

People and Families Scrutiny Committee

10:00	Thursday, 14 November 2013	Committee Room 1, County Hall, Chelmsford, Essex
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Quorum: 4

Membership

Councillor G Butland
Councillor A Bayley
Councillor D Blackwell
Councillor R Boyce
Councillor J Chandler
Councillor R Gadsby
Councillor T Higgins
Councillor P Honeywood
Councillor R Howard
Councillor N Hume
Councillor M McEwen
Councillor M McGeorge
Councillor C Seagers
Councillor A Wood

Chairman

Non-elected Members

Richard Carson
Mark Christmas
Rev Richard Jordan
Marian Uzzell

For information about the meeting please ask for:

Matthew Waldie , Committee Officer

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Essex County Council

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Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	Apologies and Substitution Notices The Committee Officer to report receipt (if any)	
2	Declarations of Interest To note any declarations of interest to be made by Members	
3	Minutes of last meeting To approve the minutes of the meeting dated 12 September 2013.	5 - 12
4	Essex Safeguarding Adults Board To receive and review the Adults, Health & Community Wellbeing Safeguarding Essex Annual Report, 2012-13 (PAF/09/13, attached). Sam Crawford, Operational Team Manager, Safeguarding Essex, and Angela Gibson, Head of External Standards & Improvement, Commercial Team, Adult Social Care, will be in attendance.	13 - 46
5	Special Educational Needs and Disability To receive and review the proposed Strategy for Children and Young People with Special Educational Needs and Disability, 2014-19 (PAF/10/13, attached). Karen Jones, SEN Project Manager, Schools, Children & Families, will be in attendance.	47 - 68
6	Essex Sensory Service Review To receive the latest Essex Sensory Service Review (PAF/11/13, attached). Maria Warren, Senior Strategic Commissioning Officer, Adults Health & Community Wellbeing, will be in attendance.	69 - 72
7	Urgent Business To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	
8	Date of Next Meeting To note that the next meeting will be held on Thursday 16 January 2014.	

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

9 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

**MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY
COMMITTEE HELD AT COUNTY HALL, CHELMSFORD, ON THURSDAY 12
SEPTEMBER 2013**

County Councillors:

* G Butland (Chairman)	* P Honeywood
* A Bayley	* R Howard
* D Blackwell	N Hume
* R Boyce	* M McEwen
* J Chandler	* M McGeorge
* J Deakin	* C Seagers
* R Gadsby	A Wood
T Higgins	

Non-Elected Voting Members :

Mr R Carson	* Rev R Jordan
Mr M Christmas	Ms M Uzzell

*present

The following Members were also present:

Councillor K Bobbin	
Councillor R Gooding	(Item 4 only)
Councillor R Madden	(Item 4 only)
Councillor A Naylor	(Item 4 only)
Councillor J Young	(Item 4 only)

The following officers were present in support throughout the meeting:

Robert Fox	Governance Officer
Matthew Waldie	Committee Officer

The meeting opened at 10.00 am.

1. Apologies and Substitutions

The Committee Officer reported the receipt of the following apologies:

Apologies	Substitutes
Cllr T Higgins	Cllr J Deakin
Cllr N Hume	
Cllr A Wood	
Mr R Carson	--
Mr M Christmas	--

2. Declarations of Interest

There were none.

3. Minutes

The minutes of the People and Families Scrutiny Committee meeting of 4 July 2013 were approved and signed by the Chairman.

4. Consultation on the closure of The Deanes School, Benfleet

Members noted paper PAF/07/13, which included the final Report of the Deanes School Task & Finish Group. The Chairman reminded the meeting that the matter under consideration was the ratification (or otherwise) of the final report of the Task & Finish Group. The intention was not to consider the decision taken by the Cabinet Member, or to present any new evidence or arguments concerning the proposals, but it was to look at the report itself.

Several individuals were identified as wishing to address the meeting. Mrs Allport-Hodge, on behalf of the Save The Deanes Group, thanked the Task & Finish Group for its work on the report. It had been carried out in an open and honest manner. She had a few comments/questions on the Report itself:

- What responses had been received from the King John and Appleton Schools? The Chairman responded that the Group had not seen a response, and he could not confirm whether any response had been received as part of the consultation exercise
- Councillor Sheldon's comments (on page 20 of the Report) demonstrate that even he, as a governor of the King John School, does not understand on why this line has been taken. The Report itself picks up on this
- The figures concerning predicted intake used by the County Council are subject to a narrow interpretation, a view shared by the Save The Deanes Group's qualified statistician, Mr Jeremy Wright. The Save The Deanes Group have also sought external opinion on this, from a Professor Reeves. The Chairman pointed out that, although these latter figures may emerge during the formal consultation to follow, they had no bearing here, as the request materialised after the publication of the Report
- The Community role of the School, as referred to in the final bullet on page 4 of the Report. Mrs Allport-Hodge suggested that this was an important factor, which was totally ignored by the Cabinet Member. The Chairman reminded the meeting that the focus was on the Report itself
- The fourth bullet on page 11 of the Report refers to the T&F Group's concern that no paper evidence has been forthcoming showing the process undertaken to arrive at the original decision was made. The Chairman confirmed that he had expressed a desire to see an audit trail, but had received none. He was not able to say whether one had existed and had subsequently been lost, only that none had been produced.

Joe Cook, speaking as a long-term member of the local community, with family attending The Deanes, praised The Deanes for its success in forging a relationship with the Glenwood School.

He had concerns over the way in which the County Council was proceeding with these proposals, which he felt should be built on trust. He thanked the Task & Finish Group for the way in which it had carried out its scrutiny; he believed that it had restored a measure of faith in the governance system.

In response to Mr Cook's query on how matters would proceed now, the Chairman confirmed he would make that clear later in the meeting.

Jeremy Wright, on behalf of the Save The Deanes Group, pointed out that the Cabinet Member had drawn attention to the importance of the "facts and figures". However, Mr Wright suggested that the figures they used had not been reliable. He drew attention to 3 points:

1. Looking back at the forecasting figures in the past, the figures for children at The Deanes between the years 2008 and 2013 were out by 24% – a substantial error. The Castle Point forecast over the 2012-2013 period showed a 5.9% error over one year; and then the new forecast that came out two months later was out by 17%.
2. When forecasting the rebuild situation, all the schools have maximum numbers of children who can attend the school as set figures, because they are deemed to be full, but the figures for The Deanes School are just balancing figures; and no consideration has been given to any outside influences such as housing in the neighbouring areas. When the newbuild figures are added on, they cannot add them on to schools that are already full. In response to a question from the Chairman, Mr Wright confirmed that he is in agreement with the Report's concern about the figures.
3. The year to year forecasting changes seem to change constantly, so they cannot be relied upon.

Elaine Wright also expressed her support for the Report, particularly with regard to the unreliability of the figures.

Councillor Ray Gooding, Cabinet Member for Education and Lifelong Learning, then addressed the meeting.

Referring to the Report itself, he was a little disappointed about some of the information it provided. As he had stated initially, he wanted to receive information, and he felt that the Report fell short in this respect. Figures and details had been received from Officers, the Save The Deanes Group and Mr Wright, but the Report had not fully addressed these.

He also had concerns about the way the Report was issued. He had received a copy of the Report on the Friday before the decision was published on Monday, 2 September and had been informed that it would not be published before the decision was made. However, he subsequently discovered that it had sent to a number of people before the Monday. He also felt that it was unfair on the School to give it a "false hope" in the Report before that weekend.

The Chairman then addressed the meeting, as Chairman of the Task & Finish Group.

He set out a few points about the consultation:

- The timetable, viz the 2 September deadline, was not of the Group's choosing

- No local Members were chosen to sit on the Group, but they were specifically invited to give evidence
- The Group had to rely on its own resources – it was not able to take external advice on the figures, for example
- He believed there was a lack of scientific input from the districts, and Castle Point BC in particular, which did not help the situation
- The Group met five times, taking evidence from almost 50 people
- The Group's role was not to be cheerleader for any particular party but to give an objective view of the evidence presented to it, and the conclusion of this process is that the Group was not convinced that the Cabinet Member's decision was the appropriate one. The Group was not saying that it should or should not be closed, but that the case was not proven
- It does come down to numbers and the major difference between the two views is that the Executive does not believe that the school would manage to attract 600 pupils. On the evidence it had received, the Group believed that, with a newbuild, it could – as it was not a failing school. Basildon Academy and Clacton had subsequently failed despite newbuilds but had been failing schools already; whereas Belfairs (which had not been a failing school) was now thriving, after its newbuild
- The Group also see the area as having a growing population – and this is the case across South Essex, rather than just in the Castle Point district.

With regard to Councillor Gooding's point about the timing and distribution of the Report, Councillor Butland pointed out that the Cabinet Member had received a draft copy on 19 August, to which he had given an interim response on 23 August, and a fuller reply on 29 August. On Friday 30 August, Councillor Butland took the view that 1, it was not for the Executive to decide when the Group should publish its findings and 2, it would be courteous to let certain parties see the Report, to allow them to consider it over the weekend, on the understanding that it would not be made public until the Decision was made so. These were: members of the People and Families Scrutiny Committee, Councillor Jill Reeves, as the local Member, the local Member of Parliament, and the School Headteacher.

The Chairman defended the Group's approach to issuing the Report, which was not published until after the Cabinet Member's decision was published and refuted the suggestion that the Cabinet Member had received the Report at the same time as these other parties.

He added that the Group had received no support from the Executive on how the Press Release was to be publicised. The Chairman had expressed a wish to see the press release before it was issued, as he was concerned about how the process would be managed, particularly if the Report and the decision took two different views. However, when the Press Release was issued on the Monday, Councillor Butland had neither seen it, nor had been aware of it being issued. This raised concerns about the scrutiny process, which he was raising with the Scrutiny Committee.

He concluded by stating that he defended the Cabinet Member's right to make such decisions (and emphasised that the Task & Finish Group is not a decision-making body), but he was disappointed in the way in which it had been done.

He invited comments from Members of the Committee, who raised a number of issues/concerns:

- The independence – both perceived and actual – of this Committee and any of its Task & Finish Groups was a crucial element of the scrutiny process
- The apparent uncertainty of the numbers under consideration presents the process with significant problems, as the County Council's case hangs on such figures. This uncertainty illustrates the difficulties for the district councils concerned
- There is also concern over the methodology used by the Executive. Councillor Butland noted that this echoed the Task & Finish Group's concern over the figures: it was not convinced by the certainty displayed by the Executive
- There is a shortage of schools on a national level, and Castle Point will have to build a lot of new housing over the next few years. This has put local Members in a difficult position, as they are being pressured by local people to avoid extra development, but Central Government is requiring district councils to commit to substantial building programmes
- Ideally, the Committee would like to have considered the Report before its publication. The Chairman acknowledged this, adding that it would have been presented to a meeting of the Committee before it was submitted to the Cabinet Member, but the tight timetable had not allowed this
- It is not for a Committee to revisit the conclusions of its Task & Finish Group; and the Group can only come to any conclusion on the basis of evidence it has received
- This whole process has demonstrated the need for a greater common understanding between the Executive and Scrutiny. Councillor Butland agreed, pointing out that the Chairman of the Scrutiny Committee would be talking to the Leader about this very matter.

Dr Coulson assured the meeting that all information held by the Executive was shared with the Task & Finish Group. In response, Councillor Butland acknowledged this, and confirmed his belief that nothing had been withheld from the Task & Finish Group in the course of its investigations.

There being no further comments forthcoming on the Report, a motion was proposed and seconded to accept the Report. This was carried unanimously by the Committee.

The Chairman confirmed that now the Committee had ratified the Report, the work of the Group was essentially done. The formal consultation period would now run over the next 6 weeks, at the end of which the Cabinet Member would make his decision. The Chairman outlined the process, as previously requested, as stated, as with all directions this would be subject to call in.

5. Young Essex Assembly

The Committee noted paper PAF/08/13, which provided an overview of the work of the Young Essex Assembly ("YEA") and set out a number of options for future working between the YEA and the Scrutiny Committee. The Chairman welcomed Clare Ratcliffe, YEA Co-ordinator, and invited her to address the meeting.

Mrs Ratcliffe reminded the meeting briefly of the aims and activities of the YEA:

- YEA membership reflects the County Council – 75 democratically elected members aged between 11 and 19, elected every 2 years
- Conducting a snapshot survey is an important part of the process – this has consistently demonstrated bullying as the overriding issue of concern to young people in Essex
- The main aim is to make a positive difference to the lives of the young people of Essex
- Following a recent restructuring, the work is divided up between five groups: Cabinet Group, Communications Group, Research Group, Sitings Committee and UK Youth Parliament. The Cabinet Group is the one with the most direct contact with ECC members and officers, but it has yet to meet a scrutiny committee.

Mrs Ratcliffe had produced a summary of the activities of the YEA and would circulate this to Members after the meeting.

Earlier in 2013, the then Chairman of the Children and Young People Policy & Scrutiny Committee, Cllr Tracey Chapman, asked for proposals on how the Committee could work with the YEA. The YEA have produced 3 options:

Option A: Committee meetings to be held in school holidays where possible and YEA cabinet subgroup invited to join these meetings as full members.

Pros: close involvement of YEA members; YEA members can provide informed scrutiny

Cons: timetabling may limit YEA member attendance

Option B: Regular meetings between YEA Cabinet subgroup and Chairman/other Scrutiny Committee members outside of school hours.

Pros: regular contact between YEA members and Committee members

Cons: lack of contact between YEA members and officers; and lack of YEA influence on the Committee agenda.

Option C: Information on upcoming agenda items provided to YEA Cabinet members, who then respond either in writing or via YEA co-ordinator. Feedback on the meeting to be provided in writing or by someone present at the meeting.

Pros: YEA input into meetings

Cons: lack of actual YEA representation at meetings; and YEA members would not build up relationships with Committee members.

The Chairman invited comments from Members.

Although a concern was expressed by one Member about the cost of the YEA project, particularly in these times of severe financial restraints, the Committee as a whole gave its full support to the work of the YEA and Members wished to encourage the involvement of young people in the democratic process, and, as a part of that, scrutiny.

Several Members suggested encouraging the YEA members to get involved with their local Youth Strategy Groups.

It was noted that, at each election, the issue of Bullying was listed as top concern. It was suggested that, to avoid duplication of work done, that other topics should also be considered by the YEA.

The Chairman suggested that he, along with a number of Committee Members, would like to attend a YEA Cabinet meeting, in order to establish just what the YEA members would like the Committee to do. Councillors Blackwell, Deakin and McGeorge also expressed the desire to be involved in this.

It was agreed that Mrs Ratcliffe would report back to the YEA Cabinet members, to ensure they were happy for this group to attend one of their meetings and to adopt this approach.

6. People and Families Scrutiny Training Day

It was noted that a planning day is being arranged for all Members of the Committee. However, as the originally scheduled date, Thursday 10 October, was not suitable for a number of Members, alternative dates would be circulated after the meeting.

7. Date of next meeting

The Committee noted the date of the next meeting:
14 November 2013, Committee Room 1, at 10.00 am.

The meeting closed at 12.06 pm.

Chairman

		AGENDA ITEM 4
		PAF/09/13
Committee:	People and Families Scrutiny Committee	
Date:	14 November 2013	
<u>Annual Report of Adults Safeguarding Board</u>		
Enquiries to:	Sam Crawford Operational Team Manager Safeguarding Essex 01245 430213 samuel.crawford@essex.gov.uk	

Purpose of the Paper:

To receive and review the Adults, Health & Community Wellbeing Safeguarding Essex Annual Report, 2012-2013



For a better quality of life

Adults, Health & Community Wellbeing

Safeguarding Essex Annual Report

2012-2013

Author: Stephen Bunford, Safeguarding Essex

Completion Date: April 2013

Review Date: April 2014

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FORWARD

Essex County Council is committed across all directorates to the safeguarding of both children and vulnerable adults, and this year has seen a much more collaborative approach to safeguarding across the whole organisation. It has also been encouraging to see much closer working with colleagues in Health on safeguarding matters, and the wider use of independent advocacy in institutional safeguarding cases.

Winterbourne View and the shocking revelations highlighted by the BBC television programme raised the public's awareness about the need to be more vigilant about those we trust to care the most vulnerable in our society. Essex, like all local authorities, has seen an 11% increase in safeguarding referrals which indicates that the public, service users and carers are more informed and less tolerant of poor care or abusive practices that place people at risk.

It is encouraging that the Government's agenda includes legislation that takes into account the safeguarding issues that local authorities, such as Essex, have raised. As a consequence there has been much discussion about issues such as self-neglect and self-harm, powers of entry, human smuggling and trafficking, forced marriage and female genital mutilation – all pertinent and relevant issues.

Whilst this report is about the activity of safeguarding Essex it does reflect the commitment of the organisation as a whole to safeguarding the most vulnerable in our society.

Karen Wright
Director Safeguards, Practice and Development

INTRODUCTION

Safeguarding Essex has been pleased to be involved in national as well as local projects during 2012-13, such as being involved in the revision of Research in Practice for Adults' *Safety Matters* handbook and their Mental Capacity Act guide. On a local level we were pleased to be part of Essex Police's pilot on sharing all safeguarding concerns to see if there was a degree of criminality that needed investigating and help with their new Athena database. We have also been developing closer links with our colleagues in Children's Services and Health and seeking to ensure that various policies and guidelines work alongside each other.

Safeguarding Essex were runners up in the Great British Care Awards team of the year 2012 and we saw this as recognition not just of the team's work but of the commitment towards safeguarding by the whole of the Essex County Council.

Safeguarding Essex constantly strives to make the safeguarding process for adults as open and transparent as possible, and have welcomed the contract with Advocacy Essex Services as this has meant that an advocate is part of the core group when dealing with major institutional safeguarding cases. This has ensured that the decision making process has been held accountable at every stage of the process.

Abuse will always occur, there will always be risk but we feel that the commitment of Essex County Council towards the safeguarding of children and adults means that the people of Essex are not only more aware about abuse but also not willing to stand by and ignore it, and what is more they expect us to act upon their concerns.

Stephen Bunford
Operational Service Manager
Safeguarding Essex

Glossary

AH&CW	Adult Health and Community Wellbeing
BEM	Black and ethnic minority
BIAs	Best Interest Assessors
CCG	Clinical Commissioning Groups (replacing the PCTs)
CQC	Care Quality Commission
DoLS	Deprivation of Liberty safeguards
ECC	Essex County Council
ESAB	Essex Safeguarding Adults Board
ESCD	Essex Social Care Direct
GP	General Practitioner
IMCA	Independent Mental Capacity Advocate
LADO	Local Authority Designated Officer
MCA	Mental Capacity Act
MH	Mental Health
PCT	Primary Care Trust
QI team	Quality Improvement team
SAFE	Safeguarding Adults from Exploitation
SET	Southend, Essex and Thurrock
SETSAF	Safeguards referral form

PART 1 – Activity in 2012-2013

1 Winterbourne View and private hospitals

1.1 The BBC television programme on Winterbourne View was truly shocking and distressing, and provoked a lot of discussion about the provision of such services not only nationally but also locally. Essex County Council immediately reviewed all the service users that it had placed in homes managed and run by Castlebeck, the owners of Winterbourne View.

1.2 Safeguarding Essex has worked very closely with such providers in Essex for several years and has built up a good working relationship which has proven to be both open and transparent. Many of these services in Essex already had open and robust safeguarding systems in place, with strong links not only with Safeguarding Essex but also with partner agencies including the Police.

1.3 In view of the national concerns after the Winterbourne investigations and reports, Safeguarding Essex arranged for, and supported, Councillor Aldridge in visiting providers offering equivalent services in Essex, to see how the positive relationships between Safeguarding Essex and these services were working. Councillor Aldridge spent time with clinicians and patients, and was given tours of the services.

1.4 Safeguarding Essex developed, and facilitated a half day conference on the response to the Winterbourne report, attended by representatives from many of the providers of these services in Essex. The conference focused on maintaining a positive and open approach to joint working and sharing best practice. Specialist speakers from the Police and mental health trusts gave talks followed by group work sessions involving case discussions based on actual cases. The workshop enabled different providers to network with each other and share good practice ideas.

1.5 Feedback from the conference has been very positive, and has led to plans being developed to offer further workshops for this provider group to build on the existing safeguard reporting and good practice that exists.

1.6 Further work with the Police and private hospital providers has led to the development of a protocol for reporting to Police from within these services, and which outlines the police role and what to expect from them. This is part of the on-going process to create a system that meets the requirements of all agencies alongside protecting the rights of people within these services; this can then be rolled out to similar providers elsewhere in the county.

2 Mental Capacity Act Deprivation of Liberty Safeguards

2.1 In terms of the volume of work the level of Deprivation of Liberty Safeguards (DoLS) assessments has remained at the same level this year compared to last year (146 this year compared to 150 last year). The figures for DoLS, both in terms of authorisations granted or declined are very similar to the previous year, with a very small margin of authorisations granted, compared to last year (69 this year compared to 76 last year). The data indicates that currently we have almost a 50% split in the number of authorisations granted as opposed to being declined. We credit this consistency to our approach with the care homes in terms of information, advice and training.

2.2 Over the past three years the impact of case law, especially cases such as *Cheshire West and Chester council v P* (2011), *London Borough of Hillingdon v Neary and Anor* (2011) and *C v Blackburn with Darwen BC and others* (2011) has been strongly felt when it comes to taking into account new factors which loosen the definition of what may constitute a deprivation of liberty in residential and nursing homes settings only. Whilst the DoLS figures in residential and nursing home settings have been going down, it is interesting to note that detention under DoLS in psychiatric settings has been going up. This is a very noticeable trend for Essex, which will be a challenge for the new DoLS structure coming into force in April 2013.

2.3 With the abolition of the Primary Care Trusts (PCTs) at the end of March 2013 the legal responsibility for DoLS in a health setting (i.e. hospital) will fall to the local authority. This will mean a dramatic increase in the workload of the MCA/DoLS Service. Safeguarding Essex has been working closely with our colleagues in Health and Workforce Commissioning to prepare for this transfer of responsibility.

3 SAFE team

3.1 During 2012-2013 the SAFE team supported locality teams across Essex with the management of more than 40 major institutional safeguards. These have varied greatly in terms of complexity and time and resources required to investigate in order to bring cases to a conclusion. In some instances SAFE has supported locality teams by taking on some service user reviews that are required as a result of a safeguarding investigation. SAFE also visits services at the request of locality teams to gather information and provide in depth reports, to support safeguarding strategy meetings.

3.2 In some complex cases SAFE has taken on full responsibility for the management and coordination of the institutional safeguards on behalf of locality teams. One such case was a large care home in Mid Essex where the locality team had received a number of safeguard alerts in a short space of time. SAFE

were involved for three months overseeing all the safeguard investigations, working closely with the care home owner and managers, involving colleagues from ECC's Commercial and QI teams, PCT colleagues and Police. All service users were reviewed or offered assessments of need. SAFE managed all contact with relatives and chaired a number of safeguarding strategy meetings. This was a complex and resource intensive piece of work and SAFE and relieved pressure on the locality team in enabling them to concentrate their own resources on day to day operations.

3.3 SAFE also support teams with complex pieces of work that may require a lot of time and effort to resolve and again reduce pressure on local teams. An example of such a case was the work undertaken by SAFE with an unregistered care home in south Essex. SAFE worked with the CQC, families and advocacy to ensure positive outcomes for the self-funding residents of this home.

3.4 SAFE has also been looking at expanding their remit to cover domiciliary care agencies as well as residential care homes.

4 Notifiable Occupations Scheme

4.1 The Notifiable Occupations Scheme relates to professions or occupations which carry special trust or responsibility, in which the public interest in the disclosure of conviction and other information by the police generally outweighs the normal duty of confidentiality owed to the individual.

4.2 While there is no statutory requirement for the police to share conviction or other information about individuals with third parties, other than in the context of Criminal Records Bureau (CRB), there is a common law power for the police to share information for the purpose of the prevention and detection of crime (each case being considered in its own individual circumstances).

4.3 The general position is that the police should maintain the confidentiality of personal information, but legal opinion supports the view that in cases invoking substantial public interest considerations a presumption to disclose conviction and other information to relevant parties, unless there are exceptional reasons not to do so, is considered lawful. Areas in which it is considered there are likely to be substantial public interest considerations include the protection of the vulnerable, including children.

4.4 Sharing of information within these areas falls within the policing purposes set out at section 2.2.2 of the Code of Practice on the Management of Police Information. Nearly all the occupations involved in the scheme are subject to pre-employment checks at the CRB Standard or Enhanced Disclosure level or via another checking regime.

4.5 Safeguarding Essex receives such notifications from the Police if the person they have arrested is in an occupation that carries special trust or responsibility – such as a carer, a nurse, a social worker or a teacher. The person is then written to by Safeguarding Essex advising them that we have been made aware of their arrest and they are advised to tell their employer as we will be notifying their employer within a certain number of days. This puts the initial onus on the individual and does not breach their human rights. The Police keep Safeguarding Essex updated on the case, such as when it goes to Court and the outcome of the Court case. It is up to the employer to then undertake a risk assessment.

4.6 An example of the value of this scheme is a case where a health professional had been arrested on charges of rape of a minor but was still at work. The worker had not, and did not, tell their employers so was still a risk to those they worked with. Safeguarding Essex shared the information with the employer and the worker was suspended and later dismissed – not because of what they were arrested for but for breaching their employer's code of conduct. By telling the employer the risk to others was reduced.

5 Peer reviews

5.1 Safeguarding Essex has worked with our colleagues in Kent County Council and was commissioned by them to undertake a peer review of their safeguarding service. The peer review team consisted of members of Safeguarding Essex, independent advocacy, the Essex Safeguarding Adults Board and an Essex county councillor. The outcome of the review was shared with senior members of Kent County Council and was well received.

5.2 Safeguarding Essex were also part of the team that was put together by the Essex Safeguarding Adults Board when it was commissioned to undertake a peer review of the safeguarding service of West Essex PCT.

5.3 Several members of Safeguarding Essex are now accredited peer reviewers having undertaken the training provided by the Local Government Association.

6 Jersey

6.1 In 2011, two Safeguarding Consultant Practitioners from Safeguarding Essex provided support to Jersey's Health and Social Care Services in developing their own safeguarding adult's policies and procedures. This included a two day conference delivered in Jersey to professional and voluntary organisations. In August 2012, Jersey's Adult Safeguards Lead visited Safeguarding Essex and spent a week with Safeguarding Essex to further develop their knowledge. This included direct observations of complex safeguards meetings, risk enablement

board, time with SAFE, BIA's, Locality Teams undertaking safeguarding investigations, Essex Guardians and Internal Audit.

6.2 This year Jersey established its Safeguarding Adults Board with an independent chair and implemented a four-stage safeguarding process similar to the one we use in Essex. Their safeguarding adult's policy has been revised and they are working closer with the Police. Essex is pleased to have been able to help Jersey and Safeguarding Essex has continued to be a 'critical friend' to Jersey, providing regular advice and information.

7 Advocacy in institutional safeguarding cases

7.1 Safeguarding Essex is committed to making safeguarding as open and transparent as possible and ensuring that the voice of the service user is always heard. In institutional cases it is not possible to have individual service users or their representatives present due to the sheer numbers involved, therefore a contract with Advocacy Essex Services (AES) has been entered into. An independent advocate is therefore always engaged in major institutional safeguarding cases to ensure that the voice of the service user is heard and that those making decisions are held to account. The independent advocate is present at all the safeguarding meetings and is an equal member of the decision making group.

8 Cyber abuse

8.1 Safeguarding Essex have been working with partner organisations and authorities in the Eastern Region on a project considering the risks involved for vulnerable adults in relation to Internet and online services. The aim of the project is to eventually develop a search engine that can aid the user in managing their own internet safety and to also assist professionals and families who are providing support to vulnerable adults.

8.2 The aims are to:

- To provide accessible online guidance in relation to the below key topic areas
- To provide downloadable resources that will be available online in relation the below key topic areas
- To provide reminder toolkits (Stop, Think, Click) that will support people to recognise danger and promote self-advocacy for managing the risks.
- To develop a learning programme that can be used with Vulnerable Adult Groups, by staff in health or social care or by families.
- A clear reporting process for when issues are faced relating to online safety. Awareness raising / empowerment

8.3 The project is still in the development stage and further research with vulnerable service users is required in order to ensure we are aware of all areas of risk such as Online Fraud, ID Theft, Social Networking, Online Dating, Finances, instant messaging etc. Once this has been identified, development of programmes and training awareness will be delivered. Unfortunately Suffolk University's first bid for funding has been rejected. In the meantime, smaller scale research is being identified and undertaken whilst further bid applications are made.

8.4 Locally, Be Safer, Essex Police and Safeguarding Essex have been trialling sessions in Southend and Rayleigh around internet safety for small groups of people with a learning disability who use the internet, Facebook and other social media sites. This will be able to inform the wider scale project.

8.5 In the coming year it is intended to link the work that is being done regarding vulnerable adults with that being done for children and young people.

9 Human smuggling and trafficking

9.1 It is important to understand the difference between persons who are smuggled and those who are trafficked; in some cases the distinction between a smuggled and trafficked person will be blurred and both definitions could easily be applied. It is important to examine the end situation when the victim is recovered to determine whether someone has been smuggled or trafficked.

9.2 A number of factors help distinguish between smuggling and trafficking:

- Smuggling is characterised by illegal entry only and international movement only, either secretly or by deception (whether for profit or otherwise);
- Smuggling is a voluntary act and there is no further exploitation by the smugglers once they reach their destination;
- There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.3 Smuggling is normally defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). The immigrants concerned are normally complicit in the offence so that they can remain in the UK illegally. There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.4 Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation or coercion. The form of exploitation includes commercial sexual and bonded labour exploitation. The

persons who are trafficked have little choice in what happens to them and usually suffer abuse due to the threats and use of violence against them and/or their family.

9.5 In Essex we are conscious that there are several points of access to the country, or access points nearby, such as Stansted, Felixstowe and Harwich and whilst the issue has not yet emerged as one for us it is something that we need to be aware of and work closely with partner agencies and Children's services on. To this end Safeguarding Essex has produced a brief guide for practitioners and which has been shared with partner agencies through the Safeguarding Adults Management Committee and the Essex Safeguarding Adults Board.

10 Project Athena

10.1 Project Athena is a joint police project which seven police forces so far have signed up. The forces currently signed up to this project are Essex, Bedfordshire, Cambridgeshire, Hertfordshire, Kent, Suffolk and Norfolk. A national framework agreement has been signed by Essex Police Authority for a new 'one-stop' IT system which will help police to identify criminals more quickly and cut crime. Until now, police forces have largely managed data on offenders, suspects, victims and incidents on different systems at a local level. This made it a challenge to share information quickly with other forces.

10.2 From a safeguarding perspective this new system will mean that the Police can quickly electronically generate safeguarding alerts and include relevant information previously not always readily available. Safeguarding Essex, along with colleagues from Children's services, have been involved in assisting the Police with developing the safeguarding section of the database to ensure that the information that the electronic forms contain is the information that both adult and children's services require.

11 Safeguarding at the Customer Service Centre

11.1 Safeguarding concerns by professionals and the public are encouraged but do place a pressure on the locality teams as the numbers of such concerns has steadily increased each year. At the Customer Service Centre (CSC) they have piloted a scheme where they seek to triage as many of the SETSAF1s (the concern form) as possible and reduce the number of concerns being passed to the locality teams. During the year the CSC has reduced the number of safeguarding cases going to the locality teams by 23%.

11.2 The advisors are trained in safeguarding and those concerns which are obviously not safeguarding issues (e.g. complaints) are directed elsewhere. The small triage team of social workers then look at as many of the SETSAF1s as

possible and make further enquiry to see if the matter has been resolved appropriately or needs further investigation. Where possible they close those safeguarding concerns which have been dealt with appropriately (e.g. medication errors). By working closely with safeguarding Essex there is a consistent approach to these SETSAF1s and a number of practice documents have been developed to help practitioners recognise the difference between safety, safeguarding and risk management.

11.3 In the nine months of the pilot the Customer Service Centre were able to close nearly 300 safeguarding concerns on behalf of the locality teams. Whilst the impact on the workload pressures on the teams has been minimal because of the increase in referrals, it has resulted in non-cash savings of nearly £252,000 (based on the estimate that a “routine” safeguarding enquiry and investigation costs £912). Safeguarding Essex will continue to work closely with the Customer Service Centre to look at ways of developing the triaging process in an attempt to reduce the numbers of inappropriate safeguarding concerns being sent to the teams, as well as with the teams and partner agencies to prevent inappropriate safeguarding concerns being raised by them.

12 Provider concerns group

12.1 Safeguarding Essex is a member of the Provider Concerns Group which meets fortnightly to share information about providers. The group is made up of the Commercial Team, the Quality Improvement Team, the Service Placement Team and the Customer Liaison Service. The purpose of the group is to:

- Support the directorate by ensuring all AH&CW commissioned care services deliver safe care in accordance with Care Quality Commission and contractual requirements using various methods of intelligence.
- Identify risks, agree and take appropriate action to address poor practice and non-compliance and to ensure the safety and well-being of service users.

12.2 The objectives are:

- To ensure there are robust mechanisms in place to record a concern and take appropriate agreed action when required.
- Record concerns onto the Provider Intelligence Database in real time.
- Update and review weekly the Provider Intelligence Database.
- Take responsibility to update and maintain the Suspension of Care Services Protocol

12.3 The group produces reports for:

- Commercial Group Management
- Adult Social Care Governance Committee
- Risk & Issues report for senior managers and elected members

12.4 Significant concerns are then escalated to Senior Management with actions and/or proposed actions as appropriate. Escalation will be agreed between the core group members.

12.5 The real-time information helps identify trends that may need addressing before they become problems and helps inform the information that is shared with the Care Quality Commission.

13 Transitions

13.1 Safeguarding consultant practitioners have supported their colleagues in the Transitions Pathway service to develop a greater understanding of the safeguarding process, the Mental Capacity Act and DOLs legislation, and its implication for practice, and the carers of young people with a disability, that may affect their capacity to make decisions about various aspects of their lives.

13.2 Safeguarding Essex also worked closely with the Transitions Pathway Service on these issues for members of the Transitions service. There are plans for Safeguarding Essex to attend team meetings for members of the Transitions Pathway service and follow up sessions for information, advice and guidance for social work teams later on in the year.

13.3 Following the success and feedback of the Transition Information Events held during 2011 the Transition Pathway Service, Parent Partnership, ECN (Essex Carer's Network), FACE (Families Acting for Change Essex) and Families in Focus Essex worked together to deliver four more Transition Information events during November 2012. The objective of the workshops was to inform and empower parents and carers of young people with a disability and/or additional needs as they move through transition from teenage years to adulthood. The target audience for the events was parents and carers of young people on a statement of special educational needs in years 8, 9, 10 and 11. Safeguarding Essex was part of these events in order to help inform parents and carers about safeguarding, the Mental capacity Act and Deprivation of Liberty Safeguards. The events were held to cover the four quadrants of Essex and were held on different days of the week in order to accommodate as many parents/carers as possible, including one event on a Saturday.

13.4 Safeguarding Essex at these events led, with representatives from social care and the Parent Partnership, a "Know Your Rights" discussion group. These discussion groups covered areas such as:

- Learning about the Mental Capacity Act
- Adaptability of a personal budget
- Information and process on community care assessments

- Knowing what help is available
- Knowing about other services

14 Black and ethnic minority groups

14.1 Engaging the black and ethnic minority community in safeguarding has continued throughout the year and is an area that Safeguarding Essex will be pursuing in the coming year. Throughout the year we have increased our links with various groups and networked with different sectors the BEM community in Essex. These have included face to face meetings with BEM contacts provided by Essex Fire and Rescue including the manager of Essex Cultural Diversity Project (ECDP) based at Essex Records Office, the Hindu temple in Clacton and the New Generation Development Agency (NGDA).

14.2 It is important that all organisations work together when seeking to engage the BEM community and the partnership working that has been developed between Safeguarding Essex, the Fire and Rescue Service, the Safeguarding Adults Management Committee and Essex Libraries is proving invaluable and has helped develop a pool of relevant awareness raising materials i.e. real safeguarding cases from BEM groups, Hate Crime information etc.

14.3 The AskSal leaflets and posters are available in a variety of languages relevant to the BEM communities in Essex.

14.4 Safeguarding Essex is currently working on a Safeguarding Human Library Project – a novel way of reaching and increasing contacts with the BEM community in order to break down stereotypes and share information. An event will take place at the Minories in Colchester, funded through the Essex Safeguarding Adults Board with match funding from the Colchester Arts Institute. The pilot event, if successful, will then be rolled out wider within Essex during 2013-14. It will in effect generate a ‘pop up resource which is very portable and could be run in lots of different venues in Essex. In effect experts in certain fields, such as safeguarding, become human books which can be “borrowed” on the day by various groups. The human book is then used to inform the group about their field of expertise before being returned.

15 Child Sexual Exploitation

15.1 Safeguarding Essex is working with Children’s services from Southend, Essex and Thurrock and the Police to develop a policy that can address the very serious concerns about child sexual exploitation and which incorporates the “Think Family” approach.

15.2 The group is aiming to ensure that there is an appropriate and consistent approach to information gathering and response to an incident of child sexual exploitation. There is to be a monitoring of trends and adult services can provide input into achieving a holistic analysis. There is to be a service provided to support victims and all of those involved will be committed to raising awareness of child sexual exploitation.

16 The SET Group

16.1 Safeguarding Essex are active participants in the pan-Essex group in the production of the revised SET Safeguarding Guidelines. There have been many areas that required changes as well as new additions – this has included the Deprivation of Liberty Safeguards Act, the Threshold Matrix, and the management of risk, institutional safeguards and Undue Influence. The revised guidelines are due for publication in the summer of 2013 and should be more meaningful for practitioners as they will be covering more areas than previously, and make the distinction between safety, safeguarding and risk management clearer.

17 Service user feedback

17.1 Safeguarding Essex feels that it is important to know the thoughts, views and feelings of those who experience the safeguarding process and 18 months ago introduced a feedback process. In that period we have received 67 replies.

17.2 The feedback focuses on a series of eight questions relating to the process and the set of standards laid out in the accompanying general leaflet (which aims to explain what the safeguarding vulnerable adults is about).

17.3 Below is a summary of the findings:

Question 1: Were you informed about what happened?

Yes: 48

No: 11

I don't know: 4

Question 2: Were you treated with dignity and respect?

At all times: 53

Sometimes: 6

Not at all: 2

Question 3: Were you given time and assistance to communicate?

Yes: 54

No: 8

Don't know: 4

Question 4: Do you feel you were listened to?

Yes: 58

No: 4

I don't know: 4

Question 5: Were you kept informed of what was happening and involved in the safeguarding process?

At all times: 46

Sometimes: 10

Not at all: 9

Question 6: Were you involved in making decisions about the risks identified?

Yes: 40

No: 12

Don't know: 11

Question 7: Were you told when the safeguarding investigation had been completed?

Yes: 43

No: 11

Don't know: 7

Question 8: As far as you are aware has your right to privacy and confidentiality been respected?

Yes: 57

No: 6

Don't know: 1

17.4 The overall impression from looking at the data is that the feedback about the process is largely positive, scoring an average mark around 74% in the area of satisfaction. This reflects, we believe, the good practice and commitment of the practitioners in the locality teams. One of the highest scores indicates that practitioners involved -in coordinating the safeguarding procedure have given time to service users and families to listen to their views about the concerns. It is worth noting as well that people's rights to privacy and confidentiality have been upheld in most cases. This evidences good practice, based on ethical values, which is very important in such a sensitive process.

17.5 The one area where the figures are low relates to the identification of risks and possibly there is need for more work around the formulation of a joint risk assessment and management plan with service users/families. This is an area that will be addressed in the revised SET Guidelines.

17.6 The additional comments added to the survey form tend to focus on the outcome rather than the process itself. 13 additional comments of this sort have been made, on a positive note, about specific social workers involved, but also

making reference to the Police involvement. Amongst those, a few thanks you have been expressed in relation to the case worker at the time.

17.7 However, 11 negative comments have been made, often referring to the disappointment in the outcome of the investigation (such as the Police not being able to pursue the matter further). One response made mention of the feeling of interference in the person's life throughout this process.

PART 2 – Statistics and data analysis

1 National comparison

1.1 In March 2013 the Information Centre for Health and Social Care¹ produced key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2011 to 31 March 2012. This is a comprehensive national analysis of adult safeguarding based on returns from 152 councils.

1.2 The main information in the report is used here to see how Essex compares with the wider national picture for the same period, and using the same baseline we can compare our 2012-13 data to see how trends are developing in Essex.

1.3 In relation to types of abuse:

Type of abuse	National 2011-12	Essex 2011-12	Essex 2012-13
Physical	29%	26%	24%
Neglect	26%	35%	37%
Financial	19%	19%	17%
Emotional/psychological	16%	14%	12%
Sexual	5%	4%	5%
Institutional	4%	1%	4%
Discriminatory	1%	1%	1%

The national figures for 2011-12 are almost identical to those of 2010-11.

1.4 In regards to alleged victims the figures for 2011-12 break down as follows:

- Nationally 60% of safeguarding referrals were for adults aged 65 and over, in Essex for 2012-13 the figure is 63%

¹ see: <https://catalogue.ic.nhs.uk/publications/social-care/vulnerable-adults/abus-vunr-adul-eng-11-12-final/abus-vunr-adul-eng-11-12-fin-rep.pdf>

- Nationally 48% of safeguarding referrals were for adults with a physical disability, in Essex for 2012-13 the figure is 27%
- Nationally 24% of safeguarding referrals were for adults with a mental health diagnosis, in Essex for 2012-13 the figure is 14%
- Nationally 20% of safeguarding referrals were for adults with a learning disability, whilst in Essex for 2012-13 the figure is 17%.

1.5 The only discernible difference is that in Essex the figures for people with a physical disability are quite a bit lower than the national average. One reason for this could be that at the time the safeguarding concern is received and recorded the service user category type is not always known.

1.6 In regards to the relationship of the alleged perpetrator to the victim it was found that nationally 22% were family members, 28% were social care and health staff and 13% were friends, neighbours, other professional staff or strangers. The figures for Essex for 2012-13 are that 27% of alleged perpetrators are family members, 28% are residential care staff; 17% are social care or health staff; 9% are domiciliary carers; 7% are vulnerable service users and 8% are friends, neighbours or strangers. The figures for 2012-13 are comparable with 2011-12 and show no variation in trends either nationally or locally.

1.7 In Essex the first point of contact in referring a safeguarding matter is the Customer Service Centre. 23% of safeguarding concerns are closed at this first point of contact as requiring no further action, or are re-directed elsewhere because the issue is not a safeguarding one but something else (e.g. a complaint). The remaining 77% are passed onto the locality teams for further enquiry. The national average for no further action of a safeguarding concern was 30%.

1.8 When looking at the ethnicity of alleged victims:

- Nationally 89% of alleged victims were white, in Essex for 2012-13 the figure is 96%
- Nationally 12% of alleged victims were from ethnic minority groups; in Essex for 2012-13 the figure is 3%.
- In Essex 1% of alleged victims declined to state an ethnicity.

1.9 The figures for Essex in 2012-13 show no variation to those for 2011-12. The engagement of minority communities in safeguarding is a national issue and not one that is specific to Essex.

2 Essex statistics

2.1 Referrals by area

Area	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative	% of population
North East	370	386	393	399	1548	0.44
Mid	259	277	341	254	1131	0.38
West	256	249	250	247	1002	0.37
South	300	266	320	300	1186	0.29
TOTAL	1185	1178	1304	1200	4867	0.37

Safeguarding concerns are fairly evenly spread across the county with the North East accounting for a slightly higher rate than elsewhere due, probably, to the high number of residential and nursing care homes that there are in this area, plus the high number of private hospitals that are also located in this area.

2.2 Referrals by Service User Category

Service User Category	2012/13
Adult Frailty	940
Carer	9
Learning Disability	814
Mental Health	698
Physical / Sensory Impairment	1334
Other Vulnerable People *	1072
TOTAL	4867

*At the point of initial contact and recording, category not known

These figures are not entirely useful as Safeguarding Essex only records category as stated at the initial point of contact. In many cases people refer safeguarding issues but don't know if the person is elderly, has learning

disabilities or has mental health problem or is an elderly person with mental health problems, the important thing is that they make the referral. It is only when the case is allocated that the category is identified. Safeguarding Essex are exploring ways of capturing this information in the future.

2.3 Referrals by origin

Origin of Referral	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative
Domiciliary Care Staff	115	116	129	113	473
Health Staff	257	204	369	293	1123
CQC	6	20	20	20	66
Day Care Staff	13	17	12	17	59
Education/ Training / Workplace	8	3	12	12	35
Family Member	94	99	82	73	348
Friend/ Neighbour	21	26	14	14	75
Housing	55	54	63	50	222
Mental Health Trust	49	92	70	78	289
Other eg. Anonymous/Advocate	61	62	54	41	218
Residential Care Staff	296	294	235	275	1100
Self-Directed (Employed) Staff	16	48	34	30	128
Police	52	38	53	45	188
Social Worker / Care Manager	135	93	141	135	504
Fire Service	2	1	1	0	4
Self Referral	5	11	15	4	35
TOTAL	1185	1178	1304	1200	4867

It is encouraging that residential care staff have raised so many safeguarding concerns as this is an indicator that they will not tolerate poor care or neglect of those they care for. This year we are also reporting cases raised by the Fire Service, which reflects the awareness raised through the safeguarding training that they have been given through the Essex Safeguarding Adults Board's training programme.

2.4 Relationship of alleged perpetrator to alleged victims

Relationship of Perpetrator to Service User	First Quarter	Second Quarter	Third Quarter	Fourth Quarter ²	Cumulative
Domiciliary Care Staff	100	170	156	0	426
Vulnerable Adult on Vulnerable Adult	110	102	119	0	331
Residential Care Staff	292	283	323	473	1371
Health	71	53	80	70	274
Neighbour / Friend / Individual Known but Not Related	87	60	68	190	405
Family Member	343	245	349	408	1345
Other / Professional Worker	170	246	178	22	616
Stranger	12	19	31	37	99
TOTAL	1185	1178	1304	1200	4867

The allegations raised about care staff are high, and is probably reflective of the high number of allegations raised by care staff, which, as mentioned above, appear to becoming less tolerant of poor care by colleagues. The number of strangers involved in safeguarding is due to the increase in rogue trading, which has been noted particularly in the North East locality.

The number of allegations made about domiciliary carers is often to do with missed or late visits, which have resulted in the service user being left at risk of harm (e.g. medication not being given or personal care not being attended to). These concerns get looked at by the Provider Concerns Group and taken up with the relevant care agency.

2.5 Outcomes (for cases that have been closed)

56% of SETSAF1s are being closed in a timely and appropriate manner, which is an improvement of the previous year. The remaining 44% might remain open because it hasn't been possible to make contact with relevant key people, including the service user or the case is more complex than originally anticipated. The safeguarding consultant practitioners work with the locality teams to help them increase the number of closures and correct data inputting errors that may have occurred, and which can give a misleading impression on the output of the

² With changes to the reporting process in the final quarter of 2012-13 domiciliary care staff is now included with residential care staff. Vulnerable adult on vulnerable adult is now recorded under "individual known but not related" and self-neglect is now recorded under "family member".

team. The main focus of the support is to ensure that those referred are not at immediate risk of harm.

Outcomes	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative
Case Management Resolution	114	90	103	0 ³	307
Substantiated	203	163	154	66	586
Un Substantiated	262	237	166	71	736
Partly Substantiated	76	86	69	37	268
Redirect to other Agency	33	37	24	16	110
Unresolved	184	164	171	200	719
TOTAL	872	777	687	390	2726

2.6 Mental Capacity Act – Independent Mental Capacity Advocates (IMCAs) and Deprivation of Liberty Safeguards (DoLS)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative Total
Total	18	20	28	30	96

During 2012 the independent mental capacity advocacy contract was awarded to VoiceAbility. The number of IMCAs being engaged appears to be lower than would be expected for a county the size of Essex, although fairly consistent with the number the previous year. VoiceAbility is to undertake a more pro-active approach to raising awareness about their services with Health, private hospitals and residential care homes during 2013. During the year Safeguarding Essex has dealt with 151 DoLS applications for people in residential care homes - 78 of these applications were appropriate and successful. 80 of the cases were for people with a mental health issue, 46 were people with a physical or sensory impairment and 25 were people with a learning disability. These figures are very similar to the previous year. From April 2013 the local authority becomes responsible for all DoLS applications for both Health and social care.

³ In preparation for changes in recording with the new Zero Based Return for the Department of Health the category of case management is no longer recognised as a category in its own right. The assumption is that if a matter is case management then a decision about the outcome has been reached. It is, therefore, assumed that for a matter to become case management then the allegation was substantiated

Appendix A – Action plan 2013-2014

Objective	Actions	Outcome	Progress summary	Lead person
1a. We will explore the potential for tendering out the DoLS service. 1b. We need to identify future funding for the DoLS service.	To commission a project group to begin looking at the various options available.	To identify the most efficient and effective way of delivering the service and reduce the cost pressure on ECC (currently the shortfall in the service is £233,000).	Progress summary: options paper developed by July 2013 and presented to ALT September 2013.	Stephen Bunford
2. We will continue looking at identifying “cyber” abuse and developing an approach to addressing the associated issues.	To identify, with Children’s services and service users, issues around bullying, harassment and hate crimes which are becoming more prevalent on social networking sites, text messages and emails.	To have a multi-agency approach to cyber bullying, which includes Children’s Services. To have an Eastern Region approach to cyber bullying. To enable staff to have a greater understanding of “cyber” abuse and how to work with the Police to address such issues with, for instance, the providers of social networking sites. This work falls within the operational costs of Safeguarding Essex.	Progress summary: to have a draft document for the Governance Board August 2013.	Kim Spain
3. We want to continue engaging the black and ethnic minorities in	To identify appropriate events, such as the Human Library event, to	To give minority communities the confidence to access	Progress summary: to have participated in the Human Library event in	Catriona Wheadon

safeguarding through awareness raising sessions.	promote safeguarding to various ethnic minority communities in Essex.	services which recognise their particular needs. Safeguarding Essex is to run a special event in September 2013 to try and engage more people from minority communities. This will be funded from a grant from ESAB and is no additional cost to Safeguarding Essex (except staff time). ESAB will be funding the translation of posters and flyers into a variety of languages. To increase the number of safeguarding referrals raised by the BEM community.	September 2013 and report back to the Governance Board October 2013.	
4. We will continue to engage with the CCGs and GPs in awareness around safeguarding processes and the assistance available to them (e.g. training) and the need to understand the implications of the Mental Capacity Act upon their practice.	To attend the CCG boards to promote safeguarding. To offer safeguarding training to individual GP surgeries. To regularly meet with the GP practice managers to keep them informed on safeguarding.	To have a greater engagement by GPs in safeguarding strategy meetings; to have GPs more confident with the Mental Capacity Act; to have more safeguarding concerns raised by GPs. Safeguarding Essex to offer free training on safeguarding to CCGs to help them understand	Progress summary: to review the links between Safeguarding Essex and the CCGs in September 2013.	Stephen Bunford

		the issues and their responsibilities. This training falls within the operational costs of Safeguarding Essex.		
5. We will continue to seek to reduce the number of inappropriate SETSAF1s getting to the locality teams.	<p>To work with the Customer Service Centre on developing the work they have begun on a more robust triaging process.</p> <p>To undertake more regular training of advisors so they feel more confident in addressing some of the issues being raised.</p>	<p>To have appropriate SETSAF1s being passed to the locality teams and have the number of No Further Action cases increased at the CSC from 23% to at least 30%. This will have benefits (time and money) for the locality teams as they will have fewer inappropriate SOVAs to deal with.</p> <p>To increase the timely closure of SOVAs to 60%, and therefore reduce the number of open cases.</p>	Progress summary: to review progress in September 2013 and report back to the OSM leads.	Stephen Bunford
6. We will prepare for the introduction of new safeguarding legislation contained within the Care Bill.	To work with ESAB and partner agencies on understanding the implications of the Care Bill in relation to safeguarding.	To have systems and processes in place reflecting the Care Bill proposals.	Progress summary: to review progress through SAMC in December 2013.	Stephen Bunford

<p>7 Information, training, practice & and communication:</p> <p>7a. We will seek to improve practice and outcomes in safeguarding and seek to ascertain how effective the safeguarding processes are.</p>	<p>To participate in the ADASS and LGA led <i>Making Safeguarding Personal</i> project.</p> <p>To participate in the work being done on safe commissioning by ESAB and ECSB.</p>	<p>To have a set of outcomes related to safeguarding which vulnerable people want and which are measurable.</p>	<p>Progress summary: <i>Making Safeguarding Personal</i> begins July 2013 – initial feedback to Governance Board August/September 2013.</p>	<p>Stephen Bunford & Gill Stephenson</p>
<p>7b. We want to improve the service user's experience of care and support through the safe provision of services.</p>	<p>To continue providing safeguarding training to providers of services.</p>	<p>To ensure that those we commission services with have a robust approach to safeguarding.</p>	<p>Safe Commissioning report issued April 2013 and to be reviewed July 2013 for feedback on progress to the joint boards in September 2013</p>	<p>Stephen Bunford</p>
<p>7c. We want to have meaningful management information available for ESAB and other appropriate forums.</p>	<p>To review the content and presentation of management information.</p>	<p>To have a management information report that informs practice, training and communication.</p>	<p>Progress summary: to have revised proposed management report with the chair of ESAB for discussion September 2013.</p>	<p>Stephen Bunford</p>
<p>8. We want Safeguarding Essex to be able to be compared with partner agencies and other local authorities in order to address any areas that</p>	<p>To participate in the new joint Children's and Adult's section 11 audit.</p>	<p>To identify areas that need developing and areas where joint work between agencies can improve the service user's experience of safeguarding.</p>	<p>The joint audit is planned for September 2013 with an initial report due December 2013.</p>	<p>Stephen Bunford</p>

needs developing.	To collect data relevant for the new Zero Based Return (which replaces the previous Audit of Vulnerable Adults.	To have the return completed.	To contribute to the completion of the return June 2013.	Stephen Bunford/Ann Hird/Jody Hart
9. We want to change the emphasis of Safeguarding Essex's annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in an annual report on safeguarding in Essex.	To demonstrate how the organisation as a whole is addressing the safeguarding needs of those most vulnerable in the community.	To add to the Corporate Leads Group's agenda in November 2013.	Karen Wright/Stephen Bunford

Appendix B – Safeguarding Essex Action Plan 2012-2013

Objective	Actions	Outcome	Update	Status
1. We said we would change the emphasis of the annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in the annual report on safeguarding in Essex.	To demonstrate how ECC as a whole is addressing the safeguarding needs of those most vulnerable in the community.	The Corporate Leads Group is still developing and it has been decided that it is too early yet to have a separate report. The issue has been raised with the Corporate Leads Group and remains on their agenda.	On-going – to be carried over to 2013-14
2. We wanted to continue find ways of engaging the black and ethnic minorities in	To identify appropriate groups/organisations to discuss why they may not be accessing the	We want to give minority communities the confidence to access services which	Some good work has been done in accessing various community groups (such as making	On-going – to be carried over to 2013-14

safeguarding.	safeguarding process and identify ways of making them more confident in raising safeguarding concerns.	recognise their particular needs.	contact with community leaders to explain the work of Safeguarding Essex and the creation of training packages that can be used as part of a cascade training approach) looking at various training needs. Engaging the minority communities is on-going and a major event is being planned for the autumn of 2013.	
3. We want to create closer links between Safeguarding Essex and the Transitions service	To make the Transitions service aware of the SET Guidelines, the SET process, AskSal and Mental Capacity Act assessments.	We want to ensure that vulnerable young adults are supported in any safeguarding matters and are informed about how to raise safeguarding concerns.	We have undertaken joint training with the Transitions service and a rolling programme has been set up.	Achieved.
4. We wanted to develop an approach to human trafficking and smuggling.	To understand the issues related to human trafficking and smuggling in relation to vulnerable adults, to raise awareness amongst staff and have an approach that covers both adults and children.	We have now have guidance on dealing with human trafficking and smuggling that covers all ages.	Guidelines written and accepted by ECC and shared with ESAB. Partner agencies keen to use the same guidance.	Achieved, but work will be carried over into 2013-14 to continue developing an approach that covers both children and adults.
5. We sought to develop a more robust screening approach to	To develop a safeguarding screening service within Customer	We have reduced the number of inappropriate safeguarding referrals	23% of SETSAF1s dealt with as no further action by the CSC and nearly	Achieved.

safeguarding.	Services that is overseen by Safeguarding Essex.	being passed to the locality teams.	280 additional cases dealt with by the triaging process. £50,000 was set aside to help set up the project with a target saving of £112,000. The triaging process resulting in non-cash savings to the locality teams of nearly £253,000, which means that the savings target was met and the initial set-up costs were recouped.	
6. We wanted to strengthen the working relationship with the PCT safeguarding leads in order to engage GPs in the safeguarding process and raise their awareness around safeguarding processes.	To work with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs.	We worked with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs. We developed the partnership working between Safeguarding Essex and the two PCT safeguarding leads in order to create a more cohesive health and social approach to safeguarding, and improved ways of sharing information. We have worked with	We have worked closely with Health colleagues on joint work on policies and guidelines (e.g. Basildon Hospital's revised safeguarding processes); training on MCA given to Mid GP practice; safeguarding discussed as item at GP training event in the West. Information on safeguarding being distributed to the new CCGs and further training for CCGs and GPs planned for 2013.	On-going – to be carried over to 2013-14

		our colleagues in Health to create a better understanding by the new CCGs around safeguarding and how to raise safeguarding concerns.		
7. We are committed to promoting the “Think Family” approach to safeguarding.	To develop safeguarding training for those working with either children and adult to get them to be more aware around joint issues and not look at cases in isolation or just in terms of their specialism.	We now have a more joined up approach to safeguarding across the two services which encourages workers to look at the whole picture rather than specific aspects of a case.	We have made the theme of “Think Family” more embedded in training and have reiterated it in policies and guidelines, such as the revised SET Guidelines. Children’s safeguarding has assisted Safeguarding Essex on developing the adult Local Authority Designated Officer role. Kim Spain has taken the lead on behalf of Safeguarding Essex and been involved in 5 LADO cases.	Achieved.
8. We have identified a growing concern amongst vulnerable adults with “cyber” abuse and have sought to develop an approach to address the associated issues.	To look at the issues around bullying, harassment and hate crimes which is becoming more prevalent on social networking sites, text messages and emails.	We have raised awareness of the issues associated with cyber amongst staff and how to work with the Police to address such issues with, for instance, the providers of social	Safeguarding Essex has become part of the wider Eastern Region group looking at cyber abuse, but which has yet to report. Awareness of cyber abuse being shared in	On-going – to be carried over to 2013-14

		networking sites.	practice bulletin using examples and experiences from Children's Services.	
9. Due to legislative changes we needed to develop a joint Health and Social Care MCA/DoLS service.	To pool resources as directed by the Department of Health and create a new single service with a joined up policy and procedure.	We have initially decided to keep the new DoLS service in-house to maximise resources, make efficiency savings and prevent duplication between the agencies. We have created a single point of access for DoLS applications and MCA assessments. Our intention in the coming month's is to look at the various options available for developing the DoLS service.	Systems in place prior to April 2013. However, there is a cost implication to ECC as we do not receive 100% of the budget that was originally given to Health. ECC received £35,000 as a one-off grant to help set up systems (ECC used the money to fund additional Best Interest Assessor capacity). Based on projected figures (based on data from both ECC and Health) there is a shortfall in the delivery of the DoLS service of £233,000, which will be funded for 2013-14 from the Spend to Save budget.	The first stage achieved and the DoLS service up and running. Work now beginning on looking at other options for delivering the DoLS service to maximise efficiencies. This will be carried on to 2013-14.

		AGENDA ITEM 5
		PAF/10/13
Committee:	People and Families Scrutiny Committee	
Date:	14 November 2013	
<u>Special Educational Needs and Disability</u>		
Enquiries to:	Karen Jones SEN Project Manager Schools, Children & Families 01245 436953 karen.jones2@essex.gov.uk	

Purpose of the Paper:

To receive and review the proposed document, Strategy for Children and Young People with Special Educational Needs and Disability, 2014-19.

Strategy for Children and Young People with Special Educational Needs and Disability

2014-19



Draft 0.19
31/10/13



Essex County Council

Foreword

TBC

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SEND Strategy – Summary

VISION	To ensure that all Children and Young People with SEND have a full range of support and opportunities available to them and are provided with opportunities to maximise their life chances, goals and aspirations.			
PRIORITIES	Ensure every child with SEND can go to a good or outstanding school or education setting	Commission/deliver a range of high quality provision for all children and young people with SEND	Ensure a smooth progression to adulthood for all young people with SEND	Improve the Assessment and identification of SEND across agencies
DELIVERED BY	<ul style="list-style-type: none"> Schools and settings provide early, accurate and timely assessment for children with SEND, through well trained staff, where appropriate before children reach school – keeping to a minimum, delays between referral and action. Provide a more rapid and decisive response to school failure and underperformance Recruit, develop and retain teams of expert and experienced governors and leaders to support schools to improve Empower parents, families, young people and carers to understand and positively engage in the Essex education system Develop a clear strategy and action plan that will reduce the inequalities in outcomes for children and young people on the School Action Plus register at Key Stage 2 and 4 Continue to work closely with the specialist SEND sector (special schools and enhanced units) to strengthen their leading role in developing school to school SEND improvement mechanisms Support schools to develop the way in which they contribute and enhance the Essex <i>Local Offer</i> through developing an effective range of in-class and additional interventions and strategies which support Support schools to achieve excellent partnerships with a wide range of schools, services and agencies to in order to drive up the quality of the local offer for children and young people with SEND. Focus on improving the way in which schools use the resources available to them; maximising the positive impact of SEND funding and Pupil Premium Grant on pupil achievement. 	<ul style="list-style-type: none"> Develop and publish a 'Local Offer' articulating the totality of provision and services. Work collaboratively with health, early years providers and other partners to provide or jointly commission a continuum of provision for SEND Increase the amount of specialist provision available and consider the potential delivery options Develop a method of geographical forecasting to ensure sufficient special school places are available to meet current and predicted future needs in County Ensure quality and accountable commissioned services through good contract management and regular review and evaluation to facilitate evidenced based interventions Commission a range of specialist provision for those aged 0-25 years with acute or high-level low-incidence needs Establish additional enhanced provision and outreach support for pupils of mainstream ability with low incidence high level needs e.g. those with ASD Autistic Spectrum Disorders Commission early intervention and early support services that are targeted on priority areas of need Access to universal support services in order to intervene early 	<ul style="list-style-type: none"> Ensure appropriate assessment and plans are in place and these address the young person's needs, ambitions and circumstances Engage and involve a range of partners, young people and their families in the coproduction of information sources and appropriate plans. A range of direct support is available to prepare for independent living and community cohesion. Professionals understand their role in transitions and communicate with others promoting and maintaining an open, balanced and consistent approach Promote independence, rights, choice and inclusion for all young people through a person centred approach. Provide opportunities for young people to access work experiences, placements, apprenticeships or job coaching Seek continuous improvement of services through regular consultation and feedback. 	<ul style="list-style-type: none"> Provide all parents, families and carers and service providers in Essex with information, advice and guidance to support assessment, referral and early intervention. Pilot and roll out an approach for a single plan covering complex or severe educational, health and social care needs for children and young people. Ensure that assessment processes and services are user friendly, easily accessible (online where appropriate), well communicated and that they meet legislative requirements Ensure the regular review of statutory assessment processes especially when circumstances or legislation change. Review and develop decision making processes in relation to statutory assessment and resource allocation based on clear and consistent criteria, efficient referral mechanisms and pathways

1 Introduction

Essex's Lifelong Learning Strategy 2013-18 was developed in order to meet two key objectives. Firstly to develop an approach to learning from cradle to grave encompassing all people across the County; and secondly to support and develop world class provision and outcomes in Essex.

This document describes Essex County Councils five year strategy for young people (aged 0-25) with Special Educational Needs and Disability (SEND), the need for which was identified as a key driver within the Lifelong Learning Strategy's implementation plan.

Essex is already proud of the services provided to these young people and yet despite significant investment, is aware that more can be done to improve outcomes and to ensure provision keep pace with changing needs (e.g. increasing autistic spectrum disorder needs) and legislative requirements.

This strategy and its accompanying implementation plan will help us to address a number of cross cutting themes including: -

- Increasing confidence in the system
- Identifying, intervening and supporting as early as possible
- Providing funding and resources
- Working in partnership and jointly commissioning
- Improving school experiences
- Securing positive outcomes (across education, health and social care)
- Embracing legislative change
- Supporting mainstream environments
- Ensuring specialist provision matches requirements
- Focusing on the most vulnerable



2 Our Vision for SEND

2.1 Our vision

To ensure that all Children and Young People with SEND have a full range of support and opportunities available to them and are provided with opportunities to maximise their life chances, goals and aspirations.

2.2 Our priorities

The following four priorities will help us to achieve this vision for all Children and Young People with SEND:



Priority 1 - Ensure every child with SEND can go to a good or outstanding school or education setting



Priority 2 - Commission/deliver a range of high quality provision for all children and young people with SEND



Priority 3 - Ensure a smooth progression to adulthood for all young people with SEND



Priority 4 - Improve the assessment and identification of SEND across agencies



2.3 Our Principles

The delivery of this vision and priorities will be underpinned by the following principles:

- **Easily accessible and available information is shared effectively between organisations.**
- **Services are delivered through partnership working and joint commissioning where appropriate.**
- **A strong and coordinated approach to early intervention and support exists.**
- **Most SEND needs are met in mainstream settings - with special school support.**
- **Parents, families and carers are viewed as experts regarding their child's needs and are involved with young people themselves in decision making.**
- **Inclusion and participation in family, school and community life.**
- **Equality of access to a range of services with increased choice and control.**
- **Quality provision is based on robust evidence.**
- **New, existing and evolving statutory responsibilities are and continue to be met.**

3 Context

3.1 Who are children and young people with SEND

A child or young person may have special educational needs or a disability or both. Definitions are provided below:

3.1.1 Special Educational Needs

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if they:

(a) have a significantly greater difficulty in learning than the majority of others of the same age; or

(b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

(c) a child under compulsory school age has special educational needs if they fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them. Clause 20 Children and Families Bill

3.1.2 Disability

A child is disabled if he/she is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

Children Act (1989) - Section 17 (11)

A person has a disability for the purposes of this Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Equality Act (2010) - Section 6

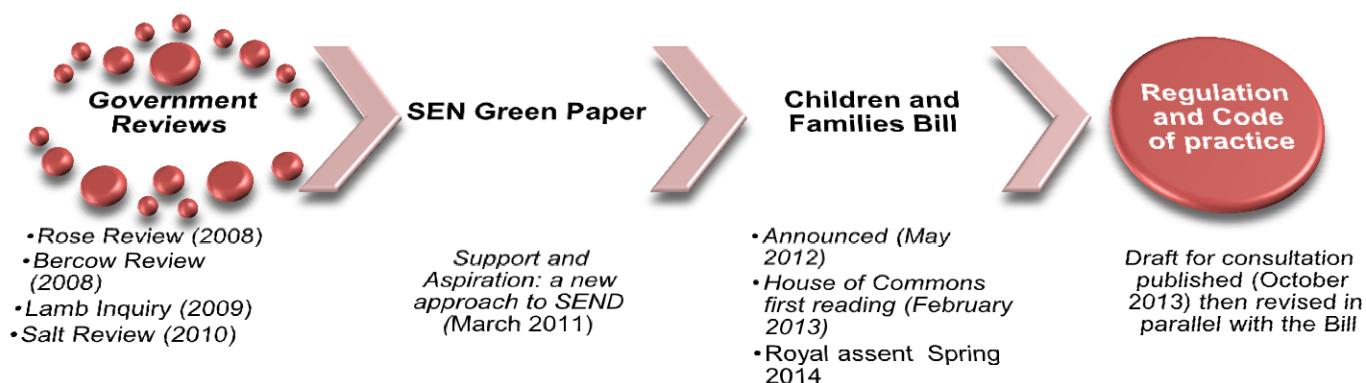
3.2 The Strategic Context

The development of this strategy has been informed by both the local and national policy agenda, together with the legal requirements and responsibilities for SEND provision.

3.2.1 National Context

This strategy has been produced in consideration of the significant government reforms to education, health and social care when working with and for children and young people with SEND (0-25) and their families and/or carers.

These reforms stem from the following high level summary of activity:



Essex and all other Local Authorities will have until September 2014 to implement the reforms from the Children and Families Bill. A summary of the main requirements can be found below:

- To involve parents, families and carers, young people and children in shaping the provision of services for those with SEND, and to develop closer co-operation with partners, including schools, academies and colleges as well as other local authorities and the VCS.
- To produce, in accordance with the bullet above, a 'local offer' which details the services to support children and young people with SEND and their families in a clear and transparent way so they can understand what is available.
- To undertake joint assessment, planning and commissioning of services for these children between education, health and social care to ensure more streamlined and integrated support through a streamlined assessment process and single plan (EHC Plan) covering a child and young person from birth to age 25.

- To introduce a duty for joint commissioning to ensure joint responsibility for providing services.
- To provide an entitlement for parents, families and carers and young people to have a personal budget to extend their choice and control over the services they receive.
- To ensure positive transitions at all key stages within a 0-25 age range, especially in preparing for adulthood. Providing greater powers for the Local Authority to continue services post 18 and introducing new protections for young people aged 16-25.
- School Action and School Action Plus will be abolished and replaced with a single school category, posing the question of what the school offer should look like to achieve better outcomes.
- To extend then SEND legal obligations of maintained schools to Further Education Colleges and academies (including free schools).

From 1 April 2013 General Practitioner (GP) led Clinical Commissioning Groups (CCGs) took over statutory responsibility for commissioning health services for children and adults. At this time Local Authorities became responsible for public health and were also required to establish Health and Wellbeing Boards to both provide leadership and also to ensure that health and social care services can become more integrated.

From 1st September 2014 a statutory duty will exist for both Local Authorities and CCGs to jointly commission services for children with SEND. The recently published Department of Health mandate for the NHS Commissioning Board includes a specific objective to ensure children with SEND have access to services identified in their agreed plan and that parents, families and carers have the option of a personal budget based on a single assessment across health, social care and education.

3.2.2 Essex Context

‘Vision for Essex 2013 -17’ sets out ECC Cabinet’s overarching vision and priorities for the next four years and will inform the development of a revised corporate strategy, This SEND Strategy’s vision and priorities are clearly in keeping with the corporate priorities identified, these overarching ECC priorities are as follows: -

Increase educational achievement and enhance skills

Develop and maintain the infrastructure that enables our residents to travel and our businesses to grow

Support employment and entrepreneurship across our economy

Improve public health and wellbeing across Essex

Safeguard vulnerable people of all ages

Keep our communities safe and build community resilience

Respect Essex's environment

In addition this SEND Strategy forms a key pillar of the Lifelong Learning Strategy which, alongside the Economic Growth Strategy, the Essex Crime and Disorder Reduction Strategy, and the Joint Health and Wellbeing Strategy forms a suite of strategies that demonstrate Essex County Council's commitment to delivering upon its corporate vision and priorities with key stakeholders and residents.

There are some 35,455 children and young people identified by schools as having SEND in Essex, representing 17.0% of the schools population. Despite being below the national average of 18.7% it outlines the importance of having a clear strategy for what is a significant vulnerable group within the county, of these:

- Essex has a greater proportion of pupils with Moderate Learning Difficulties (MLDs) as their primary need than identified nationally. In primary schools, 33.0% (20.3%), in secondary schools 33.5% (21.6%) and in special schools 29.7% (17.8%).
- Numbers of pupils with Autism Spectrum Disorder (ASD) in Essex primary schools have risen by 44% since 2008 but remain comparable with England in terms of this being identified as their primary need (7.9% compared to 7.8% across England). For secondary schools the rise is 78%, yet this is still below the England rate. For Special schools Essex has seen a fall in numbers despite a 46% increase nationally.
- Numbers of those with Behaviour, Emotional & Social Difficulties (BESD) have increased consistently across all year groups/key stages in Essex since 2008.
- Essex has seen a 48.8% increase in Severe Learning Difficulties (SLD) pupils in special schools since 2008 compared to 13.5% nationally. SLD pupils account for 33.6% of all pupils in Essex special schools, greater than the national average of 24.7%.

- In spite of rising Speech, Language and Communication Needs (SLCN) pupil numbers in both primary and secondary schools since 2008, Essex remains below the national rate for SLCN pupils¹.

There are currently 17 special schools in Essex, 3 of these are special academies. Special school provision in Essex is organised as follows;

- 9 New Model Special Schools provide for pupils with the most severe needs.
- 7 Community Learning in Partnership (CLiP) Schools provide for pupils with complex needs.
- There is one primary and one secondary behavioural, emotional and social difficulties school (BESD) in Essex providing both day and residential provision.

In January 2013 there were 2122 pupils at Essex special Schools and 2164 places commissioned. Further places have since been commissioned to reflect growth in demand for places meaning there were 2200 commissioned places at the beginning of the autumn term 2013.

There are 304 pupils placed in out of authority schools with another 100 on alternative education provision contracts. In addition there are 651 pupils attending Essex Pupil Referral Units of whom 101 have a statement of special educational need.

While this strategy will ultimately lead to the introduction of new Education, Health and Social Care plans the current situation is that schools initially intervene through School Action and School Action Plus. Where children do not make enough progress despite this intervention, and usually because they have complex/severe needs, then a statutory assessment is requested and undertaken which may result in a special educational needs statement.

Within Essex schools there are currently 6,905 pupils with a Statement of Special Educational Needs – 3.3% of the school population. This is higher than the national average of 2.8%. In 2012 there were 1,020 new statements issued which was the highest number issued by any Local Authority nationally. Furthermore the percentage of these pupils placed in mainstream schools has noticeably reduced from 80.3% to 65.3% in the last two years.

In contrast Essex has the lowest rate of School action pupils in secondary schools among statistical neighbours, 7.7% compared with a national average of 11.2%. Although this rate is falling in line with national comparators it does

¹ Any data used within the report which compares Essex figures to those of Statistical Neighbours or England are taken from the DfE website. Each year a Statistical First Release (SFR) is published that uses data collected from the January Schools Census and SEN2 Statutory Return. These are always titled 'Special education needs in England'. Any data that drills down into only Essex pupils is taken from January Schools Census files held by Essex County Council.

point to the fact that more could be done to intervene before a statement is required. School Action Plus rates broadly in line with national averages.

From an attainment perspective School Action pupils in Essex performed below the national average in all key stages. There were only a few exceptions to this – KS1 Maths and KS4 5+ A*-C including English & Maths. School Action Plus pupils performed considerably below the national averages in all key stages and in the case of KS1 Writing, some 13% below. However pupils with a statement in Essex tend to perform slightly better than their national counterparts².

In terms of post 16 transitions (for 2012 leavers) the percentage of Essex students in all SEND categories remaining in full time education is 75.1% which is below the all Essex average of 87%. However by contrast the percentage in work based training is actually 5.2% compared to 1.9%. Finally there are 6.4% of NEETs active in the Labour market from all SEND categories compared with 2.8% across all Essex leavers.

3.2.3 Financial Context

In the current economic climate public services are under financial pressure as almost never before. The recession and the Government's strategy to manage the debt have serious implications for public sector funding. In Essex, we are required to reduce budgets for many essential services over the next four years.

These financial constraints require us to reduce bureaucracy and increase effectiveness to ensure that provision targets children and young people to best effect.

From 1st April 2013 the Government changed the way in which all schools, including academies are funded for SEN provision. The intention of this funding reform was to:

- achieve maximum delegation of funding to schools;
- simplify the way local authorities and the Education Funding Agency (EFA) fund schools and academies so that it is more consistent and better focused on the needs of pupils;
- create greater consistency between local funding formulae (possibly as a prelude to the introduction of a national funding formula for all schools).

Each year the County Council receives a Dedicated Schools Grant (£958M at 2013-14) from Government which provides the overwhelming majority of funding for all schools.

- This grant comprises three blocks;

² DfE Pupil Characteristic Releases 2012

- The Schools Block (circa £790M)
- The High Needs Block (circa £112M)
- The Early Years Block (circa £56M)

As a result of the Government funding reform, mainstream schools now receive funding for pupils with special and additional educational needs from two sources. The majority of funding is delegated to schools from the Schools Block with 'top up' funding for individual pupils with high level, low incidence SEN provided via the High Needs block.

From April 2013 the County Council delegates to mainstream schools the first £6,000 of support for all pupils with special educational needs from the Schools Block through its normal funding formula. This is in addition to the basic Key Stage funding (estimated to be around £4,000) allocated per pupil.

Mainstream schools are required to fund the first £6,000 of provision identified for each child with a statement of special educational needs that is over and above what a school would reasonably be expected to meet from their Key Stage funding. Any additional cost over £6,000 is provided to the school by the County Council from the High Needs Block. Where the child is not resident in Essex, any top-up funding is provided by the home authority.

All mainstream schools including academies are expected to use their delegated budget to deliver high quality outcomes for all children including those with Special Educational Needs or Disability.

Special schools including special academies are funded at £10,000 per pupil place from the High Needs Block (being the equivalent of the £6,000 per pupil delegated to mainstream schools plus the equivalent Key Stage funding).

Almost £26M of the High Needs Block is used to support a relatively small number of children placed in independent schools and contracted alternative provision.

A small sum of around £600,000 is used from the Early Years block to support SEN.

4 Our priorities and how we developed them

We will deliver the SEND Strategy through 4 key priorities outlined on the following pages. These priorities and their underpinning delivery objectives have been informed by extensive consultation and co-production. This consultation engaged with as many key stakeholders as possible and to obtain their views on the future delivery of SEND, this included:

- An online consultation involving parents, families and carers as well as school and other public service employees, which received around 1,000 responses.
- A discussion workbook used with young people aged 7 years and older with special educational needs and/or disability who live in Essex, 59 children and young people gave their views in seven groups at two primary schools, two secondary schools, a special school and a special needs youth group.
- A number of events with targeted audience groups including Early Years Providers, key NHS staff, Special School Headteachers, Primary headteachers and a Governor advisory group
- Four SEND engagement days were held across the county. Attendees included parents, families and carers, school governors, head teachers, SENCOs, charities, voluntary organisations, elected members, social care and health professionals as well as local authority officers from the county council. These built upon previous consultation findings to further develop the priorities and delivery objectives.

Once a draft strategy had been produced informed by the above consultation activity, engagement with subject matter experts and analysis of best practice across the sector we ran an extensive communications campaign. This campaign circulated a draft of the strategy to groups of stakeholders and invited any final comments.

This is important because:

Where schools offer good or outstanding provision; children and young people with SEND can be supported to achieve their ambitions and make good progress. Essex and national data shows us that a significant number of children and young people with SEND do not make good progress; reach their potential and are not well prepared for the next stages of their lives. Essex families would like to work closely with their schools to achieve the best outcomes for children and young people and feel strongly that increased awareness and joint training around SEND issues would make a significant positive difference.

Our delivery objectives:

- Schools and settings to provide early, accurate and timely assessment for children with SEND, through well trained staff, where appropriate before children reach school – keeping to a minimum, delays between referral and action.
- Provide a more rapid and decisive response to school failure and underperformance **(LLS 2013-18)³**.
- Recruit, develop and retain teams of expert and experienced governors and leaders to support schools to improve practice and outcomes for children and young people with SEND **(LLS 2013-18)³**.
- Empower parents, families, young people and carers to understand and positively engage in the Essex education system **(LLS 2013-18)³**.
- Develop a clear strategy and action plan that will reduce the inequalities in outcomes for children and young people on the School Action Plus register at Key Stage 2 and 4.
- Continue to work closely with the specialist SEND sector (special schools and enhanced units) to strengthen their leading role in developing school to school SEND improvement mechanisms.
- Support schools to develop the way in which they contribute and enhance the Essex Local Offer through developing an effective range of in-class and additional interventions and strategies which support.

- Support schools to achieve excellent partnerships with a wide range of schools, services and agencies to in order to drive up the quality of the local offer for children and young people with SEND.
- Focus on improving the way in which schools use the resources available to them; maximising the positive impact of SEND funding and Pupil Premium Grant on pupil achievement.

Our success measure:

- Every school and education setting is rated either good or outstanding.
- Essex SEND achievement and progress measures (all key stages) exceed national averages and close the gap locally.
- A greater number of schools demonstrate rapid and sustained improvement, for children and young people with SEND.
- Improved attendance rates for children and young people with SEND.
- Reduced permanent and fixed term exclusions for pupils with SEND.
- Parents express an improved level of confidence with provision for SEND in mainstream schools.

“Support has changed me, made me more confident” (Student with SEND)

“The support we have had from the Specialist Teacher Team in Colchester has been first class” (Parent of Pupil with SEND)

“Promoting inclusion in mainstream schools is really important and is helped by therapy intervention\multi-disciplinary teams talking to one another” (School Employee)

³ Delivery objective taken from the Lifelong learning Strategy

Priority 2 Commission/deliver a range of high quality provision for all children and young people with SEND

This is important because:

Individuals should be able to access a range of high quality services when required to meet a wide and varied range of needs. Essex Partners will seek to develop SEND Provision in consultation with, and in collaboration with, its customers, recognising the challenges imposed by financial constraints in times of austerity and the need to be opportunistic and flexible in their approach.

Our delivery objectives:

- Develop and publish a 'Local Offer' articulating the totality of provision and services.
- Work collaboratively with health, early years providers and other partners to provide or jointly commission a continuum of provision for SEND.
- Increase the amount of specialist provision available and consider the potential delivery options.
- Develop a method of geographical forecasting to ensure sufficient special school places are available to meet current and predicted future needs in County.
- Ensure quality and accountable commissioned services through good contract management and regular review and evaluation to facilitate evidenced based interventions.
- Commission a range of specialist provision for those aged 0-25 years with acute or high-level low-incidence needs.
- Establish additional enhanced provision and outreach support for pupils of mainstream ability with low incidence high level needs e.g. those with ASD Autistic Spectrum Disorders.
- Commission early intervention and early support services that are targeted on priority areas of need.
- Access to universal support services in order to intervene early.

Our success measures:

- The local offer is published in accordance with legislative guidance and articulates the range of provision available.
- Increase the range and number of specialist provision places available particularly for pupils with ASD.
- Reduction in the number of pupils placed in independent out of county schools.



"People who drop behind should get help quickly so they catch up again with no delay" (Student with SEN)

"Children with Autism are often high functioning with totally different needs and get badly let down by the system" (Parent of pupil with SEND)

"Why does Essex not look at providing more suitable education settings, and increase the number of places available? Let's look at how we can help these children to thrive in suitable settings." (School Employee)

Priority 3 Ensure a smooth progression to adulthood for all young people with SEND

This is important because:

A focus on a smooth transition through life stages and into adulthood can support the achievement the best possible outcomes for each young person and maximise their independence, choice and control as they enter adulthood. Essex County Council and its partners are committed to work together to overcome obstacles and join up services in order to achieve this aim.

Our delivery objectives:

- Ensure appropriate assessment and plans are in place and these address the young person's needs, ambitions and circumstances.
- Engage and involve a range of partners, young people and their families in the coproduction of information sources and appropriate plans.
- A range of direct support is available to prepare for independent living and community cohesion.
- Professionals understand their role in transitions and communicate with others promoting and maintaining an open, balanced and consistent approach.
- Promote independence, rights, choice and inclusion for all young people through a person centred approach.
- Provide opportunities for young people to access work experiences, placements, apprenticeships or job coaching.
- Seek continuous improvement of services through regular consultation and feedback.

Our success measures:

- All young people with SEND have their own personalised plan.
- Feedback from young people demonstrates that they receive excellent services.
- The number of young people with SEND aged 16-25 engaged in education, employment and/or training will increase.



"Sometimes I worry about where I will live" (Student with SEND)

"Transition from college to whatever comes next there is a huge gap here" (Parent of pupil with SEND)

"Make sure that all realistic options are known to the students in way that they understand" (School Employee)

Priority 4 Improve the assessment and identification of SEND across agencies

This is important because:

Effective assessments following early identification is the first step in reducing the need for more costly and potentially less successful provision later on. This is both in terms of statutory assessment and also prior to this assessments by schools and teachers.

Our delivery objectives:

- Provide all parents, families and carers and service providers in Essex with information, advice and guidance to support assessment, referral and early intervention.
- Pilot and roll out an approach for a single plan covering complex or severe educational, health and social care needs for children and young people.
- Ensure that assessment processes and services are user friendly, easily accessible (online where appropriate), well communicated and that they meet legislative requirements.
- Ensure the regular review of statutory assessment processes especially when circumstances or legislation change.
- Review and develop decision making processes in relation to statutory assessment and resource allocation based on clear and consistent criteria, efficient referral mechanisms and pathways.

Our success measures:

- Assessments demonstrate that interventions are being made in a timely, effective and efficient manner which maximise outcomes.
- The number of early years pupils transferring to mainstream provision increases.
- Surveys demonstrate that parents, families and carers feel they have the right information, advice and guidance
- Reduction in the number of complaints regarding the assessment process.



"I struggle and my teaching assistant helps me, so I'm not left behind"
(Student with SEND)

"Make sure statutory assessment is carried out as soon as it becomes clear they are not making progress" (Parent of pupil with SEND)

"Ensure schools have full time SENCO's ; full time SENCO's in schools would be a huge benefit to children who are not progressing" (School Employee)

Glossary of terms

TBC

		AGENDA ITEM 6
		PAF/11/13
Committee:	People and Families Scrutiny Committee	
Date:	14 November 2013	
<u>Essex Sensory Service Review</u>		
Enquiries to:	Maria Warren Senior Strategic Commissioning Officer Adults Health & Community Wellbeing 01245 434487 maria.warren@essex.gov.uk	

The sensory service has been established to provide a joined-up inclusive / integrated service to support adults with a sensory impairment (Vision, Hearing or Dual impairment).

The purpose of support is to enable people to adapt to new life changing events of a sensory loss and to maintain their place in the local community; to empower people to do more for themselves within their local community, while ensuring vulnerable people are safeguarded.

The service must:

MUST	HOW
Prevent or delay people developing social care needs through the use of low level support.	Information advice and guidance Equipment Peer support and community networks Community Agents What about advocacy Signposting
Support people to recover or develop their own skills and knowledge where such needs have emerged to gain confidence / empower them	Rehabilitation Enablement Equipment
Where long term support is required enable people to determine the service that best meet their outcomes. (support planning)	Care assessment (statutory duty S.47 NHS Care Assessment)

The future sensory service delivery model is an integrated pathway which people can access mainstream universal and / or voluntary sector services irrespective of the initial contact point, without a need for formal interventions by Adult Social Care, unless otherwise indicated.

Phase 1 (February 2013 – May 2013)

A number of engagement opportunities took place to consult with citizens with a sensory impairment, their carer's, provider organisations and stakeholders. The focus of these activities was to improve our understanding of the issues arising from the current pathway.

Service User engagement workshops discussed areas of point of diagnosis, registration, skills and sensory awareness of ECC staff and Essex Cares Staff and their experience of accessing Adult Social Care. The outcome of which provided a detailed list of short term quick wins to improve the current 'as is' pathway.

Completed Milestones:

- As-Is Mapping of the current service pathway
- Analysis of practice in-house and nationally
- Analysis of current and future demand profiling
- Engagement with Health to source leads and contact points
- Completion of direct engagement with Essex service users and provider organisations
- Co-ordination of a virtual task and finish group to access the short term quick fixes

Phase 2 (June – December 2013)

Service Requirement

Phase 2 continues to incorporate close working with all stakeholders to develop and co-produce the 'to be' pathway post June 2014. Initial co-production meetings with internal stakeholders to discuss the service requirements took place during August. A first draft will be issued to stakeholders for comment with a final service requirements document ready/signed off by end October 2013.

Consortia Model

During July/August 2013 officers undertook a series of developmental meetings with the voluntary sector, Essex Cares Ltd and the Sensory Team to understand their level of interest in principal to support a joint venture model. This model may include either one lead provider, subcontracting to providers of specialist services or a consortia model of equal partners providing specialist services covering all 4 sensory impairments (this is the preferred option). These meetings were held with all the current grant funded providers for sensory services plus the provider of spot purchased communication guides and the equipment/rehabilitation provider being:

RAD	About Me Care (Deafblind UK)
Support for Sight	Basis (Pavis)
Pathfinders	Essex Blind Charity

Initial meetings have proven positive with providers being strongly interested in supporting a joint venture model with an equal partnership approach.

The Programme Director met with the in-house sensory assessment team providing an update on progress and to socialise the joint venture model.

The cabinet member and his deputy have been appraised of the preferred option to work with the voluntary sector and Essex Cares Ltd within a joint venture approach. This was viewed as the most appropriate model, strengthening the voluntary sector in Essex, supporting sustainable communities into the future and ensuring front end early intervention / preventative services.

Next Steps

Once agreed and signed-off by board that this is the preferred model, Commissioners will co-ordinate engagement meetings to facilitate and support providers collectively. It is our intention to support providers through this transitional period allowing them to lead and strengthen their position within the joint venture.

Should the joint venture model cease to be a delivery vehicle option (this will be known by end November 2013) commissioners will need to consider the opportunity of commissioning with a Prime provider (such as Essex Cares Ltd) to deliver the whole sensory service and or for the Prime provider to sub-contract with the specialist voluntary community sector.

During November through to December all parties (which ever model is preferred) will work towards co-producing the new pathway with prevention and early intervention at the fore front of service delivery. Plus ensure that our shared vision, objectives and required outcomes to be achieved are embedded within the new design model.

Timescales:

Work up the service requirements document and have a final copy for sign-off by stakeholders at end October 2013.

November 2013 – Confirmation of preferred delivery vehicle model of a joint venture or Prime provider

November – December 2013, support and facilitate the preferred delivery vehicle model

January – June 2014 shaping/developing and testing the new pathway design.

