

Wokingham Borough Council



Annual Safeguarding Report 2015-2016

| CONTENTS | PAGE |
|--|-------------|
| 1. Executive Summary | 2 |
| 2. Safeguarding Service and prevention Summary 2015-2016 | 3 |
| 3. Performance data and analysis | 7 |
| 4. Deprivation of Liberty Safeguards | 18 |
| 5. Priorities for Wokingham Borough Council 2016-2017 | |

EXECUTIVE SUMMARY

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities under its enactment have new safeguarding duties and must:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- Establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
- Carry-out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

As such safeguarding adults at risk is a strategic and operational high priority for Wokingham Borough Council and remains a core activity for Adult Social Care services.

This report evidences the key performance indicators and measures taken to enable more accurate analysis, monitoring and assurance of our strategic and operational developments within the Borough to ensure outcomes for adults at risk of abuse or neglect.

This year has seen significant developments in its performance indicators by implementation of the quality assurance frameworks and has demonstrated a significant commitment from staff and leaders within the council to meet the requirements of the Care Act 2014. This supports business planning improvement objectives for the coming year and improvement in the area of adult safeguarding has been demonstrable in systems and practice.

Prevention and awareness raising work has always been a key priority for the borough and many innovative initiatives of co-production work within our community and with people who use services have gained local, regional and national recognition. This area of work continues to grow in strength with the support and commitment of the Safeguarding Adult's Forum.

A full review was undertaken by the Association of Directors for Adult Social Services (ADASS) in the form of a peer review, and whilst areas for further consideration and development as a "critical friend" were identified, the report noted the innovation of the council and its workforce in particular relating to its strategic and operational developments of risk matrix management in the area of provider services and its interface with preventative safeguarding responses. In addition, the strategic developments within the Deprivation of Liberty Safeguarding service were cited as innovative in design to manage the unprecedented impact on finances, resources and quality assurance post the significant Cheshire West ruling delivered this year. This model has been shared and adopted by a neighbouring authority.

The meeting of Statutory responsibilities and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) remain an ongoing challenge and area of high impact on operational services however we are benchmarking well against other authorities and have actively supported our health partners in their development, support and design to meet their duties in

this area. The development of DOLS referral officer post has been instrumental in risk mitigation work for the authority.

With an established quality assurance and improvement programme a key focus for the coming year will be to further progress the Making Safeguarding Personal agenda and ensuring our communities and people who use services are empowered to be as participatory as possible in shaping and progressing this agenda.

Wokingham continue to be active participants on the work of the West of Berkshire Safeguarding Adults Board. Initiatives and models of our quality assurance framework in qualitative audit have been adopted by the Board to measure impact and ensure quality in direct safeguarding practice in line with the principles of the Care Act 2014 and Making Safeguarding Personal across the three boroughs.

ADULT SAFEGUARDING SERVICE AND PREVENTION WORK SUMMARY FOR ANNUAL REVIEW 2015-16

The West of Berkshire Safeguarding Adults Board (WoBSAB) has 4 priorities and objectives to its business plan. WBC Safeguarding and Prevention Service Work has been summarised under the appropriate priority of the Safeguarding Adults Business plan and Objectives.

Overall this year's Adult Safeguarding and Prevention Service strategy, has been one of fruition, i.e. many projects and initiatives have successfully come to an end or are embedded into ongoing strategy and practice.

Priority 1: Establish effective governance structures, improve accountability & ensure the safeguarding adults agenda is embedded within relevant organisations, forums & boards.

- ADASS Peer Review undertaken and action plan devised with positive recognition of the creative initiatives and work undertaken in WBC.
- Framework for Quality Assurance in provider services implemented where serious concerns relating to quality of care and impact are identified.
- Quality Assurance and triage framework for operational services designed and implemented with measurable outcomes for improvement and delivery.
- Coproduction work undertaken on the wider safeguarding agenda with people who use services, advocacy groups and the local community.

Specific prevention work detailed below

The **Joint Children's & Adults Safeguarding E-Learning** module was successfully implemented across the whole council and is now included as part of the Corporate Induction. A joint presentation was made to 20 members in September 2015. This was a joint piece of work with Children's Services to support them in meeting their Section 11 requirements.

The **Wokingham Adult Safeguarding Partnership Forum** (WASPF) has over 60 members & continues to hold quarterly meetings. Average attendance per meeting is 19.5 with an equal amount of apologies. Discussions continue to be led by members and as well as the standing local and SAB Adult Safeguarding Update, over the past year have included a presentation from Scottish & Southern Electric about their 'Priorities Register: <https://www.ssepd.co.uk/PriorityServices/> National Personal Safety Day an annual event hosted by the Suzy Lamplugh Trust: <http://www.suzylamplugh.org/personal-safety-tips/npsd2014/> Presenting the SAB's Annual Report & reviewing the forums priorities, as well as presentations from providers outlining how safeguarding is addressed within their organisations.

Supporting partners - Support from WBC was given to West Berkshire Council to advise as to how West Berks could design and facilitate their own forum.

As a member of the WoBSAB L&D Subgroup, WBC have representation in the **Workforce Development Strategy** with the aim to make the standards for the Level 1 Train the Trainer and other training standards more robust and in line with changes required to meet the Care Act.

Support with Confidence a nationally recognised scheme continues to grow within the borough, safeguarding remains a key element throughout the accreditation process.

Priority 2: Raise awareness of Safeguarding Adults, the work of the board & improve engagement with a wider range of stakeholders.

Adult Safeguarding Level 1, 2 & 3 training sessions continue to occur monthly (this is in line with other neighbouring authorities). Sessions are specifically adapted for people with a learning disability and other community groups for level 1 raising awareness.

In May 2015 our Prevention Service supported CLASP to facilitate a workshop '**Keeping People Safe from Abuse**'. Over 25 self-advocates attended and the session included small group exercises, discussion and a role play. Whilst there was some confusion between the self-advocates as to the definitions of the different types of abuse, all present recognised when something was wrong and knew who and where to go for help. Following on from this workshop CLASP have presented others within the learning disability community and have been given a certificate of recognition by our Prevention Service, valid for 3 years.

In December 2014 the co productive prevention work began working with the **Chartered Trading Standards Institute** to develop a toolkit for Trading Standards Officers. The purpose of the toolkit is for their officers to have a framework to support them with their understanding of Adult Safeguarding and when to refer their concerns. The toolkit also gives examples of good practice. The toolkit was launched at a workshop during their annual conference in June 2015. The Prevention worker attended this workshop, supporting the presentation & implementation.

WBC continues to be a member of the steering group for the West of **Berkshire Joint Children's & Adults Safeguarding Conference** and in September we held our fourth conference about 'Challenging Cultural Assumptions in Safeguarding'. We continued on the steering group contributing to the planning of the next conference in September 2016 which was hosted by WBC.

Throughout the year we have hosted a number of **community events** and supported partners, i.e. the police, Your Voice in Action, Community Wardens etc. to raise awareness of what adult safeguarding is and personal safety in general. This has involved hosting stands, giving out information at the local railway station and supermarkets as well as visiting community groups. Events supported have included "Mental Health Awareness", "National Personal Safety Day" and "Have a Safe Christmas".

Priority 3: Ensure effective learning from good & bad practice is shared in order to improve the safeguarding experience & ultimate outcomes for service users.

Partnership working

- Design, commission and delivery of joint health and social care "**Embedding the MCA in practice**" conferencing with keynote speakers and interactive

application to practice workshops. Outcome - sharing skills and knowledge to promote better outcomes and safeguards for individuals who may lack capacity in daily practice and in a variety of multi-agency settings.

- **Promotion of Care Act organisational accountabilities in safeguarding** and commissioned services, by delivery of training and joint response to wider organisational safeguarding concerns via care governance frameworks. Outcome - more expedient and proportionate response to concerns utilising multidisciplinary skills and proactive prevention work on an individual and wide scale.
- **Working with community groups**, people who use services to raise awareness of safeguarding and prevention of harm by means of experts by experience delivering talks, presentations and design of easy read literature within organisations and the community. Outcome - prevention of harm and awareness raising promotion of service user voice and empowerment to recognise report and advocate when a safeguarding issue arises.

How are we **Embedding Making Safeguarding Personal and good practice?**

- MSP training was attended by 154 frontline workers and managers
- Templates and practice guidance amended and provided for staff and people who use services.
- All Quality Assurance Measures incorporate the MSP agenda.
- Via coaching and conversations with the workforce and wider stakeholders.
- Partners have agreed to accept and implement a standard audit template reflective of MSP requirements, with an aim to promote and provide consistent measures of safeguarding quality assurance reporting to the SAB.
- Partners have reviewed the TOR for all subgroups to ensure the MSP agenda is a “golden thread” running through all work of the board and partnership agencies.
- All Partners identified that specific MSP training needed to be commissioned for frontline workers and commissioned appropriate training to meet this need.
- Our easy read leaflet ‘Keeping Adults Safe from Abuse’ was formally launched at CLASP’s AGM in July. CLASP is a self-advocacy group for people with a learning disability who supported us with its development: <http://www.wokinghamclasp.org.uk/cm/> CLASP’s members contributed to the design and wording of the leaflet and proof read the final version to ensure that it was in easy read.

In December we launched our Easy Read Guide to the Adult Safeguarding Process at The Wokingham Learning Disability Partnership Boards Big Meeting. The board supported us with its development and design:

<http://www.wokinghampartnershipboard.co.uk/> and again ensured that it was in easy read.

Also during RiPfa (Research in Practice for Adults) a national organisation asked that a blog about the prevention work be written and work being undertaken in Wokingham relating to ‘User-involvement in Adult Safeguarding’: <https://www.ripfa.org.uk/blog/user-involvement-in-adult-safeguarding-what-are-you-doing/>

To support colleagues with putting the MCA & DoLS into practice our prevention worker became accredited as a MCA & DOLS Train the Trainer, funded by our local CCG. Modular workshops to frontline practitioners from both WBC & Optalis staff have been delivered. The sessions received positive feedback and gave staff an opportunity to examine individual and organisational practice.

Priority 4: Co-ordinate & ensure the effectiveness of what each agency does.

Where required through our Care Governance, Level 1 training is provided for specific providers. Review and support is given to providers in relation to their own 'in-house' Adult Safeguarding Training in line with the Berkshire policy and procedures.

Due to an increase in requests for support a guidance framework for an Adult Safeguarding Policy for providers has been developed. The framework makes references for the need to consult with the Care Acts' Care & Support Statutory Guidance and the CQC as well as ensuring where relevant there is a statement relating to Safeguarding Children.

Additionally to the SABs' 4 priorities we have:

Continued to oversee the Safer Places Scheme; unfortunately the funding for the Champions has come to an end. Attempts have been made to try and secure new funding. An application has been made to the LDDF (Learning Disability Development Fund) with an announcement to be made in May. There are now 40 shops & local businesses actively engaged and signed up to the scheme across the Wokingham Borough.

To support the council in achieving its statutory requirements relating to the **PREVENT** agenda. We now support the Community Wardens to facilitate these sessions across our wider workforce.

Update from last year's Prevention work priorities:

- Easy read version of the adult safeguarding process completed.
- The amount of Safer Places premises was increased and initiative shared with Children's Services ongoing.
- Presented 'Dignity' workshops – complete and occurring approximately twice yearly.
- Accredited MCA Train the Trainer Course undertaken – completed, workshops held and an ongoing training initiative.

Prevention Work Priorities for 2016-17:

- Continue to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children.
- Introduce the new Safer Places Scheme Cards for vulnerable adults in the community.
- Co-produce and present PREVENT workshops to providers and the wider community.
- Support CLASP to facilitate a PREVENT workshop to the learning disabled community.
- Develop formal process to gain feedback from individuals who have experienced safeguarding enquires with focus on measuring MSP outcomes.
- Improve outcomes measures for individuals.

PERFORMANCE DATA AND ANALYSIS

Safeguarding Activity Concerns and Enquiries

There have been some changes to the safeguarding adult's terminology as a result of the Care Act implementation 2014. Safeguarding alerts are now referred to as concerns and safeguarding referrals as enquiries. These take the form of Sec 42 Enquiries where the criteria defined in the statutory guidance is met, or non-statutory enquiries, where the criteria is not met, but the Authority still has a Power to coordinate an enquiry if decides to do so. Another mandatory change from last year's return is to collect information about statutory section 42 safeguarding enquiries only, to replace counts of all safeguarding referrals. This means only those concerns that progress to statutory enquiry are reported on, those that close at concern stage, are not.

There were a total of 1495 safeguarding concerns raised in the period 2015-16. The number of concerns has increased year on year and the overall increase suggests that we are improving awareness on safeguarding and giving information to everyone on what to do if they come into contact with adults who are at risk. In WBC the significant increase is also representative of implementation of operational Quality Assurance framework, in that all alerts received by the authority are now imputed into the correct work streams and performance reporting frameworks.

39% of these concerns progressed to a s42 enquiry. This is a lower conversion rate compared to 57% last year demonstrating improved understanding of the safeguarding thresholds with quality assurance via the operational triage system which has resulted in more consistent and proportionate responses, reduced caseload impact and more efficient use of staffing resources.

S42 enquiries were opened for 479 individuals during 2015-16, which is a 17% increase from previous year. This is demonstrates a lower number of repeat concerns for one individual, which would be indicative of better safeguarding of people the first time round.

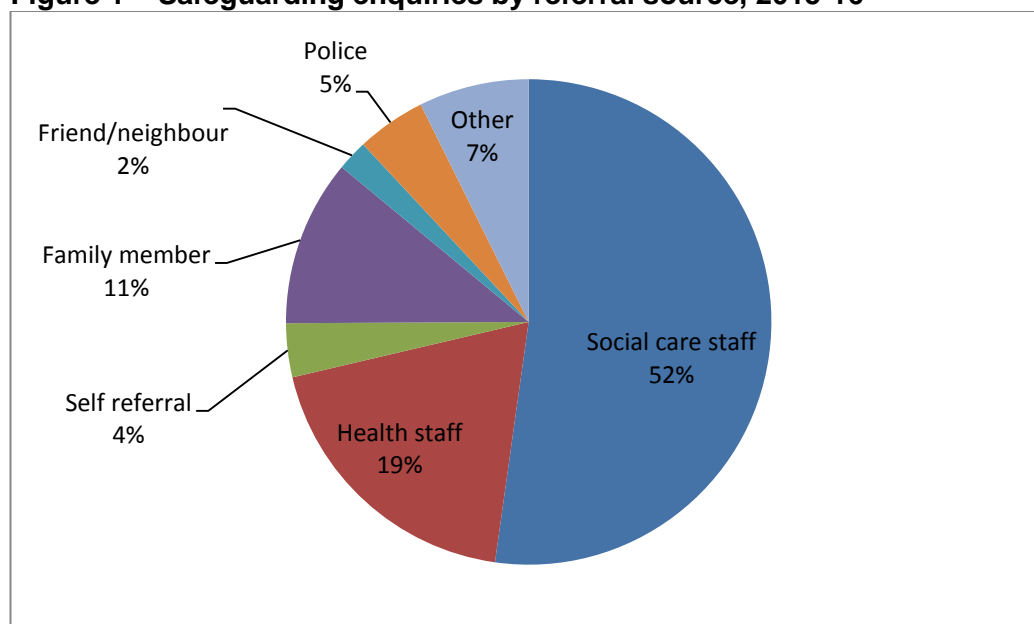
Table 1 – Safeguarding Activity 2014-16

| | Concerns | Safeguarding referrals/S42 enquiries | Individuals who had safeguarding referral/s42 enquiry | Conversion rate of concern to s42 enquiry |
|---------|----------|--------------------------------------|---|---|
| 2013-14 | 577 | 441 | 373 | 76% |
| 2014-15 | 868 | 499 | 408 | 57% |
| 2015-16 | 1495 | 586 | 479 | 39% |

Source of safeguarding enquiries

The highest proportion of safeguarding enquiries (52%) came from social care staff followed by 19% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 17% which shows a good level of awareness within the general community and is indicative of good preventative work in the community.

Figure 1 – Safeguarding enquiries by referral source, 2015-16



The table below shows comparison of safeguarding enquiries over the past 3 years. As with previous years the majority of enquiries continue to come from social care staff.

- **This demonstrates good identification of Safeguarding concerns in the Social Care Workforce due to training initiatives and awareness-raising.**

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

| | Referrals | 2013/14 | 2014/15 | 2015-16 |
|---------------------------|---|------------|------------|------------|
| Social Care Staff | Social Care Staff total (CASSR & Independent) | 249 | 259 | 306 |
| | Of which: Domiciliary Staff | 37 | 48 | 46 |
| | Residential/ Nursing Care Staff | 155 | 139 | 186 |
| | Day Care Staff | 12 | 21 | 15 |
| | Social Worker/ Care Manager | 25 | 25 | 35 |
| | Self-Directed Care Staff | 2 | 3 | 4 |
| | Other | 18 | 23 | 20 |
| Health Staff | Health Staff - Total | 65 | 77 | 112 |
| | Of which: Primary/ Community Health Staff | 41 | 38 | 51 |
| | Secondary Health Staff | 10 | 21 | 40 |
| | Mental Health Staff | 14 | 18 | 21 |
| Other sources of referral | Self-Referral | 16 | 33 | 21 |
| | Family member | 56 | 68 | 65 |
| | Friend/ Neighbour | 5 | 12 | 12 |
| | Other service user | 2 | 0 | 1 |
| | Care Quality Commission | 2 | 3 | 1 |
| | Housing | 5 | 8 | 3 |
| | Education/ Training/ Workplace Establishment | 2 | 0 | 2 |
| | Police | 8 | 6 | 27 |
| Other | 31 | 33 | 36 | |
| | Total | 441 | 499 | 586 |

- **A demonstrable increase in referral rates from friends and neighbours (the**

community) since 2014 demonstrates an increased awareness of identifying and reporting safeguarding concerns. In addition a significant increase of referrals from police can be demonstrated reflecting better partnership working and awareness raising with their organisation.

- A year on year increase is demonstrated by referral source as residential/nursing care. This is reflective of a combination of factors, such as, increased awareness of reporting thresholds, promotion of transparency and proportionate response to providers, in addition to increased quality assurance activity within provider services and local initiatives such as care home support team and rapid response and treatment team.
- A 50% increase is demonstrated from secondary health staff this was a previous area of low referral rate and may well be indicative of the appointment of safeguarding leads and quality assurance measures within health services.

Individuals with safeguarding enquiries

Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous three years. Following last year's trend there were more referrals from individuals aged 65 years or over than those aged 18-64. The 65 and over age group accounted for 73% of enquiries. This is indicative of an older age demography within Wokingham and is the same as national trends and may also be symptomatic of increasing awareness amongst the general population of abuse or older people following national campaigns.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-16

| Age band | 2013-14 | % of total | 2014-15 | % of total | 2015-16 | % of total |
|-------------|---------|------------|---------|------------|---------|------------|
| 18-64 | 143 | 38% | 117 | 29% | 128 | 27% |
| 65-74 | 31 | 8% | 36 | 9% | 61 | 13% |
| 75-84 | 81 | 22% | 98 | 24% | 120 | 25% |
| 85-94 | 106 | 28% | 131 | 32% | 141 | 29% |
| 95+ | 12 | 3% | 23 | 6% | 26 | 5% |
| Age unknown | 0 | 0% | 3 | 1% | 3 | 1% |
| Grand total | 373 | | 408 | | 479 | |

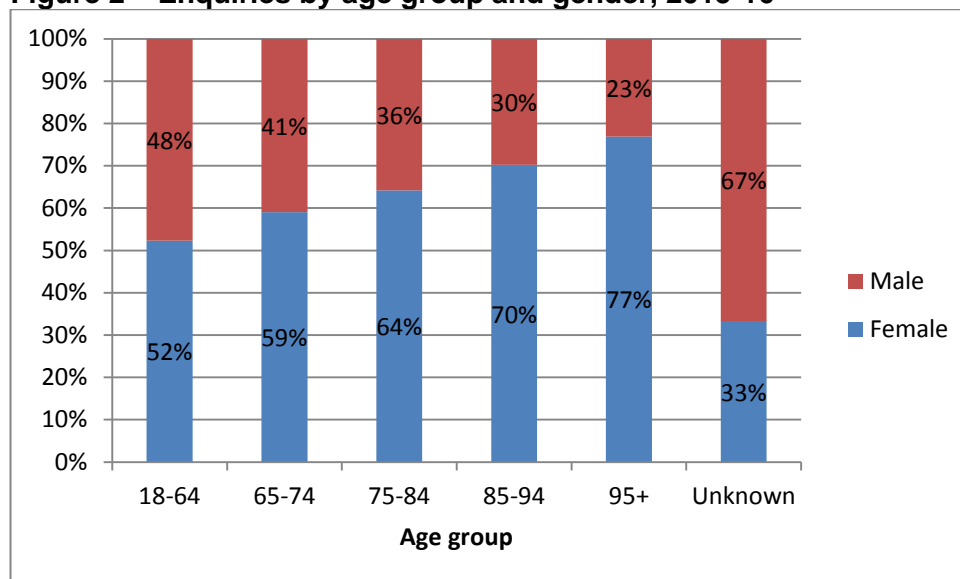
As with previous years more women were the subject of a s42 safeguarding enquiry than males. 63% of safeguarding enquiries started in the year were for females. The number of safeguarding enquiries for women was more than men in every age group.

Table 4 – Age group and gender of individuals with safeguarding enquiries, 2015-16

| Age group | Female | Male |
|-----------|--------|------|
| 18-64 | 67 | 61 |
| 65-74 | 36 | 25 |
| 75-84 | 77 | 43 |
| 85-94 | 99 | 42 |
| 95+ | 20 | 6 |
| Unknown | 1 | 2 |
| Total | 300 | 179 |

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

Figure 2 – Enquiries by age group and gender, 2015-16

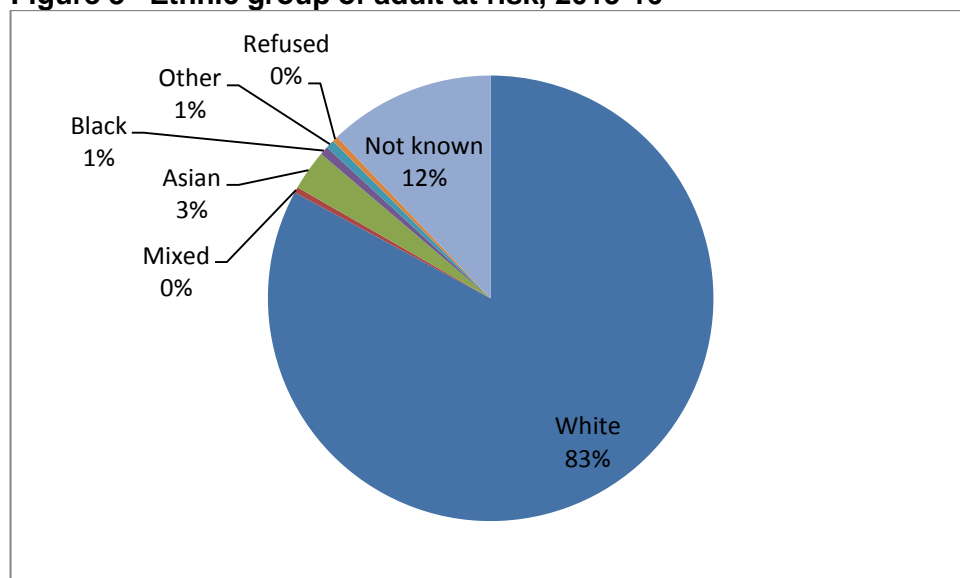


Ethnicity

Eighty three percent of all individuals who had a safeguarding enquiry were of white ethnicity. 12% did not have any ethnicity recorded.

- **Wokingham borough has a predominantly white British population with other ethnicities only representing ... % of the local population.**

Figure 3 –Ethnic group of adult at risk, 2015-16



The table below shows ethnic group by Wokingham population and safeguarding enquiries for 2015-16

Table 5 – Ethnic group by population of Wokingham & safeguarding enquiries 2015-16

| Ethnic group | Population aged 18 & over | Percentage of population | Percentage of safeguarding enquiries |
|--------------|---------------------------|--------------------------|--------------------------------------|
| White | 107307 | 90% | 95% |

| | | | |
|------------------------|------|----|----|
| Mixed | 1319 | 1% | 0% |
| Asian or Asian British | 7989 | 7% | 3% |
| Black or Black British | 1516 | 1% | 1% |
| Other ethnic group | 789 | 1% | 1% |

Source: ONS 2011 Census data

Please note that 60 enquiries were excluded from this table as the population data for ethnicity refused or not known categories was not available.

The numbers evidence that individuals with white ethnicity are more often being referred to safeguarding and people with Asian or Asian British ethnicity are less often being referred although this is likely to be heavily influenced by the locality demographic make-up.

Primary support reason

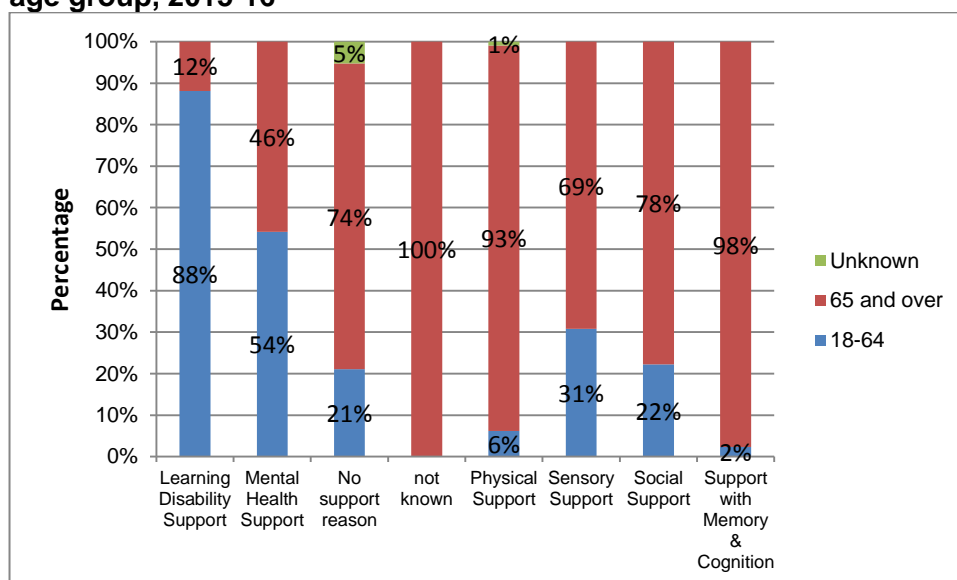
The table below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (47%).

Table 6 – Primary support reason for individuals with safeguarding enquiries, 2015-16

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

The chart below 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 primary support reason and age group, 2015-16



Case details for concluded enquiries

Type of alleged abuse

Four new categories which have been added on a voluntary basis in the 2015-16 return are domestic abuse, sexual exploitation, modern slavery and self-neglect.

- **The distinction in categories and recording remains an ongoing area of monitoring to ensure practitioners are aware of the definitions and reporting is accurate.**

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

Table 7 – Concluded enquiries by type of abuse, 2015-16

| Concluded enquiries | 2013-14 | 2014-15 | 2015-16 |
|---------------------|---------|---------|---------|
| Physical | 185 | 150 | 165 |

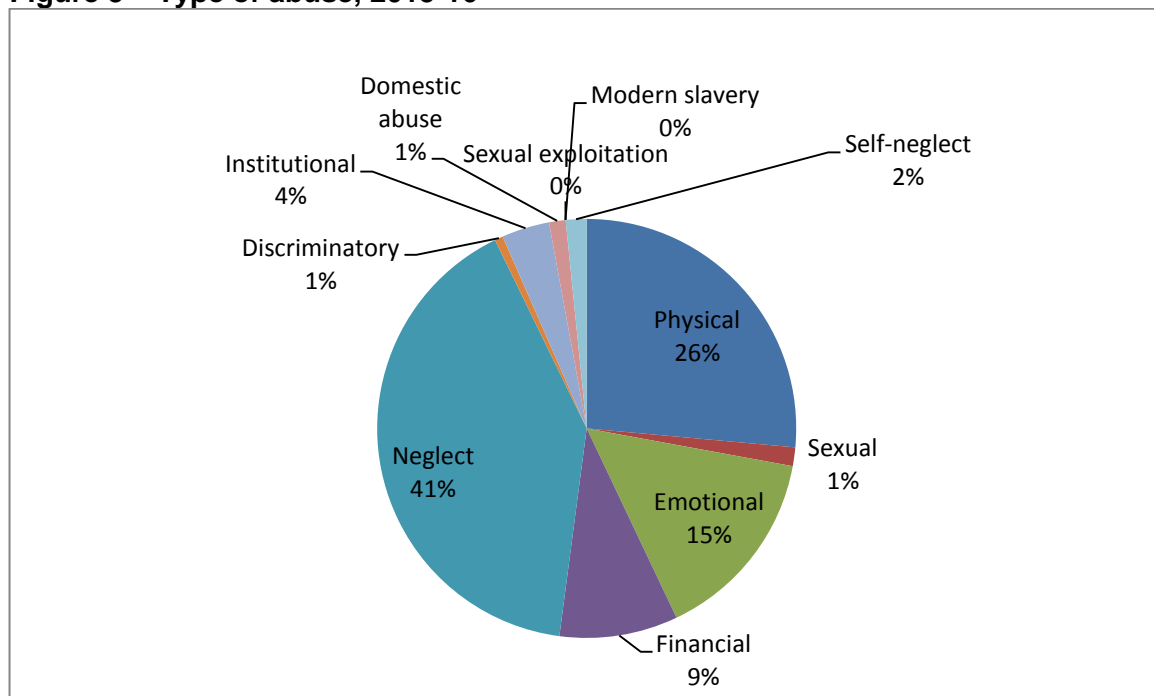
| | | | |
|-------------------------|-----|-----|-----|
| Sexual | 17 | 19 | 9 |
| Emotional/Psychological | 92 | 78 | 94 |
| Financial | 70 | 58 | 57 |
| Neglect | 162 | 195 | 254 |
| Discriminatory | 5 | 6 | 4 |
| Institutional | 13 | 13 | 23 |
| Domestic abuse | - | - | 8 |
| Sexual exploitation | - | - | 0 |
| Modern slavery | - | - | 0 |
| Self-neglect | - | - | 10 |

The majority of concerns raised related to potential neglect, accounting for 41% of all recorded risks followed by physical abuse at 26%.

- Wokingham has a high density of residential and nursing care settings these statistic include domiciliary care services and micro providers. As such many concerns that are reported in these environments are of neglect by omission.**

Wokingham have dealt with two cases of alleged modern slavery with positive outcomes under home office guidance however these were for multiple victims and therefore are not captured in individual safeguarding performance data.

Figure 5 – Type of abuse, 2015-16



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the person’s own home. These statistics reflect the improved quality assurance framework in commissioned services and proactive safeguarding work under Care Act requirements.

- Wokingham have in excess of 1300 residential and nursing beds in the borough as such 225 of concerns would only represent as 17.3 % of concerns being within care home provision. Increased identification of concerns within care home**

settings is also likely to be reflective of increased actively and monitoring within such settings due to significant increase in Deprivation of Liberty Safeguards assessment in addition to commentary under Table 2.

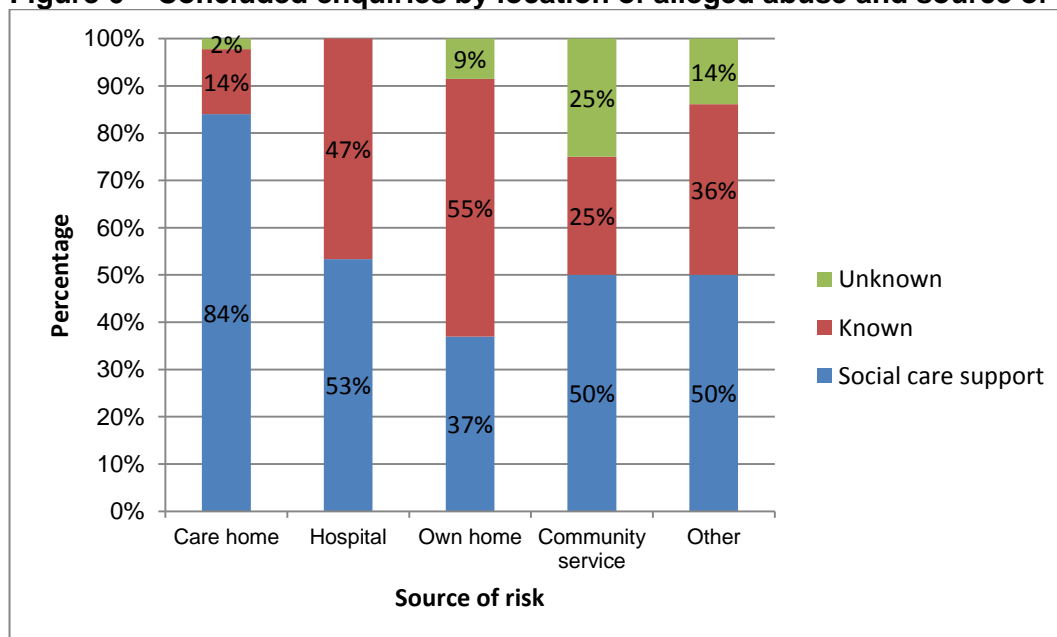
Table 8 – Location of abuse, 2015-16

| Location of abuse | 2013/14 | 2014/15 | 2015-16 |
|-------------------|---------|---------|---------|
| Care home | 195 | 172 | 225 |
| Hospital | 6 | 5 | 15 |
| Own home | 166 | 195 | 211 |
| Community service | 38 | 17 | 4 |
| Other | 40 | 26 | 36 |

The figure below shows location of alleged abuse by source of risk. Where the alleged abuse took place in the persons own home in the majority of cases (55%) the source of risk was an individual known to the adult at risk.

- **A 75% increase in hospital settings demonstrates an improved identification of safeguarding concerns and accountability within hospital setting.**
- **In comparison community services (a range of day services, leisure etc) demonstrates a substantial year on year reduction which requires further exploration.**

Figure 6 – Concluded enquiries by location of alleged abuse and source of risk, 2015-16



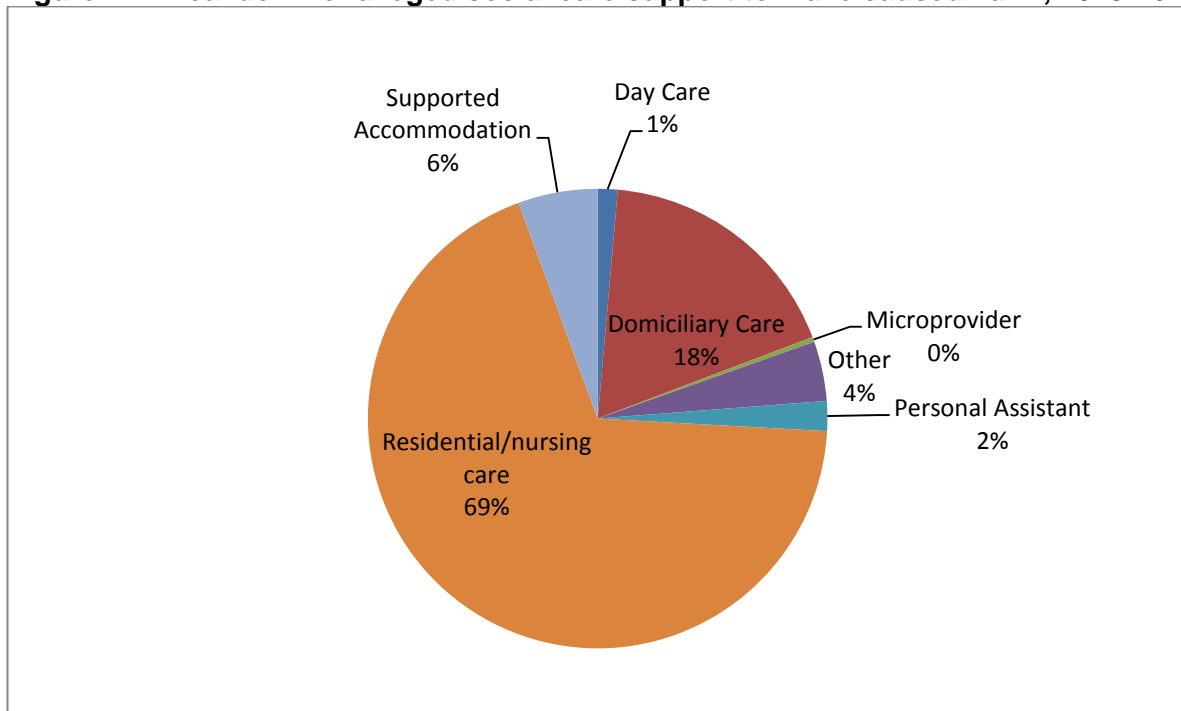
Source of risk

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

The chart below shows breakdown of social care support category.

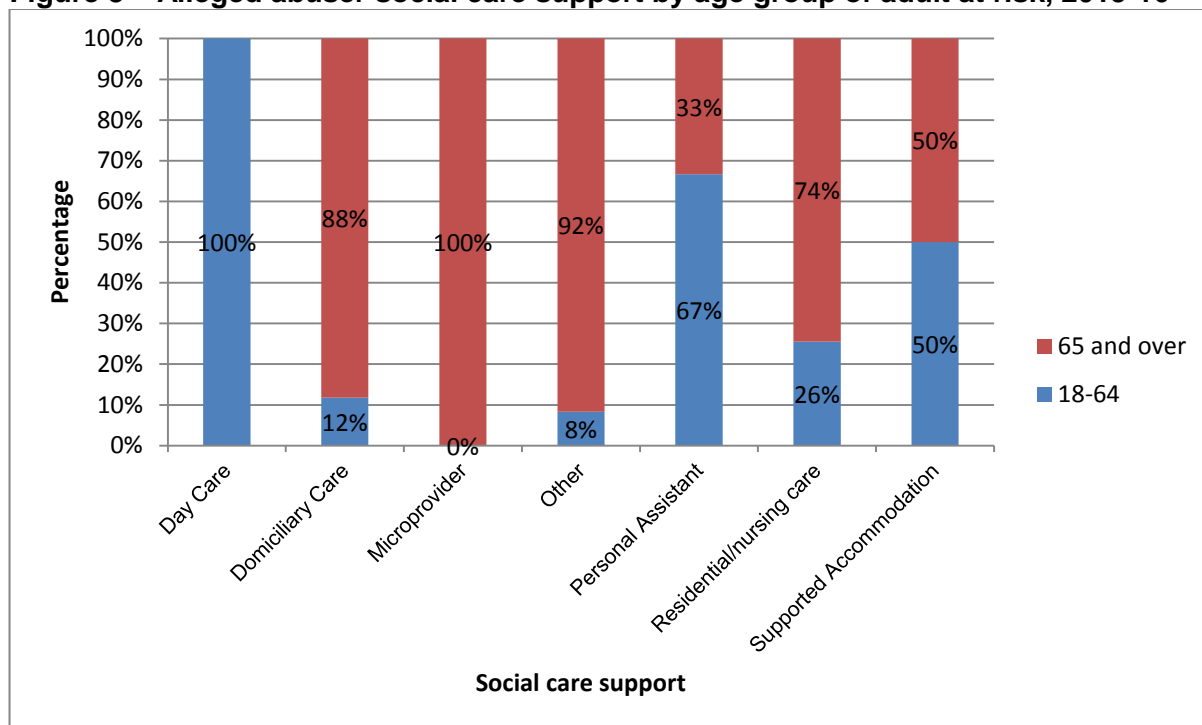
- Where the source of risk was social care support, residential and nursing care staff was most commonly reported as the alleged abuser (69%). This again, is likely influenced by the high density of residential and nursing care settings in the locality. Domiciliary care staff accounted for 18% of this category.
- Increase in the area of source of risk being social care support would be expected in view of additional category of Neglect and Acts of Omission under The Care Act implementation,. In this respect the alleged source of risk is mainly the social care provider as appose to individual social care staff

Figure 7 – Breakdown of alleged social care support to have caused harm, 2015-16



The chart below shows the relationship between the age of the person at risk and the service type of social care staff as alleged abuser. Where the alleged abuser was residential, nursing care or domiciliary staff the abuse was related to adults aged 65 and over.

Figure 8 – Alleged abuser social care support by age group of adult at risk, 2015-16



Action taken and result

The table below shows concluded enquiries by action taken and result for the last three years.

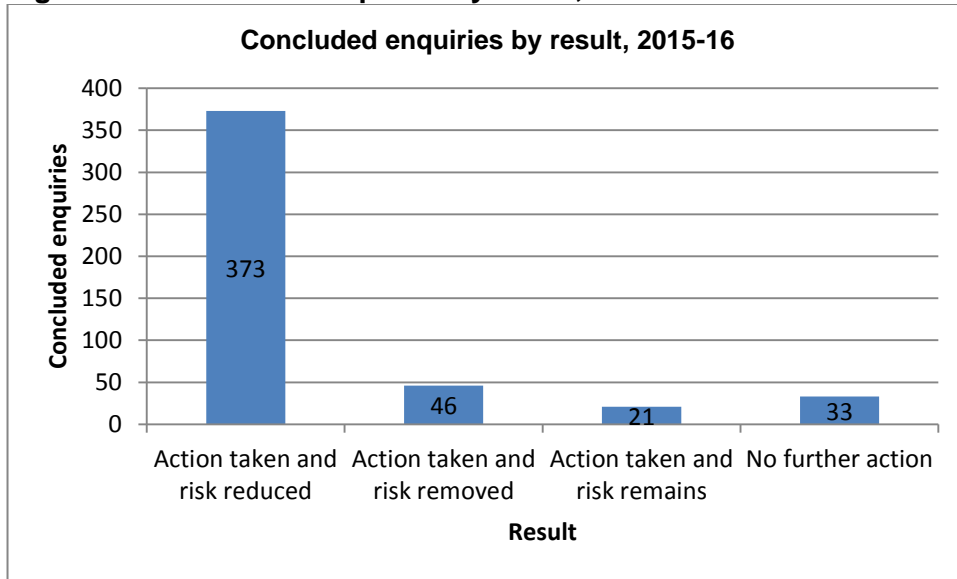
- **Statistic demonstrate a 50% reduction in no further action being taken reflecting a more robust risk management and appropriate care pathway for individuals subject to safeguarding concerns.**

Table 9 – Concluded enquiries by result, 2014-16

| Result | 2013/14 | 2014/15 | 2015-16 |
|---|---------|---------|---------|
| Action Under Safeguarding: Risk Reduced | 333 | 265 | 373 |
| Action Under Safeguarding: Risk Removed | 40 | 46 | 46 |
| Action Under Safeguarding: Risk Unchanged | 14 | 20 | 21 |
| No Further Action Under Safeguarding | 38 | 76 | 33 |
| Total | 425 | 407 | 473 |

The chart below shows concluded enquiries by result for 2015-16. In a small number of cases no action was taken under safeguarding. In some cases this would be at the request of the person concerned or as a result of other factors. In the majority of the cases the risk was reduced or removed..

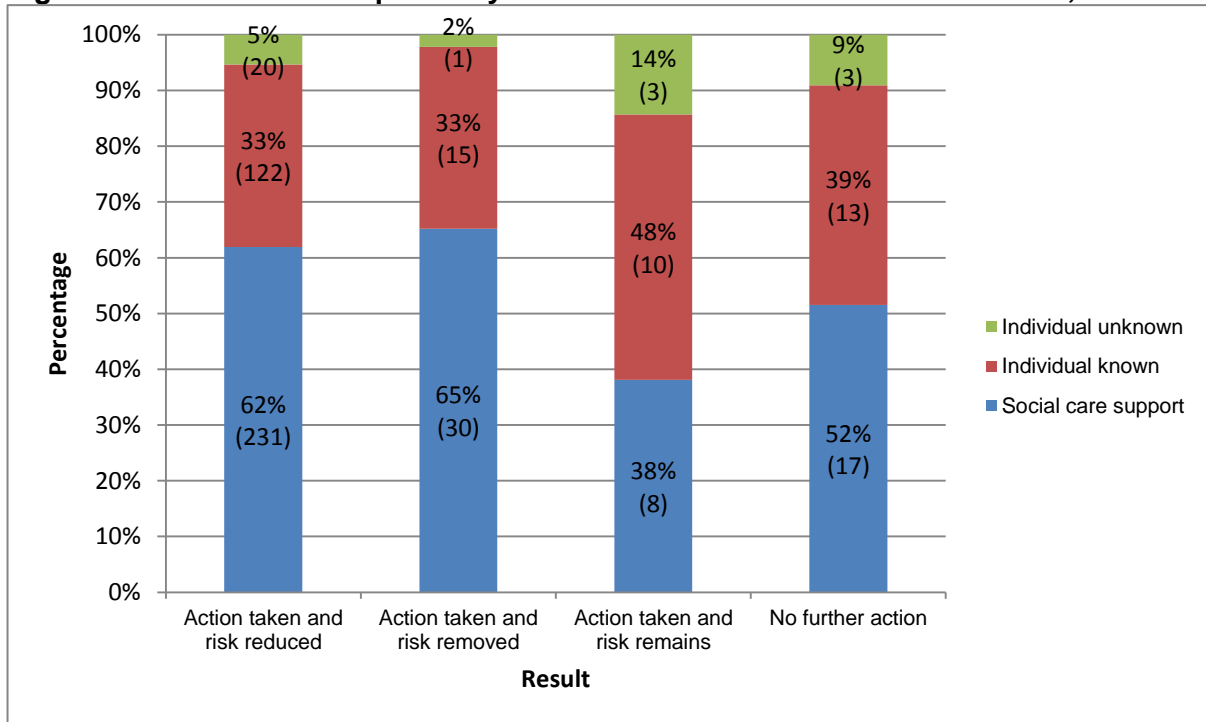
Figure 9 – Concluded enquiries by result, 2015-16



The chart below shows results of action taken for concluded enquiries by source of risk. For the majority of cases where action was taken and risk was reduced or removed the source of risk was social care support. For safeguarding enquiries where action was taken and risk remained in 48% of cases the individual was known to the person at risk.

- In case of risk remaining were a source of risk is known to the individual, this includes cases of self-neglect and reflects making safeguarding personal principles of achieving the desired outcomes for the individual with capacity in line with positive risk taking principles.

Figure 10 – Concluded enquiries by result of action taken and source of risk, 2015-16



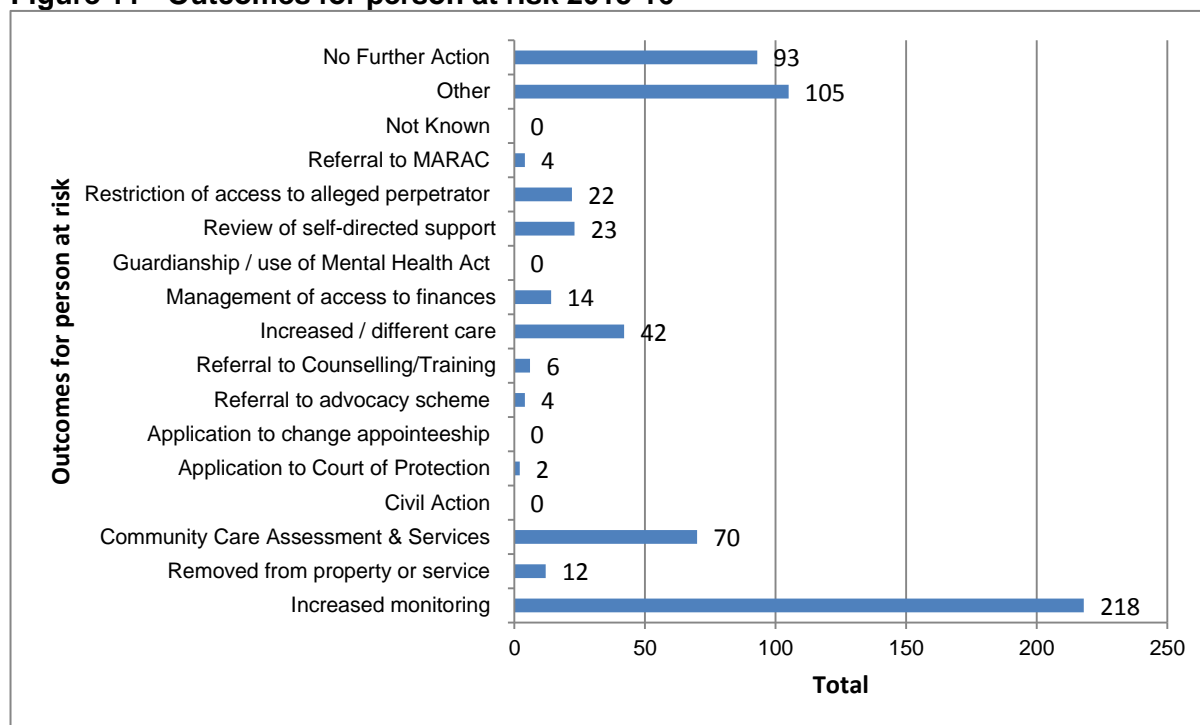
Outcomes for the person at risk

The most common outcome for concluded enquiries was increased monitoring. As the chart below includes concluded enquiries which were not substantiated or inconclusive there are a

number of no further action outcomes for the person at risk. This may well reflect application of Making Safeguarding Personal and decisions of capacitated individuals in line with positive risk taking principles.

- **A focus in staff training has been to encourage practitioners to think about supporting people to recover from abuse and neglect and there is some indication of this with outcomes such as ‘referral to counselling/training’ and ‘referral to advocacy scheme’, albeit in small numbers.**

Figure 11 - Outcomes for person at risk 2015-16



Outcomes for alleged perpetrator

Table 10 – Outcomes for alleged perpetrator, 2015-16

| Outcomes for alleged perpetrator | Total |
|--|-------|
| Criminal prosecution/Formal caution | 2 |
| Police action | 21 |
| Community care assessment and services | 27 |
| Removed from property/service | 22 |
| Management of access to person at risk | 38 |
| Referred to ISA/POVA | 14 |
| Referred to registration body | 3 |
| Disciplinary action | 47 |
| Action by CQC | 1 |
| Continued monitoring | 153 |
| Counselling/training/treatment | 146 |
| Referral to court mandated treatment | 0 |
| Referral to MAAPA | 1 |
| Action under MHA | 0 |
| Action by contract compliance | 38 |
| Exoneration | 2 |
| NFA | 113 |

Not known

10

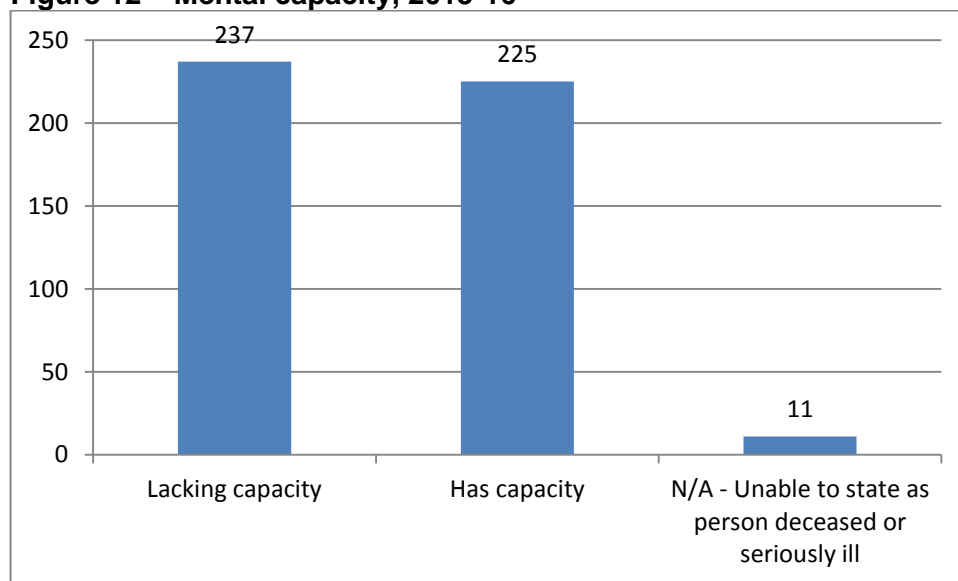
- **Outcomes such as continued monitoring which is demonstrated as a high percentage at 153 outcomes is reflective of ongoing monitoring requirements via the care governance and quality assurance framework. This is also reflective of improved partnership and preventative measure in cases of provider's services.**

Mental Capacity Act and Safeguarding Requirements

The chart below shows where mental capacity was assessed for concluded enquiries. In fifty percent of cases the individual was found to lack capacity.

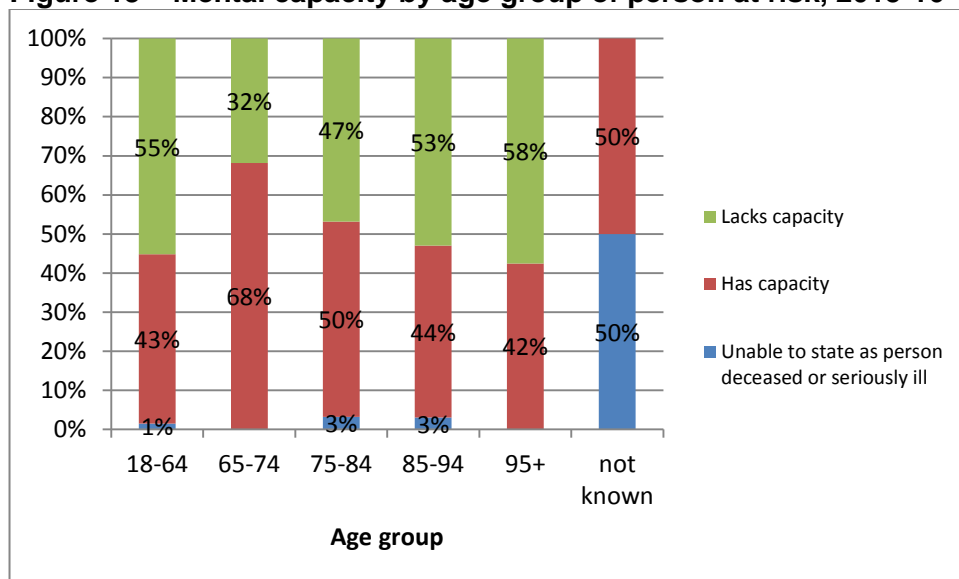
- **This demonstrates improved identification of the need to assess Mental Capacity in line with Mental Capacity Act and statutory safeguarding requirements.**

Figure 12 – Mental capacity, 2015-16



The chart below shows mental capacity of the person at risk by age group. The figure below shows the likelihood of the person lacking capacity increases with age with people aged over 95 were most likely to lack capacity at 58% compared to 32% for people aged 65-74. The majority of people who lacked capacity in the 18-64 age group had a primary support reason of learning disability.

Figure 13 – Mental capacity by age group of person at risk, 2015-16



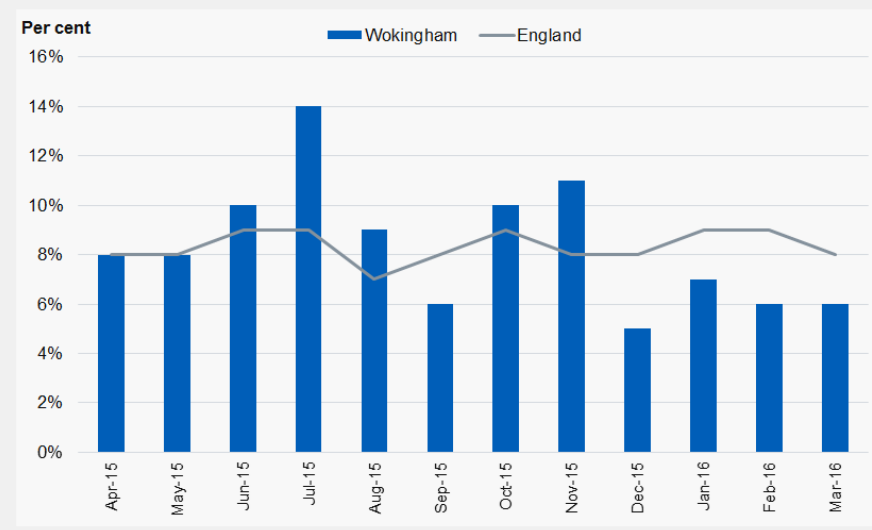
Of the 237 concluded enquiries where the person at risk lacked capacity in 212 of these cases support was provided by an advocate, family or friend.

- **Audit is evidencing that in a high proportion of cases an advocate is being identified when required this is a substantial improvement in both the protection and promotion of the person’s rights and legal frameworks.**

DEPRIVATION OF LIBERTY SAFEGUARDS

During the period 2015-2016 Wokingham have performed mainly above the national average and broadly in line or above our peer group comparators. The DOLS service is an area of continuous improvement and review which has led to more successful practice and compliance with the legal framework and achievement of statutory rights and protection of individuals who lack capacity’s Human Rights. This has been achieved through a combination of initiatives such as targeted training, support, development of a specific quality assurance framework and redesign of the whole and systems to support service delivery. It is also reflected in the improved awareness and understanding of the workforce more generally where the interface of safeguarding Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards 2007 meet.

Chart 1: Proportion of DoLS applications received during 2015-16 for Wokingham and England, by month



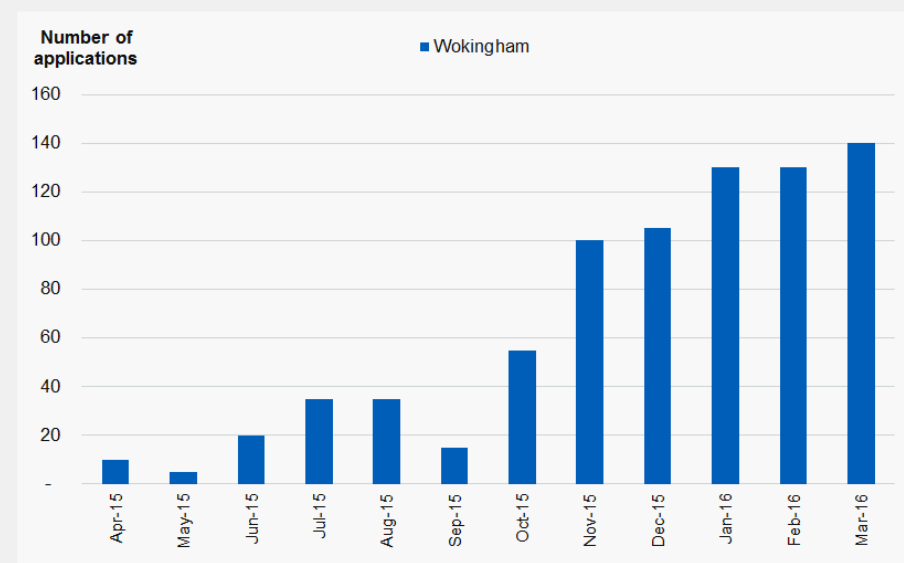
In periods where WBC exceed the national average this correlates to the delivery of Conferences embedding MCA and DOLS in practice this shows increase understanding of legal requirements and DOLS in provider service and the wider workforce leading to surge in applications being received.

Table 1: DoLS applications received and application rate for Wokingham, its peer group and England, 2015-16

| Local authority | Count of applications received in 2015-16 | Applications received per 100,000 adults |
|------------------------------|---|--|
| Wokingham | 565 | 458 |
| Windsor and Maidenhead | 575 | 504 |
| West Berkshire | 530 | 440 |
| Bracknell Forest | 350 | 386 |
| Central Bedfordshire | 955 | 445 |
| Bath and North East Somerset | 1,055 | 702 |
| Wiltshire | 2,095 | 548 |
| Cheshire East | 1,900 | 633 |
| Solihull | 995 | 603 |
| Bedford | 1,115 | 870 |
| South Gloucestershire | 1,120 | 516 |
| Rutland | 175 | 570 |
| North Somerset | 965 | 576 |
| Stockport | 920 | 406 |
| Cheshire West & Chester | 1,320 | 493 |
| Herefordshire | 1,350 | 888 |
| Peer group average | 1,030 | 565 |
| England | 195,840 | 454 |

This chart demonstrates a broadly similar amount of applications in our peer group comparators and nation average for the year period.

Chart 2: Total number of DoLS applications that were received prior to, but were not completed by, the end of each month for Wokingham, 2015-16



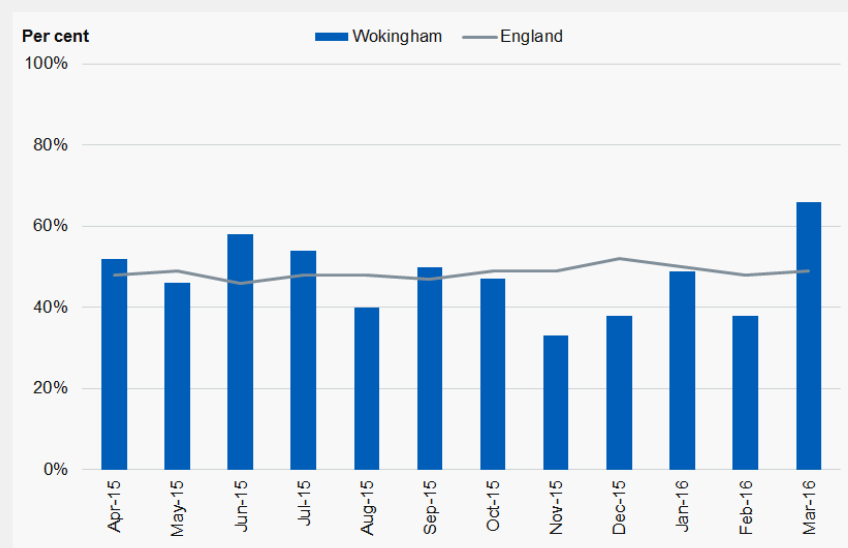
The significant difference and increase in applications not completed are indicative of reduction in the use, funding and availability of independent Best Interest Assessors in addition to internal capacity of BIA's being restricted. The implementation of a waiting list was required and a formal action plan is currently being monitored and regularly reviewed to mitigate risk.

Table 2: Incomplete applications as of 31 March 2016 and Percentage change between April 15 - March 16 for Wokingham, its peer group and England, 2015-16

| Local authority | Count of incomplete applications on 31 March 2016 | Change in the count of incomplete applications between April 15 - March 16 (%) |
|------------------------------|---|--|
| Wokingham | 140 | 1,164 |
| Windsor and Maidenhead | 290 | 109 |
| West Berkshire | 20 | 29 |
| Bracknell Forest | 35 | 62 |
| Central Bedfordshire | 165 | -20 |
| Bath and North East Somerset | 310 | -12 |
| Wiltshire | 1,735 | 117 |
| Cheshire East | 250 | 85 |
| Solihull | 310 | -1 |
| Bedford | 50 | -12 |
| South Gloucestershire | 635 | 122 |
| Rutland | 120 | 78 |
| North Somerset | 555 | 207 |
| Stockport | 775 | 379 |
| Cheshire West & Chester | 655 | 971 |
| Herefordshire | 530 | 517 |
| Peer group average | 430 | 123 |
| England | 101,740 | 135 |

The significant variation to the change in the count of incomplete applications in comparison to other authorities and the national average again reflect the above reduction in resource allocation to target this particular area of work and risk in respect of DOLS applications.

Chart 3: Proportion of DoLS applications that were submitted as urgent authorisation requests by month for Wokingham and England, 2015-16



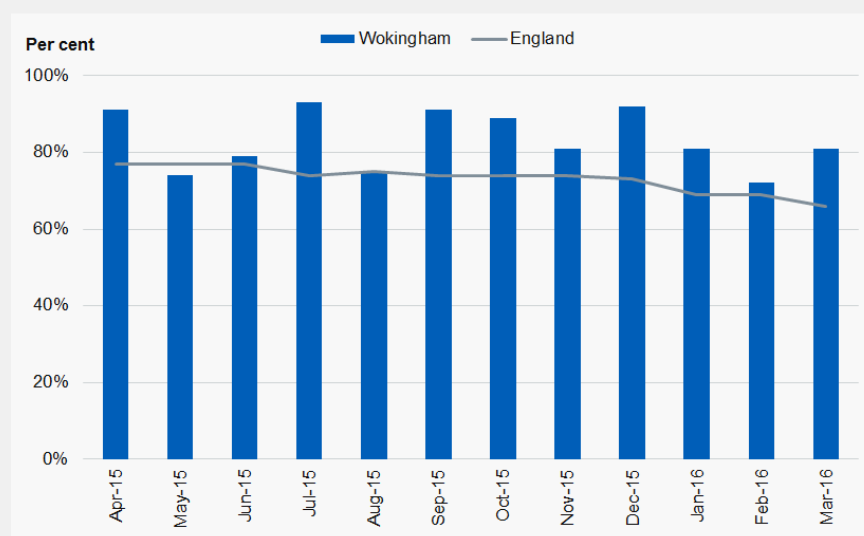
In the main WBC align with the national average however the increase in March 2016 is likely a result of regulatory inspection and year end audits by provider or commission services inclusive of Health partners.

Table 3: Proportion of urgent applications received and urgent applications received that were granted for Wokingham, its peer group and England, 2015-16

| Local authority | Proportion of applications that were submitted as urgent (%) | Proportion of urgent applications that were granted (%) |
|------------------------------|--|---|
| Wokingham | 48 | 61 |
| Windsor and Maidenhead | 24 | 42 |
| West Berkshire | 28 | 70 |
| Bracknell Forest | 15 | 69 |
| Central Bedfordshire | 66 | 59 |
| Bath and North East Somerset | 63 | 45 |
| Wiltshire | 80 | 4 |
| Cheshire East | 59 | 68 |
| Solihull | 65 | 41 |
| Bedford | 54 | 67 |
| South Gloucestershire | 83 | 10 |
| Rutland | 73 | 11 |
| North Somerset | 72 | 14 |
| Stockport | 82 | 18 |
| Cheshire West & Chester | 30 | 62 |
| Herefordshire | 65 | 7 |
| Peer group average | 61 | 32 |
| England | 49 | 32 |

The proportion which was submitted to WBC were in line with the national average, however the proportion of applications granted were 50 % greater than the national average. This is due to Urgent applications being a priority in legal and practice risk terms and therefore immediate allocation is made.

Chart 4: Proportion of completed DoLS applications that were granted per month for Wokingham and England, 2015-16



In all month with the exception of May WBC either met or exceeded the national average of completed DOLS applications per month.

Table 4: Proportion of completed applications that were granted and the proportion of those that were completed within the designated time frame for Wokingham, its peer group and England, 2015-16

| Local authority | Granted (%) | Completed within the designated time frame (%) |
|------------------------------|-------------|--|
| Wokingham | 84 | 64 |
| Windsor and Maidenhead | 62 | 5 |
| West Berkshire | 88 | 54 |
| Bracknell Forest | 84 | 42 |
| Central Bedfordshire | 89 | 7 |
| Bath and North East Somerset | 67 | 19 |
| Wiltshire | 21 | 8 |
| Cheshire East | 95 | 27 |
| Solihull | 68 | 7 |
| Bedford | 79 | 24 |
| South Gloucestershire | 87 | 4 |
| Rutland | 54 | 28 |
| North Somerset | 77 | 8 |
| Stockport | 96 | 6 |
| Cheshire West & Chester | 93 | 59 |
| Herefordshire | 99 | 18 |
| Peer group average | 75 | 21 |
| England | 73 | 22 |

WBC are performing well above the national average and also broadly in line with or above their peers in respect of the proportion of completing applications within designated time frames.

Chart 5: Proportion of granted applications that were completed more than 6 months after being received by month for Wokingham and England, 2015-16

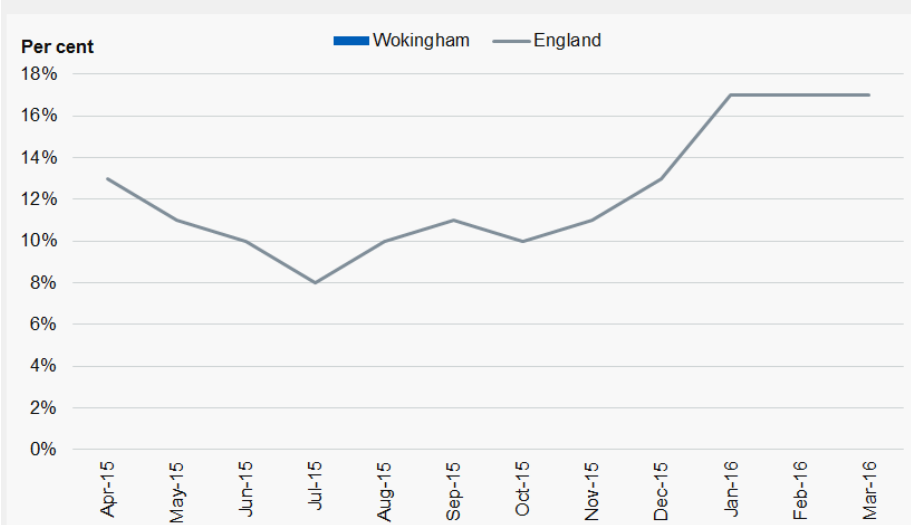


Table 5: Proportion of granted applications by duration of application completion for Wokingham, its peer group and England, 2015-16

| Local authority name (code) | Less than 3 months (%) | 3-6 months (%) | More than 6 months (%) |
|------------------------------|------------------------|----------------|------------------------|
| Wokingham | 98 | 2 | - |
| Windsor and Maidenhead | 48 | 30 | 22 |
| West Berkshire | 100 | - | - |
| Bracknell Forest | 98 | 2 | - |
| Central Bedfordshire | 66 | 24 | 10 |
| Bath and North East Somerset | 60 | 12 | 28 |
| Wiltshire | 50 | 18 | 33 |
| Cheshire East | 96 | 1 | 3 |
| Solihull | 44 | 31 | 25 |
| Bedford | 100 | - | - |
| South Gloucestershire | 24 | 26 | 50 |
| Rutland | 89 | 10 | 2 |
| North Somerset | 60 | 24 | 15 |
| Stockport | 62 | 19 | 20 |
| Cheshire West & Chester | 100 | - | - |
| Herefordshire | 77 | 13 | 11 |
| Peer group average | 77 | 11 | 12 |
| England | 76 | 12 | 12 |

WBC exceed the national average by 22% by completing applications within a three month period in addition to being broadly in line or exceeding our members of our group. Only two applications were outstanding after the three month period and none exceed six months whereas the national average was 12% both at three and six months.

Chart 6: Proportion of authorisations that ended early for Wokingham and England, 2015-16

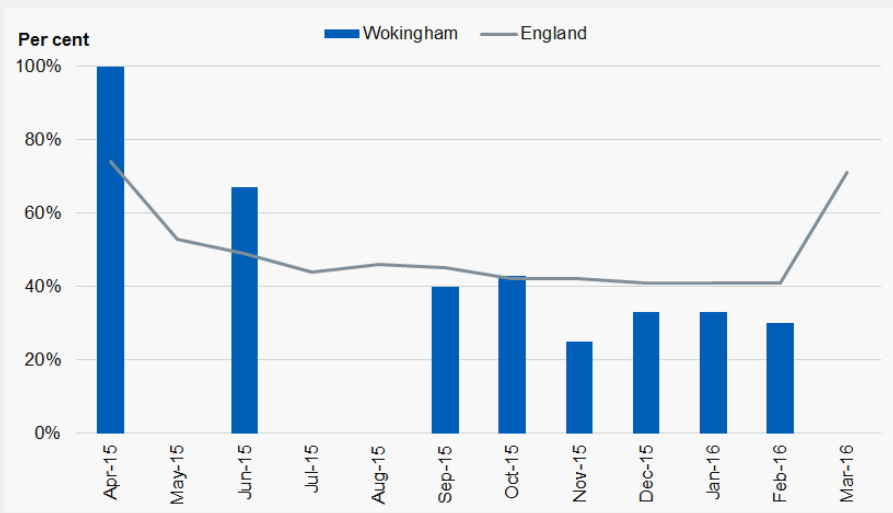


Table 6: Proportion of authorisations which ended early for Wokingham, its peer group and England, 2015-16

| Local authority | Authorisations ended early (%) |
|------------------------------|--------------------------------|
| Wokingham | 29 |
| Windsor and Maidenhead | 37 |
| West Berkshire | 39 |
| Bracknell Forest | 73 |
| Central Bedfordshire | 68 |
| Bath and North East Somerset | 38 |
| Wiltshire | 19 |
| Cheshire East | 43 |
| Solihull | 48 |
| Bedford | 61 |
| South Gloucestershire | 46 |
| Rutland | 52 |
| North Somerset | 90 |
| Stockport | 100 |
| Cheshire West & Chester | 41 |
| Herefordshire | - |
| Peer group average | 46 |
| England | 50 |

The proportion of authorisations ending early for Wokingham was 21% less than the national average and also less than all peer groups in our comparator. It is possible this is reflective of Wokingham being one of the “top ranking” places to live and keep well in the country.

Prioritise for Wokingham Borough Council 2016-2017

Priority 1.: Continued community engagement and awareness raising of safeguarding adults agenda by:

- Continued focus to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children in the Borough. Including the Introduction of the new Safer Places Scheme Cards for vulnerable adults in the community.
- Co-produce and deliver PREVENT workshops to providers and the wider community. Including focused support to CLASP to facilitate a PREVENT workshop to people with a learning disability in community.
- A defined programme of community events for the coming year utilising existing partnership arrangements, joint initiatives and events.
- Ongoing promotion and engagement of the Wokingham safeguarding adults forum.

Priority 2: Measuring outcomes and impact by:

- Developing more formal processes to gain feedback from individuals who have experienced safeguarding enquires, with a focus on measuring Making Safeguarding Personal outcomes
- Improve methods of measuring those outcomes for individuals against the impact safeguarding work has achieved.
- Support and develop methods of better service user engagement with the work of the Safeguarding Adults Board.
- Continue to monitor and review how the local authority respond to high demand and need for development in practice and process to ensure individuals human rights are upheld in the context of Deprivation of Liberty Safeguards.

This page is intentionally left blank