

Thurrock Sexual Violence and Abuse Joint Strategic Needs Assessment Appendices

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Appendix 1: Thurrock as a place

Thurrock is situated north of the River Thames, twenty miles east of central London in south Essex. The borough has a diverse range of land uses within its 165sq km coverage including 18 miles of riverfront which is mostly urbanised with a mixture of industrial and residential development at the western and eastern ends and green belt land forming 70% of the borough. The main settlements in the area are Grays, Stanford-le-Hope, Corringham, South Ockendon and Tilbury, with smaller villages throughout the green belt. West of Grays is the relatively newer Chafford Hundred community and Lakeside Regional Shopping Centre while in the east at Coryton, Thames Enterprise Park is situated as the UK's largest logistics operation.

In terms of health geographies, Thurrock local authority and NHS Thurrock CCG share their boundaries, and they often work at sub-borough level within four locality areas in line with the GP practices and the future Primary Care Networks (Corringham and Stanford, Purfleet and South Ockendon, Tilbury and Chadwell, and Grays). Thurrock has a Minor Injuries Unit at Orsett but does not have an A&E in the borough – the majority of Thurrock patients attend Basildon and Thurrock University Hospital in Basildon.

Thurrock is well served by transport networks from London, north Essex and Kent with the A13 and the M25 running through the borough as strategic crossroads of national importance, and the C2C trainline operating frequent services between Shoeburyness and Fenchurch Street, London. Thurrock also hosts three international ports including London Gateway and the Port of Tilbury and is positioned relatively near to the six airports of London including Southend.

Thurrock has a diverse and thriving economy with employment predominantly found in retail, public services, manufacturing, ports and logistics. While there are high levels of employment in Thurrock, the economic output per head of the population is however low. Thurrock also attracts a proportion of residents who commute out to London. Significant investment into the area is driving up the creation of new jobs and homes which is likely to attract more people to the area. The likely impact to Thurrock's population figures which can be seen in Appendix 2: Overview of the Thurrock population below.

Appendix 2: Overview of the Thurrock population

2.1. Age

Mid-year estimates from June 2017 show Thurrock to have a population of 170,394. The population pyramid shows that Thurrock has a higher percentage of young people (those aged 0-14) than England. It also has a slightly higher population percentage of middle-aged people (those aged 30-49). However in the older population the percentage is lower than England.

Figure 1: Population Pyramid 2017

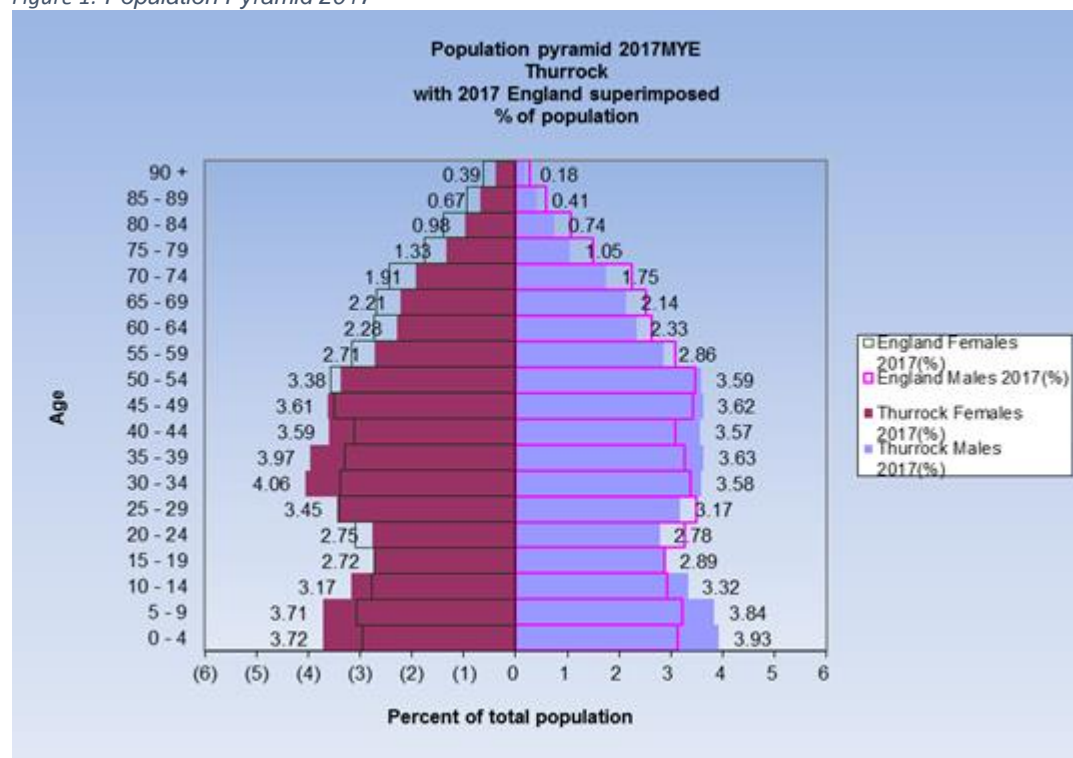
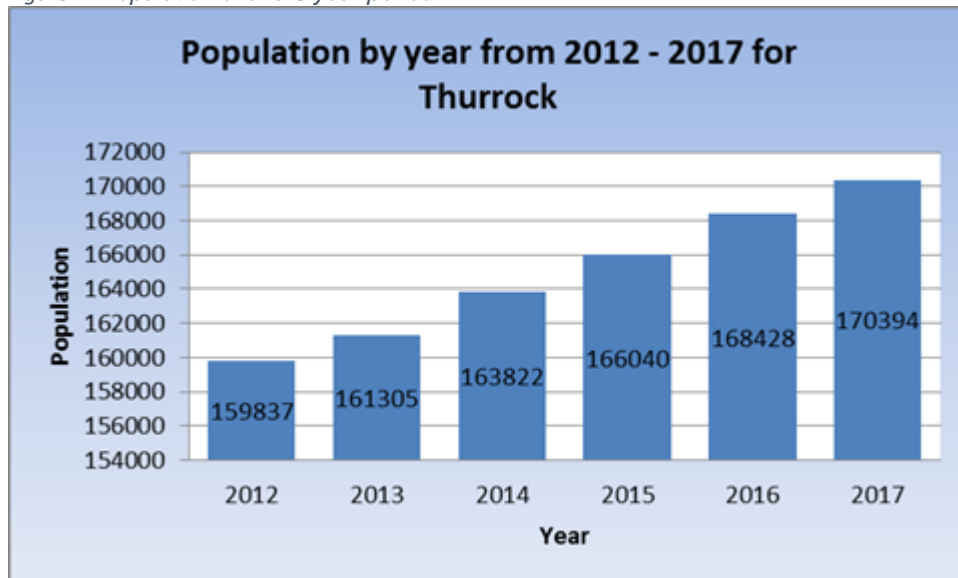
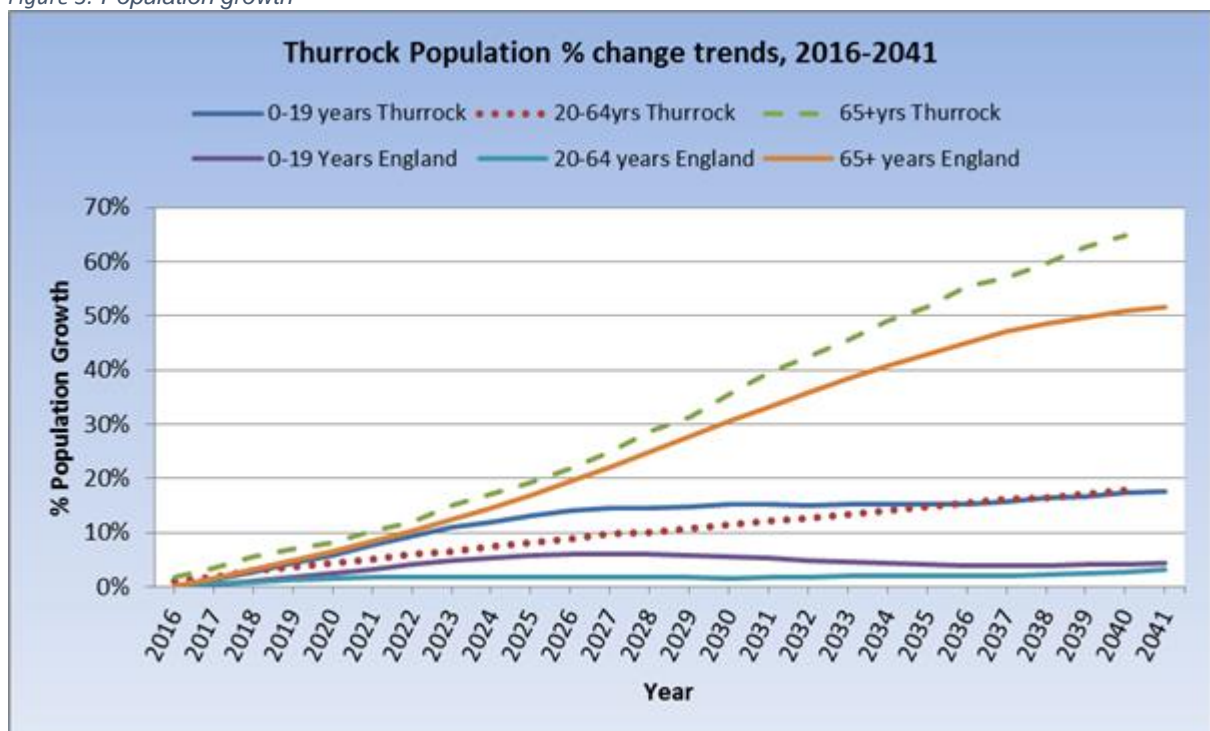


Figure 2: Population over a 5 year period



The population in Thurrock has increased by 7% in a 5 year period to 2017, this equates to an increase of over 10,000 people.

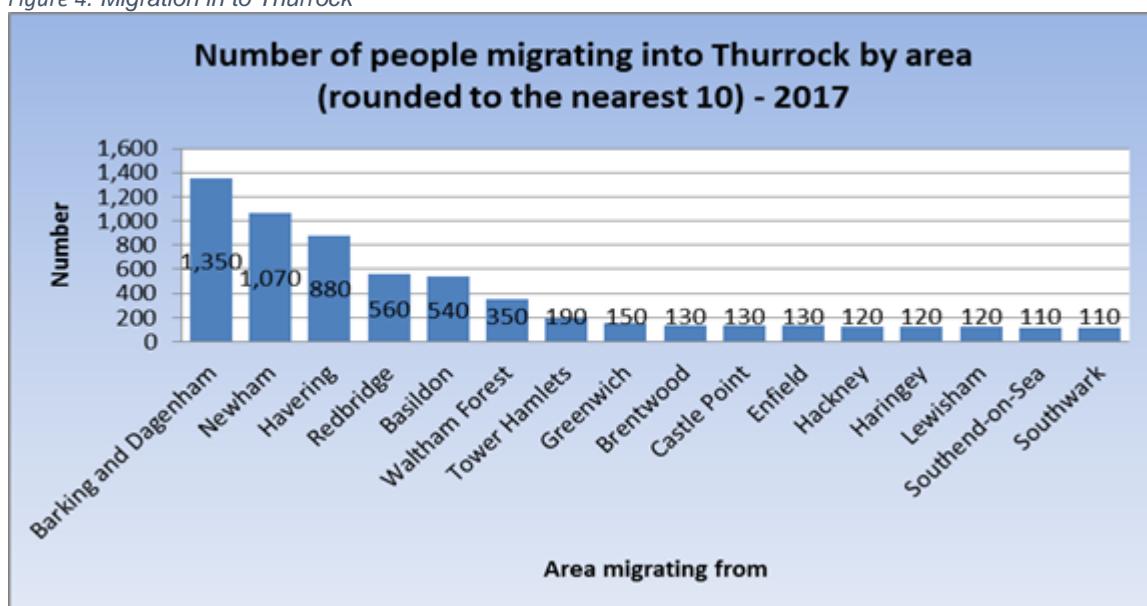
Figure 3: Population growth



Looking at the predicted population growth in Thurrock by age groups, it can be seen that the largest population growth percentage up to 2041 is for those aged 65+ with over a 60% rise. For those aged 0-19 and 20-64 there is predicted to be a rise of just under 20%. These population increases are significantly higher than for England, for those aged 0-19 and 20-64 the increase is only around 5% and for those aged 65+ just over 50%. It is to be noted that this population increase is likely to result in increased numbers of victims/survivors within Thurrock, therefore increasing the demand for services that support victims/survivors of sexual violence and abuse.

When considering the likely drivers for this population increase, it is expected that natural change (difference between births and deaths) accounts for approximately 1,100 extra residents per year, a figure which remains relatively constant into future years. The net international migration appears also to remain constant, accounting for around 400 residents each year. Internal migration appears to decline after around 2027. The impact of external influences such as European Union exit may affect this at a national level.

Figure 4: Migration in to Thurrock

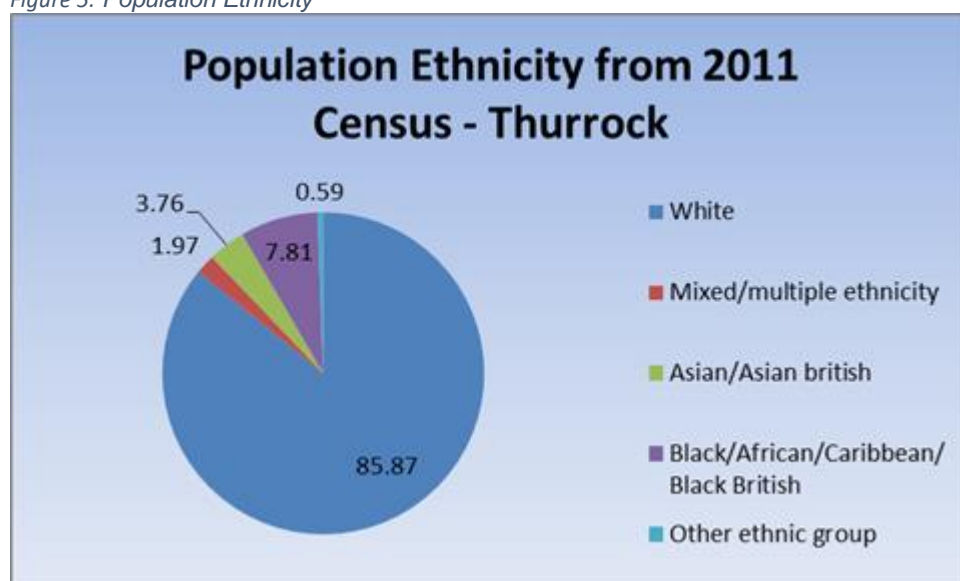


Source: ONS

Looking more in-depth at those migrating in to Thurrock the chart above shows where these people migrated from in 2017. 1350 migrated in from Barking and Dagenham and 1070 from Newham. So we can assume that a vast majority of those migrating in are coming from London.

2.2 Ethnicity

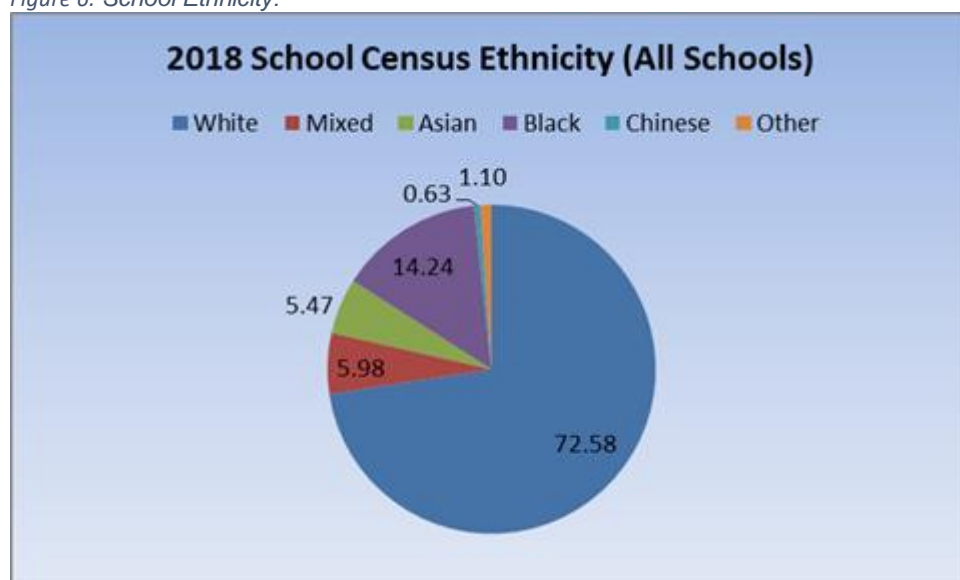
Figure 5: Population Ethnicity



Source: 2011 Census

Over 85% of the Thurrock population is White, with the next largest ethnic group being Black/African/Caribbean/Black British at almost 8%.

Figure 6: School Ethnicity:



The percentage of those from the minority ethnic categories is slightly bigger in the 2018 schools census. The 2011 whole population census showed over 85% of the population being white where the 2018 schools census shows less than 73%.

Appendix 3: Summary report – Professionals Engagement

These findings are based on 128 respondents (it should be noted that not all respondents answered all questions).

Profile of Respondents

The 128 respondents came from a variety of agencies, including Thurrock Council, Police, provider organisations, third sector organisations and schools. The range of job titles given made it difficult to standardise across organisations, but there were a number of counselling staff, police officers, care workers and other front line roles completing the survey.

Awareness

Respondents were asked to name support services that they were aware of (more than one could be listed). The top 10 services named are listed below. Specialist support was reasonably well known by respondents. General support such as GP, A&E and Social Care were only mentioned by a handful of individuals.

2. What sexual violence support services for Thurrock residents are you aware of in both the statutory and voluntary sector?	Total
SERICC	99
SARC	19
Changing Pathways	17
Synergy	16
ISVA	12
Rape Crisis	10
Thurrock Sexual Health Service	8
Police	8
Victim Support Service	8
CARA (another Essex Rape Crisis Centre)	6

Actions

Respondents were asked two questions about what they would do if someone disclosed sexual violence or abuse to them. The top ten responses are listed below (respondents could list more than one action). It should be noted that these were grouped from free text responses. So 'referral to SERICC/specialist sexual violence service' was the most common agency identified, but it could have been that respondents incorporated a referral to SERICC within 'referral: appropriate services' etc.

Something else notable about the below was that 'ask the victim/survivor what they want' was only the tenth most common response given.

3. When someone discloses sexual violence and/or abuse to you what action do you take?	Total Responses
Referral: SERICC/specialist sexual violence service	23
Follow safeguarding procedures	21
Inform of support services available	21
Follow Police Processes	18
Seek guidance/supervision from manager/safeguarding officer	18
Referral: Appropriate services	16
Referral: Safeguarding/MASH	13
Risk assess	13
Sign post to appropriate services	13
Ask the victim/survivor what they want	12

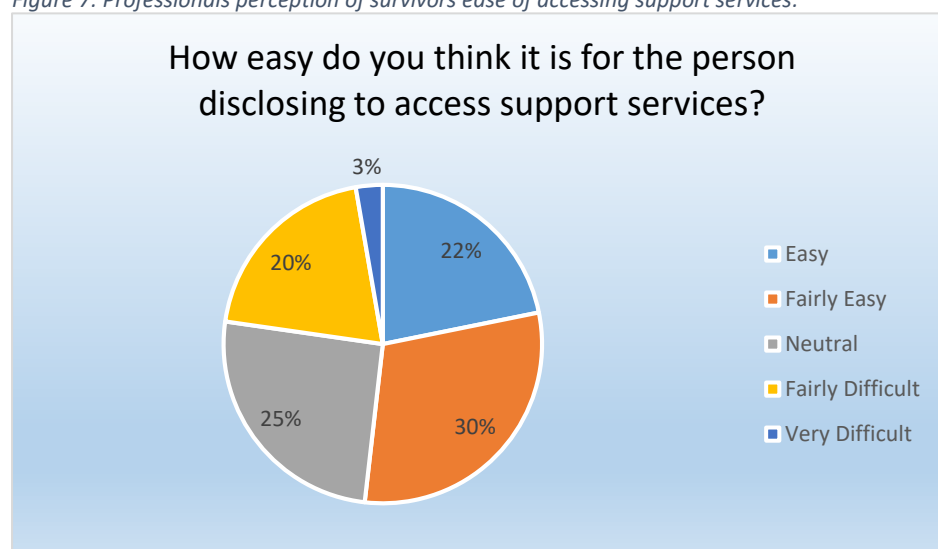
Respondents were then asked exactly where they would signpost survivors towards if they were unable to support them further. SERICC was the most commonly given answer, given by 56.3% of respondents. The police and GP/nurse were the next most common. It is unclear if those reporting 'counselling/talking therapies' meant specialist counselling or generic counselling.

4. Where would you suggest they seek support if they wish to do so?	Total
SERICC	72
Police	26
GP/Nurse	23
Changing Pathways	16
SARC	16
Counselling/Talking Therapies	9
Social Care/ Social Worker	9
ISVA	7
Synergy Essex	7
Family	6

Views

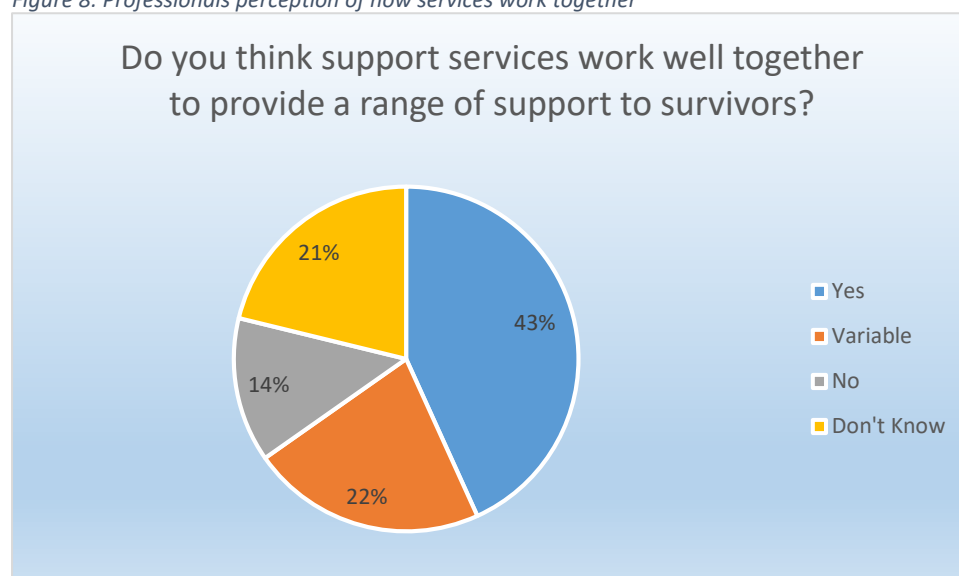
When asked their opinion on how easy it currently is for a survivor to access support services, over half of those giving an answer felt it was easy (22%) or fairly easy (30%). 20% felt it was fairly difficult and 3% felt it was very difficult. 18 out of 128 respondents did not answer this question.

Figure 7: Professionals perception of survivors ease of accessing support services:



Professionals were then asked their view on whether support services worked well together to support a survivor, or if not, how they could improve. 51 out of the 118 respondents to the question felt they did work well together (43%). However 21% said they did not know and 22% said it was variable, indicating more work is perhaps needed to improve awareness of how other services work and to reduce the perceived inconsistencies between agencies.

Figure 8: Professionals perception of how services work together



Where people offered suggestions for improvement, these often centred around improved collaborative working or better information sharing.

Training

96 out of 117 respondents to this question said that they had attended training enabling them to respond to disclosures of sexual violence and abuse, and 94% of those who had, said they felt the training did equip them to do so. Specific types of training that were mentioned included Safeguarding training, training delivered by SERICC, training delivered by the Police and Child Protection training.

Even though training received was largely seen to be positive, there were some comments made asking for more to be made available – some citing refresher training (the question did not stipulate the currency of the training attended) as being useful.

Key Findings from Professionals Survey

- The professionals surveyed showed good awareness of specialist sexual violence service provision in Thurrock
- Many respondents stated that, upon receiving a disclosure of sexual violence or abuse, they would either refer to a specialist service, or follow specific processes. However notably, relatively few said they would ask the survivor for their wishes first.
- The most commonly reported agencies to signpost to for further support were SERICC, the Police or GP/nurse
- Over half of respondents felt it was easy or fairly easy for a survivor to access support services, and 43% felt support services worked well together.
- However 22% felt the way services worked together was varied, indicating more work is perhaps needed to reduce these inconsistencies.
- Most staff said they had attended relevant training and found it beneficial; however there were some calls for further training to be provided.

Appendix 4: Summary Report – Survivors Engagement

These findings are based on 83 respondents (it should be noted that not all respondents answered all questions). A number of organisations supported survivors to complete this, including SERICC, Thurrock MIND, EPUT and the Police.

Profile of Respondents

From demographic information provided, the majority of respondents were female (90.3%) and of White ethnic origin (80.8%). Over two thirds of those giving their age said that they were between 26-55 years, and 21.1% were under 25 years. 31 out of the 83 respondents reported that they had a disability.

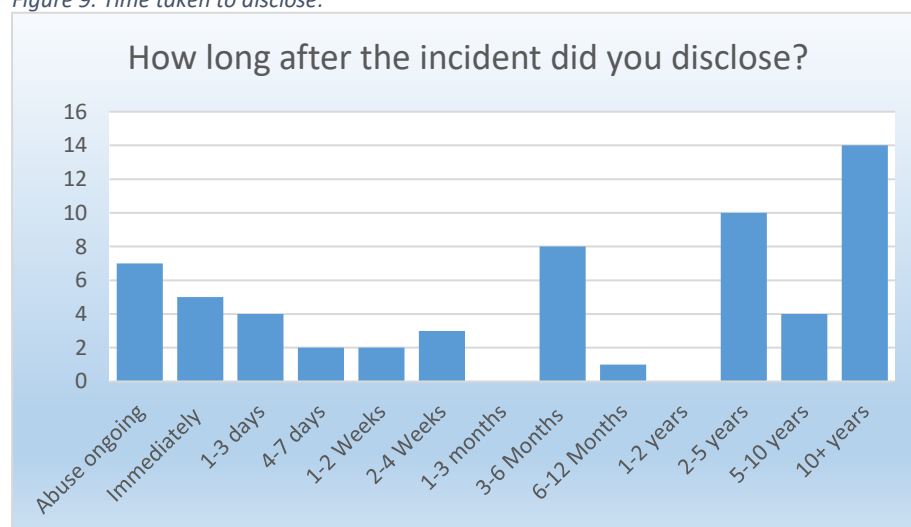
Disclosure Circumstances

Survivors were asked about who they first disclosed their SVA to and what sort of time it took to receive some support after this happened. The top five recipients are shown below – it can be seen that disclosures were most commonly made to family or friends; however GPs, Social care and Mental Health agencies also received initial disclosures. (Note that this is just the record of the initial disclosure – survivors may have then gone onto to tell more agencies after this).

1a) Who did you first disclose to?	Total
Family Member	20
Friend	14
GP	8
Social Care	7
Mental Health Agency	6

The time period between abuse and disclosure varied – for some survivors they disclosed relatively quickly, or whilst abuse was still ongoing, and others waited a number of years – 28 respondents disclosed more than 2 years later (the time period was not known for 23 respondents).

Figure 9: Time taken to disclose:



Action taken following disclosure

Survivors were also asked about the response to their disclosure and the actions taken. Not all respondents answered this and a variety of answers were given. Common themes that emerged included:

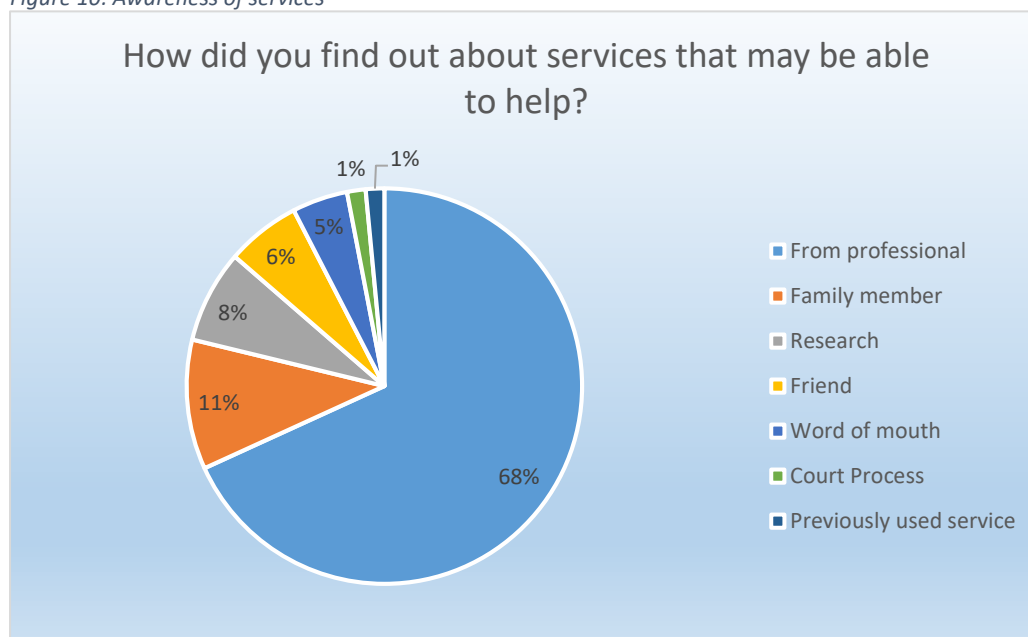
- 1) Making an onward referral to another agency
 - “She respond[ed] very well and she asked me if i would like to have counselling. She found SERICC and referred me”
 - “The EWMHS told me I was too complex to stay with them and referred me on.”
- 2) The agency receiving the disclosure providing direct support
 - “They were really supportive and sent officers to see me the same day who took me to have forensics taken. Th[e]y also took my video statement the same day.”
 - “The person who answered turned out to be a SERICC counsellor. She has counselled me since then. I am sure that she saved my life as I was often 'suicidal'.”
- 3) Listening and understanding
 - “My Doctor was sympathetic and understanding of the situation and gave me the contact details for SERICC.”
 - “The officer was and is excellent. She was empathic and understanding and made me feel at ease.”
- 4) Following processes
 - “She told me she had to speak to her manager then they both told me they had to report it.”
 - “Business-like”

When asked a bit more specifically about things that went well and not so well at the time of disclosure, many responses were service-specific. There were a number of responses citing SERICC, the Police and the GP, which are to be expected considering these are the main agencies that the professionals that were surveyed would consider referring to.

Accessing Support

Survivors were asked how they found out about available support services. The majority of those who gave a response (45 out of 66 respondents – 68%) said they had found about further support available from a professional, with the next most common group being family members.

Figure 10: Awareness of services



In addition, 19 of 58 respondents to the question around the driver towards accessing support said that they had been referred by a professional. These two responses are verifying that SVA survivors are reliant on professionals feeling confident with supporting them to access further support.

Specific barriers were only identified in a relatively small number of cases, and they most commonly centred around:

1) Waiting List

- “Initial waiting list was difficult to deal with as I contacted for help when I was ready so was hard to wait.”

2) Location

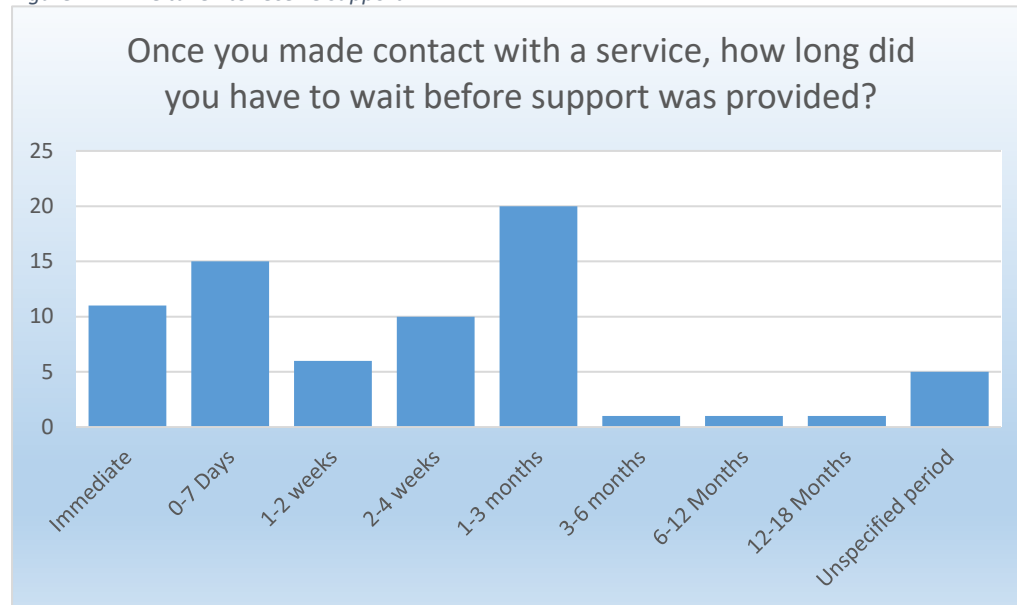
- “I do not drive, so I have to take two buses to get to my appointment. As someone who struggles to leave the house on my bad days, it has been challenging to get myself to go. However, both Inclusion and SERICC have been very supportive and understanding.”

3) Appointment Times

- “I had difficulty finding childcare for my young daughter whilst [I] went for counselling”

With respect to waiting times, respondents were asked how long they had to wait for support. Over 50% said that they waited for less than one month before receiving support. Only a handful of respondents waited more than 3 months for support. 38 out of 43 respondents said they felt the waiting time was reasonable.

Figure 11: Time taken to receive support



Perceptions of support received

Survivors were asked their view as to whether partnership working was effective. The majority of those who responded did say services had worked well together to support them:

- “They have worked very well at insuring I get all the correct help.”
- “My counsellor and advocate have supported me with other services and professionals. SERICC have sorted out my de[b]t, bus pass, social services meetings, legal meetings and housing. i would not have been able to attend a lot of these without that support from SERICC”

Where respondents said it was not working so well, one theme that did occur several times related to mental health service and SERICC service interaction:

- *“I only see my psychiatrist every few months, Mental health group in Grays not allowed to see me until SERICC has stopped seeing me as the woman from the group said you can't have two support at once.”*
- *“Unfortunately I do not believe it is possible to use both Inclusion and SERICC at the same time. At least, this option was not provided to me. However, when moving to SERICC I was informed I was welcome back to Inclusion at any time.”*
- *“When my SERICC worker contacted mental health as I was struggling the mental health team said I couldn't see them if I was having counselling at SERICC.”*

This indicates a need to ensure the joint working between these two services is improved, and also perhaps an element around the messages that are given to survivors about dual use of services to ensure they are given the correct information.

Overall perceptions of support

Participants were given the opportunity to make free-text comments about what they felt was positive and negative about the overall support they received. The word-clouds below show the positive comments most commonly left. Support from SERICC

was mentioned many times in the positive comments, and it can be seen that themes around understanding, helping and counselling were also positively reviewed.

Figure 12: Positive feedback from the survivor engagement



There were fewer negative comments left – where they were, lack of funding was mentioned the most times, with training, Social Care and a perceived lack of empathy from professionals coming up as well.

Key Findings from Survivors Survey

- 83 survivors of SVA completed the survey – the majority were female and of white ethnic origin
- Survivors reported that disclosures had most commonly been made to their family and friends
- Whilst many survivors disclosed within 3 months of the abuse having occurred, one third of respondents said they disclosed over 2 years later
- The most common responses to disclosures centred around onward referrals, provision of direct support (if the disclosure was to an agency), listening, or following specific processes.
- 68% of respondents found out about support available from a professional, indicating that SVA survivors are reliant on professionals feeling confident with supporting them to access further support.
- Where barriers were identified, these generally related to waiting list, location of services or appointment times.
- The majority of respondents felt their time to access services was reasonable – and over 50% waited less than a month for support

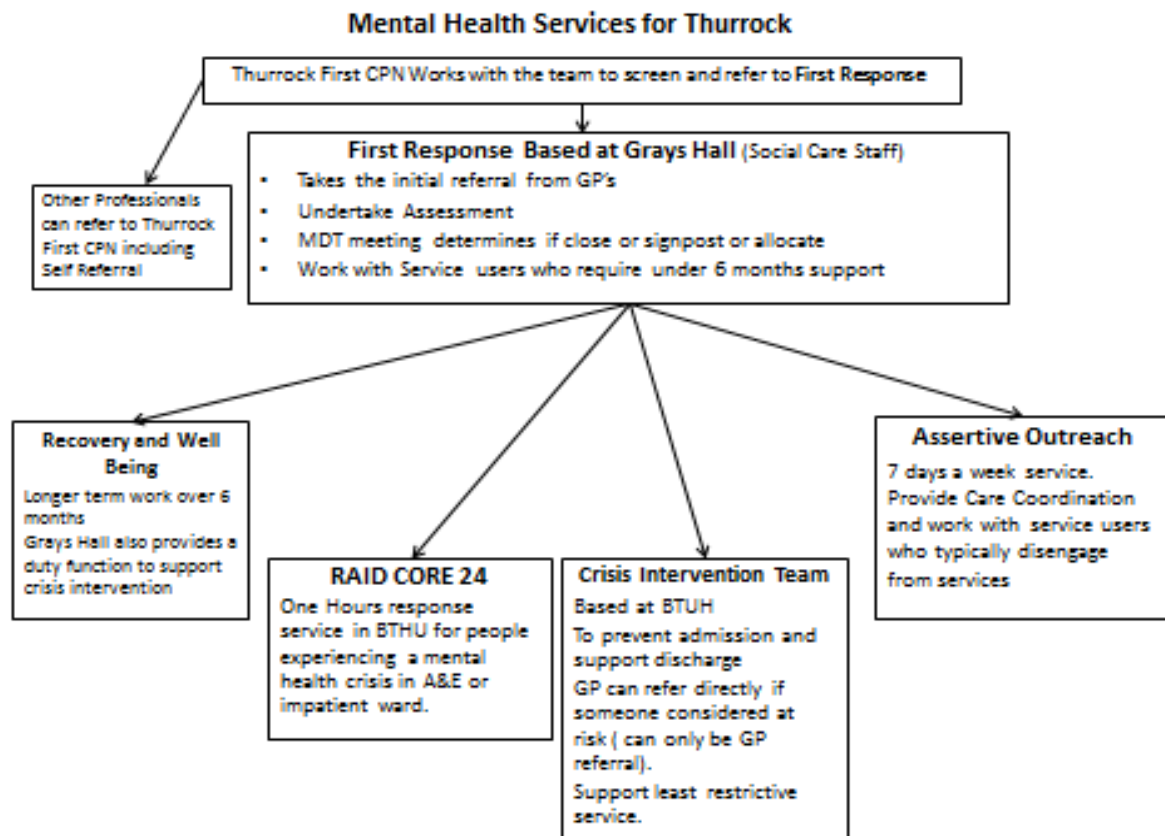
- The majority of respondents felt that partnership working was good – although the interaction between mental health services and SERICC was mentioned in particular a number of times. This indicates a need to ensure the joint working between these two services is improved, and also perhaps an element around the messages that are given to survivors about dual use of services to ensure they are given the correct information.
- Overall, survivors had a number of positive comments relating to SERICC and themes around understanding, helping and counselling were also positively reviewed.
- Negative comments, where given, – other than the comments relating to barriers listed above, related to a perceived lack of funding for specialist provision, training, Social Care and a perceived lack of empathy from professionals.

Appendix 5: Other Mental Health services in Thurrock

5.1 Secondary Care Mental Health Services

EPUT also deliver a number of other services to those with serious mental illness, as demonstrated in the pathway demonstrated in Figure 13 below.

Figure 13: Mental Health Services in Thurrock



Thurrock First is a single point of access for a range of social care, physical and mental health services. EPUT have a Community Psychiatric Nurse (CPN) working within the service, taking initial referrals and supporting the Thurrock First Advisors. The CPN can offer support information and advice and can also refer directly to the First Response Team. The Team consists of social workers and community nurses together with psychiatrists and therapists offering a range of supports, including individual therapy, case management, and medication monitoring and risk management. The referral route into the team is via GP's and other professionals, not self-referral. Within Grays Hall, the Recovery and Well Being Team and the Assertive Outreach Team provide longer term support from both health and social care practitioners.

The Crisis Intervention Team is based at BTUH and works with individuals to prevent admission and facilitate discharge. The Mental Health Liaison Team (formerly known as RAID Core 24) offers a one hour response to patients presenting with mental health challenges at BTUH accessing A&E or for inpatients. Inpatient assessment and treatment across working age adults and older age adults is provided through the wider CCG block contract across Essex. Patients within Thurrock have access to an assessment unit, adult acute inpatient beds, older people functional beds and psychiatric intensive care beds. These beds operate across a South Essex footprint.

There are a range of specialist teams which provide care for particular conditions including people with eating disorders, personality disorders, Asperger's and specialist perinatal mental health care.

5.2 Children and Young People's Mental Health Provision

North East London Foundation Trust (NELFT) are commissioned to provide mental health services for children aged 0-18 years in Thurrock (or up to the age of 25 years with special educational needs). The service is known as the Emotional Wellbeing and Mental Health Service (EWMHS), and they will work with children and young people who exhibit the following:

- Mood and anxiety disorders
- Behavioural and conduct disorders
- Emerging personality and attachment disorders
- Eating disorders
- Psychotic disorders
- Deliberate self-harm and suicidal thoughts
- Substance misuse
- Autistic spectrum disorder (ASD) (only) with comorbid mental health difficulties.
- Attention-deficit hyperactivity disorder (ADHD) (only) with comorbid mental health difficulties.
- Neurodevelopmental disorders (only) with comorbid mental health difficulties.
- Prolonged bereavement problems

Referrals can be via phone or email, and can be self-referrals or professional. The support offer can range from face to face, to online resources such as Big White Wall. Whilst EWMHS does not offer a service specifically for survivors of child sexual abuse, many of the children they work with have experienced trauma, and staff within the service have undertaken Basic CBT training for trauma, EMDR and DBT so can offer these as clinical treatments. Members of the service are also participating in the DECRYPT ('Delivery of Cognitive Therapy for Young People after Trauma') trial, which is aimed at supporting children and young people aged 8-17 years who have developed post-traumatic stress disorder (PTSD) as a result of exposure to multiple traumas. The service cannot quantify the numbers of sexual abuse survivors known to them, and direct disclosures of SVA are relatively rare. In cases where these do occur, they are most common when the child has built up a trusted relationship with the therapist, rather than dependent on particular skills or experience of the staff member. After a disclosure, the team will take the child's wishes into account and support them with a referral to SERICC if they would like one. This can be instead of or alongside support offered by EWMHS. The service have also received referrals from young people experiencing sexually violent behaviour; although in those cases a referral to a more specialist agency such as Tavistock and Portman or NSPCC would be recommended.

Within this we also include the work NELFT does within the contract to engage with service users outside of formal treatment pathways, work with local partners, and build capability across the system (such as training in schools).

Kooth

Is a SET wide programme, jointly commissioned by the Children's Education Forum primarily aimed at promoting positive mental health however is also used as a general mental wellbeing tool. Also provides an outlet for young people to talk about their thoughts and feelings.

5.3 Recovery College and third sector mental health & wellbeing services

Thurrock Recovery College is a partnership between Inclusion Thurrock and Thurrock MIND, which offers learning opportunities to those aged 16 years and above to support them to live more fulfilling lives. The services are particularly aimed towards supporting:

- experiencing common mental health problems,
- with long term conditions (LTCs)
- attending surgeries with Medically Unexplained Symptoms (MUS)
- with substance misuse problems
- attending secondary care services
- stepping down from secondary care services
- caring for those with MH problems and LTCs (carers)
- with a diagnosis of dementia and their carers
- experiencing mental health problems attending colleges (including A level)
- experiencing first episode psychosis and their families

Their provision of peer recovery and self-management support is not specifically aimed towards victims/survivors of sexual violence/abuse however they may still choose to access the support.

5.4 Thurrock MIND

Thurrock MIND offer a number of support services which are not specific to sexual violence survivors, but can enhance their recovery and wellbeing. There are numerous entry routes to these – some are via professional referral, but others can be self-referred into. These services are summarised in Figure 14 below.

Figure 14: Summary of services provided by Thurrock MIND

Name of service	Brief description
World of Work (18+ for those with mental health issues, autistic spectrum disorders or learning difficulties) (The mental health component ends on 30/09/19 as CCG will then be funding IPS – Individual Placement and Support)	<ul style="list-style-type: none"> One to One CV writing, Job search, Applications forum Workshops to prepare for work: <ul style="list-style-type: none"> Confidence building Interview preparation Workplace expectations Overcoming barriers
Positive Pathways (18+ for EPUT / 14+ for EIP/ 16-18 for NELFT (EWMHS))	<ul style="list-style-type: none"> A Recovery Transfer Facilitator (for adults) or Youth Transition Worker (for young people) works closely with primary and secondary care colleagues to ensure there is suitable support in place once patients have been transferred from secondary mental health care support back to the care of their GP. Requires secondary care referral at point of transition to primary care
Volunteering (16+)	A range of volunteering opportunities are available through all of our projects, including administration and retail.
IAPT and Recovery College (in partnership with Inclusion), and IPS from 1 st October 2019	See above
Advocacy	<p>Care act advocacy for people who have a Learning Difficulty, Mental Health, Sensory Impairments, Acquired Brain Injury, substantial difficulty, Dementia, Drug & Alcohol and Carers of the above client groups.</p> <ul style="list-style-type: none"> Support people to advocate for themselves Advocate for an individual/group Attend appointment / voice individuals opinions <p>Additional Support- Form filling service</p> <p>Independent Mental Health Advocate (IMHA) for people detained under eligible sections of the Mental Health Act both in hospital and the community</p>
Thurrock Carers Service	<p>Providing information, advice and support</p> <ul style="list-style-type: none"> Peer support groups Training Volunteering Employment 1-1 Carers assessment
Housing	<p>Thurrock Mind has a small number of accommodation units which can be accessed by those with a number of needs. However this does not come with an on-site support package.</p> <ul style="list-style-type: none"> Short term tenancy (6month – 2 years) To support independent living
Stepping Stones Garden Project (18+)	<ul style="list-style-type: none"> Allotments Garden Nursery\Group
Peer Mentoring and Peer Support	<ul style="list-style-type: none"> 1-1 mentoring from trained mentor with lived experience Group support based on shared experience, diagnosis or interest
Day Opportunities	Thurrock Mind offer a range of wellbeing activities to also promote social inclusion.
Counselling & Group work Services	<ul style="list-style-type: none"> 1-1 Counselling Bereavement counselling Multi-ethnic counselling services Group work courses
Private Services Therapies: Training:	<ul style="list-style-type: none"> 1-1 Counselling Couple Counselling Hypnotherapy <p>Training to professionals, such as;</p> <ul style="list-style-type: none"> Mental Health First Aid (MHFA) (adults and youth) Mental Health Awareness in schools Mental Health Awareness for Sports & Physical Activity (MHASPA)

Appendix 6: Services provided by the South Essex Rape and Incest Crisis Centre (SERICC)

First Contact Navigator Services: Referral Triage & Crisis Intervention

Funded by: National Lottery Community Fund

End date: 30th June 2019. SERICC are currently funding this service whilst another alternative is sought.

The First Contact Navigator Service provides an Essex-wide single point of access and triage service (including Thurrock) for all victims and survivors of sexual violence and abuse, regardless of referral source. Victim/survivors are allocated a key worker who will support them from an individualised assessment and triage process through the network of provision necessary to in order to address their identified support needs. This includes a range of emotional and practical support as well as specialist sexual violence therapeutic interventions. Upon assessment and triage, SERICC are able to identify additional needs or preferences victims/survivors may have. This includes the provision of interpreters and translators and either male or female counsellors. There may be occasions where victims/survivors residing in Thurrock may wish to access specialist rape crisis support outside of Thurrock's boundaries for example in order to maintain anonymity or access a service close to their workplace. Generally, this does not happen across the country due to funding arrangements, however Thurrock residents are able to access the other two services available within Essex (CARA and SOS).

This service involves the use of 3 full-time members of staff and IT infrastructure to ensure victims/survivors are triaged appropriately. To date, this model has been found to be highly effective as it frees up the time of all client facing staff, enabling increased capacity for client-facing hours, opposed to arranging appointments and conducting risk assessments. London Metropolitan University is currently evaluating this service, with the final report expected Summer 2019.

Synergy Essex First Responder Service

Funded by: The Essex Police, Fire, and Crime Commissioner

End date: 31st March 2020

The Synergy First Responder scheme is a pilot project was set up in order to ensure victims/survivors who report their experience to the Police are aware of support specialist available and allow them to access support promptly, without the need for referral. The scheme provides victims/survivors access to support, using the First Contact Navigator Service model, within one working day of reporting the offence. This includes the provision of emotional support, detailed information about the criminal justice process, and providing access to local specialist rape and sexual abuse counselling and advocacy services. This scheme is the result of partnership work between Essex Police and the Essex rape and sexual abuse partnership known as Synergy Essex. It is thought to be the first of its kind in the country. The service launched on 21st January 2019.

Commissioned Services

A summary of the services SERICC are contracted to deliver are detailed below:

Independent Sexual Violence Advisor Service (ISVA) and Specialist Sexual Violence and Abuse Counselling

Commissioned by: The Essex Police, Fire and Crime Commissioner (PFCC)

End date: 31st March 2020

SERICC are commissioned to provide services to victim/survivors to cope and recover from the impact of the crime following their experience of sexual violence and abuse. These services are provided to all victims/survivors; regardless of age, gender, when the offence happened, and whether the victim has reported to the Police. There are 2 elements to this contract; the Specialist Independent Sexual Violence Advisor Service (ISVA) element and a community-based service providing wrap around counselling and advocacy, typically long-term specialist support.

The ISVA service provides information and support to those who are going through the criminal justice process as well as those who have not reported to the police, but are considering doing so, thereby allowing victims and survivors to make an informed choice. Victims/survivors who choose to report to the Police and proceed through the criminal justice process are provided with support from 'report to court and post court'.

The counselling and advocacy element provides individuals with a range of specialist sexual violence and abuse services, including talking therapies, advocacy services (for housing, financial, life skills, health and employment needs) specialist counselling (including for those with learning difficulties and family counselling) and group work sessions.

The main outcome of the services within this contract is to support victims of rape, sexual violence and child sexual abuse to '*cope with the immediate impacts of the crime and recover from the harm they have experienced*' (in line with the Victims Code of Practice 2015).

Floating Support Advocacy Service

Commissioned by: Thurrock Council Adult Social Care

End date: 31st March 2022

SERICC are commissioned to deliver floating support and advocacy for Thurrock residents aged 16+ who have experienced sexual violence or abuse. This service is provided through the SERICC Floating Support Scheme. The scheme's primary client group are vulnerable adults and those with disabilities, particularly those who have a learning difficulty. The scheme offers offer advocacy and support tailored to the needs of the victim/survivor and may include legal, educational, employment, financial, health, housing and support for those with no recourse to public funds. The primary aim of the scheme is to enable vulnerable adults to maintain their independence and accommodation within the community in the aftermath of sexual violence and abuse and to put in place safeguards and support to prevent escalation to adult safeguarding. This contract is to support up to 10 clients per year.

Specialist Young Persons Sexual Violence Counselling Service

Commissioned by: Thurrock Council Children's Service

End date: 30th September 2020

SERICC are commissioned to deliver a counselling support and advocacy service for Thurrock residents between the ages of 13 to 25 who have experienced any form of sexual violence or abuse. This contract provides specialist counselling, support and advocacy to victims/survivors of all genders. The offer also includes specialist support work with siblings of victims who have been impacted by sexual violence/abuse within the family. SERICC are contracted to accept a minimum of 60 young people referrals per annum for the counselling element of the service. The contract also includes specialist preventative professional support for children under the age of 13 who have or have not experienced an incident of sexual violence/abuse however are considered to be at risk or have been affected by sexual violence or abuse in another way, e.g. sexual violence or abuse within their family. SERICC are contracted to accept 15 referrals annually for children aged 13 and under. This service is available by referral from Thurrock Children's Service only.

Sexual Violence and Abuse Support Services: Brighter Futures Contract

Commissioned by: Thurrock Council Children's Services

End date: 31st December 2020 (option to extend to 2022)

This contract is to provide support to families in Thurrock referred by Social Services and are subject to a Children in Need Plan, Child Protection and other issues relating to sexual violence and abuse. SERICC are commissioned to provide a minimum of 900 client-facing hours per annum to a minimum of 19 service users per annum on a rolling programme with no defined timescales in order to ensure that support is at a pace to suit the victim/survivor's needs.

The programme delivered to two groups:

Group 1 is for adult victims/survivors. The service works one-to-one with female and male adult victims of sexual violence and abuse. The service will include direct work with any children that have been impacted in the family in addition to the parents, wider family members and foster carers. The service will include work with partners of the main attendee (adult victim) of the programme, providing they are not the perpetrator.

Group 2 is for child/young person victims/survivors. The service works one-to-one with parents (both genders with the exception of the perpetrator where relevant) where their child has been the victim of sexual violence and abuse. This will include direct work with the child and their siblings, where they have been impacted, in addition to the parents.

Strategic and Operational Support

Commissioned by: Thurrock Council Children's Services

End date: 30th September 2020

SERICC are commissioned to assist with supporting the Council to develop and maintain its strategic and operational response (for children, young people and adults of any gender) to all forms of sexual violence and abuse (including rape, child sexual

abuse, child sexual exploitation, sexual assault, stalking and female genital mutilation). This offer includes awareness raising and delivery of accredited and non-accredited training to the public, schools/colleges and the wider workforce as well as attendance at relevant safeguarding and strategic meetings. The funding also contributes to the delivery of facilitated and non-facilitated group work including the Health & Wellbeing Focus Groups and Survivor Consultation Groups, the aims of which are to increase the self-esteem of victims/survivors.

Examples of services delivered as part of this contract include:

- Delivering training (e.g. CSE training to Foster Carers and social care staff, Disclosure Awareness training to the Police and Crown Prosecution Service and the 16 days of activism training to over 200 professionals)
- Delivering awareness and prevention work in schools (e.g. Youth at Risk)
- Attendance at stakeholder and strategic meetings (e.g. Project Goldcrest, Sexual Exploitation and Transition Task & Finish Group)
- Attendance at safeguarding meetings (e.g. Child Protection Meetings and the Multi-Agency Risk Assessment Group)
- Additional specialist consultation with social care staff
- Hosting open days at SERICC
- Supporting open days at the Essex SARC and Grays Police Station
- Attendance at training courses and workshops

Adult counselling service

This grant is by Thurrock Clinical Commissioning Group (CCG) to provide specialist counselling for Thurrock residents aged 18+ who have experienced sexual violence or abuse at any point in their life regardless of when it occurred. SERICC have been commissioned to provide this service until the end of September 2019 however plans beyond this are currently unknown.

The Mental Health treatment services in Thurrock are listed in section 8.4.

Appendix 7: Breakdown of SERICC usage by service

The tables below show a breakdown of the total number of victims/survivors accessing each service provided by SERICC.

Table 1: Activity for the Adult ISVA Service

	Adult ISVA Service				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	26	42	4	0	72
2018/19	24	39	6	1	70

Table 2: Activity for the Children's ISVA Service

	Children's ISVA Service (age <18)				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	9	15	3	0	27
2018/19	7	18	4	0	29

Table 3: Activity for the Adult Counselling Service

	Adult Counselling Service (age 25+)				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	73	119	5	2	199
2018/19	77	124	11	0	212

Table 4: Activity for the Young Person's Counselling Service

	Young Persons Counselling Service (age 13 -25)				
	NB. Under 13s included in the Children & Family section				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	36	48	9	1	94
2018/19	21	64	9	2	96

Table 5: Activity for the Advocacy Service

	Advocacy Services				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	43	47	0	0	90
2018/19	32	67	3	0	102

Table 6: Activity for the Child and Family Services

	Child & Family Services				
	Existing service users	New Females	New Males	Other	Total Service Users
2017/18	28	31	15	1	75
2018/19	32	14	18	0	64

Appendix 8: Local safeguarding arrangements

8.1 Local Safeguarding Children Partnership (LSCP)

Under statutory guidance,¹ all children who are victims of sexual abuse should be assessed and safeguarded. The Thurrock LSCP has a unique statutory role and a clear responsibility to undertake a scrutiny, quality assurance and challenge role in respect of how agencies individually and collectively promote the welfare and safety of children living in Thurrock.

The Safeguarding Partners are accountable and responsible for ensuring the new Thurrock LSCP safeguarding arrangements are effective. There will be an Annual Plan and Report published by the LSCP that will be informed by the strategic objectives of those agencies involved in safeguarding children and young people in Thurrock. The Partnership will take into account national and locally agreed safeguarding children priorities and safeguarding practice as set out in the statutory guidance Working Together 2018.

The LSCP will be reviewing this JSNA and using its findings and recommendations to inform future plans and provision in Thurrock. It has already been agreed that a section on working with children displaying harmful sexual behaviours will be included within the LSCP Delivery Plan for 2019/20.

8.2 Local Safeguarding Adults Partnership

Thurrock Safeguarding Adults Board (TSAB) is a statutory, multi-agency partnership, which was set up to seek assurance that:

- Local safeguarding processes are in place, in accordance with the Care Act and Care and Support statutory guidance,
- Practice is person centred and outcome focused,
- Relevant agencies work well together to prevent abuse and neglect of adults with care and support needs,
- Agencies respond swiftly and proportionately when abuse and neglect occurs, and,
- Measures are taken to ensure that safeguarding arrangements improve in line with best practice

TSAB has three core responsibilities; to publish a strategic plan, to publish an annual report and to commission Safeguarding Adult Reviews as and when the criteria is met.

The TSAB is established in line with the Care Act 2014 and [Care and Support Statutory Guidance](#). Adult safeguarding is driven by [Making Safeguarding Personal](#); the adult's views and wishes are paramount, even in situations where it appears that the adult is making unwise decisions, or increasing the risk to their wellbeing. The main difference between adult and children safeguarding is mental capacity and consent. The TSAB works closely with the Essex and Southend SABs to develop policies and guidelines to ensure a consistent approach is taken across the county of Essex.

¹ Department for Education. *Statutory Guidance: Working together to safeguard children*. 21st February 2019.

8.3 SET Child Protection Procedures

The [Southend, Essex and Thurrock Child Protection Procedures](#) are underpinned by Working Together to Safeguard Children (2018) which sets out what should happen in any local area when a child or young person is believed to be in need of support. The SET procedures ensure that professionals in all agencies, whatever the nature of the agency (whether public service or commissioned providers services) who come into contact with children, who work with adult parents/carers or who gain knowledge about children through working with adults should:

- Be alert to potential indicators of abuse or neglect
- Be alert to the risk which individual abuses or potential abusers may pose to children
- Be alert to the impact on the child of any concerns of abuse or maltreatment
- Be able to gather and analyse information as part of an assessment of the child's needs

Each agency should have single/internal agency child protection procedures, which are compliant with SET child protection procedures. The LSCB will hold agencies to account. Each agency or organisation must provide instruction to professionals in:

- Identifying potential or actual harm to children, and referral process to Children's Social Care
- Discussing and recording concerns with a first line manager/in supervision
- Analysing concerns by completing an assessment
- Discussion concerns with the agency designated safeguarding professional lead.

Whenever a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

- Clarify the concerns
- Offer re-assurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross examined or given false assurances of absolute confidentiality, as this could prejudice police investigations especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to local authority children's social care they should be asked their view. However it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

8.4 SET Vulnerable Adults Policy/Guidelines

Southend, Essex and Thurrock (SET) Safeguarding Adult Boards have worked together to develop the SET SA Guidelines. This is an interactive document that is aimed at all professionals who come into contact with adults with care and support needs. The Guidelines intends to set out the responsibility of the professional, and the four stage adult safeguarding process, from raising a concern to concluding a section 42 safeguarding enquiry. Some professionals' role in the safeguarding process will stop at stage one, therefore the guidelines is merely about process. Professionals who will be expected to be involved further in the safeguarding are expected to have some

working knowledge of abuse types and should be supported via the supervision process and the adult safeguarding team where further knowledge is required.

The Care Act specifies 10 types of abuse (page 48 in the Guidelines) of which Sexual Abuse is one however, the Guidelines does not set out to explain abuse types, or signs and symptoms, which is why there isn't a specific section on this and many of the other abuse types.

Appendix 9: Existing Networks and Strategic Groups

A number of networks and strategic groups are in place at a local and regional level. These are summarised below:

9.1 Missing children: The Risk Management Meeting

The Risk Management Meeting is a sub-group of the Local Safeguarding Children Partnership, and operational arm of the Strategic Multi Agency Child Exploitation (MACE), chaired by the Strategic Contextual Safeguarding Lead. It meets weekly and is attended by a range of statutory and voluntary partners. All of the children (Thurrock residents/those who are Looked After and placed out of borough) who have been reported and accepted as missing to the Police, are discussed at the Risk Management Meeting, regardless of length of time missing, or apparent circumstance. There is no minimum time for a child to be missing before they are reported to the Police. Therefore, the times children have been reported as missing before they are found, can range from minutes upwards. The Risk Management Meeting facilitates challenge, oversight and development of plans to reduce the vulnerability of children, and equally, identifies opportunities to target/investigate possible perpetrators.

9.2 Multi Agency Child Exploitation Group (MACE)

With strategic responsibility for developments in Thurrock around Child Exploitation and Missing Children and overseeing the Risk Management Meeting, the LSCP's MACE Group, is attended by a range of statutory, criminal justice and voluntary agencies. The role of the MACE is to ensure that cases of suspected or actual child exploitation are well-managed and coordinated and all possible action has been taken to protect the victims. The MACE will provide a detailed overview of the profile of Child Exploitation within Thurrock and determine the multi-agency response. It will develop and deliver The Thurrock Exploitation Strategy and Action Plan. It aims to reduce incidents of exploitation through the delivery of an integrated strategy, sharing information and intelligence and producing data on current trends and threats. It is working towards an integrated strategy to identify, address and reduce incidents of all child exploitation supporting the work being undertaken across SET.

9.3 Essex Sexual Abuse Strategic Partnership (SASP)

The SASP is a multi-agency partnership which includes health, criminal justice agencies and local authority, chaired by Essex Police which meets quarterly. The objectives of the partnership are to:

- Provide strategic leadership to address sexual violence and abuse in Southend, Essex and Thurrock
- Develop a partnership sexual violence and abuse strategy, which sets out and monitors the key shared outcomes partners are seeking to achieve through collaborative work around sexual violence and abuse. The strategy is currently being developed and is due to be published in the Autumn of 2019.
- Understand and review the performance of local sexual violence and abuse support services and their impact
- Seek new ways of working together and promote best practice
- Hold each other to account for complying with appropriate legislation and statutory responsibilities in addition to monitoring the effective delivery of the partnership Sexual Violence and Abuse Strategy

9.4 Thurrock Community Partnership

Thurrock Community Safety Partnership (CSP) helps agencies to work together to improve the safety of residents in Thurrock.

Our priorities for 2019/20 are:

1. Tackling Offending
2. Violence and Vulnerability
3. Local Community and Visibility
4. Counter Extremism and Terrorism

These priorities are aligned with those of the Police Fire and Crime Commissioner for Essex. In delivering the 4 identified priorities the Community Safety Partnership will ensure that there is a victim-centred approach. The priorities were informed by our strategic assessment, which identifies the scale and scope of crime, disorder and community safety issues within Thurrock.

Priority 2 includes the Thurrock response to the national work regarding Violence Against Women and Girls (VAWG). The United Nations defines violence against women as: 'violence that is directed at a woman disproportionately' this includes a wide range of abusive behaviours including physical, sexual, financial, emotional and psychological abuse. The priority sub heading include:

- Support all victims of domestic abuse, sexual offences including rape, child exploitation and abuse, stalking and honour based abuse i.e. forced marriage and Female Genital Mutilation and target the perpetrators of those offence
- Tackle Violence Against Women and Girls in line with current strategy 2017/20.

9.5 Thurrock Violence against Women and Girls Strategic Group

Thurrock are unique in Essex to have a standalone [VAWG strategy](#) to tackle these crimes and activities. The overarching aim of the current Thurrock VAWG strategy is for 'Everyone in Thurrock to live a life free from domestic and sexual violence and abuse and harmful practices, defined as "Violence Against Women and Girls" (VAWG). This will be delivered by:

- Putting the victim at the centre of service delivery
- Having a clear focus on perpetrators in order to keep victims safe
- Safeguarding individuals at every point
- Raising local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

The strategy and action plan are monitored by a VAWG Strategic Governance Group, which is accountable to the Thurrock Community Safety Partnership (CSP). Thurrock Council have recently recruited a coordinator to develop the local response which has improved governance and partnership working. The CSP have continued to host J9 domestic abuse awareness training and have developed an awareness raising programme for Sexual Abuse "Challenging Myths Changing Attitudes". The CSP also continue to promote events during the international '16 days of action'. The current strategy is coming to an end and therefore the CSP we will work closely with their partners to develop the refreshed strategy and ensure that our actions are fit for purpose and making a difference to the lives of Thurrock residents. The Thurrock Community Safety Partnership is committed to meeting the needs of both women and men by tackling all forms of exploitation and abuse across Thurrock by delivering preventative measures, protection, and legal redress for all.

9.6 SET Strategic CSE Board

The Southend, Essex and Thurrock (SET) Child Sexual Exploitation (CSE) Board sits quarterly and brings together key partners from across the county to consider the strategic challenges and response to CSE and Child Criminal Exploitation. The group focuses on a number of key strategic issues including missing children, looked after children and specific issues arising from complex and organised child abuse cases. At the board there are senior representatives from Essex Police and Children's Social Care from Southend, Essex and Thurrock.

9.7 Gang Related Violence Meetings

Thurrock Council have a Gang Related Violence Strategy in place which is based on the intelligence and feedback from professionals at the workshop held in 2016 and the throughput and performance data of the Thurrock Gang Related Violence Operation Group and its Partners. Locally there are two gang related violence meetings; strategic and operational.

This strategic meeting is owned by the multi-agency gang related violence strategy group which is made up of partners from the Local Authority, police, National Probation Service, Community Rehabilitation Company and Youth Offending Service. The Strategy group coordinates the partnership approach to gang related violence and associated gangs in Thurrock, has direct governance of the operation group and is responsible for the strategic management and deliverables within this strategy and subsequent delivery plan.

The purpose of the operational meeting is to share information and put together multi-agency action plans for the prevention, reduction, and detection of crime and reduce the risk of children being criminally exploited. The group is multi agency and works on a 'prevent, disrupt and enforce' model. This information will contribute to the Prevention & Detection of Crime; Apprehension & Prosecution of offenders; and Prevention of harm to individuals. The group has identified key performance indicators and is a forum for gathering local intelligence and data that drives the gang related violence strategic group, the Thurrock gang related strategy and subsequent action plan.

9.8 Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is a regular multi-agency meeting to discuss how to help victims at high risk of murder or serious harm. MARAC considers cases identified as 'high risk' by use of the Domestic Abuse, Stalking and Harassment and 'Honour'-based violence (DASH) risk model and develops a coordinated safety plan to protect each victim. Attendees typically include an Independent Domestic Violent Advisor (IDVA) and representatives from the Police, Children's Social Care, health and other relevant agencies. The group share relevant information about the victim, the family and perpetrator in order to develop an action plan to reduce risk for each victim. Everyone present commits to taking forward the agreed actions. The IDVA advocates for the survivor, and ensures that afterwards they understand what is being agreed.

Appendix 10: Glossary

A&E	Accident & Emergency
BPD	Borderline Personality Disorder
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute of Public Finance and Accountancy
CP	Child Protection
CPS	Criminal Prosecution Service
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSEW	Crime Survey for England and Wales
CSP	Community Safety Partnership
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Honour
DV	Domestic Violence
EMDR	Eye Movement Desensitisation and Reprocessing
EPUT	Essex Partnership University Trust
EWMHS	Emotional Wellbeing and Mental Health Service
IAPT	Improving Access to Psychological Therapies
ISVA	Independent Sexual Violence Advisor
JSNA	Joint Strategic Needs Assessment
LSAB	Local Safeguarding Adults Board
LSCP	Local Safeguarding Children's Partnership
MACE	Multi Agency Child Exploitation Group
MASH	Multi-Agency Safeguarding Hub
MoU	Memorandum of Understanding
NCA	National Crime Agency
NELFT	North East London Foundation Trust
ONS	Office for National Statistics
PD	Personality Disorder
PTSD	Post-Traumatic Stress Disorder
REAL.	Respect Empathy Awareness Listen. End the silence
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
SASP	Sexual Abuse Strategic Partnership
SERICC	South Essex Rape and Incest Crisis Centre
SET	Southend, Essex and Thurrock
SOE	Sexual Offence Examiner
SV	Sexual Violence
SVA	Sexual Violence and Abuse
TSAB	Thurrock Safeguarding Adults Board
VAWG	Violence Against Women and Girls