing impairment.

#### Essex SAB themes arising from recent publication of 6 SARs

- Theme 1: Working with Complex Needs
- Theme 2: Making Safeguarding Personal (MSP): 'Hearing the Adult at Risk's (AAR) Voice.'
- Theme 3: Inter-agency Agreement of Shared Standards of Safeguarding Practice (including single-agency practice) and LSAB oversight
- Theme 4: LSAB Governance, Quality Assurance Framework and Standards of Safeguarding Systems
- Theme 5: Pathways of Communication between Strategic and Operational Domains/Interagency Domains (Health and Social Care)

## Appendix 11 - Impact of Covid

Taken from Health and Wellbeing Strategy (2022-25)

Whilst evidence is still accumulating on the long-term impacts of COVID-19, the pandemic is likely to have significant and wide-ranging impacts across all the Domains of the HWB Strategy. These include the following.

### Direct impacts of COVID-19

There was an increased burden of ill health and death due to COVID-19, with substantial inequalities across certain characteristics and socioeconomic groups in relation to risk of COVID-19 infection, complications and mortality, compounding existing health inequalities.

### Indirect Impacts on Health and Care Services

During the pandemic, there were significant reductions in the utilisation of health and care services, which is now manifesting as increased demand on the system, often with later stage presentation for care. Evidence showed a median reduction of 37% in service usage overall, highlighting non-emergency admissions, cancer treatment and mental health services as areas of particular concern. Around one quarter of excess deaths in the first year of the pandemic were not due to COVID-19 but due to other causes.

### Wider societal and community impacts

The pandemic has exposed and worsened existing inequalities and made some individuals and communities even more vulnerable than before. The pandemic has amplified existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities. There have been particular effects on children (including vulnerable children), families with children and young people, worsening effects related to lost education, social development and mental health, which are all variably affected and interlinked. Impacts of COVID-19 that we intend to mitigate through the HWBS These include:

- isolation and loneliness have established impacts on health outcomes and increased dramatically during lockdown, with 40% reporting feeling lonely compared to 21% pre COVID-19 – those most at risk include the young, those living alone, those on low incomes, those out of work and/or those with a mental health condition or learning disability
- during the early stages of the pandemic in particular, the access to health services reduced – whilst overall primary care capacity had been restored to pre-pandemic levels, only 42% of Thurrock practices were providing same day appointments face-to-face against a target of 100% in Autumn 2021
- evidence that a long-term economic downturn could impact businesses and unemployment levels and reduce household incomes, particularly for those on lower incomes, and to have affected younger workers (under 25) and older workers (over 65) the most 36
- research conducted by the United Nations has described violence against women and girls during COVID-19 as the "shadow pandemic" – in May 2020, the charity Refuge reported a ten-fold increase in the number of visits to its website, and a survey conducted by Women's Aid showed that 67% of women who had been experiencing abuse prior to the pandemic said it had got worse during lockdown, with

over three-quarters saying that lockdown made it harder for them to escape abuse. Not all impacts of the pandemic have been negative, and there has been a mixed impact on communities in a number of ways:

- Social connections in neighbourhoods and communities were disrupted, exacerbating the increase in isolation and loneliness. However, there is evidence of positive impacts on community cohesion and empowerment that this Strategy aims to build on and maintain

In terms of wider positive impacts, the pandemic has highlighted the following:

- The importance of good quality, accessible outdoor space for people. There is much evidence that suggests lockdown induced a shift in people's mobility and routine activities with the use of parks and green open spaces increasing dramatically, although the permanency of these changes is not yet known.
- Other benefits were observed with improvements in air quality, likely linked to restrictions reducing mobility, and a reduction in almost all types of crime (with some exceptions as above)