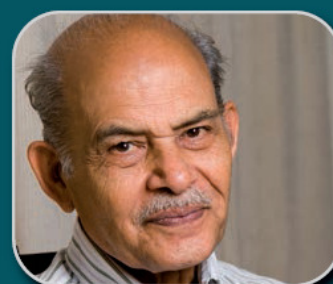


# Thurrock Safeguarding Adults Partnership Board



## A partnership between:

- Basildon & Thurrock University Hospitals NHS Foundation Trust
- Care Quality Commission (CQC)
- East of England Ambulance Trust
- Essex County Fire & Rescue Service
- Essex Police
- Essex Probation Service
- Independent Care Association
- Local Residential & Domiciliary Care Providers
- South West Essex Health
- South Essex Partnership University NHS Foundation Trust
- Thurrock Council
- Thurrock Community Safety Partnership
- Thurrock Links
- Thurrock Lifestyle Solutions
- Thurrock Disability Network

## OUR VISION FOR SAFEGUARDING ADULTS

Thurrock is a place where every adult, in every home, in every community, matters. Our vision is:

*“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.”*

Safeguarding is everyone’s business and our vision is shared by all of our partner agencies. It cannot be delivered by agencies acting in isolation. It can only be achieved by agencies working together, through common plans and strategies.

**Thurrock’s Safeguarding Adults Partnership Board works with agencies to improve practice, reports and responses to adult abuse and ensures that our policies and procedures underpin and provide a solid framework for the protection of vulnerable adults in our community.**

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## WHAT IS SAFEGUARDING ADULTS?

**All persons have the right to live their lives free from violence and abuse.** This right is underpinned by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens. These rights include Article 2 “The right to life,” Article 3 “Freedom from torture,” (including humiliating and degrading treatment) and Article 8 “Right to family life” (one that sustains an individual).

**Any adult at risk of abuse or neglect should be able to access public organisations for appropriate assistance and interventions which enable them to live a life free from violence and abuse.** This will include access to the civil and criminal justice system and victim support services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

### ***Definition of Abuse***

Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of single or repeated act. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

***“No Secrets”, Department of Health 2000***

### ***Definition of a Vulnerable Adult***

An adult (a person aged 18 years or over) who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.

***“No Secrets”, Department of Health 2000***

## FOREWORD BY CHAIR

In 2008/9, when Thurrock dealt with 196 adult safeguarding cases, I speculated that between 600-800 cases a year was a reasonable expectation of case load based on population, demographics and some research in the USA. In 2012/13 the team dealt with 485 cases.

Given recent national scandals, the growth in financial abuse and budgetary pressures, that prediction may be exceeded in years to come. For the moment increasing referrals remains the key indicator of success of any adult safeguarding regime but in due course that indicator may need to be balanced with something that measures “successful” outcomes, not just reports.

**Most of that caseload involved neglect, violence, financial abuse, bullying and harassment or combinations thereof and most abuse reported locally takes place behind closed doors in people’s homes which make it hard to uncover.**

*We rely very heavily on front line staff, our partners and on our wider community to let us know of any concerns or suspicions that people may have and raising awareness among potential alerters, particularly GPs, remains a priority.*

For our learning disabled community, disabilities hate crime, exploitation, abuse and harassment in public remains a concern. The big issue of poor quality of health service provision to this community was starkly highlighted in the Government’s report on the premature deaths of adults with learning difficulties in health care settings (CIPOLD). We continue to have concerns in this area locally and are working with health partners to resolve them.

Those of us with elderly or frail relatives or with family members with dementia have good reason to be nervous about the quality of health and social care being provided, particularly in later life. Recent high profile scandals have damaged the reputation of the NHS and parts of the care sector. While we are fairly confident locally that our structure, processes and relationships make such events less likely here, we recognise that there is absolutely no room for complacency. There is work to be done to improve safeguards for people at Basildon Hospital and we welcome the willingness of senior staff there to engage with us to address this.



*The Partnership Board is very well supported by the Adult Safeguarding Operational Group, led by Fran Leddra, and this group deserves credit for the amount of practical work that it has undertaken in the past year.*

At the national level and looking ahead, the new Care Bill will put adult safeguarding on a statutory basis in 2014. New statutory guidance to replace No Secrets (2000) will accompany the legislation and will be framed around the Government's 6 principles of adult safeguarding.

**The local authority, the CCG and the Police will be the new statutory partners in adult safeguarding and they will need to work together in the year ahead to prepare for the change.**

### **Acknowledgements**

There are many people who need to be thanked for their work over the last year. Jill Moorman and her team continue to impress at all levels and Les Billingham shows the leadership that is key to getting things done. The existence of a dedicated adult safeguarding team is regularly cited by partners as good practice and envied by many, as is the practical co-operation in this area between different parts of the council.

I want to thank Barbara Brownlee for the leadership that she has shown in making housing a key partner for adult safeguarding in Thurrock. I thank Michelle Cunningham and the Community Safety Partnership for their continued support and LINK, now Healthwatch, are a valuable and vocal partner as are the Disability Network and Thurrock Lifestyle Solutions. I thank Bill Clayton and Julie Thompson for their work in training.

Lastly I particularly want to thank Jane Foster-Taylor, lead nurse in Thurrock's new CCG for her support in our efforts to raise the profile of this agenda among our local GPs and their staff.

**Graham Carey**  
**Independent Adult Safeguarding Champion for Thurrock and co-chair of Thurrock Adult Safeguarding Partnership Board.**

# NATIONAL CHANGES

## The Care Bill 2013

**Having first been published in draft form in 2012 this included clauses that would**

- Allow local authorities to make enquiries where they have concerns about abuse or neglect (clause 41)
- Place Adult Safeguarding Boards on a statutory footing (clause 42)
- Requirements for Boards to undertake Safeguarding adult reviews (clause 43)

**There are now additional details included not in the draft:**

- Requirements to provide information to the Board to allow it to carry out its functions (clause 44)
- Provision for boards to be funded by their members (Schedule 2 section 2)
- Further detail about the contents of a Boards annual report (Schedule 2 section 4)
- There is also a further additional clause (clause 69) to set out that safeguarding arrangements will not apply in prisons or approved premises. The same clause also sets out that prison staff cannot be required to become safeguarding board members

The Board in conjunction with our partners in the SET group – Southend, Essex and Thurrock will monitor the progress of this Bill and will, where necessary, communicate, amend the guidance and protocol to reflect any changes, particularly around the definitions of vulnerability and harm. The SET guidelines are currently under review and will reflect all appropriate changes when they are launched in 2013.

*There will be ongoing work for the Board and the Operational Group in setting a strategic plan and reporting on the progress of that plan. The Annual Report next year will reflect these new requirements.*

## Disclosure and Barring Service

December 2012 saw the CRB merged with the Independent Safeguarding Authority (ISA) to become the Disclosure and Barring Service (DBS). DBS provided Thurrock with training, attended by a large number of independent providers and local managers, to deliver the message re their changes. It will help employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Further information on the changes and how DBS can be accessed is available on the following link.

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

## Hate Crime

On 13 September 2012, the Home Office published statistics on hate crimes recorded by the police in England and Wales for the first time. In 2011/2012, 43,748 hate crimes were recorded by the police, of which:

- 35,816 (81.9 per cent) were race hate crimes;
- 4,252 (9.7 per cent) were sexual orientation hate crimes;
- 1,744 (4.0 per cent) were disability hate crimes;
- 1,621 (3.7 per cent) were religious hate crimes;
- 315 (0.7 per cent) were transgender hate crimes.

*Through Thurrock Community Safety Partnership there is a commitment to tackle all forms of Hate Crime in the area. This is also being monitored through adult safeguarding with close links to the Essex Police Hate Crime Unit. We also link with Stay Safe group to ensure that messages and information about reporting hate crime is current and relevant.*

Thurrock Community Safety Partnership launched a Hate Crime – Directory of services for Professionals in Thurrock in June 2012 which has been a very useful resource and will be developed further for web access.



## LOCAL ACTIVITY

### Local Action Group LAG

The Local Action Groups for both East and West of Thurrock continue to meet fortnightly. Joint working with the various agencies involved have ensured better safety for residents of Thurrock around anti social behaviour, as well as highlighting particular issues around vulnerable individuals which have resulted in safeguarding alerts. This has been acknowledged as good practice in an article published in the "Journal of Adult Protection" (Vol. 15 No. 1 2013) – *Adult Safeguarding and the role of housing* by Imogen Parry.

### A strategy and action plan for addressing violence against women and girls in Thurrock

*On the 26 November 2012, Thurrock Council launched the Thurrock Violence Against Women and Girls strategy. The strategy will work on the basis that violence against women and children is neither natural, nor inevitable. Therefore, the focus must be on ending it.*

**Ending violence against women is fundamental in achieving true gender equality, and Thurrock is committed to improving responses to it. Violence against women does not only affect the individual women, it affects men and women, children and families and the wider community.**

Along with the strategy, Thurrock Council is working with council departments and voluntary sector partners who have sponsored and arranged events, raised awareness and facilitated a range of activities as part of the international 16 days of activism against gender violence.

#### **16 days and the strategy launch**

The 16 days of activism began on the 25 November with a special film showing of 'Desert Flower' at the Thameside Theatre. This was a free event and open to all. The official launch of the Thurrock strategy took place at 2pm, 26 November in the Council Chambers. The launch was followed by an open event hosted by the voluntary sector at the Beehive, with information, stalls and afternoon tea.

Throughout the 16 days there was an event on every day. The emphasis was on what individuals can do to make a difference. The 16 days was captured by 'thought cards' and collated at the end of the campaign along with commitment pledges to ensure the strategy is integral to Thurrock Council. The closing ceremony was held at Orsett hall in the afternoon of 10 December.

Copy of the Strategy and action plan can be looked at here:

[http://www.thurrock.gov.uk/16days/pdf/strategy\\_vawg\\_201203.pdf](http://www.thurrock.gov.uk/16days/pdf/strategy_vawg_201203.pdf)

## **Honour based abuse**

*We are utilising the film of "Banaz – a love story" to raise awareness amongst our front line officers of forced marriage and how people may present. 59 people have attended so far with 2 further showings planned. This was introduced by the Foreign and commonwealth office who have taken an interest in the work we are doing in Thurrock on this issue.*

## **Residential Visits: Older People.**

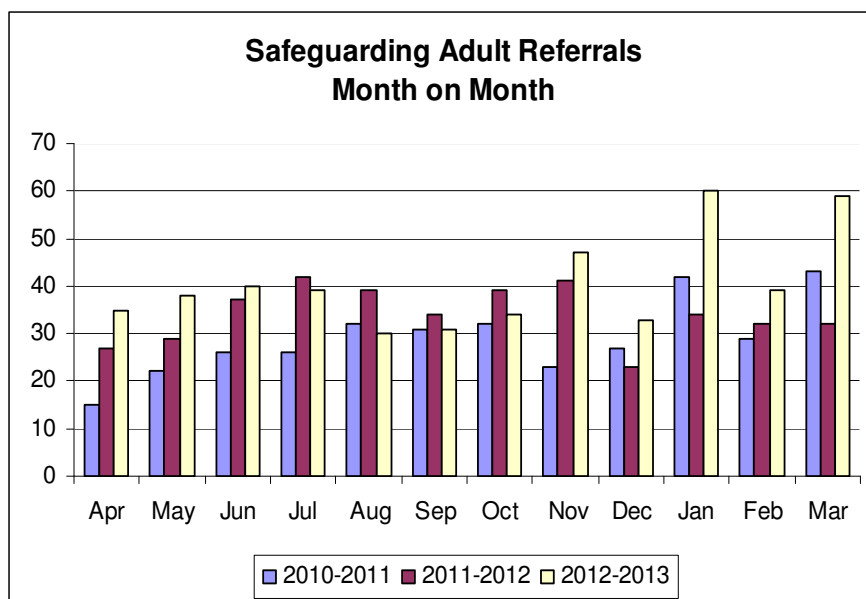
In January 2013 The Safeguarding Operational Group organised a series of out of hours visits to all our older people residential homes in Thurrock.

Many of our partner agencies took part in this. The purpose of the unannounced visit was to get a feel of the home; there was no formal monitoring, as it was more about the atmosphere and homeliness of the environments.

**All the homes were visited, with one safeguarding raised during the visit. They raised awareness amongst partners, enabled us to interact with over 200 people living in residential care, and reassured the safeguarding Board of our commitment to the best standards of care for our older people.**

## SAFEGUARDING ACTIVITY

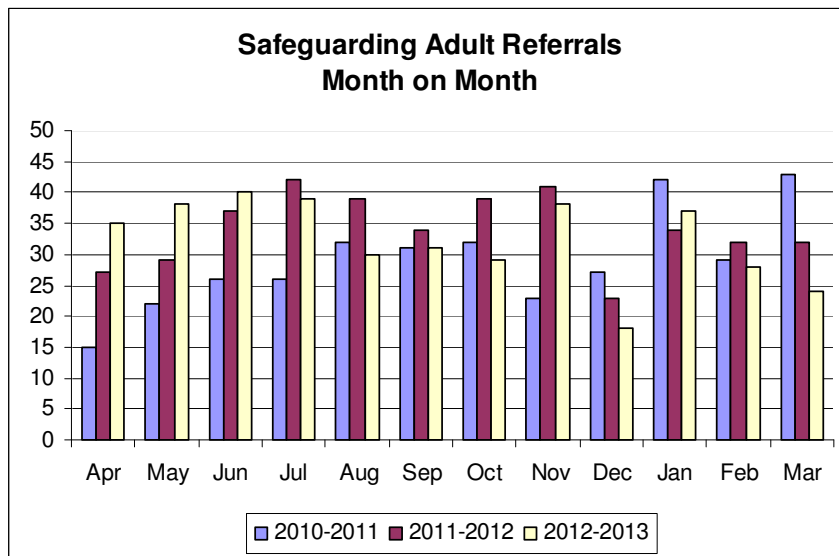
In the year 2012 – 2013 a total of 485 safeguarding alerts were received which is an increase of 15% over last year. The graph below indicates the total of alerts and referrals received, showing a continued increase in numbers particularly from November onwards.



*In October of 2012 a new system was trialled in which alerts were checked prior to progressing to a referral. A total of 98 alerts were not progressed to a referral for that six month period. That equates to 56% of the alerts received during that 6 month period.*

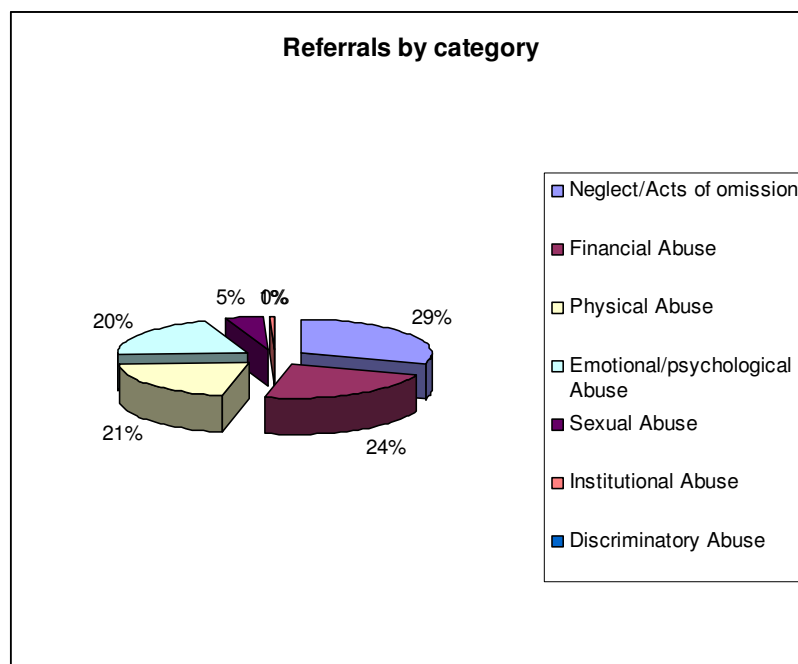
In order to make these decisions there was work attached to some further information gathering, which is recorded as justification for the decision. The second graph reflects referrals without the alerts.

The outcome of this pilot has been fed back to the SET group who are now working on incorporating this into the revised SET Guidelines for release December 2013.



We have identified 16 cases that were repeat referrals that is a second or more referral on a different occasion for an individual relating to the same or different types of abuse.

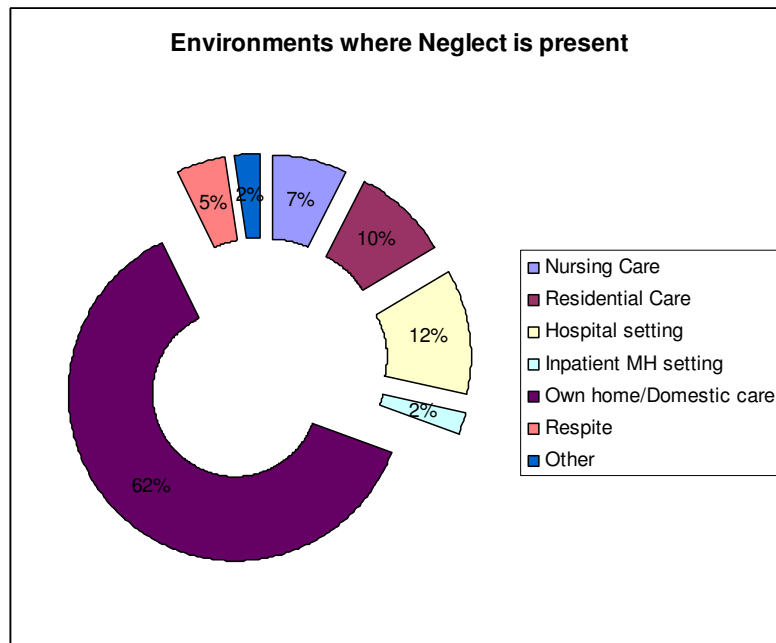
The chart below shows the category of abuse which is the most common with this year's referrals. As you can see from the graph, neglect and acts of omission are the most common types of abuse with 115 cases.



*The next three common categories of abuse that closely follow neglect are financial (91), physical (82) and emotional abuse (78). Neglect and financial abuse have decreased from last year however, emotional and sexual abuse (18) shows a rise. Physical abuse remains the same as last year while institutional abuse figures dropping to 2 cases.*

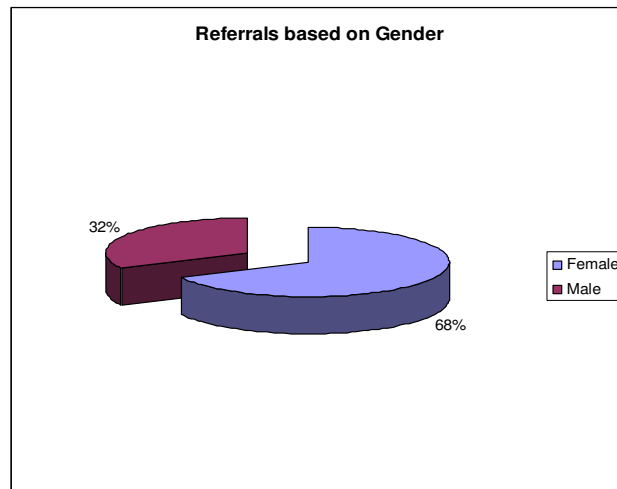
- Perpetrators of emotional abuse were mainly partners, family members and neighbours/friends.
- It is recognised that an element of emotional abuse can occur in all categories.

Neglect and acts of omission happen in a variety of environments. Out of the 42 substantiated referrals this year, most neglect cases happened in the patient's own home or domestic care home.

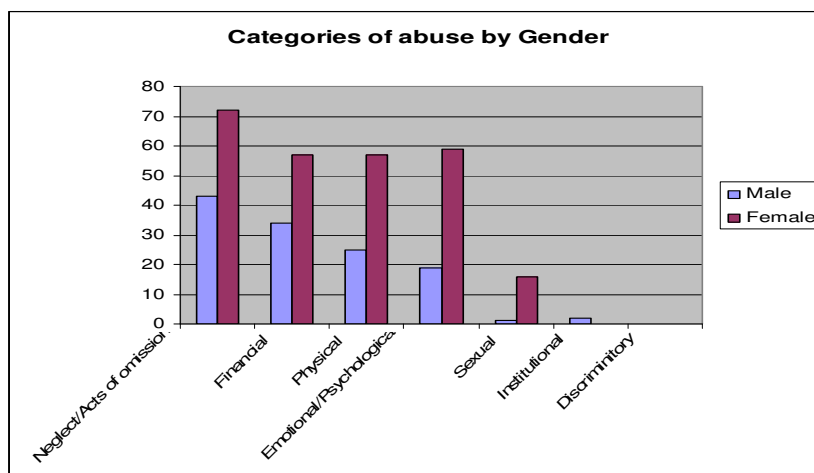


*26 cases of neglect happened in the patient's own home or Domestic Care. That's over half of the substantiated referrals. 5 cases were in a hospital setting and 4 in Residential Care homes. There were 3 cases of neglect in nursing homes and 2 cases in Respite.*

Out of the 386 referrals, 261 were referrals for females with only 125 for males.



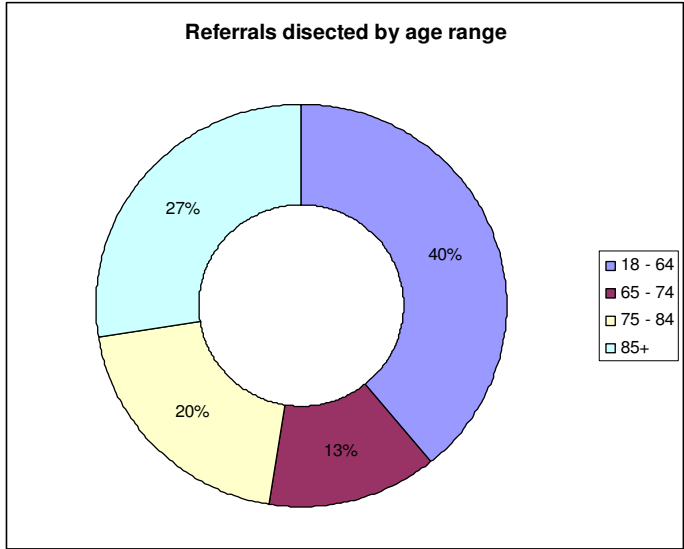
- There were 72 females who were victims of neglect with only 43 male victims.
- There were 57 females who were victims of financial abuse and 34 male.
- There were 57 females who were victims of physical abuse, more than double the amount of males (25).
- There were 59 females who were victims of emotional abuse with only 19 cases for males.
- There were 16 cases of sexual abuse for females with one 1 case for males.



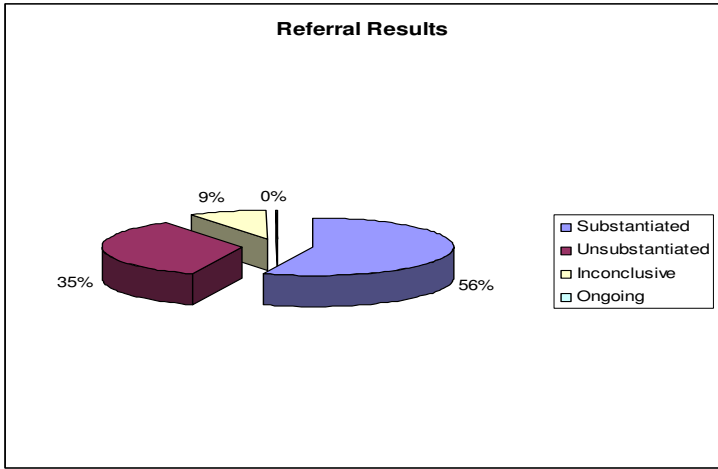
The highest category of abuse for both genders is still neglect.



*The amount of referrals based on age range hasn't differed a great deal from last year. The top age group for referrals is still the age range of 18 – 64 with 151 cases. The age range of 85+ closely follows this with 106 cases. This leaves the range of 65 – 74 with just 52 referrals and the 75 – 84 age range with 77 referrals.*

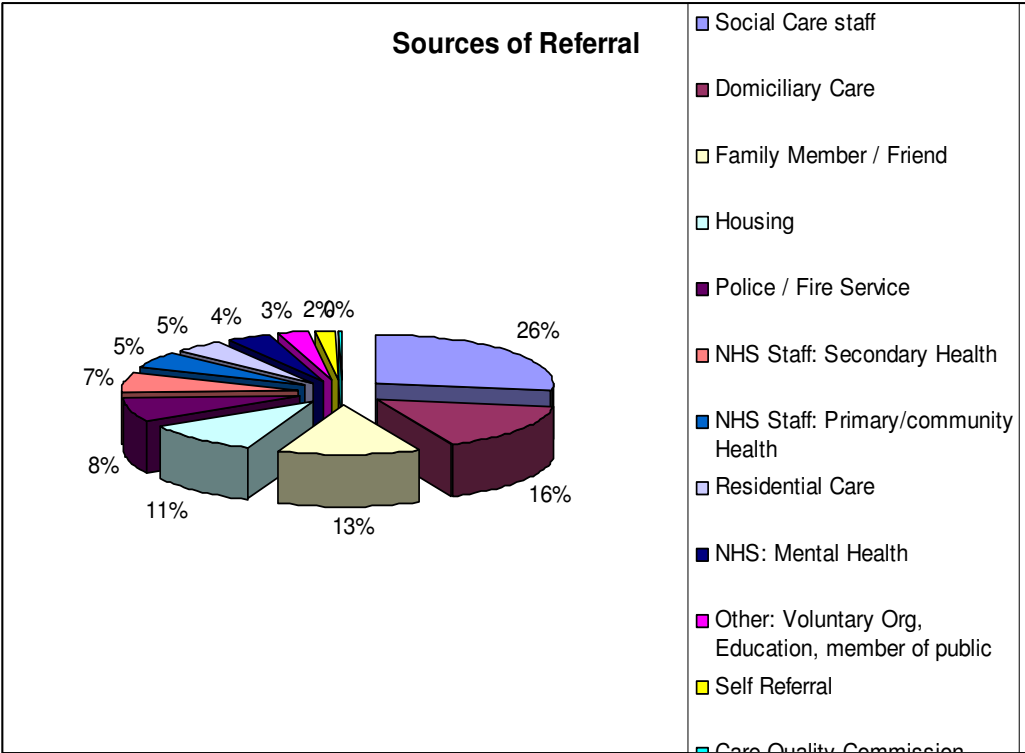


The outcomes of referrals processed by the end of March 2013 showed that 56% of cases were substantiated, 35% of cases were unsubstantiated, 9% of cases were inconclusive.



*Referral sources that we capture for our recording are broad, and we have received referrals from solicitors, ASK SAL, out of area Advocacy services, whistleblowers, local banks and members of the public.*

**As you can see from the Graph below, referrals continue to be predominately made by social care staff and Domiciliary Care.**



**Lynsey Nykerk**  
**Safeguarding Administrator**

## UPDATES FROM PARTNERS

### Oven Cleaning Service, Grays Fire Station

The background behind the **Oven Cleaning Service** that is provided in the Thurrock area is that I visited two Thurrock residents who had both experienced a fire within their property.

There was a common link between the two incidents in that, both fires occurred in the kitchen and the cause of the fire was down to a poor maintenance regime of their cooking appliance (e.g. build of fat or grease).

This isn't necessarily down to a poor social lifestyle, but as a result of age or disability etc.

#### Project objectives

- To provide an oven cleaning service to certain residents of Thurrock, this service would be offered to persons who fall into the target group highlighted.
- By providing this service we are ensuring the safety of the occupiers and possibly protect members of society from experiencing a kitchen fire from occurring in their home.
- The target group should include the elderly, disabled or vulnerable.

**One of the highest causes of a fire in a domestic property is a kitchen fire.**

*Between April 2009 and March 2011 Essex County Fire & Rescue Service attended 784 accidental dwelling fires which originated in the kitchen (\*13% of all primary fires attended\*). 425 of these fires were cooking related. During this time span Thurrock experienced 187 kitchen fires, the second highest amount in Essex.*

\* A primary fire is a fire which incurs an insurable loss.

A project was devised between **Thurrock Adult Safeguarding team** and the **Essex Fire Service**. Thurrock safeguarding allocated £2,000 for this project. The fire service administers the project, makes the bookings and payments and takes the referrals.

*The referrals can be made by any agency or individual. We have received referrals from operational fire crews, home fire safety technicians, Lifestyle Solutions, Alzheimer's Society and from some sheltered housing complexes.*

- The project has been operational since the 17<sup>th</sup> June 2012.
- Between 17<sup>th</sup> June 2012 to 31<sup>st</sup> March 2013 we cleaned 24 ovens.
- Between 1<sup>st</sup> April 2013 to present we have cleaned 5 ovens.
- We have currently spent £1070.50 to date.

**The cleaning company that we use is called Oven Cleanse**

**Tony Howard**  
**Station Officer and Community Safety Liaison Officer**

## South Essex Partnership Trust (SEPT)

The Trust continues to regard Safeguarding as its highest strategic priority. It is at the heart of the Trust Corporate Objectives and Board of Directors.

The Trust takes pride in delivering safe services and ensuring staff are competent in preventing and responding to Safeguarding concerns.

A number of initiatives have been developed in the past year to increase the quality of safeguarding further. These include:

- The integration with the Community Health Services in South East and West Essex. This has provided great opportunities to share a variety of expertise from all areas of nursing, social care and other disciplines for use in the safeguarding agenda.
- A comprehensive audit on the Trust Safeguarding arrangements was completed in 2012. The outcomes provided substantial assurance that the Trust has effective Safeguarding arrangements in place.
- A set of key performance indicators have been formulated and presented weekly to the Trust Executive Team. A monthly report on key developments and outcomes is reported to the Board of Governors.

*The Trust Training Strategy contains four levels of training which reflect the SET Competency Levels. Training is monitored monthly for compliance which has been set at 95%. Additional specialist training in investigations and reflective practice has been delivered to all managers and senior investigating staff.*

*The Trust Safeguarding Audit Programme ensures investigations are audited for quality and lessons learnt identified. The Trust Learning Lessons Group disseminates learning from Safeguarding cases, audits, and serious case reviews to increase the skills and competency of staff.*

**The Trust has been active members of the Thurrock Safeguarding Adult Board and Sub groups and work effectively in partnership to raise the quality of safeguarding services in Thurrock area.**

**Elaine Taylor**  
**Associate Director in Safeguarding**

## Corporate Appointee

Currently the Council and NHS Trust get involved in many decisions because people lack capacity and have not previously documented their wishes and made choices themselves.

*A Lasting Power of Attorney is a document that enables people to deal with decisions that might need to be made in the future, and enables delegation of their authority in both welfare and financial issues. One or more Attorneys may be appointed to act in accordance with the instructions detailed in the document.*

- Currently LPA's (Lasting Power of Attorney) are very under used, and their value and use are predominately unknown.
- Graham Carey (Independent Chair of the Strategic Safeguarding Adults Board), began discussions with the Office of the Public Guardian.
- The Office of the Public Guardian welcomed contact, and was willing to engage in some joint working.

*On the 25<sup>th</sup> January 2013 Thurrock partnered with the Office of the Public Guardian to deliver 2 half-day training sessions. This was the first event of its kind that the Office of the Public Guardian had run nationally.*

*108 people attended across the two sessions covering professionals and residents from Solicitors to retired School Teachers.*

*As a result of the sessions many attendees stated that they would complete an LPA for themselves or their parents. One member of staff from Barclays Bank commented **"I will pay a lot more attention to the detail of the LPA when I next receive one. Its important to be clear about any restriction the LPA has."***

**It was clear to all that the partnership had worked well and the success and momentum needed to be kept up.**



*Graham Carey is therefore currently compiling a small bid to the PCC New Initiative Fund to run a project promoting take up of Lasting Powers of Attorney in Thurrock.*

*If successful, money would be used mostly to make, print and distribute promotional material/guides to LPA's and some for session(s) to raise awareness of health and care professionals to have confidence to talk to individuals and their families about why they should take them out.*

The joint working was recently praised by Alan Eccles, Chief Executive of the Office of the Public Guardian at the annual conference of the Association of Public Authority Deputies, and it is hoped that we can build on this in the future if the funding bid is successful and with the OPG going digital this year with online applications.

The Office of the Public Guardian plan to measure LPA's requested from Thurrock residents through 2013.

**Sarah Attersall**  
**Financial Management Officer**

## Community Safety Partnership

**The Thurrock Community Safety Partnership remains committed to working alongside Thurrock's Adult Safeguarding Team to keep vulnerable residents of Thurrock safe.**

Our priorities for 13/14 are to:

### **Reduce anti-social behaviour, including that motivated by hate.**

To do this we will be focusing on hate crime against those with a learning disability and will host 2 stay safe events for 100 people in conjunction with Thurrock lifestyle solutions and hosted by Essex Fire and Rescue service.

We will continue to promote the online reporting of hate crime through Tue vision: [www.report-it.org.uk](http://www.report-it.org.uk) including working with the community hub to be a reporting centre.

*Following the David Hingsberger presentation last year the CSP have match funded a programme of SAFER training for people with learning disabilities. This is resulting in excellent feedback and will continue to roll out across the year.*

We continue to promote locality action groups to take referrals from professionals with regards to individuals being impacted by anti-social behaviour. This is well attended by safeguarding and we are now seeing referrals come in from adult social care.

We have also raised the profile of this with health's multi-disciplinary team. PCSO's are tasked where required to make regular visits on vulnerable people within the community

The drug and alcohol tem are continuing to review and increase their offer with regards to dual diagnosis of substance misuse and mental health

### **Reduce violence against women and girls.**

**With regard to vulnerable people, we are hosting a series of events to increase professionals' awareness of forced marriage and have produced simple guidance cards on action to take. We are also working**

**with SERICC and Thurrock lifestyle solutions on raising awareness of sexual violence and people with a learning disability.**

### **Reduce domestic burglary.**

Through our strengthening communities work we are promoting a number of simple crime prevention solutions which were provided by adult safeguarding to those teams working in the community with vulnerable people.

The crime reduction officer and trading standards are providing simple crime prevention advice which can be taken out to people's homes. This has 3 objectives:

- Reduce vulnerable victims of domestic burglary
- Reduce the number of vulnerable people who are targeted by rogue traders / bogus callers
- Increase people's feelings of safety and well-being

Trading standards continue to promote the risks of bogus callers and rogue traders which we know are impacting on the safety of our vulnerable residents.

As part of our reduce crime days of action, trading standards and housing contacted all elderly residents in Seabrooke Rise and this will be repeated in Purfleet.

## TRAINING REPORT

Safeguarding training has many associated subjects and, in Thurrock, along with Dignity in Care, we try to make links to it through all of the training we deliver.

This report will cover safeguarding specifically and an overview of associated activity. A summary of all activity is outlined in table 1 below.

**Table 1: Safeguarding Training and associated activity**

Row Labels	Values	
	Sum of Attended	Sum of Days
Appropriate Adult	12	1
Deprivation of Liberty Safeguards- A Master Class	22	1
Diversity for Adult social Care	36	2
Managing Service Users Finances	19	2
Mental Capacity Act and Dol	33	2
Professional Boundaries	7	0.5
Safeguarding Basic Awareness Training	333	13.5
Student Support Workshop - Professional Boundaries	16	0.5
Understanding Adult Sexual Abuse	12	1
<b>Grand Total</b>	<b>489</b>	<b>23.5</b>

Throughout 2012-13, safeguarding training has been delivered to over 480 people this financial year using the following formats: -

- Instructor led sessions.
  - Multi-agency sessions
  - Targeted onsite sessions
- Workshops
- External seminars
- E learning

**Instructor led training has included: -**

- Basic Awareness
- Managing Service Users Finances
- Understanding Sexual Abuse
- Deprivation of Liberty – A Master Class

### **Workshops have included: -**

- Student support groups
- Housing Officers
- Lasting Powers of Attorney

### **E Learning has included: -**

- Foundation Training
- Safeguarding Service Users Finances

### **Basic Awareness (Instructor Led):**

We have provided training to over 330 people training specifically of Safeguarding Adults.

**Impact:** Referrals continue to rise and the sources of referrals broaden. Training is an important contributor in ensuring adult abuse is seen as unacceptable and issues are reported.

### **Understanding Adult Sexual Abuse (Instructor Led):**

As a response to a request from the Safeguarding Adults Operational Board, training around this difficult subject was put together. It was delivered by an expert in adult safeguarding (service Police officer) and a support worker for offenders. This gave an in-depth and rounded content. The course was very well received last year and as a result, another was commissioned for late April 2012 and opened up more widely to our PVI sector.

**Impact:** Attendees reported a better understanding of why sexual abuse happens and an improved confidence in dealing with this difficult subject and

### **Deprivation of Liberty – A Master Class (Instructor Led):**

This event was led by an expert solicitor and care home advisor in this field. It was a practical workshop that looked at this often complicated subject via current case law.

**Impact:** Staff have a clearer understanding of a complicated piece of legislation

## E Learning

Online training was launched in 2010. It is ongoing and available for all staff but designed for staff with no direct contact with vulnerable adults and to act as a refresher for all staff. This training is accessible to all Thurrock staff and the PVI sector.

### Safeguarding Adults eLearning Module.

- This is a 40-60 minute programme covering the basic elements of Adult Safeguarding launched in June 2010.
  - It consists of two parts, an eLearning module and an online basic assessment programme (quiz)
- This financial year, 108 people have taken the course. To date it stands at 296.
  - This allows easy access to corporate partners such as Serco.

**Impact:** Ensures that a wider section of Thurrock staff gain a basic understanding of safeguarding adults.

### Safeguarding Service Users Finances.

- This eLearning course was created to support the creation of a revised protocol and the Managing Service Users Finances classroom programme.
- This financial year 12 people have taken the course
- To date 180 people have taken the quiz.

**Impact:** Ensures that a wider section of Thurrock staff have an opportunity to refresh their knowledge of the policy around supporting service users finances.

## Associated Activities

### Professional Boundaries Training.

- These sessions explored the individual's views and pre-conceptions.
- Additional sessions were delivered at fieldwork team meetings and student workshops.
- These sessions expanded to include social media.

**Impact:** This allowed staff to re-examine their role in supporting services users on a day to day basis. It reinforces the Officers Code of Conduct and forces a re-evaluation of individual perceptions.



### Appropriate Adults Training.

- One additional session was run this year for new staff and as a refresher.
- Staff trained as an appropriate adult is coordinated by Thurrock's safeguarding manager.

**Impact:** This has allowed Thurrock Council to respond more consistently to requests from the police. It has also increased the confidence of staff acting as an Appropriate Adult to constructively challenge proceedings where needed.

### MCA and DoL Basic Awareness

- Mental Capacity Acts and Deprivation of Liberty Safeguard training has continued this year.
- Targeted training was developed and delivered to the Homecare Reablement team. This was biased towards assessing capacity for day-to-day decisions.

**Impact:** This has ensured people who lack capacity are supported in their best interest.

### Sheltered Housing Workshops

- Additional work had been identified to support housing officers in understanding what a correct referral was. Several informal workshops have been set up from February 2013 through March.
- These workshops are supported by the Safeguarding Adults Team and the Workforce Planning Service.

**Impact:** To be assessed in 2013. The goal is to improve the quality and appropriateness of referrals from Housing Staff. Initial feedback has been positive and staff who have attended have been clearer on what constitutes a safeguarding referral.

### Safeguarding Vulnerable Communities.

- A half-day programme was developed and delivered to support the NGage Thurrock ACE partnership training programme. ACE standing for "Active Citizens Entitlement"
- <http://www.ngagethurrock.org.uk/index.php?mode=34>
- This programme was delivered in the last quarter 2012 with some success. The programme has now been re-worked to give it a more of a community focus. This new programme is to be reviewed by the

Thurrock safer partnership board and then re-launched in the ACE programme.

**Impact:** This is another vehicle to engage with the public and user groups more directly. The revised programme better reflects the council's support of the Building Positive Futures programme within Adult Social Care, Health and Housing. The impact will need to be reassessed at the end of 2013.

## Postscript by Head of Adult Services

The strengthening of safeguarding responsibility within the new Care Bill will be a primary focus for our work in the future at a national level.

*Locally the transformation of Council services and further integration with Health, expressed through our “Building Positive Futures” programme will present a number of opportunities to develop our thinking and practice in keeping vulnerable people safe.*

**An integral part of our new approach will be to redefine our relationship with the communities we serve. The main purpose for this is to support communities to build the resilience and resources they will require to enable them to become active and engaged in facing the challenges ahead.**

The impact of supporting individuals and communities to take control of their lives, rather than receive services, they will see a sustainable improvement in the quality of their lives with the corollary of a reduction in demand for Health and Well-Being services.

How safeguarding responds to more enabling but less regulated support to vulnerable people, delivered with a community by lay people, rather than in a service setting by professionals will be an interesting challenge. However, it is one the board and the operation group, the teams and our partners are very prepared to meet.

*In the long run more responsible, liberated and cohesive communities will be the best way to ensure that vulnerable people are safe. Seeing people as active citizens and not as service consumers will have a positive impact upon their rights to a life free from the fear of abuse and harm.*

**The Council has adopted two models of supporting the development of more resilient communities; Asset Based community Development and Local Area Coordination.**

This report is not the place for a detailed description of the methods associated with these approaches; however, both build upon the strengths that are located within a given community and move away from analysis based upon need and deprivation.

This move from dependence to responsibility does carry risk; quantifying the level of risk and responding to this in a way that enables not restricts may well require a new approach to Safeguarding in some areas.

Finally I couldn't end this postscript without mentioning Thurrock Council's brave decision to commit to becoming the first Dementia Friendly Council.

Dementia is arguably the greatest issue facing the health and care system and the potential it has to increase risk and vulnerability. Adopting a system and community wide approach to the issue has to be the correct way to respond.

*The Council's decision to accept the responsibility to become dementia friendly is a significant step in the right direction of engaging the whole of society in developing the right response.*

**Les Billingham**

**Head of Adult Services for Thurrock Council and co-chair of the Thurrock Adult Safeguarding Partnership Board**