



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Protection of Vulnerable Adults Monitoring Report

2007-2008



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## **Purpose of this report**

1. This report sets out significant data collated by Care and Social Services Inspectorate Wales (CSSIW) in relation to allegations of abuse against adults. This includes data collected by local authority social services and also information about adult abuse in regulated services collected directly by CSSIW.
2. The report examines the key findings for the year ended 31 March 2008, providing an analysis of the information and a description of trends, concerns and achievements. It considers what the data has to tell us about the state of adult protection services in Wales. It is designed to contribute to the improvement of outcomes for those people who are in need of protection from abuse.

## **Who should read it?**

While the report is concerned with local authority and regulated services data it should be of interest to anyone working in, or interested in, the protection of vulnerable adults across health, social care and the voluntary and independent sector.

## **How can I find out more?**

More information is available from:

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## Introduction

The most common victim of alleged abuse in Wales during 2007-08 was an older woman. The largest proportion of alleged victims lived in their own home in the community, but the proportion of the population living in care homes who were identified as alleged victims (6%) was significantly high.<sup>1</sup> The most frequently reported type of abuse was physical abuse, which was reported in 32% of cases. The largest category of alleged perpetrators was male. A high proportion of victims were already known to social services and most allegations of alleged abuse – the referrals – were made by social services or by an agency paid for by social services. Most victims were white and the proportion of referrals for people from a black or minority ethnic community is less than would be expected. In most cases, after investigation, no disciplinary action was taken against those alleged perpetrators who were members of staff and only a very small minority of cases resulted in a criminal prosecution. The most common form of help for alleged victims was increased monitoring by social services.

The description above is, of course, broad brush. It does not convey the subtleties or complexities of some of the findings in the data in the report that follows. For example, as noted above, while most alleged victims live at home, a much greater proportion of those who live in care homes are referred compared to the proportion of referrals from the community. This is a concern, but it may reflect greater awareness and monitoring of potential concerns in care homes. Also, while 40% of the cases involved at least one male as a perpetrator, 38% involved at least one female. This should be viewed within the context of the larger number of women who work in social care. Again, while most completed referrals for adult protection concern older women, this may in part reflect deficiencies in the provision of information and opportunities to express concern for other groups. While it is unlikely that the alleged perpetrator will be subject to a criminal prosecution, most social care staff who are accused of abuse *do* receive some kind of specific response, if

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<sup>1</sup> This is an estimate based on the number of *registered beds* in care homes as at 31 March 2008.

we include responses such as extra training and extra supervision. Finally, the inconsistencies in the pattern of reporting and data collection across the 22 local authorities discussed in last year's report have not been entirely eradicated. For this reason, we should be cautious of drawing binding conclusions from the data if they are not supported by other evidence.

With these health warnings in place, however, the snapshot of the 'typical' adult abuse scenario remains relevant and it will be familiar to those working to protect people from abuse. It is also similar to findings from research in other parts of the UK.<sup>2</sup> It is a picture that should give all of us pause for thought and provoke a number of questions: What is meant by 'increased monitoring,' is it an acceptable outcome and how is its effectiveness evaluated? Why do so few allegations result in criminal prosecutions? If most victims of abuse are already known to social services what does that say about the quality of preventative work with those who are potentially vulnerable?

The answers to these questions will not be found in the data. They can only be answered by all concerned paying close attention to the qualitative information that is available locally from people who use services and their carers, from practitioners at the front line and from first line managers who have the responsibility of delivering adult protection.

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<sup>2</sup> Report by Action on Elder Abuse on Department of Health funded Adult Protection Data Monitoring Project, 2005; Presentation of the same to a conference on 13<sup>th</sup> March 2006, available on Action on Elder Abuse website.

## **Adult Protection Monitoring 2007-08**

### **Context**

The requirement by the Welsh Assembly Government for local authorities to deliver annual adult protection reports, including data, to commonly agreed standards is established through *In Safe Hands*, published in 2000. Since 2003, the former Social Services Inspectorate for Wales has collated information and reported annually to the Health and Social Services Minister. CSSIW has been responsible for this task since April 2007 and is supported by the Local Government Data Unit Wales (the Data Unit) which collects the statistical data from local authority social services.

Extensive efforts have been made to gather reliable and accurate information from local authorities. This has included the introduction of an electronic data collection database made available through the CSSIW performance management project which has been used by 14 of the 22 local authorities in Wales. Consequently the quality of the data represents an incremental improvement on that available in previous years, but it remains imperfect. The way in which adult protection services are delivered varies across the 22 authorities and the four Adult Protection regional forum areas in which they are located. The forums work to four separate, but similar, sets of policies and procedures. It is probable that this in turn affects the way in which concerns about potential abuse are categorised and managed. In addition reported concerns may not reflect the actual incidence of abuse which by its nature may be hidden or masked by symptoms of illness.<sup>3</sup> Supporting the effort to achieve greater consistency of monitoring and data collection during 2008-09 is a priority for local authorities supported by the Data Unit.

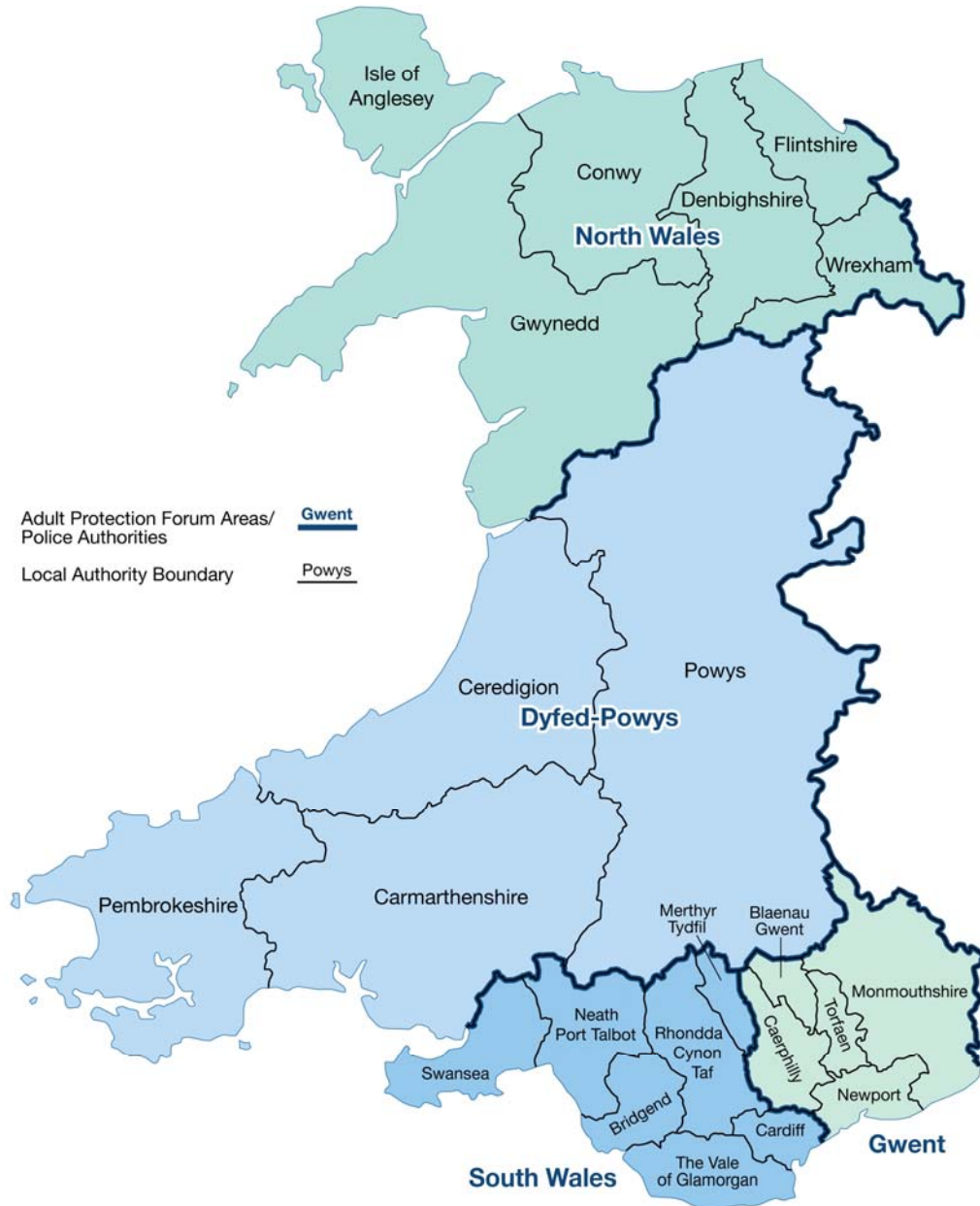
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<sup>3</sup> O'Keefe and others, UK Study of Abuse and Neglect of Older People: Prevalence Survey Report (2007)

Figure 1

# Wales

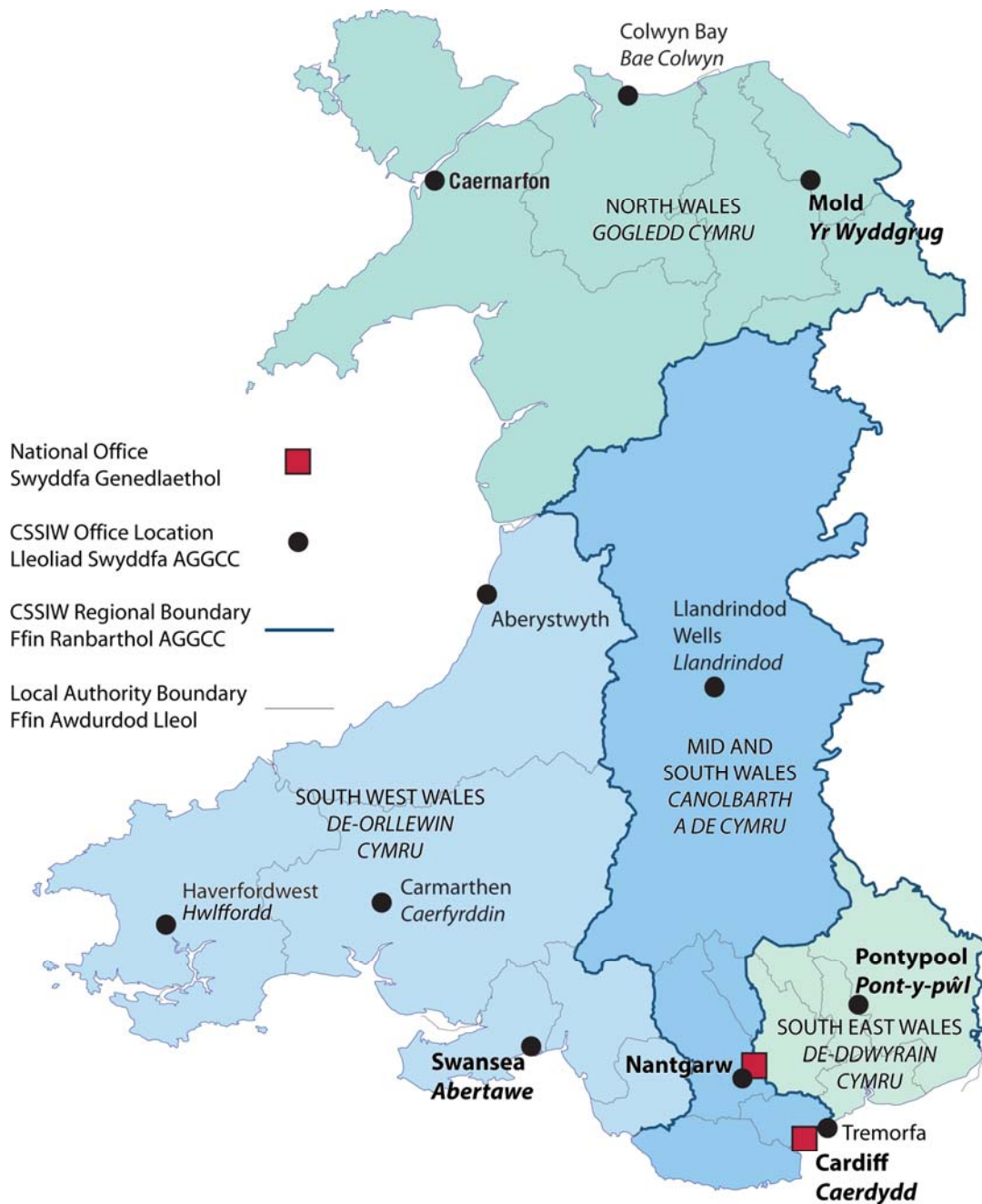
## Adult Protection Forums



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Cartographics : Welsh Assembly Government : ML/84/08.09 admin

**Figure 2 CSSIW Regional Structure**



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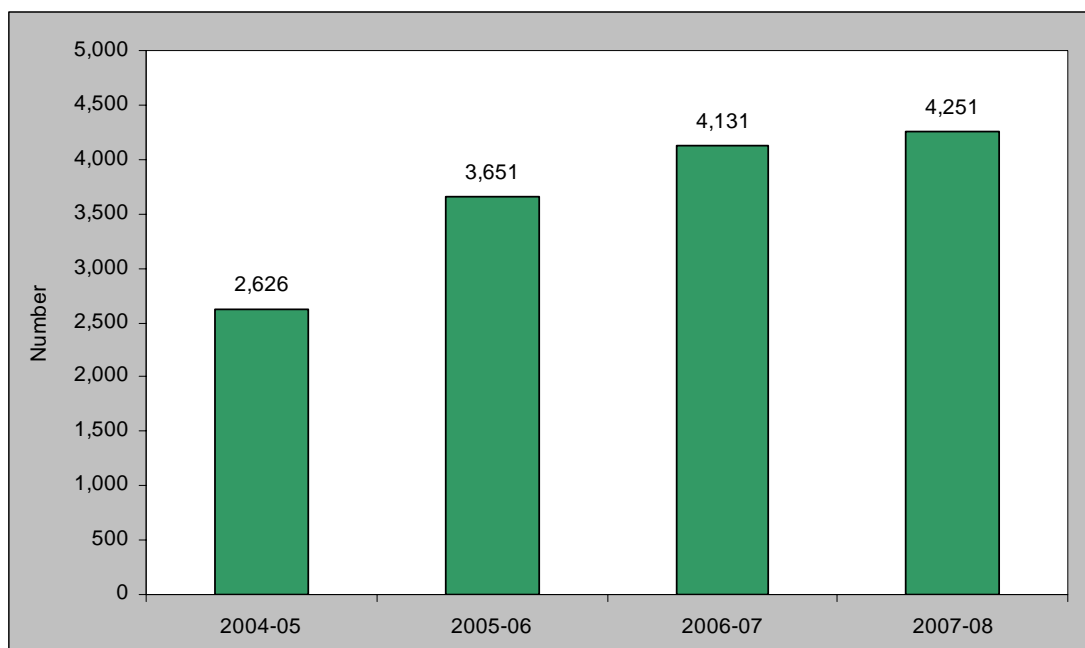
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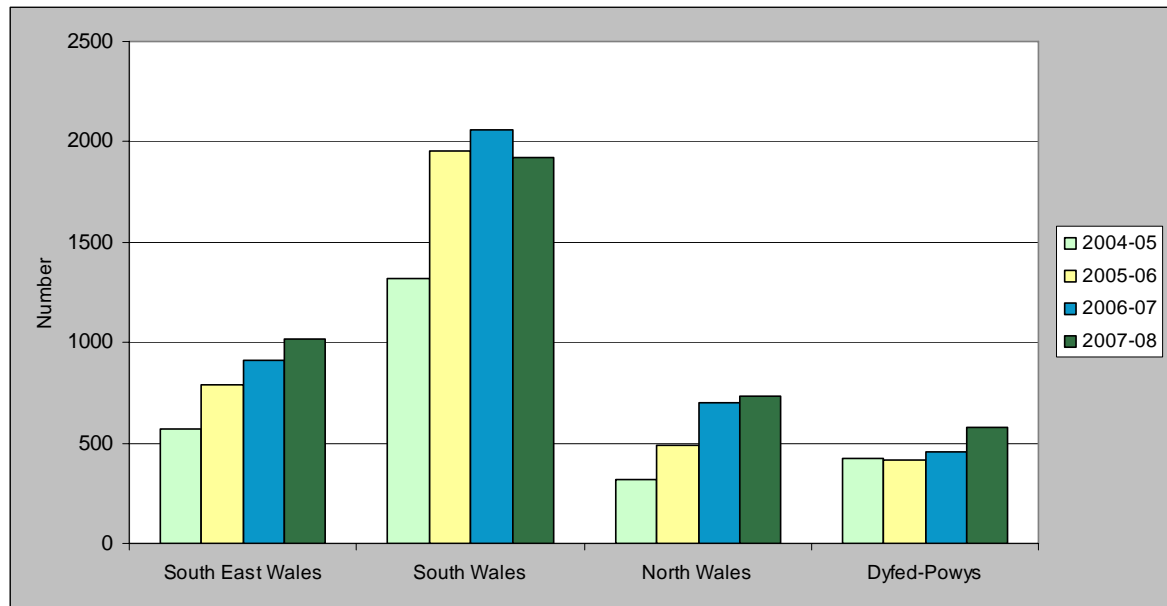
## Referrals

This year's report contains updated and revised data which modifies the figures in previous monitoring reports. The number of completed referrals of abuse during 2007-08 has risen to 4,251 from 4,131 in the previous year. This represents an increase of nearly 3%, compared to a rise of 13% in 2006-07.

**Figure 3 Total number of completed referrals**

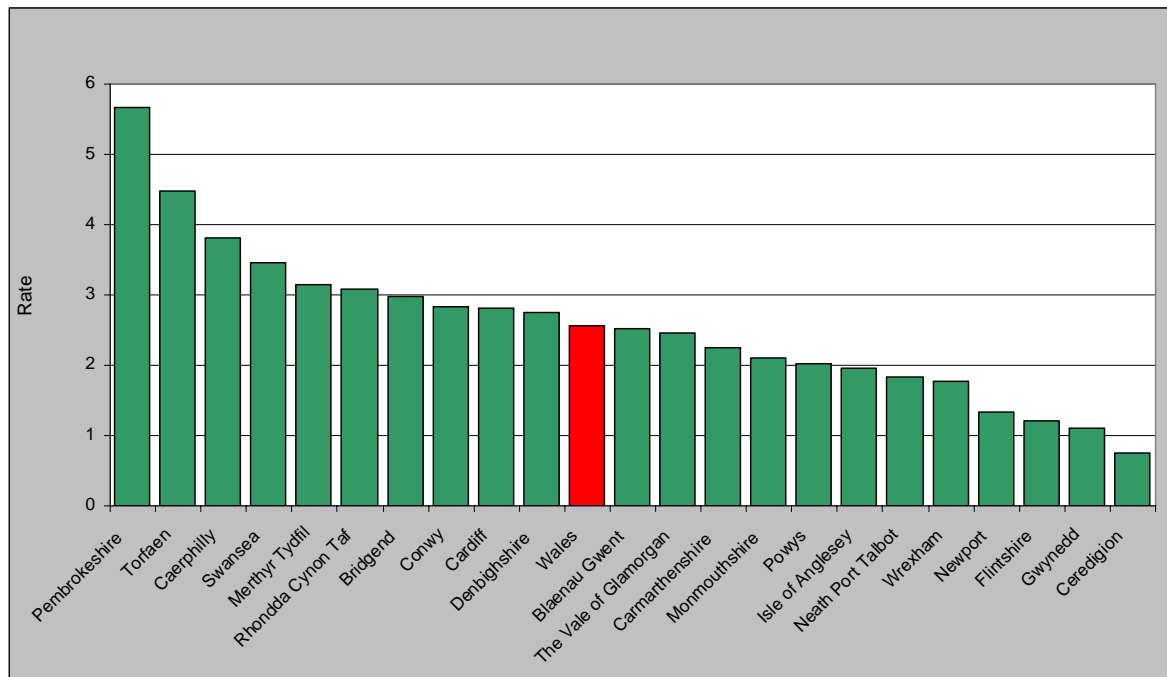


**Figure 4 Total number of completed referrals by forum area**



It can be seen that the continued rise in the numbers of adult protection referrals across Wales is not distributed evenly across the four forum areas. There has been a slight decline in activity in the South Wales region, while the total number of completed referrals in North Wales and Dyfed-Powys, while still greater than last year, is markedly lower than in the rest of Wales. This trend is still evident when figures are adjusted to show the rate of referrals per 1,000 population aged 18 and over per local authority (Figure 5 below). This shows four of the six North Wales authorities and three out of the four Dyfed-Powys authorities, below the average rate of completed referrals for Wales.

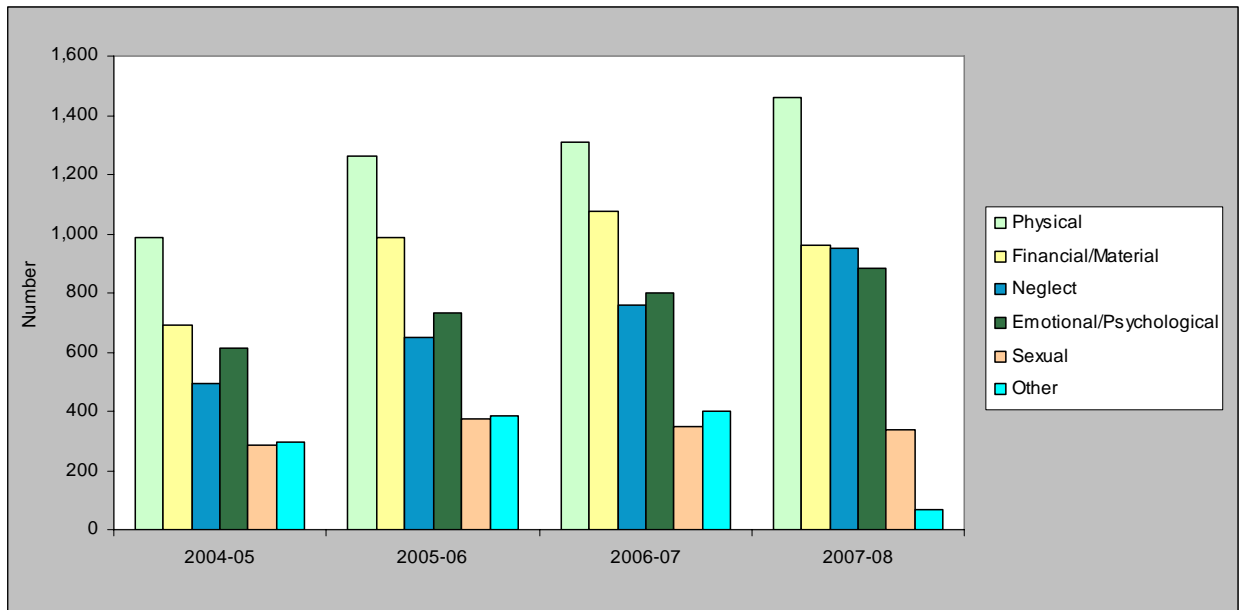
**Figure 5 Rate of referrals received per 1,000 population, by local authority, year ending 31 March 2008**



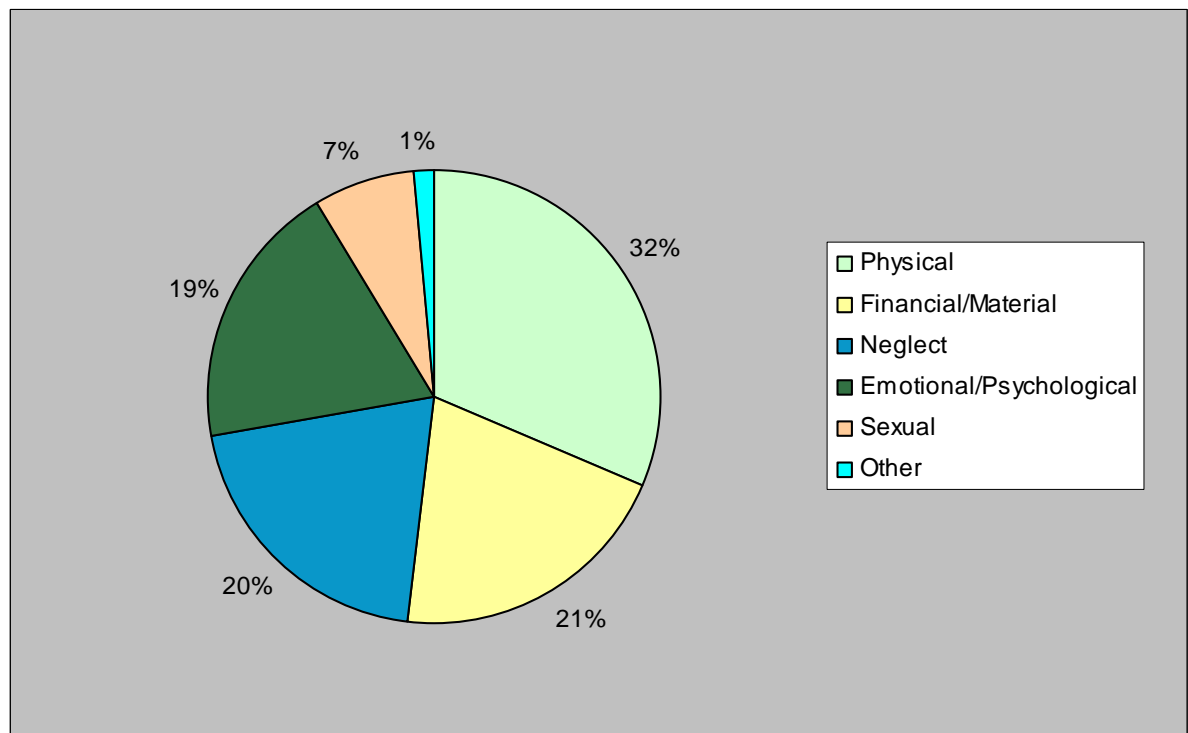
There can be a number of explanations for the differentials noted above. High rates of referrals can indicate a higher incidence of abuse, but other studies suggest that it is more likely to suggest a better recognition of potential abuse and what can be done about it. Similarly, low rates of referrals may indicate less effective recognition and awareness rather than a lower incidence of abuse.

The majority of referrals concerned people already known to social services (88%), this includes cases that were closed (but previously known) and those open to review only. This pattern was consistently seen in all but one of the 22 local authorities in Wales. Reported figures continue to indicate that physical abuse is the most commonly referred concern, followed by financial abuse. The proportion of referrals concerned with emotional/ psychological abuse has again risen in 2007-08 with the level of alleged sexual abuse remaining relatively static.

**Figure 6 Number of referrals, by type of abuse**

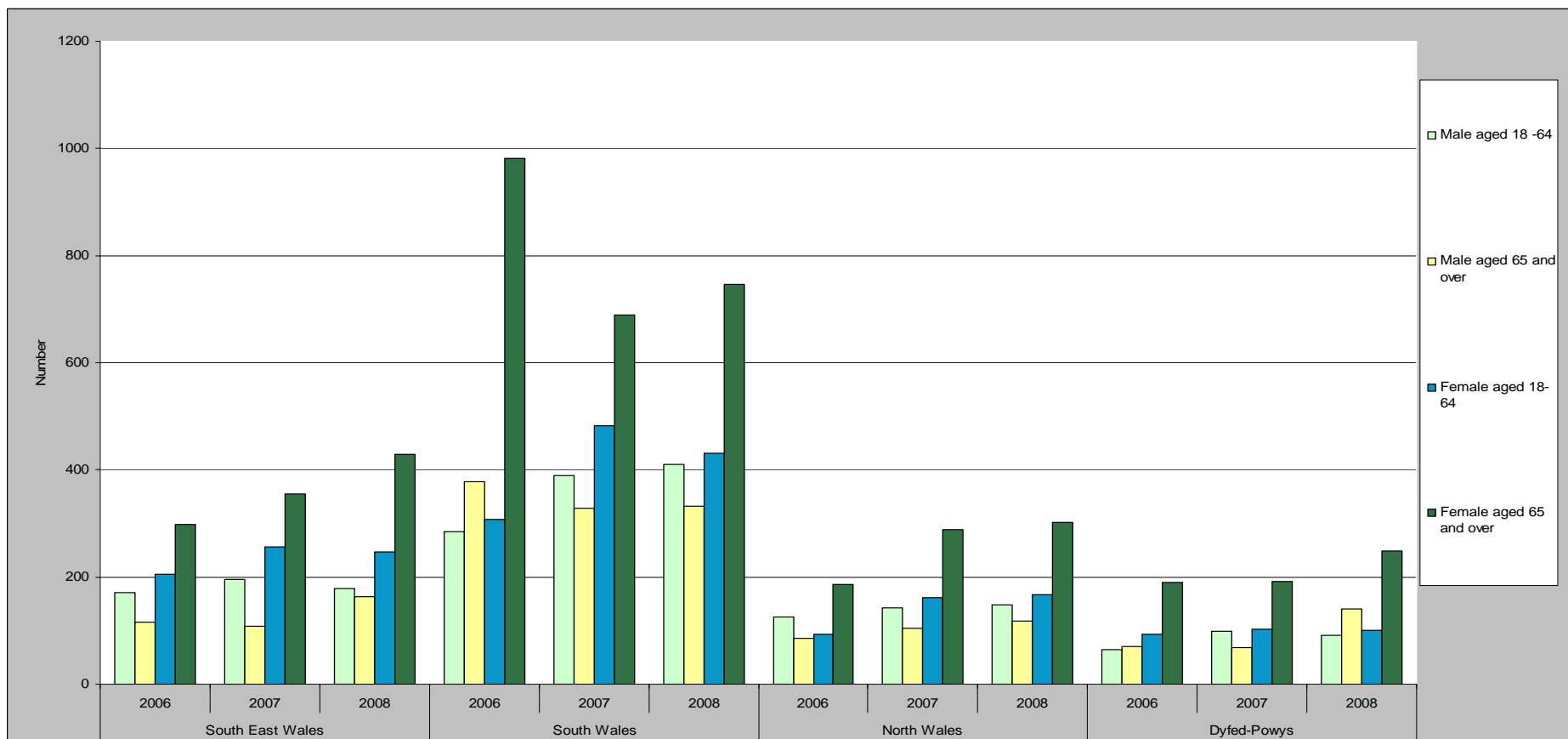


**Figure 7 Percentage of referrals, by type of abuse, year ending 31 March 2008**

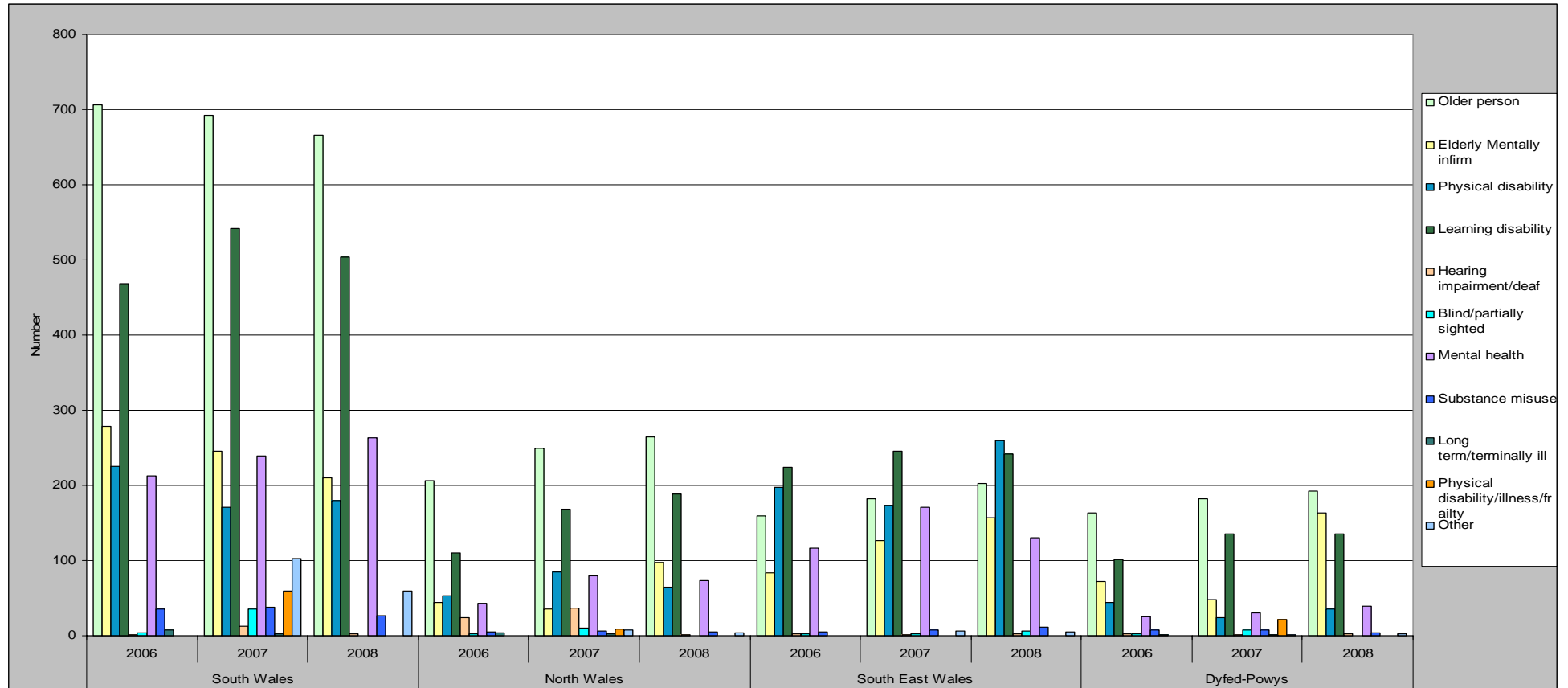


Most adult abuse referrals concern people aged 65 and over and of this group almost two thirds are women. This number includes those older people who are mentally ill. After older people, people with a learning disability make up the next largest group of people referred.

**Figure 8** Number of referrals, by age and gender of alleged victim and by forum area, year ending 31 March 2008



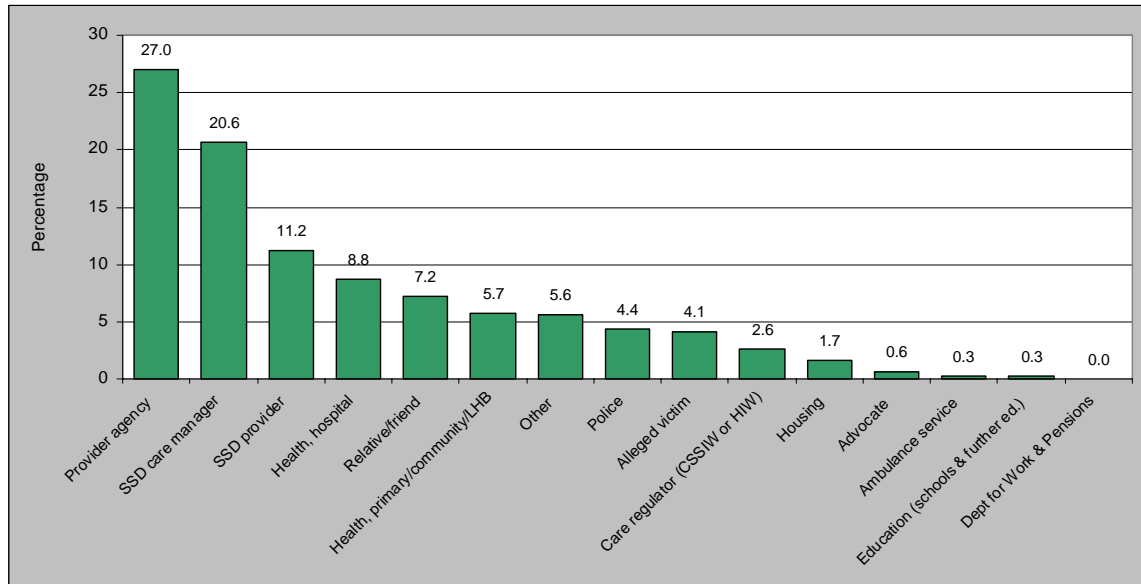
**Figure 9** Number of referrals, by main category of vulnerability and forum area



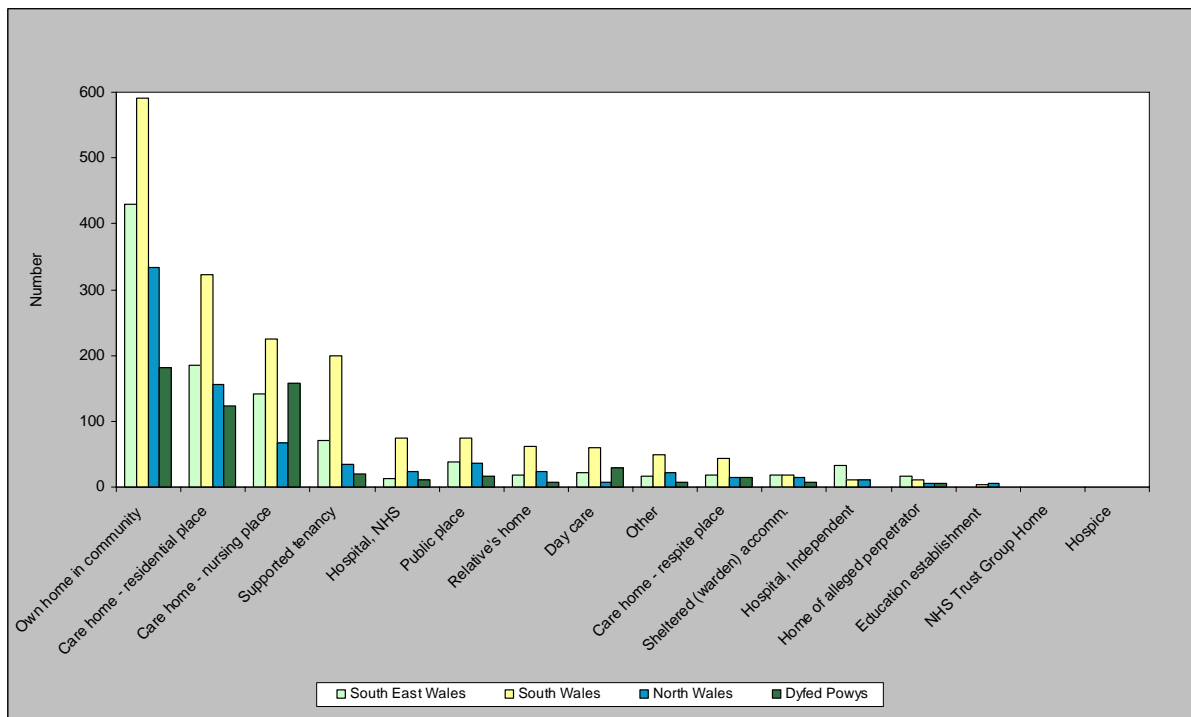
It is noticeable that South East Wales is the one forum area where older people have not been the most common category of those referred in the last 3 years. This merits further investigation by the relevant local authorities and adult protection forum.

The largest single category of referrals of alleged abuse are made by independent sector provider agencies (27%) with social services care managers comprising the next largest group of referrers (21%), followed by social services provider agencies (11%).

**Figure 10 Percentage of adult protection referrals by source of referral, year ending 31 March 2008**



**Figure 11 The places where the alleged abuse occurred for Wales by forum area for 2007-08**



These figures demonstrate, again, the key role in identifying abuse played by staff across health and social care. Most of the alleged victims of abuse were people living in the community in their own homes, while the next largest group lived in residential or nursing care homes.

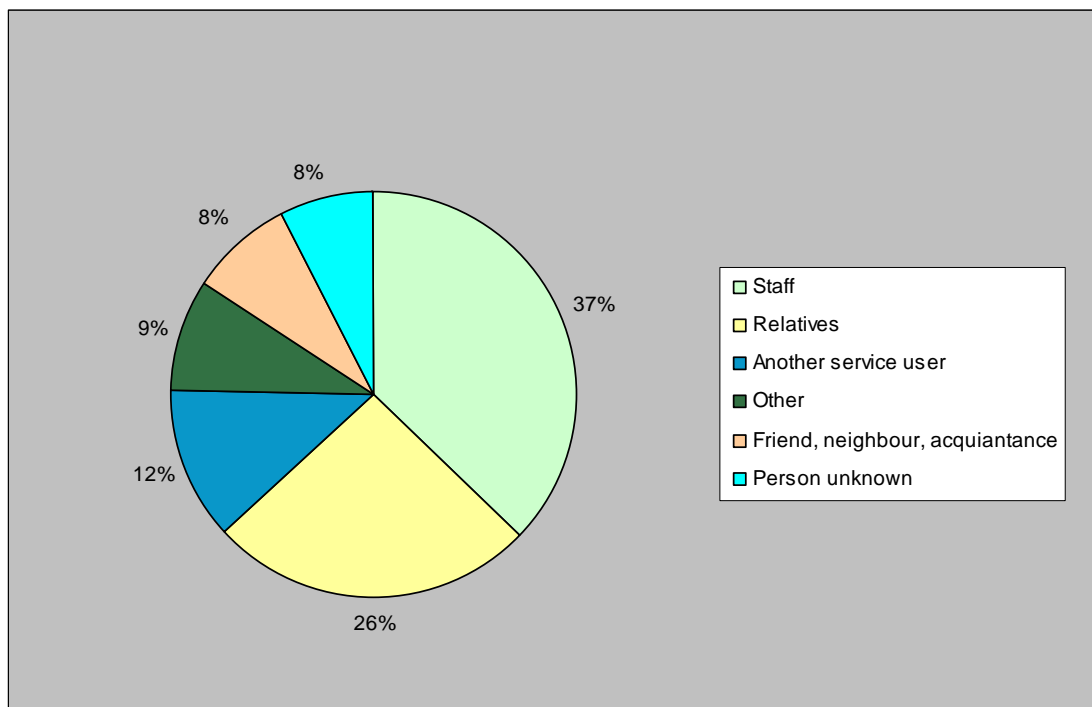
Last year's report noted that the proportion of allegations per head of population aged 18 and over is higher in care homes than in the community. This trend is replicated in this year's report with completed referrals during 2007-08 amounting to 6.0% of the total number of registered beds in care homes as at 31 March 2008, compared to a figure of 3.2% for 2006-07. Moreover, care homes with nursing represent approximately 25% of the sector, but figured in half of the adult protection investigations in care homes for older people involving CSSIW during 2007-08. The reasons for this feature of the data will only be determined by further inspection, review and research. It is possible that higher level of oversight of staff and familiarity of staff with systems for reporting incidents in care homes play a part. Incidents in the community may be less observed and consequently reported less frequently. However, a comparison of the outcomes from those investigations in care homes that have involved CSSIW suggests that there was a higher number of allegations of neglect proved in care homes with nursing than in care homes (residential). This is a concern.

The percentage of referrals for help in respect of individuals from the black and minority ethnic community is 1.3%. This is lower than the last census estimate for the population from that community in Wales (2.1%) and suggests that such groups are less likely to be referred for help than those of White British origin.



In 2007-08, 37% of allegations concerned staff and 26% were in respect of relatives. This is in contrast with the figures for 2006-07 where relatives made up the largest group accused of abuse (33%), followed by allegations against staff (29%).

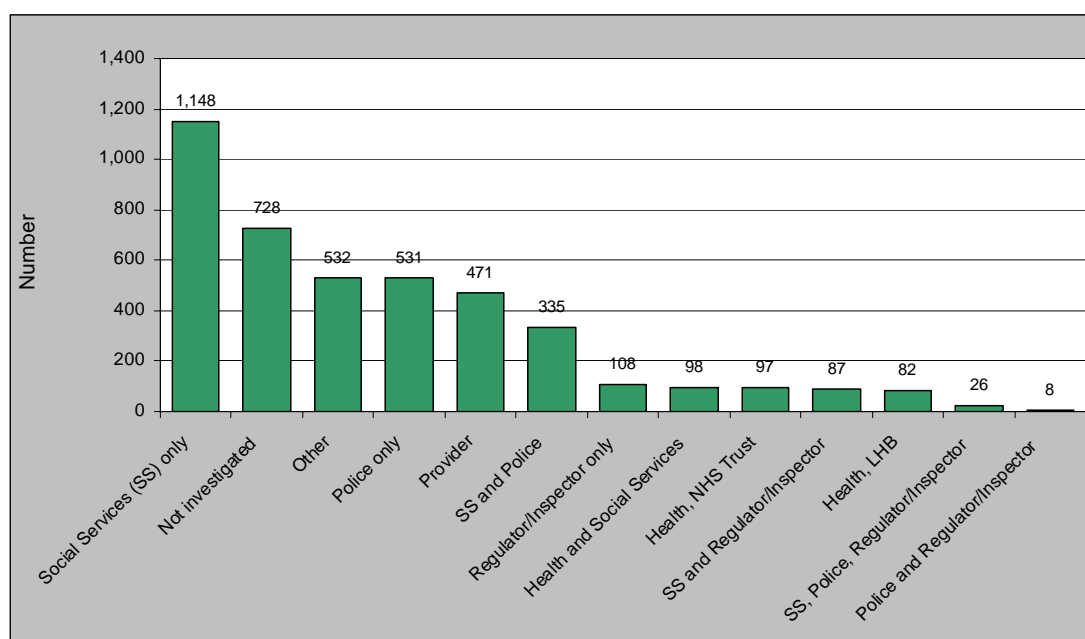
**Figure 12 Percentage of referrals, by persons alleged responsible for abuse, year ending 31 March 2008**



## Investigations

The organisational structure and models of practice to support and implement adult protection services in local authorities vary across Wales. All employ specialist staff to lead on adult protection work. Some have created specialist teams of workers to respond to referrals. Others employ an adult protection coordinator to oversee practice, joint working and the implementation of the adult protection procedures, sometimes working alongside social workers and team managers who conduct the investigations. All adult protection investigations should start with a multi agency decision about the best way to proceed. In the majority of the cases Social Services was the lead agency for the investigation.

**Figure 13** Number of investigations, by type of investigation, year ending 31 March 2008



Those cases categorised as *Not Investigated* are likely to concern allegations that were not taken forward, following a consideration of the information available during the strategy discussion or at the strategy meeting. There is some variation in the proportion of referrals that are not investigated across

the forum areas. In South Wales, for example 22% of all referrals are not investigated, while the same figure for North Wales is 12%. The variation, coupled with the variation in levels of referral activity noted earlier, suggests that the thresholds for action are, in practice, operating at different levels across Wales. Informal reports suggest, also, that some local authorities are interpreting the initial strategy meeting as an investigation and recording it as such. Others, however, will only record as an investigation those cases where a decision is made to investigate after the initial strategy meeting. This is a feature that merits further investigation by all partners in the adult protection service. In all circumstances where no investigation takes place, good practice would be for the reason to be formally recorded and the reporting agency informed in writing.

## Outcomes

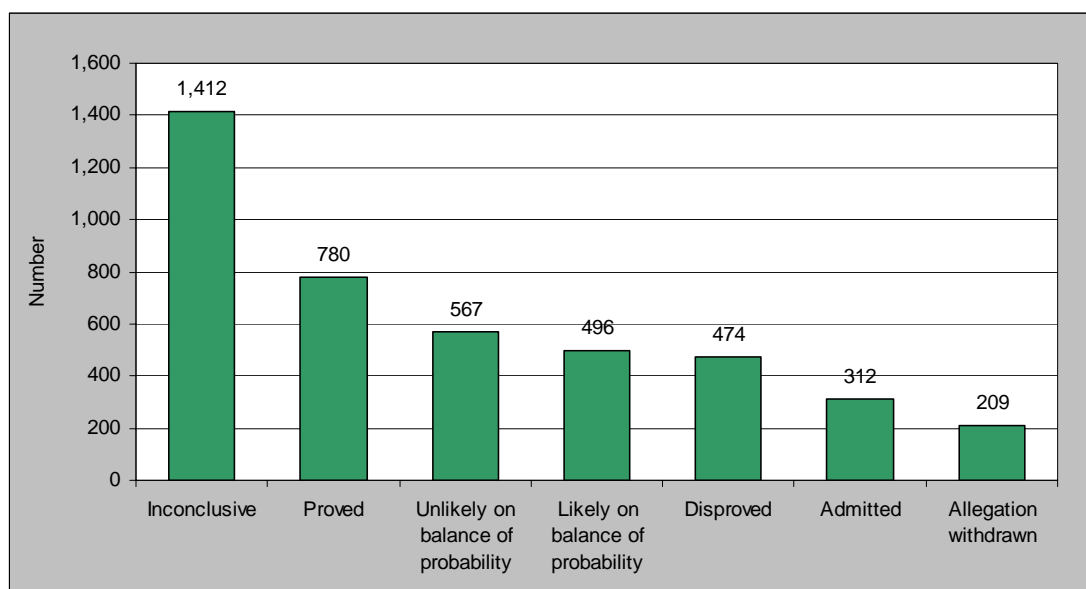
The monitoring process requires outcomes to be identified from each investigation, highlighting different outcomes for:

- victims of abuse;
- those alleged to be responsible for the abuse;
- service providers; and
- service commissioners or purchasers.

For each stakeholder more than one outcome could be recorded. It should also be noted that final outcomes may not be clear cut at the point at which the data is collected.

The table below details the final status of the allegation for all the referrals recorded during 2007-08.

**Figure 14** Number of referrals, by status of allegation, year ending 31 March 2008



There has been an improvement in the number of clear cut judgments at the end of investigations. 11% of allegations were positively disproved, with 26% admitted or proven, showing an increase compared to 9% and 23% respectively for 2006-07. At the same time the percentage of inconclusive

outcomes at the end of an investigation at 33%, increased from last year's figure of 26%. The most common outcome for the alleged victim was *increased monitoring by the care manager* (1,131), followed by *risks reduced/improved* (1,042). In only 471 cases were adult protection plans put in place and only 16 alleged victims were referred for counselling.

Considering outcomes for staff who are alleged perpetrators, there has been an increase in the number of prosecutions, police cautions, dismissals, resignations and referrals for inclusion on the Protection of Vulnerable Adults (POVA) List.

**Figure 15 Outcome for person(s) alleged responsible for abuse (staff)**

	2006-07	2007-08
Prosecution	71	76
Police Caution	25	60
Dismissed	82	180
Resigned	87	96
Referred for POVA listing	20	111

While *no action* (1,454) is still the most common single outcome for the person's alleged responsible for abuse, the figure has fallen significantly from the total of 1,769 last year. This is, of course, in a context in which the total amount of adult protection activity has risen. This, coupled with the figures detailed above, suggests that, in respect of staff, there is a growing capacity and readiness to have recourse to formal responses.

The most common outcome for the service provider agency was *no further action* (1,253); this figure is explicable by the similar number of situations in which no abuse was found (916). This does imply, however, that in 337 cases where abuse was suspected, no action was taken in respect of the provider agency. It is important to note however that any breach of regulation identified through an adult protection investigation will incur one or several of a range of potential responses from the regional office for CSSIW.

Looking at outcomes for commissioners of services there has been a rise in the number of suspended placements (to 137) and serious case reviews (to 4) initiated by local authorities. The figure for no further action (1,235) is still the most common outcome, but it has fallen from 1,660 in 2006-07.

Taken together the data on outcomes, imperfect as it may be, describes a situation in which there is significant increase in clear cut outcomes for perpetrators, providers and commissioners; while the outcomes for victims – *increased monitoring, reduction in risk* – may be less easy to monitor and measure. The challenge for all agencies, and in particular social services, is to be clear about the meaning of increased monitoring and to ensure that care managers and others are equipped and supported to deliver it.

## Conclusion

### Adult Protection in Wales

There is a regional approach to adult protection in Wales. The four regional adult protection forums have agreed regional policies and procedures, can deliver multi agency training across several local authorities (and can pool resources to deliver that training) and have been able to build on relatively strong arrangements for partnership working within local authority boundaries. The work of the All Wales Adult Protection Advisory Group has been crucial in promoting best practice and the recently established Ministerial Project Group will have a key role to play in promoting further improvement. The progress made in Wales since the implementation of *In Safe Hands* in 2002 should not be underestimated and has been recognised by independent research.<sup>4</sup> Much has been achieved and the forthcoming independent review of *In Safe Hands* will help to determine future direction. What is clear from the data in this report is that the improvement journey is far from complete. Inconsistencies in the data collection process remain and the variation in the data between the forum areas or between local authorities raises several key messages for all concerned:

- **Different thresholds for reporting and inclusion into protection procedures.** This was noted in last year's report and the data strongly suggests that it continues to be a feature. All agencies need to consider the extent to which adult protection concerns are being tackled through other processes or procedures and whether this is appropriate. There is, for example, considerable overlap between crime and disorder issues, domestic violence, the investigation of complaints and adult protection. More investigation is needed to determine the degree to which all policies and procedures are complementing an effort to safeguard vulnerable people.
- **Inconclusive investigations are an inevitable feature of the territory of adult protection.** The prevalence of this outcome is made

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<sup>4</sup> Kings College London, University of Sheffield, *Partnership and Regulation in Adult Protection* Department of Health 2007.

more worrying, however, when it is set alongside the low numbers of adult protection plans that result from investigations. It suggests that practical strategies to support vulnerable people (who have, after all, been referred under the adult protection procedures) are heavily reliant on mainstream arrangements for risk management and monitoring. This in part reflects the efforts of local authorities to utilise their existing resources to the best effect.

- **Most of those referred for help under adult protection procedures are already known to social services.** As noted in the introduction to this report, this must raise questions about the success of mainstream arrangements for care management and review and the efficacy of approaches to recruitment, induction, training, supervision and record keeping. However, it might also indicate that this group of people are afforded greater protection than those who are not known to social services and who make up the majority of the population. This in turn raises challenging questions for other agencies, including the health service, which is in contact with a bigger and broader range of people.

CSSIW has begun a National Inspection series on adult protection in Wales which will report its findings in 2009-10. The data discussed in the monitoring report will be a vital and central component of the knowledge management phase of the review. It will also provide the starting point for the inspection of professional practice on the ground and for engaging with the experience of vulnerable people and their carers. An analysis of practice and outcomes is not just a concern of the inspectorate, but a responsibility also of local authorities and its partners in adult protection. It is through this route that the questions raised in this report are best answered.