



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

Adult Protection Monitoring Report 2010-2012

Purpose of this report

1. This report sets out significant data collated by Care and Social Services Inspectorate Wales (CSSIW) in relation to allegations of abuse against adults.
2. The report examines the key findings for the two years ended 31 March 2012, providing an analysis of the information and a description of trends, concerns and achievements. It considers what the data has to tell us about the state of adult protection services in Wales. It is designed to contribute to the improvement of outcomes for those people who are in need of protection from abuse.

Who should read it?

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

How can I find out more?

More information is available from:

Kevin Barker CSSIW

Telephone: 0300 062 8822

Email: kevin.barker@wales.gsi.gov.uk

Geraint Turner, Strategic Planning, Finance and Performance, Welsh Government

Telephone: 029 2082 3753

Email: Geraint.Turner@wales.gsi.gov.uk

Contents

Introduction	4
Key findings	4
Context	6
Referrals	9
Investigations	16
Outcomes	18
Conclusion	23
Statistical note	24

Introduction

This is the fourth year that CSSIW has reported on data about allegations of abuse against adults. This year's report considers the main features arising from the data over the two years from April 1 2010 to March 31 2012. The report also incorporates the qualitative evidence gathered through our work with advocates for older people facilitated by Age Cymru.

Key Findings

- The number of completed referrals for adult protection fell by 14 per cent between 2009-10 and 2011-12. There is evidence to suggest that an increasing number of referrals are being managed through processes other than an adult protection investigation.
- The rate of referrals of alleged abuse received varies considerably across Wales. From a high of 5.4 per thousand population in Torfaen, to a low of 1.7 in Pembrokeshire and Gwynedd in 2011-12.
- Neighbouring local authorities can have markedly different rates of referrals.
- The most common victims of alleged abuse continue to be older women. The ratio of completed referrals for women to men was almost 2:1 in 2011-12.
- As in previous years the largest proportion of victims of alleged abuse lived in their own home in the community.
- In 32 per cent of cases in 2011-12 the place of alleged abuse was recorded as occurring in a care home. In the North Wales forum area only in 2011-12 the largest proportion of cases of alleged abuse took place in care homes at the point of referral.
- Physical abuse was the most commonly referred concern, followed by neglect.
- Staff were the people most likely to be alleged to be responsible for abuse in 2010-12 (44 per cent of referrals) followed by relatives (25 per cent of referrals).
- 23 per cent of referrals did not proceed beyond an initial strategy meeting to an investigation in the two years 1st April 2010 to 31st March 2012.
- 21 per cent of the adult protection referrals completed during the two years 1st April 2010 to 31st March 2012 had allegations that were proved, while 26 per cent were found to be inconclusive.

Since the launch of *In Safe Hands* in 2000 very significant progress has been made in arrangements to protect vulnerable adults from abuse. There is much greater awareness of the potential for abuse. The growth in referrals, until recently, is a positive indication that people are more ready to report their concerns than in earlier decades. The fall in completed

referrals in 2010-12 appears to reflect, at least in part, an increased rigour in the assessment of initial concerns and a tightening of the thresholds for an adult protection investigation.

The findings from our meetings with advocates for older people highlighted concerns about several aspects of the response to adult protection concerns. Some older people are afraid to complain about abusive behaviour (including neglect) for fear of jeopardising the care provided by a relative or paid carer. Advocates raised their difficulty in making a complaint or referral to social services without the permission of the person concerned. If, on the other hand, concerns do reach social services or the police their response can be constrained by reluctance by the alleged victim to take the matter further. There can be more scope for assertive action by statutory agencies when potential victims are assessed as lacking capacity to take decisions concerning their own lives under the Mental Capacity Act 2005. But, quite rightly, decisional capacity is viewed as time and situation/specific with an individual presumed to have decision making capacity unless assessments prove to the contrary.¹

“If there is capacity then social services can’t do anything” advocate for an older person.

Challenges arising from decisions about capacity are not, of course, confined to services for older people. People with a learning disability made up the second highest category of people referred for adult protection in Wales during 2010-2012. Events in England at the Winterbourne View hospital, where many of the individuals were seen as lacking capacity in relation to some activities of daily living, show that identifying a lack of capacity will not necessarily provide protection from inhumane and abusive treatment. Contrastingly, a recent Serious Case Review in England concerned a young man murdered by ‘friends’ who was refused an assessment by social services because he had capacity and his IQ test did not meet the threshold for services for people with a learning disability.²

While physical abuse and neglect are the most common forms of alleged abuse, financial abuse was the third most frequent form of alleged abuse in 2010-12. Concerns about financial abuse were a strong feature in our discussions with advocates for older people. Some older people are reported to be reluctant to voice their concerns and advocates felt that social services can be reluctant to treat concerns about financial abuse as an adult protection issue.

“One woman subject to financial abuse told me that she knew she was being abused, but was concerned that if she said anything her daughter would stop her from seeing her grandchildren.” Advocate.

¹ For more information on the operation of the Mental Capacity Act and the Deprivation of Liberty Safeguards in Wales see The Deprivation of Liberty Safeguards, 2nd Annual Monitoring Report, CSSIW/HIW.

² See the discussion in The Journal of Adult Protection vol 14 no 6, 2012, p257.

The key features of the adult protection monitoring data that are described in this report remain very similar to those of earlier years. They raise questions for policy makers, practitioners, inspectors and leaders at every level of government in Wales. Why are so many adult protection investigations inconclusive? What can be done to increase the number of investigations that result in criminal prosecutions of perpetrators? How can vulnerable people be helped to feel more confident about voicing concerns about their treatment? The next section will outline developments in policy and practice during 2010-12 that should help to respond to these and other questions prompted by the data in this report.

Context

The requirement by the Welsh Government for local authorities to deliver annual adult protection reports, including data to commonly agreed standards is established through *In Safe Hands*, published in 2000. Since April 2007 CSSIW has collated information and reported annually to the Deputy Minister for Children and Social Services. It is supported in this task by colleagues in the Welsh Government's Knowledge and Analytical Services.

While extensive efforts have been made to gather reliable and accurate information from local authorities, the data remains imperfect. For this reason, caution is needed in drawing conclusions from the data if they are not supported by other evidence. CSSIW and Knowledge and Analytical Services completed a project in 2010-12 to establish revised and improved arrangements for data collection. The first returns under the new arrangements will be for the year 2012-13, using a revised data collection discussed and agreed with adult protection coordinators from the local authorities in Wales.

In November 2010 the four regional Adult Protection Forums in Wales produced the first (interim) *Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse*.³ The manual is intended to guide the safeguarding work of all those concerned with the welfare of vulnerable adults. It sets out expectations which should be regarded as best practice and which signatory agencies agree to work to achieve. In addition to policy and procedures the manual provides standard documentation.

The guidance for the revised data collection has been informed by the manual. Taken together, the two initiatives should help to improve both the consistency of response to adult protection concerns and the way in which activity is recorded and reported. In the longer term, this should help all concerned to focus on the underlying causes of any continuing variability in the rate of referrals and investigations in different local authorities in Wales.

³ Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, November 2010, http://www.ssiacymru.org.uk/home.php?page_id=7200

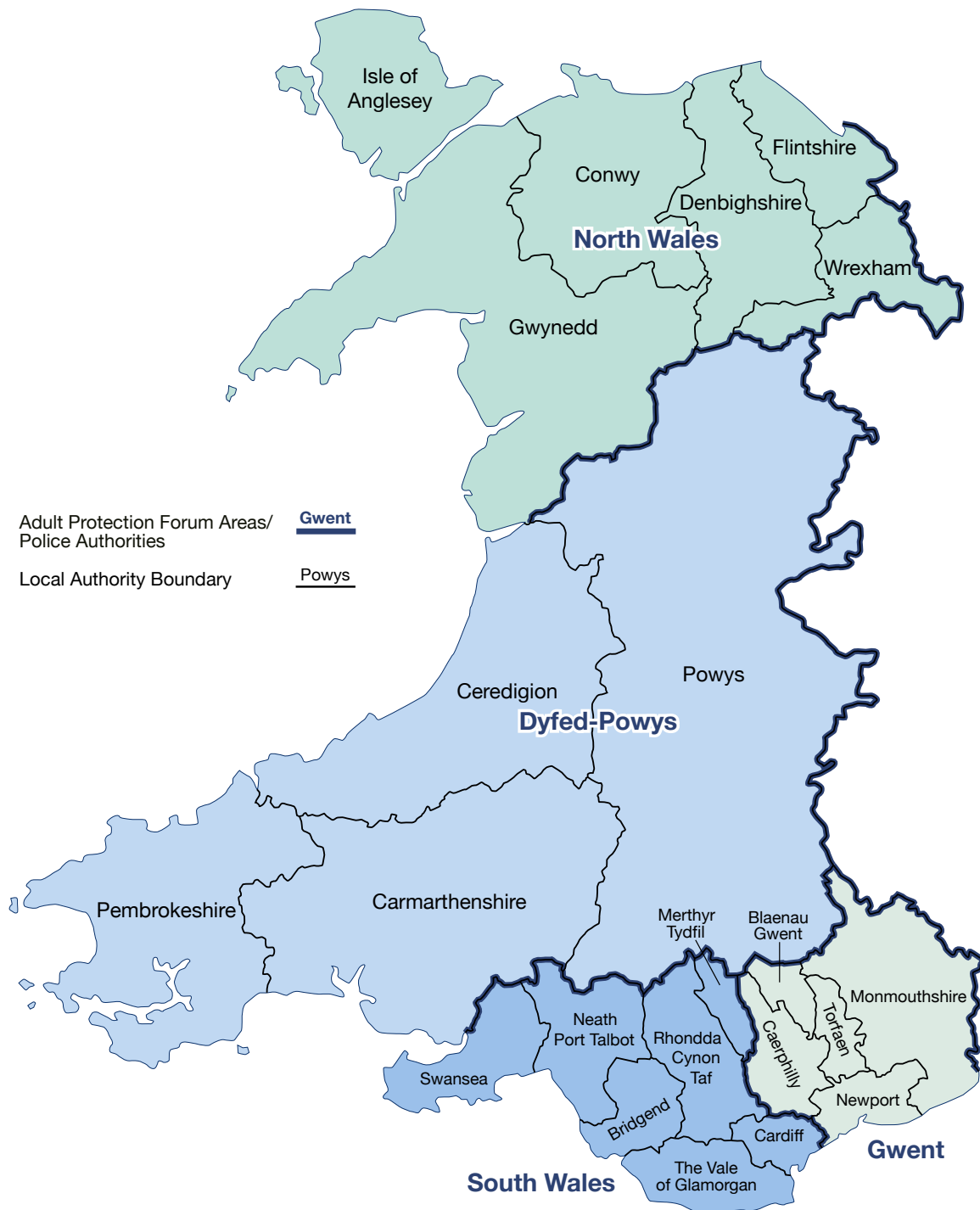
The Welsh Government's consultation on the *Sustainable Social Services for Wales: A Framework for Action* finished on 1 June 2012. Delivery of the *Sustainable Social Services* agenda is supported by the introduction of the *Social Services and Wellbeing (Wales) Bill* which was introduced to the National Assembly in January 2013. The Bill includes provisions to strengthen safeguarding for all people at risk in Wales. It will introduce a legal framework for adult protection in Wales, which aims to ensure that the multi agency response to adult abuse will be as consistent, coordinated and robust as the response to child abuse. The framework will contain a definition of an 'adult at risk' and place duties on a range of agencies to report, cooperate, investigate and share information. A National Independent Safeguarding Board will be established which will advise Ministers on the adequacy and effectiveness of safeguarding arrangements and on action to strengthen policy and improve practice. The Board will have an expert membership and provide advice to local Safeguarding Boards to ensure their effectiveness.

Overall, the strengthening of operational guidance by the regional Adult Protection Forums, improved data reporting and the improvements to be brought about by the Bill, should help to deliver a more consistent and robust response to allegations of abuse. This in turn should encourage people at risk to feel more confident about reporting their concerns. For its part, CSSIW will continue to focus its inspections on the quality of life, rights and control of people; use observational methods which help to identify abuse; and deliver a proactive approach to incoming concerns. There is no room for complacency. All concerned need to remain vigilant to ensure that people at risk in Wales are properly safeguarded.

Figure 1

Wales

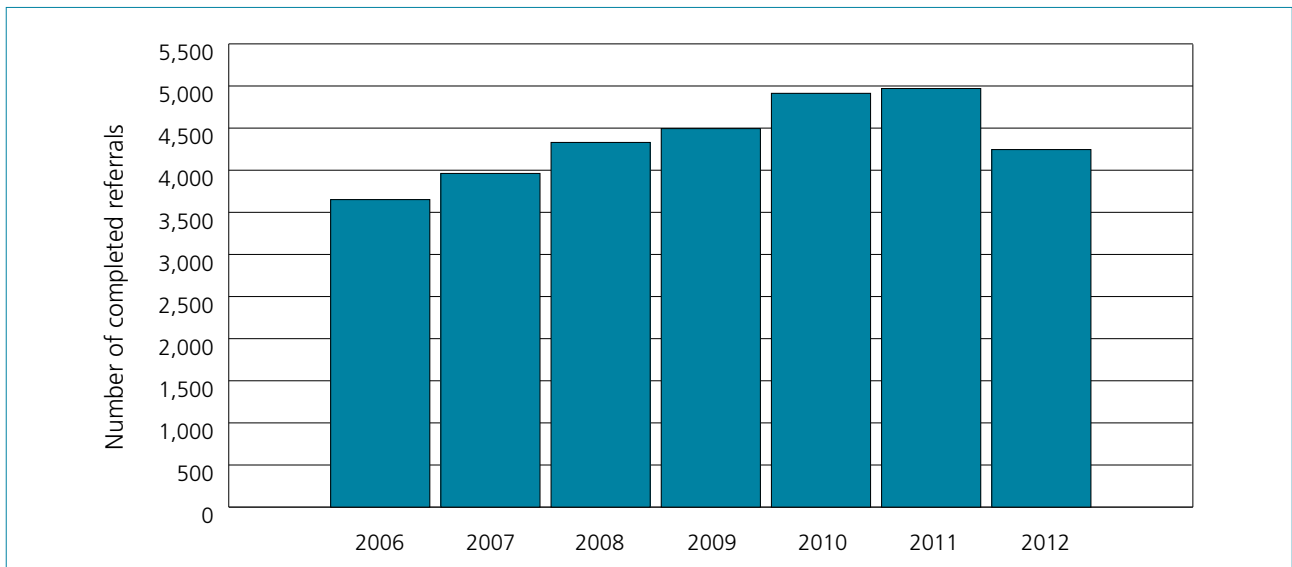
Adult Protection Forums



Referrals

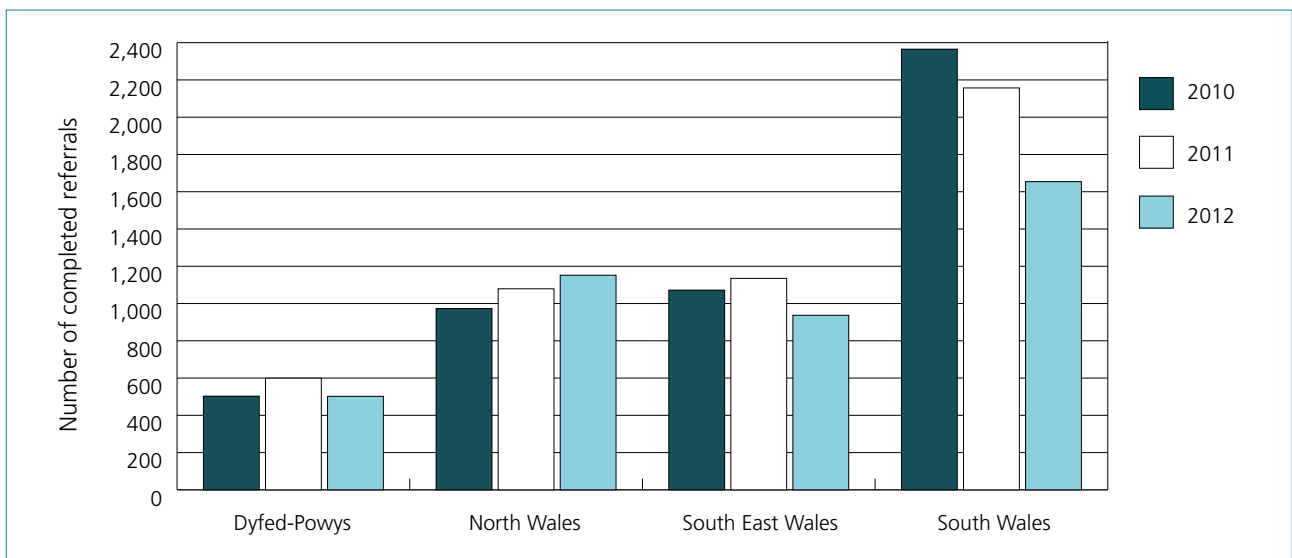
The number of completed referrals of abuse fell from 4,915 in 2009-10 to 4,245 in 2011-12. This represents a decline of 14 per cent, compared to a rise of 9 per cent between 2008-09 and 2009-10.

Chart 1: Total number of completed referrals, year ending 31 March



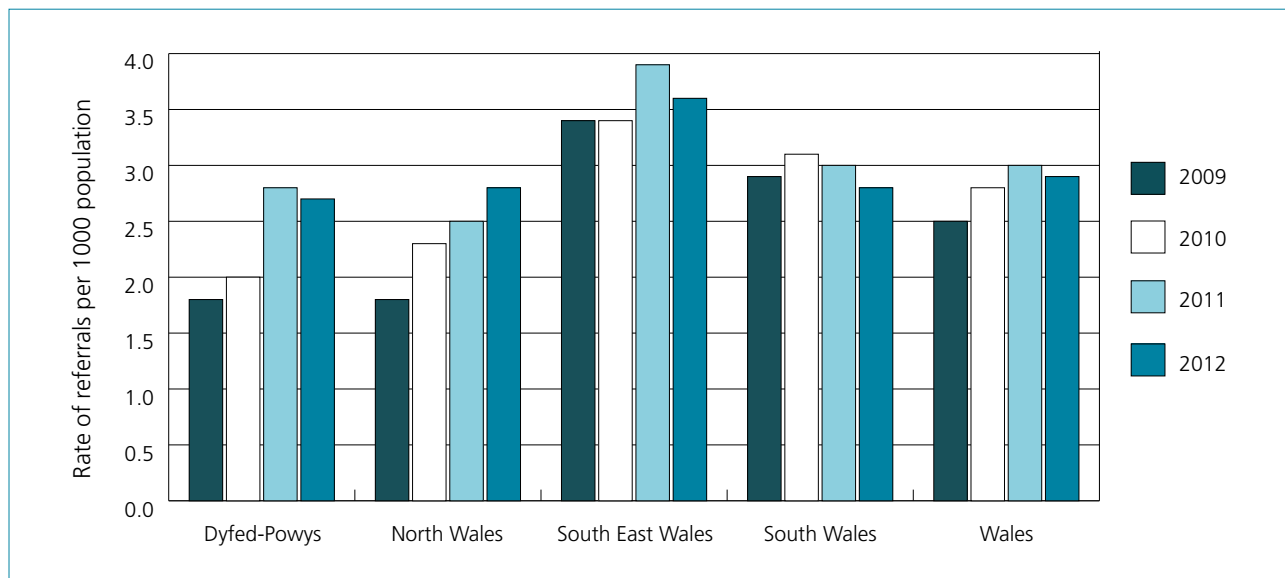
The decline in the number of completed referrals is not distributed evenly across Wales. The North Wales Forum area saw an 18 per cent rise in the number of referrals between 2009-10 and 2011-12. As can be seen below the most dramatic decline in completed referrals was in South Wales where the total fell by 30 per cent between 2009-10 and 2011-12.

Chart 2: Number of completed referrals by forum area, year ending 31 March



These figures change when they are adjusted to show the rate of referrals received per thousand population. This calculation considers all referrals received during the year (rather than completed referrals – where all the administrative processes are concluded). The figures show a rise in the rate from 2008-09 to 2010-11, with a slight drop off in 2011-12.

Chart 3: Rate of referrals received by forum area, year ending 31 March



The rate of referrals received per thousand population varies between the local authorities across Wales.

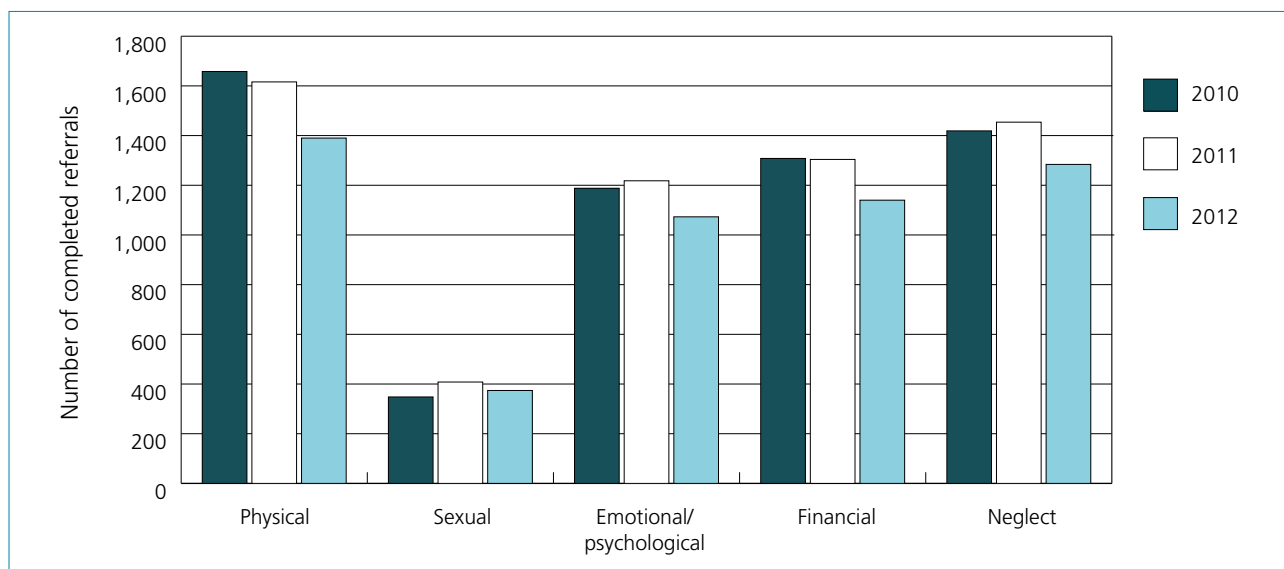
The decline in completed referrals compared with relatively consistent rate of referrals received per thousand population, is likely to be linked to a number of factors. First, evidence from CSSIW’s engagement with practitioners and managers in adult protection suggests that during the period 2010-12 there was an effort to implement the All Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse. It is reported that this has resulted in increasing rigour in the assessment of initial alerts so that a greater number are assessed as not requiring an adult protection investigation and are tackled by other means. Second (and linked to the implementation of the new procedures), some authorities describe new thresholds for adult protection which results in more concerns being managed through mainstream care management and/or through the contract and commissioning arm of the local authority, where this is relevant. Third, it is possible that continued problems in collecting and collating the data have led to some underreporting of completed referrals.

Table 1: Rate of referrals received per 1,000 population by local authority, year ending 31 March

	2010	2011	2012
Isle of Anglesey	2.4	2.4	2.7
Gwynedd	1.3	1.7	1.7
Conwy	3.4	3.5	4.0
Denbighshire	3.1	3.4	3.3
Flintshire	1.6	1.8	2.0
Wrexham	2.6	2.4	3.1
Powys	1.3	2.4	2.5
Ceredigion	1.4	2.4	3.0
Pembrokeshire	2.3	2.4	1.7
Carmarthenshire	2.7	3.5	3.3
Swansea	4.8	4.2	3.4
Neath Port Talbot	1.9	2.5	3.1
Bridgend	3.5	3.2	3.2
Vale of Glamorgan	2.9	3.0	2.3
Cardiff	2.7	2.7	2.2
Rhondda Cynon Taf	3.0	2.6	3.1
Merthyr Tydfil	2.4	2.9	2.5
Caerphilly	3.0	3.2	2.6
Blaenau Gwent	2.8	5.2	3.4
Torfaen	5.7	6.1	5.4
Monmouthshire	2.7	3.1	3.0
Newport	3.2	3.2	4.0
Wales	2.8	3.0	2.9

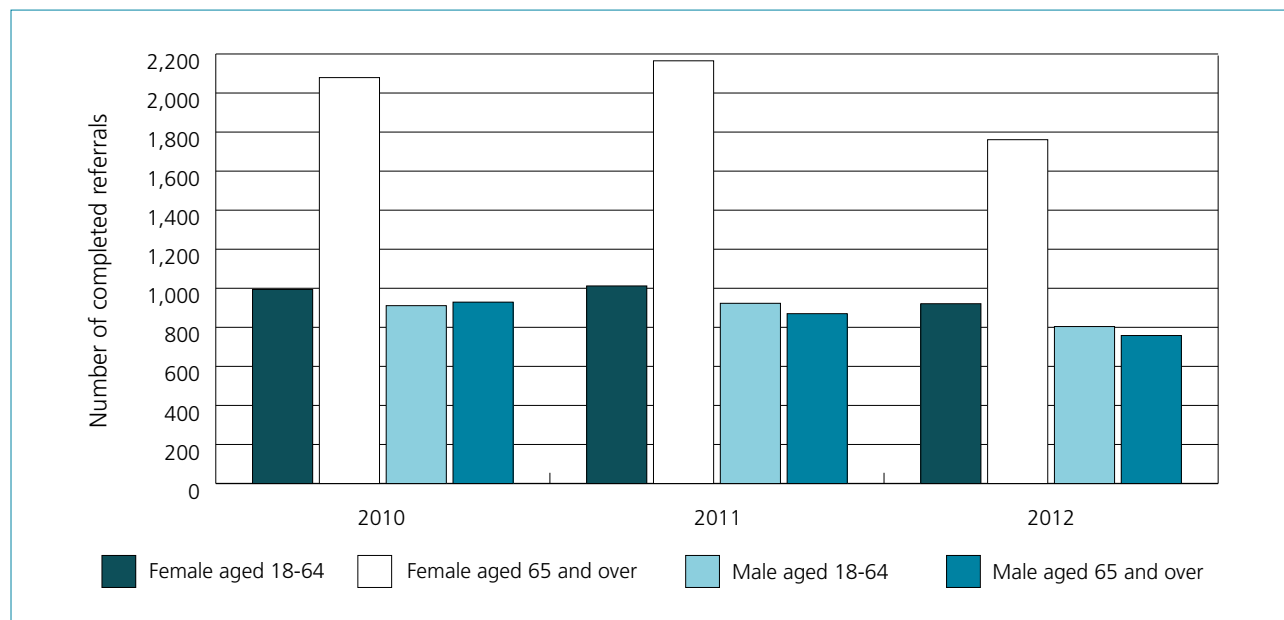
Reported figures continue to show that physical abuse is the most commonly referred concern, followed by neglect and financial abuse. The proportion of referrals by type of abuse across the five categories of abuse is similar to findings in the last three years.

Chart 4: Number of completed referrals by type of abuse, year ending 31 March



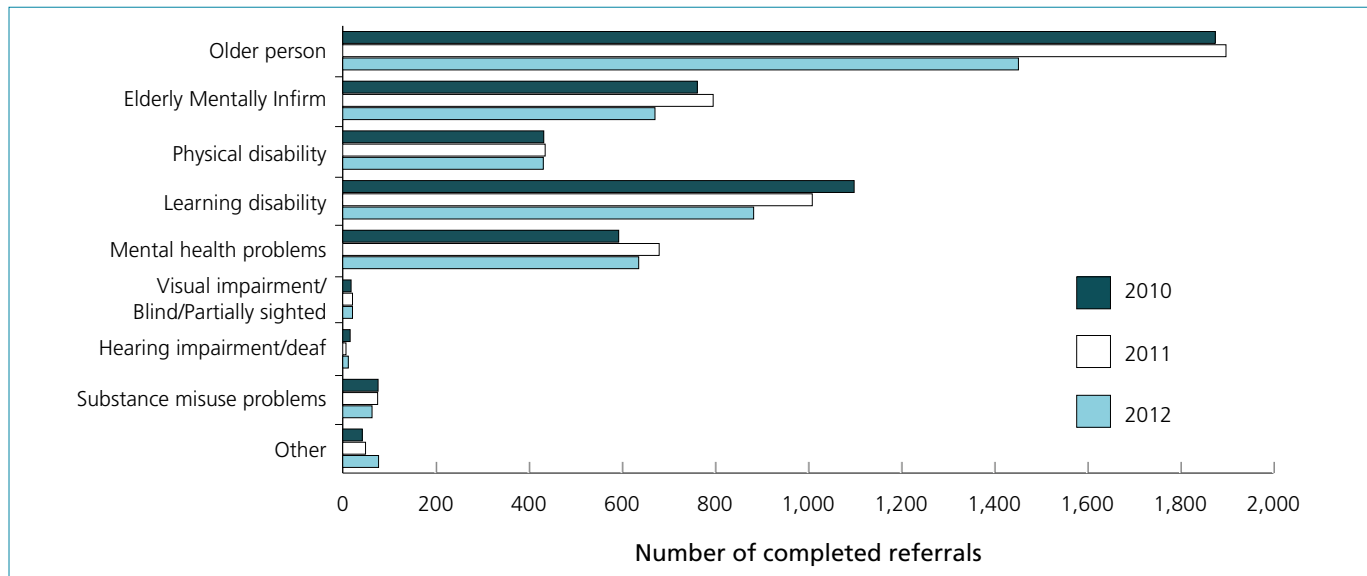
Most adult abuse referrals concern people aged 65 or over and of this 71 per cent were women in 2010-11 and 70 per cent were women in 2011-12. This number includes those older people who are mentally ill.

Chart 5: Number of completed referrals by age and gender of alleged victim, year ending 31 March



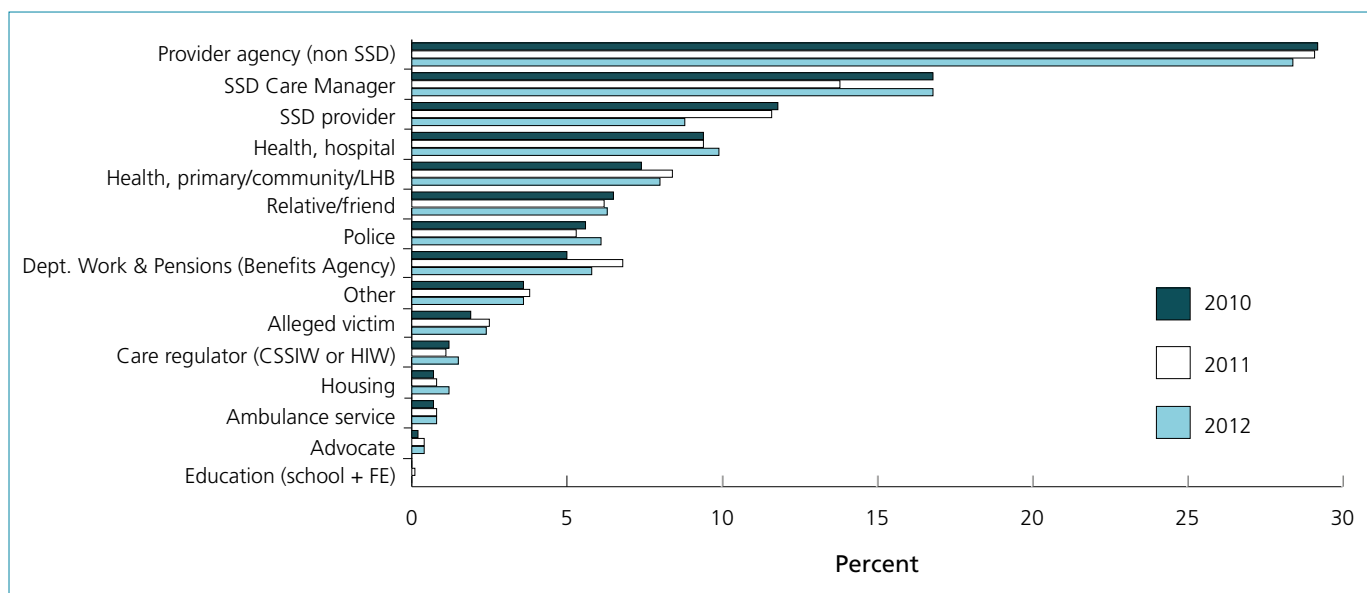
The main category of vulnerability of people referred continues to be older person, with people with a learning disability making up the next largest number of people referred for help. There has been little change in this pattern in recent years and there are no significant variations in the findings across Wales.

Chart 6: Number of completed referrals by main category of vulnerability, year ending 31 March



While independent sector provider agencies continue to make the largest percentage of completed adult protection referrals, the figures for year ending 31 March 2012 show a small but significant increase in the percentage of referrals from Hospitals, the Police and from Housing. This may reflect the positive impact of the All Wales Policies and Procedures launched in November 2010.

Chart 7: Percentage of completed adult protection referrals by source of referral, year ending 31 March



The place of alleged abuse for most of the completed referrals in Wales continues to be people's own home in the community, while the next largest group is care homes (residential and nursing).

Chart 8: Number of completed referrals by place of alleged abuse, year ending 31 March

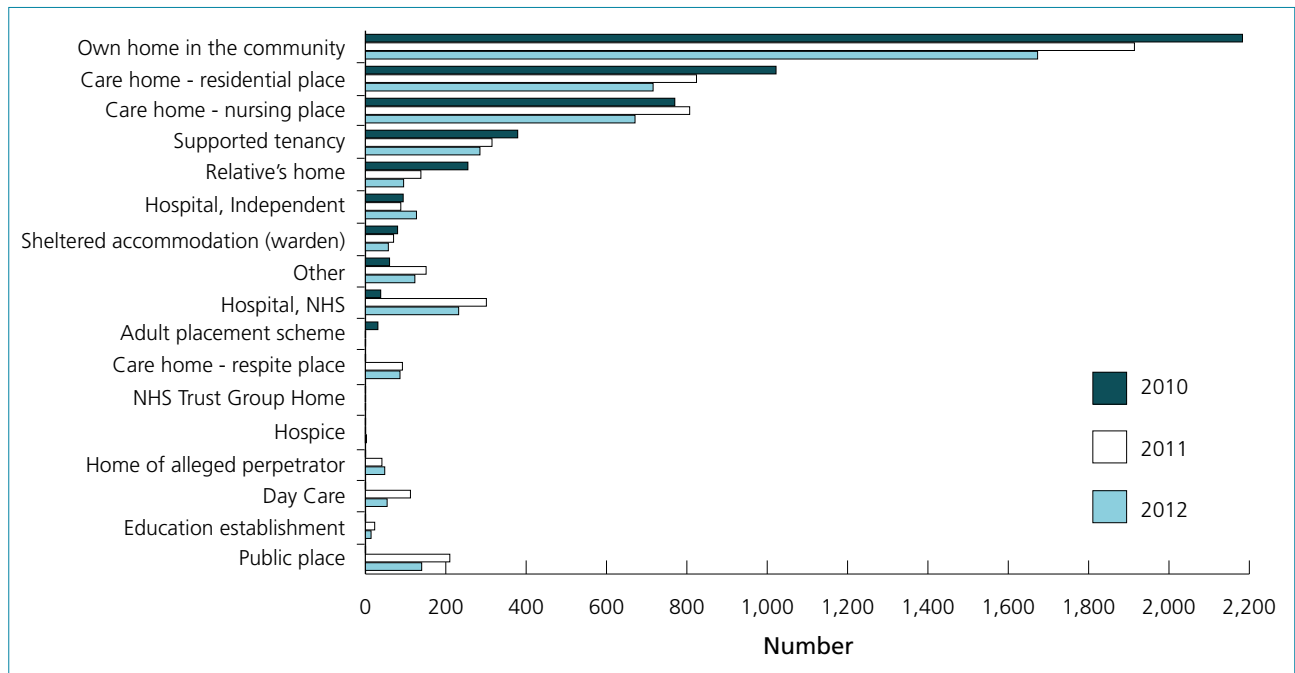


Table 2 shows that in North Wales during 2011-12, the greatest number of completed referrals were where the place of alleged abuse was a care home (residential and nursing). This was also the case in Dyfed Powys in 2010-11.

Table 2: The places where the alleged abuse occurred for Wales by forum area, year ending 31 March 2012

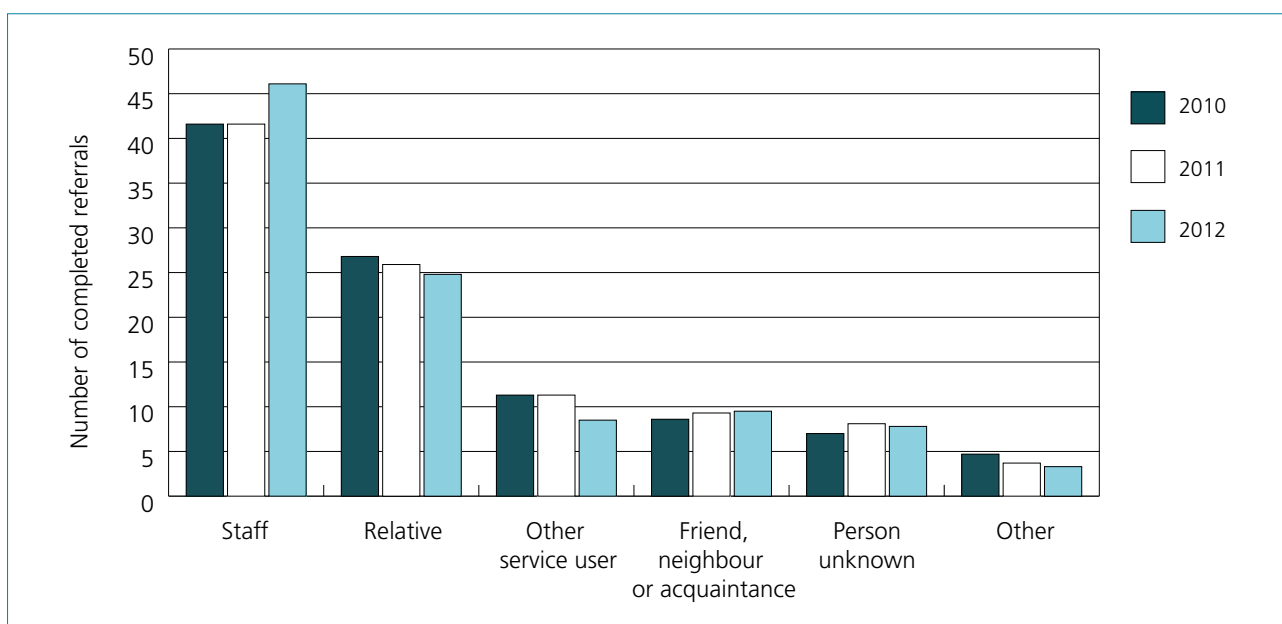
Place of alleged abuse	South	South	North	Dyfed-	Wales	
	Wales	East	Wales	Powys	Number	Per cent
Own home in the community	625	425	425	200	1,675	38.7
Care home – residential place	285	120	220	90	715	16.5
Care home – nursing place	280	110	215	65	670	15.5
Supported tenancy	120	65	60	40	285	6.6
Hospital, NHS	135	25	55	20	230	5.3
Public place	55	35	30	15	140	3.2
Hospital, Independent	25	55	45	0	125	2.9
Other	35	30	35	20	125	2.9
Relative's home	25	15	35	20	95	2.2
Care home – respite place	35	15	15	20	85	2.0
Sheltered accommodation (warden)	20	30	5	0	55	1.3
Day Care	25	15	5	10	55	1.3
Home of alleged perpetrator	20	15	10	5	50	1.2
Education establishment	5	5	5	0	15	0.3
Hospice	0	0	0	0	0	0.0
Total	1,690	960	1,160	505	4,320	100.0

For the last four years the monitoring report has noted the significant number of completed referrals where the place of alleged abuse was a care home. However, as a proportion of the total number of places in those homes the percentage fell from 7 per cent to 6 per cent in 2010-11 and fell again to 5 per cent in 2011-12. It is important to note that there may be multiple referrals in respect of the same individual. As has been noted in previous reports, relatively high rates of referrals where the place of alleged abuse was a care home partly reflect a good awareness of relevant policies and procedures by staff working in those homes. Furthermore, the particular vulnerabilities of the population in care homes with nursing can be a factor in generating high rates of referrals. Many people living in care homes with nursing are dependent on others for help with meeting the most basic of needs and the risk of abuse (and particularly neglect) is likely to be higher than in the rest of the population. It is also important to remember that incidents in the community may be more easily hidden and reported less frequently than for those living in a care home.

The percentage of referrals for help in respect of individuals from the black and minority ethnic population in Wales was 1.2 per cent in 2011-12. This figure is significantly lower than the last census estimate (2011) for the black and minority ethnic population in Wales (4.4 per cent) and suggests that people from such groups are less likely to be referred for help than those of white British origin.

In 2010-11 and 2011-12, as in earlier years, most allegations of abuse concerned either staff or relatives, with the proportion of alleged perpetrators who were staff increasing by 4.5 percentage points between 2010-11 and 2011-12.

Chart 9: Percentage of completed adult protection referrals by persons alleged responsible for abuse, year ending 31 March

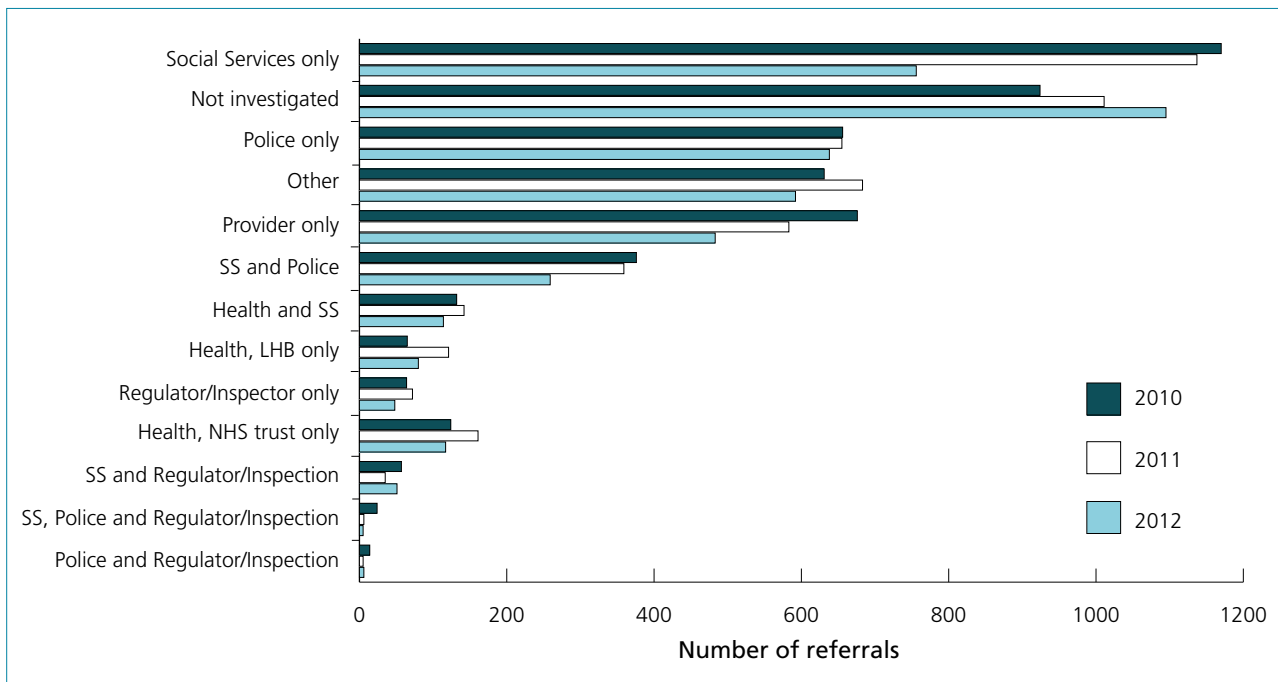


Investigations

The launch of the *Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse* in 2011 has established ten stages and timescales in the adult protection process. While organisational structures and models of practice vary across Wales, the new procedures should help to deliver a more consistent approach to referrals for help than previously.

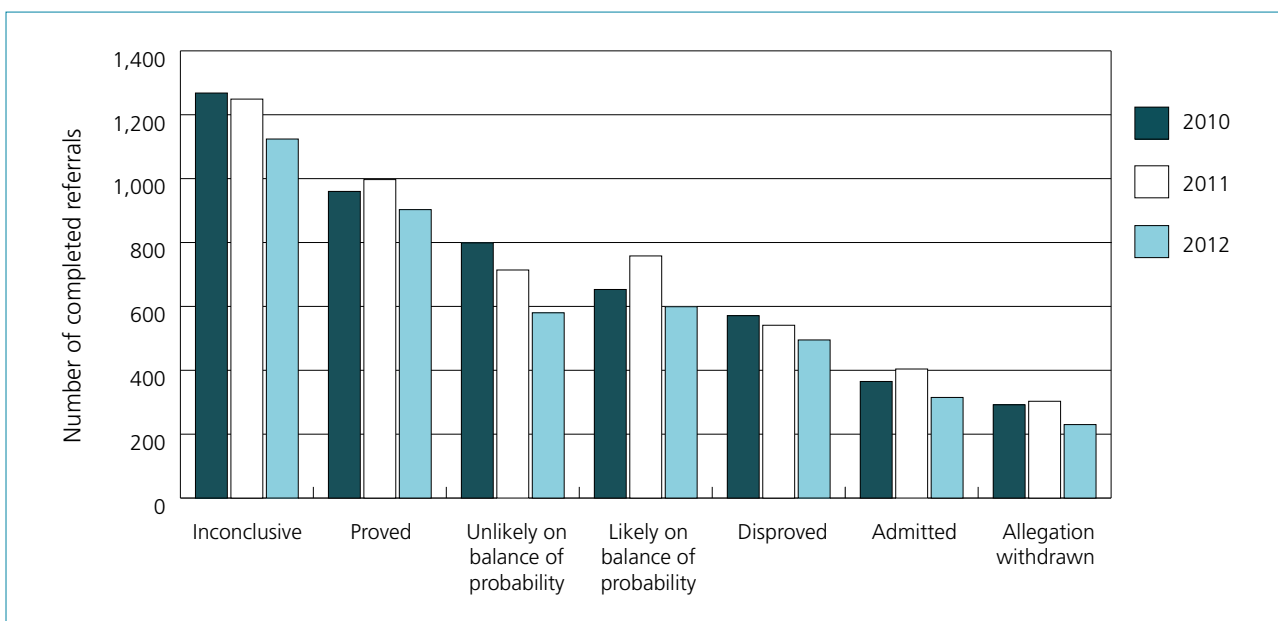
All adult protection investigations should start with a multi agency decision about the best way to proceed. The response to a referral should be shaped by strategy discussions, strategy meetings and case conferences to support the decision making and planning necessary to investigate allegations of abuse and protect vulnerable adults. Once again, in 2010-11 and 2011-12, Social Services was the lead agency for the investigation in the majority of cases.

Chart 10: Number of completed referrals by type of investigation, year ending 31 March



The percentage of cases categorised as Not Investigated rose from 19 per cent in 2009-10 to 26 per cent in 2011-12. These are likely to concern allegations that were not taken forward, following a consideration of the information available during a strategy discussion or at a strategy meeting.

Chart 11: Number of completed referrals by status of allegation, year ending 31 March



The percentage of clear cut judgements at the end of investigations remains very similar to the figures for earlier years. The percentage of inconclusive investigations in the two years 1st April 2010 to 31st March 2012 (26 per cent) is identical to the figure for 2009-10. Over the same period there was a slight growth in the percentage of proved allegations, up to 21 per cent (20 per cent in 2009-10).

Table 3: Percentage of completed referrals by status of allegation year ending 31 March

	2010	2011	2012
Inconclusive	25.8	25.2	26.5
Proved	19.6	20.1	21.3
Unlikely on balance of probability	16.3	14.4	13.7
Likely on balance of probability	13.3	15.3	14.1
Disproved	11.6	10.9	11.7
Admitted	7.4	8.1	7.4
Allegation withdrawn	5.9	6.1	5.4
Total	100.0	100.0	100.0

It should be noted that an inconclusive outcome does not necessarily mean that no action has been taken. It is likely that in some cases a risk assessment and immediate protection measures were taken arising from a strategy discussion or strategy meeting. The fact that a subsequent investigation was inconclusive does not mean that abuse did not occur or that help and protection has not been provided, rather, it highlights the difficulty in gathering and presenting evidence to prove or disprove allegations of abuse.

Outcomes

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

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

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

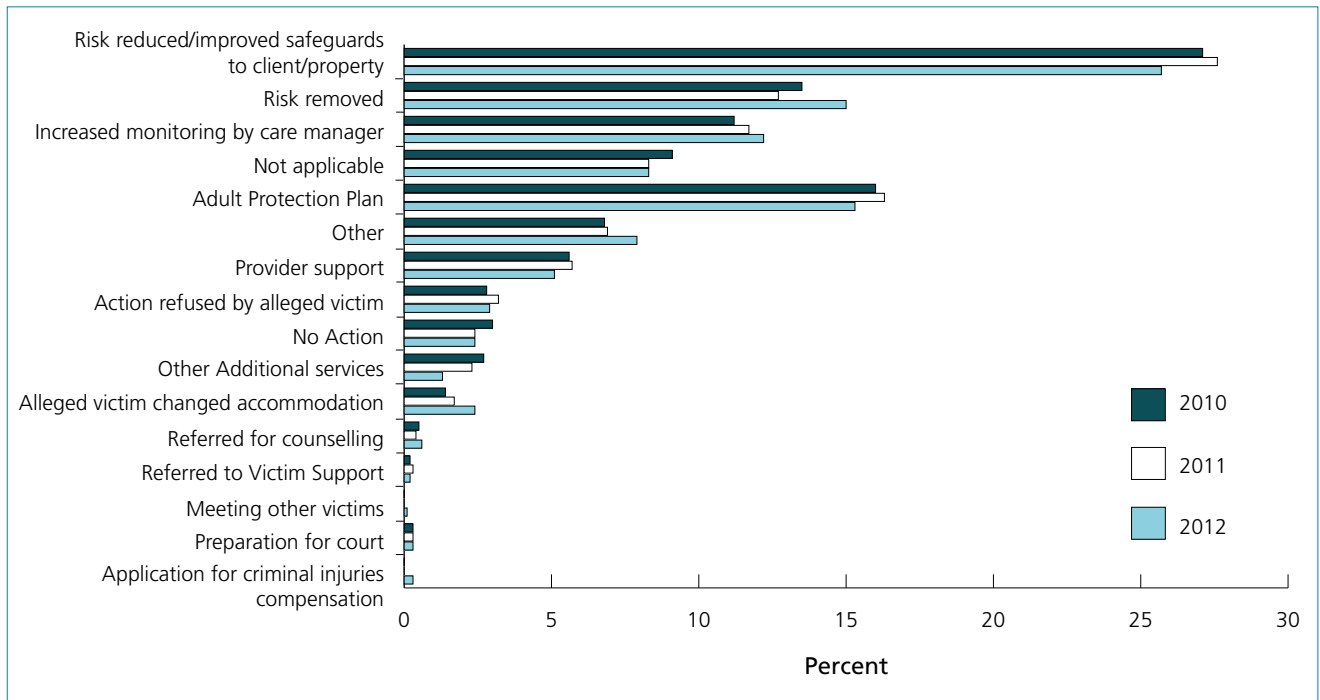
The most common outcome for the alleged victim in the two years 1st April 2010 to 31st March 2012 was *risk reduced/improved safeguards to client/property* (27 per cent), followed by *adult protection plan* (16 per cent), *risk removed* (14 per cent) and *increased monitoring by care manager* (12 per cent). The total number of adult protection plans in place for 2011-12 – 1,140 – is quite close to the total number of allegations (1,815) in the same year that were either admitted, proved, or likely on the balance of probability. The ‘shortfall’ in adult protection plans will be partly explained by a number of cases in which there is no continuing risk at the point at which all administrative processes for the referral are completed. Taken together, the figures (which will include some double counting) are evidence of action being taken to respond to concerns and remove or reduce the risk of abuse.

Table 4: Outcomes distribution for alleged victims, year ending 31 March

	Per cent		
	2010	2011	2012
Risk reduced/improved safeguards to client/property	27.1	27.6	25.7
Risk removed	13.5	12.7	15.0
Adult Protection Plan	16.0	16.3	15.3
Increased monitoring by care manager	11.2	11.7	12.2
Not applicable	9.1	8.3	8.3
Other	6.8	6.9	7.9
Provider support	5.6	5.7	5.1
Action refused by alleged victim	2.8	3.2	2.9
No Action	3.0	2.4	2.4
Other Additional services	2.7	2.3	1.3
Alleged victim changed accommodation	1.4	1.7	2.4
Referred to Victim support	0.2	0.3	0.2
Referred for counselling	0.5	0.4	0.6
Preparation for court	0.3	0.3	0.3
Application for criminal injuries compensation	0.0	0.0	0.3
Meeting other victims	0.0	0.0	0.1
Total	100.0	100.0	100.0

Note: Each referral can have multiple outcomes

Chart 12: Outcomes distribution for alleged victims, year ending 31 March



In relation to outcomes for the person alleged to be responsible for the abuse the figures for 2010-11 and 2011-12 are very similar to those for 2009-10.

Table 5: Outcomes distribution for person(s) alleged responsible for abuse, year ending 31 March

	Per cent		
	2010	2011	2012
No action	23.1	22.7	22.9
Not applicable	19.2	17.6	17.1
Other	16.8	17.2	18.0
Extra training	8.5	9.5	8.7
Extra supervision	8.7	9.3	8.1
Disciplinary	7.5	7.0	7.5
Extra help (if Carer)	3.4	2.9	2.3
Dismissed	2.7	2.4	3.8
Exonerated	1.2	1.0	1.0
Referred for POVA listing	2.1	2.5	2.4
Resigned/Left	1.5	1.8	2.1
Prosecution	1.6	1.9	2.4
Case conference (if Service user)	1.3	1.4	1.2
Police Caution	1.2	1.4	1.2
Redeployed	0.8	0.5	1.0
Complaint to professional body	0.5	1.0	0.3
Total	100.0	100.0	100.0

Note: Each referral can have multiple outcomes

The most common outcome for the service provider agency was *not applicable* – because no abuse found. As noted in previous reports, it isn't possible to assess from the data alone the extent to which this figure reflects a difficulty in proving allegations of abuse rather than a professional judgement that, on the balance of probabilities, no abuse was found.

Any breach of regulation identified through an adult protection investigation will incur one or several of a range of potential responses available to CSSIW. These can include prosecutions, emergency cancellation of a setting's registration and a notice of proposal to cancellation a registration. More importantly CSSIW remains convinced that unannounced site visits on an annual basis should remain the cornerstone of our work and are the best route to provide quality and safety for vulnerable people.

Table 6: Outcomes distribution for service provider agency, year ending 31 March

	Per cent		
	2010	2011	2012
Not applicable	38.6	39.4	38.2
No action	26.1	24.9	25.4
Increased monitoring	16.5	17.0	16.0
Other	9.5	10.9	12.1
Revised policies	7.9	6.4	7.6
Notice under Care Standards Act 2000	0.9	0.8	0.6
Variation of registration under Care Standards Act 2000	0.3	0.1	0.1
Prosecution under Care Standards Act 2000	0.0	0.4	0.0
Total	100.0	100.0	100.0

Note: Each referral can have multiple outcomes

The figures for outcomes for commissioners are very similar to earlier years when expressed as percentages of the total number of completed referrals.

Table 7: Outcomes distribution for service commissioner, year ending 31 March

	Per cent		
	2010	2011	2012
Not applicable	35.7	38.8	36.5
No action	35.4	30.6	31.0
Improved monitoring	11.7	11.4	11.6
Improved safeguards	9.1	11.4	12.6
Other	6.6	5.8	6.2
Suspend placement	0.2	0.3	0.9
Revise contract/specification	0.5	0.4	0.4
Change provider	0.4	1.0	0.7
Inform other purchasers	0.3	0.2	0.1
Serious case review	0.1	0.1	0.1
Total	100.0	100.0	100.0

Note: Each referral can have multiple outcomes

The number of serious case reviews initiated – there were fewer than 10 in both 2010-11 and 2011-12 – continues to be low compared to the number of allegations proven (995 in 2010-11 and 905 in 2011-12). The experience of serious case reviews in child protection, which, in Wales, have been replaced with Child Practice Reviews from January 2013, is that high numbers of reviews is no indication of quality and can be counterproductive to learning and improvement. There is no agreed optimum number of serious case reviews that can be expected each year. In the context of the *Social Services and Wellbeing (Wales) Bill* work is underway by the Welsh Government to consider how it supports local authorities and partners in developing a new model for learning from significant cases.

Conclusion

Adult Protection in Wales

The period 1st April 2010 – 31st March 2012 saw the implementation by local authorities and their partners of new all Wales policies and procedures. The fall in the number of completed referrals in Wales is likely to be linked to efforts to work to common definitions, standards and responses. At the same time the continued variation in both the number of completed referrals and the rate of referrals across Wales merits further investigation by adult protection committees, regional forums and their partners. Adult protection committees need to ensure that they fully analyse and understand the trends within their own area.

The main themes arising from the data are remarkably consistent with the findings in earlier years. Most people who are alleged to have been abused are women and of this group most are older women. While the place of alleged abuse for most of the completed referrals was a person's own home in the community, the next largest location, as in earlier years, consisted of care homes. As in previous years, staff made up the largest category of persons alleged to be responsible for the abuse. These trends should give all concerned pause for thought and raise searching questions for CSSIW and other inspectorates and regulators. Care homes are regulated settings; most are registered and inspected by CSSIW. The managers of care homes will be registered with the Care Council for Wales (CCW), managers of domiciliary care services will be required to be registered with CCW by December 2013. All social care staff are encompassed by the overarching effort of both CSSIW and CCW to promote high standards of practice and professionalism in the social care sector.

In the year ahead CSSIW will undertake further work to better understand the factors underpinning the main themes in this report. This will include the extent to which referrals of alleged abuse for people living in care homes reflect heightened awareness of the procedures, defensive practice, or a genuine reflection of need and concern. If, as is likely, a combination of all three factors is driving referrals then we need to understand the relationship and relative importance of each factor. We also need to consider, with other stakeholders, the impact and success of strategies to support the development of good quality social care services staffed by a safe, confident and professional workforce.

Safeguarding and protection requires a culture of constant vigilance which encourages reflection, challenge and honest self assessment. These are essential ingredients of any quality assurance process and should reflect a continuing desire to improve systems and practice. The best services promote and support the active involvement of people who use services in order to improve their knowledge and understanding of people's needs and how to meet them. The evidence from our engagement with advocates for older people in the summer of 2012 is that, in the context of adult protection, it can be difficult for vulnerable people to find a voice that is heard.

Most local authorities have invested time and effort in their adult protection systems and are providing a prompt response to referrals. Some authorities have also increased the capacity in the system by creating new posts and appointing additional staff. Many directly provided services are investing in staff training and awareness to support the identification and appropriate referral of concerns about abuse. CSSIW, through its inspection and evaluation work in 2013-14 will investigate the reasons and context for the decline in completed referrals for adult protection.

The challenge for all agencies continues to be the need to work together to consistently deliver a rigorous response to concerns about abuse. While the provisions of the *Social Services and Wellbeing (Wales) Bill* have the potential to support further improvement in adult protection, the Bill will not be implemented overnight and is not a panacea. Achieving positive outcomes for people who are vulnerable (and justice for the victims for abuse), requires good leadership and partnership working. All concerned should continue to focus on the key disciplines of assessment, risk assessment, protection planning, recording and monitoring in order to safeguard the vulnerable.

Statistical Note

General Data Quality

The data behind this report have been collected from local authorities via one of two ways.

- Most authorities used a database system to record the details of individual referrals, and these were then shared with the Welsh Government at the end of each year.
- The remaining authorities supplied data on a pre-defined form. In each year, this form has asked for counts of referrals for each of a series of aspects (e.g. category of vulnerability, abuse type, status of allegation and so on), often broken down by age and gender.

The individual records have been extracted from the databases and aggregated up for each year and local authority so that they corresponded to the counts requested by the pre-defined form. This has resulted in a complete set of such counts for all local authorities in Wales for each year, which has formed the basis of the analysis in this report.

Data quality has improved from previous years but could be improved further. This should be borne in mind when analysing the data, particularly for individual local authorities. The main messages in the data, namely the downward trend in the number of completed referrals,

or the fact that more women than men are victims of abuse etc. are not compromised, but the exact magnitude of the changes or differences cannot be known with confidence. As a result, the figures presented in this report are rounded to avoid the user inferring a greater level of accuracy than would be appropriate.

Further, when looking at differences between local authorities, while some will inevitably be down to true differences in service delivery practices, some will also be down to errors in supplying the data. At this stage, the balance between these two issues is unknown and so the data collection process is being reviewed, with the intention of reducing the latter of these two issues to a minimum. For the year 2012-13 onwards, a single form for the collection of data from all local authorities is in operation. This will be supported by the improved guidance that has been developed in conjunction with local authority adult protection co-ordinators.