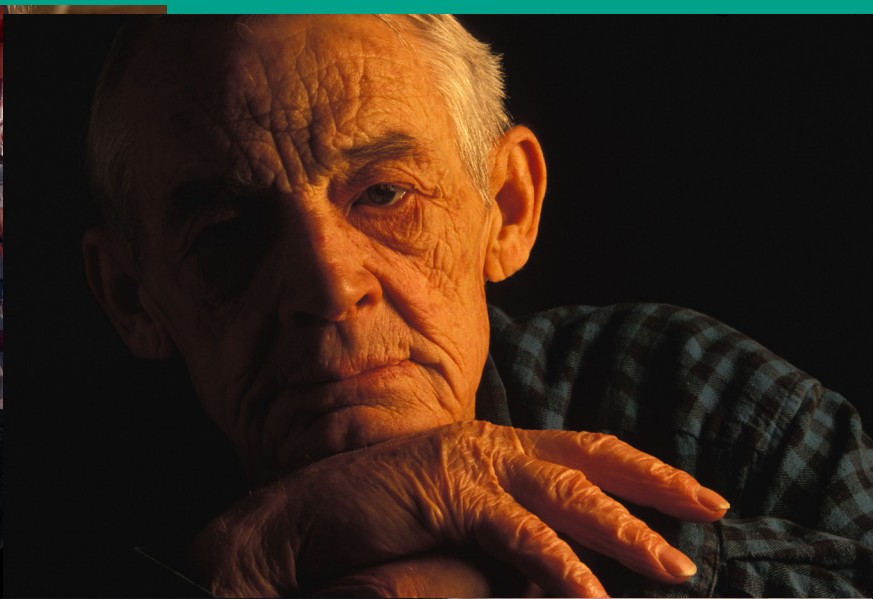


Safeguarding Adults

Annual Report

2022 / 23



West Berkshire
C O U N C I L

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Executive Summary

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care.

2022/23 been a very busy year for the Safeguarding Adults Service in West Berkshire Council. Volumes of total concerns raised have increased by 1.5% as compared to 2021/22 but should be viewed in the context of a 14% rise experienced in 2021/22 as compared to 2020/21. Delivery of the safeguarding function is shared between the operational social care teams, (such as the Locality teams and Hospital Discharge team) and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse and out of county placements. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

2022/23 is the first full year in which the changes to administrative processes in respect of the management of concerns received has been evident. The detail of those changes to the administrative processes was reported in the 2021/22 annual report. It remains that all concerns are triaged and dealt with appropriately by forwarding to appropriate teams and services for action as a social welfare concern, but not all are administered through the case management system as reportable concerns. This change of process has impacted on numbers and conversion of concern to enquiry rates.

Volumes of activity in all areas of the service increased during 2022/23 reporting period. This included a 4% increase in the number of S42 enquiries opened and a 12% increase in the number of enquiries closed.

Applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) scheme increased by 13.3% as compared to 2021/22. This is an exceptional increase and represents the highest number of applications received for over 6 years. This is a result of an increasingly ageing population with cognitive impairment being accommodated in care/nursing homes or hospitals, all of whom will require an authorisation to lawfully approve any restrictions deemed to be in the persons best interests.

This increase in applications coupled with the backlog brought over from 2021/22 resulted in a requirement to assess and make an authorisation decision on 858 applications. Progress in making those authorisation decisions has been impacted by increasing advocacy cost pressures on the budget alongside increasing demand. Qualified workforce shortages also impact directly on the capacity of the authority to work through those authorisation requests.

The combined impact of qualified workforce shortages, advocacy

cost pressures and increased demand has meant that the % of applications that had not had an authorisation decision by the end of the reporting year was 40%. 17% higher than the previous year.

Introduction

Safeguarding is a statutory responsibility for all Local Authorities, is a strategic priority for West Berkshire Council and core activity for Adult Social Care.

This annual report evidences the key measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2022/23, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. 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.

West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the newly formed Integrated Care Board which covers Berkshire, Oxfordshire and Buckinghamshire. The SAB has produced its own annual report which can be viewed on its website www.sabberkshirwest.co.uk

The [Safeguarding Strategy 2021-2024](#) outlines what the Board aims to achieve in the next three years. The Board identifies strategic priorities that shapes its work. These were reviewed in June 2022 and were revised accordingly.

- Priority 1: To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.
- Priority 2: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West

Berkshire residents is monitored effectively and there is a proportionate response to concerns

- Priority 3: The Board to review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money.
- Priority 4: The Board will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Board have approved a Business Plan for 2022/23. A copy of the Business Plan current as at the 24.04.23 can be found at [sab-business-plan-22-23-v10.pdf \(sabberkshirewest.co.uk\)](https://www.sabberkshirewest.co.uk/sab-business-plan-22-23-v10.pdf)

During this year we have also relaunched the local Safeguarding Adults Forum in West Berkshire. Formed to be the operational arm of the SAB locally, this group is made up of a range of stakeholders and focuses on priorities and actions that resonate with West Berkshire. An action plan is being produced for 2022/23 onwards.

Volumes and Performance

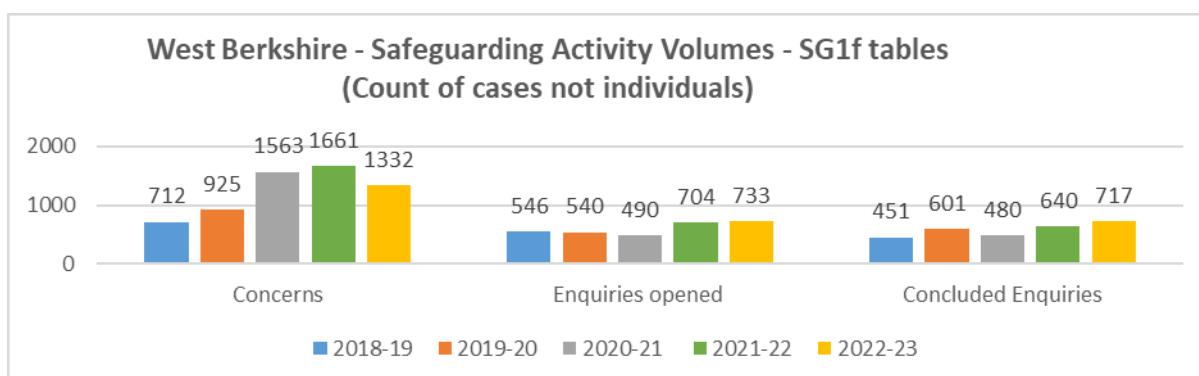
Safeguarding activity

Concerns and S42 Enquiries

As noted in our Annual Report of 2021/22 we reviewed the administrative processes involved in recording the referrals received during the year in light of increasing volumes. At Q3 2021/22 we made some changes to the process of triaging and recording some concerns raised by our emergency service partners. Those concerns were triaged in the normal way, but where they were clearly unrelated to any safeguarding matter they were not administered via the case management system as reportable concerns, although they were still forwarded to appropriate teams and services for action as a social welfare concern. All concerns received were dealt with appropriately but some were recorded in a different way. 2022/23 is the first full year the impact of these changes have been seen. As reported last year, this has had an impact on numbers and conversion of concern to enquiry rates.

Table 1 – Safeguarding activity for the reporting period 2018/19 – 2021/22

	Concerns	Enquiries opened	Concluded Enquiries	Concern to Enquiry Rate
2017-18	489	318	332	65%
2018-19	712	546	451	77%
2019-20	925	540	601	58%
2020-21	1563	490	480	31%
2021-22	1661	704	640	42%
2022-23	1332	733	717	55%



Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables relating to count of cases

For 2022/23:

- 1332 concerns were opened.

This is a decrease on the number recorded in 2021/22. However, it must be acknowledged that this is the first full year in which the amendments to our administrative processes of recording has had an effect. This decrease was expected. Volumes across the sector have risen. Increases in self-neglect cases and domestic abuse cases have been noted during the latter half of the 2022/23 reporting period and **may** be symptomatic of social isolation during the pandemic. Increases in neglect and acts of omission remain indicative of a depleted social care workforce and an increasingly older, frail and unwell cohort of residents.

- 733 S42 enquiries were opened.

This represents a 4% increase compared with 2020/21. However, it should be noted that 2021/22 had seen a significant increase in the number of enquiries opened; largely because of an organisational abuse case that captured many individuals. This was not the case in 2022/23 yet we have exceeded the number of S42 enquiries opened by 4%. Routine audits were introduced in 2022/23 to review the decision making and ensure there was consistency and accuracy in that decision making process. There were no specific concerns found during those audits and these continue.

It should be noted that in addition to concerns reported statutorily, the safeguarding team receive additional notifications where there is immediate clarity that safeguarding thresholds are not met (often social welfare concerns from providers), these are referred on to the relevant Adult Social Care or Mental Health teams to review and take any appropriate action, but are not reported statutorily. In 2022/23 there were 1728 additional notifications received. Therefore a total of 3060 notifications were received and reviewed during the 2022/23 reporting period; an overall increase of 1.5% in volumes compared to 2021/22. This modest increase must be seen in the context of a 14% rise in overall totals recorded during 2021/22.

The Care Act 2014 (**Section 42**) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk

of, abuse or neglect. An enquiry into a concern should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. These are known as, and reported as, S42 Enquiries

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as the conversion rate. During 2022/23 the conversion rate was calculated to be 55%. This has been the first complete reporting year in which we see the full impact of the process change on conversion rates. We will flag as outliers amongst our peer authorities for % of conversion rates.

Concluded Enquiries increased by 12%, these will fluctuate year on year dependent upon the volume of enquiries opened and carried forward from the previous year.

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a S42 safeguarding enquiry opened in the last four years. Please note this data relates to **individuals** only and not repeat enquiries. Therefore these totals will differ from the total number of s42 enquiries opened.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 65% of individuals who have had an enquiry in 2022/23. This is a very consistent with previous years.
- The proportion of cases opened for those aged 85+ remains consistent with previous year with 28% of cases opened in 2022/23 as compared to 29% opened in 2021/22.
- Cases in which age is not known, generally relate to concerns referred in that meet the criteria for a safeguarding enquiry but the person referred withdraws consent to participate before actual age is ascertained.
- In line with the national average a greater proportion of safeguarding concerns are received for females. (58%). This is just above 57% recorded in the 2021/22 year.

Table 2 – Age group of individuals with safeguarding enquiries opened, 2018/19 – 2021/22

Table SG1a Opened s42 Enquiries	Number of individuals by age						Total
	18-64	65-74	75-84	85+	95+	Unknown	
2019/20 Total	163	57	94	105	23	0	442
2020/21 Total	136	61	106	92	19	0	414
2021/22 Total	216	59	134	141	28	4	582
2022/23 Total	214	68	160	141	31	1	615

Table 3 – Gender of individuals with safeguarding enquiries opened, 2018/19– 2021/22

Table SG1b Opened S42 Enquiries	Number of Individuals by gender			
	Male	Female	Not known	Total
2018/19	167	329		496
2019/20	178	264		442
2020/21	165	249		414
2021/22	247	335		582
2022/23	258	357	0	615

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry opened by Primary Support Reason (PSR).

Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)

Table SG1d Opened S42 Enquiries	Number of Individuals by PSR - Note individuals can have more than one PSR								
	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known	Total
2019/20	158	4	47	50	14	3	165	1	442
2020/21	176	2	58	52	23	3	107	0	421
2021/22	210	3	85	95	30	10	153	0	586
2022/23	227	3	72	73	46	6	196	0	623

2022/23 - S42 enquiries opened for 'No support reason' continues to be relatively high but consistent with previous reporting years. Guidance confirms, *"We would expect PSR to be determined through a social care assessment or review and then recorded on the local system. We do not expect local authorities to assess PSRs as part of the safeguarding process and therefore would expect PSR data to be taken from existing information on the local care management system."*

Where an individual was not receiving any social services support at the time of the safeguarding incident, the PSR must be recorded as no support reason. Guidance requires that a PSR should not be assessed as part of the safeguarding process. There appears to be a high number of S42 cases that have no support reason as the PSR, indicating a high number of safeguarding enquiries opened for individuals not provided support by West Berkshire Council. A random sampling of those who are listed as having no PSR demonstrate a range of reasons including a retrospective S42 for a client who had passed away and those who have not been in receipt of any service provision at the time of the safeguarding incident, despite being known to ASC previously and a PSR recorded for past

interactions. West Berkshire Council has higher numbers as compared to other similar Local Authorities. This may be a reflection of different interpretations of the guidance.

Recording in respect of known PSR's indicates broad consistency with previous years and, whilst they fluctuate slightly year on year, they remain within the parameters of previous reporting periods.

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows concluded enquiries by type of alleged abuse in the last four years.

The most common types of abuse for 2022/23 remains neglect and acts of omission at 29% which, whilst being a slight decrease on % reported in 2021/22, is consistent with previous reporting years. Workforce challenges and shortages across the care sector post pandemic and impacted by the cost of living crisis is most likely to have had a negative impact on this particular domain.

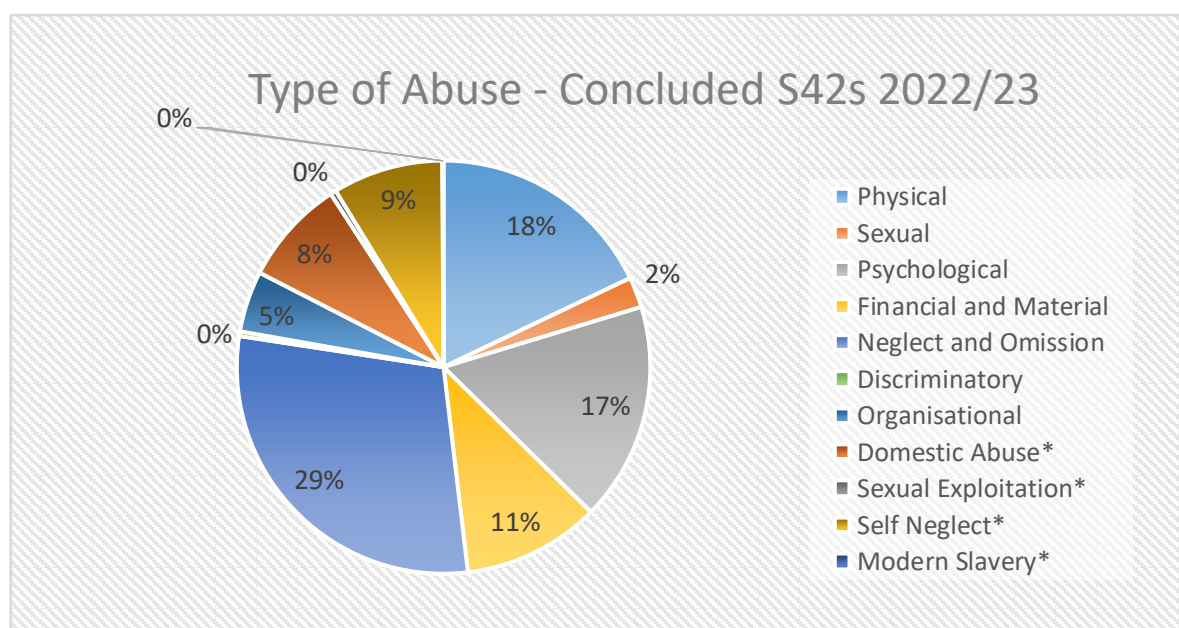
We have seen an increase in self-neglect and domestic abuse cases. Whilst the % increases are consistent with previous years this is in the context of increasing S42 enquiries being opened. It should be noted cases within those domains of risk are complex and can require greater input from professionals over a longer period of time.

It is also acknowledged that the % recorded for some categories of abuse are but a small fraction of abuses perpetrated in the community that do not reach the door of safeguarding. For example the % of financial and material abuse cases should be viewed in the context of work undertaken by Public Protection for those who have become victims of those perpetrating financial scams. Not all will meet the criteria for an adult safeguarding response, but are still experiencing an abusive situation.

Table 5 – Concluded enquiries by type of abuse

Type of Risk	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22	2022/23	2022/23
Physical	147	16%	139	19%	163	17%	195	18%
Sexual	24	3%	12	2%	20	2%	26	2%
Psychological	152	17%	156	21%	193	20%	186	17%
Financial and Material	119	13%	95	13%	122	12%	117	11%
Neglect and Omission	252	28%	213	28%	321	33%	319	29%
Discriminatory	3	0%	2	0%	8	1%	4	0%
Organisational	83	9%	4	1%	3	0%	52	5%
Domestic Abuse*	67	7%	61	8%	67	7%	90	8%
Sexual Exploitation*	5	1%	9	1%	3	0%	5	0%
Self Neglect*	52	6%	57	8%	79	8%	94	9%
Modern Slavery*	2	0%	2	0%	0	0%	1	0%

Graph 1 - Type of abuse 2021/22 by concluded enquiries



Location of alleged abuse

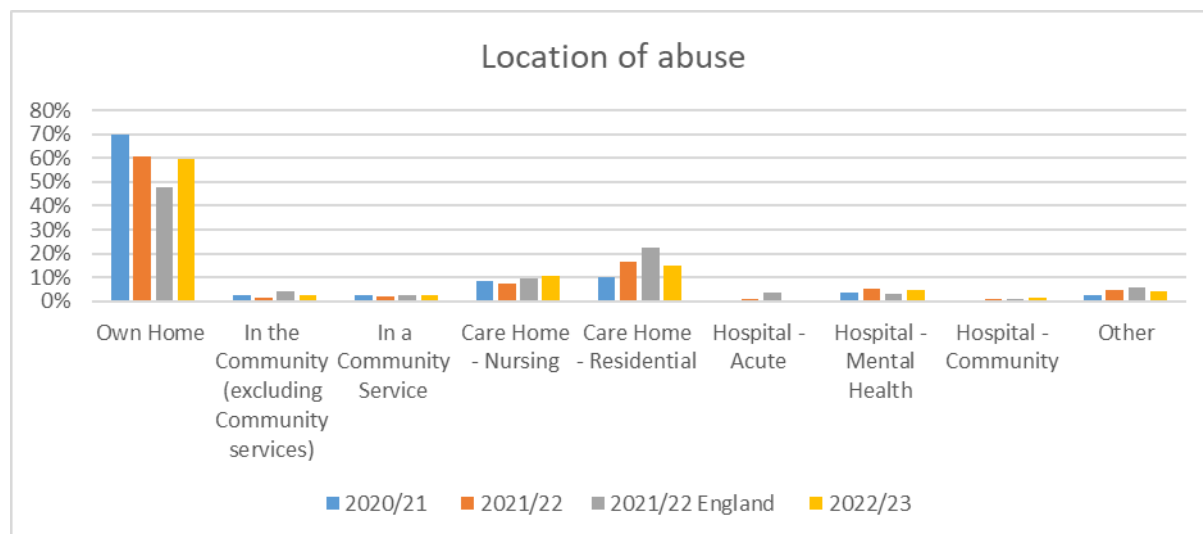
This year has seen consistency in the location of abuse being a person's own home with the previous year being 61% as compared to 60% in the 2022/23 reporting year.

There has been little change during 2022/23 in the % of abuse alleged in the location categories as compared to those reported during 2021/22. It continues to be the case that percentages connected to location of abuse in England are not aligned to the percentages recorded in West Berkshire and have not been for previous reporting years. This suggests either the landscape in West Berkshire is very different or we make different choices about location.

Table 6 – Location of abuse by concluded enquiries

Location of Abuse	2019/20	2020/21	2021/22	2021/22 England	2022/23
Own Home	49%	70%	61%	48%	60%
In the Community (excluding Community services)	4%	3%	2%	4%	2%
In a Community Service	2%	3%	2%	3%	3%
Care Home - Nursing	10%	9%	7%	9%	11%
Care Home - Residential	25%	10%	16%	23%	15%
Hospital - Acute	0%	0%	1%	3%	0%
Hospital - Mental Health	1%	3%	5%	3%	5%
Hospital - Community	1%	0%	1%	1%	1%
Other	8%	3%	5%	6%	4%

2021/22 by concluded enquiries



A person's own home in West Berkshire consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continued need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Source of risk

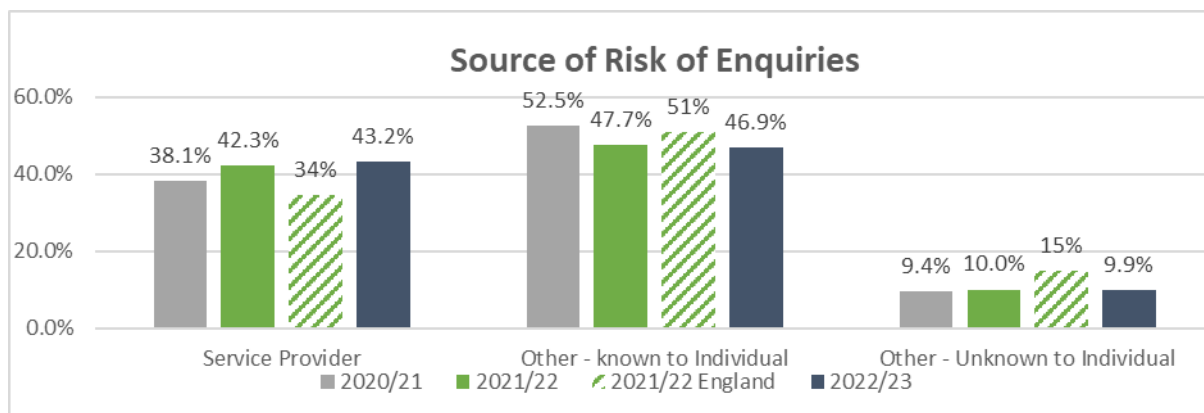
Graph 3 relates to the source of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual, only 9.9% were 'unknown' and this is consistent with the 10% recorded for the 2021/22 year reporting. West Berkshire remains lower in recording source of risk as unknown than the national average of 15%.

In 43.2% of cases the source of risk was a 'service provider'. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This is a slight increase on the 2021/22 % of 42% but not an increase of significant note. National shortages in the care workforce, replicated in West Berkshire are likely to have had an impact. West Berkshire Councils reporting in this domain exceeds the national average by 9.2% but has been consistently higher than the national average in previous years.

In West Berkshire we traditionally have a high proportion of safeguarding referrals that are self-reported by the providers, which may account for the higher percentage recorded in this area. High levels of self-reporting are as a result of the transparent and open relationships cultivated between providers and the safeguarding team. Self-reporting links into a wider intelligence matrix for the providers across our area and is directly linked to the training offered and working with providers around transparency and accountability.

Graph 3 – Concluded enquiries by source of risk 2022/23



Risk Assessment Outcomes, Action taken and result

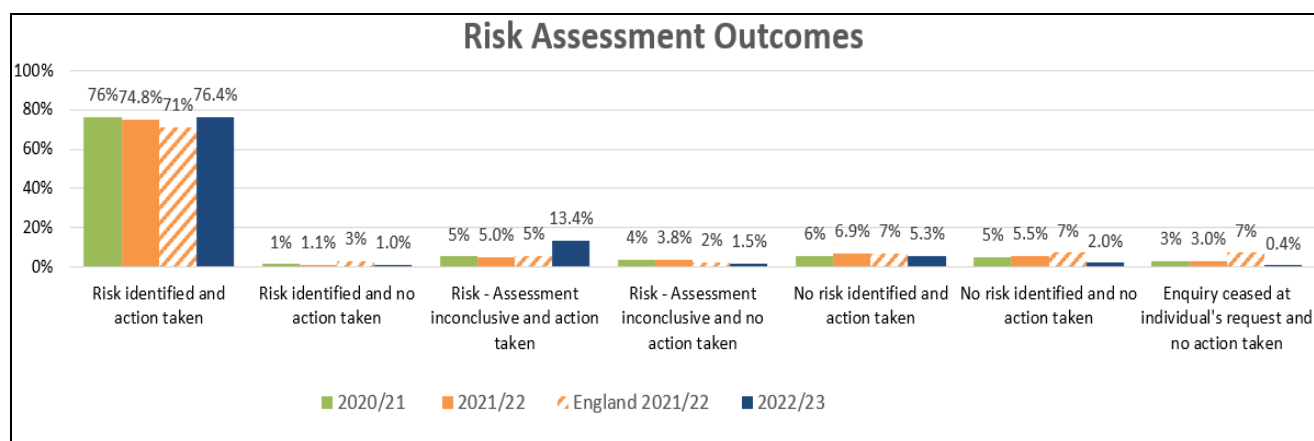
Management of risk data is drawn from the 717 concluded enquiries.

Positively, where a risk was identified, action was taken in the majority of cases (76.4%), consistent with 74% in the previous year and remaining slightly higher than the England average 2021/22 of 71% as it did previously. In 14.9% of cases closed, where either the risk was inconclusive or no risk was identified, actions were taken to better support the person at the centre of the safeguarding enquiry. This is consistent with 12% reported last year.

Risk identified but no action taken accounts for just 1% of cases as it was during the 2021/22 reporting year; there are times where an individual can refuse support / intervention and have the capacity to make such decisions.

For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased at the individuals request.

Graph 4 – Concluded enquiries by risk outcomes 2022/23

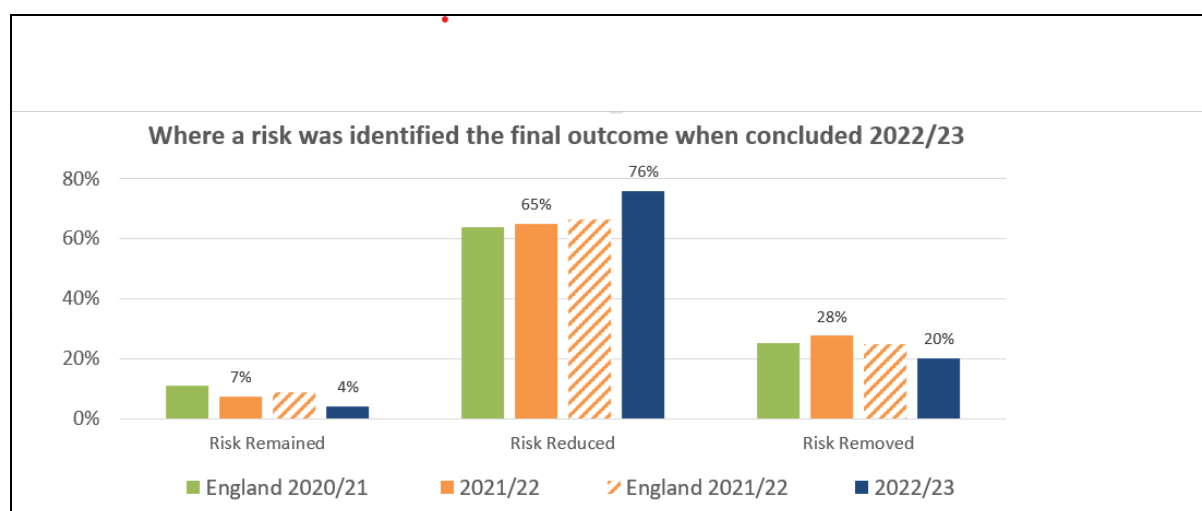


Outcome of concluded case where a risk was identified

Graph 5 shows the final outcome where a risk was identified. (Relates to 717 concluded enquiries)

Positively, risk was removed for 20% of cases, a slight decrease on 28% reported in the 2021/22 period and risk reduced for a further 76% of cases, broadly in line with the national average. Risk has been assessed as remaining for only 4% of cases; a slight decrease on 2021/22. Where risk remains, cases are reviewed to understand why. Common themes for cases were self-neglect or abuse by a family member where the individual had capacity to make a decision about accepting a protection plan and refused input. It is acknowledged that there are some situations where an adult makes decisions that we don't necessarily agree with, but where they have capacity to make such decisions this needs to be respected. These cases were lower than previous years and remain below the national average.

Graph 5 – Concluded enquiries by result, 2022/23



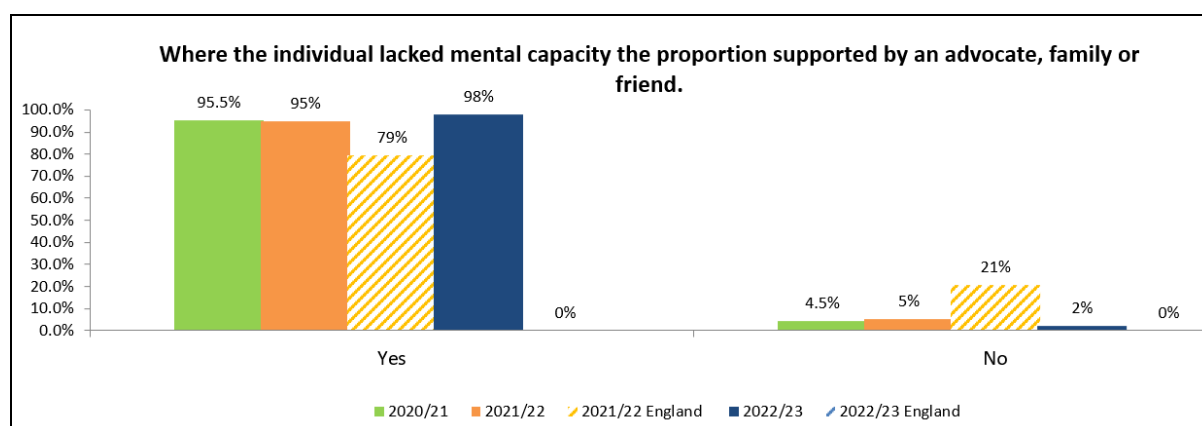
Mental Capacity and Advocacy

In order to achieve good outcomes for individuals subject to a S42 enquiry, it is important to hear their voice. There is a statutory requirement to ensure all adults subject to a S42 safeguarding enquiry who lack capacity are provided support by an independent advocate or appropriate other (family or friend).

In 2022/23, where the individual lacked mental capacity, 98% were supported by an advocate, family or friend. This is an improvement on 2021/22 when 95% were appropriately supported

Each case for whom an advocate should have been provided, but wasn't, is rigorously reviewed every quarter. We challenge where appropriate, but also recognise that sometimes a paid carer is the best person to advocate for a client, even though technically they are not considered eligible to advocate by the Care Act. We will continue to monitor this area of work closely.

Graph 6 – Concluded enquiries by advocacy provision, 2022/23



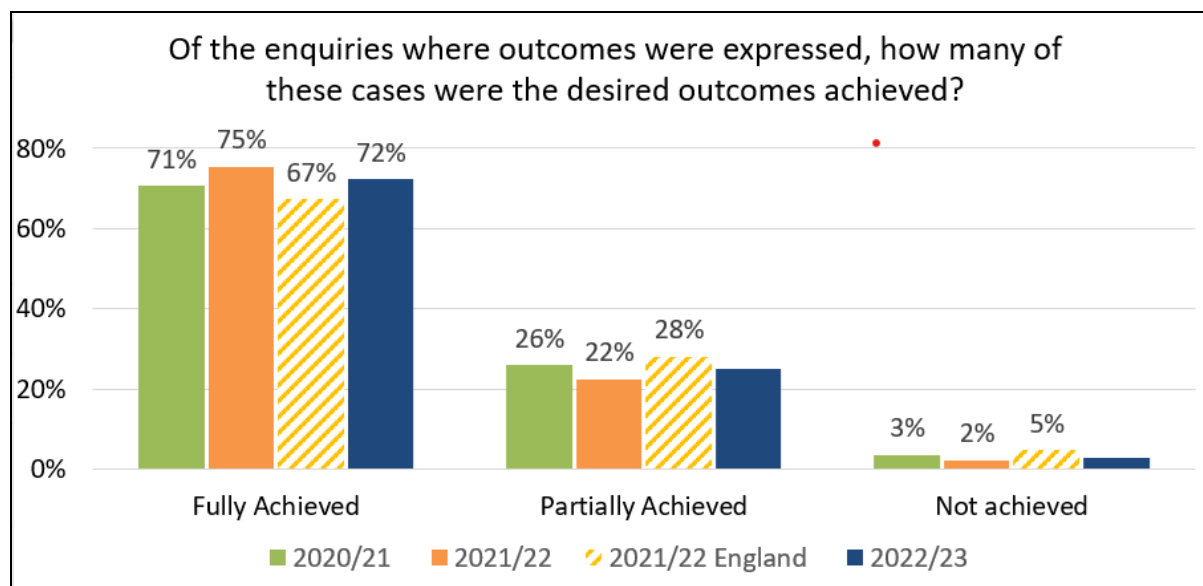
Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining data for outcomes will always present challenges. In 2022/23, 88% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate). This is a slight reduction on the previous reporting year when 90% was reported, in terms of actual numbers this is quite a small proportion of individuals.

Of those who were asked and expressed a desired outcome, 72% were able to achieve those outcomes fully, with a further 25% partially achieved. This is comparable to the 2021/22 year.

Graph 7 – Concluded enquiries by expressed outcomes achieved.



Deprivation of Liberty Safeguards

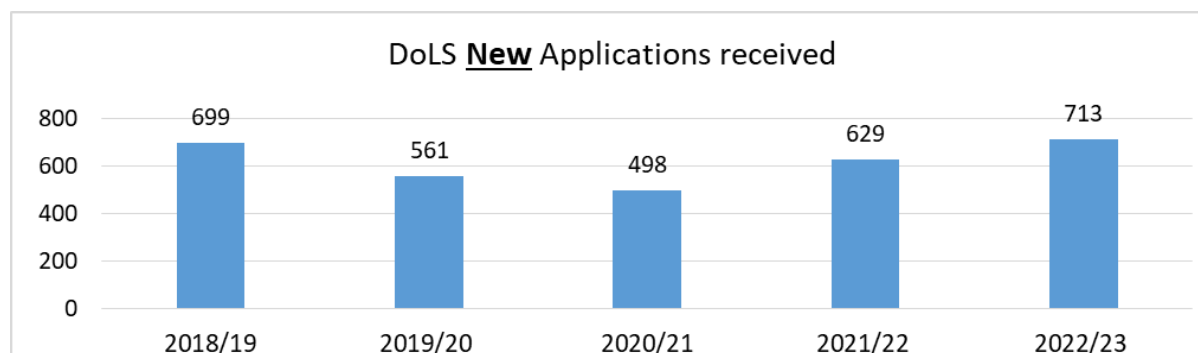
The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards. DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the person's circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

The graph below shows volume of applications.

There were 713 new applications received during the reporting year. This represents a 13.3% increase compared to 2021/22 applications received. This is on top of a 26% increase in applications received the previous reporting year. The number of applications received was higher than anticipated during the year and is the highest number of applications received for over 6 years.

Graph 8 – Total number of new DoLS applications received in 2022/23



As at the 31.03.23, the status of applications is reported.

The number of 'pending' applications that we are reporting for 2022/23 is higher than in the 2021/22 reporting year and this has been predicted throughout the year as a result of varying factors. Of the 713 new applications received in 2021/22:-

- 40%, 284 applications are Pending
- 27%, 194 application are Not Granted
- 33%, 235 applications have been Granted

This is an increase in those pending an authorisation decision at end of year compared to the reporting year 2021/22 when 145 were carried forward into the new reporting year which were still pending assessment and decision.

The increase in pending authorisations have multiple varying factors. The increase in applications by just over 13%, the national shortage of qualified social workers and occupational therapists, that is impacting on recruitment in West Berkshire and therefore impacting on the availability to the DoLS team of those in post who are qualified to undertake best interest assessments, and a no growth budget to fund the work.

There are no cases carried forward from 2021/22 pending an authorisation decision.

Alongside a number of other local authorities we continue to use an adapted version of the ADASS prioritisation tool on receiving DoLS referrals, this does mean that some referrals which are not identified as high priority may be awaiting assessment when their circumstances change.

The DoLS scheme was set to be replaced by the Liberty Protection Safeguards scheme at some point in the near future. However, we have been informed that the scheme will not be implemented in the life of this parliament. So implementation will be shelved until at least December 2024 before being reconsidered. There is a commitment from the Department of Health and Social Care to provide a response to

the Mental Capacity Act Code of Practice consultation feedback they received. There is no timeframe set for this response to be published.

The Future

We continue to work closely with our colleagues in Care Quality, Commissioning and other teams within Adult Social Care to improve communication, service delivery and the quality of our enquiries and interventions. Learning from Safeguarding Adult Reviews and case audits continues to be part of the day to day activities and supports the development of best practice.

Business as usual will continue including completing audits on at least 10% of S42 Enquiries and the feedback from these is channelled into the training and support provided to other Adult Social Care staff. It is hoped that standards of Enquiries will continue to improve as a result of this.

We will continue to work to develop and enhance the safeguarding forum locally ensuring any business plan arising will be reflective of the priorities in the Safeguarding Adults Board (SAB) plan, where it has relevance for West Berkshire and will have alignment, where possible with plans in our Public Protection and Building Communities Together teams.

We are committed to ensuring the Multi-Agency Risk Management process (MARM) approved by the SAB during 2021/22 has been implemented appropriately and is working smoothly in West Berkshire.

We continue to prepare for forthcoming Care Quality Commission Inspections of Adult Social Care functions, of which safeguarding is a key component.

We will continue to work with our colleagues in Public Protection, Trading Standards, Blue Light Services and other agencies to enable the service to continue to concentrate on prevention as well as completing reactive work.