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The Context

This report forms part of the West Berkshire Safeguarding Adults Board's annual report which is published each year. The safeguarding performance data (part 2) for Wokingham is submitted to the safeguarding adult's board along with the other two boroughs data, Reading and West Berkshire.

The first part of this report sets out Wokingham's achievements in meeting the priorities set by the board for this reporting year 2016/17.

Part One

1. How did Wokingham achieve the priority areas set by the Board?

The safeguarding Adults Board business plan has set 2 priority areas for 2016/17

Below is a summary of Wokingham's achievements against these priorities.

Priority 1 – To continue to engage the community and raise awareness of safeguarding adults:

What we did

- a) We continued to increase the amount of ' Safer Places' premises (a shop or establishments that have been trained in facilitating access to help when an adult at risk enters their premises requiring help) The Borough this included the introduction of the new Safer Places Scheme Cards for vulnerable adults in the community. These cards enable vulnerable adults to ask for help when they may have difficulty to verbally express that they require assistance.
- b) We ensured that a PREVENT workshop was delivered to people with a learning disability in community by the Caring Listening and Supporting Partnership (CLASP) a self-advocacy group for people with a learning disability
- c) We developed a programme of community events set up for the coming year utilising existing partnership arrangements and joint initiatives.
- d) Ongoing promotion and engagement of the Wokingham Safeguarding Adults Forum. – This is for open forum for customers, providers, carers and partner agencies.

Priority 2 – To measure outcomes for people who have experienced the safeguarding process;

What we did

- a) We developed a more formal process to gain feedback from individuals who have experienced safeguarding enquires, with a focus on measuring Making Safeguarding Personal outcomes.
- b) We have improved methods of auditing to make sure we measure outcomes for individuals.
- c) We supported and developed methods of better service user engagement with the work of the Safeguarding Adults Board.
- d) We continue to monitor and review how the local authority responds to the demand and development of the DoLs (Deprivation of Liberty Safeguards) service and ensure that human rights are upheld for those that experience the process.

2. Workforce Training and development in Wokingham 2016/17

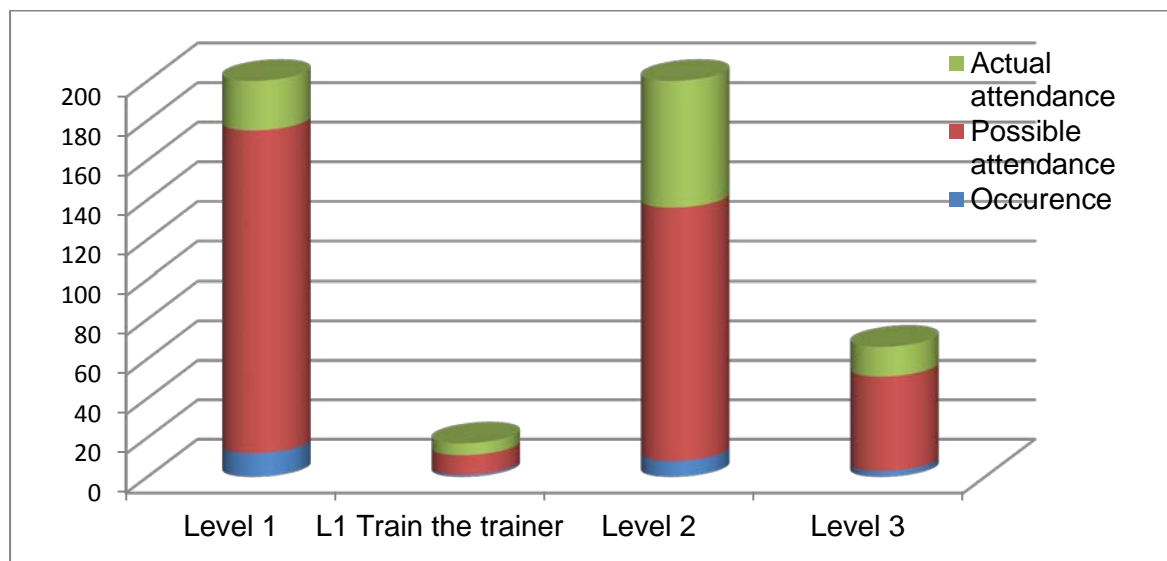
We have developed our training programme to meet the needs of the workforce and to respond to the changing landscape of safeguarding adults across our local area. The following additional training was offered alongside the levels 1, 2 and 3 safeguarding training that is routinely delivered. This training was generally delivered by external trainers.

- Self-Neglect and Hoarding
- Human Trafficking and Modern Slavery
- Person Centred Assessment and Recording Skills
- PREVENT
- Childhood Sexual Exploitation
- Positive risk taking and case management

The 2nd Conference on Mental Capacity and Deprivation of Liberty Safeguards took place this year and was hosted by Wokingham BC.

The conference was attended by approximately 100 delegates who came from various health and social care agencies from across Berkshire. It is hoped that the learning will be cascaded through all the agencies.

As part of the contribution of Boards Workforce Development Strategy the table below illustrates the frequency and volume of safeguarding training that was delivered by Wokingham Borough Council in 2016/17



Training	Occurrence	Possible attendance	Actual Attendance
Level 1	12 sessions	163	141
L1 Train the trainer	1 session	10	6
Level 2	8 sessions	128	85
Level 3	3 sessions	48	15

3. Our achievements in engaging people who use services, community awareness and prevention

1. Caring Listening and Supporting Partnership (CLASP) a self-advocacy group for people with a learning disability supported the development and creation of an online video made by people who use services. The aim was to help people understand the outcomes they wanted to achieve in keeping safe and stopping abuse. The video was commissioned by the Communications subgroup of the SAB and will be widely launched in the coming year. In addition CLASP and WBC jointly hosted a session on what Making Safeguarding Personal means and was well attended.
2. WBC in partnership with 'Involve' (*the* community voluntary sector support group), undertook some promotional work about the work of the SAB and why we have one. This was aimed at front line services, community sector and provider services in Wokingham.

4. Partnership and prevention work

1. The Care Governance Process

The work of the Care Governance Board in Wokingham which ensures quality and safety is monitored and maintained in our care homes through a process of good quality assurance mechanisms continued in 2016/17.

The monthly meetings are well attended by senior staff in our partner agencies such as in Health, Clinical Commission Group and social care partners. There is a commitment to continue with this work and some improvements have been underway in 2017/18 regarding processes. A central log is populated according by information that is referred to the local authority that is of concern. This log is a 'live' system that provides intelligence for the care governance process and enables it to make informed decisions about specific providers.

The aim of the care governance process is to deliver a sound and evidenced based quality assurance framework which is used to undertake quality assurance visits in Wokingham care home facilities.

There has been substantial and sustained improvement in 2016/17 as a result of the care governance process which reduced the impact and risk to vulnerable adults receiving services achieving positive outcomes. This year's data demonstrates a 12% reduction in concerns that were raised leading onto an enquiry in residential and nursing homes within the Wokingham borough.

As part of our preventative approach to care governance the commission of the Care Home Support Team (CHST) and Rapid Response Team (RAAT) under the Better Care Fund has proved useful in supporting providers of care in Wokingham. They have been proactive in responding to low level concerns raised about a care homes and will visit to work alongside care providers to assist them to improve their clinical practice.

2. Community Engagement

A review was undertaken of the WBC's Prevention and Community Engagement Strategy for safeguarding activity. A diary of events and activities were developed for the year ahead that involved partner agencies in raising safeguarding awareness amongst the community

In November 2016 we co-facilitated a Market Place Event for approved providers to promote themselves to ASC & WBC residents. 18 providers were available on the day with 25 visitors attending.

The **Wokingham Adult Safeguarding Partnership Forum (WASPF)** continues to meet 4 times a year. The areas that have been discussed are: Hate Crime, Community Safety, Local Policing Priorities and updates from providers. This forum gives 'a voice' to those in the community and a level of scrutiny about what services are in place and what needs to be provided.

3. The PREVENT work

In line with the Governments **PREVENT** agenda, we supported the Wokingham Learning Disability Partnership Board (WLDPB) to facilitate a session specifically for people with a learning disability. The session was well attended by 23 self-advocates plus their carer's. 6 People with a learning disability attended training on 'What is Abuse'. All are either in employment or are volunteers supporting vulnerable members of the community

5. Qualitative case audit outcomes

As part of the Board's work in ensuring quality in safeguarding practice Wokingham participates in the quarterly audits of a selection of random safeguarding cases. The other two partner boroughs under the SAB , Reading and West Berkshire also provide data and this is considered collectively and measured against the 6 principles of the Care Act.

Accountability; Prevention; Proportionality; Protection; Partnership & Empowerment

1. Proportionality and Protection

Data shows that of the 1,523 concerns raised, 620 progressed to an enquiry (41%).

This demonstrates that there are proportionate responses to safeguarding concerns as less than half progress to an investigation stage (*section 42 enquiry*)

- **Proportionality** - The average national benchmarking of concerns leading to an enquiry has been around 48%. However it is noted that local practice in relation to transition from concern to enquiry differs depending where you live. Audit outcomes indicate that staff and managers need to remain aware of when thresholds may be being applied too rigorously and to ensure enquiries are being undertaken in a timely manner when the thresholds are met.
- **Protection** - audit outcomes indicate that where protection principles have not been robust enough these have arisen from poor initial risk assessment. This is a theme that appears in audits particularly in the area of domestic violence. However it is anticipated that the additional areas included in the training strategy, such as positive risk taking principles, domestic abuse and recording skills training will support further development in these areas.

2. Empowerment , Accountability and Partnership

- **Empowerment (Making Safeguarding Personal)** - this is an area of safeguarding practice that appears to have remained one of the greatest challenges for practitioners according to the 2016/17 practice audits. We continue to promote this principle and assist practitioners to understand its relevance and meaning in good safeguarding practice. However there is anecdotal evidence that people involved in the safeguarding process are asked what outcomes they want and to request consent to progress the concern.

Accountability and Partnership - Good partnership working was demonstrated in 69% of cases and has remain largely consistent, focus in practice for the coming year needs to ensure multi agency meetings and discussions where required are held in a timely manner and that relevant signposting or referrals are made.

3. Emerging Risks and Challenges for 2016/17

During the course of a year the SAB will identify emerging risks that may arise for one or all of the 3 boroughs. For Wokingham there were two themes

1. As per the national picture, Deprivation of Liberty Safeguards (DOLS) remains an area of corporate high risk for both the strategic safeguarding teams and operational services. Although a number of risk mitigation strategies have been implemented such as weighting list management, commissioned advocacy service monitoring, training and development, guidance policy and procedures, a full review with options appraisal will be undertaken to inform the ongoing service design and delivery.
2. Wokingham BC undertook its second Domestic Homicide Review (DHR) during this period; the Independent report is currently with the Home Office awaiting publication. Valuable learning has emerged from the review in a multi-agency context and led to specific audit outcomes for the SAB these were;
 - To improve pathways for people living with dementia and the application of the principles of the Mental Capacity Act 2005.
 - Learning outcomes have been incorporated in to the training strategy for multi agencies in addition to recommendations on the use of recording systems and information sharing.

The Wokingham SAB priorities for 2017/18 are:

- A. To review the impact and outcomes of the previously implemented quality assurance system/process for operational safeguarding.
- B. To measure improvements, identify areas for further development and ensure good safeguarding principles remain embedded in 21st century pathway design
- C. To review implementation of the training strategy in operational services
- D. To review of Deprivation of Liberty Safeguards strategy and risk mitigation options in readiness for possible new legislative requirements.

(These priorities will be commented on in the annual report for 2017/18)

END OF PART ONE of the Report

Part 2 - Annual Performance data and analysis 2016-17

Safeguarding activity - Concerns and enquiries

A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (ie: a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1,523 safeguarding *concerns* were raised for the 2016-17 reporting year. The number of concerns has increased year on year (albeit only slightly in 2016/17). This increase suggests that safeguarding awareness amongst the public and professionals may have improved resulting in more reporting.

An *enquiry* is where a *concern* is progressed to a formal investigation stage and for 2016/17 there were 620 (41%) enquiries. The previous year there was 39% of concerns that went on to the enquiry stage.

This could suggest that while the numbers of concerns have increased the numbers that have required further investigation has remained similar over the past 2 years.

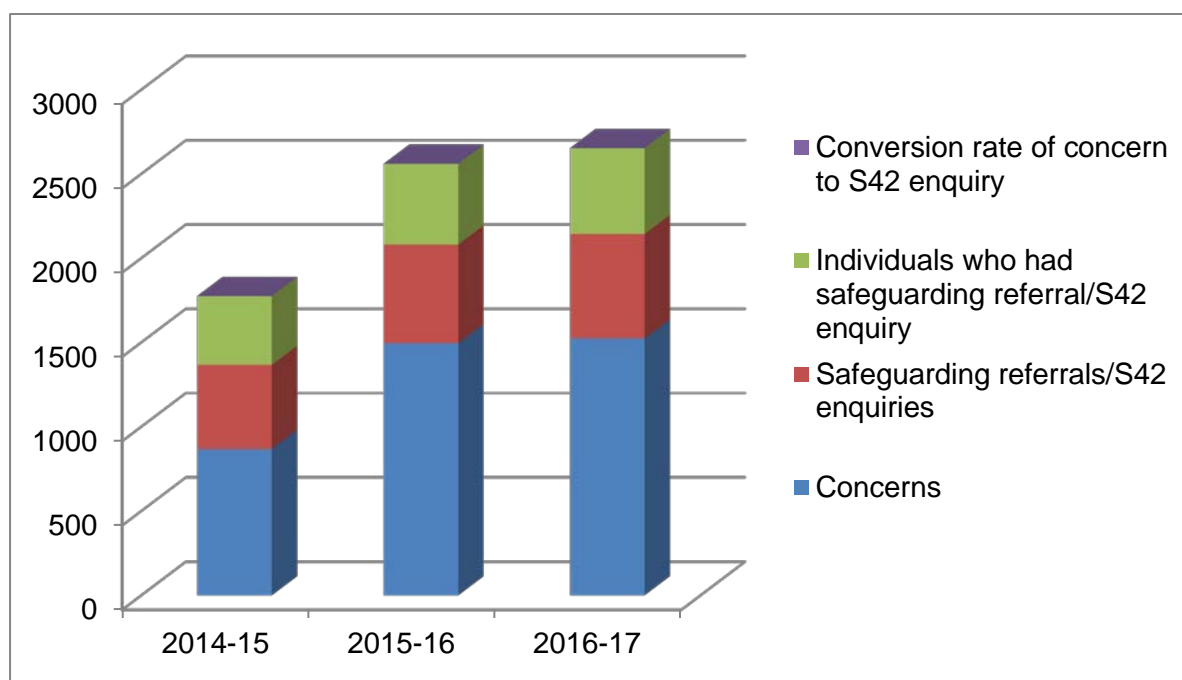


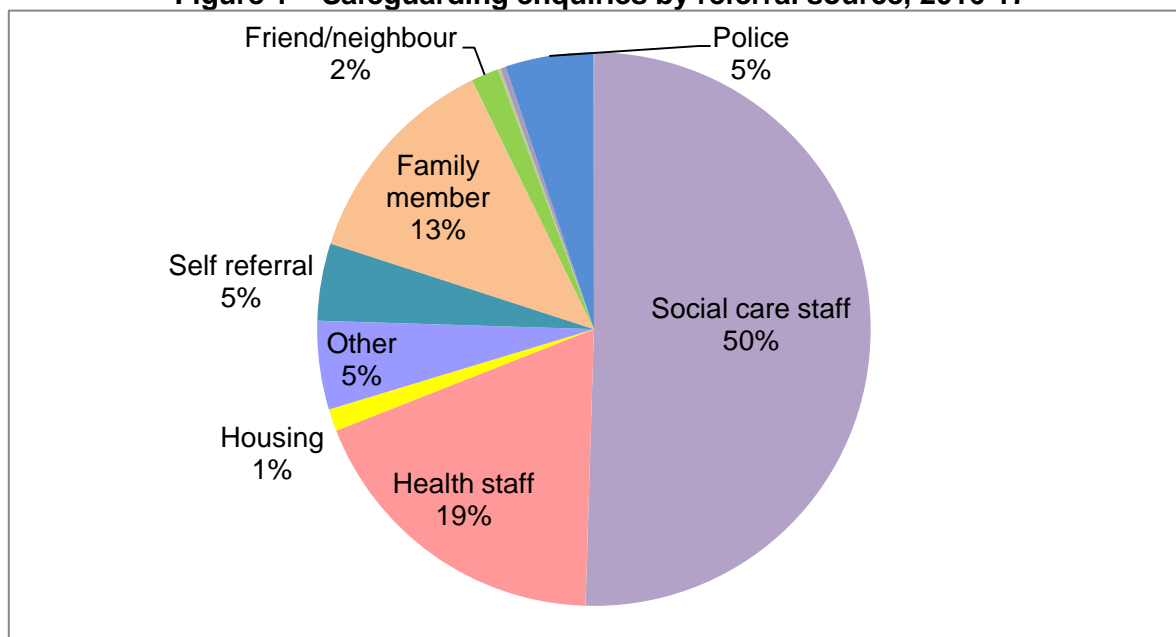
Table 1 – Safeguarding activity, 2015-17

	Concerns	Safeguarding referrals/S42 enquiries	Individuals who had safeguarding referral /S42 enquiry	Conversion rate of concern to S42 enquiry
2014-15	868	499	408	57%
2015-16	1,495	586	479	39%
2016-17	1,523	620	510	41%

Source of safeguarding enquiries

Fifty percent of safeguarding enquiries came from social care staff followed by 19% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 19% which shows a good level of awareness within the general community.

Figure 1 – Safeguarding enquiries by referral source, 2016-17



The table below shows comparison of safeguarding enquiries over the past 3 years. As with previous years the majority of enquiries continue to come from social care staff and health care staff. There was an increase in enquiries raised by Social Care Staff overall in 2016-17, however, those received from residential/nursing staff decreased by 12% and other service providers all showed increases.

*This could be a positive that there are fewer incidences requiring enquiries occurring in care homes, however we need to monitor ongoing data to ensure that care homes are not referring less when they should be. In addition during this period we know that some frontline staff were disproportionate in requesting providers who had care quality concerns to raise safeguarding for individuals that were not required. Guidance has been given in this respect.

Enquiries referred by Primary/community health increased in 2016-17 but enquiries raised by secondary and MH staff decreased, this is a concern and requires further exploration.

Table 2 – Safeguarding enquiries by referral source, 2014-16

	Referrals	2014-15	2015-16	2016-17
Social Care Staff	Social Care Staff total (CASSR & Independent)	259	306	313
	Of which: Domiciliary Staff	48	46	46
	Residential/ Nursing Care Staff	139	186	164
	Day Care Staff	21	15	20
	Social Worker/ Care Manager	25	35	44
	Self-Directed Care Staff	3	4	5
	Other	23	20	34
Health Staff	Health Staff - Total	77	112	115
	Of which: Primary/ Community Health Staff	38	51	65
	Secondary Health Staff	21	40	30
	Mental Health Staff	18	21	20
Other sources of referral	Self-Referral	33	21	28
	Family member	68	65	79
	Friend/ Neighbour	12	12	10
	Other service user	0	1	0
	Care Quality Commission	3	1	1
	Housing	8	3	8
	Education/ Training/ Workplace Establishment	0	2	2
	Police	6	27	32
Other	33	36	32	
	Total	499	586	620

Individuals with safeguarding enquiries

Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous three years. The majority of enquiries (72%) were for individuals aged 65 and over.

**compared to South East for 2015-16, Wokingham had a much higher proportion of safeguarding enquiries per 100,000 population for those aged 85+. This has reduced in 2016-17 but not by much. This would be expected in relation to a) the demographics of borough having a high aging population and b) that many individuals receiving care service in their own home or residential nursing would be older.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-17

Age band	2014-15	% of total	2015-16	% of total	2016-17	% of total
18-64	117	29%	128	27%	138	27%
65-74	36	9%	61	13%	58	11%
75-84	98	24%	120	25%	150	30%
85-94	131	32%	141	29%	133	26%
95+	23	6%	26	5%	24	5%
Age unknown	3	1%	3	1%	7	1%
Grand total	408		479		510	

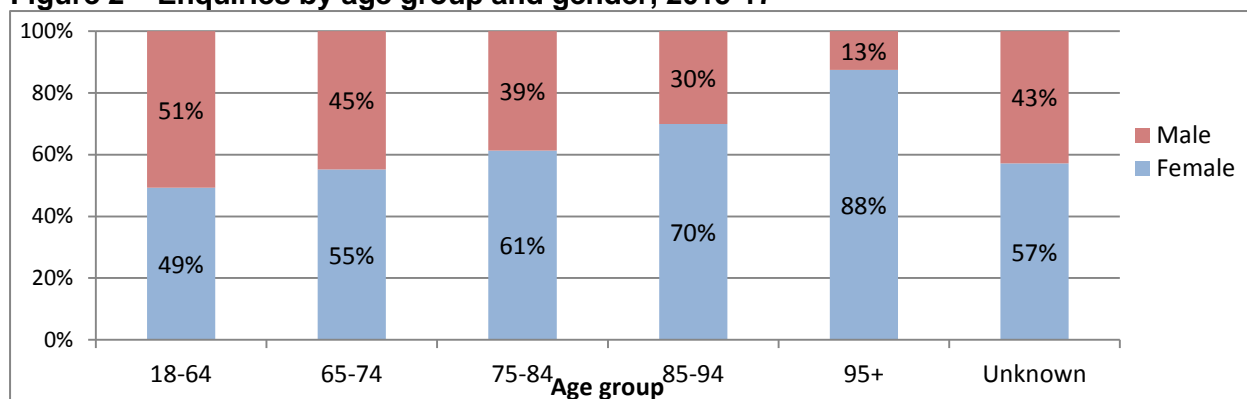
As with previous years more women were the subject of a Section 42 safeguarding enquiry than males. 61% of safeguarding enquiries started in the year were for females. This is similar to national data. 59% of Section 42 enquiries for England in 2015-16 were for females.

Table 4 – Age group and gender of individuals with safeguarding enquiries, 2016-17

Age group	Female	Male
18-64	68	70
65-74	32	26
75-84	92	58
85-94	93	40
95+	21	3
Unknown	4	3
Total	310	200

The chart below shows safeguarding enquiries increases with age for women indicating increased likelihood of abuse for older women.

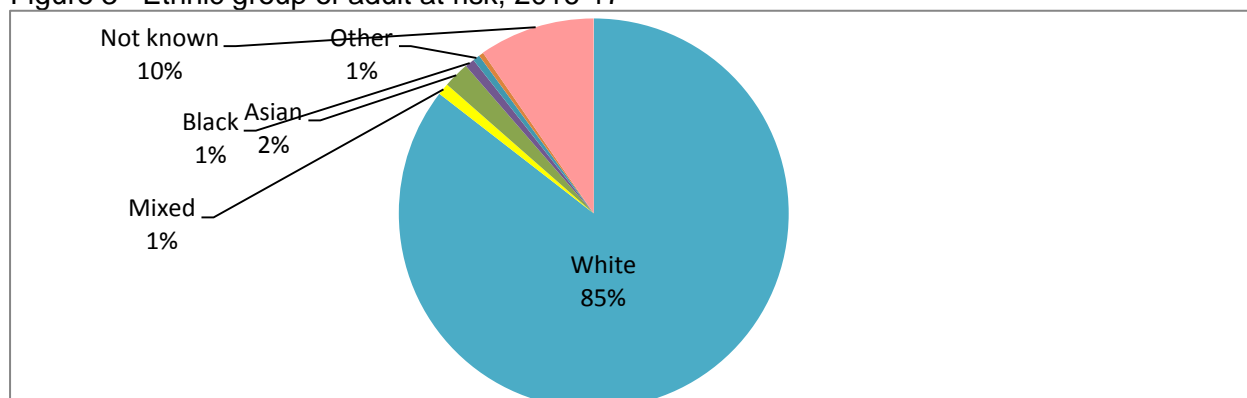
Figure 2 – Enquiries by age group and gender, 2015-17



Ethnicity

Eighty five percent of all individuals who had a safeguarding enquiry were of white ethnicity. 10% did not have any ethnicity recorded. 5% were recorded as belonging to a BME ethnic group or recorded as 'other'. This is lower than the 11% reported from the 2011 Census, however comparisons are skewed by the high proportion where this information was not recorded.

Figure 3 – Ethnic group of adult at risk, 2016-17



Primary support reason

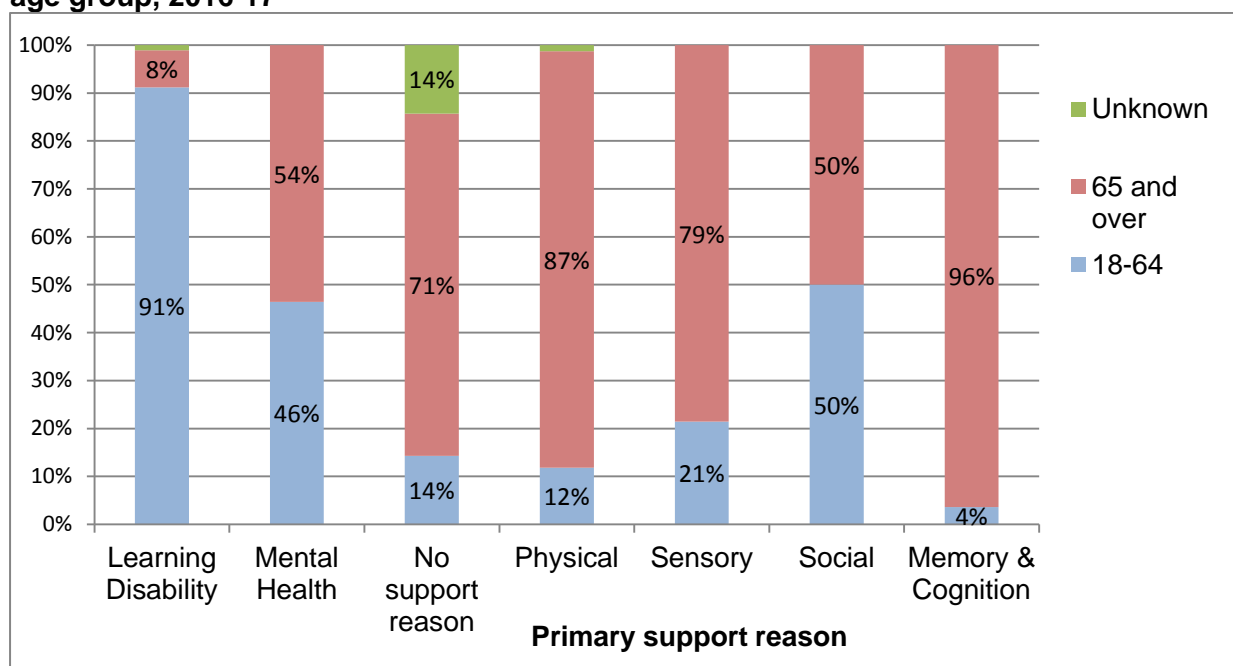
Table 5 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (47%) followed by support for memory and cognition (22%) and Learning disability support (18%).

The chart below (figure 4) shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

Table 5 – Primary support reason for individuals with safeguarding enquiries, 2014-17

Primary support reason	2014-15	% of total	2015-16	% of total	2016-17	% of total
Physical support	197	48%	225	47%	237	47%
Sensory support	8	2%	13	3%	14	3%
Support with memory and cognition	69	17%	87	18%	111	22%
Learning disability support	99	24%	101	21%	91	18%
Mental health support	17	4%	24	5%	28	5%
Social support	6	1%	9	2%	8	1%
No support reason	12	3%	19	4%	21	4%
Not known	0	0%	1	0%	0	0%
	408		479		510	

Figure 4 - Individuals who had safeguarding enquiry by primary support reason and age group, 2016-17



Case details for concluded enquiries

Type of alleged abuse

The table below shows enquiries by type of alleged abuse in the last three years.

The majority of the allegations were for neglect accounting for 39% of all recorded risks followed by physical abuse at 20% and emotional abuse at 15%.

The number of enquiries with physical alleged abuse increased in 2016-17, however the number accounts for a smaller proportion of the overall number of concluded enquiries.

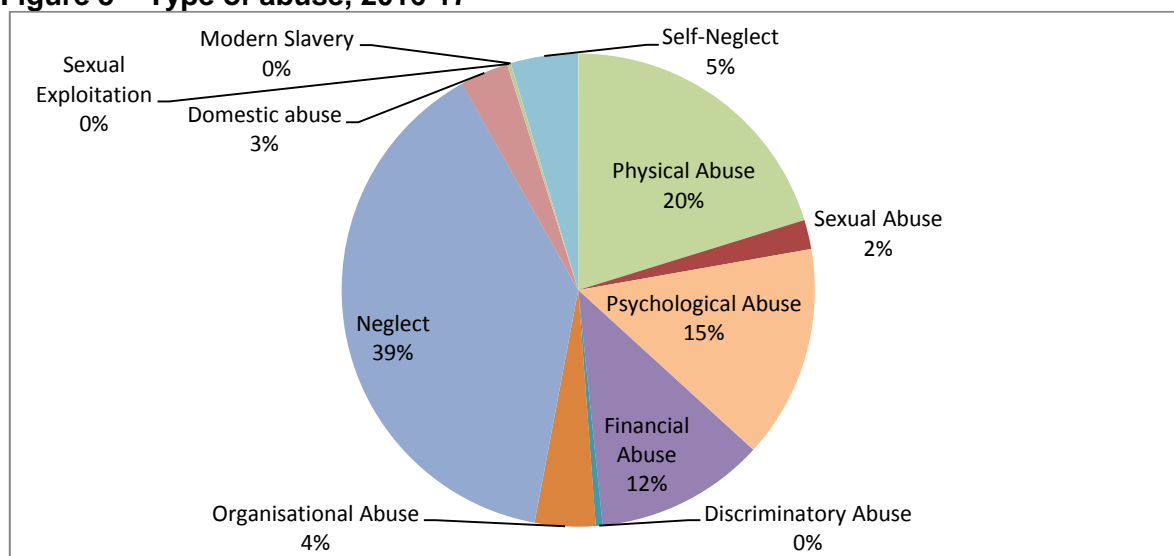
The types of abuse that increased in 2016-17 as a proportion of total concluded enquiries were self-neglect, domestic abuse and financial abuse.

**This is highly likely to be as a result of case audit outcomes and staff applying learning as these were new definitions in statutory safeguarding terms under Care Act implementation and was previously identified areas of concern in training development.

Table 6 – Concluded enquiries by type of abuse, 2015-17

Concluded enquiries	2014-15		2015-16		2016-17	
Physical	150	29%	165	26%	171	20%
Sexual	19	4%	9	1%	17	2%
Emotional/Psychological	78	15%	94	15%	123	15%
Financial	58	11%	57	9%	98	12%
Neglect	195	38%	254	41%	329	39%
Discriminatory	6	1%	4	1%	4	0%
Institutional	13	3%	23	4%	35	4%
Domestic abuse	-		8	1%	28	3%
Sexual exploitation	-		0	0%	2	0%
Modern slavery	-		0	0%	0	0%
Self-neglect	-		10	2%	39	5%

Figure 5 – Type of abuse, 2016-17



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the person's own home.

Table 7 – Location of abuse, 2016-17

Location of abuse	2016-17
Own Home	276
In the community (excluding community services)	33
In a community service	8
Care Home - Nursing	122
Care Home – Residential	192
Hospital - Acute	3
Hospital – Mental Health	0
Hospital - Community	4
Other	21

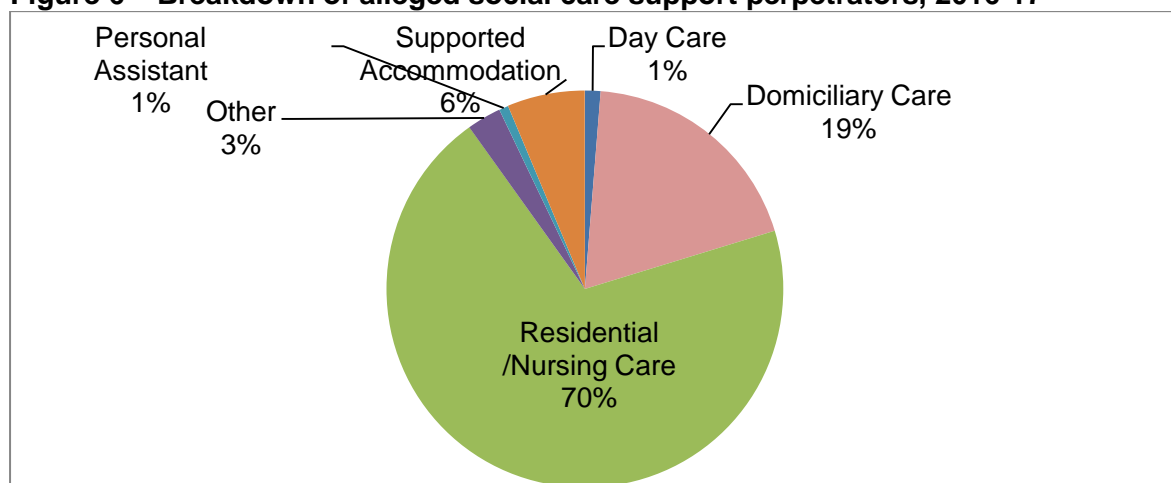
Source of risk

In the majority of cases (63%) the source of risk was social care support. Social care support refers to any individual or organisation paid, contracted or commissioned to provide social care support regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment and care management do not fall under this category.

In 2015-16, for 60% of cases the source of risk was social care support for Wokingham. This is much greater than national and south east performance of 34% for both.

The chart below shows a breakdown of social care support category. Where the source of risk was social care support, residential and nursing care staff were most commonly reported as the alleged abuser (70%). Domiciliary care staff accounted for 19% of this category.

Figure 6 – Breakdown of alleged social care support perpetrators, 2016-17



Action taken and result

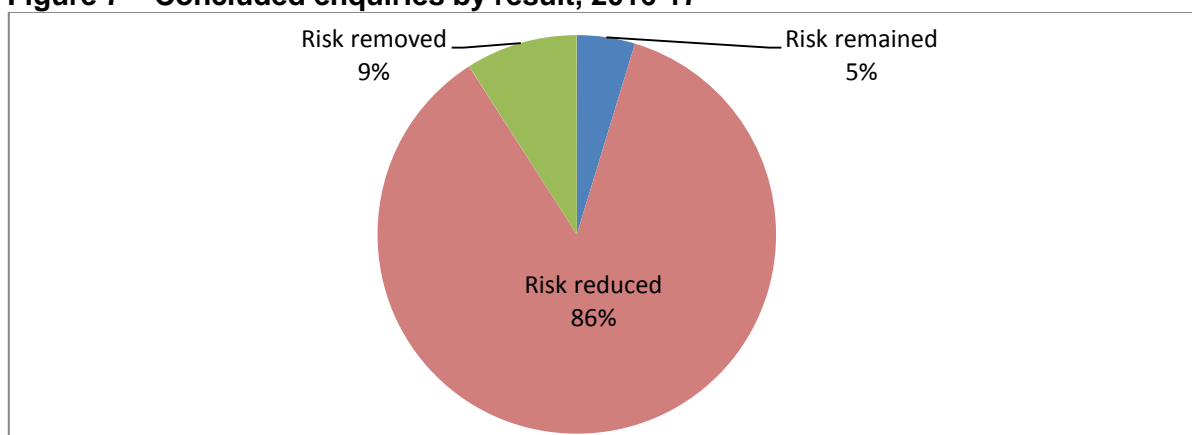
The table below shows risk assessment outcomes for concluded enquiries. In 86% of cases risk was identified and action was taken. Wokingham has a low number of concluded enquiries where no action was taken. 25% of concluded enquiries resulted in no action for all England in 2015-16, whereas Wokingham's performance was 7% for the same period.

Table 8 – Concluded enquiries by risk assessment outcomes, 2016-17

Risk assessment outcome	Total
Risk identified and action taken	542
Risk identified and no action taken	9
Risk - Assessment inconclusive and action taken	28
Risk - Assessment inconclusive and no action taken	12
No risk identified and action taken	16
No risk identified and no action taken	10
Enquiry ceased at individual's request and no action taken	10

The chart below shows concluded enquiries by result in cases where a risk was identified. In the majority of the cases the risk was reduced or removed.

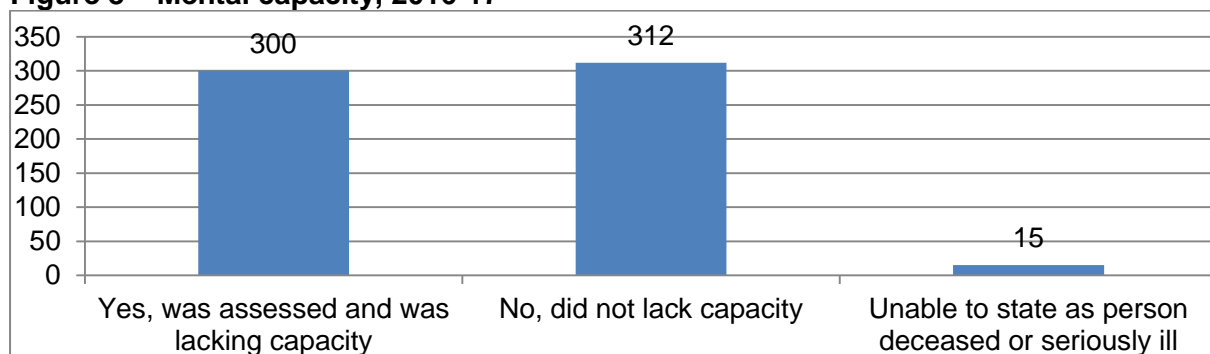
Figure 7 – Concluded enquiries by result, 2016-17



Mental Capacity and Advocacy

The chart below shows mental capacity for concluded enquiries.

Figure 8 – Mental capacity, 2016-17



Of the 300 concluded enquiries where the person at risk lacked capacity in 281 of these cases support was provided by an advocate, family or friend.

Deprivation of Liberty Standards

547 applications were received in the financial year 2016-17. This is a reduction of 3% compared to 2015-16.

333 (61%) were signed off, which is a reduction compared to 2015-16 - 425 (75%).

*This is due to an increasing waiting list and issues with internal specialist assessor capacity.

Outcome	Count 2015-16	% of total signed off	Count 2016-17	% of total signed off
Not Granted	75	16.9%	97	29.2%
Granted	369	83.1%	235	70.8%
Awaiting allocation for assessment	120		215	
Total signed off	425		332	

Fewer applications have been granted in 2016-17, this is due to the higher number of people still awaiting a decision at the end of the financial year.

The waitlist has also increased the number of applications that were not granted. This is because there are more people who have died or had a change of circumstances whilst awaiting allocation. This then ends the application and it is recorded as not granted.

The number not granted due to assessment criteria not being met has fallen due to fewer assessments taking place.

Reason not granted	Count 2015-16	Count 2016-17
Assessment criteria not met	43	17
Mental Capacity Requirement	41	13
Mental Health Requirement	1	2
Eligibility Requirement	0	2
Best Interests Requirement	1	0
Change of circumstances	15	25
Death	17	55