

May 2020

Hounslow

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**SAFEGUARDING  
ADULTS**

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Board

**Annual Report 2019-20**

## Important Contact Details

If you need to report a safeguarding adults concern, you should call:

- ) Adult Social Care First Contact: 0208 583 3100
- ) Out of Hours – Emergency Duty Social Worker: 020 8583 2222

If you need to report a crime:

- ) In an emergency, dial 999
- ) Non-emergency police number: 101

If you would like advice in relation to safeguarding adults concerns, please call

- ) Safeguarding Adults Service
  - o 020 8583 4515
  - o [safeguardingadults@hounslow.gov.uk](mailto:safeguardingadults@hounslow.gov.uk)

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

- ) DoLS team
  - o 020 8583 4950
  - o [dols@hounslow.gov.uk](mailto:dols@hounslow.gov.uk)

You can also visit

[https://www.hounslow.gov.uk/info/20130/safeguarding\\_adults\\_at\\_risk](https://www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk)

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Appendix 1 – Extract from the Safeguarding Adults Collection 2018-19\*

*\*Due to a delay in the publication of 2019-20 Safeguarding Adults Collection from NHS Digital, figures from 2018-19 have been used.*

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## 1. Introduction

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This annual report of the Hounslow Safeguarding Adults Board covers the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 and is the fifth full annual report I have had the pleasure to present since my appointment as independent chair to the board in August 2015.

The board and its network of sub-groups continue to drive the safeguarding agenda for Hounslow. The role of the board is to ensure that Hounslow has robust multi-agency policies, procedures and practice which promote the safeguarding of vulnerable adults. This is achieved through a blend of support and challenge with agencies prepared to be open and transparent with regard to their performance. I attend the sub-groups on a regular basis so that I can judge for myself how they are functioning and what value they bring to the work of the board.

It is very obvious that key members of the board and its sub-groups are increasingly working under pressure with stretched resources. This will have been exacerbated with the onset of the Covid 19 pandemic. Driving forward the adult safeguarding system in Hounslow is very dependent upon a small number of experienced skilled individuals across the key agencies who take partnership working seriously and volunteer willingly for additional duties. It is also worth noting that the main budgetary contribution which maintains the work of the board falls to the local authority which is replicated nationally.

Engagement with people who have experienced the safeguarding process is essential in helping agencies to make further improvements and so enabling vulnerable people to feel safe. On-line feedback has its limitations so efforts are being made to make personal contact with people at the end of a safeguarding event to check out their experience of the process as well as recording on the electronic case management system whether their desired outcomes had been achieved.

The board, through the Quality Assurance sub-group, has maintained its regular multi-agency case audits which test how agencies are discharging their duty to safeguard Hounslow residents. I am pleased to report that the results continue to be positive.

I commented in last year's annual report that there is an increasing number of cases needing to be reviewed where vulnerable people known to the agencies die or are injured and where there may be lessons for how agencies work together. This increase is due to the changed criteria for such reviews as a result of the Care Act 2014 which has had the effect of bringing more cases into scope for a learning review or an independently commissioned safeguarding adults review. The board, through the Joint Training Sub-Group, has adopted the practise of 7-minute briefings being produced on such cases which can be easily disseminated to front line practitioners.

The board had continued to try and develop its relationship with the voluntary and community sectors with mixed success so I was very pleased that pre-lockdown I had a positive meeting with the CEO of Ealing and Hounslow CVS who agreed that going forward CVS would be represented on the board. Planning was well advanced for a safeguarding workshop with voluntary and community groups but had to be postponed due to lockdown. It is hoped that this can take place during the current year possibly as an on-line event. Hounslow Council has for several years had on-line safeguarding training that is available free to the community and voluntary sectors.

The successful press and poster campaign launched last year which aimed at raising awareness of adult safeguarding among the different communities within the borough has continued to distribute leaflets and posters at 30 events held in the borough during the year.

Every year agencies on the board complete a self-audit. For 2019/20 these audits indicate a good level of safeguarding across the partnership. For the fourth year running, the board held a "challenge" event in February 2020 where each agency within the partnership presented the results of their self-audit covering both achievements and areas of challenge. Board members were able to question each other on these presentations and collectively agree which issues should be fed into a business planning day to be held in May 2020 where board members would normally assess performance over the previous year and review/set new objectives for the period 2020/22. Given the onset of lockdown, this planning day did not take place, so the board is continuing to run with the priorities set in May 2019. These include a focus on financial abuse as well as strengthening the understanding and use of the Mental Capacity Act and progressing the Think Family approach to safeguarding. The immediate pressure of preparing for the implementation of the Liberty Protection Safeguards Amendment Act has been somewhat alleviated by the government's decision to delay implementation to 2022.

Relationships with other strategic partnership structures within Hounslow continue to be strengthened. This year has seen several meetings of chairs and/or key senior officers of the Adult Safeguarding Board, the Childrens Safeguarding Partnership, the Community Safety Partnership, the Health and Wellbeing Board and the Youth Crime Management Board. The aim of these meetings is to ensure co-ordination of work programmes and to avoid duplication of effort.

Annual reports from the Community Safety Partnership on domestic violence and modern slavery are presented at the Safeguarding Adults Board to ensure that there is shared learning across the boards.

Links between adults safeguarding and children's safeguarding have been strengthened by my appointment as the independent chair initially of the Hounslow Safeguarding Children Board from October 2016 and since September 2019 as the chair of the Childrens Safeguarding Partnership. Since early 2019 there has been a joint Training Sub-group across the Adult Safeguarding Board

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and the now Childrens Safeguarding Partnership. This joint approach was in recognition that many families that agencies work with contain children whose parents or carers are affected by domestic violence, mental health or substance misuse issues.

Joint workshops on transitional safeguarding and contextual safeguarding were held for adults and childrens practitioners during the year as well as a workshop on the effects of childhood trauma.

Last year's annual report and business plan went as an information item to the Health and Wellbeing Board but unlike previous years did not have a slot on the Scrutiny Panel. It is hoped that this report will again go to the Health and Wellbeing Board but also to the Council Cabinet. It will be sent to the Accountable Officer for the Clinical Commissioning Group, the Commander of the Metropolitan Police Business Command Unit and the Chair of Healthwatch as well as the CEO of the Council.

**Hannah Miller OBE  
Independent Chair, Hounslow Safeguarding Adults Board**

Resources that would normally have been committed to completing the boards annual report have been used to support the COVID19 response and ensuring the Safeguarding Adults Review procurement process is completed. The council has committed extra resources to supporting Safeguarding Adults Review. This year's report is briefer than we had hoped.

Due to a delay in the publication of adult safeguarding information from the Health & Social Care Information Centre, this year's data was not available at the time of writing this report. Therefore, we have used the performance data from 2018/19.

**Joseph Carmody, Assistant Director, Safeguarding (Adults), Quality Assurance, Prevention and Care Management.**

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## 2. Who we are

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Hounslow Safeguarding Adults Board is a group of local organisations who come together to prevent and intervene when local residents with care and support needs are at risk or subject to abuse (adults at risk). They include:

- ) London Borough of Hounslow
- ) Metropolitan Police Service
- ) London Fire Brigade
- ) Hounslow Clinical Commissioning Group
- ) Chelsea and Westminster Hospital NHS Foundation Trust
- ) Hounslow and Richmond Community Healthcare
- ) West London Mental Health NHS Trust
- ) Probation Service
- ) Her Majesty's Prison and Young Offenders Institute Feltham
- ) Hounslow Carers Partnership Board
- ) Healthwatch Hounslow
- ) London Community Rehabilitation Company
- ) Hounslow Community Network

The law<sup>1</sup> says that each Local Authority Area must have a board and that people working in the partner agencies must share information (in most cases with the consent from the adult at risk), to protect local residents. The board must publish an Annual Report, Strategy and Business Plan. It must also publish a summary of Safeguarding Adults Reviews<sup>2</sup> where it thinks an adult at risk died as a result of abuse, or has experienced significant abuse, to ensure that learning is shared to prevent similar situations in the future.

The board has a range of sub-groups to carry out its work.

- ) **Quality Assurance Sub-Group** – Ensures services are delivered to an agreed standard.
- ) **Joint Training Sub-Group** – Ensures professionals in both adults and children's services receive appropriate training.
- ) **Safeguarding Adults Review Sub-Group** – Assesses requests for reviews and monitors progress on action points.
- ) **High Risk Panel** – Supports colleagues addressing risks resulting from hoarding, self-neglect, significant fire risk and complex homelessness.
- ) **Safeguarding Adults Managers Group** - Provides advice and guidance on complex cases and thematic safeguarding concerns.

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<sup>1</sup> [Care Act 2014 section 43](#) and [Care Act 2014 section 45](#)

<sup>2</sup> [Care Act 2014 section 44](#)

The board must present a copy of its annual report to the Police Borough Commander (or equivalent), Chair of the local Healthwatch, Chair of the local Health and Wellbeing Board and Council Chief Executive.

## 2.1 Who is an adult at risk?

An adult at risk of abuse<sup>3</sup> is someone who lives or uses services within the council and:

- a) has needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) As a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.

The description of financial abuse has also been strengthened to include having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused.

This means that we will need to be able to assist more people to live a full life free from exploitation at times that they are vulnerable and unable to protect themselves.

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## 3. What we have achieved in 2019-20

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### 3.1 Governance within the Safeguarding Adults Partnership Board

The sub-groups have undertaken the following work.

#### 3.1.1 *Quality Assurance Sub-Group*

The **Quality Assurance Group** ensures all agencies involved in safeguarding referrals are discharging their adult safeguarding duties towards Hounslow residents appropriately, using the multi-agency audit form, developed by this group.

In 2019-20, the group began developing a financial abuse intervention strategy, with a view to taking financial abuse forward as a priority area for the board in 2020-21. The group have also been raising awareness with both staff and vulnerable adults of cuckooing (when professional criminals target the homes of

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<sup>3</sup>[Care Act 2014 section 42](#)



vulnerable adults so they can use the property for drug-dealing and other criminal activities).

All health partner and housing safeguarding policies/procedures have been reviewed to ensure they remain Care Act compliant and there has been continued awareness raising of London Fire Brigade home fire safety visits across the partnership and monitoring numbers.

### *3.1.2 Joint Training Sub-Group*

Since January 2019, the Safeguarding Adults Training Sub-Group has joined with the Safeguarding Childrens Training Group to form the **Joint Training Sub-Group**. This is chaired by the Director of Nursing, West Middlesex Hospital and includes members from the Police, the Clinical Commissioning Group (CCG), Chelsea & Westminster NHS Foundation Trust (ChelWest), Hounslow and Richmond Community Healthcare (HRCH), Adults and Children's Social Care, Community Safety, Housing and Public Health.

In October 2019 a transitional safeguarding workshop was organised by the sub-group. The joint workshop explored how a transitional approach to safeguarding could be developed in Hounslow, taking into consideration the complexities of developmental stages for young people transitioning into adulthood and how safeguarding practice supports young people in their adult lives.

### *3.1.3 Safeguarding Adults Review Group*

The **Safeguarding Adults Review (SAR)** Group, is led by the Council, Police and CCG as the partners named as the core board members in the Care Act 2014. In 2017-18 the Director of Joint Commissioning also joined as a member. The SAR Group consider whether or not serious harm experienced by an adult, at risk of abuse or neglect, could have been prevented. Learning is identified to enable partners to improve their services and prevent abuse and neglect in the future.

In 2019–20, the SAR Group screened eighteen referrals. Five of these cases have been identified as requiring an external review. The reviews are focusing on, financial abuse, alcohol/ substance misuse, risk management, familial/ self-neglect and multi-agency working. Some have been delayed by police or coroner enquiries. We have made two attempts to procure reviewers: final shortlisting was completed in the summer of 2020 and we hope to award contracts in the autumn.

The Safeguarding Adults Review policy can be found [here](#).

### *3.1.4 High Risk Panel*

The **High Risk Panel (HRP)** meets every month. It offers support to colleagues who need multi-agency advice after following risk management processes within their own organisations. It looks at situations where hoarding, self-neglect, fire risk or complex homelessness have caused concern. The panel is chaired by

Adult Social Care's Assistant Director and includes senior members of staff from Adult Social Care, Housing services, West Middlesex Hospital, West London Mental Health Trust, and Hounslow Clinical Commissioning Group. Police colleagues and the local Borough Commander of the London Fire Brigade (LFB) also attend for relevant cases.

The panel considered twenty four cases in 2019-20. Examples of recent actions taken have included:

- ) The panel engaged with a number of housing associations to support residents. Action was also taken on additional hoarding issues.
- ) Where there was clear evidence of financial abuse against a resident with alcohol and substance misuse issues, the panel worked to ensure the resident's finances were secured and referrals were made to support services.
- ) The Council have successfully worked closely with some residents with serious hoarding issues, to help clear their properties and manage their risks.
- ) Referrals have been made to the council's housing enforcement team to see whether any enforcement action can be taken where there are concerns that hoarding is not being managed and may be impacting or creating risk for neighbours.

Hoarding has been a feature of a number of referrals. The council has reviewed the resources used to complete clearances of hoarded properties. This usually creates space for further hoarding leading to further clearance work. The council is considering a proposal to use the money committed to clearance to fund a support worker to help people living in the properties to control their own hoarding.

The following are examples of outcomes of cases where the decision was made to close:

- ) The resident moved to residential/ nursing accommodation when they were unable to manage their own care.
- ) The risks identified against the resident have been reduced or managed significantly, including removal of hoarded items or providing support services.
- ) A referral was made to The Complex Care Forum as it was identified that the resident's care and support needs could now be safely managed by the Adult Social Care or health services.

There are currently six cases open to the High Risk Panel. The overarching theme in these cases is hoarding. Hoarding has been a feature of a number of referrals. The council has reviewed the resources used to complete clearances

of hoarded properties. This usually creates space for further hoarding leading to further clearance work. The council is considering a proposal to use the money committed to clearance to fund a support worker to help people living in the properties to control their own hoarding.

### **3.2 Contributions from key safeguarding board partners**

Partners have contributed the following reports on their progress in 2019-20.

#### **LB Hounslow Adult Social Care**

Adult Social Care has undertaken various work in 2019-20 to develop the prevention of abuse and neglect.

##### Achievements:

- ) A number of community engagement projects have been designed to meet the board's objectives, these include the Virtual Hub delivered by Careplace and the Banking protocol. Following engagement with banks, workshops have been run to raise awareness of and help prevent financial abuse.
- ) Revised and updated recording of adult safeguarding concerns and enquiries to improve our responses and to be able to actively monitor responses and identify trends and patterns.
- ) Introduction of an Internal Review process. It was recognised that there was also a need for a process like the Serious Incident (SI) review process within the NHS<sup>[1]</sup> where a situation does not meet the criteria for a SAR or where it is unclear whether a SAR is required. It is a way for Adult Social Care to be able to learn from current practice and have a systematic way of preparing for Coroners enquiries, to collaborate in NHS SI review and consider whether Safeguarding Adults Review (SAR) is indicated. An Internal Review Procedure has been developed which also models the Learning Together approach adopted by London Borough of Hounslow.

##### Challenges:

- ) To improve the referrals roots, professional feedback mechanisms and involvement in the Multi Agency Safeguarding Hub (MASH), made up of a group of professionals including, Police, Health Services, Mental Health, Social Care Services and Housing.
- ) To seek support to enable effective feedback from adults at risk following a completed enquiry, their families and other significant people in their lives. We currently a user feedback tool, however we are looking at ways to improve the tool and increase the feedback we receive.

- J To improve the sharing and implementation of actions from Safeguarding Adults Reviews. Briefing reports from completed reviews are taken to the board, to disseminate information and share the learning.

## **Hounslow Clinical Commissioning Group**

CCGs are NHS bodies with a range of statutory duties including ensuring commissioned services have robust arrangements, which comply with legislation and guidance, in place to safeguard adults and childrens.

The CCG is a statutory member of the Safeguarding Adults Board and has complied with its duties to submit both a safeguarding adults assurance framework to the Safeguarding Adults Board and an accountability declaration to NHS England on an annual/bi-annual basis to demonstrate and assure that it is discharging its statutory duties effectively.

The CCG have safeguarding policies and training strategies, which are current and reflect safeguarding legislation and guidance and have been developed to in partnership with our provider organisations to ensure safeguarding training has evolved and continued throughout Covid19.

### Achievements:

- J Development of a North West London health economy approach to safeguarding adults training. The designated adults professional has continued to deliver level 3 safeguarding adults training to both our GP's and primary care staff. Where possible these sessions have been done in partnership with our children's designated professional. As a direct consequence of the alignment of the CCG footprint, we have routinely delivered safeguarding adults training on line.
- J The Designated Nurse for Safeguarding Adults in Hounslow has worked closely with partner agencies over this reporting year to support care homes for older people and people with a learning disability. This has included advice and support on the clinical aspects of safeguarding matters both in a preventative and in response to abuse and neglect. The Designated Nurse has also contirbuted expertise in to the development of the National Institute for Clinical Excellence (NICE) guidance for safeguarding adults in care homes.
- J The CCG is active in all subgroups of the Board and provides a Chair to the Quality sub group.
- J The CCG have worked with partner agencies to support the delivery of multi-agency learning in to practice to prevent harm and improve partnership working. An example of this was in relation to the experiences of an individual arriving through Heathrow who had complex health and social care issues, the learning from this was captured to ensure rapid

improvements in systems to respond to similar situations arising going forward.

Challenges:

- J The NHS Long Term Plan sets out the expectations for CCGs to merge in to larger organisations and develop Intergrated Care Systems. The NWL whole system model will ensure high quality, standardisation of best practice, integration of pathways across physical and mental health in and out of hospital, equity of outcomes and allocation of resources for the benefit of our patients. The CCG safeguarding team will be ensuring safeguarding is integral to all of the new developments.
- J The CCG safeguarding team continues to work in partnership locally and regionally to identify and respond to existing and emerging issues around abuse and neglect.
- J There is significant work to be undertaken in developing systems, skills and knowledge to ensure preparations are sufficient to implement the new requirements of the Mental Capacity Amendment Act 2019 for CCGs, commissioned services and support to partners.

**Metropolitan Police Service**

There is some strong practice in Hounslow around Safeguarding Adults, however Hounslow Police acknowledge that there are improvements that can be made and are working with the Local Authority Safeguarding Manager to improve the communication.

Achievements:

- J Successful implementation of the Serenity Integrated Mentoring Model – a model of care using specialist police officers within community mental health services to help support high level/repeat service users with complex, behavioural disorders.
- J Excellent local working relationships and networks established which has led to improved performance.
- J Joint training and high level co-operation has identified and fixed issues affecting performance – for example lower number of people being placed under S 136.

Challenges:

- J Large number of direct entry Investigators across domestic abuse teams
  - 1<sup>st</sup> cohort approaching one year service.

- Continued professional training has been implemented including central training days and courses, implementation of local mentors, centrally provided staff to offer one step removed support and guidance.
- ) Lost experience around safeguarding adult investigations, especially in complex care home/carer abuse cases
  - Reinvigorate the SPOC for adult abuse at each site.
  - DCI oversight to ensure ownership and accountability.
- ) High Risk Missing Person investigations management and accountability
  - Review underway to improve response to high risk investigations. across all strands. Review also look at how performance can be raised in the Missing Persons Unit to improve capacity.
  - Implementation of Missing Person Improvement Plan. DCI Oversight to ensure ownership and accountability.

### **West London Mental Health Trust**

#### Achievements:

- ) There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (board members need to be sufficiently senior to commit resources and make strategic decisions) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the board.
- ) The organisation evidences candour and openness internally and in its relationship to the SAB.

#### Challenges:

- ) Clinical designed changes to support safeguarding documentation for practitioners with the Trust. New Form in place for WLT.
- ) Safeguarding group supervision reflective session on a quarterly basis. WL Trust has always had individual's supervision that covers safeguarding adults and children. The safeguarding reflective supervisions would be on a quarterly basis and would be led by the local safeguarding leads and trust safeguarding advisor. The aim of the sessions is to be embed safeguarding themes/learning.

### **Hounslow and Richmond Community Healthcare (HRCH)**

Overall, Hounslow and Richmond Community Healthcare NHS Trust are performing well in Adult Safeguarding as evidenced by the self-assessment audit 2019.

Achievements:

- J The organisation has a senior staff member that has the responsibility to 'champion' safeguarding (including mental capacity, prevent, domestic violence and other relevant policy areas) throughout the organisation.
- J The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation (whether by means of mission statement/guiding principles/strategy/business plans/work plans) or into strategic documents).
- J There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (*board members need to be sufficiently senior to commit resources and make strategic decisions*) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the board.

Challenges:

- J Adult safeguarding training will be reviewed, regarding compliance with the Inter-Collegiate Document. Greater focus on Domestic Violence, Modern Slavery and Honour Based Violence will be prioritised. Mental Capacity Act training will also be reviewed to ensure compliance with National Institute for Health and Care Excellence (NICE) guidelines 2018.
- J A priority for 2019 – 20 is ensuring NHS framework for supervision & appraisal is robust re competency in Adult Safeguarding and the MCA.
- J Manual data capture by SGAL includes age and where given in risk report, ethnicity. Any other demographics would need to be researched by the SGAL from SystmOne. This has not been prioritised due to lack of capacity. This information would not trigger additional action as HRCH SGAL is already working with the HSAB subgroups to improve access to safeguarding across communities by providing printed materials to HRCH staff and participating in local community awareness sessions on a voluntary basis.

**London Borough of Hounslow Community Safety**

- J The Community Safety Partnership Board agreed to allocate some of the funding it received via the Mayors Office for Policing and Crime, to create an additional Independent Domestic Violence Advisor (IDVA), to join the Hounslow Domestic & Sexual Violence Outreach Service. It was agreed this IDVA would be co-located within Adult Social Care. The arrangement has been in place since October 2017 and is working well.

Achievements:

- ) Implementation of the Daily MARAC
- ) Domestic Violence
  - Adapted Safelives DV Risk Assessment for all victims with a learning disability
  - Reality Amongst Women - a 12-week support group set up for women with learning disabilities and difficulties, which explores healthy relationships and how to identify DV in all relationships
- ) Creation of a new DV and Trafficking Advocate role, core funded by LBH Adult Social Care

Challenges:

- ) Tackling Cuckooing cases
- ) Time limited funding for posts such as the Hate Crime, Exiting Prostitution and Female Genital Mutilation Advocates

**London Ambulance Service**

The London Ambulance Service (LAS) is committed to safeguarding. Although they are not a member of the Hounslow Safeguarding Adults Board and have not been able to regularly attend meetings, they have invested in the board, to ensure the Trust is compliant with standards and provides the highest level of care for its most vulnerable patients.

Achievements:

- ) 7% increase in safeguarding concerns and referrals to 23,471
- ) Introduced 24/7 safeguarding telephone line for staff
- ) Greater than 90% safeguarding training Compliance
- ) Introduced Chaperone and Supervision policies
- ) Held Safeguarding Conference for over 170 staff and partners
- ) Introduced Learning Disability and Mental Capacity Act Strategies.

**3.3 Improved engagement with the people to whom we offer a service**

**3.3.1 Engaging residents using services**



People who have used safeguarding services and/or their carers are asked to fill in a user feedback form about their experience. In 2019-20 there were thirteen feedback forms completed. The majority of the feedback was positive. For more information please see section 4 of this report.

### 3.3.2 Supporting Family Carers

A representative of the Carers' Partnership Board sits on the board.

## 3.4 Letting people know what safeguarding is

A key part of the board's prevention work is to try and empower people to protect themselves from abuse and neglect by ensuring they are informed about their rights, know how to keep safe, and can recognise abuse of themselves or another.

Our performance indicators have shown that we are receiving a low number of referrals from black and minority ethnic (BAME) communities relative to population. Therefore, one of the key priorities of the board is to increase awareness of safeguarding amongst these communities.

The Hounslow Safeguarding Adults Board ran a strong communications campaign in 2019 to raise awareness of abuse in Hounslow and advise on how to identify risks and keep safe. Posters and leaflets from the campaign continue to be distributed and are prominently featured as part of the ASC Gazebo Pop-up Advice and Information Shop. The Gazebo attended 30 events during 2019/20 including Joint Services Day, Super Saturday of Sport, the Alice Way Gurdwara, Feltham Piazza and a regular monthly booking at West Middlesex Hospital.

The 'Abuse' leaflet is available to download from CarePlace ([Safeguarding adults from abuse, neglect and domestic violence](#)) and the LBH website. Two pages of [A guide to Adult Social Care in Hounslow](#) are designated to identifying what counts as abuse, exploitation and neglect together with signposting sources of support including the [online reporting tool](#). A link to the online form is also included in the permanent footer of every ASC GovDelivery eBulletin sent out including 'Information for carers' and 'Happy and Healthy in Hounslow 60+'.

The adult safeguarding website has information for residents and professionals. You can use it to make a safeguarding referral, find information about the Safeguarding Adults Board, download the safeguarding leaflet, or read safeguarding policies and procedures. The site can be found at:



[www.hounslow.gov.uk/info/20130/safeguarding\\_adults\\_at\\_risk](http://www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk)

#### *3.4.1 Voluntary and Community Sector engagement*

Hounslow's voluntary and community sector (VCS) are key partners in preventing abuse of adult at risk. All Hounslow VCS also have access to free online safeguarding training, available through the board's website:

[www.hounslow.gov.uk/info/20130/safeguarding\\_adults\\_at\\_risk/1610/safeguarding\\_adults\\_board](http://www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk/1610/safeguarding_adults_board)

Safeguarding awareness has also been promoted at events such as the Hounslow Community Network annual conference.

The board continue to try to work with the CVS and there are two seats on the board for representatives of the Hounslow Community Network, however these were not taken up.

### **3.5 Modern Slavery**

According to Global Slavery Index released in July 2018, produced by the Walk Freedom Foundation, it is estimated that there are 136,000 victims of modern slavery in the UK. If the number of victims in Hounslow is proportionate to its population size, this would mean that there are currently an estimated 544 victims of modern slavery in Hounslow.

Adult suspected victims of modern slavery who have care and support needs will be subject to the safeguarding process in adult social care (as per Section 42 of the Care Act 2014). This will include a care and support assessment and Human Rights assessment in accordance with normal practice, as well as a referral to the National Referral Mechanism with the adult's consent.

Hounslow's Domestic and Sexual Violence Outreach Service, jointly with Hounslow Adult Social Services, have initiated the Modern Slavery and Trafficking Project.

The aim of this innovative project is to look towards improving the quality of response for victims of Modern Slavery and Trafficking. With the appointment of a new advocate, the objective will be to improve the safety net and to develop an effective multi-agency, co-ordinated effort. Victims of Modern Slavery and Trafficking, whether they have care and support needs or not, are to be provided with assistance and support. This is to enable potential victims of Modern Slavery and Trafficking to make informed decisions regarding potential entry into the NRM (National Referral Mechanism) process. Furthermore, the project aims to provide support through signposting to relevant agencies concerning their immigration, safety and housing support needs. One example is the monthly One Stop Shop, operating in the Treaty Centre, which will provide a dedicated service

for individuals who may be at risk of exploitation, which enables them to access legal and immigration advice in one place. Since the inception of the project in April 2019, there have been twenty three cases referred to the advocacy service through Adult Social Services (First Contact). Feedback suggests that Adult Social Services teams would benefit from the supportive element provided by the advocacy service project.

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## 4. How do we know what we are doing is working?

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### 4.1 What do adults at risk think?

We continue to develop our engagement with adults at risk, their families and carers.

#### 4.1.1 Compliments and complaints

Residents who have been through the safeguarding process and/or their carers are asked to fill in a feedback form at the end of the safeguarding process. This form is available to fill in online at the Hounslow website, and is also available in hard copy and easy read format. Anonymised responses are monitored by the band the Quality Assurance Sub-Group and will be used to improve services where applicable.

The form was launched in February 2017. Thirteen responses to the questionnaire were received between 01st April 2019 and 31st March 2020. The results are shown below. Although the responses are generally positive, the number of respondees is low. We will continue to develop our engagement and explore other methods to understand and improve the experiences of our service users.

Did you feel listened to during conversations and meetings with people about helping you feel safe?		Did you get the right information during the concern? (This could be spoken or written).		Were you able to understand the information given to you during the concern?		How happy are you with the service you received?		How happy are you with the way people dealt with the concern throughout?		Do you feel that you are safer now as a result of the help from people dealing with the concern?	
I was <b>always</b> listened to	16 (59%)	I got a lot of information	9 (33%)	I was able to understand <b>all</b> of the information	17 (63%)	I am <b>very</b> happy with the end result	12 (46%)	I am <b>very</b> happy with how people dealt with the concern	14 (52%)	I feel a <b>lot</b> safer now	10 (37%)
I was listened to <b>quite a bit</b>	7 (26%)	I got <b>quite a lot</b> of information	11 (41%)	I was able to understand <b>most</b> of the information	7 (26%)	I am <b>quite</b> happy with the end result	10 (38%)	I am <b>quite</b> happy with how people dealt with the concern	8 (30%)	I feel <b>quite a bit</b> safer now	10 (37%)
I was <b>not</b> listened to <b>very much</b>	2 (7%)	I did <b>not get very much</b> information	3 (11%)	I was <b>not able</b> to understand <b>much</b> of the information	0 (0%)	I am <b>not very</b> happy with the end result	2 (8%)	I am <b>not very</b> happy with how people dealt with the concern	2 (7%)	I feel <b>not much</b> safer now	3 (11%)
I was <b>not</b> listened to <b>at all</b>	1 (4%)	I did <b>not get any</b> information	2 (7%)	I was <b>not able</b> to understand <b>any</b> of the information	-	I am <b>not at all</b> happy with the end result	1 (4%)	I am <b>not at all</b> happy with how people dealt with the concern	2 (7%)	I feel <b>not at all</b> safer now	1 (4%)
				I did <b>not get any</b> information	2 (7%)						
Not answered	1 (4%)	Not answered	2 (7%)	Not answered	1 (4%)	Not answered	1 (4%)	Not answered	1 (4%)	Not answered	3 (11%)

A representative from the Adult Safeguarding Board’s Quality Assurance Sub-group has attended a national event exploring how feedback could be improved. Work to date has been based on the first set of statutory guidance issued with the Care Act 2014 in 2015. An attempt to develop a reference group drawn from residents in the borough was unsuccessful. We continue to look for a means of gathering meaningful feedback.

#### 4.1.2 Community Social Work

As mentioned in Section 3.3 the council has made an exciting move towards a community social work model where adults at risk, carers and residents will be supported to develop their own networks of support to build resilience and to prevent and reduce the need to access social care support.

Adult Social Care has successfully implemented the core assessment function outlined in the Care Act 2014. There has been a refocusing of activity in the last year to ensure we also seek to prevent and delay need. This has involved presenting clear information about the services that residents can access independently. The main vehicle for presenting this information is [CarePlace](#), a web based directory.

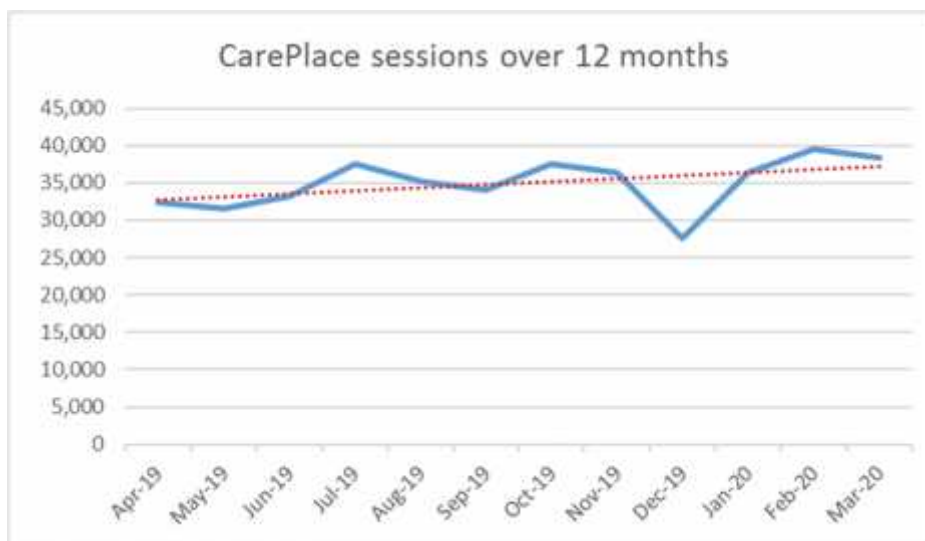
### **CarePlace online ASC directory**

**Average number of monthly sessions\* 2018/19: 30,059**

**Average number of monthly sessions 2019/20: 34,994**

**An increase of 16.4% on last year**

**Over the four years we have collected statistics, (April 2016 to March 2020) visits have increased by 164%**



*\* a session is the number of times the directory has been visited – a user could view one page or twenty – their visit would count as a single session.*

### **GovDelivery email bulletins subscribers**

[Carers information sheet](#) 1086 subs

[Happy & Healthy Activities 60+](#) 1305 subs

### **Gazebo Pop-up ASC info shop appearances**

30 indoor and outdoor [Gazebo information events](#) were delivered including Joint Services Day, Super Saturday of Sport, Hanworth House Car Show, Carers Rights Day along with regular appearances at West Middlesex Hospital and the Alice Road Gurdwara. The project was put on hold in April because of COVID-19 restrictions.

### **Print publications**

The [Carers Information sheet](#) is updated and distributed four times during the year. It is well-established and into its 8th edition.

Other printed booklets include '[A guide to choosing and paying for a care home](#)' and '[A guide to paying for non-residential care and support services](#)' and '[A guide to adult social care in Hounslow](#)'.

The community engagement projects are based on the following principles:

- ) Solutions to problems already exist within a community's assets.
- ) *Everyone has gifts*: Each person in a community has something to contribute.
- ) *Relationships build a community*: People must be connected in order for sustainable community development to take place.
- ) *Citizens (residents) at the centre*: Citizens should be viewed as actors—not recipients—in development.

Teams within the adult social care service have listened to the residents with whom they are in contact. They are exploring several projects including how we can support the deaf community and a virtual carers group for people who are unable to access other forms of support. Consistent with the board's objectives for the coming year the Safeguarding Adult team are promoting the use of Lasting Power of Attorney.

The Adult Locality Mental Health Team (ALMHT) have collaborated in the development of a Virtual Health Mind Hub: A service that provides support to residents with mental health difficulties in the community, virtually. This has currently replaced face to face meetings in community hubs, which were closed as result of the pandemic.

- Bridgelink Centre, 373 Summerwood Rd, TW2 7PD – 1st and 3rd Tuesday every month 9.30am – 12 noon
- The Hub, Fenton Community Hall, 15 Biscoe Close, TW5 0UP – 2nd and 4th Thursday every month 10am – 12 noon
- Riverside Vineyard, Community Centre, Belvedere House, Lemon Grove, TW13 4DH - 2<sup>nd</sup> and 4<sup>th</sup> Thursday every month 10am – 12 noon
- St Paul's Church, Bath Road, TW3 2DA – 1<sup>st</sup> and 3<sup>rd</sup> Wednesday every month 9.30am – 11.30 am

The link below takes you to our service in the Council's web.

[Healthy Minds Drop In Hub](#)

Work will continue throughout the coming year.

## 5. What the statistics tell us about safeguarding in Hounslow

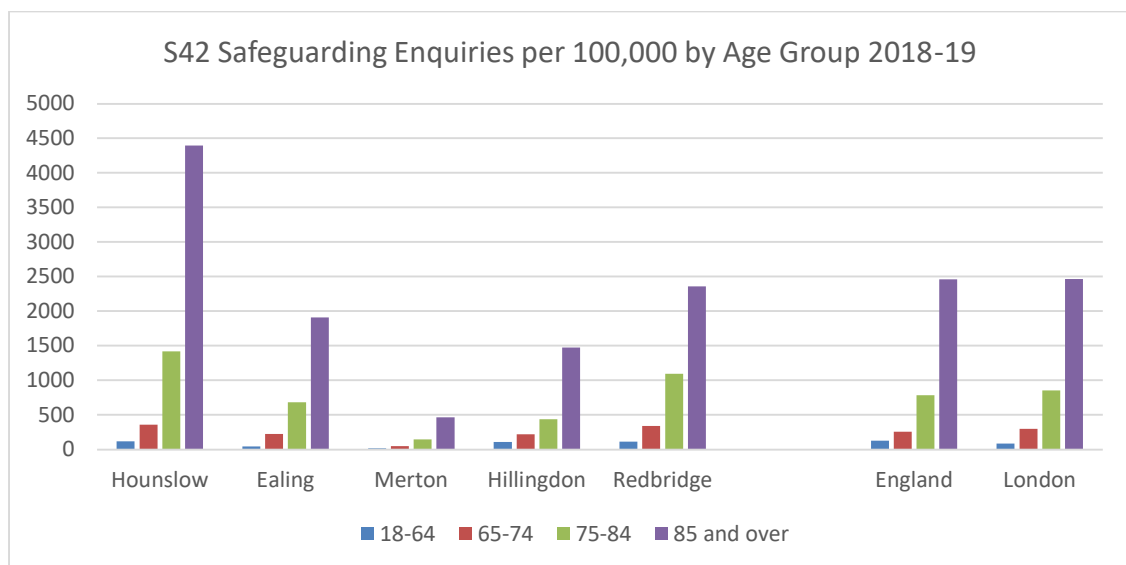
A summary of the adult safeguarding information from all local authorities<sup>4</sup> in England is published every autumn: this year's data was not available at the time of writing this report. Therefore, we have used the performance data from 2018/19. We would have normally expected the figures for 2019-20 by July 2020, but this has now delayed to November 2020.

The following information is taken from the Safeguarding Adults Collection (SAC) which is published on [NHS Digital](#). The way in which data is defined is different from the day to day reality of people experiencing and responding to adult safeguarding concerns. This report uses the Safeguarding Adults Collection so that a consistent account is portrayed.

The graph below compares the number of safeguarding enquiries made (a concern which progressed to an enquiry) in 2018-19\* broken down by age group.

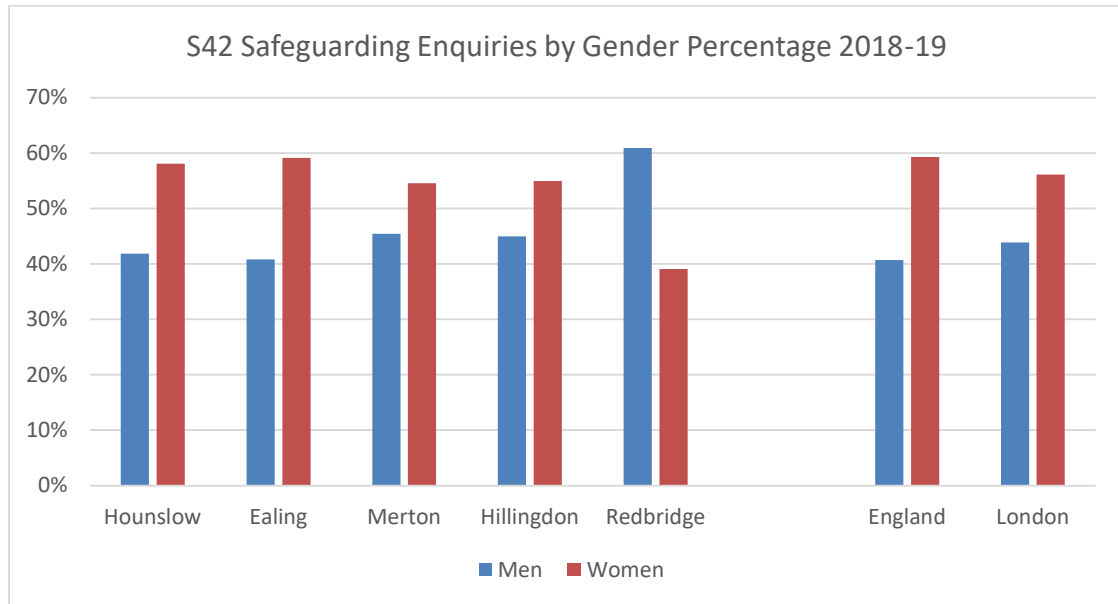
*\*2018-19 figures have been used in this graph due to the delay in the publication of 2019-20 figures by NHS Digital.*

It shows that Hounslow compares well with London and is comparable with three of the other councils in the benchmarking group, in all groups apart from 85 and over. The quality assurance group will be asked to look at the referral rate for this group. We need to understand why Hounslow is receiving significantly larger numbers of referrals as compared with other areas.



<sup>4</sup> Health and Social Care information Centre <http://content.digital.nhs.uk/>

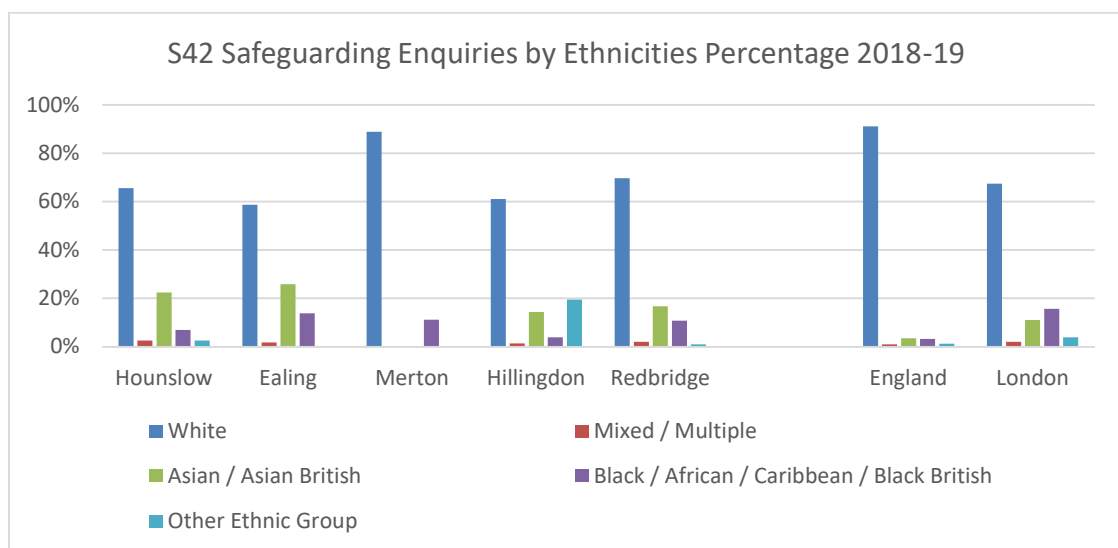
This differs slightly from the referral rate comparing the numbers of men and women referred which would suggest that we need to do more to engage with men in Hounslow.



The above chart\* shows percentage of safeguarding enquiries for each gender to provide useful comparison.

*\*2018-19 figures have been used in this graph due to the delay in the publication of 2019-20 figures by NHS Digital.*

The overall pattern of engagement with residents is similar to other London and local comparator boroughs. Comparative data looking at groups with other protected characteristics is not available.

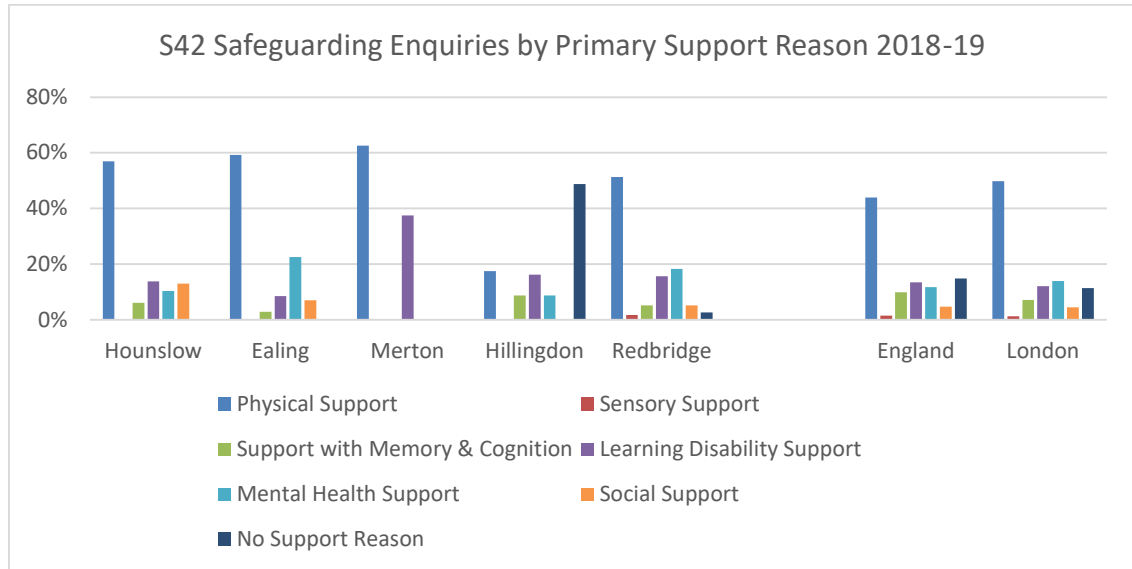




The above chart\* shows percentage of safeguarding enquiries for ethnicity groups to provide comparison.

*\*2018-19 figures have been used in this graph due to the delay in the publication of 2019-20 figures by NHS Digital.*

The graph shows that we are struggling to engage with Asian/ Asian British and other ethnic groups, but this is a common concern with other Boroughs also. More work will need to be done to raise awareness of hidden demand in these communities.



The above chart\* shows percentage of safeguarding enquiries by Primary Support Reason to provide useful comparison.

*\*2018-19 figures have been used in this graph due to the delay in the publication of 2019-20 figures by NHS Digital.*

A total of 905 concerns were raised in 2018-19. This is a significant increase from 2017-18 (706) and 2016-17 (885). 695 concerns progressed to an enquiry. Of these 104 were repeat referrals as compared with 89 in the previous year. Identifying repeat referrals highlights patterns which can be used to improve the response to individual adults at risk. The number of concerns that resulted in enquiries being made has increased: 584 enquiries were made in 2018-19 as compared with 338 in 2017-18 and 477 in 2016-17.

An extract of the 2018-19 Safeguarding Adults Collection is shown in Appendix 1. Due to the delay in publishing 2019-20 figures by NHS Digital, 2018-19 SAC has been used.

The key points arising from this return are:

The consent of the adults at risk to open safeguarding enquiries is always sought, and in the majority of cases the adults at risk were found to have capacity. Not all adults at risk want safeguarding enquiries to proceed, especially where friends

or family were involved in the abuse. Where residents ask us not to investigate, and have mental capacity to do so, we will respect that decision except in exceptional circumstances for example where others may also be at risk (public interest), or where the person is at high risk of serious harm or death (vital interest).

58% of concerns raised relate to the abuse or neglect of women, which approximately matches the national trend. It is unclear whether the abuse of men is under-reported or whether the abuse of women is actually more prevalent. It may be significant that there is an increased incidence of safeguarding concerns in older age groups, and that on average women live longer than men.

There has been an increase in referrals relating to people of working age. In terms of support needs, the largest number of referrals relate to those needing physical care and support. This remains consistent and probably reflects that this type of support is often required by our most vulnerable residents, whether in their own homes, in sheltered housing, in care homes or in hospital.

The majority of referrals relate to residents of white ethnicity. We are aware that referrals do not reflect Hounslow's ethnic mix and that Black and Minority Ethnic (BAME) residents appear under-represented in safeguarding referrals, and work is ongoing to increase awareness and take-up in under-represented groups.

Not all safeguarding concerns are found to be substantiated, and in some cases, enquiries are closed without further action at the request of the adult at risk. Of the safeguarding enquiries opened, 69% resulted in one or more actions being taken to protect that person and in 68% of cases risk/s were identified and reduced as a result.

The Adult Safeguarding Board's Quality Assurance Sub-group became concerned that the pattern of referrals from the local community did not effectively represent the community that we serve. The areas that partner agencies service are not coterminous. This restricted the group's ability to analyse some of the available information. The work that was completed suggested that the proportion of people from different communities, genders and locations using adult safeguarding services reflected the people in contact with health and social care services.

The Care Act 2014 (Section 42) says that adult safeguarding should be available to people who have care and support needs, who are at risk of, or are enduring abuse and neglect and are unable to protect themselves because of the those needs. To some extent the information above reflects the group of people that are described in the data presented above. The publicity campaign and community development work described above are designed to try and reach more people within Hounslow.

A question has been introduced into the electronic record to ensure social workers completing enquiries record whether the adult at risk's desired outcome has been achieved. In 2017-18 the majority achieved their desired outcome.

## **5.1 Audit**

An internal audit process has been established. An external auditor is asked to undertake a limited review of the effectiveness of the internal audit process.

### **5.1.1 Internal Audit**

The Safeguarding Adults Team is tasked with completing an audit of 10 completed safeguarding episodes each month. Staff shortages and conflicting priorities have made this difficult to complete on a consistent basis. A total of 66 audits have been completed in this reporting year.

Thirty-four audits demonstrated a satisfactory to excellent outcomes and thirty-two highlighted areas for improvement.

Evidence of positive practice included examples good risk assessment Making Safeguarding Personal (MSP) & adult at risk's desired outcomes clearly considered and Clear communication with adult at risk and their families.

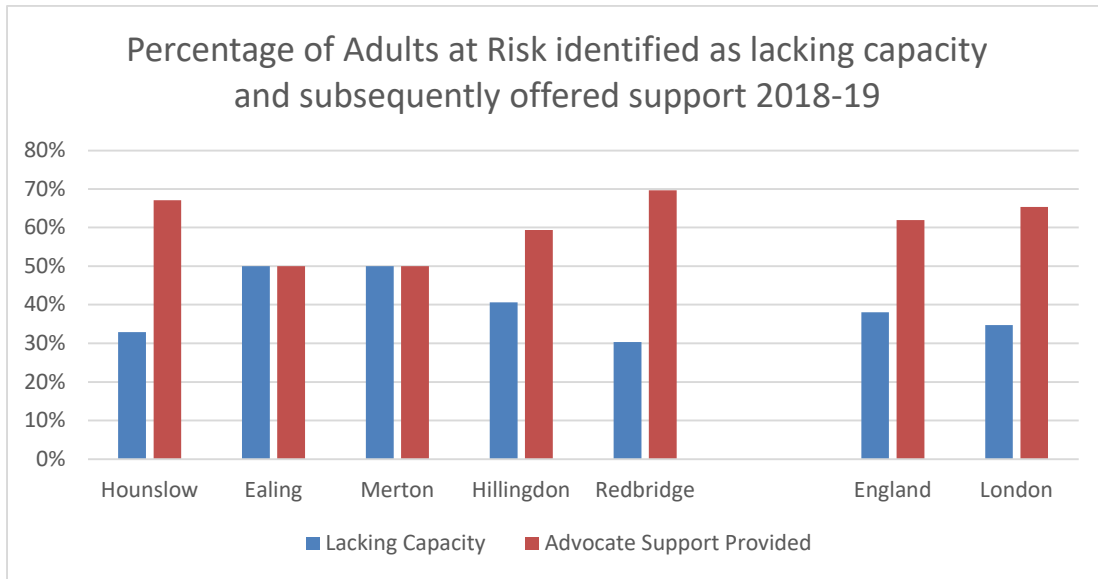
There was evidence of a clear rationale for decision making, the application of the Mental Capacity Act and evidence-based practice

Audit results and feedback provided to Safeguarding Adult Manager and teams with mandated actions which are then followed up within professional supervision. Training needs & learning from audits shared with wider Safeguarding Adult Manager group by the Principle Social Worker. Training and development initiatives are developed to address identified training needs.

## **5.2 Independent Mental Capacity Advocates (IMCAs)**

Hounslow identifies below average (33% against a London average of 35%) number of adults at risk lacking capacity but a higher rate of those people received support provided by an advocate, family or friend (67% against a London average of 65%).

*\*2018-19 figures have been used in this graph due to the delay in the publication of 2019-20 figures by NHS Digital.*



Independent Mental Capacity Advocates (IMCAs) can support people who lack capacity to make specific decisions where there are no other suitable, unpaid independent people who can<sup>5</sup> :

- ) Support and represent the person;
- ) Consult with others;
- ) Ascertain the person's wishes, feelings, preferences and values;
- ) Ensure all possible courses of action are considered; and
- ) Check the framework of the Mental Capacity Act is followed.

The person making the decision must contact the local advocacy provider when they are considering changes in accommodation or serious medical treatment. They may also ask for an IMCA to become involved when a care review takes place.

Whether or not there is someone to support an adult at risk, a decision maker may also ask for an IMCA to become involved where an adult safeguarding issue is being considered.

Why are they referred?

An IMCA will only see a person who lacks capacity to make the decision about which they are being consulted. The impairment/disability of IMCA clients are listed below. Please note that the list includes non-mental capacity related disabilities and conditions. This is because clients may have more than one impairment/disability.

### 5.3 Deprivation of Liberty Safeguards (DoLS)

<sup>5</sup> Mental Capacity Act 2005 Code of Practice Issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act

It is difficult to define a Deprivation of Liberty<sup>6</sup>: In practical terms it allows a hospital or care home to restrict someone's (the Relevant Person) freedom of movement where they lack capacity and it is thought be in their best interests. The Supreme Court said that the "acid test"<sup>7</sup> is if a person:

- ) Has a lack of capacity to make the relevant decision;
- ) Is unable to leave the place in which they are accommodated; and
- ) is under continuous supervision and control.

This is both clearer than previous case law and includes far more people than it would have in the past. As a result, the council has seen a significant increase in referrals.

Substantial progress has been made in managing the administration of requests received from Managing Bodies (nursing and residential homes). Potential deprivations are considered and referred at the point that placements are considered. A process of contacting Managing Bodies to proactively ask whether they have identified residents who should be referred is in place. We now have a better understanding of the people who should be subject to an authorisation.

A combination of improved practice amongst provider organisations and increased rigour in the inspection process led by the Care Quality Commission has resulted in a sustained increase in the number of authorisations requested. The council (the Supervisory Body) has increased the number of signatories available, streamlined the authorisation process and invested in additional administrative support. While this has significantly reduced delays in authorising completed assessments, we continue to experience significant pressure in this area.

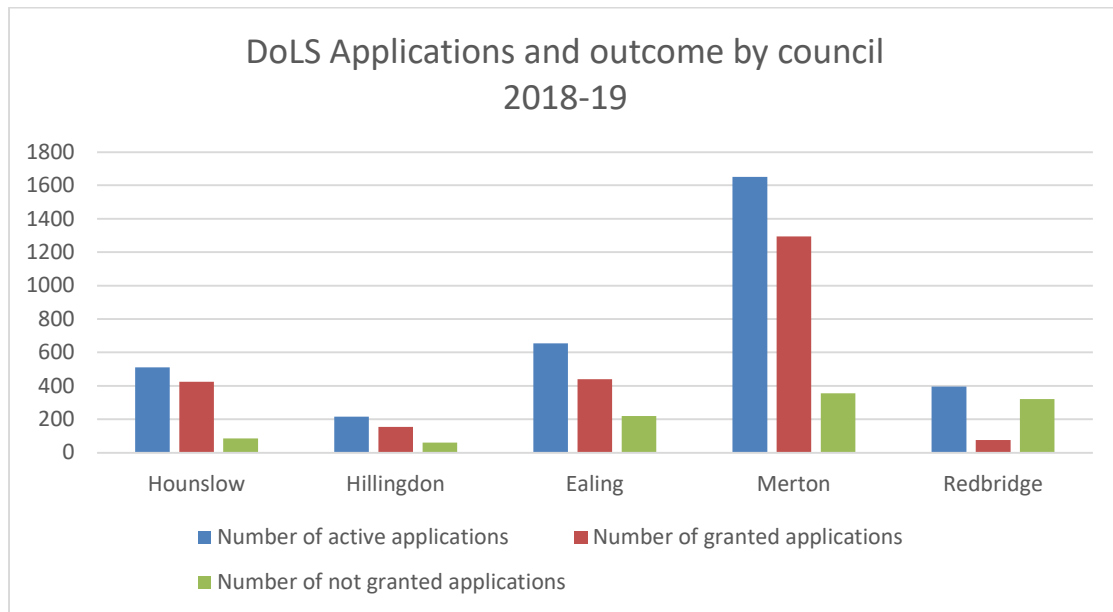
### Number of Authorisations - Requested/Granted

	2016/17	2017/18	2018/19	2019/20
<b>Deprivation of Liberty authorisations Requested</b>	582	618	593	614
<b>Deprivation of Liberty authorisations granted</b>	353	255	568	463

<sup>6</sup> <http://www.scie.org.uk/publications/ata glance/ata glance43.asp>

<sup>7</sup> P (by his litigation friend the Official Solicitor) (Appellant) v Cheshire West and Chester Council and another (Respondents) P and Q (by their litigation friend, the Official Solicitor) (Appellants) v Surrey County Council (Respondent). March 2014

## NHS Digital - DoLS Applications and outcome by council, England



Please note that the sample size used by NHS Digital differs from that recorded by the Council and this is why the 2018-19\* figures differ between the figures presented in the table and the graph. However, the NHS Digital table gives us an accurate comparison with our neighbouring boroughs.

*\*2018-19 figures have been used in this graph due to the delay of the publication of 2019-20 figures by NHS Digital.*

The Deprivation of Liberty Safeguards (DOLS) extended the IMCA role to act as a key safeguard to people who may be subject to this legislation.

There are three distinct IMCA roles in the Deprivation of Liberty Safeguards. These are referred to by the Sections in the amended Mental Capacity Act where they are described.

- J Section 39A IMCA's: Supporting and representing people who are being assessed as to whether they are being or need to be deprived of their liberty.
- J Section 39C IMCA's: Covering gaps in the appointments of relevant person's representatives for people who are subject to an authorisation.
- J Section 39D IMCA's: Providing support to a person or their unpaid relevant person's representative in relation to their rights where a deprivation of liberty has been authorised.

These roles have distinct powers and responsibilities. Collectively in the report they are referred to as the DOLS IMCA roles<sup>8</sup>.

<sup>8</sup> The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013

### *5.3.1 Deprivation of Liberty in Community settings*

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 and form part of the Mental Capacity Act 2005. DoLS are designed to legally authorise restrictive care situations for people who lack capacity to consent to them, and who meet all the criteria – which include being resident in a care home or a hospital. A landmark ruling by the Supreme Court in March 2014 effectively set a new and much lower threshold for deprivation of liberty in all settings, and also made it clear that applications should be made to the Court of Protection to authorise the care of people who may be being deprived of their liberty in settings other than care homes or hospitals – including supported living projects, living with family members and receiving care in their own homes. The responsible organisation for making these applications is the agency providing or commissioning that person’s care needs. In the majority of cases this will be either a local authority or NHS body.

There is currently a substantial backlog of cases throughout England and Wales waiting to be dealt with by the court, so we are expecting significant delays before the court can make its rulings.

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## **6. Safeguarding Stories**

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The stories below are real. We have changed any details that might identify the people concerned. We have included a range of examples in previous annual reports.

### **Story A**

Ms A is 55yrs old with enduring mental health problems. She lives with her 90 year old mother who has advanced dementia and they both receive care packages. It recently became apparent that Ms A was in considerable rent arrears and in checking why this had happened it was discovered that Ms A’s bank account had been drained by multiple transactions which were not known to or agreed by Ms A , and did not relate to goods or services which she had herself received. A Safeguarding Enquiry was opened, which was police-led & the bank were contacted to change Ms A’s account.

Ms A disclosed that she had been persuaded to grant Financial Lasting Power of Attorney (LPA) to her “auntie”. Further questioning established that the supposed “auntie” was unrelated but was a staff member at a community organisation offering support to people of their particular ethnic origin. The LPA had contacted the local authority representing herself as a family member with LPA and had been advocating for Ms A and her mother to have their care package changed to

a Direct Payment controlled by herself. Fortunately, the concerns were identified before this request had been considered.

This person was reported to the Office of the Public Guardian (OPG) for misuse of her powers as an LPA. She immediately resigned as LPA and the local authority are applying for Financial Deputyship on behalf of Ms A, in order to protect her from future financial abuse. Police and OPG enquiries are ongoing, as are local authority safeguarding enquiries, and evidence is being collected to support a Disclosure & Barring Service referral, which can ban unsuitable individuals from paid or voluntary work with vulnerable adults or children.

## **Story B**

Mr B is an 80 year old widowed gentleman, who had been living alone in his rented flat since his wife's death 5 years previously. Although this was not diagnosed at the time, he was in the early stages of developing Alzheimer's dementia. Neighbours expressed concerns to Adult Social Care that Mr B had not been seen for some weeks and that they had noticed strangers coming and going from his flat at all hours. A joint visit from social services and housing found Mr B looking unkempt and thin. He described how a group of youths had "befriended" him, initially running errands or coming in for a cup of tea, which Mr B had welcomed.

They had then offered to do his grocery shop, asking to use his bank card and house keys to do so, but never returned the keys or card. Since then the youths had essentially taken over his property, letting themselves in with his keys and using it for drinking, smoking and parties. They brought in a limited amount of food – much of which they ate themselves. Mr B was afraid to ask for his keys/card or to ask them to leave. He was afraid to leave his flat in case they locked him out.

Mr B was moved to a place of safety, his flat secured and police and his bank informed of the misuse of his bank card and his property. Police were unable to identify the youths responsible. Mr B chose not to return, saying he had felt lonely and afraid in his old flat, and he accepted a tenancy in a supported housing scheme.

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## **7. What we plan to do in the coming year**

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The board has made substantial progress during 2019-20. The priorities for the coming year are set out in the board strategy and three-year business plan, which was published in 2019.

The key priorities for the coming year are:



- ) Strengthen the understanding and use of the Mental Capacity Act and the Liberty Protection Safeguards Amendment Bill, amongst board member agencies.
- ) Progress the Think Family approach to safeguarding.
- ) Develop a financial abuse intervention strategy.
- ) Develop a multi-agency engagement strategy for the various groups (service users, carers, and local communities in Hounslow).
- ) Focus on the outcomes of statistical returns.
- ) Disseminate learning from SARS with all board agencies.
- ) Develop a consistent and simple mechanism for returning a SAR to an organisation at the final stage.

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## 8. Useful Contacts

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### Questions about the report

If you have any questions about this report, please contact Joseph Carmody, Assistant Director (Adult Social Care), Quality Assurance, Prevention and Care Management

Tel: 020 8583 2472

Email: [jo.carmody@hounslow.gov.uk](mailto:jo.carmody@hounslow.gov.uk)

### Safeguarding Training

If you would like to access safeguarding training for organisations in Hounslow, please contact the Learning and Development Team.

Tel: 020 8583 3098

Email: [angela.mcevilly@hounslow.gov.uk](mailto:angela.mcevilly@hounslow.gov.uk)

### Safeguarding Referrals

To raise any safeguarding concerns, you should call:

) Adult Social Care First Contact: 0208 583 3100

) Out of Hours – Emergency Duty Social Worker: 0208 583 2222

If you need to report a crime:

) In an emergency, dial 999

) Non-emergency police number: 101

If you would like advice in relation to safeguarding adults concerns, please call

) Safeguarding Adults Service (SAS)

o 020 8548 4515

o [safeguardingadults@hounslow.gov.uk](mailto:safeguardingadults@hounslow.gov.uk)

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

) DoLS team

o 020 8548 4950

o [dols@hounslow.gov.uk](mailto:dols@hounslow.gov.uk)

You can also visit [www.hounslow.gov.uk/safeguardingadults](http://www.hounslow.gov.uk/safeguardingadults)

## APPENDIX 1

### EXTRACT FROM THE SAFEGUARDING ADULTS COLLECTION 2018/19\*

*\*We have used extracts from the 2018-19 Safeguarding Adults Collection, due to the delay in the publication of the 2019-20 data.*

Please note Table SG1f collects counts of cases not counts of individuals

Table SG1f	
Counts of Safeguarding Activity	Count
Total Number of Safeguarding Concerns	905
Total Number of Section 42 Safeguarding Enquiries	584
Total Number of Other Safeguarding Enquiries	111

The NHS Digital definition of Other Safeguarding Enquiries is as follows:

*Those enquiries where an adult does not meet all of the Section 42 criteria, but the council considers it necessary and proportionate to have a safeguarding enquiry.*

*Whilst each council has the authority to decide what Safeguarding activity they undertake for adults who do not meet the Section 42 criteria, some examples could include safeguarding to promote an individual's well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for Section 42.*

In practice the total number of section 42 (Care Act 2014) and other safeguarding enquiries are treated in the same way. This report combines both figures as concerns progressed to enquiries. We are therefore reporting 338 concerns progressed to an enquiry.

<b>Table SG1a</b>	<b>Age Band</b>						
<b>Counts of Individuals by Age Band</b>	<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>	<b>Not Known</b>	<b>Total</b>
Individuals Involved In Safeguarding Concerns							0
Individuals Involved In Section 42 Safeguarding Enquiries	202	66	146	145	25	0	584
Individuals Involved In Other Safeguarding Enquiries							0

<b>Table SG1b</b>	<b>Gender</b>			
<b>Counts of Individuals by Gender</b>	<b>Male</b>	<b>Female</b>	<b>Not Known</b>	<b>Total</b>
Individuals Involved In Safeguarding Concerns				0
Individuals Involved In Section 42 Safeguarding Enquiries	243	341	0	584
Individuals Involved In Other Safeguarding Enquiries				0

<b>Table SG1c</b>	<b>Ethnicity</b>							
<b>Counts of Individuals by Ethnicity</b>	<b>White</b>	<b>Mixed / Multiple</b>	<b>Asian / Asian British</b>	<b>Black / African / Caribbean / Black British</b>	<b>Other Ethnic Group</b>	<b>Refused</b>	<b>Undeclared / Not Known</b>	<b>Total</b>
Individuals Involved In Safeguarding Concerns								0
Individuals Involved In Section 42 Safeguarding Enquiries	381	14	131	41	13	0	4	584
Individuals Involved In Other Safeguarding Enquiries								0

Table SG1d Counts of Individuals by Primary Support Reasons	Primary Support Reason								Total
	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known	
Individuals Involved In Safeguarding Concerns									0
Individuals Involved In Section 42 Safeguarding Enquiries	330	1	35	79	62	77	0	0	584
Individuals Involved In Other Safeguarding Enquiries									0

## Section 2: Case Detail Tables

All information recorded in these tables should be about cases that concluded during the reporting year

Multiple entries per enquiry are permitted in all of these tables

Some type of risk categories overlap with each other, please record all types of abuse that apply to each enquiry

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Counts of Enquiries by Type and Source of Risk	Source of Risk			Source of Risk				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Physical Abuse	9	100	26				135	0
Sexual Abuse	3	16	5				24	0
Psychological Abuse	5	97	36				138	0
Financial or Material Abuse	5	93	30				128	0
Discriminatory Abuse	0	1	1				2	0
Organisational Abuse	2	12	8				22	0
Neglect and Acts of Omission	21	117	39				177	0
Domestic Abuse		65					65	0
Sexual Exploitation	0	0	0				0	0
Modern Slavery	0	2	0				2	0
Self-Neglect		80					80	0

Table SG2e  Risk Outcomes: Where a risk was identified, what was the outcome / expected outcome when the case was concluded?	Concluded Section 42 Enquiries			Other Concluded Enquiries			Total Section 42	Total Other
	Source of Risk			Source of Risk				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual		
Risk Remained	0	17	8				25	0
Risk Reduced	11	124	44				179	0
Risk Removed	11	31	16				58	0

**Section 3: Mental Capacity Tables**

Table SG3a  Mental Capacity Table for Concluded Section 42 Safeguarding Enquiries	Age Group						Total
For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?	18-64	65-74	75-84	85-94	95+	Not Known	
Yes, they lacked capacity	42	9	35	38	6	0	130
No, they did not lack capacity	112	26	51	63	12	0	264
Don't know	0	0	0	0	0	0	0
Not recorded	0	0	0	0	0	0	0
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend?	26	4	15	13	1	0	59