



Safeguarding Adults Annual Report

2018/19

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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.

During the year 2018/19, delivery of safeguarding functions has been embedded in operational social care teams, with some aspects delegated to the Optalis Brokerage & Support Team. A small Safeguarding Duty desk has also operated, responsible for triaging safeguarding concerns where the adult at risk is not allocated to a worker and providing oversight and scrutiny at the point of sign off of a completed intervention.

A Safeguarding Team Manager was responsible for oversight of the safeguarding Duty function and for leading on any Provider Concerns processes in relation to concerns around organisational abuse, but this post remained vacant from October 2018 onwards as a result of the incumbent leaving post.

In January 2019, a Safeguarding Strategic Service Manager was appointed following this post last being occupied in July 2017. As a strategic priority, this role was tasked with urgently reviewing the structure, pathways and processes for providing safeguarding interventions in Wokingham.

The latter part of the financial year has proved a challenging one with high volumes of safeguarding activity, including two complex Provider Concerns processes and some complex joint working with Police and other partner agencies.

The final three months of the financial year was focused on scoping the redesign of safeguarding services in Wokingham, with a view to implementing a new model of delivery via an Adult Safeguarding Hub (ASH) in 2019/20.

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 outline 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 activity in the context of the SAB priorities

In April 2018, the SAB agreed a Business Plan to cover the period 2018/21. The SAB priorities for year 2018/19 were agreed as shown below, with work undertaken in Wokingham area described alongside.

Priority 1 – to strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the widest range of people

- Proactive work was undertaken to ensure accessible safeguarding information is available for all
- Adult Social Care continued to engage with the community and promote the prevention agenda via quarterly Wokingham Adults Safeguarding Partnership Forum (WASPF) meetings wherein matters relevant to the safeguarding agenda were discussed
- A focus was maintained in independent case file audits on the principle of 'empowerment' and promoting back to the workforce the importance of obtaining feedback from customers in line with principles of Making Safeguarding Personal (MSP) both to deliver effective outcomes for customers and to inform service and strategic development

Priority 2 – to extend links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

- Adult Social Care developed and delivered bespoke training in use of recognised risk assessment tools for Domestic Abuse. This was made mandatory for all adult social care practitioners to support more effective risk assessment and joint working with partner agencies in this context
- A consistent link worker was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces
- Mandatory Carers Assessment training was delivered to all staff
- Various events were held to disseminate learning from SARs dynamically
- Mandatory training was delivered for the workforce on working with self-neglect and hoarding, including the provision of toolkits to assist in this complex area of practice

Priority 3 – to share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

- Wokingham Borough Council actively participated and engaged in SARs commissioned by the SAB, including contributing to designing innovative models of review to generate effective learning
- Organised and participated in bite-size learning events agreed via the Learning and Development subgroup
- Adult Social Care reviewed and developed training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs
- Supervision audits undertaken on regular basis to provide assurance around effectiveness of practice
- Use of Safeguarding Champions Group as means of providing 'subject matter experts' in each service area
- Increased focus on MSP in all training materials relates to safeguarding

Priority 4 – to understand how effective adult safeguarding is across the West of Berkshire, to ensure we identify emerging risks and take action accordingly

- Continuation of 10% audits of completed safeguarding work to understand trends and risks and inform service deliver and development
- Ongoing review of performance data to understand what it tells us about safeguarding activity in the area
- Review of current safeguarding structure and pathways to consider more effective ways of delivering safeguarding in the Borough, thereby improving outcomes for adults at risk. This included submitting a proposal to Leadership on the development of an Adult Safeguarding Hub (ASH) in 2019/20

The SAB has revised its business plan for the period 2018/21 with a set of new priorities set in June 2019 for the year 2019/20. These can be found at the following location, and next year's annual report will reflect them:

<http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/>

Annual Performance data and analysis 2018-19

Safeguarding activity - Concerns and enquiries

This section looks at number of safeguarding concerns raised and the number of enquiries that started during the year. A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (i.e. a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1057 safeguarding *concerns* were raised for the 2018-19 reporting year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2018/19 412 enquiries were started during the year.

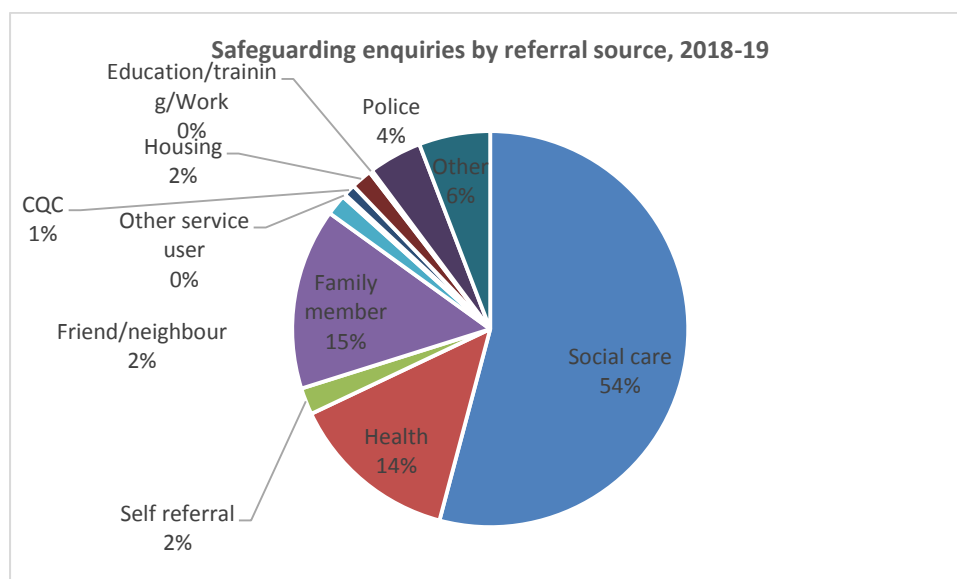
Table 1 – Safeguarding activity, 2016-19

	Concerns	Safeguarding referrals/S42 enquiries	Individuals who had safeguarding referral /S42 enquiry	Conversion rate of concern to S42 enquiry
2015-16	1,495	586	479	39%
2016-17	1,523	620	510	41%
2017-18	1232	478	415	39%
2018-19	1057	412	344	39%

Source of safeguarding enquiries

Fifty four percent of safeguarding enquiries came from social care staff followed by 14% 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%.

Figure 1 – Safeguarding enquiries by referral source 2018-19



The table below shows comparison of safeguarding enquiries over the past 4 years. As with previous years, the majority of enquiries continue to come from social care staff and health care staff.

Table 2 – Safeguarding enquiries by referral source, 2016-19

	Referrals	2015-16	2016-17	2017-18	2018-19
Social Care Staff	Social Care Staff total (CASSR & Independent)	306	313	277	223
	Of which: Domiciliary Staff	46	46	34	42
	Residential/ Nursing Care Staff	186	164	159	109
	Day Care Staff	15	20	10	12
	Social Worker/ Care Manager	35	44	42	37
	Self-Directed Care Staff	4	5	2	0
	Other	20	34	30	23
Health Staff	Health Staff - Total	112	115	64	57
	Of which: Primary/ Community Health Staff	51	65	45	39
	Secondary Health Staff	40	30	13	8
	Mental Health Staff	21	20	6	10
Other sources of referral	Self-Referral	21	28	19	9
	Family member	65	79	46	61
	Friend/ Neighbour	12	10	11	7
	Other service user	1	0	1	1
	Care Quality Commission	1	1	4	4
	Housing	3	8	6	7
	Education/ Training/ Workplace Establishment	2	2	1	1
	Police	27	32	29	18
	Other	36	32	20	24
	Total	586	620	478	412

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 (70%) were for individuals aged 65 and over.

Table 3 – Age group of individuals with safeguarding enquiries, 2016-19

Age band	2015-16	% of total	2016-17	% of total	2017-18	% of total	2018-19	% of total
18-64	128	27%	138	27%	132	32%	103	30%
65-74	61	13%	58	11%	43	10%	38	11%
75-84	120	25%	150	30%	101	24%	92	27%
85-94	141	29%	133	26%	111	27%	88	26%
95+	26	5%	24	5%	26	6%	22	6%
Age unknown	3	1%	7	1%	2	1%	1	0%
Grand total	479		510		415		344	

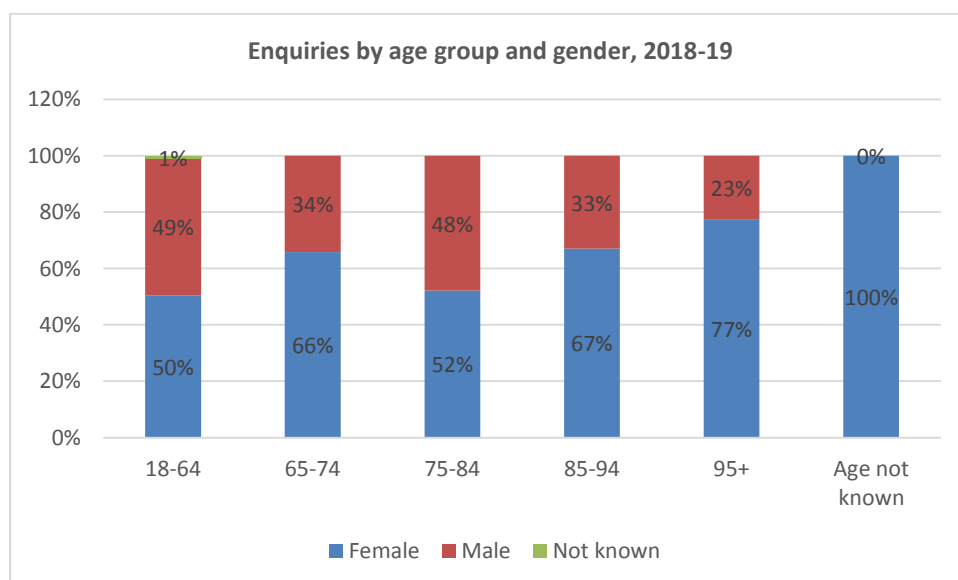
As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 59% of safeguarding enquiries started in the year were for females.

Table 4 – Age group and gender of individuals with safeguarding enquiries 2018-19

Age group	Female	Male	Not known
18-64	52	50	1
65-74	25	13	0
75-84	48	44	0
85-94	59	29	0
95+	17	5	0
Unknown	1	0	0

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

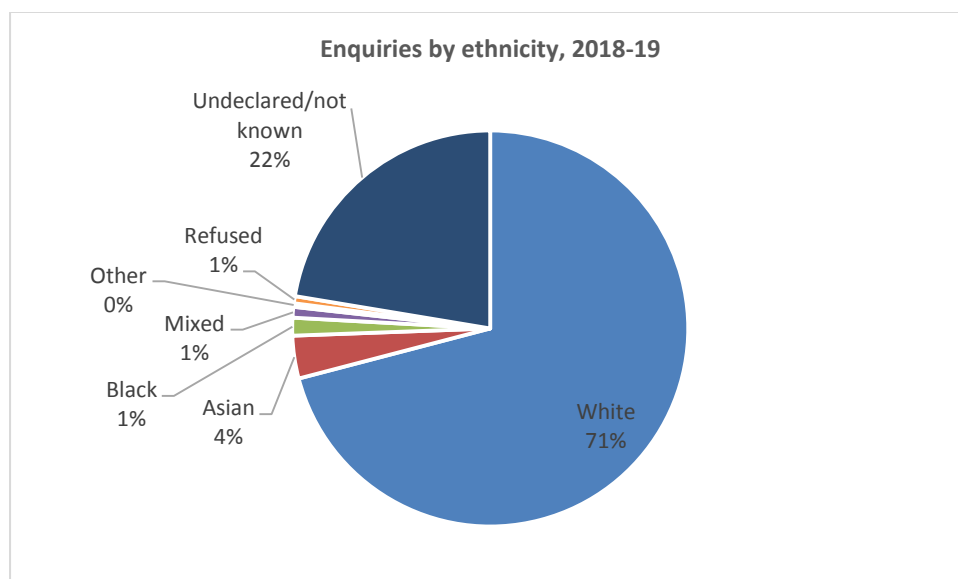
Figure 2 - Safeguarding enquiries by age group and gender, 2018-19



Ethnicity

Seventy one percent of all individuals who had a safeguarding enquiry were of white ethnicity. However 22% did not have any ethnicity recorded which might not give a true representation of the categories.

Figure 3 – Ethnicity, 2018-19



Primary support reason

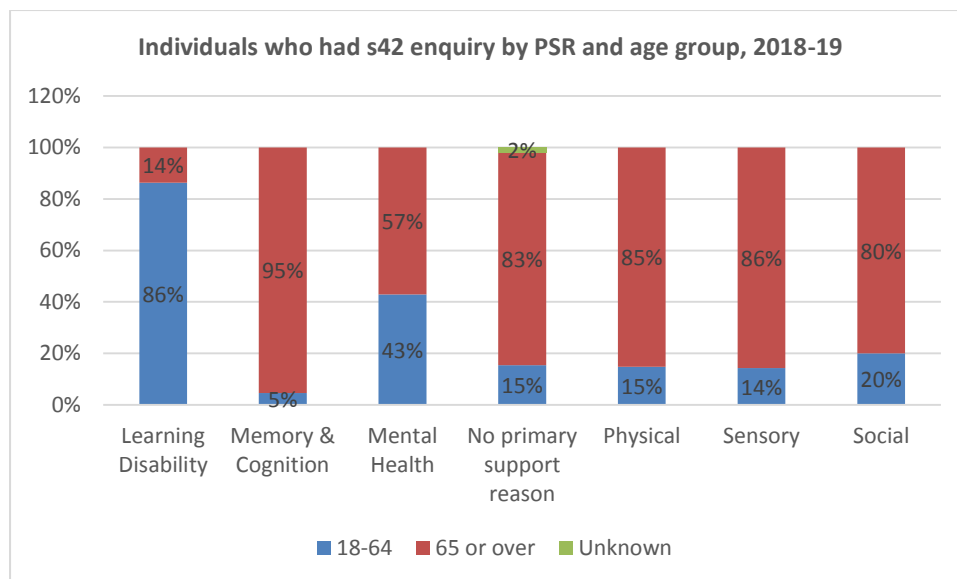
Table 5 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (43%) followed by learning disability support (21%) and support for memory and cognition (13%).

Table 5 – Primary support reason for individuals with safeguarding enquiries, 2016-19

Primary support reason	2015-16	% of total	2016-17	% of total	2017-18	% of total	2018-19	% of total
Physical support	225	47%	237	47%	187	45%	149	43%
Sensory support	13	3%	14	3%	8	2%	7	2%
Support with memory and cognition	87	18%	111	22%	60	14%	44	13%
Learning disability support	101	21%	91	18%	92	22%	73	21%
Mental health support	24	5%	28	5%	19	5%	14	4%
Social support	9	2%	8	1%	4	1%	5	2%
No support reason	19	4%	21	4%	45	11%	52	15%
Not known	1	0%	0	0%	0	0%	0	0%
	479		510		415		344	

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.

Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2018-19



Case details for concluded enquiries

Type of alleged abuse

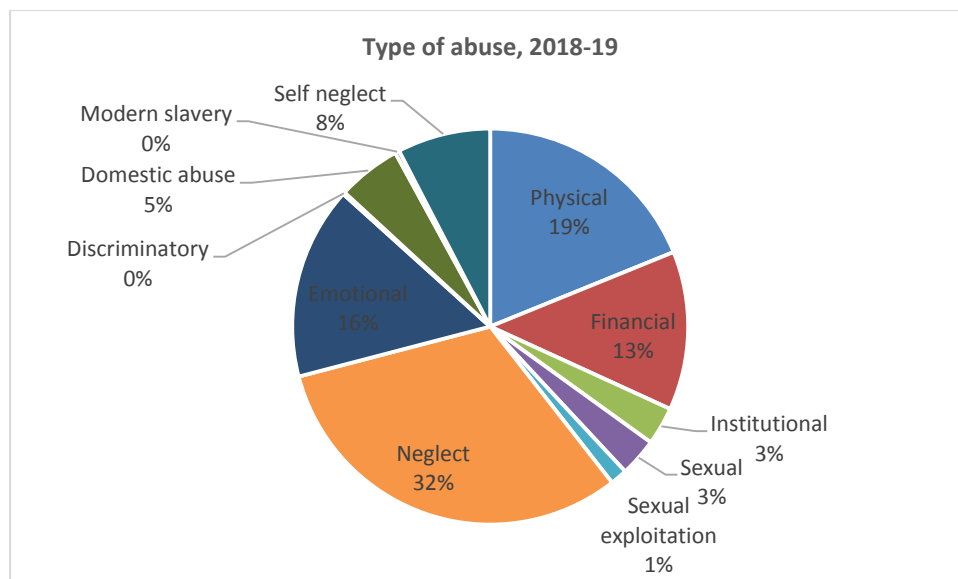
The table below shows enquiries by type of alleged abuse in the last four years.

The majority of the allegations were for neglect accounting for 31% of all recorded risks followed by physical abuse at 19% and emotional abuse at 16%.

Table 6 – Concluded enquiries by type of abuse, 2018-19

Concluded enquiries	2015-16		2016-17		2017-18		2018-19	
	Count	%	Count	%	Count	%	Count	%
Physical	165	26%	171	20%	180	20%	109	19%
Sexual	9	1%	17	2%	42	5%	18	3%
Emotional/Psychological	94	15%	123	15%	170	19%	91	16%
Financial	57	9%	98	12%	117	13%	75	13%
Neglect	254	41%	329	39%	268	30%	182	31%
Discriminatory	4	1%	4	0%	13	1%	1	0%
Institutional	23	4%	35	4%	15	2%	18	3%
Domestic abuse	8	1%	28	3%	29	3%	30	5%
Sexual exploitation	0	0%	2	0%	6	1%	8	1%
Modern slavery	0	0%	0	0%	0	0%	2	0%
Self-neglect	10	2%	39	5%	58	6%	44	8%

Figure 5 – Type of abuse 2018-19



Location of alleged abuse

The home of the adult at risk accounted for 50% of the risk locations. Residential and nursing care homes accounted for 38% between them.

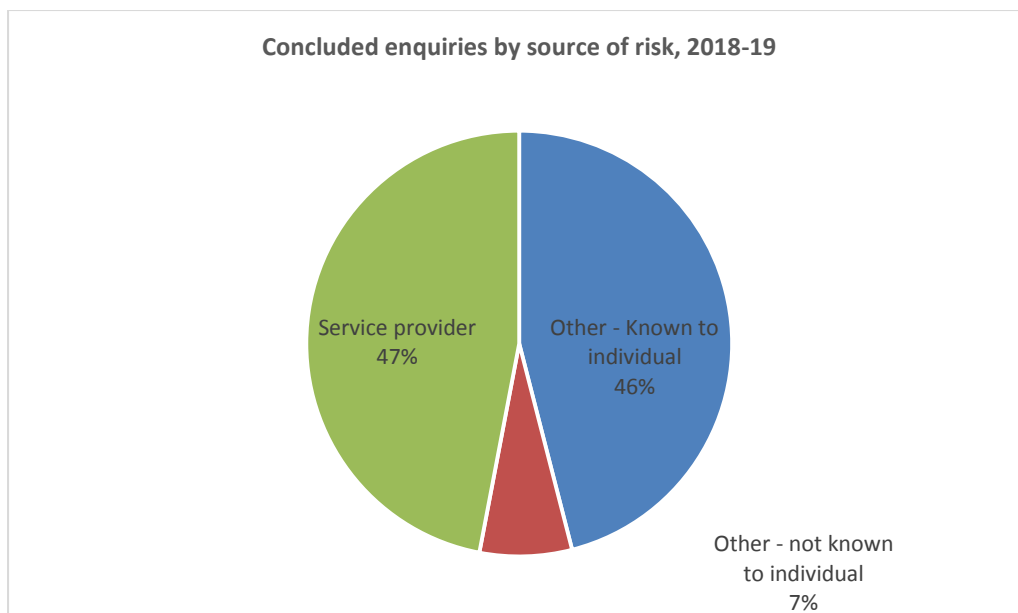
Table 6 – Location of abuse, 2018-19

Location of abuse	2018-19
Own Home	207
In the community (excluding community services)	28
In a community service	10
Care Home - Nursing	44
Care Home – Residential	113
Hospital - Acute	0
Hospital – Mental Health	0
Hospital - Community	1
Other	14

Source of risk

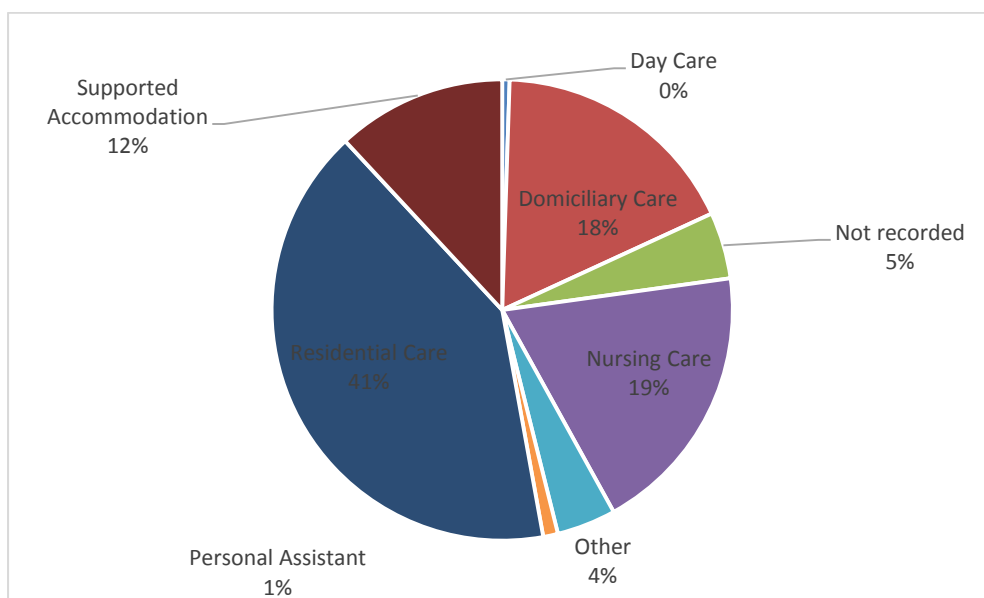
In 47% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted or commissioned to provide social care services regardless of funding source and includes services organised by the council and residential or nursing homes that offer 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, 2018-19



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, residential and nursing care staff were most commonly reported as the alleged abuser (60%). Domiciliary care staff accounted for 18% of this category.

Figure 7 - Breakdown of source of risk Service provider by service type, 2018-19



Action taken and result

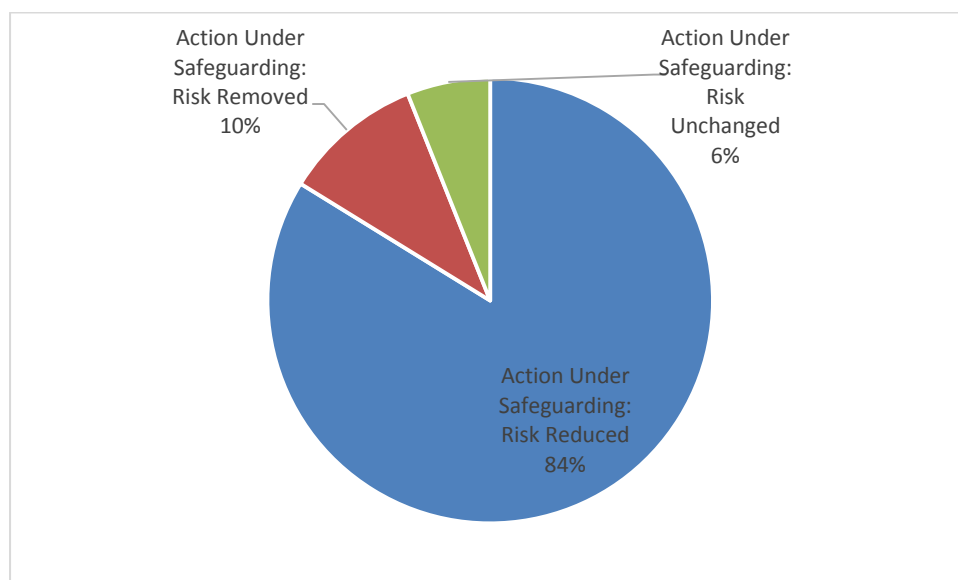
The table below shows risk assessment outcomes for concluded enquiries. In 91% of cases, a risk was identified and action taken.

Table 7 – Concluded enquiries by risk assessment outcomes, 2018-19

Risk assessment outcome	Total
Risk identified and action taken	361
Risk identified and no action taken	3
Risk - Assessment inconclusive and action taken	13
Risk - Assessment inconclusive and no action taken	6
No risk identified and action taken	6
No risk identified and no action taken	8
Enquiry ceased at individual's request and no action taken	1

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

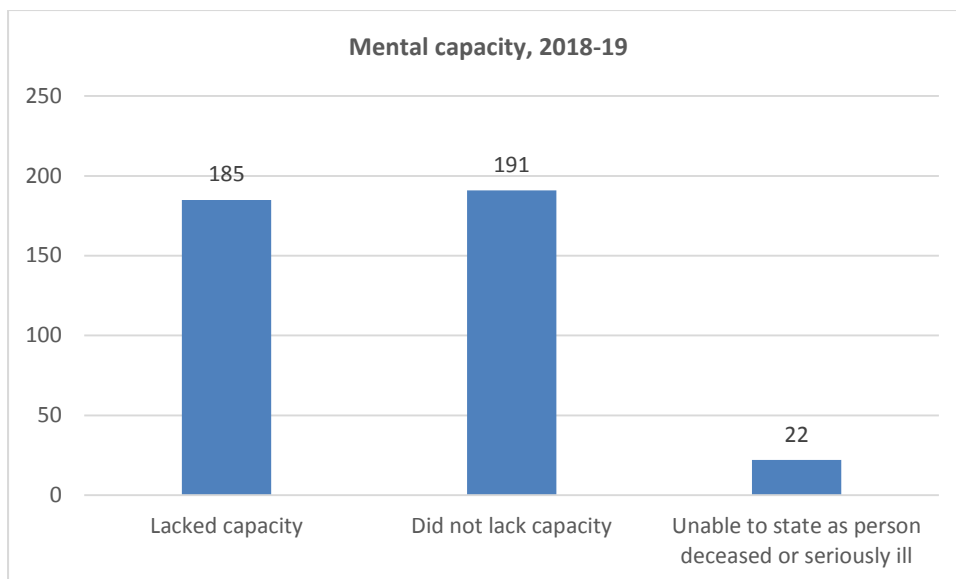
Figure 8 - Risk outcomes of concluded enquiries, 2018-19



Mental Capacity and Advocacy

The chart below shows mental capacity of individuals involved in concluded enquiries. 46% of individuals who had an enquiry concluded in the year lacked capacity.

Figure 9 – Mental capacity, 2018-19

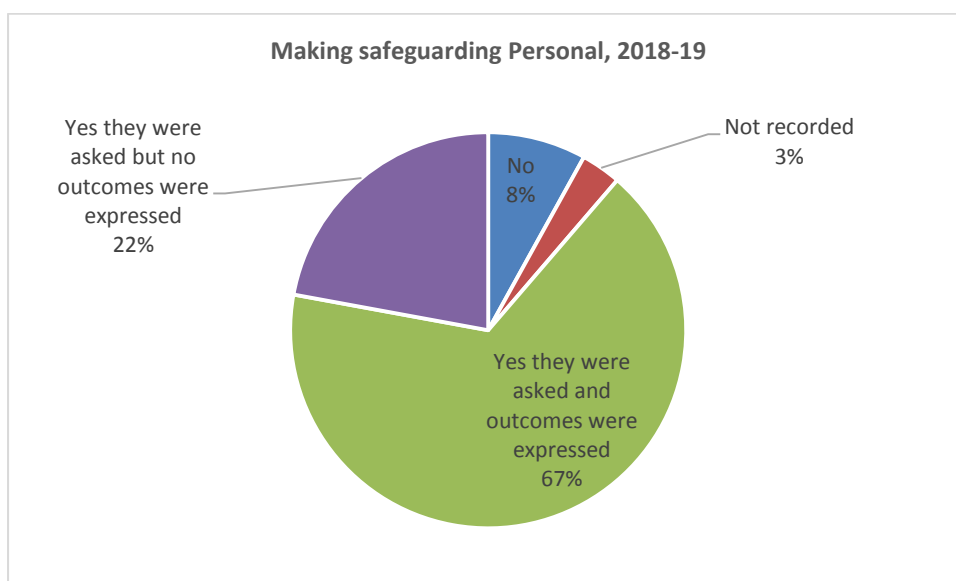


Where the adult at risk lacked capacity, in 98% of cases they were supported by an advocate, family or friend.

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 2018-19, 89% of people or their representatives were asked what their desired outcomes were and in 67% of these cases, outcomes were expressed.

Figure 10 – Making safeguarding Personal, 2018-19



Where outcomes were expressed, in 74% of those cases the desired outcomes were fully achieved, in 22%, the desired outcomes were partially achieved and in 4% of the cases none of the expressed outcomes were achieved.

The Future

In 2019/20, Wokingham Borough Council will be working towards the implementation of its new Adult Safeguarding Hub (ASH), which will serve as the single point of access for all safeguarding concerns.

The ASH will support the council in achieving some key improvements in the delivery of safeguarding interventions, including:

- a. creating a smoother pathway for the customer
- b. better embedding of the principles of Making Safeguarding Personal (MSP)
- c. achieving proportionate responses that create better outcomes and make more efficient use of resource
- d. facilitating more effective partnership working
- e. enabling more proactive, preventative work
- f. working in accordance with the concept that 'safeguarding is everybody's business'

During and beyond the implementation of the ASH, this specialist service will continue to work closely with wider Adult Social Care staff to ensure safeguarding remains a core agenda for all. The service will look to establish and embed strong relationships with partners and other stakeholders and to ensure the priorities of the SAB are embedded in work locally.