



**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Adults Board
Annual Report 2021/22**

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1. Foreword from Independent Chair

Welcome to the annual report of the Dudley Safeguarding Adults Board. This report covers the period between April 2021 and March 2022 and reflects the safeguarding commitments of all partners working to achieve our intentions as set out in our strategic partnership plan.

This report was prepared by the DSPP Business Support Unit on behalf of the Board and recognises the progress the DSPP has made throughout the year and the challenges that remain and will continue in 2022/23.

There is a robust commitment from the multi–agency partnership to work together on agreed priorities and the Executive is consistently well attended by senior leaders in organisations.

We have revised our priorities and strengthened our partnership structure to reflect our joint accountability and responsibility to safeguard adults. We are developing our approach to data and performance to ensure we have a good evidence base to demonstrate how the Board safeguards adults. We are also working together to ensure there is a culture of high support and high challenge in our services.

The Covid 19 Pandemic has had a significant impact on adults at risk. As a Partnership we have focussed on the challenges this presented. This has impacted how we delivered services in 2021/22 and we are now able to use hybrid ways of working to ensure we remain responsive to adults in Dudley.

Over the next 12 months we recognise that we need to intensify our multi – agency response to self-neglect. We also recognise the cost of living crisis and the immeasurable consequences this will have on individuals, particularly those with care and support needs.

We are ensuring our multi–agency audit processes provide assurance on the quality of safeguarding practice in Dudley and how our sub groups deliver on our strategic plan. Learning from Safeguarding Adults Reviews is embedded in practice and is having the desired impact of confirming that adults in Dudley are safer as a result.

A priority as Independent Chair is to ensure I hear directly from adults accessing our services. To understand what is working well and how we need to improve as well as hearing from frontline practitioners about the challenges they face and how we can improve multi -agency working.

I look forward to updating you on our progress and the improvements we are making in our next annual report.

Dr Paul Kingston

2. About the DSAB

2.1 The Annual Report

Welcome to the Dudley Safeguarding Adults Board annual report. This document provides an overview of the effectiveness of services in place to safeguard adults across the Dudley Borough. The information relates to the period 1st April 2021 – 31st March 2022.

The report will be available on our website via <https://dudleysafeguarding.org.uk/partnership/meetings/dsab/> and will be shared with our partners for dissemination. The report will also be shared with the Health and Wellbeing Board and Dudley Safeguarding Children's Partnership Group.

2.2 What is Safeguarding for Adults?

Safeguarding adults is about preventing and responding to allegations of abuse, harm or neglect of adults at risk across the Dudley Borough.

Section 42 of the Care Act 2014 states that safeguarding enquiries should be made where:

- a person has needs for care and support
- is experiencing, or at risk of, abuse or neglect; and
- as a result of their care and support needs, is unable to protect him or herself against the abuse or neglect, or the risk of it.

Safeguarding duties apply regardless of whether a person's care and support needs are being met or not. These duties also apply to people who pay for their own care and support services. Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

2.3 What is Dudley Safeguarding Adults Board?

The core duties of the Dudley Safeguarding Adults Board (DSAB) are described in Chapter 14 of the Care Act Statutory Guidance, issued under section 78 of the Care Act 2014. This requires the DSAB to:

- Publish a strategic plan for each financial year detailing how it will meet its main objective and what individual members will do to achieve the work plan.
- Publish an annual report that details what the DSAB has done during the financial year to achieve its objectives and strategic work plan and what individual members have done to implement the strategy, with specific emphasis being given to the positive impact this has on the lives and outcomes of adult with care and support needs who have experienced, or are at risk of experiencing abuse and neglect.
- Conduct a Safeguarding Adults Review in accordance with Section 44 of the Care Act 2014.

In order to fulfil its core duties, the DSAB will develop a range of initiatives, plans, policies and procedures for safeguarding and promote the welfare of adults with care and support needs, in relation to:

- Adherence to the six declared principles of adult safeguarding

- The role, responsibility and accountability with regard to the actions each agency and professional group should take to ensure the protection of adults.
- Establish a method for analysing and interrogating data on safeguarding concerns and the outcomes of individual enquiries, which increases the DSAB's understanding of the prevalence of abuse in its area.
- Establish methods of analysing and interrogating adults' satisfaction with the outcomes that were achieved through the safeguarding process, which supports the DSPP to embed person centred approaches to safeguarding, as required by Making Safeguarding Personal.
- Establish how it will hold individual DSPP members to account and gain assurance of the effectiveness of their organisation's arrangements.
- Determine its arrangements for organisational self-assessment, DSPP self-audit and peer audits.
- Establish mechanisms for developing policies and procedures for protecting adults. The DSAB should formulate these in collaboration with all relevant agencies and will also need to consider how the views of adults with care and support needs, their families and informal carers will be represented.
- Identify types of circumstances that give grounds for concern and when they should be considered as a safeguarding concern and passed to the Local Authority for consideration of a S42 safeguarding enquiry. This should include referral pathways and guidance on thresholds for intervention.
- Embed strategies and ways of working that support staff to minimise the potential impact of issues relating to race, ethnicity, religion, gender and gender orientation, sexual orientation, beliefs, age, disadvantage and disability on abuse and neglect.
- Identify mechanisms for monitoring and reviewing the implementation and impact (on practice and culture) of policy and training.
- Develop effective mechanisms and protocols that support the effective commissioning of Safeguarding Adults Reviews, which includes local mechanisms that ensure lessons learnt are understood and embedded at all levels of staffing structures across the local safeguarding partnership. This will include identifying other processes that could be used review the effectiveness of local safeguarding responses.
- Develop mechanisms for ensuring the Annual Strategic Plan and Annual Report are conducted and published in a timely manner, so as to enhance the accountability of the DSPP to the local community.
- Evidence how individual members of DSPP have challenged one another and held other local boards to account, for example the Health and Wellbeing Board.
- Review and comment on the impact for safeguarding adults that arises from individual DSPP members organisational strategic decision making, including decisions that impact on the resources available to support the DSPP.
- The Dudley Safeguarding Adult Board will engage in any other activity that facilitates or is conducive to, the achievement of its objectives.

In all its activities the DSAB will support the equality of opportunity for all individuals and meets the diverse needs and wishes of local adults in Dudley and will advocate that the duty to safeguard and promote the welfare of all as 'everybody's responsibility'.

The Board is funded through financial contributions from Dudley MBC, Dudley CCG and West Midlands Police. Wider partners provide staff and resources for meetings and training courses.

2.4 Our priorities 2021-22

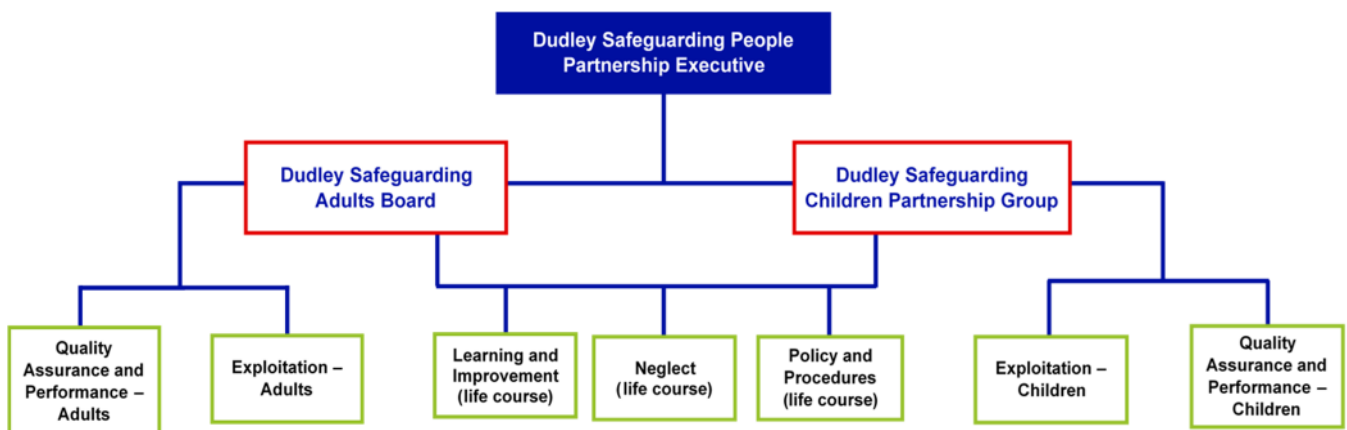
Our priorities were set in 2020 for a period of two years. For the reporting period of this report they are:

1. Neglect across the life course
2. Exploitation across the life course
3. Preventing harm across the life course

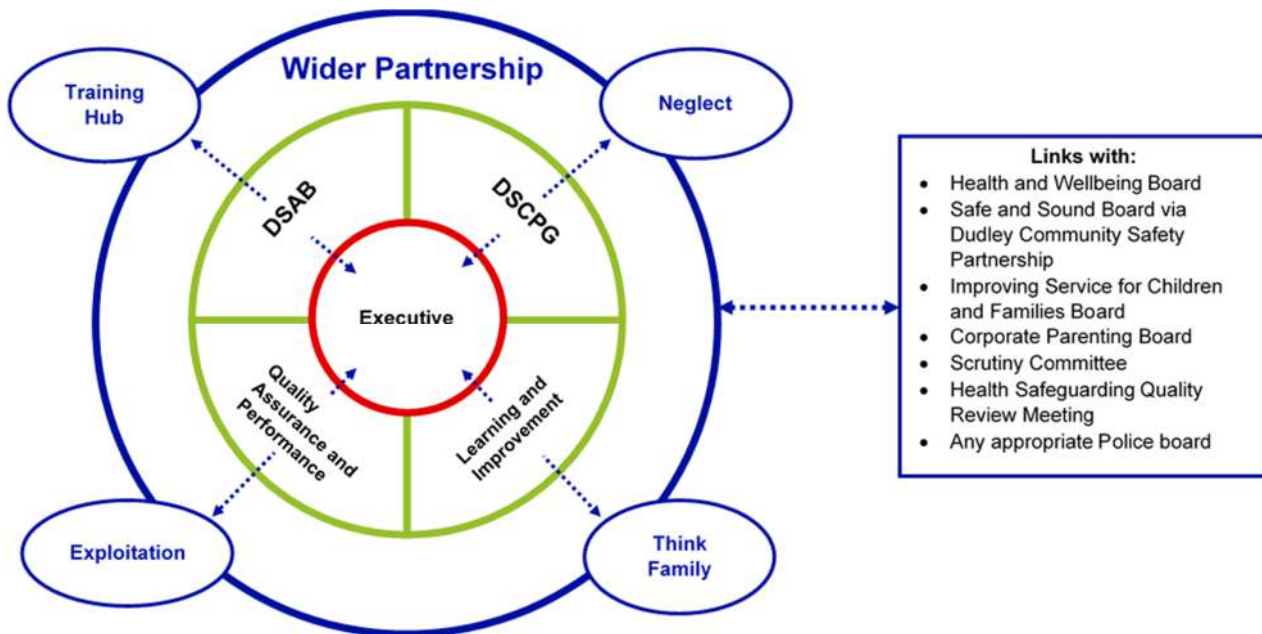
The priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding. This third priority allows partners to be more flexible and adapt to emerging themes and trends. For the purpose of this report, we will focus on the priorities of 2020, highlighting areas of work that have changed in 2022, which will be discussed in more detail in next year's report.

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group. Below shows our structure for 2021-22



Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of this change will be discussed in our next annual report, but is included for information in this report.



2.6 Links with other Partnerships and Boards

We are members of the West Midlands Safeguarding Adults group and West Midlands Editorial Group. This ensures we are up to date with the most recent changes as well as ensuring we work as effectively as possible with our cross border partnerships. We recognise that many of our partners work across several local authority areas and therefore consistency in our safeguarding approach is paramount.

The DSAB also works closely with Safe and Sound, Dudley's Community Safety Partnership, as we recognise that many safeguarding themes overlap for example, exploitation and domestic abuse. We also regularly provide updates to our health colleagues via the Safeguarding and Quality Review Meeting (SQRM) This report will also be presented to the Health and Wellbeing Board.

3. About Dudley

A total of 252,769 adults aged 18 and over live in Dudley (Mid-Year population estimates 2020). This is 78.4% of the total population in the area.¹

The number of people aged 75 and over is 32,182 (10.0%). This proportion is greater than the West Midlands region (8.8%) and England (8.6%) as a whole. Additionally, this cohort is a growing proportion of Dudley's population each year.²

Homelessness

Dudley has a good track record in preventing homelessness and has low numbers of rough sleepers. Preventing or relieving homelessness is a key function that the local authority has done successfully for a number of years. In the post-covid pandemic recovery phase, however, a new set of challenges are emerging including higher housing and living costs (such as food, utilities and travel costs) and other inflationary pressures. There has been an increase in local rental market prices and house prices.

The most vulnerable in our community are often those who are on low incomes and will be more adversely impacted by rising costs as they may struggle to obtain good quality housing that meets their needs, or they may struggle to maintain their current living arrangements.

Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2020 showed it affected 24,248 (17.3%) of households within the Borough.³ Recent increases in energy costs are likely to exacerbate Fuel Poverty.

Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 37.3 crimes per 1,000 people for 2020/21. It should be noted this measure will be influenced by other areas outside Dudley, but it is higher than the rates for both the West Midlands region (33.7) and England (30.3 per 1,000).⁴ Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse

Life Expectancy, Health Conditions and Health Inequalities

Life expectancy within Dudley is 78.8 years for men and 82.2 years for women. This is similar to the wider region (men 78.5, women 82.5); however it is lower than England (men 79.4, women 83.1)⁵ Within Dudley, life expectancy is 9.3 years lower for men and 8.0 years lower for women in the most deprived areas of Dudley than in the least deprived areas.⁶

¹ Source: ONS

² Source: ONS

³ Source: Department for Business, Energy & Industrial Strategy, April 2022

⁴ Source: PHE Public Outcomes Framework

⁵ Source: Life expectancy estimates 2018-20, ONS

⁶ Source: Office for Health Improvement & Disparities Public Health Profiles. [accessed 16/05/22]
<https://fingertips.phe.org.uk> © Crown copyright 2022

The recorded prevalence of dementia in patients aged 65+, registered with a Dudley GP was 3.8%, which equates to 2,547 patients. However, the estimated dementia diagnosis rate for those aged 65+ is 56.3%, which means that the actual number is likely to be around 4,500. In patients under 65, the recorded prevalence of dementia was 2.7 per 10,000 in 2020, lower than that for the Black Country STP (3.3 per 10,000) and England (3.0 per 10,000).⁷

The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. This is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000).⁸ This is a growing concern and suicide awareness, and support will need to be a focus of both our learning and development and service offer going forwards.

4. Our data

We have a multi-agency dashboard that consist of high-level partner information. We are still improving our dataset, and this is regularly reviewed. We know we have more to do with this and will ensure it is revised in line with our revised priorities. The effectiveness of this, will be reported in our next annual report.

Safeguarding Concerns

382 concerns were not recorded correctly/fully therefore were excluded from the submission. This was due mainly to the implementation of a new ICT recording system for Adult Social Care called LAS and a change in recording processes whereby the decision was made to record an episode for each concern which has resulted in many concerns with no episode recorded, an episode but with no 'type' recorded or an incorrect contact outcome being recorded. The data quality is much improved compared with last year when 498 concerns were excluded for the same reasons and there will be a continued focus to improve data quality in the sub group.

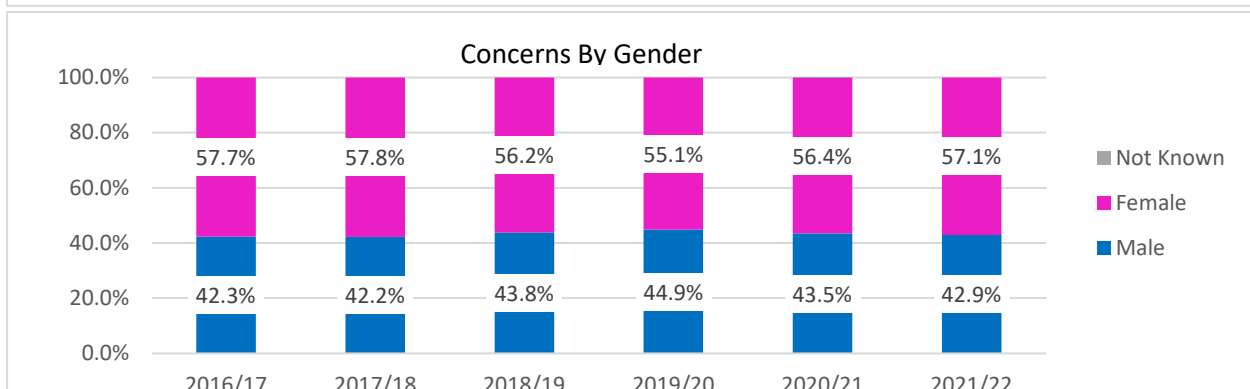
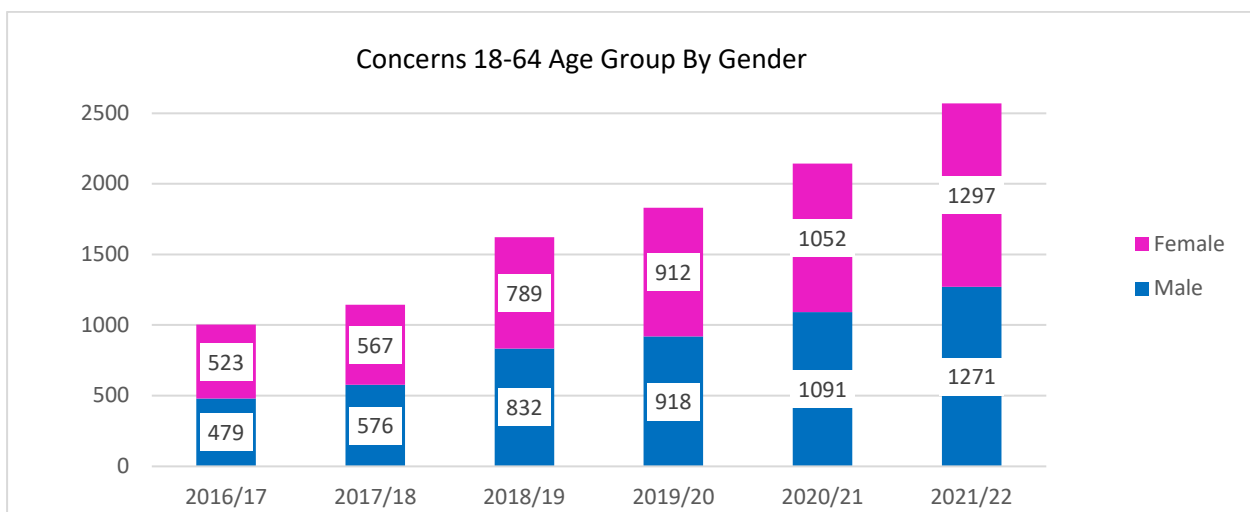
The conversion percentage has increased and is at a level we would expect to see. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (41.7%) with females forming the highest proportion in this age group for the first time since 2016/17. However, overall, and consistently over the past 6 years, females continue to form the highest proportion of all concerns.

⁷ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22] <https://fingertips.phe.org.uk> © Crown copyright 2022

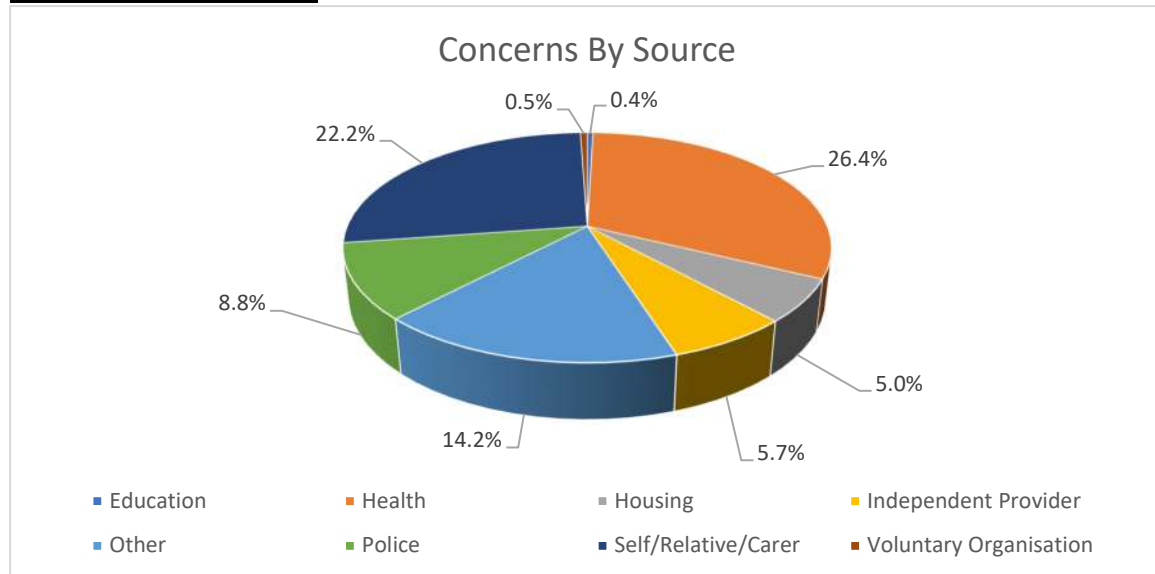
⁸ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22] <https://fingertips.phe.org.uk> © Crown copyright 2022

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%

MASH (Multi Agency Safeguarding Hub) is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and the MASH but also brings with it a higher number of referrals that are triaged out. The lower percentage shows that MASH is being effective in ensuring our response is targeted and that signposting or assessments take place instead of safeguarding where appropriate.



Concerns by source

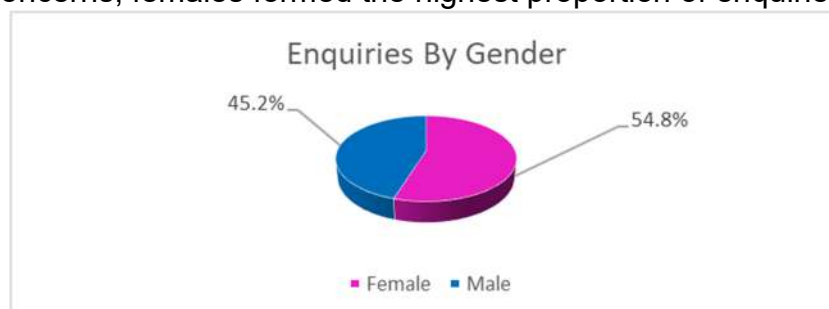


2020/21 Enquiries

The detail of the enquiry, e.g. abuse category, location of abuse etc, is not submitted in the SAC until the actual enquiry is completed. Therefore, the following is an analysis of 2021/22 enquiry data only.

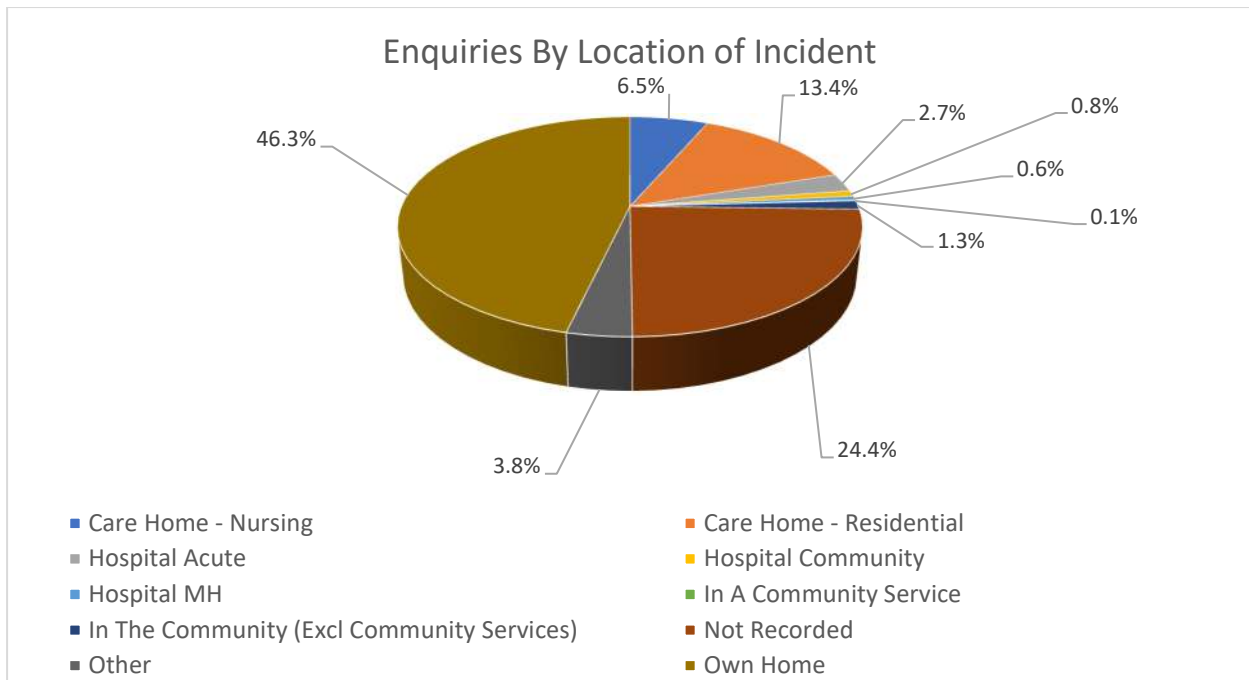
Enquiry Type	No	%
S42	380	54.8%
Other	313	45.2%
Total	693	100.0%

In line with concerns, females formed the highest proportion of enquiries at 54.8%.



Gender	18-64	65-74	75-84	85-94	95+	Total
Female	136	59	66	100	19	380
Male	147	56	60	47	3	313
Total	283	115	126	147	22	693

Males form the highest proportion within the younger 18-64 age group (52%) and in general, females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.

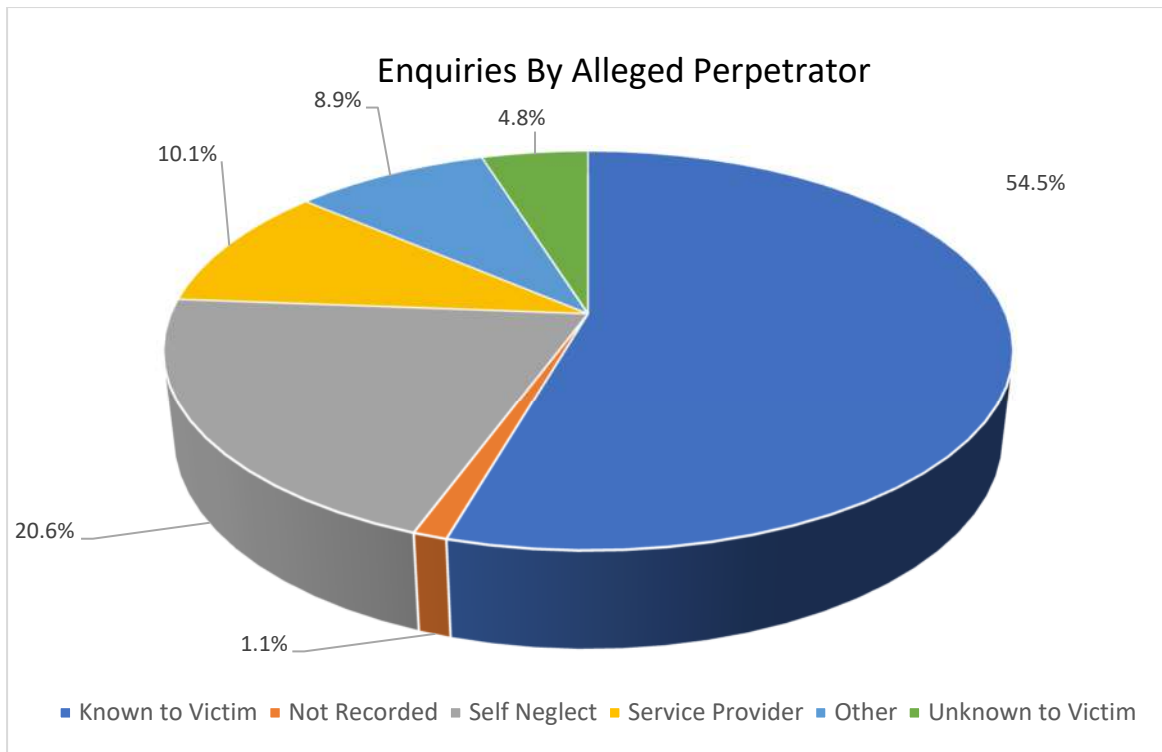


Abuse Category	Female	Male
Discrimination	2	3
Domestic	74	26
Emotional/Psychological Abuse	122	78
Financial/Material Abuse	98	85
Institutional Abuse	39	18
Modern Slavery	0	1
Neglect & Acts of Omission	176	130
Physical Abuse	99	60
Self-Neglect	102	141
Sexual Exploitation	10	1
Sexual Abuse	16	5
Total	738	548

As in previous reporting the category of Neglect & Acts of Omission forms the highest proportion of all enquiries at 23.8%

As in previous reporting, the highest proportion of incidents occurred at the victims own home 46.3% with 61% of these recorded with an alleged perpetrator known to the victim. 51% of these incidents were for females. 173 episodes were recorded with no location, or the episode was missing and 8 with no perpetrator or no episode recorded.

Overall, 54.5% of incidents were recorded with an alleged perpetrator known to the victim.



Concluded Enquiries

Year	Concerns	% Increase/Decrease From Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%
2021/22	549	22.5%

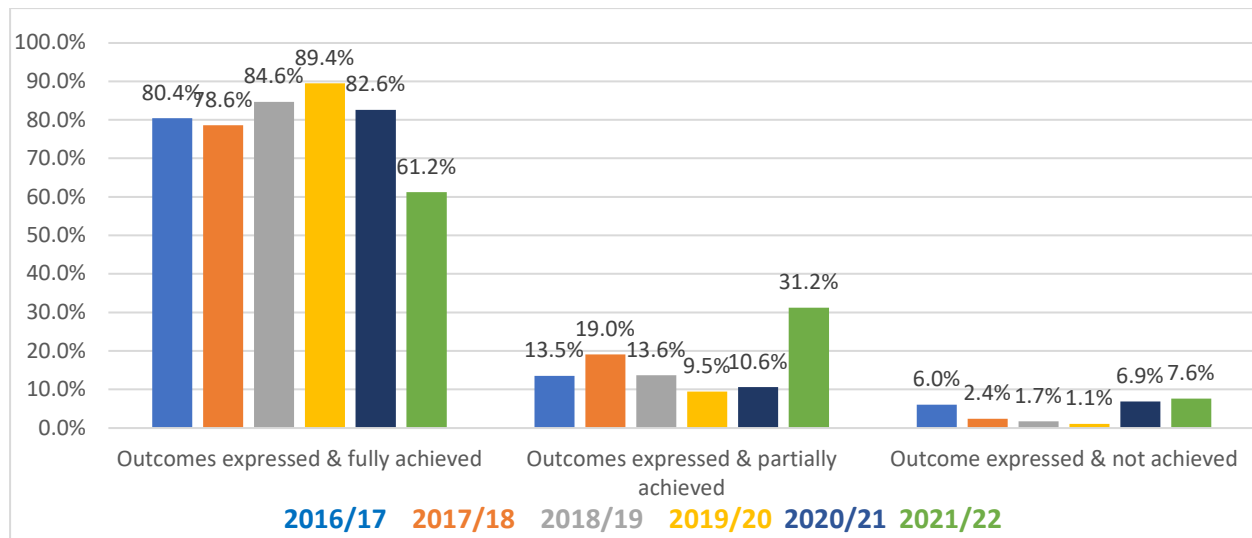
The number of concluded enquiries that we were able to submit in the SAC has increased during 21-22 by 22.5%. This is due to a higher number of concerns and improved data quality compared with last year. However, there were 178 concluded enquiries not being submittable due to having missing risk data (table validation within the SAC doesn't allow an option in tables 2c and 2e of 'Not Recorded' and therefore these records had to be excluded). During the reporting period we have seen the level of concerns return to expected demand levels following the pandemic.

77 concluded cases had no Location of episode recorded however, these have been included as 'Other' and 10 episodes had no perpetrator recorded but were included as Unknown/Stranger.

463 (84%) were S42 enquiries with 86 (16%) being Other enquiries.

Performance regarding concluded enquiries where an outcome was expressed and that outcome was fully or partially achieved has slightly decreased compared with last year, with a combined fully and partially achieved figure of 92.4% compared with 93.1% during 2020-21. This is mainly due to a significant increase in the Not Asked cohort and 26 records where the answer to the question was not recorded and therefore had to be grouped as 'Unknown if asked'

A significant difference can be seen in the proportion of fully and partially achieved changing this year compared with previous years.



5. Progress against our priorities

During 2021, all services continued to operate under pressures due to the Covid 19 pandemic however services have adapted to ensure safe and effective safeguarding practices are maintained. Our Executive continued to meet informally on a regular basis, moving to fortnightly meetings from weekly meetings during the height of the pandemic. We also recognised that during the pandemic there was disruption to our regular programme of work and assurance.

Priority 1 – Neglect across the Life course:

What we did:

- Dudley Group has implemented a Pressure Ulcer Scrutiny meeting. This enables areas of learning to be shared in relation to avoidable pressure ulcers to improve practice and prevent further harm.
- A new governance process has been introduced whereby Dudley Group Safeguarding Team are informed of all cases of patients who abscond or leave against medical advice to review potential cases of self-neglect that require multi-agency support.
- Patient Safety Bulletins around self-neglect and use of Mental Capacity Assessments have been distributed across the Trust. There has been a year on year increase in advice calls to the safeguarding team regarding self-neglect and in referrals to the local authority for support, demonstrating an increase in staff awareness of the signs of self-neglect

- Work has begun on a Neglect strategy for adults. It is recognised that acts of omission and neglect are not necessarily focussed on and the need to have a dedicated resource has been agreed by the Neglect sub group.
- Self-neglect cases are on the rise in Dudley and as such the Partnership have commissioned a thematic review into five self-neglect cases. It is hoped that this will provide not only learning but a toolkit to assist practitioners. We will update further on this piece of work in our next report.

Priority 2 – Exploitation across the life course:

We know that there are vulnerable adults at risk of exploitation in our Borough.

What we did:

- The Dudley Group has funded a domestic abuse co-ordinator to support staff in their role of identifying and supporting victims of domestic abuse and implement the Trust Domestic Abuse Strategy. The role has been recruited to and work will commence in June 2022. This links into work under the Domestic Abuse Partnership Board
- The launch of the Exploitation Strategy took place in November 2021. This brings together a pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation.
- An exploitation tool has also been introduced to enable front line practitioners identify examples of exploitation. The effectiveness of this will be reported on in our next annual report but initial feedback back is that this is proving helpful.
- WRAP Training has been updated and is available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.
- An overview of the Sexual Assault and Abuse Strategy has highlighted more training was required in this area. Practitioner awareness has now increased.

Priority 3 – Preventing harm across the life course:

Other areas of progress that support our priority work:

- The Dudley Group have integrated the learning disabilities and mental health teams into a Complex Vulnerabilities Team, in recognition of the complex vulnerabilities of many of the patients accessing the Trust, and how this potentially puts them at greater risk of harm. This will ensure oversight and coordination of all the systems in place to prevent neglect or harm to patients with vulnerabilities whilst being cared for in the Trust. In addition, it will ensure timely and effective implementation within Trust to changes in the Mental Health and Mental Capacity Acts and the legislative requirements this may introduce
- The Persons in Positions of Trust (PiPoT) process have been reviewed. We now have a dedicated page on the DSPP website and a revised process to ensure partners submit referrals appropriately and when they are concerned about someone. This will ensure our system is robust and will keep vulnerable people safe.
- The Partnership have also introduced a professional challenge and resolution policy as there has not been one previously. This will enable professionals to escalate matters where they feel there is a professional

difference of opinion and as such will ensure adults with care and support needs get the right level of service. At the time of writing, we have not received any notifications of escalations.

- IRIS (Identification and Referral to Improve Safety) is a general practice-based domestic violence and abuse (DVA) training, support and referral programme. This has been updated to highlight the domestic abuse risks faced by adults with care and support needs. Increasing awareness that domestic abuse is experienced by older and disabled people and ensuring that people do not perceive domestic abuse as something that is only perpetrated by family members who are or have been intimate partners and continues to be rolled out across Primary Care

Additional work in support of the DSPP:

- Public Health have funded a voluntary sector organisation - Just Straight Talk to deliver a project to improve the digital skills of local residents. The project has been aimed at supporting older people to improve their digital skills and gain confidence in using the internet and digital devices independently, to help them stay connected with family and friends and access services and information online. This has resulted in increased sense of belonging to the local community, reduced loneliness and isolation
- Public Health and Black Country & West Birmingham Clinical Commissioning Group jointly commissioned a voluntary sector organisation - Beacon Centre, to run a befriending scheme aimed at older people at risk of loneliness and isolation. Current position at the end of the year 2021/22 – a total of 96 people have accessed the scheme, a total of 55 volunteers have supported the service and provided 48 hours of befriending telephone calls per week. This has resulted in reduced isolation and increased meaningful social connections by the provision of a social network for older people, improved quality of life – increased confidence, control and positive mental wellbeing. There are stronger partnerships with relevant agencies in social care, mental health and safeguarding which provided a rapid response and resolution to issues.
- Delegated portals in Adult Social Care have been introduced providing a safer, quicker, and more robust process of information gathering between partners using the previous system. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data.
- Safeguarding Local Incentive scheme (LIS) has been introduced to enable GP Practices to develop their safeguarding infrastructure and processes in order to provide all relevant information in a high-quality format to Adult Safeguarding Enquiries (S42). To ensure clear effective communication and sharing of information regarding safeguarding is a professional statutory duty of all disciplines

6. Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive a person them of their liberty, in order to provide a particular care plan. The care home or hospital send a referral to the Local Authority who commission a Mental Health Assessment and Best Interest Assessment and if agreed an authorisation of the DoLS can be granted for up to 12 months.

Deprivation of Liberty in the Community (CDoL) was introduced in 2014 and is a protection for people over 16 who are in supported living, extra care housing or in their own homes. A designated worker from the funding organisation completes an application to the Court of Protection and the court decides if they will grant an authorisation for up to 12 months.

The DoLS process continues in its current format despite the anticipated change to legislation which will introduce the Liberty Protection Safeguards. The DSPP has a multi-agency task and finish group to ensure that all agencies are prepared for the change which is now anticipated to be in 2023 and would be reported on in future annual reports when applicable.

In the meantime, virtual assessments for DoLS which could be conducted in all settings if required have been implemented. This enables a greater for people and means individual needs can be met. A team of independent DoLS assessors who reflect diversity and inclusion have been recruited to complete assessments which ensures individuals can be supported to participate in a more meaningful way. Dudley MBC Adult Social Care continue to triage, assess and manage all DoLS referrals.

Support has been provided to practitioners' families, CCG and Care Homes around the legal aspects of DoLS and the process.

In 2021-22 there have been 827 applications received, with 668 assessments completed, compared to regional comparators and this reflects positive performance.

7. How do we listen?

Healthwatch

We firmly believe that services are stronger when they are influenced by people who access them. Healthwatch assist the Partnership to identify and encourage the creation of opportunities for people with experience of safeguarding and people who do not, to inform the work of the Board.

Healthwatch Dudley provide a signposting service to help people make more informed choices and to access additional services for help and support. They work with the Partnership to ensure their views and opinions are taken into consideration for learning going forward.

Healthwatch Dudley has involved communities in reviewing the online Safeguarding reporting system to make language used and systems more accessible for local people. They have involved communities in marketing workshops to ensure clear

campaign messaging and previously coordinated a network of communications and engagement professionals from across the partnership to share resources, collaborate on joint campaigns and promote good practice.

Case study

John's story

*John's name has been changed

John contacted Healthwatch Dudley with multiple issues: not having food or gas and electricity, physical and mental health problems and no access to a GP.

A safeguarding referral was made through the online reporting system, to address John's immediate needs, he was subsequently provided with a food parcel from a voluntary sector provider.

It was clear that John needed additional support, as he had presented at the Urgent Treatment Centre on multiple occasions to request help with his physical health, as he believed that he had a terminal illness. John did not receive treatment and was advised to register with a GP. We understand this happened on multiple occasions, John felt that he could not access the treatment he needed and became frustrated, resulting in the police being called.

Healthwatch Dudley contacted NHS England, to first check that John had not been excluded from GP lists because of his perceived aggression and then to identify GPs for which John fell into the catchment area for, as John had become frustrated at calling numbers linked to his postcode on the NHS website and being told that he was out of area.

John needed more intensive one to one support than Healthwatch Dudley were able to offer. We made a referral through to the Integrated Plus Team, who have a remit to support people with additional social needs as identified by their GP practices and integrated care teams. As John appeared to have fallen through system gaps, he did not meet the referral criteria but, the Integrated Plus team recognised John's vulnerability and agreed to work with him.

John was supported to register with a GP practice and was accompanied on initial visits to ensure that he was registered with relevant services and had the confidence to engage with the system.

8. Learning from Reviews

The purpose of a Safeguarding Adult Review is not to re-investigate or apportion blame but to establish whether lessons can be learnt from the circumstances of a case that may improve practice or the way in which agencies and professionals work together to safeguard vulnerable adults.

Legislation requires Dudley Safeguarding Adult Board (DSAB) to arrange a safeguarding adult review when:

- An adult in the area dies as a result of abuse or neglect, whether known or suspected and,
- There is concern that partner agencies could have worked more effectively to protect the person at risk.
- The DSAB must also arrange a safeguarding adult review when an adult in its area has not died, but the DSAB knows or suspects that the adult has experienced serious abuse or neglect.

The focus of Safeguarding Adult Reviews, in line with both multi-agency policy and national guidance is to:

- Learn from past experiences and the specific event examined.
- Improve future practice and outcomes by acting on learning identified by the review.
- Improve multi-agency working and compliance with any other multi-agency or single agency procedures, including regulated care services.

Not all incidents that are reviewed will meet the definition of a SAR but may still raise issues of importance. This might include cases where there has been good practice, poor practice or where there have been 'near misses'. In these circumstances the Partnership will decide whether to conduct a Practice Learning Review or case audit to ensure that learning is captured and shared with the workforce.

Activity this Period

During the reporting period six referrals were received for consideration. On review three were returned to the referrer as they did not meet threshold for consideration based on the information provided. A further two were returned for completion of or to request more information from an ongoing Section 42 enquiry. One was progressed to a rapid review scoping exercise but was considered not to meet SAR criteria, learning identified from the rapid review meeting will be addressed by the relevant agencies.

The themes included within the SAR referrals are:

- Self-neglect
- Neglect and acts of omission
- Financial abuse
- Psychological abuse
- Mental capacity

Characteristics of the referral subjects:

- Five of the referrals relate to males and one was female
- The youngest was 32 and the oldest was 96 at the time of the incident. (32, 51, 57, 77, 84, 96).

- Four of the referrals were submitted following the death of the subject adult.
- Ethnicity was not stated on one referral, with one being Black British-Caribbean and the other four being White British.

Work has been undertaken during the reporting period on SAR's commissioned in the previous period. The DSPP acknowledges delays in the completion of these reviews, this has been unavoidable due to the partnership wide impact of the Covid-19 pandemic on resources and capacity.

One SAR report was published in 2021/22 relating to the previous reporting period, a summary of which can be found below.

Adult B – published 13.12.2021

This review involved an elderly gentleman with several health problems, including a diagnosis of vascular dementia. Professionals had reached the reasonable conclusion that his needs could not be met solely by the care of his wife, and she had accepted this, albeit reluctantly. It is not clear whether Adult B intended to end his life, or what his state of mind was at the time of the incident, and whether it was a result of deterioration in his mental health. Adult B's death was unforeseen and had not been seen as a potential risk by the agencies involved.

The review findings included:

- A lack of face-to-face assessment by the GP practice, including basing assessment and medication reviews on conversations with Adult B's wife
- Requirement for an effective discharge planning and management process, including social care assessment overseen by an appropriate level of practitioner
- Clarification around the referral process to the Community Mental Health Team
- Nurturing professional curiosity around domestic abuse when working with older couples, professionals may miss signs of abuse due to their own assumptions and perceptions of domestic abuse and ageism.
- Think family, consideration for the needs of Adult B's wife
- Consistent approach towards Mental Capacity Assessment and sharing the outcome with all agencies

Full details of the review and learning resources are now available on the DSPP website. An action plan is in place in respect of this review and progress is being made. For instance a system wide Complex Discharge Meeting for the Black Country is reviewing hospital discharge processes across the area.

9. Multi-agency training and its impact

The last 12 months have continued to be unprecedented in terms of learning and delivery of training, the pandemic meant we had to change how we worked often at very short notice, and as a partnership we have worked hard to deliver our core offer consistently throughout the period.

We would like to thank our partners for their continued support, drive and energy during the last 12 months.

The rise and fall of the pandemic throughout the year impacted our training offer, but we still managed to deliver over 40 virtual training events delivered through the DSPP between 1st April 2021 and 31st March 2022.

We offered 789 adult and life course places, of which 349 were used, and out of that 268 attended the virtual training sessions.

We found that 35 cancelled, mainly due to capacity, but nearly 100 did not attend on the day, and again this was mainly due to operational service delivery issues.

90% of our training was half day and 10% was full day, and we found that this suited attendees especially during the pandemic as it made the training accessible and modular.

Learning identified from Adult Exploitation and online harms

“Mate crime - taking advantage of a vulnerable person by befriending them before then manipulating them into giving them money or forcing to do other acts i.e. sexual.

Catfishing - a method of committing fraud by developing a romantic relationship with an individual.

Predatory marriage - preying on a vulnerable person with the ultimate aim to marry them to gain financially.”

Learning Gain from event

- Pre event: **2.64** Post event: **3.64**

“1) All practices need to consider Trauma

2) Organisations that adopt this process have benefits ranging from patients to staff and for the organisation

3) Window of Tolerance can reduce when a person is/has experienced”

(Understanding Trauma informed practice in adults)

*" To Increase my awareness and understanding of scams
To Increase my awareness of current concerns about scams
To Inform us of how we can make a referral to the Scams Unit*

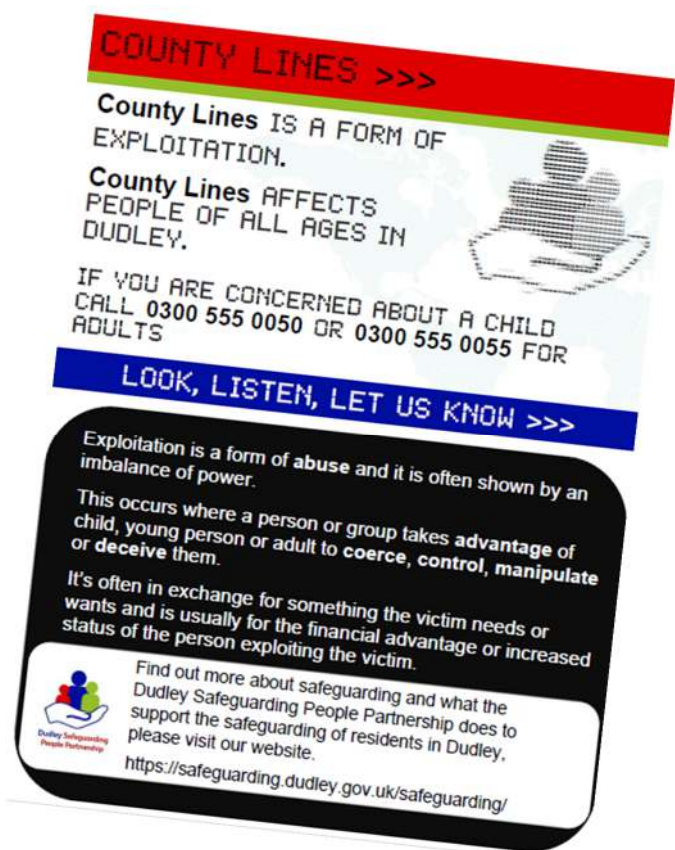


(Understand Scams and financial abuse)

Top 5 booked eLearning courses

Other Achievements

- Safer 7's (DSPP 7-minute briefings) has been published and shared, on subjects such as Information Sharing, Liberty Protection Safeguards, Graded Care Profile 2, Coercive Control, Homelessness, Updated Safer 7s on SARs and CSPRs.
- Full Page advert on exploitation in WBA magazine during 2020/21 season
- Video blogs created on Thresholds, and we supported the DSAB in a video Case Study.
- Creation of bespoke ICON eLearning that has been shared
- Creation of Learning Briefings on the MACFA outcomes
- Sharing of eLearning training courses with Greenwich Childrens Safeguarding Partnerships
- National Safeguarding Adults week – a suite of learning events throughout the week.



COUNTY LINES >>>

County Lines IS A FORM OF EXPLOITATION.

County Lines AFFECTS PEOPLE OF ALL AGES IN DUDLEY.

IF YOU ARE CONCERNED ABOUT A CHILD CALL 0300 555 0050 OR 0300 555 0055 FOR ADULTS

LOOK, LISTEN, LET US KNOW >>>

Exploitation is a form of **abuse** and it is often shown by an imbalance of power.

This occurs where a person or group takes **advantage** of child, young person or adult to **coerce, control, manipulate** or **deceive** them.

It's often in exchange for something the victim needs or wants and is usually for the financial advantage or increased status of the person exploiting the victim.

Find out more about safeguarding and what the Dudley Safeguarding People Partnership does to support the safeguarding of residents in Dudley, please visit our website.

<https://safeguarding.dudley.gov.uk/safeguarding/>

10. Voice of the adult

The DSPP does not have a single mechanism, currently, for recording the voice of the adult. Instead, the Partnership seek assurances from partners that adults are at the heart of everything they do and that they actively engage with them. We have seen excellent examples of partnership engagement with people who access services.

Moving forward, we will continue to use the information as assurance of our safeguarding practices across the Borough, but we recognise we need to do more to receive feedback to influence and shape our work in the next twelve months. Therefore we are working with Healthwatch on a piece of work that will support our priority of neglect but also capture important feedback from people who access our services.

11. Our priorities for 2022-2024

Our priorities have recently been revised in April 2022 along with our structure. We now need to formally launch the priorities. We will do this via our annual safeguarding conference and will be able to report on this in our next annual report. The DSPP priorities for 2022-24 are:

Neglect

Exploitation

Adopting a 'Think Family' approach

12. Summary

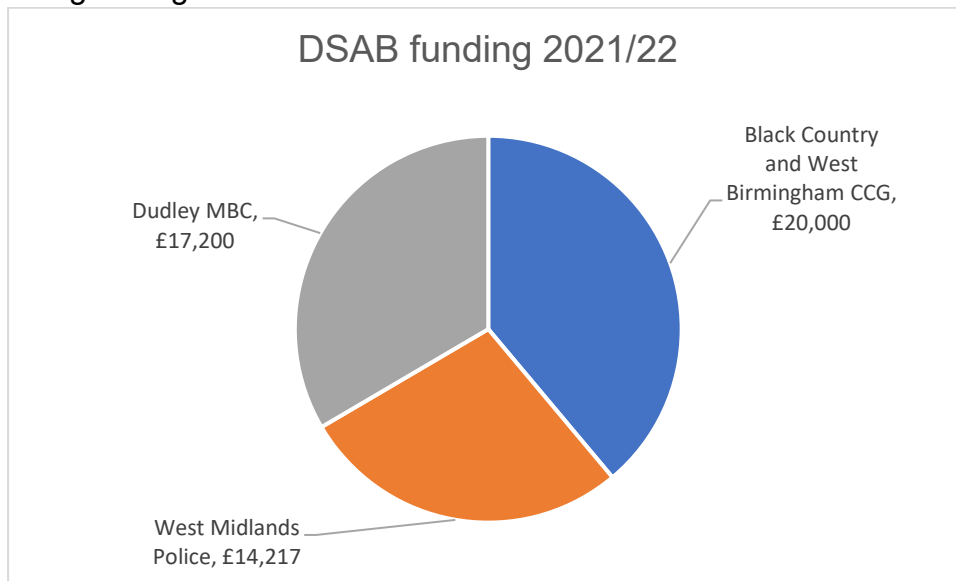
During 2022/23, the Dudley Safeguarding Adults Board will embed the new agreed strategic priorities and the work of the subgroups, whilst engaging with and listening to adults at risk and with care and support needs. We aim to have a robust process where our work is influenced regularly by people who access our safeguarding services. As we embed and act upon our learning from Covid 19, we are now seeing a new and equally concerning problem in the cost of living crisis. We know the rising costs of living will impact those who are most vulnerable, where basic choices around the cost of heating and food will become problematic for many. In 2022, we will come together as a Partnership to focus on ensuring we keep people safe in these uncertain times, ensuring everyone who needs help, receives the right help. The partnership is committed to monitoring concerns and taking appropriate action through our agreed strategies.

We will continue to learn from our safeguarding adult reviews, ensuring timely and appropriate dissemination of themes and trends and to use this information to underpin our training and influence our strategic direction.

Finally, we said in our last report we would report back on the implementation of Liberty Protection Safeguards to ensure appropriate safeguards are in place for the most vulnerable in our Borough. This process has been delayed by Government and so we continue to operate under the DoLs process. We will continue to ensure we have robust assurance processes in place to seek assurance from our partners that when the changes take place, we are in strong position to transition.

Appendix 1

DSPP funding arrangements 2021-22:



Appendix 2

Case study 1, a case study from the befriending scheme (Beacon Centre, March 2022)

Participant X case study:

Participant X's volunteer fed back to Beacon Centre staff that she had reported to her that money had been going missing from her account and that she had no money in her account to pay her bills or buy any food. After speaking to the volunteer and participant X, Beacon raised a safeguarding concern after allegations of her family members taking and spending money arose. A social worker supported with the case and supported to gain control of her money and ensure it was safe. The volunteer that is matched to participant X also supported her in assisting with meetings at the bank, assisting with food and accessing her pension safely and also assisted her with GP appointments and further support by accessing mental health services (another programme offered by the Beacon Centre). The volunteer has been a real support for participant X as she has no other friends or family that were able to help her in this situation. The support of the volunteer even resulted in participant X having a £6,000 refund into her bank account. As participant X was getting back on her feet, her family unfortunately attacked her which resulted in her being admitted to hospital. Again, the volunteer supported and visited her to provide comfort and someone to trust and confide in. Social workers are continuing to work on this case and staff at Beacon continue to support participant X and feedback to social services. Without the support of the volunteer, participant X would be in a very different situation. The volunteer recognised the signs of abuse, reported them and ensured that participant X had the relevant support she needed

Case study 2

Mrs Smith was referred to MASH by Russells Hall Hospital after she had disclosed her son's behaviour at home was causing her distress and resulted in her attending hospital due to feelings of overwhelm and stress. It was established that Mrs Smith was 63 years old with poor mobility, and her son was homeless; living a chaotic lifestyle as a result of alcohol dependence and poor mental health. The duty social worker spoke directly with Mrs Smith when it was safe to do so. She described how her son was putting pressure on her to accommodate him in her home and to support his alcohol use financially. This was leaving her feeling anxious for his wellbeing. The duty social worker was able to speak to Mrs Smith about self-safety plans, existing protective factors and offer referrals to appropriate support services including Black Country Women's Aid and Carers Network. Mrs Smith articulated that the support offered met her desired outcomes and declined statutory safeguarding; her remaining focus was on her son receiving the housing and mental health support he required in order to being making positive changes in his life. With his consent, onward referrals were made to support services including to CGL and housing and for social care assessment.