BLACKPOOL SAFEGUARDING ADULTS BOARD Annual Report 2019–2020

CONTENTS

FOREWORD

1. **THE BOARD**
   1.1 Purpose
   1.2 Structure

2. **WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN BLACKPOOL**
   2.1 Population
   2.2 Health and Deprivation
   2.3 Safeguarding Adults s.42 Enquiries

3. **THE ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS**
   3.1 Learning and Development
   3.2 Communications and Engagement
   3.3 Quality Assurance
   3.4 Safeguarding Adult Review

4. **PARTNER ACTIVITY**

5. **BOARD PRIORITIES 2020–2021**

Foreword

This annual report provides a summary of the work undertaken by the Safeguarding Adults Board in Blackpool over the last year.

Of course, the devastating effects of the Covid-19 pandemic have dominated this year. We cannot underestimate the disproportionate affect this crisis has had on the most vulnerable adults and our thoughts are with those that have lost someone and those who have suffered and continue to do so. It is however, incredibly impressive that the agencies that are responsible for safeguarding and protecting our most vulnerable adults have been able to maintain their services and our thoughts and thanks must also be with those professionals that have worked on the front line throughout this crisis, often at great personal risk to themselves.

Adult services in Blackpool, supported by the Council have done everything they can to protect and support people. Blackpool was one of the first Boroughs in the country to ensure that all of our homeless were housed and supported. There was an efficient system of maintaining contact with the elderly and 'shielded' residents with an efficient system to ensure food deliveries were made to those that needed them. This commitment to the most vulnerable was replicated across all agencies and the third sector who played a massive role in protecting and supporting a huge number of people.

Whilst the government made it possible to ease the requirements of the Care Act this was not required in Blackpool where services were maintained at normal levels. There were clearly real issues with protecting those residents in care homes, which is an area that continues to be of concern but thankfully, Blackpool did not see the level of deaths in care homes experienced elsewhere.

There is of course a huge amount of work undertaken, not related directly to the Covid–19 crisis. For instance, preventative work around domestic abuse and neglect. This work is summarised within the report.

Unfortunately, this one major issue overshadows much of the good work that has been undertaken but that is inevitable and will not change for some time. As we move forward, the Safeguarding Board will continue to monitor the work of agencies to ensure the highest possible standards are maintained.

I would just like to thank again all of those that have worked so hard to protect and safeguard adults in these difficult times.

Steve Ashley
Independent Chair

1. THE BOARD

1.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes. An SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which an SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of an SAB. Section 43 (6) acknowledges that two or more local authorities may establish an SAB for their combined geographical area of responsibility. https://www.legislation.gov.uk/ukpga/2014/23/section/43

Six principles set out in the Care Act:

Empowerment	**Prevention**	**Proportionality**
Protection	**Partnership**	**Accountability**

The Board has three core duties under the Care Act 2014:

- Publish a Strategic Plan
- Publish an Annual Report
- Undertake Safeguarding Adults Reviews

1.2 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board is undertaken by the Sub-Groups and the Safeguarding Business Unit. The Business Unit supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire.

2. WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN BLACKPOOL

2.1 Population

The resident population of Blackpool is approximately 139,000. Mid-2018 estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

	Total popula-tion	Males		Females		Age 0-14		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	55,977,178	27,667,942	49.4%	28,309,236	50.6%	10,144,712	18.1%	10,179,253	18.2%
Blackpool	139,305	69,038	49.6%	70,267	50.4%	24,506	17.6%	28,402	20.4%
Source: ONS mid-year population estimates, 2018									

2.2 Blackpool's Health and Deprivation

Health in summary

The health of the people of Blackpool is worse than the England average. Blackpool is the most disadvantaged local authority in England and about 26% (6,855) of children live in low-income families. Life expectancy is one of the key indicators of health in a population and for men in Blackpool it is the lowest in the country, for women it is the second lowest.

Health Inequalities

Life expectancy is 13.6 years lower for men and 9.1 years lower for women in the most deprived areas of Blackpool compared to the least deprived areas.

Adult Health

While people may be living longer, they are spending more years in ill health and the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. Across Blackpool, this burden happens at a much earlier age than in other areas.

Alcohol-related mortality and harm is the highest in the country; the rate of alcohol-related hospital stays is 1,097 per 100,000 population, significantly higher than the national average of 632 per 100,000 and accounts for over 1,500 admissions per year.

Estimated levels of smoking and physical activity are significantly worse than average and approximately two thirds of the population are overweight or obese.

In response to these issues highlighted in the Blackpool JSNA, Public Health have developed the following strategies to address some of these issues:

Blackpool Sexual Health Strategy 2017-2020
Tobacco Free Lancashire Strategy
Blackpool Alcohol Strategy 2016-2019

Mental Health

As well as poor physical health, Blackpool has the highest rate for diagnosed mental health conditions in the country. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems.

There were over 600 hospital admissions for self-harm in 2017-2018, a rate of 466.5 per 100,000 population, two and a half times higher than the national average. Over 22,000 people in Blackpool are diagnosed with depression and over 2,700 have a severe mental illness; prevalence rates significantly higher than national averages. 12% of respondents to a GP patient survey stated they had a long-term mental health problem and claimant rates for benefits for mental and behavioural disorders are the highest in the country.

Suicide rates are significantly higher than the national average, in the period 2015-2017, 51 people took their own lives in Blackpool.

The Public Mental Health Strategy and Action Plan 2016-2019 produced in response to these issues.

Drug Misuse

Drug misuse is a significant cause of premature mortality in the UK, and Blackpool has significantly higher rates of drug users and drug related deaths than the national average. There are an estimated 2,000 opiate and/or crack cocaine users in Blackpool and the rate of 23.5 per 1,000 population is over two and a half times higher than average. The town has the highest rate of drug related deaths in the country, which is over three times higher than the national average; in the period 2016-2018 there were 94 drug related deaths.

There is also evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders and regular use of cannabis or other drugs may also lead to dependence. Hospital admissions due to substance misuse in young people (aged 15-24 years) across Blackpool are the highest in the country with a rate of 329.3 per 100,000; the national average is 87.9. With over 50 admissions per year, there is a generally increasing trend in young people admitted.

These issues are being addressed by, the Health and Wellbeing Board and Public Health, through the development and implementation of the Blackpool Drug Strategy 2017-2020.

2.3 Safeguarding Adults s.42 Enquiries

Safeguarding concerns raised or enquiries that commenced during 2019/20 with the previous year comparison:

	2018/19	2019/20	Comments
Number of individuals involved in safeguarding concerns	627	624	This year sees 3 fewer individuals involved in safeguarding concerns this year (-0.5%)
Number of individuals involved in 'section 42' safeguarding enquiries	302	298	-4 individuals included in the count
Number of individuals involved in 'other' safeguarding enquiries	3	8	+5 individuals included in the count. Changes in the recording process in Mosaic have made it easier for us to differentiate between 'S42' and 'Other' enquiries.
Total number of concerns raised	779	770	
Total number of 'section 42' enquiries	360	322	
Total number of 'other' enquiries	3	8	

Proportion of type of alleged abuse for enquiries concluded in the year with the previous year comparison:

	2018/19	2019/20	Comments
Physical	26.6%	22.5%	Proportions remain similar to those reported last year with the most significant declines in 'physical' and 'neglect/acts of omission' and the most significant increase in 'financial/material' abuse. The majority of abuse related to 'neglect/acts of omission'. The lowest reported type of abuse alleged in concluded enquiries involved 'modern slavery', closely followed by 'sexual exploitation'.
Sexual	3.3%	2.7%	
Psychological	11.3%	12.1%	
Financial/Material	15.3%	19.6%	
Discriminatory	0.2%	0.9%	
Organisational	3.9%	4.7%	
Neglect/Acts of Omission	36.3%	32.8%	
Domestic	1.0%	1.3%	
Sexual Exploitation	0.0%	0.4%	
Modern Slavery	0.2%	0.2%	
Self-Neglect	1.9%	2.7%	

A similar number of safeguarding concerns were raised during 2019/20 in comparison to 2018/19 although slightly fewer progressed into enquiries (46.6% in 2018/19 to 42.9% in 2019/20). Almost a third of concluded enquiries in the year related to neglect/acts of omission and over a fifth to physical abuse; 2018/19 saw similar proportions. During 2019/20, the biggest increase can be seen in those concerns involving financial/material abuse risen from 15.3% to 19.6% of all enquiries concluded in the 12 month period. The majority of concerns, both in 2018/19 and 2019/20 were reported in the alleged victim's home. Reductions were reported in care homes, mental health hospitals and those categorised as 'other'. When looking at the outcome of concluded enquiries, although there is a slight increase in the proportion of cases where the risk has remained, numbers are still low and a higher proportion of cases have had all risk removed as a result of any action that was taken. A similar number of people expressed their desired outcomes (267 last year; 269 this year). A higher proportion went on to have them fully achieved this year; far fewer had them partially achieved and a significantly higher proportion did not have them achieved at all.

Key points:

- Fewer concerns went into enquiries this year
- Small increase in numbers of the cases where action was taken and risk remained, although a more significant increase in those where the risk was completely removed
- Significant increase where desired outcomes were expressed and they were not achieved (10.5% - 25.3%)

3. ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS

3.1 Learning and Development (L&D) Sub-Group (Pan Lancashire)

Learning and Development during this period re-focussed on 2018–2019 priorities to ensure all training was accessible to both the adults and children's workforce, previously courses targeted towards either one. The Lancashire sub-group transitioned to a joint adults and children's group in April 2019 to facilitate this change. Furthermore, in December 2019 the first LSAB/CSAP joint L&D meeting was held to reflect the transition to the new Pan Lancashire multi-agency safeguarding arrangements, now known as the Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP) including the three Adults Boards. Terms of reference, membership and a joint Pan Lancashire training programme was agreed for implementation between April 2020 and July 2020. To facilitate this and to plan for September 2020 onwards, a very positive CSAP training pool was established, and a development day took place in March 2020, a week prior to the Covid -19 lockdown. A new L&D Learning Management System (LMS) continued to be procured which planned to transfer to online by the end of 2019/early 2020. This work is still ongoing with the corporate Systems Upgrade team.

All training courses are now aligned to the core programme and priorities of the LSCB and LSAB. Courses included Attachment, Child Development & Resilience, Bullying, Self-Harm & Suicide, Child Neglect, Domestic Abuse, Emotional Abuse, Fabricated & Induced Illness, Honour Based Abuse & Forced Marriage and Female Genital Mutilation. Mental Care Act for 16 and 17 year olds, Professional Dangerousness, Safeguarding Special Educational Needs & Disabilities children, Safeguarding Young People, Safer Online Behaviour, Exploitation, What Happens When a Child Dies, Supervision Skills for managers, Toxic Trio, Understanding Hostile and Uncooperative Families, and Young People & Drugs. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool.

A number of new courses were developed to meet demand, including learning from reviews and were aligned with business plan priorities. The Families affected by Alcohol course was delivered in July 2019 in partnership with Future Foundations/Addaction. In April 2019, the AftaThought training company was commissioned to deliver briefing sessions to 120 participants covering Adults Safeguarding Legislation Interface.

A suite of materials was developed by the Mental Capacity Act (MCA) sub-group and LSCB partners, following the launch of the MCA Learning and Development plan. The suite of packages were designed to deliver information to the adult workforce including carers and frontline workers. A training package was made available to care homes and external partners to deliver training to staff in house. Two MCA Training for Trainers was delivered to managers to cascade information within their own organisations.

Learning and Development Priorities from 2019–2020 (realigned to 2018-2019)

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all age workforce and throughout the transition to new CSAP arrangements
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Children's Safeguarding Practice Reviews (CSPRs), Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost efficient learning and development opportunities to Lancashire safeguarding practitioners.

3.2 Communications and Engagement Sub-Group (Pan Lancashire)

The Pan Lancashire Communications and Engagement sub-group is a multi-agency group hosted by the Blackburn with Darwen, Blackpool and Lancashire Safeguarding Adults Boards and Children's Safeguarding Assurance Partnership (CSAP). The Terms of Reference, Membership and Strategy were reviewed following changes to children's safeguarding arrangements, and the establishment of CSAP to ensure it still meets requirements of the CSAP and the three Safeguarding Adult Boards.

The Communication and Engagement sub-group operates under the Safeguarding Boards to:

- Co-ordinate the communication and engagement activity of the Boards;
- Agree key safeguarding messages and communicate them effectively through a variety of channels;
- Identify and implement effective methods of engagement with partners, service users and members of the public.

A Pan Lancashire Communication and Engagement strategy was produced and approved at April 2019 Board.

Communication and Engagement Priorities:

- **Learning from Case Reviews**: to ensure key messages from reviews are effectively delivered and changes in practice are evident
- **Service User Engagement**: to ensure service user voice is heard in order to influence service provision and development (Making Safeguarding Personal - MSP)
- **Diverse/Seldom Heard Communities**: to improve engagement with diverse communities to ensure these communities are safeguarded and are aware of key messages
- **Communications Pathway**: to develop a clear pathway and a coordinated approach for all communications across pan-Lancashire to include statutory and non-statutory partners and the public
- **Key Messages**: to prioritise and apply the communication pathway to emerging themes, issues and campaigns

Activity on Priorities:

Learning from Case Reviews

The group had oversight of an ongoing piece of work around "Professional Curiosity" which is a frequent theme arising from case reviews. A task and finish group was established to consider how professional curiosity could be embedded and encouraged in practice to explore how professionals could be further supported. Awareness was raised to encourage practitioners to "think the unthinkable" or "ask the question". Lancashire Constabulary promoted the "Think Child" campaign, which was used successfully as an internal police campaign. The police extended the campaign to "Think Vulnerability" to encompass an all-age approach to recognising vulnerabilities and safeguarding abuse in adults and children.

Diverse/Seldom Heard Communities

There is a large and diverse population residing across pan Lancashire, and due to its vast diversity, it has presented a challenge in identifying a specific areas of focus, in terms of diversity and communication and engagement activity. The Lancashire Quality Assurance and Performance (QAAP) completed an exercise, which presented safeguarding referrals and types of abuse broken down by ethnicity and district. This was to determine if specific abuse

types occur more in certain communities. It was difficult to determine a specific pattern from the data, due to blank entries against ethnicity, data and abuse type.

Communications Pathway

The group agreed a pathway which provided a consistent approach to communicating key safeguarding messages with all stakeholders. The pathway contains:

- Communication types and channels – to assist consideration of appropriate routes and opportunities to sharing key messages
- Stakeholder map – to ensure all key stakeholders are considered
- Communication channel identification template – to consider and set out the methods to use for each message/procedure/campaign/learning
- Communication plan examples – to provide detailed communication brief ahead of delivery

Adult Safeguarding Week

National Safeguarding Adult Week took place from 18th to 24th November 2019. The Ann Craft Trust led the week nationally with a focus on five key themes: Modern Day Slavery; Domestic Abuse; Self-Neglect; Transforming Care; and Safeguarding in Sport and Activity. The sub-group agreed that to support the week and release messages and resources focused on Modern Slavery, Domestic Abuse and Self-Neglect.

A communication brief was released to all partners to share consistent key messages, resources and guidance on the above themes throughout the week. Residential and Domiciliary Care providers were contacted and encouraged to take part by raising awareness with staff and residents within their settings.

Campaigns promoted during 2019-2020

- Safeguarding Awareness Week - November 2019
- Self-neglect Framework Launch - April 19
- Financial Abuse - April 2019
- Prevent Awareness - ongoing (during reporting period)
- Online Abuse - ongoing (during reporting period)

3.3 Quality Assurance and Performance Management (QAPM) Sub-Group

The QAPM Audit process collected information from Safeguarding Adult Board (SAB) Partners through QAPM returns bi-annually. Submissions were received from various partner agencies which were varied in terms of their quality and content. Most submissions contained information about the key priorities of each organisation including the challenges and barriers faced by agencies.

Factors identified during this process included, waiting list pressures, rigid criteria of thresholds, funding concerns, lack of service flexibility, complexity of service user needs and poor inter-service communication. These factors had all adversely impacted on organisations and their ability to support service users consistently and without relapses. There was evidence to support the need for greater flexibility of services and clearer escalation protocols were suitable and realistic future targets.

Plans were seen as important in a wider sense to provide a clear identity and rationale for each organisation but often a more bespoke and flexible form of service was required. This was to meet the needs of the most vulnerable in society, who often lack the capacity to cope without regular access to services. There were inevitably areas of crossover between various agencies which could be improved with better links and communication with duplication kept

to a minimum. The sub-group aimed to focus on vulnerability at lower than current threshold levels to avoid the most vulnerable being missed alongside a focus on promotion of training on priority issues that included financial abuse, domestic abuse and vulnerability of older people.

3.4 Safeguarding Adult Review (SAR) Sub-Group

During the reporting period 2019/20, cases for consideration by the SAR sub-group included:

Adult AB
Had complex mental health needs, moved to Blackpool from another area following a period in care, had been released into the community under a Community Treatment Order (CTO). Despite concerns from Adult Social Care, AB's psychiatrist had agreed to remove the CTO at their request. AB subsequently suffered significant deterioration in mental health, refused medication and became known to the police. The sub-group agreed that the case did not meet the criteria for an SAR, and it was evident that agencies worked together but there was potential learning from the handling of the case. In particular processes for escalation of concerns relating to individuals under psychiatric care.

Adult AC
Had a history of drug misuse and was severely obese. Adult AC was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and had a history of losing consciousness. Children were removed from AC's care by Blackpool Children's Social Care (CSC), and this was partly due to AC's chaotic lifestyle and concerns regarding their housing. AC had engaged sporadically with Horizon drug and alcohol services. The sub-group agreed that based on the information provided, although AC had died, partners did not suspect that this had been the result of abuse or neglect caused by agencies and decided not to conduct a Safeguarding Adults Review.

Adult AD
Had been a substance user since 2014 and had reported differing accounts of her drug use to different agencies. Adult AD, was prescribed drugs to treat anxiety and had been prescribed a large number of other drugs to address a variety of health concerns, including asthma. Adult AD, was found dead and the cause of death had been identified as a toxic death due to a mixture of drugs. Adult AD had been accessing Horizon drug services and positive progress was noted. The sub-group agreed that based on the information provided although Adult AC had died, partners did not suspect that this had been the result of abuse or neglect caused by agencies and decided not to conduct a Safeguarding Adults Review.

Adult AE
Had been in foster care in Trafford before moving to Blackpool with his parents. He had remained the responsibility of Trafford. At the time of his death, AE weighed 22 stone and was considered severely obese who had experienced longstanding issues with controlling his diet. Adult AE suffered from asthma, incontinence and global developmental delay who had died aged 19. Partners confirmed AE had a history of engaging in voluntary work both in Trafford and in Blackpool. The sub-group decided to conduct a Safeguarding Adults Review as failed processes were identified in some partner agencies. The SAR sub-group highlighted the need for clear processes evident from differing transition of services and transfers from other area processes in Local Authorities when a young person relocates. A SAR has been commissioned for this case and the details of the key learning points from the review will be included in the next annual report.

4. PARTNER ACTIVITY

Lancashire Constabulary

The role and purpose of Lancashire Constabulary is to protect the public. Adult safeguarding is driven by the Safeguarding – Investigation – Prevention (S.I.P) mantra. This drives Lancashire Constabulary's vulnerability strategy and action plans which prioritise the areas of business for the police. Lancashire Constabulary plays a lead role in the Adult Safeguarding Board membership and continues to share and drive the priorities such as Domestic Abuse, in conjunction with partners. All staff have received vulnerability training within the last two years who have responsibility for identifying and responding appropriately to those most vulnerable in communities. Lancashire Constabulary provide both an immediate response resource for those adults identified at risk and undertakes a pro-active role through neighbourhood community activity, in preventing harm and promoting the welfare of individuals. A core function of identifying and responding to risk and harm is paramount in all areas of safeguarding within Lancashire Constabulary.

The Constabulary continue to raise awareness of vulnerability and safeguarding through various channels. Campaigns were planned and run in collaboration with partners, to raise awareness and deliver key messages with the aim of protecting people from harm and ensuring safeguarding is everybody's business. Some examples include:

Fraud: The Constabulary has made the public aware of C19 related Scams, which have been in circulation. Social media, local press and community magazines are being utilised.

Mental Health: Promoting the use of AMPARO bereavement support, which Covid-19 now available across all of Lancashire from the1 April 2020. This is a listening ear service for those affected by suicide, recognising the increase risk posed to those affected by suicide.

Domestic Homicide Reviews: Learning in relation to Domestic Abuse (DA) and Mental Health (MH). This area of learning has been included within the Force DA action plan and activity undertaken via an internal blog and Vulnerability Coaches, plus training to all staff

Pan Lancashire Anti-Slavery Partnership: Numerous public facing events and awareness raising sessions have taken place. Alongside this there have been a number of "Constabulary Operations" covering areas such as sexual exploitation; criminal exploitation; labour exploitation and fraud.

Key Achievements in 2019–2020

- **Fraud -** All community safety officers have received training in identifying and responding to victims of fraud. A weekly activity in conjunction with Action Fraud is prioritised to offer face-to-face contact and advice/support to the public to this increasingly sophisticated area of demand.
- **Vulnerability Coaches -** The Constabulary has invested in additional training and coaching for a cohort of approximately 150 Vulnerability Coaches. The Coaches are a group of staff from all areas of business who have volunteered to become peer support within their teams. This is for advice and support and to deliver key messages and support campaigns across the Force in line with Force vulnerability related priorities.
- **Domestic Abuse-Operation Encompass -** Op Encompass has assisted in a shift in focus from concentrating on individual incidents to longer-term family focused solutions to harm identified. Referrals are continuing to improve in terms of compliance and consent, resulting in improvements in effective safeguarding for children and adults. The ongoing Multi-Agency Risk Assessment Conference (MARAC) review is continuing to develop a pilot that will incorporate a holistic response to high-risk victims and perpetrators.

- **Stalking or Harassment -** Stalking or Harassment Protection Orders were introduced in January 2020, the Force undertook a detailed launch and has been successful in obtaining two orders to date.

Lancashire and South Cumbria Clinical Commissioning Groups (CCG)

Lancashire and South Cumbria CCGs have a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults to protect them from abuse or the risk of abuse. The CCG's are required to take account of the principles within the Mental Capacity Act and to ensure that health providers from whom they commissions services have comprehensive policies relating to the application of MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (2009).

As commissioners of local health services CCGs are required to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place; including independent providers and voluntary, community and faith sector, to ensure that all service users are protected from abuse and the risk of abuse.

The CCGs need to demonstrate that their Designated Lead Professionals for Adults, Children and Children in Care are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking, practice development and continuous safeguarding improvement.

Designated Lead Professionals for Safeguarding are experts within the field and strategic leaders. They are integral in all parts of the CCGs commissioning cycle, from procurement to quality assurance and in the delivery, development, and review of services to ensure that the views and wishes of adults and children are clearly sought and respected.

Key Achievements in 2019–2020

- Introduction of a new safeguarding model to support Integrated Care System leadership, including the implementation of health governance arrangements, which take into account the legislative requirements for safeguarding and the changing health landscape and how we deliver services.
- Development of a Memorandum of Understanding (MOU) across the CCGs to support a clinical collaborative network approach to safeguarding. The aim is to increase resilience and strengthen the role of the designated lead professionals to support greater flexibility to meet service development initiatives. The designated lead professionals work together as one safeguarding network to deliver safeguarding functions in a hub and spoke arrangement across the Integrated Care System/ Integrated Care Partnerships.
- Implemented service development task group to strengthen arrangements for the monitoring and quality assurance of placements for individuals placed in Continuing Health Care funded settings out of area.
- Provision of safeguarding system leadership to support and promote learning from Safeguarding Adult Reviews and Domestic Homicide Reviews, with a targeted response to service development. This includes the development of safeguarding champion models across the regulated care sector, domiciliary care and primary care, along with creative approaches to learning including use of communications and technology to make learning accessible to all.

Healthwatch Blackpool

Healthwatch Blackpool (HWB) are the independent voice for health and social care service users. We work with the public to hear views in relation to services that operate locally. We work with our local authority, Care Quality Commission (CQC), public health and CCG to pass on concerns. We will refer those who are at risk of harm, concerns of those at risk of harm to Safeguarding Adults Team/Children's Team at Blackpool Council. Healthwatch Blackpool have maintained a great relationship with key statutory organisations locally including ASC, Public Health and the CQC. A good relationship with the CQC enables feedback received from service users to be shared. Healthwatch Blackpool have worked with the Empowerment advocacy service to highlight the importance of intelligence and sharing information. Healthwatch staff have completed Blackpool Safeguarding Training, alongside annual organisational safeguarding training and have three designated safeguarding leads we can discuss concerns with.

The organisation produce monthly safeguarding briefs. HWB are transparent in their approach and ensure the individual concerned is aware of the issues, where possible consenting for information to be shared. Although, HWB is not a support service, where appropriate have signposted and or completed a post referral welfare call.

Healthwatch listen to local community voices independently. Visits are made to local care homes, GP surgeries, hospitals and reports are produced to emphasise the voice of those in receipt of services. We provide an observational piece and reflections on experience, which is shared. We offer support to our community who have feedback around services. We offer support to those who may need support in accessing services locally. Healthwatch are accessible via telephone and email and often carry out 'have your say' events. We complete 'place' assessments of the care environment, with an emphasis on customer experience and share feedback directly as a 'critical friend'. We complete surveys and projects based on themes locally. We do this in the hope of learning lessons together and identifying public concerns that may require attention.

During the period of 19/20, Healthwatch Blackpool completed a project hearing the voices of Syrian families who had resettled in Blackpool under the 2016 resettlement scheme.

Participant A stated that she 'has struggles with her health, I speak out and nothing happens. If they don't help me I will kill myself. If it wasn't for my religion, I would have done it before'.

HWB had a long discussion with a very upset A, who consented to a safeguarding referral and referral to local services. A was referred to health complaints advocacy and A experience was presented in HWB report on resettling and health shared with stakeholders, including the CCG and adult social care.

HWB discussed concerns with LCC resettlement team and shared report with the Home Office. 2020 has seen the introduction of a new service supporting service navigation and complaints advocacy for those resettling in Lancashire.

A health complaints advocate is supporting the family to navigate official complaint channels.

Lancashire and South Cumbria Foundation Trust (LSCFT)

LSCFT provide health and wellbeing services across Lancashire and South Cumbria including:

- Secondary mental health services
- Perinatal mental health services
- Forensic services including low and medium secure care
- Inpatient child and adolescent mental health services
- Physical health and wellbeing services.

The Trust has a Safeguarding Vision that aligns the national and key local priorities to improve safeguarding outcomes in LSCFT. It provides a framework to base measurements and assurances of safeguarding practice and describes plans to have robust safeguarding arrangements across the Organisation that are integrated into the delivery of the care. This vision aims to embed safeguarding at the heart of everything we do; ensure that the Trust, via the Safeguarding Team, we have effective safeguarding and accountability structures; ensure we promote learning through experience; develop competence, knowledge and a skill base in safeguarding and MCA across the Trust; and engage with the service users and patients in strengthening participation in line with Making Safeguarding Personal.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Vision and through analysis of the impact of delivery of the six core priority areas, triangulating this with dissemination of learning from SARs and DHRs.

LSCFT have strengthened safeguarding practice and systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities, seeing improvement in the quality of Section 42 referrals which in turn provides clarity and feedback from initial triage and application of the “threshold” document. We have made significant progress in raising awareness to Domestic Abuse and embedding routine enquiry wider into clinical practice. We have engaged with multi agency partners to deliver a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC as well as supported the MARAC redesign.

LSCFT hosted a successful Safeguarding Conference. The focus was on safeguarding and relationships at a professional, personal and harmful level. Guest speakers inspired and reminded us we must respond by working together, to offer protection and support to the vulnerable people. The most memorable parts were listening to survivor’s accounts of domestic abuse and also criminal exploitation. We were privileged to hear their moving and difficult stories and how services can support. This has had a direct impact on our approach to Domestic Abuse.

LSCFT have raised the profile of contextual safeguarding, trauma-informed care and Think Family. The safeguarding team a strong clinical presence in teams, attending MDT/CPA meetings to support community teams and the wards with complex cases requiring input from safeguarding and may require safeguards in the community and on discharge.

National Probation Service (NPS)

The NPS protects the public by working with service users to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of service users who have the potential to do harm. The NPS has a remit to be involved with victims of serious sexual and other violent crimes. NPS completed all Court assessments and pre-sentence reports as well as the management of all Approved Premises.

The NPS share information and work with the SABs and other agencies including local authorities and health services, and contributes to local Multi-Agency Public Protection

Arrangements (MAPPA) procedures to help reduce the reoffending behaviour of sexual and violent service users, to protect the public and previous victims from serious harm.

Key Achievements in 2019–2020

- Strong focus on completion of mandatory Adult Safeguarding training both eLearning and classroom until Covid-19 arrived (eLearning remains a focus at the current time).
- At a strategic level, the NPS Health and Social Care lead is meeting regularly with the Association of Directors for Adult Services to aim to improve the interface between the two organisations.
- Dedicated Multi-Agency Risk Assessment Conference (MARAC) practitioners providing support to colleagues and representing NPS at MARAC meetings.
- Audit work to check on NPS engagement with Boards and sub-groups to ensure appropriate representation in all relevant forums.
- As an organisation with Autism re-accreditation, have continued our work in this area

North West Ambulance Service (NWAS)

The NWAS Safeguarding Annual Report provides an overview of safeguarding activity for NWAS during 2019-2020 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has continued to rise in 2019-2020, and a number of improvement projects were identified to ensure continuing safeguarding demand was met.

Key Achievements in 2019–2020

- **Safeguarding Training**: The publication of the child and adult intercollegiate document, made some recommendations of the required levels of safeguarding training. This document reviewed, all Paramedic Emergency Service (PES) patient facing staff being trained to level 3 safeguarding. In addition, staff identified on the Training Needs Analysis (TNA) as requiring level 3 safeguarding training who will continue to receive this training. Level 2 training is overseen by the Learning and Development Team who work closely with the Safeguarding Team. A bespoke safeguarding training session is in development.
- **Safeguarding case reviews**: The Safeguarding Team continue to be involved in serious case reviews, safeguarding adult reviews and domestic homicide reviews. NWAS has particular learning in relation to concealed and denied pregnancy, incorporated into the level 3 safeguarding training.
- **Safeguarding Assurance Framework:** Submitted to the Commissioners and evidence requests received was being worked on to support the assurance framework.
- **Project emerald** is the title of the safeguarding innovation project, to introduce a new safeguarding platform for recording safeguarding concerns and will replace the current Eriss system.

Cumbria and Lancashire Community Rehabilitation Company (CLCRC)

CLCRC are represented on the Lancashire, Blackpool and Blackburn with Darwen Safeguarding Adults Boards by Deputy Directors, to help protect adults with care and support needs to ensure that local safeguarding is operationally understood and adhered to and work with partners to prevent abuse, harm and neglect.

CLCRC works with both service users and victims. Vulnerable Adults (VAs) could be part of the caseload or could be the dependents or associates of those individuals. CLCRC staff will generally undertake the role of 'Alerter', identifying a potential threat to a VA. However, staff should also be responsible to local authority enquiries under the section 42 duty as required by the Care Act 2014. The concerns were reported and resolved in multi-agency partnership with local authority policy and procedures and police action if appropriate.

CLCRC is aware that the identification and protection of VAs is core to their work. This is due to the nature of probation business as a statutory agency and in partnership in the community. All people are entitled to a life without exploitation or abuse. Therefore, the following principles will apply: CLCRC will work with other agencies in the protection of vulnerable adults from abuse. CLCRC have safe recruitment practices to help to protect vulnerable people from those in a position to exploit them, and have policies that enable staff protection if they report abuse in their organisation. At all times, CLCRC staff must engage fully and openly with professionals from other agencies when dealing with a vulnerable adult.

Actions from the safeguarding plan incorporated into the sentence and risk management plan completed by CLCRC. Consideration given to whether the safeguarding issue warrants a risk escalation to the National Probation Service (NPS). This is because CLCRC work with service users assessed as presenting low and medium risk of serious harm and any assessed increase in too high or very high risk of serious harm must be referred to the NPS.

NHS England and NHS Improvement (North West)

NHSE/I has responsibility for oversight of the safeguarding system in health. Working alongside the Designated Safeguarding Leads NHSE/I:

- Disseminates national policy on behalf of both NHS England and NHS Improvement across the system
- Convenes a regular safeguarding network and escalates significant issues with potential system-wide relevance - such as significant issues from serious case reviews, safeguarding adult reviews, domestic homicide reviews, and other statutory processes that may require a national resolution
- Ensures effective arrangements are in place across the local NHS system to discharge safeguarding duties such as information sharing, sharing best practice and embedding learning from incidents, as well as leading and defining improvement in safeguarding practice at a local level
- Ensures effective systems are in place for responding to incidents of abuse and neglect of children and adults, to ensure that timely and appropriate referrals are made
- Ensures both NHS England and NHS Improvement staff are appropriately trained, supervised and competent to carry out their safeguarding responsibilities
- Ensures safeguarding expertise is provided to support Clinical Commissioning Groups (CCGs) assurance processes
- Ensures that provision is made for specialist safeguarding advice to NHS England commissioners, working with Designated Professionals as appropriate, to support them in commissioning services and monitoring contractors' performance, and ensuring compliance with safeguarding statutory duties and the Mental Capacity Act

NHS E/I has supported the Lancashire and South Cumbria Safeguarding Integrated Care System (ICS) network in the development of a transformational model of safeguarding across the ICS. There is a clear commitment to a combined adult and children system wide approach to safeguarding across the ICS. The benefits of such an integrated approach to strategic safeguarding arrangements and leadership are:

- There will be greater consistency in the delivery of statutory functions across the ICS improving resilience across the system and safeguarding networks whilst enabling the development of a sustainable and flexible safeguarding model.
- The development of a transformational model provides an opportunity to consider new ways of delivering the functions of the designated role across the ICS to maximise system expertise, ensuring collaboration and avoiding duplication of effort and resource.

Lancashire Fire and Rescue Service (LFRS)

LFRS as an Emergency Service, we identify potential safeguarding concerns when attending fire incidents or carrying out Home Fire Safety Check visits. We do not support service users and carers individually but work with multi-agency partners on self-neglect cases etc.

Key Achievements in 2019–2020

- Awareness of safeguarding and our internal procedures increased to all LFRS staff
- Checks within LFRS completed on all referrals made to monitor quality
- Commitment from LFRS Senior Managers and the Combined Fire Authority (Governing Body) re Safeguarding and quarterly reports presented to Strategic Boards for reporting purposes
- A new prompt poster, called 'Safeguarding ABCDE' produced and shared in various ways across the Service. ABCDE poster also shared with Safeguarding Boards and with all other fire and rescue services via the national body - National Fire Chiefs Council (NFCC)

Blackpool Council – Adult Social Care

Adult Social Care (ASC) follow the responsibilities accorded to them under the Care Act 2014. This includes staff acting as Safeguarding Leads for enquiries made under s42 of the Care Act, and in turn working with partners where requested to make enquiries in relation to specific referrals.

Key Achievements in 2019–2020 include:

- ASC dealt with 770 concerns raised
- ASC managed 298 safeguarding enquiries under s42 of the Care Act
- ASC concluded 352 s42 enquiries in year
- In 93.1% of cases, the outcomes where risk was either removed or reduced

Safeguarding is a core component of the work that ASC undertakes, so do not need to raise awareness of the service. ASC do of course offer guidance, training opportunities, experience and involvement in s42 enquiries. Service user engagement has been achieved through the application of Making Safeguarding Personal, putting the service user and their significant others the centre of the process. As part of the process safeguarding lead check out and record their desired outcomes where they are able to do so.

Adult Social Care priorities for 2020-2021 include:

- To continue to manage all concerns in a timely fashion
- To ensure that ASC continue our work with partner agencies as part of the process. ASC will regularly provide Safeguarding Adult Lead meetings
- To ensure practice remains up to date, good practice is shared, and any systemic issues are identified and dealt with and to further improve the ASC audit process and embed it into practice

Blackpool Coastal Housing (BCH)

BCH identify any safeguarding concerns that relate to their tenants, and those who may not "be known" to other partner agencies. This is particularly for those safeguarding issues, which become apparent from visiting homes to undertake repairs or respond to anti-social behaviour incidents.

Key Achievements in 2019–2020

- Several injunctions were obtained for tenants suffering from domestic violence
- Continued work with Children Services on leaving care provision to reduce future cases for Adult Services
- Continued to run the More Positive Together programme providing opportunities in training and employment for those struggling
- Ensured that appropriate support was in place for the vulnerable to enable them to pay for their rent
- Ensured that all staff and contractors who visit properties managed by BCH understand their responsibilities to act and report safeguarding concerns. This is important in the current pandemic and the reduced numbers of people visiting each other.

Case Study

The initial case opened due to poor property condition/hygiene and self-care, and first picked up by a 'Sheltered housing officer' in November 2017.

After some visits to the property tenant began to engage and seemed to be on top of the cleaning. However, things began to deteriorate she became vulnerable and a victim of financial abuse. As a result, the tenant's property condition had declined and this had a huge impact on her mental health. The tenant ended up in the phoenix centre after attempting suicide. Housing made appropriate referrals to social services/crisis team and Primary mental health team and carried out some joint visits with those services to the property to ensure a care package was in place.

The tenant began to hoard items in the property and continued to associate with people who financially abused her. This again had a detrimental effect on her mental wellbeing. Assessed by the police and the mental health team and she was medicated and supported through their service. The associates dealt with.

Housing referred the tenant to the fire service and completed several joint visits to ensure she was safe in her home. She had additional fire alarms fitted, green card provided to notify services that she is on medication in case there was a fire, and she continued to receive regular visits from housing setting small manageable tasks each time.

The tenant continued to hoard items in the flat and failed to allow access to housing/ services. Unfortunately, she had attempted suicide again and ended up back in the phoenix centre. Neighbourhood Officer visited the tenant at the phoenix centre and discussed how to best support her in the home and to ensure she is comfortable with the plan. Tenant released a few weeks later and when she was in a better place mentally and physically, officer referred her to the Reach project charity through the local church where they managed to help clear the property and make it more manageable and less cluttered to live in. There is now a huge transformation in the property. Housing arranged for a deep clean of the flat and from then on the tenant continued to work with a preventative care package through social services and housing. This included cleaners to help and teach her to clean her flat, and self-hygiene and carers who attended the property twice a week to assist with day-to-day care. She also received regular visits from housing to ensure property condition maintained, in line with her tenancy agreement.

The tenant now has clear walkways. She sleeps in her bed as opposed to the sofa in the lounge, she is able to access her kitchen to cook healthy meals each day, she has a good network of friends, and works really well with housing and services to ensure the condition of her property is maintained and her mental health is stable. With all this in mind the tenant is in a much better place, good positive support in place and engages well. She is happy in her home and feels she has come through her hoarding although acknowledges that this is something she will need to work on to prevent it happening again.

The BCH Officer involved continues to monitor the property condition, and carries out regular visits to the property and has a good rapport with her to ensure trust gained but rules and regulations are in place.

Blackpool Teaching Hospitals (BTH)

BTH is committed to identifying and safeguarding adults at risk. BTH provide safeguarding advice and support to Trust staff via a multi-disciplinary, in-house safeguarding adults team comprising of nurses, social workers, Individual Domestic Violence Advisor (IDVAs) and an Independent Sexual Violence Advisor (ISVAs). BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals, contributing and implementing appropriate safeguarding plans. BTH Adult Safeguarding Team offer support and advice to frontline Trust staff regarding all aspects of adult safeguarding and have a dedicated Violence Against Women Team who support both staff and patient's experiencing Domestic and Sexual Abuse. BTH Adult Safeguarding Team provide advice and support in relation to MCA and DoLS. The Team offers support at Best Interest Meetings chaired by Trust staff as well as quality assuring and monitoring all DoLS applications and DoLS care plans within the Trust. BTH offer support to Adult Social Care providing Health information for s42 safeguarding investigations and offering health support to professional or strategy meetings. BTH Safeguarding Adult Team oversees all s42 safeguarding investigations involving the Trust and ensures appropriate action taken in response to substantiated safeguarding concerns. BTH Safeguarding Adults Team provides Levels 1-3 Safeguarding Training in line with the Intercollegiate Document (2018) which incorporates MCA/DoLS and Prevent. BTH is an active member of the pan Lancashire Safeguarding Adult Boards and participates in a number of sub-groups.

Key Achievements in 2019–2020

- Implementation of the IRIS Domestic Abuse Service for GPs in Blackpool with engagement from 2018-2020 GP surgeries and receiving 99 referrals in the first 6 months. The IRIS Team provide individualised Domestic Abuse training and support to GP surgeries and a direct referral pathway for low to medium risk patients. IRIS workers offer 1:1 support and advice to victims of domestic abuse and signposting to appropriate services as required.
- Adult Level 3 Training compliance increased by 42%, which is above the trajectory of the Trusts Training Recover Plan.
- Development of an Adult Safeguarding Dash Board to monitor safeguarding activity within the Trust. All adult safeguarding data now held on a central dashboard to support the team in reviewing trends and themes and areas for improvement. As well as tracking training compliance, s42 investigations and DoLS authorisations.
- BTH have implemented Emergency Department (ED) Navigators to review patients attending due to violence, in support of the Violence Reduction Unit's (VRU) work across Lancashire. ED Navigators are trained exploitation and health staff who may engage with anyone, but are particularly interested in people aged 10-39 years old who attend hospital with violence related presentations and injuries to listen, support,

and signpost to relevant services. The scheme has been running for around 18 hours a week for 6 months, and identifies around 30 patients a month

Blackpool Carers Centre (BCC)

Safeguarding forms an integral part of one to one staff supervision, carried out monthly for staff. The Safeguarding Policy was reviewed, updated and disseminated to all staff. BCC provides a range of services to support the physical and emotional health and wellbeing of unpaid/ informal carers for the disabled, for family members or friends, frail or those who experience mental ill health or substance misuse. BCC recognise that carers themselves can also be vulnerable to abuse from the person they care for. In the safeguarding of adult carers, BCC are guided by the principles set out in The Care Act 2014 and aim to demonstrate and promote these principles in our work. Both carers and the 'cared for' are supported through safeguarding procedures by ensuring that the support offered is person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Relevant information and actions are recorded in line with policy to promote the safety and wellbeing of a carer or the 'cared for' to prevent further abuse or neglect. Carers are empowered and provided with the information they need to make decisions on how to be safe from abuse, reduce risks and how to raise concerns.

BCC recognise that adults may make decisions perceived as risky or unwise. BCC understands that all adults are assumed to have capacity to make their own decisions and given all practicable help before anyone assumes they are not able to make their own decisions. Where an adult lacks capacity to make a decision, any action taken or decision made for or on their behalf made in their best interests, and a record of all contact and decisions made documented in line with policy. BCC understands and always work in line with the Mental Capacity Act 2005. We seek support and guidance when we have concerns regarding an adult's capacity.

Key Achievements in 2019–2020

- All staff and volunteers have undertaken safeguarding training ensuring 100% compliance.
- The service has reviewed and updated its Safeguarding Vulnerable Adults Policy.
- The adult safeguarding lead has undertaken safeguarding training for advanced practitioners, in addition to Deprivation of Liberty (DoLS) and Mental Capacity Act (MCA).
- Care navigators have referred an increasing number of complex cases to the Multi-Disciplinary Team (MDT) and Hubs who have been able to work jointly in terms of supporting both carers and the cared for in understanding their physical and mental health, ensuring appropriate levels of support is in place. This has had a positive impact upon preventing the escalation of safeguarding incidences.

Case Study

We have recently supported the parents of their adult son X diagnosed with both intellectual and physical disabilities. X arrested for an alleged offence that involved the exchange illicit photographs and communication between their son and alleged minors via social media.

X arrested and bailed pending a full investigation, undertaken by Lancashire Constabulary, Adult Social Care, Education and Psychological Services. Following the arrest X attended the BCC with his mother and disclosed the incident in full and the events leading up to the arrest. The safeguarding lead documented the disclosure which was forwarded to Adult Social Care

to alert them of X's situation, and the potential risks this placed upon himself and his family as a direct impact of the arrest.

Following our alert the safeguarding lead was invited to attend several multi agency meetings that involved designated police officers, social workers, psychiatrist, support workers, legal professionals and X's mother who examined the actual evidence of the allegation and prepared mitigation which was submitted to the CPS in X's defence.

The multi-agency meetings made it able for us to identify X had been coerced into communicating with a vigilante group who were posing as young females. The vigilante group were not aware of X's intellectual capacity or diagnosis, and proceeded in a quest to facilitate a situation that implied X had committed an offence, which they then reported to the police and filmed his arrest which they then placed upon social media.

The multi-agency team were able to identify and document that X did not have the capacity to understand the exchange of communication and his subsequent responses. This information forwarded to the CPS who deemed that it was not in the public interest to pursue the alleged offences and the case dropped against X.

Both X and his family continued to receive support from our service in terms of having the filmed arrest removed from social media and supporting them to re-locate, as the family lived in fear that the vigilantes would continue to harass them. Following their relocation, we identified services that were able to support X to understand social media and internet security. We also introduced the family to services that continue to support them to recover from their ordeal and to rebuild their confidence.

Blackpool and the Fylde College

Blackpool and The Fylde College have provided education to approximately 16,000 students this academic year. A significant number of these are adult learners who are studying across all sites and at all levels of learning through Further to Higher Education, apprenticeships and work placements.

The College has robust systems in place for allocating our own internal support provision for students with low level safeguarding issues and needs. For those with higher level and immediate safeguarding needs, well established referral routes and procedures are in place. These referrals are not only related to individual students, but also by association and involvement, can involve their families and other relationships. All safeguarding concerns are centrally logged confidentially. Overall anonymised data are analysed and reported regularly, as appropriate and shared with various Curriculum area Heads to ensure sufficient support is in place and action is taken appropriately.

The College maintains awareness of local areas of concern through several memberships of the CSAP and BSAB and their sub-groups, which feeds into the College's senior strategic group for safeguarding and helps steer our future provision accordingly. An extensive and proactive leadership including statutory Designated Safeguard Lead (DSL) post, Prevent lead and Safeguarding and Prevent Manager, plus a large number of high level and experienced safeguarding reporters across College – which continues to undertake extensive training in all aspects of Safeguarding ensuring that all students feel safe within the College environment. *Covid-19 response to be included in next year's report.

Key Achievements in 2019–2020

- **Excellent support for safeguarding issues**:
  To date, out of 367 general safeguarding issues, 170 Adults have needed support with safeguarding issues. 17 of these have been of a high urgency and need for external referral. All were relating to issues experienced in students own homes and lives

external to College. These cases have been supported with evidenced impact, as they have maintained attendance, achieved and progressed, wherever possible. These adults are from all College provision including, further and higher education, and apprenticeships (although we are unable to differentiate which adults are Blackpool or Lancashire residents in this data set)

- All College staff continue to receive both **induction and annual mandatory and refresher training in Safeguarding** to ensure they are aware of key aspects or changes within Safeguarding. Training created in house and provided for the BSAB Board, completion logged on the College's single central register. The training embeds both Child Protection, Adult safeguarding combined, including Prevent.
- The additional role of **Safeguarding and Prevent manager** has allowed for capacity to engage and network with broader external links, committees and sub committees, including The Lancashire Colleges, Operation Encompass, and local and National LGBT+ groups further strengthening external collaboration, liaison and networking.
- **For students disclosing a Trans-related status,** offered a named person to guide them through enrolment and induction, ensuring College badges, systems and records are as appropriate as we can get them. Offered to act as advocate for that student with curriculum areas, work place or placements, plus an offer of guaranteed Careers interview and wellbeing appointment if desired. All transgender/gender fluid students are linked with College and external support services for welfare and financial assistance where needed, and a specific link offered and made if required to UR Potential for external agreed 1:1 or group support. Toilet signage addressed and all College buildings now have at least one 'all-access' toilet and/or changing facility. Generic and bespoke training delivered across the College and available on the Virtual Learning Environment (VLE). Awareness raising activities with students, particularly during key Lesbian, Gay, Bisexual and Transgender (LGBT+) dates in inclusion calendar, plus a number of small group and 1:1 workshops from UR Potential and Chrysalis have taken place. Whilst this was open to all Blackpool and The Fylde College students, a number of Higher Education (HE)/adult students have actively engaged in this process.

Case Study

Adult female apprentice disclosed she was 27 weeks pregnant, estranged from family and father of child and of no fixed abode (sofa surfing). At time of disclosure, she had not eaten for a number of days, had not felt the baby move and was experiencing pregnancy bleeding. She described herself as physically and mentally exhausted and was worried that her baby may not survive, or have her baby taken away from her once born. She was in a state of financial distress and believed she was at risk of losing her employment as she had taken time off due to ill health caused by a combination of being pregnant and stress due to her personal circumstances. She felt that at that time that her only option was to, 'just go away'.

Safeguarding team liaised cross-College with the following outcomes:

- *The student immediately escorted to hospital for a complete health check.*
- *External referrals made to family nurse and appropriate external agencies as vulnerable pregnant female.*
- *Apprentice Delivery Manager met with Employer and ensured terms of the student's apprenticeship contract and employment rights adhered to*
- *Student Support and Wellbeing offered support with further external or internal signposting, to assist with housing arrangements, finances, and academic support and for physical and mental wellbeing. This support offer remained in place to completion of programme.*
- *The student accepted temporary support and guidance via a range of internal and external signposting, including Housing Options and the Council. Appropriate bursaries and*

emergency funding made available from College. With the support of College, the student was able to move into, and furnish, permanent accommodation.

- *As a College, we continue to monitor students – and on this occasion, no additional College services were required.*
- *The support and interventions provided, enabled the student to successfully complete her apprenticeship autonomously.*

5. BOARD PRIORITIES 2020–2021

- Covid-19 – Restoration and Recovery (Short term)
- Mental Health
- Domestic Abuse
- Self-neglect
- ‘Voice’ Making Safeguarding Personal (MSP)