

# Safeguarding Adults Annual Report

# 2020/21

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#### **EXECUTIVE SUMMARY**

Safeguarding Adults is a strategic priority for Wokingham Borough Council (WBC) and a core activity of Adult Social Care.

The year 2020/21 was planned to be the year in which WBC would embed its new way of working with safeguarding, following the creation of the Adult Safeguarding Hub. As with the whole of Public Service however, the service was faced with the unprecedented challenges created by the coronavirus pandemic and had to flex and adapt dynamically to ensure service delivery was maintained, and the increased risk of hidden harm during periods of extensive isolation and lockdown was identified and managed effectively.

The year has been a challenging one. Referral rates have increased significantly on previous years, with a 37.5% increase on the previous year alone. Not all these referrals have been appropriate ones, with some of the inappropriate ones perhaps being symptomatic of the stress and anxiety within the community and the system, created by the pressure people have been living under. Other referrals though have been increasingly complex and have required extended interventions of a multiagency nature.

Joint working across the partnership throughout the pandemic has been very effective, we look forward to taking this forward over the next year, alongside focusing on the other strategic objectives

A key success for the service has been the rapid development and implementation of the ASC Covid-19 Taskforce, however, in formulating this report, it is also clear that the service has been able to not only maintain, but improve on, performance and service delivery across a range of areas, despite the challenging circumstances.

#### Introduction

Safeguarding is a statutory responsibility of all Local Authorities and as such, is a strategic priority for Wokingham Borough Council and a core activity for Adult Social Care.

This annual report outlines the key performance indicators used to monitor activity for safeguarding adults in Wokingham. Analysis of performance is undertaken across the year and is used to influence strategic development.

#### **Networks**

Care Act 2014 requires all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction for safeguarding, provide governance and quality assurance. This includes the commissioning of Safeguarding Adults Reviews (SAR) when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

Wokingham Borough Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and West Berkshire Council alongside other key stakeholders including but not limited to; Thames Valley Police, Berkshire Fire & Rescue Service, South Central Ambulance Service, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the Berkshire West Clinical Commissioning Group. The SAB has produced its own annual report, which can be viewed on its website www.sabberkshirewest.co.uk .

#### **Local Context**

Within Wokingham Borough Council, Adult Safeguarding work takes places across all operational teams.

A single point of access for all safeguarding referrals is provided via the Adult Safeguarding Hub (ASH). This is a small team consisting of six practitioner staff, a manager and an administrator.

The ASH triages all safeguarding referrals. Wherein they meet the criteria for statutory intervention, the ASH staff undertake initial enquiries and interventions. A decision is then made as to whether ongoing work is required under the Sec 42 framework, in which case it is progressed to either a Level 1 Enquiry (delegated to another agency but overseen from the ASH), Level 2 Enquiry (allocated to another operational team) or Level 3 (most complex safeguarding work retained in the ASH). Practitioners in the ASH also work to agreed objectives aligned to local priorities and in line with the prevention agenda.

Respective Heads of Service are responsible for the operational activity within their home services. Head of Adult Safeguarding & Care Governance has the strategic lead on safeguarding related matters and provides advice and guidance as a subject matter expert across other services.

## Local activity in the context of the SAB priorities

The SAB Business Plan for 2020/21 set the priorities for the partnership.

These were:

**Priority 1** – we will continue to work on outstanding actions from the 2019/20 business plan:

- Provide the partnership with the tools and framework to work effectively with people who self-neglect.
- Work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health & Wellbeing Board to provide the workforce with the frameworks and tools to work with vulnerable adults who are at risk of Domestic Abuse.
- Understand the main risks to our local population regarding Targeted Exploitation and agree how best to equip the partnership to safeguarding vulnerable people against these risks.
- Understand why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place.

**Priority 2 - t**he SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.

**Priority 3** – The SAB will continue to carry out business as usual tasks in order to comply with its statutory obligations, including re-establishing S42 Audits across the Local Authorities and completing SARs as per statutory requirements.

Without doubt, the Coronavirus Pandemic has had a significant impact on the nature of the work undertaken during year 2020/21 and has impacted on the strategic progression that has been possible.

Key achievements for the year are detailed below.

- The number of safeguarding concerns raised in 2020/21 totalled 1,758. This was a 37.5% increase on the previous year. Despite this, the service maintained an average of 87% of concerns having a decision assigned within 48 hours of receipt.
- Despite the limitations of the pandemic and several periods of lockdown, the service maintained face-to-face contact with adults at risk throughout, where this was proportionate in line with individual risk assessments. Whilst creative practice was adopted to increase the use of virtual meetings and internet calling, home visits were undertaken for those for whom this was the safest way of assuring their immediate wellbeing and assessing risk and required interventions or if communication needs required it. The service worked hard to ensure the principle of 'Making Safeguarding Personal', whilst disrupted by the pandemic, was not lost from practice or service delivery.

- In relation to practice with self-neglect, the service worked in conjunction with the Principal Social Worker, the Learning & Development team, and a local specialist organisation to develop a bespoke package of training on hoarding. The training was provided across three modules, which were competency based. 28 people attended the Level 1 training, 21 the Level 2 and 6 the Level 3. Feedback from delegates was overwhelmingly positive with all feeling it contributed to their confidence and capability in this complex area of work. Additional sessions have been added for the next financial year.
- Also, in relation to working with self-neglect (as well as more generic areas of practice), the service identified a learning need across the workforce around the Duties under section 11 of the Care Act 2014 and the requirements when there is a 'refusal' of assessment by an adult at risk of abuse or neglect. This has been incorporated into legal update training for Adult Social Care staff and is being reinforced in relation to self-neglect cases through case work.
- The Adult Safeguarding service has continued to develop strong links with Children's Services and with the Community Safety Partnership. Head of Adult Safeguarding & Care Governance has become Deputy Chair of Chanel, which strengthens the interface between Adult Social Care and the work under Prevent.
- The service supported the work around the tender processes for both the new Drug & Alcohol Service and the specialist Domestic Abuse support service, which ensured the profile and needs of Adult Safeguarding was embedded in both of those contracts and has set the scene for more integrated working with both of those services in the coming year.
- The service worked with the WBC Domestic Abuse Coordinator to develop and source bespoke training in relation to working with Domestic Abuse in Older People and Adult Social Care is looking forward to this being delivered during 2021/22.
- Joint work was undertaken with Children's Services and the Community Safety Partnership to roll out DARE (Domestic Abuse Routine Enquiry) to several key staff, including across Adult Social Care to support them in being able to identify and engage domestic abuse perpetrators. This complements the other training already provided and will be rolled out further in due course.
- A regular and consistent presence was maintained at MARAC and MATAC to ensure a joined-up approach to repeat or high-risk cases of domestic abuse and there was a focus on strengthening the working relationship with the TVP LPA safeguarding team, resulting in evidence of good joint work around some high-risk cases.
- The service participated in Berkshire wide Domestic Abuse partnership meetings throughout the year, to monitor the impact of the pandemic on prevalence of domestic abuse and to discuss and plan around any implications for service delivery. The service also ensured representation on the Domestic Abuse Operational Group to ensure the objectives of Adult Safeguarding are embedded within the work of that group.

- A Senior Social Worker within the ASH was identified to become a subject matter expert within Domestic Abuse and the objectives around this will be progressed during the next financial year, including in relation to developing expertise in relation to stalking, Forced Marriage and Honour Based Abuse.
- Effective links were established with the Forced Marriage Unit at the Home Office to support work within this area. There is evidence of strengthening interventions, including effective involvement of them in strategy meetings.
- The service has continued to be very active participants in the Safeguarding Adults Review panel of the SAB, which has endured throughout the pandemic, including both strategic and operational input.
- Alongside other partners, WBC launched the revised MARM (Multi-agency Risk Management) framework in July 2020 to consolidate effective multiagency working.
- The safeguarding service established the ASC Covid-19 Taskforce to support care providers during the pandemic and this has been the largest single piece of work throughout the year. This was initially set up in April 2020 to provide wrap around support to care homes but was later expanded to include all Adult Social Care providers. The Task Force structure and methodology used existing safeguarding networks and relationships to rapidly put in place a cohesive protocol that could be immediately implemented to ensure providers were effectively supported to mitigate the risks of Covid-19 in their settings, and to respond to and manage outbreaks where they occurred. This innovation not only ensured Providers were well supported, but enabled enduring relationships and partnerships to develop, and also enabled statutory oversight into care settings to be maintained during a time where other means of access were limited, and at a time where the overarching circumstances risked causing harm to some of our most vulnerable population.
- Towards the end of the year, a decision was made to transfer the Care Governance and Quality Assurance (of providers) framework across from strategic commissioning, to sit under the Adult Safeguarding umbrella. This will enable a seamless interface between the two teams, improve the ability to manage thresholds around quality and safeguarding issues and make responses to concerns of organisational abuse more cohesive. Embedding the new interface will be a key focus of work during 2021/22.

## Annual Performance data and analysis 2020-21

## Safeguarding activity - Concerns and enquiries

The information in this report comes from the Safeguarding Adults Collection (SAC) for the period 1 April 2020 to 31 March 2021. The figures below relate to adults at risk for whom safeguarding concerns were raised and where enquiries were started during the year. A safeguarding *concern* is where a local authority's Adult Social Care service is notified by someone (i.e. a professional, family member or carer) who is worried about the adult at risk being neglected or abused.

In 2020-21 a total of 1758 safeguarding concerns were raised which is an increase of 38% from the previous year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2020-21 517 enquiries were started during the year. The 'conversion rate' is the ratio of enquiries to concerns. The conversion rate for Wokingham during 2020-21 was 29% which means for every 100 concerns that were raised there were 29 s42 enquiries that were started. Table 1 shows Safeguarding activity for Wokingham in the past 4 years.

Table 1 - Safeguarding activity, 2018-21

	Concerns	S42 enquiries	Individuals who had a S42 enquiry	Conversion rate of concern to S42 enquiry
2017-18	1232	478	415	39%
2018-19	1057	412	344	39%
2019-20	1279	471	400	37%
2020-21	1758	517	439	29%

Table 2 – Safeguarding activity benchmarking data, 2019-20

2019-20	Concerns	s42 enquiries	Other safeguardin g enquiries	Conversion rate of concern to all safeguarding enquiries
Wokingham	1280	470	10	38%
West Berkshire	925	540	*	58%
Reading	960	545	*	57%
Slough	1985	230	45	14%
Bracknell	700	100	10	16%
Windsor and Maidenhead	1535	575	*	38%
England	475560	161910	15655	37%
South East	75060	26895	2245	39%

The variances in conversion rate may be due to differing approaches to how concerns are recorded by 'front door' in different local authorities. In some LA's concerns are filtered out before they get to the safeguarding team. Also, enquiry 'threshold' vary across authorities and some apply higher threshold at which investigations are classed as an enquiry than others. During the Coronavirus pandemic there have been patterns in spikes of inappropriate referrals being made to safeguarding, which have impacted on the conversion rate during this period.

## Source of safeguarding enquiries

As with previous years most enquiries in 2020-21 came from social care and health care staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff.

In 2020-21, 39% of enquiries came from social care staff which is a decrease from 45% last year and 26% came from health staff which is an increase from 20% last year. However, this might not be a true representation of the categories as the number of enquiries from category 'Other' has gone up from 6% last year to 15% this year. The percentage of self-referrals and referrals from family members, friends or neighbours in 2020-21 was 10% which is a decrease from 18% in 2019-20.

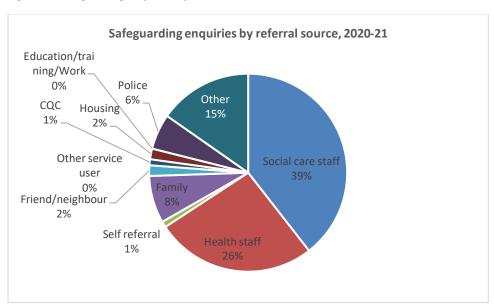


Figure 1 – Safeguarding enquiries by referral source, 2020-21

The table below shows comparison of source of referrals for safeguarding enquiries over the past 4 years.

Table 3 - Safeguarding enquiries by referral source, 2018-21

	Referrals	2017-18	2018-19	2019-20	2020-21
	Social Care Staff total (CASSR & Independent)	277	223	211	204
	Of which: Domiciliary Staff	34	42	36	44
Social	Residential/ Nursing Care Staff	159	109	105	82
Care Staff	Day Care Staff	10	12	15	2
	Social Worker/ Care Manager	42	37	30	49
	Self-Directed Care Staff	2	0	8	1
	Other	30	23	17	26
	Health Staff - Total	64	57	93	136
Health	Of which: Primary/ Community Health Staff	45	39	59	113
Starr	Secondary Health Staff		8	25	12
	Mental Health Staff	6	10	9	11
	Self-Referral	19	9	11	5
	Family member	46	61	68	40
	Friend/ Neighbour	11	7	11	9
0.1	Other service user	1	1	1	0
Other	Care Quality Commission	4	4	12	5
sources of referral	Housing	6	7	11	9
Telefrai	Education/ Training/ Workplace		1	1	0
	Establishment				
	Police	29	18	26	30
	Other	20	24	26	79
	Total	478	412	471	517

## Individuals with safeguarding enquiries

## Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous four years. The majority of enquiries (62%) were for individuals aged 65 and over.

Table 4 – Age group of individuals with safeguarding enquiries, 2018-21

Age band	2017-18	% of	2018-19	% of	2019-20	% of	2020-21	% of
Age Dallu		total		total		total		total
18-64	132	32%	103	30%	146	36%	163	37%
65-74	43	10%	38	11%	43	11%	36	8%
75-84	101	24%	92	27%	92	23%	88	20%
85-94	111	27%	88	26%	95	24%	120	27%
95+	26	6%	22	6%	22	5%	26	6%
Age unknown	2	1%	1	0%	2	1%	6	1%
Grand total	415		344		400		439	

As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 62% of safeguarding enquiries started in 2020-21 were for females which is an increase from 55% last year. The largest increase in the number of enquiries for females was in the 85-94 age band which was an increase of 12 percentage points from 66% in 2019-20 to 78% in 2020-21.

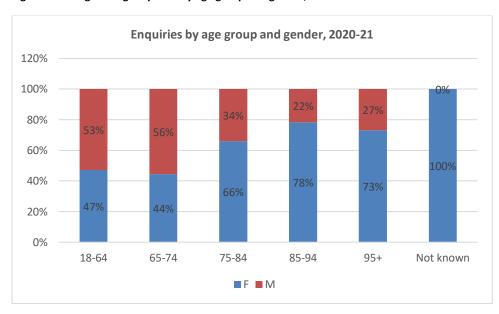
Table 5 – Age group and gender of individuals with safeguarding enquiry, 2020-21

Age group	Female	Male
18-64	77	86

65-74	16	20
75-84	58	30
85-94	94	26
95+	19	7
Unknown	6	0

The chart below indicates that likelihood of abuse increases with age for women.

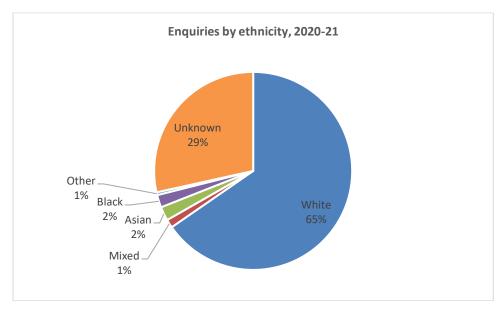
Figure 2 – Safeguarding enquiries by age group and gender, 2020-21



# **Ethnicity**

Sixty five percent of all individuals who had a safeguarding enquiry were of white ethnicity. However, 29% did not have any ethnicity recorded which might not give a true representation of the categories.

Figure 3 – Ethnicity, 2020-21



## **Primary support reason**

Table 6 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. As with previous years for most cases the primary support reason was physical support (45%) followed by learning disability support (13%) and support for memory and cognition (11%). 18% of cases did not have a support reason as they were not receiving any social services support at the time of the safeguarding incident.

Table 6 – Primary support reason, 2018-21

Primary support reason	2017-18	% of total	2018-19	% of total	2019-20	% of total	2020-21	% of total
Physical support	187	45%	149	43%	166	42%	196	45%
Sensory support	8	2%	7	2%	10	3%	12	3%
Support with memory and cognition	60	14%	44	13%	38	10%	49	11%
Learning disability support	92	22%	73	21%	69	17%	59	13%
Mental health support	19	5%	14	4%	27	7%	34	8%
Social support	4	1%	5	2%	8	2%	9	2%
No support reason	45	11%	52	15%	81	20%	79	18%
Not known	0	0%	0	0%	1	0%	1	0%
	415		344		400		439	

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 mostly in the 18-64 age group. 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.

Individuals who had s42 enquiry by PSR and age group, 2020-21 100% 90% 80% 70% 60% 819 50% 40% 30% 20% 10% 0% Physical Sensory Support Learning Mental Social No Not disability health support support with support support known support memory support reason and cognition ■ 18-64 ■ 65 or over ■ Not known

Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2020-21

# Case details for concluded enquiries

## Type of alleged abuse

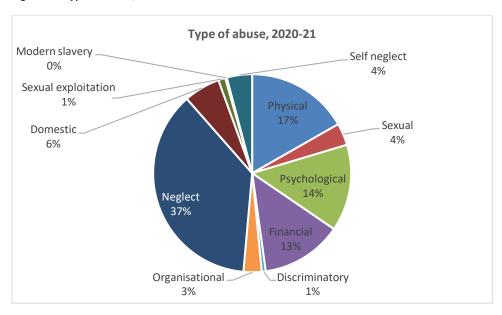
The table below shows enquiries by type of alleged abuse in the last four years.

As with previous year's most of the allegations were for neglect accounting for 37% of all recorded risks followed by physical abuse at 17% and emotional abuse at 14%. While the shifts in abuse categories from year to year remain mostly insignificant there are a couple of notable exceptions. Neglect has risen from 27% last year to 37% in 2020-21 and this is now higher than the national figure of 32% in 2019-20. Physical abuse has fallen from 20% last year to 17% in 2020-21. Emotional abuse has also fallen this year to 14% from 17% last year bringing us in line with England figures for 2019-20.

Table 7 - Type of abuse, 2018-21

Concluded enquiries	2017-18		2018-19		2019-20		2020-21		% England 2019-20
Physical	180	20%	109	19%	116	20%	130	17%	21%
Sexual	42	5%	18	3%	22	4%	28	4%	4%
Emotional/Psychological	170	19%	91	16%	98	17%	110	14%	14%
Financial	117	13%	75	13%	93	16%	103	13%	14%
Neglect	268	30%	182	31%	156	27%	288	37%	32%
Discriminatory	13	1%	1	0%	3	1%	5	1%	1%
Institutional	15	2%	18	3%	12	2%	23	3%	4%
Domestic abuse	29	3%	30	5%	43	7%	46	6%	5%
Sexual exploitation	6	1%	8	1%	4	1%	9	1%	1%
Modern slavery	0	0%	2	0%	1	0%	2	0%	0%
Self-neglect	58	6%	44	8%	36	6%	32	4%	5%

Figure 5 - Type of abuse, 2020-21



# Location of alleged abuse

The home of the adult at risk accounted for 66% of the risk locations. This is higher than the national figure for 2019-20 when 44% of alleged abuse took place in the individuals home. Residential and nursing care homes accounted for 27% between them. Wokingham had a lower percentage (15%) concerning abuse in residential care than nationally (25%).

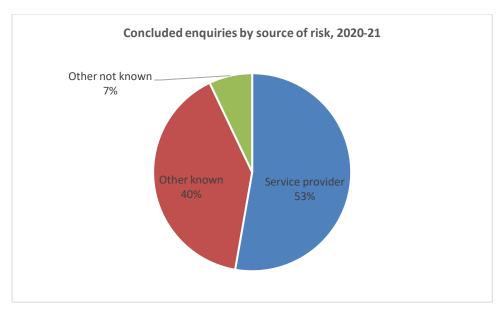
Table 8 - Location of alleged abuse, 2020-21

	2020-21	%	England 2019-
Location of abuse	2020-21	70	2019-
Own Home	381	66%	44%
In the community (excluding community services)	25	4%	4%
In a community service	4	1%	3%
Care Home - Nursing	69	12%	11%
Care Home – Residential	89	15%	25%
Hospital - Acute	1	0%	4%
Hospital – Mental Health	0	0%	2%
Hospital - Community	3	1%	1%
Other	8	1%	6%

#### Source of risk

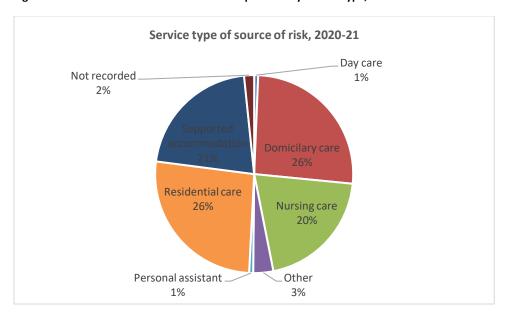
In 53% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted, or commissioned to provide social care services regardless of funding source and includes services organised by the council and residential or nursing homes that offer 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.

Figure 6 – Concluded enquiries by source of risk, 2020-21



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, 46% of residential and nursing care staff reported as the alleged abuser. Domiciliary care staff accounted for 26% of this category.

Figure 7 - Breakdown of source of risk service provider by service type, 2020-21



#### Action taken and result

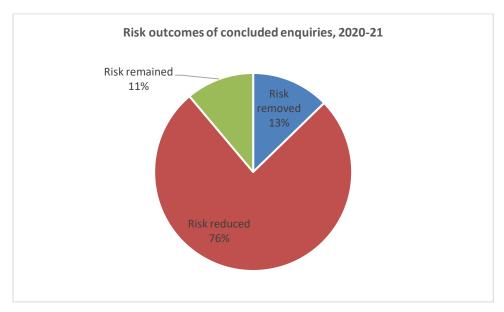
The table below shows risk assessment outcomes for concluded enquiries. In 89% of cases, a risk was identified, and action taken.

Table 9 - Concluded enquiries by risk assessment outcomes, 2020-21

Risk assessment outcome	Total
Risk identified and action taken	499
Risk identified and no action taken	4
Risk - Assessment inconclusive and action taken	3
Risk - Assessment inconclusive and no action taken	1
No risk identified and action taken	24
No risk identified and no action taken	20
Enquiry ceased at individual's request and no action taken	8

The chart below shows concluded enquiries by result in cases where a risk was identified. In most cases, the risk was reduced or removed. In 11% of cases the circumstances causing the risk was unchanged and the risk remained.

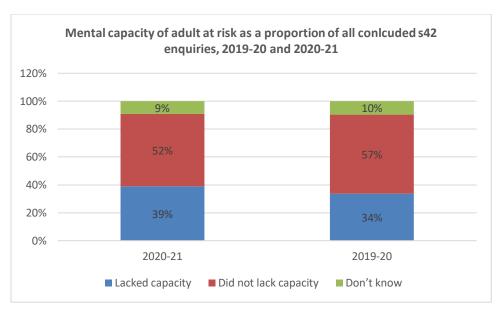
Figure 8 – Risk outcomes of concluded enquiries, 2020-21



## **Mental Capacity and Advocacy**

The chart below shows mental capacity of individuals involved in concluded enquiries. 39% of individuals who had an enquiry concluded in the year lacked capacity.

Figure 9 – Mental capacity, 2019-21

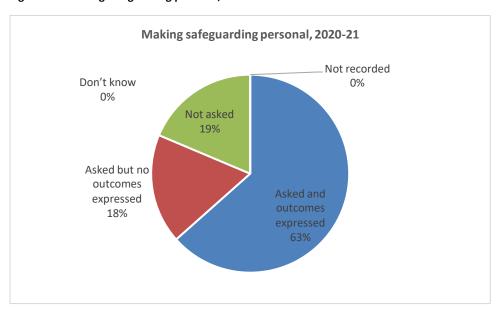


Where the adult at risk lacked capacity, in 89% of cases they were supported by an advocate, family or friend which is above the national figure for England in 2019-20 which was 87%.

## **Making Safeguarding Personal**

Making safeguarding personal is a person centred approach and is about having conversations with people about how to respond in safeguarding situations to enhance involvement, choice and control as well as improving quality of life, wellbeing and safety. Of the enquiries concluded in 2020-21, 81% of people or their representatives were asked what their desired outcomes were and in 63% of these cases, outcomes were expressed.

Figure 10 - Making safeguarding personal, 2020-21



Where outcomes were expressed, in 75% of those cases the desired outcomes were fully achieved, in 20%, the desired outcomes were partially achieved and in 5% of the cases none of the expressed outcomes were achieved.

## The Future – year 2021/22

Previous issues around recruitment of staff have now been overcome and the ASH is shortly to be staffed fully substantively. This is encouraging in terms of providing a solid foundation for developing the service further.

Key objectives for the next year will focus on:

- Working with referrers to educate them on thresholds for safeguarding, to reduce the volume of inappropriate referrals, which impact on capacity for service delivery.
- Developing the interface between Quality and Safeguarding both in the context of proactive and preventative work, but also in response to concerns or organisational abuse.
- To revise and relaunch the Care Governance protocol, including how customers can meaningfully be involved in Quality Assurance of care provision.
- Further develop and enhance the culture of 'Making Safeguarding Personal' throughout safeguarding work, including through strengths-based working.
- Revise and implement the Adult Safeguarding training provision, in line with the SAB learning objectives, lessons from SARs and new ways of working under the ASH.
- Develop workforce competency and confidence on working with self-neglect and hoarding and work with Commissioning and other stakeholders to explore development of more specialist provision for those most at risk.
- To review and relaunch the PiPoT process.
- To undertake further work around targeted exploitations, including to develop a
  network of key contacts (including areas such as hate & mate crime, modern day
  slavery, cuckooing, scamming and financial abuse). Also, to develop bite sized
  learning events; with Police and other stakeholders both about vulnerable adults more
  generally, but also about financial exploitation including civil and criminal remedies.
- To develop subject matter expertise in relation to cuckooing, in order that work across Adult Social Care can be supported in this context.
- To explore with the Performance Team what we can understand from our current data about the types of 'targeted exploitation' being reported and the strengths and gaps around this data to support our strategic vision.
- To improve our understanding about context and risk of sexual exploitation in vulnerable adults, particularly the 18-25 age group. To develop our knowledge of resources available locally and nationally to work with this group.
- To ensure all staff are conversant with the content of the new Domestic Abuse Bill and that staff are working in accordance with it.
- To develop additional accredited DASH Trainers so that courses can be regularly delivered in-house.
- To develop effective relationships with relevant agencies around Domestic Abuse including DAIU, LPA Safeguarding Team, Thames Valley Partnership/ Victims First, Cranstoun, WBC DA Coordinator, Victim Support, Probation, Children's Services, Here4u, Housing and CSP.
- To develop knowledge and skills of the workforce around identifying and risk assessing incidences of Stalking.
- To review, maintain and improve the current Safer Places Scheme which operates within Wokingham Borough.

- To work with the Protecting Vulnerable Persons Unit at TVP to train ASH staff in Joint Interviewing and then embed this in practice.
- To work with Learning Disability provider(s) to develop safeguarding awareness training for people with learning disabilities, which can potentially then be rolled out wider.
- To establish a small safeguarding service user forum, with the membership consisting of adults who have experienced a safeguarding intervention, and/or their carers to move towards more effective co-production.