Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics

Final Report

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Executive Summary

This summary provides the key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2010 to 31 March 2011. The collection covers adults aged 18 and over in England for whom Social Services have been made aware, by means of either a safeguarding alert or referral, of their being at risk of abuse / harm or actually being abused / harmed. A safeguarding alert is usually the first point of contact between someone concerned about abuse or potential abuse and the local authority safeguarding team. A referral is where the concerns meet the local authority's safeguarding threshold and the case is progressed through the local safeguarding procedure. There are various outcomes of the process. These fall under case conclusions – determining through investigations whether the allegations can be substantiated, and actions against the adult at risk and / or the cause of the risk, in order to reduce or remove the risk and safeguard the individual.

This summary presents the final findings and supersedes those presented in the provisional publication in November 2011.

Main Overall Findings

For vulnerable adults whose gender, age and client group were known at the time of reporting there were 92,865 alerts about safeguarding issues reported by 101 councils in 2010-11. However, there were 95,065 referrals (cases which meet the local safeguarding thresholds) reported across all 152 councils. These councils reported that 75,410 referrals were completed within the collection period, some of which may have been counted as a referral in the previous year. For cases where the case conclusion could be determined (74,015) only a third could be substantiated (32%), with an additional nine per cent partly substantiated. The remaining cases either could not be proved (31%) or the case conclusion could not be determined (28%).

Key facts

In 2010-11, 62 per cent of the referrals were for women. Sixty one per cent were for older adults aged 65 and over. Almost half of the referrals (49%) were for adults with a physical disability, 23 per cent were for mental health clients, 20 per cent were for learning disabled clients and the remaining 7 per cent were for adults with a substance misuse problem or other vulnerable adults.

The number of referrals per 100,000 population and standardised for age and gender was lower in the Southern regions (South West, 6%, South East and Eastern, both 9%). It was ten per cent in Yorkshire and Humber and 13 or 14 per cent in each of the remaining regions (in the North, Midlands and London)

Physical abuse was the most common type of abuse reported, accounting for 30 per cent of all allegations. This was followed by neglect (23%) and financial abuse (20%). Sixteen per cent of referrals were related to emotional or psychological abuse, followed by sexual (6%), institutional (3%) and discriminatory (1%). Vulnerable adults were more likely to be abused in their own home (accounting for 41% of all locations cited) or a care home (34%) than any

other location. The relationship between the vulnerable adult and the person causing harm was more likely to be a family member (25% of all perpetrators) or social care staff (25%). Thirteen per cent of the alleged abusers were other vulnerable adults, 12 per cent were recorded as either a friend or neighbour, volunteer, other professional or a stranger, and three per cent were health care workers. The remaining 22 per cent of relationships were recorded as either Not Known or 'other'.

The most common outcomes for the vulnerable adult were No Further Action (accounting for 31% of the all the outcomes recorded), increased monitoring (26%), 'other' (13%) and community care assessment and services (10%). Actions against the cause of harm were most likely to be No Further Action (34%) or continued monitoring (17%). Thirteen per cent of the outcomes for the perpetrator were not known at the time of reporting. All other outcomes for either the vulnerable adult or the perpetrator accounted for five per cent or less of the relevant total.

Notes

There were a total of 94,515 alerts, 96,770 referrals and 76,470 completed referrals reported in 2010-11. These figures include vulnerable adults where at least one of their gender, age or client group was not known. Detailed information is not collected about the cases with key information unknown and therefore they are not included in the summary above.

Referrals presented at a regional level has been standardised for the age and gender breakdown of the English population to account for differences in these characteristics in different regions.

A single referral can be about different types of abuse, occurring in more than one location and being caused by more than one person (or organisation). Likewise a single referral may have more than one action-based outcome for the vulnerable adult and for person / organisation causing harm. The percentages presented in this summary are based on total number of items reported, i.e. the total number of natures or locations, or the total number of outcomes.

The outcomes data includes cases that could not be substantiated or where the case conclusion could not be determined. This may account for the high proportion of No Further Action outcomes for both the vulnerable adult and the perpetrator.

These data are being made available to the public as **Experimental Statistics**. Experimental statistics are defined in the UK Statistics Authority Code of Practice for Official Statistics as new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

1. Introduction

This report contains information on alerts and referrals to adult social care safeguarding teams in England derived from the Abuse of Vulnerable Adults (AVA) data collection for the period 2010-11. It presents a variety of information on aspects of the safeguarding process. This report supersedes the provisional results for the 2010-11 AVA data which were published in November 2011.

Please note that this report is being made available to the public as **Experimental Statistics**. Experimental statistics are defined in the UK Statistics Authority Code of Practice for Official Statistics as new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

Background

The subject of abuse of vulnerable adults has gained increasing interest in recent years. In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document[1]. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. Local Authorities were given lead responsibility for setting up multi- agency committees and procedures. While they were urged to keep records there was no detailed guidance on what should be recorded and as a consequence, any data available was not comparable across Local Authorities.

In 2004, the abuse of older people was the subject of a Health Select Committee inquiry. This led to the Department of Health funding a project delivered by Action on Elder Abuse. The scope of the project included looking at current recording systems used by local authorities and to develop and pilot new recording and reporting systems. A report[2] on this project was published in March 2006 and recommended a national collection for Adult Abuse was undertaken.

The Health and Social Care Information Centre (HSCIC) carried out a fact finding survey in early 2007. The results from this and the groundwork done by Action on Elder Abuse were used to devise a national collection on the Abuse of Vulnerable Adults. This collection was piloted among 31 Councils with Adult Social Services Responsibilities (CASSRs) in 2008. The results of the pilot were used to engage with stakeholders to improve the quality and reduce the burden of the collection.

In 2009, all 152 CASSRs in England were invited to take part in the national AVA return on a voluntary basis, covering a six month collection period from 1st October 2009 to 31st March 2010. In total, 128 CASSRs submitted data for the voluntary return, but not all of these were

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

[2] Adult Protection Data Collection and Reporting Requirements, Action on Elder Abuse. (http://www.elderabuse.org.uk/AEA%20Services/Useful%20downloads/AEA/AP%20Monitoring.pdf)

able to submit every data item required for the return. There were also a number of data quality issues with the voluntary return, particularly around the interpretation of the guidance for the collection.

The 2010-11 collection was mandated by the Minister for Care Services and covers the 12 month period 1 April 2010 to 31 March 2011. All 152 CASSRs submitted a return to the HSCIC, however not all were able to submit a complete return of all required data items. More details on the coverage of specific data items can be found throughout the report and in the data quality statement in **Appendix B.**

Coverage of this Report

This report covers data collected about vulnerable adults aged 18 and over in England for whom social services have been made aware, by means of either an safeguarding alert or safeguarding referral, of their being at risk of abuse/harm or actually being abused/harmed. The information is presented as three separate chapters, covering safeguarding alerts, referrals and completed referrals.

For the purposes of the AVA collection the definition of a vulnerable adult matches that from the No Secrets guidance.

"*A vulnerable adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.*"

The AVA collection covers abuse perpetrated by others, it does not include self-harm or self-neglect. Abuse in this collection is defined as "*a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it*."

Data on alerts is not collected by all councils, as not all councils recognise alerts as a separate part of their safeguarding process. However the data that is collected, combined with data on referrals from the councils who do not record alerts, gives an overview of how many concerns about the safety and protection of vulnerable adults are being raised and dealt with by councils.

Data on referrals can be used to answer many questions about adult safeguarding. This report attempts to address some of the following basic questions:

- Who? – Information about who is being harmed or put at risk of harm

- What? – The type of abuse that is being alleged and whether this changes with age or a person's vulnerable characteristics
- Where? – The location abuse is alleged to have taken place and whether this changes with age or a person's vulnerable characteristic
- By Who? – The relationship between the alleged victim and alleged perpetrator

Completed referrals data focuses on outcomes of the safeguarding investigation. This section of the report looks the conclusion of the investigation in terms of whether allegations of abuse could be substantiated or not. It looks at specific action-based outcomes that were recommended in order to safeguard and protect the vulnerable adult from further harm. Similarly, it looks at action-based outcomes that were deemed necessary to prevent the perpetrator from continuing to cause harm or increase the risk of harm. Some of these could be actions against an individual and some could be actions against an organisation or service. The data collected on completed referrals also includes how many led to a serious case review and information on protection plans that have been put in place.

The data collected for the AVA return is aggregated at council level and, as such, has some limitations. It cannot be used to combine two or more of the basic questions above. For instance, it cannot be used to answer the question "*How many older people were physically abused in care homes by care home staff?" or "How many people are abused in their own homes by a partner or family member?"*

Parts of the collection allow multiple entries per single referral. For instance a referral may involve more than one type of abuse, which may occur in multiple locations, have more than one perpetrator and/or have multiple action-based outcomes.

A copy of the collection proforma, showing how the data items are aggregated and submitted by councils can be found in **Appendix D** of this report. A glossary of terms used in the AVA collection is also included in this report in **Appendix E**.

Comparability to Previous Data

The data collected via the AVA return for the 2009-10 collection period was subject to numerous data quality issues. It did not cover all 152 CASSRs in England and no validation of data submitted or estimation of missing data was carried out. In addition, anecdotal evidence suggests that parts of the guidance were difficult to interpret, resulting in CASSRs submitting some data items on a different basis to others. As such, no attempt has been made in this report to draw comparisons between 2009-10 and 2010-11 data.

Future Safeguarding Collections

The AVA return is currently under review as part of a wider review of Social Care collections referred to as the Zero Based Review (ZBR)[3]. This review consists of five separate work

[3] http://www.ic.nhs.uk/services/social-care/zero-based-review-of-social-care-data

streams which includes one focussing on safeguarding. The safeguarding work stream is looking at safeguarding as a whole, not just safeguarding referrals and investigations. This includes preventative measures, the care and support aspects and respect and dignity. The recommendations and outcomes of this review are expected in March 2012 and will shape future national data collections around safeguarding which in turn will dictate the future format and content of this report. There will be a consultation on proposed changes to the collection in April / May 2012.

2. Adult Safeguarding Alerts

Introduction

For the purposes of the national AVA collection, alerts are defined as a concern that a vulnerable adult may have been, is or might be a victim of abuse. It is regarded as the first point of contact between the person with these concerns and CASSR safeguarding team. An alert may arise as a result of disclosure, an incident or through other signs / indicators, such as signs of dehydration or bruising etc.

When the AVA collection was designed it was recognised that not all councils are able to record information on alerts. Some do not include alerts as part of their safeguarding process. As such they may treat every concern of abuse brought to their attention as a referral. These councils are instructed to only include those which are then found to meet their safeguarding thresholds and progressed through their safeguarding process in their count of referrals in the AVA collection so that all councils are submitting referrals data on the same basis.

Other councils may acknowledge alerts and act upon them, but may not start recording information on their systems until an initial assessment has been carried out and the alert is taken forward as a referral because it meets their safeguarding thresholds.

In all cases, councils who do not record data on alerts were requested to enter zeros in the entire alerts section of Tables 1 and 2 of the return.

Alerts data may be useful in helping to quantify the full scale of safeguarding concerns. Time and resources will be expended when dealing with alerts and understanding how many concerns over vulnerable adults' safety and protection are being raised and how many of these concerns are being taken forward through the safeguarding process helps to present the full picture of safeguarding in England.

Number of Alerts

In England in 2010-11, a total of 101 CASSRs submitted data on alerts. This represents two-thirds of councils with adult social services responsibility in England. In total, these councils recorded around 94,515 alerts (see **Annex A, Table 1**). The AVA collection allows data to be recorded about alerts and referrals where not all the key information about the vulnerable adult is known. The adult at risk of harm or being harmed is classed as 'unknown' if at least one of their age, gender or client type is not known or has not been recorded. In the alerts data 1,650 such cases with vulnerable adults classed as unknown were recorded. Of the remaining 92,865 alerts, 39 per cent were for males and 61 per cent were for females. **Table 2.1** shows detailed information about the age distribution and gender distribution of alerts for each client type.

Table 2.1: Alerts by client type, age group and gender of vulnerable adult, 2010-11

England — *Percentages* and rounded numbers

	Age group				Gender			
Primary Client Type	**18-64**	**65-74**	**75-84**	**85 and over**	**Male**	**Female**	**Total**	***Client Type Percentage Distribution***
Physical Disability	*18*	*14*	*30*	*38*	*34*	*66*	45,570	*49*
Mental Health	*40*	*13*	*25*	*23*	*35*	*65*	20,260	*22*
Learning Disability	*93*	*5*	*2*	*0*	*53*	*47*	20,165	*22*
Substance misuse	*89*	*8*	*2*	*1*	*49*	*51*	1,030	*1*
Other Vulnerable People	*46*	*14*	*20*	*20*	*38*	*62*	5,845	*6*
Total	*42*	*12*	*22*	*25*	*39*	*61*	92,865	

1. Figures may not add up to due to rounding.

Overall 42 per cent of the alerts were for vulnerable adults age 18-64, with 12 per cent being for adults aged 65-74, 22 per cent for adults aged 75-84 and a quarter (25%) for adults aged 85 and over. Overall, almost half of the alerts (49%) were about vulnerable adults with a physical disability. Twenty two per cent of the alerts were about mental health clients, a further 22 per cent were about learning disability clients. The remaining seven per cent were for other vulnerable people (6%) and substance misusers (1%). These findings are very similar to those for referrals data described in **Chapter 3**, more detailed analyses of the relationships between the age, gender and client type variables within the referrals data are provided in the referrals chapter. The fact that alerts data is similar to referrals data indicates that overall, thresholds for safeguarding are not biased towards any particular age groups or client type.

Combining alerts and referrals data together may give a fuller picture of the number of safeguarding concerns. The referrals for councils who do not record alerts will have been a concern about abuse to someone at some stage. Therefore adding these referrals to the alerts data for the councils who did provide information on alerts will give an estimate of the total number of concerns being raised. **Table 2.2** shows that in 2010-11 there were at least 137,620 concerns of abuse raised with safeguarding teams. This may be an underestimate of the true figure as there may be concerns raised with councils that are not recorded as alerts and do not get taken forward through the safeguarding processes within the council and therefore not recorded as a referral either.

Table 2.2: Number of alerts and referrals combined, 2010-11

England	**Number**
Total number of alerts (including unknowns)	94,515
Total number of referrals where no alerts were recorded (including unknowns)	43,100
Alerts and referrals combined	137,615

1. Based on alerts data submitted by 101 councils
2. Based on referrals data submitted by the remaining 51 councils

Alerts which go into Referrals

Among the 101 councils who provided information on both alerts and referrals, the data indicates that over half (57%) of the alerts went on to become a referral. However caution should be exercised when interpreting this information as the AVA guidance states that not

all referrals need to have been preceded by an alert. At council level, the ratio of referrals to alerts ranges from around one referral for every five alerts in one council to over three times as many referrals as there were alerts in another council as shown in **Table 2.3.**

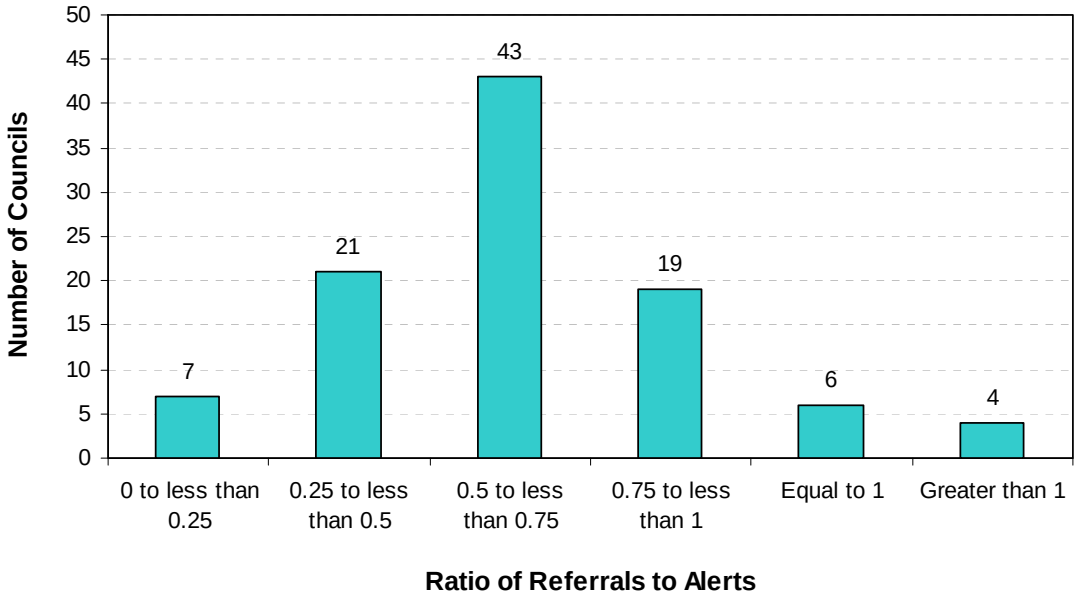
Table 2.3: Distribution of referrals to alerts ratio, 2010-11

Ratio of Referrals to Alerts	Number of Councils
0 to less than 0.25	7
0.25 to less than 0.5	21
0.5 to less than 0.75	43
0.75 to less than 1	19
Equal to 1	6
Greater than 1	4
Minimum ratio	0.17
Maximum ratio	3.46
Average ratio	0.57

1. Based on data submitted by 100 councils as there was one council with a small number of alerts – none of which went onto a referral.
2. Ratios are shown as a proportion in this table, i.e. a ratio of 1 to 4 is shown as 0.25.

The distribution chart in **Figure 2.1** shows that the data is spread across this range. Four councils had more referrals than alerts and hence a ratio that was greater than one and six councils had an equal number of alerts and referrals. In summary, among all councils who submitted data on both alerts and referrals, there were around twice as many alerts as there were referrals, however this varied greatly between councils.

Figure 2.1: Distribution of referrals to alerts ratio, 2010-11



1. Based on data submitted by 100 councils as there was one council with a small number of alerts – none of which went onto a referral.
2. Ratios are shown as a proportion in this chart, i.e. a ratio of 1 to 4 is shown as 0.25.

3. Adult Safeguarding Referrals

Introduction

A referral is where a concern about abuse or risk of harm has been raised about a vulnerable adult, which has invoked an adult safeguarding investigation or assessment. These do not include cases which do not meet the CASSRs safeguarding threshold. This threshold may vary from council to council but should be designed to ensure that the adult being harmed or at the risk of being harmed is deemed as vulnerable and that the risk of harm is sufficient enough to warrant a safeguarding investigation.

For the purpose of this report, the definition for a referral is related to the AVA return which may differ from the definition used locally in each authority (see glossary of AVA terms in **Appendix E** for definitions).

Vulnerable adults at the centre of a safeguarding investigation may already be known to social services and in receipt of services or packages of care. However safeguarding should reach everyone in the community who is deemed to be vulnerable (see **Chapter 1** for the definition), not just those who are already in contact with social services.

Number of Referrals

By collecting information on the number of referrals, questions about 'how many?' and 'who is at risk or being abused?' can be answered.

In 2010-11, around 96,770 referrals were recorded, of which, 1,710 referrals were about individuals for whom not all the key information (age, gender or client type) was known (Data shown in **Annex A, Table 1**). Of the remaining 95,065 referrals, 38 per cent were for males and 62 per cent were for females, as shown by **Table 3.1**.

Overall, 39 per cent of the referrals related to vulnerable adults in the 18 to 64 age group, followed by 27 per cent in the 85 and over age group, 23 per cent in the 75 to 84 age group and 12 per cent in the 65 to 74 age group.

Table 3.1: Referrals by client type and age group of vulnerable adult, 2010-11

England — *Percentages* and Rounded Numbers

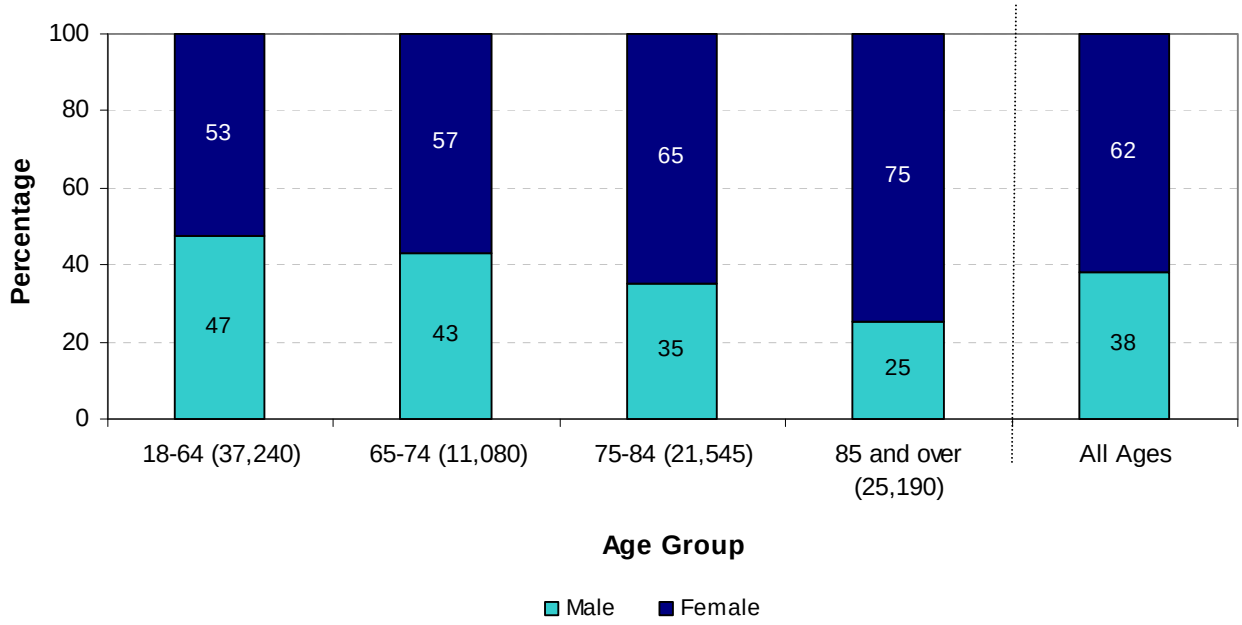
	Age group				Gender			
Primary Client Type	**18-64**	**65-74**	**75-84**	**85 and over**	**Male**	**Female**	**Total**	***Client Type Percentage Distribution***
Physical Disability	*18*	*13*	*30*	*39*	*34*	*66*	46,720	*49*
Mental Health	*36*	*13*	*26*	*24*	*35*	*65*	22,030	*23*
Learning Disability	*93*	*5*	*2*	*0*	*52*	*48*	19,465	*20*
Substance misuse	*87*	*9*	*3*	*1*	*50*	*50*	915	*1*
Other Vulnerable People	*35*	*14*	*25*	*26*	*38*	*62*	5,930	*6*
Total	*39*	*12*	*23*	*27*	*38*	*62*	95,065	

1. Figures may not add up due to rounding.
2. Based on information provided by 152 councils

Figure 3.1 shows the number of referrals for females was higher than males in each of the age groups. This proportion increased with age, ranging from 53 per cent of referrals in the 18-64 age group to 75 per cent of referrals in the 85 and over age group and may reflect the

fact women tend to live longer than men. Therefore, the proportion of females in England is higher in the older age group than that of men.

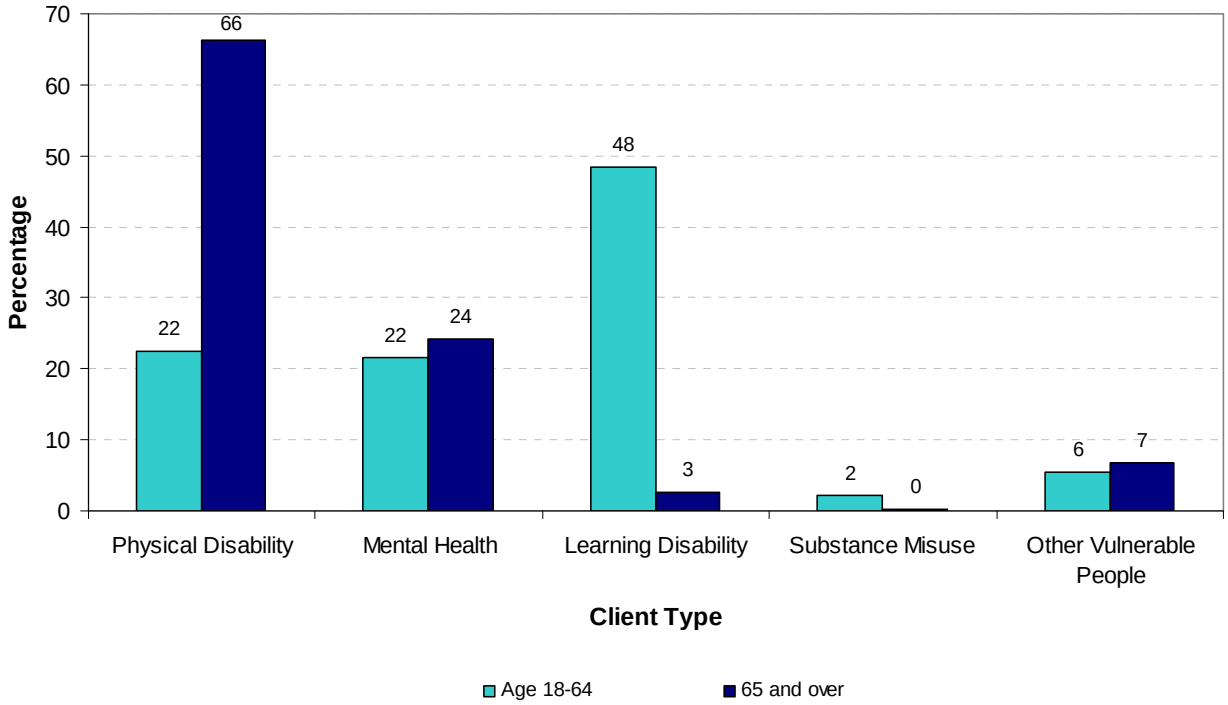
Figure 3.1: Referrals by age group and gender of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals, where all key information was known, provided by 152 councils

Table 3.1 shows that almost half (49%) of referrals were for vulnerable adults with a physical disability. Referrals for vulnerable adults with mental health problems accounted for 23 per cent of the total. Twenty per cent of referrals were for vulnerable adults classified as client type 'learning disability' and the remaining seven per cent of referrals reported were for adults with a substance misuse problem or other vulnerable people. This pattern varies with age as seen in **Figure 3.2.** For younger people, nearly half (48%) the referrals in the 18-64 age group were for adults with a learning disability, whereas for the 65 and over age group, the highest number of referrals were for adults with a physical disability (66%). Twenty two per cent of referrals in the 18-64 age group were for adults with a physical disability and 22 per cent in the same age group were for mental health clients.

Figure 3.2: Referrals by client type and age group of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 37,240 referrals for the 18-64 age group and 57,825 referrals for the 65 and over age group, provided by 152 councils

Table 3.1 gives a more detailed breakdown of referrals for each client type by the older age groups. It shows that the 18-64 age group has the highest number of referrals across all the client types, except for physical disability. Thirty nine per cent of vulnerable adults that were referred with a physical disability were aged 85 and over. Ninety three per cent of referrals for adults with a learning disability were for those aged 18-64, compared to 18 per cent of referrals for adults with a physical disability who were aged 18-64.

Figure 3.3 shows the referrals for males, broken down by age group and primary client type. The pattern with age varies between the client types and is similar to that for all adults described above. The 18-64 age group has the highest number of referrals for each client type, except for physical disability. Nearly a third (31%) of referrals for males with a physical disability were aged 75-84. Twenty three per cent of those with a physical disability were aged 18-64.

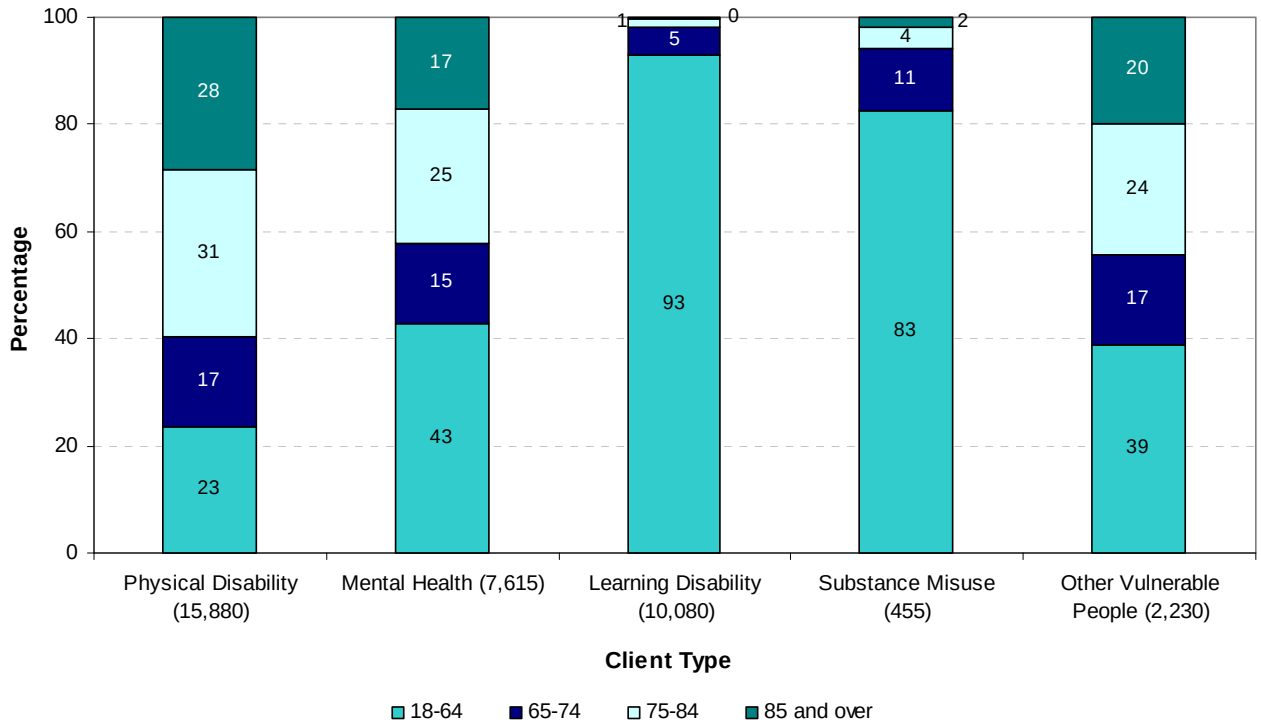
Forty three per cent of referrals for mental health clients were aged 18-64, whereas a quarter (25%) was aged 75-84. Seventeen per cent were aged 85 and over and 15 per cent were aged 65-74.

The number of referrals for clients who have learning disabilities or a substance misuse problem decreased with increasing age, with the majority of referrals for these client types occurring in the 18-64 age group (93% for learning disabled clients and 83% for substance misusers). This may be because these client types are less prevalent among older people and while older people may still have a learning disability or substance misuse problem, their

primary need for care is more likely to fall into the physical disability or mental health client type. Some client types, such as those with learning disabilities, may also have been in contact with social care and health care professionals from a young age and as such may be already adequately safeguarded when they enter the older age groups.

The other vulnerable people client type may include those not already known to social services and so not already assigned to a client type, as well as those whose circumstances may make them vulnerable such as a carer. It is not surprising therefore that the referrals for this group of males is spread out across the age groups from 17 per cent in the 65-74 age group to 39 per cent in the 18-64 age group.

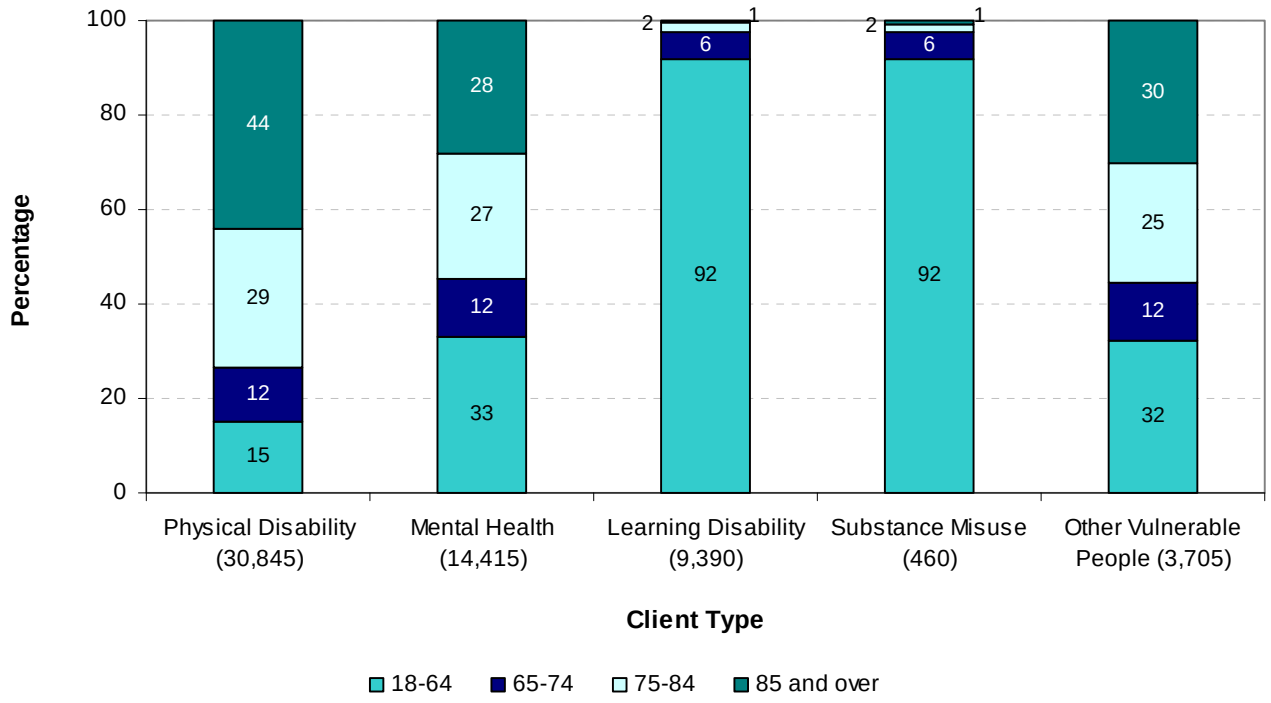
Figure 3.3: Referrals by client type, age group and gender (male) of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 36,255 referrals, provided by 152 councils.

The data for females in **figure 3.4** shows a very similar pattern to that for males. Again the 18-64 age group had the highest number of referrals for each client type, except for physical disability.

Figure 3.4: Referrals by client type, age group and gender (female) of vulnerable adult, 2010-11

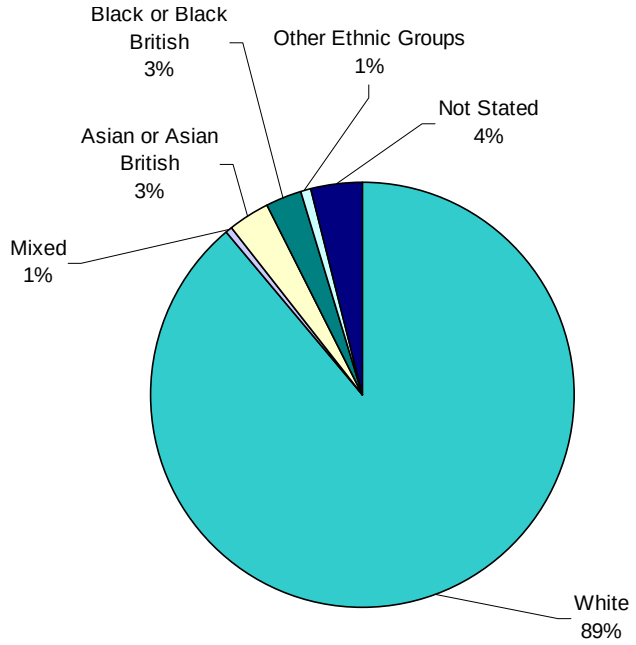


1. Figures may not add up to 100 per cent due to rounding.
2. Based on 58,815 referrals, provided by 152 councils.

Figure 3.5 shows referrals broken down by ethnicity. Eighty nine per cent of all referrals were for vulnerable adults belonging to the white ethnic group. The Black or Black British and Asian or Asian British make up six per cent of the total number of referrals.

The breakdown of referrals by ethnicity matches the population breakdown for England and shows that no group is at more risk (see Appendix A). The ethnicity of four per cent of total number of referrals was not known or not recorded. This shows that these councils that could not provide this information may not be meeting the quality agenda.

Figure 3.5: Referrals by ethnic group of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,070 referrals
3. Based on information provided by 152 councils

Number of Referrals by Region

This section compares the number of referrals, per 100,000 population, to adult safeguarding across the nine Government Office Regions in England, as shown in **Table 3.2**.

Table 3.2: Referrals by region (observed and age-gender standardised rates), 2010-11

England *Percentage* and Rounded Numbers

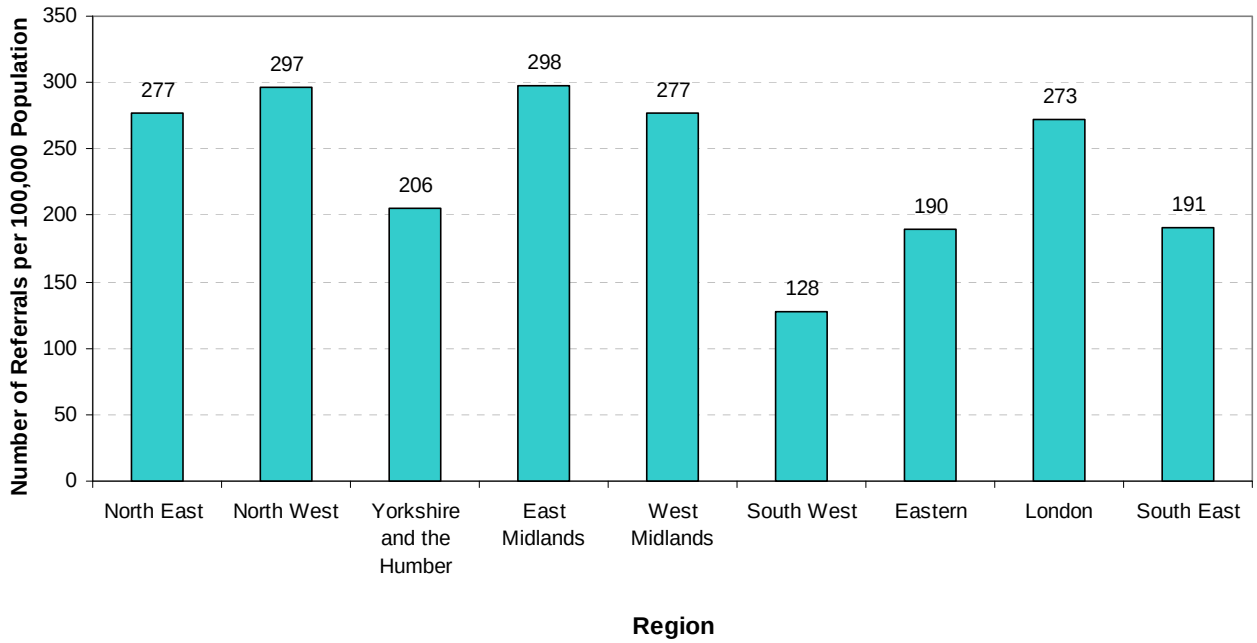
	Observed		Age-Gender Standardised	
Region	***Percentage***	**Total**	***Percentage***	**Total per 100,000 population**
North East	*6*	5,750	*13*	277
North West	*17*	16,070	*14*	297
Yorkshire and the Humber	*9*	8,505	*10*	206
East Midlands	*11*	10,600	*14*	298
West Midlands	*13*	11,950	*13*	277
South West	*6*	5,930	*6*	128
Eastern	*9*	8,975	*9*	190
London	*15*	13,975	*13*	273
South East	*14*	13,310	*9*	191
England		95,065		2,135

1. Figures may not add up to 100 per cent due to rounding.
2. Based on information provided by 152 councils.

Data by region has been standardised to the age and gender breakdowns of the population in England as a whole to account for variations in the age distribution of males and females

in each region. A description of the standardisation methodology can be found in **Appendix A**, **Table 3.2** shows the raw observed figures and the age-gender standardised rates for referrals per 100,000 population in each region. This shows that the number of referrals per 100,000 population and standardised for age and gender was lower in the Southern regions (South West, 9%, South East and Eastern, both 9%). It was ten per cent in Yorkshire and Humber and 13 or 14 per cent in each of the remaining regions (including London).

Figure 3.6: Number of referrals by region (age-gender standardised), 2010-11



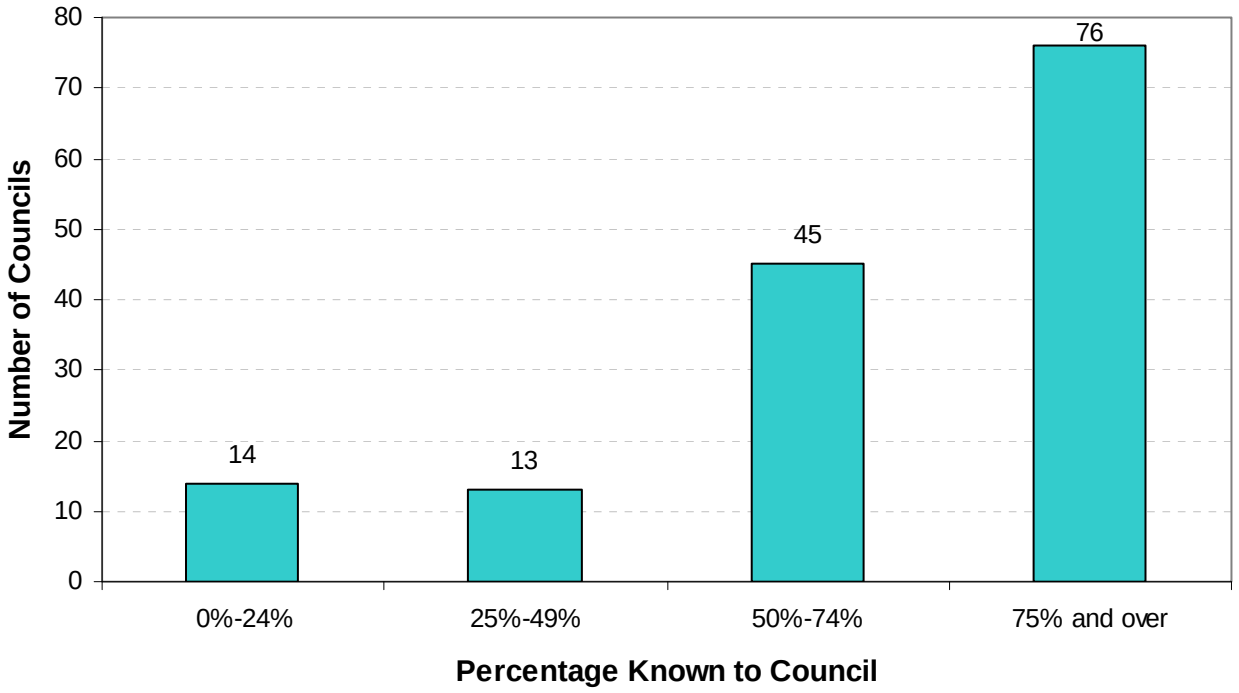
1. Based on information provided by 152 councils.

Referrals Relating to Adults Already Known to CASSR

Sixty three per cent of all referrals were about people already known to the council (60,970 of 96,770, see **Annex A, Table 1**). This percentage varied across individual CASSRs. There were eleven councils that entered zero for the number of people known to the council and three councils did not provide any information on this. The results shown in **Figure 3.8** indicate that for most councils, referrals to safeguarding are more likely to be made about vulnerable adults already known to social services. Three councils indicated that 100 per cent of their referrals were about adults already known to the CASSR, indicating that safeguarding may not be reaching the wider community in these areas.

Figure 3.7 shows that for just over half (76 out of 148) of the councils, 75 per cent or more of the referrals were about people already known to them. For forty five councils, 50-74 per cent of the referrals were about people already known to them. In thirteen councils, 25-49 per cent of the referrals were about people known to them and for the remaining 14 councils the figure was between 0 and 24 per cent.

Figure 3.7: Number of councils by the percentage of vulnerable adults known to council.



1. Based on information provided by 148 councils. Three councils did not provide this information

Number of Repeated Referrals

A repeat referral is a safeguarding referral where the vulnerable adult about whom the referral has been made, has previously been the subject of a separate safeguarding referral during the same reporting period. The requirement that both referrals need to be in the same reporting period limits the usefulness of this data as it does not give a complete picture of the magnitude of repeat referrals.

14,085 referrals were recorded as repeat referrals, where one or more separate referrals about the same vulnerable adult were received within the same reporting period as the initial one. Of these, 13,905 were for vulnerable adults where all the key information was known (data shown in **Annex A Table 1**).

Table 3.3 shows that 41 per cent of all repeat referrals where the key information was known were for vulnerable adults with a physical disability. Just under a third (30%) of repeat referrals were for vulnerable adults with a learning disability and nearly a quarter (23%) of repeat referrals were for mental health clients. The remaining six per cent were for over vulnerable people or substance misusers.

The difference shown by gender, reflect the findings for referrals described earlier.

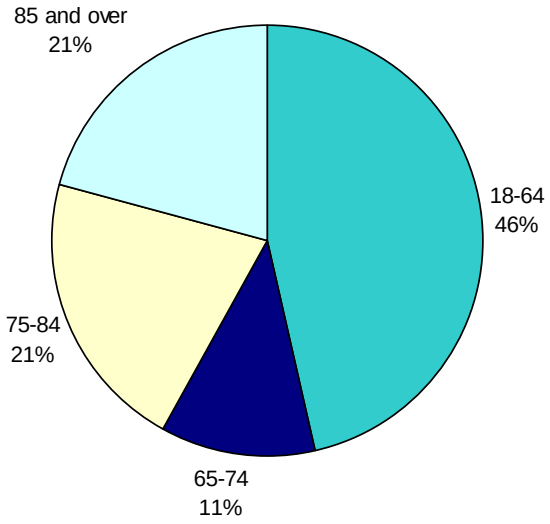
Table 3.3: Repeat referrals by client type and age group of vulnerable adult, 2010-11
England *Percentages* and Rounded Numbers

	Age group				Gender			
Primary Client Type	**18-64**	**65-74**	**75-84**	**85 and over**	**Male**	**Female**	**Total**	***Client Type Percentage Distribution***
Physical Disability	*20*	*15*	*31*	*34*	*33*	*67*	5,735	*41*
Mental Health	*33*	*13*	*29*	*25*	*33*	*67*	3,230	*23*
Learning Disability	*94*	*5*	*1*	*0*	*50*	*50*	4,145	*30*
Substance misuse	*90*	*5*	*4*	*1*	*51*	*49*	105	*1*
Other Vulnerable People	*37*	*17*	*22*	*24*	*42*	*58*	695	*5*

1. Figures may not add up to 100 per cent due to rounding.
2. Based 13,905 repeat referrals, provided by 152 councils

Figure 3.8 shows 46 per cent of all repeat referrals were for clients aged 18-64. Twenty one per cent of repeat referrals were for clients aged 75-84 and 21 per cent were also for clients and 85 and over. Eleven per cent of all repeat referrals were for clients aged 65-74.

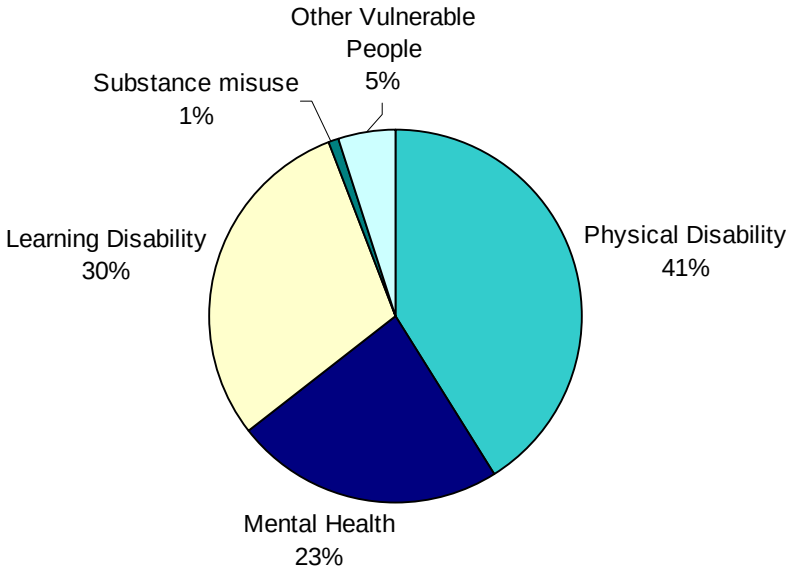
Figure 3.8: Repeat referrals by age group of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 13,905 referrals which were classed as repeat referrals.
3. Based on information provided by 152 councils

Forty one per cent of all repeat referrals were for clients with a physical disability. **Figure 3.9** also shows 30 per cent were for clients with a learning disability. Nearly a quarter (23%) of all repeat referrals were for mental health clients. The remaining six per cent of all repeat referrals were for clients with a substance misuse problem and other vulnerable people.

Figure 3.9: Repeat referrals by client type of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 13,905 referrals which were classed as repeat referrals.
3. Based on information provided by 152 councils

Similar to **Table 3.1**, **Table 3.3** shows that the 18-64 age group has the highest number of repeat referrals across all the client types, except for physical disability. Twenty per cent of the total number of repeat referrals for vulnerable adults with a physical disability were aged 18-64 and over a third (34%) of adults referred with a physical disability were aged 85 and over. Ninety four per cent of repeat referrals for vulnerable adults in the learning disability client type were aged 18-64. Repeat referrals for adults with a substance misuse problem follow a similar pattern to those with a learning disability.

Source of Referral

The source of referral is defined as the person who initially raised the concern with social services safeguarding about the potential abuse or risk of harm. Eleven main categories of referrer have been identified for this return, however only one source may be recorded for each referral. This information can be used to answer questions around routes into safeguarding.

Table 3.4 shows 42,285 (44%) referrals came from social care staff in 2010-11. Over a fifth (21%) of all referrals were raised by health staff. This shows that partnership working between health and social care is evident, as recommended in the No Secrets[4] guidance.

[4] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

Other categorised sources includes five per cent of referrals from the police, another key agency identified in the No Secrets guidance. The number of self-referrals and referrals from family members, friends or neighbours (a total of 11,825 referrals, 12%) is encouraging as this shows that awareness of and routes into safeguarding is evident in the general community.

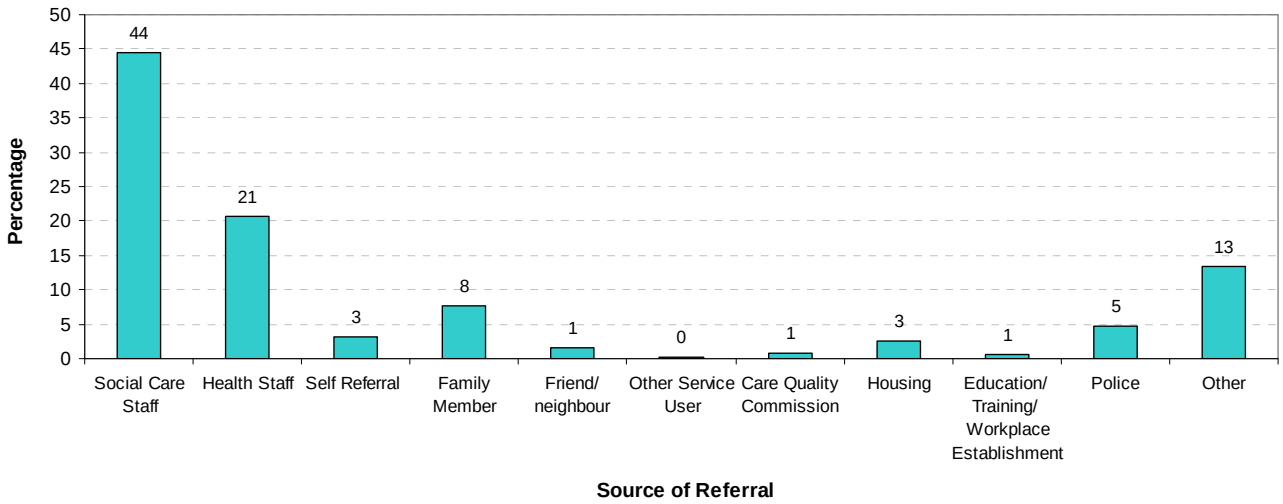
Table 3.4: Source of referral of vulnerable adult, 2010-11

Source of Referral	*Percentage*	Total
Social Care Staff	*44*	42,285
Health Staff	*21*	19,655
Family Member/ Friend/ Neighbour/ Self Referral	*12*	11,825
Other Categorised Sources[4]	*9*	8,505
Other	*13*	12,800

1. Figures may not add up to 100 per cent due to rounding.
2. Based on information provided by 152 councils.
3. Based on 95,065 referrals
4. Other Categorised Sources includes other service users, Care Quality Commission, housing, Education/training/workplace establishment and police.

Figure 3.10 shows for all adults aged 18 and over, 44 per cent of referrals were made by social care staff and 21 per cent were made by health staff. Referrals made from family members accounted for eight per cent and less than one per cent of all referrals were from other service users. Three per cent of referrals were self referrals. These are referrals made by the vulnerable adults themselves. An increase in this figure over time may be a good indication that empowering vulnerable individuals with knowledge and control is improving.

Figure 3.10: Detailed source of referral for all adults aged 18 and over, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals.
3. Based on information provided by 152 councils.

Table 3.5 shows that most referrals for each client type were from social care staff, except for adults with a mental health problem, for whom 40 per cent of referrals came from health staff. For adults with a learning disability, over half (55%) of referrals came from social care staff and for adults with a physical disability, 39 per cent of referrals were from social care staff. Referrals from other sources were similarly distributed across the client types.

Table 3.5: Source of referral by client type of vulnerable adult, aged 18-64, 2010-11

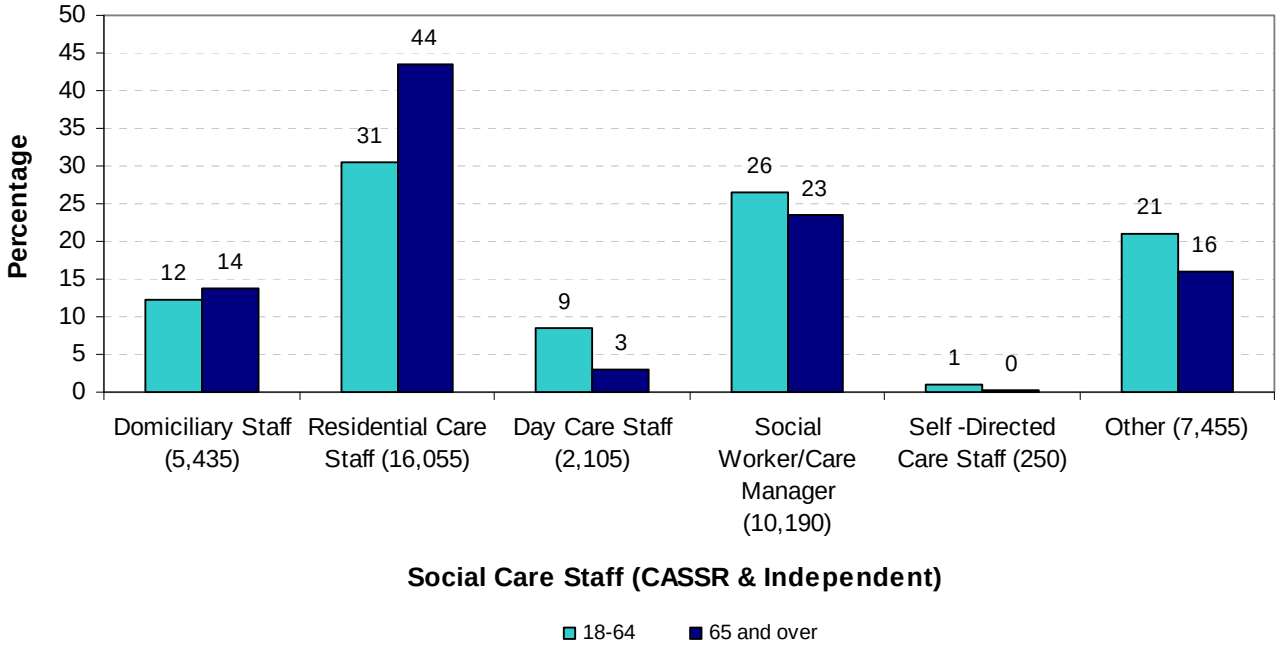
England — *Percentages* and Rounded Numbers

Source of Referral	Physical Disability	Mental Health	Learning Disability	Substance Misuse	Other Vulnerable People	Total
Social Care Staff	*39*	*24*	*55*	*29*	*27*	15,960
Health Staff	*21*	*40*	*10*	*25*	*22*	7,335
Self Referral	*7*	*6*	*3*	*5*	*5*	1,770
Family Member	*6*	*3*	*4*	*2*	*5*	1,645
Friend/neighbour	*2*	*1*	*1*	*1*	*1*	390
Other Service User	*0*	*0*	*0*	*0*	*0*	100
Care Quality Commission	*1*	*0*	*1*	*0*	*1*	220
Housing	*3*	*4*	*3*	*8*	*5*	1,230
Education/Training/Work place Establishment	*1*	*0*	*2*	*0*	*2*	500
Police	*7*	*8*	*4*	*14*	*12*	2,215
Other	*15*	*13*	*17*	*15*	*20*	5,875

1. Figures may not add up to 100 per cent due to rounding.
2. Based on 37,240 referrals
3. Based on information provided by 152 councils

Figure 3.11 shows the number of referrals for clients aged 18 and over by social care staff. In both age groups, the highest number of referrals came from residential care staff (31% for the 18-64 age group and 44% for the 65 and over age group). Over a quarter (26%) of referrals for the 18-64 age group were made by social workers or care managers, for older adults (aged 65 and over) this was just less than a quarter (23%). Referrals that came from domiciliary staff were similar for both age groups, with 12 per cent for the 18-64 age group and 14 per cent for the 65 and over age group

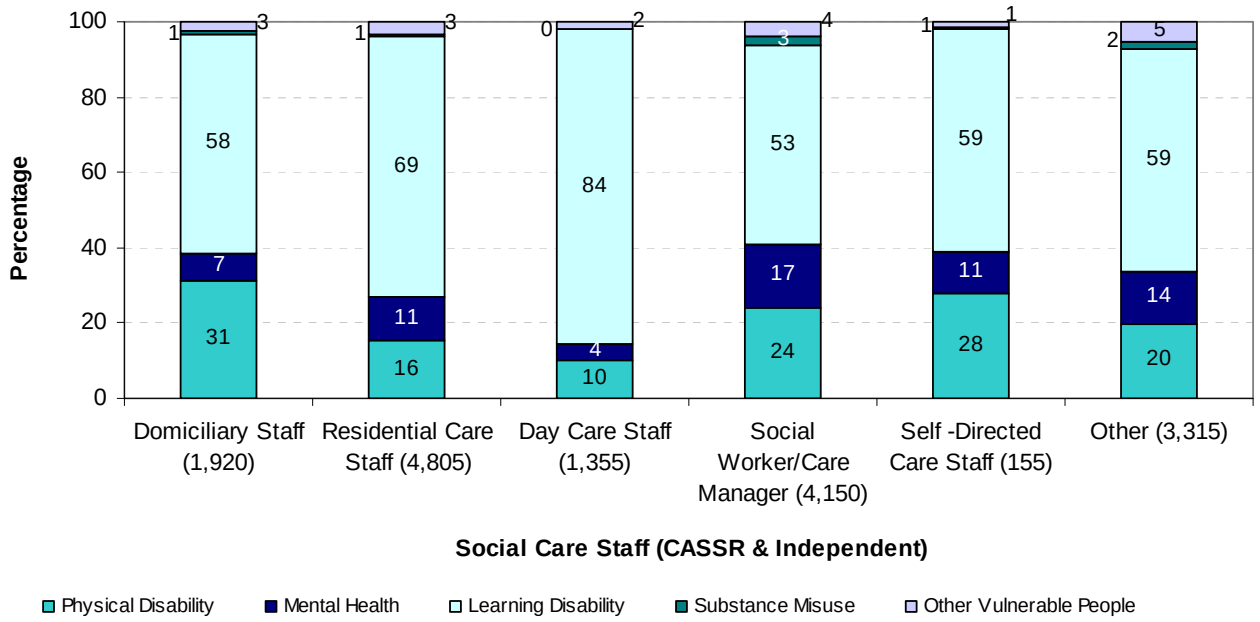
Figure 3.11: Distribution of social care staff referrers by age group, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 15,700 referrals which may contain more than one type of social care staff referrer
3. Based on information provided by 152 councils

The general pattern of distribution by client type is similar across all types of social care staff as can be seen in **Figure 3.12**. Across all social care staff, more than 50 per cent of their referrals were for people with a learning disability however, day care staff were more likely to make referrals about learning disability clients than the others, with 84 per cent of their referrals being about this client type.

Figure 3.12: Distribution of social care staff referrers by client type (aged 18-64), 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 15,700 referrals from social care staff (CASSR and independent)
3. Based on information provided by 152 councils

Nature of Alleged Abuse

There are seven types of abuse for which information has been collected for the purpose of this return. These are physical, sexual, emotional/psychological, financial, neglect, discriminatory and institutional. A single referral can involve more than one of these types of abuse. This information can be used to answer questions about 'What?' What types of abuse is happening and to who? Will this change over time as safeguarding becomes more prominent and targets more specific areas?

A vulnerable adult may be subject to more than one type of alleged abuse. The following analysis is based on the total number of allegations of different types of abuse within the referrals rather than the total number of referrals overall. The most common type of abuse cited in the 95,065 referrals where the three pieces of key information is known is physical abuse, which accounts for 30 per cent of the total abuse allegations reported. This is followed by neglect, accounting for 23 per cent of the abuse reported. A fifth (20%) of the type of abuse cited was financial abuse, 16 per cent of referrals were related to emotional or psychological abuse, followed by sexual abuse accounting for six per cent. Institutional abuse and discriminatory abuse accounted for three per cent and one per cent respectively of all allegations contained within the referrals (**Table 3.6**).

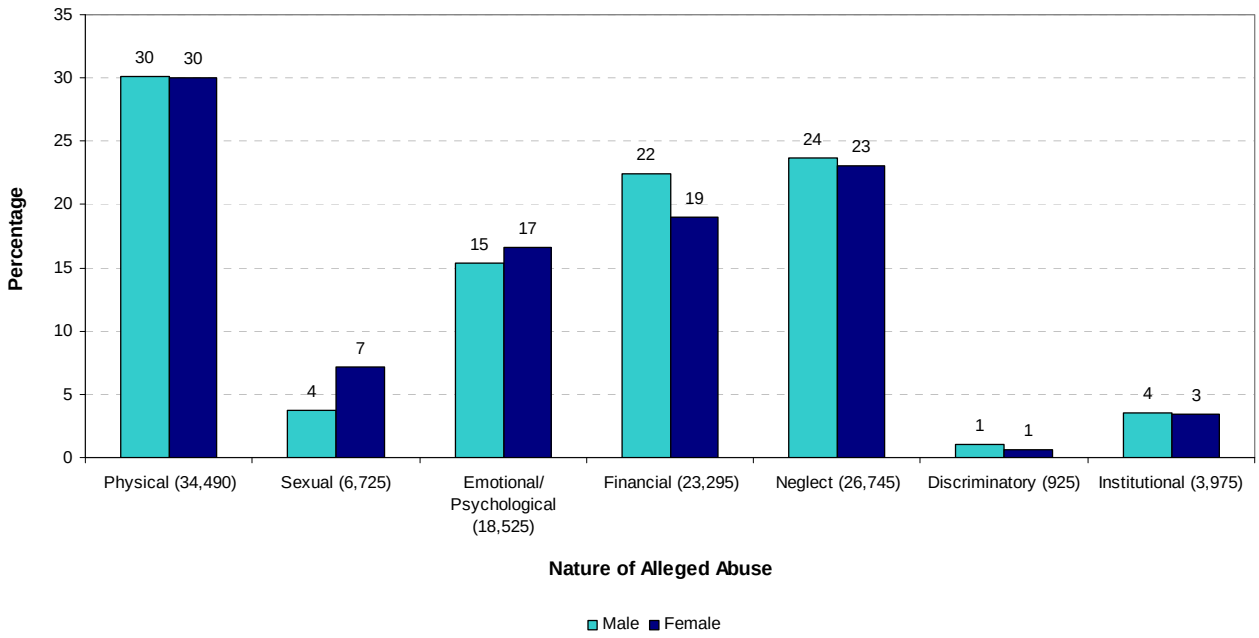
Table 3.6: Nature of alleged abuse of vulnerable adult, 2010-11

Nature of Alleged Abuse	*Percentage*	Total
Physical	*30*	34,490
Sexual	*6*	6,725
Emotional/psychological	*16*	18,525
Financial	*20*	23,295
Neglect	*23*	26,745
Discriminatory	*1*	925
Institutional	*3*	3,975

1. Figures may not add up to 100 per cent due to rounding.
2. Based on 114,680 allegations of different types of abuse in 95,065 referrals.
3. Based on information provided by 152 councils

The distribution of type of abuse across each gender is very similar, as shown by **Figure 3.13**. Men were slightly more likely to make allegations about financial abuse than women (22 per cent of allegations made by men were for financial abuse compared to 19 per cent of the allegations made by women). Whereas women were more likely to make allegations of sexual abuse than men (7% compared to 4%).

Figure 3.13: Nature of referral by gender of vulnerable adult, 2010-11

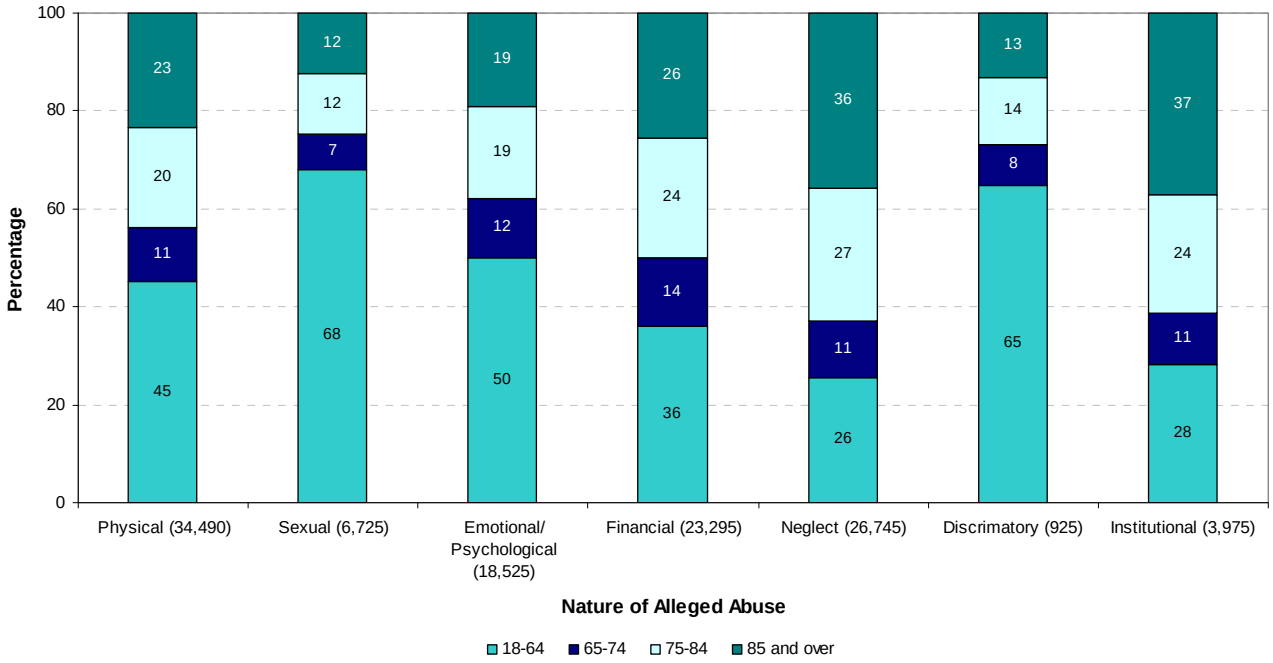


1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals, which may contain allegations of different types of abuse
3. Based on information provided by 152 councils

For all types of abuse, except neglect and institutional, there were more allegations from the 18-64 age group than other age groups. Vulnerable adults in the 85 and over age groups made more allegations about neglect and about institutional abuse than the other age groups. **Figure 3.14** shows that just over two thirds (68%) of the allegations about sexual abuse were made by vulnerable adults aged 18-64 and this was similar for discriminatory abuse (65%). Around three quarters (74%) of the allegations of neglect were from vulnerable

adults aged 65 or over and a similar percentage (72%) of allegations about institutional abuse was from adults in this age group.

Figure 3.14: Nature of referral by age group of vulnerable adult, 2010-11



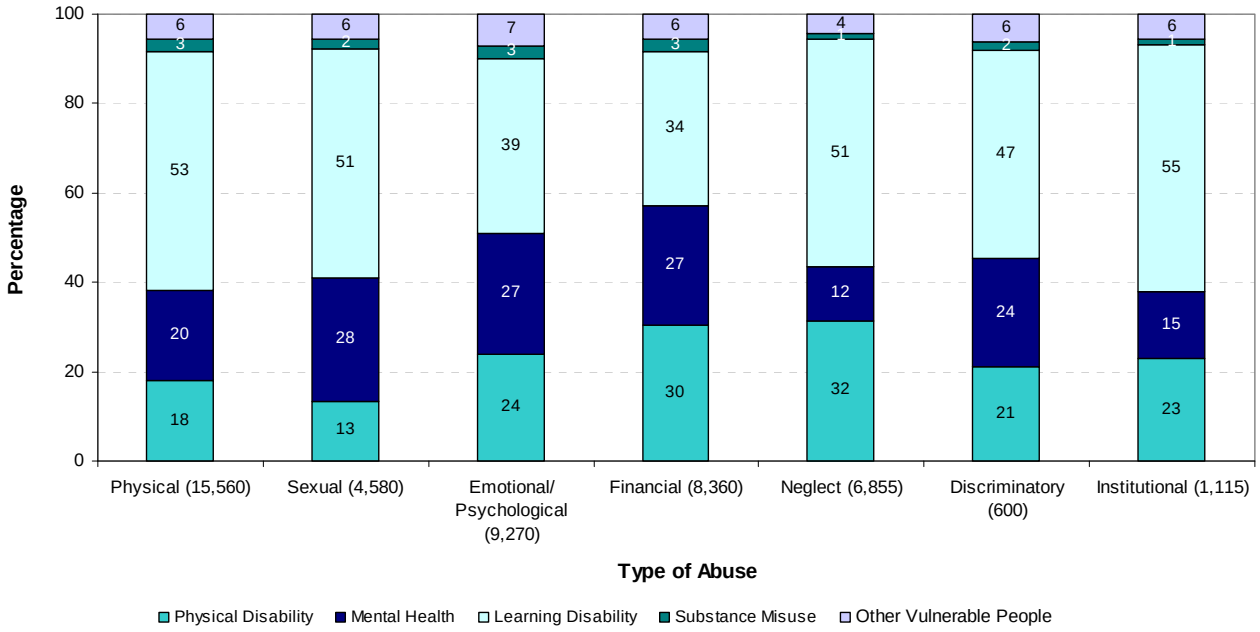
1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals, which may contain allegations of different types of abuse
3. Based on information provided by 152 councils

The data shows that just over a third (36%) of the allegations of financial abuse came from the 18-64 age group. Physical and emotional or psychological abuse both show a similar pattern with age of vulnerable adult, with around half of the allegations of these types of abuse being made by adults aged 18-64.

Figure 3.15 shows a distribution of each type of alleged abuse by client type for adults aged 18-64. Across all types of abuse, most referrals were made for adults with a learning disability. Over half (55%) of referrals for adults reported for institutional abuse had a learning disability and 53 per cent of adults referred for physical abuse also had a learning disability.

The distribution of referrals for adults with a physical disability or mental health problem is similar across all types of abuse. Twenty eight per cent of adults who were referred for sexual abuse had a mental health problem and 13 per cent had a physical disability. Of the adults referred for neglect, 32 per cent were for adults with a physical disability and 12 per cent had a mental health problem.

Figure 3.15: Nature of referral by client type of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals, which may contain allegations of different types of abuse
3. Based on information provided by 152 councils

Location of Alleged Abuse

A single referral may contain allegations about abuse that has occurred in more than one location. This data provides information about 'Where?' Where is the alleged abuse taking place? Which types of location pose greater risk of harm to vulnerable adults?

The following analysis is based on the total number of allegations of abuse at different locations within the referrals rather than the total number of referrals overall.

Table 3.7 shows the majority of referrals reported the vulnerable adults own home (41%) as the location the alleged abuse took place. This is followed by residential care settings (34 per cent of the allegations). Five per cent of the alleged abuse is reported to have taken place in supported accommodation and the remaining 20 per cent of allegations were for a variety of other locations including the perpetrators home, public places and those recorded as 'other' or unknown.

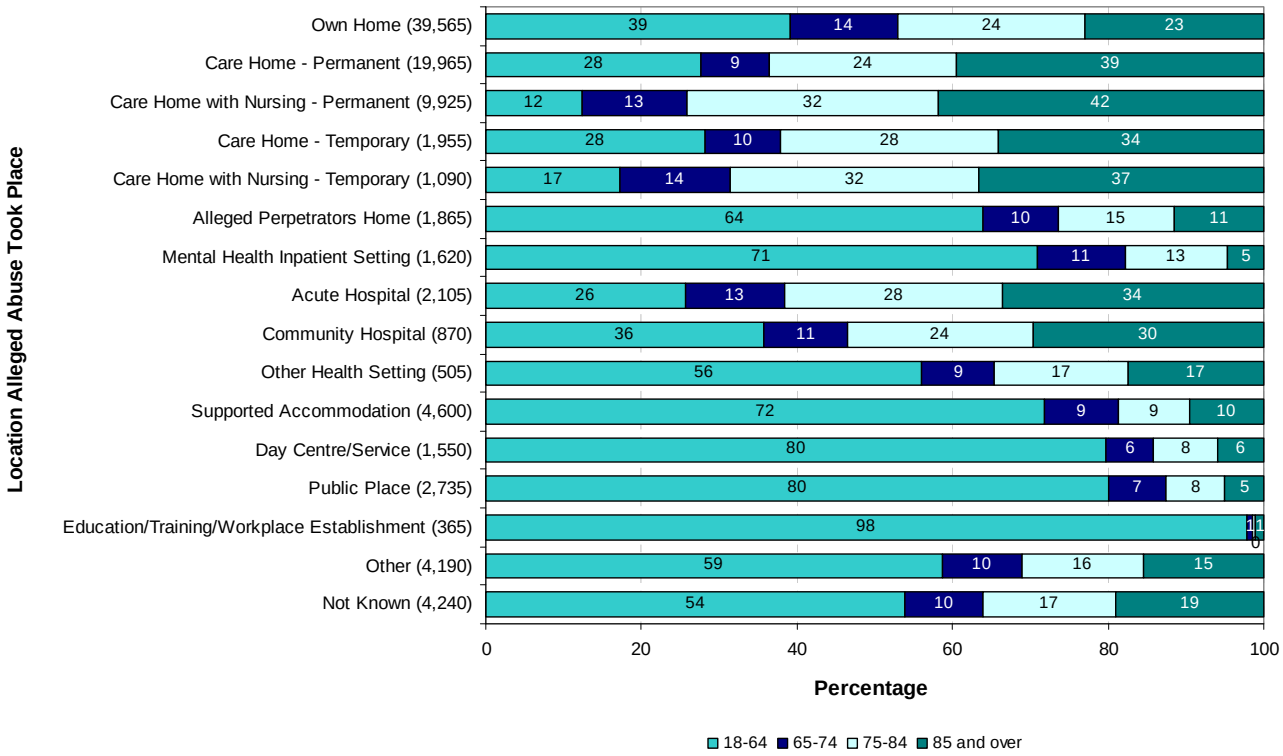
Table 3.7: Location of alleged abuse of vulnerable adult, 2010-11

Location alleged abuse took place	*Percentage*	Total
Own Home	*41*	39,565
Residential Care Setting[2]	*34*	32,935
Alleged Perpetrators Home	*2*	1,865
Health Setting[3]	*5*	5,100
Supported Accommodation	*5*	4,600
Day Centre/Service	*2*	1,550
Public Place	*3*	2,735
Education/Training/Workplace Establishment	*0*	365
Other	*4*	4,190
Not Known	*4*	4,240

1. Figures may not add up to 100 per cent due to rounding
2. Residential Care Setting includes care home - permanent, care home with nursing - permanent, care home - temporary, care home with nursing - temporary.
3. Health Settings include mental health inpatient setting, acute hospital, community hospital and other health setting.
4. Based on 95,065 referrals which may contain more than one different locations of where the alleged abuse took place
5. Based on information provided by 152 councils

Figure 3.16 shows how location of the alleged abuse varies with age group. The majority of allegations of abuse at a number of the locations were made by adults aged 18-64, such as places of education/work (98%), public place (80%) day centre/service (80%), supported accommodation (72%), mental health inpatient setting (71%) and perpetrators own home (64% of the allegations about this location). In contrast, for care homes and acute or community hospital settings the majority of allegations made about abuse occurring in these locations were by older adults aged 65 and over. This might reflect the age distribution of vulnerable people expected to be present at these locations. Of those people allegedly abused in their own home, 39 per cent were aged 18-64, 14 per cent were aged 65-74, 24 per cent were aged 75-84 and 23 per cent were aged 85 and over.

Figure 3.16: Location of alleged abuse by age group of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 97,145 allegations at different locations in the 95,065 referrals.
3. Based on information provided by 152 councils

The data shows there is little difference between permanent and temporary care home placements, or between care homes with and without nursing. There is currently no other nationally collected social care data which would allow comparisons between the number of referrals for vulnerable adults in care homes and the total number of adults residing in care homes. This is because national social care data on care homes only counts those whose residential care is funded partly or wholly by the council; whereas any resident, including self-funders, can be the subject of a safeguarding referral.

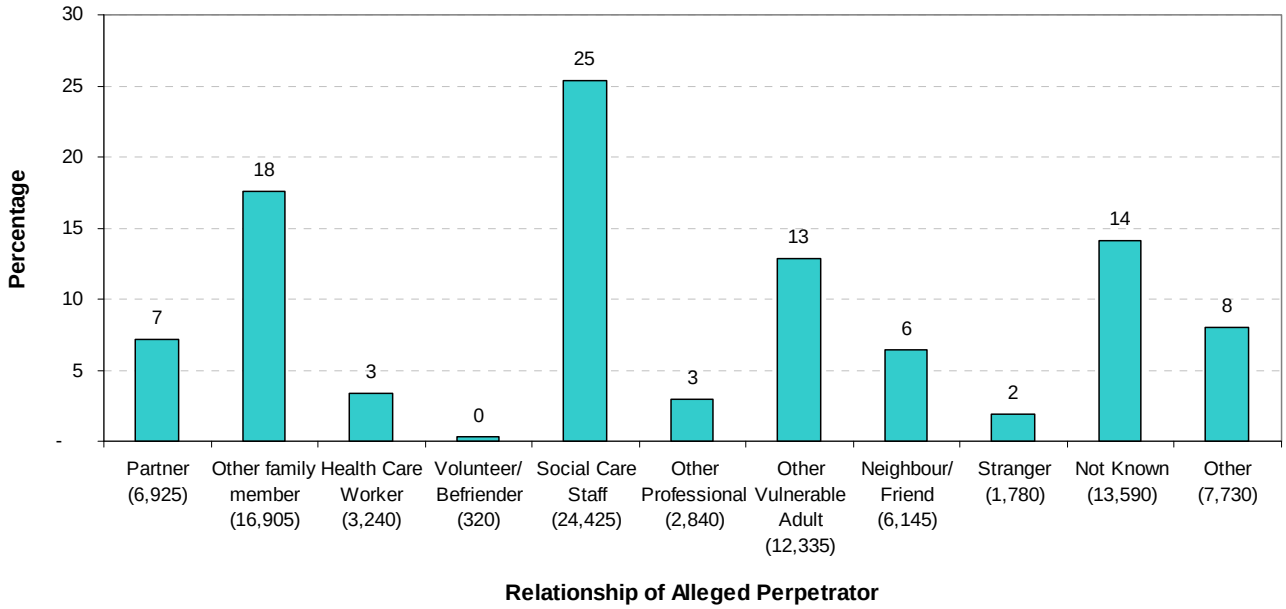
Relationship to Alleged Perpetrator

Information on the relationship between the vulnerable adult and the person alleged to be abusing them or causing them harm helps to answer the ‘Who by?’ question and to differentiate between different circumstances in which abuse might occur. With abuse that could be classed as ‘behind closed doors’, the person causing harm could be a partner, family member or friend. Abuse or risk of harm can also occur through the use of commissioned services, either in a person’s own home, a residential care home or in the community.

A single referral may involve more than one perpetrator, therefore the following analysis is based on the total number of alleged perpetrators within the referrals rather than the total number of referrals overall.

Figure 3.17 shows that of the alleged perpetrators most likely to be associated with 'behind closed doors' abuse, a family member (including the vulnerable adult's partner) was recorded in 25 per cent of the allegations, while 12 per cent of alleged abusers were recorded as either a friend or neighbour, volunteer, other professional or a stranger. When considering perpetrators who might be part of a commissioned service, the data shows that a quarter (25%) of all alleged perpetrators were social care staff and three per cent where health care workers. Thirteen per cent of the alleged abusers were other vulnerable adults. Eight per cent of the allegations related to an alleged perpetrator being recorded as 'other' and for 14 per cent of the allegations the relationship between the vulnerable adult and alleged perpetrator was recorded as unknown.

Figure 3.17: Relationship between alleged perpetrator and vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 96,230 different perpetrators reported in the 95,065 referrals
3. Based on information provided by 152 councils

Of the 25 per cent of alleged perpetrators who were social care staff, 60 per cent were residential care staff and nearly a quarter (24%) were domiciliary care staff. The remaining 16 per cent was split between day care staff, social workers / care managers, self-directed care staff or 'other' social care staff as shown in **Table 3.8**.

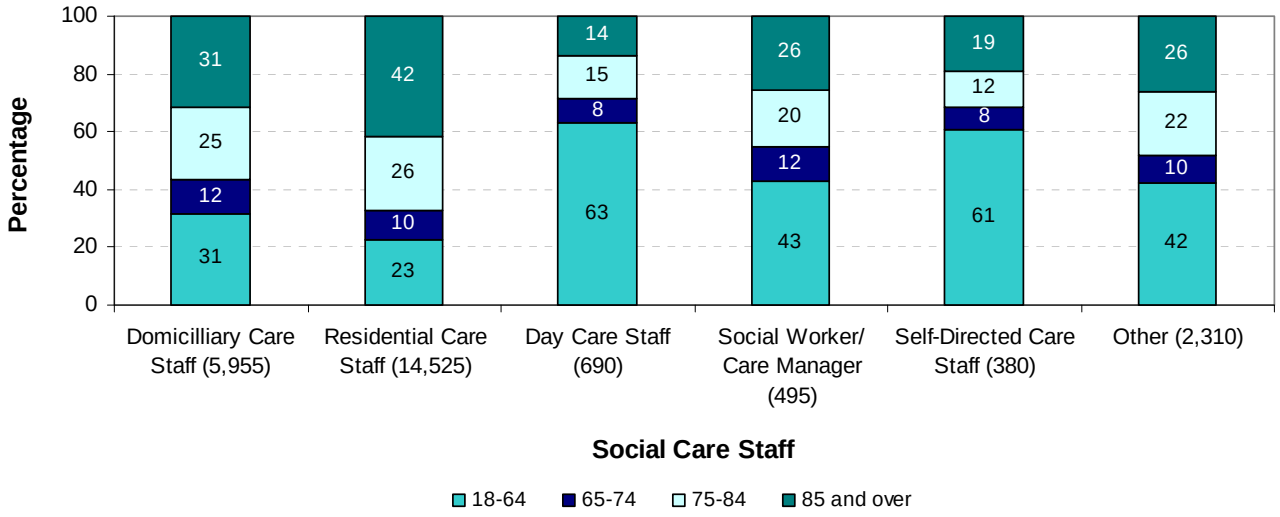
Table 3.8: Breakdown of alleged social care staff perpetrator, 2010-11

Relationship of alleged perpetrator - Social Care Staff	Total	*Percentage*
Domiciliary Care Staff	5,955	*24*
Residential Care Staff	14,525	*60*
Day Care Staff	690	*3*
Social Worker/ Care Manager	495	*2*
Self-Directed Care Staff	380	*2*
Other	2,310	*9*

1. Figures may not add up to 100 per cent due to rounding.

Figure 3.18 shows that 42 per cent of adults allegedly abused by residential care staff were aged 85 and over. Twenty six per cent were aged 75-84, 23 per cent were aged 18-64 and 10 per cent were aged 65-74. A similar pattern by age is seen for domiciliary care staff, with allegations from the 18-64 age group and the 85 and over age group both accounting for 31 per cent. A quarter (25%) of adults allegedly abused by domiciliary care staff, were aged 75-85 and 12 per cent were aged 65-74.

Figure 3.18: Relationship between alleged social care staff perpetrator and vulnerable adult by age group of vulnerable adult, 2010-11

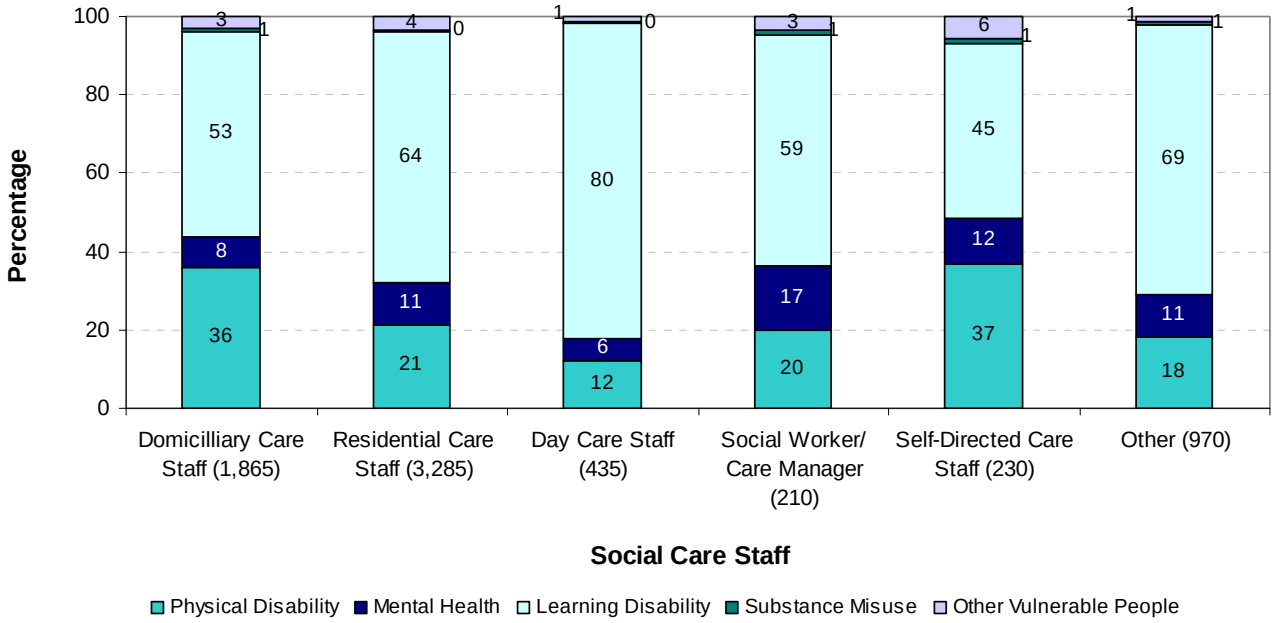


1. Figures may not add up to 100 per cent due to rounding.
2. Based on 24,350 different social care staff perpetrators reported in the 95,065 referrals.
3. Based on information provided by 152 councils.

Figure 3.19 shows that 53 per cent of vulnerable adults allegedly abused by domiciliary care staff, had a learning disability. Thirty six per cent had a physical disability, eight per cent were mental health clients and the remaining four per cent were other vulnerable people and those that had a substance misuse problem.

Almost two thirds (64%) of people allegedly abused by residential care staff had a learning disability and over a fifth (21%) had a physical disability. Eleven per cent of those allegedly abused by residential care staff were mental health clients and the remaining four per cent were other vulnerable people and those with a substance misuse problem.

Figure 3.19: Relationship between alleged social care staff perpetrator and vulnerable adult by client type of vulnerable adult (aged 18-64), 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 95,065 referrals
3. Based on information provided by 152 councils.

4. Safeguarding Referrals Completed in Year

Introduction

A completed referral in this return is defined as being where the active investigation / assessment of allegations has been undertaken and completed and has been closed with an action plan having been agreed and an outcome recorded, or where an allegation has been discounted and the case closed. All referrals completed in the collection period are recorded in the return, irrespective of whether the initial referral was made in the same collection period or a previous one. Therefore completed referrals are not a subset of all referrals for a given collection period.

The number of completed referrals does not include cases where a concern was raised but no further action or investigation was taken, for example if the referral did not meet the council's safeguarding thresholds. If a safeguarding full investigation/assessment was carried out and led to the conclusion that no further action was necessary then the discounted allegation should have been included in the count of completed referrals

Number of Completed Referrals

In 2010-11, 76,470 completed referrals were recorded, of which, 1,065 were about individuals for whom not all the key information (age, gender or primary client type) was known (data shown in **Annex A, Table 1**). Of the remaining 75,405 completed referrals 38 per cent were for males and 62 per cent were for females. This is the same gender split as observed for referrals.

Overall, 38 per cent of the completed referrals related to vulnerable adults in the 18 to 64 age group, followed by 27 per cent in the 85 and over age group, 23 per cent in the 75 to 84 age group and 12 per cent in the 65 to 74 age group.

Table 4.1: Completed referrals by primary client type and age of vulnerable adult, 2010-11

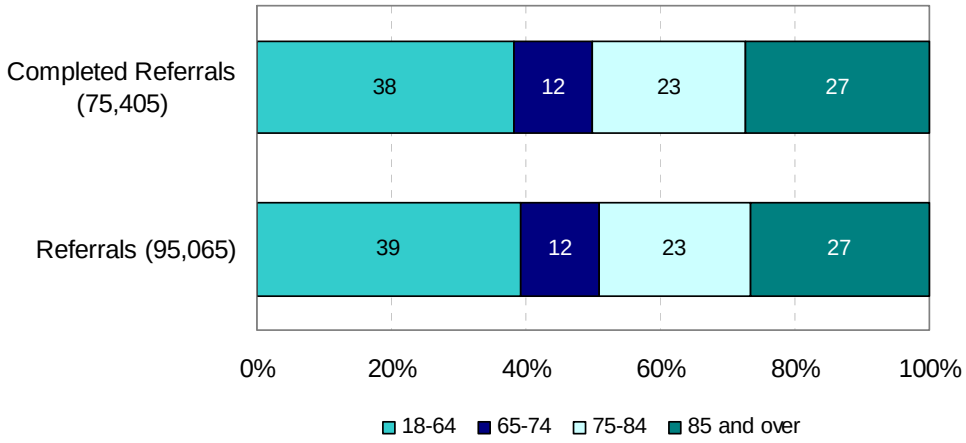
England — *Percentage* and Rounded Numbers

	Age Group				Gender			
Primary Client Type	**18-64**	**65-74**	**75-84**	**85 and over**	**Male**	**Female**	**Total**	***Client Type Percentage Distribution***
Physical Disability	*17*	*13*	*30*	*39*	*34*	*66*	37,955	*50*
Mental Health	*34*	*13*	*27*	*26*	*34*	*66*	16,720	*22*
Learning Disability	*93*	*5*	*2*	*0*	*52*	*48*	15,520	*21*
Substance Misuse	*87*	*8*	*3*	*2*	*49*	*51*	685	*1*
Other Vulnerable People	*35*	*13*	*25*	*27*	*36*	*64*	4,530	*6*
Total	*38*	*12*	*23*	*27*	*38*	*62*	75,405	

1. Figures may not add up to 100 per cent due to rounding.

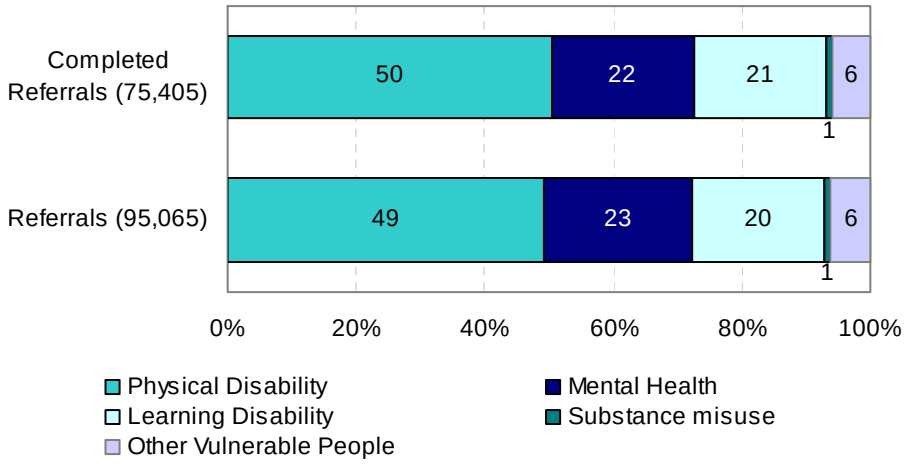
The breakdowns by age group, gender and client group are similar to that seen for referral (**Table 3.1**). Overall, the distribution by age group for completed referrals is almost the same as that for referrals as shown by **Figure 4.1**. Whilst completed referrals are not a true subset of referrals this is a good indication that no particular age group is harder to reach a conclusion for or make decisions about.

Figure 4.1: Comparison of referrals and completed referrals by age group, 2010-11



Similarly, **Figure 4.2** shows a comparison of the distribution of completed referrals by client group and referrals by client group. Again the finding is that there is almost no difference between the two distributions, thus indicating that none of the client groups are harder to reach a conclusion for or make decisions about than the others.

Figure 4.2: Comparison of referrals and completed referrals by client type, 2010-11



Case Conclusion

The case conclusion is the formal outcome of a completed referral and is categorised as either: *substantiated, partly substantiated, not substantiated* or *not determined/inconclusive*. Definitions of these terms can be found in **Appendix F**.

The decision around substantiation should be based on the 'balance of probabilities'. I.e. if all allegations of abuse within a referral can be proved on the balance of probabilities then

the case can be said to have been substantiated. However some councils do not feel comfortable making this decision about all cases and so not all councils were able to submit complete data on case conclusion. Counts of submitting councils for each table can be found in **Annex B** and further details of data quality, estimates provided by councils and issues around completion of data can be found in the Data Quality Statement in **Appendix B**.

Overall, 32 per cent of completed referrals were substantiated, nine per cent were partly substantiated, 31 per cent were not substantiated and 28 per cent were not determined or inconclusive, as shown by **Table 4.2** and **Figure 4.3**

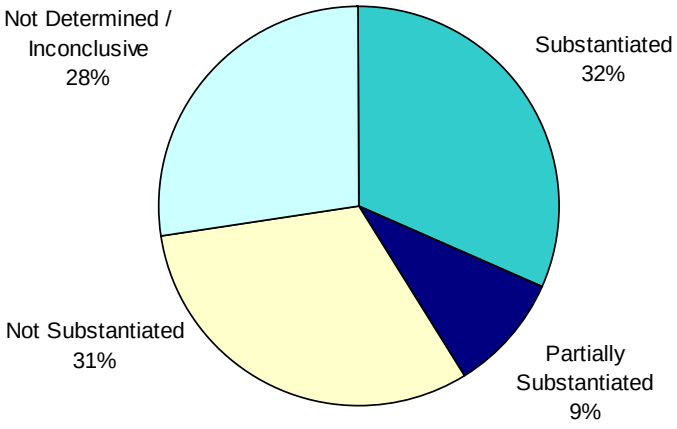
Table 4.2: Case conclusion of completed referral, by age of vulnerable adult, 2010-11

England *Percentages and Rounded Numbers*

Age Group	Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive	Total	Percentage of Partly & Wholly Substantiated
18 - 64	*33*	*10*	*29*	*29*	28,260	*42*
65 - 74	*30*	*9*	*32*	*29*	8,580	*39*
75 - 84	*31*	*9*	*32*	*27*	16,925	*41*
85 and over	*31*	*9*	*33*	*26*	20,245	*41*
18 and over	*32*	*9*	*31*	*28*	74,015	*41*

1. Figures may not add up to 100 per cent due to rounding.
2. Data provided by 148 councils.

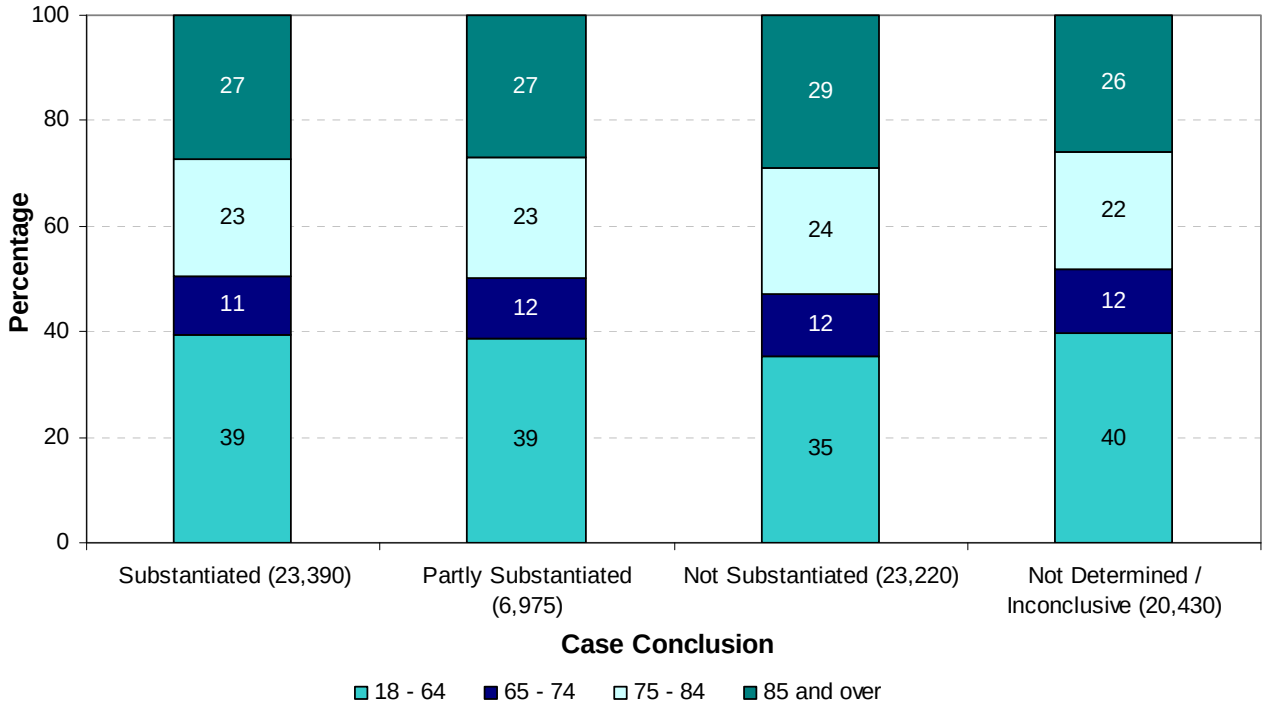
Figure 4.3: Distribution of case conclusion, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 74,015 completed referrals.

The distribution of case conclusion by the age of the vulnerable adult is fairly consistent, indicating that the age of the vulnerable adult does not have an effect on the case conclusion. **Figure 4.4** shows that the percentages are around 39 per cent for the 18-64 age group, 12 per cent for the 65-74 age group, 23 per cent for the 75-84 age group and 27 per cent for the 85 and over age group.

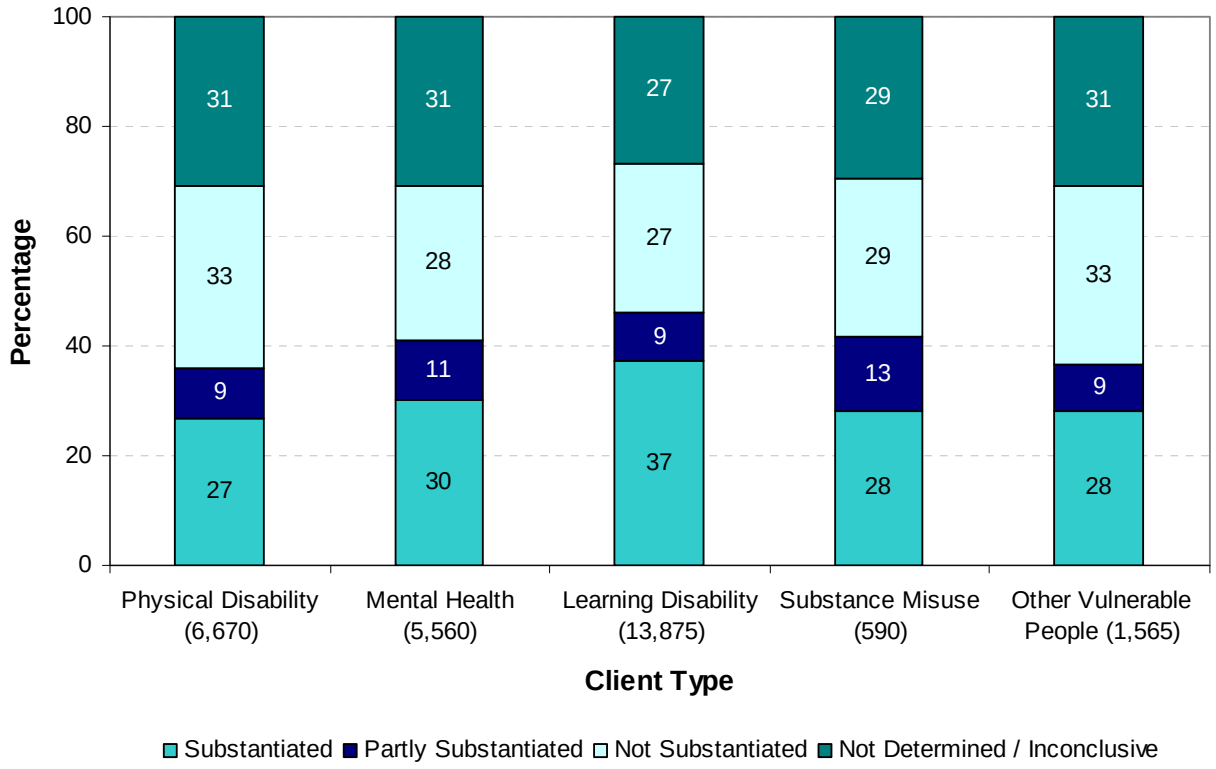
Figure 4.4: Case conclusion by age of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 74,015 completed referrals.
3. Data provided by 148 councils.

Figure 4.5 shows the distribution of primary client type by case conclusion for vulnerable adults aged 18 to 64. The learning disability client type shows a slightly different distribution compared to the others, having a much larger proportion of substantiated claims (37% versus a range of 27% to 30% for the other client types). There is less variance in the proportion of not determined / inconclusive cases across the client types, with the average around 30 per cent. Similarly, the proportion of partly substantiated cases is relatively consistent at around ten per cent.

Figure 4.5: Case conclusion by primary client type (aged 18-64), 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 74,015 completed referrals.
3. Data provided by 148 councils.

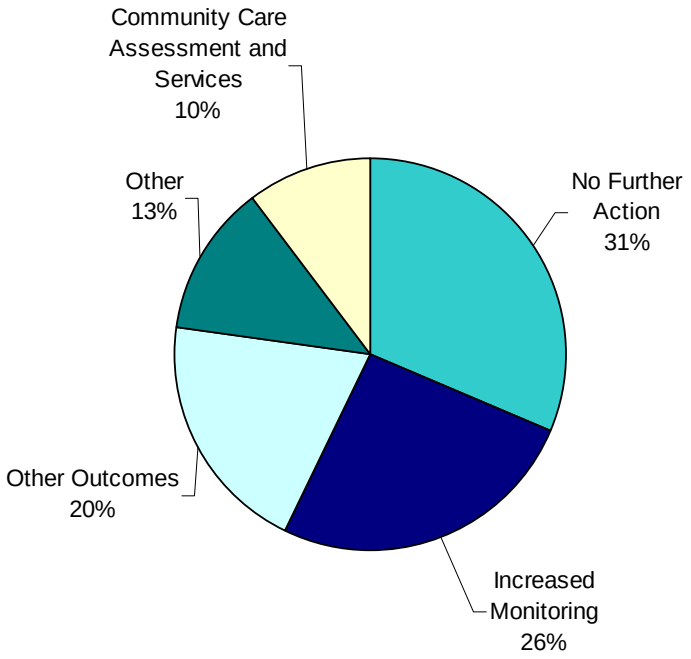
Outcomes for Vulnerable Adult

Described here are the outcomes of the safeguarding investigation relating to the person being, or at risk of being, harmed. They concentrate on the person at the centre of the safeguarding process, the vulnerable adult, and should reflect the actions taken from the protection plan offered to this person. More details about the specific outcomes listed in the return can be found in **Appendix F**.

Data on the outcomes of the safeguarding investigation relating to the vulnerable adult was supplied by 149 councils. Some councils were not able to supply this information because of the data not having been collected or difficulties with extracting the data from their systems.

For each completed referral there can be more than one outcome. **Figure 4.6** shows that in 2010-11, the most common outcomes of the safeguarding investigations were: no further action (31%), increased monitoring (26%), other (13%) and community care assessments and services (10%). **Table 4.3** shows that these results are consistent across each age group. There appears to be no bias towards particular outcomes in any age group.

Figure 4.6: Outcome of completed referrals for vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 85,615 outcomes.
3. The category *Other Outcomes* includes all outcomes which were less then five per cent (Vulnerable Adult Removed from Property or Service, Civil Action, Application to Court of Protection, Application to Change Appointee-ship, Referral to Advocacy Scheme, Referral to Counselling /Training, Moved to Increase / Different Care, Management of Access to Finances, Guardianship/Use of Mental Health act, Review of Self-Directed Support (IB), Referral to MARAC and Restriction/Management of Access to Alleged Perpetrator).

Table 4.3: Outcome of completed referrals for vulnerable adult, by age of vulnerable adult, 2010-11

England — *Percentages and Rounded Numbers*

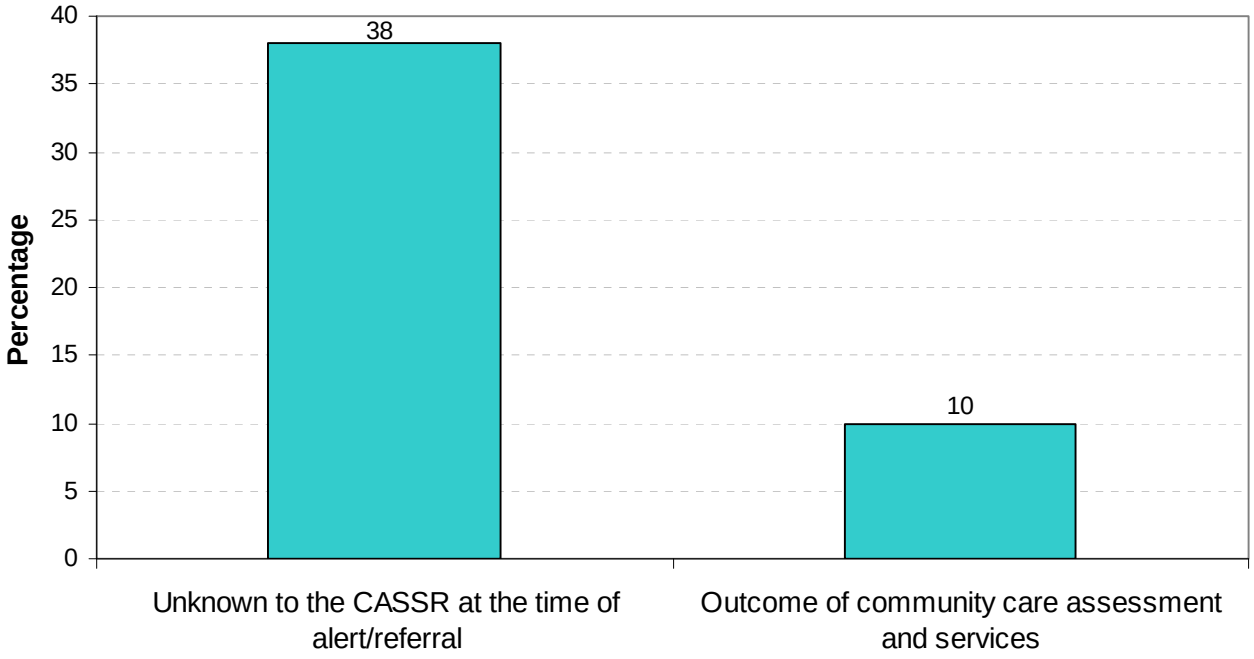
Outcome	18 - 64	65 - 74	75 - 84	85 and over	18 and over
Increased Monitoring	*28*	*25*	*25*	*24*	*26*
Vulnerable Adult removed from property or service	*3*	*3*	*3*	*3*	*3*
Community Care Assessment and Services	*9*	*12*	*12*	*11*	*10*
Civil Action	*0*	*0*	*0*	*0*	*0*
Application to Court of Protection	*0*	*1*	*1*	*1*	*1*
Application to change appointee-ship	*1*	*1*	*1*	*1*	*1*
Referral to advocacy scheme	*2*	*1*	*1*	*1*	*1*
Referral to Counselling /Training	*3*	*1*	*1*	*1*	*2*
Moved to increase / Different Care	*4*	*5*	*5*	*5*	*4*
Management of access to finances	*3*	*3*	*3*	*3*	*3*
Guardianship/Use of Mental Health act	*0*	*0*	*0*	*0*	*0*
Review of Self-Directed Support (IB)	*1*	*0*	*0*	*0*	*0*
Restriction/management of access to alleged perpetrator	*6*	*5*	*4*	*4*	*5*
Referral to MARAC	*1*	*0*	*0*	*0*	*0*
Other	*13*	*12*	*12*	*13*	*13*
No Further Action	*27*	*31*	*33*	*35*	*31*
Total	33,955	10,220	19,110	22,330	85,615

1. Figures may not add up to 100 per cent due to rounding.
2. Data supplied by 149 councils.

For councils that supplied data on both case conclusions and outcomes the 31 per cent of completed referrals for which the outcome was no further action is almost equal to the proportion (32%) of case conclusions that were not substantiated. However, there were also 27 per cent that were not determined / inconclusive among this group. It should be noted that the outcomes of unsubstantiated cases may vary - for instance, an unsubstantiated case may still lead to an outcome such as increased monitoring for the vulnerable adult - and so it would not be expected that the proportion of cases for which the conclusion was not substantiated or not determined / inconclusive would exactly match the proportion of cases for which the outcome was no further action.

There were 145 councils that supplied data on both completed referrals and outcomes for the vulnerable adult. Ten per cent of the outcomes for the victim were recorded as community care assessment and services. In contrast, **Figure 4.7** shows that 38 per cent of completed referrals were for clients who were previously unknown to those councils. This indicates that there are people previously unknown to the council going through the safeguarding process and not requiring community assessments and services in order to safeguard them from further harm.

Figure 4.7: Comparison of unknowns with the outcome of community care assessment and services, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on results from 145 councils that supplied data on both the number of completed referrals for vulnerable adults previously known to the CASSR and on the outcomes for vulnerable adults.
3. Based on 70,915 completed referrals.

In contrast to **Table 4.3, Table 4.4** shows that for the 18-64 age group there are differences in the distribution of the outcomes between the client types. The rate of increased monitoring is slightly higher amongst the mental health and learning disability client types at around 30 per cent compared to around 20 per cent for the three other client types. The no further action outcome is highest amongst the other vulnerable people client type (39% compared to a range of 25 to 31%). With the exception of other and of community care assessment and

services all the remaining outcomes make up only very small percentages of the distribution ranging from 0 to 6 per cent.

Table 4.4: Outcome of completed referrals for vulnerable adult (aged 18-64), by primary client type of vulnerable adult, 2010-11

England — *Percentages and Rounded Numbers*

Outcome	Physical disability	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People
Increased Monitoring	*22*	*29*	*32*	*20*	*20*
Vulnerable Adult removed from property or service	*3*	*4*	*2*	*5*	*3*
Community Care Assessment and Services	*12*	*7*	*8*	*11*	*8*
Civil Action	*0*	*0*	*0*	*1*	*0*
Application to Court of Protection	*0*	*1*	*0*	*1*	*0*
Application to change appointee-ship	*1*	*0*	*1*	*0*	*0*
Referral to advocacy scheme	*2*	*2*	*1*	*2*	*2*
Referral to Counselling /Training	*2*	*4*	*3*	*4*	*5*
Moved to increase / Different Care	*4*	*4*	*4*	*3*	*3*
Management of access to finances	*3*	*3*	*3*	*1*	*2*
Guardianship/Use of Mental Health act	*0*	*1*	*0*	*0*	*0*
Review of Self-Directed Support (IB)	*1*	*0*	*1*	*0*	*0*
Restriction/management of access to alleged perpetrator	*4*	*6*	*6*	*3*	*4*
Referral to MARAC	*1*	*1*	*0*	*5*	*2*
Other	*13*	*14*	*13*	*15*	*12*
No Further Action	*31*	*25*	*25*	*27*	*39*
Total	7,765	6,680	16,935	805	1,775

1. Figures may not add up to 100 per cent due to rounding.
2. Data supplied by 149 councils.

Serious Case Reviews

Serious care reviews are performed when there are major concerns about adult protection and/or system failures that have resulted in people not being cared for or protected adequately. They are held in order to determine what went wrong and what lessons may be learned about the way in which staff and agencies work together to safeguard people at risk of harm.

The AVA return collects data on how many safeguarding referrals completed within the collection period led to a serious case review. In 2010-11 only 148 councils could supply this information. A low number of serious case reviews is not unexpected and for the councils who submitted this data the total number was 80. Just over half (51%) of these were about vulnerable adults aged 18-64 (see **Annex A, Table 8c**).

Protection Plans

The term *protection plan* is used to refer to the agreed actions placed on the care plan of a vulnerable adult following an investigation into an allegation of abuse.

The plan should document:

- what steps are to be taken to assure the future safety of the vulnerable adult;
- what treatment or therapy the vulnerable adult can access;
- modifications in the way services are provided (for example moving to same gender care or placement);
- how best to support the individual through any action they take to seek justice or redress; and
- any on-going risk management strategy required where this is deemed appropriate.

Further guidance can be found in the Department of Health's guidance document 'No Secrets'[5].

It is good practice for mentally capable vulnerable adults to be included in the assessment of risk and the formulation of the protection plan. In some cases proactive support is required and higher levels of acceptance may be seen to be an indicator of good engagement with the individual. The communication needs, wishes and mental capacity of the alleged victim to make decisions about achieving safety from abuse or neglect should be properly assessed. Only when an individual lacks the mental capacity to make such decisions should another individual - such as a relative - be nominated to take part in the risk assessment and protection plan on their behalf.

As shown by **Table 4.5**, in 2010-11 not all councils offered a protection plan for each completed referral. A protection plan may not be necessary for referrals where the allegations of abuse were unsubstantiated or the case conclusion status could not be determined. Across all age groups 58 per cent of those who were offered a protection plan accepted the plan whilst 22 per cent declined.

Table 4.5: Number of completed referrals and acceptance status of offered protection plans, by age group of vulnerable adults, 2010-2011

England — *Percentage* and Rounded Numbers

Age group	No. of Completed Referrals	No. of Protection Plans Offered	Accepted	Not Accepted	Could Not Consent
18 - 64	26,765	15,685	*64*	*21*	*16*
65 - 74	8,095	4,565	*58*	*24*	*18*
75 - 84	15,850	9,260	*54*	*24*	*23*
85 and over	18,830	11,185	*53*	*23*	*24*
All Ages	69,540	40,695	*58*	*22*	*20*

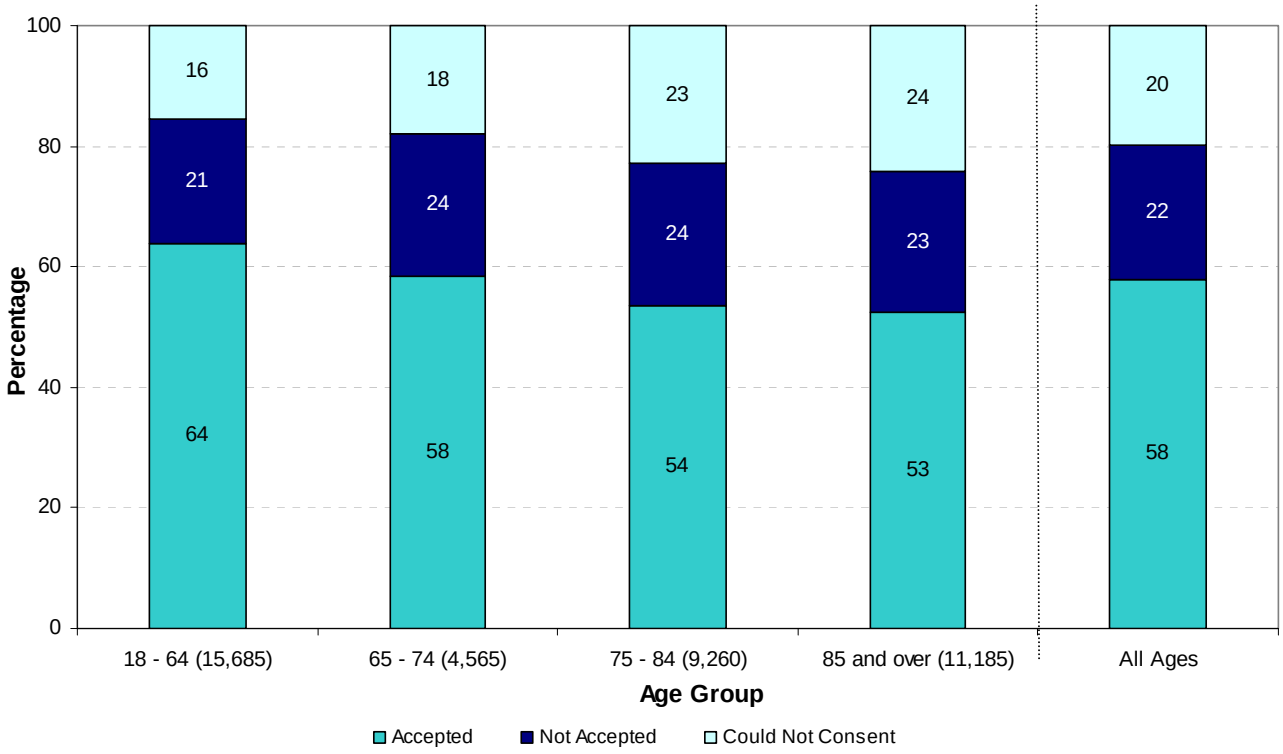
1. Figures may not add up to 100 per cent due to rounding.
2. Data supplied by 142 councils that submitted both completed referral and data on the acceptance of protection plans.

Figure 4.8 shows a decreasing trend of acceptance of protection plans as the age of the vulnerable adult increases: for the 18-64 age group 64 per cent of plans were accepted, for the 65-74 age group it was 58 per cent; the rate of acceptance then tailed off to 54 per cent and 53 per cent for the 75-84 age group and the 85 and over age group respectively. At the same time the proportion of vulnerable adults who were unable to consent to a protection

[5] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

plan increased with age from 16 per cent for the 18-64 age group to 24 per cent for those aged 85 and over. The rate of non-acceptance of protection plans is lowest for the 18-64 age band (21%) and remained fairly consistent among older people (around 23%).

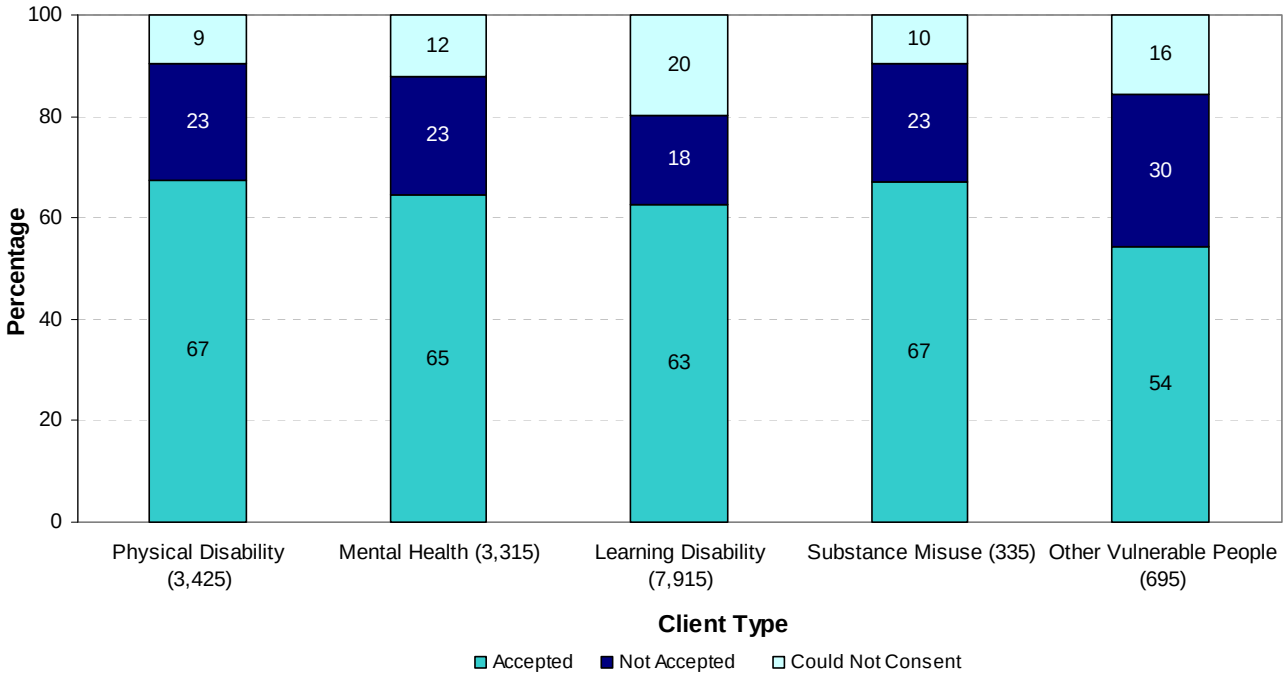
Figure 4.8: Acceptance of protection plan, by age of vulnerable adult, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 40,695 protection plans offered.

As shown by **Figure 4.9,** the percentage of protection plans that are accepted by adults age 18 to 64 is lowest for the other vulnerable people client type (54%) and similar for the physical disability, mental health, learning disability and substance misuse client types (between 63% and 67%). The percentage of protection plans that are not accepted is highest for the other vulnerable people client type (30%) and lowest for the learning disability client type (18%). This percentage is similar for the remaining client types at 23 or 24 per cent. The percentage of vulnerable adults who could not consent to a protection plan is highest amongst the learning disability and other vulnerable people client types (20% and 16% respectively) and lower for the mental health, substance misuse and physical disability client types (12%, 10% and 9% respectively).

Figure 4.9: Acceptance of protection plans, by client type of vulnerable adult (aged 18-64), 2010-11



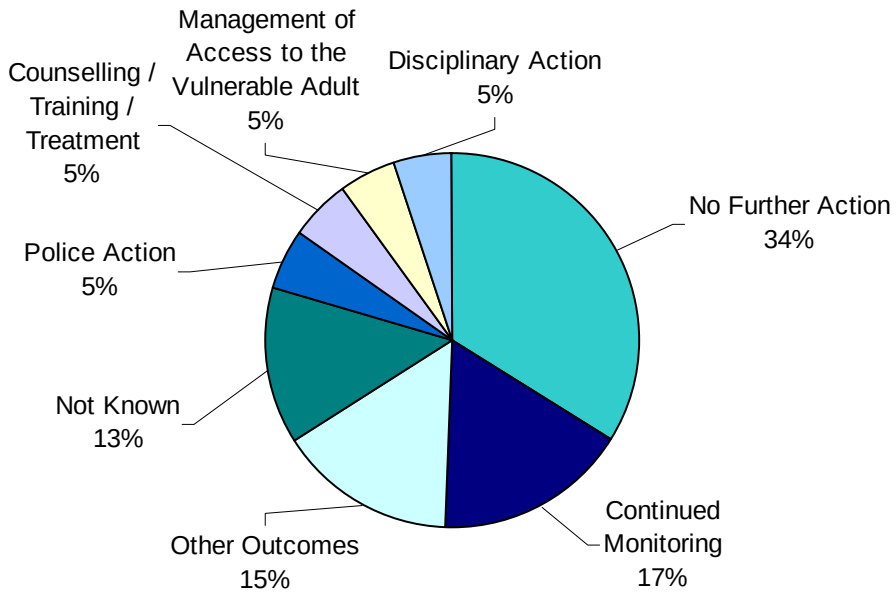
1. Figures may not add up to 100 per cent due to rounding.
2. Based on 15,685 protection plans offered.

Outcome for Perpetrator, Organisation or Service

This section looks at the outcomes or actions resulting from the completed referral which relate to the alleged perpetrator, organisation or service. A single completed referral may result in more than one type of outcome for the alleged perpetrator. However, if the 'no further action' or the 'not known' outcome was recorded for a referral then councils were instructed that no other additional outcome should be recorded for that completed referral.

As shown by **Figure 4.10** the most common outcome for the alleged perpetrator of completed referrals is no further action accounting for over a third of all outcomes for the perpetrator (34%). This is followed by continued monitoring (17%) and not known (13%). All other outcomes account for less than 10 per cent of the total number of outcomes. **Table 4.6** shows that the actions taken by the council against the person causing harm do not vary substantially depending on the age of the vulnerable adult being harmed or put at risk of harm.

Figure 4.10: Outcome of completed referrals for perpetrator / organisation / service, 2010-11



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 83,410 outcomes.
3. The category *Other Outcomes* includes all outcomes which occurred at a rate of less than five per cent, the full list of outcomes can be seen in Table 4.6 below or Table 9 in Annex A.

Table 4.6: Outcome of completed referrals for perpetrator / organisation / service, by age of vulnerable adult, 2010-11

England — *Percentages and Rounded Numbers*

	Age Group				
Outcome	**18 - 64**	**65 - 74**	**75 - 84**	**85 and over**	**18 and over**
Criminal Prosecution / Formal Caution	*1*	*1*	*1*	*1*	*1*
Police Action	*7*	*5*	*4*	*3*	*5*
Community Care Assessment	*3*	*4*	*4*	*4*	*4*
Removal from property or Service	*4*	*3*	*3*	*3*	*3*
Management of access to the Vulnerable Adult	*6*	*5*	*5*	*4*	*5*
Referred to PoVA List /ISA**	*1*	*1*	*1*	*2*	*1*
Referral to Registration Body	*0*	*1*	*1*	*1*	*0*
Disciplinary Action	*5*	*4*	*5*	*6*	*5*
Action By Care Quality Commission	*1*	*1*	*1*	*1*	*1*
Continued Monitoring	*16*	*15*	*17*	*17*	*17*
Counselling/Training/Treatment	*5*	*4*	*5*	*6*	*5*
Referral to Court Mandated Treatment	*0*	*0*	*0*	*0*	*0*
Referral to MAPPA	*0*	*0*	*0*	*0*	*0*
Action under Mental Health Act	*0*	*0*	*1*	*0*	*0*
Action by Contract Compliance	*1*	*1*	*2*	*2*	*2*
Exoneration	*2*	*3*	*2*	*3*	*2*
No Further Action	*33*	*37*	*34*	*34*	*34*
Not Known	*14*	*13*	*13*	*13*	*13*
Total	32,365	9,725	18,875	22,445	83,410

1. Figures may not add up to 100 per cent due to rounding.

Table 4.7 shows the distribution of outcomes of the referral for the perpetrator is similar for each of the primary client types in the 18-64 age group. There are some differences which stand out for particular client types. The most notable is for the substance misuse client type, where abuse of substance misusers is more likely to lead to police action for the perpetrator or be recorded as 'no further action' than for other client types and least likely to result in continued monitoring of the perpetrator than for the other client types. The data also shows that abuse of a person with learning disabilities is more likely to result in continued monitoring of the perpetrator than for other client types and least likely to result in no further action.

Table 4.7: Outcome of completed referrals for perpetrator / organisation / service, by client type of vulnerable adult, 2010-11

England *Percentages and Rounded Numbers*

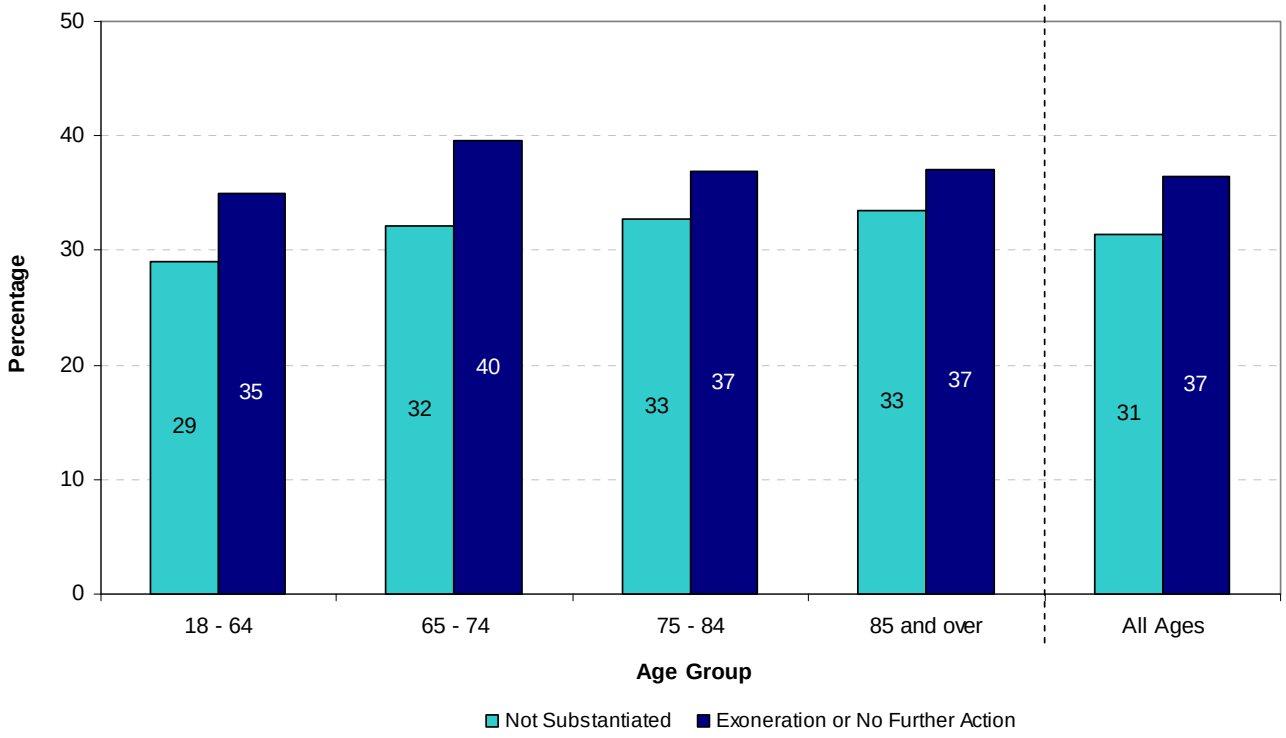
Outcome	Client Type				
	Physical Disability	**Mental Health**	**Learning Disability**	**Substance Misuse**	**Other Vulnerable People**
Criminal Prosecution / Formal Caution	*2*	*2*	*1*	*3*	*1*
Police Action	*8*	*9*	*6*	*14*	*9*
Community Care Assessment	*4*	*2*	*4*	*2*	*3*
Removal from property or Service	*3*	*3*	*4*	*4*	*3*
Management of access to the Vulnerable Adult	*4*	*7*	*7*	*5*	*4*
Referred to PoVA List /ISA**	*1*	*1*	*1*	*0*	*1*
Referral to Registration Body	*0*	*0*	*0*	*1*	*0*
Disciplinary Action	*4*	*3*	*6*	*1*	*2*
Action By Care Quality Commission	*1*	*0*	*1*	*0*	*0*
Continued Monitoring	*13*	*14*	*20*	*9*	*13*
Counselling/Training/Treatment	*4*	*3*	*6*	*3*	*4*
Referral to Court Mandated Treatment	*0*	*0*	*0*	*0*	*0*
Referral to MAPPA	*0*	*0*	*0*	*0*	*0*
Action under Mental Health Act	*0*	*1*	*0*	*1*	*0*
Action by Contract Compliance	*1*	*0*	*1*	*0*	*0*
Exoneration	*2*	*2*	*2*	*1*	*2*
No Further Action	*38*	*36*	*28*	*44*	*40*
Not Known	*14*	*16*	*13*	*11*	*17*
Total	7,390	6,270	16,320	705	1,685

1. Figures may not add up to 100 per cent due to rounding.

For councils that supplied data on both case conclusions and outcomes for the perpetrator **Figure 4.11** shows that the percentage of not substantiated case conclusions was consistently lower than the percentage of outcomes for the perpetrator that were either no further action or exoneration (a range of 29% to 33% versus a range of 35% to 40%).

This indicates that some cases which were partly or wholly substantiated or where the conclusion could not be determined must have an outcome of no further action or exoneration for the perpetrator.

Figure 4.11: Comparison of unsubstantiated cases with perpetrator outcome of no further action/exoneration, 2010-11



1. Based on 82,835 outcomes.
2. Based on figures from 147 councils that returned data on both case conclusions and outcomes for the perpetrator.

Appendix A: Editorial Notes

Introduction

This section outlines the completeness and robustness of the data.

Collection Process

The AVA data are submitted by CASSRs to the Health and Social Care Information Centre (HSCIC) in an aggregated format via an online collection system. The data in this report refers to the collection period 1st April 2010 to 31st March 2011. The online collection system was made available to councils during June 2011 for a three week period to allow councils to submit their initial (first cut) of data. The collection system includes a number of at-source validations to help ensure quality and integrity of the data. If any of these validations are breached the data cannot be submitted without a reason for the breach being entered on the system or the breach removed by changing the data. After the first cut deadline the HSCIC extracted the submitted data from the system and carried out a round of internal validations, in which any breach reasons were reviewed. Additional validation tests were carried out in which outliers and anomalies were identified. Validation reports were created where necessary, which included a list of blank cells (and guidance on possible estimation techniques to populate these), unaccepted breach reasons and results of the additional validation tests. The collection system was made available again to all CASSRs for a further 3 week period to allow them to make changes to the data submitted for first cut.

A second round of validations and review of blank cells and breach reasons was undertaken and CASSRs had a third and final opportunity to address any issues and/or make changes to their submission before the third and final cut deadline in November 2011. The data in this report is based on the data submitted at this final cut.

Missing Data

All 152 CASSRs in England submitted a return for the 2010-11 AVA; however a number left various cells across the tables blank. A set of annex tables (Annex B) detailing the count of responding councils for each cell has been made available.

Estimates

Where CASSRs were unable to submit data for either an entire table or for some of their referrals or completed referrals they were invited to provide estimates. Guidance was provided on how these estimates could be calculated which included using local data, uplifting data and apportioning data in order to maintain patterns which exist within the available data.

Table 1 below provides a summary of councils who have indicated they have estimated some data in the tables stated. Some councils may have included estimates in their return without informing the HSCIC

Table A1: Summary of estimated data provided by Councils

Councils		Tables
206	Rotherham	1, 5b
212	Leeds	4a, 4b
213	Wakefield	4a, 4b, 5a, 5b, 7a, 7b, 8a
305	Bury	No specific table specified
306	Manchester	1, 6a, 6b
409	Sandwell	1
507	Derby	7a, 7b
621	Southend-on-Sea	1, 6a, 6b, 8c
626	Central Bedfordshire	1
708	Lambeth	1, 6a, 6b, 8c
734	Sutton	5, 7
805	Surrey	7a, 7b, 8a
807	West Sussex	6a, 6b

Ethnicity data comparisons

The ethnicity breakdown for England has been obtained from the Office for National Statistics (ONS) data release – Population by Ethnic Group (Experimental), Mid-2009, which are available here:

http://www.ons.gov.uk/ons/rel/peeg/population-estimates-by-ethnic-group--experimental-/current-estimates/index.html

Data on ethnicity broken down by age group for England is available from the data table EE4, however the age groupings only allow data to be grouped for adults for aged 20 and over.

Table A2: Breakdown of England population by ethnic group and AVA referrals data

	England		
Ethnic Group	Population (Thousands)	%	AVA %
White	37,128	*89*	*89*
Mixed	461	*1*	*1*
Asian or Asian British	2,286	*5*	*3*
Black or Black British	1,115	*3*	*3*
Other Ethnic Groups	718	*2*	*1*
	41,707		

1. England data is for adults aged 20 and over, AVA referrals data is for adults aged 18 and over

Age-gender standardisation

Data presented by region has been standardised to the age and gender breakdown for England to account for variation in these variables between regions. The method used is a direct-standardisation method where the observed rate for each age / gender group is calculated per 100,000 population for each area. This is then multiplied by the England population for each age / gender group. The resulting values are summed across the age / gender groups and then divided by the total England population.

Example:

The observed rates for Area A are shown in Table A3.

Table A3 Observed data for Area A

Observed data	18-64		65-74		75-84		85+	
	Female	Male	Female	Male	Female	Male	Female	Male
Area A	1,091	1,017	388	278	912	511	1,145	410

These are divided by the population in each age / gender group for Area A (Table A4) and multiplied by 100,000 to give observations per 100,000 population as shown in Table A5.

Table A4 Population data for Area A

Population	18-64		65-74		75-84		85+		All adults
	Female	Male	Female	Male	Female	Male	Female	Male	
Area A	820,713	814,938	124,112	112,120	89,585	66,602	38,386	18,151	2,084,607

Table A5 Observed data per 100,000 population for Area A

Observed data per 100,000 Ppn.	18-64		65-74		75-84		85+		All adults
	Female	Male	Female	Male	Female	Male	Female	Male	
Area A	132.93	124.79	312.62	247.95	1,018.03	767.24	2,982.86	2,258.83	275.93

The population data for all areas (shown in Table A6) is then used to calculate the standardised rate by multiplying the observed rate per 100,000 population for Area A in each age / gender group by the overall population for that age / gender group, as shown in Table A7.

Table A6 Population data for All Areas

Ppn.	18-64		65-74		75-84		85+		All adults
	Female	Male	Female	Male	Female	Male	Female	Male	
All Areas	16,280,125	16,302,232	2,344,169	2,142,784	1,659,017	1,262,513	804,769	393,067	41,188,676

The overall age-gender standardised rate for all adults (18 and over) is calculated by summing the individual age / gender components of the rate in Table A6 and dividing by the total all adults population figure in A5. This is shown in the last column of A7.

Table A7 Standardised Rate for Area A

Standardised data per 100,000 Ppn.	18-64		65-74		75-84		85+	
	Female	Male	Female	Male	Female	Male	Female	Male
Area A	2,164,169,006	2,034,433,287	732,836,125	531,300,350	1,688,925,048	968,655,811	2,400,511,918	887,871,026

Standardised data per 100,000 Ppn.	All adults
Area A	**276.99**

Appendix B: Data Quality

Introduction

This report provides information about referrals[6] to Social Care Safeguarding teams within Councils with Adult Social Services Responsibilities (CASSRs) in England and the subsequent outcomes of these referrals. Data aggregated to council level was submitted by participating CASSRs to the NHS Information Centre for Health and Social Care (NHS IC). The data are derived from the Abuse of Vulnerable Adults (AVA) collection, and covers a 12 month period from 1 April 2010 to 31 March 2011.

It is anticipated that the underlying council level data will be used by local Government to help to improve quality and to assess their performance against their peers. The report may also be used by Central Government to monitor Adult Safeguarding initiatives and policy. The report is made available to the public as **Experimental Statistics**. Experimental statistics are defined in the UK Statistics Authority Code of Practice for Official Statistics as *new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.*

Guidance on inclusion criteria and definitions of the terms used in the return was made available to all CASSRs and is available in the following location http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2011

Relevance, the degree to which the statistical product meets the user needs in both Coverage and Content

All 152 CASSRs in England submitted a return for the 2010-11 AVA; however a number left various cells across the tables blank. A set of annex tables detailing the count of responding councils for each cell has been made available.

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In summary:

- All 152 submitted an authorised return[7].
- 130 CASSRs submitted a complete return[8] with no cells left blank

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[6] In the context of this collection, a referral is defined as a concern raised by a professional or any member of the public, that a vulnerable adult may have been, is or might be a victim of abuse which triggered an adult protection investigation/assessment.

[7] The NHS IC submission tool used by councils to submit this data required councils to sign-off (or authorise) their submission, thereby giving the NHS IC permission to use to data.

[8] Where CASSRs have entered a value in every cell in every table of the return, including a zero value, this has been counted as a 'complete return'

- Across the 152 CASSRs submitting data, a total of 1 per cent (2,847) of the cells were left blank

The report provides the main findings on alerts/referrals and their subsequent outcomes aggregated across all participating CASSRs. This includes:

- The number of CASSRs submitting information on alerts and information about the age group, gender and client type of the vulnerable adult at the centre of alerts received
- The number of referrals made to Adult Safeguarding and how many of these were in-year repeat referrals
- Information on the main sources or referral, locations alleged abuse took place and most common relationships between vulnerable adult and alleged perpetrator
- The number of completed referrals and the case conclusion status (i.e. whether the allegations were substantiated or not)
- The main outcomes of the investigation in relation to both the vulnerable adult and the perpetrator

The underlying data, aggregated, as submitted, at council level is made available to CASSRs for management information, benchmarking purposes and to drive data quality improvements for future returns and also to the public – see Accessibility dimension for further details. Due to potential disclosure risks owing to small numbers all council level data will be rounded to the nearest five.

We acknowledge that this collection only reflects cases of abuse of vulnerable adults where the Adult Safeguarding team has been made aware and entered details onto their systems. It does not include cases where partner agencies have dealt with the allegations of abuse and not informed or shared the information with the CASSRs Adult Safeguarding team. It is also likely that there will be a number of cases of abuse of vulnerable adults which do not get reported.

Accuracy

Validations were included in the online collection system used by CASSRs to submit their data. While this may have prompted CASSRs to address validation issues, submissions were still accepted by the system with outstanding validation errors as long as a breach reason was supplied.

Two rounds of validations have been carried out by the HSCIC where breach reasons provided by CASSRs were reviewed and queried where necessary. Additional validation tests identified councils whose data appeared extreme or anomalous compared with all other councils.

Where data items were missing in the initial and/or second submission CASSRs were asked to provide an estimate for these within their next submission. Guidelines on how different types of estimates might be performed were provided by the HSCIC. Such guidance included uplifting the data within a table where information was not available for every referral so as to retain the pattern within the data that was available. Where information on client type sub-groups was missing, the guidance suggested using local information such as

that from other Social Care data collections (e.g. Referrals, Assessments and Packages of Care) as a proxy on which to base an estimate.

Known Data Quality Issues

Correspondence with CASSRs during the first round of validations highlighted a number of data quality and comparability issues for the following tables:

Table 4a: Nature of alleged abuse for referrals, by age and gender of alleged victim.

Table 4b: nature of alleged abuse for referrals, by primary client type and age of alleged victim

Table 5b: Location alleged abuse took place for referrals, by type of service.

Table 7a: Case conclusion of completed referrals, by primary client type and age of vulnerable adult.

Table 7b: Case conclusion of completed referrals, by ethnicity of vulnerable adult.

Please note that the proformas for all tables can be found under Appendix D

For Tables 4a and b two councils (Hartlepool and Stockton-on-Tees) stated they were not able to capture whether a referral contained multiple types of abuse on their system. Both councils have stated that this information will be collected in the 2011-12 collection. A further three councils (Barnsley, Redcar & Cleveland and Isle of Wight) were able to record whether referrals contained multiple types of abuse but could only capture the primary nature of abuse on their system, therefore while other councils have entered each type of abuse alleged in a given referral. These three councils have only entered one type of abuse for every referral but have indicated some of their referrals were about multiple types of alleged abuse. Redcar & Cleveland have and Isle of Wight have stated they have amended this for the 2011-12 collection.

For Table 5b some CASSRs were unable to provide information on type of service when this is not captured at front line for safeguarding referrals and did not feel it was possible to estimate the missing information.

For Tables 7a and 7b some CASSRs have varying definitions of a completed referral, including different stages of complete. In some cases this resulted in some referrals being counted as complete in Table 1 but not categorised as substantiated or not substantiated and therefore not included in Table 7a or 7b. Further to this, a number of councils have expressed concern about classing abuse allegations as being substantiated or not substantiated if the case did not require a safeguarding conference to be held and therefore did not have this information for all their completed referrals

Referrals and Completed referrals: - South Gloucestershire council and Cumbria County council collected information manually (paper-based) for the 2010-11 collection period and did not enter these cases onto an electronic system until the case was completed. Therefore

their entire return is based on completed referrals and does not include any referrals that were still open at the end of the collection period.

Brent council have stated they did not include any completed referrals that were opened in the previous collection period and completed within this collection period. We have asked them to amend this for the final cut submission.

Reliability

A number of improvements have been made to both the guidance and the level of validation carried out since the 2009-10 collection. This has improved the reliability of the data, however a number of data quality issues still exist, as detailed above. Information affected by partial completeness and / or estimates is identified in the report and supporting annex tables

Timeliness and Punctuality

The AVA collection will be undertaken annually with submitted data covering a full financial year. It is anticipated that a report will also be published annually following submission. This report on final data is being released 11 months after the end of the period to which the data relates.

This publication has been released in line with the pre-announced publication date and is therefore deemed to be punctual.

Accessibility

This provisional report is available to download from the NHS IC publication webpages in PDF format. Additionally annex tables aggregated to national level are available to download in Microsoft Excel format.

The underlying council level data is available in the National Adult Social Care Intelligence Service (NASCIS) via the NASCIS Online Analytical Processor (OLAP) rounded to avoid disclosure risks. The data is also presented as a series of provisional Comparator Standard Reports in PDF format. Access to public data on NASCIS and standard reports requires registration via the NHS IC single sign on process.

The aggregated data submitted by CASSRs is also available rounded in CSV format via the NHS IC publication webpages.

Required elements of the report may be available in other formats, upon request.

Clarity

A copy of the collection proforma is included in the report along with a glossary of key terms.

Coherence

There are no known alternative sources of data with which to compare

Comparability

Improvements have been made to the guidance and the validation process in order to ensure data is comparable between councils.

The 2010-11 data is not comparable to data collected previously due to the poor data quality and reliability of the 2009-10 data.

Future AVA collections and reports may change as a result of on-going reviews of Social Care collections, stakeholder engagement and user feedback, however data from the 2010-11 may be used as a baseline for comparisons over time for unchanged data items.

Trade-offs between Output Quality Components

By inviting CASSRs to estimate unavailable data under reporting will be reduced and the information published will be closer to the true national figures. Whilst CASSRs are responsible for the data they submit and should only sign-off data they are happy to be included in national and comparative reports, different estimation methodologies may be used by different councils. Whilst the HSCIC has issued estimation guidance to councils it has no control over what methods councils choose to employ.

Assessment of User Needs and Perceptions

User feedback on the format and content of The Abuse of Vulnerable Adults in England, 2010-11 report is invited; a web form is available on the HSCIC publication page to submit comments. NASCIS users are invited to provide feedback on any part of the NASCIS service via the NASCIS website.

Feedback received on the 2009-10 publication has been taken into consideration when producing this report and an overview of the feedback for AVA 2009-10 is available on the HSCIC publication webpages.

The 2010-11 AVA collection was approved by the Strategic Improving Information Programme (SIIP). This group is jointly co-chaired by DH and the Association of Directors of Adult Social Services (ADASS) and contains representatives from HSCIC, CQC, Local Government Association (LGA) and CASSR social service performance managers who had the opportunity to provide feedback and comments about the content and structure of the collection and the proforma. Since signing off the 2010-11 collections SIIP has now become the Outcomes and Information Development Board (OIDB).

The AVA return, along with other HSCIC social care returns, is currently subject to a Zero-Based Review, where the data requirements and needs of our stakeholders and customers are being sought to shape future data collections. This review includes a workstream focussing on Safeguarding and the results of this workgroup's work will help shape and

inform the future and format of the AVA. Further details on the Zero-Based Review can be found at http://www.ic.nhs.uk/services/social-care/zero-based-review-of-social-care-data

Performance, Cost and Respondent Burden

In 2009-10, A compliance cost survey was undertaken for the social care collections, including the AVA. The survey asked councils to supply the additional costs of supplying this data to the NHS IC, in terms of staff hours per pay band. The compliance cost survey was voluntary for councils to participate in and 88 councils provided data for AVA. The figures have been grossed up to provide a cost estimate for 128 councils (as per 2009-10 AVA responders) of £178,200. The survey results can be found under the link '21 April 2011' on the NHS IC Adult Review Group web page: http://www.ic.nhs.uk/services/social-care/review-approval-and-development/adult-review-group

Confidentiality, Transparency and Security

The data contained in this publication are Official Statistics and are published this year as Experimental Statistics as they are new Official Statistics undergoing evaluation and it is hoped that by publishing as experimental statistics we can involve stakeholders and users in their development and to improve quality. We are working towards compliance with the code of practice for official statistics for the AVA collection from collecting the data to publishing.

http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html

Please see links below to the NHS IC relevant policies.

Statistical Governance Policy

http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf

Freedom of Information Process

http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/FOI_Process_v1_2.pdf

Data Access and Information Sharing policy

http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Data_Access_Information_Sharing_Policy.pdf

Small Numbers Procedure

http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Small_Numbers_Procedure.pdf

Appendix C: How are the statistics used? Users and Uses of the Report

Uses of Statistics by Known Users

This section contains comments based on responses from the users listed. All these users have found the information in the report useful for the purposes set out.

Zero Based Review (ZBR) of Social Care Collections

Data required to be submitted to the NHS IC by CASSRS for inclusion in national reports is currently under being considered as part of the Zero Based Review of Social Care Collections. The ZBR includes a number of work streams covering different aspects of Social Care. Safeguarding is the topic of one of these work streams and will be reviewing the current Abuse of Vulnerable Adults collection. The work stream includes representatives from Department of Health, Councils, CQC and the NHS IC. This group will use the data to identify gaps and unnecessary data items, thus informing the recommendations the group will be required to produce early next year.

Department of Health

The Abuse of Vulnerable Adults data helps to support adult safeguarding policy development. For example, the data can be used to estimate the amount and type of safeguarding activity which currently takes place.

This can help to inform assessments of how policy reforms might impact on the volume and nature of safeguarding work carried out by local social services, the police, the NHS, and other agencies.

The AVA data also helps to inform:

- Speeches and briefings for Ministers and senior officials.
- Media Enquiries and other correspondence.

Councils with Adult Social Services Responsibilities

Different councils will use the AVA data in different ways but there will be some commonality between them. Ways in which councils may use the AVA data will include:

- Benchmarking against other councils.
- Measuring/monitoring local performance.
- Policy development.
- Service development, planning and improvement.
- Management information, local reporting, accountability.
- Informing business cases.
- Identifying any immediate priorities/areas for concern.

Appendix D: 2010-11 Collection Proforma

The collection proforma on the following pages was made available to CASSRs to enable them to prepare the required data items for entry on the Omnibus system

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Abuse of Vulnerable Adults

Table index

Period: 01/04/2010 to 31/03/2011

Table 1: Number of alerts, referrals, repeat referrals and completed referrals by age, primary client group and gender of alleged victim

	Primary client group:	Alerts			Referrals			Repeat Referrals			Completed Referrals		
		Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Age group: 18 - 64	Physical disability, frailty and sensory impairment (Total)												
	of which : Sensory Impairment												
	Mental Health (Total)												
	of which : Dementia												
	Learning Disability												
	Substance misuse												
	Other Vulnerable People												
	Total aged 18 - 64												
Age group: 65 - 74	Physical disability, frailty and sensory impairment (Total)												
	of which : Sensory Impairment												
	Mental Health (Total)												
	of which : Dementia												
	Learning Disability												
	Substance misuse												
	Other Vulnerable People												
	Total aged 65 - 74												
Age group: 75 - 84	Physical disability, frailty and sensory impairment (Total)												
	of which : Sensory Impairment												
	Mental Health (Total)												
	of which : Dementia												
	Learning Disability												
	Substance misuse												
	Other Vulnerable People												
	Total aged 75 - 84												
Age group: 85 +	Physical disability, frailty and sensory impairment (Total)												
	of which : Sensory Impairment												
	Mental Health (Total)												
	of which : Dementia												
	Learning Disability												
	Substance misuse												
	Other Vulnerable People												
	Total aged 85 and over												
	Total (aged 18 and over) Excluding Unknowns												
	Full Total (aged 18 and over) Including Unknowns												
	of which: Number placed by other authority from outside council area												
	Number known to CASSR at time of alert/referral												

Table index

Period: 01/04/2010 to 31/03/2011

Table 2: Number of alerts, referrals, repeat referrals and completed referrals by ethnicity and age of alleged victim

Ethnicity:		Alerts			Referrals			Repeat Referrals			Completed Referrals		
		18-64	65+	Total	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
White	White British												
	White Irish												
	Traveller of Irish Heritage												
	Gypsy/Roma												
	Any other White background												
Mixed	White and Black Caribbean												
	White and Black African												
	White and Asian												
	Any other Mixed background												
Asian or Asian British	Indian												
	Pakistani												
	Bangladeshi												
	Any other Asian background												
Black or Black British	Caribbean												
	African												
	Any other Black background												
Other Ethnic Groups	Chinese												
	Any other ethnic group												
Not stated	Refused												
	Information not yet obtained												
Total													

Abuse of Vulnerable Adults

Table index

Period: 01/04/2010 to 31/03/2011

Table 3: Number of referrals by source of referral, by age and primary client group of alleged victim

	Source of Referral:	18 - 64					18 - 64	65 and over	18 and over
		Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL
Social care staff	Social Care Staff (CASSR & Independent) - Total								
	of which : Domiciliary Staff								
	Residential Care Staff								
	Day Care Staff								
	Social Worker/Care Manager								
	Self -Directed Care Staff								
	Other								
Health staff	Health Staff - Total								
	of which: Primary/Community Health Staff								
	Secondary Health Staff								
	Mental Health Staff								
Other sources of referral	Self Referral								
	Family member								
	Friend/neighbour								
	Other service user								
	Care Quality Commission								
	Housing								
	Education/Training/Workplace Establishment								
	Police								
	Other								
Overall Total									

Abuse of Vulnerable Adults

Table index

Period: 01/04/2010 to 31/03/2011

Table 4a: Number of referrals by nature of alleged abuse, age and gender of alleged victim *

Nature of alleged abuse:	18 - 64			65 and over			Total 18 and over		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Physical									
Sexual									
Emotional/psychological									
Financial									
Neglect									
Discriminatory									
Institutional									
Total									
*of which: Included multiple types of abuse***									

Table 4b: Number of referrals by nature of alleged abuse, primary client group and age of alleged victim *

Nature of alleged abuse:	18 - 64						65 - 74	75 - 84	85 and over	Total 18 and over
	Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Physical										
Sexual										
Emotional/psychological										
Financial										
Neglect										
Discriminatory										
Institutional										
Total										
*of which: Included multiple types of abuse***										

* Multiple Entries are permitted in this table

** Unique count of referrals where multiple types of abuse took place

Abuse of Vulnerable Adults

Period: 01/04/2010 to 31/03/2011

Table 5a: Number of referrals by location alleged abuse took place and age group of vulnerable adult*

Location alleged abuse took place:	18 - 64	65 - 74	75 - 84	85 and over	Total 18 and over
Own Home					
Care Home - Permanent					
Care Home with Nursing - Permanent					
Care Home - Temporary					
Care Home with Nursing - Temporary					
Alleged Perpetrators Home					
Mental Health Inpatient Setting					
Acute Hospital					
Community Hospital					
Other Health Setting					
Supported Accommodation					
Day Centre/Service					
Public Place					
Education/Training/Workplace Establishment					
Other					
Not Known					
Total					

* Multiple Entries are permitted in this table:
(a person should be recorded under each location where abuse is alleged to have taken place)

Table 5b: Number of referrals by location alleged abuse took place and by type of service*

Location alleged abuse took place:	Own Council Commissioned Service	Commissioned by Another CASSR	Self Funded service	Service funded by Health	No Service
Own Home					
Care Home - Permanent					
Care Home with Nursing - Permanent					
Care Home - Temporary					
Care Home with Nursing - Temporary					
Alleged Perpetrators Home					
Mental Health Inpatient Setting					
Acute Hospital					
Community Hospital					
Other Health Setting					
Supported Accommodation					
Day Centre/Service					
Public Place					
Education/Training/Workplace Establishment					
Other					
Not Known					
Total					

* Multiple Entries are permitted in this table:
(a person should be recorded under each location where abuse is alleged to have taken place)

Period: 01/04/2010 to 31/03/2011

Table 6a: Number of referrals by relationship of alleged perpetrator, by age and gender of vulnerable adult *

Relationship of alleged perpetrator:	18 - 64			65 and over			Total - 18 and over		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Partner									
Other family member									
Health Care Worker									
Volunteer/ Befriender									
Social Care Staff - Total									
of which: Domiciliary Care staff									
Residential Care staff									
Day Care staff									
Social Worker/Care Manager									
Self-Directed Care Staff									
Other									
Other professional									
Other Vulnerable Adult									
Neighbour/Friend									
Stranger									
Not Known									
Other									
Total									
of which: the alleged perpetrator lives with the vulnerable adult									
the alleged perpetrator is the main family carer									

*Multiple entries are permitted in this table

Table 6b: Number of referrals by relationship of alleged perpetrator, by primary client type and age of vulnerable adult *

Relationship of alleged perpetrator:	18 - 64						65 - 74	75 - 84	85 and over	18 and over
	Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Partner										
Other family member										
Health Care Worker										
Volunteer/ Befriender										
Social Care Staff - Total										
of which: Domiciliary Care staff										
Residential Care staff										
Day Care staff										
Social Worker/Care Manager										
Self-Directed Care Staff										
Other										
Other professional										
Other Vulnerable Adult										
Neighbour/Friend										
Stranger										
Not Known										
Other										
Total										
of which: the alleged perpetrator lives with the vulnerable adult										
the alleged perpetrator is the main family carer										

*Multiple entries are permitted in this table

Period: 01/04/2010 to 31/03/2011

Table 7a: Number of completed referrals by case conclusion, primary client group and age of vulnerable adult

Age Group / Primary Client Group:		Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive
Age group 18-64:	*Physical disability, frailty and sensory impairment (Total)*				
	Mental Health (Total)				
	Learning Disability				
	Substance misuse				
	Other Vulnerable People				
	TOTAL 18 - 64				
Other age groups	**TOTAL 65 - 74**				
	TOTAL 75 - 84				
	TOTAL 85 and over				
Total	**TOTAL 18 and over**				

Table 7b: Number of completed referrals by case conclusion, and ethnicity of vulnerable adult

Ethnicity:		Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive
White	White British				
	White Irish				
	Traveller of Irish Heritage				
	Gypsy/Roma				
	Any other White background				
Mixed	White and Black Caribbean				
	White and Black African				
	White and Asian				
	Any other Mixed background				
Asian or Asian British	Indian				
	Pakistani				
	Bangladeshi				
	Any other Asian background				
Black or Black British	Caribbean				
	African				
	Any other Black background				
Other Ethnic Groups	Chinese				
	Any other ethnic group				
Not stated	Refused				
	Information not yet obtained				
Total - all ethnicities					

Abuse of Vulnerable Adults

Table index

Period: 01/04/2010 to 31/03/2011

Table 8a: Outcome of completed referral by age group and primary client group of vulnerable adult *

Outcome of Completed Referral:	18 - 64						65 - 74	75 - 84	85 and over	18 and over
	disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Increased Monitoring										
Vulnerable Adult removed from property or service										
Community Care Assessment and Services										
Civil Action										
Application to Court of Protection										
Application to change appointee-ship										
Referral to advocacy scheme										
Referral to Counselling /Training										
Moved to increase / Different Care										
Management of access to finances										
Guardianship/Use of Mental Health act										
Review of Self-Directed Support (IB)										
Restriction/management of access to alleged perpetrator										
Referral to MARAC										
Other										
No Further Action										
Total										

* Multiple entries are permitted in this table

Table 8b: Number of completed referrals Leading to Serious Case Review by age group and primary client group of vulnerable adult

	18 - 64						65 - 74	75 - 84	85 and over	18 and over
	Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
No. completed referrals leading to serious case review										

Table 8c: Acceptance of Protection Plan by age group and primary client group of vulnerable adult

Acceptance of Protection Plan:	18 - 64						65 - 74	75 - 84	85 and over	18 and over
	Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Yes										
No										
Could not consent										
Total										

Abuse of Vulnerable Adults

Table index

Period: 01/04/2010 to 31/03/2011

Table 9: Outcome of completed referral for Alleged Perpetrator/Organisation/Service by age group and primary client group of vulnerable adult *

	18 - 64						65 - 74	75 - 84	85 and over	Total 18 and over
Outcome for Alleged Perpetrator / Organisation/Service:	Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Criminal Prosecution / Formal Caution										
Police Action										
Community Care Assessment										
Removal from property or Service										
Management of access to the Vulnerable Adult										
Referred to PoVA List /ISA**										
Referral to Registration Body										
Disciplinary Action										
Action By Care Quality Commission										
Continued Monitoring										
Counselling/Training/Treatment										
Referral to Court Mandated Treatment										
Referral to MAPPA										
Action under Mental Health Act										
Action by Contract Compliance										
Exoneration										
No Further Action										
Not Known										
Total										

* Multiple entries are permitted in this table

**Independent Safeguarding Authority

Appendix E: Glossary of Terms used in the AVA Collection

This section sets out the definitions to go alongside the data collection on Abuse of Vulnerable Adults. These definitions have been taken from a mixture of sources including the Department of Health *No Secrets* guidance 2000, report by Action on Elder Abuse on *Adult Protection Data Monitoring* and existing social care collections within the NHS Information Centre.

Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Age group

The age range into which alleged victims are placed. The age groups used in the AVA collection are *18 and over*, *18-64, 65-74, 75-84, 85 and over* and also *65 and over*. Age is calculated as at the last day of the reporting period, i.e. 31st March, or if the person has died before 31st March, their age should be recorded as their age at date of death.

Alert

An alert is a feeling of anxiety or worry that a vulnerable adult may have been, is or might be, a victim of abuse. This would be the first contact between the source of the referral and the CASSR safeguarding team about the alleged abuse. An alert may arise as a result of a disclosure, an incident or other signs or indicators. If your local system starts at the referral stage (i.e. only referrals are recorded), insert zeros in the *alerts* columns of Tables 1 and 2.

See also glossary entry for referral.

Alleged perpetrator

The alleged perpetrator is the person who the vulnerable adult, or other person/s, has asserted, but not yet proven, to have committed the abuse.

Case conclusion

The case conclusion is the formal outcome of a completed referral and is categorised as either substantiated, partly substantiated, not substantiated or not determined/inconclusive (see detailed definitions for these in the glossary).

The burden of proof should be consistent with the standard applied to the Protection of Vulnerable Adults (POVA) List which is "on the balance of probabilities".

CASSR

Council with adult social services responsibilities.

Completed referral

A completed referral is where the active investigation/assessment of allegations is complete and has been closed and an action plan has been agreed, or an allegation has been

discounted. It is important to note that this is different to no action being taken as a result of an alert not meeting your council's safeguarding thresholds. Only if a safeguarding full investigation / assessment is carried out AND the conclusion of such an investigation is that no further action is necessary should this be recorded as a completed referral in Tables 1 and 2 and as *no further action* in Table 8a and / or Table 9

If a referral is completed in the collection period, it is recorded regardless of whether the initial referral was made in the same collection period. Therefore completed referrals are not a subset of all referrals for a given collection period.

Episode

An *episode* refers to an alert or referral. This should not be confused with an incidence of abuse.

Ethnicity

The ethnic categorisation is a two tier structure, with six top level categories, each with a set of sub-categories.

The two *ethnicity not known* categories, 'Refused' and '*Information not yet obtained*' should be used as follows:

'REFUSED': should only be used for those clients from whom the council has requested ethnicity information and the person has refused to state their ethnicity and a record exists of the refusal to state. This is used to record active refusal, rather than a passive failure to capture information.

'INFORMATION NOT YET OBTAINED': should be used in all cases where ethnicity data is not held for a person but there is no record that the persona has actively refused to state their ethnicity.

> EXAMPLE: A person is sent a form which they return having completed all requested information except ethnicity monitoring data.
>
> The ethnicity of the person should be recorded as 'INFORMATION NOT YET OBTAINED'.

Traveller of Irish heritage

This category includes people who identify themselves as travellers **and** of being Irish or of Irish heritage. People who identify themselves as meeting the criteria for this category should be categorised in *traveller of Irish heritage* and should not be included in *Gypsy / Roma*.

Gypsy / Roma

This category includes people who identify themselves as Gypsies and or Romanies, and or travellers, and or traditional travellers, and or Romanichals, and / or Romanichal Gypsies and or Welsh Gypsies / Kaale, and or Scottish Travellers / Gypsies, and or Roma. It includes all people of a Gypsy ethnic background or Roma ethnic background, irrespective of whether they are nomadic, semi nomadic or living in static accommodation.

It should not include fairground people (showmen/women); people travelling with circuses; or Bargees unless, of course, their ethnic status is that which is mentioned above.

Gender

For the purpose of an aggregated return, the gender shall be defined as *male* or *female*. In line with the Gender Recognition Act, transsexual people should be recorded under their acquired sex.

Known to CASSR

Those clients who have been assessed or reviewed in the financial year and those who have received a service in the financial year.

Lives with the vulnerable adult

A person is classed as living with the vulnerable adult if the two reside in the same household. The person (or people) do not have to be in a relationship with, or related to, the vulnerable person to be classed as residing in the same household.

Residents in a care home are not in the same household, unless they are a couple in a relationship.

Location of alleged abuse

The location of the alleged abuse is categorised as one of the following:

1. Own home
2. Care home - permanent
3. Care home with nursing - permanent
4. Care home - temporary
5. Care home with nursing - temporary
6. Alleged perpetrator's home
7. Mental health inpatient setting
8. Acute hospital
9. Community hospital
10. Other health setting (include hospices)
11. Supported accommodation (including extra care housing, *supporting people*, sheltered housing)
12. Day centre/service
13. Public place
14. Education/training/workplace establishment
15. Other
16. Not known

Nature of abuse

The main forms of abuse are defined as follows;

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;

Sexual abuse - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;

Emotional/psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

Financial abuse - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Neglect - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Discriminatory abuse - including abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Institutional abuse - neglect and poor professional practice. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Not determined/inconclusive

The case conclusion should only be recorded as *not determined / inconclusive* when it is not possible to record the outcome against any of the other outcome categories. This is expected to be an infrequently used category.

> EXAMPLE: if an investigation could not reach a conclusion on the balance of probabilities, such as in the event of the death of the perpetrator, victim or a key witness before statements could be taken this case would be recorded as having outcome *not determined / inconclusive*.

Not substantiated

If none of the allegations of abuse in an investigation can be proved on the balance of probabilities, i.e. there is not enough evidence to support any of the allegations or there is evidence to disprove all the allegations (or a combination of these two), the case conclusion should be recorded as *not substantiated*.

Outcome

The outcome, as defined in *Action on elder abuse – adult protection* document is split into three parts, *protection plan offered*, *acceptance of protection plan* and *outcome for alleged perpetrator/organisation/service*. Each of these parts is broken down into further, more specific points. The detail of these can be found in Appendix F.

Partly substantiated

If some, but not all allegations of abuse can be proved on the balance of probabilities, then the referral is *partly substantiated*.

> EXAMPLE: a referral includes allegations of physical abuse and neglect. The physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect, then this should be recorded as *partly substantiated*.

Placed by other authority from outside council area

A referral of alleged abuse of vulnerable adult in a care home should be reported through the AVA by the authority that investigates alleged abuse. This would usually be the local authority in whose area the care home is located.

> EXAMPLE: an alert is received about a vulnerable adult who is resident in a care home located in the geographic area of authority B. The resident was placed in the care home by authority A which pays the care home fees and reviews the vulnerable adult. Authority B subsequently open an safeguarding investigation.
>
> Authority B would report in the AVA the referral of the vulnerable adult. In authority B's AVA return, this referral would also be recorded in the '*of which: Number placed by other authority from outside council area*' row of Table 1. This referral would not appear in the AVA return from authority A.

Primary client type (based on aggregate level data collected)

People should be allocated to their primary client type wherever possible. This should be a professional decision based on the client's circumstances, not solely an administrative categorisation for the purposes of allocation to a particular specialist team. In some CASSRs each client has an overarching client classification, but may receive a different classification for a specific assessment, in these circumstances use the overarching client type for the return.

A client may appear in only one primary client type, so there should be no double counting. The categories of *primary client type* are -

- Physical disability: includes short-term illness, people who are frail and those with sensory impairments. The following sub-category of this primary client type is identified:
    - Sensory impairment
- Mental health needs: includes mentally ill or confused people, and those with dementia. The following sub-category of this primary client type is identified:
    - Dementia
- Learning disability.
- Substance misuse: includes those with drug and / or alcohol related problems.
- Other vulnerable people: a general heading to include those whose situation cannot be appropriately fitted in any of the preceding groups. Asylum seekers/refugees/homeless and welfare benefits clients should be included here. Include carers if they are not recorded in the categories above

Referral

A referral is recorded when a report of alleged abuse leads to an adult protection investigation/assessment relating to the concerns reported. For a referral to be recorded, it does not necessarily have to have been preceded by an alert.

Note that referrals in the AVA are defined as safeguarding referrals, not referrals for community care assessments, as in the RAP (Referrals, Assessments and Packages of Care) return.

Relationship of alleged perpetrator

The relationship of the alleged perpetrator to the alleged victim is categorised as one of the following:

- Partner
- Other family member
- Health care worker (Incl. GPs, nurses, consultants)
- Volunteer/befriender
- Social care staff - total
    - *Domiciliary care staff*
    - *Residential care staff*
    - *Day care staff*
    - *Social worker/care manager*
    - *Self-directed care staff – these staff are employed by the service user by direct payment*

    - *Other*
- Other professional
- Other vulnerable adult
- Neighbour/friend
- Stranger
- Not known
- Other (incl. milk-person, post-person, taxi driver)

Repeat referral

A repeat referral is a safeguarding referral for which the alleged victim has previously been the subject of a safeguarding referral during the same reporting period. Note that repeat referrals are included in the referrals column of Table 1 and are therefore a subset of all referrals.

Source of referral

Eleven main categories are identified, with social care staff and NHS staff having a series of sub-categories identified.

- Social care staff (LA & independent sector staff)
    - *Domiciliary staff*
    - *Residential care staff*
    - *Day care staff*
    - *Social worker/care manager*
    - *Self-directed care staff – these staff are employed by the service user by direct payment*
    - *Other*
- Health staff
    - *Primary health/community health staff (GP, Acute PCT, Community-based professions allied to medicine, etc)*
    - *Secondary health staff (accident and emergency, hospital occupational therapist, ward, hospice, community hospital, etc)*
    - *Mental health staff – joint teams*
    - *Other sources*
- Self referral (including automated referrals for basic services)
- Family member
- Friend/neighbour
- Other service user
- Care Quality Commission
- Housing (including *supporting people*)
- Education/training/workplace establishment
- Police
- Other (including probation, anonymous, contract staff, MAPA, MARCA)

Substantiated

If, for a given referral, all allegations of abuse can be proved on the balance of probabilities then the case conclusion should be recorded as *substantiated.*

Vulnerable adult

A vulnerable adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.

There is a danger that some vulnerable adults who are at risk, but do not fit easily into the aforementioned categories, may be overlooked. Some examples might be as follows:

- Adults with low level mental health problems/borderline personality disorder
- Older people living independently within the community
- Adults with low level learning disabilities
- Adults with substance misuse problems
- Adults self-directing their care

Appendix F: Definitions for the Completed Referrals

Case Conclusion

The case conclusion is the formal outcome of a completed referral and is categorised as follows:

Substantiated: If, for a given referral, all allegations of abuse can be proved on the balance of probabilities then the case conclusion is recorded as *substantiated.*

Partly substantiated*:* If some, but not all allegations of abuse can be proved on the balance of probabilities, then the referral is *partly substantiated*.

Example: a referral includes allegations of physical abuse and neglect. The physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect.

Not substantiated: If none of the allegations of abuse in an investigation can be proved on the balance of probabilities, i.e. there is not enough evidence to support any of the allegations or there is evidence to disprove all the allegations (or a combination of these two), the case conclusion is *not substantiated*.

Not determined/inconclusive: if it is not possible to record the outcome against any of the other outcome categories the case conclusion is *not determined/inconclusive*.

Example: if an investigation could not reach a conclusion on the balance of probabilities, such as in the event of the death of the perpetrator, victim or a key witness before statements could be taken this case would have the outcome *not determined / inconclusive*.

Outcomes for Vulnerable Adult

These are the outcomes of the safeguarding investigation relating to the person being or at risk of being harmed. They concentrate on the person at the centre of the safeguarding process, the vulnerable adult, and should reflect the actions taken from the protection plan offered to this person. They are recorded using the following categories:

- Increased monitoring – this should include all monitoring of situations that may be potentially abusive. The monitoring should have a specific purpose i.e. to minimise risk of further abuse and/or to raise the alert if further abuse occurs. Organisations and individuals involved in such monitoring should be aware of the role they are undertaking. The monitoring should be for a specific time period and should be measured at the end of that time period to assess whether the initial purpose has been met;
- Vulnerable adult removed from property or service;

- Community care assessment and services – this may include a carer's assessment;
- Civil action – this would include but not be limited to an application for a restraining order and suing for damages;
- Application to court of protection – including to change a continuing, enduring or lasting power of attorney;
- Application to change appointee-ship;
- Referral to advocacy scheme – this should be related to an aim of challenging abuse faced by vulnerable adult and/or increasing independence, well being and choice of the vulnerable adult;
- Referral to counselling/training - this should be related to an aim of empowering user to challenge abuse faced by vulnerable adult and/or increasing independence, well being and choice of the vulnerable adult. This includes activities to increase a person's ability to protect themselves;
- Moved to increase / different care - this would include any move to increase the level of care i.e. a move into supported accommodation, extra care sheltered housing, residential or nursing care and respite care. It would also include a move from one care establishment to another offering the same care i.e. a move from one nursing home to another;
- Management of access to finances;
- Guardianship/use of Mental Health Act;
- Review of self-directed support (individual budget/direct payment);
- Restriction or management of access of vulnerable adult to alleged perpetrator;
- Referral to MARAC;
- Other;
- No further action – this option should only be used if no other options above have been used.

Outcome for Perpetrator, Organisation or Service

These are the outcomes or actions resulting from the completed referral which relate to the alleged perpetrator, organisation or service. A single completed referral may result in more than one type of outcome for the alleged perpetrator. The most common outcomes are:

- *Continued Monitoring*
- *Criminal Prosecution / Formal Caution*
- *Police Action*
- *Community Care Assessment*
- *Removal from property or Service*
- *Management of access to the Vulnerable Adult*
- *Referred to PoVA List /ISA*
- *Referral to Registration Body*
- *Disciplinary Action*
- *Action By Care Quality Commission*
- *Counselling/Training/Treatment*
- *Referral to Court Mandated Treatment*
- *Referral to MAPPA*
- *Action under Mental Health Act*
- *Action by Contract Compliance*

- *No Further Action*
- *Not Known*

A completed referral may be reported as having an outcome for the perpetrator of *'No further action'* or *'Not known'* only if no other outcome is being recorded.

Appendix G: Related Publications

This publication draws together statistics from the Adult Social Care Survey. This report forms part of a suite of statistical reports. Other reports cover information on the wider scope of Adult Social Services.

Comments on this publication would be welcomed. Any questions concerning any data in this publication, or requests for further information, should be addressed to:

The Contact Centre

The NHS Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Telephone: 0845 300 6016
Email: xxxxxxxxx@xx.xxx.xx

Social Care Activity, Finance and Staffing for Adults

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the IC website at:
http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information

Below is a list of links to specific Social Care reports:

"Registered Blind and Partially Sighted People Year ending 31 March 2011, England" which is available at:
www.ic.nhs.uk/pubs/blindpartiallysighted11

"People Registered Deaf or Hard of hearing – Year ending March 31 2010, in England" which is available at
www.ic.nhs.uk/pubs/regdeaf10

"Community Care Statistics: Social Services Activity, England - 2010-11 – Final Release" which is available at
www.ic.nhs.uk/pubs/finalcarestats1011ssa

"Community Care Statistics: Social Services Activity, England, 2009-10" which is available at
www.ic.nhs.uk/pubs/carestats0910asr

"Personal Social Services Expenditure and Unit Costs: 2010-11, Final release" which is available at
www.ic.nhs.uk/pubs/pssexpcosts1011

"Personal Social Services: Expenditure and Unit Costs, England, 2009-10 – Final Council Data" which is available at
www.ic.nhs.uk/pubs/pss0910exp

"Community Care Statistics 2009-10: Grant Funded Services (GFS1) Report - England" *which* is available at
http://www.ic.nhs.uk/pubs/carestats1011gfs

"Personal Social Services Staff of Social Services Departments at 30 September 2010, England. [NS]" which is available at
www.ic.nhs.uk/pubs/pssstaffsept11

"Social Care and Mental Health Indicators from the National Indicator Set: 2010-11 Final release" which is available at
www.ic.nhs.uk/pubs/finalsocmhi1011

"Social Care and Mental Health indicators from the National Indicator Set –2009-10 Final release" which is available at
www.ic.nhs.uk/pubs/socmhi09-10

User Experience Surveys

Previous publications of User Experience Surveys can be downloaded from the IC website at:
http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information

"*Personal Social Services Adult Social Care Survey – England Final 2010-11*" which is available at
www.ic.nhs.uk/pubs/adultsocialcaresurvey1011

"Survey of Carers in Households - 2009/10 England" which is available at
www.ic.nhs.uk/pubs/carersurvey0910

"Personal Social Services Survey of Adult Carers in England – 2009-10" which is available at www.ic.nhs.uk/pubs/psscarersurvey0910

"Personal Social Services Survey of Adults Receiving Community Equipment and/or Minor Adaptations, England, 2009-10" which is available at www.ic.nhs.uk/pubs/pssadultsequip0910

"Personal Social Services Home Care Users in England aged 65 and over, 2008-09 Survey" which is available at www.ic.nhs.uk/pubs/psshcu0809

Data for child services

Information on social care for children is available at www.education.gov.uk/childrenandyoungpeople

Data for the UK

Information within this report relates to England data. Similar publications for Wales, Scotland and Northern Ireland can be found via the following links:

The Welsh Assembly Government

http://wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en

The Scottish Government

http://www.scotland.gov.uk/Topics/Health/care

Northern Ireland - Department of Health, Social Services and Public Safety

http://www.dhsspsni.gov.uk/index/stats_research/stats-cib/statistics_and_research-cib-pub/adult_statistics.htm

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This publication may be requested in large print or other formats.

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