

# **Report to Communities Select Committee**

**Date of meeting: 20<sup>th</sup> June 2017**

**Subject:** EFDC Safeguarding Work

**Officer contact for further information:** J Chandler

**Committee Secretary:** Adrian Hendry

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## **Recommendations/Decisions Required:**

**That the Communities Select Committee receives a report on the wide range of safeguarding work that the Council has undertaken, over the last three years that the safeguarding team has been in place.**

## **Report:**

### Background

1. The Council's Safeguarding team has been in existence since May 2014, following initial DDF funding for a fixed period of 2 years, and a subsequent Cabinet decision, to make the posts permanent on the establishment of the Council, through significant budget support from the Housing Revenue Account.
2. Over the last three years, we have seen the importance of the role that safeguarding plays within a range of functions of the council, with a gradual increase, year on year, in the number of safeguarding concerns raised on behalf of children, families, and adults with needs for care and support. Since 2014, the amount of referrals received in the safeguarding team has reached over 600 (involving a total 842 children and adults), ranging from neglect of children, to adults suffering from the effects of hoarding and poor mental health.

### Training provision

3. The training programme that has been provided for our staff across the Council, which has included online and face to face training, has enabled staff to become more proficient at identifying signs of abuse and neglect and more confident in referring cases. Hence, we have been able to be more proactive in addressing concerns and making effective referrals to our statutory and voluntary sector partners, in order to provide the support needed in each case.
4. Apart from the core training delivered to frontline staff and Elected Members, we have also devised specific models of training for delivery to the Council's trades people, as part of their 'Tool Box Talk' sessions and have assisted these staff in their ability to report concerns, by providing a report card, which they can use to tick key things that they have identified in households. To date, these have ranged from hoarding concerns, through to unattended children and poor standards of living conditions.
5. The report cards are submitted to respective line managers, who will then visit the premises on the basis of conducting a works' standard visit and managers then report directly to the safeguarding team for action or further referral to the most appropriate agencies.
6. New training programmes and staff procedures are being devised as needed in respect of new or emerging issues such as hoarding, which has seen around 30 cases referred in the last two years.

7. This work has resulted in a Hoarding group being established in the Council, in order to try and tackle hoarding in a preventative manner, and to address cases of long-term hoarding which can cost Council's hundreds of thousands of pounds to address over a number of years.

#### Types of safeguarding cases referred to Safeguarding

8. As mentioned, hoarding is a very common problem amongst private and Council tenants and as well as costing thousands of pounds to clear people's properties, this can take up a considerable amount of officer time, including the Council's housing teams, environmental health staff and the safeguarding team. Also, if hoarding is not dealt with sensitively, cases in other areas have seen hoarders suffer so greatly that they commit suicide.
9. Poor mental health is prominent in many of the safeguarding cases dealt with on a regular basis by the Council and this can impact on children, neighbours and wider families. Due to the shortages of Social Workers and Mental Health specialists, these particular cases can be very drawn out, due to delays in securing essential assessment by specialists.
10. Neglect is another key concern across the district and forms part of most safeguarding cases referred. A significant amount of time is expended by the Council's staff in collating information to be forwarded to Social Care and proving local cases, as often referrals are met with resistance if care services have previously or are currently involved with the family.
11. Concerns of mental capacity in older people is also an escalating issue and this has been highlighted by the introduction of the Care Act in 2015. Many cases of self-neglect in older people living in the district have arisen over the last two years, as have cases where older people are actually being abused by family relatives, both in terms of financial and physical abuse. In several cases, this has happened where family members have returned to live with parents following loss of employment and housing.
12. Domestic Abuse, although a category in its' own right, is also a major safeguarding concern across the district. Often a parent will be the subject of abuse, but there is always an effect on any children living within the household and teams across the Council work closely together to support all victims within these cases. Children may also be subject to independent referrals, if their needs are not being met.
13. Over the last two years, there has also been an increase in the number of referrals regarding threats of suicide from tenants and other members of the public. These have been made to a number of staff, but particularly those working in the Benefit's and Council Tax teams and to Planning Officers. To help support staff in dealing with these incidents, a Suicide Protocol and Procedures was devised in 2016, which has been circulated widely across the Council and special staff briefings have been provided.
14. The safeguarding team also receives a very high number of concerns about the welfare and safety of children and young people and these can range from severe cases of neglect, to physical and emotional abuse, or all three, which is not uncommon. In many cases, the Council's involvement is protracted over months rather than days or weeks, and particularly where other agencies do not appear to applying as much tenacity to the case. I have therefore included a short case study as Appendix 1, on a safeguarding case involving a young boy that the team has been actively dealing with over the last two years. The boy was 6 years old when the case was identified by the team.
15. Our staff have also dealt with a number of cases relating to some of the lesser known safeguarding issues such as Modern Slavery and Child Sexual Exploitation, which require swift and effective working with the police. One recent case, which involved both of these serious crimes, resulted in the arrest of several key perpetrators and the intelligence around this case was provided by the Council's anti-social behaviour team.
16. The highest categories of cases identified by the Council are; welfare, neglect, domestic violence, mental health (now the highest) and threat of suicide.

### Case Management

17. In each safeguarding case identified, the Council has a very important role to play in ensuring that people are protected from further harm and this can be a very time consuming and complex area of work.
18. In all cases, the safeguarding team is responsible for identifying, securing and collating all information related to individual cases, from colleagues across the Council. Often, this can include reports from Housing, Benefits and Environment Health, ASB Officers and occasionally other sections such as Fraud Investigation and Planning.
19. Once all relevant information has been collated, this is directed to the responsible agency, which can include Police and Social Care, for formal referral where required, or if support rather than intervention is required, information is passed to other organisations, to work with individuals and families.
20. The recently established West NHS Single Point of Access is used, as a referral for local support, where cases are assessed and effectively addressed by one or more local statutory and voluntary sector agencies.
21. However, in cases where the safeguarding team believe that someone is at imminent risk of significant harm, a call and follow up email will made to the Police or Social Care for urgent action.
22. Once any safeguarding or other information is referred it is then uploaded to the Council's M3 secure database system, which can only be accessed by key staff within the Community Safety/Safeguarding Team.
23. The safeguarding officers will follow up on any safeguarding referrals made, to ensure that action is being taken to prevent any further harm to individuals and to identify whether any remedial action needs to be taken by the Council in the case of housing tenants or private tenants that it is involved with.

### Evolvement of the Safeguarding role of the Council

24. Since the Council established a dedicated safeguarding resource as part of the Community Safety Team, there has been approximately 80% more safeguarding cases identified each year, than previously, and this is due to the provision of training and awareness raising amongst staff across the Council. In addition, the roles of the safeguarding officers and the wider Community Safety Team have evolved significantly, with the need for considerable inventiveness and lateral thinking on a daily and sometimes, hour by hour basis, in order for them to be able to meet the demands of safeguarding, both in terms of complexity of cases and challenges presented.

**Reason for decision:**

N/A

**Options considered and rejected:**

N/A

**Resource implications:**

1.5 FTE staff.

**Legal and Governance Implications:**

The Council is required to fulfil its responsibilities under the Children Act 2004 and the Care Act 2015.

**Safer, Cleaner Greener Implications:** As included within report.

**Consultation Undertaken:** N/A

**Background Papers:** None

**Impact Assessments:** As attached

**Case Study.**

In December 2015, the Council's Safeguarding Team received a call from the father of a local child aged 6, who was being cared for by his ex-partner. The father was concerned for his son's welfare when he saw him, due to his physical condition and behavior and he and the child's mother were involved in an ongoing custody case, he wanted support from the Council in getting his concerns investigated. Based on the information provided at the time, the safeguarding team made a referral to children's Social Care.

**26.02.16** – The Mothers' Social Worker report for court, stated that she was "struggling to improve and maintain home conditions and whilst this doesn't pose an immediate risk, could impact on his health and development if it does not improve".

**16.06.16** - Father advised Safeguarding, that he had received a letter from Social Care stating that his son's Child in Need Plan had been closed, due to lack of engagement by his Mother. The Council chased this up with Social Care and were advised the same.

**14.07.16** - Father rang Safeguarding, to say that he still had concerns that his son was continuing to live in unsanitary conditions and that no-one in Social Care was listening to him. A further safeguarding referral was made to social care, by the Council.

**02.08.16** - The Safeguarding Team chased Social Care and they agreed to re-open the case.

**18.08.16** - A new Social Worker attempted to visit the mother several times at home. Mother made many excuses as to why she couldn't be visited.

**03.10.16** – Mother emailed Social Worker to say she'd moved. Safeguarding believed this to be untrue and expressed concern. Social Worker subsequently gained access to this property but it was believed to be the Grandmother's home and not where the Mother and Child were actually living.

**05.10.16** - Social Worker asked Safeguarding for landlord details for inclusion in another court report. Mother was not registered at the 'new' address – still registered at previous address. Social Worker agreed she felt the Mother and child were living at the original address.

**17.03.17** - Safeguarding received another call from Father re. concerns that Social Care were not doing enough.

**22.03.17** - Social Worker suggested that there was no evidence that the Mother was not living at the 'new' address. Safeguarding therefore sent a range of evidence, which supported the fact that the Mother had been guilty of benefit fraud and perjury, and was still living at original address.

**24.03.17** – Safeguarding made an informal complaint to Social Care Service Manager regarding concerns about how the case was being handled.

**27.03.17** - Confidential information was shared by EFDC with Social Worker for court, which she then shared with the Mother, enabling the Mother to be prepared for court, where she stated that she was now living at another address.

**05.04.17** – The Mother wrote to the Social Worker saying she would now be moving back to the original property.

**28.04.17** - A Council Housing Benefits Officer carried out a visit to the 'original property'. No-one was home, but they reported a foul smell coming from the flat and raised a safeguarding concern. An Environmental Health Officer (EHO) was asked to visit the flat, as it was not a Council property.

**24.05.17** - EHO finally got access to the property. The landlord (a family friend), the Mother and several family members had already spent a couple of hours clearing the property and it was still in a very poor state.

**22.05.17** - Social Worker sent the Safeguarding Team an email thanking them for the Council EHO's quick response and 'working together' to keep the young boy safe.

It was discovered that the Mother had never actually moved out of the original property and had continually lied to Social Care and the Family Court. The boy, who is now 8 years old, has lived in awful conditions for two years and this is believed to have contributed to his poor mental and physical health.