

# AVA RETURN 2012/13

## Summary of Second submission Results



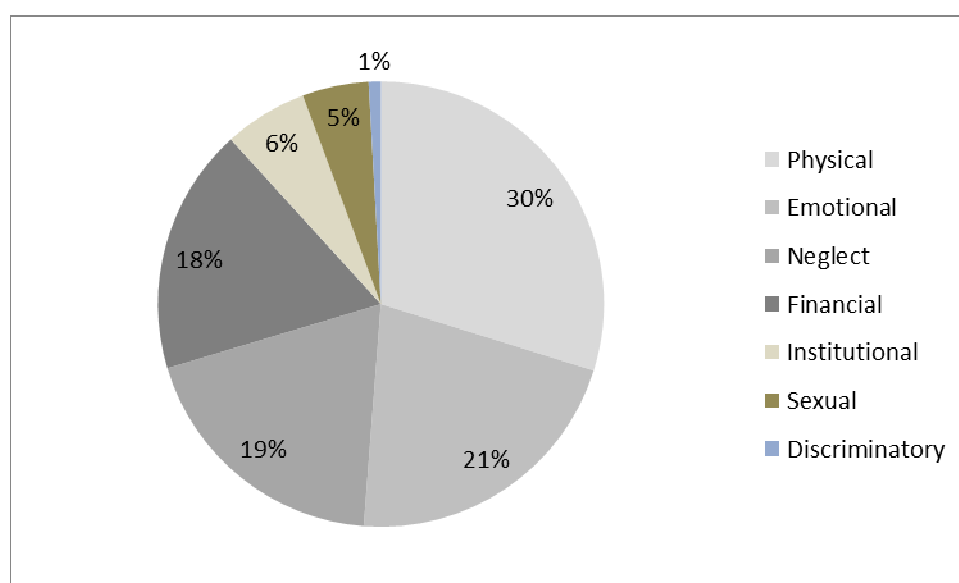
### INTRODUCTION

In September 2013, Plymouth City Council re-submitted the AVA (Abuse of Vulnerable Adults) return to the NHS Information Centre. This report highlights some of the figures sent as part of the return as well as comparisons to the results submitted in 2011/12. These findings are based on the final cut of data; further analysis including benchmarking will be done upon release of the full national data set. Work is also on-going to strengthen performance management of adult protection at a regional level; this work has been supported by ADASS.

### ALERTS

- 822 alerts reported (compared to 1157 last year and 711 in 2010/11), a 29% reduction (-335).
- Among 18-64 year olds, most alerts are about people with physical or learning disabilities
- Among those 65+, most alerts are about people with physical disabilities or dementia

Chart one – Alerts by abuse type

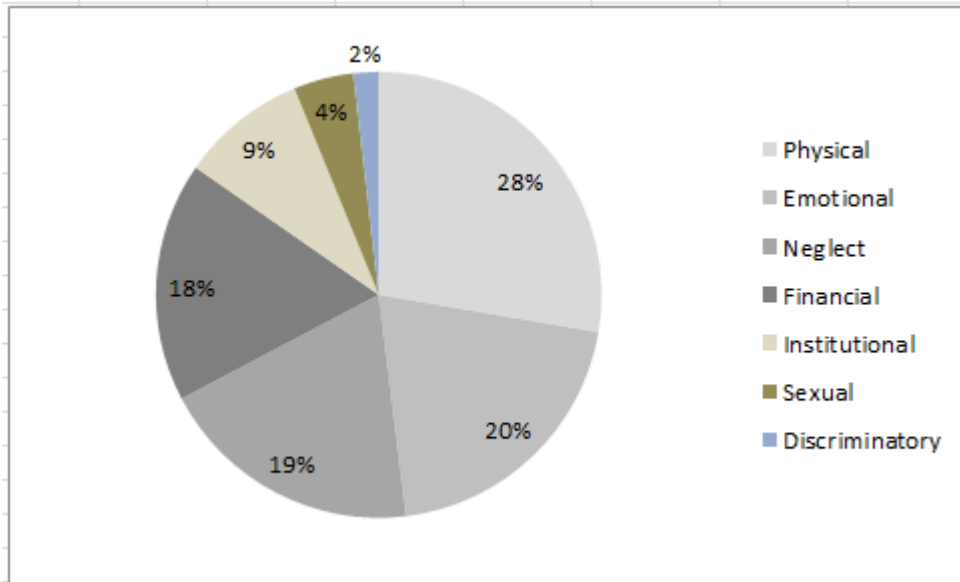


- The most common alert in 2012/13 was for Physical abuse (340), followed by Emotional abuse (244), Neglect (218) and Financial abuse (204). Each types of abuse saw a reduction this year compared to last apart from institutional abuse and discriminatory abuse which saw a small increase this year. It is important to note that a single alert may involve more than one type of abuse.
- Our recorded decrease in alerts and referrals (see below) is in stark contrast to the significant increases being reported by other areas locally. Considerable increases have been confirmed with Bournemouth, Devon, Bristol, North Somerset (90%) and Wiltshire (97%).

## ALERTS REQUIRING FURTHER INVESTIGATION (REFERRALS)

Of the 822 alerts 291 (35%) are recorded as having been referred for further investigation. The proportion of alerts moving on for further investigation has remained the same as last year.

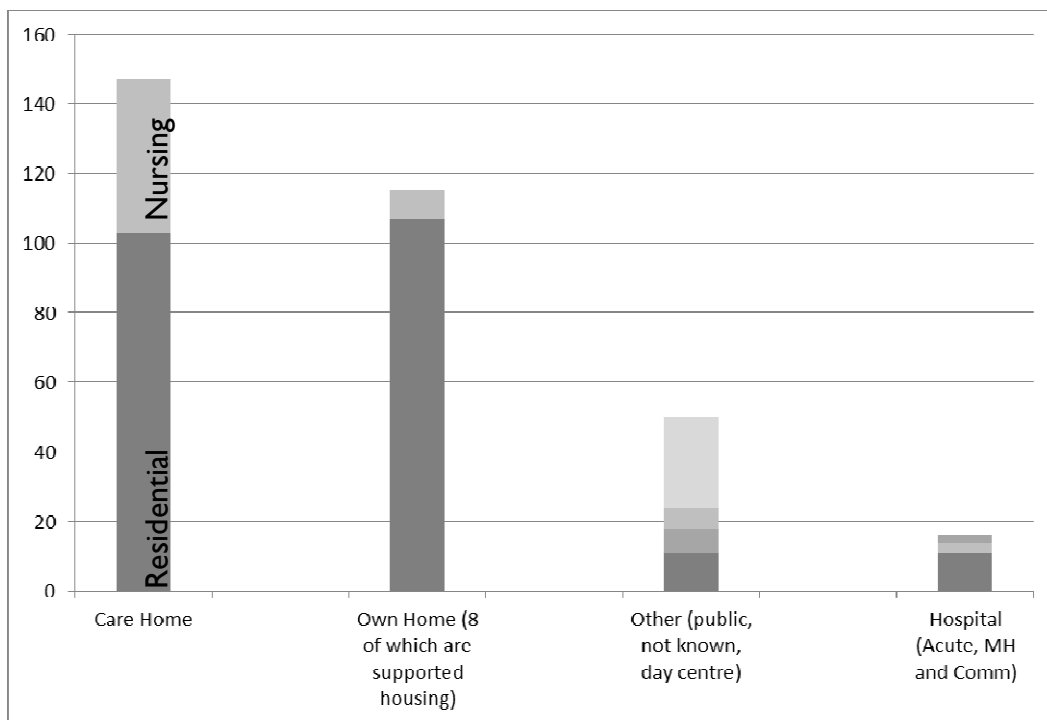
Chart one – Alerts\* by abuse type



\*Each referral may contain multiple types of abuse

## LOCATION OF ALLEGED ABUSE INVESTIGATED (REFERRALS)

The highest numbers of referrals occurred either within the client's own home or within a permanent care home setting, in total 76% of all referrals was alleged in these locations.



## CASE CONCLUSION

The second submission of the AVA has resulted in much improvement in relation to the number and percentage of referrals with a recorded outcome. The following outcomes are based on this second cut, improvements have been brought about via data cleansing and the introduction of the safeguarding pathway and dedicated AP.

- 91% (267 of 291) of referrals are now completed compared to 59% in the first submission
- We still have a high proportion of un substantiated referrals (23%) compared to previous years – this may be due to lack of confidence in the process and I think that the additional chairing capacity will help with this as we will have experienced and trained safeguarding officers chairing strategy meetings and conferences.

Case Conclusion	2012/13	%	2011/12	%	2010/11	%
Substantiated	61	23%	240	59%	163	49%
Partly substantiated	49	18%	5	1%	0	0%
Not substantiated	73	27%	19	5%	13	4%
Not determined/inconclusive	84	32%	144	35%	158	47%

## ETHNICITY OF ALLEGED VICTIMS (SUBJECT TO ALERTS)

In 96% of all alerts, the victim was white. In (23) 3% of alerts, ethnicity details were not recorded. This means 1% or 10 alerts relate to black or minority ethnic groups.

White British	676
Any other white background	113
White and Black Caribbean, White and Asian, Any other mixed background Any other Asian Background, Any Other black Background	1 each 5 total
Chinese	2
Any other Ethnic group	3

## RECOMMENDED MANAGEMENT ACTIONS

- Make use of benchmarking data from other areas to consider how the number of alerts in Plymouth this year compares to recognised comparator authorities by population. This will be done post the release of the 2<sup>nd</sup> cut of national AVA data.
- Consider whether screening, triage, and quality improvement activities are affecting the number of recorded safeguarding alerts and possible implications on outcomes for vulnerable people.
- Continue with structured and systematic review to ensure that all open safeguarding cases from this recording period have a conclusion recorded as soon as that information is available.
- When full information is available, carry out further analysis of trends in the number of investigations where abuse is substantiated and consider whether this raises any training needs.
- By mid-November 2013, consider the first 6 months of data for next year's adult protection government return in order to identify any possible issues with recording or reporting and to identify any emerging trends that may have implications for practice.