A Patchwork of Practice

What adult protection statistics for England tell us about implementation of the Care Act 2014

December 2017
Action on Elder Abuse is a UK-wide charity with a presence in all four nations. It aims to protect and prevent the abuse of vulnerable older people by raising awareness of the issues, encouraging education and giving information and support to those in need. It runs the only national Freephone helpline dedicated to this cause, open Monday to Friday between the hours of 9.00am and 5.00pm on 0808 808 8141 for confidential support and information. www.elderabuse.org.uk

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Foreword

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Over the last 10 years, the adult protection landscape has changed considerably in the UK. Devolution has seen the administrations in Scotland, Wales and Northern Ireland pursue different paths to each other and to the government in Westminster, which retains responsibility for adult social care in England.

In 2014, the Care Act was passed, coming into effect in April 2015. At the time, it was heralded as a watershed moment for adult protection in England. However, from the very outset, Action on Elder Abuse and others had concerns that it lacked the ‘teeth’ needed to have any dramatic effect.

Specifically, there were concerns about the localised approach of the Care Act that increased the potential for disparity between local authorities in terms of who might be eligible for adult protection; the lack of powers to gain entry to private homes where a ‘third party’ was refusing access to assess a possibly vulnerable person; and a lack of any powers to practically intervene and protect.

Data deficiencies


These data, while informative up to a point, contain a great many gaps and leave many anomalies unexplained. Our findings, presented in this paper, seek to highlight some of these problems to enable organisations and others to better understand what is happening in English adult protection.

Of particular note for those interested in the welfare of older people is the lack of information on the age of people subject to safeguarding enquiries (under Section 42 of the Care Act, or otherwise). We are told only that 63% of the 109,145 enquiries begun in 2016/17 related to people aged 65 and over (a total of 69,265 individuals).

We also see that the likelihood of someone being the subject of an adult protection enquiry rises steeply with age; those aged 85+ are 20 times more likely to be the focus of an enquiry than someone aged 18–64.

Despite this, the national data gives no further
breakdown by age of either the circumstances of abuse or outcomes of efforts to stop it. This is simply unacceptable, especially since the data hints at age being a major determining factor.

What are we to make, for instance, of the fact that Calderdale Council (Yorks & Humber) has a rate of more than 17,000 people per 100,000 aged 65+ being the subject of Section 42 enquiries, compared to just over 450 in Warwickshire? It can hardly be explained by the respective demographics of these areas – so does Calderdale have a major problem with abuse of its oldest residents, or is Warwickshire under-reporting or not investigating claims with the rigorousness we would expect? We simply cannot answer this question, and many others, from the data we have.

**A postcode lottery**

What we can say is this: some local authorities are taking a very cautious approach to interpreting the Care Act. Ten councils ‘converted’ all of their safeguarding concerns into Section 42 enquiries in 2016-17. At the other end of the scale, some councils turned barely 10% into enquiries.

This suggests, at the very least, that there is a postcode lottery when it comes to how an abuse concern will be addressed. But it could also mean that older people and their families are being denied proper investigations simply because of where they live.

In essence, there were 211,750 concerns raised across England that would have been investigated under Section 42 if the people concerned lived in the top ten local authorities, where 100% of concerns were 'converted' into enquiries. We need to know why this is happening. Is it a lack of resources, expertise or simply an unwillingness to investigate? Whatever the causes, it represents a major scandal that needs urgent attention.

**No evidence of multi-agency working**

At Action on Elder Abuse, we have expressed our fear that the Care Act may be reinforcing an attitude in some circles that abuse of older people does not constitute ‘real crime’ and can therefore be dealt with by the social care sector behind closed doors.

The Care Act was meant to place a new responsibility on local authorities to establish Safeguarding Adults Boards to coordinate multi-agency responses to adult safeguarding concerns, involving the police, NHS and others. But there is no information on what is actually happening. Local authorities have not been required to disclose the proportion of concerns or enquiries that involved police action. Does that mean they’re simply not happening? Or is the criminal nature of investigations being airbrushed out of the picture?

This is particularly troubling when we consider that in only 26% of cases in 2016-17 (21,925 out of a total of 84,635) was the identified risk actually removed by adult protection intervention. Risk was said to have ‘reduced’ (to what extent is unclear) in a further 61% of cases, while in 13% of cases risk remained – presumably at the same level as before. How much of this inability to tackle risk was a consequence of the failure to have effective powers of intervention?

**Deterring abuse**

Based on prevalence work conducted by Action on Elder Abuse, we know that abuse of
older people is a huge problem which affects individuals and communities right across the UK. Most of what is labelled ‘abuse’ actually falls into a wide range of criminal offences. ‘Physical abuse’, for example, could cover what in court would be described as assault, battery, grievous bodily harm (GBH), and so on. Very often these offences involve a breach of trust – on the part of a loved one, friend, acquaintance, carer or institution. Where there is such an expectation of trust, an abuse of this trust – criminal or not – can be deeply damaging and especially hurtful to the victim. So there are after effects of abuse that last far longer than the interventions that these statistics outline.

The most robust academic studies on the subject have given a mid-range estimate of 8.6% of people aged 65 or over experiencing some form of abuse in a given year. This translates to 998,500 older people. This tallies closely with polling undertaken by Action on Elder Abuse in early 2017, in which 9.3% of older people reported having experienced some form of abuse, equivalent to 1,080,000 people.

Despite this, we know that only a tiny proportion – less than 1% – of this suspected prevalence is ever successfully prosecuted. This is why Action on Elder Abuse is leading the campaign for elder abuse to be classed as an aggravated offence in law, in a similar way to crimes based on race, religion, disability or sexual identity. We believe this is the only way such offences will be treated with the seriousness they deserve, in recognition that they are usually prompted by the perpetrator exploiting an older person’s perceived or actual vulnerability or infirmity.

In this context, the way we record and investigate adult safeguarding concerns takes on an even greater significance. The Care Act was meant to make our older people safer. Based on the information we are being given, there is little evidence this is happening sufficiently to make any real difference. What we are seeing is, as this document outlines, a ‘patchwork of practice’, with no consistency around how concerns are investigated or concluded, and key details going unrecorded (or at least unreported).

This situation has the potential to create a deeply unfair system for older people and their loved ones. It’s time for government, regulators, the police and the social care sector to get to grips with it.

December 2017
Executive Summary

- The Care Act 2014 was supposed to bring about a once-in-a-generation change in adult safeguarding that would see stronger protections put in place for vulnerable adults across England.

- Instead, the recent Safeguarding Adults Collection (SAC) statistics for 2016/17 released by NHS Digital in November paint a worrying picture of wildly divergent local practices in response to concerns about abuse. It has truly become a 'postcode lottery'.

- A total of 364,605 concerns were raised about possible abuse with local authorities and 109,145 Section 42 enquiries were started. 63% of these related to people aged 65 or over (69,265 individuals).

- But there is enormous variation among councils when it comes to determining whether a concern merits a full investigation under Section 42 of the Care Act. As an illustration, in Warwickshire (lowest), 464 people per 100,000 aged 65+ were the subject of a Section 42 enquiry. But in Calderdale (highest), this rises to an astonishing 17,453 per 100,000. There is no explanation as to why there should be such huge differences at the local level.

- Councils are applying very different criteria to decide whether a concern will 'convert' into an enquiry. In the 10 best-performing local authorities, this figure is 100%. But in some, it is as low as 10%. In total, there were 211,750 concerns about abuse raised with local authorities that would have prompted a Section 42 enquiry if they had occurred in one of the top 10 authorities, but did not, simply because the complainants lived in the 'wrong' area.

- Councils are also recording vastly different levels of the main types of abuse – physical, psychological, sexual, financial and neglect. For instance, in Trafford, 72% of enquiries concerned neglect, while in Wakefield physical abuse cases accounted for 54% of enquiries.

- The occurrence location of investigated abuse also varies substantially. In Hackney, 75% of abuse happens in people’s own homes, while in the East Riding of Yorkshire, 59% occurs in residential care homes.

- Given the Care Act’s emphasis on the need for Section 42 enquiries to involve a multi-agency response (with the police, NHS and others, under the aegis of new Safeguarding Adults Boards), it is disappointing that the official statistics contain no information on whether this is actually happening. We therefore have no way of knowing how much of the 'abuse' recorded – and apparently dealt with by social care departments 'behind closed doors' – was criminal in nature.

- It also transpires that thousands of people whose concerns prompted an enquiry have not had their mental capacity recorded, despite this being critical to understanding how best to support and respond to victims.

- We were told by the Department of Health that Make Safeguarding Personal meant it was not 'business as usual' when the Care Act was introduced. And yet there is no mandatory data reporting, with nearly 40% of local authorities failing to supply information, and a very sketchy picture of its success in many of the local authorities who did report.
1. Total cases

- The number of enquiries undertaken rose from 102,970 in 2015/16 to 109,145 in 2016/17; a 6% increase on the previous year.

- This is good news because we feared that the Care Act would result in a reduction in the number of enquiries undertaken. However, as is evident from section (2) below, this apparent increase may well be masking the reality i.e. the apparent 6% increase should be much higher.

- People over the age of 65 years continue to be the largest group who are subject of enquiries, at 63% of the total. We are told in the Safeguarding Adults Collection (SAC) statistics that this equated to 69,265 individuals.

- Because of the way the figures are recorded and presented it is not possible this year to break the figures into more precise age categories; however, the Report tells us that these figures represent 768 in every 100,000 people aged 75 to 84, and 2,384 in every 100,000 people aged 85+.

- Put another way, that’s 1 in every 130 people aged 75 to 84 years, and 1 in every 42 people aged 85+.

- Since adult protection data has been collected, older people have been the majority recipients of adult protection, with a consistent picture of 63% emerging. Given that it is better to prevent abuse than intervene after someone has been hurt, we are again calling upon the Government and the Association of Directors of Adult Social Services (ADASS) to establish information campaigns to advise older people on how to protect themselves.

Figure 1: Section 42 Enquiries per 100,000 people, by age groups

1 in every 42 people aged 85+ was the subject of a Section 42 Enquiry in 2016/17
2. Variation by area

- However, there is a massive difference between local authorities in terms of the numbers of older people supported by adult protection, ranging from as low as 464 per 100,000 (65+) in Warwickshire up to over 10,000 per 100,000 in Islington, Nottingham, and Newcastle, 13,204 per 100,000 in Lambeth, and a staggering 17,453 per 100,000 in Calderdale. The England average was 3,401 per 100,000.

- What this means is unclear; it could relate to deliberate policies to target younger groups? Or it could relate to different demographics if, for instance, the population demographics of Warwickshire Council were markedly different from the population demographics of Calderdale. This, however, seems an unlikely explanation. It would be worth exploring this further.

- The conversion rate between the number of concerns raised with a local authority and the number of Care Act section 42 enquiries initiated is critical to understanding how definitions are being interpreted, and the extent to which people are being ‘screened out’ of the process.

- The average figure quoted in the Report for England is 41% (151,160 enquiries out of 364,605 concerns raised). However, this masks a wide variation, ranging from one appalling conversion rate of only 10% up to 100% at the other end of the scale.

- 22 local authorities have a conversion rate of less than 20%, while seven conversely have conversion rates in the nineties, and ten have conversion rates of 100%.

- This is why the Report states that ‘Users

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**Figure 2: ‘Conversion’ rate of concerns to Section 42 Enquiries, 10 lowest Local Authorities**

![Figure 2: ‘Conversion’ rate of concerns to Section 42 Enquiries, 10 lowest Local Authorities](image-url)
should be aware when comparing that ... variances could be a reflection of local practice, demand and demographic factors, particularly in how enquiries are defined as Section 42 or Other at a local level.’

- What this actually means is that the localisation of adult protection, coupled to a failure to provide any meaningful guidance on interpretation, has reinforced a ‘postcode lottery’, whereby your likelihood of achieving protection is based upon the interpretation of the Care Act applied in your local area.

- Essentially, there were 211,750 safeguarding concerns that would have triggered an enquiry (under Section 42 or otherwise) if the subject had lived elsewhere in England (in one of the 10 Local Authorities that ‘converted’ all of their concerns into enquiries). The published data does not allow us to ascertain how many individuals this affected, but it is equivalent to 58% of all safeguarding concerns raised in 2016/17.

- Question: should local practices, demand or demography deny someone access to adult protection? Answer: obviously not. So, why is this being stated so blatantly? Is it acceptable, three years after the Care Act was introduced, to forward the suggestion that differences might be due to how Enquiries are being defined at local level?

- And it is worth noting that the pan-London procedures have had no obvious impact on this situation, with Hillingdon having a 15% conversion rate, Wandsworth a 16% one, Greenwich and Merton 20% each, but Hammersmith, Kensington, Westminster, Bexley, Enfield, and Redbridge all achieving a 100% rate.

- Is this a response to workload and lack of investment? The 22 local authorities who had a response rate of less than 20% were addressing a total of 61,610 concerns collectively, while the authorities that had a 90%+ response rate addressed a total of 30,425 concerns collectively.

Figure 3: Number of safeguarding concerns that would have been subject to an enquiry if all Local Authorities met 100% ‘conversion’ rate
3. Abuse trends

- Abuse trends have stayed similar to last year, with physical abuse at 24%, sexual abuse at 5%, Psychological at 14%, Financial at 16% and neglect at 35%.

- In 121 Local authorities neglect was the biggest issue, in some cases by far (range 72% to 26%). In 14 cases, it represented more than half the issues addressed.

- This clearly needs further exploration to understand why the dominance was so high in some areas, as this implies major failings that influenced the Adult Protection (AP) work in those areas. Alternatively, this could represent the impact of having included self-neglect under the remit of adult protection.

- Taking the local authority with 72% neglect (Trafford), their locational data indicates that 44% of the work was in Residential care and 43% in people’s own homes. Do these figures explain the high neglect work? Portsmouth had 67% neglect, and focused on people’s own homes (39%), acute hospitals (26%), and care homes (21%). What does that tell us?

- However, there were again some differences at local level. In 28 local authorities, the greatest referral issue was physical abuse (range 55% to 22%), with Financial Abuse figuring as an equal or key issue in four local authorities, Psychological abuse was the primary issue in Bracknell, with Rutland identifying Neglect, Financial abuse and Sexual abuse as equal issues investigated.

Figure 4: Abuse types recorded, 2015/16 and 2016/17 – all Local Authorities
Figure 5: Local Authorities reporting highest proportions of different abuse types
4. Abuse location

- The issue of where abuse is being identified tells us a lot about where the AP time and effort is being invested, and the extent to which that work reflects what AEA knows about elder abuse.

- Across England, 44% of enquiries related to abuse in the home, whether by paid staff or others, with 35% relating to care homes. Only 3% concerned acute hospitals, 1% community hospitals and a further 2% Mental Health hospitals. *We know that the hospital figures are an understatement, as our information suggests that much goes through the internal Serious Incident route,* but there are nevertheless some significant hospital figures buried in the data. Some authorities are investigating dozens of abuse allegations every year that happened in hospital and we believe this is probably the tip of the iceberg.

- The focus on abuse within someone’s own home was the primary factor for 101 local authorities (range 75% to 34%) with 50 local authorities focussed on care home abuse (range 70% to 33%). Only eight local authorities had referrals from acute hospitals of more than 10% (range 26% to 10%), six from mental health hospitals of more than 10% (range 34% to 11%), and one with 10% from community hospitals.

- Interestingly the majority of AP work (34%) in Herefordshire, 30% in Kensington, and 20% in Bedfordshire was in Mental Health hospitals. Portsmouth however devoted 26% of its work to acute hospitals, a percentage rate double that of any other local authority.

**Figure 6: Abuse location – all Local Authorities**
Figure 7: Local Authorities reporting highest proportions of abuse by location
5. Risk removal

- Across England Adult Protection intervention resulted in only 26% of cases where the risk to the individual was entirely removed. There may be an argument to make that a percentage of the 74% where risk continued was a consequence of a lack of powers to intervene.

- The detail of the figures tell us that 41 local authorities had a success rate of 20% or less, with five of those authorities having a less than 10% success rate: (Warrington 3%, Kingston 5%, Wakefield 6%, Dorset 8% and Wokingham 9%).

- Conversely, nine local authorities had a success rate better than 50%, with one, Waltham Forest, indicating a 71% success rate. Obviously, it is possible to focus on the appalling failure rate of AP work, but a legitimate question must be why some local authorities can achieve high success rates and others such low ones?

- We recognise that there are multiple reasons why it can be difficult to address or reduce risk, including resistance from the victim. However, it is the scale and range of failure in this regard which must raise questions.

Figure 8: 10 Local Authorities with highest proportion of Section 42 Enquiries where risk remained following an intervention
Figure 9: 10 Local Authorities with highest proportion of Section 42 Enquiries where risk was removed following an intervention
6. Capacity of victims

- Assessing the capacity of a victim is obviously a critical factor in determining their ability to influence outcomes, provide information, and fully participate in the process. Nevertheless, across England, there was a 19% failure rate to take account of capacity (either don’t know or didn’t record), affecting 22,050 people.

- In the case of these 22,050 people, the capacity was either not known or not recorded, despite the fact that the Mental Capacity Act has been in existence since 2005, and despite the fact that this is critical to understanding how best to support and respond to victims.

- Fifteen local authorities had a failure rate in this regard of 50% or more, with two having a rate greater than 90% (Calderdale 94% and Bournemouth 97%). These are dreadful figures and demand further scrutiny.

Figure 10: 10 Local Authorities recording highest proportions of adults at risk whose capacity to make decisions related to the safeguarding enquiry was not known or recorded.

<table>
<thead>
<tr>
<th>Authority</th>
<th>Failure Rate</th>
</tr>
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<tbody>
<tr>
<td>Bournemouth Borough Council</td>
<td>97%</td>
</tr>
<tr>
<td>Calderdale Metropolitan Borough Council</td>
<td>94%</td>
</tr>
<tr>
<td>North Somerset District Council</td>
<td>75%</td>
</tr>
<tr>
<td>Wakefield Council</td>
<td>70%</td>
</tr>
<tr>
<td>Westminster City Council</td>
<td>67%</td>
</tr>
<tr>
<td>Hertfordshire County Council</td>
<td>61%</td>
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<td>Portsmouth City Council</td>
<td>60%</td>
</tr>
<tr>
<td>Stockport Metropolitan Borough Council</td>
<td>59%</td>
</tr>
<tr>
<td>Royal Borough of Kingston-Upon-Thames</td>
<td>55%</td>
</tr>
<tr>
<td>Royal Borough of Kensington &amp; Chelsea</td>
<td>54%</td>
</tr>
</tbody>
</table>
7. Make Safeguarding Personal

- We were told consistently by the Department of Health that Make Safeguarding Personal (MSP) meant that it was not 'business as usual' when the Care Act was introduced. And yet there is no mandatory data reporting, with nearly 40% of local authorities failing to supply information, and a very sketchy picture of its success in many of the local authorities who did report.

- Of those which did respond across England (61% of local authorities), in one third of cases (33%) MSP was not applied, or the Local Authority did not know or did not record whether MSP had been applied (23,540 cases). In twenty-one local authorities, this failure rate exceeded 50%, with two exceeding 90% (Gloucestershire 90%, Wakefield 91%).

- Where a desire was expressed by a victim, across England the failure rate in achieving it was 6%, with some notable extremes (e.g. Blackpool 50%, Herefordshire 26%, Greenwich 23%, and North Tyneside 20%).

- In 26% of cases, however, the desire of the victims was only partially met, meaning that success from the victim’s perspective was only achieved in 68% of interventions (there may be reasons for this, including the possibility that victim aspirations were unachievable).

Figure 11: 10 Local Authorities recording highest proportions of Section 42 Enquiries where subjects were not asked to give outcomes feedback under the Care Act’s Make Safeguarding Personal provisions
Conclusions

- We have titled this report ‘A Patchwork of Practice’ with good reason. The Care Act should have been a once-in-a-generation opportunity to lay the foundations for good practice that would ensure that older and other vulnerable people who were victims of abuse would have somewhere to turn to find safety. Instead, the Safeguarding Adults Collection (SAC) Annual Report for England 2016–17 paints a picture of disjointed, variable practice across England which suggests that whether or not you are kept safe from abuse can be almost entirely down to where in the country you happen to live.

- The SAC report paints the picture of a ‘postcode lottery’. It tells us that there has been a wild and unacceptable divergence across England in how local authorities have chosen to implement the Care Act. We would argue that local authorities should not have been given the opportunity to make those choices for themselves, but rather to have been instructed how to do so. Why, for example, should two neighbouring local authorities implement practice that has such vastly different outcomes purely because of a line drawn on a map?

- But this is not where the problems end. While the SAC Annual Report does tell us some things, it frustratingly could tell us so much more, to help hold accountable those responsible for ensuring the safety of our older people. Does it give us enough details about age ranges? No. Are Safeguarding Adult Boards ensuring quality? This report shows us that in many cases the answer can only be no. Has an emphasis on multi-agency working led to more instances of cases of abuse being referred to the police than before the Care Act? We don’t know. What we do know from the thousands of calls made to our helpline every year is that it is not happening nearly as often as it should.

- What differing criteria are local authorities applying when deciding whether to pursue an investigation? Why should they even be allowed to have their own criteria that may differ from neighbouring areas? This is about accountability. The SAC report is the closest we come to any national accountability relating to adult protection and it comes nowhere near close enough.

- Action on Elder Abuse does not exist merely to sit on the sidelines criticising local authorities and government agencies. It does exist, however, to hold those bodies to account and to demand improvements when countless thousands of older people are being let down by a system that still seems not to attach sufficient importance to keeping them safe. We will continue to do that for as long as it is needed but we will also seek to work with anyone that shares our concerns to pursue our vision of a country where abuse is not just rightly considered intolerable but where the perpetrators are also held fully to account for their actions.

- Equally importantly, we will be pursuing these matters with Government Ministers and Directors of Adult Social Services, who are ultimately responsible for adult protection.