

AVA RETURN 2011/12

Abuse of Vulnerable Adults Comparator Report



EXECUTIVE SUMMARY

There was a significant increase in alerts received in 2011/12 compared to previous years. This is higher than the average number of alerts per population across England and within our comparator group. A high number of alerts can be seen as a positive indication because it indicates good awareness of adult abuse and the process for making alerts in the city. The majority of this increase was due to alerts made by professionals.

There is a possible discrepancy in the definition of alerts and referrals reported by Plymouth. The lower number of referrals reported has affected how Plymouth compares to other areas in the region and comparator areas especially in relation to the number of referrals about people who had already been subject to safeguarding during the year.

Alerts were mostly about people under 65 with learning disabilities and people over 85 with physical disabilities. It is not clear whether people of minority ethnic backgrounds are proportionately represented in safeguarding investigations. The numbers do reflect that safeguarding procedures are reaching vulnerable people who are not already receiving a service from adult social care and those who are self-funding.

The most common types of referrals investigated were about physical abuse, neglect and emotional abuse. The proportions of referrals in each category are broadly similar to the national data. The highest numbers of alleged abuse occurred within a care home setting with the second highest occurring within the clients own home, between them these two settings make up 81% of abuse investigated. The majority of alerts investigated were about allegations of abuse by people known to the vulnerable adult as a carer, relative or paid professional as opposed to abuse by a stranger. This is consistent with figures from last year and with the other comparator areas.

Sixty per cent of referrals investigated were either substantiated or partially substantiated. It is a positive sign that a high proportion of referrals investigated are substantiated. It shows that the screening and information gathering processes are effective in avoiding unnecessary investigations. Police action was recorded as an outcome for alleged perpetrators in Plymouth more than any other outcome and higher than any authority in the region. This is evidence of excellent joint working between adult social care and dedicated safeguarding investigating officers from Devon and Cornwall Police to protect vulnerable adults in the city.

INTRODUCTION

In June 2012, Plymouth City Council submitted the AVA (Abuse of Vulnerable Adults) return to the NHS Information Centre covering adult protection activity for the period of April 2011 to March 2012. This report highlights some of the figures sent as part of the return and the recently published national and regional comparisons.

Comparator councils are based on the “Statistical Nearest Neighbours” model and do not reflect a specific comparison to vulnerable populations, older populations, or number of care home places. Our nearest neighbours are defined as Blackpool, Bristol, Calderdale, Coventry, Darlington, Derby, Dudley, Gateshead, NE Lincolnshire, North Tyneside, Redcar and Cleveland, Sefton, Southampton, Sunderland and Wirral. Regional comparisons are across the southwest.

ALERTS AND REFERRALS

There were 1157 adult alerts in Plymouth during the period of April 2011 to March 2012. This is an increase from 711 for the previous financial year. This is higher than the average number of alerts per population across England and within our comparator group. It is similar to the number of alerts reported by Sefton and lower than only four other comparator areas.

A high number of alerts can be seen as a positive indication because it indicates good awareness of adult abuse and the process for making alerts in the city. It is likely that in all areas the actual instance of abuse of adults is underreported due to lack of awareness and societal attitudes.

The national definition of alert for the purpose of data collection 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.

There is a distinction between this and a referral, which is defined below.

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.

Across the country, there is a wide variation in the proportion of alerts that lead to referrals.

There is acknowledgement that local practice around counting alerts and referrals varies. There is guidance in the national return that if the local system starts at the referral stage, then a zero return should be recorded for alerts.

In Plymouth, when an alert is received, it is screened to ensure that it is appropriate. For example, a report of a concern about a medication error in a care home, if it is a one off error and no harm was caused, will not usually be taken as a safeguarding alert. There is no record of the number of alerts screened out at this early stage. Therefore, the number of alerts reported, and therefore the evidence of good awareness in the city, could have been much higher.

After screening, 1157 alerts were considered appropriate to move on in the adult protection process for further information to be gathered. This could be reported as the number of referrals as they were *reports of alleged abuse that lead to an adult protection investigation/ assessment relating to the concerns*.

Instead, we reported only 419 referrals. This number was reached by counting the number of alerts that proceeded to a full investigation after information gathering. Arguably, information gathering is part of an adult protection investigation/assessment. This is important because the majority of data comparisons in local and national reports are made on the basis of the number of referrals, not alerts. The lower number of referrals reported has affected how Plymouth compares to other areas in the region and comparator areas.

REPEAT REFERRALS

The AVA return includes a report of the number of referrals where there person has already had a referral within the same year. In the regional and national comparison, Plymouth is conspicuous because it reported that nearly 50% of all referrals were about people who had already been subject of an investigation that year. This is considerably higher than any other area. The National comparator report suggests that a high percentage might indicate that safeguarding measures put in place are not effective in protecting vulnerable adults. It now appears that the figure submitted for Plymouth was not correct. An error was made in submitting the number of repeat alerts and referrals instead of only the number of repeat referrals as was suggested. The proportion of repeat alerts was 17%. The proportion of repeat referrals was 16%. This is in line with the national comparator groups and the England average.

CHARACTERISTICS OF PEOPLE SUBJECT OF ALERTS

The largest number of alerts in Plymouth were about people in the following groups:

- age 18-64 with Learning disability
- age over 85 with Physical disability/Frailty

National and regional comparisons of these characteristics are based on referrals, not alerts.

It is not clear whether people of minority ethnic backgrounds are proportionately represented in safeguarding investigations. Only 5 alerts were about individuals whose ethnicity was not recorded as white. This is .4% of all alerts. According to reported figures 94% of the adult population of Plymouth are white. This would indicate that black and minority ethnic people may be under-represented. This has been highlighted in previous reports analysing local safeguarding data.

The numbers do reflect that safeguarding procedures are reaching vulnerable people who are not already receiving a service from adult social care and those who are self-funding. Fifteen per cent of referrals were about people self-funding their care. This is the second-highest in the southwest. 60% of the referrals were about people not known to adult social care at the time of the referral. This includes any client who has not been assessed or reviewed or received a service in the financial year. National comparison of this figure is difficult as many areas reported 100% of referrals were known to adult social care. This could be due to a misinterpretation of the reporting requirements or anomalies in recording.

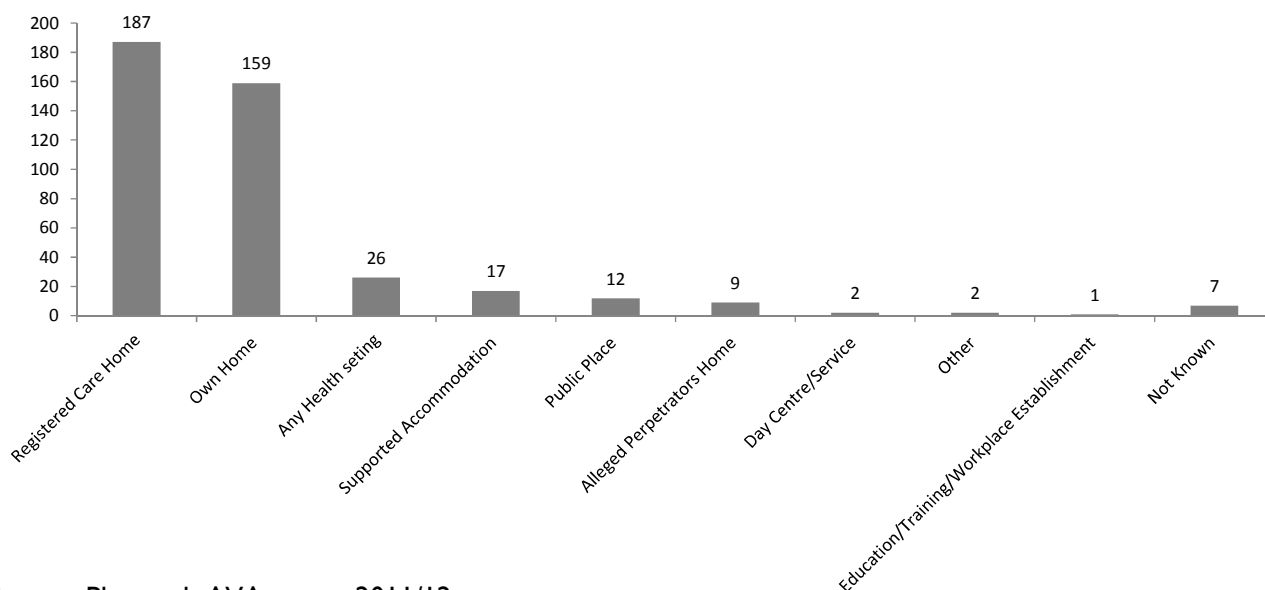
TYPE OF ABUSE (Of Reported Referrals)

Total figures in this table exceed the total number of referral due to 104 instances where one referral includes multiple types of abuse. The proportions of referrals in each category are broadly similar to the national data.

Type of Abuse	Referrals 2011/12	% of Referrals Plymouth	% of Referrals National
Physical	145	27%	30%
Neglect	135	25%	26%
Emotional	115	21%	16%
Financial	96	17%	19%
Institutional	32	6%	4%
Sexual	24	4%	5%
Discrimination	2	.3%	.7%

LOCATION OF ABUSE AND ALLEGED PERPETRATORS

Of referrals, the majority of alleged abuse took place in the clients own home (187). This figure includes long stay residents as well as people in care homes temporarily. The next most common location of alerts investigated was the person's own home (159). Combining these two categories and including the 17 alerts investigated about people in supported living reveals that 86% of alerts investigated were regarding alleged abuse of a vulnerable adult in their own place of residence as opposed to day centres or in public. The figure below provides a breakdown of abuse by location.



Source: Plymouth AVA return 2011/12

The majority of alerts investigated were about allegations of abuse by people known to the vulnerable adult as a carer, relative or paid professional as opposed to abuse by a stranger. This is consistent with figures from last year and consistent with the other comparator areas.

SOURCE OF ALERTS

The table below indicates that the number of alerts from non-professionals has increased. This is positive because it indicates increased awareness among the public of reporting abuse. However, an increase in alerts from professionals accounted for more of the overall increase this year.

Source	2011/12	%	2010/11	%
Professional	1060	92%	631	89%
Non professional	97	8%	80	11%

CASE CONCLUSION

The AVA return requires information about the conclusion of completed investigations. At the point of submitting the return 408 investigations had a recorded conclusion. Of these, 60% were either substantiated or partly substantiated. 5% were discounted completely and 35% of investigations were inconclusive. It is a positive sign that a high proportion of referrals investigated are substantiated. It shows that the screening and information gathering processes are effective in avoiding unnecessary investigations. As pointed out in the National comparator report, a high proportion of inconclusive or not substantiated conclusions may indicate issues with investigation and decision-making. The category of partly substantiated was not yet in regular use with practitioners in Plymouth.

Case Conclusion	2011/12	%	2010/11	%
Substantiated	240	59%	163	49%
Partly substantiated	5	1%	0	0%
Not substantiated	19	5%	13	4%
Not determined/inconclusive	144	35%	158	47%

OUTCOMES FOR ALLEGED PERPETRATORS

More than one outcome can be recorded per referral for each alleged perpetrator. There were 625 perpetrator outcomes recorded. The top 5 are recorded below. Police action was recorded as an outcome in Plymouth far more than any other authority in the region. There has been excellent joint working between adult social care and dedicated safeguarding investigating officers from Devon and Cornwall Police. Cornwall has also reported a high number (11.3%). It would be useful to monitor whether this good practice continues in 2012/13.

Outcome for alleged perpetrator	2011/12	%	Regional variance
Police Action*	205	33%	4.5% - 11.3%
Continued Monitoring	112	17.9%	2% - 30.8%
Counselling/training/treatment	66	10.6%	.5% – 15.8%
Management of Access to the vulnerable adult	42	6.7%	1.8% - 12.8%
Criminal prosecution	22	3.5%	.2% - 1.9%

*Police Action – This includes all action taken by the police following a referral. It may include but not be limited to monitoring of situation/offender, interviewing alleged perpetrator and advice on crime prevention