

# **South West Safeguarding Annual Report 2020/2021 v 1**

## **Safeguarding during a pandemic and 3 national lockdowns**

Published: October 2021

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## Foreword

Welcome to the NHS England and NHS Improvement South West (SW) Safeguarding Annual Report. This report is notably different to former years as we also acknowledge the impact of the COVID-19 pandemic, which triggered the declaration of a Level 4 National Incident.<sup>1</sup>

Forced to stay at home during the pandemic, some families have reported a positive impact in spending more time with loved ones. In contrast, others have found the experience very isolating and lonely or feel unsafe. Further concerns have emerged during the pandemic about the impact on mental health and emotional wellbeing for all ages, and the long-term resilience of families.

We fully recognise that all communities and every aspect of both children and adult services have been affected by the pandemic, it has been an exceptional year for all of us. The pandemic has also disrupted professional and supportive services relationships with children<sup>2</sup>, families, carers<sup>3</sup> and adults with care and support needs.<sup>4</sup> The full extent of the impact on our communities will not be known for many years and with this in mind, we have constructed this report in two parts. The first, Part One, continues to highlight our focus of work during 2020/21 linking to ongoing challenges and celebrations. Whereas Part Two provides an interim analysis of our programmes of work during 2020/21, noting the intention to update these areas as more information becomes available, during 2021/22.

This year we will continue to work in collaboration as we prepare for new reforms. These include Integrated Care Systems, Liberty Protection Safeguards, the implementation of the Domestic Abuse Act, and working in collaboration to prevent and reduce violence across the South West as part of the imminent Serious Violence Duty.

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<sup>1</sup> Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officers letter, Important – For Action- Second Phase of the NHS Response to COVID-19, dated 29 April 2020.

<sup>2</sup> See, [Social isolation and the risk of child abuse during and after the coronavirus pandemic](#);

<sup>3</sup> See, <https://www.gov.uk/government/publications/young-carers-and-young-adult-carers-providing-care-during-coronavirus>; [Understanding the needs of young carers in the context of the COVID-19 global pandemic \(PDF\)](#)

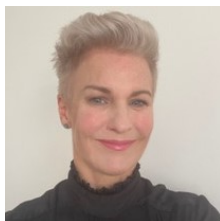
<sup>4</sup> [Coronavirus and the social impacts on older people in Great Britain: 3 April to 10 May 2020](#).

It is of note that the South West Regional Safeguarding Team has changed during 2020 and 2021. We have said farewell to Anneliese Hillyer-Thake, Regional Head of Safeguarding Programme, and Faye Kamara, Safeguarding and Serious Violence Lead (including Prevent).

It gives me great pleasure to introduce the South West Regional Safeguarding team:



Sue Doheny  
Regional Chief Nurse



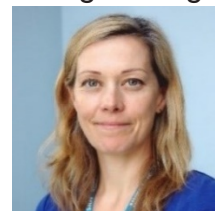
Penny Smith  
Director of Nursing Leadership  
& Quality



Rosie Luce  
Assistant Director  
of Nursing (Safeguarding)  
and Regional  
Safeguarding Lead (RSL)



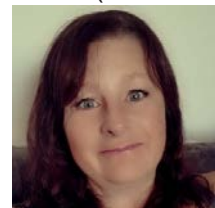
Nick Rudling  
Head of Safeguarding  
Transformation



Melanie Munday  
Safeguarding Professional  
Lead (secondment)



Joanne May  
Safeguarding Officer



Rachel Walker  
Business Support Assistant  
(Safeguarding)

## Acknowledgements

We would also like to take this opportunity to acknowledge the support of the South West Commissioning Support Unit (CSU) and specifically the Business Intelligence team, Kirsty Hall, Elen Hall and Alex Bunn, without whom we would not have achieved so much in the last year.

## Awards

Over the past year, our regional safeguarding team have been awarded the following:

- Rosie Luce awarded the [Silver Chief Nursing Officers award](#) for her major contributions to safeguarding patients and towards her professional practice (January 2021).
- Nick Rudling awarded the NHS Safeguarding Star award for exceptional leadership in developing communities of practice and driving Integrated Care Systems (ICSs) safeguarding across Cornwall (January 2021).
- Faye Kamara awarded the NHS Safeguarding Star award for her commitment and leadership to developing governance systems and communities of practice across the SW region (January 2021).
- Dr Laraine Dibble, NHS Devon CCG, awarded the NHS Safeguarding award for dedication to her career, supporting the most vulnerable children in area whilst taking the lead role in safeguarding, children in care and SEND (prior to retirement, March 2021).
- Annette Blackstock, NHS Gloucestershire CCG, awarded the NHS Safeguarding Ambassador award recognising the outstanding work around designated population for safeguarding leadership and the sharing of Gloucestershire experiences around the Integrated Care System with other regions (for work prior to April 2021).
- Joanne May awarded the NHS South West Biggest Team Player award (December 2020).

## Key achievements/celebrations:

- Contribution safeguarding teams have made to the Covid response
- Adapting to virtual working and improved multiagency collaboration
- Delivery of virtual safeguarding training to larger audiences

Finally, we would like to thank everyone for working so hard during the pandemic and working together to safeguard our communities. We look forward to continuing to work with our system partners and leaders during 2021/22.



Sue Doheny  
Regional Chief Nurse



Rosie Luce  
Assistant Director of Nursing (Safeguarding)  
and Regional Safeguarding Lead (RSL)

## Our South West Regional Priorities

### Strengthening leadership and partnership collaboration

During 2020/21, NHS England and NHS Improvement have been central to coordinated responses during the pandemic. Early in the pandemic NHS England and NHS Improvement – South West region restructured to deliver programmes of support through various groups, ranging from regional joint COVID-19 Gold calls, Health Outbreaks & Operational Pressures, Infection Prevention & Control (IPC), pathology, clinical cells, establishing care sector networks and the regional ethical referral groups, restructuring our regional safeguarding governance arrangements to improve collaborative data sharing and problem-focused analysis. This has provided core groups to oversee issues and challenges to keep citizens safe. In turn, and by providing updated advice and guidance, we have supported our communities including the care and independent sector, Designated and Named Safeguarding Professionals, as well as the workforce supporting Nightingale hospitals, front line staff and individuals seeking guidance and advice, providing peer support for NHS volunteers, test and trace centres, swab test sites as well as mass vaccination sites.

In terms of regional governance and our structures in respect of safeguarding during the first phase of the pandemic, we mainly reported and escalated via the weekly Regional Safeguarding Leads meeting which was held on a weekly basis. Reporting to the National Safeguarding COVID- 19 Cross Government Partnership, National Safeguarding Steering Group and regionally, reporting and providing assurance to the Clinical Cell.

Between May and June 2020, the regional safeguarding lead reviewed our regional safeguarding governance structures and sought approval from the South West Regional Safeguarding Steering Group and the Quality Committee in July 2020 and successfully implemented the new safeguarding structures from September 2020.

In addition, and as a task and finish group from the South West Safeguarding Steering Group, we also set-up the first SW Regional Serious Violence & Contextual Safeguarding (all ages) Data and Information Sharing Group, securing regional leadership and collaboration across Public Health – Southwest region, policing,



community safety partnerships, violence reduction units and local safeguarding partnerships, linking strategic priorities and Joint Strategic Needs Assessments for violence and abuse. The group have produced a SW Regional Serious Violence & Contextualised Safeguarding Information Governance Framework.

In summary and throughout the pandemic and 3 national lockdowns, we endeavoured to collaborate with system leaders, providing sound multi-agency leadership and strategic direction. We focused on improving our central coordinated efforts to gain clarity regarding the problem(s) needing to be tackled across our communities, to keep vulnerable citizens safe during the pandemic.

## Supporting the South West safeguarding workforce during the pandemic

Keeping a focus on the South West Safeguarding Workforce during the first lock down, between March, April and a follow up in June 2020, we undertook business continuity stocktakes with the seven Clinical Commissioning Groups Safeguarding teams' systems. The key lines of enquiry focused on the specialist safeguarding workforce and current sickness, redeployment and ability to maintain statutory safeguarding business functions through the pandemic.

In addition, and from April 2020, Designated Professionals virtual meetings were broadened to include Heads of Safeguarding across the South West region. The Designated Professionals virtual meetings were initially held monthly with NHS England and NHS Improvement South West Regional Safeguarding team. In alignment with the National Safeguarding Team, the COVID-19 National Safeguarding Partnership Group and the Safeguarding Adults National Network, we aligned and continued to strengthen communication flows, sharing national policy updates, encouraging peer engagement, sharing learning from practice and exploring new ways of working and finally providing space for the Named and Designated Professionals to share system issues and best practice in relation to COVID-19.

Later in the summer of 2020, our NHS safeguarding workforce profile demonstrated over 55% of our safeguarding workforce as aged above 50, with 10% being aged 60-

69. The South West workforce in its totality has 35% of staff within these age groups therefore within the safeguarding specialism this is significantly higher.

Keeping citizens safe through workforce succession planning and securing opportunities to upskill the South West workforce, has also been a key priority during 2020/21. Collaboration with Health Education England has resulted in a successful bid and subsequent development of two regional accredited safeguarding modules, to commence Autumn 2021. These are 'Risk and Decision Making for Safeguarding Adults and Children' and 'Safeguarding Supervision' 20 credit master's level modules which are to be offered to those in a safeguarding role in order to develop practice and further academic qualifications, supporting career progression.

## Safeguarding challenges during the pandemic

With disruption to services keeping a focus on safeguarding during the pandemic and 3 national lockdowns has been both a key priority and challenge. National, regional and local systems have been concerned about the increase in [hidden harms](#). Crimes such as child abuse, child sexual exploitation, domestic abuse (including "honour"-based abuse), sexual violence and modern slavery, often take place behind closed doors, hidden away from view.

[Building a country that works for all children post COVID-19](#) (July 2020), highlighted the vulnerabilities of specific cohorts, including children with additional health needs and disabilities, care leavers, young carers, families in conflict with the law and families with no recourse to public funds have been heightened during this period.

In adult social care, 2020/ 2021 has also been a year where there have been further challenges for adults with care and support needs and families accessing Care Act assessments. 'The Insight Project was developed to create a national picture of adult safeguarding during the pandemic. The first report included information covering the period between January 2019 and June 2020, this showed that safeguarding concerns dropped markedly during the initial weeks of the first COVID-19 lockdown period, only to return to and then exceed expected levels in June 2020. The trend of safeguarding enquiries showed a similar decline during the initial weeks of the COVID-19 lockdown

period and upturn in June 2020, although the June upturn was not as great. This could be due to a number of factors including: the time frames for undertaking and completing safeguarding (section 42) enquiries, lower levels of data contributions for June 2020; and activity in June not having caught up with the backlog of safeguarding concerns generated in the first lockdown period'.<sup>5</sup>

[November 2020, the Directors of Adult Social Services annual survey](#) reported increases in the number of people presenting with care needs. 'Among the most cited reasons for increases in need were people being discharged from hospital (cited by 70% of local authority leaders surveyed in October and November 2020, up from 55% in May 2020), carer breakdown, sickness or unavailability (64%, up from 53%), and older and disabled people presenting for domestic abuse and safeguarding (69%, up from 42%).<sup>6</sup>

At the same time, national, regional and local concerns continued to grow around the unprecedented pressures placed upon unpaid carers as a result of the pandemic. It is noteworthy that pre-Covid, there were 9.1 million unpaid carers.<sup>7</sup> [Carers Week \(8<sup>th</sup> June – 14<sup>th</sup> June 2020\)](#) figures showed an estimated 4.5 million people in the UK had become unpaid carers as a result of the COVID-19 pandemic, bringing the total to 13.6 million. The continued impact highlighted 6 months on in the 'Caring behind closed doors: six months on (October 2020). In June 2021, ['Breaks or breakdown'](#), Carers Week Report found that carers lost, on average, 25 hours of support a month, 72% of carers have not had a break from their caring roles at all during the pandemic, and 74% reported being exhausted as a result of caring during the pandemic, and sadly more than a third (35%) said they feel unable to manage their unpaid caring role.

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<sup>5</sup> See, <https://www.local.gov.uk/publications/COVID-19-adult-safeguarding-insight-project-second-report-july-2021#first-report-findings-summary>

<sup>6</sup> See key messages, page 6.

<sup>7</sup> See <https://www.carersuk.org/for-professionals/policy/policy-library/carers-week-2020-research-report>

## Specific people who have protected characteristics during the pandemic

To help us keep a focus on specific people who have protected characteristics, in June 2020 and with subsequent updates, nationally and regionally, we completed our Safeguarding Equality Impact Assessment, to ensure that the needs of people with protected characteristics, as well as those experiencing health inequalities, have been considered and actioned during the pandemic. In addition, working across directorates on this workstream, we were able to provide timely advice and guidance in respect to assessing capacity under the Mental Capacity Act and with supporting carers via the regional carers workstream and care sector cell.

## Safeguarding within the prison estate

Direct Commissioning has also been supporting the national work led by the National Quality Lead Nurse for Health and Justice, regarding safeguarding within the prison estate. A guide to wellbeing & safeguarding support in prisons is due to be published on the NHS Futures platform, and work is ongoing with Health Education England to design safeguarding training specific to prisons. This element of the work will commence in 2021/22 (May 2021).

## Maintaining focus on the statutory safeguarding reviews across the region

There are seven Integrated Care Systems (ICSs) in the South West region:

- Bath, and North East Somerset, Swindon and Wiltshire (BSW)
- Cornwall and the Isles of Scilly Health and Care Partnership (Kernow)
- Healthier Together Bristol, North Somerset and South Gloucestershire (BNSSG)
- One Gloucestershire (Gloucestershire)
- Our Dorset (Dorset)
- Somerset - Fit for My Future
- Together for Devon (Devon)

The Regional Team continue to request quarterly safeguarding returns from each of the seven clinical commissioning groups/developing Integrated care systems (ICSs). The returns were submitted by each system safeguarding team and include review data for:

- Child Safeguarding Practice Reviews (CSPRs)
- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs)

The templates have evolved over time, with more detailed information captured in the 2020/21 quarterly returns than for 2019/20. The analysis focused on key metrics over time for the South West region, which is available back to quarter 1 2019/20. Data was collated at total ICS system level, for consistency between systems over time. Three of the seven ICS returns did provide splits by local authority (BSW, Devon and BNSSG) but these splits were not consistently available for every metric over time.

In addition to the statutory review data, specific information was requested as part of a detailed review of a priority topic. These were:

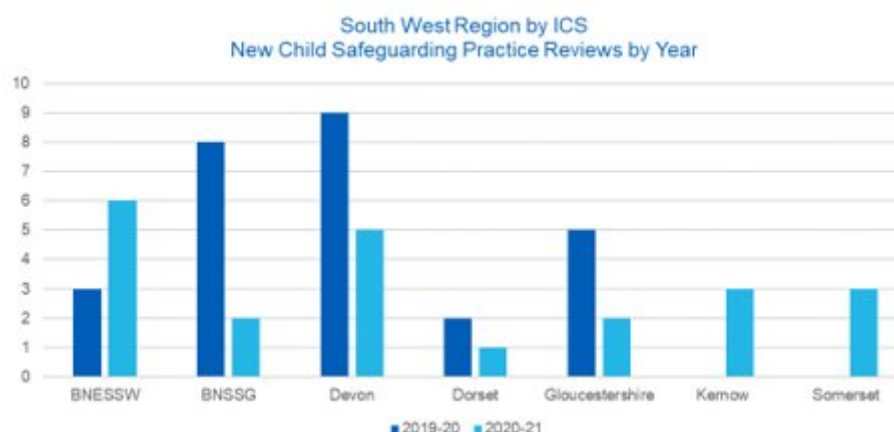
- Quarter 1 2020/21: COVID-19 stocktake and impact on safeguarding
- Quarter 2 2020/21: Regional safeguarding workforce stocktake
- Quarter 3 2020/21: Systems health response to domestic abuse
- Quarter 4 2020/21: End of year review of safeguarding achievements, challenges and priorities

## Child Safeguarding Practice Reviews (CSPR)

**Chart 1** – South West region new Child Safeguarding Practice Reviews by Year



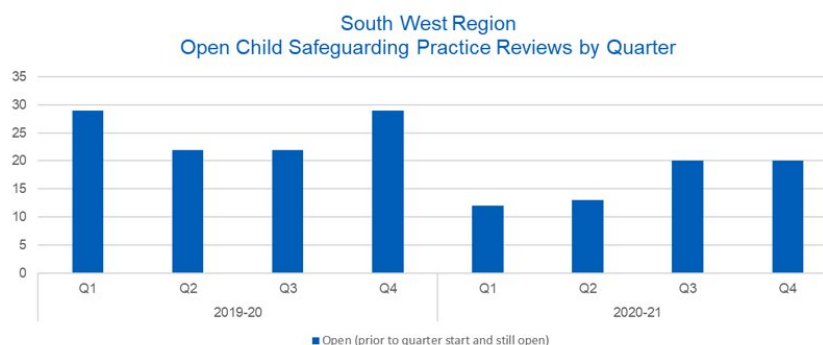
**Chart 2 – New Child Safeguarding Practice Reviews by ICS**



**Chart 2** shows Child Safeguarding Practice Reviews by ICS footprint. Bath, and North East Somerset, Swindon and Wiltshire ICS accounted for the highest number of new Child Safeguarding Practice Reviews in 2020-21(6), an increase from 3 in 2019-20. Healthier Together Bristol, North Somerset and South Gloucestershire ICS, Devon ICS, Dorset ICS and Gloucestershire ICS all had declines in the number of new Child Safeguarding Practice Reviews in 2020-21, compared to the previous year. Whereas **Chart 3** shows the number of open reviews by quarter.

The number of open Child Safeguarding Practice Reviews across the South West region was lower in the first two quarters of 2020-21 than the preceding year. These periods follow the first COVID-19 national lockdown, a lower than usual number of new reviews and a higher number of review closures than new reviews. For the latest quarters of 2020-21, the number of open reviews increased again slightly, due to higher than average new Child Safeguarding Practice Reviews in quarter 2. There were 20 open reviews at the end of quarter 4 2020-21 which were also open prior to the quarter start. This figure is lower than quarter 4 2019-20, when 29 reviews remained open.

**Chart 3 – Open Child Safeguarding Practice Reviews by Quarter**



The Child Safeguarding Practice Review Panel is independent of the government and oversees the commissioning of reviews of serious child protection cases in England.

The Panel's second annual report [Summary of Child Safeguarding Practice Review Panel's 2020 report | NSPCC Learning](#) shares key messages and learning from serious incidents reported to the Panel, rapid reviews, local CSPR's and case reviews from 2020. The report also looks at the impact of the pandemic on child safeguarding in 2020. Serious incident notifications to the Panel in the period April to September 2020 were 27% higher than the same period in 2019.

The Panel has identified six key practice themes to make a difference in reducing serious harm and preventing child deaths caused by abuse or neglect:

- Understanding the child's daily life
- Working with families where engagement is reluctant and sporadic
- Critical thinking and challenge
- Responding to changing risk and need
- Sharing information in a timely and appropriate way
- Organisational leadership and culture for good outcomes

The Panel has agreed priorities which will inform and shape its work over the next one to two years. The Panel has plans to deliver a range of national reviews, thematic and practice analysis and research in 2021-22 on a range of topics, including:

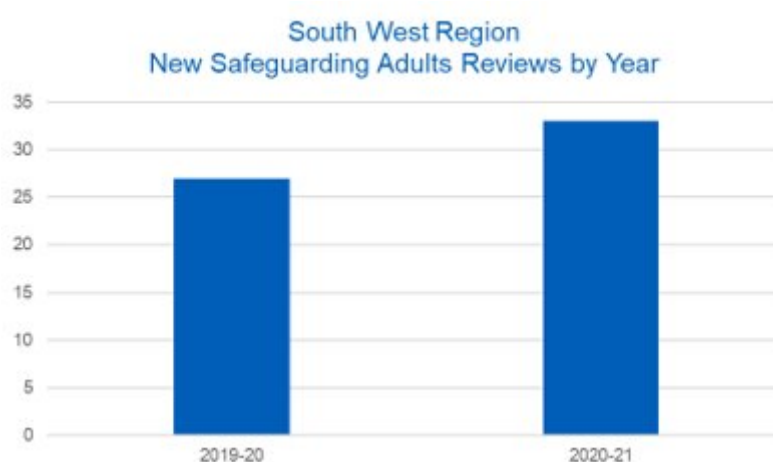
- Non-accidental injury in under-1s
- Supporting vulnerable children and families during COVID-19
- Safeguarding children who are not visible to schools

- Safeguarding children at risk of criminal exploitation
- Domestic abuse
- Risk assessment and decision making.

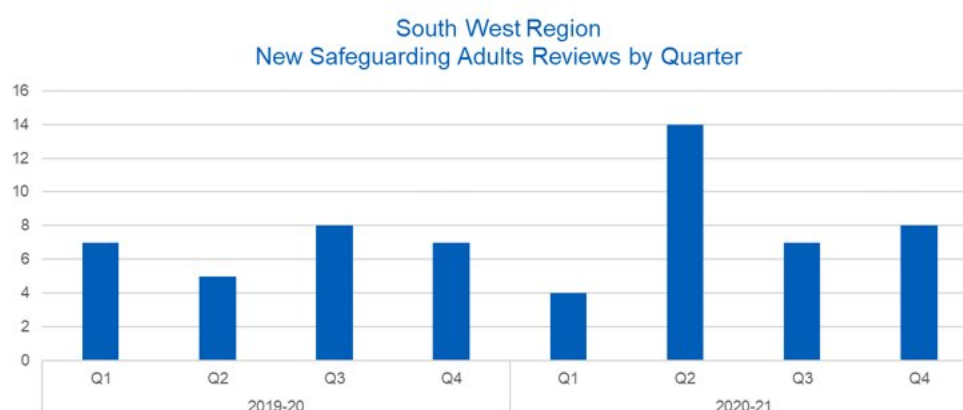
These are all areas of concern which feature in some of our South West CSPR's and learning to address these issues is in progress and will continue to be monitored over the coming year.

## Safeguarding Adults Reviews (SAR)

**Chart 4** – Number of New Safeguarding Adult Reviews by Year



**Chart 5** – Number of new Safeguarding Adult Reviews by Quarter



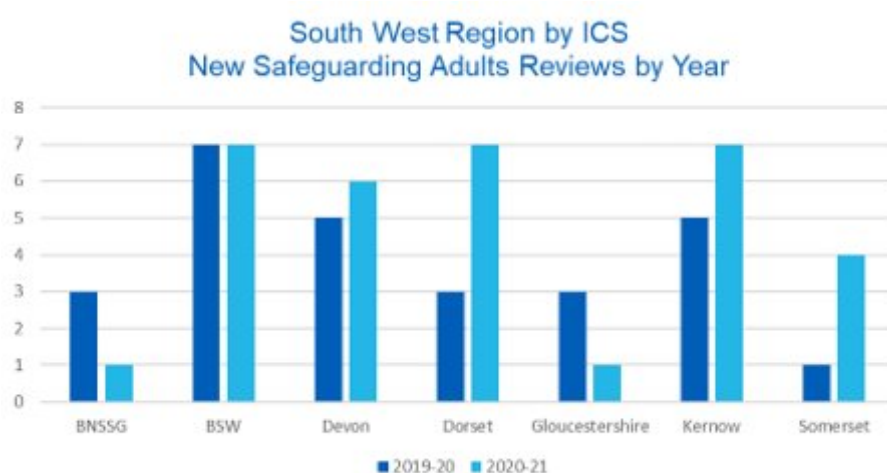
The number of new Safeguarding Adult Reviews across the South West region rose from 27 in 2019-20 to 33 in 2020/21. The trend by quarter has been variable. Quarter 2, 2020-21, saw the highest number of new reviews (14) over the last two years,



following a low in the previous quarter, which coincided with the first COVID-19 national lockdown.

The trend by quarter has been variable. Quarter 2, 2020-21, saw the highest number of new reviews (14) over the last two years, following a low in the previous quarter, which coincided with the first COVID-19 national lockdown.

**Chart 6 - New Safeguarding Adult Reviews by ICS**



BSW ICS, Dorset ICS and Kernow ICS all had the highest number of new Safeguarding Adult Reviews (7) in 2020-21. Most systems had a rise in reviews or were level compared to 2019-20, except for BNSSG ICS and Gloucestershire ICS.

## Key Practice Themes in Safeguarding Adult Reviews

The first [national analysis of Safeguarding Adult Reviews](#) was published in England in 2020/21, funded by the Care and Health Improvement Programme, supported by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). Its purpose was to identify priorities for sector-led improvement. The report covers the period from April 2017- March 2019 and was published in November 2020 so therefore includes information on SAR's outside of this annual reporting period.

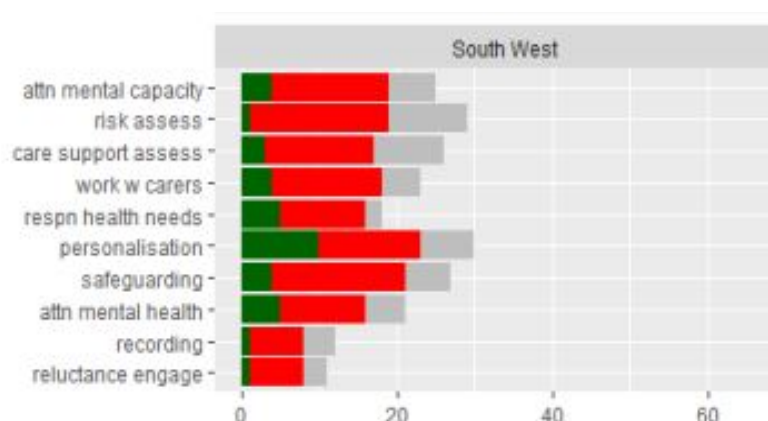
This summary identifies the headline findings and provides an outline of the 11 sections of the main report, to which readers can turn for further detail. Building on published regional thematic reviews and analyses focusing on specific types of abuse

and neglect, the analysis fills a significant gap in the knowledge base about adult safeguarding across all types of abuse and neglect.

**Chart 7** below from within the above report, indicates good and poor practice themes.

Bars that appear more red than green represent primarily poor practice in a given theme and region.

**Chart 7**



Overall themes across all regions including the South West:

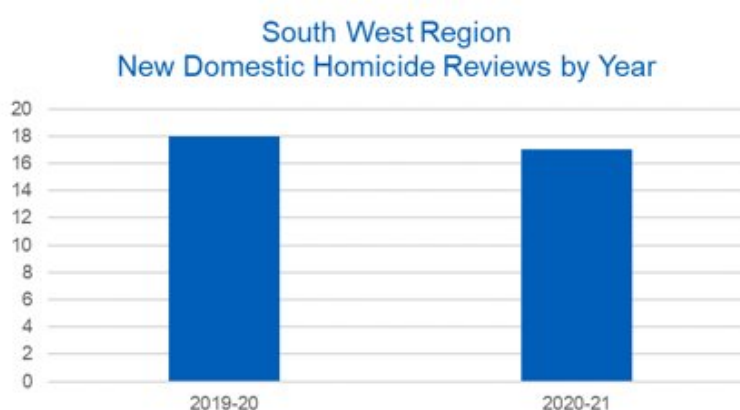
- Attention to mental capacity was the most prevalent with the majority related to poor practice.
- For interagency work, procedures and record sharing were particularly poor themes overall.
- Coordination and information-sharing were most prevalent and received the highest frequency of recommendations.
- The most prevalent theme was organisational training, which related almost entirely to poor practice.
- Staff workloads was referred to almost exclusively in the negative and were a somewhat prevalent theme.

These are all areas of concern which feature in some of our South West Safeguarding Adult Reviews and learning to address these issues is in progress and will continue to be monitored over the coming year.

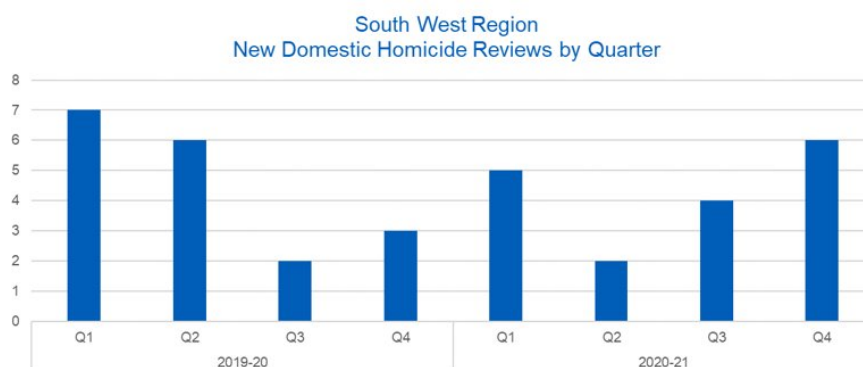
## Domestic Homicide Reviews (DHR)

**Chart 8** shows the number of new Domestic Homicide Reviews across the South West region was broadly similar, with 18 in 2019/20 and 17 in 2020/21. The trend by quarter has varied (**Chart 9**). Quarters 1 and 4 2020-21 saw the highest number of new reviews this year (5 and 6 respectively). These quarters coincided with the COVID-19 national lockdowns, but both figures are still lower than quarter 1 2020-21.

**Chart 8 - New Domestic Homicide Reviews by Year**



**Chart 9 – New Domestic Homicide Reviews by Quarter**



The low number of Domestic Homicide Reviews means it is difficult to gauge trends by ICS over time. Somerset ICS had the highest number of Domestic Homicide Reviews in 2020/21 (4), with no change compared to 2019/20. BNSSG ICS and Dorset ICS both had reductions in the number of Domestic Homicide Reviews year on year. However, when considered over a regional footprint some general trends and themes in the published cases do emerge.

Some of the regional observations from Domestic Homicide Reviews have included recommendations around:

- Information sharing & record keeping
- Risk assessment and management
- Mental capacity
- Engagement with perpetrators
- Professional curiosity
- Holistic assessment of victim and familial context.

In addition to the regional overview the SW regional safeguarding team also support the national safeguarding lead in critiquing Domestic Homicide Reviews for quality assurance purposes, from the national Domestic Homicide Review panel. The regional team receives an email each month from national team with link to the NHS futures page with latest Domestic Homicide Reviews for review. SW Domestic Homicide Reviews are downloaded and saved securely for the regional safeguarding team to review and critique filling out a short template. This is returned to the national team and the NHSEI National Lead presents the critiques at the national Domestic Homicide Review scrutiny panel.

Anything that the regional team feels requires follow up pending the final Home Office approved report and recommendations, is generally directed to the appropriate CCG safeguarding lead. Equally anything that has commonalities with other cases within the region or issue that other systems are grappling with are signposted. These cases/critiques are not formally reported anywhere with the region as they are not final published reports and subject to change. However, learning from published /finalised Domestic Homicide Reviews and activity is reported via the SW Regional Safeguarding Steering group.

At the time of writing this report, some ICSs for example Devon are in the process of reviewing their own systems statutory reviews regarding themes and trends and lessons learnt and across specific groups of citizens. We anticipate further safeguarding annual or quarterly reports may highlight findings during the coming year however, it remains open for the South West Regional Team to commission a thematic analysis of regional reviews as required. In the meantime, an electronic national

template is being developed to gather themes, trends and learning during a review, as opposed to waiting for the final publication of the review.

## Challenges and priorities for 2021/22 remaining

- Disruption of care assessments, support plans and packages and routine surveillance programmes means we will be monitoring the impact of COVID-19 year on year. We fully acknowledge we will not be able to compare like for like following this pandemic. Therefore Part 2 of this report continues to provide a benchmark and the beginning of evaluating the trends and outcomes of systems measures to prevent violence and keeping people safe in the communities they live and work within.
- We anticipate the COVID-19 recovery post lockdown will demonstrate the complexity and number of safeguarding cases reported by our regional systems may impact and increase the number of statutory reviews. In turn, impacting upon associated workload.
- A key priority and focused work are the Health and Care Bill (2021) and implementing the Integrated Care Systems: Design Framework and ensuring safeguarding is integrated and embedded.
- A further key priority is the implementation of the new Liberty Protection Safeguards and the impact on our health care workforce.
- Statutory Safeguarding Vacancies remain a challenge - particularly Designated Doctors for Safeguarding Children and Looked After Children capacity. The Regional Safeguarding team continue to work in conjunction with the Regional Medical Director and the paediatric workforce to address the pipeline and succession planning for Designated Doctors.

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## Part Two – South West Regional Analysis

### About Part Two

Part two of this report provides an overview of the available analysis from multiple sources in the context of the South West region. Further publications will become available during the coming year, and therefore this section will continue to be updated. Within each section there is a summary of overall caveats and gaps to the findings. However, for the purposes of this report, not all slides have been utilised.

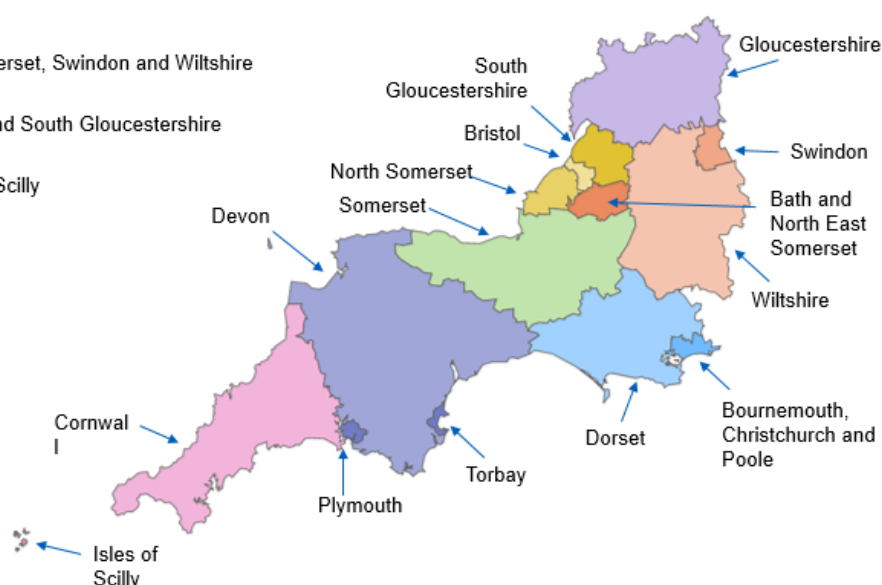
### The analysis – South West Regional Context

There are seven Integrated Care Systems (note ICSs stated as STP on slide) in the South West region:

STP colour scheme:

|  |   |
|--|---|
|  | Bath and North East Somerset, Swindon and Wiltshire (BSW) |
|  | Bristol, North Somerset and South Gloucestershire (BNSSG) |
|  | Cornwall and the Isles of Scilly                          |
|  | Devon   |
|  | Dorset  |
|  | Gloucestershire   |
|  | Somerset  |

Note: there are different shades of colour within each STP to differentiate the Local Authorities



### Population

The region is home to 5,624,696 residents, and the population is growing. Overall, the population within the region tends to experience better than national average outcomes, such as higher life expectancy and lower levels of poverty and deprivation.

However, there is significant variation within the region, with some communities and populations experiencing significant challenges.<sup>8</sup>

## Deprivation – Index of Multiple Deprivation

The Index of Multiple Deprivation 2019 is a relative measure of deprivation across seven distinct domains: income; health and disability; employment; education, skills and training; barriers to housing and services; crime; and living environment.

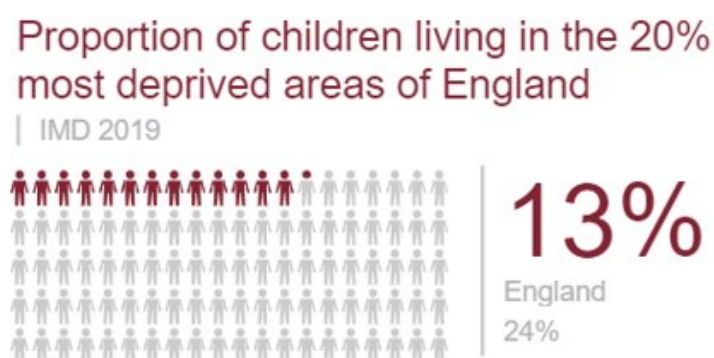
Area level deprivation strongly links to health inequalities and increased risk of disease, including the risk of hospitalisation and deaths from COVID-19.

The South West is relatively affluent, yet the region has pockets of deprivation with a considerable number of people living in what are classified as some of the most deprived areas of England. Just over 1 in 10 South West residents are estimated to live in the fifth most deprived areas of England.

Many of the most deprived neighbourhoods are in cities like Bristol and Plymouth, but deprivation affects health and wellbeing in some rural and coastal areas too.

**Illustration 1** provides the proportion of children living in the 20% most deprived areas in England and **Illustration 2** proportion of people living in the 20% most deprived areas.

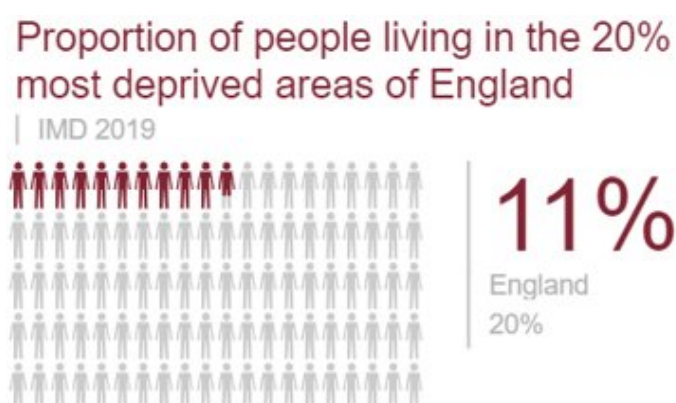
### Illustration 1



<sup>8</sup> Source: Mid-2019 Population Estimates for Census Output Areas in the South West region of England by Single Year of Age and Sex, ONS



## Illustration 2



## Vulnerable Groups / Inclusion health groups

Vulnerable groups of society, or ‘inclusion health’ groups, are those who experience the most extreme end of health inequalities. They typically have multiple overlapping risk factors, such as social exclusion, poverty, and trauma. They frequently suffer from multimorbidity, which can include mental and physical ill health and substance dependence issues – these health issues can both be a cause and a consequence of their situation.

Vulnerable groups tend to overlap and often include people experiencing homelessness: Gypsy, Roma and Traveller communities; sex workers; people in contact with the justice system; vulnerable migrants and victims of modern slavery. Many other groups also experience exclusions, such as people with learning disabilities; children in care; and people with severe mental health disorders.

Vulnerable groups are often not consistently accounted for in electronic records, such as healthcare databases, particularly at regional and at local levels.

## Wider impacts of COVID-19

COVID-19 continues to have a direct impact on population health. The effects of the necessary responses taken to manage the pandemic and the wider socio-economic consequences are reverberating through society with potentially long-lasting effects. The following information references some of the recent impacts nationally, or for the region where available via PHE’s [Wider Impacts of COVID-19 \(WICH\)](#) tool. The resource also builds on the [Wider impacts of COVID-19 health needs assessment](#)

[intelligence pack](#) and evidence produced by PHE's Health Economics and Modelling team on wider impacts of COVID-19.

Disruption to some routine surveillance programmes during the pandemic further limits the intelligence we have on its impacts on vulnerable groups.

There is no routinely collected regional data on: sex workers; victims of modern slavery, or Traveller, Gypsy and Roma communities. It is likely that local areas have a better picture of their local communities, but it is important to be aware of this data gap.

## Best Start in Life: Development and Education

### COVID-19 impact

There has been concerns over disruption to screening programmes, school closures, support and safeguarding for children and young people and families with significant impacts on health and wellbeing. From 23 March 2020 until May 2020, most schools in England were closed to children other than those with parents who were keyworkers or who were classed as vulnerable. In the 4-week period up to 7 June 2020, around 70% of parents reported home schooling their children (WICH tool, Oct 2020). In May 2020, on-site attendance was approximately 4% in state-funded primaries, 1% in state-funded secondaries and 8% in state funded special schools. A second school closure occurred between January and 8 March 2021. School attendance was higher for this period due to more vulnerable children and children of critical workers attending school. On 13 January 2021 attendance was 21% in state-funded primary schools, 5% in state-funded secondary schools and 30% in state-funded special schools.

### Young People and early adulthood

Mental health services in England have remained open and more than 400,000 children have accessed mental health services, above the target for 2020/21.

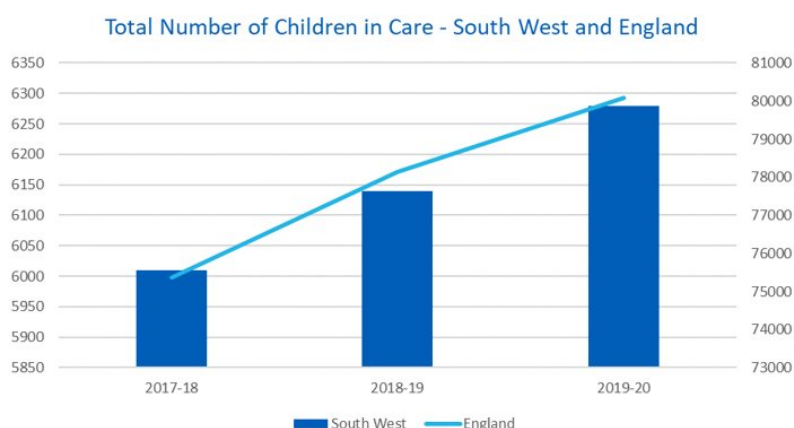
ONS survey data indicates that feelings of low self-worth and low life satisfaction has increased significantly in ages 16-24 in England (WICH tool, Feb 2021).

## Children looked after by the local authority

It is currently not possible to know the impact COVID-19 may have had on the numbers of children looked after by the local authority for 2020-21. The next report including 2020-21 data will be published in December 2021 (“Children looked after in England including adoptions”) and in March 2022 (“Outcomes for children in need, including children looked after by local authorities in England”).

The Department of Education (DoE) has clarified that care leavers are not included on the count of children looked after, for the parts of the publications used. Also, the Department of Education currently do not publish figures regarding Children in Care placed by other local authorities in the South West region. However, the Department of Education suggested a Freedom of Information request might be the best way to go forward.

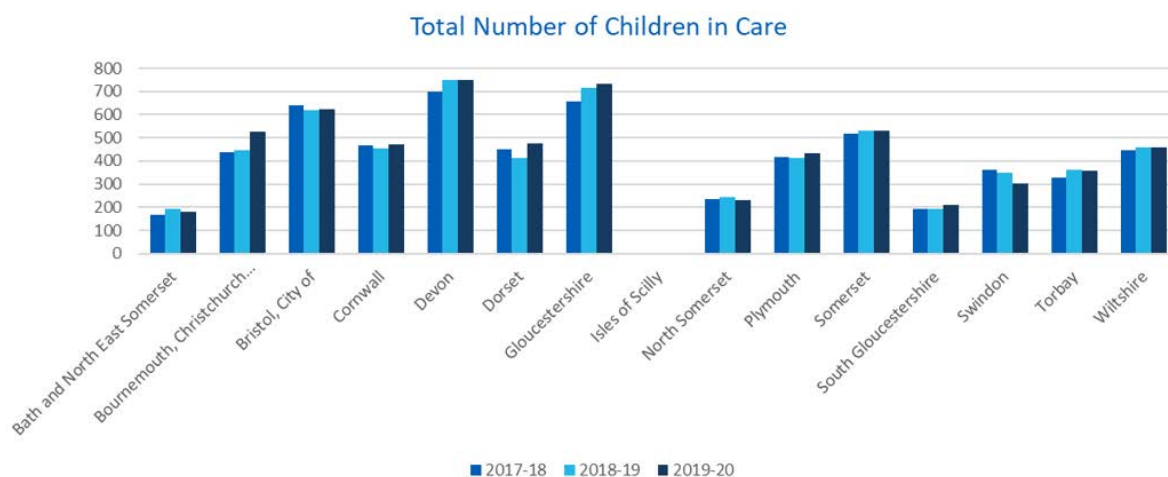
**Chart 10 – Total Number of Children in Care – South West and England**



**Chart 10** shows the number of children in care (looked after) across the South West region has grown as a constant over the financial years for 2017-18, 2018-19 and 2019-20. It follows a similar pattern to the whole of England. **Chart 11** illustrates total number of Children in Care by local authority. Whereas, **Chart 13** shows the number of children in care per Integrated Care System. The number of children in care across the South West region overall increased slightly across the different financial years, with more defined variation when looking at individual ICSs.

## Children in Care by local authority

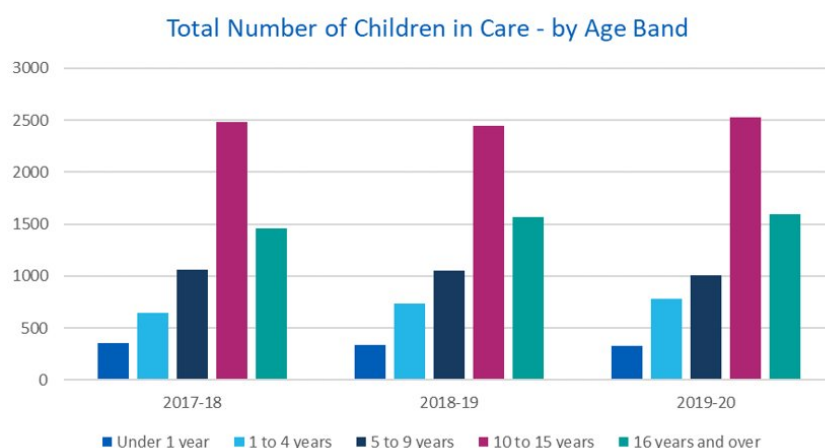
**Chart 11** – Number of South West Children in Care by local authority.



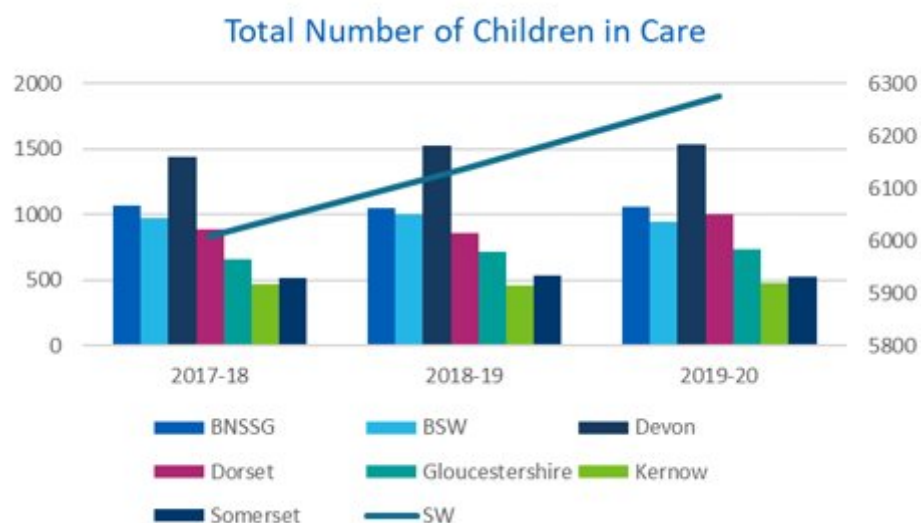
The number of children in care across the South West region overall increased slightly across the different financial years when looking across the region, with small increase or decrease across individual local authorities. The biggest increase between 2018-19 and 2019-20 has been to Dorset and Bournemouth, Christchurch and Poole, with the biggest decrease for Swindon.

The number of children in care across the South West region has been almost constant when looking at age band over the financial years for 2017-18, 2018-19 and 2019-20. The biggest variation was for children between 1 and 4 years old, and 16 years and over, where you can see an increase (see **Chart 13**).

**Chart 12** – Total Number of Children in Care by age band.



**Chart 13** – Number of Children in Care across the South West Region per Integrated Care System.

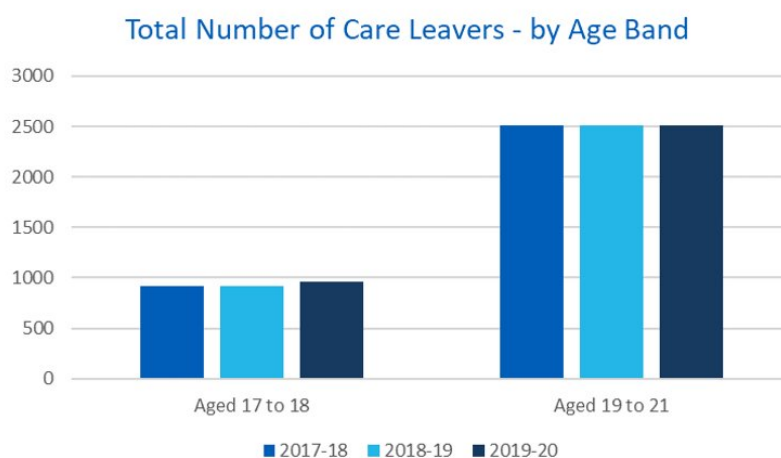


The number of children in care across the South West region overall increased slightly across the different financial years, with more defined variations when looking at individual ICSs.

## Care Leavers

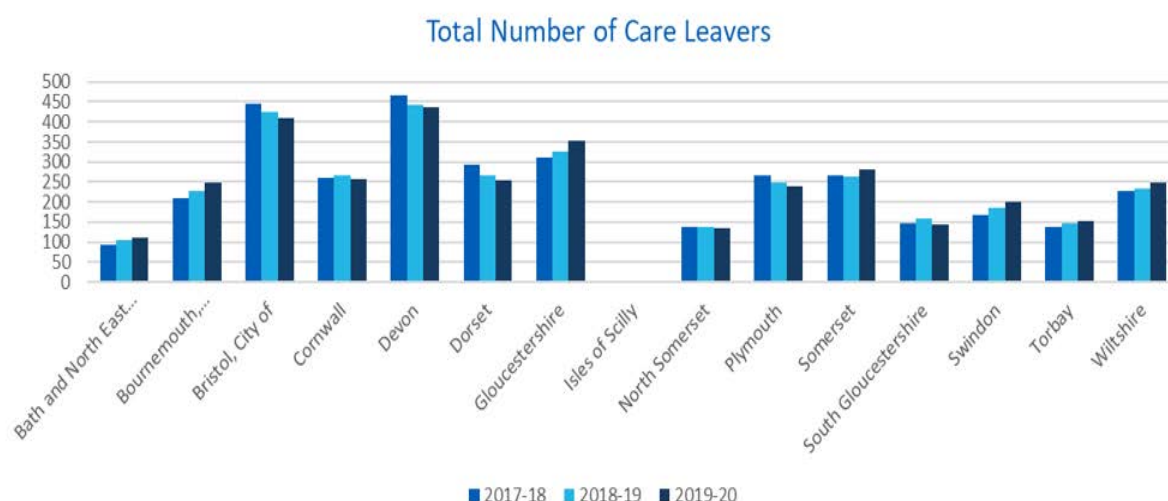
The number of care leavers across the South West region has been constant when looking at age band over the financial years for 2017-18, 2018-19 and 2019-20 (**Chart 14**).

**Chart 14** – Number of Care Leavers by Age Band.



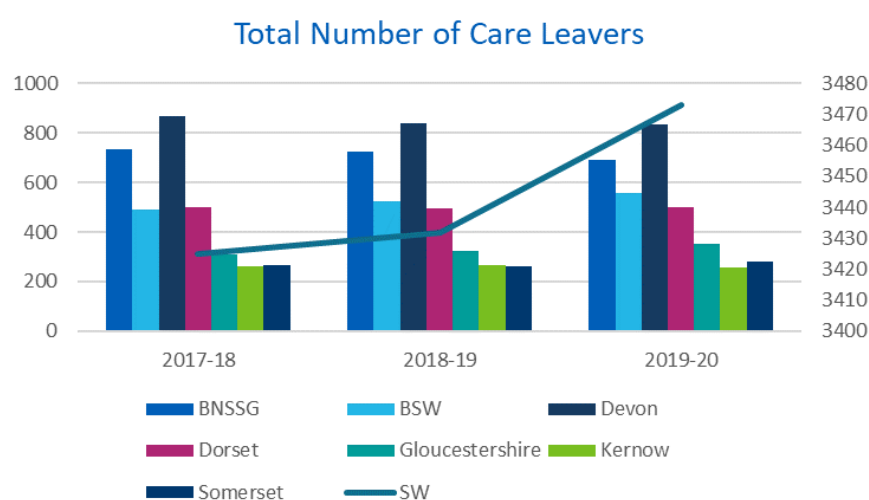
The number of care leavers across the South West region also seems to have been reasonably constant when looking across individual local authorities, with a small overall increase across financial years. This is due to an even increase or decrease across the region counterbalancing the overall change (**Chart 15**).

**Chart 15 – Total Number of Care Leavers by local authority**



The number of care leavers across the South West region also seems to have fluctuated when looking across individual Integrated Care Systems, with a small overall increase across financial years (**Chart 16**).

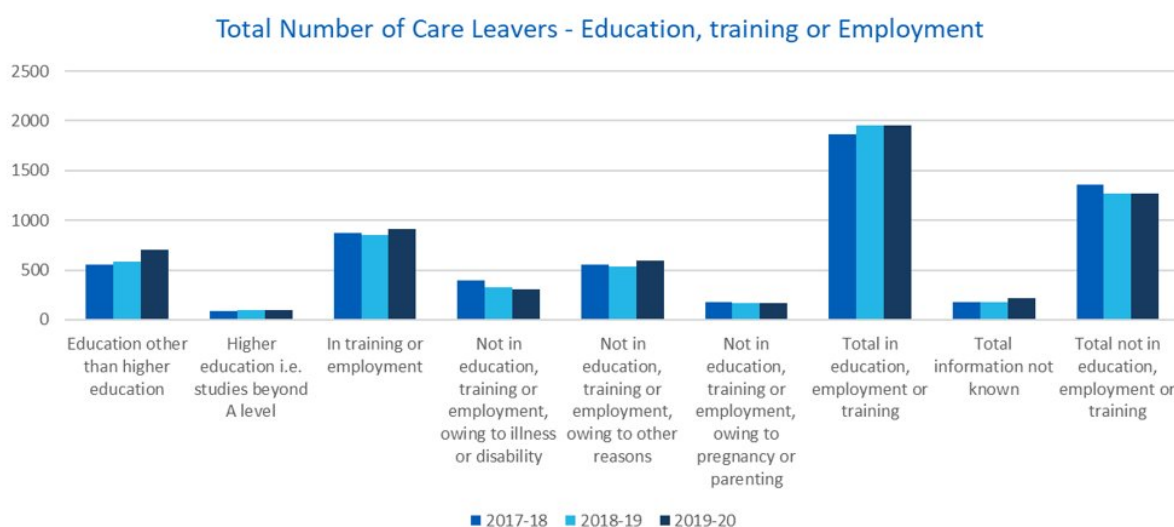
**Chart 16 – Number of Care Leavers by Integrated Care System**



## Care Leavers Education and Employment

**Chart 17** below displays the number of care leavers across the South West region, in terms of education, training and employment. Because of the way the activity has been grouped, these numbers are not mutually exclusive. This means that some care leavers will fit in more than one category.

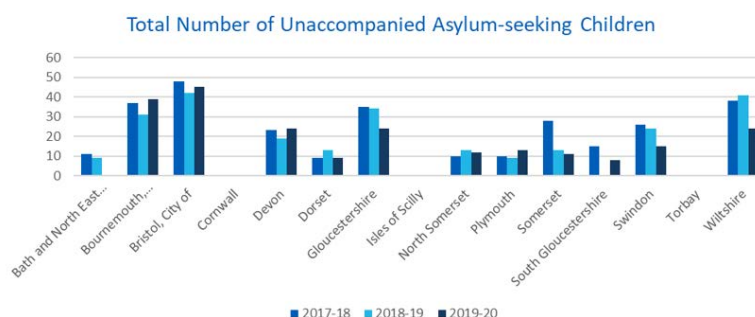
**Chart 17 – Total number of Care Leavers – Education, Training or Employment**



## Children in Care – Unaccompanied Asylum-seeking Children by local authority

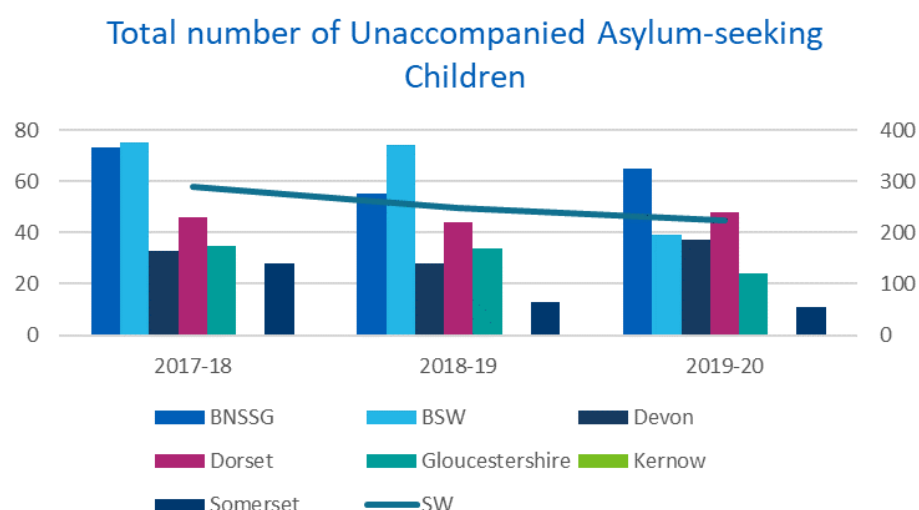
**Chart 18** shows the number of unaccompanied asylum-seeking children across the South West region has decreased across financial years, but numbers have fluctuated when looking across individual local authorities. Worth noting that there were number for Bath and North East Somerset for 2019-20 but these were removed to protect confidentiality of the children.

**Chart 18 – Unaccompanied Asylum-seeking Children in Care by local authority**



**Chart 19** demonstrates the number of unaccompanied asylum-seeking children across the South West region has decreased across financial years, but numbers have fluctuated slightly when looking across individual ICS.

**Chart 19 – Unaccompanied Asylum-seeking children by Integrated Care System.**

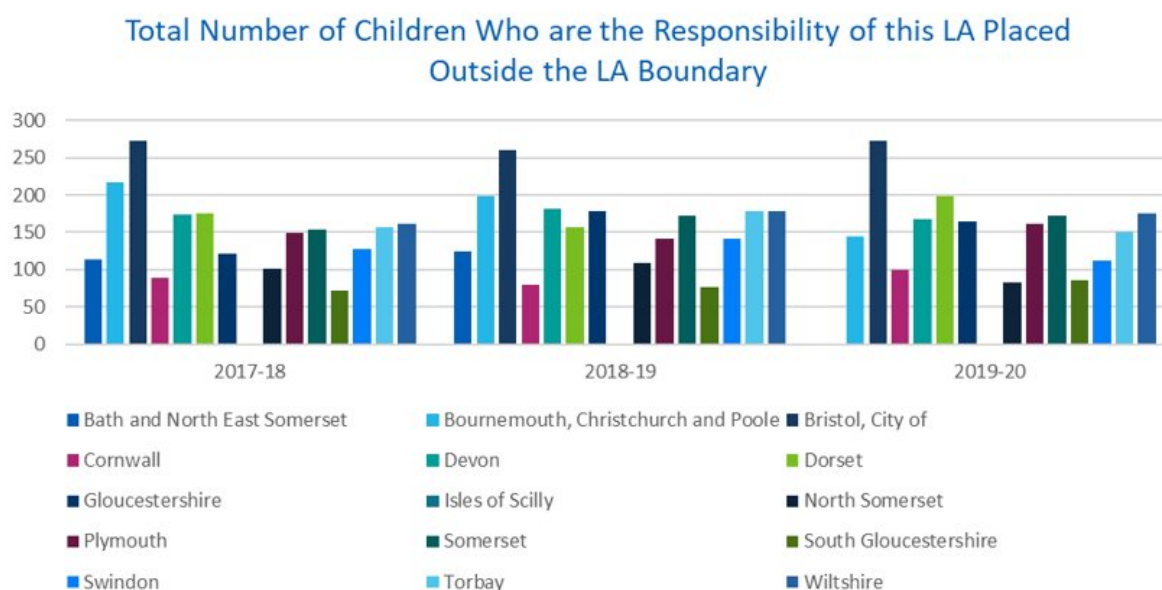


## Children in Care from SW local authorities placed outside local authority boundaries

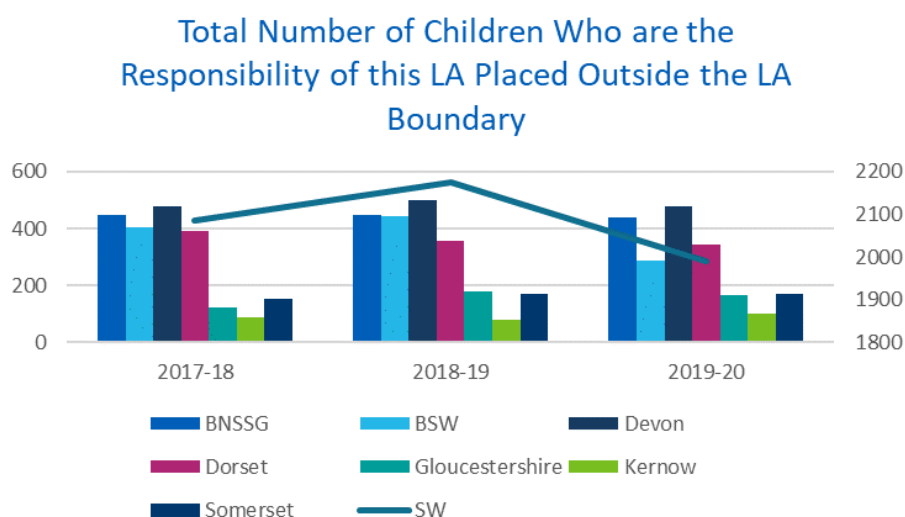
The number of children from South West local authorities being placed outside the individual LAs across the South West region seems to have fluctuated, but with a clear decrease for 2019-20 (see **Chart 20**). When looking across individual local authorities (**Chart 20**) and Integrated Care Systems (**Chart 21**), there is a fluctuation of increase and decrease. Again, Bath and North East Somerset had an increase between 2017-18 and 2018-19 but there are no children registered for 2019-20, due to low number suppression.



**Chart 20** – Number of children who are the responsibility of a local authority placed outside the local authority boundary



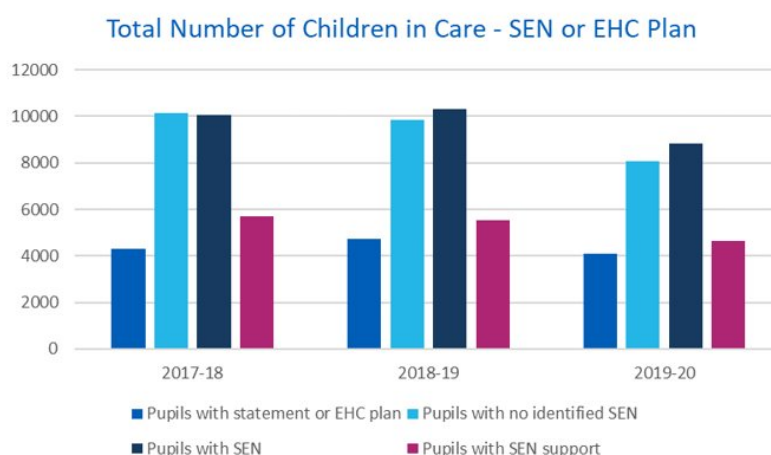
**Chart 21**– Number of Children who are placed outside the SW boundaries by the Integrated Care Systems



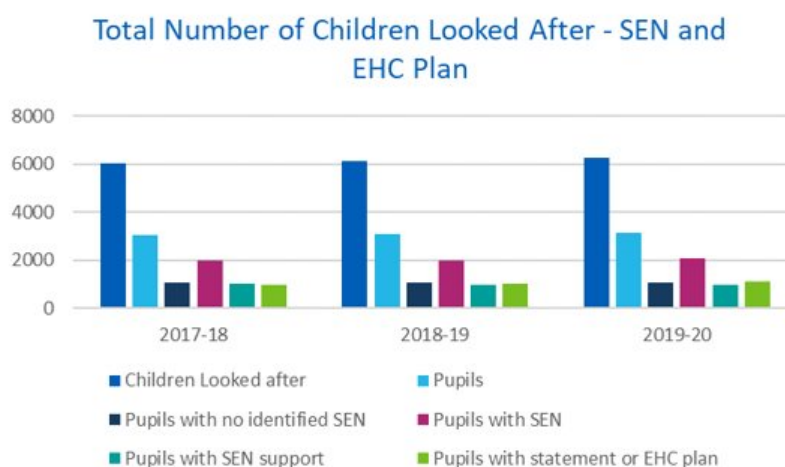
## South West region Children in Care with Special Education Needs or Education, Health and Care Plans

**Chart 22** shows all children with a social requirement including, children in need or protection (CIN, CINO, CPPO) and children looked after (CLA). It shows the number of children in care across the South West region with a Special Education Need (SEN) or Education, Health and Care (EHC) Plan has been constant when looking across individual local authorities. Whereas, **Chart 23** examines numbers of children who are Looked After Children only.

**Chart 22 – Total Number of Children in Care – SEN or EHC Plan**



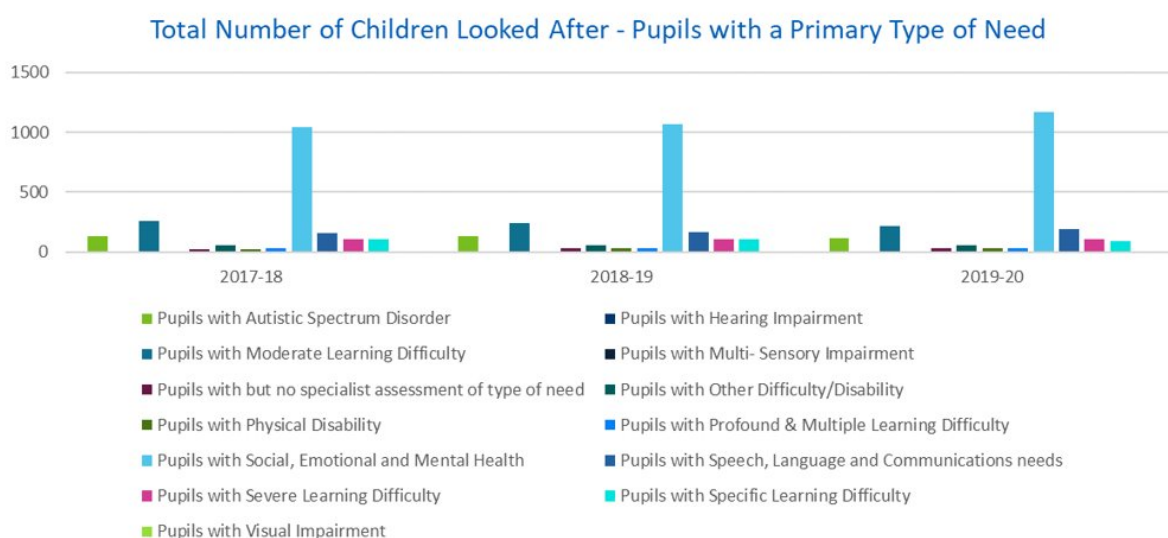
**Chart 23 – Total Number of Children Looked After – SEN and EHC Plan**



**Chart 23** shows only children looked after (CLA) with SEN and EHC plan, against the total number of pupils (from the same Outcomes 2020 Publication) and children looked after (CLA DoE Publication). The number of children in care across the South West region with a Special Education Need (SEN) or Education, Health and Care (EHC) Plan has been constant over the different financial years.

Finally, **Chart 24** shows only children looked after (CLA) as pupils with a primary type of need. There is a more prominent increase in the number of children with a social, emotional and mental health need. There is a more prominent increase in the number of children with a social, emotional and mental health need.

**Chart 24 – Looked After Children Only- Pupils with Primary Type of Need**



# Safeguarding Adults

## Introduction

During the pandemic Emergency legislation ([Coronavirus Act 2020](#)) allowed local authorities to make changes to social care services. These were called Care Act easements. The 'Care Act easements' were highly controversial as it allowed councils to suspend duties to assess, carry out financial assessments and make support plans. By 30 April 2020, eight councils (in the Midlands and the North East) had triggered the Care Act duty moratorium in month in order to manage workforce shortages and demand pressures during the COVID-19 pandemic.<sup>9</sup> Derbyshire and Solihull councils had made use of the most significant easements suspending the duty to meet need.<sup>10</sup> By 29<sup>th</sup> June 2020 none of the 8 Councils were using their powers.<sup>11</sup> The Care Quality Commission confirm that by 1<sup>st</sup> February 2021, there were no local authorities in England using the easements.<sup>12</sup>

Unfortunately, as readers will see below, we are not able to obtain published data for 2020/21 financial year. However, cited above in Part One of this report is reference to the Insight Project which was completed in May 2021 and was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic. The first report (COVID-19 Adult Safeguarding Insight Project: Findings and Discussion) provided a picture of how safeguarding adults activity in England was affected by the initial stage of the pandemic and first lockdown, up until June 2020. This second report provides information on safeguarding adults activity up to December 2020.<sup>13</sup> However, the purpose of this section is to provide a regional benchmark analysis and to explore current information available in relation to Safeguarding Adults England, 2019/20.

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<sup>9</sup> See, <https://www.communitycare.co.uk/2020/04/30/eight-councils-triggered-care-act-duty-moratorium-month-since-emergency-law-came-force/>

<sup>10</sup> See, <https://www.communitycare.co.uk/2021/03/25/government-scraps-coronavirus-provisions-allowing-councils-suspend-key-care-act-duties/>

<sup>11</sup> As above.

<sup>12</sup> See, <https://www.cqc.org.uk/guidance-providers/adult-social-care/care-act-easements-it>

<sup>13</sup> See above, fn 5; see <https://www.local.gov.uk/publications/COVID-19-adult-safeguarding-insight-project-second-report-july-2021>

Data currently explored came from the following source, Safeguarding Adults England, 2019-20:

<https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20>

Published: 12-Nov-20 and covered England. The next publication the date is not available, but we anticipate around November 2021.

Data available on this publication is therefore only for 2019-20 financial year. The analysis displayed is based on the one presented on the Power BI dashboard created by NHS Digital, [Safeguarding Adults, England - Interactive Report](#).

Data is also available for 2017-18 and 2018-19 financial years, if comparison is required. Worth noting, format and classifications within the data may be different, so not all metrics for 2019-20 will be able to be replicated. The way the data from the publication is provided, it is only possible to look at a total year figure as there is no granularity to look at the data based on quarters.

Regionally, and using published data, it is therefore not possible to know the impact COVID-19 may have had on the numbers for 2020-21.

## Total counts and suppressions

It is worth noting that total numbers for applications will vary, depending on the filtering selection used. Also, numbers should not be compared as the selection criteria when extracting data may differ between reports and metrics. For example, when data is excluded for some of the filtering to protect confidentiality (data suppression), numbers will be excluded:

- Figures between 0 and 4 inclusive are displayed as “0”. All other figures have been rounded to the nearest multiple of 5.

Worth noting, some numbers may differ due to different suppressions. Also, not all metrics from the dashboard were replicated, as some of the calculations were not available or easily identified within the data file. Where possible, slides were adapted to reflect ICS grouping or how numbers were presented within the data file. If new metrics are required, it can be explored but further clarifications may be required from the Adult Social Care Statistics team.

## Publication summary

This publication provides the findings from the Safeguarding Adults Collection (SAC) for the period 1 April 2019 to 31 March 2020. Safeguarding Adults is a statutory duty for Councils with Adult Social Services Responsibilities in England under the Care Act 2014, in order to safeguard adults from abuse or neglect. The data is collected directly from these councils, also known as 'local authorities' in this publication.

The aim of this publication is to inform users about aspects of safeguarding activity at national, regional and local level. It is labelled as Experimental Statistics as, due to local variation in how safeguarding activity is defined and reported, there are limitations in the interpretation and usage of the data.

## Relevant Facts

Data was collated at total local authority level. Overall, data has been reported as provided. Local authorities (LAs) have been mapped to Integrated Care Systems (ICSs) to facilitate reporting.

As stated in the official publication, the impact of the coronavirus (COVID-19) outbreak has not been a material factor for this publication, as the pandemic only took hold at the very end of this annual period.

There are seven 7 ICS's and 15 local authorities (LAs) in the South West region (**Chart 26**).

**Chart 25** – Mapping of the local authorities to the ICS

| Integrated Care System   | Local Authority                     |
|--|-------------------------------------|
| Bath and North East Somerset, Swindon and Wiltshire (BSW)                    | Bath and North East Somerset        |
|  | Swindon                             |
|  | Wiltshire                           |
| Cornwall and the Isles of Scilly Health and Care Partnership (Kernow)        | Cornwall                            |
|  | Isles of Scilly                     |
| Healthier Together Bristol, North Somerset and South Gloucestershire (BNSSG) | Bristol, City of                    |
|  | North Somerset                      |
|  | South Gloucestershire               |
| One Gloucestershire (Gloucestershire)  | Gloucestershire                     |
| Our Dorset (Dorset)  | Bournemouth, Christchurch and Poole |
|  | Dorset                              |
| Somerset   | Somerset                            |
| Together for Devon (Devon)   | Devon                               |
|  | Plymouth                            |
|  | Torbay                              |

## Local Authority Changes

Due to changes in local authorities during the reporting period, values for Dorset, Bournemouth and Poole have already been grouped in their relevant areas, as Bournemouth, Christchurch and Poole Council and Dorset Council.

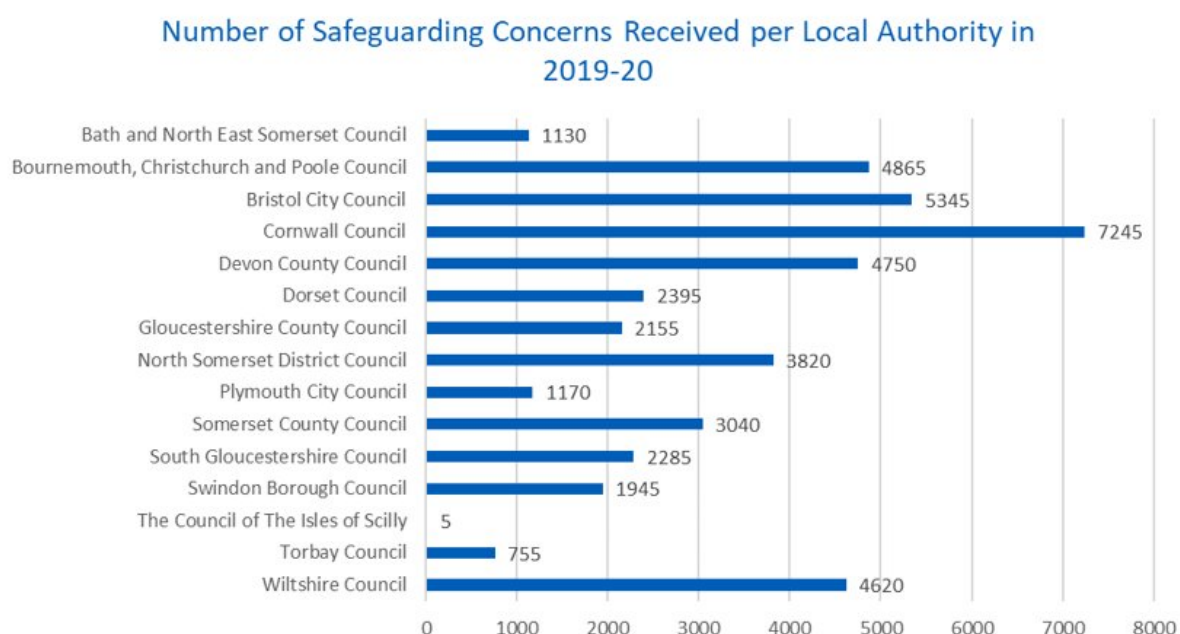
## South West region Safeguarding concerns by local authority

**Chart 26** shows that across the South West region, there were 45,525 safeguarding concerns raised during 2019-20. Cornwall Council had the highest numbers of concerns raised (7,245) and the Council of The Isles of Scilly had the lowest numbers of concerns raised (5). Worth noting numbers are rounded to the nearest 5.

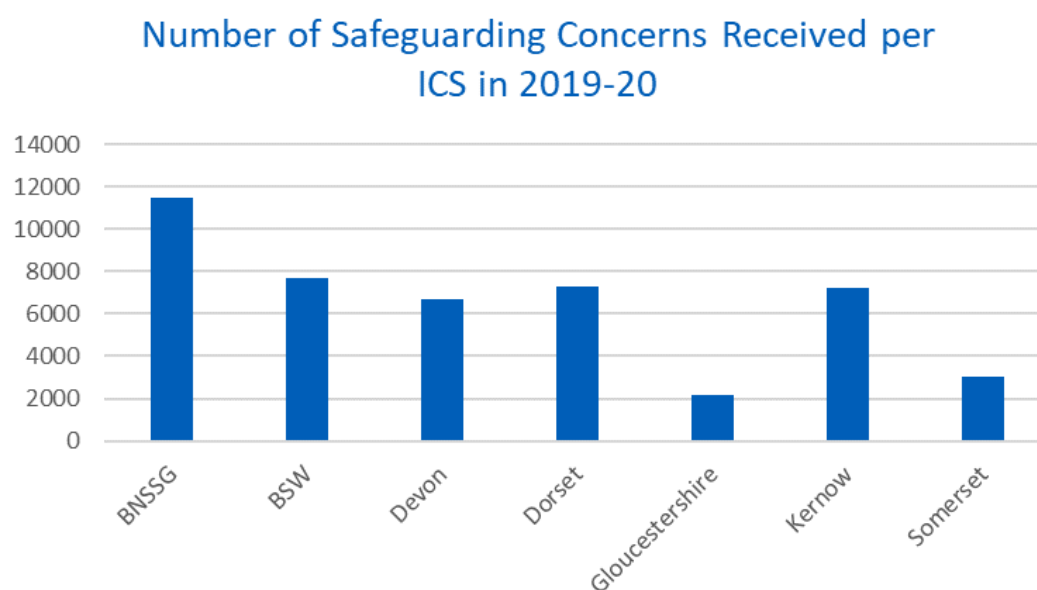
**Chart 27** shows the South West Safeguarding concerns by ICS.

Interesting to note that even though Cornwall Council had the highest numbers of concerns received (7,245), BNSSG was the ICS with the highest numbers of concerns received (11,450). Gloucestershire ICS had the lowest numbers of concerns received (2,155).

**Chart 26 – Number of Safeguarding concerns received per Local Authority 2019/20.**



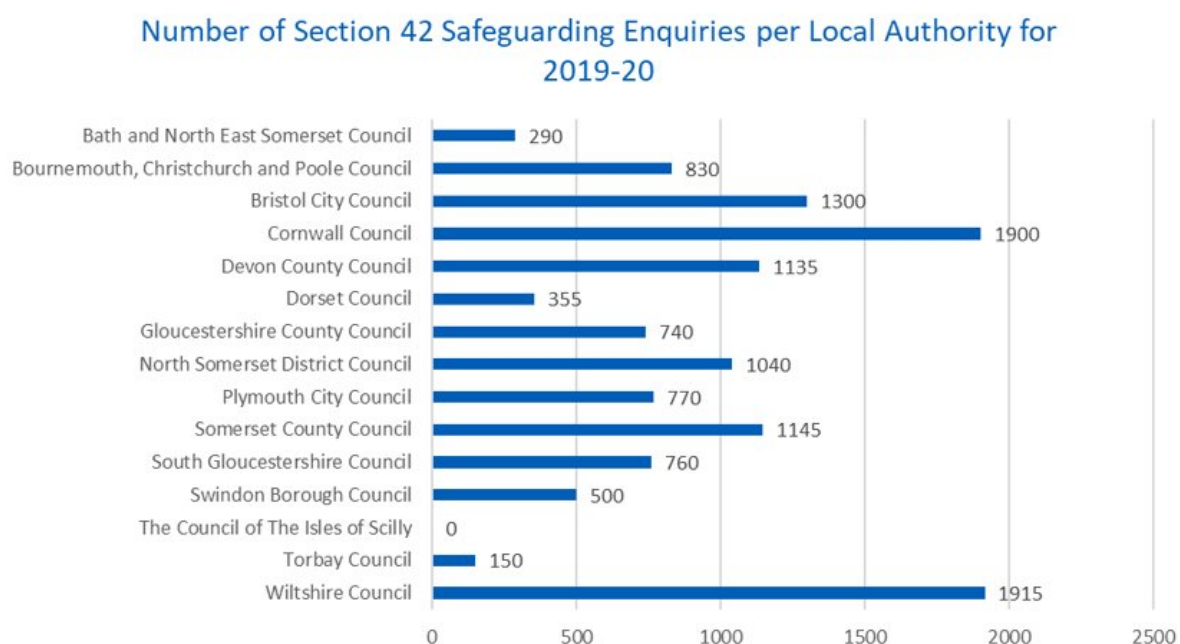
**Chart 27 – Number of safeguarding concerns received per ICS in 2019/20**





## South West Region Section 42 Safeguarding Enquiries

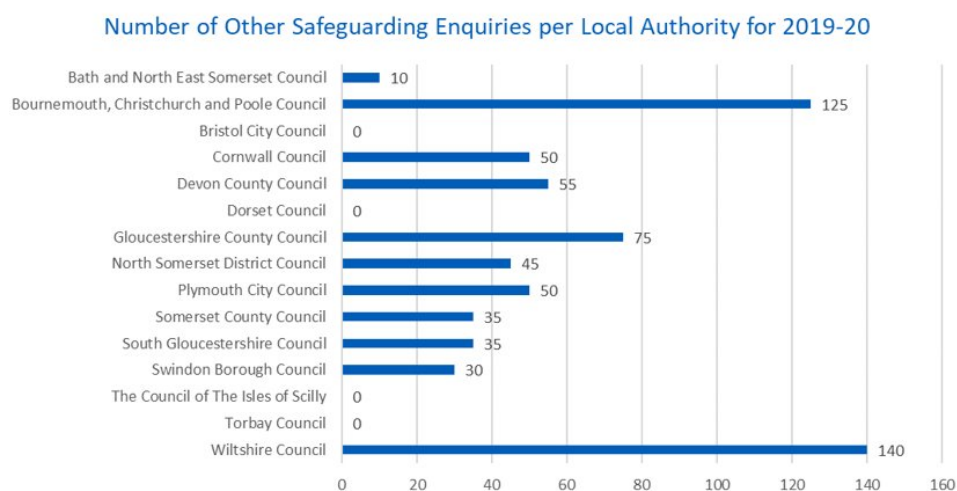
**Chart 28** – Section 42 Safeguarding Enquiries per local authority



Across the Southwest region, there were 12,830 section 42 safeguarding enquiries raised during 2019-20. Wiltshire Council and Cornwall Council had the highest numbers of section 42 safeguarding enquiries raised, with 1,915 and 1,900, respectively. The Council of The Isles of Scilly is showing as no section 42 safeguarding enquiries raised but this could be due to low number suppression.

**Chart 29** shows that across the South West region, there were 650 other safeguarding enquiries (not section 42) raised during 2019-20. Wiltshire Council and Bournemouth, Christchurch and Poole Council had the highest numbers of other safeguarding enquiries raised, with 140 and 125, respectively. Many councils are showing as no other safeguarding enquiries raised but this could be due to low number suppression.

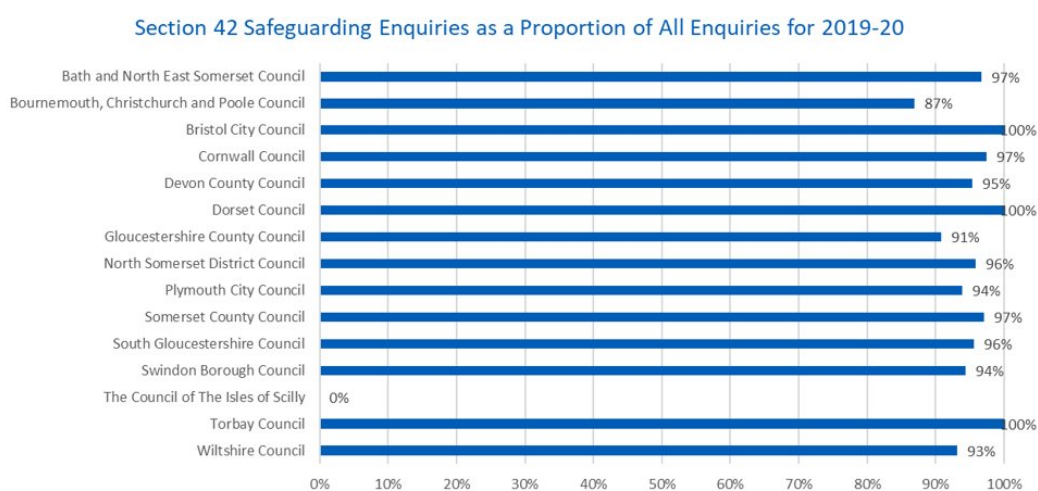
**Chart 29 – Number of other Safeguarding Enquiries per local authority**



## South West region Section 42 Safeguarding Enquiries as a proportion of all enquiries

Across the South West region, the proportion of Section 42 safeguarding enquiries in relation to all enquiries raised in 2019-20 was 95% (12,830 out of 13,480). All councils had high proportions of section 42 safeguarding enquiries raised. The Council of The Isles of Scilly is showing as the exception, but this cannot be validated as it could be due to low number suppression.

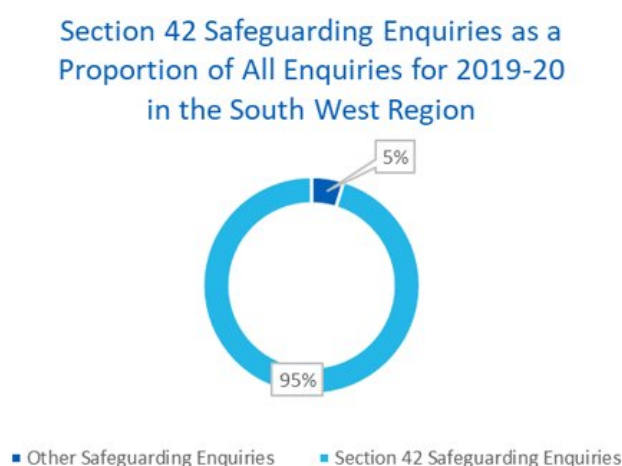
**Chart 30 – Section 42 Safeguarding Enquiries as a Proportion of All Enquiries**



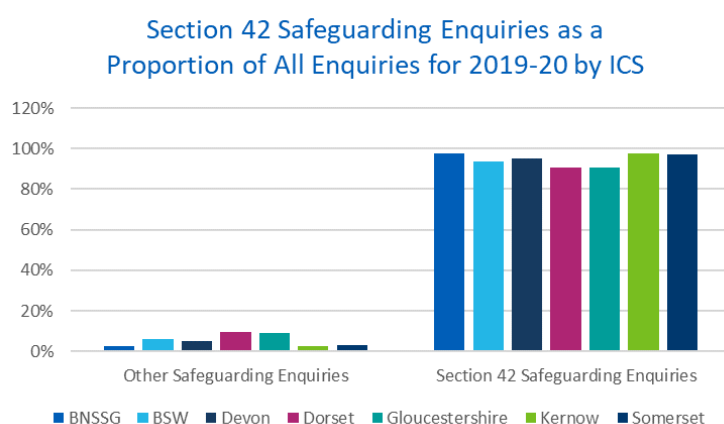
**Chart 30** – Number Section 42 Enquiries as a proportion of all Enquiries. Whereas, **Chart 31** and **Chart 32** show the number of Section 42 Enquiries by Integrated Care System.

All Integrated Care Systems had high proportions of section 42 safeguarding enquiries raised, all 90% or more. Dorset was the ICS with the highest proportion of other enquiries as 10% of all enquiries.

**Chart 31** – Section 42 Safeguarding Enquiries as a Proportion in the South West region



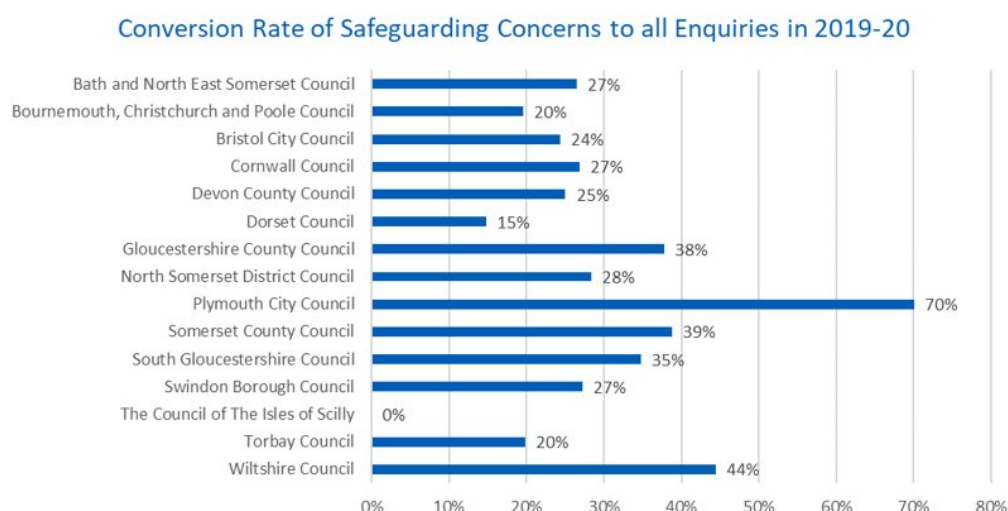
**Chart 32** - Section 42 Safeguarding Enquiries as a Proportion by ICS



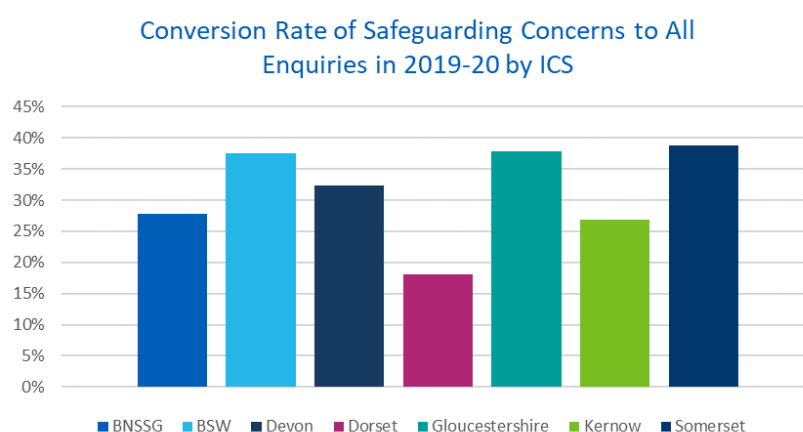
Conversion rate by local authority is set out in **Chart 33** and by Integrated Care System in **Chart 34**. This analysis is related to the conversion rate (in %) of safeguarding concerns in relation to all enquiries raised for local authorities. Across the South West region, the conversion rate was 30% (45,525 safeguarding concerns against 13,480 safeguarding enquiries).

Looking at local authority level, the highest conversion rate was for Plymouth City Council (70%), with the closest number of concerns and enquiries raised. The Council of the Isles of Scilly is showing as 0% but this cannot be validated as it could be due to low number suppression.

**Chart 33** – Conversion rate of Safeguarding Concerns to all Enquiries in 2019/20 by local authority



**Chart 34** – Conversion rate of Safeguarding Concerns to all Enquiries in 2019/20 by ICS

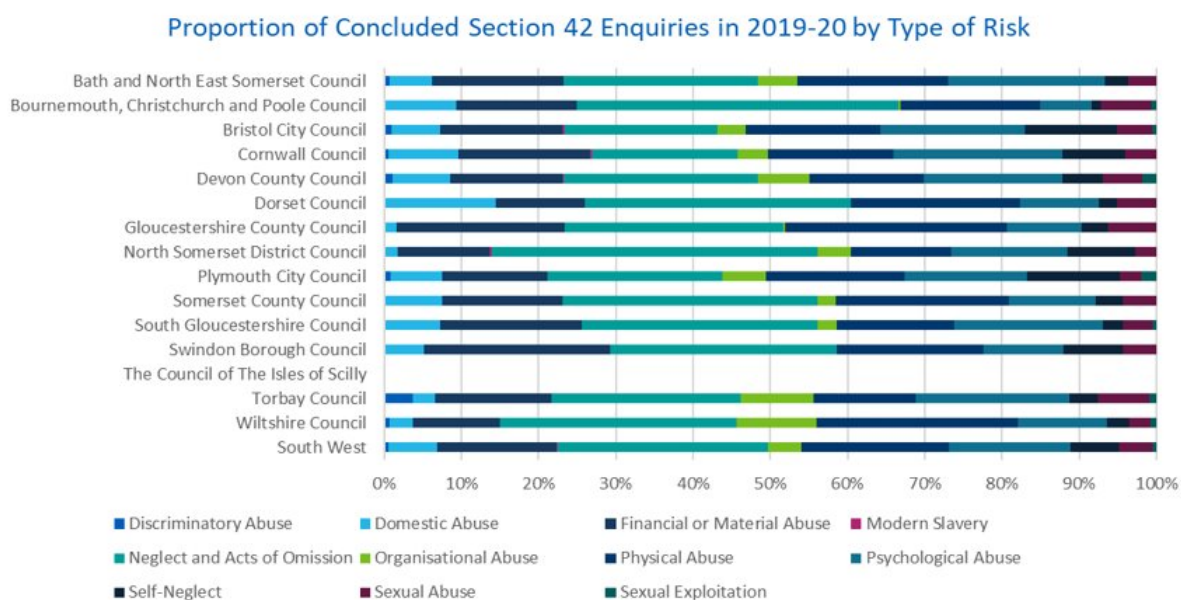


## Concluded Section 42 Enquiries by local authority

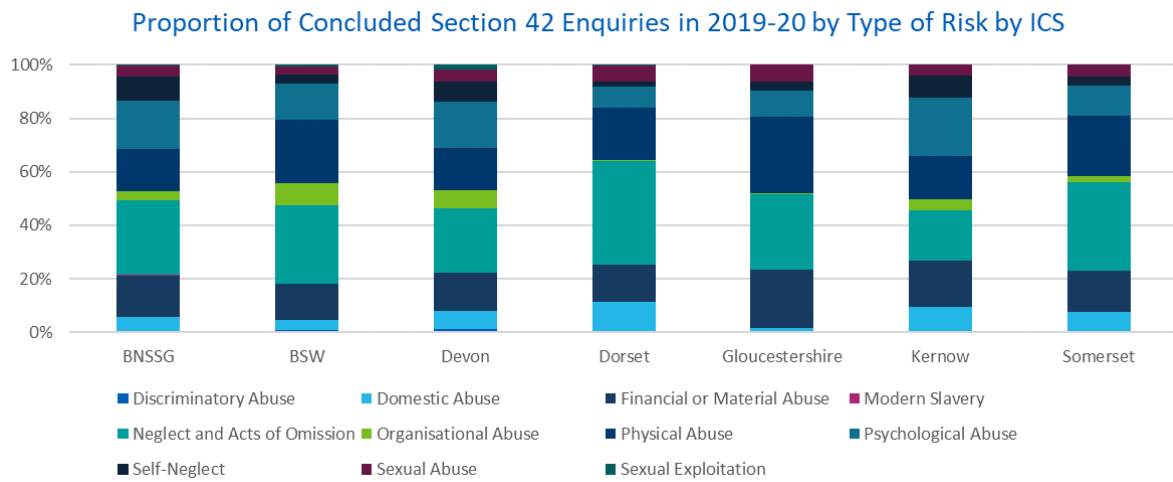
This analysis is related to the proportion (in %) of concluded section 42 safeguarding enquiries by type of risk in 2019-20 (**Chart 35** and **Chart 36**). Across the South West region, the highest proportion of all concluded section 42 enquiries was for neglect and acts of omission (27%), followed by physical abuse (19%) and psychological abuse (16%). Looking at local authority level, it follows a similar pattern but financial or material abuse was higher than physical or psychological abuse for some. the Council of The Isles of Scilly is showing as 0% overall but this cannot be validated as it could be due to low number suppression.

Looking at the ICS level, it follows a similar pattern in relation to neglect and acts of omission having the highest proportion. However, financial or material Abuse was higher than physical abuse or psychological abuse for some of the Integrated care Systems.

**Chart 35** – proportion concluded Section 42 Enquiries in 2019/ 20 by risk type



**Chart 36** - proportion concluded Section 42 Enquiries in 2019/ 20 by risk type and by ICS



# Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) Analysis

## Introduction

The purpose of this section analysis was to understand what current information is available in relation to Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) Assessments. Similarly, to the Safeguarding Adults data, published data is published in November 2020 and is only available for 2019/20 and previous years.<sup>14</sup>

The official statistics provide findings from the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) data collection for the period 1 April 2019 to 31 March 2020. DoLS are a legal framework that exist to ensure that individuals who lack the mental capacity to consent to the arrangements for their care, where such care may amount to a "deprivation of liberty", have the arrangements independently assessed to ensure they are in the best interests of the individual concerned. The data is collected from local authorities in England, who are the supervisory bodies for authorising deprivations of liberty of adults in care homes and hospitals.

The aim of this section is to inform users about aspects of DoLS activity, including the profile of people for whom a DoLS application was received, applications completed and their outcome, and applications not completed. The Adult Social Care Analytical Hub, which is an interactive business intelligence tool published alongside the data tables, presents further insight of the data, including breakdowns by local authority.

## Relevant Facts

Data was collated at total local authority level. Overall, data has been reported as provided and as reported above, where possible mapped to the South West Integrated Care Systems.

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<sup>14</sup> See, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/2019-20>

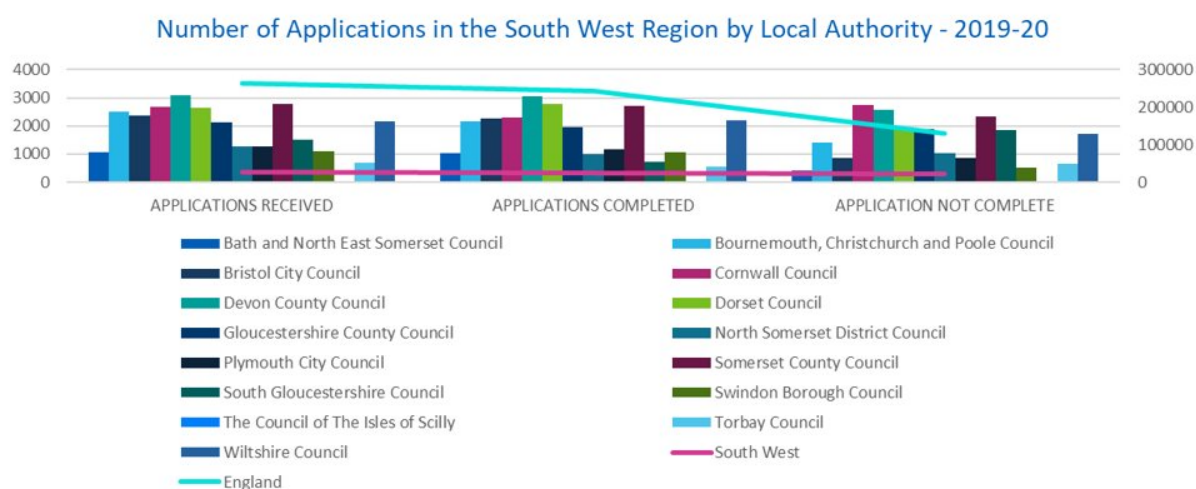
As stated in the official publication, these statistics have not been materially impacted by the COVID-19 pandemic as the data period ended before the pandemic really took hold. There are no details of when the next report including 2020/21 data is to be published but we anticipate on or around previous years, November 2021.

## South West Region DoLS applications

Across the South West region, there were 27,200 applications for DoLS received during 2019-20. The number of applications completed in 2019-20 was 24,940. The reported number of cases that were not completed as at year end was 20,665.

It follows a similar pattern across the South West Region and England, where the number of applications received in a year is higher than the number of applications completed (Chart 37).

**Chart 37 – Number of applications in the South West by Local Authority 2019/20**



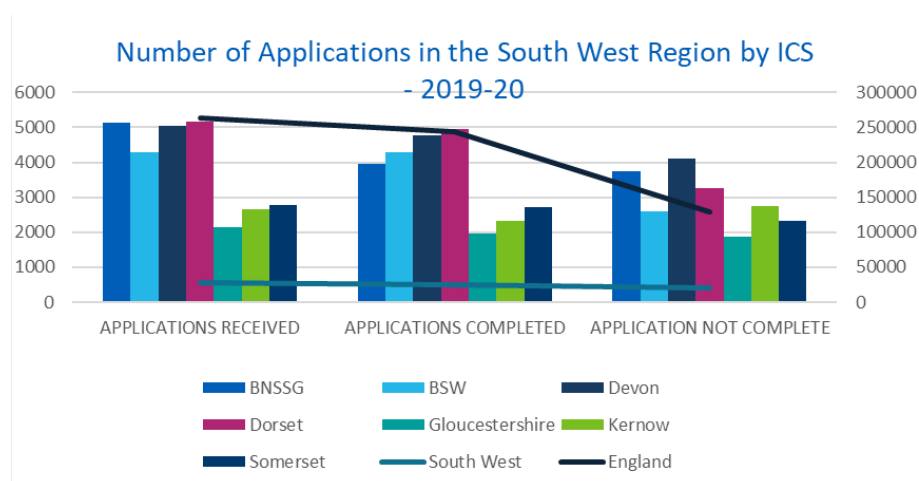
Interesting to note that the pattern across the South West region and England is not consistent when looking across individual local authorities. For example, Dorset Council and Wiltshire Council had more applications completed than applications received. Cornwall Council and South Gloucestershire Council had more applications not complete than applications received or applications completed in the same period, so worth investigating to understand the impact of the backlog created.



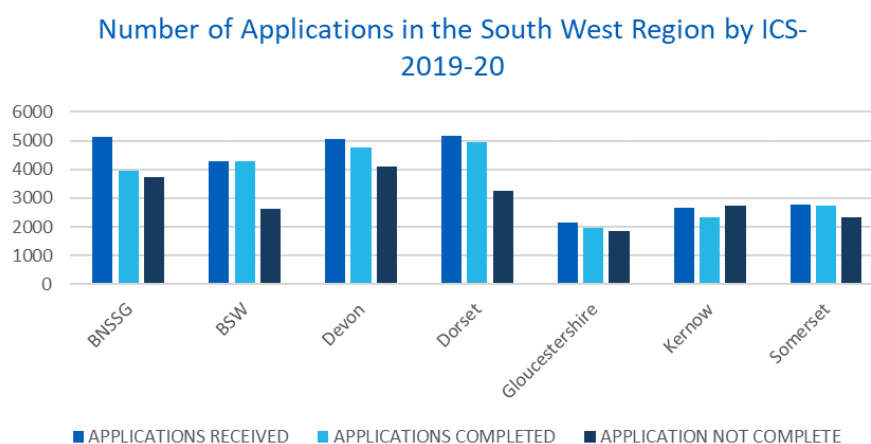
Considering **Chart 38 and Chart 39**, it is interesting to note that the pattern across the South West region and England is consistent when looking across individual ICSs, except for Kernow ICS.

It is worth noting that there are no applications represented here for the Council of The Isles of Scilly, possible due to low number suppression. As a result, the higher volume of applications not completed for Kernow are due to the numbers for Cornwall Council.

**Chart 38** – Number of applications in the South West received, completed and not complete



**Chart 39** – Number of applications by Integrated Care System



**Chart 40** – Proportion of Applications Received in the South West by Authorisation Status

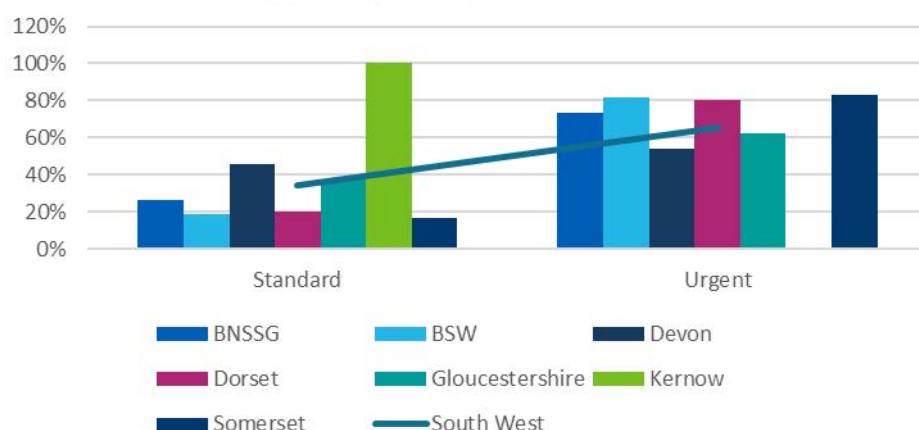
Proportion of Applications Received in the South West Region by Authorisation Status



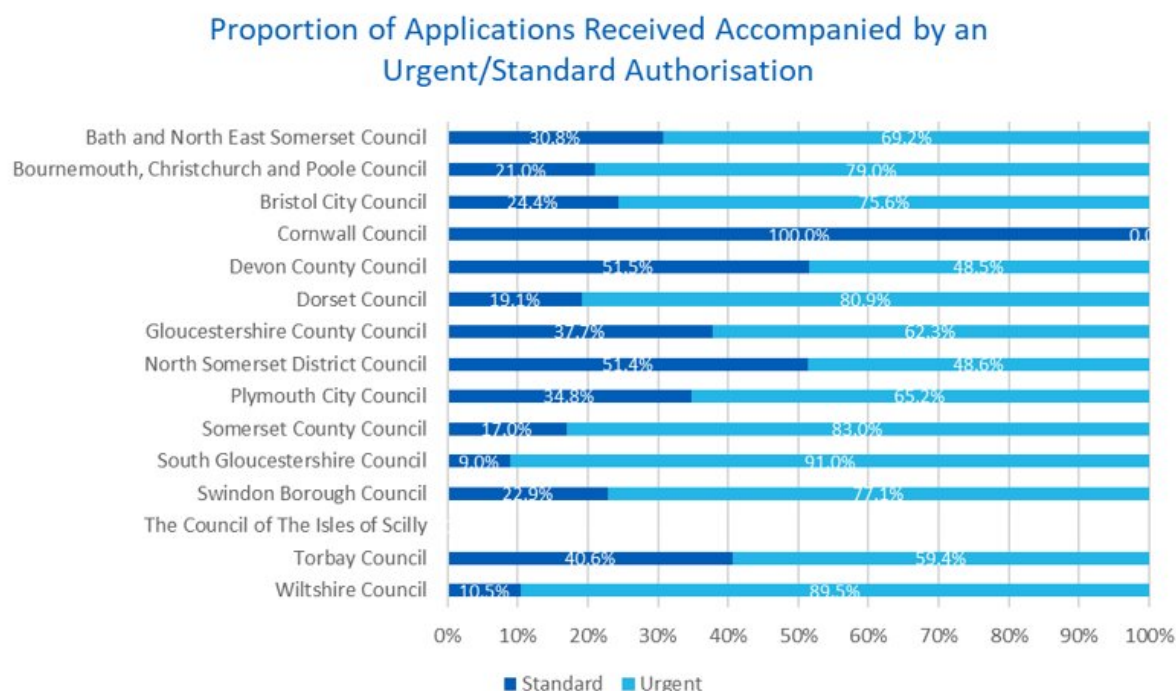
**Chart 40** illustrates the proportion of applications received in 2019-20 for the South West region that were urgent was 65.3% (17,760). The remainder 34.7% (9,440) were classified as standard. When looking at these applications received at an ICS level, it is interesting to note that all Kernow ICS applications were classified as standard (**Chart 41**).

**Chart 41** – Proportion of Applications received by ICS by Authorisation Status

Proportion of Applications Received in the South West Region by ICS by Authorisation Status



**Chart 42 – Proportion of Applications Received Accompanied by an Urgent/Standard Authorisation**

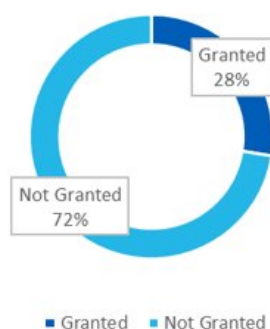


**Chart 42** metric relates to the number of applications received in 2019-20 by urgent/standard status in the South West region by local authority. It is worth noting that there are no applications represented here for the Council of The Isles of Scilly, possible due to low number suppression. All Cornwall Council applications were classified as standard.

Of the DoLS applications completed, the proportion of completed applications in 2019-20 for the South West region that were not granted was 72.4% (18,065). The main reason was given as change in circumstances, at 58.04% (10,485) of all not granted cases (**Chart 43**).

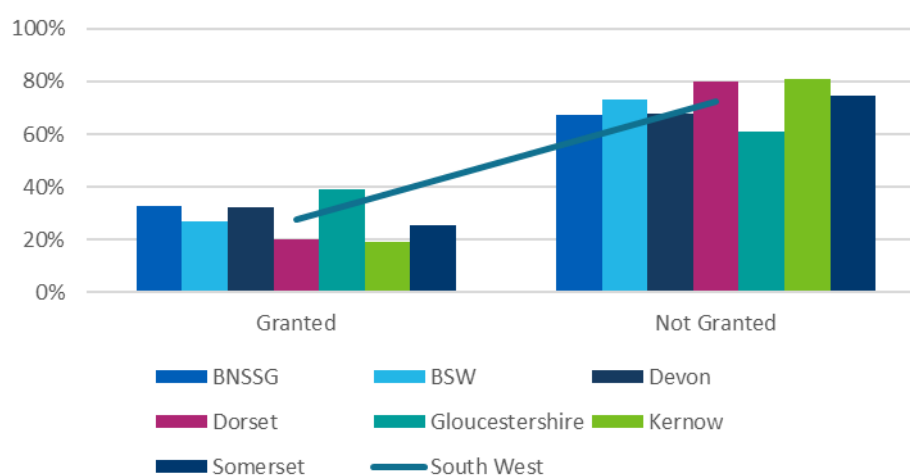
**Chart 43** – Proportion of Applications Completed by Outcome in the South West region

Proportion of Applications Completed by Outcome in the South West Region



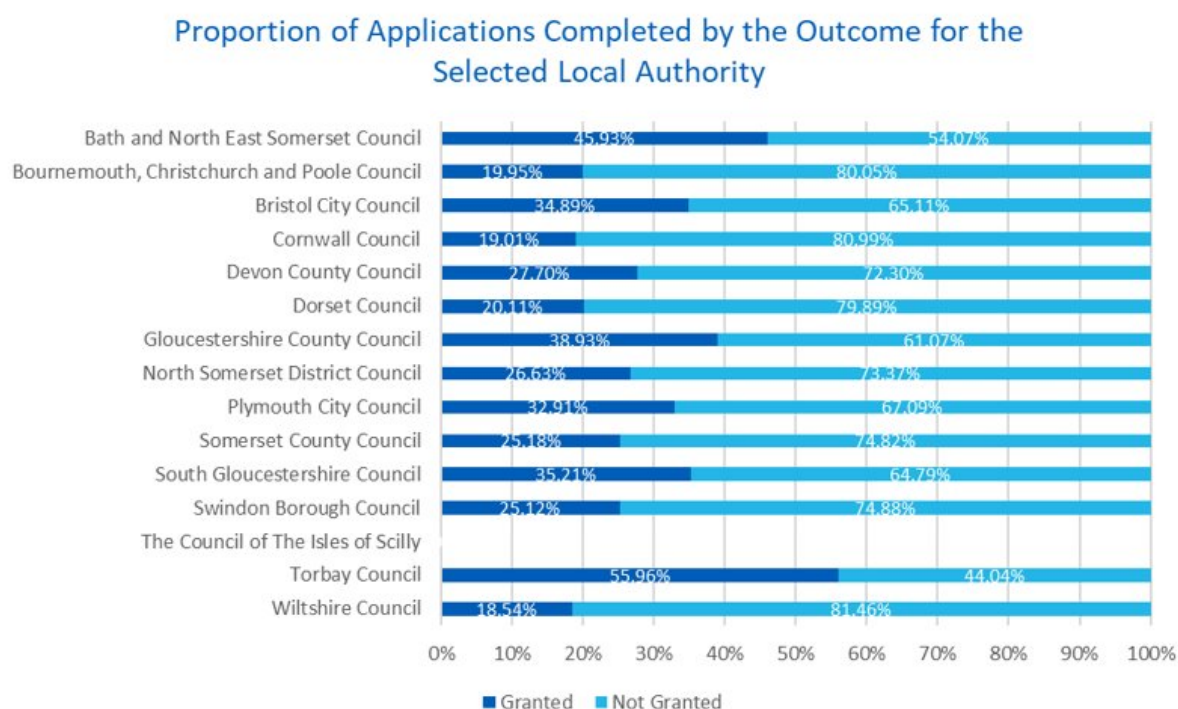
**Chart 44** - Proportion of Applications Completed by Outcome in the South West region by ICS

Proportion of Applications Completed by Outcome in the South West Region by ICS



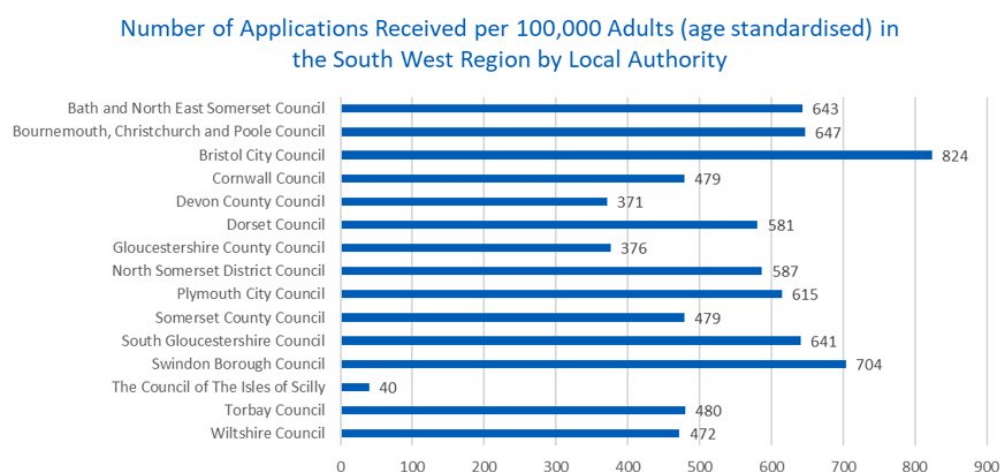
When analysing these completed applications at an ICS level, it is interesting to note that the highest proportion of not granted (proportionally to the number of granted for the same ICS) are for Kernow ICS (81% - 1,875) and Dorset ICS (80% - 3,950).

**Chart 45 – Proportion of Applications Completed by the Outcome for the Selected Local Authority**



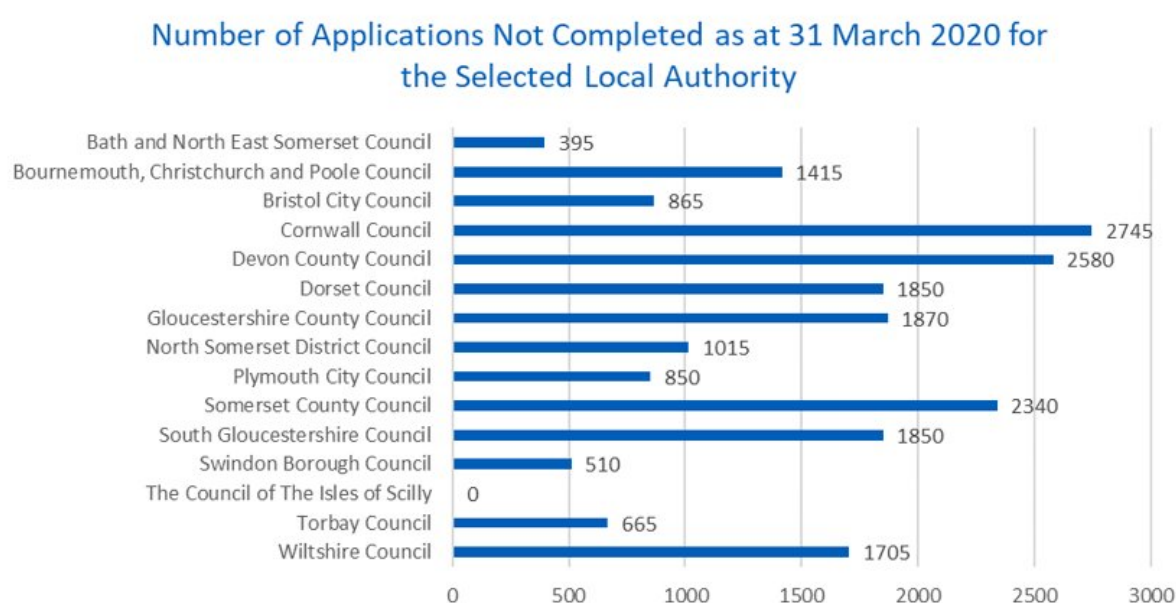
**Chart 45** relates to the number of applications completed in 2019-20 by outcome in the South West region by local authority. It is worth noting that there are no applications represented here for the Council of The Isles of Scilly, possible due to low number suppression. Interesting to note that only Torbay Council had more applications granted (55.96%) than not granted (44.04%).

**Chart 46 – Number of Applications Received per 100,000 Adults**



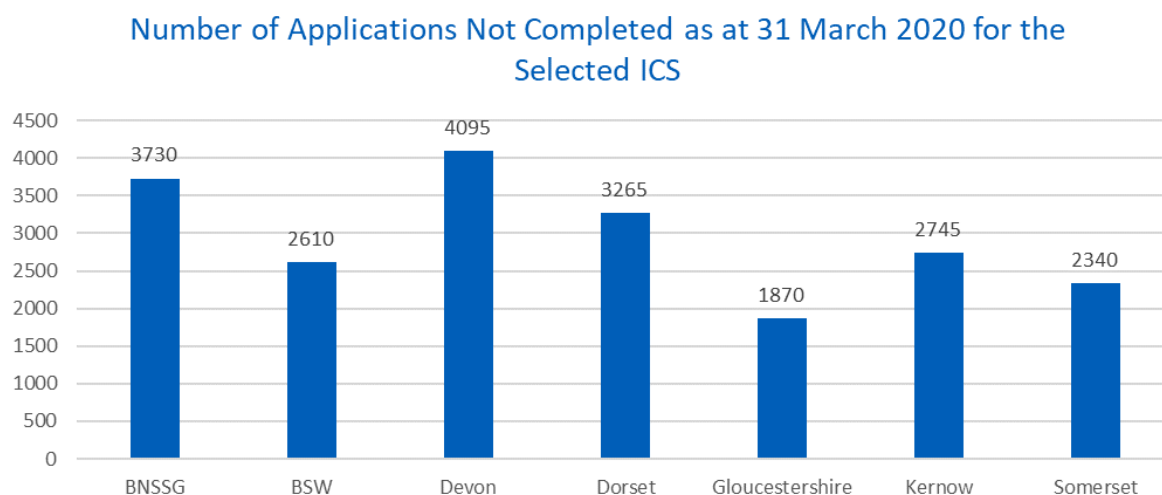
**Chart 46** metric relates to the number of applications received in 2019-20 per 100,000 adults (age standardised) in the South West region by local authority. From the numbers presented, Bristol City Council had the highest rates (824 per 100,000 adults) and the Council of The Isles of Scilly had the lowest rates (40 per 100,000 adults). It is worth noting that this metric cannot be replicated by ICS, as the age standardisation numbers have been specifically provided by local authorities.

**Chart 47 – Number of Applications Not Completed for the Selected Local Authority**

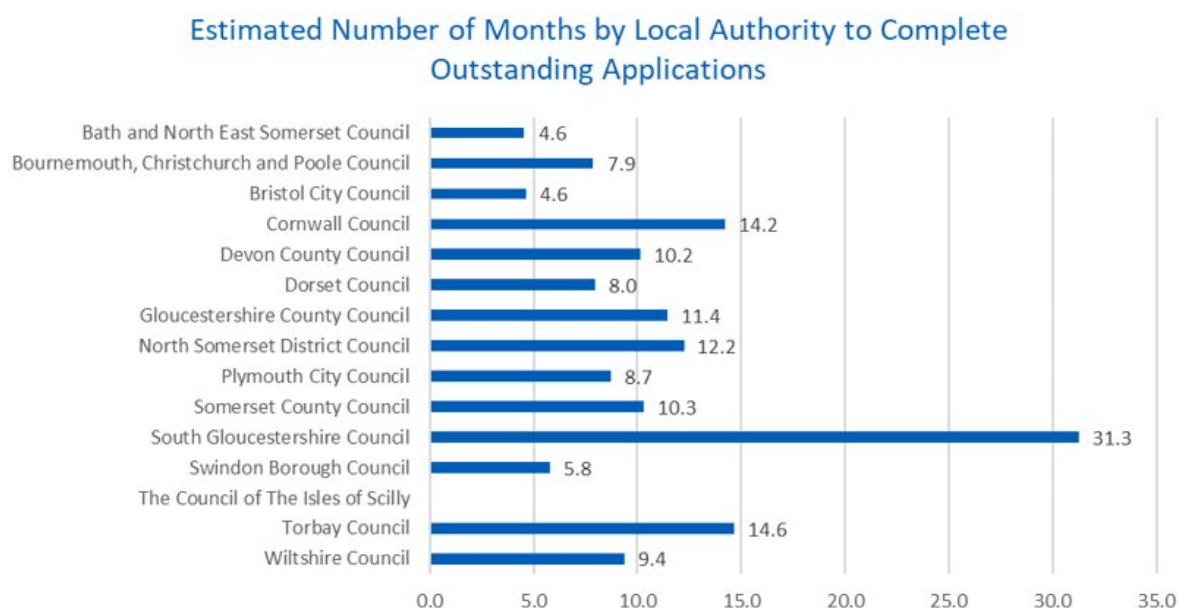


Whereas **Chart 51** metric relates to the number of applications not completed in 2019-20 as at 31 March 2020 in the South West region by local authority. From the numbers presented, Cornwall Council has the highest numbers of applications not completed (2,745) and Bath and North East Somerset Council the lowest numbers (395). The Council of The Isles of Scilly is showing as nothing not completed but this could be due to low number suppression. See Chart 39 for the selected Integrated Care Systems.

**Chart 48 – Number of Applications not completed by Integrated Care Systems**



**Chart 49 – Estimated number of months by local authority to complete outstanding applications**



**Chart 49** analysis presented here relates to the number of applications not completed by the end of 2019-20 in the South West region by local authority. It shows the estimated number of months it would take for the selected local authority to complete outstanding applications. From the numbers presented, South Gloucestershire Council would require the highest numbers of months (31.3). The Council of The Isles of Scilly is showing as nothing not completed but this could be due to low number suppression.



## Historical DoLS Applications received and completed 2018/19 and 2019/20

**Chart 50**

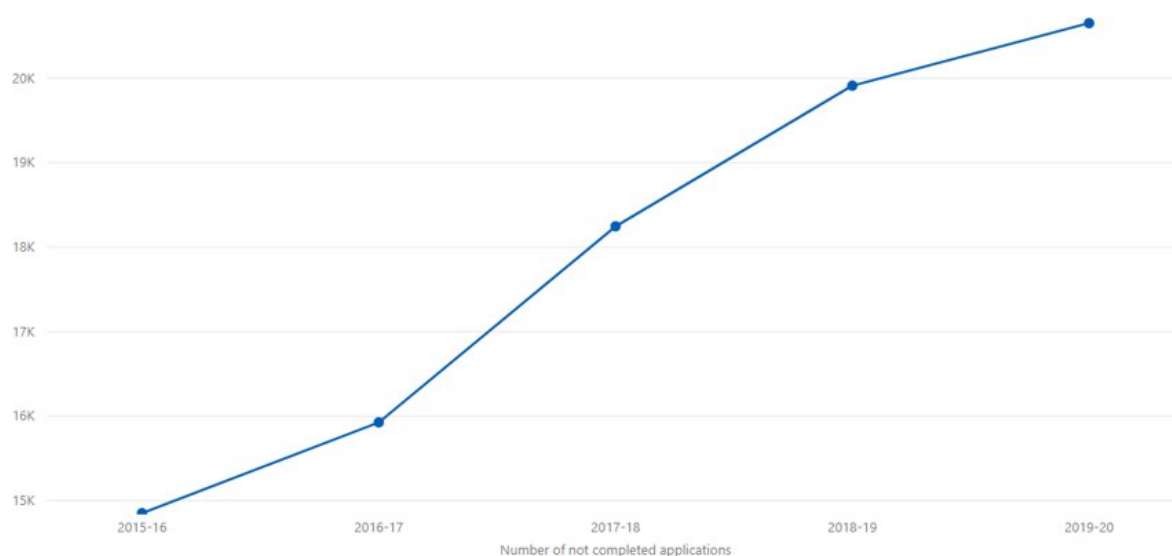


The analysis presented here in **Chart 50**, relates to the number of applications received and completed in the South West region, between April 2018 and March 2020 (2 years). Figures extracted directly from NHS Digital Power BI tool. Worth noting, numbers are going up over time.

Similarly, the final **Chart 51** illustrating the number of Applications Not completed at End of Year Reporting Year from 2015-16 and 2019/20 in the South West region by local authority also show figures going up overtime.



**Chart 51** – Number of Application Not Completed at End of Reporting Year from 2015



However, there was a dramatic rise across England following the landmark judgment by the Supreme Court, commonly referred to as the '[Cheshire West Case](#)' in 2014.

During 2022 onwards, Deprivation of Liberty Safeguards (DoLS) will be superseded by their successor, Liberty Protection Safeguards (LPS).<sup>15</sup> LPS is a scheme set up by an amendment to the Mental Capacity Act (MCA) 2005. DoLS have always ensured people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. LPS have the same goals, but with some streamlining to make the system run a little more smoothly. It is worth mentioning that DoLS will run alongside LPS for a year after implementation to ease the transition of existing cases.

During 2022/23 and working closely with our local authorities as we prepare for the LPS transformation that will have a significant impact on our health communities. At the time of writing this report we are awaiting the new Statutory Code to be published for consultation.

<sup>15</sup> See <https://www.gov.uk/government/collections/mental-capacity-amendment-act-2019-liberty-protection-safeguards-lps>

## Modern Slavery and Human Trafficking

Modern Slavery and Human Trafficking (MSHT) is happening every day across the UK, affecting people of all ages, genders, and nationalities.

Some estimates suggest that as many as 136,000 people in the UK are trapped in modern slavery. 10,627 potential victims of modern slavery were submitted to the UK's National Referral Mechanism (NRM) in 2019, 55% were adults, 43% children and 27% UK nationals.

Health organisations have a significant role in identifying and supporting victims of modern slavery and human trafficking who come to them for care or treatment. Areas across health, such as GP surgeries, emergency departments, sexual health clinics, community nursing, midwifery, health visiting, may unknowingly come into contact first with potential victims.

Modern slavery is a serious crime that violates human rights, encompassing slavery, servitude, forced or compulsory labour, and human trafficking for the purpose of exploitation. Victims are forced, threatened, coerced or deceived into situations of subjugation, degradation, abuse and exploitation, which undermine their personal identity and sense of self. They have little choice in what happens to them and often suffer violence or threats towards their families. Human trafficking victims include those transported around the UK into exploitative situations. Modern slavery causes extreme health inequalities and disproportionately affects people in more vulnerable circumstances.

There is a South West Anti-Slavery Partnership covering the five force areas in region pushing forward anti-slavery activity in the region. The primary value of the partnership continues to be the open communication and connections between our partner agencies. The SW Regional Safeguarding team are members of this regional group make a financial contribution to its function. At a sub-regional level there are local Anti-Slavery Partnerships operating across the five police forces which is where local safeguarding leads will attend and contribute.

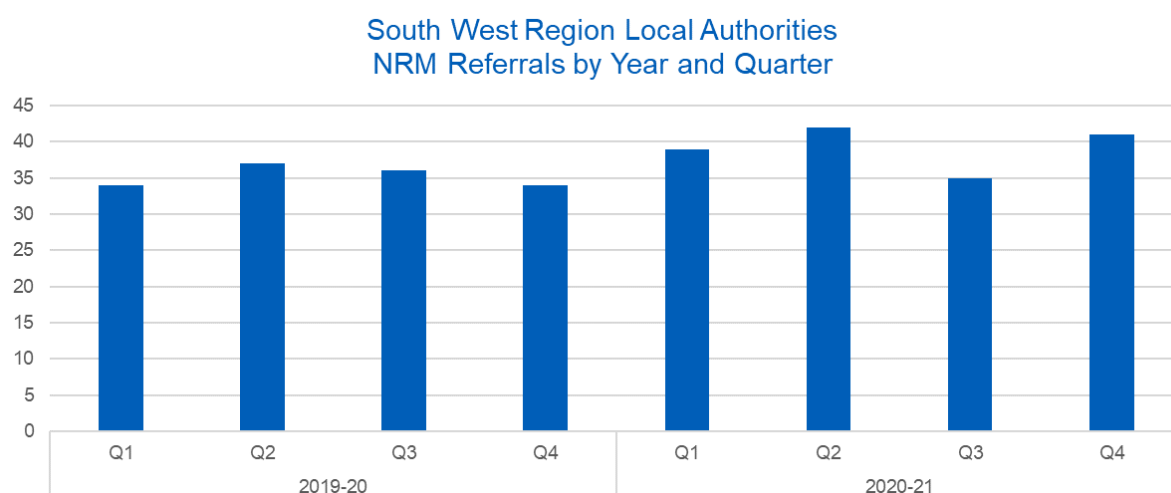
## Modern Slavery Data

Potential victims of modern slavery in the UK that come to the attention of authorised 'First Responder' organisations are referred to the National Referral Mechanism (NRM). Authorised 'First Responder' organisations include local authorities, specified non-governmental organisations (NGOs), police forces and specified government agencies.

Adults (aged 18 or above) must consent to being referred to the NRM, whilst children under the age of 18 are not required to give consent to be referred. NRM referrals can also be made for individuals exploited as children but who are now adults.

As specified in section 52 of the Modern Slavery Act 2015, public authorities in England and Wales have a statutory duty to notify the Home Office when they come across potential victims of modern slavery. This duty is discharged by either referring a child or consenting adult potential victim into the NRM, or by notifying the Home Office via the Duty to Notify (DtN) process if an adult victim does not consent to enter the NRM. Further below the following charts illustrate:

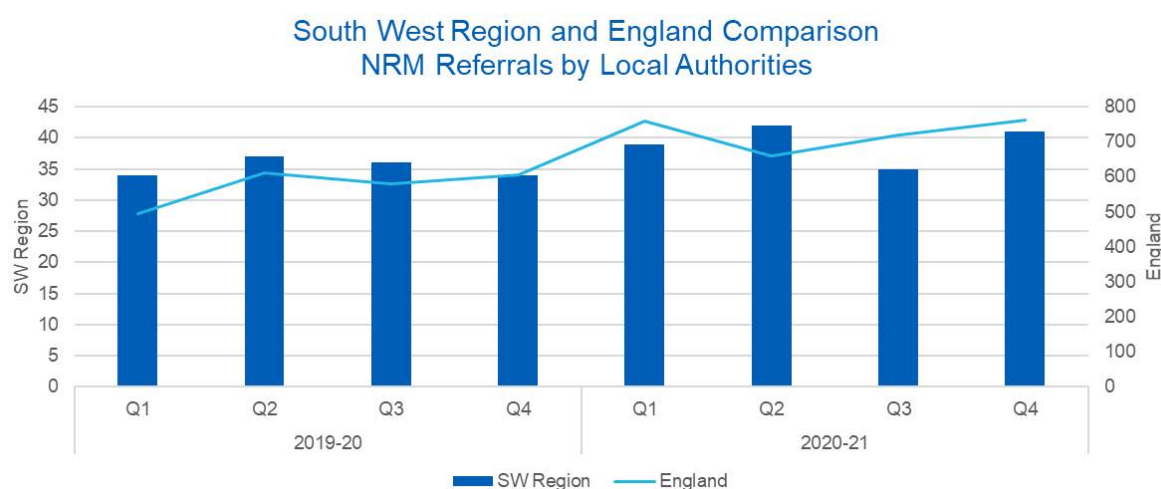
**Chart 52** - Number of National Referral Mechanism (NRM) referrals by local authority in the South West region



The number of NRM referrals by local authorities in the South West region increased from 141 in 2019-20 to 157 in 2020-21. Quarter 2 in 2020-21 had the highest number

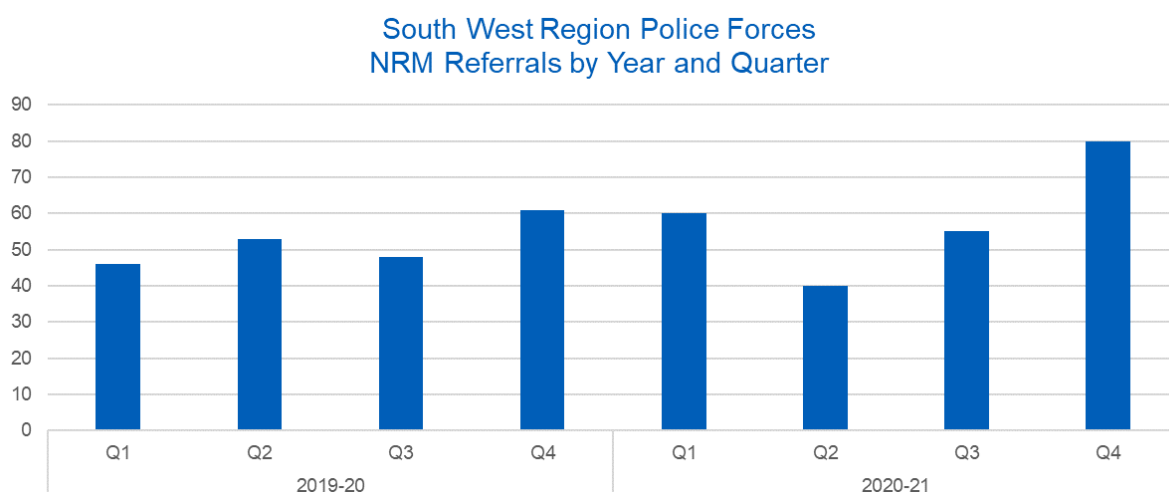
of referrals over the last two financial years (42), though interestingly, referrals were also high in both periods of COVID-19 national lockdown (quarters 1 and 4). With the exception of quarter 3 (which saw a dip in referrals), referrals for all quarters were higher than the previous year.

**Chart 53** - the South West Regions local authorities versus England NRM referrals



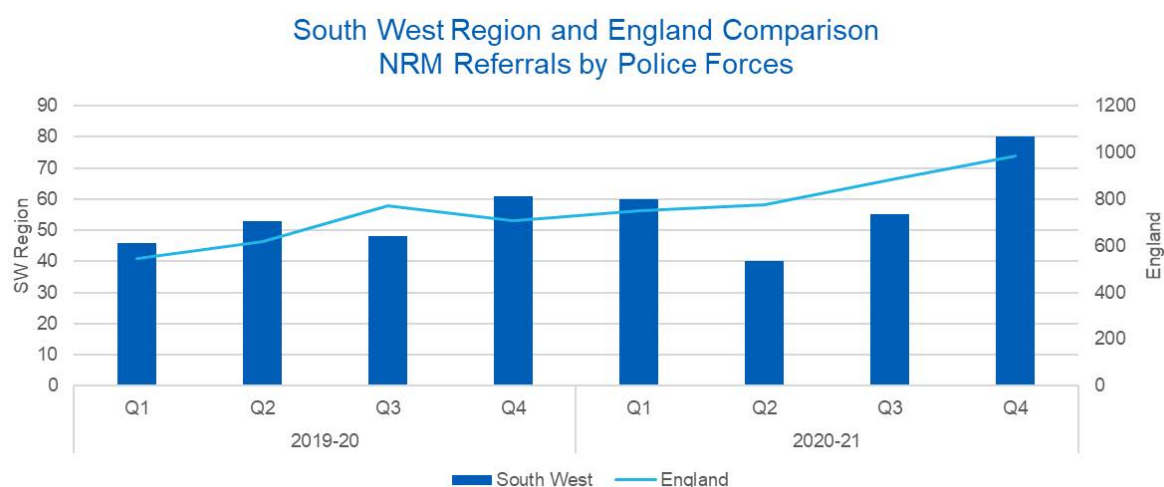
The trend in the total number of referrals by local authority first responders for the South West region over time broadly followed the trend for England in 2019-20. For 2020-21 though, the trend for South West region differed slightly to the England. COVID-19 is likely to have been a factor in the difference, though it should be noted the South West region local authority referral figures are based on smaller numbers which may be subject to fluctuation over time.

**Chart 54 - South West Regional Police Forces NRM Referrals**



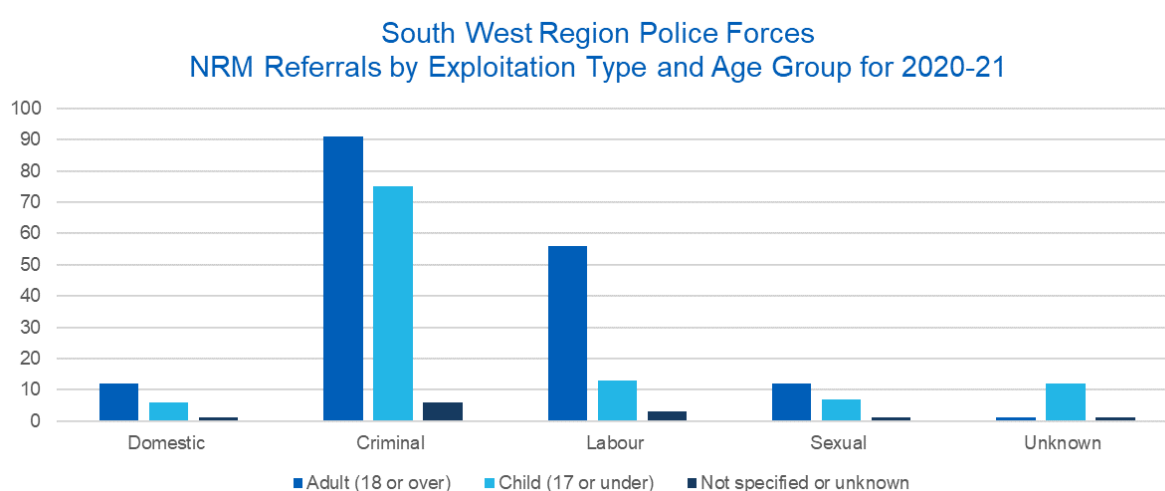
The number of referrals by police forces in the South West region was 235 in 2020 21. This is an increase of 13% from the 208 referrals made in 2019-20. Referrals by police forces in the region have therefore risen for latest year, despite the COVID-19 pandemic. 2020-21 referrals by quarter were variable. Quarter 1 (60) and in particular quarter 4 (80) saw the highest number of referrals. Worth noting that both quarters coincided with COVID-19 national lockdowns

**Chart 55 - South West Regional Police Forces versus England NRM referrals**



The trend in the number of referrals by police forces for the South West region over the last two financial years broadly followed the trend for England police forces, though there were some differences in quarters 3 and 4 2019-20 and quarters 2 and 3 2020-21. COVID-19 may be a factor in the 2020-21 differences, though it should be noted the South West region police force referral figures are based on smaller numbers which may be subject to fluctuation over time.

**Chart 56** - South West Regional Police Forces NRM Referrals by exploitation type and age



For 2020-21, criminal exploitation was the most frequent claimed exploitation type for both adult and child referrals made by South West region Police Forces. Labour exploitation was the next most common exploitation type, though as could be expected, this was predominantly for adult referrals. Because a referral may include multiple types of exploitation, the numbers add to more than the total number of referrals.

Figure 53 indicates that during 2020-21, criminal exploitation was the most common claimed exploitation type for referrals made by South West region police forces (73% of referrals), followed by labour exploitation (31% of referrals). This is in line with the England figure. Because a referral can involve multiple types of exploitation, please

note the percentages may add to more than 100% i.e. one referral could include claimed criminal, labour and sexual exploitation types.

## Potential impact of COVID-19 on Modern Slavery and Human Trafficking

Several factors are likely to have influenced the referral rates in 2020-21, such as lockdown measures in the UK meaning victims were less likely to interact with first responders, or reduced travel to the UK. Despite the ongoing restrictions associated with the COVID-19 pandemic, referrals to the NRM within the South West region (and nationally) have risen.

The Home Office reporting notes that for those exploited as children, an increase in the identification of 'county lines' cases have partially driven an increase in referrals within the criminal exploitation category. County lines is a term used to describe drug gangs in large cities expanding their reach to small towns. Often, the gangs exploit vulnerable individuals to transport substances, and mobile phone 'lines' are used to communicate drug orders.

Since January 2020, a 'flag' within the NRM digital casework system identifies county lines referrals. Unfortunately, data on county lines is not yet available by police force so cannot be distinguished for the South West region. Further analysis on criminal exploitation over time by age group and police force could be completed, but this would not uniquely identify county lines referrals.

## Prevent

Prevent is one of the four elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The Home Office works with local authorities and a wide range of government departments, and community organisations to deliver the Prevent Strategy.

The Prevent Strategy responds to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views provides practical help to prevent individuals from being drawn into terrorism and ensure they are given appropriate advice and support works with a wide range of institutions (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.

The Prevent strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. There are duties set out nationally around prevent as well as requirements set specifically for health commissioned services in the NHS standard contract. Which require Trusts to have a named Prevent lead (often a safeguarding lead with the organisation but doesn't have to be), a Prevent policy and a training strategy.

Within the South West the regional Safeguarding Team co-ordinate and chair a South West Health Prevent Leads network attended by CCG and Provider leads across the region. The Regional team also attend a multi-agency SW regional Prevent Partnership, chaired by Avon and Somerset police as well as a National Health Prevent partnership chaired and led by the Department of Health and Social Care National Prevent team. At a local level health organisation withing within system will also be part of a local Prevent partnership which will report into their respective Community Safety Partnerships.

NHS Provider Trusts are also required to submit quarterly data on their compliance at the two levels of prevent training, namely Basic Prevent Awareness Training (BPAT) which is equivalent to level 1 & 2 and Workshop to Raise Awareness of Prevent (WRAP) or Level 3.



As of end of 2020/21 of the South West NHS Providers that submit this training compliance, **89%** of staff are up to date with their Prevent level 1&2 (basic awareness), this is above the 85% target which is set. However, at the higher level 3 (WRAP) training **77%** of staff requiring this level are compliant, which is below the 85% target. Exploration is being undertaken to address this shortfall in compliance at level 3, there are a number of defensible reasons why this is the case. Work will be undertaken as we emerge from the pandemic to understand why there is such variation across South West Providers and how they can be supported to improve training compliance whilst seeking assurance that potential Prevent issues are being identified and escalated appropriately.

## Summary

As stated at the beginning of Part Two, this report provides an overview of the available analysis from multiple sources in the context of the South West region. Further publications will become available during the coming year, and therefore this section will continue to be updated as a working document.