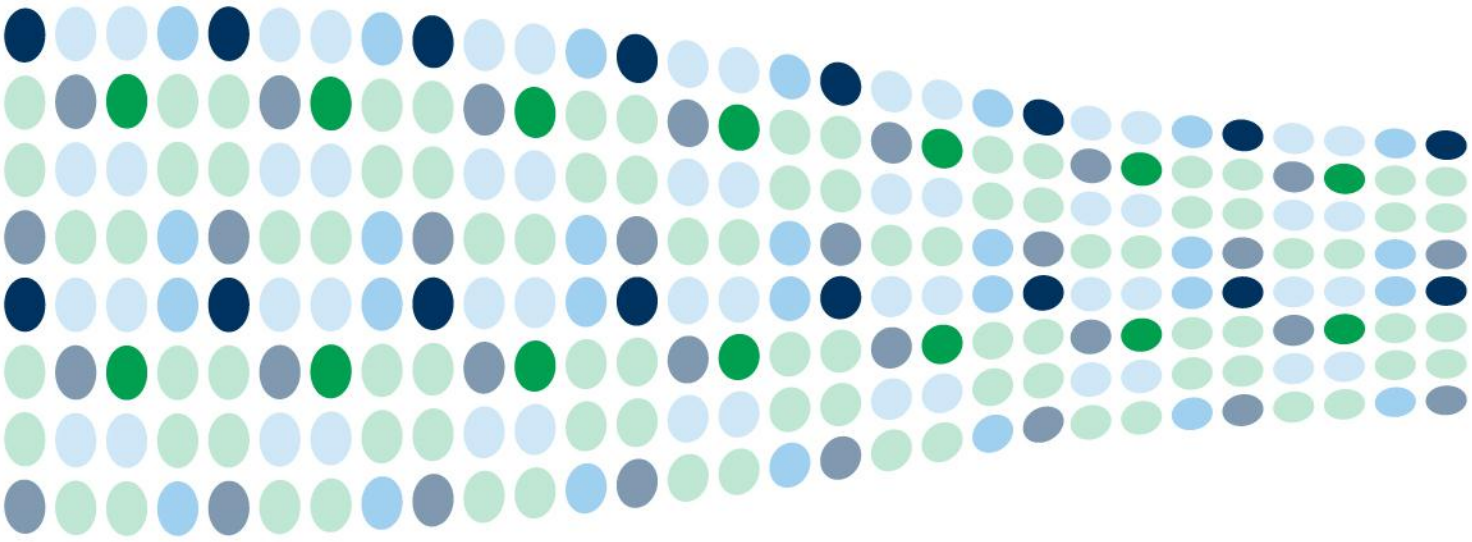
hscic Health & Social Care Information Centre

Safeguarding Adults Return

Annual Report, England 2013-14

Experimental Statistics



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Executive Summary

This summary provides the key findings from the Safeguarding Adults Return (SAR) data collection for the period 1 April 2013 to 31 March 2014. This is a mandatory collection which records information about individuals (also referred to as adults at risk) for whom safeguarding referrals were opened during the reporting period and case details (also referred to as allegations) for safeguarding referrals which concluded during the reporting period. The purpose of the collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

This is the first year the SAR has been collected. The SAR was one of the outcomes of the Zero Based Review of adult social care data collections and it has replaced the Abuse of Vulnerable Adults (AVA) return. It covers the same subject area as the AVA return but is much smaller in size and there are no directly comparable data items. Alerts and action types are no longer collected and demographics are recorded based on counts of individuals rather than referrals. Time series analysis across the two returns is not possible.

The SAR data are recorded by adult safeguarding teams based in the 152 Councils with Adult Social Services Responsibilities (referred to as CASSRs or councils within this report) in England. At the end of the reporting year these data are submitted to the Health and Social Care Information Centre (HSCIC) in an aggregate form through Omnibus, a secure online data collection system.

A safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process. A referral can include multiple allegations if more than one location of risk, type of abuse (also referred to as type of risk) or perpetrator (also referred to as source of risk) is involved. Referrals categorised as opened during the reporting year may not necessarily have concluded during the reporting year.

A referral is categorised as concluded when the safeguarding investigation is complete and the conclusions and actions have been decided. The concluded referrals recorded in SAR were concluded at some point during the reporting year but may not necessarily have been opened during the reporting year.

In the following findings, numbers over 100 are rounded to the nearest 10 and percentages to the nearest whole number. The figures in the key findings are based on data from all of the 152 CASSRs in England.

Key Findings

Safeguarding referrals were opened for 104,050 individuals during the 2013-14 reporting year. 60 per cent of these individuals were female and 63 per cent were aged 65 or over. Just over half (51 per cent) of the individuals had a physical disability, frailty or sensory impairment.

For referrals which concluded during the 2013-14 reporting year, there were 122,140 allegations about the type of risk. Of these, the most common type was neglect and acts of omission, which accounted for 30 per cent of allegations, followed by physical abuse with 27 per cent.

There were 99,190 allegations made about the location of risk in concluded referrals. The alleged abuse most frequently occurred in the home of the adult at risk (42 per cent of allegations) or in a care home (36 per cent of allegations).

The source of risk was most commonly someone known to the alleged victim but not in a social care capacity, accounting for 49 per cent of allegations. Social care employees were the source of risk in 36 per cent of allegations and for the remaining 15 per cent the perpetrator was someone unknown to the alleged victim. These figures are based on a total of 99,190 allegations recorded for concluded referrals.

There were a total of 56 serious case reviews (SCRs) for concluded referrals. A serious case review takes place when an adult/adults have suffered serious harm. The 56 SCRs involved a total of 100 adults at risk, of which 46 per cent suffered serious harm and died and 54 per cent suffered serious harm but survived.

1. Introduction

This summary provides the key findings from the Safeguarding Adults Return (SAR) data collection for the period 1 April 2013 to 31 March 2014. This is a mandatory collection which records information about individuals (also referred to as adults at risk) for whom safeguarding referrals were opened during the reporting period and case details (also referred to as allegations) for safeguarding referrals which concluded during the reporting period. The purpose of the collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

This is the first year the SAR has been collected. The SAR was one of the outcomes of the Zero Based Review of adult social care data collections and it has replaced the Abuse of Vulnerable Adults (AVA) return. The SAR covers the same subject area as the AVA return but the returns are very different. The main differences are as follows:

- The SAR is much smaller than the AVA return (137 data items in SAR compared to 2,070 in AVA)
- The number of alerts is no longer collected
- The number of opened referrals is no longer collected
- Demographic information is now based on counts of individuals rather than opened referrals
- The number of repeat referrals is no longer collected
- The types of action taken are no longer collected
- The result of any action taken is now collected (risk remains / reduced / removed)
- Mental capacity information is now collected

Comparisons between the 2013-14 SAR data and the AVA data for 2010-11, 2011-12 and 2012-13 are not advised since there are no directly comparable data items between the returns. More detailed reasons for this are discussed in the **Coherence and Comparability** section of **Appendix A.**

The SAR data are recorded by adult safeguarding teams based in the 152 Councils with Adult Social Services Responsibilities (referred to as CASSRs or councils within this report) in England. At the end of the reporting year these data are submitted to the Health and Social Care Information Centre (HSCIC) in an aggregate form through Omnibus, a secure online data collection system. The information presented in this report is final and has been derived from the final version of 2013-14 SAR data submitted by councils.

Not all of the 152 councils were able to submit every data item in the return. The figures in this report are based on data from all 152 councils unless otherwise specified. There are some other data quality issues affecting the numbers in this report. Further details about this can be found in the **Accuracy** section of **Appendix A**.

The majority of numbers in this publication are rounded. Notes have been provided throughout the report to inform users what level of rounding has been used.

The SAR data are being made available to the public as *Experimental Statistics. Experimental Statistics* are defined in the UK Statistics Authority Code of Practice for Official Statistics as new official statistics undergoing evaluation. They are published in order to involve stakeholders in their development and improvement.

A safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process. A referral can include multiple allegations if more than one location of risk, type of abuse (also referred to as type of risk) or perpetrator (also referred to as source of risk) is involved. Referrals categorised as opened during the reporting year may not necessarily have concluded during the reporting year.

A referral is categorised as concluded when the safeguarding investigation is complete and the conclusions and actions have been decided. The concluded referrals recorded in SAR were concluded at some point during the reporting year but may not necessarily have been opened during the reporting year.

An adult at risk is the person who is alleged to have suffered the abuse. The adults at risk included in the SAR are 18 or over and have some level of care and support needs. These adults do not need to be eligible for or be receiving social care support.

Background

In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document[1]. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. While they were urged to keep records there was no detailed guidance on what should be recorded and as a consequence, any data available was not comparable across councils.

In 2004, the abuse of older people was the subject of a Health Select Committee inquiry. This led to the Department of Health funding a project delivered by Action on Elder Abuse. The scope of the project included looking at current recording systems used by local authorities and the development and piloting of new recording and reporting systems. A report[2] on this project was published in March 2006 and recommended a national collection for the abuse of adults.

The HSCIC carried out a fact finding survey in early 2007. The results from this and the groundwork carried out by Action on Elder Abuse were used to devise a national collection about the abuse of vulnerable adults. This collection was piloted among 31 CASSRs in 2008. The results of the pilot were used to engage with stakeholders to improve the quality and reduce the burden of the collection.

In 2009, all 152 CASSRs in England were invited to take part in the national AVA return on a voluntary basis, covering a six month collection period from 1 October 2009 to 31 March 2010. In total, 128 CASSRs submitted data for the voluntary return, but not all of these were able to submit every data item required. There were also a number of data quality issues with the voluntary return, particularly around the interpretation of the guidance for the collection. The guidance was updated before the AVA became a mandatory collection.

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

From 2013-14 onwards, safeguarding data will be collected through the SAR. The new return is one of the outcomes of the Zero Based Review of adult social care data collections which took place in 2011. The review took into account changes in the delivery of social care and aimed to

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

ensure that the information collected was of use to both government and to councils themselves. Feedback was gathered from a wide range of stakeholders with an interest in safeguarding and the SAR was developed in line with this feedback.

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

Future Developments

There will be a small number of changes to the data items collected in the 2014-15 SAR compared to those collected in the 2013-14 SAR:

- Table SG1d (Primary Client Group) will change to collect Primary Support Reason.
- A new Table, SG1e (Reported Health Condition) will be added.
- Councils will be able to record individuals whose age, gender or ethnicity is unknown.

The first two of these changes are being made in order to bring the SAR in line with the Equalities and Classifications (EQ-CL) framework which is being adopted across all social care collections. The EQ-CL Framework has been created to help ensure the consistency and comparability of adult social care data collected through national returns. It will standardise information required to support current policy and emerging best practice in health and social care.

The guidance for the EQ-CL framework can be found here:
http://www.hscic.gov.uk/socialcarecollections2015

Collection Process

Throughout the reporting year, details about safeguarding cases are recorded on council systems by the local safeguarding team. At the end of the reporting year, these data are submitted to the HSCIC through the Omnibus system, a secure online tool which runs a series of validation checks on the data entered. These checks include:

- Indicating any blank data items
- Comparing related values within tables
- Reviewing consistency between tables

Validating at the data entry stage helps to reduce the level of error in the initial submissions of data. For the 2013-14 reporting period, the first submission period took place during 1 April to 12 June of 2014.

The first cut of data was subject to further validation checks by the HSCIC after submission. These checks included:

- Checking for unusually high/low numbers of individuals with referrals per 100,000 population for each council

- Checking for unusually high/low numbers of concluded referrals per 100,000 population for each council
- Checking for unusually high proportions of cases concluded as No Further Action
- Checking for councils which had more individuals with referrals previously unknown to them than known
- Checking for blank cells to ensure that they were left intentionally blank

Once these checks were completed, the HSCIC sent validation reports to the councils who had breached any of these checks. Councils were then able to amend their data during the second submission period in July 2014. A second cut of data was taken after the close of the second submission period and that version of data are used within this report.

Coverage

This report is based on data submitted by all 152 CASSRs in England. National and regional information are provided in this report.

Some councils were unable to submit all of the required data items for the return since local systems do not always include all of the categories present in the SAR proforma. For the final cut of data, 309 cells were left blank in the returns by 22 councils, which equates to 1.5 per cent of the total cells. Therefore, some figures in this report do not provide a complete picture of activity in England and commentary is provided where necessary to highlight this. Further details about blank cells can be found in **Appendix A**.

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

A single referral can relate to different types of alleged abuse, locations or perpetrators. Some percentages in this report are based on the number of items reported rather than the number of referrals they relate to.

Other SAR resources

Other reporting products based on the 2013-14 SAR data are available.

The products being made available were determined as a result of a public consultation that took place earlier this year in order to understand how stakeholders would like to see the new SAR data reported. The consultation involved a survey of interested parties and included questions about access to the raw data, what type of reports are useful and what time frames are desirable. It was circulated to all 152 CASSRs as well as a number of NHS trusts and charities. The consultation was also sent to organisations involved in managing health and care in England and was made publically available on the HSCIC website.

The consensus was that the majority of the products made available for the AVA return were useful. This included the national report, the annex tables, a file of the raw data, access to the data in the Online Analytical Processor (OLAP) on the National Adult Social Care Intelligence Service (NASCIS) website and comparator reports. We have endeavoured to provide as many

of these products as possible. Due to time and budget constraints we have not been able to provide access to the data in the OLAP or through comparator reports. We are still investigating the feasibility of providing these products for future SAR collections.

The majority of respondents in the survey said that a provisional report was not useful. As a result, this document is the only national SAR report to be published for the 2013-14 reporting period.

A report on the SAR outputs consultation is available from the below link: http://www.hscic.gov.uk/socialcarecollections2014

The following products are available from the National SAR Report publication page at the below address: http://www.hscic.gov.uk/pubs/sa1314

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

The tables in **Annex B** show the number of councils who have submitted each data item in the SAR. This can be used to identify England totals from Annex A which are incomplete and therefore understate the level of activity that has taken place.

Annex C shows the key metrics from the Executive Summary of this report at council level. Each column relates to the values of one council and regions are given for users who wish to calculate the regional figures.

Annex D is an Excel file of all the tables and charts that are included in this report.

Annex E is an Excel file of every data item provided by each council. This file is available from either the publication web page or from NASCIS. NASCIS can be accessed from: https://nascis.hscic.gov.uk/Portal/Tools.aspx

Acknowledgement

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

Comments

If you have any comments or queries regarding this publication, they would be welcomed. Please email the Safeguarding mailbox at: safe.guarding1@hscic.gov.uk

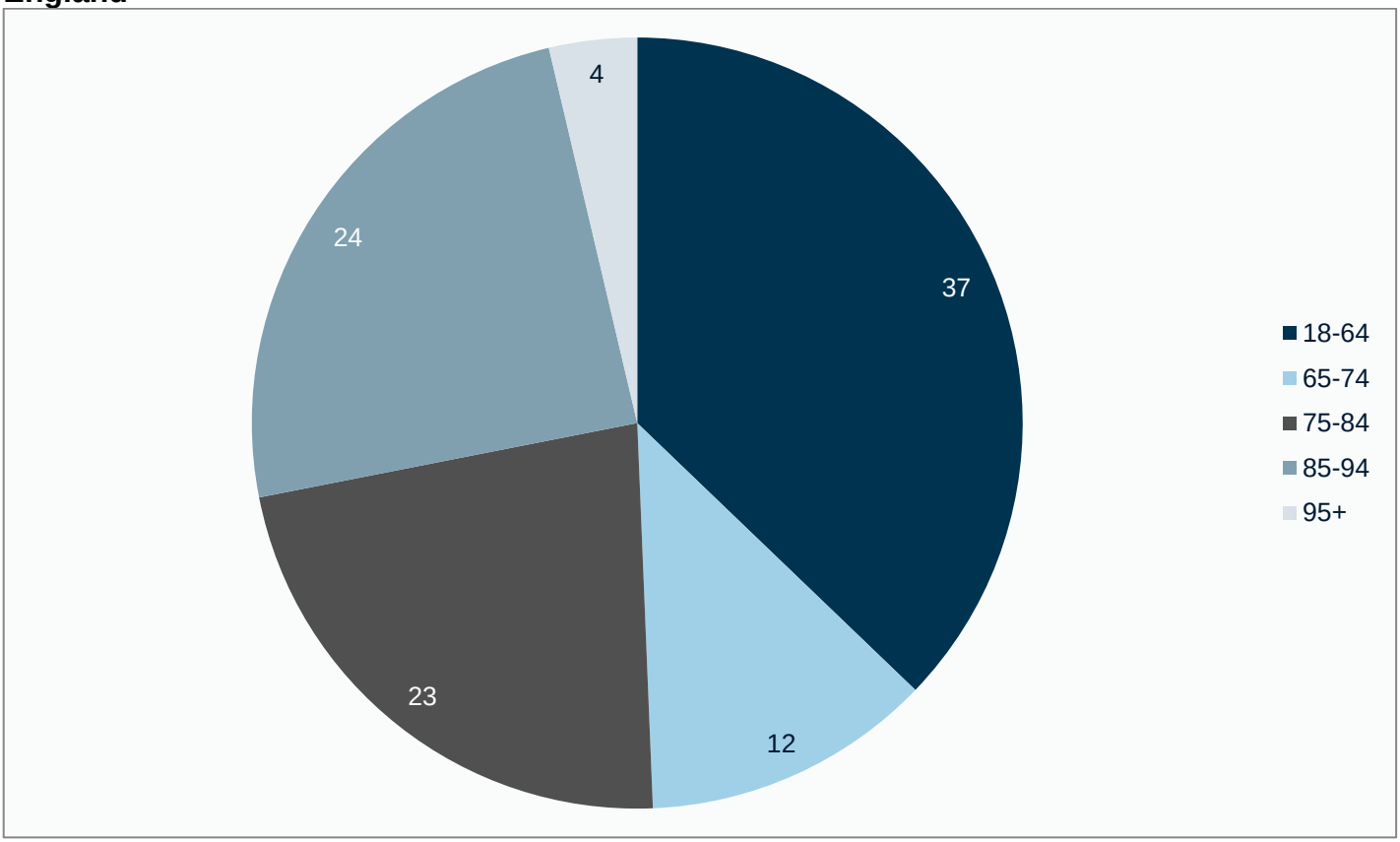
2. Individuals Involved in Safeguarding Referrals

The term *referral* has numerous meanings and councils often use a different meaning locally to that used in the SAR return. For the purpose of this return, a safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process. Referrals categorised as opened during the reporting year may not necessarily have concluded during the reporting year.

The AVA report looked at the actual number of referrals, while this SAR report looks at the number of individuals with referrals, so an individual with multiple referrals will only be counted once. This means we are unable to provide time series and compare data with previous years.

Safeguarding referrals were opened for 104,050 individuals during the 2013-14 reporting year. **Figure 2.1** shows the percentage of these individuals who fall into each age group. The individuals were most frequently aged 65 or over, accounting for 63 per cent of the total. The 18-64 age group accounted for 37 per cent of the total.

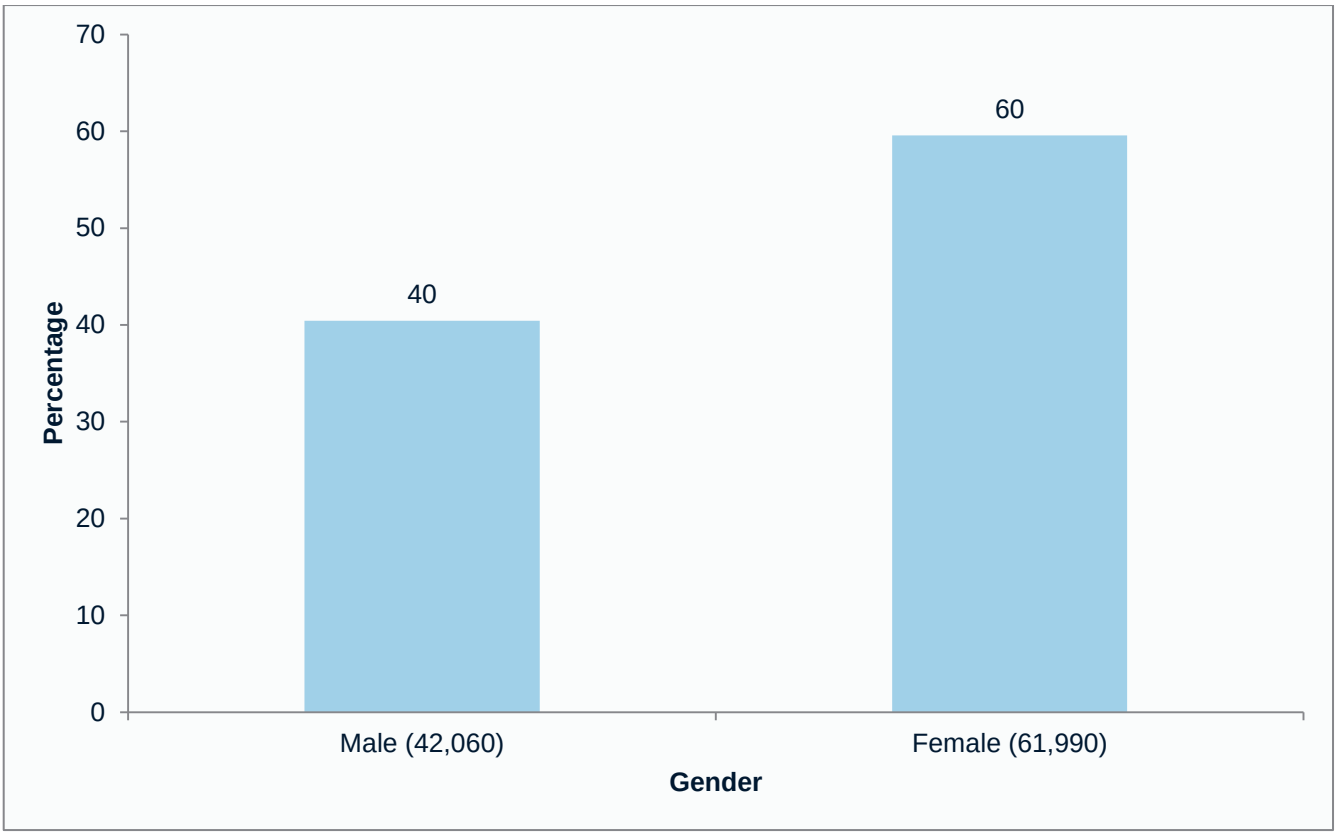
Figure 2.1: Percentage distribution of individuals with referrals by age of adult, 2013-14 England



Data Source: SAR Table SG001(a)
1. Based on information provided by 152 councils
2. Based on 104,050 individuals with referrals
3. Percentages are rounded to the nearest whole number
4. Figures may not add up to 100 per cent due to rounding

Figure 2.2 shows the percentage distribution of individuals with referrals broken down by gender. Females accounted for 60 per cent of the individuals while males accounted for 40 per cent.

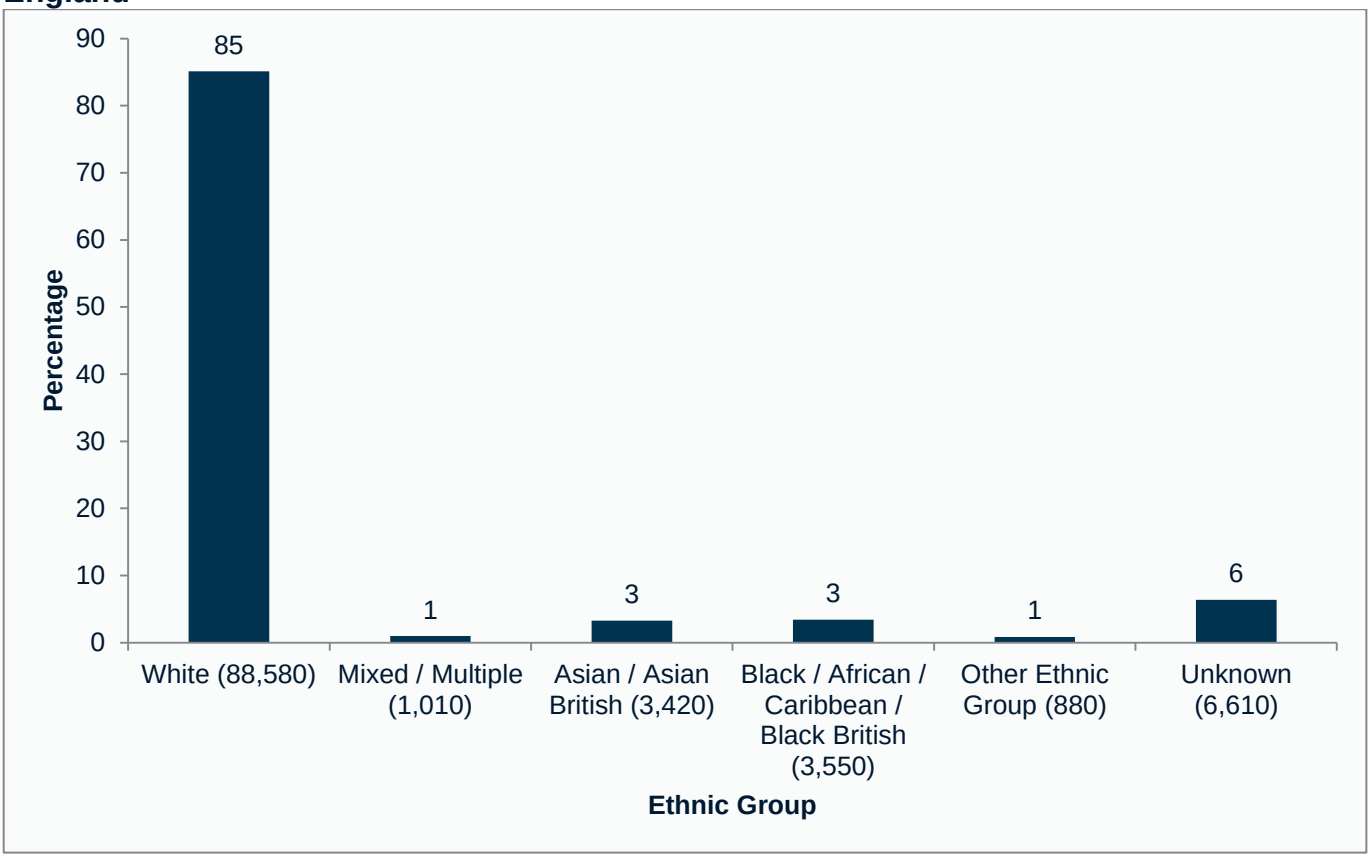
Figure 2.2: Percentage distribution of individuals with referrals by gender, 2013-14 England



Data Source: SAR Table SG001(b)
1. Based on information provided by 152 councils
2. Based on 104,050 individuals with referrals
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number
4. Figures may not add up to 100 per cent due to rounding

Figure 2.3 shows the percentage distribution of individuals with referrals broken down by ethnicity. The White ethnic group accounted for 85 per cent of individuals, while the Asian/Asian British and the Black/African/Caribbean/Black British categories each accounted for 3 per cent. The ethnicity of the individual was unknown in 6 per cent of cases.

Figure 2.3: Percentage distribution of individuals with referrals by ethnic group, 2013-14 England

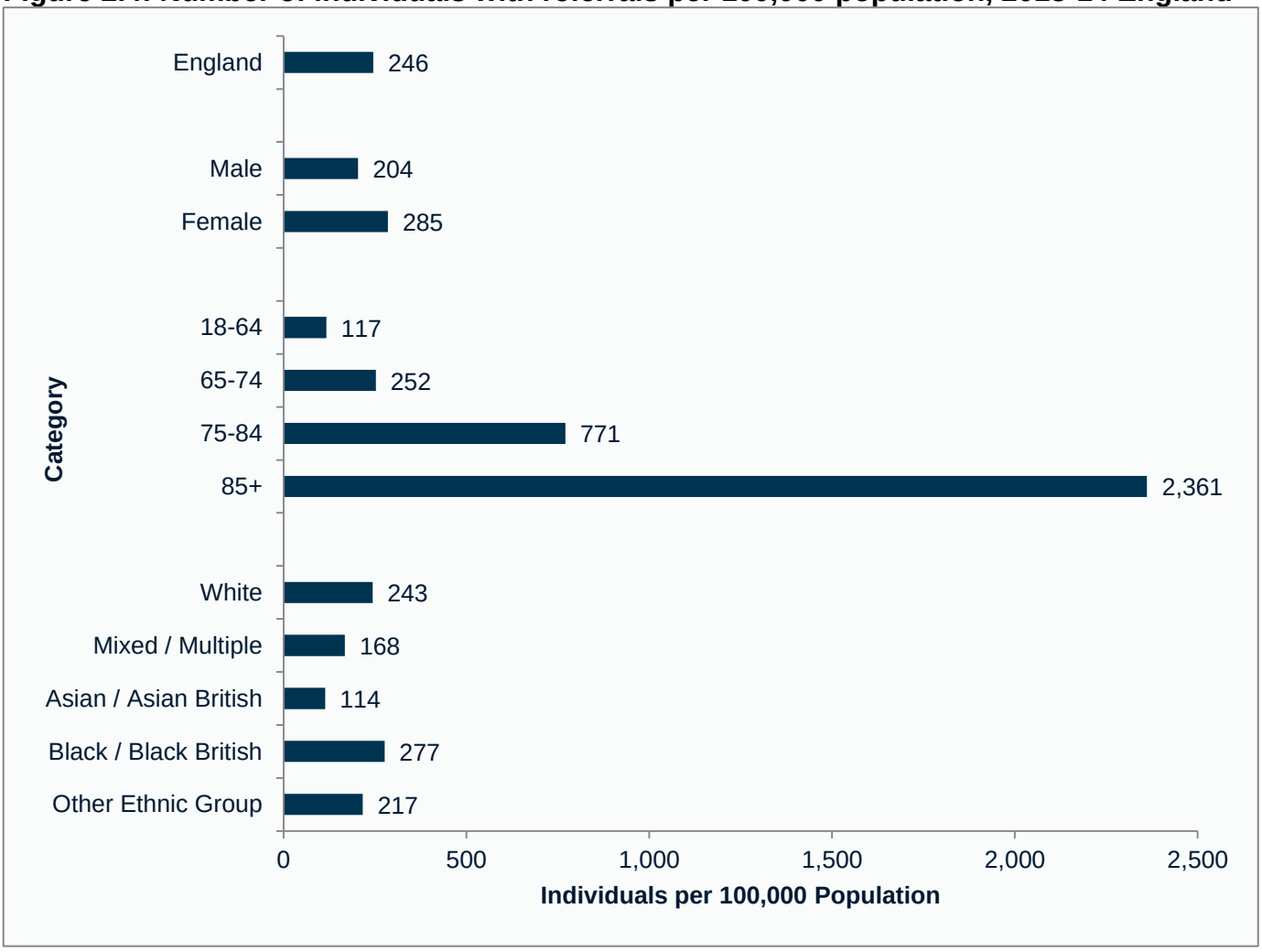


Data Source: SAR Table SG001(c)
1. Based on information provided by 152 councils
2. Based on 104,050 individuals with referrals
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number
4. Figures may not add up to 100 per cent due to rounding

The above charts show how many individuals with referrals there were for different demographic categories in 2013-14 but there could be more individuals for certain categories because there are more of that group in the general population. **Figure 2.4** shows the number of individuals with referrals per 100,000 population broken down by Gender, Age and Ethnic Group. This removes the impact of population size and these numbers can be compared to other rates within the chart to assess which demographic groups are more or less likely to have a referral made for them.

Overall in England, 246 adults per 100,000 population had referrals in 2013-14. Females are more likely to have a safeguarding referral than males, with 285 and 204 individuals per 100,000 population respectively. The rate of referrals increased with age. The 75-84 age group were over three times more likely to have a referral than the England average, with 771 individuals per 100,000 population. The 85 and Over age group had almost 10 times more individuals with referrals than the England rate with 2,361 per 100,000 population. For Ethnicity, Asian/Asian British individuals had a referral rate less than half the England average with 114 per 100,000 population.

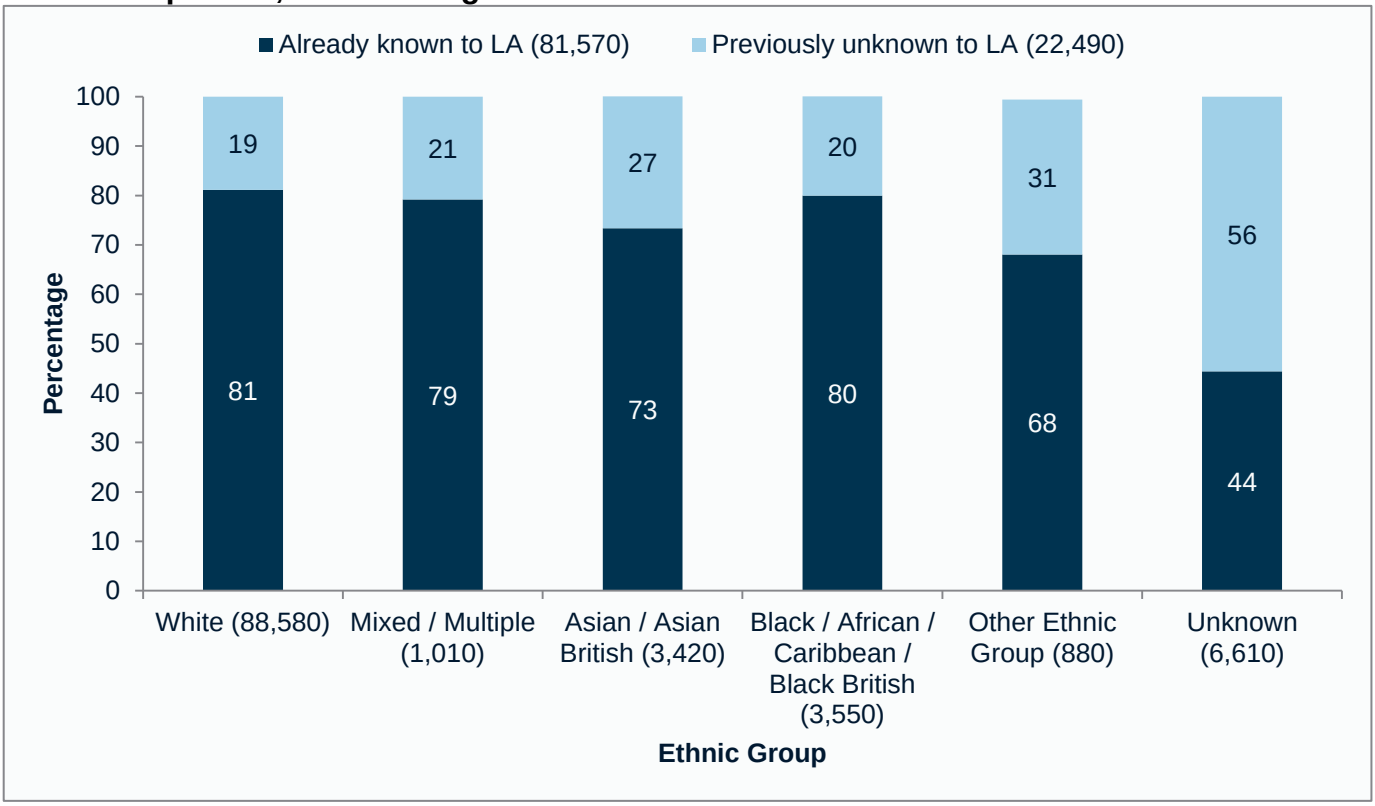
Figure 2.4: Number of individuals with referrals per 100,000 population, 2013-14 England



Data Source: SAR Table SG001(c) and Office for National Statistics (ONS)
1. SAR data based on 104,050 individuals with referrals provided by 152 councils
2. England, age and gender population data based on ONS mid-year population estimates for 2013
3. Ethnicity population dat a is based on the ONS 2011 census which is the latest data available
4. All SAR and population data is based on adults aged 18 and over
5. Two of the SAR ethnicity categories have been excluded from this chart since population data for these categories are not available
6. Numbers are rounded to the nearest whole number

Figure 2.5 shows the proportion of individuals of different ethnicities by their relationship to the LA. White individuals were the most likely group to be known to the LA with 81 per cent. Of the known ethnicities, the Other Ethnic Group was least likely to be known to the LA with only 68 per cent of individuals already known.

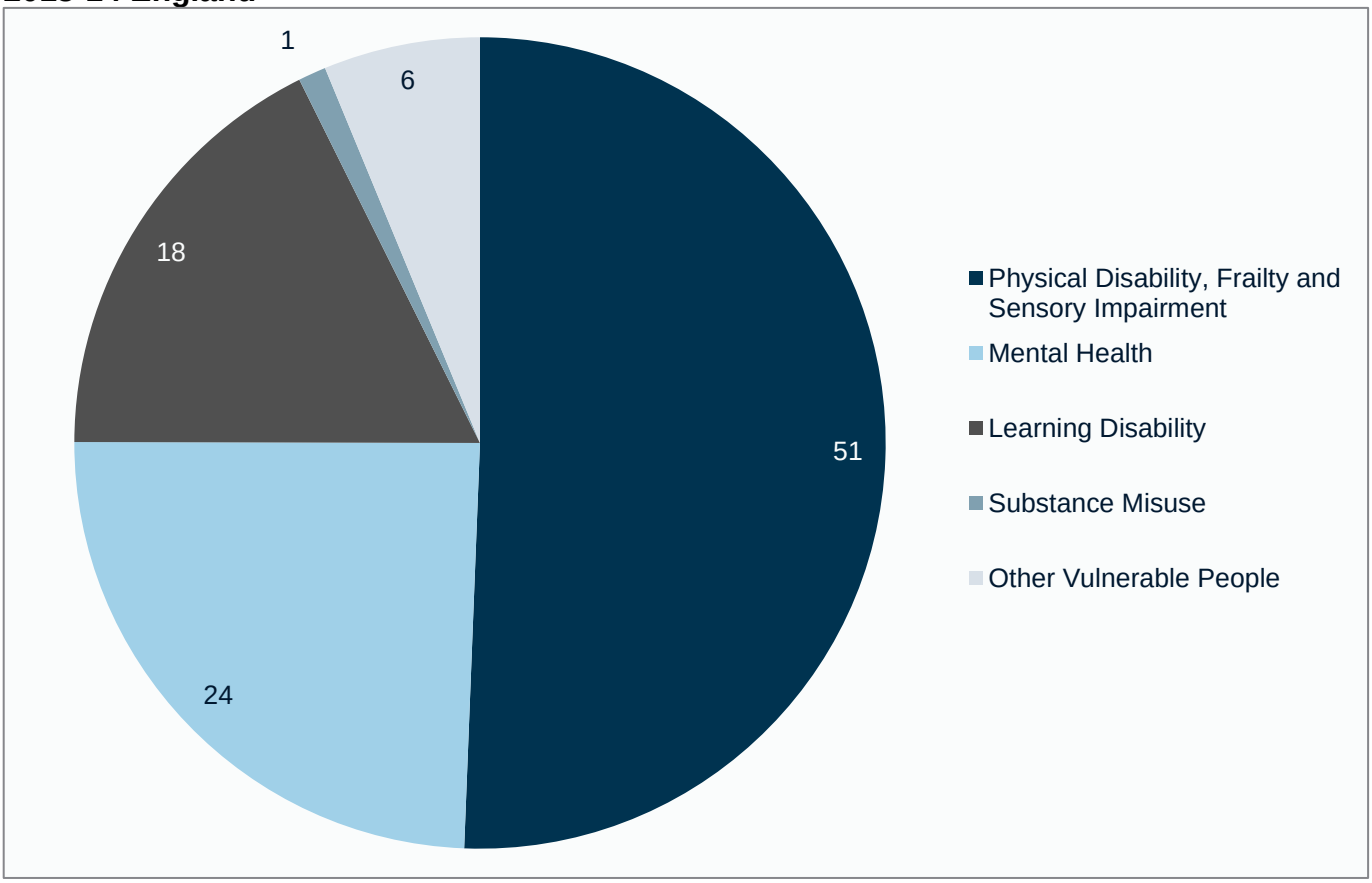
Figure 2.5: Percentage distribution of individuals with referrals by ethnicity and relationship to LA, 2013-14 England



Data Source: SAR Table SG001(c)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 104,050 Individuals with referrals provided by 152 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 2.6 shows the breakdown of individuals with referrals by primary client group. Physical Disability, Frailty and Sensory Impairment accounts for the majority of cases with 51 per cent of individuals and mental health accounting for almost a quarter with 24 per cent. Substance Misuse was the least common group, accounting for only 1 per cent of individuals.

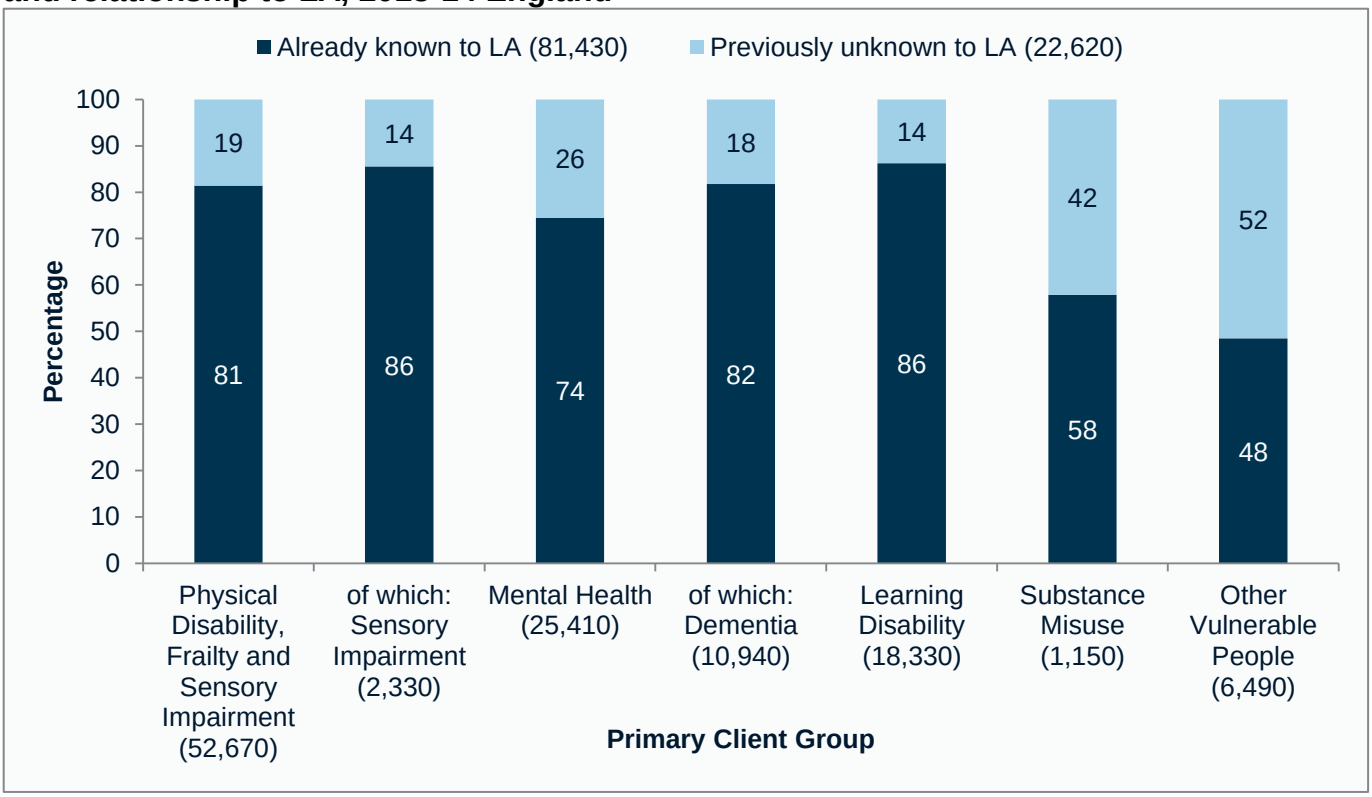
Figure 2.6: Percentage distribution of Individuals with referrals by primary client group, 2013-14 England



Data Source: SAR Table SG001(d)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 104,050 Individuals with referrals provided by 152 councils
3. Percentages are rounded to the nearest whole number

Figure 2.7 shows the primary client groups of individuals with referrals broken down by the individual's relationship to the LA. Individuals with learning disabilities or sensory impairment are the most likely to be known to the LA, with both groups having 86 per cent of individuals already known. The Other Vulnerable People and Substance Misuse categories have individuals who are less likely to be known to the council with 48 and 58 per cent respectively.

Figure 2.7: Percentage distribution of individuals with referrals by primary client group and relationship to LA, 2013-14 England



Data Source: SAR Table SG001(d)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 104,050 Individuals with referrals provided by 152 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

3. Case Details for Concluded Referrals

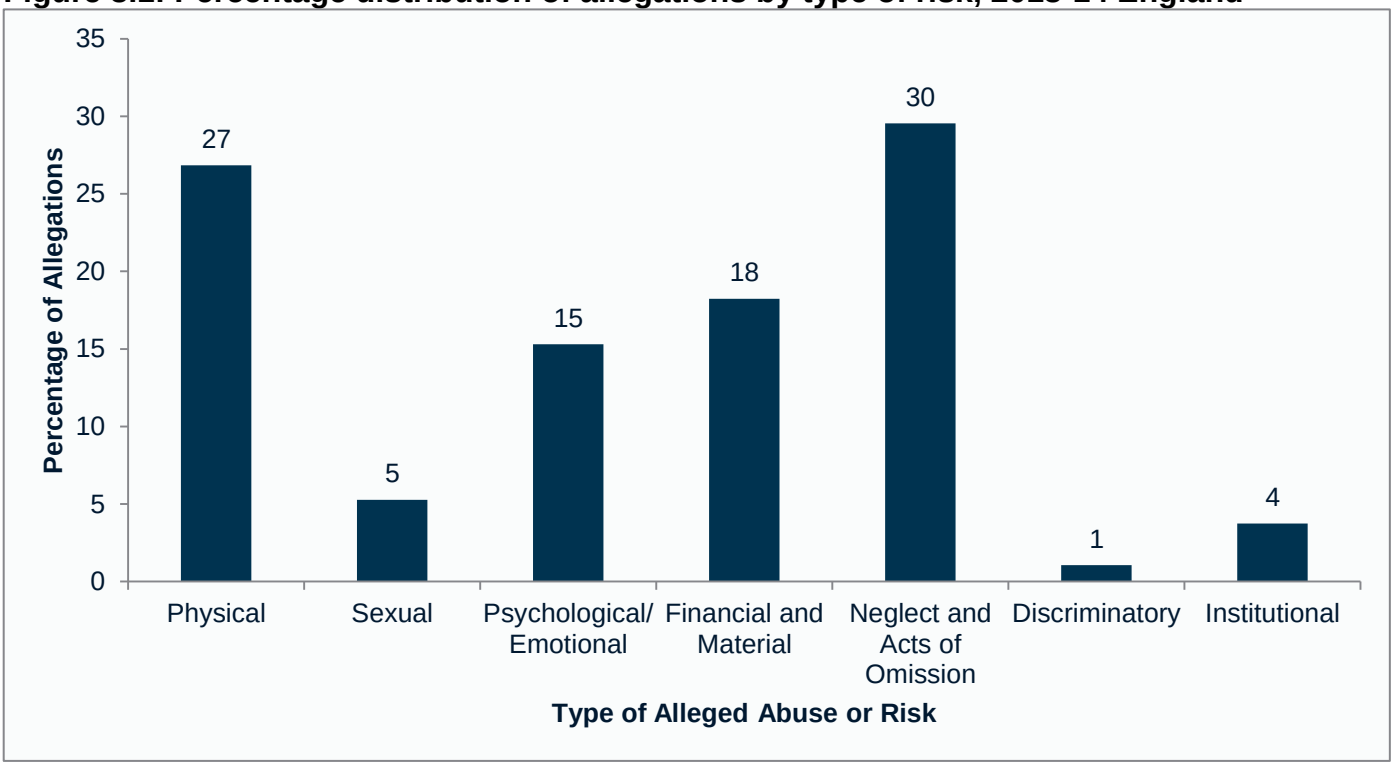
This chapter discusses the case details/allegations for referrals which concluded in the 2013-14 reporting year. For the purpose of the SAR, a referral is categorised as concluded when the safeguarding investigation is complete and the conclusions and actions have been decided. The concluded referrals discussed here concluded at some point during the reporting year but may not necessarily have been opened during the reporting year. Therefore concluded referrals are not a subset of the opened referrals discussed in Chapter 2.

The SAR SG003 tables record allegations for referrals which concluded in the 2013-14 reporting year. A referral can include multiple allegations if more than one location of risk, type of abuse (also referred to as type of risk) or perpetrator (also referred to as source of risk) is involved. Each SG003 table has a different total which depends on how many different types of allegations are reported for each referral.

The figures in these tables cannot be directly compared to previous years because the tables record multiple allegations for the row and column categories. In previous years, multiple entries were only permitted in the row categories. For example in table SG003a (Type of Abuse) a single concluded referral could include allegations of physical abuse by a social care worker and by someone unknown to the individual. This would generate a count of 2 in the SAR table but only 1 in the related AVA table.

Figure 3.1 shows the percentage distribution of allegations relating to the type of abuse. For referrals which concluded during the 2013-14 reporting year, there were 122,140 allegations about the type of risk. The most common type was neglect and acts of omission, which accounted for 30 per cent of allegations, followed by physical abuse with 27 per cent. The least common abuse type was discriminatory, accounting for 1 per cent of allegations.

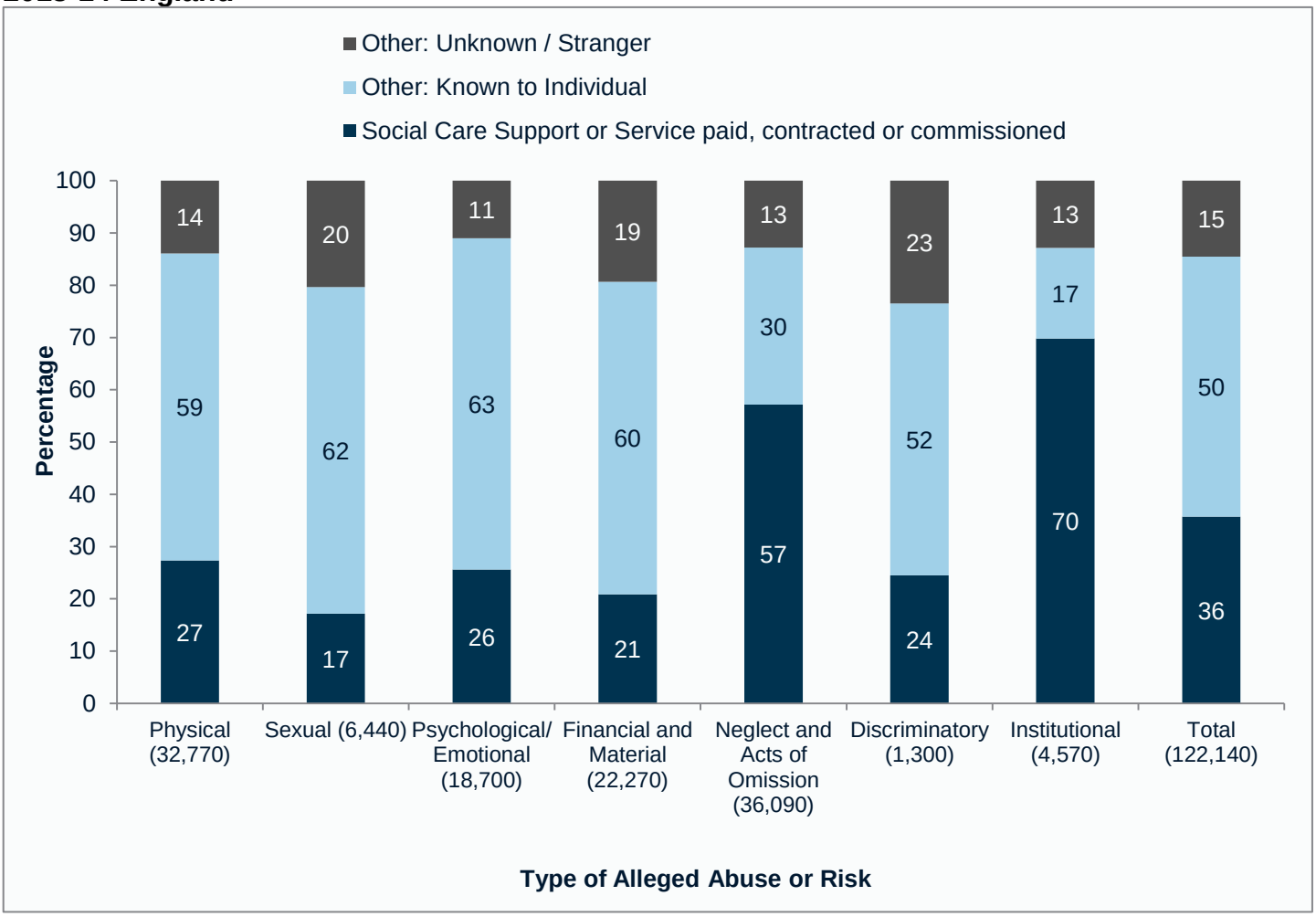
Figure 3.1: Percentage distribution of allegations by type of risk, 2013-14 England



Data Source: SAR Table SG003(a)
1. Based on 122,140 allegations from concluded referrals provided by 152 councils
2. Percentages are rounded to the nearest whole number
3. Figures may not add up to 100 per cent due to rounding

Figure 3.2 shows the different types of abuse broken down by the source of risk. The majority of institutional abuse (70 per cent) and Neglect (57 per cent) was alleged to be caused by social care and support workers, while all other abuse types were most likely (in 50 per cent of allegations or more) to have been caused by someone other than a social care worker who was known to the individual at risk.

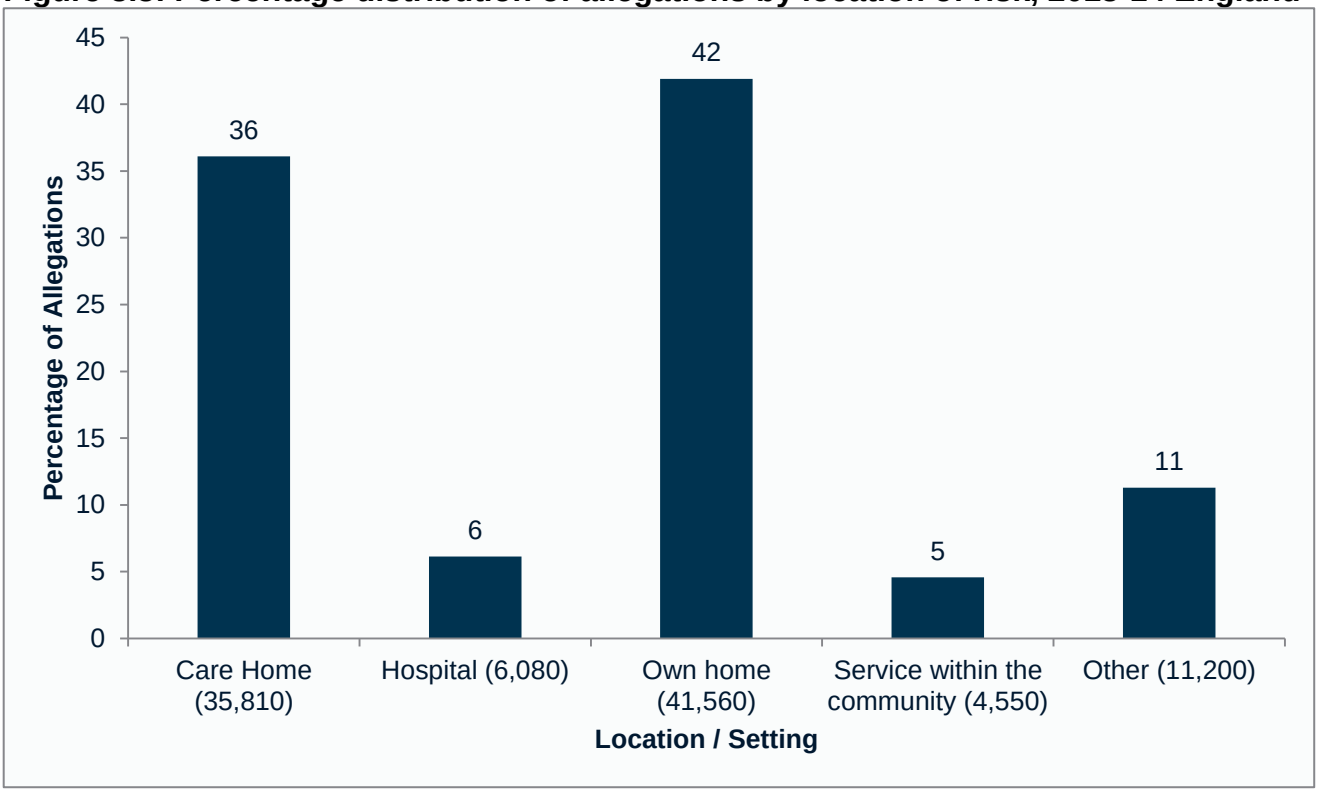
Figure 3.2: Percentage distribution of allegations by type of risk and source of risk, 2013-14 England



Data Source: SAR Table SG003(a)
1. Figures may not add up to 100 per cent due to rounding
2. Based on 122,140 allegations from concluded referrals provided by 152 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 3.3 shows the percentage distribution of allegations by location. There were 99,190 allegations made about the location of risk in concluded referrals in 2013-14. The most common location of risk was the adults own home, accounting for 42 per cent of allegations, followed by care homes, which accounted for 36 per cent of allegations.

Figure 3.3: Percentage distribution of allegations by location of risk, 2013-14 England

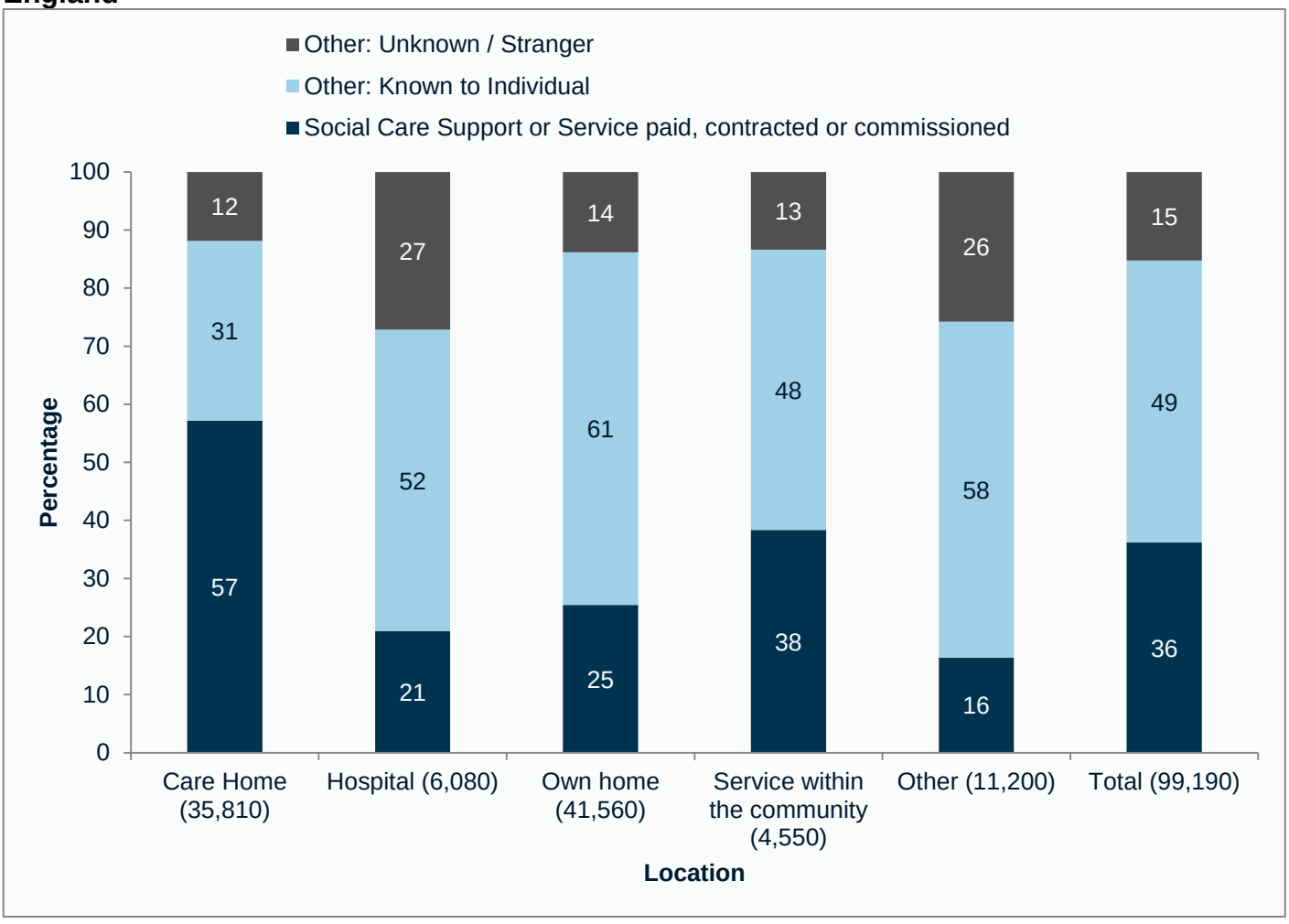


Data Source: SAR Table SG003(b)
1. Based on 99,190 allegations from concluded referrals provided by 152 councils
2. Figures may not add up to 100 per cent due to rounding
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 3.4 shows the different locations of alleged abuse broken down by the source of risk. Individuals in care homes were most likely to be abused by social care or support workers, accounting for 57 per cent of the allegations in that location. Other people known to the individual were the most common source of risk in every other location. People not known to the individual made up more than a quarter of allegations where the location was Hospital (27 per cent) or Other (26 per cent). Other locations might include public places, offices, retail property or other people's homes.

The chart also shows the overall breakdown of the allegations by the source of risk. The source was most commonly someone known to the alleged victim but not in a social care capacity, accounting for 49 per cent of allegations. Social care employees were the source of risk in 36 per cent of allegations and for the remaining 15 per cent the perpetrator was someone unknown to the alleged victim. These figures are based on a total of 99,190 allegations recorded for concluded referrals.

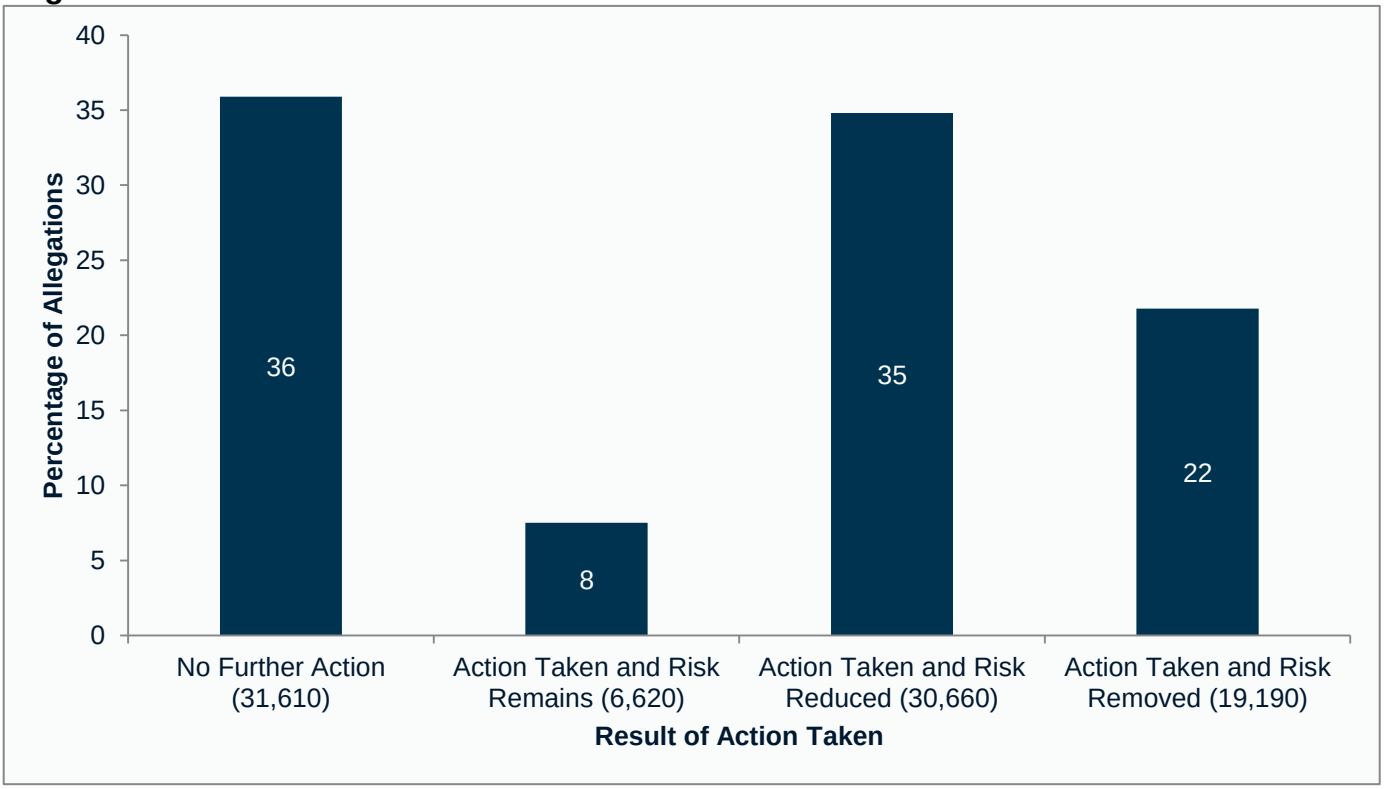
Figure 3.4: Percentage distribution of allegations by location and source of risk, 2013-14 England



Data Source: SAR Table SG003(b)
1. Figures may not add up to 100 per cent due to rounding
2. Based on 99,190 allegations from concluded referrals provided by 152 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 3.5 shows the percentage distribution for allegations by the action taken and outcome of the action. No further action other than the safeguarding investigation was taken for 36 per cent of allegations, while for cases where further action was taken the risk was reduced for 35 per cent of allegations. For the remaining cases where further action was taken, the risk was completely removed in 22 per cent of cases and the risk remained in 8 per cent.

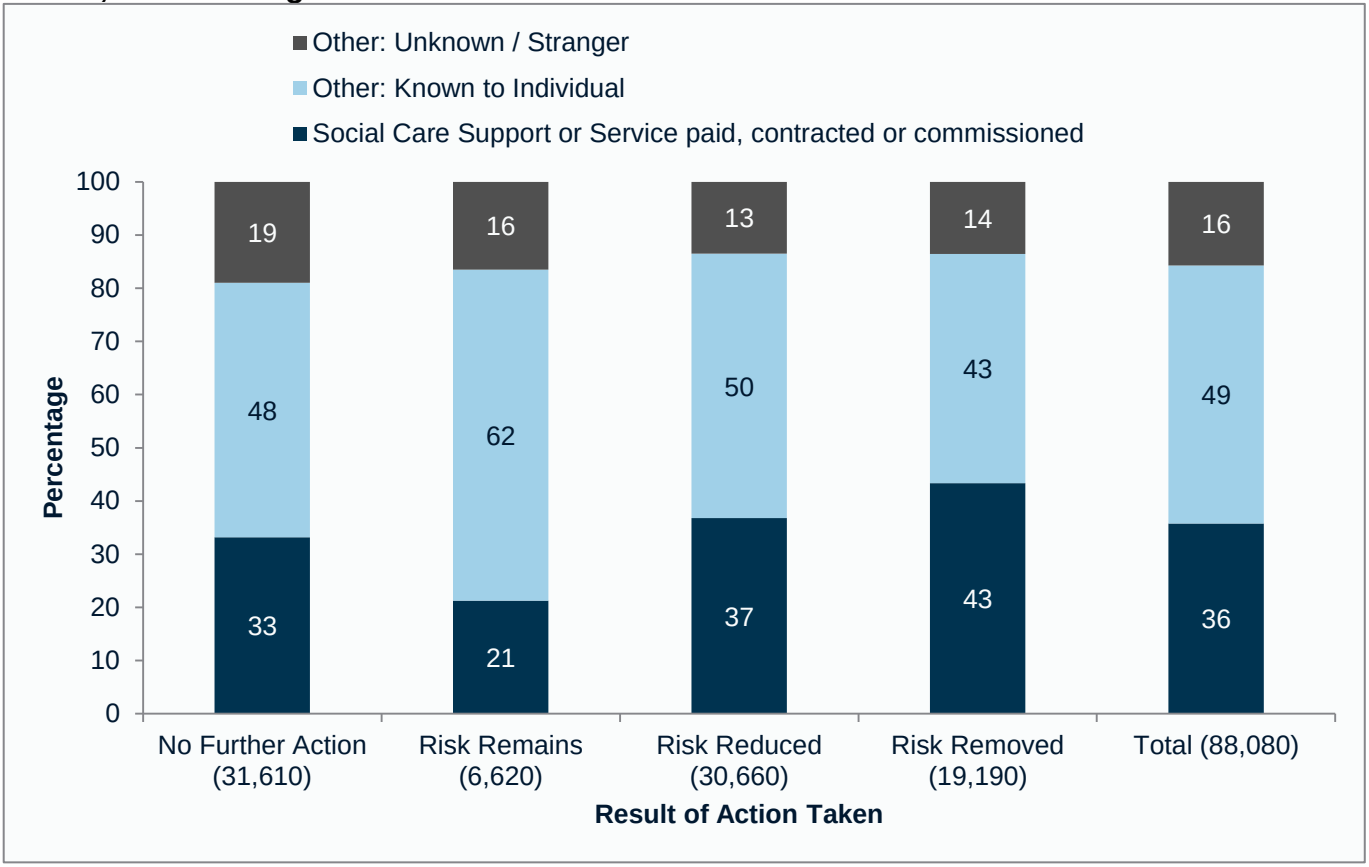
Figure 3.5: Percentage distribution of allegations by action and outcome, 2013-14 England



Data Source: SAR Table SG003(c)
1. Figures may not add up to 100 per cent due to rounding
2. Based on 88,080 allegations from concluded referrals provided by 145 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 3.6 shows the actions and outcomes of the allegations broken down by the source of risk. The source of risk was known to the individual in 62 per cent of cases where the risk remained. In cases where the risk was reduced this figure was 50 per cent and where the risk was removed it was 43 per cent.

Figure 3.6: Percentage distribution of allegations by action and outcome and by source of risk, 2013-14 England



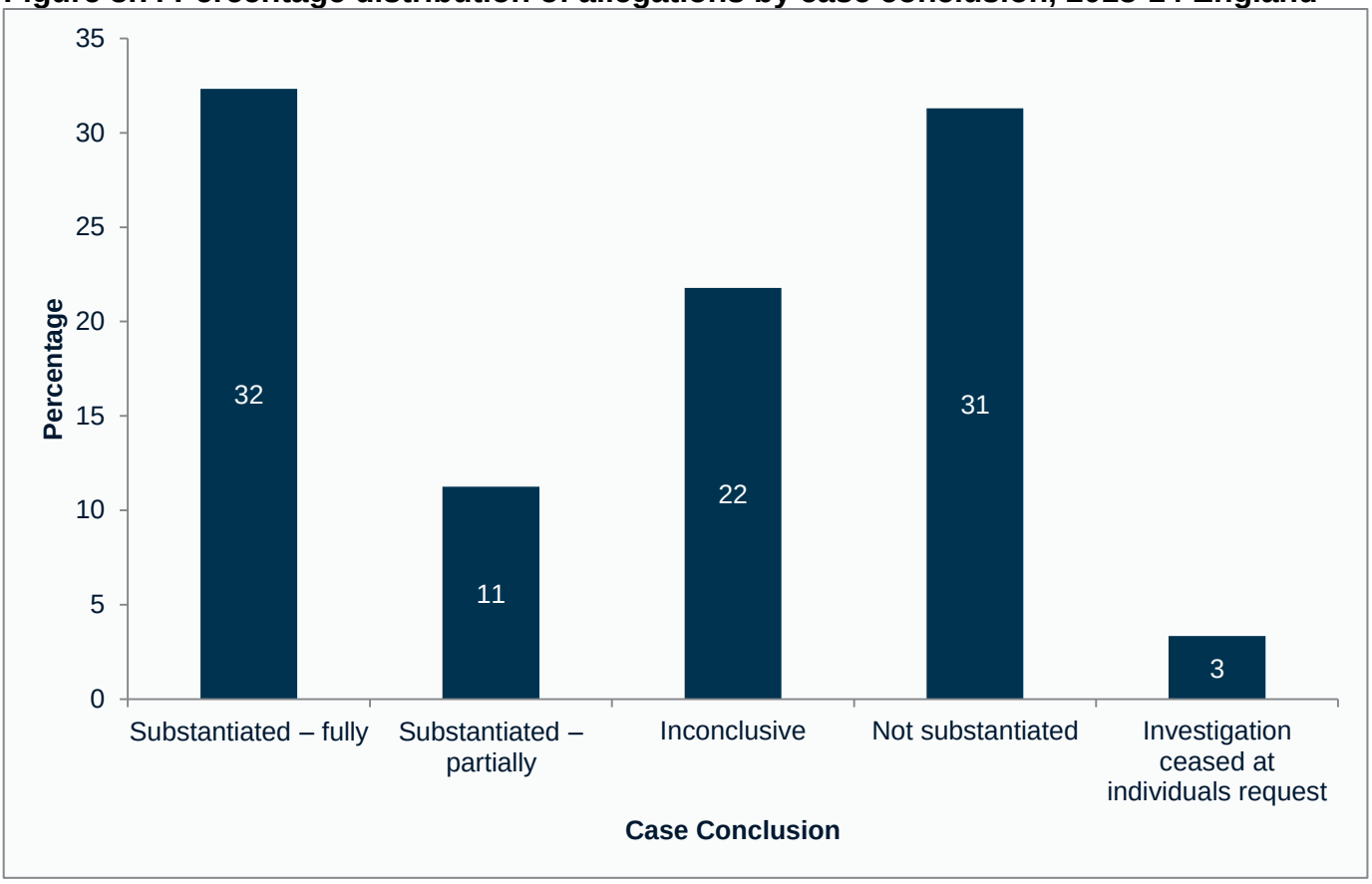
Data Source: SAR Table SG003(c)
1. Figures may not add up to 100 per cent due to rounding
2. Based on 88,080 allegations from concluded referrals provided by 145 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Case conclusions are recorded in table SG003(d). A case conclusion is the outcome of the investigation and is categorised as; Substantiated, Partly Substantiated, Not Substantiated or Not Determined / Inconclusive. Definitions of these terms can be found in **Appendix D**.

The decision around substantiation is based on the 'balance of probabilities'. If an allegation of abuse can be proved on the balance of probabilities then it can be categorised as substantiated.

Figure 3.7 shows the percentage distribution of allegations by case conclusion for concluded referrals in 2013-14. The allegations in 32 per cent of cases were fully substantiated. They were partially substantiated in 11 per cent of cases and not substantiated in 31 per cent. In 3 per cent of cases the investigation was ceased at the individual's request.

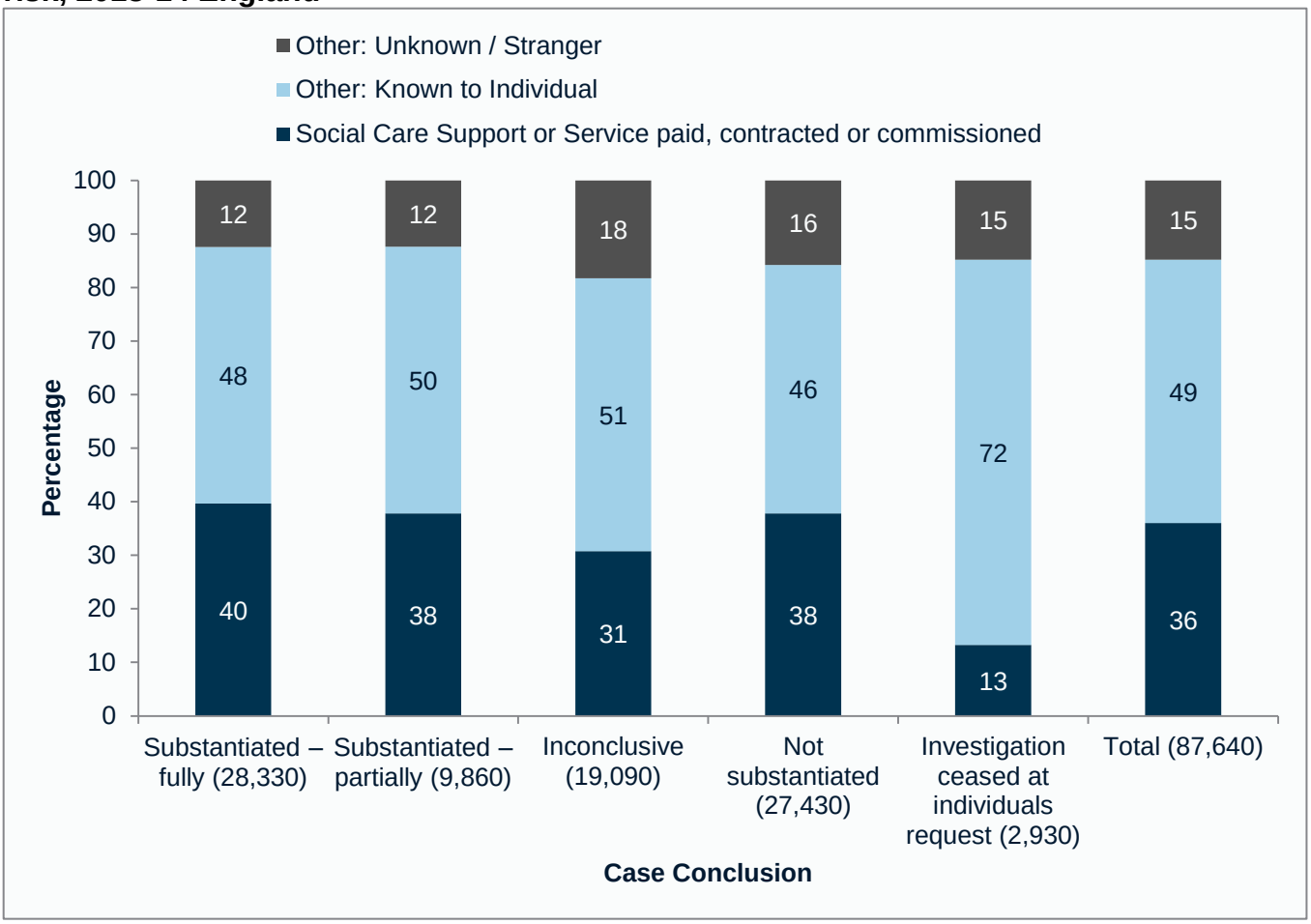
Figure 3.7: Percentage distribution of allegations by case conclusion, 2013-14 England



Data Source: SAR Table SG003(d)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 87,640 allegations from concluded referrals provided by 144 councils
3. Percentages are rounded to the nearest whole number

Figure 3.8 shows the percentage breakdown of allegations by conclusion and source of risk. When an investigation was ceased at the individual's request, the alleged perpetrator was most often known to the individual (72 per cent of cases). The Inconclusive category has the highest proportion of alleged perpetrators classified as Unknown/Stranger with 18 per cent. Fully Substantiated cases had the greatest proportion of Social care and support workers as the source of risk, with 40 per cent.

Figure 3.8: Percentage distribution of allegations by case conclusions and by source of risk, 2013-14 England



Data Source: SAR Table SG003(d)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 87,640 allegations from concluded referrals provided by 144 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

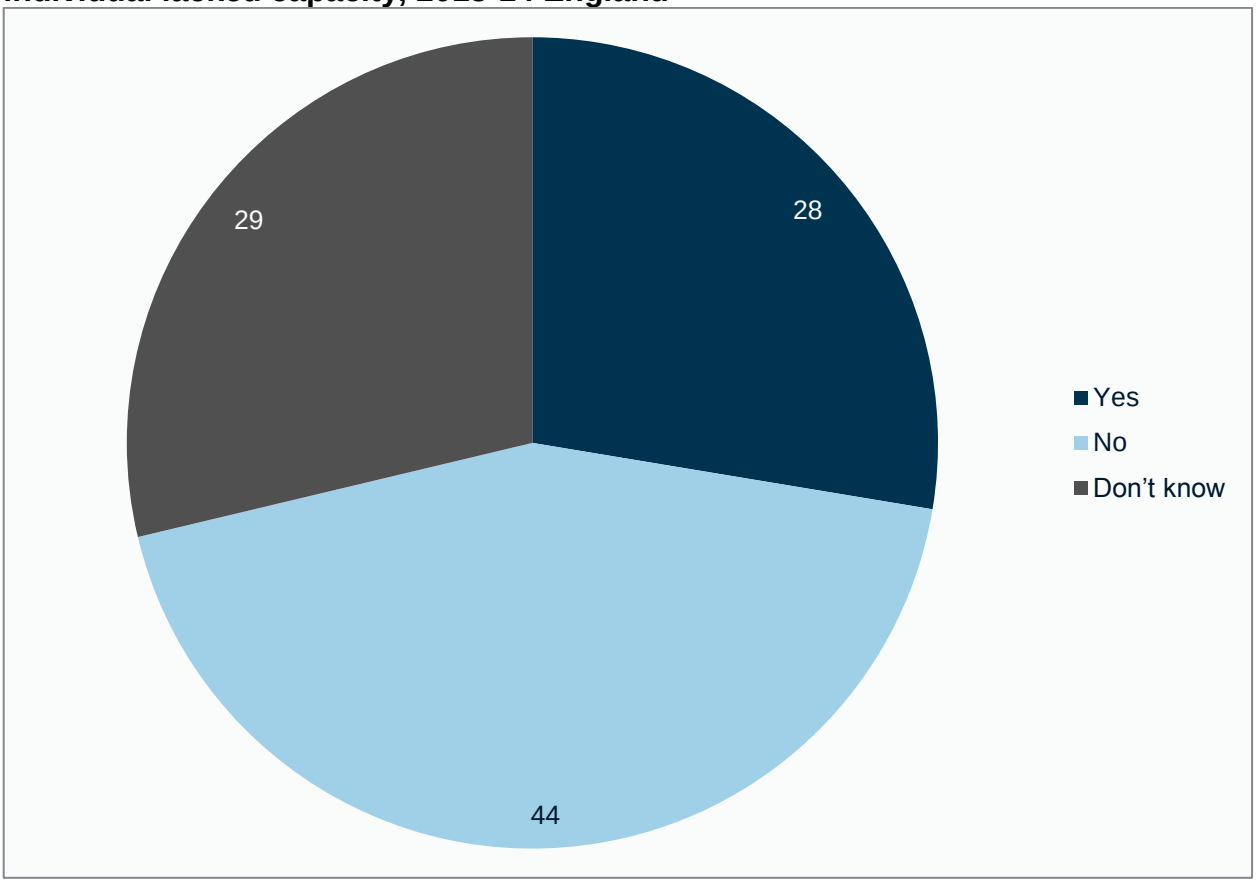
4. Mental Capacity

This section looks at the mental capacity of individuals involved in concluded referrals. Mental capacity is based on the capacity to make decisions about the safeguarding issue only. In cases where the individuals were assessed as lacking capacity, it also looks at what proportion were supported by a friend, family member or advocate.

There are some significant data quality issues with the mental capacity data in this chapter and therefore caution is advised when using these figures. Further details can be found in the **Accuracy** section of the **Appendix A**.

Figure 4.1 shows the distribution of concluded referrals broken down by whether the individual at risk lacked capacity. 28 per cent of individuals were found to lack capacity while 44 per cent did not lack capacity. The individual's capacity was unknown in 29 per cent of cases.

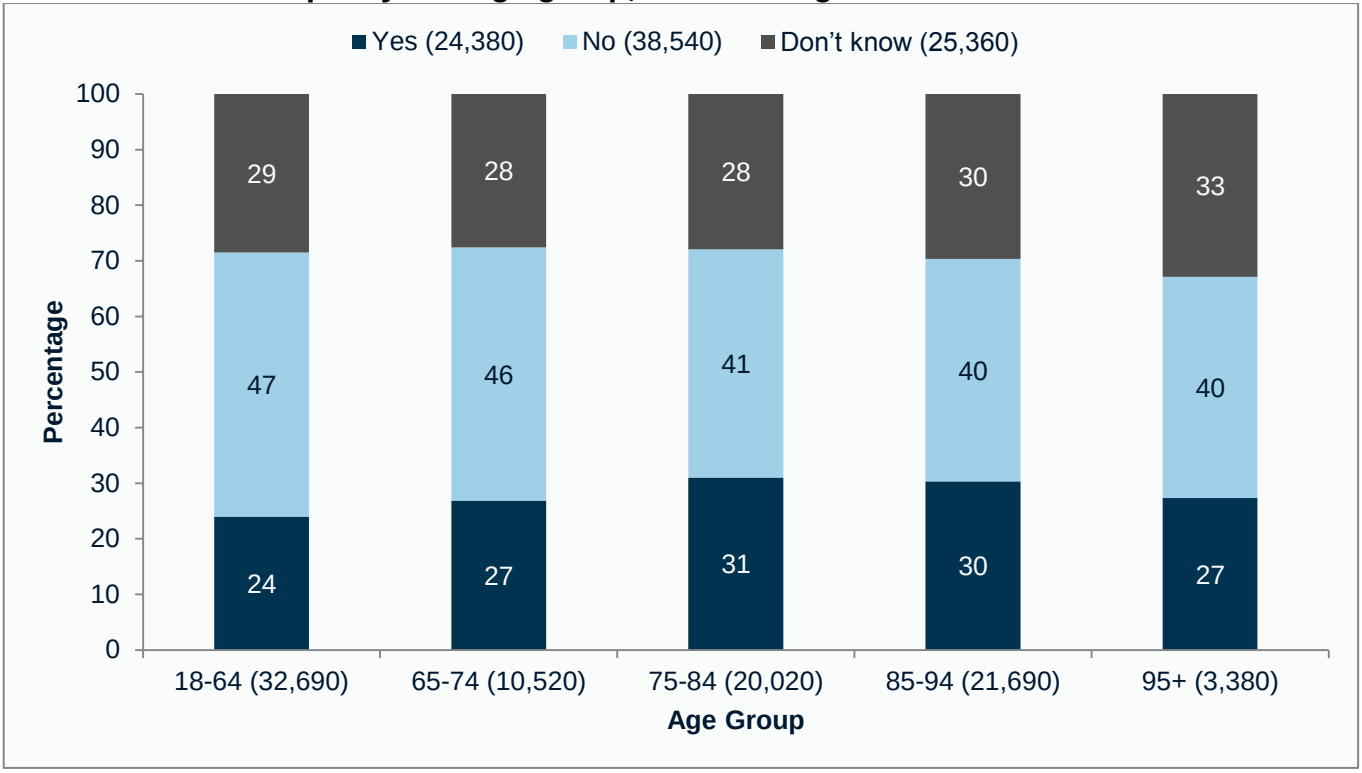
Figure 4.1: Percentage distribution of concluded referrals broken down by whether the individual lacked capacity, 2013-14 England



Data Source: SAR Table SG006
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 88,280 concluded referrals provided by 144 councils
3. Percentages are rounded to the nearest whole number

Figure 4.2 shows the percentage distribution of concluded referrals broken down by whether the individual lacked capacity and the age group of the individual. Younger adults aged 18-64 were the least likely to lack capacity with 24 per cent, while adults aged 75-84 were the most likely with 31 per cent.

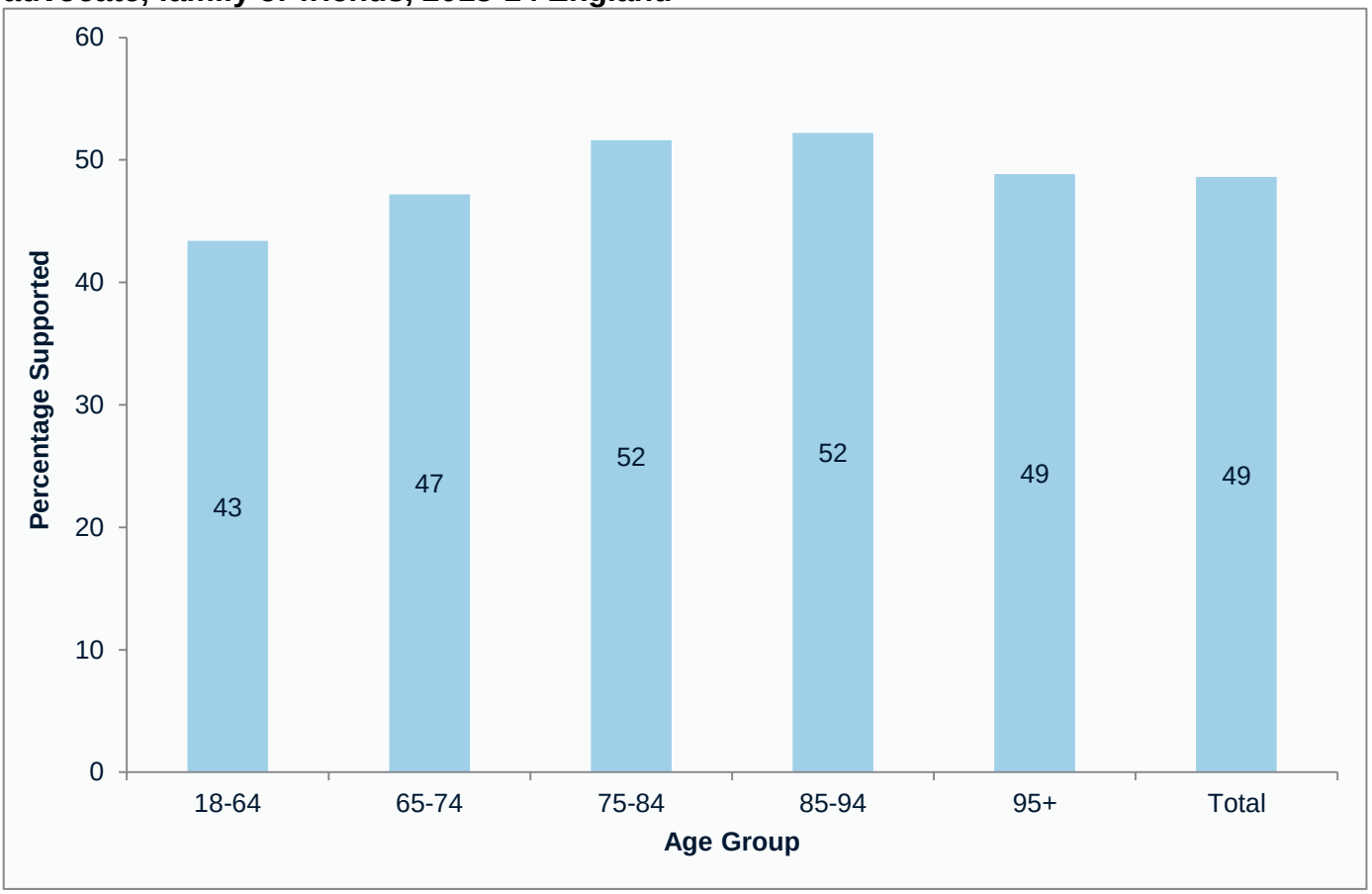
Figure 4.2: Percentage distribution of concluded referrals broken down by whether the individual lacked capacity and age group, 2013-14 England



Data Source: SAR Table SG006
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 88,280 concluded referrals provided by 144 councils
3. Numbers are rounded to the nearest 10. Percentages are rounded to the nearest whole number

Figure 4.3 looks at just the concluded referrals where the individual was found to lack capacity. The chart shows the percentage of these referrals where the individual was supported by an advocate, family or friends. Overall, just under half (49 per cent) of those lacking capacity were supported. The lowest rate was 43 per cent for the 18-64 age group, and the highest was 52 per cent for both the 75-84 and the 85-94 groups. The percentage supported by an advocate, family or friends increases with age between the 18-64 and 75-84 age groups.

Figure 4.3: Percentage of concluded referrals where the individual was supported by an advocate, family or friends, 2013-14 England



Data Source: SAR Table SG006
1. SAR data based on 22,130 concluded referrals where the individual lacked capacity provided by 137 councils
2. Percentages are rounded to the nearest whole number

5. Serious Case Reviews

Serious case reviews (SCRs) occur when there are major concerns about adult protection failures that have resulted in individuals suffering serious harm. They are held in order to determine what went wrong and what lessons may be learned about the way in which staff and agencies work together to safeguard people at risk of harm.

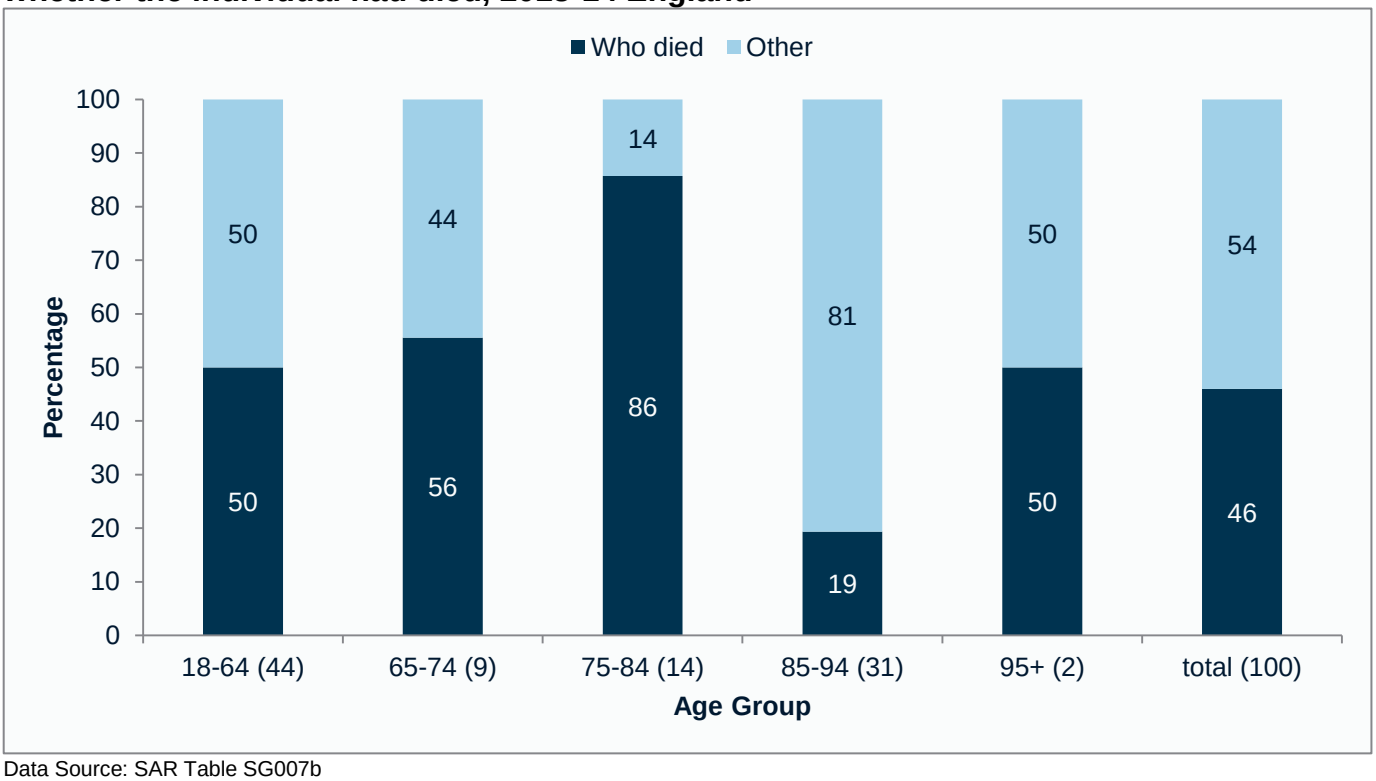
The SAR collects the number of serious case reviews that took place in 2013-14 and how many individuals this related to. These data items are different to those collected in the AVA return since the AVA asked for the number of completed referrals which lead to an SCR. One SCR can be triggered as a result of multiple concluded referrals. Therefore the SCR data in SAR cannot be compared to the SCR data in the AVA return.

There were a total of 56 serious case reviews recorded in SAR for 2013-14. These SCRs involved a total of 100 adults at risk, of which 46 per cent suffered serious harm and died and 54 per cent suffered serious harm but survived.

Fifty six per cent of the 100 individuals were adults aged 65 or over. Of all individuals with referrals, 63 per cent were aged 65 or over. Given that these proportions are similar, it would suggest that neither younger (under 65) nor older (65 or over) adults are more at risk of being involved in a serious case review.

Figure 5.1 shows the percentage distribution of the individuals involved in serious case reviews by age group and whether the individual died. The 18-64 age group had the highest number of individuals (44) involved in SCRs, half of whom died. A large percentage (86 per cent) of the individuals involved in SCRs from the 75-84 age group died.

Figure 5.1: Percentage distribution of serious case reviews by age of individual, and whether the individual had died, 2013-14 England



Data Source: SAR Table SG007b
1. SAR data based on 100 individuals involved in serious case reviews provided by 152 councils
2. Figures may not add up to 100 per cent due to rounding
3. Percentages are rounded to the nearest whole number

6. Regional Analysis

This chapter looks at certain areas of the SAR broken down by region to identify whether there are any variations between different parts of the country.

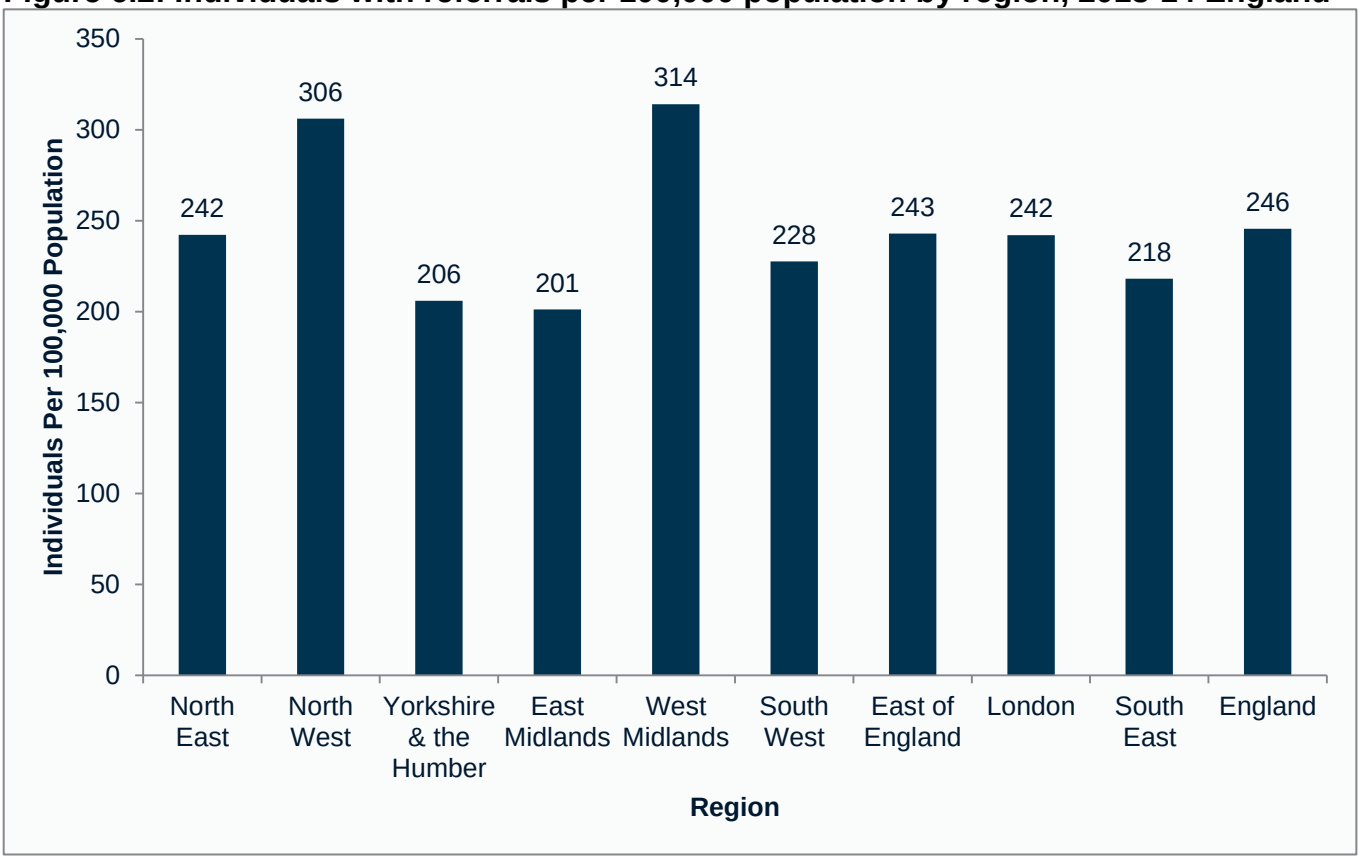
Figure 6.1 looks at the number of individuals with referrals within each region of England during 2013-14. The table shows that safeguarding referrals were most prevalent in the West Midlands, where there were 314 individuals with referrals per 100,000 population. There were similar levels of referrals in the North West region, which had 306 individuals per 100,000 population. The referral rate was lowest in the East Midlands with 201 individuals per 100,000 population. This information is also displayed in chart form in **Figure 6.2**.

Figure 6.1: Individuals with referrals by region, 2013-14 England

Region	Number of individuals with referrals	Percentage of individuals with referrals	18+ Population	Individuals per 100,000 population
East Midlands	7,320	7	3,637,740	201
East of England	11,360	11	4,678,280	243
London	15,800	15	6,529,750	242
North East	5,050	5	2,085,440	242
North West	17,120	16	5,593,740	306
South East	15,050	14	6,902,450	218
South West	9,800	9	4,308,160	228
West Midlands	13,890	13	4,423,770	314
Yorkshire & Humber	8,650	8	4,200,040	206
England	**104,050**		**42,359,370**	**246**

Data Source: SAR Table SG001(a) and 2013 Mid-Year Population Estimates from the Office for National Statistics
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 104,050 Individuals with referrals provided by 152 councils
3. Individuals with referrals and 18+ population are rounded to the nearest 10
4 .Percentages and total per 100,000 population are rounded to the nearest whole number

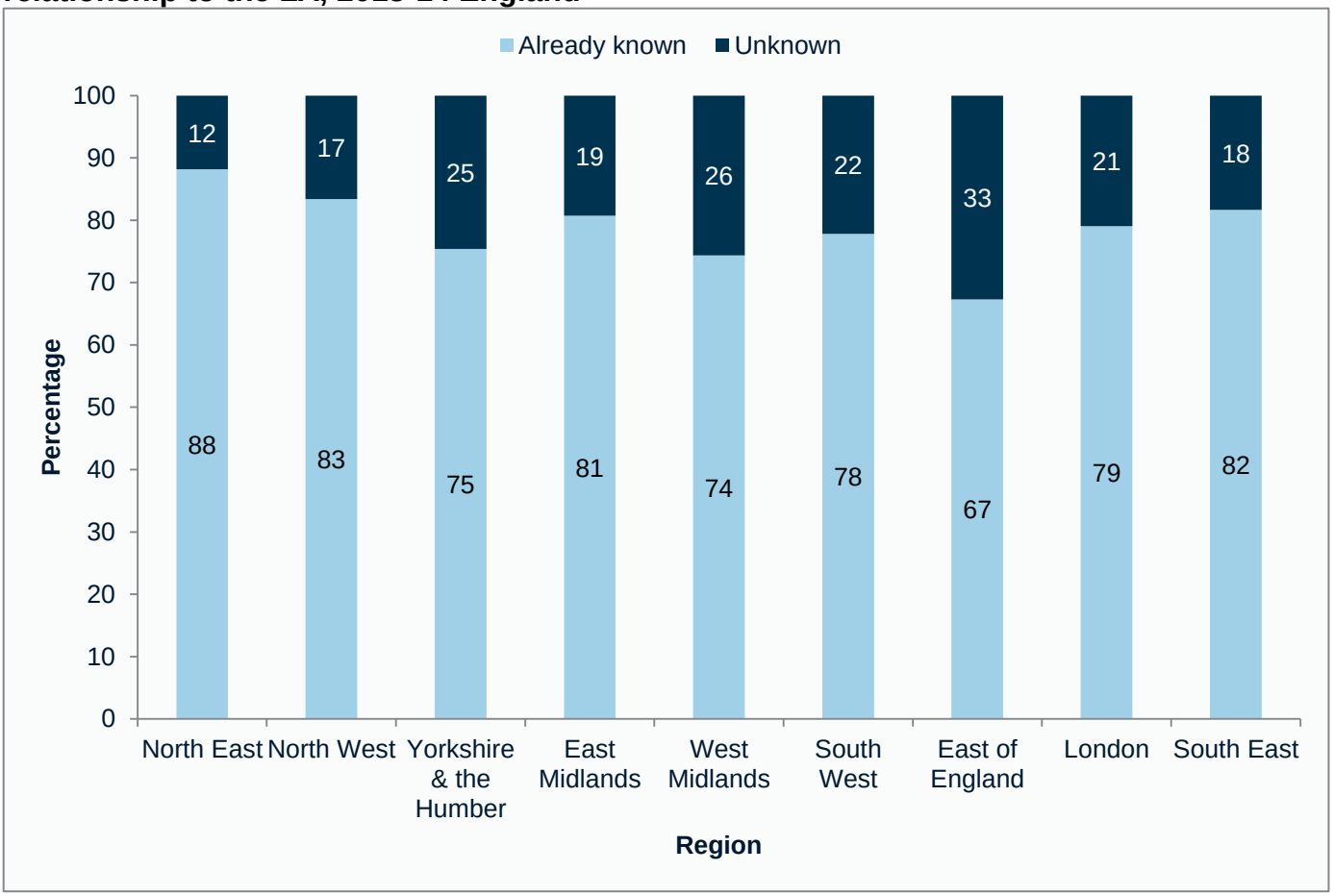
Figure 6.2: Individuals with referrals per 100,000 population by region, 2013-14 England



Data Source: SAR Table SG001(a) and 2013 Mid-Year Population Estimates from the Office for National Statistics
1. SAR data based on 104,050 Individuals with referrals provided by 152 councils
2. Numbers are rounded to the nearest whole number

Figure 6.3 shows the shows the percentage distribution of adults at risk broken down by region and their relationship to the LA. The North East had the greatest proportion of known individuals, with 88 per cent already known at the time of the referral. The East of England had the lowest proportion with 67 per cent. Overall for England, 78 per cent of individuals were already known to the LA at the time of the referral.

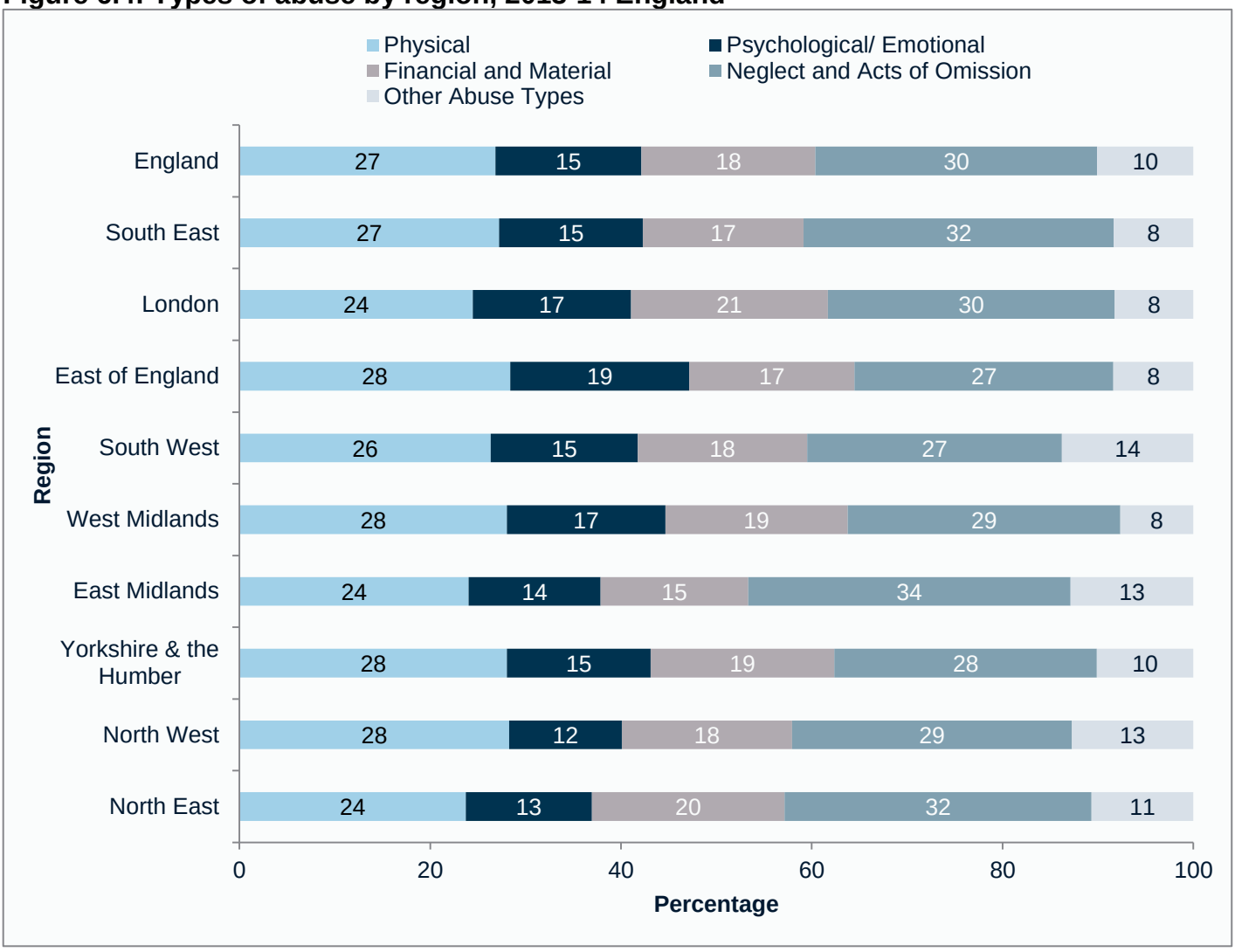
Figure 6.3: Percentage distribution of adults at risk broken down by region and their relationship to the LA, 2013-14 England



Data Source: SAR Table SG001(a)
1. Figures may not add up to 100 per cent due to rounding
2. Based on 104,050 individuals with referrals provided by 152 councils
3. Percentages are rounded to the nearest whole number

Figure 6.4 shows a percentage distribution of allegations by abuse types and region. The most common type of abuse in almost all regions was Neglect and Acts of Omission (ranging between 27 and 34 per cent). Physical abuse was the most common type of abuse in the East of England at 28 per cent. Psychological/Emotional abuse was more common (19 per cent) in the East of England than in other areas, while the proportion of Financial and Material abuse was the highest (21 per cent) in London.

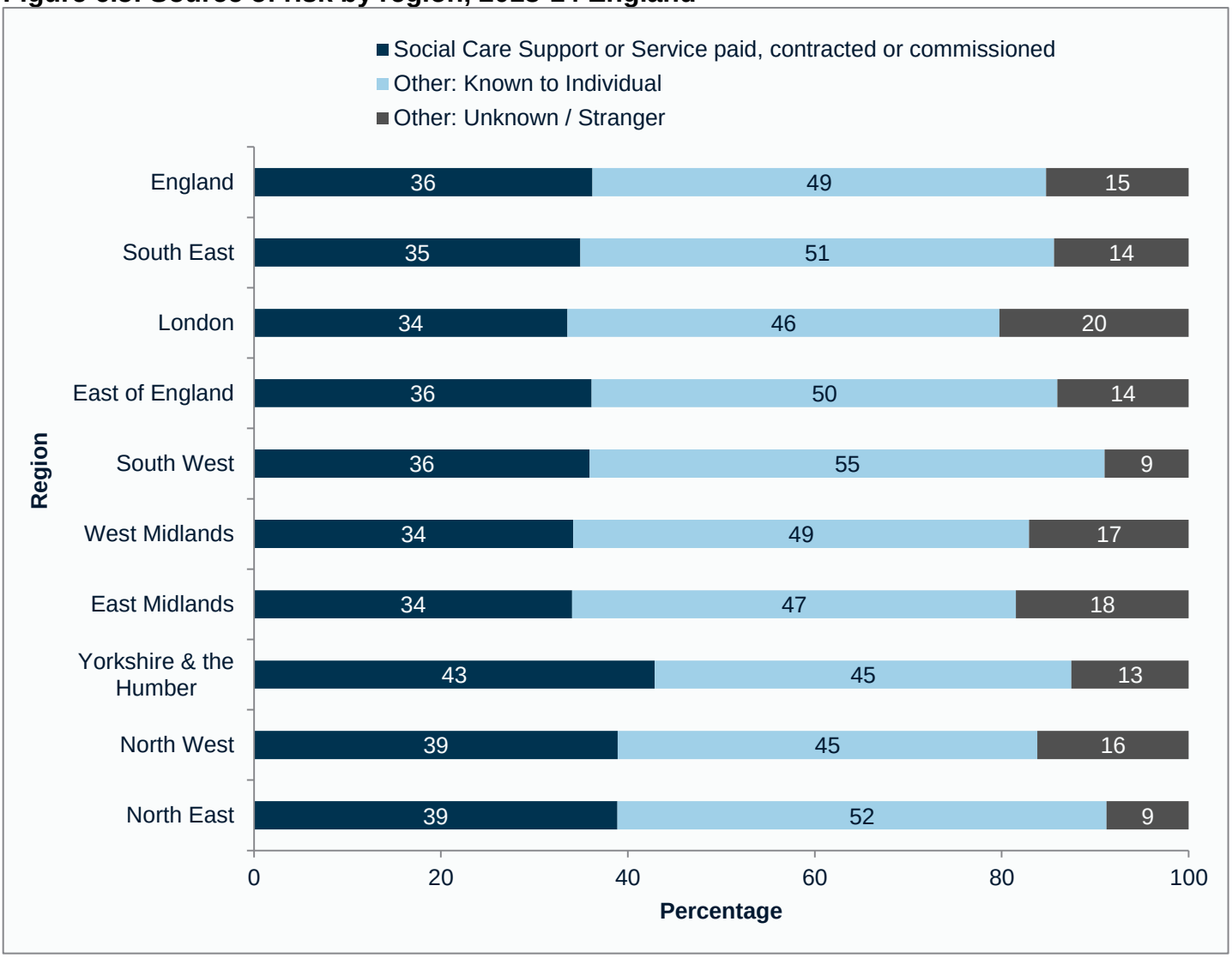
Figure 6.4: Types of abuse by region, 2013-14 England



Data Source: SAR Table SG003(a)
1. SAR data based on 122,140 allegations from concluded referrals provided by 152 councils
2. Figures may not add up to 100 per cent due to rounding
3. Other Abuse types combines: Sexual Abuse, Discrimination and Institutional Abuse
4. Percentages are rounded to the nearest whole number

Figure 6.5 shows the percentage distribution of allegations by source of risk and region. The Yorkshire and Humber region had the highest proportion of alleged perpetrators who were social care workers (43 per cent). The South West had the largest percentage of alleged perpetrators who were known to the individual at risk with 55 per cent. The proportion of allegations in the Unknown / Stranger category was highest in London (20 per cent).

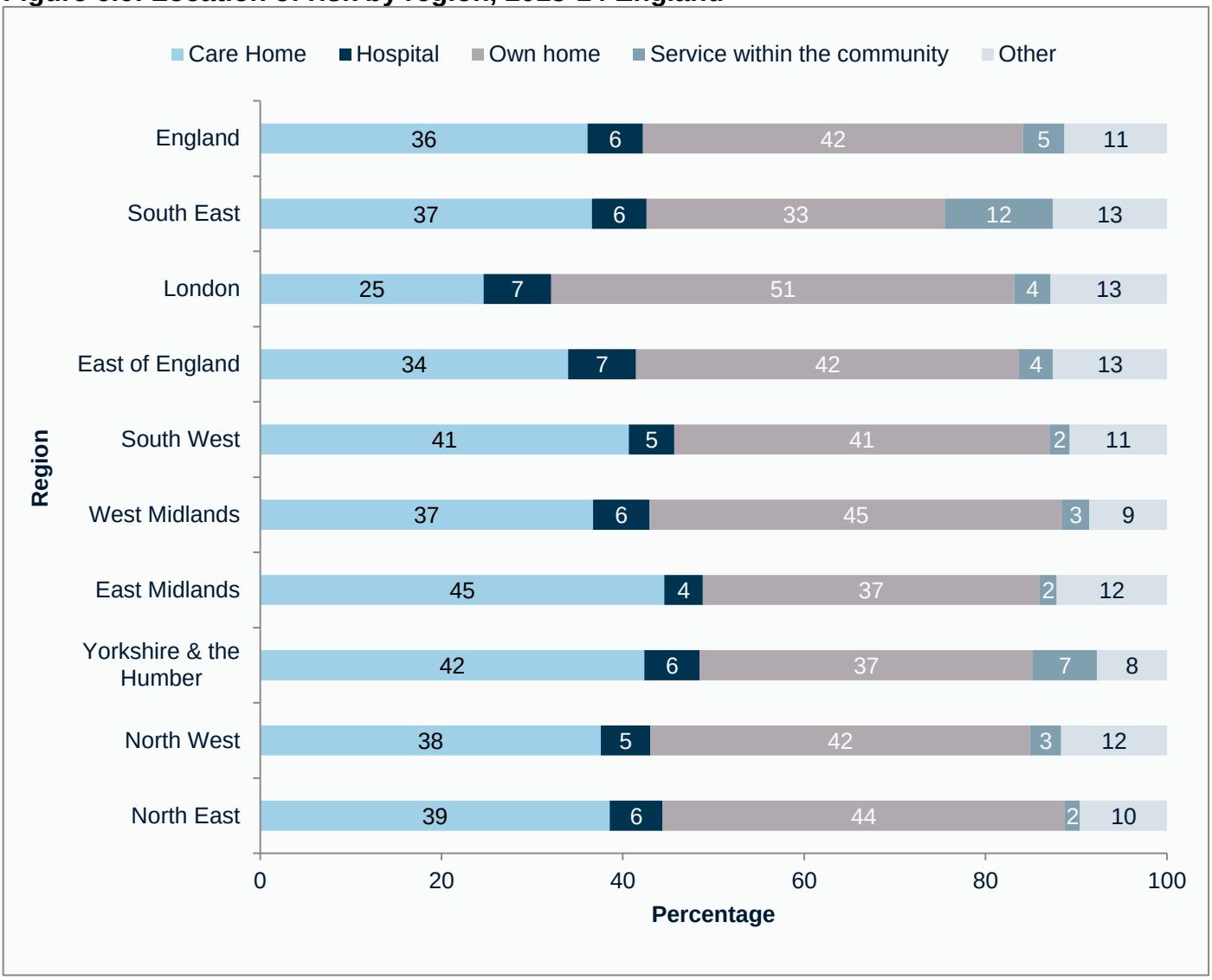
Figure 6.5: Source of risk by region, 2013-14 England



Data Source: SAR Table SG003(b)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 99,190 allegations from concluded referrals provided by 152 councils
3. Percentages are rounded to the nearest whole number

Figure 6.6 shows the percentage distribution of allegations by location and region. London had the highest proportion of allegations about abuse which took place in the adult's own home (51 per cent of all allegations). The East Midlands had the highest percentage of allegations reported to have occurred in care homes (45 per cent) and the South East had the highest percentage of allegations reported to have occurred at a service within the community, at 12 per cent.

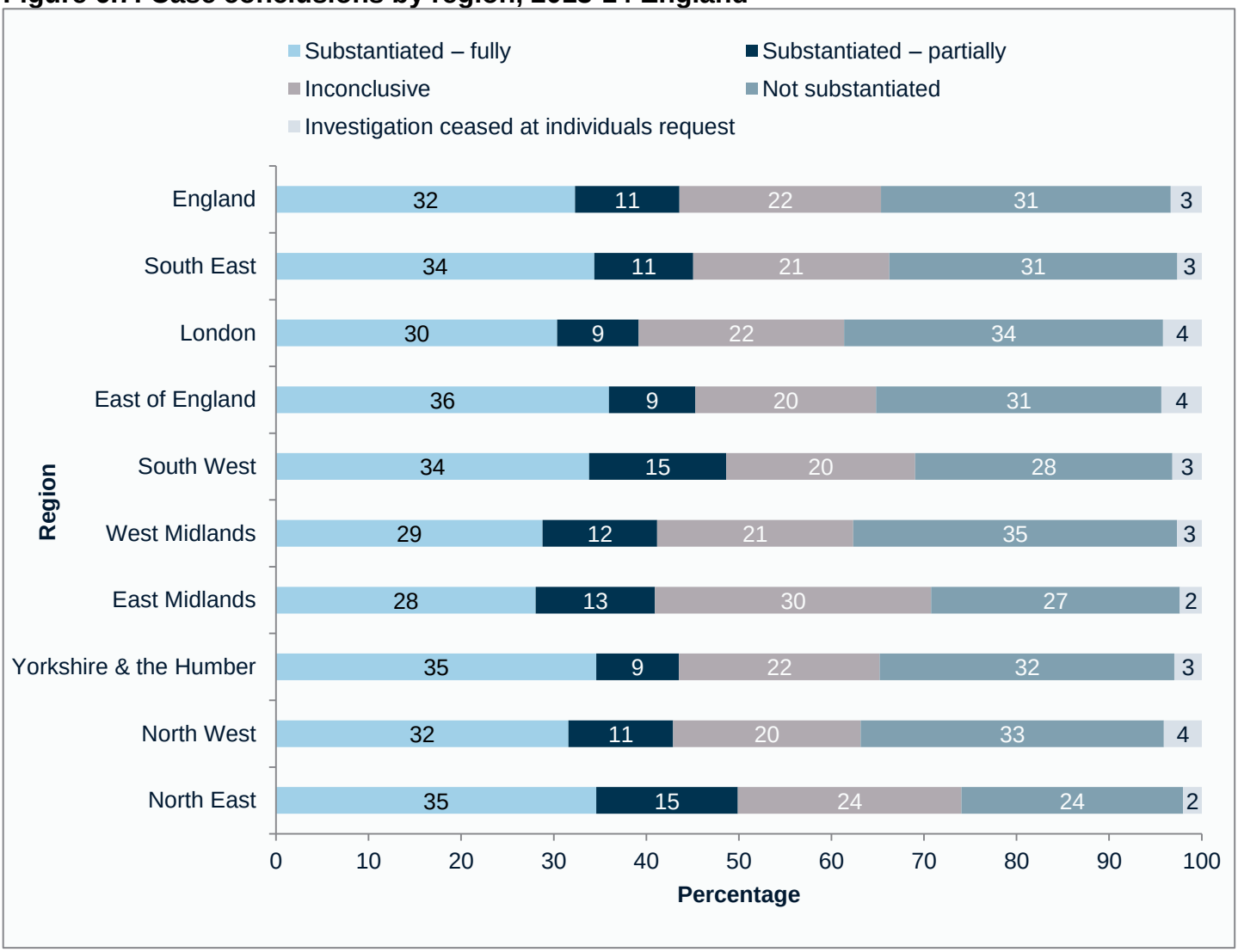
Figure 6.6: Location of risk by region, 2013-14 England



Data Source: SAR Table SG003(b)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 99,190 allegations from concluded referrals provided by 152 councils
3. Percentages are rounded to the nearest whole number

Figure 6.7 shows the percentage distribution of case conclusions by region. East Midlands had the lowest percentage of fully substantiated cases (28 per cent), while the East of England had the highest (36 per cent). The West Midlands had the highest percentage of not substantiated cases (35 per cent).

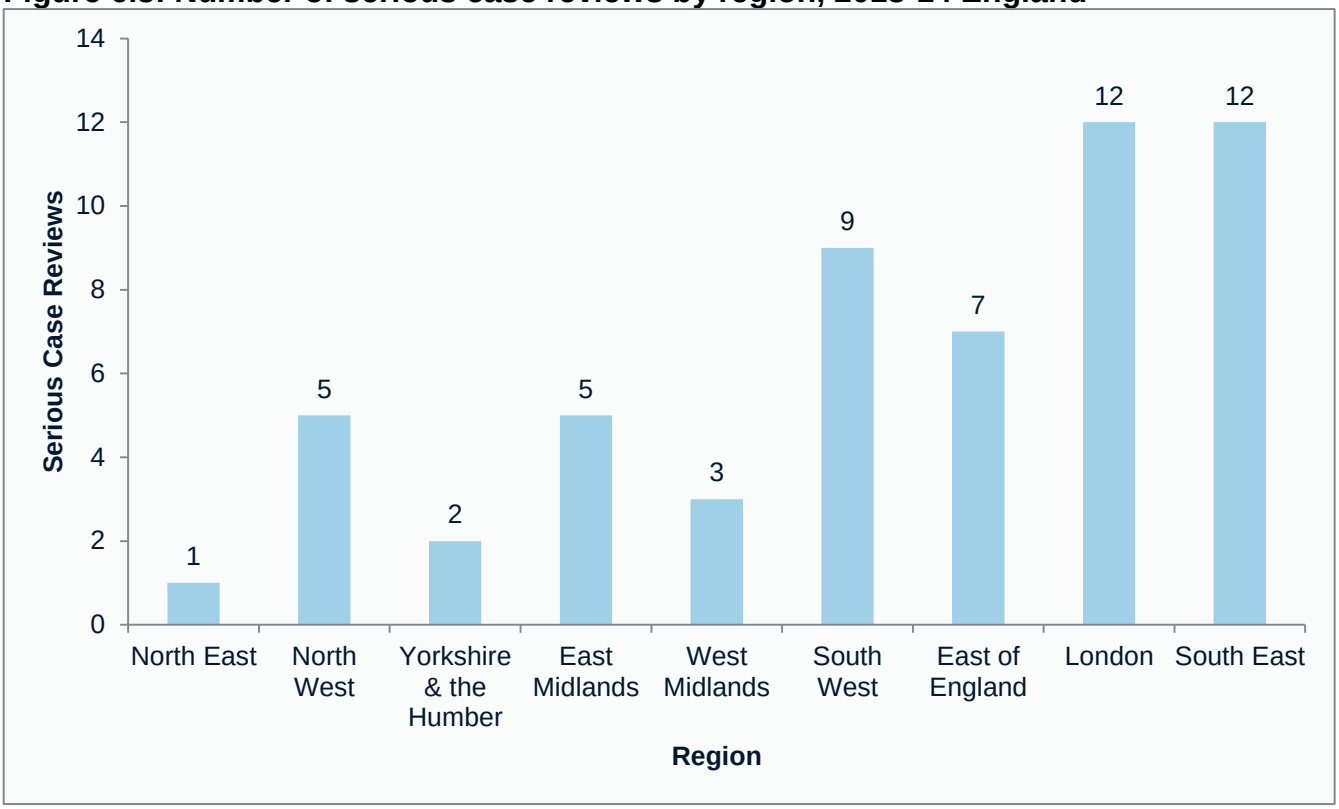
Figure 6.7: Case conclusions by region, 2013-14 England



Data Source: SAR Table SG003(d)
1. Figures may not add up to 100 per cent due to rounding
2. SAR data based on 87,640 allegations from concluded referrals provided by 144 councils
3. Percentages are rounded to the nearest whole number

Figure 6.8 shows the number of serious case reviews by region. In 2013-14 there were 56 serious case reviews in total reported from 42 different councils. Of these, the highest number of serious case reviews related to the London and South East regions, with 12 SCRs each. There was one only serious case review reported in the North East region.

Figure 6.8: Number of serious case reviews by region, 2013-14 England



Data Source: SAR Table SG007a
1. SAR data provided by 152 councils

Appendix A: Data Quality

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

There are a number of references to different SAR tables within this section. The below table describes what types of information are included in each of the SAR tables.

Table A1: Content of the 2013-14 SAR tables

SAR Table Number	SAR Table Name	SAR Table Content
SG001a	Numbers of individuals for whom a safeguarding referral has been made by age group	Individuals for whom a safeguarding referral was made Age group of individual Individual known or unknown to council
SG001b	Numbers of individuals for whom a safeguarding referral has been made by gender	Individuals for whom a safeguarding referral was made Gender of individual Individual known or unknown to council
SG001c	Numbers of individuals for whom a safeguarding referral has been made by ethnicity	Individuals for whom a safeguarding referral was made Ethnicity of individual Individual known or unknown to council
SG001d	Numbers of individuals for whom a safeguarding referral has been made by primary client group	Individuals for whom a safeguarding referral was made Primary client group of individual Individual known or unknown to council
SG003a	Numbers of concluded referrals by type of abuse	Number of concluded referrals Type of abuse Source of risk
SG003b	Numbers of concluded referrals by location of abuse	Number of concluded referrals Location of abuse Source of risk
SG003c	Action and result of action	Number of concluded referrals Action and result of action Source of risk
SG003d	Numbers of concluded referrals by conclusion	Number of concluded referrals Conclusion types Source of risk
SG006	Number of concluded referrals by mental capacity	Number of concluded referrals Age group of individuals involved in concluded referrals Mental capacity of individuals involved in concluded referrals
SG007a	Number of serious case reviews	Number of serious case reviews Whether individuals died as a result of the harm
SG007b	Number of individuals involved in serious case reviews	Number of individuals involved in serious case reviews Age group of individuals involved in serious case reviews Whether individuals died as a result of the harm

Relevance

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

The SAR is one of the outcomes of the Zero Based Review of adult social care data collections which took place in 2011. The review took into account changes in the delivery of social care and aimed to ensure that the information collected was of use to both government and to councils themselves. Feedback was gathered from a wide range of stakeholders with an interest in safeguarding and the SAR was developed in line with this feedback.

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

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

Accuracy

Factors affecting the accuracy and completeness of the SAR data.

Data Validations

The 2013-14 SAR data have been validated by the Omnibus system and then through more detailed checks by the HSCIC. Further details on the SAR validation process can be found in the **Collection Process** section of the **Introduction** chapter.

Although councils were notified of any breaches to validation rules, it may not have been possible for councils to correct all of the validation queries. Due to the volume of referrals councils deal with, it would be difficult to review paperwork for the whole year.

Some errors in council returns were notified to us after the final deadline for submissions. We were not able to correct all of these errors due to the timescales involved in doing so.

The issues that remain within the data and should be considered when reading this report are discussed in the following pages within this **Accuracy** section.

Estimates

As part of the SAR outputs consultation which took place in April 2014, the topic of estimates was discussed. Following consideration of the responses received, the HSCIC asked councils to provide estimates where data were unknown as this helps to reduce under-reporting and allows statistics to be more representative of the true national figure. Councils are able to draw on local knowledge and expertise to calculate an appropriate estimation. The HSCIC does not produce estimates for cells left blank in the SAR return.

Table A2: Councils with Estimated Values

Council	Table	Estimated Values
Bristol	SG003A	Whole Table
Bristol	SG003B	Whole Table
Bristol	SG003C	Whole Table
Bristol	SG003D	Whole Table
Doncaster	SG003C	Whole Table
Hammersmith & Fulham	SG003C	Risk Remains/Reduced/Removed
Hammersmith & Fulham	SG006	Whole Table
Hammersmith & Fulham	SG003A-D	Source of Risk (Small Number)
Kensington & Chelsea	SG003C	Risk Remains/Reduced/Removed
Kensington & Chelsea	SG006	Whole Table
Kensington & Chelsea	SG003A-D	Source of Risk (Small Number)
Nottingham	SG003C	Whole Table
Nottingham	SG003D	Substantiated - Partially
Nottingham	SG006	Whole Table
Tower Hamlets	SG003C	Whole Table
Westminster	SG003C	Risk Remains/Reduced/Removed
Westminster	SG006	Whole Table
Westminster	SG003A-D	Source of Risk (Small Number)

Partial Data

Partial data submissions occur when councils are able to record the majority of their cases in a table but not all of them. This could happen if the required categories weren't set up on the local system from the beginning of the reporting year for example. The following councils have said they have provided partial data. The totals of the tables named below are lower than the true values and therefore this will underestimate the England total for these values.

Table A3: Councils with Partial Data

Council	Table	Partial Values
Brent	SG003C	Result of Action Taken
Suffolk	SG003D	Conclusion

Blank Cells

Due to local processes and systems, some councils are not able to submit all of the data items in the SAR return and therefore some totals do not provide a complete picture of activity in England. The tables in Annex B show the number of councils who have submitted each data item. This can be used to identify England totals which are incomplete and will therefore underestimate the true figure.

Table A4 shows the proportion of cells left blank by each council at the final cut of 2013-14 SAR data. Only councils which had blank cells are included in this table.

Table A4: Councils with Blank Cells

Council	Number of Blank Cells	Proportion of Blank Cells
Birmingham	8	6%
Blackburn with Darwen	35	26%
Cornwall	4	3%
Cumbria	4	3%
Derbyshire	5	4%
Hampshire	12	9%
Hartlepool	8	6%
Herefordshire	4	3%
Nottinghamshire	38	28%
Oxfordshire	35	26%
Plymouth	5	4%
Portsmouth	20	15%
Redcar & Cleveland	20	15%
Rotherham	3	2%
Sandwell	7	5%
Shropshire	32	23%
Southend	5	4%
Southwark	5	4%
Suffolk	35	26%
Wigan	3	2%
Windsor & Maidenhead	6	4%
Wirral	15	11%

Of the 152 councils that had submitted a 2013-14 SAR return for the final cut of data, 22 councils had one or more blank data items. For these 22 councils, a total of 309 cells were left blank, accounting for 1.5 per cent of the total cells in the return.

The tables affected by these blank cells are discussed in the following pages within the **Blank Rows** and **Blank Tables** sections.

Blank Rows

The following table shows the councils who have populated some rows in a table but left others blank. Blank rows can sometimes indicate that cases have been left out of the return and therefore the total of a table might be understated. It can also mean that some cases have been re-categorised under a different option in the table. This will give a false view of the proportion of cases in each category and the proportions would not be comparable to other councils who are recording all of the categories in the table.

Table A5: Councils with Blank Rows

Council	Table	Blank Rows
Birmingham	SG003D	Ceased at Individual's Request
Birmingham	SG006	How many were supported by an advocate, family member or friends
Blackburn with Darwen	SG003D	Ceased at Individual's Request
Derbyshire	SG006	How many were supported by an advocate, family member or friends
Hartlepool	SG003D	Ceased at Individual's Request
Hartlepool	SG006	How many were supported by an advocate, family member or friends
Nottinghamshire	SG003D	Partially Substantiated
Nottinghamshire	SG003D	Ceased at Individual's Request
Oxfordshire	SG003D	Ceased at Individual's Request
Plymouth	SG006	How many were supported by an advocate, family member or friends
Sandwell	SG006	How many were supported by an advocate, family member or friends
Southend-on-Sea	SG006	How many were supported by an advocate, family member or friends
Southwark	SG006	How many were supported by an advocate, family member or friends
Suffolk	SG003D	Ceased at Individual's Request
Wigan	SG003D	Partially Substantiated
Windsor & Maidenhead	SG003C	Risk remains, Risk Removed

1. How many were supported by an advocate, family member or friends is a subset of Yes on Table SG006 so does not affect the total for that table.
2. Wirral recorded zeroes for How many were supported by an advocate, family member or friends in error.

Blank Tables

There were some tables which some councils left completely blank. This could be due to local systems not having those options installed yet for example. The national totals for these tables are lower than they would be if all 152 councils had been able to complete them.

Table A6: Councils with Blank Tables

Council	Blank Table
Blackburn with Darwen	SG003C
Blackburn with Darwen	SG006
Hampshire	SG003C
Nottinghamshire	SG003C
Nottinghamshire	SG006
Oxfordshire	SG003C
Oxfordshire	SG006
Portsmouth	SG006
Redcar and Cleveland	SG006
Shropshire	SG003C
Shropshire	SG006
Suffolk	SG003C
Suffolk	SG006
Wirral	SG006

1. Wirral recorded zeroes for How many were supported by an advocate, family member or friends in error

Other Data Quality Issues

SG001: Number of individuals for whom referrals were made

Manchester council recorded referrals rather than individuals for the **SG001** tables, therefore their figures should be 14 per cent lower than reported as some individuals had multiple referrals during the reporting year.

St Helens council recorded a referral for every alert they received regardless of severity so their referral and concluded referral totals may be inflated compared to other councils.

SG003A: Number of concluded referrals by type of risk

Shropshire council did not provide a figure for institutional abuse because they feel that it is not a specific type of abuse like physical abuse or neglect. They have recorded all types of abuse under other options within the table.

SG003B: Number of concluded referrals by location of risk

Leeds council have the following errors on table SG003B:

On the row labelled “Own Home” the value for the column headed “Social care support or service paid, contracted or commissioned” currently (8) should be 76.

On the row labelled “Own Home” the value for the column headed “Other: Known to individual” currently (26) should be 150.
On the row labelled “Own Home” the value for the column headed “Other: Unknown / Stranger” currently (11) should be 40.

On the row labelled “Service within the community” the value for the column headed “Social care support or service paid, contracted or commissioned” currently (76) should be 8.

On the row labelled “Service within the community” the value for the column headed “Other: Known to individual” currently (150) should be 12.

On the row labelled “Service within the community” the value for the column headed “Other: Unknown / Stranger” currently (40) should be 2.

On the row labelled “Other” the value for the column headed “Other: Known to individual” currently (12) should be 26.

On the row labelled “Other” the value for the column headed “Other: Unknown / Stranger” currently (2) should be 11.

SG006: Number of concluded referrals by mental capacity

Birmingham council made errors in the Yes and No rows of table SG006. The total for Yes should be 109 and the total for No should be 1,486.

The proforma and guidance documents for Table SG006 have sometimes described what should be recorded as “the number of concluded referrals” and sometimes described it as “the number of individuals”. As a result, we do not know which metric councils have recorded. There will be a mixture of individuals and referrals included in the national figures for this table.

Since the table total is similar to that of the SG003 tables we have assumed that the majority of councils have recorded concluded referrals for the purpose of this report. This error has been corrected in the 2014-15 documentation and now specifies that concluded referrals should be collected.

There are no findings from SG006 included in the executive summary as a result of these issues.

Timeliness and Punctuality

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

The SAR data in this report cover the activity period 1 April 2013 to 31 March 2014.

The first submissions of SAR data were collected between April and June of 2014. These data were made available to councils for management information purposes through the National Adult Social Care Intelligence Service (NASCIS) during July 2014.

Councils were able to make changes to their initial submission of data in July 2014 after validations were run on the data. The updated submissions were made available to councils on a restricted basis for management information purposes through NASCIS during September 2014.
The SAR Report has been released as planned and is therefore deemed to be punctual.

Accessibility and Clarity

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

The following products are available from the National SAR Report publication page at the below address: http://www.hscic.gov.uk/pubs/sa1314

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

The tables in **Annex B** show the number of councils who have submitted each data item in the SAR. This can be used to identify England totals from Annex A which are incomplete and therefore understate the level of activity that has taken place.

Annex C shows the key metrics from the Executive Summary of this report at council level. Each column relates to the values of one council and regions are given for users who wish to calculate the regional figures.

Annex D is an Excel file of all the tables and charts that are included in this report.

Annex E is an Excel file of every data item provided by each council. This file is available from either the publication web page or from NASCIS. NASCIS can be accessed from: https://nascis.hscic.gov.uk/Portal/Tools.aspx

A glossary of terms is provided in **Appendix D** of this document for further clarity on the terminology used in this report. The 2013-14 SAR proforma and guidance documents give further information about the return and the data items that were collected. These can be found on our website using the below link. http://www.hscic.gov.uk/socialcarecollections2014

Coherence and Comparability

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

This is the first year the SAR has been collected and it has replaced the Abuse of Vulnerable Adults (AVA) return. The SAR covers the same subject area as the AVA return but the returns are very different. The main differences are as follows:

- The SAR is much smaller than the AVA return (137 data items in SAR compared to 2,070 in AVA)
- The number of alerts is no longer collected
- The number of opened referrals is no longer collected
- Demographic information is now based on counts of individuals rather than opened referrals
- The number of repeat referrals is no longer collected
- The types of action taken are no longer collected
- The result of any action taken is now collected (risk remains / reduced / removed)
- Mental capacity information is now collected

Comparisons between the 2013-14 SAR data and the AVA data for 2010-11, 2011-12 and 2012-13 are not advised since there are no directly comparable data items between the returns. More detailed reasons for this are discussed in the following table. No time series have been provided in this report for these reasons.

Table A7: 2013-14 SAR Comparison to 2012-13 AVA

SAR Table Number	SAR Table Description	Similar tables in AVA	Reason why the data items are not directly comparable
SG001a	Numbers of individuals for whom a safeguarding referral has been made by age	Table 1, Referrals section	Although the age categories are still recorded in SAR the metric being recorded is individuals. The AVA return recorded referrals rather than individuals. These metrics are not the same because an individual can have multiple referrals within a reporting year. For this reason comparisons between the two are not valid.
SG001b	Numbers of individuals for whom a safeguarding referral has been made by gender	Table 1, Referrals section	Although the gender categories are still recorded in SAR the metric being recorded is individuals. The AVA return recorded referrals rather than individuals. These metrics are not the same because an individual can have multiple referrals within a reporting year. For this reason comparisons between the two are not valid.

SAR Table Number	SAR Table Description	Similar tables in AVA	Reason why the data items are not directly comparable
SG001c	Numbers of individuals for whom a safeguarding referral has been made by ethnicity	Table 2, Referrals section	The SAR ethnicity categories are almost identical to the AVA list with the exception of the 'Not Stated' category which has changed to 'No Data'. However, the metric being recorded in SAR is individuals. The AVA return recorded referrals rather than individuals. These metrics are not the same because an individual can have multiple referrals within a reporting year. For this reason comparisons between the two are not valid.
SG001d	Numbers of individuals for whom a safeguarding referral has been made by primary	Table 1, Referrals section	Although the primary client groups are still recorded in SAR the metric being recorded is individuals. The AVA return recorded referrals rather than individuals. These metrics are not the same because an individual can have multiple referrals within a reporting year. For this reason comparisons between the two are not valid.
SG003a	Numbers of concluded referrals by type of abuse	Table 4a and 4b	Although the types of abuse are still recorded in SAR the metric being recorded is concluded referrals. The AVA return recorded opened referrals rather than concluded referrals. These metrics are not the same because concluded referrals can include referrals were opened in a previous reporting year and opened referrals can include referrals that were not concluded in the reporting year. For this reason comparisons between the two are not valid.
SG003b	Numbers of concluded referrals by location of abuse	Table 5a	Although the locations of abuse are still recorded in SAR the metric being recorded is concluded referrals. The AVA return recorded opened referrals rather than concluded referrals. These metrics are not the same because concluded referrals can include referrals were opened in a previous reporting year and opened referrals can include referrals that were not concluded in the reporting year. For this reason comparisons between the two are not valid.
SG003c	Action and result of action	None	No similar information was collected in the AVA.
SG003d	Numbers of concluded referrals by conclusion	Table 7a and 7b	Multiple entries can be present in the SAR table where more than one source of risk is being investigated. In the AVA table, only one conclusion per concluded referral was permitted. It is not valid to compare multiple counts to single counts.
SG006	Number of concluded referrals by mental capacity	None	No similar information was collected in the AVA.
SG007a	Number of serious case reviews	Table 8b	The SAR table counts the number of serious case reviews and the AVA collected the number of concluded referrals that led to a serious case review. Serious case reviews can relate to multiple concluded referrals, therefore these metrics are not the same and comparisons between the two are invalid.
SG007b	Number of individuals involved in serious case reviews	Table 8b	The SAR table counts the number of individuals involved in serious case reviews and the AVA collected the number of concluded referrals that led to a serious case review. Serious case reviews can relate to multiple concluded referrals, therefore these metrics are not the same and comparisons between the two are invalid.

Trade-offs between Output Quality Components

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

For the 2013-14 reporting period, two submission periods were made available for councils. The HSCIC provided a validation report to each council for any anomalies found in the first submissions and councils were then able to make updates to their data during the second submission period.

Assessment of User Needs and Perceptions

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

User feedback on the format and content of the SAR 2013-14 Report is invited. Please see link below for our online feedback form:
http://www.hscic.gov.uk/pubs/sa1314

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

Confidentiality, Transparency and Security

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

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

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

The following policies are detailed on the HSCIC publications web page, which can be found at http://www.hscic.gov.uk/pubs/calendar

- Statistical Governance Policy
- Small Numbers Procedure
- Statement of Compliance with Pre-Release Order

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

This section describes comments gathered from stakeholders about the use of HSCIC safeguarding data. These stakeholders have found the data useful for the purpose described.

Department of Health

The safeguarding data helps to support adult safeguarding policy development. The data can be used to estimate the amount and type of safeguarding activity taking place. This can help to inform assessments of how policy reforms might impact on the volume and nature of safeguarding work carried out by local social services, the police, the NHS, and other agencies. The data also helps to inform speeches and briefings for ministers and senior officials as well as media enquiries.

Councils with Adult Social Services Responsibilities

Councils have informed us of a number of ways they have found safeguarding data useful to them:

Benchmarking against other councils.

Measuring/monitoring local performance.

Policy development.

Service development, planning and improvement.

Management information, local reporting, accountability.

Informing business cases.

Identifying any immediate priorities/areas for concern

Alzheimer's Society

The safeguarding data enables better prevention of abuse, increased recognition of abuse and better support for people who have been abused. Information about individuals who have been abused, locations in which abuse has taken place and the types of abuse that have taken place is essential for awareness raising and support planning.

Appendix C: Related Publications

Safeguarding Publications

This publication can be downloaded from the HSCIC website at
http://www.hscic.gov.uk/pubs/sa1314

Last year's Final AVA Report is available at
http://www.hscic.gov.uk/pubs/abuseva1213final

Other Social Care Publications

"Measures from the Adult Social Care Outcomes Framework, England, 2013-14, Provisional Release" is available at
http://www.hscic.gov.uk/catalogue/PUB14402

"Personal Social Services: Expenditure and Unit Cost, England, 2013-14, Provisional Release [NS]" is available at
http://www.hscic.gov.uk/catalogue/PUB14909

"Personal Social Services Adult Social Care Survey, England, 2013-14, Provisional Release" is available at
http://www.hscic.gov.uk/catalogue/PUB14386

"Personal Social Services Survey of Adult Carers in England, 2012-13, Final Release" is available at
http://www.hscic.gov.uk/catalogue/PUB12630

"Personal Social Services Staff of Social Services Departments at 30 September 2013, England. [NS]" is available at
http://www.hscic.gov.uk/pubs/pssstaffsept13

"Community Care Statistics, Social Services Activity, England - 2013-14, Provisional Release" is available at:
http://www.hscic.gov.uk/pubs/commcaressa1314prov

"Registered Blind and Partially Sighted People - Year ending 31 March 2014, in England" is available at
http://www.hscic.gov.uk/catalogue/PUB14798

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

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

Data for Children's Social Services

Information on social care for children is available at
https://www.gov.uk/childrens-services

Data for the UK

Information within this report relates to England data, similar publications for Wales, Scotland and Northern Ireland can be found via the following links:

The Welsh Assembly Government:
http://wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en

The Scottish Government:
http://www.scotland.gov.uk/Publications/Recent

Department of Health, Social Services and Public Safety in Northern Ireland:
http://www.dhsspsni.gov.uk/index/publications

Appendix D: Glossary

Term	Sub category	Definition
Abuse		Abuse is defined as a violation of an individual's human and civil rights by any other person or persons.
Adult at risk		The adult at risk is the person who is alleged to have suffered the abuse. The adults at risk included in the SAR are 18 or over and have some level of care and support needs. These adults do not need to be eligible for or be receiving social care support.
Action and Outcome		Looks at whether any action was taken as a result of the initial safeguarding concern (alert) or subsequent investigation (referral) and if so what effect did the action have on the risk (the outcome). Multiple outcomes can be included if more than one type of risk was identified.
Action and Outcome	**Action**	Action includes anything that has been done as a result of the initial safeguarding concern or investigation. It includes things like disciplinary action for the alleged perpetrator, increased monitoring of the adult at risk or referral to a counsellor. It can include action taken by the council itself or action taken by other organisations such as the police or a care home. Action does not include the investigation itself.
Action and Outcome	**No Further Action**	This category should only be used where no further action (other than the investigation itself) has taken place at any point during the case or after the case was concluded.
Action and Outcome	**Risk Remains**	If action has been taken as a result of the alert/referral but the circumstance causing the risk is unchanged and the same degree of risk remains.
Action and Outcome	**Risk Reduced**	If action has been taken as a result of the alert/referral and the circumstance causing the risk has been mitigated to some degree.
Action and Outcome	**Risk Removed**	If action has been taken as a result of the alert/referral and the circumstance causing the risk has been completely removed so that the individual is no longer subject to that specific risk. This could happen if a care worker in a care home is the perpetrator and they are dismissed as a result of their behaviour.
Age		This is the age of the individual on the last day of the reporting period or age at the time of death if an individual has died.
Allegation		Allegations are the incidents that are alleged to have taken place and are being investigated. Referrals can relate to multiple allegations and one allegation should relate to one specific type of incident, such as physical abuse by a stranger.
Already known to CASSR		Individuals should be categorised as already known to CASSR when they have had previous contact with social services at any time prior to the safeguarding concern being raised.
Concluded Referral		When the safeguarding investigation is complete and the conclusions and actions have been decided. Only referrals that concluded within this reporting year should be recorded. This can include cases that began in a previous reporting period.

Term	Sub category	Definition
Conclusion		The conclusion of a referral is a professional judgement about whether the allegations made are believed to have happened on the balance of probabilities. The conclusions used for this return are; fully substantiated, partially substantiated, not substantiated, inconclusive and investigated ceased at an individual's request.
Conclusion	**Fully Substantiated**	Where all allegations were believed to have happened, on the balance of probabilities.
Conclusion	**Partially Substantiated**	Where some but not all, of the allegations were believed to have happened on the balance of probabilities. For example, a referral that includes allegations of physical abuse and neglect, where the physical abuse can be proven but there is not enough evidence to support the allegation of neglect.
Conclusion	**Inconclusive**	Refers to cases where there is insufficient evidence to allow a conclusion to be reached. This could happen if the case involves one person's word against another and no other witnesses have been found or if a key witness had passed away.
Conclusion	**Not substantiated**	Refers to cases where the allegations are not believed to have happened on the balance of probabilities.
Conclusion	**Investigation Ceased at individual's request**	Refers to cases where the individual at risk does not want an investigation to proceed and the investigation is ceased. In some cases where the individual does not want an investigation to proceed, the investigation must continue because of a duty to protect others in that environment. In these cases, the conclusion would be recorded in one of the above categories.
Ethnicity		Defined based on the categories established in the 'ONS Harmonisation Programme Primary Set of Harmonised Concepts and Questions' and used in the 2011 Census of England and Wales, as well as including additional classifications of 'Refused' and 'Undeclared / Not known'.
Ethnicity	**White**	• English / Welsh / Scottish / Northern Irish / British • Irish • Gypsy or Irish Traveller • Any other White background
Ethnicity	**Mixed / Multiple**	• White and Black Caribbean • White and Black African • White and Asian • Any other mixed / multiple ethnic background
Ethnicity	**Asian / Asian British**	• Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background
Ethnicity	**Black / African / Caribbean / Black British**	• African • Caribbean • Any other Black / African / Caribbean background
Ethnicity	**Other Ethnic Group**	• Arab • Any other ethnic group

Term	Sub category	Definition
Ethnicity	**No Data**	• Refused • Undeclared / Not Known
Gender		This is the gender the individual considers themselves to be. For transgender people, it should be recorded as the preference of the individual concerned.
Source of Risk		The source of risk refers to the perpetrator of the alleged abuse. If a concluded referral has determined that there is more than one source of risk, there should be a count for each source type in these tables.
Source of Risk	**Social Care Support or Service paid, contracted or commissioned**	This category refers to any individual(s) or organisation paid, contracted or commissioned to provide social care support, regardless of the funding source. This category can include: • Services organised by the council • Personal budget /direct payment funded services • Self-arranged services • Self-funded services • Residential and nursing homes that offer social care services
Source of Risk	**Other – Known to Individual & Other - Unknown to individual**	These two categories cover all other sources of risk which are not social care support. The source of risk would be classed as known to individual if the adult at risk knows their name and unknown to the individual if the adult at risk does not know their name. Where the source of risk has not been identified, for example if no-one knows who stole a purse, this should be categorised as Other – Unknown to Individual
Location/setting		The location of risk describes where the alleged safeguarding incident took place. Multiple locations can be included
Location/setting	**Care Home**	Can include residential and nursing homes. Can be used whether the person is at the care home on a permanent or temporary basis.
Location/setting	**Hospital**	Can include any type of hospital premises. The individual at risk could be a patient or a visitor.
Location/setting	**Own Home**	The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.
Location/setting	**Service within the Community**	A location that provides a service to the local community. Can include things like community centres, day care centres, leisure centres, a library, school or church, a hostel, a GP or dentist surgery.
Location/setting	**Other**	Includes any other setting that does not fit into one of the above categories. This could include public places, offices, retail property or other people's homes.

Term	Sub category	Definition
Mental Capacity		This refers to the capacity to make decisions about the safeguarding incident. For every referral in which an individual lacks the capacity to make decisions about the safeguarding incident, practitioners should ensure that appropriate support is provided by an independent advocate. Independent advocates can include friends, family, carers and Independent Mental Health Advocates (IMCAs).
Mental Capacity	**Yes (Lacking capacity)**	Where a Mental Capacity Act assessment has taken place and found the individual to be lacking capacity
Mental Capacity	**No (Not Lacking Capacity)**	Where a Mental Capacity Act assessment has taken place and found that the individual does not lack capacity or where no-one has reason to believe that the individual lacks capacity.
Mental Capacity	**Don't know**	Where the safeguarding officer does not know whether the individual at risk lacks capacity or not. This could be because the individual at risk died or became seriously ill before they could be spoken to.
Previously unknown to CASSR		Individuals should be categorised as previously unknown to CASSR when they have had no previous contact with social services.
Primary Client Group		Primary health condition that results in the client having support needs. 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.
Primary Client Group	**Physical disability**	Includes short-term illness, people who are frail and those with sensory impairments. The following sub-category of this primary client type is identified: Sensory impairment (includes, hearing, visual or dual sensory impairments)
Primary Client Group	**Mental health**	Includes mentally ill people and those with dementia. The following sub-category of this primary client type is identified: Dementia
Primary Client Group	**Learning disability**	Includes those with a learning disability
Primary Client Group	**Substance misuse**	Includes those with drug and/or alcohol related problems.
Primary Client Group	**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.
Risk		Risk refers to the incident or incidents that are alleged to have happened and are being investigated.

Term	Sub category	Definition
Safeguarding Referral		Where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process. Cases which do not meet your council's safeguarding threshold should not be counted as a referral in this return even if your council/system does class these cases as 'referrals'.
Serious Case Review (SCR)		When an adult at risk dies or suffers from serious harm, a SCR is conducted to identify how local professionals and organisations can improve the way they work together.
Serious Case Review (SCR)	**Where an individual died**	This category refers to the individual at risk who died as a result of the abuse that had been investigated.
Serious Case Review (SCR)	**Other**	This category refers to the individual at risk who did not die but suffered serious harm as a result of the abuse that had been investigated.
Type of Abuse or Risk		Describes the nature of the allegations made, such as physical or sexual. Multiple types of risk can be included. Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
Type of Abuse or Risk	**Physical**	Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Type of Abuse or Risk	**Sexual**	Includes rape and sexual assault, sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
Type of Abuse or Risk	**Psychological and Emotional**	Includes 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.
Type of Abuse or Risk	**Financial and Material**	Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Type of Abuse or Risk	**Neglect and Omission**	Includes 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.
Type of Abuse or Risk	**Discriminatory**	Includes 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.
Type of Abuse or Risk	**Institutional**	Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.

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