Blackpool Safeguarding Adults Team
Year End Alerts and Referrals Analysis
2013-2014

Matter for consideration

Year End Referral Analysis prepared by the Designated Safeguarding Manager for Adults on behalf of the Director of Adult Services and the Head of Safeguarding (Adults)

Summary of key issues

This report covers the period 1 April 2013 to 31 March 2014. It provides information on the incidence and prevalence of Safeguarding Adults referrals and an analysis of the outcomes and findings of safeguarding investigations that were co-ordinated by Blackpool Council as the lead agency for responding to adult protection concerns. The data provided in this report has been extracted from the Local Authority Adult Social Care database known as Framework I and has been classified and supplied to the Designated Safeguarding Manager for Adults by the Local Authority Management Information Team. The data in this report has also been validated and returned to the Department of Health as part of the Annual Safeguarding Adults Return from Blackpool Council.

For the purposes of this report the information was captured on 20th August 2014.

The distinction between a Safeguarding Alert and a Safeguarding Referral has now been clearly defined by the Department of Health NHS Information Centre and this distinction is the one employed in this document.

- Safeguarding Alert > a concern about an adult or adults at risk raised with the Local Authority Social Services Department. The alert is usually associated with concerns that a person is being abused, mistreated or neglected. Where a Safeguarding Alert is created on the Framework I database a Social Worker will then take a Threshold decision.

- Safeguarding Referral > a referral is defined as a report of risk of potential or actual abuse, harm or neglect which leads to an investigation under the Safeguarding Procedures.

This distinction between Alert and Referral is the one employed in this analysis. The Social Worker's 'Threshold' decision, in terms of how Referrals are differentiated from Alerts, is explained further below. Differentiation is made using three classifications.

- Not Safeguarding
- Safeguarding Incident
- Safeguarding Procedures

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Totals and comparisons with previous years

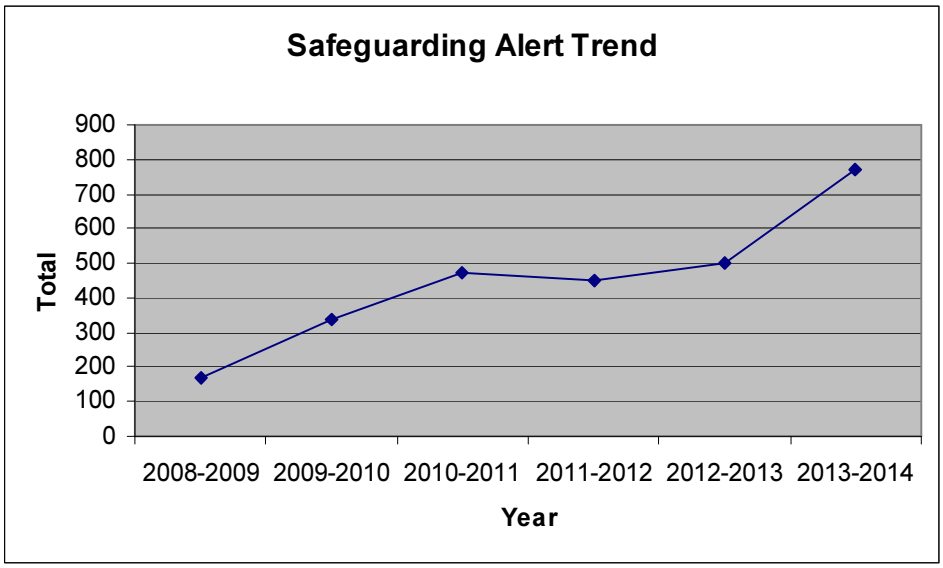
A total of 771 Adult Protection alerts were raised during the year 1 April 2013 to 31 March 2014.This compares with the 503 alerts raised during the preceding year and represents an increase of 35% from the last year. This significant increase can be understood to be caused in large part by the recording of multiple numbers of individuals in an alert concerning a residential care or nursing home where more than one person have been affected by the same episode of Neglect or Mistreatment. In particular earlier in the year 2013/14 Quarter Two figures showed a significant spike in this respect and that many of those alerts (111) were raised by the regulator the Care Quality Commission. Guidance received from the NHS Health and Social Care Information Centre requires that where there are multiple individuals affected, for example where a referral is in relation to risk of potential harm or neglect in a residential home situation, **each affected individual** should be counted.

This increase in alerts is also indicative of the finding, to be reported further below, that alerts and referrals concerning Mistreatment and/or Neglect in a care or nursing home setting are the most prevalent cause for concern across the whole year reported by type and location.

In general terms Adult Social Care continues to respond to persistently increasing levels of concern being raised with the department. This is a trend upward in overall reporting behaviour in all sectors of the community.

Actions have however been taken by the Council and its partners to support providers of care to address the issues in care homes and care homes with nursing. These include the delivery of a range of free training opportunities, focused input from a community pharmacist and dementia training officer commissioned by Adult Social Care, a contract monitoring and a quality of care assessment processes based on a consistent framework and more robust relationships with the Care Quality Commission as the regulatory body to close the accountability loop.

The chart below illustrates movement in the trend in alert by numbers over the last six years



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Alerts and Referrals by age of Client Group

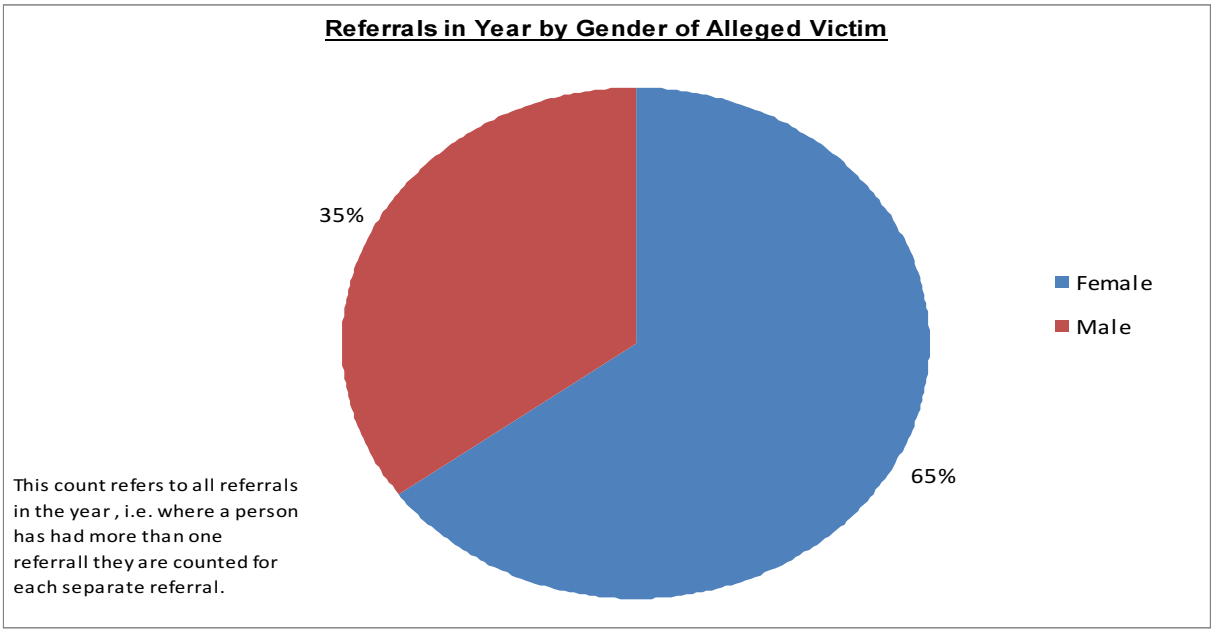
As has been reported in previous years the characteristics of the person deemed to be at risk are significant in terms of age. At 81.5% it is those aged over 65 who appear in the safeguarding referrals. For those aged 18-64 it is 18.5% in comparison. The table below shows both alerts and referrals by age.

Age Group	Alert Only	Ongoing	Referral	Grand Total
18-64	118	18	61	197
65-74	64	5	54	123
75-84	86	10	90	186
85 and over	127	7	120	254
Unknown	8	0	3	11

Alerts and Referrals by Gender

The referral numbers for the year 2013 to 2014 continue to demonstrate the significant gender difference for people who have been reported as at risk of potential harm, abuse and neglect. At 65.5% of all referrals, women continue to be more likely than men to have a safeguarding referral raised. This is consistent when compared to last year and is equivalent to what has been found in preceding years.

The table below illustrates this finding.

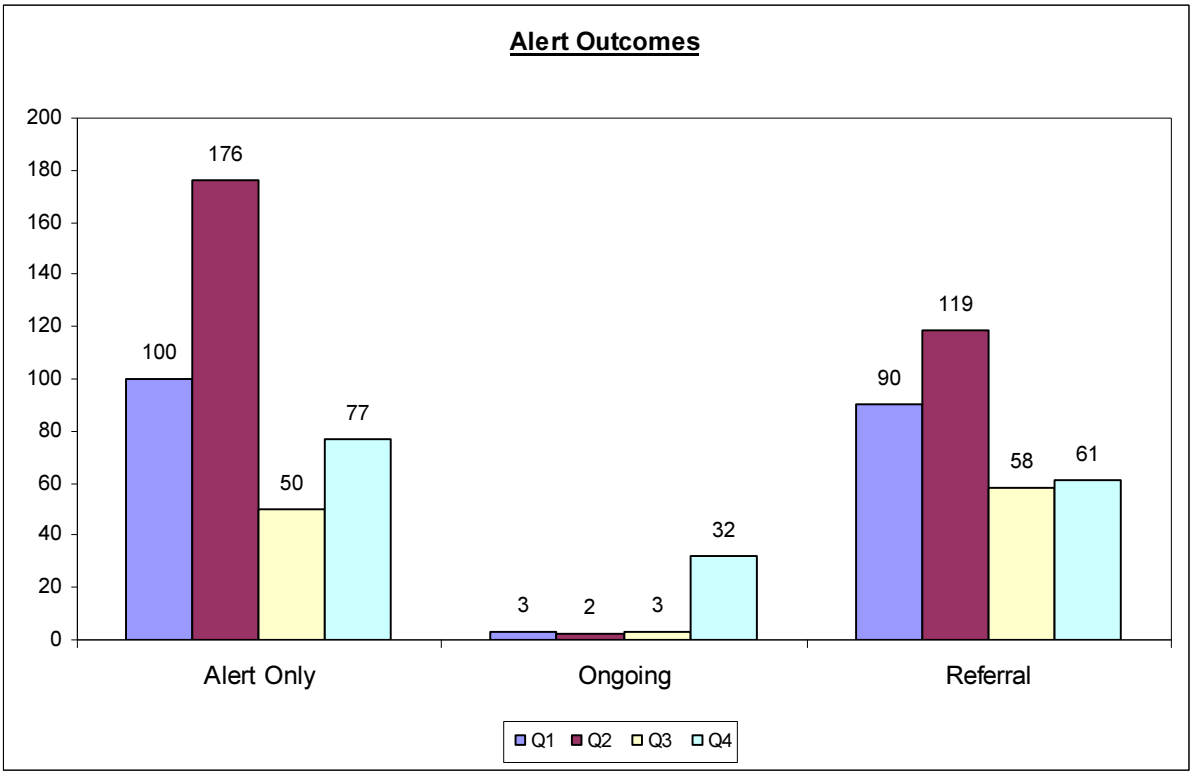


Alerts and Referrals by Ethnicity

Of the 771 Safeguarding Alerts, 360 were white British, 26 were ethnicity not obtained, 10 were deemed any other white background, 3 where Irish, 2 were Asian, 1 was another ethnic group and 1 person refused to say. For the year 99.2% of all alerts raised were deemed to be white/White British by Ethnic group. Of the 328 cases that were referred for investigation 304 were white British, 16 were not obtained, 8 were recorded as 'other' background.

Alert Outcome following Threshold Decision taken by the Social Worker

As described above the Safeguarding Threshold decision following the initial assessment of a safeguarding alert is taken using one of three outcomes. The Differentiation of alerts this year can be broken down simply as follows.



- Incident Only 355
- Not Safeguarding 88
- Safeguarding Investigation (procedures) - 328
- Ongoing - 40 (cases started before 31st March 2014 but undecided at 21st August)

In summary 42.5% of all safeguarding alerts proceeded to a referral stage requiring further investigation, with the remainder fairly evenly split between cases that were deemed not safeguarding or were otherwise classified as a safeguarding incident only. Compared with last year this is down 10% and consistent with previous years, we have seen proportionately fewer cases go on to investigation. The number of cases investigated further this year is down 10% on last year which was also down 10% on the previous year. Although alerts rise, as a proportion we are seeing fewer cases proceed to investigation. This has been anticipated as there is now greater consistency in applying a more clearly understood threshold framework to assist Social Workers and their managers to use reasoned discernment when deciding whom and what amounts to abuse requiring investigation. The Safeguarding Adults Team has issued Managers and Lead practitioners in Adult Social Care with a Threshold Decision Support Tool for this purpose.

It is recognised that a significant proportion of contacts with Adult Social Care, are initially raised as safeguarding concerns but are subsequently deemed to be not Safeguarding in terms of either the person not being an adult at risk or where there is no third party perpetrator-based abuse or neglect in the circumstances. An example of such a case that would be 'not safeguarding ' is where a person is neglecting their own health or hygiene or where there is a report of deterioration in the fabric in a care setting for example carpet or wallpaper in a care home. This type of issues would be dealt with via mechanisms other than the safeguarding approach such as through a care needs assessment or a contract monitoring approach

An example of an alert that is below the threshold for referral and investigation, recorded as a safeguarding incident, would be an instance of error in the administration of medication where the circumstances are known in full and have been remedied and where the impact was nil or minimal on the person at risk. This would be a one off incident and may be attributable to insufficient training or supervision within the care setting. Each instance needs to be carefully judged by the Social Worker receiving the alert. Some instances of the maladministration of medication can involve higher levels of concern and an example of this would be where PRN (as required) medication is being given routinely to people in order to disproportionately restrain them or guarantee a restful night for night carers in a care home. An instance such as this would require a referral to investigation.

Referrals by Abuse Type

The information contained in this section relates only to the 328 cases that proceeded to referral for investigation as this is the only validated data available which has been returned to the NHS Information Centre. Overall there has been a 20% increase in referrals for this year, however this compares with an increase in alerts of 35%. The information below is a breakdown of the 328 cases that were referred for a safeguarding investigation. The total number of classifications of abuse by type exceeds the figure of 328 cases as there are many instances in single cases where more than one type of abuse has been reported.

Wilful Neglect/Ill-treatment of adults whose circumstances make them vulnerable remains the single most prevalent cause for concern where a referral has been made. In 43% of referrals, concerns over neglect or mistreatment of an at risk person were reported. Taken on its own this is slightly lower than the findings from the last year which recorded 55%. This figure represents 188 instances which is an increase on last year. Neglect, mistreatment and acts of omission are often co-extensive with other forms of abuse such as physical, psychological and institutional abuse where the policies and processes operated by the organisation allow for an approach that might constitute abuse to occur.

Physical abuse is recorded on the referral to investigate in a further 59 cases and a further 78 cases concern Institutional Abuse. This continued increase in Institutional Abuse investigations reflects an increase of 23% of such cases for the proceeding year. This finding is consistent with the broader finding this year that Wilful Neglect and Ill-Treatment is the most prevalent concern in referrals and that this in turn is linked by location to Care and Nursing Homes. This situation was also reported for last year.

Emotional and Psychological Abuse is reported in 61 cases and these are almost always co-extensive with other forms of abuse.

As in previous years, there were many referrals reporting that one or more forms of abuse were occurring concurrently. The example here would be a situation where, in a care home, a person is exposed to Wilful Neglect, Physical Abuse and Psychological Abuse. In essence this may collectively amount to Institutional Abuse and hence we see the higher referral rate for this type.

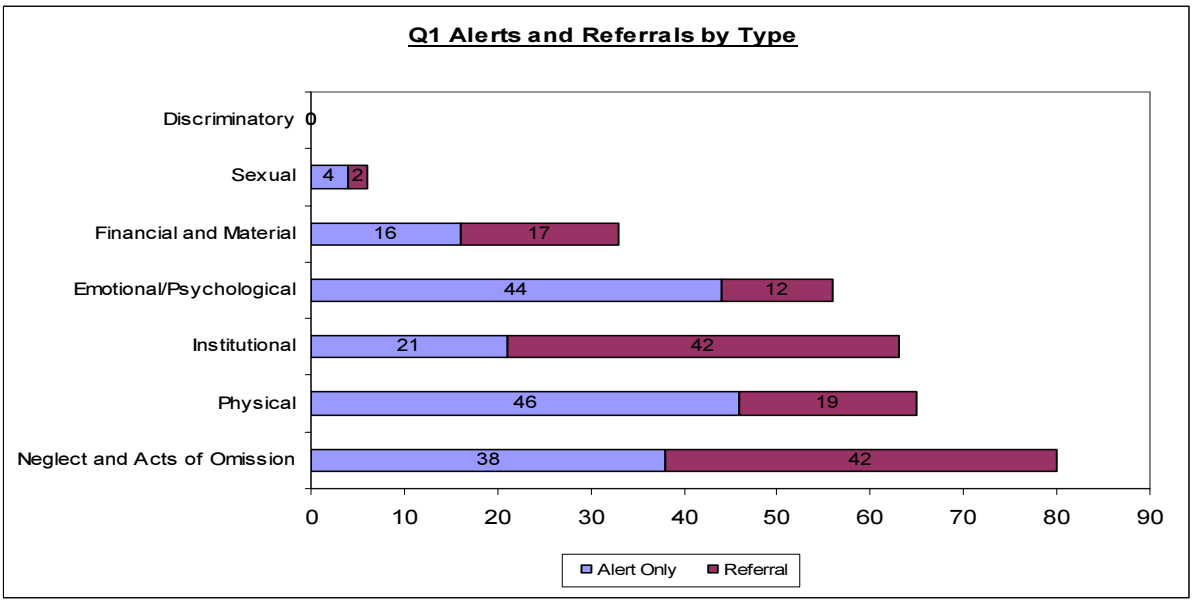
Financial Abuse is cited in 63 cases as the primary concern for the person at risk where a case is referred to investigation. This represents a figure of 20% of all cases referred for investigation compared with that of 43% of cases involving Wilful Neglect and Ill-treatment. Although, this figure of 20% relates to referrals for investigation, it does record a slight decrease in the recording if not the incidence of this type of abuse. In previous years the figure has been as high as 36%.

There were 10 referrals for investigation concerning the Sexual Abuse of a person at risk and 2 referrals for investigation concerning discriminatory abuse. Both of these figures are reduced when compared to last year.

As stated above in these cases more than one form of abuse is reported to be experienced by the person at risk at the same time. An example of this would be where the person is being sexually abused, they are almost certainly undergoing physical and psychological abuse and emotional harm.

In total, there were 464 citations/allegations of abuse and or wilful neglect/ill-treatment concerning at least 328 referred individuals. Interestingly the total number of citations has increased by only 2% whereas the number of those affected is up 20%. The details of these referrals for investigation showing abuse type cross matched with location are contained in Appendix A to this report. Analysis of this year's findings again shows clearly that it is people aged over 65, who feature most in terms of investigations and it is women who are almost twice as likely to feature than men in cases of referrals for investigation.

The graphs below illustrates the distribution of Referrals by type (nature) of abuse divided across the four quarters of the reporting year, also shown for comparative purposes are the alerts by category of reported abuse



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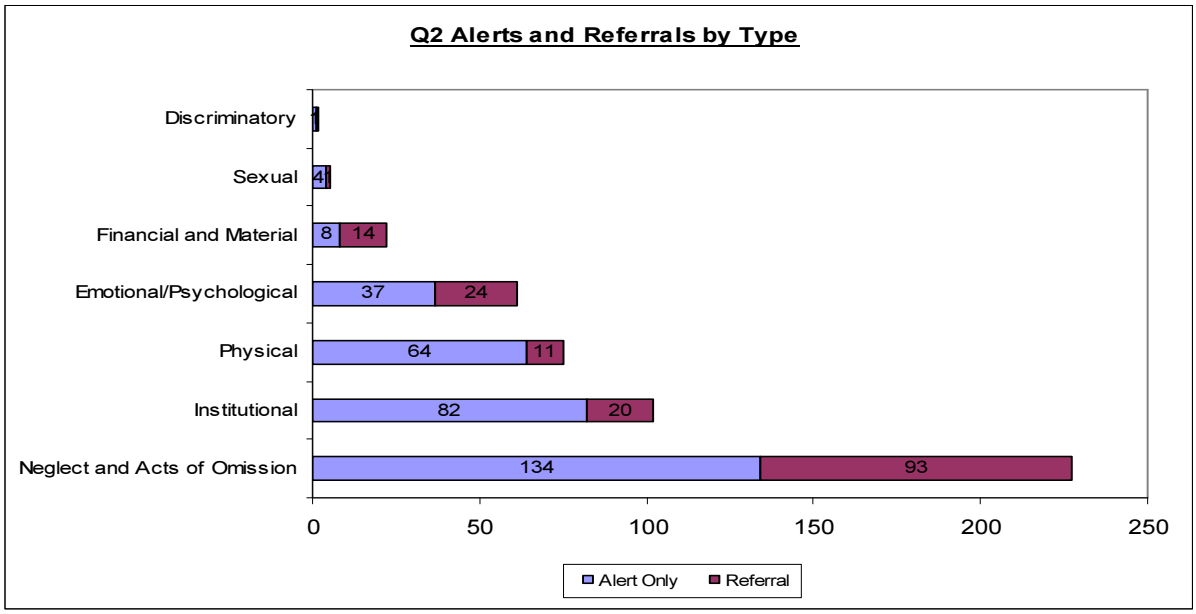
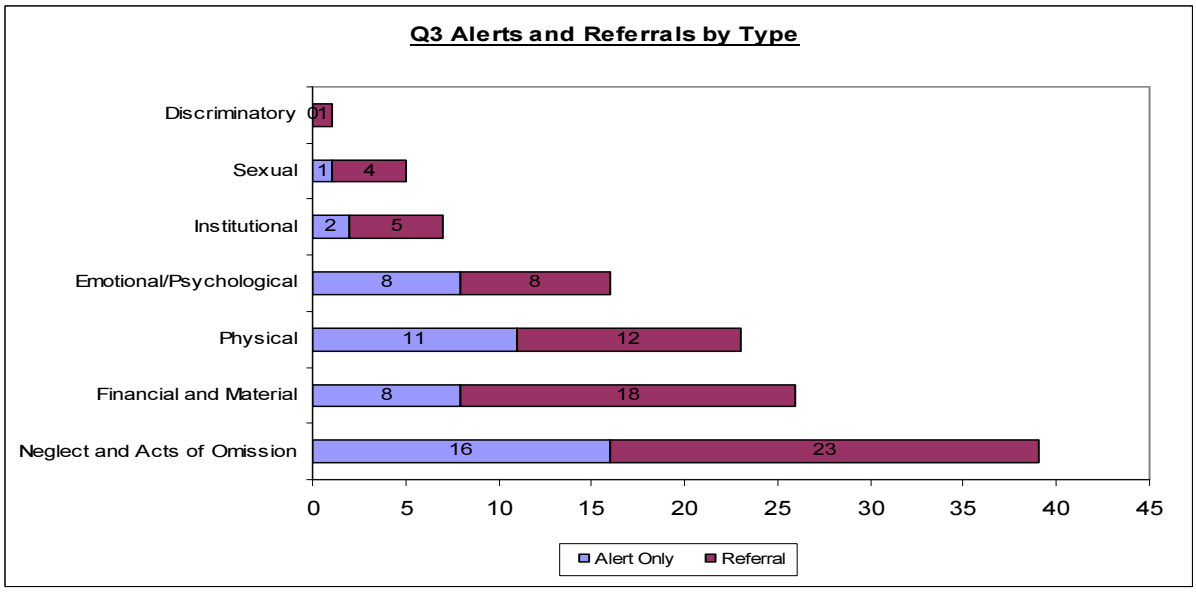
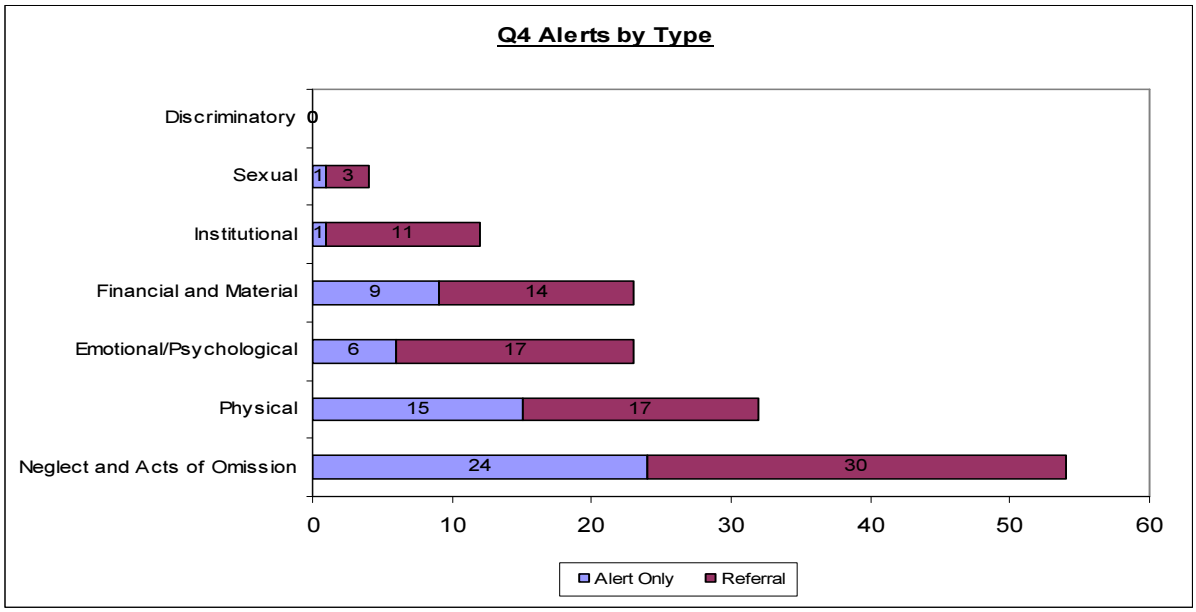






Referrals by Location

This year's analysis of referrals shows that of all referrals for investigation amounting to the 464 citations 65.5 % were in relation to care homes or care homes with nursing. This figure equates to 214 people where a referral for investigation was pursued. This is a slight increase proportionately when compared to last year. In terms of the numbers of people affected it is an increase of 22%.

The second most prevalent location identified in the year end analysis shows that it is the person's own home where the abuse or potential abuse is reported. There were 84 referrals for investigation concerning people in their own home and this is amounts to 25% of all referrals for investigation for the year 2013 to 2014.Similarly of all the citations investigated 25% concerned a person in their own home.

With care home and own home referrals amounting to 90.5% of all referrals, the distribution for other locations remains consistent with previous years with only a small number of cases in comparison being distributed across other service locations such as hospital inpatient settings or day centres.

Referrals by location cross matched with abuse type

This year's findings show that of the 464 citations referred for investigation 304 concerned a care or nursing home 152 of those (50%) concerned Wilful Neglect or Ill-Treatment, 33 cases (11%) concerned physical abuse and 68 (22%) concerned Institutional Abuse. Other types of abuse account for the remainder. We have already noted the increase in Institutional abuse referrals above.

It is these three types of abuse in this location that are the most prevalent forms of adult abuse requiring investigation of all cases reported to Adult Social Care. For the third consecutive year the evidence shows that by location Care Homes and Care Homes with Nursing are proportionately the most prevalent location for both safeguarding alerts and safeguarding referrals.

The third most prevalent type of abuse by location is a persons own home and specifically it is financial abuse in a persons own home that is most significant with a figure of 39 citations or 13% of the total by type and location cross matched. After this it is neglect or mistreatment in a persons own home with a figure of 27 citations amounting to 23% of such cases. In total there were 116 cases investigated concerning adult abuse in a person own home this is an increase of 35%.

Appendix A shows abuse type alleged cross matched with location referred for investigation.

Referrals and the relationship to the person posing the risk

An examination of the relationship to the person posing a risk continues to show that overwhelmingly the person is known to the adult at risk with either the relationship being familial or one of trust or confidence in the person, such as a paid carer. Residential and Nursing Home staff members continue to make up the largest percentage of alleged abusers by relationship.

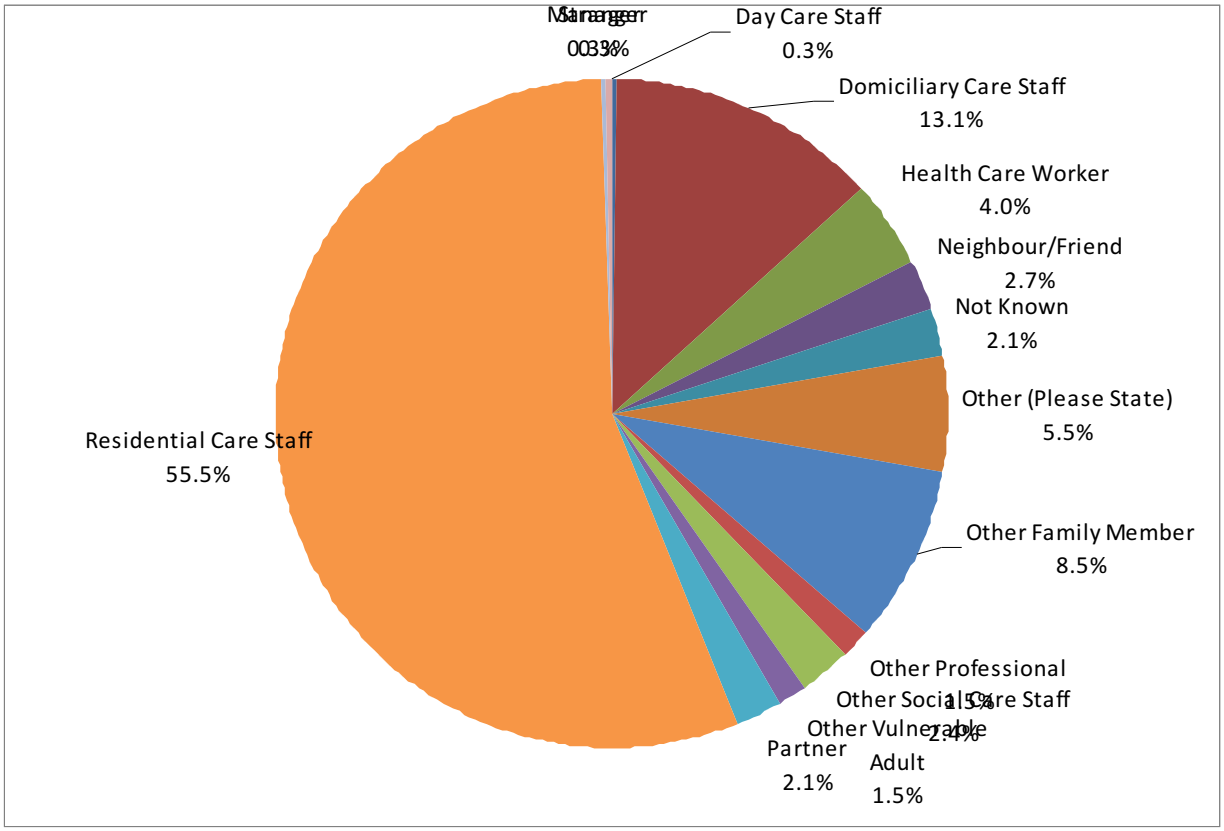
Examination of the relationship of the person posing the risk to the person reflects the pattern of referrals. Of the 333 people cited as posing a risk in the 328 referrals 183 (55%) were staff in Residential care. This is equivalent to last year's findings. Domiciliary Care Agency staff accounted for 44 (13%) of people referred as posing a risk, this is an increase when compared to last years 2.8%.Family members account for a further 31 (9.5%).Health care staff amounted to 13 (4%).referrals. Once again this year the evidence is that the person posing the risk reported in referrals is overwhelmingly in a position of trust to the vulnerable person. Breach of trust remains central to the operation of adult abuse and neglect.

When taken together a minimum of 70% of all safeguarding referrals for investigation concern a paid carer. This figure includes the 4% of referrals that concern a Health Care worker. Of this figure of 70%, 55% concern residential care staff. This is equivalent to last year's findings.

Consistent with other findings already illustrated, this finding, that over half of safeguarding investigations in Blackpool concern residential care staff, reflects the dominant picture that it is abuse in care and nursing homes in Blackpool that is of greatest safeguarding concern to the

Local Authority Adult Social Care Division**.** As noted previously in page 2 of this report the Local authority is taking measures to address this issue

The illustration below shows the distribution of the relationship of the alleged perpetrator to the person at risk in safeguarding referrals



Referral Source

Throughout 2013/14 the regulator (Care Quality Commission) were the most significant alerter in cases that were referred for investigation. Eighty two, (25%), of all referrals concerned them with the majority being in Quarter two. Second most prevalent alerter resulting in referrals were Social Worker and Social Care Staff with 54 (16.5%).Forty three (13%) were referred originally by residential care staff. Health care staff including mental health services were the alerter in 35 (10.5%) of cases. Of the remainder a further 26 (8%) were referred by family members. The person at risk self referred in 7 cases amounting to 2% of referrals. This year referrals from family have again dropped and the numbers of self referrals has stayed static, leaving this consistently low over a number of years. The remaining twenty five percent of referrals were originated from other services including housing, mental health services, primary healthcare and hospital staff, friends' neighbours and other service users.

The Police accounted for a further nine cases that were referred for investigation (2.7%). This is comparable with last year's findings for those cases that proceeded to investigation.

Referral Outcomes

Of the 771 Safeguarding Adults Alerts received by Blackpool Council during the period, April 1 2013 to 31 March 2014, 328 cases were referred for an adult protection investigation. How other cases were decided is shown above in the section Alert Outcome/Threshold Decision. Of the 328 referrals that produced 464 citations the outcomes were as follows.

- 30 Inconclusive
- 89 Not Substantiated
- 67 Partly Substantiated
- 79 Substantiated

Of the 328 referrals (investigations) 265 reached a determination using one of the four outcome classifications as prescribed by the Health and Social Care Information Centre classifications. This represents a figure of 81% of cases that follow through the whole safeguarding process to the point known as the Reporting Meeting stage. Compared with last year this is an increase in terms of completed cases of 25%. Last year at this point only 56% of investigations commenced had completed. This is a significant improvement in performance in case progression and recording.

It is at the Reporting Meeting stage that the outcomes and findings of the original allegations are determined. The determination of the allegations is made using a structured judgement process based on the civil rest of evidence Known as the balance of probabilities or “probability test”. The remaining cases 63 (19%) account for those cases that discontinued following the original decision to refer for investigation. In the main these cases discontinued at the first meeting or strategy meeting stage when the exchange and discussion of further information often means no further lines of enquiry are required. It is often at this point that a referral will exit the safeguarding process and be taken on within the Social Work and Care Management processes of adult social care. In addition some cases, due to their complexity and the additional time required, will span last year’s reporting meeting into this current. Such cases should account for no more than 5% of the total.

Where risks have been recorded as remaining this refers to risk that has been considered and accepted by the person themselves and where they have the mental capacity to make those decisions. It is recognised that with respect to independence and choice inevitably comes the dynamic of risk. Safeguarding interventions are designed not to remove all risk but to empower an individual to make decisions that put them in control. Sometimes people choose to accept risks in their lives. For example where most people do want to be safer, other things may be as, or more, important: maintaining relationships is an obvious one. In some cases people choose to stay in relationships that may on the surface of it be unwise to practitioners in Adult Social Care. The essence of personal autonomy is to be able to live, without interference from the state, with risky life choices so long as they are lawful and do not put others at risk.

Residential Care Homes and Care Homes with Nursing - Outcomes of Safeguarding Alerts and Referrals

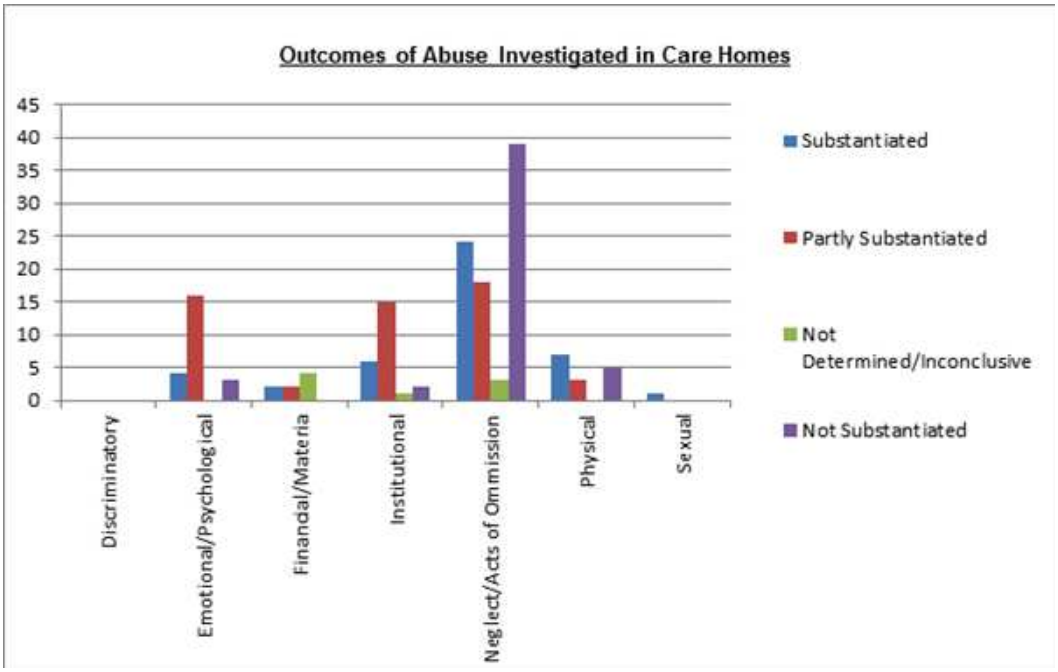
The overall number of Alerts and Referrals cross marched by type for people resident in Care Homes with Nursing (CHWN) are shown below in the table below.

Care Homes and CHWN	Care Home	
	Alert Only Decision	Referral
Discriminatory	0	0
Emotional/Psychological	66	34
Financial and Material	8	15
Institutional	105	68
Neglect and Acts of Omission	185	146
Physical	92	33
Sexual	3	2
Wilful Neglect/Ill Treatment	0	6
Total	459	304

The table above represents citations of abuse by type for alerts and referrals. This section of the report concerns referrals only however it is worth pointing out the comparatively high conversion rate (66%) of alerts to referrals at the threshold decision split for care homes and care homes with nursing. The mean conversion rate for all cases is 42.5%. Also the 304 citations will be a greater number than the number of people these referrals concern. The reason for this is that any one person may have more than one type of abuse cited in their case e.g. P may have Neglect and Acts of Omission, Physical and Institutional Abuse cited in their case, yet this generates only one referral

Note: that for our purposes Neglect and Acts of Omission and Wilful Neglect/Ill-treatment may be considered as interchangeable terms of reference.

Care Home and Care Home with Nursing (CHWN). Outcome Findings of location cross matched with type of abuse is shown diagrammatically below.



The table below shows the numbers of cases where facts have been found following completion of the Safeguarding process. This data cross matches type of abuse and outcome within the residential and nursing home setting.

Data table:

	Substantiated	Partly Substantiated	Not Determined/ Inconclusive	Not Substantiated
Discriminatory	**0**	**0**	**0**	**0**
Emotional/ Psychological	**4**	**16**	**0**	**3**
Financial/ Material	**2**	**2**	**4**	**0**
Institutional	**6**	**15**	**1**	**2**
Neglect/Acts of Omission	**24**	**18**	**3**	**39**
Physical	**7**	**3**	**0**	**5**
Sexual	**1**	**0**	**0**	**0**

Provisional analysis indicates 44 Substantiated citations or cases of abuse of all types plus a further 54 partly substantiated cases of abuse, (usually one or more of the "multiple" citations). In total 98 positive citations of abuse in care homes for the year. It should be noted that this figure does not yet include all completed cases for the year where some received in Quarter 4 may still be incomplete due to the complex nature of the issues.

Referring to the overall referrals for care homes of 304 as shown above, 152 referrals cited Neglect/Act of Omission/Mistreatment and of these 42 were either wholly or partly substantiated accounting for 43% of all findings in the positive. This represents a conversion rate following referral for investigation at the Threshold stage of 31.5% for allegations of Neglect/ ill-treatment in a care home or care home with nursing.

There were six substantiated (concerning six care homes) findings of Institutional Abuse and a further 15 partly Substantiated findings.

Closing Summary

Whilst this quantitative information provides a clear insight into the most prevalent forms of abuse of adults at risk in Blackpool it does not reveal the experience of those who have been subjected to harm. That qualitative information may only be gained from those who have been subject to abuse in residential care in Blackpool. To this end the Safeguarding Adults Team in conjunction with Blackpool Advocacy Service, Empowerment, will be undertaking Listening Reviews for this group of people and others who have been supported through the Safeguarding Process. This process commenced during the week commencing 6th October 2014 for a 12 month period. Findings from this work will give an important qualitative perspective, provide opportunities to learn lessons, improve the ways in which practitioners work and the outcomes will be fed back to the Committee.

As outlined above there is now a culture shift taking place within the safeguarding arena in Adult Social Care. This is both a local and national shift. Taking a 'Making Safeguarding Personal' approach changes the emphasis from an organisation's centrally driven process to the experiences and wishes of the person at risk as paramount. Outputs have tended to centre on such things as decisions about whether abuse was substantiated or not and what was done as a result: often additional services or monitoring instead of emphasising the qualitative impact upon peoples lives. Whilst systems and processes are important it is the person's experience which is of greatest value when evaluating our safeguarding interventions.

The Listening Reviews commissioned by the Council from Blackpool Advocacy Service 'Empowerment' in conjunction with the Safeguarding Adults Team are an exemplary way in which the Adult Social Care Division will be able to judge what is working and how we are making a difference.

Lessons learned from the Listening Reviews will inform the future direction of change towards more personalisation in safeguarding.

Peter Charlesworth
Designated Safeguarding Manager for Adults

APPENDIX A - Type & Location of Abuse -Referrals Only

Quarter 1

	Location								
Abuse Type	Own Home	Alleged Perpetrator's Home	Care Home	Supported Accommodation	Hospital	Public Place	Other	Not Known	**Total**
Discriminatory	0	0	0	0	0	0	0	0	**0**
Emotional/Psychological	6	0	3	3	0	0	0	0	**12**
Financial & Material	9	0	6	1	0	1	0	0	**17**
Institutional	0	0	40	0	0	0	2	0	**42**
Neglect & Acts of Omission	8	0	25	1	0	0	1	1	**36**
Physical	6	0	11	2	0	0	0	0	**19**
Sexual	1	0	1	0	0	0	0	0	**2**
Willful Neglect / Ill Treatment	0	0	6	0	0	0	0	0	**6**
Total	**30**	**0**	**92**	**7**	**0**	**1**	**3**	**1**	**134**

Quarter 2

	Location								
Abuse Type	Own Home	Alleged Perpetrator's Home	Care Home	Supported Accommodation	Hospital	Public Place	Other	Not Known	**Total**
Discriminatory	1	0	0	0	0	0	0	0	**1**
Emotional/Psychological	6	0	17	1	0	0	0	0	**24**
Financial & Material	10	0	3	0	0	0	1	0	**14**
Institutional	3	0	16	0	1	0	0	0	**20**
Neglect & Acts of Omission	10	1	79	0	1	1	1	0	**93**
Physical	5	1	3	0	2	0	0	0	**11**
Sexual	1	0	0	0	0	0	0	0	**1**
Willful Neglect / Ill Treatment	0	0	0	0	0	0	0	0	**0**
Total	**36**	**2**	**118**	**1**	**4**	**1**	**2**	**0**	**164**

Quarter 3

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	Location								
Abuse Type	Own Home	Alleged Perpetrator's Home	Care Home	Supported Accommodation	Hospital	Public Place	Other	Not Known	**Total**
Discriminatory	1	0	0	0	0	0	0	0	**1**
Emotional/Psychological	4	1	2	1	0	0	0	0	**8**
Financial & Material	10	1	5	2	0	0	0	0	**18**
Institutional	4	0	1	0	0	0	0	0	**5**
Neglect & Acts of Omission	6	0	16	0	1	0	0	0	**23**
Physical	4	0	5	0	3	1	0	1	**14**
Sexual	1	1	0	1	0	1	0	0	**4**
Willful Neglect / Ill Treatment	0	0	0	0	0	0	0	0	**0**
Total	**30**	**3**	**29**	**4**	**4**	**2**	**0**	**1**	**73**

Quarter 4

	Location								
Abuse Type	Own Home	Alleged Perpetrator's Home	Care Home	Supported Accommodation	Hospital	Public Place	Other	Not Known	**Total**
Discriminatory	0	0	0	0	0	0	0	0	**0**
Emotional/Psychological	2	0	12	1	0	2	0	0	**17**
Financial & Material	10	2	1	0	0	1	0	0	**14**
Institutional	0	0	11	0	0	0	0	0	**11**
Neglect & Acts of Omission	3	0	26	1	0	0	0	0	**30**
Physical	3	0	14	0	0	0	0	0	**17**
Sexual	2	0	1	1	0	0	0	0	**4**
Willful Neglect / Ill Treatment	0	0	0	0	0	0	0	0	**0**
Total	**20**	**2**	**65**	**3**	**0**	**3**	**0**	**0**	**93**

Notes

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