



# SOUTHEND Safeguarding Partnership

Southend City Council

Mid and South Essex Clinical Commissioning Group

Essex Police

**Annual Report – 2021/2022**



Andy Lewis  
Chief Executive  
Southend City Council



Lorraine Coyle  
Director of Nursing  
Mid and South Essex Clinical  
Commissioning Group



Andrew Packer  
Detective Chief Superintendent  
Crime and Public Protection  
Command  
Essex Police

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## 1. Introduction / Executive Summary

*(M. Atkinson, Independent Advisor SSP)*



*Prof. Maggie Atkinson  
Independent Advisor  
Southend Safeguarding Partnership*

We are pleased to present, and to endorse, the Annual Report of the Southend Safeguarding Partnership for the Financial Year 2021-22.

This Report, co-owned by Southend’s three Statutory bodies and jointly authored and constructed by all of them, gives an account of safeguarding activity, and ambitions, for both children and adults in the city. All concerned are keenly aware that the financial year it covers was extraordinary for Southend’s people of all ages as the Covid 19 pandemic changed its nature and the city moved ever close to “a new normal.” 2021-2022 has continued to place extreme demands on services and their staff, with clear and visible knock-on effects on the city’s planning, funding and provision of services. We are equally aware that all that those services do continues to develop, not only because we are never satisfied with staying as we are and are striving to do better whatever the challenges, but also because that “a new normal” is still being shaped.

Safeguarding is not only a description of what we do to respond to people living with vulnerability or going through difficulties, but must be a way of thinking and working: preventing harm rather than only responding when it happens; responding to residents of all ages whose ideas about how they might stay safe must help to guide what we do, and supporting communities to make staying safe and being well the norm – avoiding crisis rather than simply responding when it happens. There is of course more to do. We are determined, as Southend continues shaping its future towards 2050, to ensure safeguarding and wellbeing are at the heart of all of it.

## 2. Duty to Publish

*(P. Hill, Business Manager SSP)*

Section 43 of the Care Act 2014 and Section 41 of the Statutory Guidance in Working Together to Safeguard Children 2018 (WT 2018) document, together require the Southend Safeguarding Partnership to produce and to publish an Annual Report.

When Southend reviewed and updated its arrangements following the DfE’s issue of the updated 2018 WT document, the then Borough, now City decided to combine many of the functions of the old Local Safeguarding Childrens Board (LSCB) and Safeguarding Adults Board (SAB): Creating the new Southend Safeguarding Partnership.

### 3. Scrutiny Commentary

*(M. Atkinson, Independent Advisor SSP)*

I am Professor Maggie Atkinson, Independent Adviser and Scrutineer for the Southend Safeguarding Partnership (SSP.) I have worked with and for children, families and communities since qualifying as a teacher in 1979, have been a Statutory Director of Children's Services and was Children's Commissioner for England from 2010 to 2015.

I took up my role in Southend at the end of February 2021, making this my second opportunity to comment on and contribute to the SSP's Annual Report.

The content that follows has been written by senior representatives, principally working in, and partnering others across the SSP's three Statutory Partners. They lead a Partnership of equals for both the Children's and Adults' Safeguarding activity. They are:

- Southend City Council,
- Essex Police Service, and
- Southend Clinical Commissioning Group (CCG) which as this report is published will be part of an Integrated Care System (ICS) as CCGs are stood down.

The Report looks at how both preventive and early intervention based, and far more intensive and sometimes statutory safeguarding activities, are undertaken across the city of Southend. Sections are supported by data where it is available, so that all the content of the accounts that follow bear weight, trends are reported on, ongoing issues are explained, and plans for future activity are explored from a firmly data informed basis.

All sections of the report relate to legislative and governmental demands or regulatory frameworks, and the agreed SSP Strategy for 2020 to 2024. This can be found at <https://safeguardingsouthend.co.uk/downloads-adults/?search=SSP+strategy>

Some of this report's contents relate to Southend's residents and their wellbeing no matter what their age or stage of life. This is in fulfilment of the City's decision to create an all- age SSP some years ago, given most people live in mixed-generational extended families and communities, and many people's and families' issues can be lifelong.

These lifelong issues may include – to quote only a few examples:

- physical or intellectual disabilities,
- the many health, physical and emotional, safety and wellbeing effects of long-lived and particularly inter-generational disadvantage or poverty,
- the effects of crime on both victims and perpetrators,
- safeguarding issues arising from being assured of safe and appropriate housing in cohesive safe and welcoming neighbourhoods, and
- the inter-generational impacts of domestic abuse and violence that can leave people unsafe and vulnerable.

Whilst the SSP is a combined all-age Safeguarding Partnership, because children's and adult services answer to different government departments, funding streams and regulatory or inspection regimes, it has two branches. One deals with children and young people's issues, with a particular but not an exclusive focus on the most vulnerable, marginalised and in need. The second concentrates on the needs of adults, particularly but not exclusively where they have additional needs or vulnerabilities as defined by the Care Act. Parts of this Annual Report are therefore age-group-specific, given both the regulatory and legislative frameworks mentioned above, and the fact that the needs of children, young people and adults may change over the course of a lifetime.



This Annual Report includes details relating to children’s education, from the universal whole-city population most of whom do not have additional needs, through a continuum of need and service provision, including when a child or young person has additional needs or is struggling for whatever reason.

The report also examines and reports on progress in:

- how well the youngest children and young people and their families are supported and nurtured to provide the best possible start in life,
- services for and trends in children’s and young people’s physical and mental or emotional health and wellbeing and how these are commissioned and provided so that children and young people are appropriately supported,
- what happens when a child or family needs an early, often preventive, offer of additional help or support, whether from social care or special education or other services,
- interventions that seek to help families to halt declines in their wellbeing caused by any degree of physical, emotional or developmental neglect that have detrimental effects on children, young people or their families,
- what goes on to happen if stronger and more directive safeguarding work needs to happen with a family in the best interests of the children concerned including if they must be removed from their families and placed in the care of the City Council, and
- how services respond if a child or family is in conflict with the law, or has to deal with a range of extraordinary challenges, palpable dangers, or tragedy.

Equally, the Annual Report covers issues that arise only in adulthood:

- the many, increasingly complex and long-lived, challenges and effects of ageing: for the whole population, but particularly for those who need additional support from a range of services in order to maintain their independence and their ability to remain out of hospital or other forms of care,
- services and provision for those of any adult age who have a physical or intellectual difficulty or disability,
- services and provision offered to those living with or families affected by a wide range of adult vulnerabilities, and
- the effects on adults of their own or others’ involvement in, or being the victim of crime, the effects on adults of their own or others’ alcohol or substance misuse, difficulties arising from issues of housing or homelessness, the life-changing and challenging effects of social or economic disadvantage, and a range of other difficulties that some Southend residents face.

In the latter groups covered by the final bullet point above, interventions are likely to be multi-agency. They may be statutory in nature, and will be aimed at restoring, or maintaining and assuring, the safety and wellbeing of the adults concerned, their families and communities.

2021-2022 financial year passed as the City entered the recovery and refresh stages of dealing with the effect of unprecedented challenges, triumphs and griefs of the Covid 19 pandemic. Though this report is published after the end of the 2021-2022 financial year and the worst effects of Covid 19 have been set aside across society, the after-effects are still with us. This means that many of the pages that follow account for services’ and partners’ responses to society’s moving on from the worst effects of Covid 19. The ongoing wariness concerned includes issues about “all-in” returns to shared office or meeting spaces, and the notion that new infections and possibly new strains of Covid 19 may still present challenges and a need to change how things are done. There is also pragmatism about not wishing to lose all that was learned about partnership working and inter-agency cooperation and flexibility during the worst days of the pandemic, and a determination to create a new, rather than trying to return to an old, normality.

The after-effects of Covid 19 continue, not necessarily in terms of continued infection rates and dangers to health and safety across the population but in terms of how well organisations and their staff continue to recover. All agencies will need to remain cognisant of, and actively engaged in responding to, the safeguarding challenges that continue to face staff and clients given that as this report is completed we are still facing the fact that, much as we might wish it had, Covid 19 has in fact not gone away – and Long Covid remains a considerable challenge for some of those who have had the virus, whatever their age group or previous health status. All of Southend’s partner bodies are all clear that their ways of working, and their staff’s safety, energies, ability to stay strong and optimistic, were deeply challenged by the pandemic. They are all determined not to lose the gains made in working in partnership as a matter of course, rather than working in separated bodies that sometimes cooperated as was the pattern before March 2020. As things have returned to normal during 2021-2022, all concerned are clear it is a “new normal” shaped by the changes brought by working at least in part on-line, always with a concern both for Southend’s welfare and wellbeing, and their own ability to go on working.

Whilst patterns of demand on services have now changed to some degree, where client groups’ needs have become obvious again following the end of Covid 19 restrictions and lockdowns, services are acutely aware of their need to continue to adapt as “a new normal” settles in and embeds. The expectation is that demand, that can or cannot be effectively met, will continue to rise above pre-March 2020 patterns. This will continue to present new challenges, and possibly entirely new client groups who were previously unknown. Agility and flexibility will continue to be needed, as will a determination to work in partnership to get things done. The fact that as this report is completed the effects of long-term exhaustion in staff at the end of their energy reserves remains palpable. It appears likely to become a long-term feature of all systems and services, presenting particular challenges that SSP will need to continue to monitor through 2022-2023

This Annual Report is clear that a great deal of its data and narrative captures ongoing and steady improvement, including where inspection bodies have come into the City and reviewed particular services either to vulnerable children and young people, or to adults and communities. However, this is set against considerable odds and very thinly stretched financial, physical and human resources across agencies in the City. The report also captures services’ and agencies’ honest assessments of what more needs to be done.

The report closes with a look-ahead to 2022-2023. The work to be done in this year has already started as this report is published at the end of Quarter 1 of the financial year concerned. This publication date is the earliest possible, given any given financial year’s data takes time, after 31 March annually, to collect, collate, error-check and where necessary cleanse and assure, ahead of publication in a report of this nature.

### **SCRUTINY COMMENTARY AND STATEMENT OF ASSURANCE (WORKING TOGETHER TO SAFEGUARD CHILDREN 2018 / CARE ACT 2014)**

Part of my work with SSP is to chair several bodies that bring agencies and services together to ensure safeguarding is done, and that partners account to each other for what they do, as well as to their own organisation’s governance bodies.

Part of what I do is to give clear, direct, when necessary, professionally challenging advice on continued improvements to what is being done.

I am also bound by the requirements of the Children and Families Act 2017 alongside Working Together to Safeguard Children 2018, and by the Care Act 2014, to give a formal and independent Statement of Assurance regarding the fitness for purpose of the SSP and the degree to which it complies with those legislative or statutory guidance requirements.

I confirm that I have no connection to any organisation, agency or service working with or for residents in Southend. I was appointed to my role commencing in February 2021 on a formal contract, after a formal competitive process. I am entirely independent of any of the bodies which are members of either Partnership within the SSP. The copy in this report has been read in detail, challenged, and cleared by, and remains under the editorial control, of myself as Independent Adviser to the SSP.

In the 2021-2022 financial year I have chaired four quarterly rounds of the Board-level meetings of 2 Partnerships lying under the overall governance framework of the SSP. I have continued to meet, in both one-to-one and small group settings, with senior representatives of all Partner bodies of the SSP, including in Relevant Agencies such as the city's schools and voluntary sector bodies. I have attended, as a Participant Observer, all the subgroups of the Partnership, whose reports are captured in this Report. I have met with governance leaders in Partner organisations. I have also attended and contributed to Southend's Children's Social Care Improvement Board meetings. I keep the two statutory Directors of Children's and of Adults' Services and each of their Lead Members and the Council Leader aware of what I find as I undertake Scrutiny activities. I have also met representatives of Southend's young citizens, whose voices and views can help to shape services for the future. In the coming year I will ensure that such meetings continue.

Based on my work described above, and from the extensive and detailed reading and analysis I have done and continue to do about issues in Southend, I can present my formal Independent Scrutineer's Assurance that the SSP complies with the legal requirements placed on both Local Safeguarding Children Partnerships, and Safeguarding Adults Boards, in all English top tier or unitary Local Authorities. I can also confirm that all concerned are aware that the improvements in which they are all engaged are never to be considered "finished" or perfect but are continuous.

### **THINGS STILL TO BE DONE: LOOKING FORWARD TO 2022-2023**

There remains, as always in all public services, much work still to be done.

In summary, the main issues faced for 2022-2023 and potentially in the far longer term are examined by those presenting all the contents of this report, in accordance with what data is telling us, and with the contents of the SSP's agreed Strategy which lasts until 2024. The contents of this Annual Report are also tied to the Strategy's published aims and agreed work programmes.

Much of the work to be done in the coming year will continue to address stubborn challenges such as the effects of long-term neglect in the lives of some children young people and adults. The effects of the 2022-onwards cost-of-living crisis in the UK, a very live concern as this report is published, will also mean that the SSP may be challenged to ensure that services can step in where the city's neediest residents, of all ages, are supported as all would wish them to be.

I have the following ongoing concerns that I advise all Partner agencies must seek to address in 2022-2023. All acknowledge that some will still be "live" in following years. Recording them in this section of this report is both by duty as Scrutineer, and necessary as part of an audit trail that will enable the SSP to focus its efforts where work remains to be done, so that all that services offer comes to match the best of what is already underway.

- Too many of the evidenced, clear and accepted recommendations of the SSP's Governance Review of October 2020, written by external reviewer Carole Brooks Associates remain unfulfilled, or not yet started over 2 years since publication. Many have been discussed several times since I arrived in Southend in late February 2021, but progress on addressing them has been halting, largely because some will require additional financial resources and these are in short supply for all agencies. 2022-2023 should see a renewed focus on ensuring progress



accelerates, if at all possible, though I recognise that achieving this will take hard-won commitment from all partners in equal measure, and resources are not easy to increase in the current or likely future financial climate.

- The SSP's Business Unit is under-resourced in comparison to other such bodies including in neighbouring Local Authority areas across the East of England. I am aware that resources are tight across all agencies. I therefore do not make these remarks lightly about a Unit that does a great deal more than its Establishment number might otherwise assume was possible. It features a Strategic Manager for the SSP who also leads on the management of servicing for the Adult Partnership strands of the SSP, a Children's Lead who works under that Strategic Manager having stepped into that administrative and servicing role temporarily before stepping back down to a part time role, plus one FTE administrative post currently filled by two very effective and productive part time staff.

This pattern of staffing the business unit leaves it unable to do all of the following things, which partnerships across the country consider vital in a functioning partnership for children, or adults, or both.

The Business Unit cannot:

- Ensure the SSP's Website is constantly refreshed, contains frequently updated materials on central and local priorities, policies, proven lessons that need to be learned by professionals, and signposts for Southend residents seeking information or advice on safeguarding whether for children or adults.
- Analyse the data that, were it to be so analysed, could push forward at greater pace on the SSP's shared agenda, direction of travel and ensured development of the safeguarding agenda for children and adults in Southend. The City has a remarkable "Dashboard" facility that presents real time, historic and trend analysis material on a wide array and larger number of subjects, across all services connected to the SSP. It is fed by "push" from services' own data, rather than having to be requested by a central data analyst or controller. It is potentially a remarkably powerful source of direction and priority setting. It remains under-used by too many of those who should be using it to help shape how they do what they should, and how they reflect on what Southend's people need based on what the data tells them. Such lack of analytical abilities means that despite the Dashboard being very informative and potentially practice-shaping, services across the City, which also may not have their own data analysts, cannot make the richest possible use of the Dashboard's contents. That they wish to do so is mentioned in every meeting and arose again as the call for copy for this report was issued. The Business Unit cannot help. The false economy is clear and should now be addressed.
- Host partnership wide, multi-agency coordinated training, such as is common in like partnerships for both children and adults across England. Southend's situation means that (to quote only one example) a senior Public Health team member, who until recently ably chaired the SSP's Learning and Development Subgroup but is also a very busy professional, was left trying to engineer the training that thousands of professionals across dozens of organisations require, on key pieces of agreed development such as the much-needed Graded Care Profile (2) neglect analysis and intervention driving tool. Because there is no capacity to support this work either administratively or by somebody charged with delivering and facilitating training within the Business Unit, this senior leader was left undertaking detailed administrative tasks including creating packs of materials that would be used in training. The stark fact that 60% of referrals into both children's and adults' services for intervention by professionals come in because of neglect, points to the clear need for a tool such as GCP2 to be widely used, which means that training in its use is necessary and should be ,multi-agency. The false economy of not having a SSP training function is clearly illustrated by this example, which is echoed in other areas of practice. That individual agencies undertake their own training is not disputed here. That

partnership-wide, single-message training that can then shape practice is not on offer and cannot be resourced by the current business unit staffing, is an issue that should be actively addressed in 2022-2023.

## 4. Coronavirus (COVID-19):

A section that explains that the pandemic has impacted on our Partners ability to deliver progress and delivery of the 2020/2023 Strategy, which has been renamed the 2021/2024 Strategy and Workplan.

### 4.1. Southend City Council – Adult Services

*(Sarah Range, Southend City Council, Adult Services)*

Over 2021/22, Covid-19 continued to prove a challenging time for all services. Throughout the pandemic, staff have continued to make essential visits to support people requiring or receiving care and support. Staff have continued to visit and/or offer support across 2,150 safeguarding concerns for people experiencing abuse and neglect, working alongside them to improve their situations.

Taking forward positive learning from the pandemic, the NHS and Council leaders and managers continue to meet with Care Quality Commission personnel weekly to monitor and support the provision of services in the domiciliary and residential market, where provision comes from a wide variety of providers across a range of sizes and complexities or organisations. This regular touching base has continued as we move to the endemic stage and gives assurances, especially when at the height of a number of lockdowns and exposure/outbreaks limited how interventions could be provided due to Covid restrictions.

The impact of the pandemic/endemic continues to be felt by services' operational teams in terms of ongoing and shifting workload demands and staff wellbeing. There are other pressures arising:

- Significant persistent challenges regarding the availability and supply of care offered or provided to people in their own homes with many people waiting a long period of time either in hospital, in care homes or being supported by family while they had no care at home
- During the year, the Council has also managed 19 complex organisational safeguarding concerns across care homes, supported living and domiciliary provider services, working in partnership with CQC, Health and on occasion, Essex Police. This number is static with 2020/21.
- Within these investigations, there were 108 safeguarding enquiries within these Providers of Concern.
- In the course of 2021/22, a total of 10 care homes and domiciliary care agencies ceased trading for differing reasons in connection with quality and/or financial viability, which resulted in people needing to urgently be supported to move care home or agency.
- Significant numbers of care homes in 'exposure' or 'outbreak', however this did not deter high risk safeguarding matters from being investigated in person.
- Both supply and quality issues leading to a continued increase in complaints and queries both in person and via Elected Members.
- Significant increase in demand post COVID as restrictions started to ease, and all concerned are also aware of increasing complexity in some individual people and families' circumstances.
- The continued emergence of residents needing or enquiring about receiving services, who had not been known to any agency beyond Primary Care or community groups before the pandemic but who now need a significant level of care or intervention in order to support them to live safely.

## 4.2. Southend City Council – Childrens Services

*(Ruth Baker, Southend City Council, Childrens Services)*

In 2021/22 the level of contacts and referrals into MASH+ returned to pre-Covid-19 levels. The increase coincided with the increase in contact between children and families with partner agencies following the ending of lockdown.

During the Focused Visit in March 2022, Ofsted found that *‘during COVID-19 restrictions, managers and social workers individually risk-assessed children’s circumstances and ensured that those most at risk continued to receive face-to-face visits. For children in more stable and secure placements, visiting was appropriately undertaken virtually. Multi-agency meetings, including statutory reviews, continue to be delivered using virtual technology. For some children, this has improved the participation of professionals who support them and enabled a more comprehensive multi-agency review of their progress.’*

## 4.3. Clinical Commissioning Group (Southend NHS)

*(Sharon Connell, Head of Safeguarding, Designated Nurse Safeguarding Children, Southend CCG)*

The SARS-CoV-2 (COVID-19) pandemic has had a profound impact on NHS services across the entire health economy. Over 2021/22 NHS services in Essex have continued to respond to COVID 19 whilst resetting other health services that had been adversely affected since 2020.

Throughout the pandemic, safeguarding (adult and child) remained a business-critical activity and NHS services maintained the integrity of provision to adults at risk, children in need of protection and other vulnerable populations within the parameters of government guidance. The arrival of the Omicron variant in November 2021 and the subsequent national drive on the delivery of the vaccine programme meant that some safeguarding professionals were redeployed to clinical settings.

The longevity of the COVID-19 pandemic has at times adversely impacted the capacity of NHS Southend Clinical Commissioning Group (SCCG) to commit fully to Southend Safeguarding Partnership Strategy and Workplan. In addition, there has been fluctuating capacity due staff vacancies and secondments. SCCG remains a committed Safeguarding Partner and the Interim Director of Nursing (Safeguarding) took over as Chair for the SSP Strategic Leadership Group from the CCG Alliance Lead in May 2021.

Southend CCG safeguarding professionals have supported the SSP workplan through its subgroups and workstreams and endeavoured to ensure there is a CCG contribution at all meetings. In some cases the CCG contribution to SSP priorities has been through wider Essex forums such as Southend, Essex & Thurrock Domestic Abuse Board.

The transition of CCGs into Integrated Care Systems was also delayed by the pandemic from 1<sup>st</sup> April 2022 to 1<sup>st</sup> July 2022. In preparation for this change the 5 Mid & South Essex (MSE) CCGs have been working closely to ensure a smooth transition into MSE Integrated Care Board.

## 4.4. NELFT

*(Jay Lucy Spires (née Brown) Interim Named Nurse Safeguarding Children for Southend, Essex and Thurrock)*

NELFT acknowledged that although there have been some delays in progressing the Strategy, there appears to be better attendance at partnership meetings since the meetings have moved to virtual meetings.

Throughout the pandemic the children of Southend continued to receive both face-to face appointments and virtually from SET-CAMHS (formally EWMHS). The safeguarding partners have continued to prioritise safety and wellbeing for the residents of Southend.

## 4.5. Public Health

(E. Brenan-Douglas – SCC Senior Public Health Principal)

Southend City Council Public Health supports the Southend Safeguarding Partnership by taking a public health approach to the health and wellbeing of citizens living in and using services in Southend. This is done through exploring the impacts and the interfaces of wider determinants of health around issues including poverty, housing, mental illness, disability, substance misuse, smoking, health outcomes and lifestyles.

For Public Health, the Covid-19 Pandemic has consumed the world, our nation, communities, and our homes for the last two years and now we must learn how to live with Covid. Key public health issues are now needing to be addressed, in particular where inequalities have widened. Over the last year the partners have started to see the impact of isolation, illness, long term covid and mental health impacts on the population. Public health continues to engage and co-design service delivery and community support through the Family Centres and better aligning our professionals' expertise alongside local parents' expertise, to better address needs.

Public health will work with the NHS and wider partners moving forward on understanding and addressing the impacts of Covid. Priorities for the coming year include the management and recovery from Covid-19 and learning how to live with the virus and new variants emerging. Other priorities include responding to rising and changing inequalities in health and mental health outcomes, actions against the new drugs plans From Harm to Hope, understanding the needs around neglect in Southend, impacts of poverty, reducing social isolation and working and developing the community connections in Southend. As we continue to build community resilience, we will also need to review the impact of increased alcohol dependency and the impact this has on family life.

## 4.6. Education and Early Years

(Brin Martin; Director Education and Early Years SCC)

The potential impact of the pandemic on both children's education and their safety and wellbeing could have been immense. From the start of the pandemic, the Directors of Education and Public Health met on a very regular basis, sometimes weekly, with all Headteachers to mitigate and collectively plan the support for children's education. In addition to particular casework for individual schools, this also included lobbying of the Department for Education where in officers' views, the guidance supplied was not in the best interests of pupils' safety.

Specifically, the authority stood up a number of systems that allowed us to track the attendance, wellbeing and safety of our most vulnerable learners, on a daily basis. This included, where required, visits to schools and particular households to ascertain the wellbeing of pupils who were expected to attend school during periods of lockdown but were not attending. Additional resources were seconded in from OFSTED to support this task. Evidence that this was effective can be seen in the published OFSTED/CQC SEND revisit letter where the previous weakness in tracking was commended by the regulators. Of note has been the considerable support for families with very young children by the Early Years team. At the height of the pandemic, every family was guaranteed alternative provision if their usual setting was forced to close.

Overall, as a result of the above measures, the impact of the pandemic on pupils, staff and their communities was minimised as far as possible, both in terms of their ability to continue with their education, and their safety and wellbeing.

Providers' perspective.

In part, as a consequence of coronavirus, the relationship with all setting (Early Years), School and college Leaders has strengthened considerably as a result of our mutual support for the pandemic.

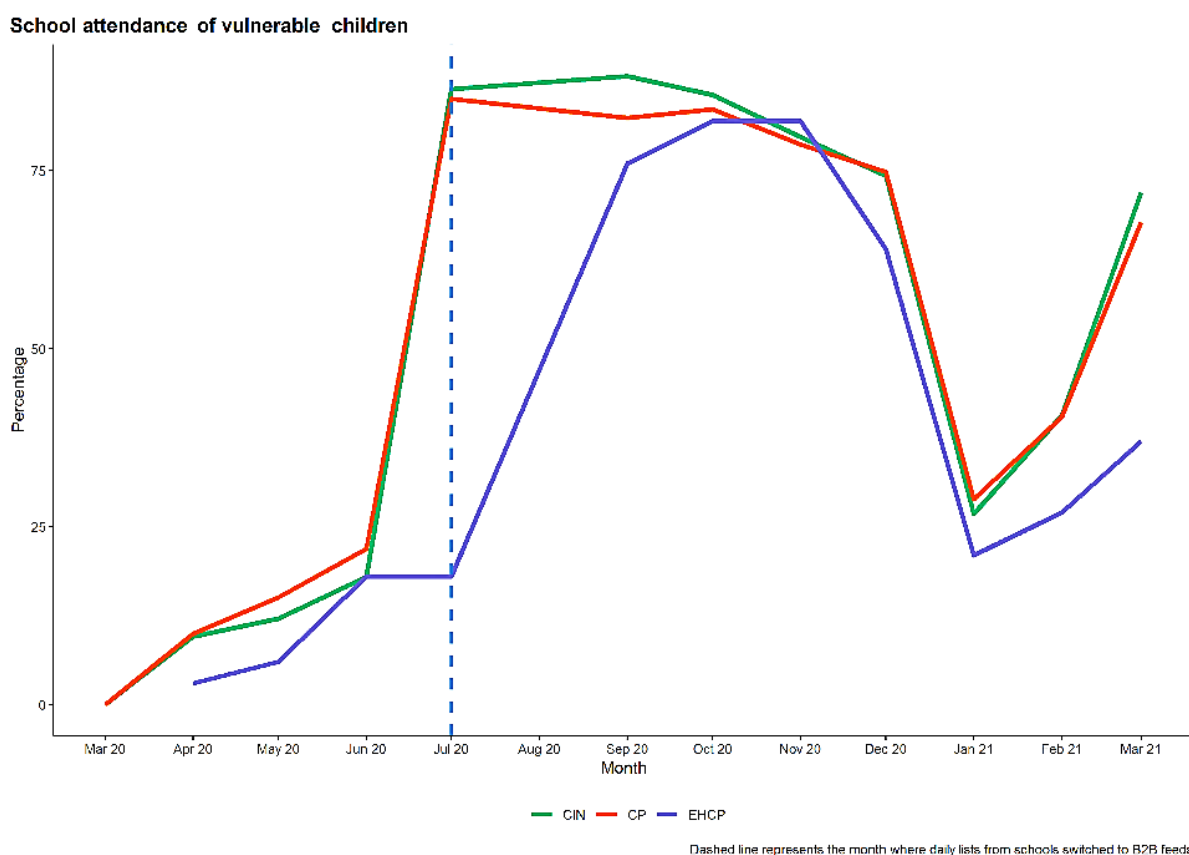
This strengthened relationship has allowed us to hold at times challenging and sensitive conversations with individual settings as required, for example as a consequence of an external OFSTED compliant, or through other referrals, for example where a pupil is deemed to be missing education for a period of time. Officers continue to work with leaders to challenge decisions relating to matters such as off rolling, transition to elective home education or where a school has potentially been less than inclusive. Close working with other council services such as early help and attendance provide, as far as possible, assurance of a pupil’s welfare and ability to thrive.

*Of note this year has been the rapid support that has been provided by senior leaders in the secondary phase relating to a possible major safeguarding concern. In a very short period of days, officers met with all school and college leaders, social care and the police to put in place measures to both allow investigation, but importantly potential pupils level support as and when required.*

Of note, as a pattern, has been the continued challenges that school leaders face through complaints to regulators and from some members of the public, not relating directly to safeguarding, but provision overall. This serves as a distraction for school leaders and the council alike, but, each and every case has been followed up and reported.

#### School attendance of vulnerable children

The graph below shows how attendance for vulnerable pupils improved over time during the various school closure periods with the support of services working in partnership with schools and families:



## 4.7. Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector

*(Anthony Quinn, Deputy CEO – Southend Association of the Voluntary Sector)*

During the pandemic, SAVS surveyed the VCFSE sector in Southend to gain insight on how they were responding to the outbreak. We also asked them what their perceived challenges were. Based on the number and type of organisations who responded, we believe the survey to represent 20% of the overall sector in Southend.



### **Immediate Impact**

The majority of respondents (95%) have experienced some form of negative impact due to Covid-19.

The most significant concern related to remote working. The sudden need to work and connect across organisations/groups and colleagues remotely posed many issues. With many having had to utilise digital technology in a way they never needed to before and also the need to invest in digital technologies and hardware to support remote working. This aspect impacted on communication, planning and day to day workings of the groups.

Parallel to this dynamic the sector also had the need to adapt their services particularly in relation to the restrictions on face-to-face contact. A significant number of groups experienced a loss in volunteer support, affecting their capacity to deliver services and in addition reported that they had to furlough some staff.

Underlying the above challenges was the barrier of accessing funding. Many groups attempted to access emergency funding at a time when the Funds were massively oversubscribed and smaller trusts had far less money. Funding sources such as Martin Lewis, CAF Bank and Esmee Fairburn were allocated within days and other emergency pathways were only available to groups that held an active agreement with the particular funder. Emergency funding was directed towards Covid-19 so other funding requests, such as core costs were blocked.

Concerns over isolation and suspension of community/fundraising events also impacted future planning.

A large number of groups reported experiencing a loss in revenue, which affected their operational model.

The use of unrestricted reserves was one way of keeping pace with the necessary changes and adaptations. However the knock-on effect of this action potentially leaves the groups more vulnerable in the longer term as reserves are built over many years often with the recommendation from the Charity Commission to have at least 6 months of free reserves in mind.

### **Mid-term Impact**

The VCFSE sector began to stabilise as a wider and more diverse range of supporting funds cascaded into the sector. Groups reported at this time the adaptation to staff remote working was a positive and beginning to show many benefits i.e. time and cost saving. It was recognised the pandemic was a landscape upon which greater collaboration and partnership working and communicating had been built. An increased resilience of residents was demonstrated and supported by a huge mobilisation of the community and working in a strength-based way aligned with the principles of Asset Based Community Development (ABCD) – neighbours, communities and agencies had become more connected and supportive of each other. Developing ways to respond the needs of the community through the use of assets and talents within the community.

**An estimated 885,000** volunteer hours have been used in the Covid-19 response by the VCFSE Sector, an equivalent saving of approximately **£12.8m**.

### **Long term Impact**

Towards the end of the pandemic, the VCFSE sector predicted the biggest increase in service need will be Mental Health and associated determinants / impacts and this is unfortunately being reflected with the rising support needs being seen.

Many reported they did not have enough resources for the future, and they required some form of support in the following 6-12 months.

Additional types of support mentioned by the sector include funding, partnership guidance, promotion of services and governance guidance.

The VCFSE continues its recovery from COVID 19 through shared learning and experiences to help enhance the sector offer and continue to adapt to the changing environment. The sector will work to build on the new partnerships and connections created through the period and strengthen relationships with new and existing partners.

SAVS will continue to support capacity building supporting a growth in digital, funding and communication skills across the sector.

## 5. SSP Vision, Mission: Who We are and What We Do

(P. Hill, Business Manager SSP)

### Vision

Southend Safeguarding Partnership (SSP) prevents Children, Young People and Vulnerable Adults in our community from experiencing harm or exploitation; and intervene where and when appropriate if this does occur.

### Mission

- To create opportunity for Partners to work together
- To develop trust in the Partnership; so that we can help each other to find better ways of doing what we do.
- To ensure Partners work together to reduce the causes of harm to our communities
- To act as a critical friend and to highlight areas needing improvement
- To make sure that Partners understand what each other's priorities are and where there are overlaps
- To make sure everyone is safe and
- gets the help they need.

### Who We Are

Southend Safeguarding Partnership is led by the three Strategic Partners.

- Essex Police
- Southend Clinical Commissioning Group
- Southend Borough Council

Organisations and individuals from all sectors that support vulnerable people in Southend make up our Partnership.

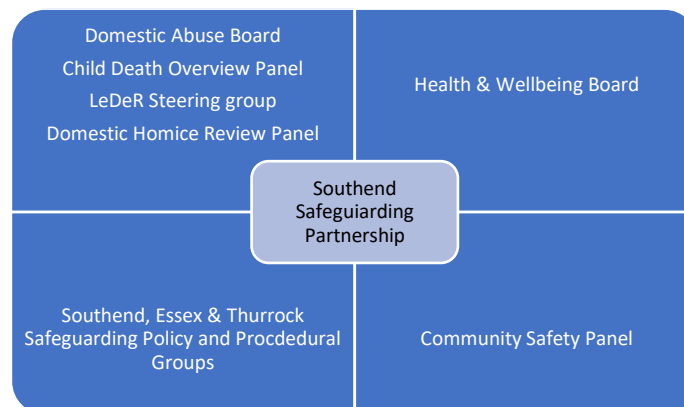
### What We Do

We are the key statutory mechanism for agreeing how Partners co-operate to safeguard and promote the welfare of people in Southend; and for ensuring the effectiveness of what they do. We do this for Children and Vulnerable Adults in our Communities.

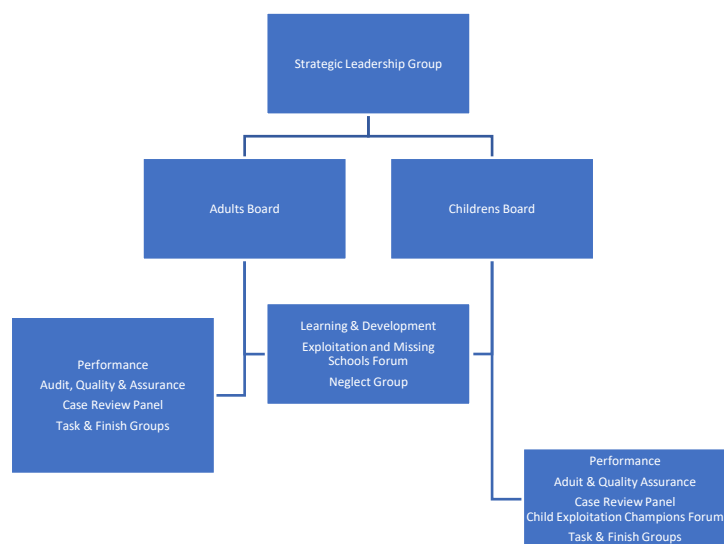
## 6. Structure and sub-structure of Southend Safeguarding Partnership

(P. Hill, Business Manager SSP)

### 6.1. Southend Multi Agency Groups Meetings

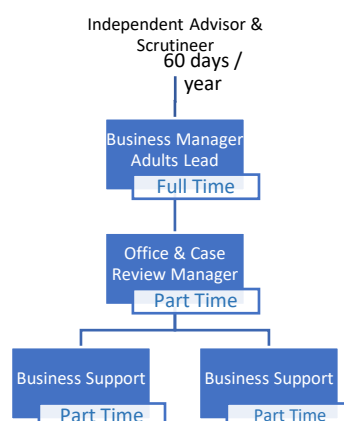


### 6.2. Southend Safeguarding Partnership Meeting Structure

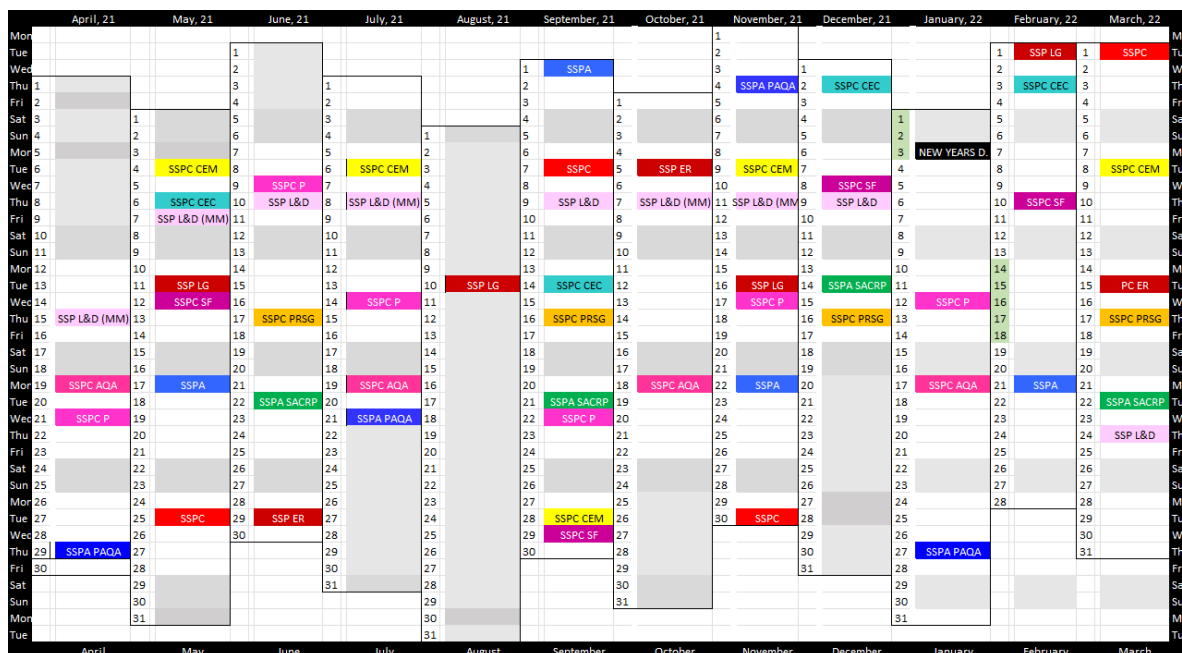


### 6.3. Southend Safeguarding Partnership Structure

Structure is interim (at time of writing this report)



## 6.4. Southend Safeguarding Partnership Meeting Calendar April 2021 – March 2022



TAG	TIME	NAME
PC ER	1000 - 1130	Partnership Chairs Engine Room
SSP LG	1000 - 1130	(11 Aug 1100-1230) SSP Leadership Group
SSPC	1000 - 1230	SSPC Partners
SSPA	1000 - 1230	SSPA Partners
SSPC P	0930 - 1130	SSPC Performance
SSPC AQA	1000 - 1200	SSPC Audit, Quality & Assurance
SSP L&D	1000 - 1200	SSP Learning & Development
SSPC PRSG	0930 - 1130	SSPC Practice Review
SSPA SACRP	0930 - 1130	SSPA Safeguarding Adults Case Review Panel
SSPC CEM	0930 - 1130	SSPC Child Exploitation & Missing
SSPC CEC	1600 - 1800	SSPC Child Exploitation Champions
SSPC SF	1600 - 1730	SSPC Schools Forum
SSPA PAQA	1000 - 1200	SSPA Performance, Audit, Quality & Assurance
		Weekend
DATE		School Holidays (October & December Holidays guessed!)
NAME		Public Holiday
Business Support		
CE	JC	Other
Mon/Tue/Wed	Wed/Thur/Fri	
SSPC	SSPA PAQA	SSP LG
SSPA	SSP L&D	SSP ER
SSPC P	SSPC PRSG	
SSPC AQA	SSPC CEM	
SSPA SACRP	SSPC CEC	
	SSPC SF	

## 7. Links with other Key Partnerships

(P. Hill, Business Manager SSP)

SSP representatives attend a number multi agency meetings including:

### National:

- The Association of Safeguarding Partners (TASP)
- Career Pathway (sub-group)
- National Association of Designated Safeguarding Leads (NADSL)
- Data provision and Management (sub-group)
- Safeguarding Adult Board Manager Network

### Regional and 'Southend Essex & Thurrock':

- Association of Directors of Adult Social Services (ADASS) and Safeguarding Adult Board (SAB) Managers
- Safeguarding Adult Board Manager Network
- Eastern Region Child Death Forum

- Southend, Essex and Thurrock (SET) COVID group
- Southend, Essex and Thurrock (SET) Procedures group (Adults and Childrens)
- Southend, Essex and Thurrock (SET) Domestic Abuse Board
- Southend, Essex and Thurrock (SET) Suicide Steering Group
- Southend, Essex and Thurrock (SET) Domestic Homicide Review Group
- Southend, Essex and Thurrock (SET) Child Death Overview Committee
- Wider Eastern Information Stakeholder Forum (WEISF)
- Learning Disabilities Mortality Review (LeDeR) Steering Group

#### Local:

- Health & Wellbeing Board (Southend)
- Community Safety Panel (Southend)
- Safeguarding Concerns in Care Settings
- Southend Homeless Action Network (SHAN)
- Southend Against Modern Slavery (SAMS)

## 8. National, Regional and 'Southend, Essex and Thurrock' (SET) Partners

(P. Hill, Business Manager SSP)

We have included some of the examples of the work engaged in outside Southend; in National Groups across the Eastern Region of England and with Southend/Essex/Thurrock (SET); where Partnerships work together and learn from each other.

### 8.1. National

- The Association of Safeguarding Partners (TASP)
  - Career Pathway (sub-group): The SSP Business Manager has been a fundamental part of the production of a competency framework for the role of Business Manager for Multi Agency Partnering arrangements. The work has been consulted on nationally and the group is now discussing with education providers the appropriate academic route for the delivery model.
- National Association of Designated Safeguarding Leads (NADSL)
  - Data provision and Management (sub-group): The SSP Business Manager has been a fundamental part of the production of a data sharing and collection guidance note for all safeguarding partnerships (Performance Framework for Safeguarding Adult Boards). SSP has an excellent Dashboard that took 18 months to bring online and has recently been evaluated after one year of 'live' use. The experience of SSP in the creation, production and use of the Dashboard has been shared and has significantly influenced this work.
- Safeguarding Adult Board Manager Network
  - Safeguarding Adult Reviews – In Rapid Time (SAR-RT): The SSP Business Manager investigated the use of SAR-RT across the National Business Managers' network. The review highlighted several local variations but also many similarities. The outcome of the work was the production of a set of principles that would be considered on every occasion a situation met the initial criteria that might start a Safeguarding Adult Review. If the situation met the set of principles a SAR-RT could be used to identify the learning for Partners.

### 8.2. Regional and 'Southend Essex & Thurrock'

- Association of Directors of Adult Social Services (ADASS) and Safeguarding Adult Board (SAB) Managers
  - The SSP manager has engaged in the production of new SAR Quality Markers produced by the Social Care Institute for Excellence (SCIE)



- The SSP Manager has represented the Safeguarding Board Managers National Network on a number of occasions, making sure that the ADASS Group is cognisant of the needs of Safeguarding Partnerships.
- Safeguarding Adult Board Manager Network  
The meeting is used to identify national reports and changes that will impact on Partners activity and outcomes; examples of these include:
  - NHS Safe and Well Being Reports
  - Safeguarding Vulnerable Dependent Drinkers
  - COVID-19 Safeguarding Adults Insight Project
  - Care Quality Commission (CQC) – Out of sight – who cares?
- Eastern Region Child Death Forum  
This Essex Police led forum has just been opened to Safeguarding Board managers and we have attended only one meeting so far. The purpose of the meeting is to share reports, case studies, and other information around child death or non-accidental injuries to children for the purposes of learning and improving how we deal with such matters.

### 8.3. Southend, Essex and Thurrock (SET)

- **COVID group**  
The SET COVID Group has met throughout the pandemic and shares risk assessments, policy, responses and resources where appropriate.
- **Procedures group (Adults and Childrens)**  
There is a SET Procedures group for both Adults and Childrens. The SSP Business Manager currently chairs the Adults group. SSP Member Agencies and Residents of Southend regularly move and work across SET boundaries, and to ensure that policies and procedures for safeguarding are not confused by this movement and support the delivery of services, it is appropriate that many policies and procedures are shared. These group have a Working Plan that reviews existing documents and will work together to publish new guidance if required by change in circumstance, need or legislation.
- **Domestic Abuse Board (SET DAB)**  
The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) is made up of representatives from agencies and organisations working to join up and better facilitate Southend, Essex and Thurrock’s vision to work together to enable everyone to live a life free from all forms of domestic abuse. The Board is responsible for designing and implementing the Domestic Abuse Strategy across Southend, Essex and Thurrock. SETDAB provides strategic leadership to address domestic abuse by providing a multi-agency framework, common ethos and co-ordinated approach to innovate, drive change and address domestic abuse. SET DAB’s Strategy 2020-2025 is available [here](#).
- **Multi-Agency Risk Assessment Team and Conference (MARAT / MARAC)**  
**Statement of Purpose** The MARAC is a risk management meeting where professionals share information on high risk cases of domestic violence and abuse (those at risk of murder or serious harm) and put in place a risk management plan.  
**MARAC responsibilities** The MARAC is a multi-agency safeguarding conference attended by various statutory and voluntary agencies. It works to the principles that Domestic Abuse safeguarding is **everyone’s responsibility** and conforms to the Safe Lives protocol for MARACs nationwide. The MARAC process does not change the expectations of all agencies in relation to safeguarding children and adults. These are set out within the Southend, Essex and Thurrock (SET) Procedures for children and the SET Procedures for adults. They apply to the statutory, voluntary, community and faith sectors. MARAC Operating Protocol is designed to enhance existing arrangements rather than replace them. There is a MARAT Information Sharing Agreement and a Privacy Impact Assessment.

## **Data**

There were a total of 424 high risk referrals made into Southend MARAC during the above period. Of these 386 progressed to conference and were discussed. The difference in numbers would be down to either the victim moving out of area prior to being heard, (most frequent reason and a transfer to MARAC in relevant area would be completed), the perpetrator being sent to custody for a prolonged period or the case did not meet the criteria of high risk (small number).

79% of referrals came from Police, with the second biggest referrer being our commissioned Domestic Abuse service Safe Steps and the rest from various agencies including adult community services, mental health services, and housing services.

Of the 386 referrals heard at full MARAC 33% of perpetrators were repeat perpetrators heard at MARAC within the last 12 months and 27% of victims were repeat victims heard at MARAC within the last 12 months. This falls within the Safe Lives guidance of between 28-40%. There were 271 referrals where there were children in the household potentially impacted by the domestic abuse. All of the cases were heard at Conference within 14 working days of referral, as per Safe Lives guidelines. This has proved easier to achieve when the Conference moved to MS Teams due to the pandemic, and cases are heard twice a week on a Tuesday and Thursday morning.

Of the 424 referrals:

- 92% of the victims were female, 8% of the victims were male.
- 8% of the perpetrators were female, 92% of the perpetrators were male (I mention this as there are same sex relationships)
- 60% of perpetrators were known to have substance misuse issues
- 29% of victims were known to have substance misuse issues
- 8% of perpetrators had been officially diagnosed with a mental health condition
- 19% of victims had been officially diagnosed with a mental health condition (mental health diagnosis from a medical professional)
- *It is worth mentioning here that the percentage of those victims and perpetrators who mention undiagnosed mental health issues is much higher than the above figures but we only record those who have had a diagnosis, rather than those who feel themselves that there could be issues.*
- Disability data and Vulnerable Adult data is not currently reflective as we are not notified of this until the MARAC itself, but the information goes onto the system pre-MARAC. We are currently trialing a new process that will hopefully result in highlighting and recording disability data more accurately.

### **Examples of additional Safeguarding issues highlighted during MARAC for children:**

- Victim heard 4/5/21 Athena 42/78659/42 victims unborn child and siblings the conference felt were still at risk of harm therefore they were stepped up to MASH+ who further explored safeguarding with the family.
- Victim heard 6/7/21 Athena 42/114308/21 victims child was open to Children's Social Care however such were the risks explored at the MARAC that the CSC representative felt the case should be stepped up to child protection. He shared the concerns and risks highlighted to the social worker
- Victim heard 19/10/21 Athena 42/213171/21 victims child was re-referred to MASH+ following the sharing of a list of additional concerns at MARAC and was opened.

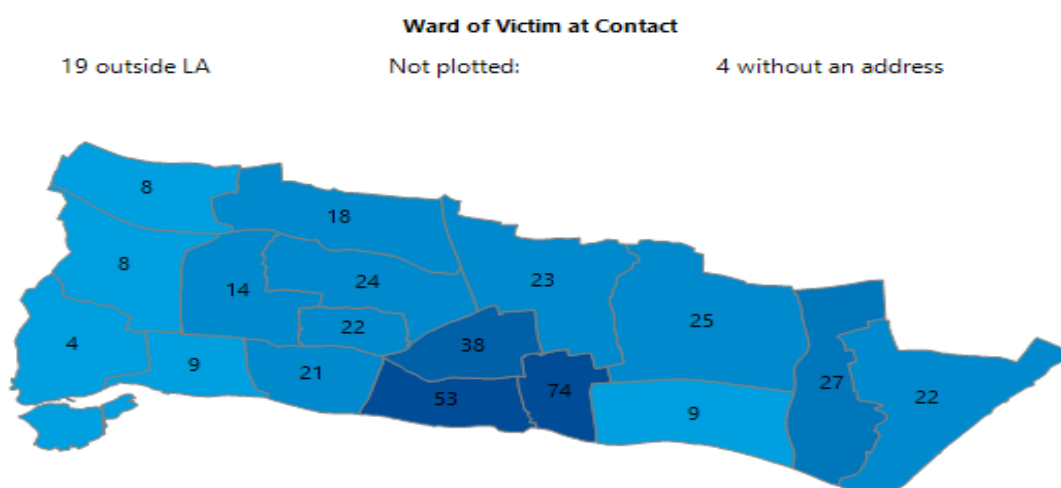
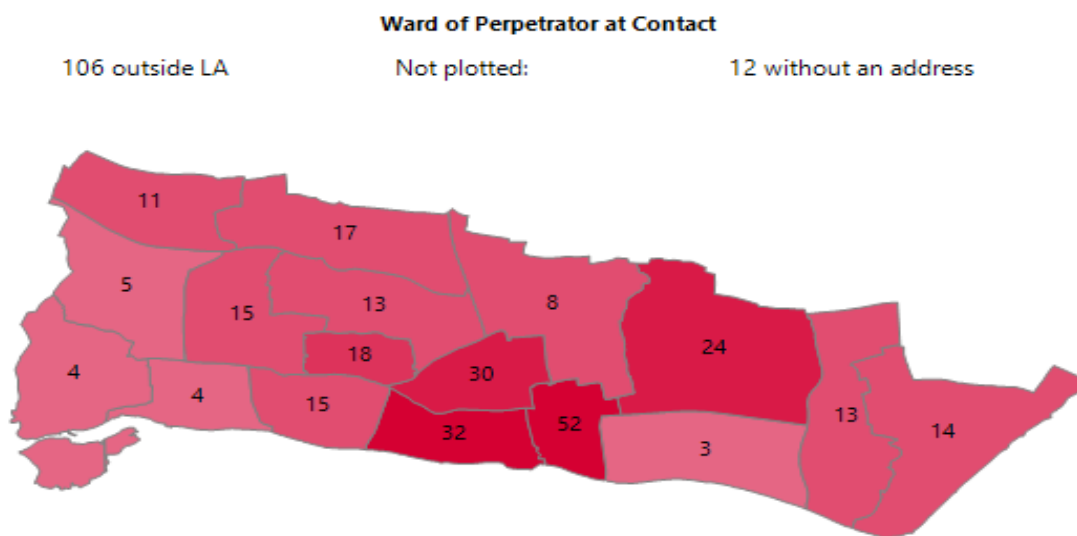
**Of the 271 cases heard where there were children in the household, there were 69 cases where additional safeguarding issues were highlighted during the MARAC**

### **Examples of additional Safeguarding issues highlighted during MARAC for adults:**

- Victim heard 15/2/22 Athena 42/27164/22 Adult services were present and were going to look into concerns for the perpetrators father. It was stated that the perpetrator was his carer.

- Victim heard 21/12/21 Athena 42/278556/42 concerns were raised for the risks to the victim's elderly mother as the perpetrator was the victims brother and he was the carer for their mother.

**There were 13 cases identified with additional safeguarding risks to adults**



- **Suicide Steering Board**

The establishment of the Essex Suicide Prevention Steering Board ('the Board') supports the National Strategy which makes clear that no one organisation can directly influence all of those factors which may contribute to a person taking their own life and as such requires commitment and action across all sectors. The establishment of the Board is intended to ensure closer partnership working between Essex, Southend-on-Sea, and Thurrock Councils, as well as our neighbouring counties Suffolk and Hertfordshire in line with the establishment of the Sustainability and Transformation Partnerships (STP's) who are tasked with delivering the ambitions of the NHS as set out in the Five Year Forward View.

- **Domestic Homicide Review Group & Child Death Overview Committee**

These group are set up to oversee the review of deaths of children and adults where there is evidence of harm caused by abuse, exploitation or neglect.

- **Wider Eastern Information Stakeholder Forum (WEISF)**

WEISF is a partnership network of information governance professionals supporting good information governance and best practice. It helps partners with General Data Protection Regulation (GDPR) compliance and transparency in data sharing.

The partners work together to:

- Make the citizen experience better through improved information sharing
- Share knowledge and best practice via regular meetings
- Have a standardised Information Sharing Protocol (ISP) template for all partners to use
- Publish all ISPs on the WEISF Portal to meet our transparency obligations
- Provision of templates, national guidance and other resources
- Understand our roles and responsibilities under data protection and other information laws
- Inform strategic decision making

- **Learning Disabilities Mortality Review (LeDeR) Steering Group**

LeDeR is a service improvement programme for people with a learning disability and autistic people. Established in 2017 and funded by NHS England and NHS Improvement, it's the first of its kind.

LeDeR works to:

- improve care for people with a learning disability and autistic people
- reduce health inequalities for people with a learning disability and autistic people
- prevent people with a learning disability and autistic people from early deaths

A LeDeR review looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. We look for areas that need improvement and areas of good practice. We use these examples of good practice to share across the country. This helps reduce inequalities in care for people with a learning disability and autistic people. It reduces the number of people dying sooner than they should. So far, we've completed over 500 reviews in Essex. We have found out lots of information and learning on the best way to carry out these reviews. We use the data and evidence to make a real difference to health and social care services across the country.

There are several different review processes for people who die. For example:

- child death review
- safeguarding adults' review
- review of deaths of people in hospitals

If this is the case, we will work together to try to avoid unnecessary duplication. Reviewers will make it clear to families where and how the LeDeR process links with other reviews or investigations.

*“There is close working between Southend Safeguarding Partnership and the LeDeR programme with representation at Steering Group and an MoU in place describing the interface. LeDeR reviews are not completed until safeguarding investigations have been completed and reflect safeguarding recommendations. Additional items arising from LeDeR reviews this year have been the unwillingness of people to raise safeguarding concerns where self-neglect is an issue for people with learning disability and a lack of shared information and approaches making it difficult for anyone to see the whole picture and intervene appropriately. The full LeDeR End of Year report will be shared with the Safeguarding Partnership when complete.”* Rebekah Bailie: LD Health Commissioner and lead for LeDeR in Essex.

## 9. SSP Strategy 2021/2024

(P. Hill, Business Manager SSP)

The full Strategy document is available [here](#)

A summary of the Strategy is available [here](#)

In developing this Strategy Partners organisational strategy, aims and objectives, their assessment of their own 'safeguarding' performance and the performance of the Partnership were reviewed. It has also been exposed to service users through Partner forums and agreed by all parties as the most appropriate way forward.

Delivery of work set against these priorities are visible in the Subgroup summaries later in this document.

### 9.1. Partnership Priorities

1. Ensure all Partners (Public, Private, Third Sectors and our Communities) have an opportunity to engage in working together and keeping people in Southend safe from harm and abuse.
2. Support communication between partners; ensuring vulnerable people have the information they need. (incl. data and information sharing)
3. Make arrangements that facilitate shared management of risk and delivery of services.
4. Create opportunity to build professional relationships and encourage Partners to work together to meet complex needs.
5. Make sure all practitioners and managers have the appropriate skills, competencies and training to fulfil their role; and are selected appropriately.
6. Ensure Partners learn from case reviews, organisational assessments and published guidance.

### 9.2. VULNERABLE ADULT PRIORITIES

7. Domestic Violence – work with Partners to ensure safeguarding is in place and victims, perpetrators and families can access support they need.

### 9.3. CHILDRENS PRIORITIES

8. Ensure Partners develop their understanding of Harmful Sexual Behavior and put in place appropriate measures to protect victims.
9. Develop Partners ability to keep people safe on-line.

### 9.4. ADULTS AND CHILDRENS SHARED PRIORITIES

10. Neglect – promote the understanding of the issue.
11. Prevention – work with Partners to identify and reduce the cause of harm and abuse.
12. Ensure Partners hear the voice of the child/victim and think of the impact of abuse on the wider community (including family and close relationships)
13. Ensure that Partners have the tools and forums to discuss complex needs and the facility to manage any internal conflict.
14. Ensure that any change or new guidance is considered and implemented with the victim at the center of its thinking
15. Ensure we develop the professional curiosity of practitioners.
16. Highlight the importance of reporting and recording accurately, to ensure Partners have the best information and can understand the history of a victim.



## 10. Performance (Adults)

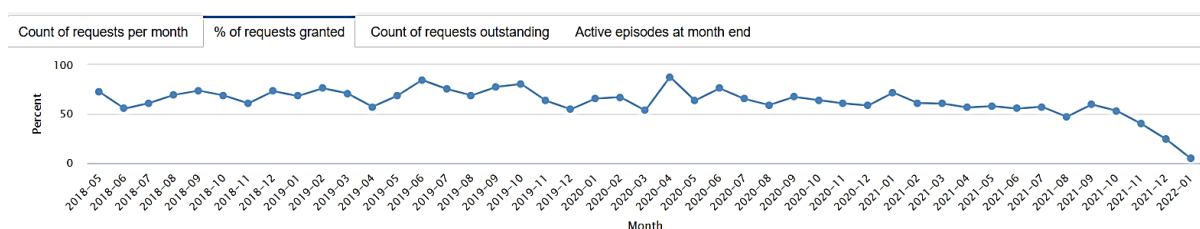
(P. Hill, Business Manager SSP)

Southend Safeguarding Partnership has developed, alongside its strategic partner, Southend City Council, the best Safeguarding Dashboard in the Country. The Dashboard relies on ‘pushed’ data that comes directly from Partners Data Managers (facilitated by appropriate data sharing agreements) and is available to all partners ‘live’ on-line 24/7. Graphs and charts in the Dashboard can be manipulated to show specific data and to change date ranges.

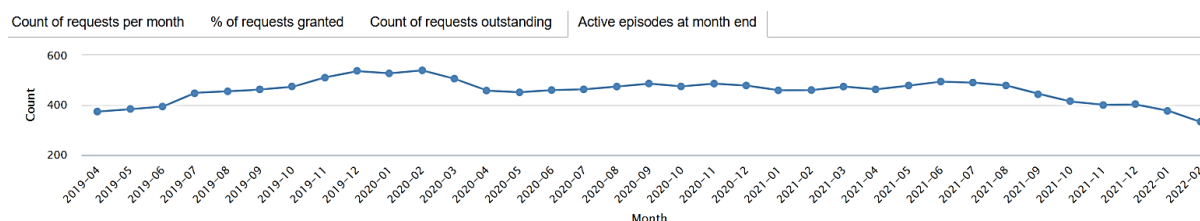
The Dashboard is reviewed at every Adults and Childrens Performance meetings; looking for trends, data outliers or reaction to change or activity.

The Dashboards are not visible to the public as some of the data, if carefully interrogated might identify residential premises.

Some of data is also known to offer ‘changing views’ (i.e. the data can change in a given quarter over time – known as ‘lagging’), and example of this is the data referring to the ‘Deprivation of Liberty’ ‘requests’ and ‘granted’.



The recording system captures requests when entered into the system, and so the important data in this regard is the number of outstanding requests at the end of the month; seen here to be improving:



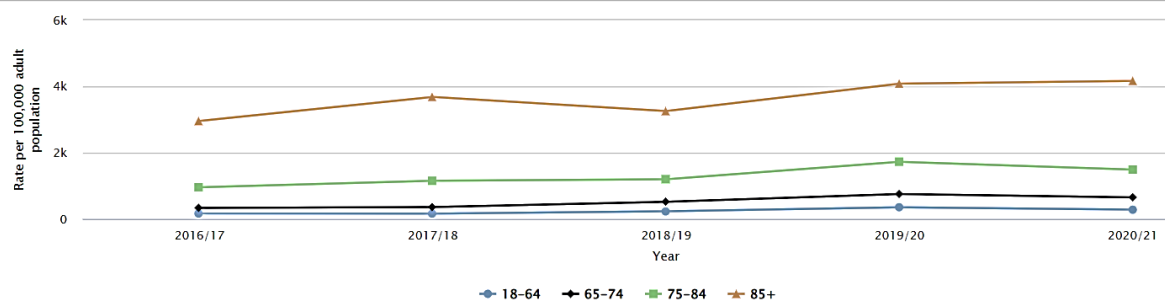
Note: These counts have only been calculated from April 2019 as episodes may remain open for 1 year

Below are only a very few of the examples of areas identified by our Dashboards and considered by Southend Safeguarding Partnership; and that have caused further investigation:

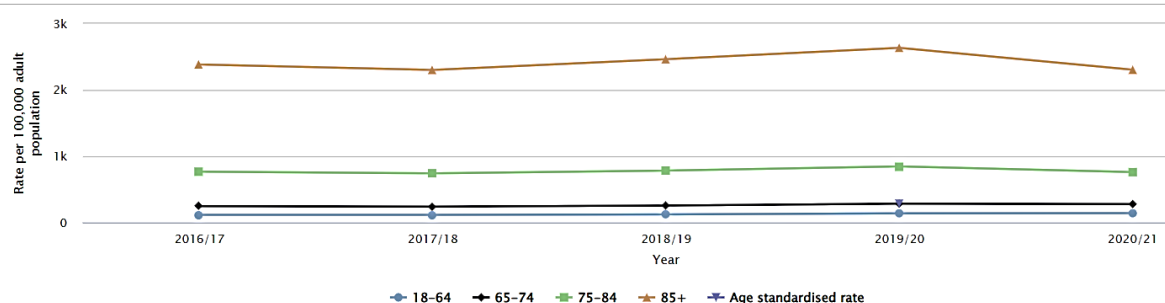
## 10.1. SECTION 42 ENQUIRIES

This item shows the age group breakdown of individuals who were involved in a Section 42 enquiry that commenced during each year. The charts show the age standardised rate of Section 42 enquiries per 100,000 adults to compensate for the different age demographic between Southend and England overall.

Individuals by standardised age groups (Southend)



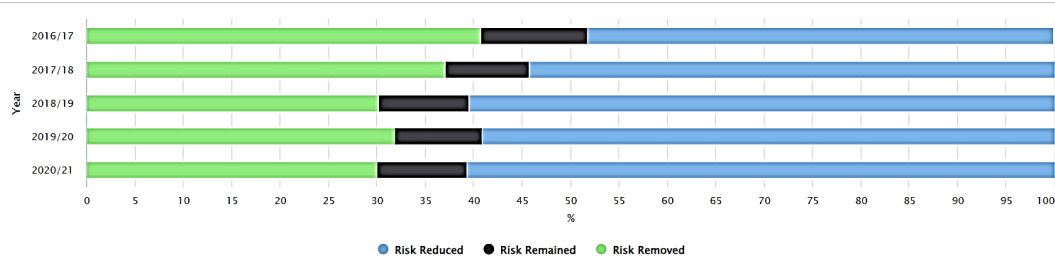
Individuals by standardised age groups (England)



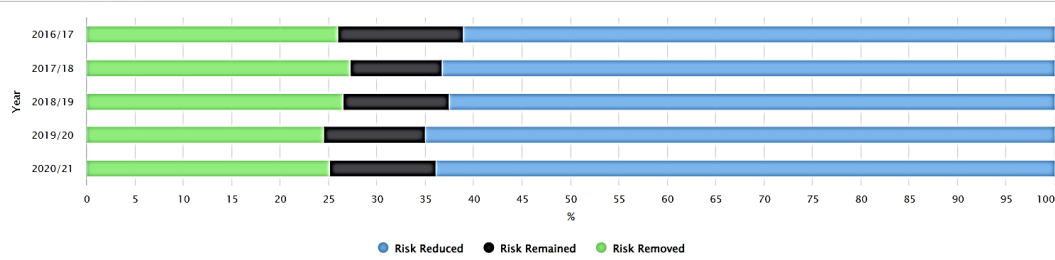
Southend has (in all 4 age groups) almost double the number of referrals compared to England overall. This might be a result of either more adults at risk of harm, exploitation, or neglect (HEN) in Southend; or Partner agencies in Southend being more aware of the route for reporting HEN. Partners are aware of the position and constantly review both the standard of referrals and the trends visible in referrals to explore opportunity for early help and/or prevention.

Given the higher number of referrals it is also appropriate to consider referrals outcomes. As part of an enquiry an assessment of the risk to the individual is made and where a risk is identified the outcome is recorded at the conclusion of the enquiry. This section compares the outcomes of enquiries that concluded each year for England and Southend on Sea. Multiple results can be included in the table if multiple risks have different assessments and result in different outcomes.

Risk outcomes (Southend)



Risk outcomes (England)

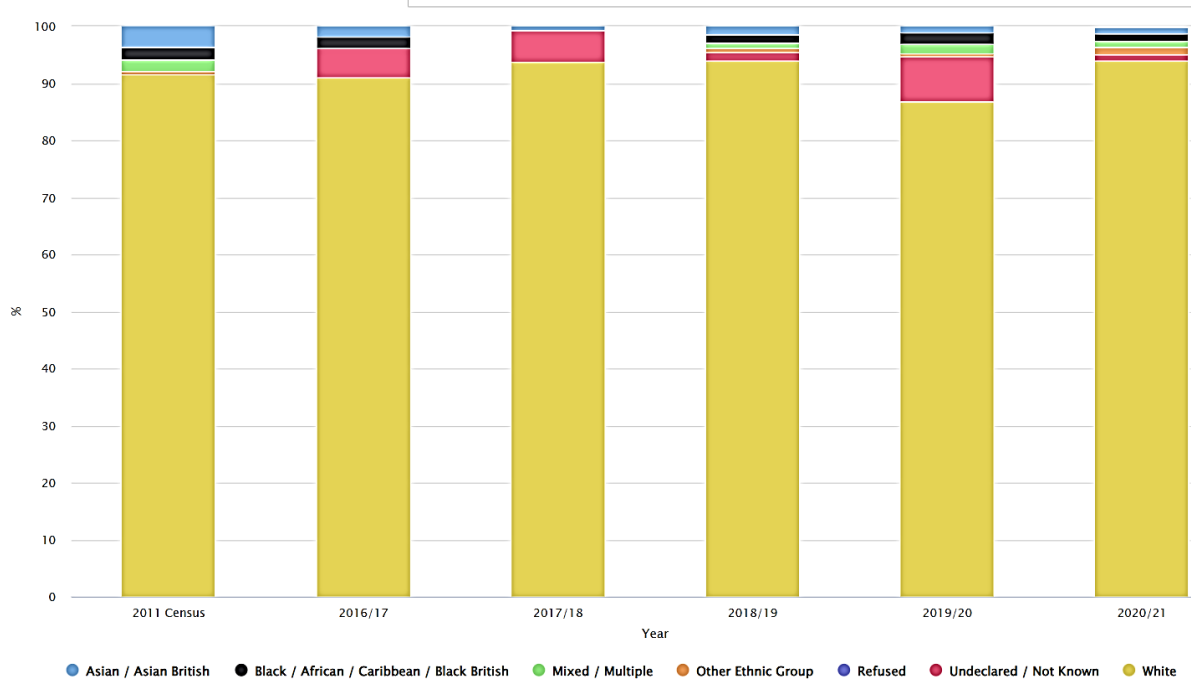


Southend records on 5% more occasions that the risk is removed and 2% less occasions the risk remains.

## 10.2. Ethnicity

This section analyses the breakdown, by ethnicity, of individuals who were involved in a Section 42 enquiry that commenced during each year. For comparison, the results of the 2011 census are included to show the relative proportions of each ethnic group in the adult population of Southend.

Individuals with commenced Section 42 enquiries, by ethnicity

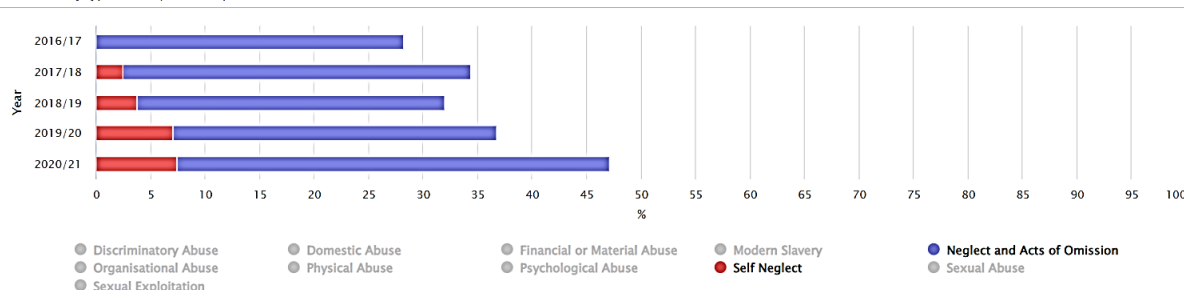


The Adults Performance group reviewed this in detail over a couple of sessions and after asking for more information about the demographics of the area. We discussed the potential impact of culturally different views of Partners and asking for external help. The discussions highlighted the need for practitioners to be culturally aware and empathetic; and for the performance teams to carefully monitor data to ensure that fair and equitable support is offered to minority groups in the area.

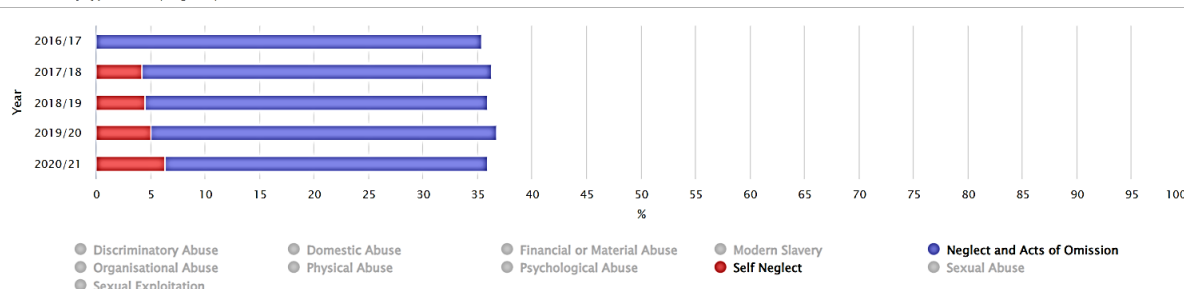
### 10.3. Neglect

This section analyses the breakdown, by type of risk, of Section 42 enquiries that were concluded in each year. One enquiry can include multiple counts in each of the data tables if more than one type, location or source of risk is identified during the enquiry. It should be noted that of the eleven risk types, four (modern slavery, self-neglect, sexual exploitation and domestic abuse) were submitted on a voluntary basis prior to 2017-18.

Individuals by type of risk (Southend)



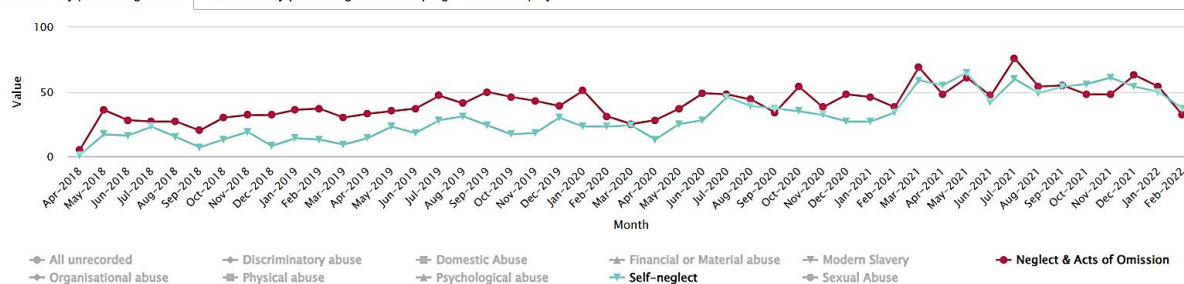
Individuals by type of risk (England)



As a result of this data the Southend Safeguarding Partnership set up a bespoke group to consider the issues of ‘Neglect’.

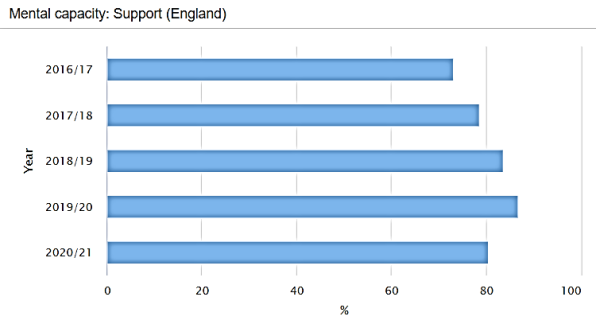
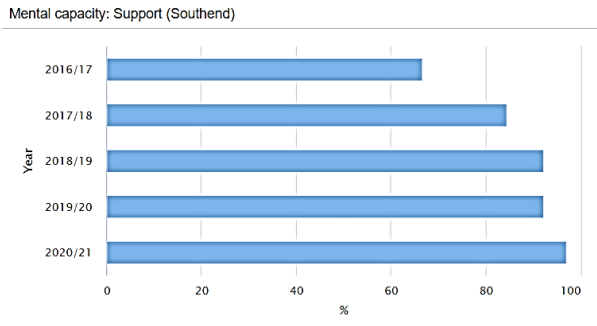
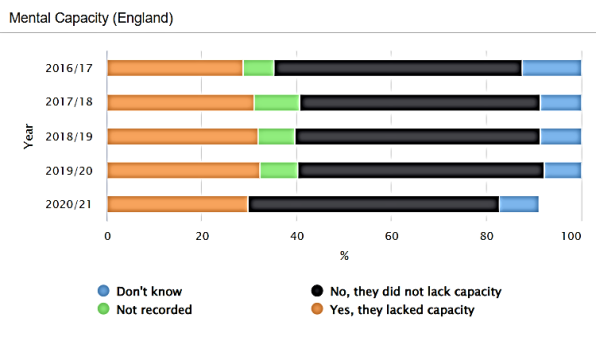
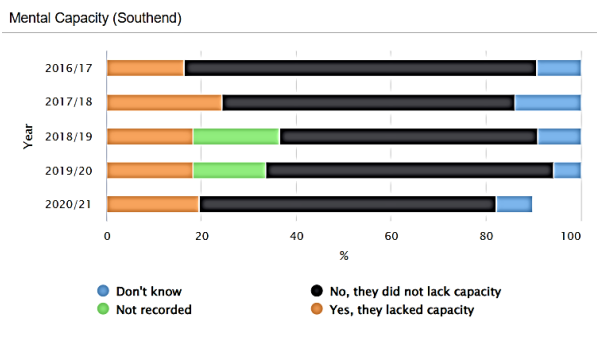
As we monitor the number of referrals that record neglect and self-neglect as the significant presenting issue we can see that there is a down turn. We now need to maintain this downturn and understand exactly what has made the difference – was it our concentration on the issue?

Concerns by presenting issues - % progressed to enquiry



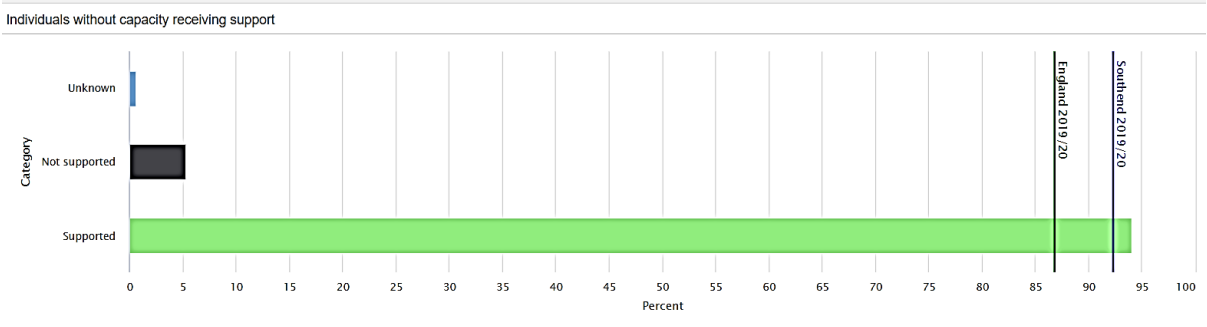
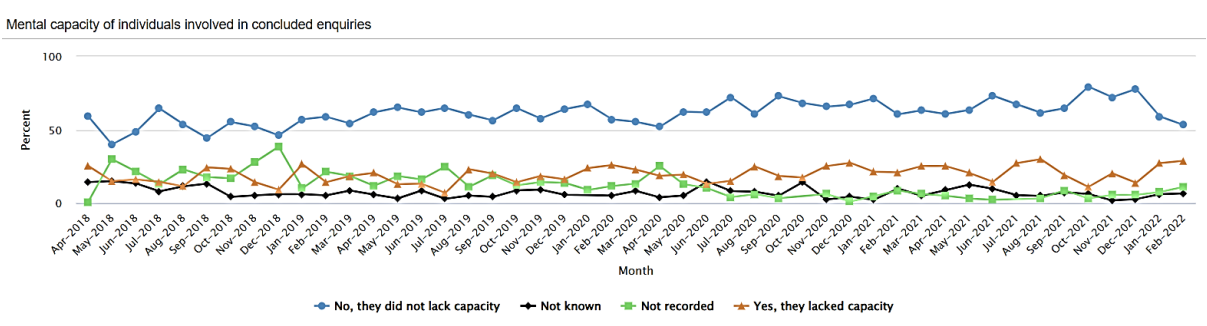
### 10.4. Mental Capacity

The top section looks at the mental capacity of individuals involved in concluded section 42 enquiries. Mental capacity in regard to safeguarding is assessed as the person’s ability to contribute to making decisions about their protection, including their participation in the safeguarding enquiry, as well as their mental capacity at the time of the incident causing a safeguarding concern and enquiry. The lower section shows, in respect of all Section 42 enquiries that concluded during the year, the proportion of those people who lacked capacity who were supported.



The data shows the improvement of services in Southend: in 2016-17 only 66.7% of people who lacked capacity and required support to engage with the S42 enquiry got support (that was recorded), in 202/2021 it was 97.1%.

We also considered the trending data to see if there was 'travel' that might assist in explaining the difference in data:



The investigation of this data considered those circumstances where the capacity was 'not known' and where support was not provided to those who lacked capacity. We discovered that there were several circumstances where the person in question was either unable to engage with the process, even with support, and an advocate represented their best interests; and also some circumstances where the person had died. The review of this data also raised the issue in the minds of practitioners and was found to help teams to talk through the routes available for support to be provided.



## 10.5. Domestic Abuse

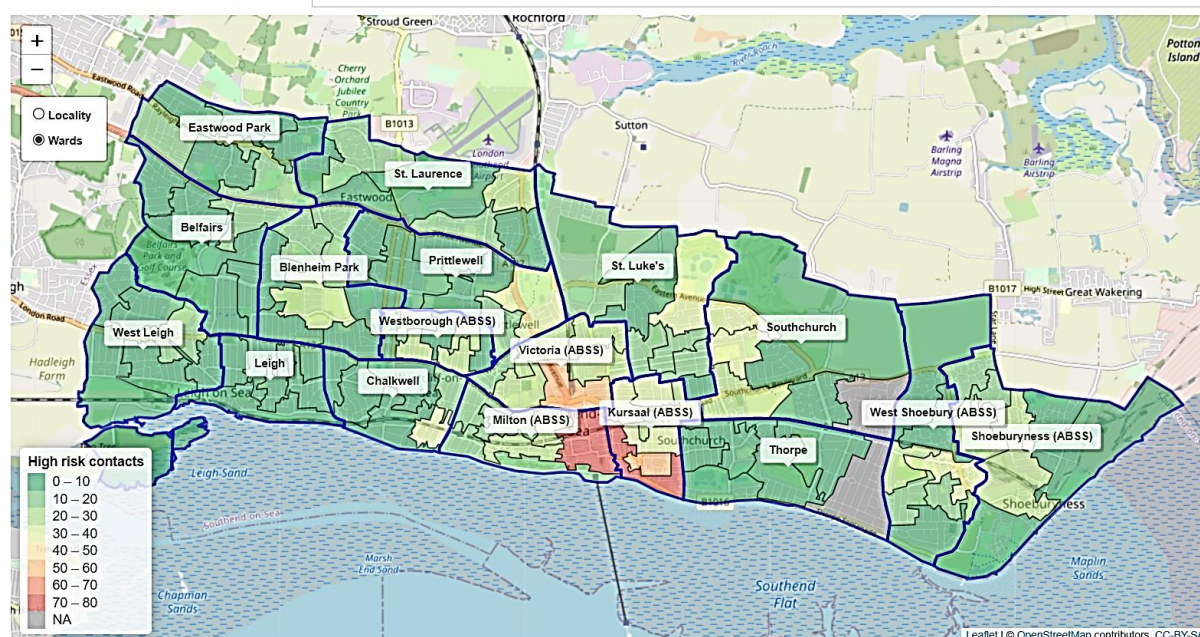
The **Multi-Agency Risk Assessment Conference (MARAC)** is a regular meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies all share information about the victim, the family and perpetrator, to enable them to devise an action plan to reduce risk for each victim. 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. This might include the actions agreed for any children, adults, and for perpetrators.

The following map layers show counts of contacts which reported incidents where there was a victim identified and a valid Southend Borough postcode was recorded.

Please note:

- Areas coloured grey with a count of 'NA' are those which have never had an incident recorded at any time.

MARAC contacts (All contacts and high risk only)



## 11. Performance (Children)

(P. Hill, Business Manager SSP)

The SSP Childrens Dashboard delivers in the same way described in the previous chapter for adults – A best in class, pushed data system that is live 24/7 online to all partners.

Below are only a very few of the examples of areas identified by our Dashboards and considered by Southend Safeguarding Partnership; and that have caused further investigation:

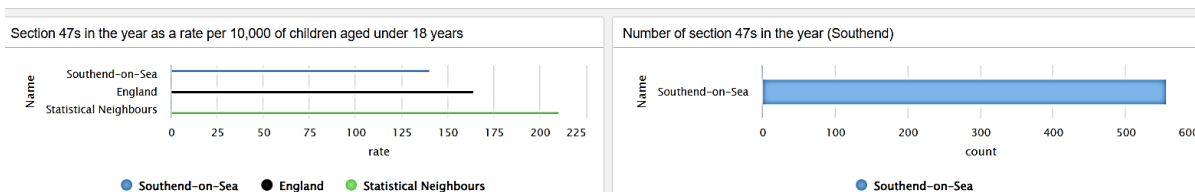
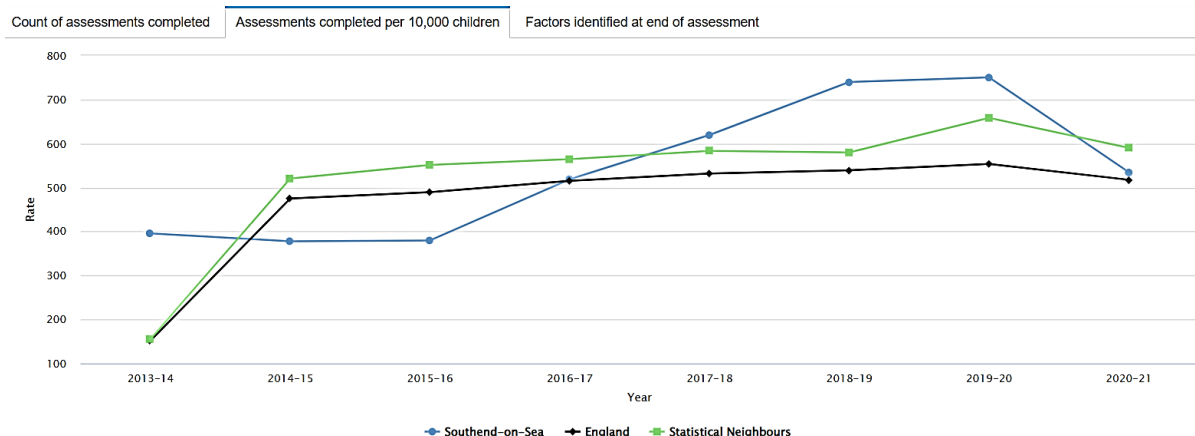
### 11.1. Multi Agency Safeguarding Hub (Referrals)

The MASH is a collaborative arrangement between Southend City Council Children's Services, Essex Police and Health Services.

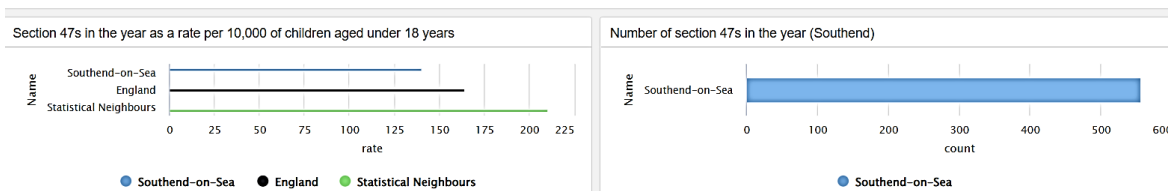
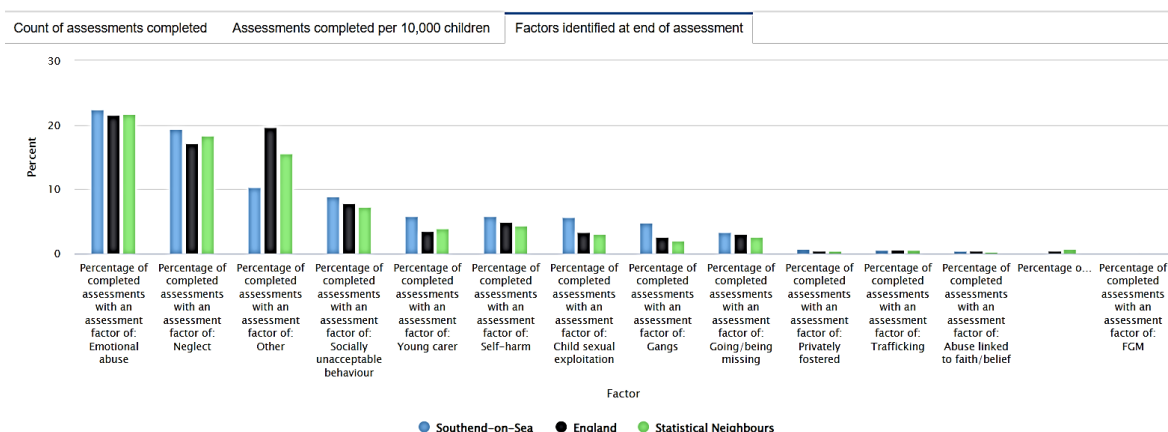
- CSC Team Manager
- CSC Practice Managers
- CSC Senior Practitioners
- CSC Duty Social Workers
- CSC Administrators
- Police Officer (DS, DC and Staff Member)
- Health Liaison Nurse (HLN)

The key principle is to improve the experiences of children, young people and families who are in contact with Southend City Council Children’s Services and to develop a multi-agency approach to protecting children at risk of significant harm.

Referrals to MASH result in an assessment of risk/need: The upper charts refer to assessments undertaken and the factors identified at the end of assessment. If more than one factor has been identified at assessment, each can be reported within the census. Most children will have more than one factor identified and reported. If the local authority identifies there is reasonable cause to suspect a child is suffering, or is likely to suffer significant harm, it will carry out an investigation under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child. If concerns are substantiated and the child is judged to be at continuing risk of harm, then an initial child protection conference is convened. The lower charts provide further analysis of investigations undertaken.



This significant change was reviewed alongside the outcomes of the assessments, shown in the graphs below:



The only outlier for Southends data here was visible in the third from the left 'bars' in the top graph 'Other'. This term refers to more obscure factors or where genuinely now known, but usually to where the factor is simply not recorded.

## 12. Performance – Delivery of recommendations from 'Multi Agency Review of Southend Safeguarding Partnership (Carol Brooks) 2020'

(P. Hill, Business Manager SSP)

Carole Brooks Associates (CBA) were commissioned by Tandra Forster and Michael Marks (Southend City Council Executive Directors) to undertake an evaluation of the Southend Safeguarding Partnership (SSP). The fundamental aim of the review was to help the SSP and component partners to reflect on the effectiveness of meeting their statutory responsibilities; how well they work together as a partnership to safeguard people in their local area and how well they understand impact of their work and the services within the local area.

CBA reported that it is a testament to the synergy of the SSP that when deciding whether to report findings separately for children and adults, there appeared to be so many common areas that a combined report was provided with specific findings as appropriate.

### Summary of Recommendations:

1. Maintain the current structure of a joint SSP and sub-groups, roles of Independent Adviser and Business Manager, with the exception of the Safeguarding Scrutiny Panel and reviewing the support resource within the business unit.  
[\(Commentary – Recommendations delivered\)](#)
2. Review membership and reduce the operational footprint of the partnership, identifying how meetings and communications can be more succinct, strategic and effective.  
[\(Commentary – Recommendations delivered and continue to be exercised within parameters of Terms of References \(all reviewed\) and resources\)](#)
3. Refresh the published arrangements to be more accessible and which include suggestions within this review.  
[\(Commentary – Not delivered\)](#)
4. Consider how the workplans can be strengthened to measure change and impact for Southenders and ensure sufficient grip across the partnership and in meetings to progress work, balancing resources, risk and pace.  
[\(Commentary – Not delivered\)](#)
5. Create a safeguarding effectiveness framework to include scrutiny, performance, quality assurance, understanding outcomes and impact across the partnership to replace the learning and improvement framework, and consider required resources and skills to do so.  
[\(Commentary – Not delivered\)](#)
6. Accelerate and provide a stronger focus on listening and acting on the voice of Southenders, finding ways to do so during Covid.  
[\(Commentary – Not delivered\)](#)
7. Refresh the case review documentation and approach to be more strengths based and strengthen capacity and skills in this area. Investigate case review referral thresholds to be assured they are being met and identify how single agency learning can be better shared across the partnership.  
[\(Commentary – Not delivered\)](#)
8. Consider the expectations in learning and development in light of no dedicated budget,

including reliance on individuals on the sub-group and single agencies to deliver.

(Commentary – Not delivered)

All outstanding recommendations appear in the Workplan to the SSP Strategy and are visible in the Action Plans included in the next section of this report

## 13. Work Delivered:

The two Southend Safeguarding Partnership Boards (SSPA and SSPC) are multi-agency partnership meetings made up of senior officers from education, adult social care, criminal justice, health, housing, community safety, voluntary organisations and service user representative groups. They co-ordinate strategic development of adults and childrens safeguarding across the Southend area; ensuring the effectiveness of the work undertaken by partner agencies.

The 'Subgroups' to these two Boards have been established to take direction and support the work of the Southend Safeguarding Partnership, to practically respond to their key priority areas, ensure local safeguarding arrangements are effective and deliver the outcomes that people want. They all act as mechanisms by which the SSP holds local agencies to account for their safeguarding work; including prevention and early intervention and co-ordinates strategic and operational safeguarding activity.

(see [SSP Structure](#))

### 13.1. SSPC Board

(M. Exley, Office and Case Review Manager SSP)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.4	SSP will work with MARAT to ensure that the appropriate reporting route is available to all Partner Front line staff	Yellow
3.1	SSP will work alongside Partners to identify where there would be an advantage to work collaboratively	Green
3.2	SSP will seek assurance that Partners actively consider external agency involvement and engagement with their clients.	Green
4.4	Ensure that there is opportunity to include representatives from the community at all meetings (Lay-representatives)	Yellow
7.3	Review partners need for training and whether the SSP should change its offer	Yellow

What we did and how far it matched those commitments and what are the outcomes

The SSPC Board met quarterly with each of the meeting Agendas lending time for “standing items” to be presented including:

- The Business Managers Report detailing:
  - all SSPC activity over the preceding quarter and those items expected in the next quarter
  - Updates from all SSP (C) Sub-Groups and
  - Updates from all ongoing Child Safeguarding Practice Reviews
- An opportunity for any Partner to articulate extraordinary demand and risk
- The Risk Register, which is distributed ahead of each meeting and reviewed every 6 months by Partners for any amendments/updates to be considered
- An area for information only items, which could include published reports from both National and Local Partners Agencies alongside allocated time for representatives to receive specific presentations from partner organisations that are designed to ensure Partners are aware of each other’s future service changes and performance.

The strategic activities set for this group were met in part by the delivery of the following presentations, opportunity for discussion and agreement of partnership actions/recommendations and those actions/recommendations undertaken:

- Southend City Council (SCC) Early Help Strategy & the Delivery Plan– designed to update Partners with regard to the changes within Early Help settings, ensuring they have a better understanding of the services available.
- SCC Education gave a presentation on the Ofsted Report, regarding Sexual Abuse in Schools & Colleges - Partners were asked to note the recommendations within this report and agreed this should form a substantive item for many partner organisations, in order for discussions to be tabled, the issues to be highlighted and ideas to combat these issues formulated.
- Non-Accidental Injuries to Pre-mobile Babies (NAI) – the Final report findings for a multi-agency piece of work driven by the increase in numbers through the CV19 pandemic 1<sup>st</sup> wave. Learning from this audit was agreed for dissemination to the SSP Subgroups.
- Child E Report – the final report for the Learning Review for Child E was presented to partners for approval and discussions with regard to publication which was agreed to be approved once the case had completed its court proceedings. The learning from this review was agreed to be distributed to the subgroups for further work.
- National Child Mortality Database (NCMD), Suicide & Young People Report – Partners agreed the report findings and recommendations around a discussion, but felt it would be better placed with the SET suicide prevention group as a possible subject for a Task & Finish group
- Transitional safeguarding - Partners received a presentation regarding ‘Transitional Safeguarding’ from Southend Borough (now City) Council. Partners agreed a further event was required to explore the issue more widely (planned for May 5<sup>th</sup> 2022), which forms part of several activities arranged by SSP as a result of the findings of Case Reviews. Transition from a child to an Adult is difficult enough; when the child has special needs or has been the victim of abuse, exploitation or neglect they often need the support of Partners. Identifying and assessing the need, ensuring the services provided are joined up and person centered, whilst ensuring the 6 principles of safeguarding<sup>1</sup> are upheld sometimes goes wrong. The work of SSP is to support this process as part of the reaction to case reviews and to prevent future harm.
- Essex County Fire & Rescue Service (ECFRS), Support for Vulnerable people & their Prevention Strategy - both presentations designed to update Partners with regard to the changes within the ECFRS organisation, ensuring Partners have a better understanding of the services available, and how these changes potentially affect both negatively and positively their services or client base.
- Multi-agency Reform Kantar Report – a report looking into the behavioural drivers and barriers to multi-agency partnership working for children’s safeguarding in England, which encouraged Partners to look at the key findings and recommendations against their own.
- Suicide Ideation – a briefing paper distributed prior to the meeting stimulated discussion with regard to the increase in the number of suicides in Southend. The paper recommended the restarting of the Suicide Steering group (to match Essex and Thurrock).

The sharing of information items is detailed below and allow partners to take away information pertinent to their organisations, but have insight into those areas outside of their remit which might be of interest:

- The Sir Alan Woods Report on Multi-Agency Working
- Home Office quarterly Safeguarding updates
- The Essex Violence & Vulnerability Annual Report
- Dep of Health Letters regarding Integrated Care Systems

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<sup>1</sup> <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>



- Think Family - The Think Family agenda has been supported by the production of a bespoke page on the Partnerships website <https://safeguardingsouthend.co.uk/think-family-learning-from-reviews/>
- Child Death Reviews Annual Reports
- SET Documents sent for consultation
- SSP Joint Response letter to the DfE's correspondence around safeguarding

### 13.2. SSPA Board

(P. Hill, SSP Business Manager)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.4	SSP will work with MARAT to ensure that the appropriate reporting route is available to all Partner Front line staff	Yellow
3.1	SSP will work alongside Partners to identify where there would be an advantage to work collaboratively	Green
3.2	SSP will seek assurance that Partners actively consider external agency involvement and engagement with their clients.	Green
4.4	Ensure that there is opportunity to include representatives from the community at all meetings (Lay-representatives)	Yellow
7.3	Review partners need for training and whether the SSP should change its offer	Yellow

What we did, how far it matched those commitments and what were the outcomes.

The SSPA Board met quarterly and received several presentations that are designed to ensure Partners are aware of each other's future service changes and performance.

The SSPA Board meeting has a number of 'standing items' received at every meeting, including:

- Updates from all SSP (A) Sub-Groups and
- Updates from all ongoing Safeguarding Adult Reviews and Domestic Homicide Reviews
- A Board Managers report of all SSPA activity over the preceding quarter
- An opportunity for any Member to articulate extraordinary demand and risk
- Presents the current SSPA Risk Register
- A section that includes information for information only (such as published reports from Partners Agencies)

The strategic activities set for this group were met in part by the delivery of the following:

- Department of Work and Pensions – Presentation about how they meet the needs of vulnerable customers.
  - Members of SSP will be better placed to understand the support available and be able to signpost DWP appropriately if they see a need unmet.
- Transforming Care Partnership – The meeting has received regular updates and presentations to update the Partnership on the governance changes for the 7 Clinical Commissioning Groups in Southend, Essex and Thurrock.
  - The link between Health and other services is paramount to the protection of vulnerable adults. Rarely does a person only need the support of a single agency. Keeping informed about changes in governance will assist in the smooth transition of communication between services during this period of transformation.



- LeDeR – A presentation on the progress of the backlog of reviews required by this group The meeting receives regular updates regarding the outcomes from all the LeDeR reviews and the actions taken by Partners.
  - (see update earlier in this document in section '[National, Regional and 'Southend, Essex and Thurrock' \(SET\) Partners'](#))
- Liberty Protection Safeguards (LPS) – The impending change from the Deprivation of Liberty Standards to LPS has had a number of delays. The change in legislation changes the people to whom it refers, the manner it is delivered, and the agencies involved. The SSP have been kept up to date with all the changes and the preparations being made for its introduction.
  - The move to LPS will have a significant impact on many SSP Partners. The need to retrain staff, create policy and procedure and ensure that there is capacity for new/changed work needs cross organisation understand. These updates facilitate the sharing of information that is used to shape this essential work.
- Local Probation Service (LPSe) – The Partnership were kept up to date with the rejoining of both parts of the probation service and given an update of the performance once combined.
  - Many people who are subject to the management of probation services also require services from other SSP Partners. Understanding what each other provide / don't provide etc. is vital to the appropriate maintenance of their, and the publics, safety.
- Neglect - The Sub-Group that was concentrating on issues of 'Neglect' moved governance twice over the year. It started as a drive from this group and quickly moved to a group reporting to the Health & Wellbeing Board 'Thriving Communities'.
  - The group is moving back under the governance of Southend Safeguarding Partnership (as this report is being written) to gain some direction and momentum.
- Dashboard - The Meeting received the 'SSP Dashboard Review' and chose not to make any alteration to the dashboard as it is functioning well, and the expected cost (£50k) was prohibitive.
  - The review was completed exactly 1 year after the dashboard went live. It was clear that Partners of SSP use the dashboard differently and the benefits they receive are dependent on the effort put into analysis. The SSPA Performance Group review the Adults Dashboard every quarter and there have been several tangible and demonstrable benefits (see [SSP PAQA Sub-Group Update](#)). The SSPC Performance group are only just getting used to the Childrens Dashboard but are starting to review it every quarter.
- Essex County Fire & Rescue Service (ECFRS) - The meeting received a presentation from Essex County Fire & Rescue Service regarding their new 'Prevention' strategy.
  - The presentation caused several Partners to contact ECFRS after the meeting to explore how their home safety visits could be better targeted to people at risk, and ho their Fire Break schemes could be used locally.
- Transition - The meeting received a presentation regarding 'Transitional Safeguarding' from Southend Borough (now City) Council. The meeting agreed a further event was required to explore the issue more widely (planned for May 5<sup>th</sup>, 2022).
  - This is part of several activities arranged by SSP as a result of the findings of Case Reviews. Transition from a child to an Adult is difficult enough; when the child has special needs or has been the victim of abuse, exploitation or neglect they often need the support of Partners. Identifying and assessing the need, ensuring the services provided are joined up and person centered, whilst ensuring the 6 principles of safeguarding<sup>2</sup> are upheld sometimes goes wrong. The work of SSP is to support this process as part of the reaction to case reviews and to prevent future harm.

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<sup>2</sup> <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>

- The Gangmaster and Labour Abuse Authority (GLAA) offered presentation that included some of the intelligence led work that has been delivered in Southend. The presentation persuaded Members that they needed to raise the profile of the work with their workforce.
  - The GLAA have been involved in enforcement activity around the coast of Southend (Leigh on Sea) engaging with Cockle pickers. The presentation informed partners of the types and areas where labour exploitation occurs. The presentation was followed by an event in Southend High Street to raise public awareness.



- Self-Assessment - The Bi-Annual Self-assessment was not completed this year but the plans for the next year's survey and staff survey has been discussed.
- Street Prostitution - The meeting received a presentation about Street Prostitution in the area. It highlighted the difficult relationship the women had with services and their imminent needs.
  - The presentation raised members awareness of the vulnerable street sex workers and their difficulty in accessing services.
- Care Quality Commission (CQC) – Community Health Survey – The meeting received the presentation and explored the issues raised by the findings.
- Out of Sight – Who Cares? The CQC report on the care of vulnerable adults was presented to the meeting. The issues raised in the report were discussed further outside the meeting in a regular CQC/CCG/SCC/SSP meeting.
- Suicide Ideation – The number of suicides in Southend is increasing. A paper was presented that recommended the restarting of the Suicide Steering group (to match Essex and Thurrock).
- Think Family - The Think Family agenda has been supported by the production of a bespoke page on the Partnerships website  
<https://safeguardingsouthend.co.uk/think-family-learning-from-reviews/>
- Tricky Friends Animation - The Partnership has produced and shared an animated video to assist help Vulnerable people understand some of the dangers when making friends. The video was originally produced in Norfolk and made available for 're-branding' through the Business Managers Network. (the video has had nearly 400 views)  
<https://www.youtube.com/watch?v=MJpzsS4Jbp0>
- Labour Exploitation Event – 17 December – Southend High Street  
 The event was held in a marquee and was designed to raise the awareness of labour exploitation in the area.
  - Southend Against Modern Slavery
  - Gangmaster and Labour Abuse Authority
  - National Crime Agency
  - Southend Safeguarding Partnership
  - Southend Borough (now City) Council
- Tier 4 Beds – The meeting received a survey completed by SSP regarding the availability and issues cause by the lack of 'Tier 4 Beds'.
- Service User Surveys – The meeting received a report that offers the use of the SSP website to collect independent User Surveys – The opportunity is still being discussed.
- National Safeguarding Adults Week (NSAW) (15-21 November)  
 The NSAW 2021 theme was 'Creating Safer Cultures'. Each day focused on a specific topic to facilitate conversations around the theme of creating safer cultures.
  - Monday Emotional Abuse and Safeguarding Mental Health
  - Tuesday The Power of Language

- Wednesday Digital Safeguarding
- Thursday Adult Grooming
- Friday Creating Safer Organisational Cultures
- Weekend Safeguarding and You
- Media Pack and Ann CraftTrust resources shared with Partners
- SET agenda and NSAW Poster shared with Partners

**Delivery:**

**GP Representative:** Activities during this week have included sharing of all the training amongst primary care clinicians on social media which included both Facebook and Twitter. Sharing of all the opportunity to learn occurred at time to learn for all GPs and primary care clinicians also.

**CQC:** The Communications team shared a number of the social media posts relating to the week.

**South East College (Southend Campus):** Shared some of the posts on the Safeguarding Instagram Page. [Wellbeing & Safeguarding Team \(@safeguarding\\_sec\)](#) • [Instagram photos and videos](#)

**Southend City Council** – Posters displayed in corporate and social media posts

**Essex County Fire & Rescue** - Advertised Safeguarding Week on the intranet with links to some of the sessions being held. ECFRS also used this as an opportunity to reiterate safeguarding processes and to link employees with the guidance notes we have available on subjects such as Hoarding, Scams, Modern Slavery etc.

**SAVS:** Data from posts put out in support of NSAW.

Twitter

- Total TW impressions - 1,821 impressions.
- Total engagements - 46 engagements

Facebook

- Total FB impressions - 1,833 impressions.
- Total FB clicks - 17 clicks.
- Total FB engagements - 36 engagements

SAVS LinkedIn Intro - 98 impressions, 4 engagements & 1 share

Instagram SAVS intro - 146 impressions & 16 likes

The meeting maintains a risk register that is reviewed regularly and brought to every meeting for the consideration of the attendees and any amendment considered.

### 13.3. SSPC Performance

(David Browning, Detective Chief Inspector, Head of PPIU South)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
2.3	SSP will explore the Bristol insight and Liverpool data models to see if they can be replicated in Southend.	
4.3	Consider working alongside SAVS (and potentially HealthWatch) to bring together a regular consultation / opportunity that encourages service users to share their experience of safeguarding provision across the partnership	
5.1	SSP will continue to gather information about the further development of the SSP Dashboard. 1 year after release the dashboard will be reviewed, and the outcome taken to the Strategic Group.	
5.2	SSP will work with Partners to determine if there are opportunities to change data stored and shared (for the benefit of the person to whom the data refers.) (See Theme 2 – Bristol insight)	
13.1	SSP will work with Partners to identify the elements of professional curiosity that can be measured and monitored.	

15.1	SSP will explore with Partners the impact of social media on abuse of people in Southend.	
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The SSP benefits from a comprehensive data model which gives the performance group a good insight into trends and fluctuations to focus workplans jointly and better support and safeguard children.

Each statutory agency has contributed to providing their own situational awareness report to outline the impact COVID has had with safeguarding provision across the partnership. These will be jointly reviewed and discussed to ensure a joined-up approach to better servicing the needs of children.

The Dashboard has now been in use for over a year and is used by the subgroup as a central tool to inform activity and identify areas of improvement across the partnership. Its usage is increasing across the partnership. The data feed is now more efficient to provide as up to date information as possible to inform activity across the partnership.

Professional curiosity has been built very well in the past 12 months through the Performance Subgroup. Examples of work strands developed through curiosity are non-accidental child injury, mental health impact on children post covid, neglect and poisoning. A mechanism for measuring these is key to establishing how effective we are at responding and managing the themes. Data is supplied by the relevant partner to the group to better understand the impact of what measures have been put in place to reduce the risk of each.

This aspect will form part of the Workplan for the forthcoming year and is a very wide theme, the group will need to understand what it would hope to achieve through assessing the social media impact and what measures the partnership can be put in place.

### 13.4. SSPC Audit, Quality & Assurance

(L. Jibuike – Southend NHS CCG, Associate Designated Nurse Safeguarding Children)

#### Introduction

Audits are a way for organisations to measure the quality of services being offered. It allows organisations to compare their performance against a standard, to see how they are doing and identify opportunities for improvement. Audits as part of risk management and quality assurance processes, aim to promote high standards of care and improve outcomes for patients, families, children and young people and supports learning in practice.

Auditing processes are essential for driving improvement in child protection, for ensuring that policies and procedures are effective and more importantly for ensuring they are actually implemented into practice.

Partnership organisations have a responsibility to assure the quality of their response to safeguarding children in need of protection

The Audit & Quality Assurance (AQA) is a Subgroup of the Southend Safeguarding Partnership (Children) (SSPC) holds responsibility to lead, support and co-ordinate multi-agency audits, to identify good practice, strengths and areas of practice that requires improvement. The AQA Subgroup undertakes and commissions multi-agency audits and shares learning with the partnership, to support service improvement to children and vulnerable families within the Southend locality and produces regular exception reports as required.

#### Membership

The SSPC AQA Subgroup includes representation from Southend health, Police, children’s social care, probation & education service providers, who meet on a quarterly basis or more frequent when

specific audit work is required. Attendance for this subgroup has been good, with Partners contributing at the meetings to complete the work on the Action Plan.

### Impact of the COVID19 Pandemic

The CV19 Pandemic and the resulting first National lockdown in the UK in March 2020 resulted in disruption to services and touched children’s lives in many ways, creating increased mental health problems for children and families and led to increased pressures on schools and other services. The significant reduction in families’ access to support services within this period had a great impact on all areas of children and family lives and created opportunity for more vulnerability.

The CV19 Pandemic caused immense disruption to the work of SSPC AQA Subgroup 2020/2021 with 2021/2022 seeing little change whilst organisational recovery plans were implemented. Our work during 2022 will concentrate on capturing and reporting on the effectiveness of all agencies’ responses to safeguard children and young people within the Southend locality. This is being done by completing the S11 audits and carrying out other works assigned to the Subgroup by the partnership.

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.1	Review of outcomes (measured against victims desired solution)	Yellow
1.2	Review of (Solution to DA) plan (against identification of wider impact assessment)	Yellow
2.2	SSP will seek assurance that, where appropriate, Partners deliver early interventions that are designed to prevent abuse are appropriately sized and targeted. (to be linked to appropriate activity and work)	Yellow
4.1	SSP will review Partners inputs into interventions (against their need to include the wider impact of need and the voice of the person in the intervention)	Yellow
4.2	SSP will seek assurance that Partners actively explore other agencies involvement and / or engagement with their clients.	Yellow
6.1	Multi Agency Review of SSP governance arrangements	Green
6.2	New Dashboard for Children’s and Adults Partnerships (Review)	Green
6.3	SSP Governance Review	Green
6.4	SSP Supervision Review	Yellow
6.5	SSP will explore opportunity for Review challenge events and peer review	Green
6.6	Capture all elements of scrutiny in a new SSP policy of Scrutiny and SSP Performance	Yellow
8.3	Review partners use of SG Thresholds/Criteria. (This might include a review of a sample of circumstances where a referral did and did not meet the thresholds/criteria for a SG referral). If appropriate identify good practice during review and share	Green
9.1	SSP will review the how recruitment of Partners fits with appropriate safeguarding controls.	Green
10.1	SSP will explore opportunity for Review challenge events and peer review	Green
10.2	SSP will seek assurance that there is a written and available route map for Safeguarding Issues	Green

10.3	SSP will explore opportunity to review that standard of record keeping in partner agencies	
11.1	Assurance sought that all Mental Health Services providers to be trained in recognising the symptoms of abuse, and to understand the route map for reporting and recording	
13.2	SSP will explore opportunity to monitor identified activity and include in regular review / reports	
14.1	As a result of the review in Theme (6) above SSP will explore how Partners deliver Safeguarding supervision; and whether there are outcome benefits is working more closely together	

What we did, how far it matched those commitments and the outcomes.

### **SSPC AQA Work Achieved:**

#### **GP S11 Self-assessment Audit**

Southend CCG's Modified Section 11 Self-Assessment Audit of GP's, which despite its delay due to the Covid19 Pandemic, has now been completed and the report shared with the SSPC AQA subgroup. The learning resulting from the audit has been shared with both the Southend GP Practices that completed the audit and those that did not.

The Southend NHS CCG Safeguarding team have written to the seven GP practices that did not take part, requesting they complete the audit, as is their responsibility to the Southend NHS CCG, when a request for their engagement to complete a Self-Assessment is made. These GP practices were also reminded of their responsibility to complete the Self-Assessment in order to fulfil their Care Quality Commission (CQC) and General Medical Council (GMC) obligations. The Southend NHS CCG Safeguarding team are confident in the full participation and co-operation of all Southend GP practices at the next audit. A position statement was sent to the SSPC AQA Subgroup updating the learning from this audit and giving assurances around GP Safeguarding practices and GP's participation in the next audit.

#### **Southend Section 175 Schools Safeguarding Audit**

The S175 Schools Safeguarding self-assessment audit is a requirement under the Education Act 2002 and the Department for Education (DfE) guidance on safeguarding children, safer recruitment and keeping children safe in education. These audits are carried out to provide assurance to Southend Safeguarding Partnership (Children) SSPC and ensure agencies are fulfilling their responsibilities to safeguard children and promote their welfare. The completed Audit and Action Plan can be shared with Governing bodies to evidence that schools are meeting their responsibilities.

The S175 Audit due 2021 was postponed due to CV19 until 2022 but will seek assurance from schools of their Safeguarding processes, through self-evaluation, measured against both Keeping Children Safe in Education (KCSIE) and Working Together 2018 (WT2018) Statutory Guidance. A SSPC AQA Task & Finish Group has been set up to ensure this audit is completed, with specific themes and their learning disseminated as appropriate.

#### **Statutory Partners Section 11 Audits**

S11 of the Children's Act 2004 places a statutory duty on key organisations, to make arrangements to ensure that in the discharge of their duties, they have regard to the need to safeguard and promote the welfare of children.

S11 Audits allow multi-agency safeguarding arrangements to ensure agencies placed under the duty to co-operate by the legislation, are fulfilling their responsibilities to safeguard children and promote their welfare.

Working Together Guidance (2018) also sets out that the Local authority Safeguarding Partnership, must monitor and evaluate what work is done to safeguard and promote the welfare of children and the resulting Actions Plans for improvement.

The S11 Audit, which was delayed due to the CV19 Pandemic, is progressing well with good collaboration from partners. An Audit Tool was used to help each organisations in monitoring and



evaluating compliance in relation to their statutory obligations under S11 of the Children Act 2004. All S11 Partnership Audits have been received and around 90% audited, however work was delayed due to Partner organisational changes and staff being seconded to other engagements within their organisations. A Task & Finish group has been set up to pull out themes from the audits and complete the work for sign off by the partnership, around the identified issues:

- How information is shared with other agencies
- Some organisations understanding of the Mental Capacity Act in relation to Safeguarding children.
- Is the audit tool suitable for nursery & early years provision.

The SSPC AQA subgroup are assured organisations are aware of their actions for completion in order to be compliant with S11 Safeguarding requirement.

Southend SCC Early Years & Nursery settings audit responses prompted a review of the S11 for these service providers. The SSPC AQA Subgroup were assured that safeguarding is identified and monitored within the early years setting. The Good Practice Checklist tool which is sent out to all childcare providers annually to determine and gain assurance of the quality of safeguarding practice has been shared with SSPC AQA. The SSPC AQA agreed to provide an 'information sharing' event for early years & nursery setting service providers, to discuss audit documents and the requirements for completion ahead of the 2023 audit process.

### **Neglect**

The Graded Care Profile 2 (GCP2) is a reliable and validated NSPCC assessment tool, designed to help practitioners to measure the quality of care a child is receiving to successfully identify when a child/family may be at risk of neglect.

Professionals who have concerns of a child's needs not being met, record their concerns to build an overview of the child's lived experience and agree an action plan with parents, this tool supports the use of a "strength-based approach" when completing assessments and promotes information sharing with other agencies, to decide the level of support for the child and family.

Following the training of Southend practitioners and the launch of the assessment tool, work for the SSPC AQA Subgroup has been agreed by the Southend Partnership to monitor and ensure the use of the tool is embedded in practice and measuring the resulting outcomes. This work stimulated discussion leading to a better understanding around neglect and prompted the SSPC AQA Subgroup to set up a Task & Finish Group to set up the framework for this piece of work, which is currently in a transition period.

### **Serious Case Reviews & Local Child Practice Reviews**

The SSPC AQA Subgroup hope to undertake Audits or Deep Dive work resulting from these reviews alongside the SSP Strategic priorities.

### **Harmful Sexual Behaviour**

The work for the SSPC AQA Subgroup around Harmful Sexual Behaviour was delayed due to the work around the implementation of the Graded Care Profile programme. The Safeguarding Partnership have secured funding for 2022 to embark on partnership training for the Brook Traffic Light Tool. Training is in response to SBC Local Practice Review that resulted in NSPCC audit of how Southend was responding to HSB.

### **Non-Accidental Injury (to pre-mobile babies) - Deep Dive**

Non-Accidental injury also referred to as abusive head trauma is a serious form of physical abuse that causes head injury to babies and may be caused by shaking, impact injuries or a combination of both. NAI commonly occurs in children under the age of two and can cause long-term disabilities or death.

COVID 19 pandemic heightened the risk factors and left babies vulnerable, due to lack of access to services that reduced the ability of health professionals to pick up early warning signs. A Deep Dive of five babies born between March to July 2020, that sustained a non-accidental injury, was undertaken to identify any themes or commonalities.

The aim of the deep dive was to:

- support learning within the system.

- look at the impact the reduction in the provision of services had on parents in the antenatal and post-natal period during the Covid Pandemic.
- identify strengths and potential for service improvement and development.

The Deep Dive found that parental mental health issues was a common theme for four mothers, alongside preparation for parenthood, coping with crying baby and information sharing. The report also highlighted the need to include and use parental mental health history by professionals when completing family assessments. Work was completed on the Deep Dive, with a report prepared for the partnership and SSPC AQA have been assured that there were no more NAI's through the 2<sup>nd</sup> and 3<sup>rd</sup> Covid waves. This piece of work resulted in a review of organisations policies and procedures including the SET Bruising Protocol, which is out for Consultation with the final version to be agreed by the SET Procedures group.

### 13.5. SSP Learning & Development

(E. Brenan-Douglas – SCC Senior Public Health Principal / J. Thompson – SCC Regulated Workforce Practice Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.3	SSP will work with MARAT to deliver a conf. / training around the signs and symptoms of DA for all partners.	Yellow
2.1	SSP will work with Partners Agencies to ensure we learn from available information and recognise the environment and context where abuse is most likely to occur; and this informs the shape and place of their service delivery.	Yellow
7.1	SSP will include training provision in the Dashboard reporting and so the AQA overview of Partner provision	Yellow
7.2	Where issues arise or are highlighted by Partners opportunity to provide conferences and/or training will be explored and if appropriate provided.	Green
8.1	The learning identified in Case Reviews will be managed through their action plans. The action plans will be managed through the SSP	Green
	8.1.1 HSB	Green
	8.1.2 Professional Curiosity	Yellow
	8.1.3 Voice of the Victim	Yellow
	8.1.4 Neglect	Yellow

The Southend Safeguarding Partnership Learning and Development subgroup is a multi-agency partnership covering both the Adults and Childrens agenda's. The Group sits on a quarterly basis, however, have met much more regularly of the year to achieve its goals despite living with COVID and individual pressures, we have:

- successfully rolled out multi-agency training on the Graded Care Profile and progressed work on early identification of neglect, as part of a joint systems approach to improve outcomes for children and families. A Task and Finish group has been created to provide oversight at systems level to ensure data gathering, quality assurance and on-going sustainable training.
- established funding to address needs identified through the NSPCC Harmful Sexual Behaviours Audit. Funding through 'Safer Streets' has allowed us to work with Essex and Thurrock Local Authority's Safeguarding Partnerships to establish a workforce development programme to identify unhealthy sexual behaviours in children and young people across wider Essex.

### 13.6. SSPC Practice Review

(M. Exley, Office and Case Review Manager SSP)

The SSPC Child Practice Review Subgroup takes direction and supports the work of the SSPC, acting as a mechanism to hold partner agencies to account for their safeguarding work. This groups key functions are to ensure all partner agencies know how to identify when a referral fits the criteria for a review, understand the case review process and are able to follow the appropriate national and local legislation and guidance. The Subgroups members are responsible for identifying any learning and informing agencies and individuals of the learning, to improve working practices, which should collectively safeguard and promote the welfare of vulnerable children. This Subgroup also reviews National and Regional Case Review information to identify any areas of learning for local development.

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
8.2	Refresh Case Review documentation (ensuring a strength based plan is an outcome)	

What we did and how far it matched those commitments and outcomes.

This Subgroup achieves their work by undertaking, where appropriate, Rapid Reviews, which aids the identification of any immediate areas of learning and establishes if the group needs to undertake a Child Safeguarding Practice Review or a Local Learning Review. This Subgroup will prepare Case Review reports to include their findings and recommendations. The recommendations and learning from the work of this subgroup is disseminated to other SSPC Subgroups to improve practice across all agencies and to monitor improvement and ensure embedded change. Where publication of reports is appropriate, these reports are shared for further leaning on the SSPC Website.

The dissemination of work is achieved through the use of a Consolidated Action Plan which identifies the recommendations from all case reviews in one document, where organisations are then able to focus on the areas of learning, not just for their agency but for all those involved.

In the year 2021/2022 this Subgroup has commenced two Rapid Review processes resulting in the escalation for both to commence Local Child Safeguarding Practice Reviews and completed a joint review with another Borough, which identified no further action was required. The early learning from the two Rapid Reviews has been disseminated but the final reports and outcomes are yet to be defined as the process is ongoing.

The regular meetings of this subgroup allows Partners to Agenda time for the review of documentation, process and practice, both locally, regionally and nationally, identifying areas for update or change both, alongside any changes to safeguarding legislation.

### 13.7. SSPA Safeguarding Adults Case Review Panel (SACRP)

(Paul Hill SSP Business Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
8.2	Refresh Case Review documentation (ensuring a strength based plan is an outcome)	

The key function of the Southend Safeguarding Partnership Safeguarding Adult Case Review Panel (SSP SACRP) is to assess the need for a Safeguarding Adult review (SAR) after considering the events that have led to serious harm and/or death of Adults in the Southend area. It does this by:

- Following SSP Guidelines for SARs
  - Guidelines are reviewed every 3 years, after significant change or if any Partner deems necessary.
- Ensuring all agencies understand the process for referring any case from which it believes that there are important lessons for intra-and/or inter-agency working to be learned.
  - The process is explained in detail at the start of any SAR and there is always opportunity to explore Partners part in the process with the Chair of the SAR panel or the independent Author of any review.
- To gather initial information from other agencies involved in a referred case to consider whether that referral meets the criteria for undertaking a serious case review (Care Act s14:12 and s14:139, to commission and oversee the Serious Adult Reviews), and advise the authority and their Board partners on the lessons learned.
  - Cases were reviewed by the group and did not meet the criteria to recommend a Safeguarding Adult Review.
  - Cases were also considered after being started as Domestic Homicide reviews. In all cases whilst they met the criteria for domestic homicide reviews (DHR), they did not meet the criteria for safeguarding adult reviews.
    - In one case the criteria for a SAR was met but after discussion and the DHR group it was agreed that the outcomes would be achieved by the DHR and so no further action was taken.
- To make a recommendation, via the SSP Business Manager, to the Independent Advisor of the SSP regarding:
  - whether a referred case meets the criteria for conducting a Serious Adult Review (Adult)
  - an alternative process for identifying learning from a referred case.
- To undertake and co-ordinate Serious Adult Case Reviews
  - This has been required on 1 occasion over the last year.
    - The Safeguarding Adult Review is complete, and the report written. It has not been published yet as the case is still progressing through the coronial process.
- To refer actions plans from SARs to the SSP L&D Group to implement learning.
  - To ensure the lessons learned from serious case reviews and other reviews are disseminated effectively
- To refer action plans to the SSPA Performance, Audit & Quality Assurance Subgroup to monitor, and check embedded change.
  - To improve practice across agencies by monitoring the implementation of recommendations from these reviews and other types of investigation approved by the Board (see SET Guidance)
  - To ensure that the evidence of implementation of Individual Agency Review action plans is scrutinised by the respective agencies audit units prior to presentation to the Panel
  - To be accountable to the SSP and report on progress of all recommendations.
- To review national reports of analysis of learning from case reviews to identify and disseminate any applicable learning
  - A review (The first) of National SARs was released and the recommendations from that report were discussed and where appropriate assurances sought that they were recognised by Partners.
- To inform and influence the SSP on any issues regarding case reviews which require consideration locally or nationally.
  - A number of regional and national safeguarding reviews were discussed at this meeting and where appropriate assurances sought that they were recognised by Partners.
- To ensure all agencies have an understanding of case review processes.

## 13.8. SSPA Performance, Audit, Quality & Assurance

(P. Hill, SSP Business Manager)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity (Performance)	RAG
2.3	SSP will explore the Bristol insight and Liverpool data models to see if they can be replicated in Southend.	Green
4.3	Consider working alongside SAVS (and potentially HealthWatch) to bring together a regular consultation / opportunity that encourages service users to share their experience of safeguarding provision across the partnership	Yellow
5.1	SSP will continue to gather information about the further development of the SSP Dashboard. 1 year after release the dashboard will be reviewed, and the outcome taken to the Strategic Group.	Green
5.2	SSP will work with Partners to determine if there are opportunities to change data stored and shared (for the benefit of the person to whom the data refers.) (See Theme 2 – Bristol insight)	Green
13.1	SSP will work with Partners to identify the elements of professional curiosity that can be measured and monitored.	Yellow
15.1	SSP will explore with Partners the impact of social media on abuse of people in Southend.	Yellow

Strategy Ref.	Strategy 2021-2024 – Planned Activity (Audit, Quality and Assurance)	RAG
1.1	Review of outcomes (measured against victims desired solution)	Yellow
1.2	Review of (Solution to DA) plan (against identification of wider impact assessment)	Yellow
2.2	SSP will seek assurance that, where appropriate, Partners deliver early interventions that are designed to prevent abuse are appropriately sized and targeted. (to be linked to appropriate activity and work)	Yellow
4.1	SSP will review Partners inputs into interventions (against their need to include the wider impact of need and the voice of the person in the intervention)	Yellow
4.2	SSP will seek assurance that Partners actively explore other agencies involvement and / or engagement with their clients.	Yellow
6.1	Multi Agency Review of SSP governance arrangements	Green
6.2	New Dashboard for Children's and Adults Partnerships (Review)	Green
6.3	SSP Governance Review	Green
6.4	SSP Supervision Review	Yellow
6.5	SSP will explore opportunity for Review challenge events and peer review	Green
6.6	Capture all elements of scrutiny in a new SSP policy of Scrutiny and SSP Performance	Yellow
8.3	Review partners use of SG Thresholds/Criteria. (This might include a review of a sample of circumstances where a referral did and did not	Green

	meet the thresholds/criteria for a SG referral). If appropriate identify good practice during review and share	
9.1	SSP will review the how recruitment of Partners fits with appropriate safeguarding controls.	
10.1	SSP will explore opportunity for Review challenge events and peer review	
10.2	SSP will seek assurance that there is a written and available route map for Safeguarding Issues	
10.3	SSP will explore opportunity to review that standard of record keeping in partner agencies	
11.1	Assurance sought that all Mental Health Services providers to be trained in recognising the symptoms of abuse, and to understand the route map for reporting and recording	
13.2	SSP will explore opportunity to monitor identified activity and include in regular review / reports	
14.1	As a result of the review in Theme (6) above SSP will explore how Partners deliver Safeguarding supervision; and whether there are outcome benefits is working more closely together	

What we did, how far it matched those commitments and what were the outcomes. The SSPA PAQA met quarterly, and the following is a summary of the work completed by the group. Many of the discussions in these meetings were led by the SSPA Dashboard, exploring data, trends and data outliers: These discussions were an extremely helpful way for Partners to explore performance together, sharing context and planned interventions and improving multi agency working in a number of areas.

The SSP Dashboards (Childrens and Adults) has been live for 1 year and has been subject to review. The Dashboard was created as a result of Partners desire to have a live view of the Partnerships Safeguarding Landscape without the quarterly demand for data pain. It is clear that, in the most part, we have achieved this goal. We have empirical evidence that we have used this tool to drive real change and better outcomes. The Dashboard is successful, useful and the subject of an amount of jealousy from our safeguarding partnership contemporaries. We are very aware of [Russell Ackoff's systems theory](#) that describes the journey of data to wisdom. A number of the responses would like to see us move further down the Ackoff's path by the inclusion of comment and analysis. Without a greater commitment from Partners and the provision of additional resources this is will not be achievable. We considered this at the time the Dashboard was introduced and agreed that as both Adults and Childrens Partnerships have subgroups that consider performance, and the live Dashboard is available to those groups facilitating opportunity to discuss the content and complete the analysis together, this need was (or could be) met. The next steps will be determined by Partners ability to provide additional data and the resources available to make the changes.

It is noted that the 'Self-Assessment' of Partners Safeguarding Arrangements was not completed this year. The tool and the staff survey was consulted on and should be released early July 2022.

- Analysis of Safeguarding Adult Reviews, (April 2017 – March 2019)
  - The SSP PAQA group met to discuss the first National Review of Safeguarding Adult Review outcomes. The LGA (December 2020) released their final report 'Analysis of



Safeguarding Adult reviews (April 2017 – March 2019)<sup>3</sup> (the report). The 244-page report presented the findings of the first national thematic analysis of published and unpublished safeguarding adult reviews (SARs) in England since implementation of section 44, Care Act 2014 and covers all SARs completed between April 2017 and March 2019 inclusive; a total of 231 SARs. The report offered SSP opportunity to learn from the outcomes and recommendations from all these SARs. The Report was analysed by the group and they:

- Considered the Improvement Priorities (Listed as Appx 1 to this briefing)
- Matched those that would fit alongside the existing SSP Workplan
- Identified those outside the existing Workplan
  - Produced a MoSCoW analysis that identified whether the Partnership Must, Should, Could and Wish to respond.
  - Prioritised in such a way that can be discussed at a full SSPA meeting.
- Average days to resolve a Safeguarding Enquiry.
  - Whilst the Dashboard tool displayed this RAG assessment as red the meeting explored the reasons for the length of time taken and were confident that there was no need for intervention.
- Increase in Organisational Abuse referrals.
  - The impact of the pandemic on residential care (including the barring of visitors (professional and relatives), lack of staff and concern of relatives) and the reintroduction of visitors has led to an increase in report of Organisational Abuse. The Local Authority, CCG, CQC, MSE and SSP meet bi-weekly to address all safeguarding issues in these homes (and in domestic care provision)
    - There has also been a number of provider failures (including closures) that have led to a significant rise in safeguarding referrals.
  - Rise in referrals source 'Other' and reduction from all Partner referrals.
    - This was a recording issue and has been resolved
  - Percentage of enquiries that include people over 64.
    - It was noted Southend has high number of care homes which could be a contributing factor and these figures show older people are able to access services and safeguarding is happening
  - Rise in concerns raised for men.
    - There was a sharp rise in concerns raised for men and the first time more safeguarding concerns for men than women. It was discussed that this could be due to COVID-19. Partners agreed to continue to monitor.
  - The primary support reason for those who are subject to a concern.
    - The Primary support reason was not being recorded in over 50% of cases. Discussion around potentially changing referral form (SET SAF Form) to streamline data, give more options for selection and break down groups to easier manage the concerns. It was agreed that if this could help improve safeguarding it should be looked into. The data has since showed a significant improvement.
  - Modern Slavery Peaked in April 2021.
    - It appeared that this was due to a push from the Police, Fire and rime Commissioners push on 'County Lines' and 'Cuckooing'. No action was deemed appropriate, but the success of the 'push' was noted.
  - It was noted that Neglect and Self Neglect were by far the most reported types of abuse in the dashboard.
    - The group noted that 'Neglect' was being given priority by the Thriving Communities Group – but also that there didn't seem to be much activity in that group. The SP

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<sup>3</sup> <https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019>

Business Manager was to discuss with the independent Advisor to the SSP. The outcome has been that 'Neglect' will return to SSP as a Subgroup early in 2022/2023.

- Conversion rates are slowly decreasing [reported safeguarding concerns that lead to full enquiries as described by S42 of the Care Act.
  - The Local Authority completed some deep dives – a lot of ADAS guidance is now about taking people out of enquiry and concentrating on the best outcome for the person rather than simply meeting the criteria and completing an enquiry.
- Over 85's outcomes achieved
  - It was noted that the outcomes desired by over 85's were less often achieved than any other group. The significant, but unfortunate reason was that a number of the people to whom the concern referred died before the outcomes could be achieved.
- Rapid rise in DoLs request from Southend Hospital.
  - The Local Authority had completed a deep dive and reassured the meeting that there were not significant reasons, the DoLs applications were appropriate, and that the situation was being monitored.
- Care Homes and Covid-19
  - The meeting discussed a number of topics over the last year including Care Home Failure, summary reports of care provision, COVID-19 deaths, fragility of the market and availability of beds when homes are in 'outbreak', Death In care Homes' report. Members of the SSP were kept up to date with communications in-between meetings.
- Adult Social Care Benchmarking Tool
  - Although some Partners use other tools (notably the Hospital who use the NHS tool) Partners were encouraged to use the tool to ensure that referrals were appropriate. This conversation was led by a notable benchmarking anomaly in the dashboard.
- Referral enquiry's time delays
  - Partners noted that if we look at this in terms of the impact of the service user, as the level of time it takes to process enquiries has again risen above the threshold (21 days), how does this effect the user? Partners noted comments around an increase being inevitable due to the time delays through stretched resources through CV19.
- Self-neglect and acts of omission has a rising trend over the last 2 years?
  - These would usually progress to an enquiry, but the numbers of those converting are decreasing, how does this effect the user? We are aware of an increase but are assured the Local Authority (LA) are doing all they can and have identified the pressures on the system is a contributing factor to these numbers.
- Taking action more often
  - It was noted that when a safeguarding concern is raised the number of times 'action' was recorded is increasing.
- Concerns not resulting in enquiries and conversation rates
  - There had been a steady rise in cases that do not proceed to Section 42 enquiries; more concerns that are not becoming enquiries. Partners were made aware that training is taking place across the Access teams to ensure focus of the rationale of progressing to Section 42 investigation
- Mental Capacity of individuals involved in concluded enquiries
  - We are aware of the persons mental capacity in all but a few cases but these were understandable (such as when the individual died before assessments could be made): The Partners were informed that training has taken place in relation to form filling to ensure data is captured correctly.

### 13.9. SSPC Child Exploitation & Missing

(Alex Bridge, Service Manager, Children's Services, Southend City Council.)

Child Exploitation continues to be an ever-changing landscape both locally and nationally and is not a problem that can be addressed by a single team or agency in isolation and needs to be viewed in a wider context. In the last 4 years the presence of County Lines in Southend has led to large numbers of children being criminally exploited and an increase in serious youth violence. Over the past 2 years the country has seen local and national lockdowns, this has resulted in exploiters changing tactics and methods used to groom and exploit children. The plan continued to focus on the 5 key areas of work to further develop the progress already made and address the changing landscape:

- Understanding the Problem
- Prevention
- Protection
- Prosecution and Disruption
- Overcome and Support

There has been a number of projects that have come to fruition over the last 12 months, this has included:

- the launch of countywide child exploitation pathway
- implementation of partnership and countywide Key Performance Indicators (KPI's)
- a new child exploitation assessment within children's services that records the differing forms of exploitation and adolescent safeguarding concerns
- online exploitation learning package across children's and adults
- partnership wide training to ensure professionals can identify the signs of exploitation
- Violence & Vulnerability (V&V) funded projects have taken place across the borough
- Trauma informed practice offered across the partnership

The introduction of new KPI's and assessment tools has ensured that the partnership has access to sharper data, breaking down risk by differing risk types and the sharing of this information allows professionals to be up to date with recent trends in abuse. On-going partnership training in range of related areas such as trauma informed practice is providing frontline staff the skills required to respond to contextual safeguarding concerns.

Data shared by the Violence & Vulnerability Unit indicates that 3 of the local wards have high levels of community violence, we have commissioned several projects that are working in these communities to provide the children with opportunities, positive use of leisure time, holiday clubs and positive diversionary activities which has led to key locations being "taken back" by the local community and the risks of community violence reducing.

### 13.10. SSPC Schools Forum

(M. Exley, Office and Case Review Manager SSP)

The SSPC Safeguarding in Schools Forum meets on a termly basis, with its members being representatives from each of the Southend Schools, including special and independent schools Headteachers and their Designated Safeguarding Leads and Deputies, alongside representation from other key partners including Essex Police, Southend City Council (SCC) Early Help service provision, Healthy Schools and SCC Public Health School Nursing providers.

These regular meetings provide an informal opportunity to share information and learning and to keep updated on any safeguarding issues both locally and nationally, which helps to strengthen relationships and communication between the Local Authority and the Southend Partnership to champion the voice of education.

This safeguarding forum agendas set time for presentations from key strategic partners including Essex Police Child & Young Persons Officers and items from the SET (Southend, Essex & Thurrock)

footprint, alongside time for presentations from additional sources, which in 2021/2022 included presentations on:

- the SET Child Exploitation Pathway tool,
- a SET Threshold Workshop
- Access to School Nursing
- Chat Health – promoting & Supporting Mental Health & Wellbeing in Schools
- Private fostering – a one minute guide
- Operation Encompass - an Essex Police domestic abuse initiative opportunity
- Graded Care Profile 2 Tool - SCC project and training opportunity
- Harmful Sexual Behaviour - SCC project and training opportunity

Information shared at these forums and issues raised as areas for concern within the education settings is identified within the SSPC Business Managers report, which is presented at each board meeting, ensuring there is a two-way dissemination of information, and the voice of education is included in the Partnership. This communication pathway to the SSP was of particular importance through the 2021/2022 covid recovery period as schools experienced significant challenges within their school settings, which were articulated to the Partnership.

### 13.11. SSP Neglect

(Anthony Quinn, SAVS / Mike Bennett, SCC)

#### **What we said we would do.**

Use a whole system, strength-based approach, to develop a Thriving Communities and Neglect Strategy, outcomes framework and action plan to be signed off by the Health & Wellbeing Board. The Strategy will be clearly aligned with and contribute to other work areas including Southend 2050.

Manage the implementation and monitoring of the Strategy through the Thriving Communities & Neglect Operational Group (TCOG). The Group will provide support, advice, and guidance to TCOG, which will be responsible for delivery of the strategy and action plan.

Identify key stakeholders, including communities and professionals across the local area to raise awareness, provide information about their roles in this agenda, and share development work. Instigate strong communication and information sharing through appropriate channels.

Identify and secure resources required to deliver the programme including additional dedicated resources where relevant.

Gather and use both qualitative and quantitative evidence to inform the strategy and its success, measures and outcomes. This will include an initial needs assessment that will be reviewed and updated on an annual basis. Where relevant, through the Operational group, develop a range of documents, tools, and good practice guides to support better understanding and improvement in conjunction with appropriate stakeholders such as commissioners, workforce development, service providers.

#### **What we did and how far it matched those commitments**

Created a Strategic Group identifying gaps in representation and engaged new members ensuring senior management representation to enable decision making.

Identified and agreed three work streams: Needs Assessment, Communication and Family Panel.

Worked in partnership with University of Essex to explore future social research and completed a literature review and worked with Tom Dowler (SBC) to carry out a data science deep dive into the data set of young children.

Redesigned the Action Plan and drafted a Communication Plan.

Mapped potential funding sources to support engagement and development of Family Panel.

Secured funding for an externally commissioned needs assessment including proposed Strategy. Engaged with all partners to design scope.

The Thriving Communalities & Neglect Strategic Group (TCSG) agreed the challenges arising out of the Thriving Communities element were stalling the focus and momentum on the Neglect aspects of the groups work. The SSP agreed to support a change in governance shifting accountability from the HWBB to SSP with a new partnership subgroup to be formed focussing on Neglect with membership from the TCSG providing the basis of membership to be built on.

Formed the new Neglect Group, a subgroup of SSP, formerly Thriving Communities and Tackling Neglect Group.

#### **What are the outcomes?**

Dedicated needs assessment signed off and due to commence in August 2022. This will form the evidence base for the development of a Southend neglect strategy and action plan along with supporting outcomes framework.

The challenge presented by the Thriving Communities element of the groups remit and its subsequent removal now enables work to be exclusively focussed on neglect.

The Neglect work is now operating within the SSP structure with increased support resource. Findings of “Data Science”: Supporting an Understanding of What Works for Young Children in Southend-on-Sea will be fed into the wider needs assessment work.

### **13.12. Activity from SSP Strategy to be moved to sub-groups (Not yet allocated)**

(P. Hill, SSP Business Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity
11.2	Work with Mental Health Service Providers that are Partners of SSP to identify the vulnerabilities that make sufferers of poor mental health more susceptible to abuse. And plan prevention activity <i>(move to SSP Partners – Adults and Childrens)</i>
12.1	SSP will work with Partners to ensure that intervention decision making is cognisant of all appropriate opinions, suitably monitored, and has well-trodden routes that allow difference of opinion to be resolved quickly and efficiently <i>(move to SSP Partners – Audit, Quality &amp; Assurance – Childrens and Adults)</i>
13.3	SSP will encourage Partners to ensure that all supervision and performance management activity considers professional curiosity <i>(move to SSP Partners – Audit, Quality &amp; Assurance – Childrens and Adults)</i>
15.2	SSP will gather partners prevention activity around digital media and explore opportunity to work together to identify the audience and deliver the service <i>(move to SSP Partners – Adults and Childrens)</i>

16.1	Ensure that the Strategy activities are appropriately resourced by the inclusion of a resource plan <i>(move to SSP Partners – Adults and Childrens)</i>
16.2	Increase use of Business managers report to cover more items in the SSPA/C meetings; allowing for more time to discuss significant items on the agenda <i>(move to SSP Partners – Adults and Childrens)</i>
16.3	Review Published arrangements for both SSPA/C <i>(move to SSP Partners – Adults and Childrens)</i>

## 14. Published LCSPR and SARs

(P. Hill, SSP Business Manager)

Southend Safeguarding Partnership did not publish any Local Safeguarding Practice Reviews or Safeguarding Adult Reviews in the time period covered by this Annual Report. *(See subgroup summaries for all review activity)*

## 15. Updates on Safeguarding Activity from SSP Strategic Partners

### 15.1. Southend City Council – Childrens Services

*(Ruth Baker, Southend City Council, Childrens Services)*

#### Partnership working

During 2021/22 Children’s Service took both a strategic and operational delivery role in relation to Afghan families placed in a local hotel by the Home Office. We worked with colleagues from health, education and the voluntary sector and supported the Afghan Resettlement programme to deliver a range of educational and social activities to 112 children aged between 3-17 as well as providing a safe space for Afghan women to socialise and learn English.

Partnership working with health colleagues in relation to the completion of Initial Health Assessments within the statutory guidance of 20 working days from the point a child enters care has not yet led to improvement. This means children are not receiving a timely health assessment, undertaken by a Paediatrician or at the point they become cared for by the Local Authority. Currently only 29% children and young people who become looked after have had their initial health assessment within the 20 day timescale. This has now been made a standing item agenda item at the Corporate Parenting Group until it this is resolved. During the Focused Visit in March 2022, Ofsted found that *‘Health provision and involvement in health planning for children in care are, however, less consistent. Although arrangements are in place to make timely referrals for initial health assessments, children are not yet routinely receiving their health assessments and dental checks on time. Health and social care leaders have recently established a joint working group to improve performance in this area.’* The working group comprising of senior social care and health leads will continue to meet on a fortnightly basis until the timeliness of IHA reaches its minimum target of 75%. It is noted that all review Health assessments undertaken by SCC school nursing services have been timely and of high quality Excellent feedback has been received from the LAC lead nurse regarding the child’s voice and lived experience .

A strong partnership approach to working with young people at risk of criminal and sexual exploitation has continued during 2021/22. The impact of the work was identified by Ofsted during the focused visit in March 2022. They found that *‘Children in care supported by the adolescent intervention and prevent team receive skilfully tailored support and planning that improves their lives and enables them to make progress. Workers maintain high levels of contact with children and know*



*them very well. Frequent visits, phone calls and text messages underpin the development of trusting and meaningful relationships, helping children to develop confidence that their best interests are central to the support being offered. They receive good multiagency support. Children's plans, including disruption and safety plans, reduce the risks that they face. This team's records provide a vibrant and nuanced picture of each child, with up-to-date information and progress reports. Older children benefit from careful planning for the transition to adulthood, and effective support from personal advisers.' The approach used by the team with children in care is the same as that used for children in need, children in need of protection and children receiving early help services.*

## 15.2. Southend City Council – Adult Services

*(Sarah Range, Southend City Council, Adult Services)*

### Successes and Reflection

#### Headline Reflections

- *As the pandemic continued, Council officers continued to work proactively with people and families, providers and partner agencies to ensure face-to-face visits occurred when risk assessments or needs required.*
- *Effective use of technology to enable visits where appropriate*
- *Constant adjustment and recalibration of practice to keep pace with statutory guidance to minimise the spread of Covid*
- *The pandemic has impacted on the business sustainability of both residential care providers and domiciliary care providers, resulting in the closure of several businesses*
- *Despite the challenges, performance in safeguarding remains high, evidenced by positive feedback from people with lived experience.*

During 2021/2022, Southend City Council continued to work collaboratively with SSP(A), the community and its partners in both commissioning and provider settings, to ensure Southend residents who receive Adult Social Care support for aging, mental health, physical health, learning disabilities, neurodiversity or related needs can thrive. The aim continues to be to help them to achieve their aspirations and live life free from abuse and risk of harm.

The principles of wellbeing: to prevent, reduce and delay the need for support through a strong and growing commitment to strengths-based asset practice guides our work. People are supported to enhance their strengths, resilience, and networks from which to live more independent, fuller lives. The Think Family/Family First and strengths-based approaches are our key drivers; when we think about people, we must think about their families and circles of support to consider the impact on the family as a whole. Adult Social Care works in partnership internally with Commissioning, Education and Special Educational Needs Service and with Children's Early Help, Integrated Front Door, Public Health, Social Care and other services to provide quality support throughout the life cycle.

A continued key priority area of development is around transition for young people into adult life. We continue the deep work with partners across Health, Social Care in its many guises, and with people and their families to ensure clear pathways of support for young people and their families going through transition into adult life. Continued and further work is required on pathways and partnerships to ensure smooth transitions at key life stages and to work together on priority agendas such as autism, exploitation, and modern slavery.

Southend City Council holds its responsibilities for safeguarding as a key priority in day-to-day practice. 'Safe and Well' is a key theme in the Council's 2050 vision [Southend 2050 – Southend-on-](#)

## The Vision

### Southend 2050: an overall vision for Southend



To work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love

**Southend Adult Social Care Vision**



[Sea City Council](#). We continue to work hard to ensure that safeguarding is considered everyone's business from the Elected Members, Chief Executive and through all strata of the organisation by offering a range of training and learning opportunities. The Council works closely with the Mid and South Essex Health and Care Partnership. We will continue to develop our partnerships with the Integrated Care System (ICS). Our ICS is one of 42 across the country which brings together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers ([msehealthandcarepartnership.co.uk](http://msehealthandcarepartnership.co.uk)). At a place-based level, we will continue to work with Children' Services, Public Health and Essex Partnership University NHS Foundation Trust (EPUT) to deliver the elements of strategy.

We continue to expand upon our collaborative approach with the CCG/ICS and EPUT in primary care networks using a locality-based approach to aligning commissioning, services and social work and occupational therapy support which links with the Mid & South Essex Health and Care Partnership for both physical and mental health. Relevant Council staff and managers are aligned to working groups focusing on both acute care and mental health partnerships which then ensures that when these organisations need to work together to safeguard people, they are effective.

The Council is a member of the Southend, Essex and Thurrock (SET) Domestic Abuse Board and a core member of the SET Domestic Homicide Review Panel. We also sit on the Multi Agency Public Protection Arrangements (MAPPA) group and board.

#### Statutory Responsibilities for Safeguarding (Data)

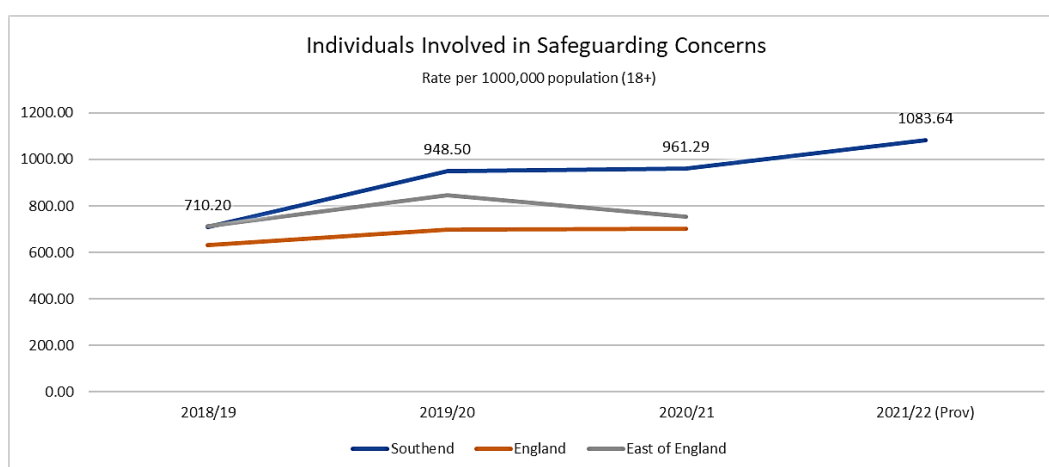
All relative data derived from Section 42 of the Care Act 2014, relating to Safeguarding Adults enquires and Deprivation of Liberty Safeguards applications, which are collectively known as the Safeguarding Adult Collection, is available via [Safeguarding Adults - NHS Digital](#).

National data returns for the annual year 2021/2022 will not be published until later in 2022.

For clarity, a safeguarding concern is where the local authority is notified about a risk of abuse. Some of these concerns will lead to a Section 42 enquiry where the adult meets the criteria under Section 42 of the Care Act 2014.

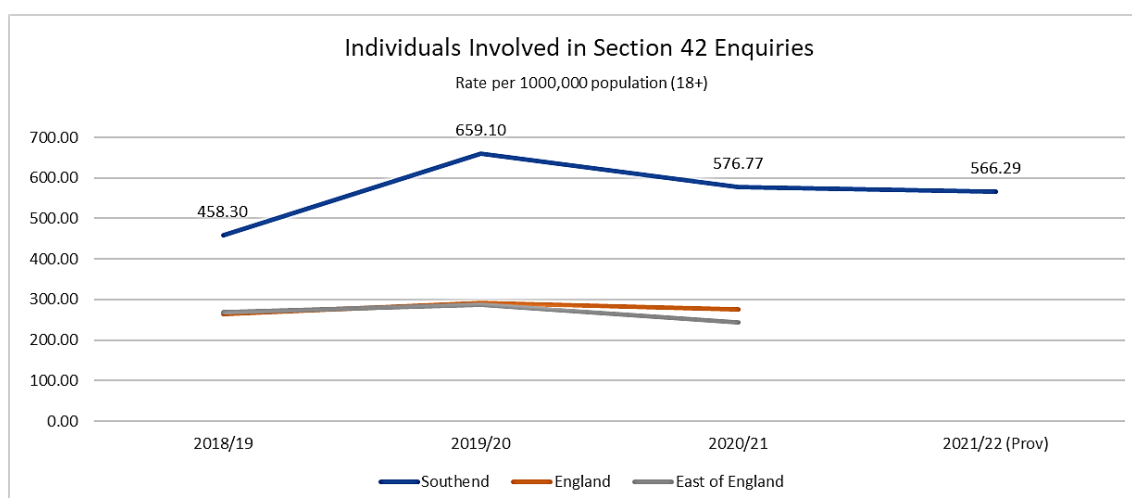
Summary of what the data tells us:

- Total number of Safeguarding Concerns raised has increased by 37.2% since 2018/19. Performance in both these measures is above national and regional figures (based on 2019/20) and remains in the 4<sup>th</sup> quartile. The number of Concerns raised in 2021/22 was 2150 compared to 1,845 in 2020/21 and 1,780 in 2019/20
- Conversion rate has dropped 8.6% compared to 2020/21. Conversion rate is lowest it has been in past 4 years.
- Consistent positive feedback from people with lived experience that their outcomes in safeguarding were achieved.



Key Points:

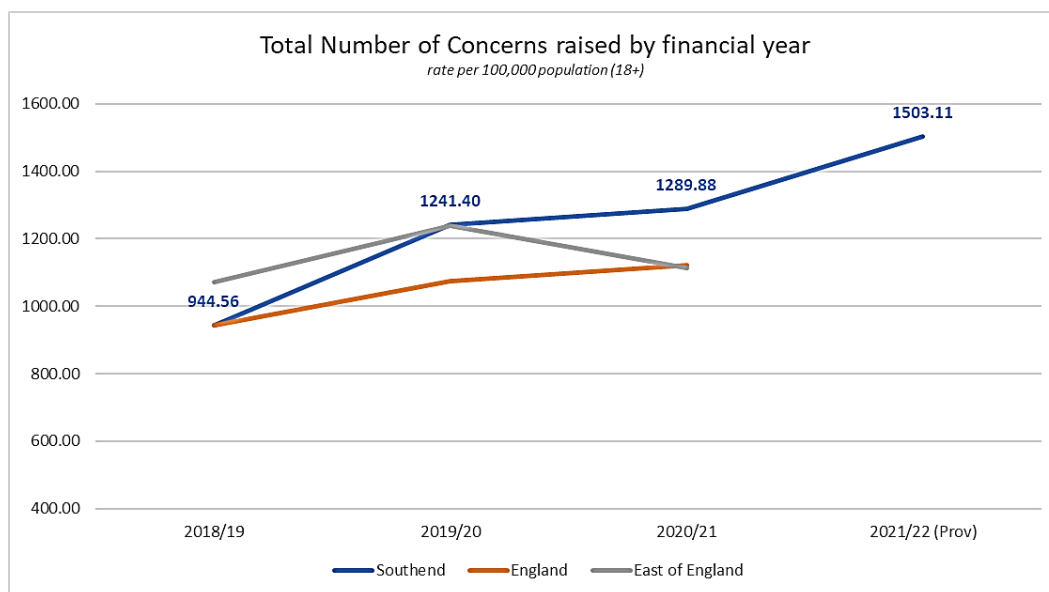
- Rate increased by 122.35 compared to 2020/21
- Still above regional and national performance (2020/21)
- The rate of individuals involved in safeguarding concerns has risen slightly compared to 2020/21 (1,550 individuals compared to 1,375)
- This is a more significant increase than the rise between 2019/20 (1,360) and 2020/21 (1,375)



Key Points:

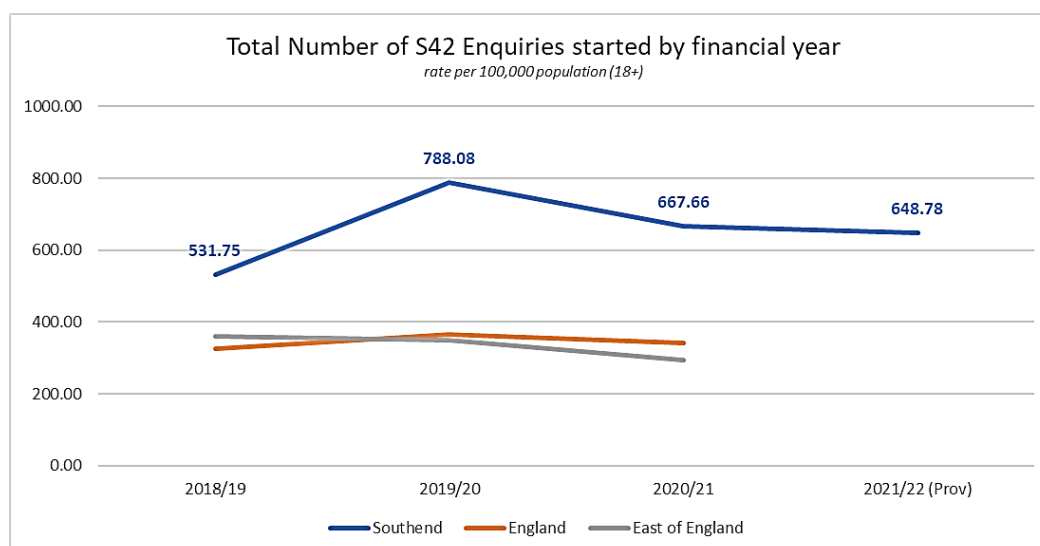
- The rate of individuals involved in new Section 42 Enquiries has fallen compared to 2020/21 (810 individuals compared to 825).

- Rate decreased by 10.49 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)



**Key Points:**

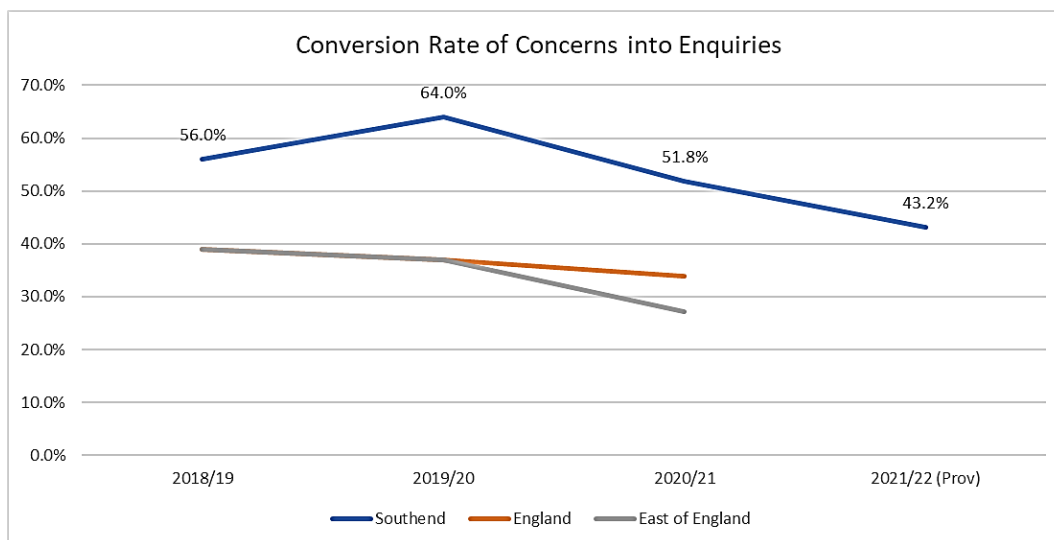
- The total number of Safeguarding Concerns raised each year continues to rise and is one of our key lines of enquiry in the coming year
- The number of Concerns raised in 2021/22 was 2150 compared to 1,845 in 2020/21 and 1,780 in 2019/20.
- Total number of Safeguarding Concerns raised has increased by 37.2% since 2018/19.
- Rate increased by 213.23 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)



**Key Points:**

- Rate decreased by 18.8 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)

- The total number of Section 42 Enquiries started has dropped compared to 2020/21 (928 compared to 955)



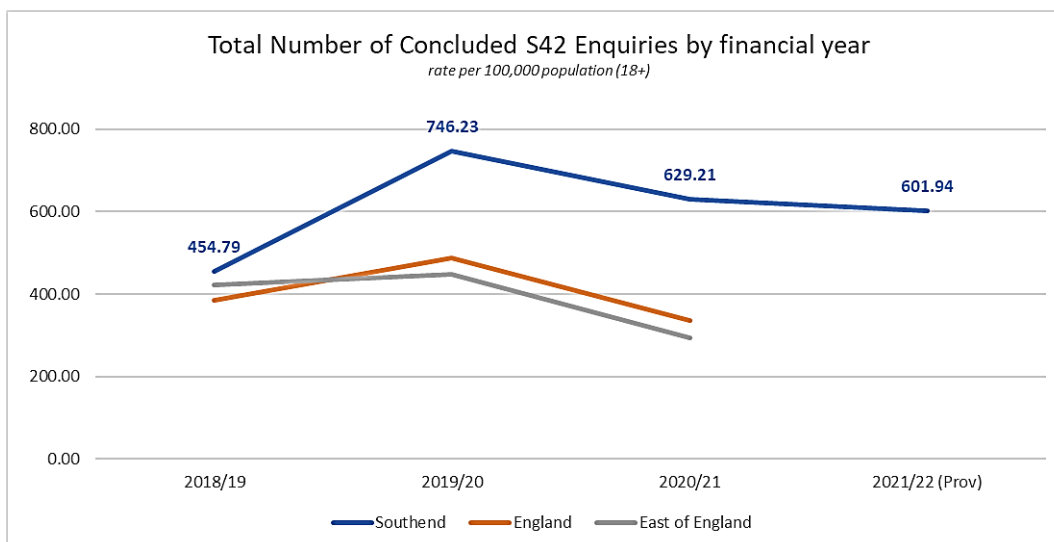
#### Key Points:

The ratio of total enquiries to concerns gives a 'conversion rate'.

- Conversion rate has dropped 8.6% compared to 2020/21
- Conversion rate is lowest it has been in past 4 years
- Still above regional and national rates (2020/21)
- 928 Enquiries from 2,150 concerns in 2021/22 compared to 955 Enquiries from 1,845 Concerns in 2020/21

Following the outcome of the Safeguarding Adults Data Collection in March 2021, showing SBC as an outlier, an internal peer audit was requested to explore the high conversion rate from a s42(1) to a s42(2). The peer audit identified that that in the main, the auditor agreed with the decision maker's outcome. As a result, the Council is currently piloting a triaging approach to all safeguarding concerns to ensure that salient and proportionate information is gathered from which to make a decision to progress to a s42 enquiry.

The learning around accuracy of record keeping was reinforced through the exercise. It is of note that despite the primary need of a significant number of referrals concerning people with a mental health condition, only a small proportion of them were accepted by EPUT for investigation.



### Key Points:

- Rate has dropped 27.27 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)
- Total number of concluded Section 42 Enquiries has dropped compared to 2020/21
- 861 Concluded Section 42 Enquiries in 2021/22 compared to 900 in 2020/21.

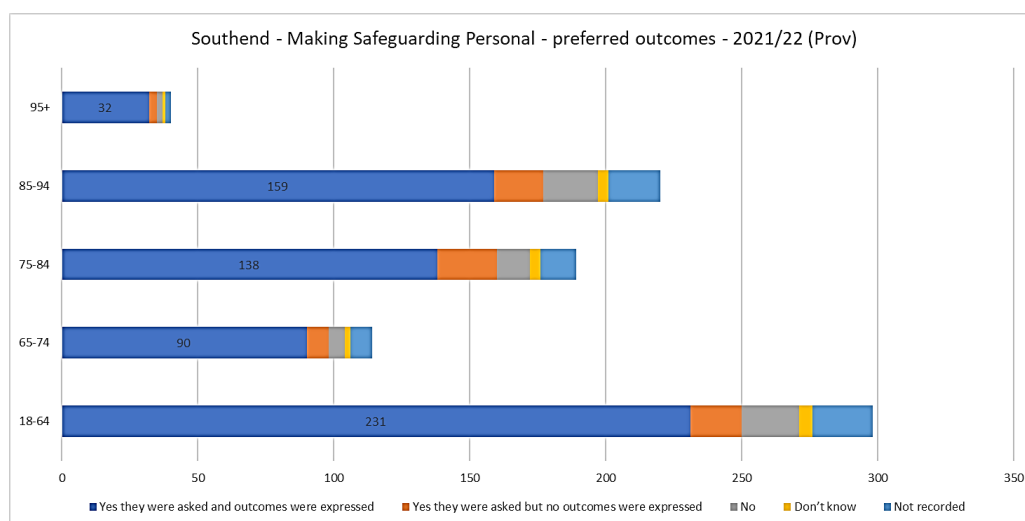
### Self-Neglect

#### Section 42 (S42) Safeguarding Enquiries – Key findings

The statutory definition of self-neglect ‘...covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding (Care Act 2014)’ Using the 2020/21 Safeguarding Adults Statutory Return (the last year where we have published benchmarking data), it is clear that a high proportion of adult safeguarding concerns received or referred into the Council’s services fall in the category of self-neglect / neglect. The SSP and the Health and Wellbeing Board have worked with local – often third sector - partners to develop an approach called *Thriving Communities*. In the last year, this group has changed it’s direction to intensify it’s focus on neglect, in all forms, across the age strata. The group is a subgroup of the City’s Thriving Communities and Neglect Strategic Group (TCSG) and the work follows on from a previous Neglect Task and Finish Group, originally set up with a short-term aim of steering and contributing to work to tackle both adult and childhood neglect at the earliest possible point of intervention. The operational level group under the Thriving Communities banner reports into TCSG, with the Health and Wellbeing Board acting as the “parent” partnership overseeing the work concerned. However, neglect being a serious and considerable safeguarding issue, Thriving Communities will also, as this Annual Report shows, report its work and outcomes through the SSPA.

The overall purpose of the operational group is to lead on the delivery of a Neglect Strategy and action plan for Southend, that supports and contributes to the Southend 2050 ambition, and relates closely to the work of the SSP for both adults and children, given the paramountcy of safeguarding concerns whenever neglect is suspected, or can be proven, in the life of a child or a vulnerable adult. The operational group focuses on the on the ground delivery of the strategy and vision given by TCSG and relating directly into the work of the SSP. It will promote community opportunities on the ground to enable Southend to tackle neglect at the earliest possible point.

### Making Safeguarding Personal- the Voice of People





For 2021/22, SCC achieved a continued high rate of satisfaction and achievement of the safeguarding outcomes that people expressed at the beginning of their safeguarding enquiry.

### Key Issues for Safeguarding across Adult Social Care & Wider Council Areas

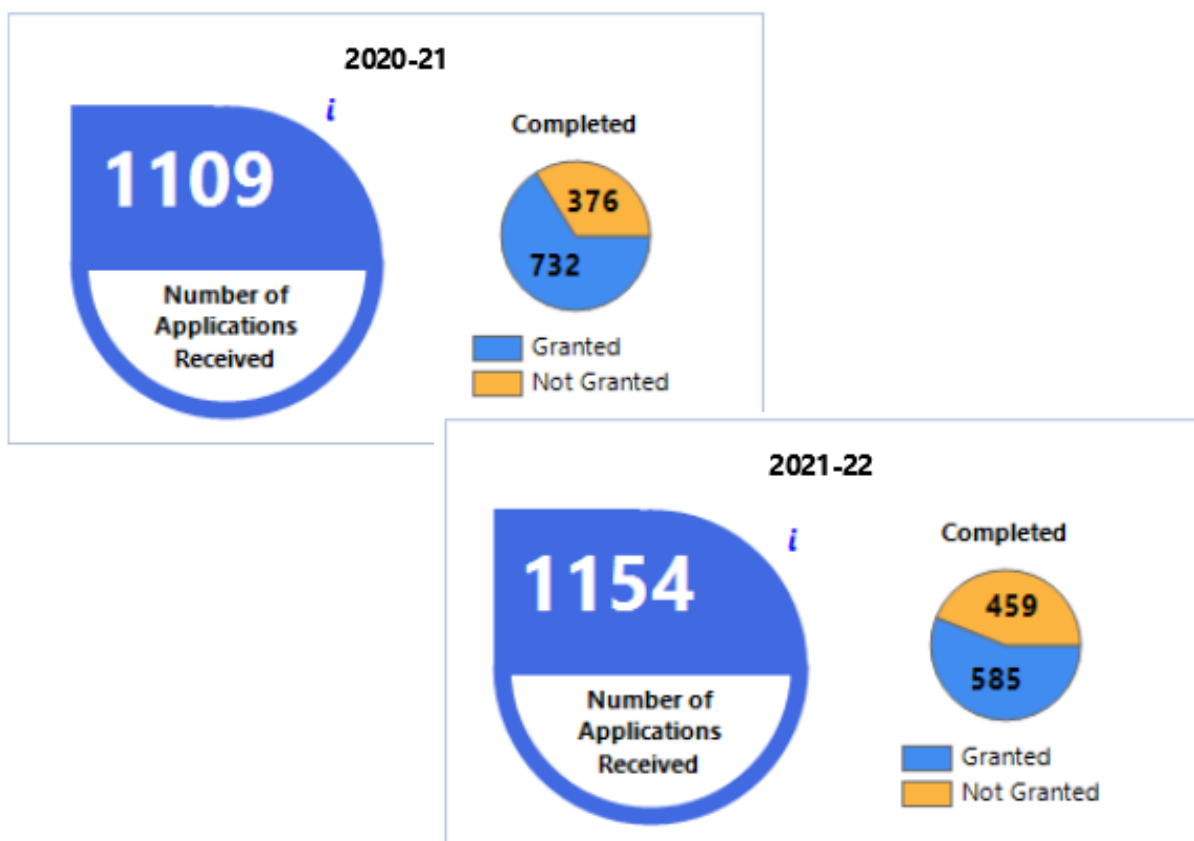
The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (2009) (DoLS), and Mental Capacity (Amendment) Act 2019 and The Liberty Protection Safeguards (LPS).

The Deprivation of Liberty Safeguards Team is responsible for the administration, legal oversight, and practice consultation of the MCA and DoLS. The team consists of 2 registered social work practice leaders that also fulfil the roles of Adult Safeguarding Practitioner and Adult Local Authority Designated Officer (LADO), and 4 administrative staff that are responsible for the processing and recording of all DoLS activity for Southend City Council.

The team have ensured that changes to MCA/DoLS legislation and guidance issued by made by Government have been implemented successfully. The team have continued to provide consistent and effective support during 2021/22, adjusting and adapting to the challenges that the covid 19 pandemic presents.

Requests for DoLS urgent/standard DoLS authorisations are submitted by regional hospitals and care homes where the adult is ordinary resident of Southend. In 2021/22 the team processed 1154 requests for DoLS authorisations (including 'renewed' authorisations for adults already subject to a standard authorisation). This averages at 22 requests per week, with a peak of 146 applications for the month November 2021. Of the 403 adults that currently have active DoLS episodes, 277 are females and 126 are male.

The key priority for the DoLS team for 2022/23 is to ensure organisational readiness for the implementation of T Liberty Protections Safeguards. The DHSC has not made a statement confirming the exact implementation date, however it is expected to be within the 2<sup>nd</sup> or 3<sup>rd</sup> quarter of 2024.



LPS replaces the sole role of Supervisory Body, currently only administrated by Local Authorities, with that of Responsible Body. This role will include NHS organisations including CCGs (as are), mental health, and hospital trusts. LPS extends the scope of the protection of people's rights when detained under the MCA to those age 16 and over, regardless of where they live and receive care and treatment.

Adult's and Children's Social Care Directorates will provide a unified response to the Government consultation of the LPS draft Code of Practice before the 7<sup>th</sup> July 2022 deadline. Southend City Council have implemented a multidisciplinary LPS Steering Group that will oversee the successful implementation of LPS to ensure that primary importance is given to the human rights of all Southend City Council residents.

### Public Health

Southend City Council Public Health supports the Southend Safeguarding Partnership by taking a public health approach to the health and wellbeing of citizens living in and using services in Southend. This is done through exploring the impacts and the interfaces of wider determinants of health around issues including poverty, housing, mental illness, disability, substance misuse, smoking, health outcomes and lifestyles.

For Public Health, the Covid-19 Pandemic has consumed the world, our nation, communities and our homes for the last two years and now we must learn how to live with Covid. Key public health issues are now needing to be addressed, in particular where inequalities have widened. Over the last year the partners have started to see the impact of isolation, illness, long term covid and mental health impacts on the population. Public health continue to engage and co-design service delivery and community support through the Family Centres and better aligning our professionals' expertise alongside local parents' expertise, to better address needs.

Public health will work with the NHS and wider partners moving forward on understanding and addressing the impacts of Covid. Priorities for the coming year include the management and recovery from Covid-19 and learning how to live with the virus and new variants emerging. Other priorities include responding to rising and changing inequalities in health and mental health outcomes, actions against the new drugs plans *From Harm to Hope*, understanding the needs around neglect in Southend, impacts of poverty, reducing social isolation and working and developing the community connections in Southend. As we continue to build community resilience, we will also need the review the impact of increased alcohol dependency and the impact this has on family life.

### Domestic Abuse (DA)

Southend-on-Sea remains one of the top districts for volume of domestic abuse investigations across Essex. Southend has a domestic abuse rate of 24.3 per 1000 adults (16 years old and over) this is the third highest rate the county, however is the top district for both high and medium risk assessed cases. It is proposed Domestic Abuse remains a priority for Southend Community Safety Partnership included with Violence Against Women and Girls (VAWG).

The partnership is engaged with the Southend, Thurrock, Essex Domestic Abuse Board (SETDAB) 2020-2025 strategy and working to achieve the collective outcomes. Southend has written and approved their own Domestic Abuse Strategy aligned with SETDAB. The action plan arising from the strategy, details work around further defining and strengthening Southend's DA offer. Key areas for development include improving data mapping and intelligence, pathway support and commissioning.

### Serious Adult Review & Domestic Homicide Reviews

During 2021/22, Council services have contributed to the learning in connection with a Serious Adult Review commissioned and overseen by the Safeguarding Adults' Partnership. Learning from the SAR will be disseminated with partners and practitioners when the review is completed and the report

published, at a date in late 2022. The outcomes of the resultant learning will therefore be reported on in the 2022-2023 Annual Report of the SSP.

During 2021/22, Adult Social Care sat as core members on three Domestic Homicide Reviews. It is of note that though the Council were not involved with three of the parties and historic involvement with one of the parties, we have played an active role to ensure that there the distillation of transferrable learning for practitioners.

## Southend Community Safety Partnership

### Hate Crime

Southend Community Safety Partnership is responsible for delivering the Essex wide Strategic Hate Crime Prevention Partnership (SHCPP) delivery plan. The partnership works to combat all forms of hate incidents by developing a consistent, multi-agency response. The core aims of the SHCPP are to;

- Understand Hate Crime
- Prevent Hate Crime
- Promote the reporting of Hate
- Increasing access to support for victims
- Improving the operational response to hate crimes

The SHCPP is confident in overall operational responses to hate crime. However, believe the partnership needs to take time to gain a better understanding of our communities and needs of victims. To do this the SHCPP plan to;

- Produce a new hate crime profile to help us understand who the victims and perpetrators of reported hate crime are, and the relationships between them
- Gain a better understanding of the data held by all partners to help improve the picture of hate crime beyond that reported to the Police.
- Utilise the outputs from the 2021 census to build a profile of our communities, and where there may be under-reporting
- Develop a way of monitoring and responding to community tensions (with PIER and the Prevent Delivery Group).
- Establish a three-year programme of research to understand the experiences of different groups of victims
- Hold a series of partnership learning events to help us understand new/emerging issues and learn from best practice elsewhere.

Hate Crime has been proposed as a 2022/23 priority for Southend Community Safety Partnership with the aim to improve residents knowledge of what a hate crime is, increase access to reporting centres/ambassadors, provide confidence and reassurance to victims and communities.

We plan to do this through;

- Intelligence and Evidence
- Education and Communication
- Training and Support.

### CHANNEL

Channel is a statutory, multi-agency programme which identifies and supports individuals of all ages who are brought to services' notice because they are deemed at risk of radicalisation and/or being drawn into terrorism, including domestic and far-right supremacist or far-left revolutionary or anarchist "direct action" extremism.

In Southend, the Channel Panel is located within, and chaired by, the Local Authority, with engagement from relevant partners which include both Essex and PREVENT Police, Health, Probation and educations. The Channel Panel meets monthly where new referrals will be

considered for CHANNEL intervention (adoption). Adopted cases will be discussed and an action plan agreed and closed cases are reviewed on a 6 and 12 monthly basis.

#### Southend Prevent Delivery Group

Prevent is 1 of 4 elements of CONTEST, the government's counter-terrorism strategy. It aims to safeguard and support those vulnerable to radicalisation.

The Southend PREVENT Group chair sits on the Countywide CONTEST group which supports cross authority collaboration and intelligence sharing on issues concerning counter terrorism. Key actions currently being focused on the Southend Prevent board include; reviewing annual assurance statement, increase and refresh training including the use of e-learning, recognising a link between Hate Crime and Prevent closely monitoring any tensions following rehousing of Afghan refugees and Sir David Amess murder.

#### Modern Slavery Act 2015

The modern slavery remit in terms of lead and service area is currently under review. However, the Council has committed to:

- deliver a rolling programme of training and awareness raising for the workforce, partners and third sector organisations.
- engage in awareness raising so that the general public and communities of Southend know how to spot the signs of modern slavery and human trafficking, know how to report and have an awareness of wider support and services available for potential victims.
- refresh the adult safeguarding referral pathway to better identify and support potential victims.
- enhance data and intelligence gathering across partners to help identify and support potential victims as well as inform disruption activities

Furthermore, the Local Government Association (LGA) has published new best practice guidance for councils on supporting modern slavery victims through homelessness and housing services. This is an area that has proved challenging in recent years, not least due to the severe pressures on available housing stock.

SAMS (Southend Against Modern Slavery) Partnership have started a Survivor Care Project. This is for adult survivors of all types of modern slavery. The project offers a triangle of community support including mentoring, befriending and practical help.

Essex Police are currently producing an Organised Immigration Crime and Modern Slavery & Human Trafficking Strategic Assessment due to be completed by the end of May 2022, with partner friendly versions ready for sharing shortly after.

### **Commissioning - Quality and Improvement of Care Providers in Southend**

The quality and improvement of care providers in Southend is the focus for the work that the Council's Quality Team undertakes.

There are clear links between the work that is undertaken by the Quality Team and the work that is done under safeguarding. For example, the findings and learning that are identified through organisational safeguarding related to care providers for adults, is key to guaranteeing that there is a culture of continuous improvement among the care providers of Southend.

The following key documents are essential to ensuring the quality of care being delivered by providers in Southend makes individuals using the service, feel that their care:

- a. focuses on their strengths and what is important to them,
- b. is of high quality.
- c. changes and adapts to their needs.
- d. makes them feel safe and looked after.
- e. is received at the right time and in a place that suits them

### Quality Assurance Framework (QAF):

The Quality Assurance Framework sets out how the Council will work with care providers to deliver high quality care and support services in Southend.

The framework is about working with care providers to enable the provider to regulate themselves with more support if needed.

The framework provides an opportunity to build relationships with the care providers, and help clearly define the role of the Council, which is to support, advise, and help the provider to deliver good quality care.

Elements of the framework includes:

1. Standard quality monitoring delivered by the Quality Team.
2. Escalation process if concerns are raised with enhanced levels of support and monitoring
3. The Annual Quality Improvement Plan.
4. Quality Standards.
5. Quality Assurance Ambitions and Outcomes Framework.
6. Care Governance Board.
7. Care Provider traffic light threshold which set out how services will be monitored based on intelligence.
8. Quality Improvement and Commissioning Peer Support Programme.

### Annual Quality Improvement Plan in Commissioning:

The plan is one of the key elements of the Quality Assurance Framework. The annual plan will identify the key areas of focus and how the Council intends to work with providers to improve the quality of care.

The key areas of focus can be generated by several factors for example, the providers Care Quality Commission rating as well as the themes that have been investigated under safeguarding, however, the development of the quality standards shall provide baseline information that will be extrapolated from the following processes and systems:

- Quality Assurance Ambitions and Outcome Framework
- Traffic light process for placements and packages,
- Provider Quality Assurance Support & Actions,

The standards enable the Council to highlight when things are being done well so that good practice can be recognised and shared among providers, but equally the standards will also highlight areas for improvement that enables the Council to provide support in a more targeted way

### Provider Failure Protocol:

The protocol outlines the Council's approach to managing a care provider failure. The protocol also includes how the Council will work with local stakeholders to reduce the risk of failure, however, if the failure results into a closure of a service the protocol outlines the closure process.

The protocol explains how the Council would work with external agencies to manage the risk of a provider failure or closure, to ensure individuals are kept informed and continues to receive a service. The protocol gives guidance to identifying the relevant issues that may arise through a provider failure or closure.

### **Practice Quality Assurance**

As part of preparation for the Care Quality Commission Assurance Framework, the Council engaged an external auditor with social work practice experience at both an operational and management

level. The auditor completed a focused piece of work, using a reflective methodology to deep dive into safeguarding concerns, with some additional concentration on concerns of a hoarding/self-neglect nature and domestic abuse. The next round of audits will focus on organisational safeguarding. In autumn 2022, the auditor will work with the Council to measure practice quality of strengths-based work.

The Council has also concluded an internal audit of the initial decision making and triaging of safeguarding concerns. Layered on the work and learning from the external auditor, the management team are working with practitioners to consider longer-term, sustainable actions to improve practice.

The Head of Quality, Practice and Principal Social Worker has stepped back into the space of strategic safeguarding lead for Adult Social Care. Within this remit, she is concentrating heavily on designing a Practice Framework and a Quality Assurance Framework to robustly engage staff and measure excellence.

### **Workforce & Training and Development**

Our workforce is the foundational bedrock of our delivery of safeguarding services. Over the last year, we have continued to work with the teams at pace to ensure that we could continue to safeguard people whilst adapting to the significant and rapidly changing landscape across the system. We have significantly invested in our strengths-based practice model to ensure that we are working proactively in a person-centred way. We have continued to tightly monitor and continuously reprioritise people waiting for assessment and waiting for the provision of care at home. The allocation of safeguarding work has continued to be a top priority throughout the pandemic.

The headline feedback and achievements are:

- Continued strong integrated approach to practice with multi-agency links to a number of partners, ensuring collaborative and consistent approaches across the system. Through the SSPA & SSPC Meetings and the Safeguarding Learning and Development Sub-Group activities.
- Southend City Council is a key partner to the Mid and South Essex Health and Care Partnership and working and contributing to many activities under the workforce strategy to support Health and Social Care collaboration and improving system working. This is developing as ICS' move towards formalisation eg. Immersive Simulation Collaborative's learning activities, staff wellbeing and manager support.
- We continue to deliver a monthly practitioner workshop on key practice issues in relation to safeguarding to support problem solving and legal literacy.
- Review mandatory safeguarding/mental capacity and Care Act training that is required. Via LPS, review of exploitation awareness e-learning.



## Key Priorities: Looking forward through 2022-2023

People at the Heart of Care: Social Care Reform White Paper

The Domestic Abuse Act 2021

Health & Social Care Integration: joining up care White Paper

The Health & Care Act 2022

The Mental Health Act Reform

Integrated Care Systems & the NHS Long Term Plan

Liberty Protections Safeguards

Adult Social Care Charging Reform

Potential Changes to the Human Rights Act

The Council's services will continue to work with partners as several key and potentially change-shaping elements of vital legislation and statutory guidance with a safeguarding emphasis are to be implemented over 2022-2023.

The Council and partners are working closely together in anticipation for some key legislative changes that will be influencing the way we work over the next ten years.

Leaders and managers continue to work with system partners to better understand the medium and long-term impact of COVID -19, as well as the pressures from the cost of living crisis and how this will impact the people we serve. It is unclear whether the surge in demand during the middle period of 2021 will continue as a result of the pandemic having long-term negative impacts on residents' physical and/or mental health resulting in them needing support now when before the pandemic they may not have needed it. There are also questions regarding whether the rise in identified or self-reported need is a byproduct of some residents not seeking support during the pandemic, whose difficulties may be eased through relatively short-term interventions so that demand on services may subside over time.

The scope of our work over the next year will cover:

- Continue to invest in our strengths-based practice model to ensure that all people in contact with Adult Social Care experience the benefit in working in this more person-centred way
- Consider our structure and decision making in terms of the triaging model for all s42 enquires
- Refresh and co-produce with our staff all of our safeguarding and our assessment forms and pathways on Liquid Logic (the Council's client database)
- Revisit Making Safeguarding Personal to ensure that the toolkit practice is heavily imbedded in our practice and measurable in the impact we make and the outcomes for people
- Ensure that the Council and its partners are able to demonstrate the quality interventions and support provided to assist people to live good lives, free from abuse
- Prepare for the new Care Quality Commission Assurance Framework that will measure the quality and experience of people who receive services from the Council
- Prepare for our key legislative drivers such as the implementation of the Liberty Protection Safeguards, the Social Care Charging Reform policy, the Health & Care Act 2022
- Launch our new Practice Quality Assurance Framework, which will have focus on Making Safeguarding Personal and safeguarding
- Launch our new Practice Standards which will complement the Practice Quality Assurance Framework
- Work in strong collaboration with our Health partners around the continued development of the Integrated Care System (ICS), the Alliance and locally, the Primary Care Networks

- Work with Commissioning and other Council departments to enhance robust policies which support providers to boost quality provision of services and shape the market whilst ensuring strong recruitment across the entire care sector
- Support with the continued roll out and imbedding of the three 5 year strategies Living Well (working age), Aging Well (Older people) Caring Well (Carers): New strategy for adult social care proposed for Southend – Southend-on-Sea City Council
- Increase the influence of people and their families on the shape of our services and our market
- Continue to explore ways to support staff wellbeing and continuous professional development for a strong workforce with robust legal literacy
- Improve the experience for people and families going through transitions to ensure clear pathways and smooth transitions across Children’s Services, Education, Health, Mental Health & Adult Services
- Revise the mandatory training matrix to aid continuous professional development
- Work with the Liquid Logic Delivery Board to ensure that Organisational Safeguarding is built into the database
- Work with the Safeguarding Partnership to improve access to modern slavery data

### **Key Priority**

Our key priority is to ensure a strong, continued commitment to strengths’-based work, ensuring Making Safeguarding Personal is the key feature, which acknowledging that safeguarding is the core strand business that runs through all Council initiatives.

### **15.3. Essex Police**

(Michael Samuel, DCI, Crime & Public Protection)

Safeguarding of vulnerable people is a priority for Essex Police, this is reflected in its continued appearance in the Force Plan. The Force has good oversight and governance of vulnerability, which is led by the Assistant Chief Constable (ACC) for Crime & Public Protection (C&PP) and Criminal Justice. The ACC holds a quarterly Public Protection Vulnerability Board attended by C&PP and other Command areas who report on activity, risks and issues. Through this structure the safeguarding of vulnerable adults is championed throughout the organisation with thematic leads in key safeguarding areas such as mental health and missing people.

Essex Police are committed to working with partners. The Force are engaged and represented at a senior level at the Southend Safeguarding Adults Board and associated subgroups where together with key partners, they review, and quality assure policies and recommendations to audit compliance and identify learning. Due to the ongoing impact of COVID-19, Essex Police have continued to adapted working practices to enable increased agile and flexible working. Utilising IT platforms such as Microsoft Teams has continued to ensure that Essex Police work effectively with partners to support vulnerable people. This has seen greater attendance at multiple meetings with different partnership agencies.

The Operations Centre is a central safeguarding hub and is the point of entry into Essex Police for all public protection partnership-related enquiries and referrals. The hub forms the link to the Southend Multi-Agency Safeguarding Hub (MASH) and MASH+. The Operations Centre also contains the Central Referral Unit (CRU) who are responsible for risk assessing and safeguarding high-risk victims of domestic abuse.

The centralisation of all secondary risk assessments for high-risk domestic abuse cases are performed by the CRU. This provides a greater consistency across the Force, which has increased the accuracy and quality of risk assessments, together with timeliness of safeguarding.

Essex Police has seen the introduction of a Domestic Abuse Problem Solving Team (DAPST) in 2021 which are geographically based across the County. The teams are led by a Detective Inspector and are responsible for working with repeat victims of domestic abuse with commissioned services and tackle repeat perpetrators with a focus on the highest risk perpetrators being referred into the MAPPA process. DAPST are regular attendees at Level 2 and 3 MAPPA reviews when Domestic Abuse perpetrators are being discussed and work well with statutory and duty to cooperate agencies.

### **Mental Health**

Essex Police has developed a close working relationship with EPUT to improve prevention, response, and investigation into cases where mental ill health is a factor. Essex Police co-chair the quarterly Concordat meeting which is a multiagency forum to discuss whole system approach to mental ill health in the community, particularly when member of the community reaches crisis point and needs to be detained under S135 and S136 Mental health Act. Additional work is ongoing in relation to better information sharing, to ensure intervention is identified at earlier opportunities with an objective to prevent serious harm to the person who is suffering mental ill health or other community members.

To support this aim a bi-monthly *Mental Health Risk Management Board* has been established to develop dynamic and long-term problem-solving discussions regarding the rising risks to individuals with mental health concerns. This board is a multi-agency tactical co-ordination group governed through the Operations Centre C&PP Command DCI. This will be the forum where all agencies including police can refer in individuals with identified risk factors to be discussed, who do not qualify for MAPPA and ensures that all agencies are supported to mitigate the risk to the individual. Agencies and stakeholders are invited to attend when individual requirements are identified. The board overlays partner concerns regarding individuals, to identify early signs of risk escalation and put in a multi-agency plan to mitigate the risk. In addition to hearing individual cases the board will create a pathway for urgent referrals, to enable early partnership engagement when dynamic needs arise.

### **Missing Persons**

Missing Persons investigations take up a considerable amount of police resources and have a very high deployment rate.

Year	Total Number of Incidents	Those marked No Attendance	Total Number of Deployments	Percentage of deployments
2021	6584	257	6327	96.6%

Essex Police figures for 2020 and 2021 were lower than previous years due to the pandemic and aftermath; in 2019, for example, there was a total of 8,618 reports. Early indications for 2022 suggest that levels are returning to pre-pandemic levels; the amount of missing children reports (710) for March 2022 is the highest recorded since July 2019.

Missing persons investigations are complex, varying significantly in motivation and circumstances. Whilst the force know that many persons are located safely within 24-hours, the requirement is that the force respond with the knowledge that a small number of cases pose an immediate threat to life in Essex 97 percent of episodes each year result in no harm, including self-harm, being suffered. With children under 18, the demand trend indicates that the volume of reports will rise, but at a slightly slower rate to overall missing persons. Children represent over two thirds of all individuals reported missing in Essex. There is a higher prioritisation on investigating children as more evidence has emerged regarding underlying vulnerabilities for, namely criminal and sexual exploitation, abuse and health-related harms. It is widely recognised there is a “cliff edge” in care and provision for older teenagers as they transition from childhood. Unregulated, semi-independent provision for 16- to 18-year-olds has sprung up all over Essex in recent years to

address the need for older teenagers in care to have some independence as they transition into adulthood; however, this has caused issues in as much as Essex Police has been unaware of many establishments until they report a child as missing. We have therefore been unable to partner, develop relationships or set expectations with them.

In 2020 and 2021, the government consulted on proposed reforms and national standards for unregulated provision for children in care and care leavers. As a result, national standards have been devised and all providers that accommodate Looked After Children and care leavers up to 18 will now be regulated by Ofsted. Providers will have to register from April 2023, national standards will be mandatory from autumn 2023, and inspections will commence April 2024.

As a result of recent investment and growth across 2022-22 the force now has a team of 10 Missing Person Liaison Officers (MPLO), who sit within community policing teams, with compliance and supervisory oversight by a Police Sergeant who sits in the OC under supervision of the CI. The MPLOs do not actively investigate or assist in locating the missing person, instead they liaise with other agencies to identify the person's vulnerabilities, to ascertain why they are going missing and look at long-term solutions to reduce or prevent these missing episodes. The MPLOs adopt a problem-solving approach with a heavy focus on 'children in care' missing and repeat occurrences from the same individuals, working with Southend local authority.

The force made changes to its Concern for Welfare Policy in 2019, these have been embedded and improvements have been driven throughout 2022-22 to prioritise an immediate risk or threat of harm to life or property, a crime has been or is going to be committed or attendance is required to prevent breach of the peace. This change has assisted in meeting demand and the shift in working practices has produced stabilisation of the care home missing numbers allowing Officers to focus on those at greatest risk. The force is working towards achieving the new national guidance which sets out policing responsibilities and those of partners.

During the missing persons conference in January, 2020, the Philomena Project from Durham was showcased demonstrating a centralised approach to prevent missing persons which saw a 38 percent reduction in repeat missing numbers. The force created a Memorandum of Understanding (MOU) with the local authorities in August, 2020 as a significant step towards full implementation of the Philomena Project, and currently has a working group who are approaching all care placements requesting them to sign an MOU in line with the Philomena Project. The throughout 2021 force established policies and procedures and using the Philomena Project to prevent repeat episodes of persons with challenging circumstances from going missing. Additionally, the Government has recently published 'reforms to unregulated provision for children in care and care leavers which means that no child under 16 can be placed in independent or semi-independent settings (September, 2021). These reforms will also assist with the Philomena Project as all children under 16 will be in registered settings.

Op Harrier sees *Buddi tags* being provided to dementia sufferers who are at risk of becoming vulnerable missing persons. The force provides the hardware and pass the management of the devices to the persons family. Between August, 2019 and August, 2020 these Buddi tags prevented 27 high risk missing person episodes, with a cost saving of circa £230,000 to the force. There were 814 alerts, 45 of which resulted in the individual's family being alerted and able to assist with supporting them before they went missing. Following this successful pilot the Buddi tag system has been rolled out across Essex.

#### 15.4. Southend Clinical Commissioning Group

(Sharon Connell, Head of Safeguarding, Designated Nurse Safeguarding Children, Southend CCG)

NHS Southend Clinical Commissioning Group (SCCG) has continued to work closely with CCGs in Mid and South Essex as the CCGs transition into an Integrated Care System (ICS) on 1<sup>st</sup> July 2022.

Following a whole system review of child / adult safeguarding arrangements in January 2020 a decision was made to continue to collaborate across wider Essex through Safeguarding Clinical Network (SCN) and Health Executive Forum (HEF). The SCN brings together CCG safeguarding leads and executive nurses to drive forward the safeguarding agenda, highlight risk and collaborate on areas of mutual interest. The HEF has executive representation from all Health commissioners and providers and providing strategic direction to the health economy.

In 2021/22 key safeguarding activity included:

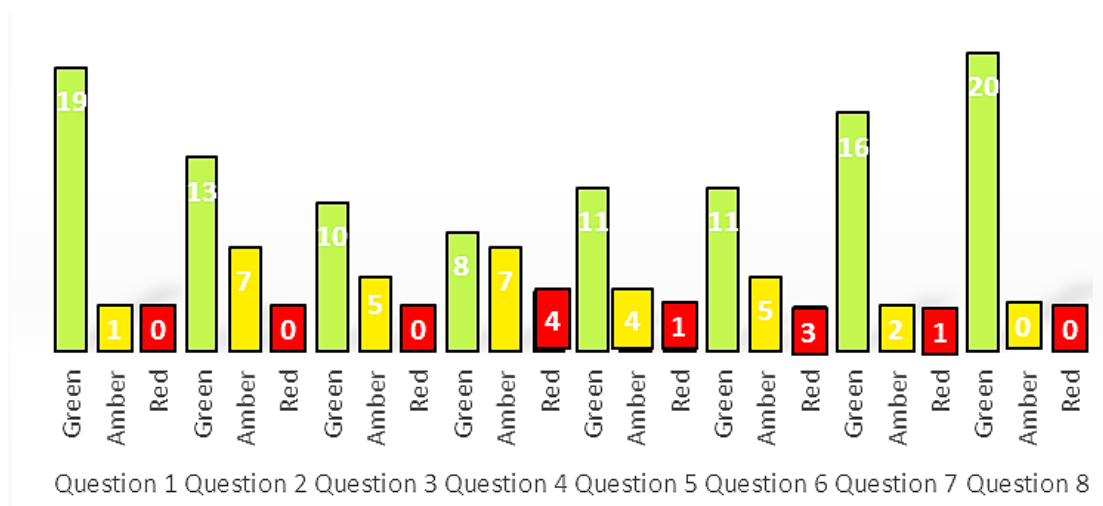
SCCG does not commission General Medical Services but does have a role in supporting primary care in improving the recognition and response to abuse and neglect. The Primary Care Safeguarding Forum has continued to meet via Microsoft Teams (MST) and provides a space for discussion of safeguarding issues and training on topical issues. This is being developed into a library on SharePoint.

Topic	Attendees
Child Sexual Abuse	18
Coercive Control in Older Adult Relationships	19
Child Sexual Exploitation	18
Domestic Abuse & MARAC	22
Think Family	17

A GP Practice Modified Section 11 Self-Assessment Audit was completed in 2021. Out of a total of 27 practices, 20 responded giving a total of 74% response rate for 2019/20. It has to be noted that response rate in the past has been higher with only one practice not completing the audit. Lower response for 2020 was due to additional work pressure during the Covid 19 Pandemic.

Areas of strength included having an identified safeguarding lead, practice policies and safer recruitment processes in place.

Whilst all GPs are trained to the appropriate level more work needs to be done to ensure all practice staff received the appropriate training in line with their roles and responsibilities.



In order to provide clear guidance for practitioners working across Southend, Essex & Thurrock health and multi-agency reference guidance has been produced for Female Genital Mutilation (FGM). This provides clarity around the duties to report, record and prevent cases of FGM.

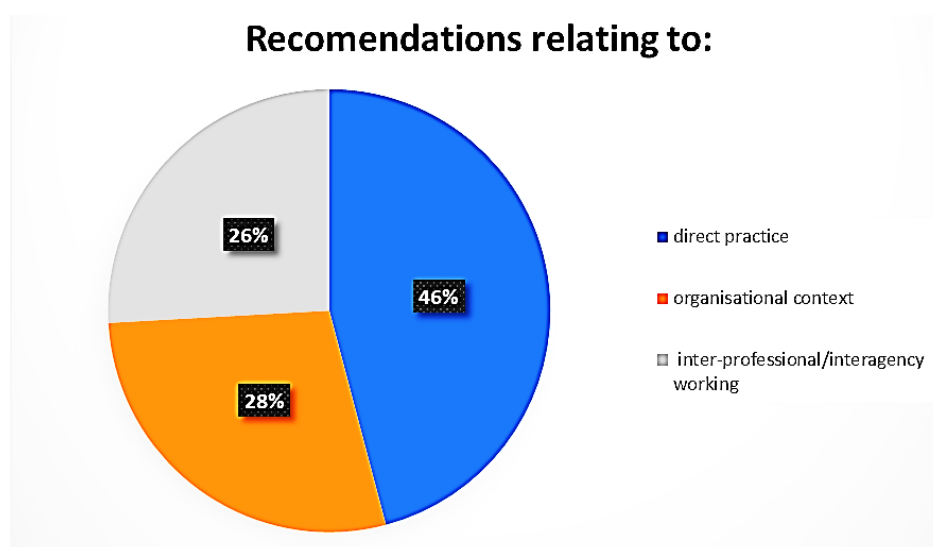
Initial Health Assessments (IHAs) for Looked After Children are holistic assessments that involve the review of health needs, the analysis and assessment of past medical history, missed health

problems and screening opportunities. There have been historical difficulties, exacerbated by the pandemic, in IHAs being performed within timescale, which have been linked to:

- Communication and information sharing between agencies
- Challenges in arranging and completing IHAs due to shortage of paediatricians
- Challenges associated with children being placed out of area

Following some interventions locally, improvements have been substantiated. Further work is ongoing to ensure these are sustained and to explore commissioning a centralised service across MSE.

SCN Case Review Oversight Forum was established to provide oversight and assurance that the learning and recommendations identified in published case reviews is embedded into practice across the NHS. Themes for health services have broadly collated under 3 categories.



The work on this project was paused due to redeployment and organisational change during 2021/22. It will be taken forward by the Integrated Care Board taking a whole system approach to the key themes for Health including professional curiosity, articulating risk when making referrals and escalation of concerns.

## 16. Updates on safeguarding activity from Partners

Providers' view section, the partnership being a vibrant and multi-service as it is across both adults and children. Incl. Health Setting / Care Setting / Third Sector provider

### 16.1. NELFT

*(Jay Lucy Spires (née Brown) Interim Named Nurse Safeguarding Children for Southend, Essex and Thurrock)*

NELFT responded highlighting that the SSP processes are very clear and noted the benefit of the DASH board clearly indicating themes and trends. NELFT's view is that the SSP are quick to respond to emerging trends and utilise the relationships established to promote positive change. Although NELFT only have children's mental health services within Southend, it is clear that there is a 'Think Family' model being utilised across the system. Transition from children to adult services appears to have improved both from a mental health and social care perspective. There appears to have been an increase in multi-agency training being made available which has improved professionals working together and facilitates a better understanding of service delivery.



The interim named nurse for safeguarding in NELFT gave a personal reflection to the partnership stating that she finds the SSP open to suggestions and new ways of working. She also advised that there is a personable approach to working together and there is a clear escalation process for when things are not working so well.

## 16.2. Mid and South Essex NHS Foundation Trust

*(Paul Hodson | Associate director for safeguarding | Clinical Governance, Mid and South Essex NHS Foundation Trust)*

Mid and South Essex NHS Foundation Trust was formed on 1st April 2020 following the acquisition of Mid Essex Hospitals Services NHS Trust and Basildon and Thurrock University Hospital Trust by Southend University Hospital NHS Foundation Trust.

It is one of the largest hospital trusts in England, serving a regional and national population for some tertiary services.

The combined organisation provides acute and some community services across three main hospitals:

- Southend University Hospital
- Basildon University Hospital
- Broomfield Hospital

The trust has around 1800 in-patient beds over 3 main sites and other community sites. The trust has over 15,000 members of staff.

The trust had experienced challenges over the past year due to the COVID-19 pandemic. There has been redeployment of staff at the trust during that period to support staff in critical areas and to support the vaccination programme. Services had to be redesigned and moved at short notice without impacting the delivery of the safeguarding service. In the last year the Trust has experienced some challenges in staffing but has now successfully recruited to all vacant positions.

Mid and South Essex NHS Foundation Trust remains committed to partnership working and has continued through this period to engage and support local safeguarding strategies and workplans. The Trust has also continued to make progress with its own Safeguarding Strategy during this time. Trust achievements in the last year include improvements in information sharing process between maternity and 0-19 services (now known as Children, Young People and Families Public Health Services); assurance reports to demonstrate effectiveness of service; introduction of a Safeguarding Level 3 Programme; delivery of audits including mental capacity assessment, dementia, young people with mental health concerns accessing MSE services; review and updates of all safeguarding related policies; improvements to access to records systems which have positively impacted on partnership investigations into safeguarding concerns, and work on the mental health agenda.

MSE child safeguarding leads and safeguarding leads in 0-19 services have worked in partnership to agree a robust process for the sharing of information between maternity and community services relating to vulnerability factors and risk factors identified in the antenatal period. The new process has improved safeguarding case management and joint working. Feedback has been positive that as a result information sharing has improved significantly.

Southend Hospital Services have responded to indicators of harm and abuse for unborn babies, children and young people during contacts and interactions within our services. Over 200 children's safeguarding referrals to MASH+ were submitted by our

staff in the last year. Themes include domestic abuse, neglect and risks related to parental substance misuse.

Southend Hospital Services have referred over 150 safeguarding cases to the our partner Local Authorities and have responded to 95 Section 42 Safeguarding Enquiries involving the hospital. Themes include neglect / omission, pressure injury and falls. These themes are now monitored through the Trust Harm Free panel with action plans in place to improve care and minimise risk of harm.

Mid and South Essex NHS Foundation Trust continues to see and experience the benefits to our local community by fully engaging with a partnership approach to all aspects of safeguarding unborn, children, young people, and adults. This partnership approach has allowed for alignment of safeguarding workstreams across services within the partnership agencies, including health resulting in a stronger and cohesive safeguarding service within Southend.

### 16.3. HM Prison and Probation Service

*(Martin Lucas - Head of South Essex PDU)*

The Probation Service supervises adults subject to community sentences and post-custody licence periods. Services include advice to Courts and the Parole Board, resettlement planning for adults in prison, and the delivery of offending behaviour change programmes and Community Payback in the community. In the Southend area, the Probation Service contracts partner organisations to work with people on probation. These are:

- Interventions Alliance – for accommodation and ETE services
- The Advance Charity – for women
- The Forward Trust – for Personal Wellbeing services for adult males

In Southend, The Probation Service also works in partnership with the Aspirations Project to offer a women only reporting environment which includes additional services to support women with vulnerabilities in relation to substance misuse and sexual exploitation. A Senior Probation Officer in Southend chairs a local Safeguarding Forum, which provides multi-agency assessment and safety planning for women who sell sex.

The Probation Service works with STARS for the co-management of Drug Rehabilitation Requirements and Alcohol Treatment Requirements, with Court mandated requirements for people on probation whose offending behaviour is linked to substance misuse. Funding has been made available to the Probation Service to invest in Dependency & Recovery services and we are in discussion with the Southend Drug and Alcohol Commissioning Officer to bring our expertise and funding pools together for this group.

We have identified a risk relating to adults with care needs who present a risk of harm related to sexual and violence offending. We are working alongside the Southend Safeguarding Partnership and with colleagues in Essex Police, Adult Social Care and Health to review best practice arrangements for such cases.

## 17. Finance

*(P. Hill, Business Manager, SSP)*

### 17.1. History

The Southend Safeguarding Partnership budget contributions by Strategic Partners were shared unequally up to 2021/2022:

- Local Authority 48%
- Police 26%
- Health 26%
- Others (approx. £7k deducted before Strategic Partners contributions calculated)

It was agreed by the Southend Safeguarding Budget Strategic Leadership Group in 2022 that these costs would be shared equally. The Southend Safeguarding Partnership budget contributions for 2022/2023 were:

- Local Authority 33.3%
- Police 33.3%
- Health 33.3%

## 17.2. Future Budget Construction

The Strategic Partners of Southend Safeguarding Partnership may choose to divide the costs differently for future years or may choose to remain with the current methodology (described above).

## 17.3. Budget Pressures (2019/20), (2020/21)

A decision to change the structure of the Southend Safeguarding Children's and Adults support staff was made in year 2018/19:

Southend Safeguarding Children's and Adults Boards were the responsibility of a single manager (2018). Consultants were engaged (Sanna Westwood and Craig Derry 2018/19) to support the Manager (Helen Carrick) and review the governance and structure of both Adults and Children's Boards. The Strategic Leadership Group (including Local Authority, Police and Clinical Commissioning Group) agreed to employ two Business Managers and 1 FTE administrative support. The two Business Managers were engaged in Sept 2019 and the two part-time administrative support employees (1 FTE) remained.

It was further agreed to maintain the independent chair / advisor for both Children's and Adult Groups.

The increase in costs as a result of this decision was £45k per annum.

A decision was made by the Strategic Partners to include all costs of the Safeguarding Boards in the Resource Planning and Budget Proposals for 2019/20. Both Southend Safeguarding Children's and Adults Boards are hosted by Southend Unitary Authority. This includes accommodation, ICT, procurement, employment, human resources etc.

In the past not all costs have been captured and so have not been shared between strategic lead organisations. A resource plan was submitted to the Southend Safeguarding Strategic Leads Group and it was agreed that all costs (*provided they are defined*) should be included. This change led to a change in the total budget that was shared with strategic partners:

- Financial Breakdown (shown in section below) – line 2 (Salaries on costs 34% of salaries)
  - Increase in Cost £40k
- Financial Breakdown of "In Kind – Goods and Services" (shown in section below)
  - Increase in Cost £62k

The Covid-19 Pandemic stopped a significant amount of activity in 2019/20 and has done so in 2020/21. There have been no conferences, meetings, events, organised learning or teaching meetings. This has led to an increase in reserves in 2019/20 and a change in the budget requirements for 2020/21.

The costs attributable to serious Case Reviews and Practitioners Reviews are currently assigned to a budget controlled by children's services of the SUA. These costs should be borne by the SSP. These costs were not captured between 2019 to 2021

## 17.4. Budget Summary 2019 - 2022

### Financial Breakdown 2019/20

<b>SAB 2019/20</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.00
Essex Police	22,700.00
Southend Borough Council	41,950.00
	<b>100,681.00</b>

	<b>Outturn (£)</b>
Expenditure	-85,430.75
Income	100,681.00
Net Budget	15,250.25

<b>Reserves</b>	£28,010
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<b>LSCB 2019/20</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.01
Essex Police	14,355.00
Southend Borough Council	51,060.00
DSG	10,000.00
CAFCASS	850.00
Essex CRC	4,577.00
National Probation Service	1,206.21
	<b>118,079.22</b>

	<b>Outturn (£)</b>
Expenditure	-111,518.59
Income	118,079.22
Net Budget	6,560.63

<b>Reserves</b>	£25,779
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It is noted that the Southend Clinical Commissioning Group paid the uplifted amount in 2019/20, Essex Police did not. The reduction in costs because of the COVID-19 pandemic also meant that Southend Borough Council did not pay the uplifted amount.

## Financial Breakdown 2020/21

<b>SAB 2020/21</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.00
Essex Police	22,711.00
Southend Borough Council	41,950.00
	<b>100,692.00</b>

<b>Outturn (£)</b>	
Expenditure	-104,172.62
Income	100,692.00
Net Budget	3,480.62

<b>Reserves</b>	<b>£43,312</b>
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<b>LSCB 2020/21</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.00
Essex Police	14,355.00
Southend Borough Council	50,843.00
Other Charges	-951.00
DSG	10,000.00
CAFCASS	-300.00
Essex CRC	4,577.00
National Probation Service	1,206.21.00
	<b>115761.21</b>

<b>Outturn (£)</b>	
Expenditure	-105,951.59
Income	115,761.00
Net Budget	9809.62

<b>Reserves</b>	<b>£32,311</b>
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## Financial Breakdown 2021/2022

(includes projections for quarter 4)

<b>SAB 2021/2022</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.00
Essex Police	22,711.00
Southend Borough Council	43,500.00
	<b>102,242.00</b>

	<b>Projected Outturn (£)</b>
Expenditure	-102,996.35
Income	102,242.00
Net Budget	-754.35

<b>Reserves</b>	43,056
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<b>LSCB 2021/2022</b>	<b>Amount Paid (£)</b>
NHS Southend CCG	36,031.00
CAFCASS	550.00
Essex CRC	4,577.00
Essex Police	14,355.00
Southend Borough Council	60,700.00
National Probation Service	1,206.00
	117,419.00

	<b>Projected Outturn (£)</b>
Expenditure	-117,365.51
Income	117,419.00
Net Budget	53.49

<b>Reserves</b>	49,427
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#### Projected Financial Breakdown 2022/2023

Finances for the Safeguarding Partnership will be managed from on budget in 2022/2023

<b>SSP 2022/2023</b>	<b>Amount to be invoiced (£)</b>
NHS Southend CCG	87,779.00
Essex Police	87,779.00
Southend Borough Council	87,779.00
	<b>263,370.00</b>

<b>Projected Outturn</b>	£12.682.40
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## 17.6. Projected Expenditure 2022/2023

Line	Projected Expenditure	
1	Professional Fees: Independent Advisor (+ expenses) Case Review Authors (SAR/LCSPR) (Estimated)	£37,000 £30,000
2	Salaries (Incl 34% on costs) 1 x Business Manager (and Adults Lead) 1 x Childrens Lead 1 x Business Support	£154,543
3	Car Allowances/Subsistence	£0
4	Travel Expenses	£0
5	Event - Room / Equipment Hire - Any costs will be recovered from Partners	£0
6	Event - Speaker expenses - Any costs will be recovered from Partners	£0
7	Event – Catering - Any costs will be recovered from Partners	£0
8	Web Design (Host) - (£50/month + £400 for changes to website during year)	£1,000
9	ICT: ChronoLator Licence	£1,200
10	ICT: Hardware - 5 laptops (incl. 2 more expensive surface pro) are provided. The replacement schedule for laptops at SBC is 5 yrs. Assuming 1 Laptop replacement / year	£1,600
11	Association of Independent LSCB Chairs & Professional Associations	£1,500
12	Professional Subscriptions	£2,000

### 13 In Kind (Goods and Services Provided)

15	Health & Safety	£500
16	Human Resource Management (4fte @£1,218ea)	£4,872
17	Professional Fees: Legal Services	£11,000
20	Office Space (1 Desks @ £1,600ea). The on-costs for PAYE do not cover office space or office sundries	£1,600
21	Training provided by Southend Borough Council. SBC records cannot identify training attended and do not recover costs from departments as training budget is central.	£0
22	Employee Benefits (incl. absence mgt., appraisal)	£500
23	Office Expenses: Telephone charges	£400
24	Office Expenses: Mobile Phone	£500
25	Office Expenses: Stationery	£1,000
26	Office Expenses: Postage	£200
27	Office Expenses: Printing	£500
28	Insurance	£200
29	Sundries	£500
31	Recruitment	£12,000
32	Security	£14

33	In Kind (Goods and Services Provided) subtotal	£33,786
34	Ringfenced salaries (3 years) (½ fte Office and Case Review Manager (Incl. 34% on costs)	£81,542
35	Expenditure (including ring fenced salaries)	£344,171
36	Income (including reserves)	£355,853
37	Projected Outturn (including reserves)	£11,682

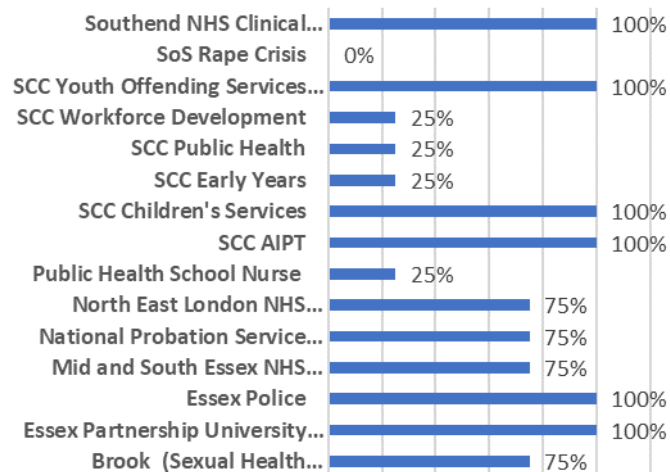
## Appendix 1 – Partnership Meeting Attendance Records

Note: Members all receive meeting papers, and some choose to comment before the meeting, or are on the circulation list by request.

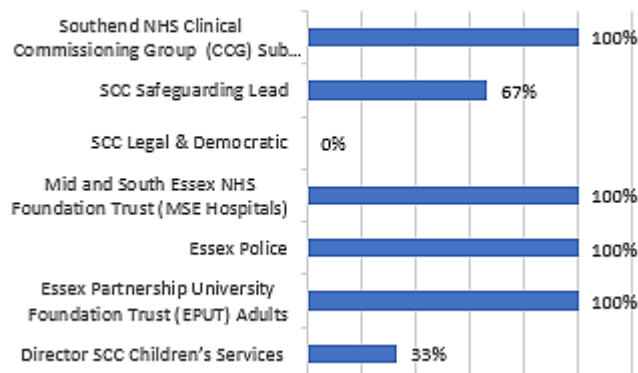
### Key

<b>SSP</b>	<b>Southend Safeguarding Partnership</b>
<b>SSPA</b>	<b>Southend Safeguarding Partnership Adults</b>
<b>SSPC</b>	<b>Southend Safeguarding Partnership Children</b>
SSPC	SSPC Partners
SSPA	SSPA Partners
SSPC P	SSPC Performance
SSPC AQA	SSPC Audit & Quality Assurance
SSP L&D	SSP Learning & Development
SSPC PRSG	SSPC Practice Review
SSPA SACRP	SSPA Safeguarding Adults Case Review Panel
SSPC EM	SSP Exploitation & Missing
SSPA PAQA	SSPA Performance, Audit, Quality & Assurance

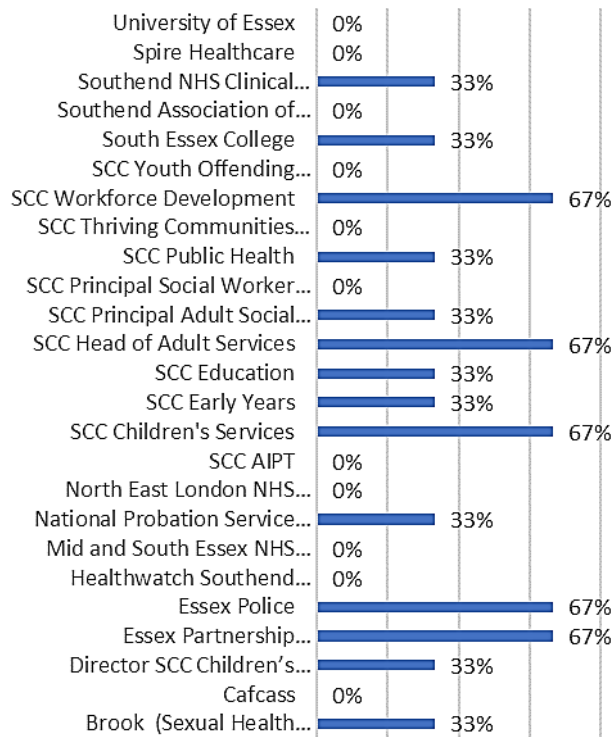
### SSP E&M



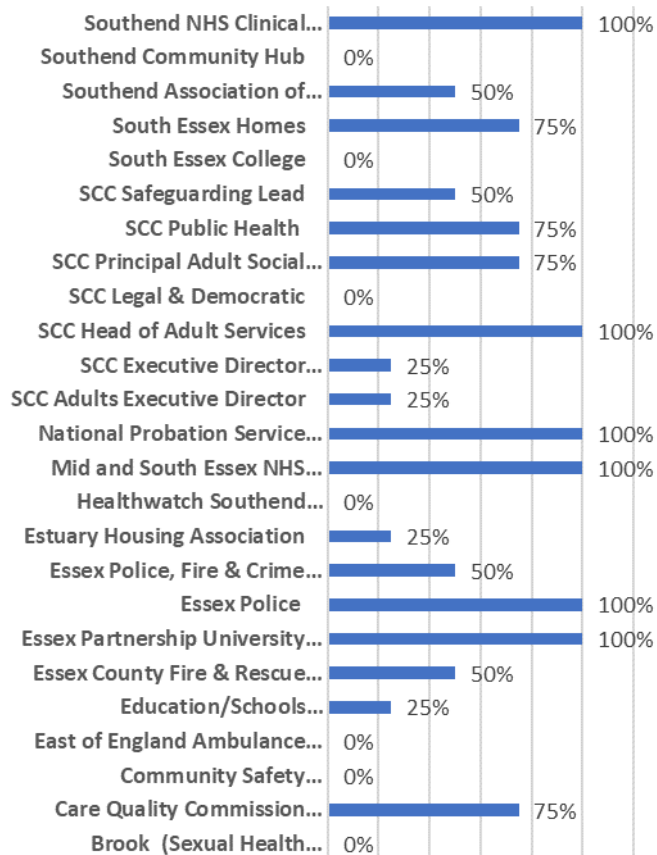
### SACRP



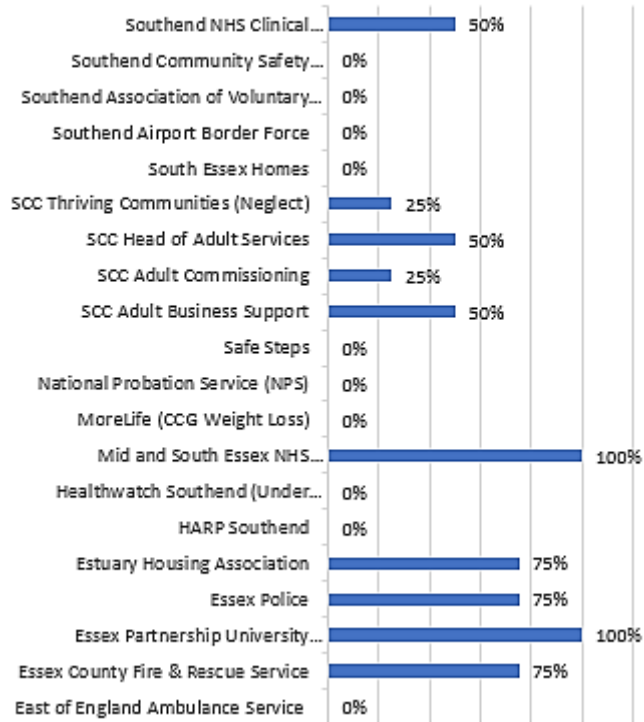
## SSP L&D



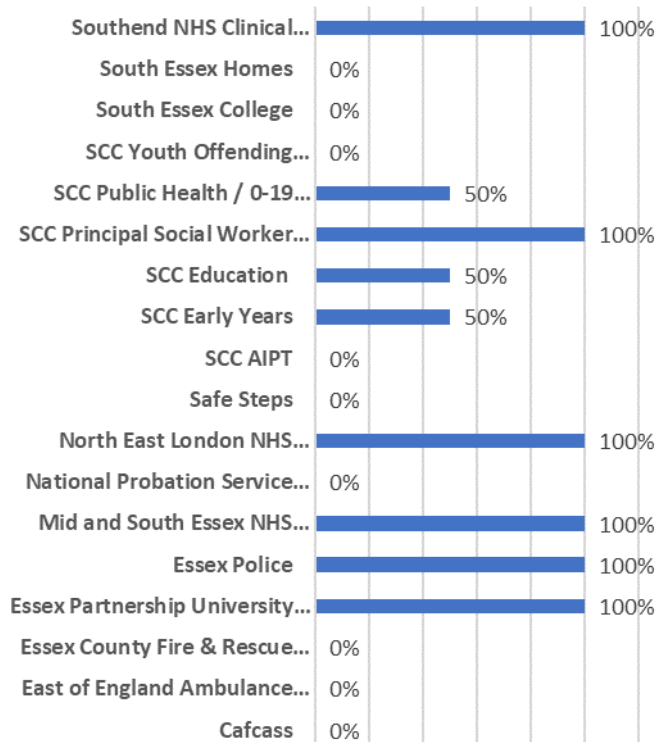
## SSPA



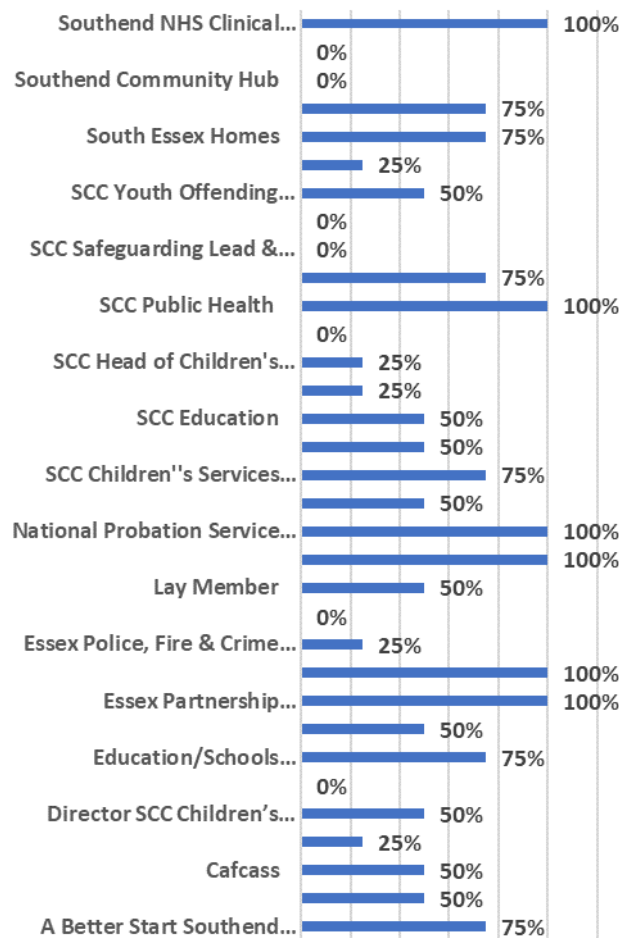
### SSPA Perf & AQA



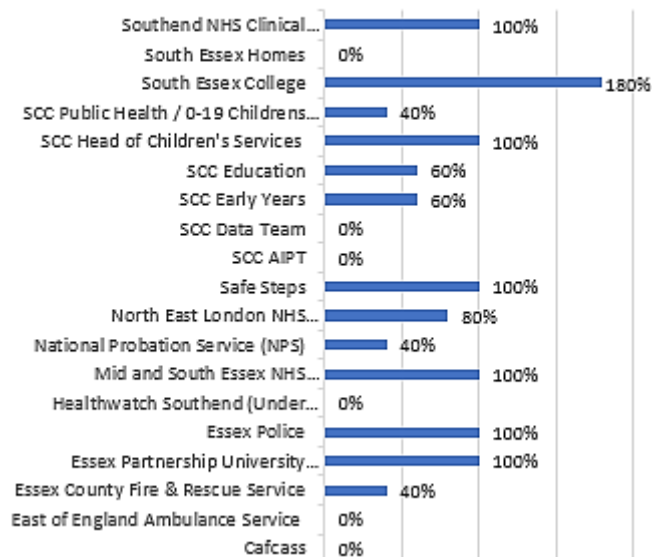
### SSPC AQA



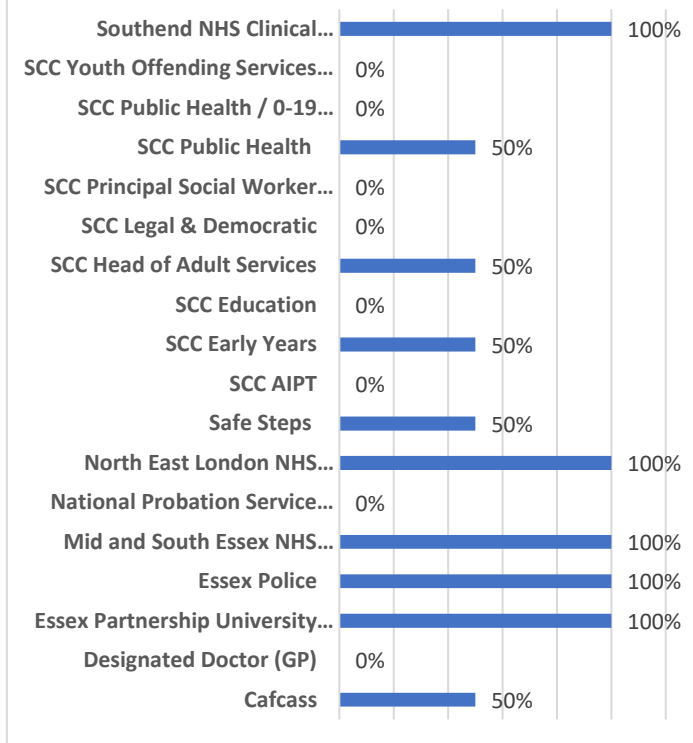
## SSPC



## SSPC Performance



### SSPC Practice Review





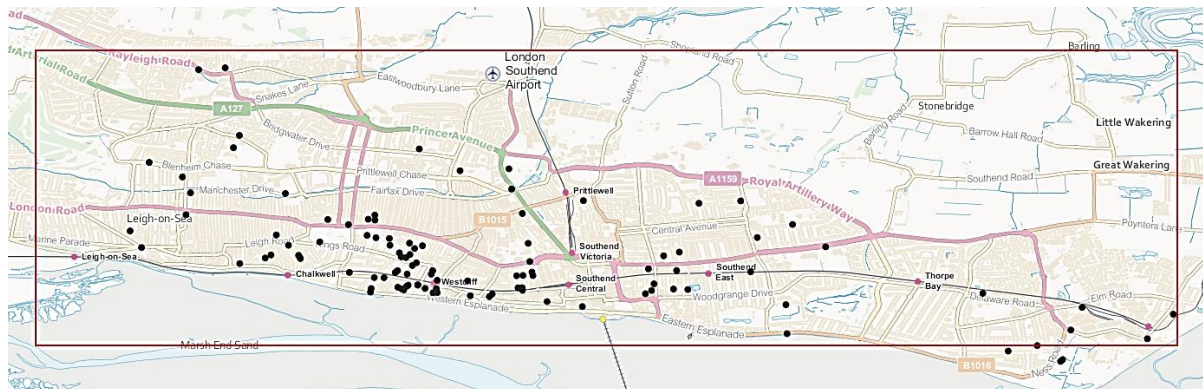
## Appendix 2 - Background 'Southend' Data

(P. Hill, Business Manager, SSP)

These data sets are drawn from National sources and are used by Partners in the delivery of their services.

### 17.7. Southend Facilities

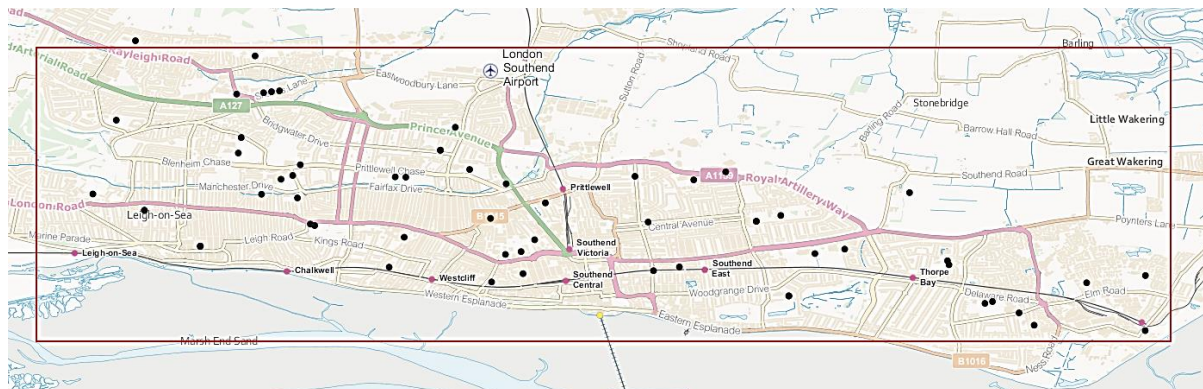
#### Care Homes



#### Hospitals



#### Schools

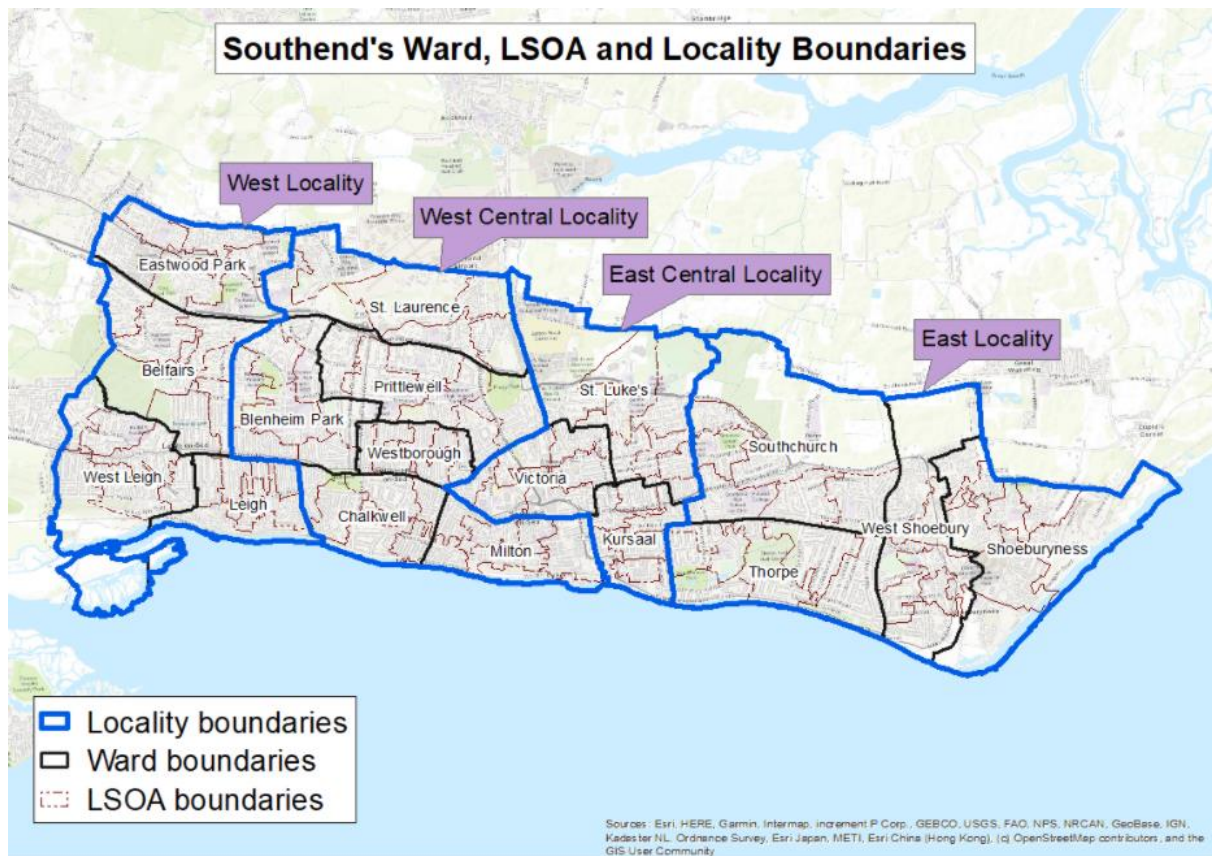


### 17.8. Smart Southend

A website available to the public that includes significant data and information about Southend:

<https://about-southend-southend.hub.arcgis.com/pages/general>

Southend on Sea is a large coastal town situated in south-eastern Essex in the East of England. It is the seventh most densely populated area in the United Kingdom outside of London and features the world's longest pleasure pier, stretching 1.34 miles (2.16 km) from the shore. Southend is the nearest seaside resort to London with easy rail access via 2 main rail lines, or by road via the M25 and A127 or A13.



Southend is the 36th most densely populated district in England and Wales out of a total of 348. Our CCG covers an estimated population of 182,773 people across Southend, Leigh, Westcliff and Thorpe Bay. More than 17,072 citizens are over the age of 75.

By 2031, the projected population for Southend-on-Sea will be 195,875. This assumes a growth rate of 5.27% which is higher than the 4.21% projected growth rate for England. The over 65 population is projected to increase by 19.5% in Southend.

- Male Population, [89,594](#) - Change since 2019: - 235
- Female Population, [93,179](#) - Change since 2019: - 117
- Child (0-4) Population, [10,781](#) – Change 2018-2019: -201 / Change since 2019: -322
- Child (5-17) Population, [28,955](#) – Change 2018-2019: + 399 / Change since 2019: + 320
- Elderly (65+) Population, [35,661](#) - Change 2018-2019: + 528 / Change since 2019: + 36

Southend-on-Sea is one of Essex's most deprived areas. It has a higher index of deprivation (IMD) than both Essex and England as a whole.

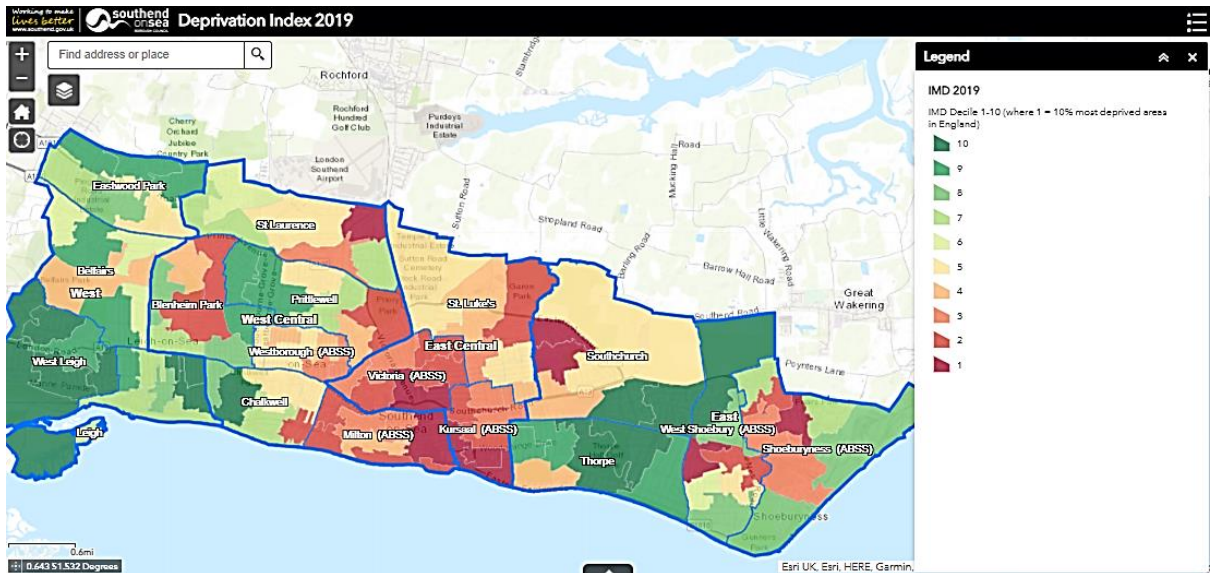
9 areas have been identified as being in the top 10% most deprived areas in England, whilst 13 areas are ranked in the least 10% deprived.

The wards with the highest levels of deprivation are located within the East Locality with Kursaal, Victoria and Milton being ranked the highest on the IMD (2019).

In the most deprived and least deprived wards there is a life expectancy gap of 9 years for males and 10 years for females.

25.8% of Southend-on-Sea's residents live in 20% of the most deprived areas in England.

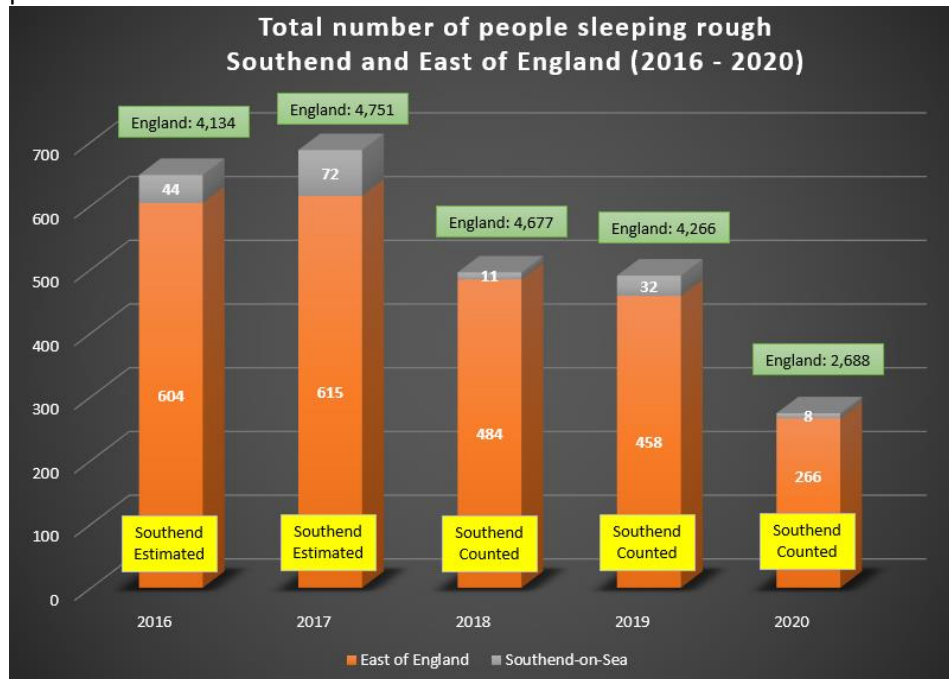




### Household Assessments

For the period January to March 2021 there were 154 households assessed to be at risk of homelessness within the next 56 days. This represents a small increase from the same quarter period in 2020 when there were 146.

A dramatic improvement can be seen for households assessed as homeless. During January to March 2020 there were 208 households and this halved to 100 for the same corresponding period in 2021.



### Supporting Families

The Troubled Families programme was launched in 2011 to improve outcomes for families. This might have meant improving a child’s school attendance so that they can get the best start in life or supporting a parent to overcome their substance misuse and keep their family together or supporting victims of domestic abuse so they can build a more positive future for themselves and their family.

In 2021-22, the next phase of the programme was launched – Supporting Families – which will focus on building resilience of vulnerable families and enabling system changes locally to be able to identify families in need and provide the right support at the right time.

The number of families that were supported by the troubled families programme in the past year to 31st March 2021 was 548.

### Early Help Family Support

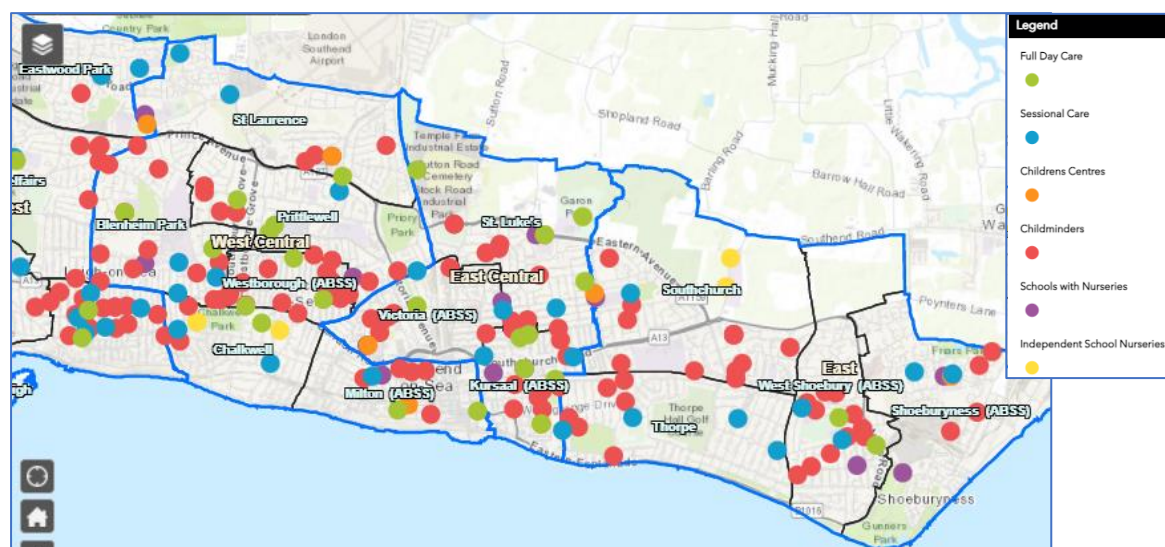
Early Help Family Support is about providing children and families, regardless of age, with the assistance they require as soon as needs present themselves, to prevent escalation and more intensive support later on.

They can help to raise young people's aspirations and achievement, ensure they have the opportunities they need for inclusion, facilitate their participation in decision making that affects their lives and strive for excellence in the services they provide for them.

As of 31st March 2021, the number of contacts / referrals to the Early Help front door was 2210 leading to 319 number of assessments completed.

The Early Years Service is responsible for quality and sufficiency across early years provision and The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old.

All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.



The map shows locations of some Early Years Care Providers in Southend.

### Children In Need (CIN), Child Protection Plans (CPP) and Looked After Children (LAC).

#### Children in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled.

For the four reported years up until 2015/16, Southend's rate of CIN has been significantly lower than England's rate. Since then, Southend has fluctuated up and down. In 2018/19 Southend's rate of CIN was significantly higher than England but in 2019/20 Southend's rate of CIN dropped to be statistically similar to England.

For 2019/20 Southend had 1,271 Children in Need episodes which equates to a rate of 319.8. This rate is much lower compared to 2018/19 when it was 359.1 England's rate for 2019/20 was 323.7

In 2020 319.8 / 10000 were children in need, a total of 1271 episode.

### Referrals

A referral is defined as a request for services to be provided by children's social care and is in respect of a child who is not currently in need.

For the four reported year up until 2015/16, Southend's referral rate had been significantly lower than England's referral rate. However, since then up to the latest reported period (31st March 2020), Southend's referral rate has been significantly higher than England's.

For 2019/20 Southend had 2,721 referrals which equates to a rate of 684.7. This rate was down slightly compared to 2018/19 when it was 701.0 however it's still much higher than England's rate of 534.8

In 2020 684.7 referrals were made per 10,000 children a total of 2721 referrals

### Assessments

Local authorities undertake assessments of the needs of individual children to determine what services to provide and action to take. An assessment should be completed within 45 working days of a referral.

Factors identified at the end of assessment are additional factors that social workers record as being relevant in a case at the end of assessment. This means that the majority of children will have more than one factor identified and reported for each episode of need.

In 2019/20 Southend has 1,925 episodes of need with assessment information, an increase of 437 from 2019.

Consistently over the past three years, the mental health of the parent has been a common assessment factor.

In 2017/18 the rate was 32% in Southend and 27% in England although mental health of the parent was the second most common factor in this year behind domestic violence (34% in Southend and 32% in England).

The following year in 2018/19, whereas the England rate remained at 27%, Southend's rate increased to 42%.

The latest figures for 2019/20 show the margin between Southend and England's rate has narrowed whereby Southend's rate was down slightly to 41% and England's rate up to 30%.

### **Child Protection Plans**

If a local authority identifies that there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm, it will carry out an assessment under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child.

If concerns are substantiated and the child is judged to be at continuing risk of harm then an initial child protection conference should be convened within 15 working days.

A child becomes the subject of a child protection plan if they are assessed as being at risk of harm, at an initial child protection conference.

For the past two reported years in 2018/19 and 2019/20, Southend's rate of children subject to a child protection plan has been statistically similar to England. This stability followed a period whereby in 2016/17 Southend's rate of children subject to a child protection plan was higher than England's and in 2017/18 when Southend's rate was lower than England's.

For 2019/20 Southend had 160 children who were the subject of a Child Protection Plan which equates to a rate of 40.3. This rate was down slightly compared to 2018/19 when it was 43.2. England's rate for 2019/20 was 42.8

### **Looked After Children (LAC)**

Under the Children Act 1989, a child is "looked after" by a local authority if he or she falls into one of the following: is provided with accommodation, for a continuous period of more than 24 hours, [Children Act 1989, Section 20 and 21]; is subject to a care order [Children Act 1989, Part IV]; is subject to a placement order.

**Looked After** - For the past four reported years between 2016/17 and 2019/20, Southend's rate of looked after children has been significantly higher than England's rate of looked after children. This followed a period between 2012/13 and 2015/16 where Southend's rate of looked after children was similar to England's.

For 2019/20 Southend had 314 Looked After Children which equates to a rate of 79.0. This rate was up slightly compared to 2018/19 when it was 77.9 but is a smaller increase compared to the trend over the previous 3 years. England's rate for 2019/20 was 66.6 which is a 12.4 percentage point difference.

**Starting to be Looked After** - Apart from a couple of exceptions in the years 2015/16 and 2016/17, Southend's rate of children starting a looked after episode has been statistically similar to England.

For 2019/20 Southend had 115 children starting to be looked after, which equates to a rate of 28.9. This rate was very slightly down compared to 2018/19 when it was 29.1. England's rate for 2019/20 was 25.8.

**Ceasing to be Looked After** - Apart from 2016/17, Southend's rate of children ceasing a looked after episode has been statistically similar to England.

For 2019/20 Southend had 108 children ceasing to be looked after, which equates to a rate of 27.2. This rate is a 2.4 percentage point increase compared to the previous year in 2018/19 when it was 24.8. England's rate for 2019/20 was 24.6.

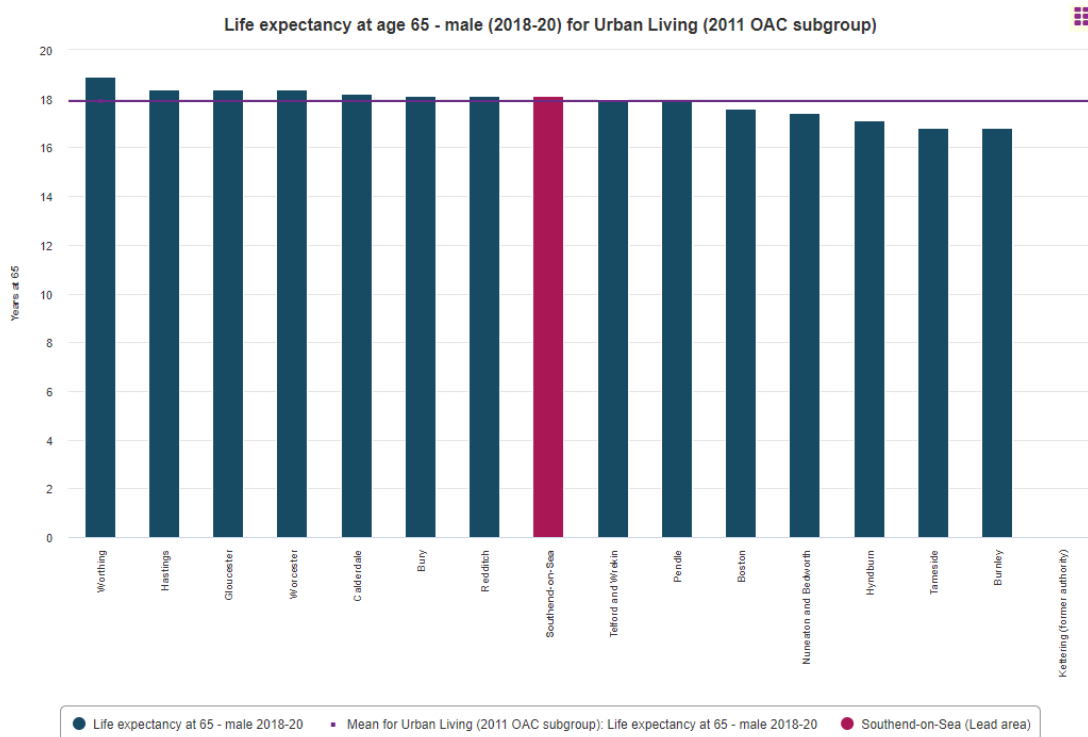
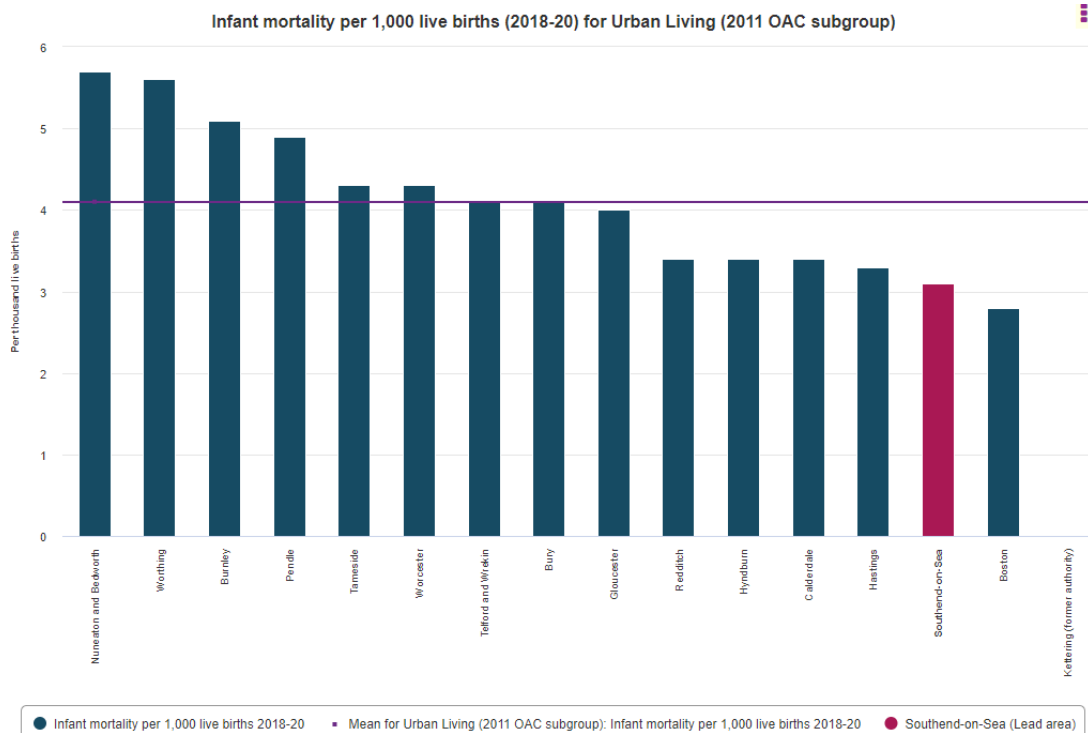
## **17.9. LG Inform – Improving services through information**

[Local Government Inform \(LG Inform\)](#) is an online service that allows registered users to access, compare and analyse data, and present their findings online or offline.

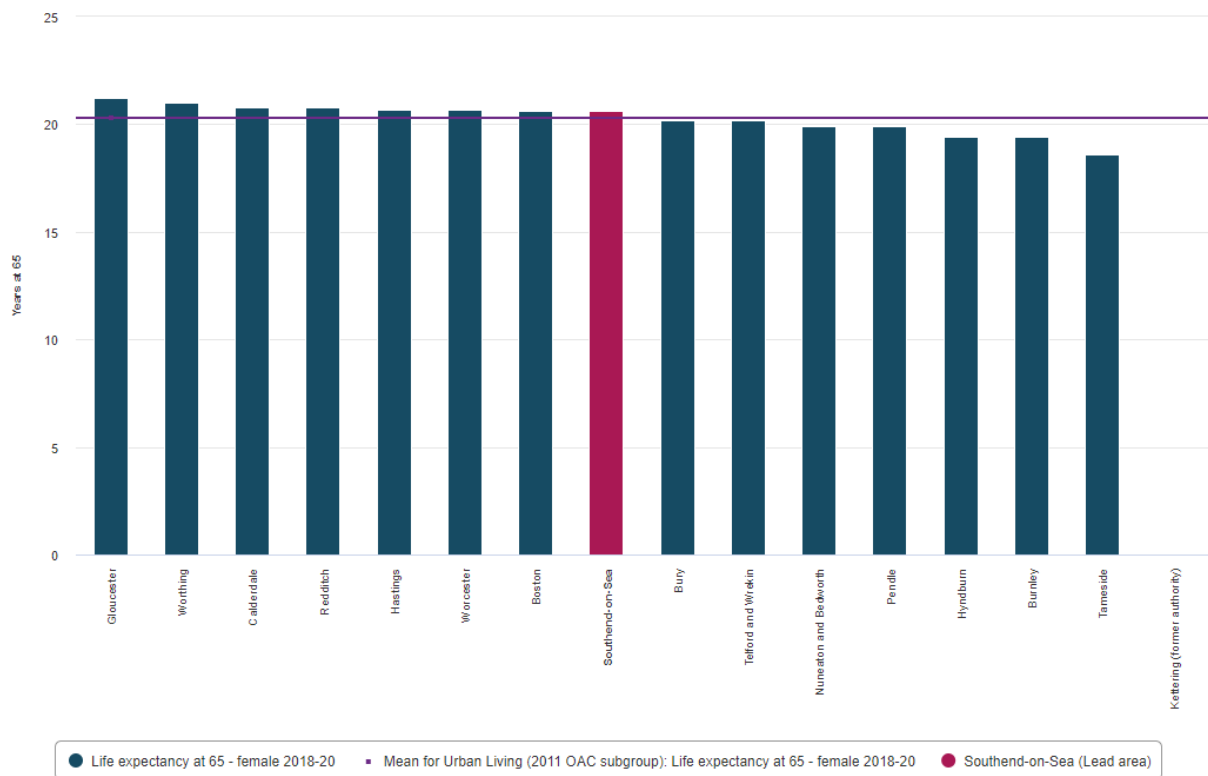
LG Inform brings together in one accessible place a range of key performance data for authorities, alongside contextual and financial information, in an online tool.

Selected data from LG Inform that refers specifically to Southend and in the arena of Safeguarding is shown below:

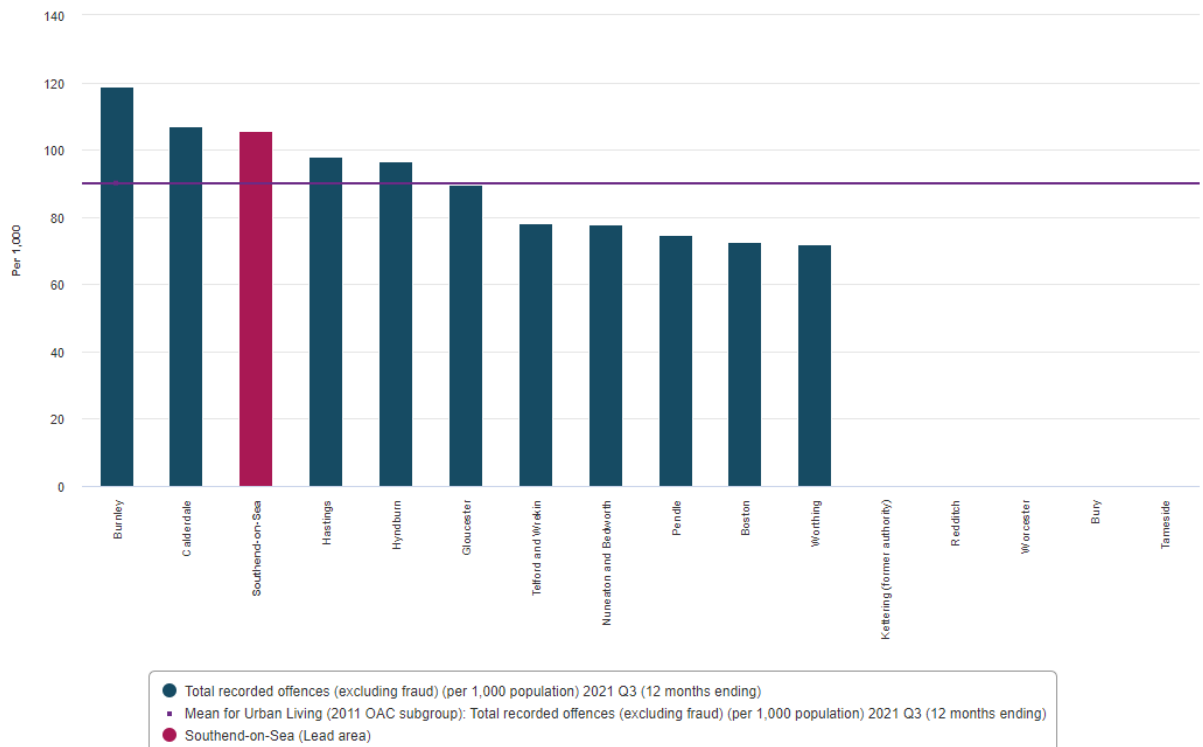




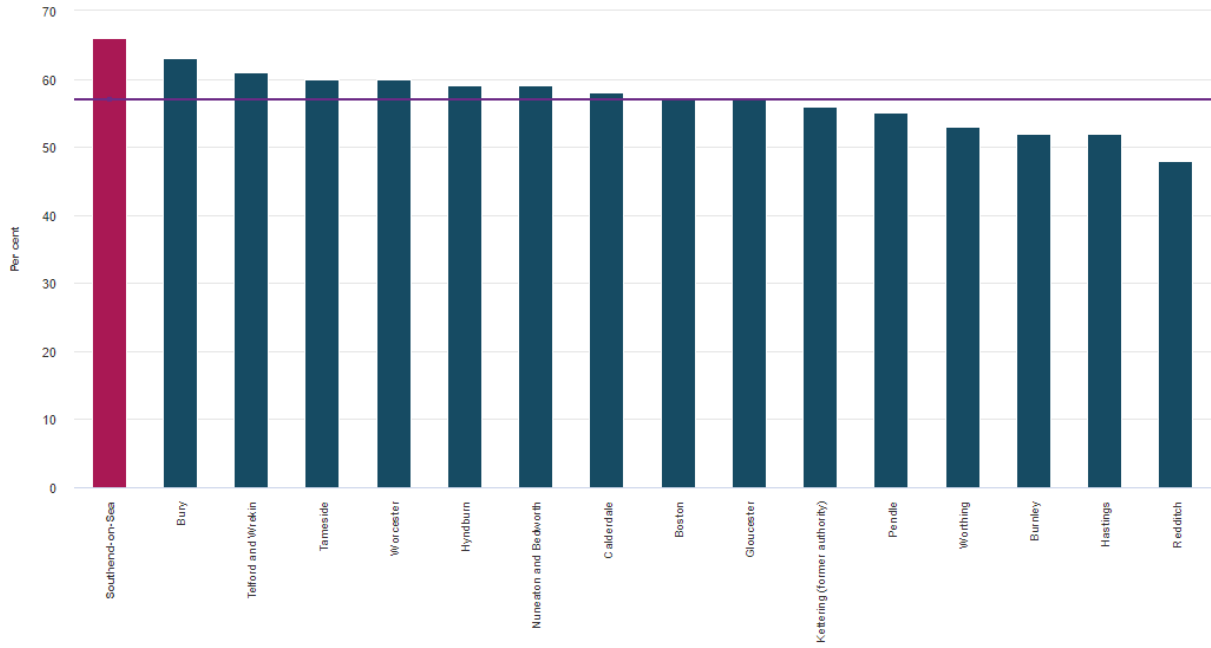
Life expectancy at age 65 - female (2018-20) for Urban Living (2011 OAC subgroup)



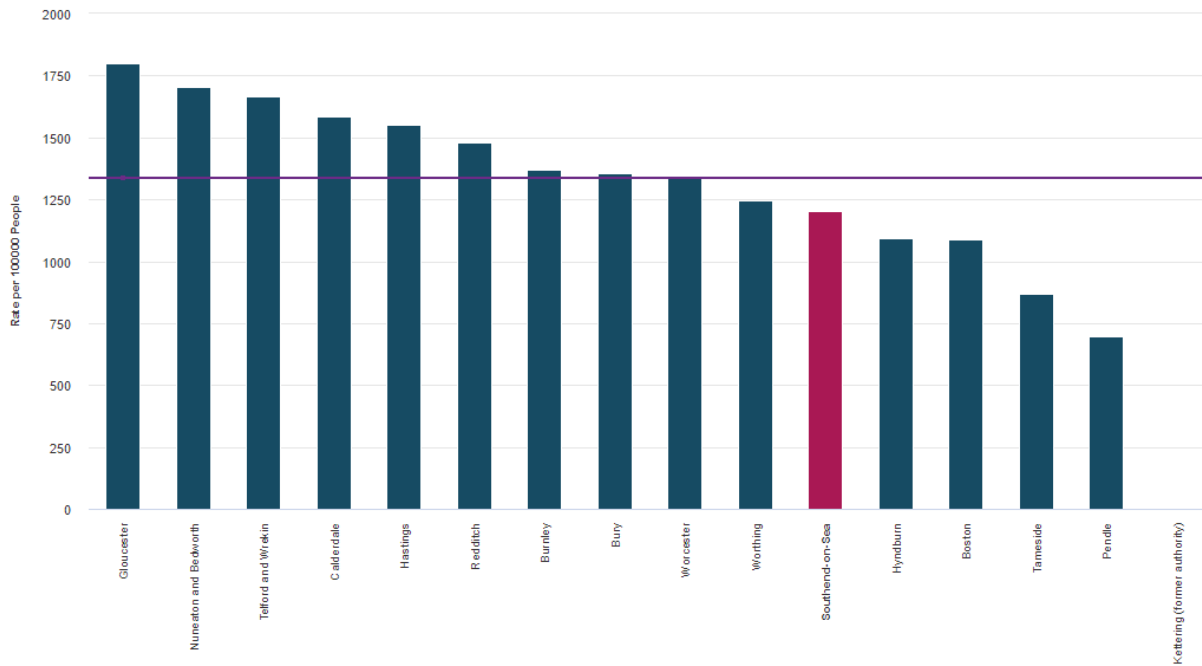
Total recorded offences (excluding fraud) (offences per 1,000 population) (2021 Q3 (12 months ending)) for Urban Living (2011 OAC subgroup)



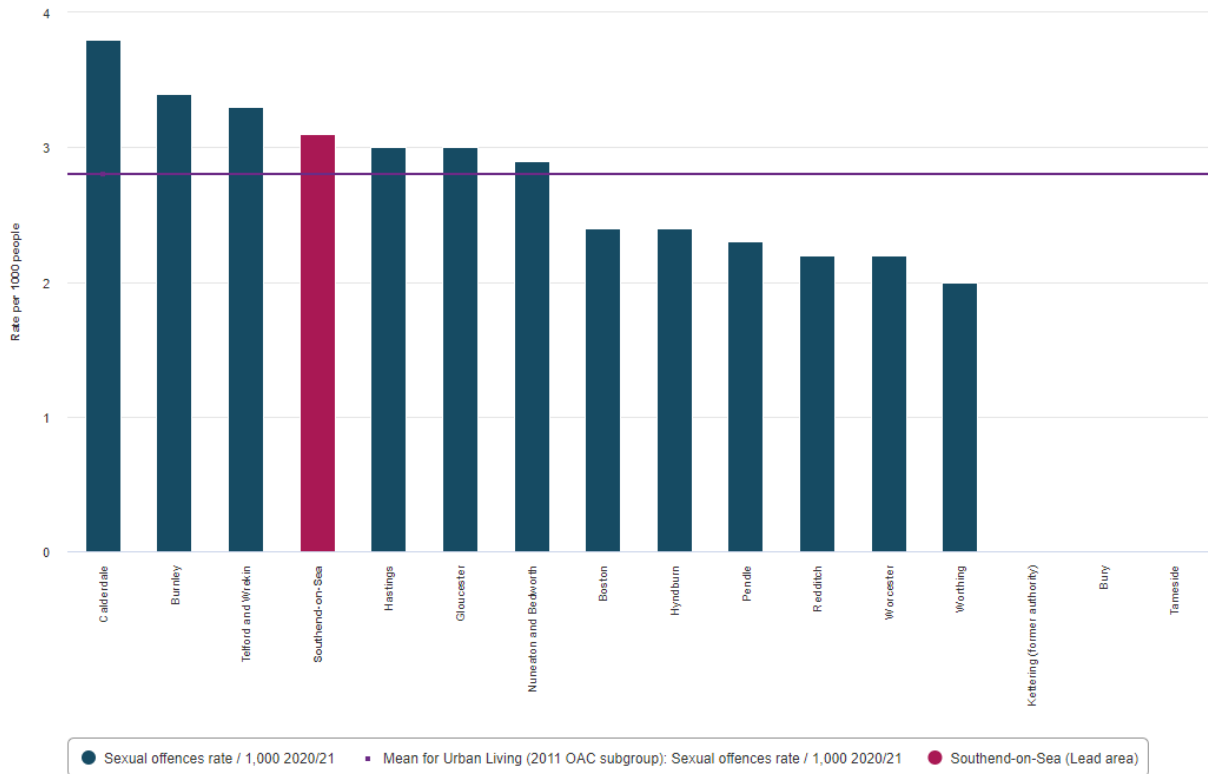
Percentage of pupils reaching the expected standard at the end of key stage 2 in reading, writing and mathematics (2018/19 (academic)) for Urban Living (2011 OAC subgroup)



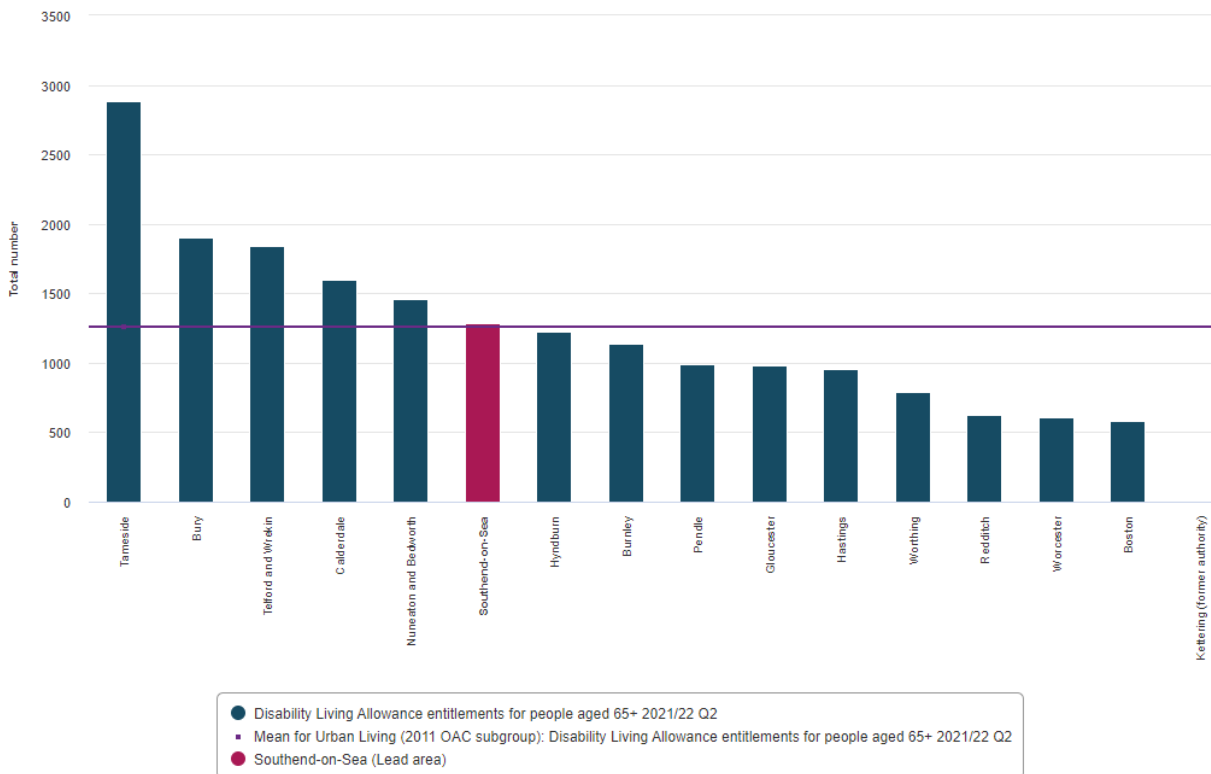
Chlamydia detection rate ages 15 to 24 per 100,000 population (2020) for Urban Living (2011 OAC subgroup)



Violent crime - sexual offences per 1,000 population (2020/21) for Urban Living (2011 OAC subgroup)



Total number of Disability Living Allowance entitlements for people aged 65+ (2021/22 Q2) for Urban Living (2011 OAC subgroup)

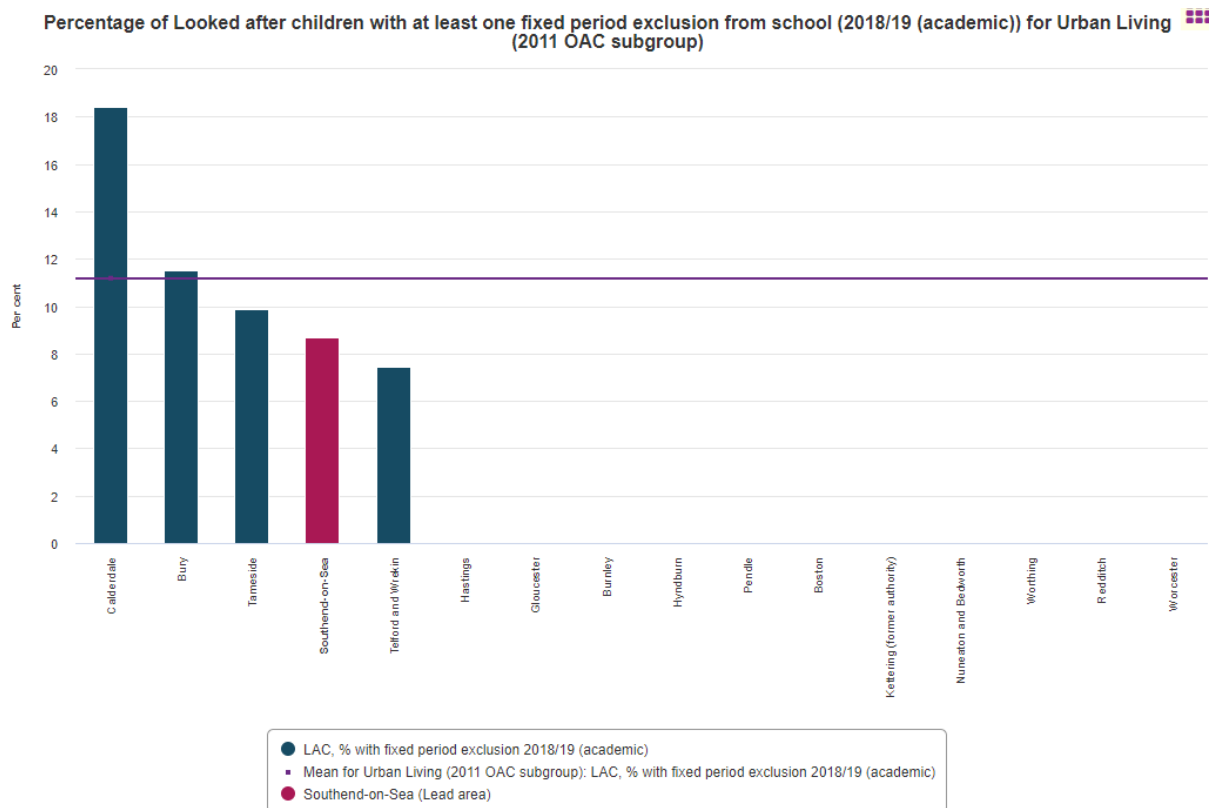
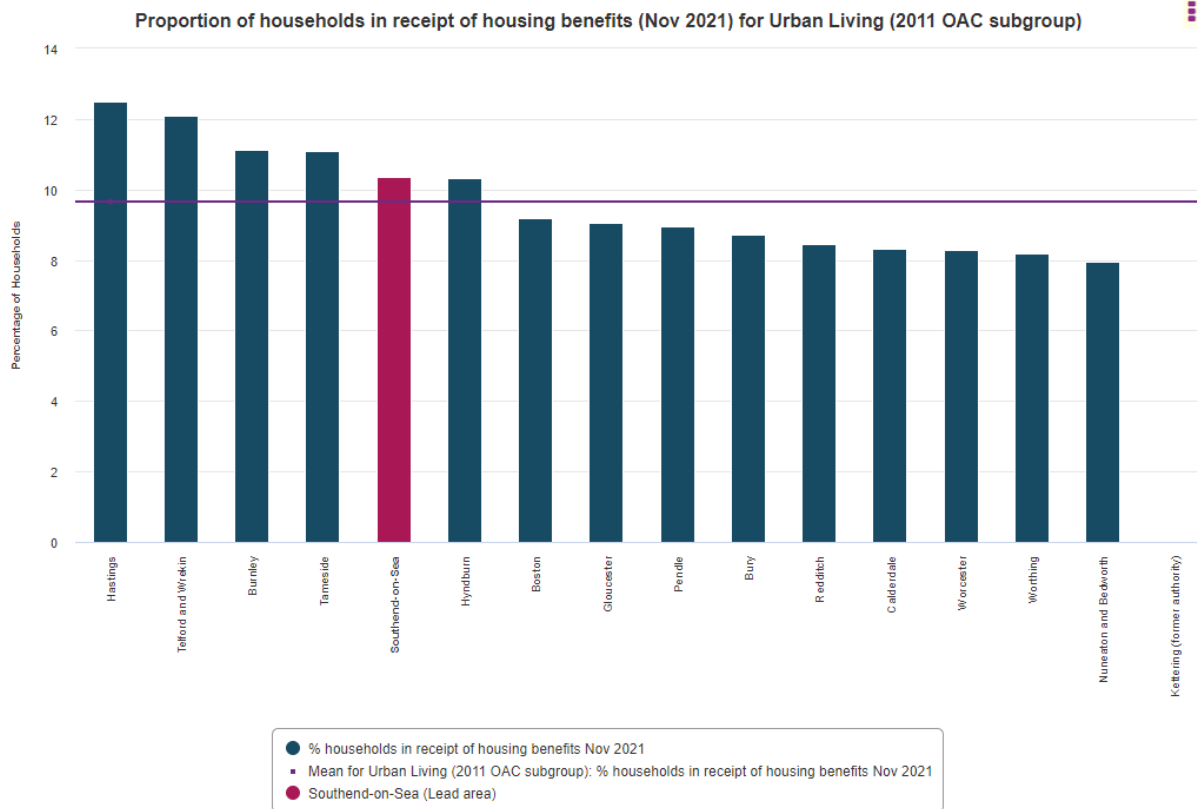


Suicide rate per 100,000 population aged 10 and over (2018-20) for Urban Living (2011 OAC subgroup)



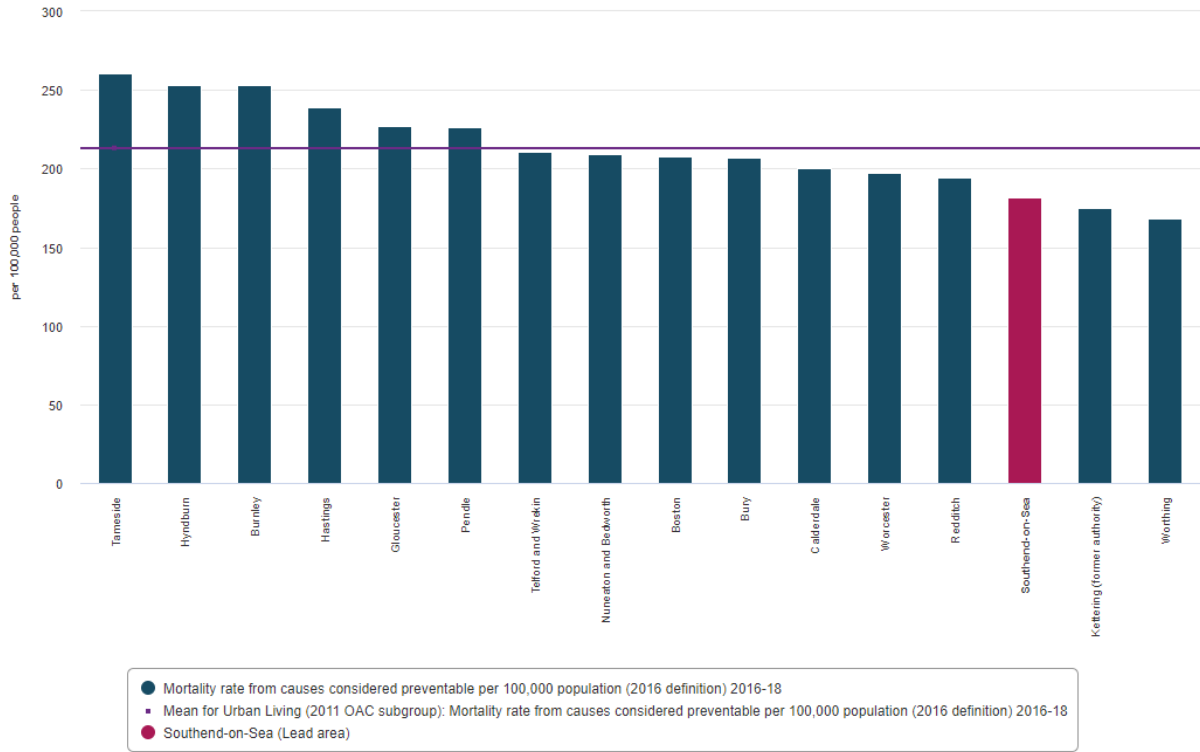
Number entitled to Carer's Allowance - Total (2021/22 Q1) for Urban Living (2011 OAC subgroup)



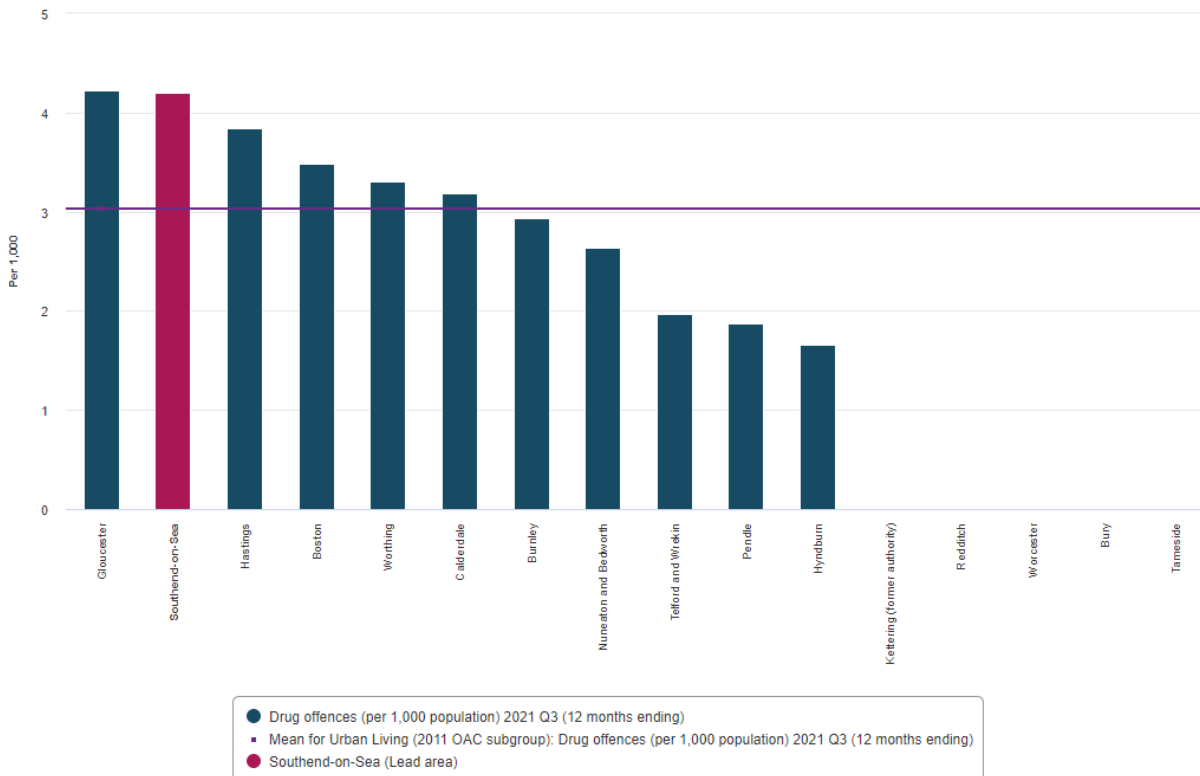




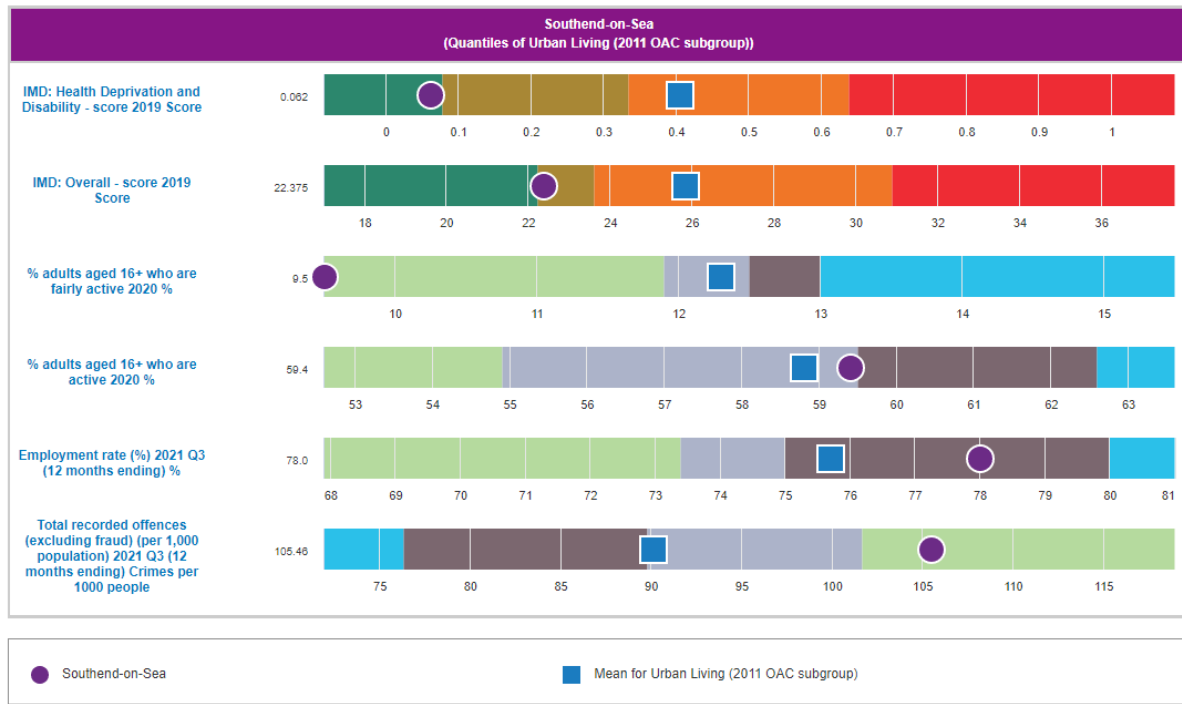
Mortality rate from causes considered preventable per 100,000 population (2016 definition) (2016-18) for Urban Living (2011 OAC subgroup)



Drug offences (offences per 1,000 population) (2021 Q3 (12 months ending)) for Urban Living (2011 OAC subgroup)



Southend-on-Sea (Quantiles of Urban Living (2011 OAC subgroup))



### 17.10. Public Health England – Local Authority Profile 2019

**Key**

Significance compared to goal / England average:

- Significantly worse   Significantly lower   Increasing / Getting worse   Increasing / Getting better
- Not significantly different   Significantly higher   Decreasing / Getting worse   Decreasing / Getting better
- Significantly better   Significance not tested   Increasing   Decreasing
- + Increasing (not significant)   - Decreasing (not significant)
- Could not be calculated   No significant change

**Life expectancy and causes of death**

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	79.1	80.3	79.6	↓
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	82.1	83.7	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1722	359.2	302.1	330.5	↓
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	353	74.0	63.4	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	700	146.5	126.0	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	47	9.78	9.96	9.64	□
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	237	43.5	46.7	42.6	↓
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	290	165.8	173.1	193.4	↓
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	225	599.2	563.5	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	385	55.0	54.7	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	75.3	76.7	78.0	↓
12 Estimated dementia diagnosis rate	65+ yrs	2019	1891	78.6 *	65.7 *	68.7 *	□
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	20	17.0	23.4	31.6	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1137	636.3	633.6	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	22781	15.9	14.0	14.4	↓
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	63.0	65.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	68.0	62.1	62.0	□

## Child health

Indicator	Age	Period	Count	Value <sup>±</sup> (Local)	Value <sup>±</sup> (Region)	Value <sup>±</sup> (England)	Change <sup>±</sup> from <sup>±</sup> previous
18 Teenage conception rate	<18 yrs	2017	70	24.3	16.0	17.8 <sup>±</sup>	□ <sup>±</sup>
19 Percentage of smoking during pregnancy	All ages	2018/19	173	9.33	9.68	10.6 <sup>±</sup>	□ <sup>±</sup>
20 Percentage of breastfeeding initiation	All ages	2016/17	1713	83.1	76.1	74.5 <sup>±</sup>	□ <sup>±</sup>
21 Infant mortality rate	<1 yr	2016 - 18	19	2.91	3.36	3.93 <sup>±</sup>	□ <sup>±</sup>
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	387	19.5	18.0	20.2	□

Indicator	Age	Period	Count	Value <sup>±</sup> (Local)	Value <sup>±</sup> (Region)	Value <sup>±</sup> (England)	Change <sup>±</sup> from <sup>±</sup> previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	24.5	-	21.8 <sup>±</sup>	- <sup>±</sup>
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	26.8	25.7	25.4	□

## Wider determinants of health

Indicator	Age	Period	Count	Value <sup>±</sup> (Local)	Value <sup>±</sup> (Region)	Value <sup>±</sup> (England)	Change <sup>±</sup> from <sup>±</sup> previous
25 Percentage of children in low income families	<16 yrs	2016	6365	19.1	14.1	17.0 <sup>±</sup>	□ <sup>±</sup>
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	83477	47.2	47.0	46.9 <sup>±</sup>	□ <sup>±</sup>
27 Percentage of people in employment	16-64 yrs	2018/19	88700	79.9	78.4	75.6	□ <sup>±</sup>
28 Statutory homelessness rate - eligible homeless people not in <sup>±</sup> priority need <sup>±</sup>	Not <sup>±</sup> applicable <sup>±</sup>	2017/18	19	0.24	0.65	0.79 <sup>±</sup>	□ <sup>±</sup>
29 Violent crime - hospital admission rate for violence (including <sup>±</sup> sexual violence) <sup>±</sup>	All ages <sup>±</sup>	2016/17 <sup>±</sup> - 18/19 <sup>±</sup>	210	39.4	33.6	44.9 <sup>±</sup>	□

Indicator	Age	Period	Count	Value <sup>±</sup> (Local)	Value <sup>±</sup> (Region)	Value <sup>±</sup> (England)	Change <sup>±</sup> from <sup>±</sup> previous
30 Excess winter deaths index	All ages <sup>±</sup>	Aug 2017 <sup>±</sup> - Jul 2018 <sup>±</sup>	254	41.0	30.9	30.1 <sup>±</sup>	□ <sup>±</sup>
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	776	681.8	614.9	850.6 <sup>±</sup>	□ <sup>±</sup>
32 TB incidence rate	All ages	2016 - 18	31	5.69	5.65	9.19	□

end



# SOUTHEND Safeguarding Partnership