hscic Health & Social Care Information Centre

Abuse of Vulnerable Adults in England

2012-13, Provisional Report, Experimental Statistics

Published 12 September 2013

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Executive Summary

This summary provides the key findings from the Abuse of Vulnerable Adults (AVA) data collection for the period 1 April 2012 to 31 March 2013. The AVA is a mandatory collection which records safeguarding activity relating to vulnerable adults aged 18 and over in England. The return includes information about the volume of safeguarding activity taking place, the characteristics of adults who may be at risk of harm and the locations in which alleged abuse has taken place. The purpose of the collection is to provide information which can assist stakeholders in recognising and preventing future harm.

The AVA data are recorded by adult safeguarding teams based in Councils with Adult Social Services Responsibilities (referred to as CASSRs or councils within this report). At the end of the reporting year these data are submitted to the Health and Social Care Information Centre (HSCIC) through the Omnibus collection system. This report is based on data submitted by 151 of the 152 CASSRs in England. The Isles of Scilly council was unable to provide an AVA return during the initial 2012-13 collection period but the number of referrals recorded at the council was small and therefore this will have a negligible impact on the England totals.

The information presented in this report is provisional and has been derived from the first submissions of 2012-13 AVA data by councils. Post submission validation checks to assess the validity of the data have not yet taken place and councils will have an opportunity to make improvements to their original submission in September this year. These changes will be included in the Final AVA Report which will be published in March 2014 and will supersede this provisional publication.

2012-13 is the last year for collection of the AVA return. Information about adult safeguarding activity will still be collected through a new Safeguarding Adults Return (SAR). The SAR is one of the outcomes of a review of adult social care data collections which is discussed further in the 'Introduction' section of this report.

The definition of a vulnerable adult is described as "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." Abuse in this collection is defined as "a violation of an individual's human and civil rights by any other person or persons."

The key safeguarding activities discussed within the return are alerts and referrals. An alert is the first contact between a person concerned about the alleged abuse of a vulnerable adult and the council safeguarding team. Following receipt of an alert/concern, an initial evaluation is made to determine the risk of harm. Where a sufficient level of risk is present, an adult safeguarding investigation is triggered and this process is known as a referral.

Key Findings

The following comparisons are based on the final AVA data for 2011-12 and provisional AVA data for 2012-13. The final 2011-12 data has been through 2 rounds of post submission validation checks. The post submission validation process has not yet taken place for the 2012-13 data, thus the figures below may change in the Final 2012-13 AVA Report.

One hundred and forty councils submitted alert data in 2012-13. Not all councils are able to record alerts and this is discussed further in **Appendix B**. A total of 173,000 safeguarding

alerts were reported by the 140 councils. For the 117 councils who submitted alert data before the deadlines in both 2011-12 and 2012-13, the number of alerts has grown by 19 per cent (26,000 alerts). It is not known whether this increase relates to a rise in abuse taking place, a rise in the reporting of alleged abuse, or a combination of these factors.

A total of 112,000 safeguarding referrals were reported by 151 councils in 2012-13. For the 151 councils who submitted referral data in both 2011-12 and 2012-13, the number of referrals has grown by 4 per cent (4,000 referrals).

A total of 88,000 completed referrals were reported by 151 councils in 2012-13. Some of the completed referrals may have been recorded as referrals in the previous collection period. For the 151 councils who submitted completed referral data in both 2011-12 and 2012-13, the number of completed referrals has increased by 2 per cent (2,000 completed referrals).

The above figures include a small number of vulnerable adults for whom at least one of their gender, age or client type (referred to as key information) was not known. Case details are not collected in the AVA return for these individuals. The below findings are based on the 109,000 referrals and 86,000 completed referrals reported in 2012-13 for vulnerable adults whose key information was known.

In 2012-13, 61 per cent of referrals were for women and 61 per cent were for vulnerable adults aged 65 or over. Half of the referrals (50 per cent) were for adults with a physical disability. These figures are similar to the 2011-12 breakdowns.

The rate of referrals per 100,000 population was highest in the West Midlands (320), North West (300) and London (295) regions in 2012-13. For some councils, there are large increases in referrals between 2011-12 and 2012-13. Further validation of these data is required and councils will have an opportunity to make changes to their original submission in September this year.

Physical abuse and neglect were the most common types of abuse reported in referrals, accounting for 28 per cent and 27 per cent respectively of all allegations. These types of abuse were also the most prevalent during the 2011-12 reporting period when they accounted for 29 per cent and 26 per cent of allegations respectively.

The alleged abuse was more likely to occur in the vulnerable adults own home (accounting for 39 per cent of all locations cited) or a care home (36 per cent) than in other locations. The source of harm was most likely to be cited as a social care worker (31 per cent of all perpetrators) or a family member (a combination of the Partner and Other Family Member categories, 23 per cent). These findings are similar to those for the 2011-12 AVA data.

Of the 86,000 completed referrals where a case conclusion was recorded, 43 per cent of cases were either Substantiated or Partly Substantiated, 30 per cent were Not Substantiated and for 27 per cent of cases a conclusion could not be determined. These figures are similar to the 2011-12 breakdowns.

The most common outcome for the vulnerable adult and the alleged perpetrator/organisation was No Further Action (accounting for 30 and 35 per cent of all outcomes respectively). These outcome data include referrals that could not be proven and this may account for the high proportion of No Further Action outcomes. These findings are similar to those for the 2011-12 AVA data.

Introduction

This report provides the key findings from the Abuse of Vulnerable Adults (AVA) data collection for the period 1 April 2012 to 31 March 2013. The AVA is a mandatory collection which records safeguarding activity relating to vulnerable adults aged 18 and over in England. The return includes information about the volume of safeguarding activity taking place, the characteristics of adults who may be at risk of harm and the locations in which alleged abuse has taken place. The purpose of the collection is to provide information which can assist stakeholders in recognising and preventing future harm.

The AVA data are recorded by adult safeguarding teams based in Councils with Adult Social Services Responsibilities (referred to as CASSRs or councils within this report). At the end of the reporting year these data are submitted to the Health and Social Care Information Centre (HSCIC) through the Omnibus collection system.

The AVA 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 stakeholders in their development and improvement.

Background

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. 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 councils.

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 the development and piloting of new recording and reporting systems. A report[2] on this project was published in March 2006 and recommended a national collection for the abuse of adults.

The HSCIC carried out a fact finding survey in early 2007. The results from this and the groundwork carried out by Action on Elder Abuse were used to devise a national collection on the abuse of vulnerable adults. This collection was piloted among 31 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 1 October 2009 to 31 March 2010. In total, 128 CASSRs submitted data for the voluntary return, but not all of these were able to submit every data item required. There were also a number of data quality issues

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486
[2] http://www.elderabuse.org.uk/Documents/AEA%20documents/AEA%20Report%20-%20Data%20Monitoring%20-%20DH%20Monitoring%20Project.pdf

with the voluntary return, particularly around the interpretation of the guidance for the collection.

For the 2010-11, 2011-12 and 2012-13 reporting periods, the AVA collections have been mandated by the Minister for Care and Support and all CASSRs were required to submit an AVA return to the HSCIC.

2012-13 is the last year for collection of the AVA return. Information about adult safeguarding activity will still be collected through a new Safeguarding Adults Return (SAR). Many of the same data items will continue to be collected but in a more summarised form. The data will be more focused on the outcomes of safeguarding activity and alert data will no longer be collected. Further details on SAR can be found at the below link:
http://www.hscic.gov.uk/socialcarecollections2014

The SAR is one of the outcomes of a review of adult social care data collections which began in 2010. The review considered changes in the delivery of social care and aimed to ensure that the information councils were required to collect was of use to both government and to councils themselves. A consultation took place to obtain feedback from a wide range of stakeholders with an interest in safeguarding and following consideration of the responses to this, it was announced that the SAR would replace the AVA return in 2013-14. Further details about the consultation can be found at the below link:
http://www.hscic.gov.uk/adultsocialcareconsultation12

Coverage

One hundred and fifty one out of the 152 CASSRs submitted an AVA return to the HSCIC during the first submission period for 2012-13 data. The Isles of Scilly council was unable to submit a return during this period but the number of referrals recorded at the council was small and therefore this will have a negligible impact on the England totals.

National level information is provided in this report; data at a regional and council level is available via the National Adult Social Care Intelligence Service (NASCIS). NASCIS provides a set of analytical and reporting options which can be accessed from:
https://nascis.hscic.gov.uk/Portal/Tools.aspx

Further national figures from the AVA return are available in **Annex A**. This annex shows the sum of all values submitted by councils for each data item within the return.

Some councils were unable to submit all of the required data items and therefore some totals in this report and in **Annex A** do not provide a complete picture of activity in England. The tables in **Annex B** show the number of councils who have submitted each data item. This can be used to identify England totals which are incomplete and will therefore underestimate the true national figure.

Not all councils record alert data. One hundred and forty of the 152 CASSRs submitted alert data in 2012-13. Some councils have stated that they do not recognise or use the term ‘alert’ within their processes. In some cases, all concerns received by the council about alleged abuse are recorded as referrals on the local system and cannot be split out for reporting.

When alerts are not recorded, the 2012-13 AVA guidance asks councils to leave the alert cells blank and this impacts on the overall level of blank cells in the return. Taking into

account only the cells that relate to referrals (i.e. excluding any cells in the return that relate to alerts), a total of 1,200 cells were left blank by 16 councils. These figures are based on the 151 councils who submitted a return.

The 1,200 blank cells equate to 0.4 per cent of the total number of cells relating to referrals. This affects the breakdowns given in the executive summary for the 109,000 referrals where the individuals key information was known. Since the proportion of data missing is small this will have a negligible impact on the figures. The missing referral data does not impact the figures for total referrals and total completed referrals in the executive summary because the totals are derived from cells which are fully populated.

The AVA collection only includes cases of alleged abuse where a council safeguarding team has been notified and has entered details onto their system. It does not include cases where partner agencies have dealt with the allegation and not shared the information with the council. It is likely that there are cases of abuse that have not been reported to safeguarding teams. Furthermore, the collection only covers abuse perpetrated by others; it does not include self-harm or self-neglect.

A single referral can relate to different types of alleged abuse, locations or perpetrators. Likewise a single referral may have more than one outcome for the alleged victim and/or alleged perpetrator. Some percentages in this report are based on the number of items reported rather than the number of referrals they relate to.

Acknowledgement

Collation of the data for the AVA return involves significant work for staff in CASSRs at a busy time. The Health and Social Care Information Centre would like to place on record its appreciation to council colleagues, in the work of collating the data and their efforts to ensure that the data reported give a true picture of the safeguarding activity that has taken place.

Comments

If you have any comments or queries regarding this publication, they would be welcomed. Please email any comments to: ava@hscic.gov.uk

Appendix A: Editorial Notes

This section outlines further details about the collection, analysis and interpretation of the provisional 2012-13 AVA data.

Collection Process

The information presented in this report is provisional and has been taken from the first submission/cut of 2012-13 data by councils. The data were collected via the Omnibus system, an online tool which runs a series of validation checks on the data entered. These checks include:

- Indicating any blank data items
- Comparing related values within tables
- Assessing whether component values add up to the given total
- Examining consistency between tables

Validating at the data entry stage helps to reduce the level of error in the first submissions of data to the HSCIC. The data have only been validated by the Omnibus checks and councils have not yet received, and had the opportunity to review their data in response to, more detailed post submission validation checks. The post submission validation process will take place in September 2013 and will include:

- Indicating any blank and/or zero data items
- Comparing related values within tables
- Assessing whether values fall within prescribed boundaries
- Assessing the range of values submitted by councils to identify outliers

Councils will be made aware of any breaches to the above rules by a validation report which will be emailed to relevant contacts. Councils will then be given an opportunity to consider the breaches and make changes to returns if they wish. These changes will be included in the Final AVA Report which will be published in March 2014 and will supersede this provisional publication.

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 referrals for Area A are shown in Table A3.

Table A3 Observed referrals 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

This appendix outlines further details about the data used in this report.

Relevance

The degree to which the statistical product meets the user needs in both coverage and content.

The AVA data are used by central government to monitor the impact of social care policy and by local government to assess activity in relation to their peers. The information is also used by researchers looking at council performance and by service users and the public to hold councils and the government to account.

The AVA return was approved by the Outcomes and Information Development Board (OIDB). This group is co-chaired by the Department of Health (DH) and the Association of Directors of Adult Social Services (ADASS) and contains representatives from the HSCIC, Care Quality Commission (CQC), Local Government Association (LGA) and CASSR social service performance managers.

Accuracy

Factors affecting the accuracy and completeness of the AVA data.

Data Validations

The information presented in this report is provisional and has been taken from the first submission/cut of 2012-13 data by councils. These data have only been validated by Omnibus (as discussed in Appendix A) and councils have not yet received, and had the opportunity to review their data in response to, more detailed post submission validation checks. The post submission validation process will take place in September 2013.

Data Quality Issues

For some councils, there are large increases in alerts and referrals between 2011-12 and 2012-13. Further validation of these data is required and councils will have an opportunity to make changes to their original data during the post submission validation process in September this year.

A more detailed analysis of the data quality issues will be carried out during the post submission validation process and the results will be documented in the Final 2012-13 AVA Report.

Estimates

The HSCIC encourages CASSRs to provide estimates where data are unknown as this helps to reduce under-reporting and allows statistics to be more representative of the true national figure. Councils are able to draw on local knowledge and expertise to calculate an appropriate estimation. The HSCIC does not currently estimate for cells left blank in the AVA return. Full details of which councils and tables include estimates will be detailed in the Final 2012-13 AVA Report.

Missing Data Issues

Some councils were unable to submit all of the required data items and therefore some totals do not provide a complete picture of activity in England. The tables in **Annex B** show the number of councils who have submitted each data item. This can be used to identify England totals which are incomplete and will therefore underestimate the true national figure.

As part of its work on Data Quality Assurance, the HSCIC published its first report on the quality of nationally submitted health and social care data[3] in July 2012. For adult social care, this consisted of national level tables showing the number of missing data items in some of the 2010-11 collections and charts showing the number of councils with a high proportion of missing data items. This report has expanded on that work.

Table B1 shows the proportion of cells left blank by each council at the first submission of 2012-13 AVA data. Only councils which had blank cells are included in this table.

[3] http://www.hscic.gov.uk/catalogue/PUB08687

Table B1: Number of blank cells by council - First cut 2012-13

Council Name	Number of Blank Cells	Proportion of Blank Cells
Bolton	171	8.3%
Brent	64	3.1%
Cornwall	38	1.8%
Cumbria	96	4.6%
Derby	171	8.3%
Ealing	10	0.5%
Hampshire	38	1.8%
Havering	16	0.8%
Herefordshire	136	6.6%
Isles of Scilly	2,070	100.0%
Kent	36	1.7%
Leicester	171	8.3%
Leicestershire	171	8.3%
Nottingham	336	16.2%
Nottinghamshire	55	2.7%
Plymouth	88	4.3%
Sandwell	171	8.3%
Somerset	171	8.3%
Southampton	171	8.3%
Southwark	108	5.2%
Staffordshire	237	11.4%
Suffolk	196	9.5%
Telford and the Wrekin	171	8.3%
Tower Hamlets	177	8.6%
Westminster	41	2.0%
Wokingham	171	8.3%

The Isles of Scilly council was unable to submit a 2012-13 AVA return during the first submission period but the number of referrals recorded at the council was small and therefore it will have a negligible impact on the England totals.

Of the 151 councils that did submit a 2012-13 AVA return during the first submission period, 25 councils had one or more blank data items. For these 25 councils, a total of 3,200 cells were left blank, accounting for 1.0 per cent of the total cells. After the first submission of AVA

data for the 2011-12 reporting period, 46 of the 152 councils who had submitted a return had one or more blank data items. A total of 4,700 cells were left blank, accounting for 1.5 per cent of the total. The number of blank cells substantially decreased in the final 2011-12 data, which are used for comparison to the 2012-13 data in the executive summary of this report. The final 2011-12 data was very well populated with only 433 (0.1% of the total) cells left blank.

Not all councils record alert data. One hundred and forty of the 152 CASSRs submitted alert data in 2012-13. Some councils have stated that they do not recognise or use the term 'alert' within their processes. In some cases, all concerns received by the council about alleged abuse are recorded as referrals on the local system and cannot be split out for reporting.

When alerts are not recorded, the 2012-13 AVA guidance asks councils to leave the alert cells blank and this impacts on the overall level of blank cells in the return. Taking into account only the cells that relate to referrals (i.e. excluding any cells in the return that relate to alerts), a total of 1,200 cells were left blank by 16 councils. These figures are based on the 151 councils who submitted a return.

The 1,200 blank cells equate to 0.4 per cent of the total number of cells relating to referrals. This affects the breakdowns given in the executive summary for the 109,000 referrals where the individuals key information was known. Since the proportion of data missing is small this will have a negligible impact on the figures. The missing referral data does not impact the figures for total referrals and total completed referrals in the executive summary because the totals are derived from cells which are fully populated.

Considering only the cells that relate to referrals for the first cut data in 2011-12, a total of 3,600 cells were left blank by 43 councils. This accounts for 1.3 per cent of the total cells that relate to referrals and suggests that there has been some improvement in the population of cells related to referrals for the first cut of data in 2012-13. There were improvements in the population of referral cells for all tables except for Table 7a (Case conclusion of completed referrals). The 2011-12 figures are derived from the 152 councils who submitted a return during the first collection period for that reporting year.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between the planned and actual publication dates.

The data in this report relate to the period 1 April 2012 to 31 March 2013. The time gap from the end of the collection period to the publication of these data is approximately 5 months. The report has been published in a more timely manner than the previous year, being released in September 2013 compared to November 2012. It has been released in line with the pre-announced publication date and is therefore deemed to be punctual.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.
Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

This report is available to download from the HSCIC publication webpages in PDF format. Annex tables aggregated to national level are available to download in Excel format and the council level data submitted by CASSRs is also available in CSV format via the AVA publication webpage at the following link:
http://www.hscic.gov.uk/pubs/abuseva1213prov

The underlying council level data is available in the National Adult Social Care Intelligence Service (NASCIS) via the Online Analytical Processor (OLAP). These data are rounded to avoid disclosure risks. The data are also presented as a series of Comparator Reports in PDF format. Access to data and reports on NASCIS can be found at the below address:
https://nascis.hscic.gov.uk/Portal/Tools.aspx

Elements of the report may be available in other formats upon request. Please email any requests to the below address:
ava@hscic.gov.uk

A copy of the collection proforma is included in **Appendix E** along with a glossary of terms in **Appendix F** to give more detail around what data is collected and the terminology used.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.
Comparability is the degree to which data can be compared over time and domain.

The data within this report are comparable to the Final AVA Report for 2010-11 and the Final AVA Report for 2011-12.

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

For the 2012-13 reporting period, the HSCIC will undertake one round of post submission validation checks on the AVA data submitted by councils. Previously, two validation rounds were completed and councils had two opportunities to amend their data. The decision was taken to remove the second round of checks after analysis[4] found that changes during this period were minimal. This was agreed through the Adult Review Group (ARG) and Outcomes and Information Development Board (OIDB).

[4] Please see paper 36/04 for the ARG meeting on 6 September 2012 available from:
http://www.hscic.gov.uk/socialcare/arg

Historically the data used to produce the provisional AVA publication would have undergone a round of post submission validation checks before inclusion in this publication. 2012-13 is the first year that the first cut of AVA data is being used to produce the provisional report. Councils have not yet had the opportunity to provide explanations regarding the quality of the data and reasons for any anomalies. For the Final 2012-13 AVA Report, the data will undergo a series of post submission validation checks which are likely to result in some figures being queried and subsequently resubmitted.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

User feedback on the format and content of the AVA 2012-13 Report is invited. Please see link below for our online feedback form:
http://www.hscic.gov.uk/pubs/abuseva1213prov

NASCIS users are invited to provide feedback on any part of the NASCIS service via the below address.
https://nascis.hscic.gov.uk/Portal/Feedback.aspx

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

Please see links below to the relevant HSCIC policies and procedures.

Freedom of Information process:
http://www.hscic.gov.uk/foi

Links to Statistical Governance policies can be found on the HSCIC publications calendar web page, which can be found at the below address:
http://www.hscic.gov.uk/pubs/calendar

Appendix C: How Are the Statistics Used? Report Users and Uses

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

Department of Health

The AVA 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

Alzheimer's Society

The Abuse of Vulnerable Adults data enables better prevention of abuse, increased recognition of it and better support for people when it does occur. For this reason, information and demographic data about who perpetrates it towards whom, where, when and how is often essential for awareness raising and support planning

Appendix D: Related Publications

AVA Publications

This publication can be downloaded from the HSCIC website at
http://www.hscic.gov.uk/pubs/abuseva1213prov

Last year's Final AVA Report is available at
http://www.hscic.gov.uk/pubs/abuseva1112final

Last year's Provisional AVA Report is available at
http://www.hscic.gov.uk/pubs/abuseva1112

Other Adult Social Care Publications

The HSCIC produces a number of other reports on adult social services activity which can be downloaded from the adult social care publication page at
http://www.hscic.gov.uk/social-care

Links to the latest adult social care reports can be found below.

Adult Social Care Activity

“Community Care Statistics, Social Services Activity: England 2012-13, Provisional Release” is available at
http://www.hscic.gov.uk/pubs/commcaressa1213prov

“Registered Blind and Partially Sighted People - Year ending 31 March 2011, in England” is available at
http://www.hscic.gov.uk/pubs/blindpartiallysighted11

Adult Social Care Finance

“Personal Social Services: Expenditure and Unit Cost, England, 2011-12, Final Release [NS]” is available at
http://www.hscic.gov.uk/pubs/pssexpcosts1112final

“Community Care Statistics 2009-10: Grant Funded Services (GFS1) Report - England” is available at
http://www.hscic.gov.uk/pubs/carestats0910gfs

Adult Social Care Surveys

“Personal Social Services Adult Social Care Survey, England 2012-13, Provisional” is available at
http://www.hscic.gov.uk/pubs/adusoccaresurv1213prov

“Personal Social Services Survey of Adult Carers in England - 2012-13, Provisional” is available at
http://www.hscic.gov.uk/pubs/psscarersurvey1213

"Survey of Carers in Households – 2009-10 England" is available at
http://www.hscic.gov.uk/pubs/carersurvey0910

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

Adult Social Care Staffing

"Personal Social Services: Staff of Social Services Departments at 30 September 2012, England. [NS]" is available at
http://www.hscic.gov.uk/pubs/pssstaffsept12

Adult Social Care Data for Other Areas of 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://search1.scotland.gov.uk/Scotland?n=All&$rcexpanded=false&action=search&q=Social+Care

Department of Health, Social Services and Public Safety
http://www.dhsspsni.gov.uk/

Data for Children's Social Services

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

Appendix E: 2012-13 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.

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

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

	Primary client group:	Alerts			Referrals			Repeat Referrals			Completed Referrals		
		Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
	Rows/Columns	A	B	C	D	E	F	G	H	I	J	K	L
Age group: 18 - 64	Physical disability, frailty and sensory impairment (Total)	1											
	of which: Sensory Impairment	2											
	Mental Health (Total)	3											
	of which: Dementia	4											
	Learning Disability	5											
	Substance misuse	6											
	Other Vulnerable People	7											
	Total aged 18 - 64	8											
Age group: 65 - 74	Physical disability, frailty and sensory impairment (Total)	9											
	of which: Sensory Impairment	10											
	Mental Health (Total)	11											
	of which: Dementia	12											
	Learning Disability	13											
	Substance misuse	14											
	Other Vulnerable People	15											
	Total aged 65 - 74	16											
Age group: 75 - 84	Physical disability, frailty and sensory impairment (Total)	17											
	of which: Sensory Impairment	18											
	Mental Health (Total)	19											
	of which: Dementia	20											
	Learning Disability	21											
	Substance misuse	22											
	Other Vulnerable People	23											
	Total aged 75 - 84	24											
Age group: 85 +	Physical disability, frailty and sensory impairment (Total)	25											
	of which: Sensory Impairment	26											
	Mental Health (Total)	27											
	of which: Dementia	28											
	Learning Disability	29											
	Substance misuse	30											
	Other Vulnerable People	31											
	Total aged 85 and over	32											
	Total (aged 18 and over) Excluding Unknowns	33											
	Full Total (aged 18 and over) Including Unknowns*	34											
	of which: Number placed by other authority from outside council area	35											
	Number known to CASSR at time of alert/referral	36											

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 2: Number of alerts, referrals, repeat referrals and completed referrals, by ethnicity and age of vulnerable adult

Ethnicity:			Alerts			Referrals			Repeat Referrals			Completed Referrals		
			18-64	65+	Total	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Rows/Columns			A	B	C	D	E	F	G	H	I	J	K	L
White	White British	1												
	White Irish	2												
	Traveller of Irish Heritage	3												
	Gypsy/Roma	4												
	Any other White background	5												
Mixed	White and Black Caribbean	6												
	White and Black African	7												
	White and Asian	8												
	Any other Mixed background	9												
Asian or Asian British	Indian	10												
	Pakistani	11												
	Bangladeshi	12												
	Any other Asian background	13												
Black or Black British	Caribbean	14												
	African	15												
	Any other Black background	16												
Other Ethnic Groups	Chinese	17												
	Any other ethnic group	18												
Not stated	Refused	19												
	Information not yet obtained	20												
Total		21												

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 3: Source of referral, by age and primary client group of vulnerable adult

	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
	Rows/Columns		A	B	C	D	E	F	G	H
Social care staff	Social Care Staff (CASSR & Independent) - Total	1								
	of which : Domiciliary Staff	2								
	Residential Care Staff	3								
	Day Care Staff	4								
	Social Worker/Care Manager	5								
	Self -Directed Care Staff	6								
	Other	7								
Health staff	Health Staff - Total	8								
	of which: Primary/Community Health Staff	9								
	Secondary Health Staff	10								
	Mental Health Staff	11								
Other sources of referral	Self Referral	12								
	Family member	13								
	Friend/neighbour	14								
	Other service user	15								
	Care Quality Commission	16								
	Housing	17								
	Education/Training/Workplace Establishment	18								
	Police	19								
	Other	20								
Overall Total		21								

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 4a: Nature of alleged abuse, for referrals, by age and gender of vulnerable adult *

Nature of alleged abuse:		18 - 64			65 and over			Total 18 and over		
		Female	Male	Total	Female	Male	Total	Female	Male	Total
Rows/Columns		A	B	C	D	E	F	G	H	I
Physical	1									
Sexual	2									
Emotional/psychological	3									
Financial	4									
Neglect	5									
Discriminatory	6									
Institutional	7									
Total	8									
*of which: Included multiple types of abuse***	9									

* Multiple Entries are permitted in this table

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

Table 4b: Nature of alleged abuse, for referrals, by age and primary client group of vulnerable adult *

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
Rows/Columns		A	B	C	D	E	F	G	H	I	J
Physical	1										
Sexual	2										
Emotional/psychological	3										
Financial	4										
Neglect	5										
Discriminatory	6										
Institutional	7										
Total	8										
*of which: Included multiple types of abuse***	9										

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 5a: Location alleged abuse took place, for referrals, by age of vulnerable adult *

Location alleged abuse took place:		18 - 64	65 - 74	75 - 84	85 and over	Total 18 and over
Rows/Columns		A	B	C	D	E
Own Home	1					
Care Home - Permanent	2					
Care Home with Nursing - Permanent	3					
Care Home - Temporary	4					
Care Home with Nursing - Temporary	5					
Alleged Perpetrators Home	6					
Mental Health Inpatient Setting	7					
Acute Hospital	8					
Community Hospital	9					
Other Health Setting	10					
Supported Accommodation	11					
Day Centre/Service	12					
Public Place	13					
Education/Training/Workplace Establishment	14					
Other	15					
Not Known	16					
Total	17					

* 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: Type of service, for referrals, by age and primary client group of vulnerable adult*

Type of Service		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
Rows/Columns		A	B	C	D	E	F	G	H
Own Council Commissioned Service	1								
Commissioned by Another CASSR	2								
Self Funded service	3								
Service funded by Health	4								
No Service	5								
Total	6								

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 6a: Relationship of vulnerable adult to alleged perpetrator(s), for referrals, by age and gender of the vulnerable adult *

Relationship of alleged perpetrator:		18 - 64			65 and over			Total - 18 and over		
		Female	Male	Total	Female	Male	Total	Female	Male	Total
Rows/Columns		A	B	C	D	E	F	G	H	I
Partner	1									
Other family member	2									
Health Care Worker	3									
Volunteer/ Befriender	4									
Social Care Staff - Total	5									
of which: Domiciliary Care staff	6									
Residential Care staff	7									
Day Care staff	8									
Social Worker/Care Manager	9									
Self-Directed Care Staff	10									
Other	11									
Other professional	12									
Other Vulnerable Adult	13									
Neighbour/Friend	14									
Stranger	15									
Not Known	16									
Other	17									
Total	18									
of which: the alleged perpetrator lives with the vulnerable adult	19									
the alleged perpetrator is the main family carer	20									

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 6b: Relationship of vulnerable adult to alleged perpetrator(s), for referrals, by age and primary client group of the alleged victim *

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
Rows/Columns		A	B	C	D	E	F	G	H	I	J
Partner	1										
Other family member	2										
Health Care Worker	3										
Volunteer/ Befriender	4										
Social Care Staff - Total	5										
of which: Domiciliary Care staff	6										
Residential Care staff	7										
Day Care staff	8										
Social Worker/Care Manager	9										
Self-Directed Care Staff	10										
Other	11										
Other professional	12										
Other Vulnerable Adult	13										
Neighbour/Friend	14										
Stranger	15										
Not Known	16										
Other	17										
Total	18										
of which: the alleged perpetrator lives with the vulnerable adult	19										
the alleged perpetrator is the main family carer	20										

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

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

Age Group / Primary Client Group:		*Rows/Columns*	Substantiated A	Partly Substantiated B	Not Substantiated C	Not Determined / Inconclusive D
Age group 18-64:	*Physical disability, frailty and sensory impairment (Total)*	1				
	Mental Health (Total)	2				
	Learning Disability	3				
	Substance misuse	4				
	Other Vulnerable People	5				
	TOTAL 18 - 64	6				
Other age groups	**TOTAL 65 - 74**	7				
	TOTAL 75 - 84	8				
	TOTAL 85 and over	9				
Total	**TOTAL 18 and over**	10				

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

Ethnicity:		*Rows/Columns*	Substantiated A	Partly Substantiated B	Not Substantiated C	Not Determined / Inconclusive D
White	White British	1				
	White Irish	2				
	Traveller of Irish Heritage	3				
	Gypsy/Roma	4				
	Any other White background	5				
Mixed	White and Black Caribbean	6				
	White and Black African	7				
	White and Asian	8				
	Any other Mixed background	9				
Asian or Asian British	Indian	10				
	Pakistani	11				
	Bangladeshi	12				
	Any other Asian background	13				
Black or Black British	Caribbean	14				
	African	15				
	Any other Black background	16				
Other Ethnic Groups	Chinese	17				
	Any other ethnic group	18				
Not stated	Refused	19				
	Information not yet obtained	20				
Total - all ethnicities		21				

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

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

Outcome of Completed Referral:		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
Rows/Columns		A	B	C	D	E	F	G	H	I	J
Increased Monitoring	1										
Vulnerable Adult removed from property or service	2										
Community Care Assessment and Services	3										
Civil Action	4										
Application to Court of Protection	5										
Application to change appointee-ship	6										
Referral to advocacy scheme	7										
Referral to Counselling /Training	8										
Moved to increase / Different Care	9										
Management of access to finances	10										
Guardianship/Use of Mental Health act	11										
Review of Self-Directed Support (IB)	12										
Restriction/management of access to alleged perpetrator	13										
Referral to MARAC	14										
Other	15										
No Further Action	16										
Total	17										

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

Table 8b: Number of completed referrals leading to Serious Case Review by age 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
Rows/Columns		A	B	C	D	E	F	G	H	I	J
No. completed referrals leading to serious case review	1										

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

		18 - 64						65 - 74	75 - 84	85 and over	18 and over
Acceptance of Protection Plan:		Physical disability, frailty and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Rows/Columns		A	B	C	D	E	F	G	H	I	J
Yes	1										
No	2										
Could not consent	3										
Total	4										

Abuse of Vulnerable Adults

Period: 01/04/2012 to 31/03/2013

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

Outcome for Alleged Perpetrator / Organisation/Service:		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
Rows/Columns		A	B	C	D	E	F	G	H	I	J
Criminal Prosecution / Formal Caution	1										
Police Action	2										
Community Care Assessment	3										
Removal from property or Service	4										
Management of access to the Vulnerable Adult	5										
Referred to PoVA List /ISA**	6										
Referral to Registration Body	7										
Disciplinary Action	8										
Action By Care Quality Commission	9										
Continued Monitoring	10										
Counselling/Training/Treatment	11										
Referral to Court Mandated Treatment	12										
Referral to MAPPA	13										
Action under Mental Health Act	14										
Action by Contract Compliance	15										
Exoneration	16										
No Further Action	17										
Not Known	18										
Total	19										

Appendix F: Glossary of Terms

This section gives details of the definitions provided in the AVA 2012-13 guidance document to help councils in the completion of the return. The definitions were taken from a mixture of sources including the Department of Health *No Secrets* guidance 2000, a report by Action on Elder Abuse on *Adult Protection Data Monitoring* and existing social care collections within the HSCIC.

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 defined in this return as a feeling of anxiety or worry that a vulnerable adult may have been, is, or might be, a victim of abuse. This would normally be the first contact between the source of the referral and the council about the alleged abuse. For example, if an individual phoned a council and expressed a concern that their elderly neighbour was being physically abused, this would be classed as an alert in the AVA return. If a council does not define or record alerts, all alert cells should be left blank in the return.

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 should record the result of the investigation, i.e. whether the allegation of abuse either can be proven or disproven on the balance of probabilities, or lacks the evidence to make a decision either way. A conclusion can be decided in an informal or formal setting. A formal outcome may be decided in a court of law or at a case conference. An informal outcome would be based on the opinion of a safeguarding manager/co-ordinator after assessing all of the available evidence. We would encourage councils to record both formal and informal outcomes within the return.

CASSR

Council with Adult Social Services Responsibilities.

Completed referral

A completed referral is where an investigation has been undertaken, all evidence has been assessed, a conclusion and outcomes have been agreed and the case has been closed.

The number of completed referrals should not include cases where a concern was raised but no further action or investigation was taken i.e. if the concern did not meet the safeguarding threshold; these cases should only be recorded as alerts.

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 Stated* 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
This category 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:

- Own Home
- Care home – permanent
- Care home with nursing - permanent
- Care home - temporary
- Care home with nursing - temporary
- Alleged perpetrator's home
- Mental health inpatient setting
- Acute hospital
- Community hospital
- Other health setting (include hospices)
- Supported accommodation (including extra care housing, *supporting people*, sheltered housing)
- Day centre/service
- Public place
- Education/training/workplace establishment
- Other
- 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

If an investigation could not reach a conclusion as to whether the allegations are true or false on the balance of probabilities then the case should be recorded as Not Determined / Inconclusive. Referrals should also be recorded as Not Determined / Inconclusive where the investigation is stopped before it is fully completed.

Example: If there is not enough reliable evidence to show whether the allegations are true or false then the referral should be recorded as Not Determined / Inconclusive.

Not substantiated

If all allegations of abuse can be disproven on the balance of probabilities then the case conclusion should be recorded as Not Substantiated.

Example: If a referral includes allegations of physical abuse and neglect and both the physical abuse and neglect are found to be false on the balance of probabilities then the referral should be recorded as Not Substantiated.

Outcomes 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.

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.

Partly substantiated

If some but not all allegations of abuse can be proven on the balance of probabilities then the case conclusion should be recorded as Partly Substantiated.

Example: If a referral includes allegations of physical abuse and neglect and the physical abuse can be proven on the balance of probabilities but the neglect cannot be proven, then the referral 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 opens a 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 group (based on aggregate level data collected)

People should be allocated to their primary client group 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 group, so there should be no double counting. The categories of *primary client group* 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

For the purpose of this return a referral is where an alert/concern is assessed by the council to meet the local safeguarding threshold and a full safeguarding investigation is deemed necessary. Cases which do not meet a council's safeguarding threshold should not be counted as a referral in this return, even if the council / system does label these cases as 'referrals'.

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, of which:
    - *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 where the vulnerable adult involved has previously been the subject of a safeguarding referral about a different incident and both of these referrals were opened during the same reporting period.

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 Total (LA & independent sector staff), of which:
  - *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 Total, of which:
  - *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 all allegations of abuse can be proven on the balance of probabilities then the case conclusion should be recorded as Substantiated.

Example: If a referral includes allegations of physical abuse and neglect and both the physical abuse and neglect can be proven on the balance of probabilities then the referral 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

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