Safeguarding Adults Annual Report

2021/22

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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 Sec 42 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 multiagency 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 own 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.

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Local activity in the context of the SAB priorities

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

- Priority 1: To consider SAB learning regarding self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.

- Priority 2: To consider SAB learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.

- Priority 3: To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.

- Priority 4: The SAB will continue to carry out business as usual tasks in order to comply with its statutory obligations.

Operational Activity

The number of Adult Safeguarding concerns raised in Wokingham Borough during 2021/22 totalled 2,253. This was a 28% increase on the previous year and a 76% increase on pre-Covid levels of referral.

	Concerns	S42 enquiries	Conversion rate of concern to S42 enquiry
2017-18	1232	478	39%
2018-19	1057	412	39%
2019-20	1279	471	37%
2020-21	1758	517	29%
2021-22	2253	668	29.6%

In addition to a genuine significant increase in the number of Safeguarding concerns, there has also been an increase in the volume of ‘out of scope’ referrals which are not indicative of concerns of abuse or neglect (as indicated in the conversion rate, from an average of around 38% pre-Covid to around 29% in the last two years), and this has put significant pressure on capacity within the service and the pathway.

The service has needed to be flexible and adapt dynamically in relation to this and at the start of financial year 2022/23, work is underway with the Safeguarding Adults Board, partner agencies and commissioned services to develop a greater understanding around criteria for referral, and alternative routes for accessing support around issues that are not indicative of abuse or neglect.

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In order to support this work and in conjunction with other SAB Partners, the service has introduced a toolkit to support decision-making around indicators of abuse or neglect requiring referral. This has also been linked to WBC's revised Care Quality pathway (see later in this report) to ensure most proportionate response and to enhance the focus on prevention as the best method of protection.

At the same time, the ASH has also created a process to enable a 'Safeguarding consultation' to take place so that if anyone is in doubt about whether a situation constitutes a Safeguarding concern, they can have a formal discussion with a Safeguarding professional to agree the appropriate way forward. Whilst this has always been possible, formalising this pathway encourages greater proportionality and ensures there is good governance in place around these consultations.

Whilst working hard with the challenges of such increased demand, the staff in the ASH have worked hard this year on focusing on delivering a personalised service to adults at risk via Safeguarding interventions. Delivering against the principles of the *Making Safeguarding Personal* agenda is an ongoing piece of work but some examples of extremely positive feedback have been seen with this as one example:

"*They were absolutely outstanding. Polite, courteous, informed, and informative, they heard all I had to say and were very, very clear as to what steps we should now take and what options were now available to us. A 10/10 experience, from a great team at Wokingham Borough Council"*.

Internal Audit

In Q3, the Adult Safeguarding service was audited internally as part of the approved Annual Internal Audit Plan 2021/22.

Based upon their review of the controls in place within Adult Safeguarding, they concluded that controls are: *Substantially Complete and Generally Effective*, this was the 2nd highest out of 4 audit options.

The audit highlighted many positives and stated considerable progress is evident since previous peer reviews in 2018 and 2020. It stated the ASH is well established, enabling a defined process, with built in supervision and monitoring, and is, for the most part, viewed positively internally and externally. Feedback from partners, including Police, CCG and the SAB on WBC's partnership working, leadership and communication was universally positive. It stated the process at WBC is viewed as clearly defined and the systems as working well. The audit said WBC is perceived as a strong and active partner in the SAB.

The audit confirmed 7 areas to work on in 2022/23 and the strategic service plan has been updated to ensure these are reflected.

Self-neglect

This area of work has had a high profile in Adult Social Care for a number of years. The modular training on self-neglect rolled out in 2020/21 has continued to be delivered this year,

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with an additional session also being put on specifically for the voluntary sector. Unfortunately, there was not as much take up on that session as had been hoped.

The ASC Practice Development Team have towards the end of the year published a Hoarding Protocol. This provides all relevant information in one accessible place with direct links to more detailed resources and cross references with tools such as the Self-Neglect Threshold toolkit (to inform pathways) and the Clutter Index Tool. Front line staff report that they find this resource useful and an aid to practice.

"The hoarding protocol is great, clearly a lot of thought and consideration has gone into it. It's user friendly, simple to read but effective. I would find it useful when working with hoarders directly as well as using it as a tool to support my supervisees. It is also handy to remind worker on how hoarding interlinks with the mental capacity act and safeguarding adults framework".

In Q3, WBC participated in a 'Self Neglect Appreciative Enquiry' organised by the SAB. Practitioners directly involved in three randomly selected cases presented the cases to a panel of Senior Professionals from across the Partnership. One case was jointly presented with Berkshire Healthcare Foundation Trust (BHFT). Presentations lead to a discussion about the overview of the case, what went well, the barriers and challenges encountered and how these were overcome, what would be done differently with hindsight and what changes in practice may improve outcomes for individuals that self-neglect. The SAB viewed the presentations as a success and said that *"the presenters evidenced a commitment to safeguard individuals at risk of self-neglect*".

Pressure care management

As the single point of access for Safeguarding referrals, ASH staff and the Care Quality Team have been given several sessions of coaching to develop their knowledge in relation to this area of practice.

As clinical input to a Sec 42 enquiry would always be sought where the appropriateness or effectiveness of clinical practice needed to be considered, these sessions have focused on ensuring staff understand the principles of 'react to red', are aware of indications of where omissions in care or care planning may be creating risk around pressure care, and on how to use the pressure ulcer pathway documents to assist in reviewing case history.

A presentation from BHFT on beds, mattresses and repositioning to prevent pressure damage, which is usually delivered to District Nurses, has also been shared with all Adult Social Care staff to assist with raising awareness around pressure care management.

Organisational Safeguarding

In April 2021, the Care Quality Team was transferred from Strategic Commissioning to sit alongside the ASH within the Adult Safeguarding service. This provided the opportunity for a refresh of WBC's Care Governance Protocol and highlighted the role of prevention and early intervention in relation to Safeguarding within organisations.

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Wherein serious quality or safeguarding issues of a systemic nature have existed, and the *Serious Concerns* framework has needed to be utilised, the new structure has supported a seamless interface between ASH and Care Quality professionals. This has enabled the service to work more collaboratively with those commissioned services and with other stakeholders to support improvements in a timely, robust, and sustainable manner.

Throughout this work, the service has focused on building on the excellent relationships established throughout the Covid-19 Pandemic via the ASC Covid-19 Taskforce interface with commissioned services, recognising that effective partnerships are essential to the work we do. An example of feedback from commissioned services highlights the value of these relationships:

"*I cannot express how happy I am to be working alongside such kind and helpful people, it is so refreshing and much appreciated*".

Throughout 2021/22, the work of the ASC Covid-19 Taskforce continued.

From April 2021 to March 2022 the Covid-19 Task Force supported:

- 50 care homes
- 6 x day centres
- 4 x OP extra care services
- 47 x domiciliary care agencies
- 93 x supported living services
- 7 x outreach services
- 25 x sheltered housing schemes

Care homes received daily calls throughout this period, with other services receiving between 1 to 2 calls a week increasing to more regular contact where a number of cases had been identified.

At the peak in January 2022 there were 27 care homes & 5 x extra care or supported living services in outbreak. All of these settings were provided with information, advice, support and input around problem-solving, with multiagency meetings (IMTs) being convened for the more complex situations.

The input of the ASC Covid Task Force has been very well received by commissioned services, with the following being a selection of the feedback received:

"*When a senior manager visited the home the other day, he asked the manager what the last year's Covid experience has been like. Her first answer was that "I don't know what we would have done without the Wokingham Task Force team"".*

"*WBC and the task force have provided the best covid support out of all the councils we work with. I have contacts in care homes in other boroughs who do not get anywhere near as much covid support as we get. …it is very reassuring, and I can sleep easy at night knowing that the Task Force is only on the other end of the phone to answer questions or provide support"*

"I very much sang your praises to the new Chief Nurse after we were selected for a virtual tour!"

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In June 2021, the Taskforce supported the delivery of Surge Testing in the Borough due to the emergence of the Delta variant at the time, and this saw 1198 vulnerable people visited in their own home during the course of a two-week period.

The Taskforce also worked tirelessly to support the delivery of the Covid vaccination programme to residents and staff in care settings in support of colleagues in BHFT and Primary Care who were responsible for delivering on this programme.

Safeguarding Adults Reviews

Two Safeguarding Adults Reviews (SARs) were published for the Borough in 2021/22.

'John'

This SAR was one of the catalysts for a decision by ASC to commission an independent expert to support with a root and branch review of Direct Payments policy, practice, and guidance. This review produced a detailed report, with a set of recommendations, which will be taken forward during year 2022/23.

'Steven'

This SAR was one of the catalysts for the delivery of risk assessment training by the Practice Consultants across all teams in Adult Social Care. This was rolled out in Q3 and was well received. This SAR also highlighted the need for some attention on developing the *application* of the Mental Capacity Act (MCA) *in practice* to support the previously theory based training and development and this work is being progressed across 2022/23.

A new internal process for SAR dissemination, practitioner reflection and workforce development following the publication of any SAR in the Borough was designed. This will be implemented in 2022/23 and will be overseen by a SAR steering group. It is intended that this will engage the workforce more dynamically in learning from SAR's and support a cycle of continuous improvement.

Prevent

During the course of 2021/22, stronger links were created between Adult Safeguarding service, Community Safety Partnership and work delivered in relation to the Prevent Duties of the Local Authority under the Governments CONTEST strategy.

Head of Adult Safeguarding became Deputy Chair of the Channel Panel and stood in for the substantive chair for the majority of the year whilst he was unavailable. This has achieved benefits both to the work of the panel in providing ASC knowledge and expertise, but also to the work of ASC in raising the profile of the work of Prevent and Channel within that arena.

In Q4 of 2021/22, bespoke Prevent training sessions were delivered to all teams in Adult Social Care, enhancing their confidence around *their role* when working with someone for whom risk of radicalisation has been identified.

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Domestic Abuse

2021 saw the introduction of the Domestic Abuse Act 2021 and the new statutory guidance. The measures in the 2021 Act seek to:

- Promote awareness
- Protect and support victims
- Tackle perpetrators
- Transform the justice response
- Improve performance

It seeks to achieve this through providing clear information on what domestic abuse is and how to identify it, providing guidance and support to frontline professionals and signposting responding agencies to other sources of guidance on domestic abuse.

The WBC Domestic Abuse Strategy 2021 to 2024 for the council can be found here.

ASC have an active presence on the Domestic Abuse Partnership Board, which was established in line with the new Duties under the Act. Good networks have been established as part of this and there is a strong interface between work led by the Community Safety Partnership and Adult Safeguarding.

In July 2021, the Council's Domestic Abuse support contract was awarded to Cranstoun. The profile of Adult Safeguarding and the work of the ASH has been a focus of conversations with the provider to ensure that Sec 42 Duties are at the forefront of people's minds and to ensure good multiagency working in relation to those people who are being supported via a Safeguarding Enquiry.

Monies made available as part of the Domestic Abuse strategy have enabled funding to be provided to Hourglass, who promote safer ageing and a fairer society, with a focus on elder abuse. This has enhanced the specialist and multidisciplinary response that can be provided to older people experiencing Domestic Abuse in the Borough.

Development of staff confidence and competence around working with this complex area of practice remained a priority this year and a variety of targeted training was delivered to support this:

- LGBT and Domestic Abuse e-learning
- Domestic Abuse and Learning Disability
- Legal Remedies via the Civil Courts
- Working with LGBT+ communities affected by Domestic Abuse
- Domestic Abuse awareness e-learning
- Domestic Abuse and safety planning
- Domestic Abuse within Black and Minoritized Communities

As the single point of access for all Adult Safeguarding referrals, ASH staff all received DASH-RIC training and work is underway to find a bespoke provider to deliver this across ASC in the next year.

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A Senior Social Worker in the ASH has continued to attend MARAC (Multiagency Risk Assessment Conference for high-risk cases) and MATAC (Multi-Agency Tasking and Coordination process of identifying and tackling serial perpetrators of domestic abuse perpetrators) meetings, ensuring effective ASC representation.

The Safeguarding service has continued to develop effective relationships with Police colleagues, including in particular the Domestic Abuse Investigation Unit (DAIU) to support collaborative working.

Ukraine refugees

On 24 February 2022 Russian invaded Ukraine causing Europe's largest refugee crisis since World War 2, with more than 8.8 million Ukrainians fleeing the country and a third of the population displaced.

On 18 March 2022, the Government's 'Homes for Ukraine' scheme was launched, allowing Ukrainian nationals and their family members to come to the UK if they had a named sponsor under the scheme. The responsibility for the management of the scheme was passed to Local Authorities to manage.

The Adult Safeguarding Service worked in conjunction with services across the Council to create a Taskforce to deliver this response in the Borough and in particular provided expert advice alongside that from Children's Services, to ensure that suitable safeguarding mechanisms were put in place to protect vulnerable people who may be using this scheme.

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Annual Performance data and analysis 2021-22

Safeguarding activity - Concerns and enquiries

The information in this report comes from the Safeguarding Adults Collection (SAC) for the period 1 April 2021 to 31 March 2022. 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 2021-22 a total of 2259 safeguarding concerns were raised which is an increase of 28% from the previous year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2021-22 668 enquiries were started during the year. The 'conversion rate' is the ratio of enquiries to concerns. The conversion rate for Wokingham during 2021-22 was 30% which means for every 100 concerns that were raised there were 30 s42 enquiries that were started. Table 1 shows Safeguarding activity for Wokingham in the past 4 years.

Table 1 – Safeguarding activity, 2019-22

	Concerns	S42 enquiries	Individuals who had a S42 enquiry	Conversion rate of concern to S42 enquiry
2018-19	1057	412	344	39%
2019-20	1279	471	400	37%
2020-21	1758	517	439	29%
2021-22	2259	668	585	30%

Table 2 – Safeguarding activity benchmarking data, 2020-21

2020-21	Concerns	s42 enquiries	Other safeguarding enquiries	Conversion rate of concern to all safeguarding enquiries
Wokingham	1760	515	10	29%
West Berkshire	1565	490	*	31%
Reading	1590	495	*	31%
Slough	1460	240	20	16%
Bracknell	840	85	10	10%
Windsor and Maidenhead	1758	505	*	29%
England	498260	152270	16690	31%
South East	88210	28550	1620	32%

The variances in conversion rate will 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.

Source of safeguarding enquiries

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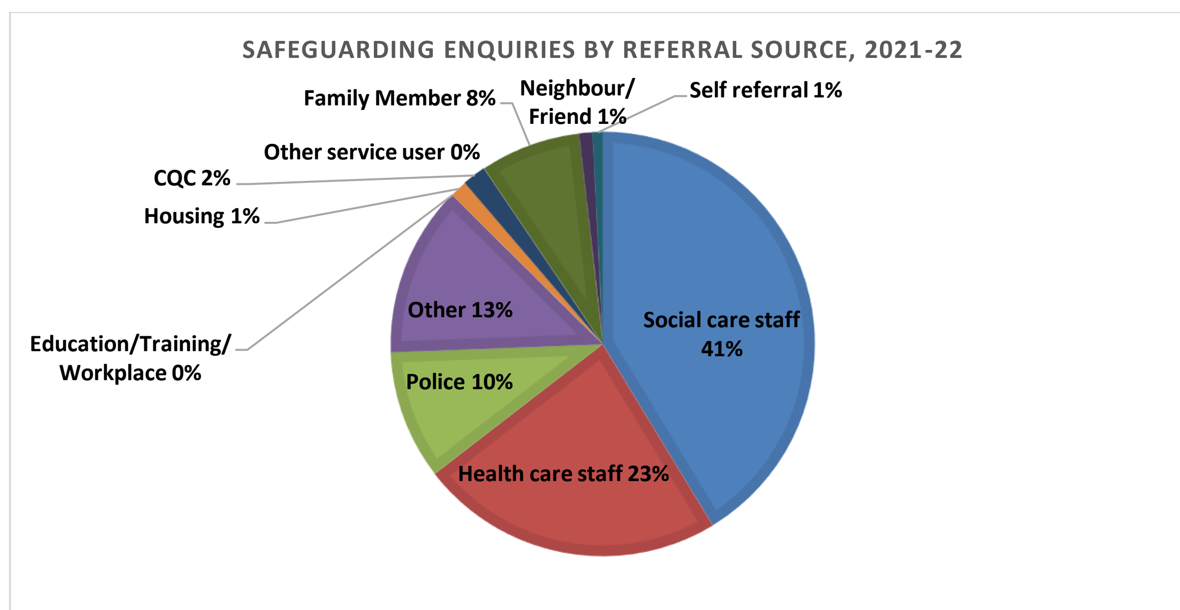
As with previous year's most enquiries in 2021-22 came from social care and health care staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff.

In 2021-22, 41% of enquiries came from social care staff which is an increase from 39% last year and 23% came from health staff which is a decrease from 26% last year. However, this might not be a true representation of the categories as the number of enquiries from category 'Other' has decreased from 15% last year to 13% this year. The percentage of self-referrals and referrals from family members, friends, or neighbours in 2021-22 was 10% which is a decrease from 18% in 2020-21.

Figure 1 – Safeguarding enquiries by referral source, 2021-22



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

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Table 3 – Safeguarding enquiries by referral source, 2019-22

	Referrals	2018-19	2019-20	2020-21	2021-22
Social Care Staff	Social Care Staff total (CASSR & Independent)	223	211	204	276
	Of which: Domiciliary Staff	42	36	44	109
	Residential/ Nursing Care Staff	109	105	82	125
	Day Care Staff	12	15	2	4
	Social Worker/ Care Manager	37	30	49	73
	Self-Directed Care Staff	0	8	1	1
	Other	23	17	26	20
Health Staff	Health Staff - Total	57	93	136	155
	Of which: Primary/Community Health Staff/South Central Ambulance service	39	59	113	145
	Secondary Health Staff	8	25	12	5
	Mental Health Staff	10	9	11	5
Other sources of referral	Self-Referral	9	11	5	5
	Family member	61	68	40	51
	Friend/ Neighbour	7	11	9	7
	Other service user	1	1	0	0
	Care Quality Commission	4	12	5	12
	Housing	7	11	9	9
	Education/ Training/ Workplace Establishment	1	1	0	0
	Police	18	26	30	66
	Other	24	26	79	87
	Total	**412**	**471**	**517**	**668**

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 (68%) were for individuals aged 65 and over.

Table 4 – Age group of individuals with safeguarding enquiries, 2019-22

Age band	2018-19	% of total	2019-20	% of total	2020-21	% of total	2021-22	% of total
18-64	103	30%	146	36%	163	37%	179	31%
65-74	38	11%	43	11%	36	8%	76	13%
75-84	92	27%	92	23%	88	20%	155	26%
85-94	88	26%	95	24%	120	27%	148	25%
95+	22	6%	22	5%	26	6%	24	4%
Age unknown	1	0%	2	0%	6	1%	3	1%
Grand total	344		400		439		585	

As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 57% of safeguarding enquiries started in 2021-22 were for females which is a decrease from 62% last year. The largest increase in the number of enquiries for females was in the 85-94 age band which was a decrease of 10 percentage points from 78% in 2020-21 to 68% in 2021-22.

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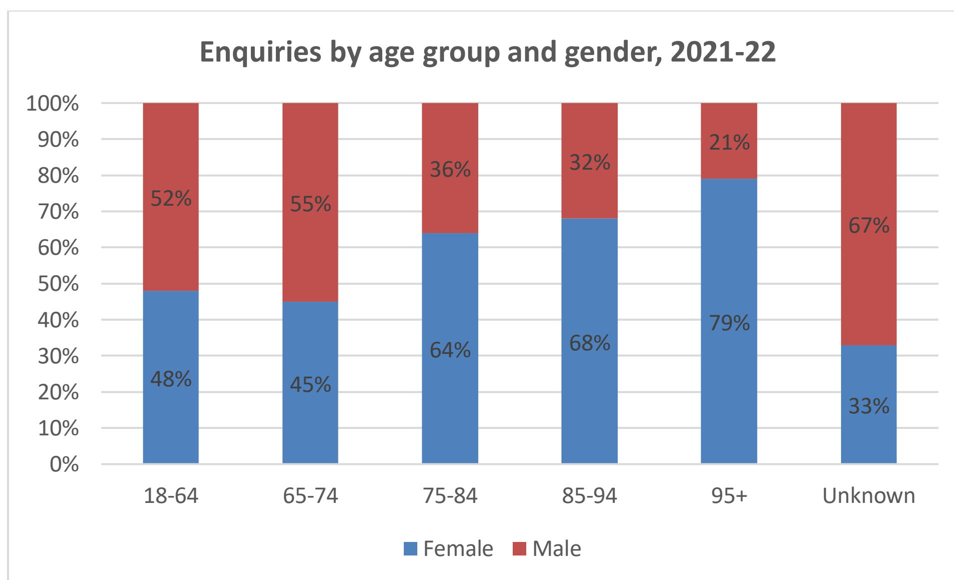
Table 5 – Age group and gender of individuals with safeguarding enquiry, 2021-22

Age group	Female	Male
18-64	85	91
65-74	34	42
75-84	98	56
85-94	100	47
95+	19	5
Unknown	1	2

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

Figure 2 – Safeguarding enquiries by age group and gender, 2021-22



Ethnicity

Eighty nine percent of all individuals who had a safeguarding enquiry were of white ethnicity. However, 3% did not have any ethnicity recorded which might not give a true representation of the categories.

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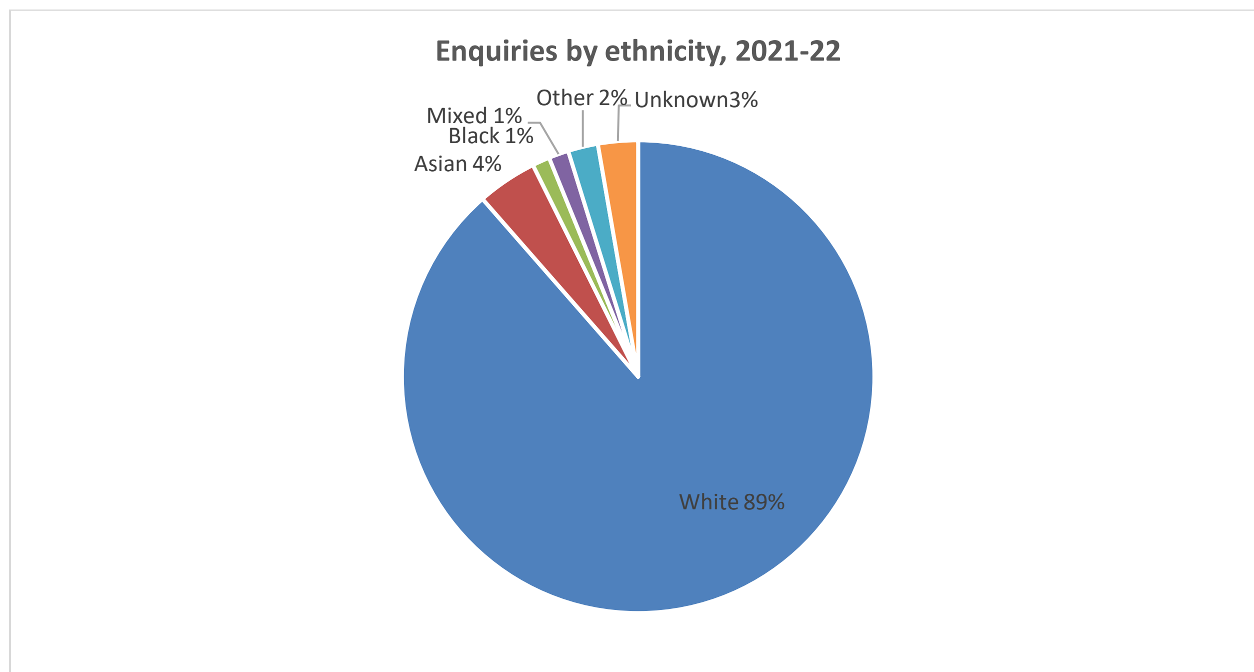
Figure 3 – Ethnicity, 2021-22



Primary support reason

Table 6 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. As with previous years, majority of cases the primary support reason was physical support (46%) followed by learning disability support (14%) and support for memory and cognition (12%). 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, 2019-22

Primary support reason	2018-19	% of total	2019-20	% of total	2020-21	% of total	2021-22	% of total
Physical support	149	43%	166	42%	196	45%	270	46%
Sensory support	7	2%	10	3%	12	3%	19	3%
Support with memory and cognition	44	13%	38	10%	49	11%	69	12%
Learning disability support	73	21%	69	17%	59	13%	79	14%
Mental health support	14	4%	27	7%	34	8%	26	4%
Social support	5	2%	8	2%	9	2%	6	1%
No support reason	52	15%	81	20%	79	18%	105	18%
Not known	0	0%	1	0%	1	0%	11	2%
	344		400		439		585	

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.

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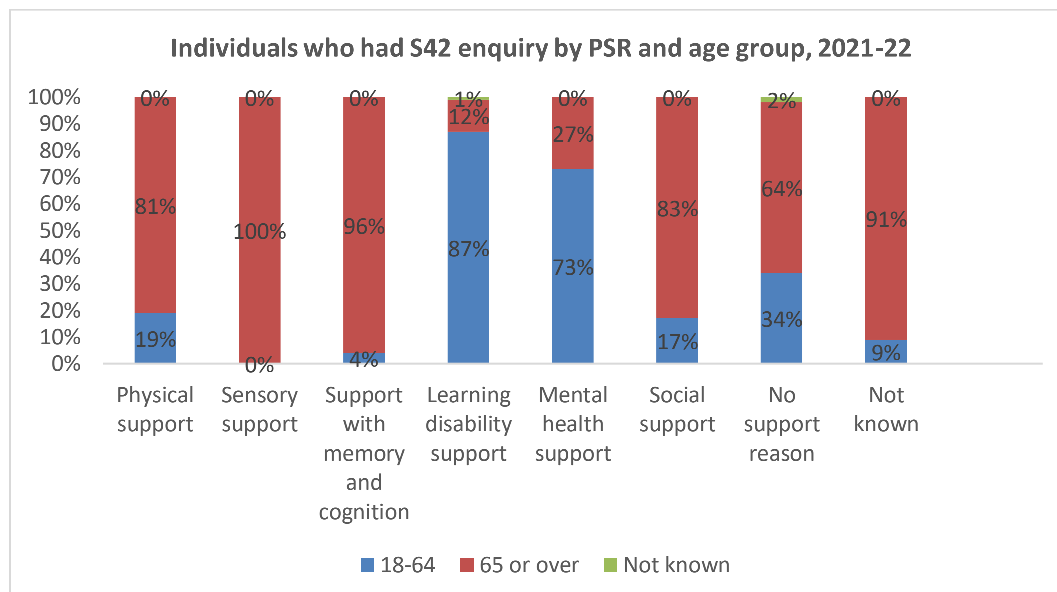
Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2021-22



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 years, majority of the allegations were for neglect accounting for 41% of all recorded risks followed by physical abuse at 27% and emotional abuse at 20%. While the shifts in abuse categories from year to year remain mostly insignificant there are a couple of notable exceptions. Neglect has decreased from 37% last year to 35% in 2021-22 and this is now lower than the national figure of 41% in 2020-21. Physical abuse has risen from 17% last year to 18% in 2021-22. Emotional abuse remains the same as last year was 14% and this year is 14%.

Table 7 – Type of abuse, 2019-22

Concluded enquiries	2018-19		2019-20		2020-21		2021-22		% England 2020-21
Physical	109	19%	116	20%	130	17%	157	18%	27%
Sexual	18	3%	22	4%	28	4%	30	3%	5%
Emotional/Psychological	91	16%	98	17%	110	14%	124	14%	20%
Financial	75	13%	93	16%	103	13%	117	14%	19%
Neglect	182	31%	156	27%	288	37%	303	35%	41%
Discriminatory	1	0%	3	1%	5	1%	1	0%	1%
Institutional	18	3%	12	2%	23	3%	8	1%	6%
Domestic abuse	30	5%	43	7%	46	6%	72	8%	9%
Sexual exploitation	8	1%	4	1%	9	1%	5	1%	1%
Modern slavery	2	0%	1	0%	2	0%	4	0%	0%
Self-neglect	44	8%	36	6%	32	4%	38	4%	9%

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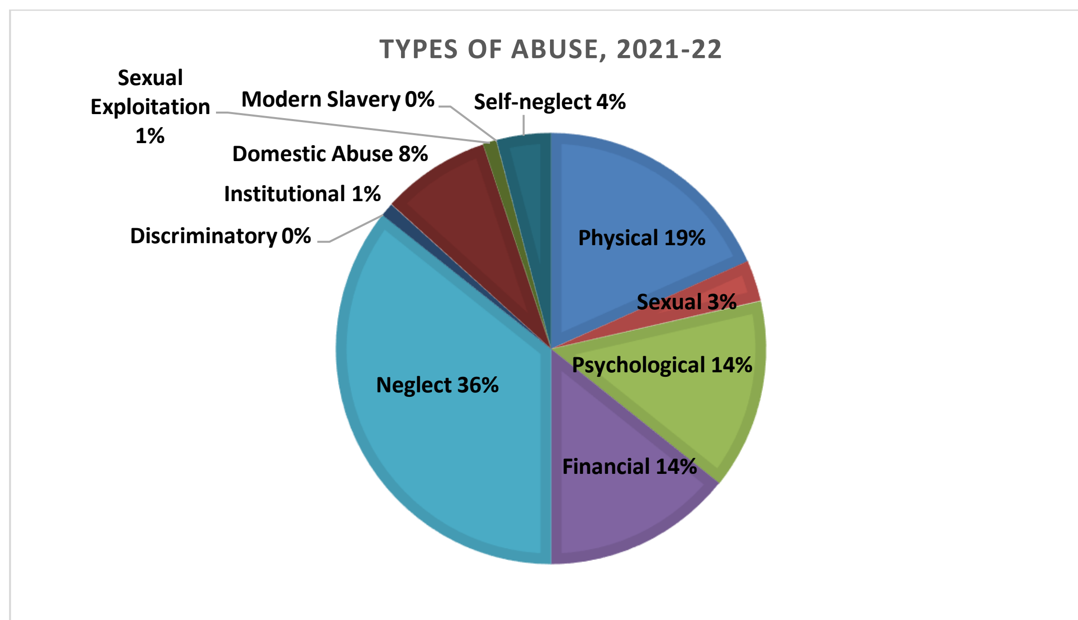
Figure 5 – Type of abuse, 2021-22



Location of alleged abuse

The home of the adult at risk accounted for 51% of the risk locations. This is higher than the national figure for 2020-21 when 52% of alleged abuse took place in the individuals home. Residential and nursing care homes accounted for 31% between them. Wokingham had a lower percentage (20%) concerning abuse in residential care than nationally (25%).

Table 8 – Location of alleged abuse, 2021-22

Location of abuse	2021-22	%	England 2020-21
Own Home	329	51%	52%
In the community (excluding community services)	11	2%	4%
In a community service	44	7%	2%
Care Home - Nursing	94	15%	9%
Care Home – Residential	125	20%	23%
Hospital - Acute	1	0%	3%
Hospital – Mental Health	0	0%	3%
Hospital - Community	2	0%	1%
Other	33	5%	6%

Source of risk

In 52% 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.

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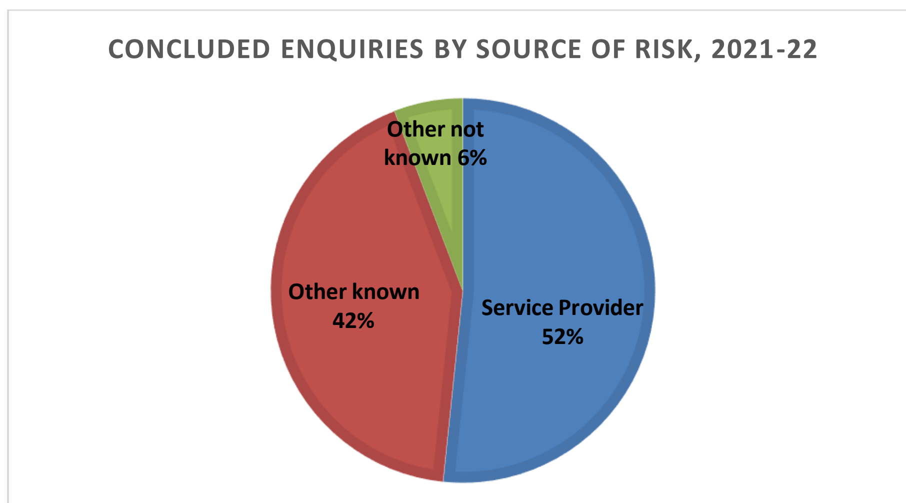
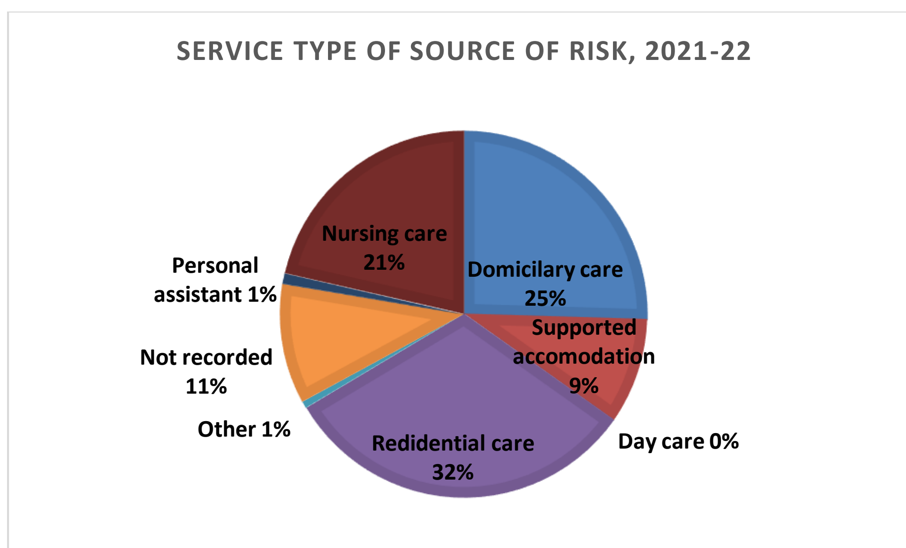
Figure 6 – Concluded enquiries by source of risk, 2021-22



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, 53% of residential and nursing care staff reported as the alleged abuser. Domiciliary care staff accounted for 25% of this category.

Figure 7 – Breakdown of source of risk service provider by service type, 2021-22



Action taken and result

The table below shows risk assessment outcomes for concluded enquiries. In 86% of cases, a risk was identified, and action taken.

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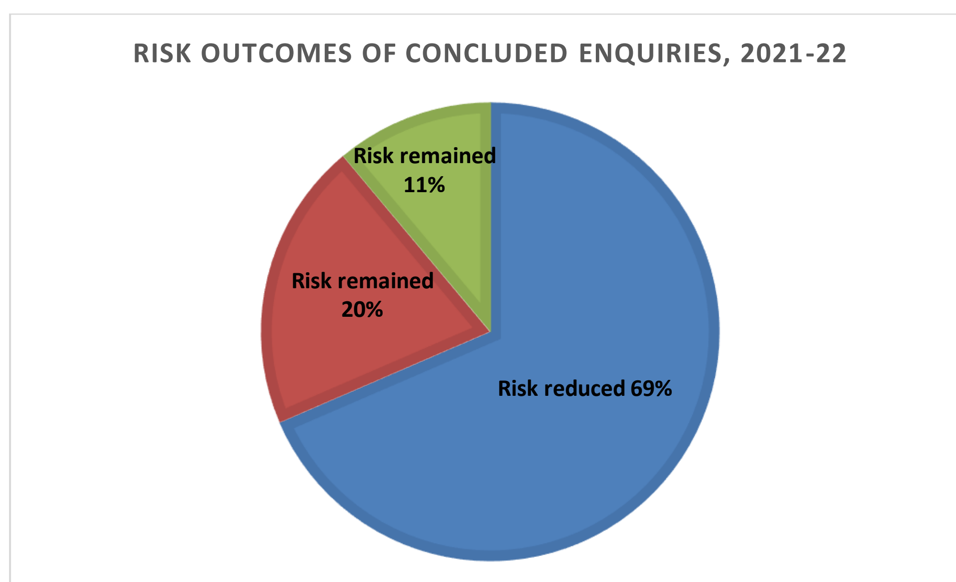
Table 9 – Concluded enquiries by risk assessment outcomes, 2021-22

Risk assessment outcome	Total
Risk identified and action taken	608
Risk identified and no action taken	5
Risk - Assessment inconclusive and action taken	7
Risk - Assessment inconclusive and no action taken	2
No risk identified and action taken	37
No risk identified and no action taken	27
Enquiry ceased at individual's request and no action taken	19

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. In 14% of cases the circumstances causing the risk was unchanged and the risk remained.

Figure 8 – Risk outcomes of concluded enquiries, 2021-22



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.

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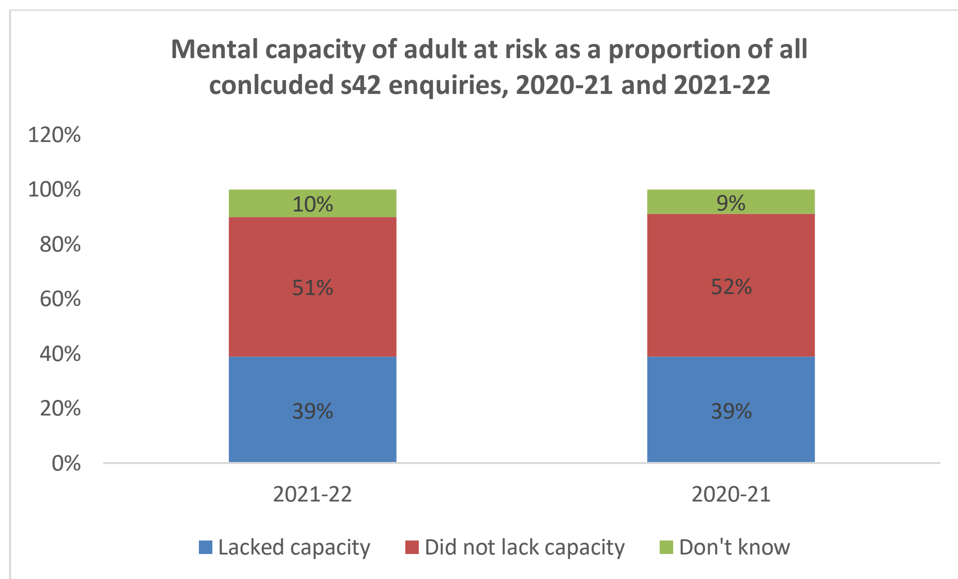
Figure 9 – Mental capacity, 2020-22

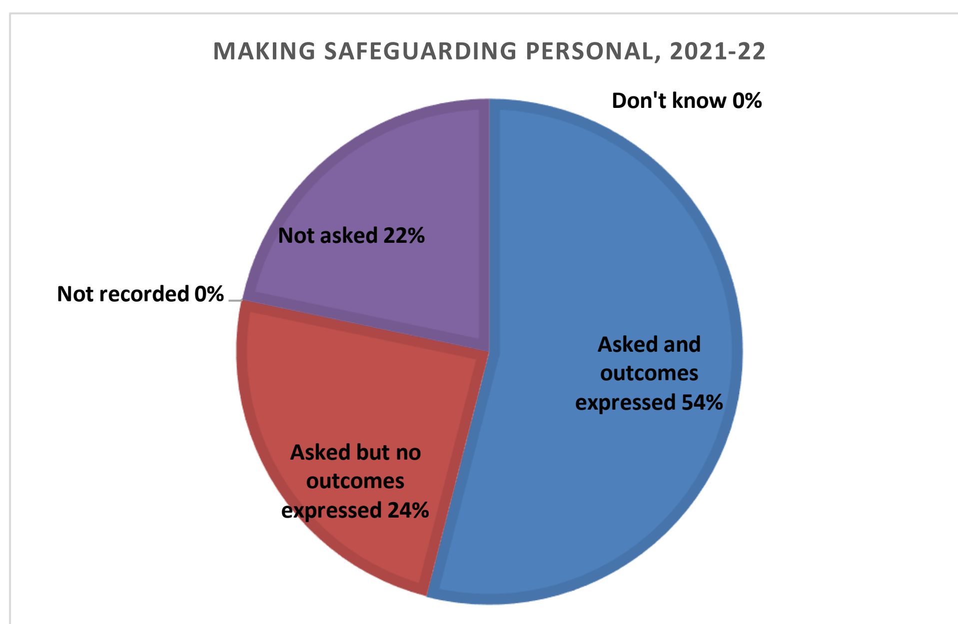


Where the adult at risk lacked capacity, in 91% of cases they were supported by an advocate, family or friend which is above the national figure for England in 2020-21 which was 81%.

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, well-being, and safety. Of the enquiries concluded in 2021-22, 76% of people or their representatives were asked what their desired outcomes were and in 54% of these cases, outcomes were expressed.

Figure 10 – Making safeguarding personal, 2021-22



Where outcomes were expressed, in 77% of those cases the desired outcomes were fully achieved, in 16%, the desired outcomes were partially achieved and in 4% of the cases none of the expressed outcomes were achieved.

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The Future – year 2022/23

Key objectives for the next year will focus on:

- Embed effective interfaces with multiagency panels, ensuring suitable representation on all panels is in place and addressing any gaps (including around Transitional Safeguarding).
- Work with partners and stakeholders to reduce the volume of 'out-of-scope' safeguarding referrals being received to reduce the pressure and impact this is having on being able to target specialist Safeguarding resources at people at risk of abuse or neglect.
- Work with all staff to ensure they are consistently embedding the principles of 'Making Safeguarding Personal' in Safeguarding interventions from the outset and throughout.
- Revise Mosaic templates to measure 'Making Safeguarding Personal' objectives and inform operational and strategic development more qualitatively.
- Test use of GovMetrics as a mechanism for obtaining customer feedback in relation to Safeguarding interventions.
- Re-establish and develop an 'expert by experience' Safeguarding forum as part of a move towards co-production around Adult Safeguarding.
- Review Adult Safeguarding training provision and content.
- Implement the Adult Safeguarding Quality Assurance Framework and embed the SAR dissemination process and steering group, using both of these to create a continuous improvement cycle.
- Deliver a programme of events during National Safeguarding week in November 2022 focusing on awareness raising.
- Re-establish and develop use of a Safeguarding Champions Group engaging representatives from all key stakeholders.
- Explore opportunities to establish a self-help group for people who are Hoarding.
- Work with stakeholders to explore creative options for support to people who are Hoarding that are more tailored towards what we know works.
- Review and relaunch MARM.
- Review and relaunch the PiPoT (Allegations Management) framework.
- Reviewing what is required in relation to ensuring robust arrangements are in place in relation to Transitional Safeguarding.

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