



Abuse of Vulnerable Adults in England

October 2009 – March 2010

Experimental Statistics

NASCIS007 Abuse of Vulnerable Adults National Report 2009-10

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Executive Summary

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. 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 on this project¹ was published in March 2006 and recommended a national collection for Adult Abuse was undertaken.

The NHS Information Centre 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 responsibility 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 councils with Adult Social Services Responsibility (CASSRs) were invited to take part in the national Abuse of Vulnerable Adults (AVA) return on a voluntary basis, covering a six month collection period – 1st October 2009 to 31st March 2010. This document highlights the data coverage and quality issues for this voluntary collection and provides some key facts from the data aggregated across all participating councils.

Data Quality Issues and coverage

A full data quality statement is available for this report in Annex A.

Of the 152 CASSRs in England, 128 submitted data for the AVA return. However, not all 128 CASSRs were able to submit a complete return and were advised to leave data items blank where they were not able to provide a figure.

Tables 1 and 2 show that among the submitting CASSRs council type and region were well represented when compared to all CASSRs in England.

¹ Adult Protection Data Collection and Reporting Requirements, Action on Elder Abuse.
(<http://www.elderabuse.org.uk/AEA%20Services/Useful%20downloads/AEA/AP%20Monitoring.pdf>)

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Table 1 Submission of Abuse of Vulnerable Adults return, by council type, 2009-10

	Unitaries	Metropolitan	Shires	Inner London	Outer London	Total
AVA submissions	43	30	26	11	18	128
National breakdown	56	36	27	13	20	152
AVA submission percentage	77%	83%	96%	85%	90%	84%

Table 2 Submission of Abuse of Vulnerable Adults return, by Region, 2009-10

	North West	North East	Yorkshire & Humber	West Midlands	East Midlands
AVA submissions	17	10	12	13	8
National breakdown	23	12	15	14	9
AVA submission percentage	74%	83%	80%	93%	89%

	Eastern	South East	London	South West	Total
AVA submissions	11	15	29	13	128
National breakdown	11	19	33	16	152
AVA submission percentage	100%	79%	88%	81%	84%

Table 3 shows the summary of submission for each table of the proforma. This shows that there were no tables which were fully completed by all 128 participating councils.

Table 3 Summary of submitted tables for Abuse of Vulnerable Adults return, 2009-10

	Number of councils who...				Of 128 councils who submitted a return, percentage who...		
	returned complete table	returned table as all zeros	returned table as all blank cells	partially completed table	Fully completed table	Partially completed table	Did not submit table
Table 1	73	0	0	55	54%	41%	0%
Table 2	106	0	0	22	79%	16%	0%
Table 3	105	0	1	22	78%	16%	1%
Table 4a	106	0	0	22	79%	16%	0%
Table 4b	104	0	0	24	77%	18%	0%
Table 5	92	0	1	35	68%	26%	1%
Table 6a	88	0	2	38	65%	28%	1%
Table 6b	87	0	3	38	64%	28%	2%
Table 7a	111	0	5	12	82%	9%	4%
Table 7b	107	0	6	15	79%	11%	4%
Table 8a	96	0	11	21	71%	16%	8%
Table 8b	104	86	19	5	77%	4%	14%
Table 8c	86	6	28	14	64%	10%	21%
Table 9	100	0	13	15	74%	11%	10%

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The guidance issued with the AVA proforma lacked clarity in some areas and as a result, there is evidence to suggest that some councils may have used different interpretations of key elements of the return, such as the definition of an alert, referral, repeated referral and complete referral. This raises data comparability issues and as such no numbers or indicators derived from these measures will be presented in this report. The guidance will be improved for the 2010-11 collection to enable more robust data to be collected in future years.

Data on Alerts

Not all councils record data on alerts, those councils whose systems start at the referrals stage were instructed to enter zeros for alerts in Tables 1 and 2 of the proforma.

Table 4 shows the completeness of data submitted in Table 1 of the proforma about alerts, referrals, repeated referrals and complete referrals. 27 per cent of submitting councils entered all zeros for the data on alerts and 10 per cent left the alerts section blank.

Table 4 Completeness of Table 1 data on alerts, referrals, repeated referrals and completed referrals for Abuse of Vulnerable Adults return, 2009-10

	<i>Percentages</i>			
	Alerts	Referrals	Repeated Referrals	Complete Referrals
Completed (including all zeros)	61	63	62	61
Partially Completed	29	36	35	38
All zeros	27	0	2	0
All Blanks	10	2	3	1

Data excluded from this analysis

Some council level data has been omitted from the analysis for this report. In some cases a council's submitted data was omitted from all the analysis and in some cases a council's data was omitted from parts of the analysis, due to known data quality issues. The CASSR codes for these councils are listed in Table 5. Data quality issues are discussed in greater detail in the Data Quality statement in Annex A

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Table 5 list of CASSR codes for councils whose submitted data was omitted from all or parts of the analysis, 2009-10

Omitted from all analysis	Omitted from Table 3 analysis	Omitted from Tables 4 to 6b analysis	Omitted from Tables 7a to 9 analysis
102	114	114	407
116	612		
305	727		
411			
721			
732			
812			

User Feedback

As these data are presented as experimental statistics user feedback is invited. A feedback form is available on the NHS IC AVA publication page.

www.ic.nhs.uk/pubs/abuseva0910

NASCIS users are invited to provide feedback on the AVA report or any aspect of the NASCIS service via the feedback form on the Contact Us page of the NASCIS site.

<http://nascis.ic.nhs.uk/Portal/Contact.aspx>

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Key Facts

These key facts relate to the data as submitted; no attempt has been made to validate or correct each council's data where errors have been highlighted in the NHS Information Centre's collection system used for this return.

Alerts, referrals, repeat referrals and complete referrals

In England, during the period 1st October 2009 to 31st March 2010, data submitted by participating councils shows that:

- The largest number of referrals was in the 18 to 64 age band (39%), followed by the 85 and over age band (25%)
- There were more referrals recorded for women than men in all age bands
- Half of the referrals recorded (50%) were for adults with physical disabilities, followed by adults with learning disabilities (21%) and adults with mental health needs (20%)
- 89 per cent of the referrals recorded were for adults who stated their ethnicity as White.

Source of referral

- The majority of referrals came from social care staff, which includes both council and independent organisation staff (43%), health staff and 'other' sources (both 18%)
- The distribution of source of the referral for older people (aged 65 and over) was similar to those aged 18 to 64
- There was some variation in the distribution of source of referral for different client groups. For example, adults aged 18 to 64 with mental health needs had more referrals from health staff than any other primary client group and substance misusers aged 18 to 64 had more referrals from housing staff than any other client group.

Nature of alleged abuse

- For referrals where the nature of the alleged abuse was recorded, the majority of the referrals were about physical abuse (31%), followed by neglect and financial abuse (both 21%) and emotional / psychological abuse (17%). Six per cent of referrals were about sexual abuse, four per cent about institutional abuse and one per cent about discriminatory abuse
- Looking across the age groups, those in the 18 to 64 age group had the lowest number of referrals for financial abuse compared to the other age groups. Whereas they had the highest number of referrals about sexual abuse when compared with the other age groups.

Please note: more than one type of abuse may be recorded in a single referral.

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Location of alleged abuse

- Of the referrals where location of the alleged abuse was recorded, 38 per cent were about abuse in the vulnerable adult's own home, followed by 21 per cent in a permanent care home and 11 per cent in a permanent care home with nursing. Nine per cent of the referrals had the location recorded as 'not known'.

Please note: a single referral may relate to a case where the victim suffered alleged abuse in more than one location.

Relationship of the vulnerable adult to the alleged perpetrator

- In 24 per cent of referrals where the relationship between the victim and the perpetrator was recorded, the perpetrator was Social Care staff and in 17 per cent of referrals it was a family member (other than the vulnerable adult's partner); the relationship was not known in 19 per cent of cases
- The distribution of the relationship between the victim and alleged perpetrator shows a similar pattern across all age bands.

Please note: A single referral may involve more than one alleged perpetrator and therefore there may be multiple relationships recorded per referral.

Case conclusion of completed referrals

- Of the completed referrals recorded in Table 1, around a third (33%) were not substantiated and 27 per cent were not determined or inconclusive; 27 per cent were substantiated and 10 per cent were partly substantiated. Four per cent of the referrals had no data for case conclusion recorded
- This pattern was similar across all age bands.

Caution should be exercised when considering these figures, as anecdotal evidence suggests that there may have been interpretation issues around the case conclusion options resulting in councils recording data in a non comparable way.

Outcome of completed referrals for the victim

- The data submitted shows that 31 per cent of the outcomes recorded for the victim were 'no further action', this was followed by 'increased monitoring' (24%), 'Other' (15%) and 'Community Care Assessment and Services' (10%)
- There were 12 other outcome options for the victim in the proforma, the percentage of which ranged from 5 per cent to 0 per cent.

Please note: A completed referral may have more than one outcome for the alleged victim.

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Outcome of completed referrals for the perpetrator / organisation / service

- The data submitted shows that 35 per cent of the outcomes recorded for the perpetrator / organisation / service were 'no further action', followed by 'not known' (17%) and 'continued monitoring' (15%)
- There were 15 other outcome options for the alleged perpetrator / organisation / service on the proforma, the percentage of which ranged from 5 percent to 0 per cent.

Please note: A completed referral may have more than one outcome for the alleged perpetrator / organisation / service.

Serious case reviews

- In the six month collection period, a total of 82 completed referrals were recoded as leading to a serious case review.

(Caution should be exercised when considering this figure as anecdotal evidence suggests that councils may have differing thresholds and definitions for serious case reviews)

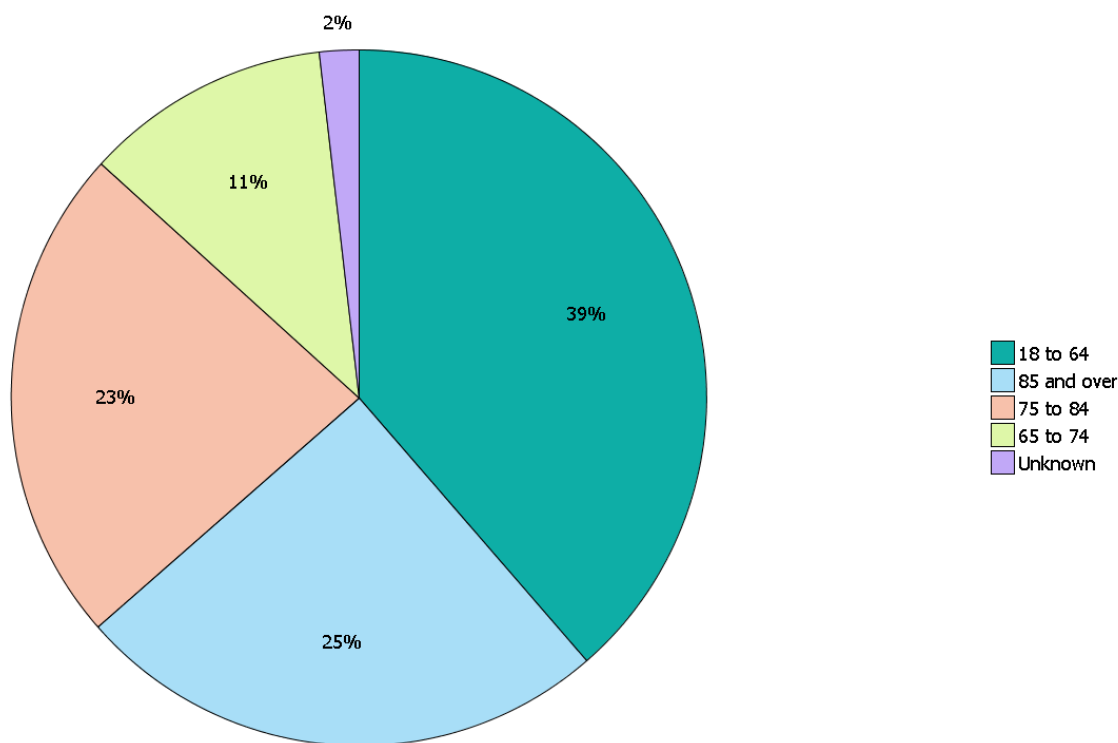
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Distribution charts of data collected across all participating councils

The following charts show the distribution of breakdowns collected in the proforma by various equality measures such as age and primary client group, aggregated across participating councils.

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Chart 1 - Distribution of referrals for all participating councils, by age, including "unknowns"



Data Source: AVA Table 1.

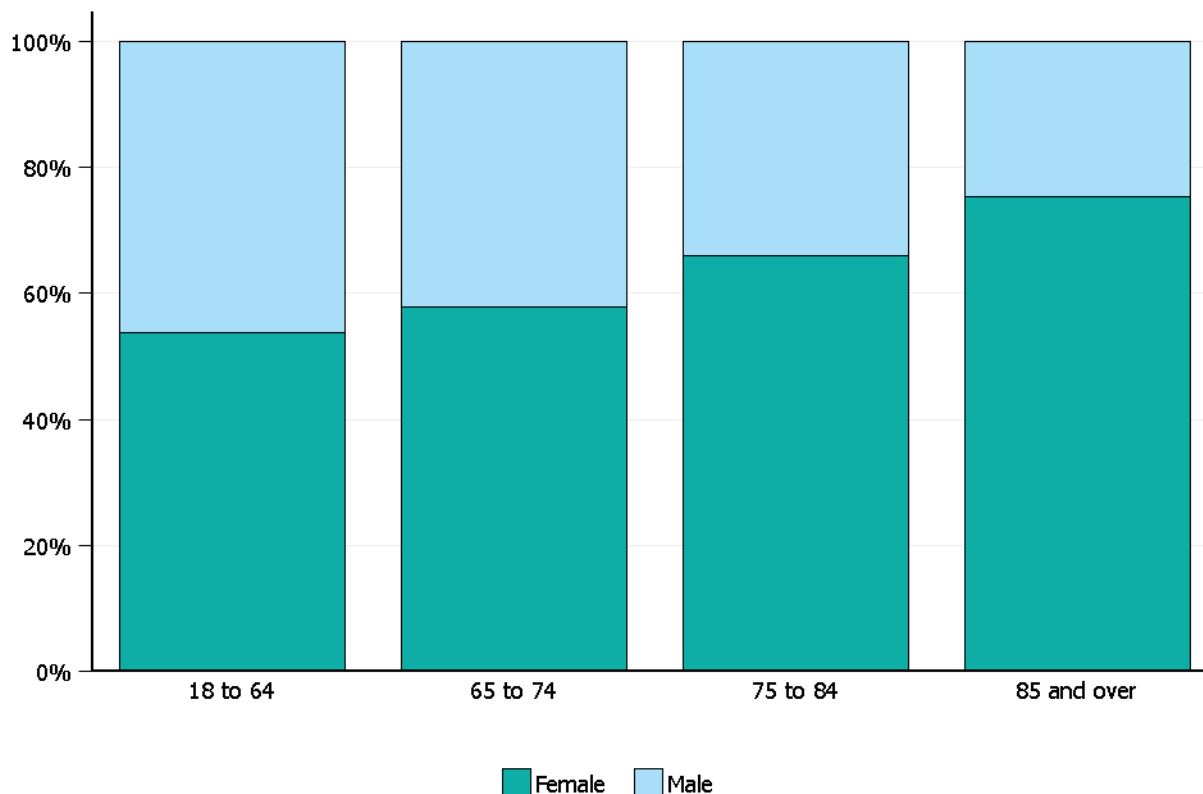
Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 120 councils.

"Unknowns" are recorded in Table 1 of the AVA proforma. Councils were instructed to record cases where at least one of age, gender or primary client group were not known in the "Full Total (18+) Including Unknown" line.

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Chart 2 - Distribution of referrals for all participating councils, by gender, for each agegroup

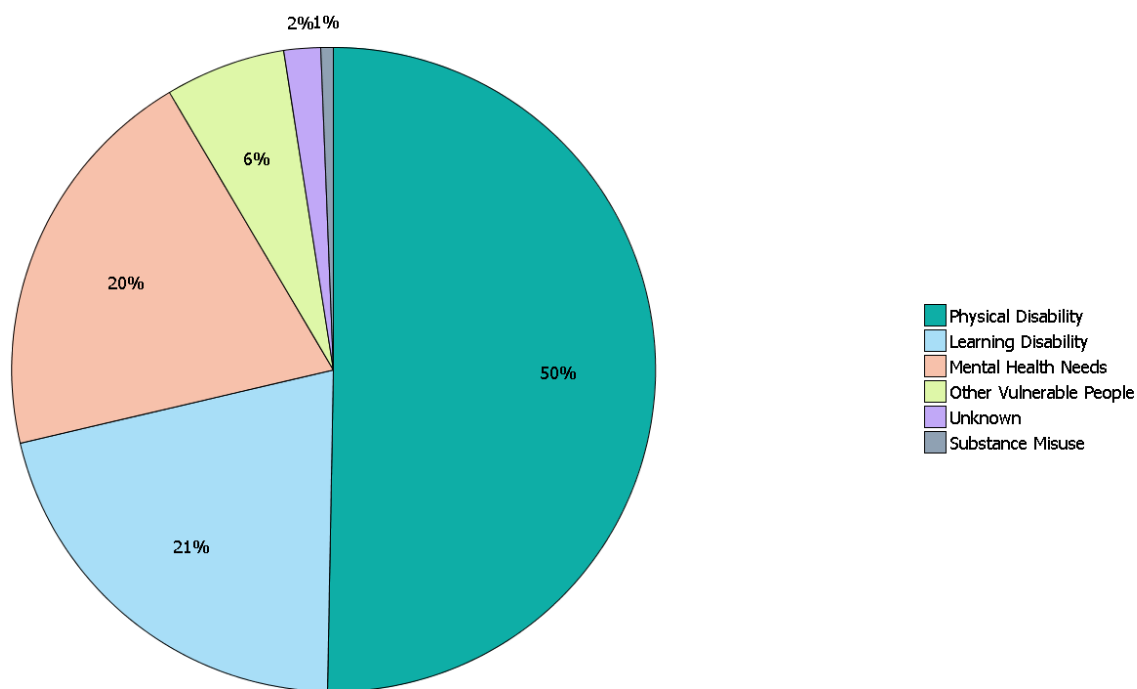


Data Source: AVA Table 1.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 120 councils.

The data shown is only for referrals where age and gender were recorded.

NASCIS007 Abuse of Vulnerable Adults – National Report, 2009-10**Chart 3 - Distribution of referrals for all participating councils, by primary client group, including "unknowns"**

Data Source: AVA Table 1.

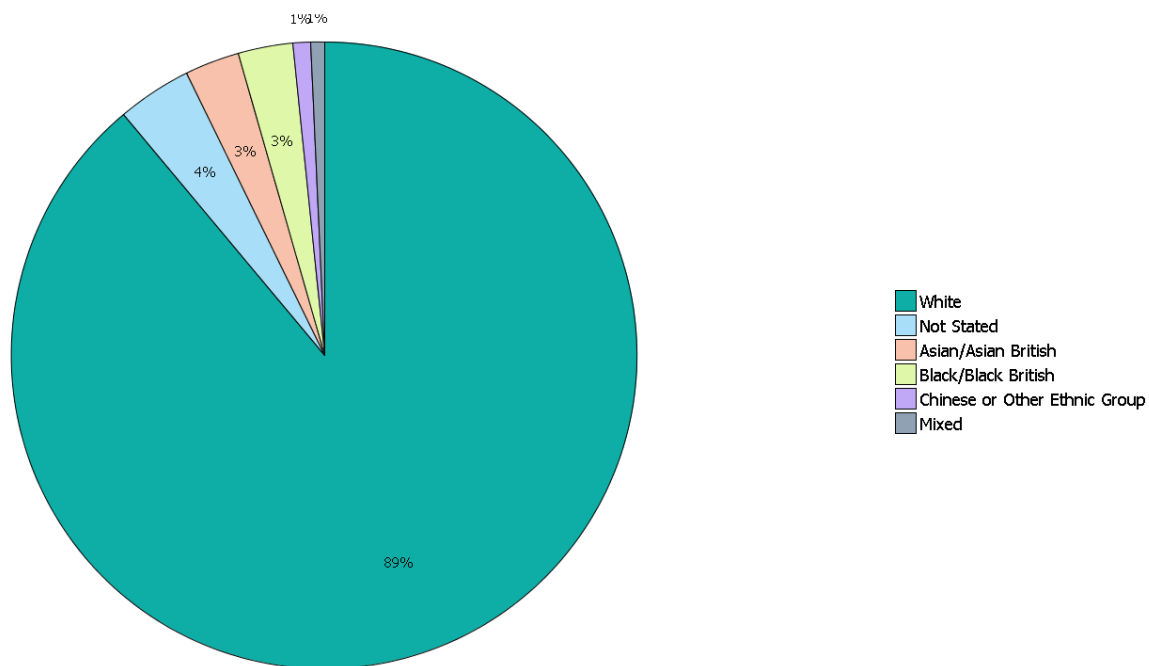
Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 120 councils and of these, 8 councils only submitted partial data for this chart.

"Unknowns" are recorded in Table 1 of the AVA proforma. Councils were instructed to record cases where at least one of age, gender or primary client group were not known in the "Full Total (18+) Including Unknown" line.

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Chart 4 - Distribution of referrals for all participating councils, by ethnicity



Data Source: AVA Table 2.

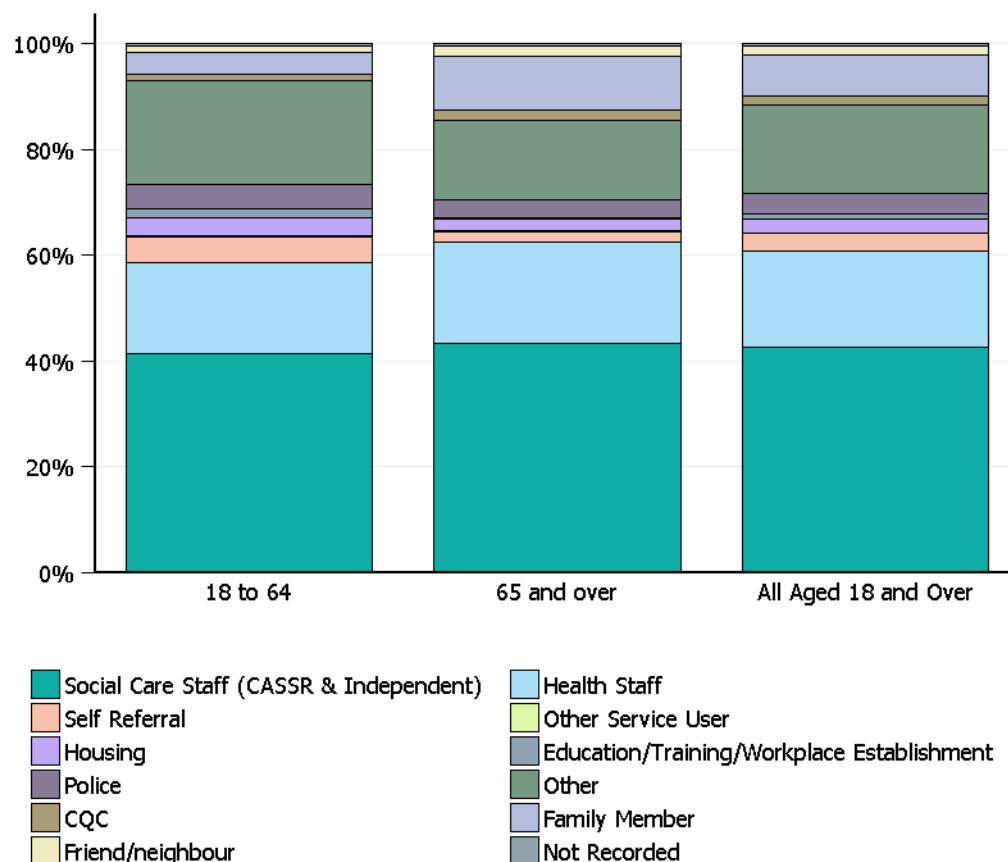
Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 120 councils and of these, 120 councils only submitted partial data for this chart.

Councils were instructed not to record "unknowns" in Table 2.

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Chart 5 - Distribution of source of referral for all participating councils, by age



Data Source: AVA Table 3.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

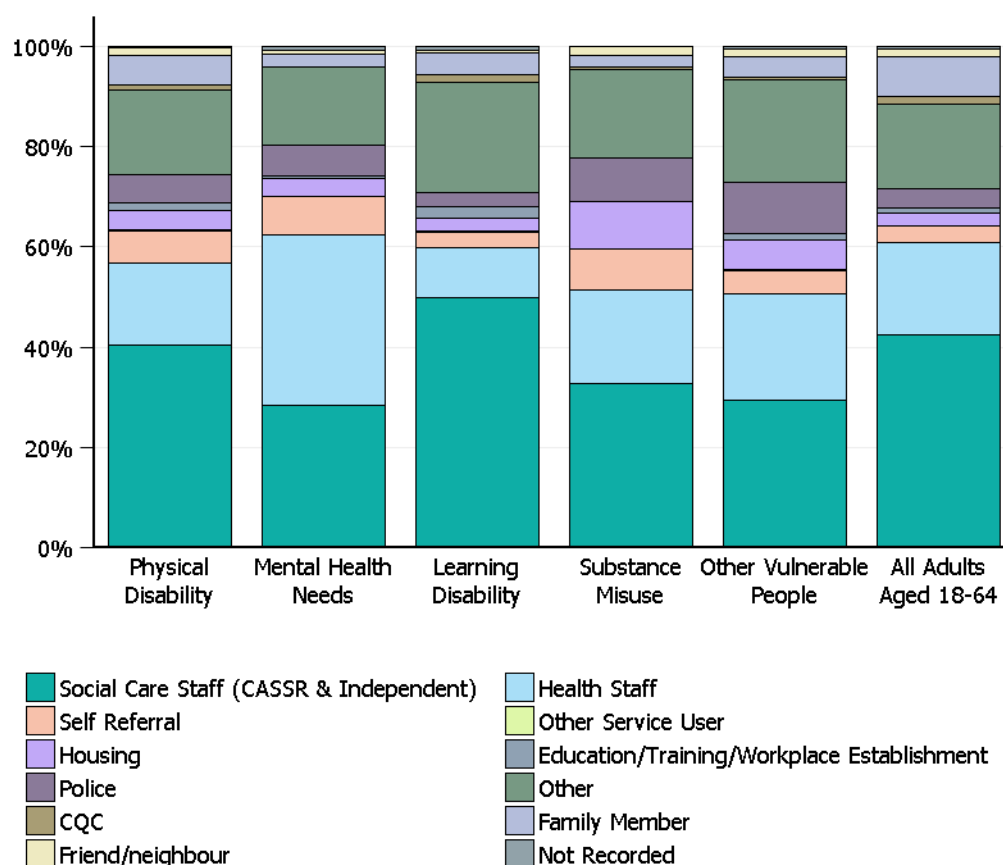
This chart consists of data submitted by 117 councils and of these, 9 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 3.

The "not recorded" category is the difference between the number of referrals recorded in Table 1 and the number of sources of referral in Table 3. Where it was evident that councils had entered more than one source for some referrals, that councils data has not been included in this chart as currently Table 3 does not allow for multiple sources for each referral.

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Chart 6 - Distribution of source of referral for all participating councils, by primary client group, adults aged 18 to 64



Data Source: AVA Table 3.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

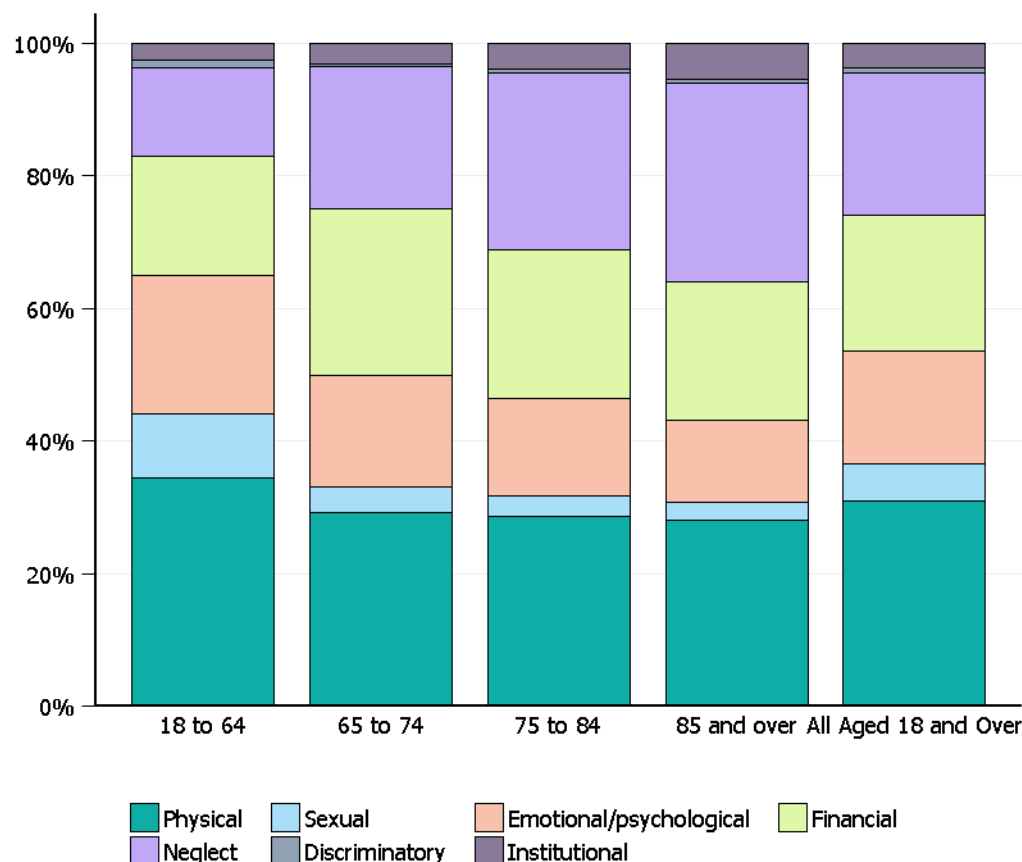
This chart consists of data submitted by 117 councils and of these, 6 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 3.

The "not recorded" category is the difference between the number of referrals recorded in Table 1 and the number of sources of referral in Table 3. Where it was evident that councils had entered more than one source for some referrals, that councils data has not been included in this chart as currently Table 3 does not allow for multiple sources for each referral.

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Chart 7 - Distribution of the nature of alleged abuse for all participating councils, by age



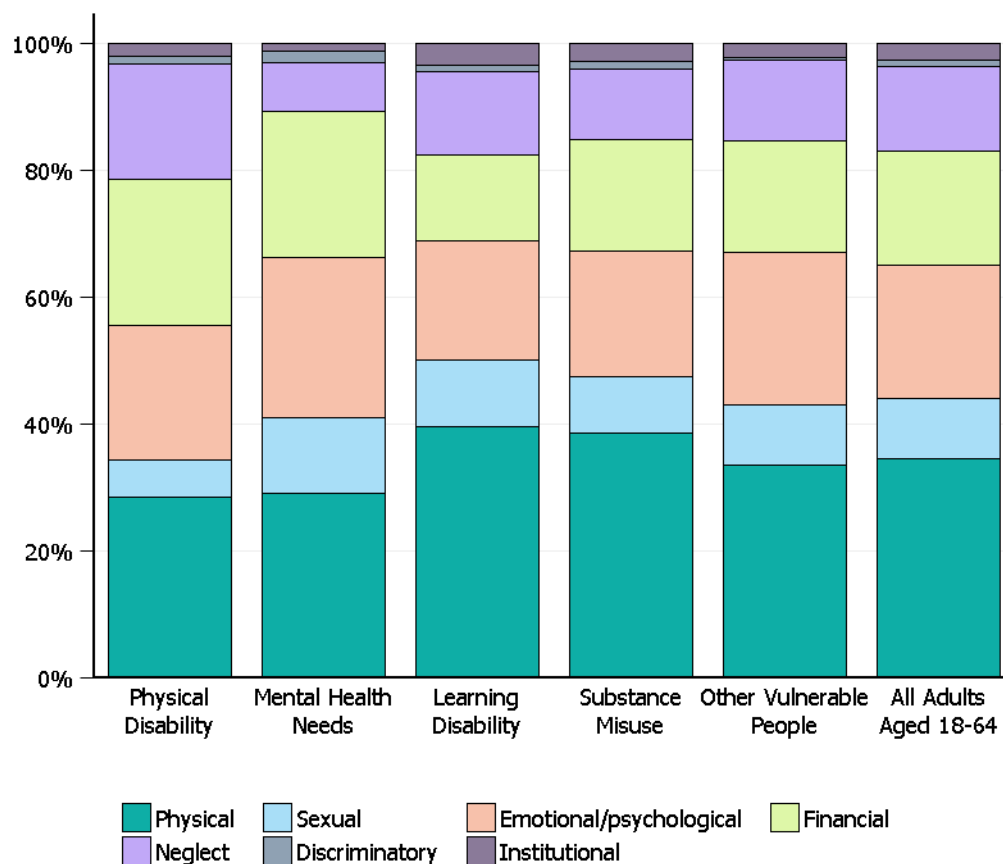
Data Source: AVA Table 4b.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 119 councils and of these, 9 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 4b.

It was not possible to count how many referrals entered in Table 1 did not have a nature of alleged abuse recorded in Table 4b as this table allowed multiple entries given that a single referral could be about more than one type of abuse.

NASCIS007 Abuse of Vulnerable Adults – National Report, 2009-10**Chart 8 - Distribution of the nature of alleged abuse for all participating councils, by primary client group, adults aged 18 to 64**

Data Source: AVA Table 4b.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

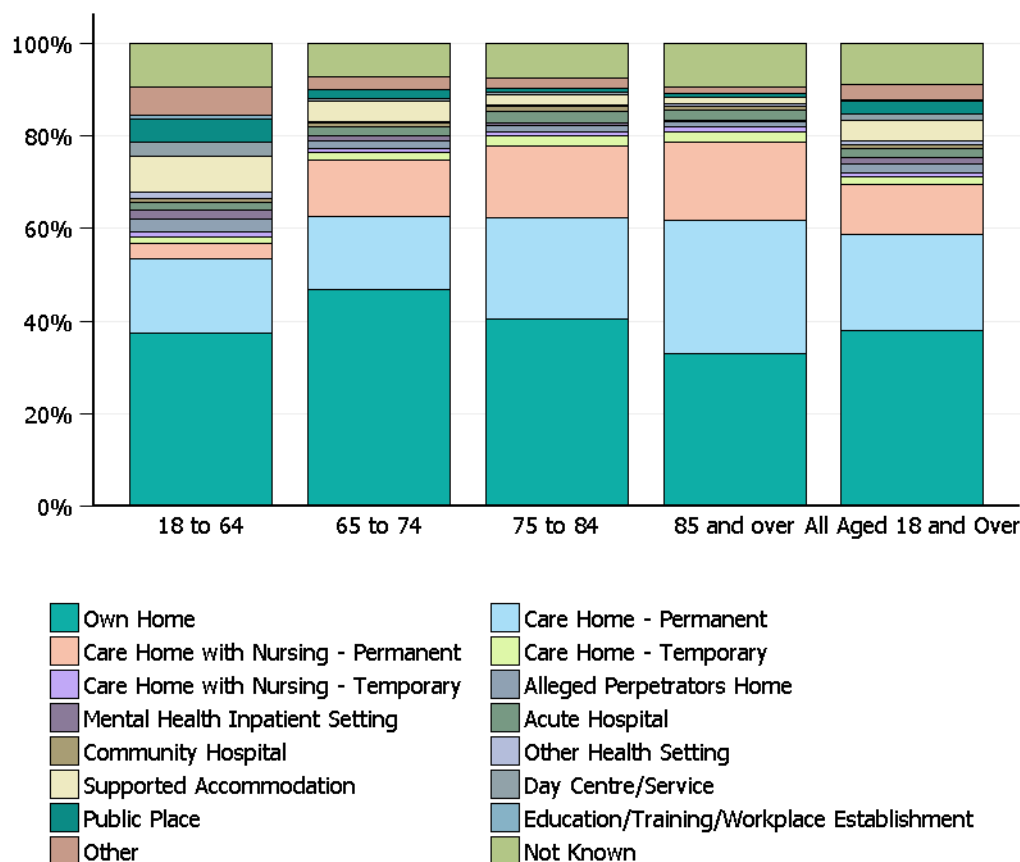
This chart consists of data submitted by 119 councils and of these, 12 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 4b.

It was not possible to count how many referrals entered in Table 1 did not have a nature of alleged abuse recorded in Table 4b as this table allowed multiple entries given that a single referral could be about more than one type of abuse.

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Chart 9 - Distribution of location of alleged abuse for all participating councils, by age



Data Source: AVA Table 5.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

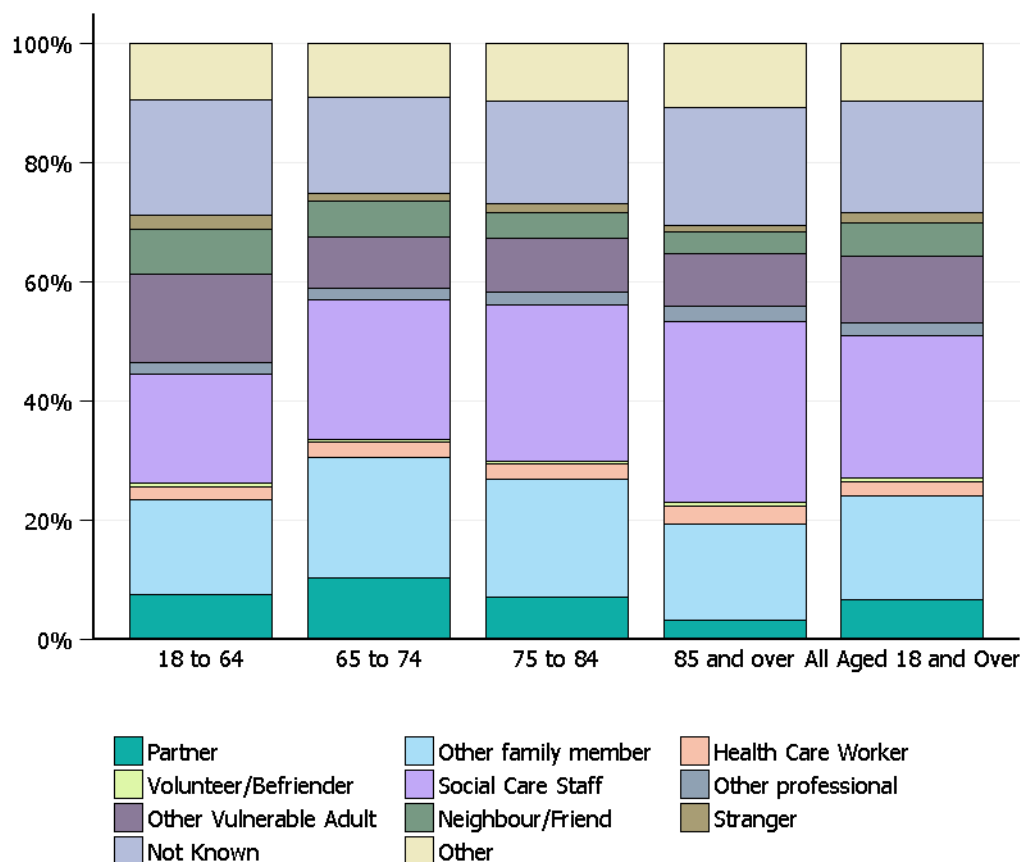
This chart consists of data submitted by 119 councils and of these, 10 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 5.

It was not possible to count how many referrals entered in Table 1 did not have a location of alleged abuse recorded in Table 5 as this table allowed multiple entries given that a single referral could be about abuse occurring in multiple locations.

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Chart 10 - Distribution of relationship to the alleged perpetrator for all participating councils, by age



Data Source: AVA Table 6b.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

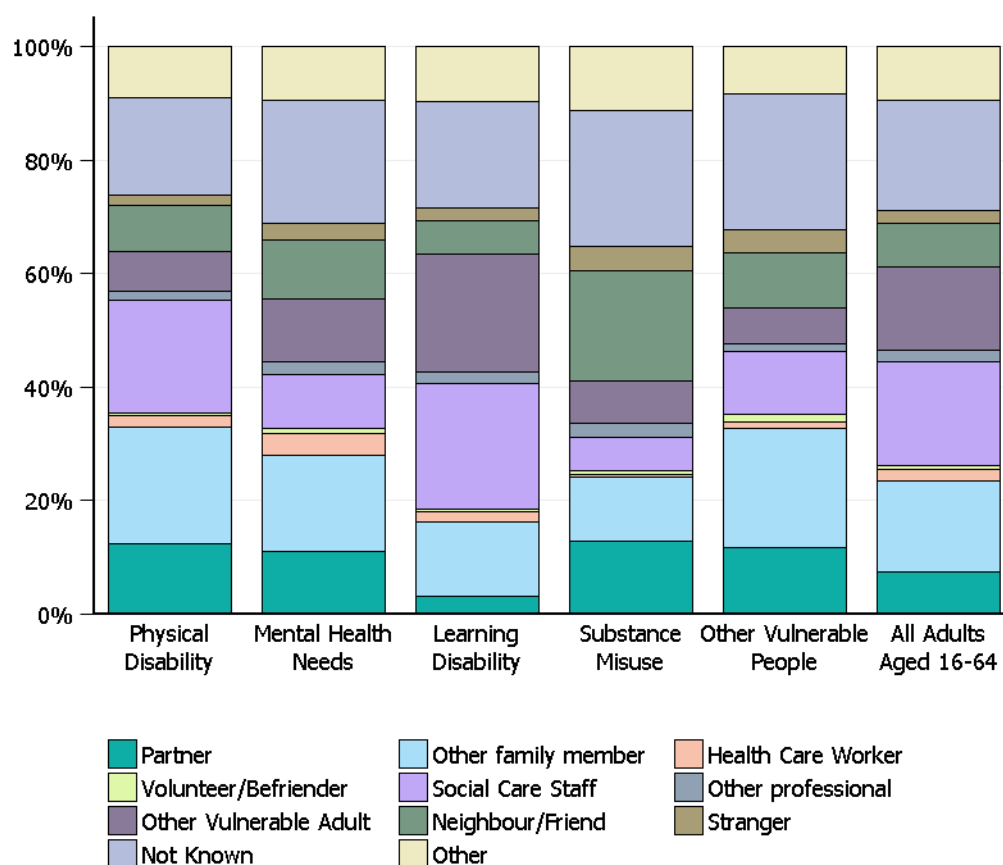
This chart consists of data submitted by 118 councils and of these, 10 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 6b.

It was not possible to count how many referrals entered in Table 1 did not have a relationship between the victim and alleged perpetrator recorded in Table 6b as this table allowed multiple entries given that a single referral could be about abuse involving multiple perpetrators.

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Chart 11- Distribution of relationship to the alleged perpetrator for all participating councils, by primary client group, adults aged 18 to 64



Data Source: AVA Table 6b.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

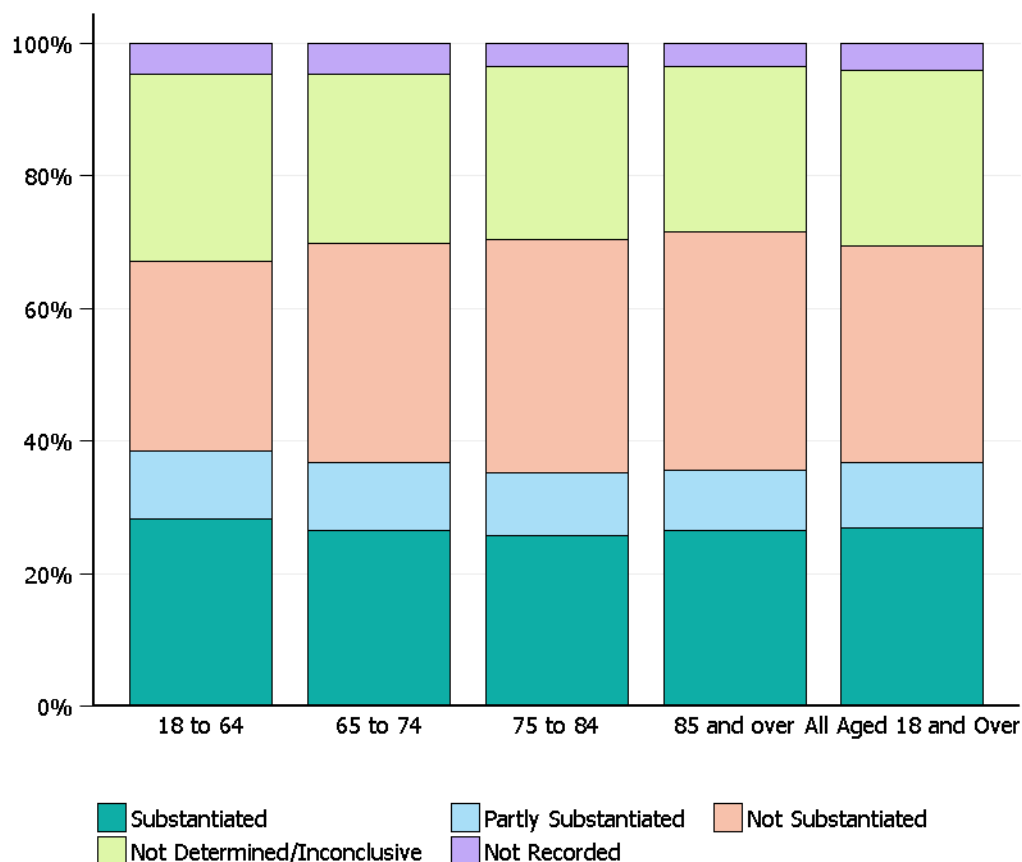
This chart consists of data submitted by 118 councils and of these, 11 councils only submitted partial data for this chart.

Councils were instructed not to include "unknowns" in Table 6b.

It was not possible to count how many referrals entered in Table 1 did not have a relationship between the victim and alleged perpetrator recorded in Table 6b as this table allowed multiple entries given that a single referral could be about abuse involving multiple perpetrators.

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Chart 12 - Case conclusion for all participating councils, by age



Data Source: AVA Table 7.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 118 councils and of these, 10 councils only submitted partial data for this chart.

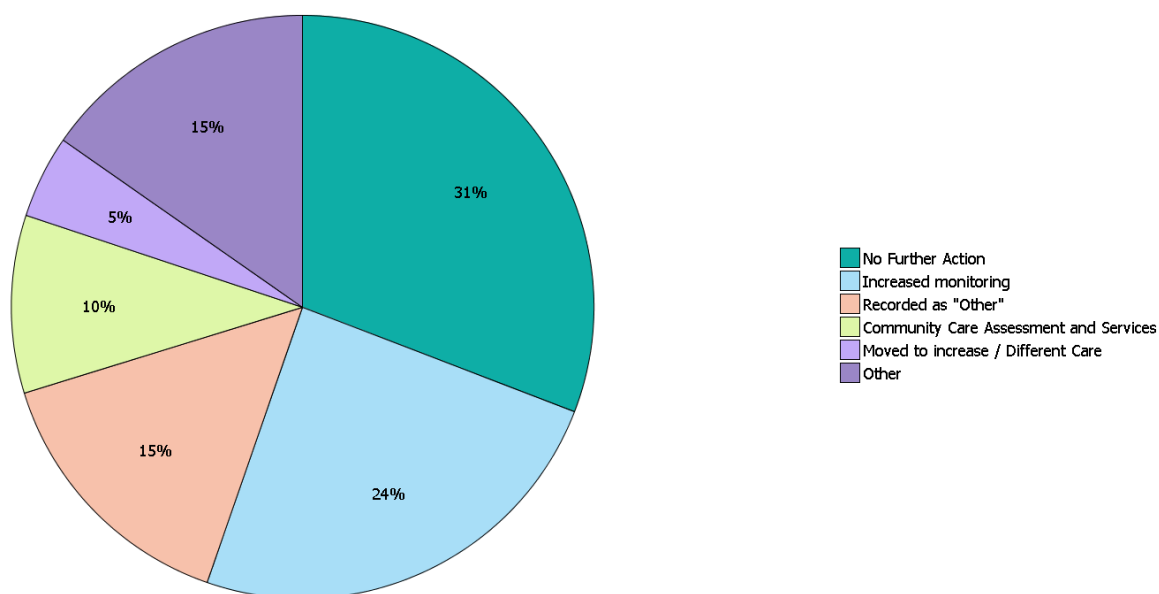
Councils were instructed not to include "unknowns" in Table 7.

The "not recorded" category is the difference between the number of complete referrals recorded in Table 1 and the number with a case conclusion recorded in Table 7.

Caution should be exercised when considering these figures as there may have been interpretation issues around the case conclusion options resulting in councils recording data in a non comparative way.

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Chart 13 - Outcome of complete referral for the victim, for all participating councils



Data Source: AVA Table 8a.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 111 councils and of these, 12 councils only submitted partial data for this chart.

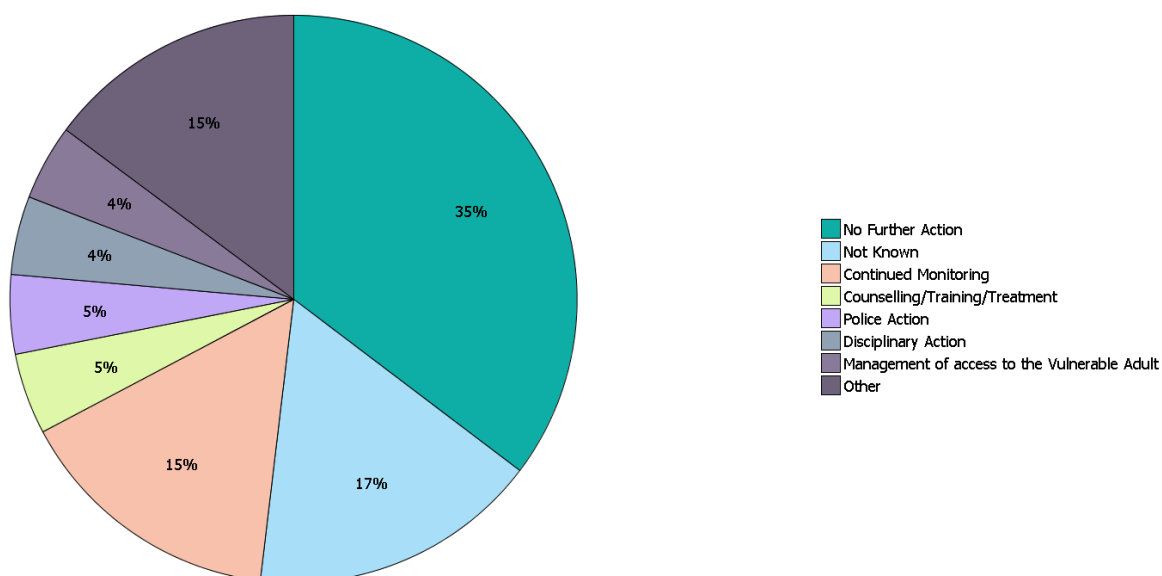
Councils were instructed not to include "unknowns" in Table 8a.

It was not possible to count how many complete referrals entered in Table 1 did not have an outcome recorded in Table 8a as this table allowed multiple entries given that a single referral could have multiple outcomes for the victim.

Outcomes that represent less than 5% have been grouped together under "Other", this includes Vulnerable adult removed from property or service, Community care assessment and services, Civil action, Application to court of protection, Referral to advocacy scheme, Referral to counselling/training, Management of access to finances, Guardianship/use of mental health act, Review of self directed support, Restriction/management of access to alleged perpetrator and Referral to MARAC.

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Chart 14 - Outcome of complete referral for the perpetrator/organisation/service, for all participating councils



Data Source: AVA Table 9.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 109 councils and of these, 11 councils only submitted partial data for this chart.

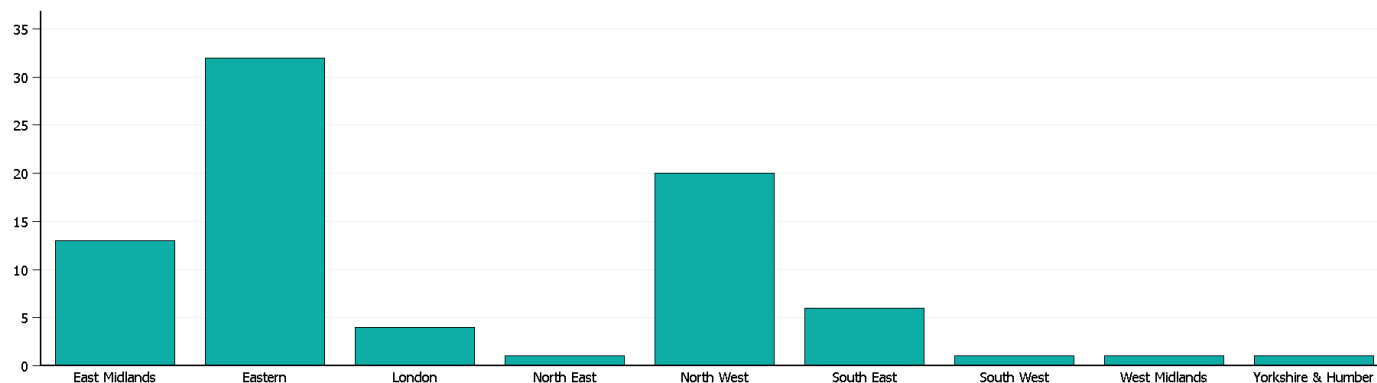
Councils were instructed not to include "unknowns" in Table 9.

It was not possible to count how many complete referrals entered in Table 1 did not have an outcome recorded in Table 9 as this table allowed multiple entries given that a single referral could have multiple outcomes for the perpetrator/organisation/service.

Outcomes that represent less than 4% have been grouped together under "Other", this includes Criminal prosecution/formal caution, Community care assessment, Removal from property or service, Referred to POVA list, Referral to registration body, Action by Care Quality Commission, Referral to court of mandated treatment, Action under Mental Health Act, Action by contract compliance and Exoneration.

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Chart 15 - Number of complete referrals leading to a serious case review for all participating councils, by region



Data Source: AVA Table 8b.

Experimental Statistics - These data are based on a voluntary collection over the period 1st October 2009 to 31st March 2010.

This chart consists of data submitted by 103 councils.

Caution should be exercised when considering these figures as anecdotal evidence suggests that councils may have differing thresholds and definitions for serious case reviews.

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Annex A

Background Quality Report: Abuse of Vulnerable Adults in England –October 2009 – March 2010

Dimension	Assessment by the author
Introduction	<p>Context for the quality report.</p> <p>This report provides information about referrals¹ 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 information collected over a 6 month period², on a voluntary basis. Future collections will cover a whole 12 month period.</p> <p>This is the first time this data has been collected nationally and 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 will also be made available to the public as Experimental Statistics. Experimental statistics are defined in the UK Statistics Authority Code of Practice for Official Statistics as <i>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.</i></p> <p>Guidance on inclusion criteria and definitions of the terms used in the return was made available to all CASSRs who wished to participate; however user feedback has indicated that this guidance lacked clarity in some areas. The guidance will be improved by the NHS IC for future collections. Guidance and the proforma issued for this return are available from the NHS IC Social Care Collections website at: http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2010</p> <p>¹ In the context of this collection, a referral is defined as a concern raised 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.</p> <p>² Evidence suggests that some councils could not collect the information over the full six month period and submitted what they</p>

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	could collect, due to new systems and procedures being put into place.
Relevance	<p><i>The degree to which the statistical product meets user needs in both coverage and content.</i></p> <p>As this data return was voluntary and only covered a 6 month period not all CASSRs took part. Of those who did, not all were able to submit a complete return for various reasons, which include data collection systems not being fully in place or able to provide data at the level of breakdown required, or that front line staff were not fully trained in collecting all the details required at different stages in the referrals process. In light of this, and other data quality issues outlined below, the information is being published as experimental statistics.</p> <ul style="list-style-type: none"> • Out of 152 CASSRs, 128 submitted an authorised return³. • 48 CASSRs submitted a complete return⁴ with no cells left blank • Across the 128 CASSRs submitting data, a total of 10 per cent (26,278) of the cells were left blank • Of the 128 CASSRs there were no large differences in the degree of representation of council type or region when compared to all CASSRs <p>The report provides information on referrals and their subsequent outcomes aggregated across all participating councils. All data is shown as percentages to provide information on various aspects of the Safeguarding process. This includes:</p> <ul style="list-style-type: none"> • distribution of referrals to Adult Safeguarding teams by age, gender, primary client group and ethnicity to allow for equality and diversity monitoring • distribution of source of referral by age and primary client group to enable identification of main access points for reaching vulnerable adults • distribution of the nature of alleged abuse by age and primary client group • distribution of location the alleged abuse took place by age and primary client group which may be used to assess safeguarding in different care settings • distribution of relationship to alleged perpetrator by age and primary client group of victim which may be used to aid targeting of programmes to support vulnerable adults and prevent their abuse • distribution of case conclusion of completed referrals by age • distribution of outcomes for victim and alleged perpetrator.

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	<p>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 – see Accessibility dimension for further details. Due to potential disclosure risks owing to small numbers all council level data will be suppressed where values are five or less and all data will be rounded to the nearest five.</p> <p>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.</p> <p>³ 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. A small number of councils started a submission, but did not sign-off the submission and therefore data for these councils will not be included in any dissemination of the information for 2009-10.</p> <p>⁴ Where councils 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'</p>
Accuracy and Reliability	<p><i>The proximity between an estimate and the unknown true value.</i></p> <p>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.</p> <p>No further validation has been carried out on the data and none of the missing data items have been estimated. As such the submitted data is subject to a range of known (and possibly unknown) data quality issues, which are highlighted below.</p> <p><u>Known Data Quality Issues</u></p> <p>Stakeholder engagement and subsequent analysis by the NHS IC has highlighted a number of data quality and comparability issues, in addition to the coverage issues.</p>

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These can be mainly attributed to lack of clarity in the user guidance document issued with the proforma which led to some CASSRs submitting data on a different basis to others and leads to comparability issues.

There is anecdotal evidence to suggest that this affects the data on Referrals, Repeat Referrals and Complete Referrals and so these measures may not be comparable from council to council. For example some councils record alerts⁵ and some councils do not. Councils who do not record alerts were instructed to enter zeros for the data collected on alerts. Evidence suggests that some of these councils have recorded every concern made known to them about abuse of a vulnerable adult as a referral regardless of whether the raised concern led to an investigation or assessment, where other councils who do not record alerts have only counted those concerns raised which triggered an investigation or assessment as a referral.

A repeat referral is where a referral about the same vulnerable adult has already been made in the same collection period, each time there is a repeat referral it should be counted as both a referral and a repeat referral, therefore repeat referrals should be a subset of referrals, however some councils have entered a larger number of repeat referrals than referrals.

Partial completion of the return has led to some data quality issues where councils have entered data on a number of referrals or completed referrals in Table 1, but have not entered details for all these referrals or completed referrals in subsequent tables. Where possible the distributions presented in the report include a 'not recorded' category which accounts for the differences between totals in Table 1 and subsequent tables, however most of the tables allow multiple entries (such as nature of abuse - as a single referral may include more than one type of abuse) and therefore it is not possible to accurately count the number of referrals or completed referrals with missing information in these tables as we do not know the extent to which data that has been recorded includes multiple entries per referral / completed referral.

Not all CASSRs were able to collect data for the full six month period due to having new systems put in place, and there is some evidence to suggest that some councils may have up-rated their submitted data to represent 6 months and some may have not, leading to further comparability issues.

Eight councils submitted data which has been excluded from this

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	<p>report due to clear errors and validation issues throughout their entire submission.</p> <p>Reliability In light of the accuracy issues described above, this data is deemed not very reliable and should be interpreted with great caution.</p> <p>Future collections will be fully validated by the NHS IC and councils will have the opportunity to address any issues arising from the validations and resubmit data in subsequent cuts up until a fixed final cut deadline. This may uncover any unknown data quality issues and should improve the accuracy and reliability of the data in future.</p> <p>⁵ An alert is where a concern that a vulnerable adult may have been, is or might be a victim of abuse, this may or may not lead on to an Safeguarding investigation or assessment.</p>
Timeliness and Punctuality	<p><i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i></p> <p>The Abuse of Vulnerable Adults (hereon in referred to as 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 of the 6 month voluntary collection is being released 11 months after the end of the period to which the data relates.</p> <p>This publication has been released in line with the pre-announced publication date and is therefore deemed to be punctual.</p>
Accessibility and Clarity	<p><i>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.</i></p> <p>Accessibility We have made the 2009/10 AVA data available in the National Adult Social Care Intelligence Service (NASCIS) via the NASCIS Online Analytical Processing Tool (OLAP) and as a National Level Standard Report.</p> <p>As the 2009/10 AVA data was submitted by CASSRs on a voluntary basis and is subject to data quality issues, the national level Standard Report only contains information on the distributions of submitted data</p>

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	<p>for each key topic of the collection. This will be available to view and download from the NHS IC website and from the National Adult Social Care Intelligence Service (NASCIS) Standard Reports page in PDF format.</p> <p>The aggregated data submitted by CASSRs is also be made available on a restricted basis to CASSR users for management information purposes via the NASCIS OLAP for analysis, benchmarking and to aid quality improvements. This data is rounded and low values have been suppressed to avoid disclosure risks.</p> <p>Required elements of the report may be available in other formats, upon request.</p> <p>Clarity A copy of the collection proforma will be included in the report along with a glossary of key terms. The report will also contain a section detailing the data quality issues outlined in this statement</p>
Coherence and Comparability	<p><i>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.</i></p> <p>Coherence There are no known alternative sources of data with which to compare</p> <p>Comparability There are a number of data quality issues which may affect comparability of the data from council to council; these are outlined under the Accuracy and Reliability dimension above.</p> <p>Due to comparability issues the national report does not contain any totals and no numbers will be given. However, the report does show the distribution of breakdowns collected.</p> <p>With improved data quality and coverage, it is anticipated that dissemination of national and regional totals may be possible in future publications and that data may be more robust, thereby allowing comparability across councils.</p> <p>As this is a new national collection there is no historic data to compare over time to. Future AVA collections and reports may change as a result of ongoing reviews of Social Care collections, stakeholder engagement and user feedback.</p>

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Trade-offs between Output Quality Components	<p><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></p> <p>Abuse of vulnerable Adults is a topic gaining increasing public and political interest. The need for a national collection was identified in a report by Action on Elder Abuse in 2006 after the abuse of older people became the subject of a Health Select Committee Inquiry in 2004. Accordingly, it was deemed important to make some information available from this first voluntary collection despite data quality issues. By releasing the data in this way we hope to drive up data quality as councils may be able to address issues that have arisen from this collection prior to starting work on the next (2010-11) collection.</p>
Assessment of User Needs and Perceptions	<p><i>The processes for finding out about users and uses, and their views on the statistical products.</i></p> <p>User feedback on the format and content of The Abuse of Vulnerable Adults in England, 2009-10 report is invited; a web form is available on the NHS IC publication page to submit comments. NASCIS users are invited to provide feedback on any part of the NASCIS service via the NASCIS website.</p> <p>The 2009-10 AVA collection was approved by the Strategic Information Group for Adult Social Care (SIGASC). This group contained representation from all our main data users DH, CQC, 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. The SIGASC has now been superseded by the Strategic Improving Information Programme (SIIP) who will continue to act as a forum for key stakeholder engagement.</p> <p>The AVA return, along with other NHS IC social care returns, will be 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. The results of this review will help shape and inform the future and format of the AVA.</p>
Performance, Cost and Respondent Burden	<p><i>The effectiveness, efficiency and economy of the statistical output.</i></p> <p>A compliance cost survey was recently 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</p>

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	<p>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 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</p>
Confidentiality, Transparency and Security	<p><i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i></p> <p>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.</p> <p>http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html</p> <p>Please see links below to the NHS IC relevant policies.</p> <p>Statistical Governance Policy http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf</p> <p>Freedom of Information Process http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/FOI%20Process.pdf</p> <p>Data Access and Information Sharing policy http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Data_Access_Information_Sharing_Policy.pdf</p> <p>Small Numbers Procedure http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Small_Numbers_Procedure.pdf</p>

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Annex B

Glossary of terms and definitions provided in the 2009-10 Abuse of Vulnerable Adults collection guidance document

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.

Please note that the guidance and return will be revisited following conclusion of the No Secrets review.

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 groups are defined into five groups; '18-64', '65-74', '75-84', '85+' and also '65+'. 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. 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), put '0' (zero) under alerts in tables 1 and 2.

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

Case Conclusions is the formal outcome of a completed referral and refer to four categories: 'Substantiated', 'Partly Substantiated', 'Not Substantiated' and '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'.

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CASSR

Councils with Adult Social Service Responsibilities

Completed referral

A completed referral is where the active investigation/assessment of allegations is complete 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.

Further to this a referral which is 'Completed in Year' is counted within the year of completion, regardless of when it started

Episode

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

Ethnicity

The ethnic categorisation is the revised version agreed by SIGASC on 13th March 2008 to be used in the 2009-10 RAP (Referrals, Assessments and Packages of Care) return and which the IC will use for future statistical collections. This is a two tier structure, with six top level categories, each with a set of subcategories. The changes from the previous categorisation are in the subcategories of the 'White' and 'Other Ethnic Groups' categories.

'Refused' and 'Information not yet obtained' in the 'Other Ethnic Groups' category replace the category of 'Not stated'. It is suggested that CASSRs record only those clients for whom a record exists of a refusal to state under 'Refused'. Those for whom no data is held should be recorded in the 'Information not yet obtained category'.

See Annex A for details.

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

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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 are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service in that reporting year.

Location of alleged abuse

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 Perpetrators Home
7. Mental Health Inpatient Setting
8. Acute Hospital
9. Community Hospital
10. Other Health Setting (include Hospice)
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;

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- **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 – This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is no clear evidence.

Not Substantiated – It is not possible to substantiate on the balance of probabilities any of the allegations of abuse made.

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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 Annex B.

Partly Substantiated – This would apply to cases where it has been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example *‘it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse’*.

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 subcategory of this primary client type is identified:
 1. Sensory Impairment
- Mental health needs: includes mentally ill or confused people, and those with dementia. The following subcategory of this primary client type is identified:
 1. 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 the same as an Alert however it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

(These relate to safeguarding referrals, not a referral for a community care assessment. The definition of referral for this return is therefore different to that used in the RAP (Referrals, Assessments and Packages of Care) return)

Relationship of alleged perpetrator

1. Partner

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2. Other family member
3. Health Care Worker (Incl. GPs, nurses, consultants)
4. Volunteer/ Befriender
5. **Social Care Staff - Total**
 - Domiciliary Care staff
 - Residential Care staff
 - Day Care staff
 - Social worker/Care Manager
 - Self-Directed care staff
 - Other
6. Other professional
7. Other Vulnerable Adult
8. Neighbour/Friend
9. Stranger
10. Not Known
11. Other (incl. milk-person, post-person, taxi driver)

Repeat referral

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 safeguarding referral during the same reporting period.

Source of referral

Eleven main categories are identified, with *Social Care Staff* and *NHS Staff* having a series of subcategories identified.

- **Social Care Staff (LA & Independent sector staff)**
 1. Domiciliary staff
 2. Residential Care staff
 3. Day Care staff
 4. Social Worker/Care Manager
 5. Self-directed Care staff – These staff are employed by the service user by direct - payment
 6. Other
- **Health Staff**
 1. Primary Health/Community Health staff (GP, Acute PCT, Community-based professions allied to medicine, etc)
 2. Secondary Health staff (Accident and Emergency, hospital occupational therapist, ward, hospice, community hospital, etc)
 3. Mental Health staff – Joint Teams
- Self Referral (including automated referrals for basic services)
- Family member
- Friend/neighbour
- Other service user
- Care Quality Commission*

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- Housing (including supporting people)
- Education/Training/Workplace Establishment
- Police
- Other (including probation, anonymous, contract staff, MAPA, MARCA)

* Referrals from Care Quality Commission precursor bodies (i.e. the Commission for Social Care Inspection, healthcare Commission, mental Health Commission) should be included in the CQC category.

Substantiated – all of the allegations of abuse are substantiated on the balance of probabilities.

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, for this reason they are outlined below.

- 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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Annex C

Abuse of Vulnerable collection proforma used for the 2009-10 voluntary collection

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Abuse of Vulnerable Adults

Version 1.2



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

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Abuse of Vulnerable Adults

Period: 01/10/09 to 31/03/10

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

Primary client group	Alerts		Referrals		Repeat Referrals		Completed Referrals	
	F	M	F	M	F	M	F	M
Age group 18-64:								
Physical disability, frailty and sensory impairment (Total)								
Of Which: Sensory Impairment								
Mental Health Needs (Total)								
Of which: Dementia								
Learning Disability								
Substance misuse								
Other Vulnerable People								
Total								
Age group 65-74:								
Physical disability, frailty and sensory impairment (Total)								
Of Which: Sensory Impairment								
Mental Health Needs (Total)								
Of which: Dementia								
Learning Disability								
Substance misuse								
Other Vulnerable People								
Total								
Age group 75-84:								
Physical disability, frailty and sensory impairment (Total)								
Of Which: Sensory Impairment								
Mental Health Needs (Total)								
Of which: Dementia								
Learning Disability								
Substance misuse								
Other Vulnerable People								
Total								
Age group 85+:								
Physical disability, frailty and sensory impairment (Total)								
Of Which: Sensory Impairment								
Mental Health Needs (Total)								
Of which: Dementia								
Learning Disability								
Substance misuse								
Other Vulnerable People								
Total								
Total (18+)								
Full Total (18+) Including Unknown*								
Of Which:								
No. Placed by other authority from outside council area								
No. known to CASR at time of alert/referral								

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Abuse of Vulnerable Adults

Period: 01/10/09 to 31/03/10

Table 2: Number of alerts, referrals, repeat

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												
Information not yet obtained												
Total												

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Abuse of Vulnerable Adults

Period: 01/10/09 to 31/03/10

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

Source of Referral	18-64					65+	18+
	Physical disability, frailty and sensory impairment (Total)	Mental Health Needs (Total)	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	TOTAL
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 - Total							
Of which: Primary/Community Health Staff							
Secondary Health Staff							
Mental Health Staff							
Self Referral							
Family member							
Friend/Neighbour							
Other service user							
Care Quality Commission							
Housing							
Education/Training/Workplace Establishment							
Police							
Other							
Overall Total							

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Abuse of Vulnerable Adults

Period: 01/10/09 to 31/03/10

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

Nature of alleged abuse	18-64			65+			Total - 18+		
	F	M	Total	F	M	Total	F	M	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+	Total - 18+
	Physical disability, frailty and sensory impairment	Mental Health Needs (Total)	Learning Disability	Substance misuse	Other Vulnerable People				
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

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

Location alleged abuse took place	18-64	65-74	75-84	85+	Total	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:

- i) across location by age
- ii) Across Total by type of service

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

Relationship of alleged perpetrator	18-64			65+			Total		
	F	M	Total	F	M	Total	F	M	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+				Total			
	Physical disability, frailty and sensory impairment	Mental Health Needs (Total)	Learning Disability	Substance misuse	Other Vulnerable People	TOTAL	65-74	75-84	85+	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

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Period: 01/10/09 - 31/03/10

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

Age Group/Primary Client Group	Substantiated	Partly Substantiated	Not Substantiated	Not Determined
Age group 18-64:				
<i>Physical disability, frailty and sensory impairment (Total)</i>				
<i>Mental Health Needs (Total)</i>				
<i>Learning Disability</i>				
<i>Substance misuse</i>				
<i>Other Vulnerable People</i>				
TOTAL 18-64				
Age group 65-74				
Age group 75-84				
Age group 85+				
Total				

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

Ethnicity	Substantiated	Partly Substantiated	Not Substantiated	Not Determined
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				

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Period: 01/10/09 to 31/03/10

Table 8a: Outcome of completed referral - Victim*

Outcome of Completed Referral	18-64					65-74	75-84	85+	Total
	Physical disability, frailty and sensory impairment	Mental Health Needs (Total)	Learning Disability	Substance misuse	Other Vulnerable People	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

No. completed referrals leading to serious case review									
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Table 8c: Acceptance of Protection Plan

Acceptance of Protection Plan									
Yes									
No									
Could not consent									
Total									

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Period: 01/10/09 to 31/03/10

Table 9: Outcome of completed referral - *Alleged Perpetrator/Organisation/Service

For Alleged Perpetrator/Organisation/Service	18-64						65-74	75-84	85+	Total
	Physical disability, frailty and sensory impairment	Mental Health Needs (Total)	Learning Disability	Substance misuse	Other Vulnerable People	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										
Exonerated										
No Further Action										
Not Known										
Total										

* Multiple entries are permitted in this table

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