SAFEGUARDING ADULTS
JOINT STRATEGIC NEEDS
ASSESSMENT

2012
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1. Introduction

1.1. The Safeguarding Adults Joint Strategic Needs Assessment (JSNA) provides information to inform strategic planning for Safeguarding Adults and complying with peoples rights under the Mental Capacity Act. It will inform the Safeguarding Adults Boards Business Planning and can be used by individual member organisations for strategic planning that relates to or impacts on safeguarding vulnerable adults from abuse and the Mental Capacity Act.

1.2. The development of the Joint Strategic Needs Assessment has been informed by national guidance and a review of a range of other JSNAs. A large proportion of the data in the JSNA is based on the nationally prescribed data set for Safeguarding Vulnerable Adults known as the Abuse of Vulnerable Adults data set or AVA. The report also includes the views of service users and carer's, factors that can contribute to peoples' vulnerability, and a summary of current national policy.

1.3. The report was compiled by Devon County Council’s Management Information Team, The Devon Public Health Service and the Devon County Council Senior Manager for Safeguarding Adults.

2. Executive Summary

2.1. People can experience or be at risk of abuse for a wide range of reasons, exploitation, neglect or discrimination, and in a wide range of contexts, including by family members, by strangers or care professionals in their own homes, in public, or in health or care services.

2.2. Many of the most vulnerable people live in residential or hospital care. Most are in residential or nursing care. In Devon Approximately 7,600 people live in these settings.

2.3. The number of people with health and social care needs who may be vulnerable to abuse will continue to increase. The largest increase will be from older people becoming less independent and increasingly vulnerable. There will be an estimated 90,678 people in Devon who are over 65 and unable to manage at least one domestic care task by 2020.

2.4. Up to 40,000 people work in some way with adults with social care or health needs in Devon.

2.5. National news coverage as well as training and communication strategies have all heightened public and professional awareness, and motivation to ensure that any possible abuse is reported and the human rights of ill or disabled people are protected. These changes in social and professional behaviour have continued to drive up the number of reports of safeguarding adults concerns.

2.6. As well as data the joint Strategic Needs Assessment has been informed by the views of people needing care services. Their contribution has highlighted the wide range of work needed to help vulnerable people to be safe from abuse and neglect, including, improved service standards, awareness raising, investigation, and support for individuals.
experiencing or at risk of abuse.

2.7. With so many factors and influences involved in the number of safeguarding adults concerns needing to be investigated, the frequency of the different types and circumstances of abuse are difficult to predict but with such substantial increases in the number of people who may be at risk of abuse, a continuing increase of reported cases should be expected.

2.8. The Government is expected to create statutory duties for the individual organisation’s role in safeguarding adults and in Safeguarding Adults Boards. The Joint Strategic Needs Assessment highlights that the importance of prevention, awareness raising, and investigation continue to be strategic priorities for both the Safeguarding Adults Board and all the services that work with vulnerable adults in Devon. The recommendations at the end of this report will inform the review of the Safeguarding Adults Board Business Plan and should be used by member organisations to inform their plans for safeguarding adults and protecting vulnerable people’s rights.

3. Definition and Types of Abuse

3.1. Definitions of a vulnerable adult or ‘adult at risk’ and potential for harm and abuse

An adult aged 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’ (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships although other definitions exist.

3.2. A Vulnerable Adult may therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

3.3. It is important to stress that just because a person is old or frail or has a disability they are not inevitably vulnerable. An adult’s vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors. In deciding whether someone is vulnerable it is important to identify the particular risk of abuse or neglect that they are facing at the time.

3.4. Some specialists and national organisations think that the term vulnerable adult should be changed to adult at risk. Government policy continues to use the term vulnerable adult.
3.5. This is a strategic assessment of needs relating to the duties of Devon Safeguarding Adults Board based on this definition of a vulnerable adult. As well as people who have been individually identified as having been abused or facing specific risks of abuse it also considers the numbers of people whose circumstances mean that they may become vulnerable or at risk.

4. National and Local Policy

4.1. 'No Secrets' is the main current Government guidance (until at least 2013) relating to the protection of vulnerable adults. The more recent Statement of Government Policy on Adult Safeguarding’ (May 2011) builds upon the ‘No Secrets’ guidance. It sets out the Government intention to seek to legislate for Safeguarding Adults Boards (SAB’s), making existing Boards statutory. It also sets down six principles to govern the actions of adult safeguarding boards:

- Empowerment – taking a person-centred approach, whereby users feel involved and informed.
- Protection – delivering support to victims to allow them to take action.
- Prevention – responding quickly to suspected cases.
- Proportionality – ensuring outcomes are appropriate for the individual.
- Partnership – information is shared appropriately and the individual is involved.
- Accountability – all agencies have a clear role.

4.2. ‘Adult Social Care: The Law Commission’ (May 2011) made putting adult safeguarding boards into law was one of 76 recommendations. The Law Commission recommendations included a duty on social services to investigate or cause an investigation into adult protection cases; a duty on Government to prescribe the process for such investigations; a new definition of people at risk of abuse and of harm in order to ensure those in need receive adequate protection; a statutory basis for adult safeguarding boards which should as a minimum comprise local social services, police and health; the legal requirement to establish serious case reviews; and an enhanced duty to cooperate between relevant organisations.

4.3. ‘No Secrets: Guidance on developing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse’ (2000) guidance published by the Department of Health which highlights the need to protect vulnerable adults through effective multi-agency teamwork between local councils with social care responsibilities, local NHS bodies, local police forces and other partners.

4.4. The Mental Capacity Act 2005 (MCA) came into force during 2007. It provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, for example, people with dementia, learning disabilities, mental health problems, stroke or head injuries who may lack capacity to make certain decisions. It includes the Deprivation of Liberty Safeguards (DLS). DLS assessments and authorisation processes govern decision making about limiting the liberty of people with social care needs for their and others safety where the Mental Health Act does not apply. Failure to comply with people’s rights under the Mental Capacity Act is a form of abuse.

4.5. Applying the MCA and DLS and the assessments involved have been an important way of promoting appreciation of the need for respecting the rights and needs of people who
may lack some decision making capacity. They have also sometimes played an important role in identify other forms of abuse.

5. Population and Needs

5.1. Under the ‘No Secrets’ government guidance definition of a vulnerable adult not all people with health or social care needs are vulnerable because they do not all face a specific threat which their care needs prevent them from protecting themselves from.

5.2. While the number of people with health and social care needs continues to rise the increase in safeguarding adult alerts and investigations across Devon in recent years has outstripped this growth. This is likely to be due to heightened public and professional concern to ensure that any possible abuse is reported and the level of awareness training that Devon Safeguarding Adults Board (DSAB) member organisations have ensured occurs within their staff groups.

5.3. As well as giving an indication of the level of awareness of the need to protect vulnerable adults from abuse, higher alert rates also indicate a greater understanding of how to report safeguarding concerns, and of confidence in the processes to investigate concerns and protect people.

5.4. Age Profile of the Local Population
Devon has an older population profile than nationally, with particular peaks in those aged 60 to 64 years of age, reflecting significant in-migration in these age groups, and those aged 85 years and over, reflecting an ageing population and longer life expectancy (Figure 1). The proportions of those aged 20 to 39 and those under 10 years are below the national average, particularly in those aged 25 to 34 where there is significant out-migration from Devon. This overall pattern is even more marked in areas of East Devon and South Hams, whilst the population in Exeter is more similar to the national average, but with an increased young adult population due to the university.
5.5. Figure 1: Structure of the mid-year 2010 population in Devon compared with England and Wales

Source: Mid-Year Population Estimates, Office for National Statistics licensed under the Open Government Licence v.1.0

5.6. Older People 65+

Table 1 shows how the population is predicted to increase over the next 20 years based on the 2008 population estimates. By 2020 the 65+ population is predicted to increase by 42,400 to 215,200, and then to 264,400 by 2030, representing a 53% increase (2011 to 2030). It is predicted that the most significant increases in population will be in the 80-84 and 85+ age bands up to 2030, with percentage increases of 80% and 98% respectively, which in turn has an impact on health and social care needs (table 2).

5.7. Table 1: Devon Population Projections 2011 to 2030 (persons aged 65 and over)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2011</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>% increase 2011 to 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69</td>
<td>50,200</td>
<td>58,700</td>
<td>52,500</td>
<td>56,300</td>
<td>64,400</td>
<td>28%</td>
</tr>
<tr>
<td>People aged 70-74</td>
<td>38,900</td>
<td>45,400</td>
<td>56,200</td>
<td>50,600</td>
<td>54,500</td>
<td>40%</td>
</tr>
<tr>
<td>People aged 75-79</td>
<td>31,800</td>
<td>35,100</td>
<td>41,700</td>
<td>52,000</td>
<td>47,100</td>
<td>48%</td>
</tr>
<tr>
<td>People aged 80-84</td>
<td>25,500</td>
<td>26,600</td>
<td>30,500</td>
<td>36,700</td>
<td>46,000</td>
<td>80%</td>
</tr>
<tr>
<td>People aged 85 and over</td>
<td>26,400</td>
<td>29,700</td>
<td>34,300</td>
<td>41,800</td>
<td>52,400</td>
<td>98%</td>
</tr>
<tr>
<td>Total population 65+</td>
<td>172,800</td>
<td>195,500</td>
<td>215,200</td>
<td>237,400</td>
<td>264,400</td>
<td>53%</td>
</tr>
</tbody>
</table>

Table 2: Devon Health and Care Needs Projections (persons aged 65 and over)

<table>
<thead>
<tr>
<th></th>
<th>2011 current figure</th>
<th>2020 figures and % increase</th>
<th>2025 figures and % increase</th>
<th>2030 figures and % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>People 65+ living with dementia</td>
<td>12,892</td>
<td>16,482 (27.8%)</td>
<td>19,465 (18.1%)</td>
<td>23,076 (18.6%)</td>
</tr>
<tr>
<td>People with a limiting long term illness</td>
<td>71,929</td>
<td>89,957 (25.1%)</td>
<td>101,241 (12.5%)</td>
<td>113,021 (11.6%)</td>
</tr>
</tbody>
</table>

Of the 172,800 65+ population for 2011, it is estimated that:

- 72,100 will be unable to manage at least one domestic task on their own (tasks include household shopping, washing and drying dishes, cleaning windows inside, jobs involving climbing, using a vacuum cleaner to clean floors, washing clothing by hand, opening screw tops, dealing with personal affairs, doing practical activities).
- 59,300 will be unable to manage at least one self-care activity on their own (activities include bathing, showering or washing all over, dressing and undressing, washing face and hands, cooking and eating, cutting toenails, taking medicines).
- 32,900 will be unable to manage at least one mobility activity on their own (activities include going outdoors and walking down the road; getting up and down the stairs, getting around the house on the level, getting to the toilet, and getting in and out of bed.
- 28,300 will be living alone without transport.
- 26,100 will have a limiting long-term illness and will also be living alone (73% of these will be aged 75+).


5.8. People with social care needs

Table 3: Devon Personal Care Needs Projections, (persons aged 65 and over)

Predicted population in Devon of people aged 65+, 2011-2030:

<table>
<thead>
<tr>
<th></th>
<th>2011 current figure</th>
<th>2020 figures and % increase</th>
<th>2025 figures and % increase</th>
<th>2030 figures and % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>People unable to manage at least one personal care task</td>
<td>59,340</td>
<td>74,242 (25.1%)</td>
<td>84,401 (13.7%)</td>
<td>96,048 (13.8%)</td>
</tr>
<tr>
<td>People unable to manage at least one domestic care task</td>
<td>72,138</td>
<td>90,678 (25.7%)</td>
<td>103,243 (13.9%)</td>
<td>117,188 (13.5%)</td>
</tr>
<tr>
<td>People aged 75 and over providing more than 50 hours care per week</td>
<td>2,789</td>
<td>3,536 (26.8%)</td>
<td>4,338 (22.7%)</td>
<td>4,736 (9.2%)</td>
</tr>
</tbody>
</table>
Table 4: Devon Physical Disability Projections (persons aged 18 to 64)

<table>
<thead>
<tr>
<th></th>
<th>2011 current figure</th>
<th>2020 figures and % increase</th>
<th>2025 figures and % increase</th>
<th>2030 figures and % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with moderate physical disability</td>
<td>37,523</td>
<td>38,488 (2.6%)</td>
<td>39,242 (2.0%)</td>
<td>38,942 (-0.8%)</td>
</tr>
<tr>
<td>People with a severe physical disability</td>
<td>11,587</td>
<td>11,914 (2.8%)</td>
<td>12,298 (2.4%)</td>
<td>12,147 (-1.2%)</td>
</tr>
<tr>
<td>People with a moderate or severe personal care disability</td>
<td>23,090</td>
<td>23,782 (3.0%)</td>
<td>24,371 (2.5%)</td>
<td>24,078 (-1.2%)</td>
</tr>
</tbody>
</table>

Table 5: Devon Learning Disability Projections (persons aged 18 to 64)

<table>
<thead>
<tr>
<th></th>
<th>2011 current figure</th>
<th>2020 figures and % increase</th>
<th>2025 figures and % increase</th>
<th>2030 figures and % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with a moderate or severe learning disability</td>
<td>2,418</td>
<td>2,483 (2.7%)</td>
<td>2,550 (2.7%)</td>
<td>2,600 (2.0%)</td>
</tr>
</tbody>
</table>

Figure 2: Learning Disability Population Pyramid, 2011 to 2030
Table 6: Devon Mental Health Projections (persons aged 18 to 64)

<table>
<thead>
<tr>
<th>People with a mental health problem (common mental disorder)</th>
<th>2011 current figure</th>
<th>2020 figures and % increase</th>
<th>2025 figures and % increase</th>
<th>2030 figures and % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71,907</td>
<td>72,733 (1.1%)</td>
<td>73,777 (1.4%)</td>
<td>74,065 (0.4%)</td>
</tr>
</tbody>
</table>

The following table shows the 2011 estimates for people predicted to have various mental health conditions

Table 7: Devon Prevalence of Selected Mental Health Conditions (persons aged 18 to 64)

| People aged 18-64 predicted to have a common mental disorder (mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder) | 71,9071 |
| People aged 18-64 predicted to have a borderline personality disorder | 2,011 |
| People aged 18-64 predicted to have an antisocial personality disorder | 1,554 |
| People aged 18-64 predicted to have psychotic disorder | 1,787 |

It is predicted that these figures will rise by 3% by 2030, with the exception of antisocial personality disorder which is predicted to increase by 4%

61% of the people predicted to have a common mental health disorder are female

It is predicted that 221 people aged between 30 and 64 in Devon have early onset dementia of which 58% are male. This is predicted to rise by 6% to 235 by 2030. Early onset dementia is most prevalent in the 50-59 age group for both men and women
5.9. Substance Misuse

15,133 people in Devon aged 18-64 are predicted to be dependent on drugs in 2011, with 66% of these being male. This is predicted to rise by 4% to 15,713 by 2030.

26,684 people in Devon age 18-64 are predicted to have alcohol dependence in 2011, with 72% of these being male. This is predicted to rise by 4% to 27,759 by 2030.


5.10. Residential and Nursing Care Residents

Many of the people who are most vulnerable through their level of dependency on others and being least able to protect themselves live in nursing or care homes. Despite being in the full time care of care and nursing staff numerous examples have shown that they cannot be assumed to be safe.

Data from NHS GP Registers regarding long term care and our own Devon County Council systems regarding short term residential care, suggests that in Devon at the end of March 2012 there were approximately 7,600 people in residential or nursing care placements (long or short term) within the county.

The following chart shows the number of DCC commissioned placements for residential and nursing care service users during 2010/11 as a rate per 1,000 population aged 65+ by Devon town.
5.11. Figure 4: Persons receiving DCC commissioned residential nursing care, 2010-11, Rate per 1,000 population (persons aged 65 and over)

Data Source: JSNA Devon Town Profiles 2011 - CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

Figure 5: Incapacity Benefit / Severe Disablement Allowance Claimants as at February 2011 by Devon Town, Rate per 1,000 working age population

Data Source: DWP Information Directorate
5.12. Deprivation and isolation

Social deprivation, isolation and discrimination can contribute to the circumstances that make people with social care needs vulnerable and make it more difficult for them to get help in keeping safe.

The 2010 Index of Multiple Deprivation suggests that just below 5% of the Devon population live in the most deprived national quintile (one-fifth). These areas include parts of Exeter, Ilfracombe, Barnstaple, Bideford, Dawlish, Dartmouth, Teignmouth, Newton Abbot and Tiverton. Just over 10% of the Devon population were in the least deprived quintile. While overall levels of deprivation across Devon are lower than the national average.

Within Devon rural areas are generally more deprived than rural areas elsewhere in England, whilst urban areas are generally less deprived than urban areas nationally. Furthermore, while urban areas are usually more deprived than rural areas, the rural areas surrounding a number of towns in Devon are more deprived than the town itself, including Crediton, Great Torrington, Holsworthy, Honiton, Okehampton, South Molton and Tavistock.

5.13. Rurality

Devon is the third largest county in the country. However, it is also one of the most sparsely populated with a population density well below national and regional averages. Rurality can create problems of accessibility and social isolation.

5.14. MOSAIC Profile

MOSAIC is a geodemographic profiling tool which classifies postcode areas or households in up to 15 groups based on characteristics and behaviours of households. The summary below shows the proportions of the Devon population in each MOSAIC group, compared to the national profile.

In Devon, the largest group (21%) is group A ‘Residents of isolated rural communities’, significantly above the national average of 6% for this group. Devon’s proportion of people who are elderly and reliant on state support is 33% higher than the national average.
5.15. Ethnicity and Migration

Discrimination and social isolation experienced by people from minority ethnic groups can add to the circumstances that can make people with social care needs vulnerable. It can also make it more difficult to access support and protection from local services.

Table 8 shows the latest available estimate of population by ethnic group by Devon local authority district. This highlights that 3.4% of the Devon population are from non White ethnic groups, and around 3.0% are from other White groups (typically Irish or European). The highest proportions of people from non White ethnic groups (5.5%) and other White ethnic groups (5.0%) are seen in Exeter. Updated information on population by ethnic group should be available next year from the 2011 Census.

Table 8: Percentage of population by ethnic group in Devon, 2007

<table>
<thead>
<tr>
<th>Area</th>
<th>White British</th>
<th>White Irish</th>
<th>White Other</th>
<th>Mixed</th>
<th>Asian</th>
<th>Black</th>
<th>Chinese and Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devon</td>
<td>93.6%</td>
<td>0.6%</td>
<td>2.4%</td>
<td>0.9%</td>
<td>1.0%</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>South West</td>
<td>93%</td>
<td>0.7%</td>
<td>2.6%</td>
<td>1.1%</td>
<td>1.6%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>England and Wales</td>
<td>83.6%</td>
<td>1.1%</td>
<td>3.5%</td>
<td>1.7%</td>
<td>5.7%</td>
<td>2.8%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: Neighbourhood Statistics, Office for National Statistics licensed under the Open Government Licence v.1.0
5.16. Domestic Violence and Abuse (DVA)

DVA is the subject of a separate Joint Strategic Needs Assessment but there are links to Safeguarding vulnerable adults as people with social care needs may be subjected to domestic violence and abuse.

It is estimated that 14,000 (7%) women and girls in Devon aged 16 to 59 years have been a victim of domestic abuse and 4,700 (2.2% of 16-59 female population) a victim of sexual assault (Home Office Domestic Violence Ready Reckoner). We know that a further 122,400 women aged 60 years or older are living in Devon. Assuming the same victimisation levels a further 8,100 older women could be victims of domestic abuse bringing the total to 22,100 women in Devon who have been subjected to domestic violence or abuse.

Domestic Violence accounted for 24.1% of violent crime in Devon in 2010. In Devon an average of 750 reports of domestic violence are received by Devon and Cornwall Police each month. This figure represents only a small proportion of incidents as on average there have been 35 domestic violence assaults before a victim calls the Police (Povey et al, 2008), leading to large discrepancies between estimated victimisation rates and reported crime levels.

The number of perpetrators of domestic abuse in Devon is unknown. In 2009 -10 there were 935 convictions for domestic abuse crimes in Specialist Domestic Violence Courts in Devon. Perpetrators of domestic violence may have unmet health needs, particularly in relation to self harm, overdose and other mental health needs.

http://www.devonhealthandwellbeing.org.uk/health-and-wellbeing/groups/dv/

5.17. Carers

Latest estimates of the number of carers in Devon suggest that there are around 83,000 unpaid carers in the county. Figures from the 2011 Census will be released in late 2012 / early 2013 which will confirm the current number. This represents an increase on the numbers reported in the 2001 Census. The Devon Carers Health Needs Assessment 2008 used data from the 2001 Census, highlighting that 12% (approximately 8,700) of whom were aged 65 to 74 years, with 6,300 or 9% aged 75 years of age or over. The 2001 Census also indicated that in Devon there are just over 2,000 young carers aged up to 19 years (less than 3% of carers of all ages), although it is believed that this may be an underestimate. Roughly half of young carers (1,084) were aged below 16 years of age.

Devon reflects the national picture in that women are more likely to be carers than men. Nationally, 54% of carers were women when looking after someone in the same household, and this rose to 60% when looking after someone living elsewhere. The cared for person was more likely to be female than male and if living alone, more likely to be aged 65 or older.

Evidence shows that, of those for whom carers provide support:

- 62% have a physical disability
- 6% experience mental ill health, including dementia
- 18% have both a mental and physical disability – which could include learning disability, or dependence on drugs or alcohol
14% are older person with age-related care needs

Source:

6. Health and Care services

6.1. Social Care Regulated Providers
Devon has a high number of care homes and other care providers. There are 534 care providers across Devon including Care Homes, Care Homes with Nursing, and Domiciliary Providers. The majority are owned as independent businesses but there are some non-profit making services including care services run by Devon County Council.

Within Devon there are two acute hospitals, 27 community hospitals, seven Mental Health Hospitals and in-patient units, one private hospitals, 104 GP practices, and 117 dental practices.

6.2. Quality of Social Care Regulated Provision in Devon
The Care Quality Commission is in the process of becoming the regulator for all health and social care services. At 31st July 2012, of the 534 regulated providers of residential, nursing or domiciliary care in Devon over 50% have been inspected under the current Care Quality Commission inspection regime, 32% of all providers were compliant in all areas inspected. This compares to a national average of 34% of all providers being compliant in all areas inspected as at June 2012 (Source: National comparator data from CQC Our Market Report Issue 1 June 2012).

CQC continues to develop its methods and strategy. Its inspections have priorities providers where concerns have been identified but most inspections are not carried out in response to specific concerns. CQC aims to inspect all services within either a one or two year period depending on service type. Not all essential standards are inspected for at each inspection.

6.3. Non regulated services
Current care policy has meant that an increasing number of people with health and social care needs who would previously have been likely to have been living in some form of residential care now have tenancies in social housing where they may receive domiciliary care services. The accommodation they live in is not regulated by the Care Quality Commission.

6.4. People who work with vulnerable adults
Labour market statistics for 2010 from Nomisweb suggest that there were 39,300 people employed in human health and social work activities in Devon. The Police and other criminal justice and public service staff are also likely to have involvement with vulnerable adults. The total number of people who are likely to have a professional involvement with vulnerable adults in Devon is estimated to be over 40,000

6.5. Safeguarding Adults Training
Safeguarding Adults training provided by Devon County Council for all organisations consists of five levels: Alerter, Practitioner, Investigator, Responsible Manager and Senior Manager. The number of people completing e-learning Safeguarding Adult
awareness training during 2011/12 was 3,648 (across organisations). The number of people trained via taught courses was:

Table 9: Staff trained during 2011/12 via taught courses by organisation/organisation type:

<table>
<thead>
<tr>
<th>Organisation / Organisation Type</th>
<th>Alerter</th>
<th>Practitioners</th>
<th>Investigators</th>
<th>Responsible Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devon &amp; Cornwall Police</td>
<td>52</td>
<td>35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Devon Partnership Trust</td>
<td>8</td>
<td>59</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Northern Devon Healthcare Trust</td>
<td>8</td>
<td>107</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>NHS Devon Commissioning</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Independent Healthcare Providers</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Royal Devon &amp; Exeter Hospital</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Devon County Council</td>
<td>595</td>
<td>296</td>
<td>47</td>
<td>8</td>
</tr>
<tr>
<td>Independent Sector &amp; District Councils</td>
<td>474</td>
<td>71</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1149</strong></td>
<td><strong>590</strong></td>
<td><strong>85</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>

These figures do not include MCA/ DoLS training as this is reported separately in the MCA section (see below)

6.6. A range of safeguarding adults and MCA training is provided by or commissioned by individual organisations for their own staff which is not provided or recorded by Devon County Council. This training is not currently collated by the Safeguarding Adults Board and is not included in this report.

7. **What people with social care needs say about abuse and keeping safe.**

In 2012 Devon Safeguarding Adults Board commissioned an independent organisation to carry out a consultation exercise focused on these questions:

What type of crime, abuse or neglect do you experience, or are you afraid of, because of your health or social care needs?
In what ways do your health or social care needs make it difficult to protect yourself from crime, abuse or neglect?
What would help you to feel safer from abuse or neglect?
Is there anything that would make it easier for you to report a concern about abuse or neglect if you had one?

104 people took part in discussions or responded to these questions through a range of consultation methods.

4 with mental health problems
60 with learning disabilities
24 with physical or sensory disabilities
16 carers including 14 carers for people with dementia

More work is currently being done on getting views from older people.
Many of the people who require help with their personal care felt that being dependent on others puts them at risk of potential neglect. Many reported having experienced abuse or feeling at an increased risk of crime, abuse and neglect by family carers and care workers, neighbours and strangers.

Concerns include lack of care, harsh or rough treatment, physical abuse, emotional abuse, inappropriate comments and taunting, were commonly raised fears. Although care assistants are CRB checked, some people still reported feeling at risk with strangers coming into their homes.

There was concern about potential for financial abuse by employed helpers or family dealing with finances on behalf of service user, in particular when they have access to bank accounts. This is increasingly a worry for those who realise their minds and memories are not what they were. There were also concerns and experiences of financial abuse from neighbours and people providing non care services such as landlords or builders.

Other concerns and forms of abuse that people were concerned about included cold callers and scams, cyber bullying, harassment, emotional and verbal abuse, being laughed at, damage to property, emotional abuse, physical abuse, sexual abuse, discrimination, and neglect.

These concerns and experiences related to behaviour or feared behaviour of family members, care workers, other service providers, neighbours and strangers.

Problems and concerns about being able to protect themselves included:

- The affect of their disabilities and reliance on other people,
- Isolation,
- Fear of losing services,
- Unwillingness to report issues about family members,
- Fear of repercussions,
- Lack of knowledge about how to access help to deal with abuse
- Not being listened to or taken seriously
- Not feeling understood and not being given time to explain

Further consultation was carried out on what would help people feel safer. The responses identified the following issues:

- Regulation and quality checks on care providers to ensure high quality services that meet peoples’ needs and make people feel they are cared for, valued and treated with dignity and respect.
- Support and awareness from friends, family, staff members and the local community to help people to feel safer.
- People available to contact easily or nearby, should a situation arise.
- The need for training and awareness in dementia and disability to build a better understanding of people with disabilities and long term health and mental health problems and therefore higher standards of care.
- Care workers should be valued and respected, as well as well trained and better paid, in order to ensure that people receive a quality service. This will also help to reduce turnover, thus ensuring people receive a consistent service from people they know and trust.
• Need to give people confidence in discussing concerns or reporting incidents.

The following measures were identified as helping enable people to report concerns.

• Availability and use of advocates and support to act on behalf of people who are unable to speak for themselves or who may be unaware that they are victims of abuse or neglect
• Providing information about the process for complaints and the options and implications for them, without ‘setting a train in motion’.
• Regular contact with Care Managers, key workers or other staff
• Members so that health and social care service users can build trusting relationships and have people available who they feel able to openly discuss any concerns and be listened to, understood, taken seriously and supported.
• The importance of involving family members where they are not seen as part of any potential risk.
• Training for front line workers to help them to understand and act appropriately if they become aware of any safeguarding concerns.

More work is needed on getting the views of older people who are able to represent themselves. People with limited capacity to represent themselves, such as those with dementia, is through advocates and the family carers.

The wide range of issues and potential solutions raised by people who need social care services and their carers reflects the wider range of factors involved in helping vulnerable people to be safe from abuse and neglect.

There are proposals for large scale preventative measures such as raising the pay, status and expertise of people working in the care sector and increasing the level and quality of care provision.

The need for increased awareness is highlighted including changing attitudes to people with care needs.

There are also more individually focused suggestions to enable people to have access to investigation and protection through advocacy and support in raising concerns.

8. Alerts Investigations and Outcomes.

A report of a concern about abuse of a vulnerable adult is referred to as a Safeguarding Adults Alert.

An alert may lead to a referral for further investigation of the reported concern. Investigations asses the risk faced by the vulnerable adult and agree protection plans to manage these risks.

162 people were identified through safeguarding adults investigations in Devon as having or likely to have experienced abuse or neglect.
8.1. National Evidence

Research on the magnitude of mistreatment includes the Centre for Social Research estimated in 2007 that 277,000 older adults in private households in Britain experienced mistreatment. That did not include adults in care homes or working age adults at risk but is still many more than the 46,700 children that the NSPCC identified as being at risk in 2011. The UK Study of Abuse and Neglect of Older People, carried out by the National Centre for Social Research and King’s College concluded that 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker which equates to about 227,000 people aged 66 and over in the UK who were neglected or abused in the past year. When the one year prevalence of mistreatment is broadened to include incidents involving neighbours and acquaintances, the overall prevalence increases from 2.6% to 4.0%. This would give a figure of approximately 342,400 older people subject to some form of mistreatment. Incidence of abuse was found to be more prevalent for women, people living in rented housing, people living alone, and people with declining health status.

8.2. Types of abuse.

Summary of referrals received during 2011/12 by type of alleged abuse

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Number of referrals in 2011/12</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL</td>
<td>306</td>
<td>30%</td>
</tr>
<tr>
<td>SEXUAL</td>
<td>69</td>
<td>7%</td>
</tr>
<tr>
<td>PSYCHOLOGICAL</td>
<td>248</td>
<td>24%</td>
</tr>
<tr>
<td>FINANCIAL</td>
<td>165</td>
<td>16%</td>
</tr>
<tr>
<td>NEGLECT</td>
<td>176</td>
<td>17%</td>
</tr>
<tr>
<td>DISCRIMINATION</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>INSTITUTIONAL</td>
<td>52</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1023</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

| Referrals with MULTIPLE types of alleged abuse recorded | 284 |

Physical abuse is the most common subject of safeguarding adults referrals. In many/+ cases more than one type of abuse is reported. There is no nationally provided benchmarking readily available for types of abuse.

- Disability Hate Crime
  Disability Hate crime I involves any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic including disability. The police also record reported disability or Disabalist Hate Incidents which may not constitute a criminal offence. Disability Hate Crimes or incidents are not reported as a category by Local Authorities to the Department of Health. Figures provided by Devon and Cornwall Police Constabulary in relation to Disability Hate Crime taking place during 2011/12 are displayed below.

Table 10: Disability Hate Crimes and Incidents in Devon, 2011/12

<table>
<thead>
<tr>
<th></th>
<th>Hate Crime</th>
<th>Incident</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Hate Crime / Incidents</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>
In the Devon LA area there were three Disability Hate Crimes during 2011/12. If expressed as a rate per 100,000 population aged 18+, the rate of Disability hate crime in England and Wales for 2011/12 was 4.0. Applying this rate to the Devon population 18+ suggests that we could expect to see the level of Disability hate crime standing at 24 if Devon were in line with national rates. The table above shows that in fact the volume of Disability hate crimes were much lower at just three in 2011/12. This may be due to there being less Disability crime in Devon, or it may be due to less Disability hate crime being reported than in other parts of England and Wales. The ‘Hidden in Plane Sight’ report highlights the often hidden nature of disability hate crime and harassment.

- Self neglect
  Safeguarding Adults processes are increasingly being used to provide multi agency risk assessment and protection planning for people whose behaviour puts themselves at risk of harm and where individual, health, mental health and social care services have not been able to manage these risks. Contributory factors in these cases can include mental health, drug and alcohol misuse, and homelessness.

8.3. Safeguarding Adults alert and referral volumes

A total of 1,885 Safeguarding Adult alerts were received for 2011/12 which is above both the Devon local target of 1,500 set for 2011/12 and the total alerts recorded for 2010/11 (1,623). The rate of Safeguarding Adult alerts in Devon for 2011/12 is 29.4 per 10,000 population 18+, which is an increase on the rate of 26.9 for 2010/11.

Comparisons of alerts and referrals against national data is problematic as the range of variation nationally suggests there may be either, high levels of inconsistency in interpreting criteria and applying thresholds nationally, or high levels of variation in awareness of the safeguarding adult and preparedness to report concerns.

Figure 8 - Benchmarking against National and Comparator Local Authority data, Number of alerts and referrals per 100,000 population, 2010/11

Source: NASCIS Report AVA 2010/11, Table 1
Figure 8 shows that for alerts, Devon’s rate is in line with that of our comparator group and England average (although not all authorities record alerts). For referrals, Devon’s rate is significantly lower than the comparator and England average. A large difference in the number of alerts and referrals may indicate a good awareness among professionals and the community of safeguarding procedures. However it may also indicate issues with Safeguarding thresholds.

Table 11: Safeguarding Adult alerts by location of vulnerable adult, including the rate per 10,000 population 18+

<table>
<thead>
<tr>
<th>Locality</th>
<th>2011/2012</th>
<th>2010/11</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alerts</td>
<td>Rate/10,000 Population 18+</td>
<td>Alerts</td>
</tr>
<tr>
<td>East</td>
<td>853</td>
<td>32.0</td>
<td>613</td>
</tr>
<tr>
<td>North</td>
<td>359</td>
<td>28.4</td>
<td>268</td>
</tr>
<tr>
<td>South</td>
<td>569</td>
<td>26.6</td>
<td>509</td>
</tr>
<tr>
<td>Devon</td>
<td>1781</td>
<td>29.4</td>
<td>1623</td>
</tr>
</tbody>
</table>

Locality alert figures will not add up to Devon totals due to locality not being recorded for all cases. *Population aged 18+ based on Mid Year Estimates for 2010 sourced from the Office for National Statistics.*

The above table shows that the some moderate variation in rates of alerts across Devon when the total adult population of each locality is taken into account. East Devon Alerts have increased most substantially in East rising from 23.1 to 32.0 per 10,000 population. The highest volumes of alerts can be seen within the East locality, which is to be expected as East represents 44% of the 18+ population of Devon as a whole (based on Mid Year Estimate 2010).
Recorded alerts for people with Learning Disabilities increased by 43% (from 208 to 298) in 2011/12 compared to the previous year and alerts for people with Mental Health problems increased by 39% (from 256 to 355). The percentage of alerts where the primary client group is unknown has decreased slightly (from 13% to 12%).

Benchmarking information shows the proportion of referrals received in year that relate to each client group. This shows Devon has a higher proportion of referrals for Physical Disability than our comparator group and the England average, and slightly lower proportions of Learning Disability referrals. This could be due in part to Devon’s proportionately older population as we have a higher proportion of referrals for the 65+ age band (see figure 10 below):-
Figure 9: Primary Client Type of Adults referred to Safeguarding, 2010/11

Source: NASCIS Report AVA 2010/11, Table 1

Figure 10: Age Group of Adults Referred to Safeguarding, 2010/11

Source: NASCIS Report AVA 2010/11, Table 1
8.4. Repeat Referrals

Repeat referrals is an in-year count of repeats about the same vulnerable adult during the current reporting period. As Devon’s percentage of repeat referrals is considerably lower than the comparator group average and the England average this would suggest that safeguarding measures previously put in place are working.

Figure 12: Repeat Referrals as a Percentage of all Referrals, 2010/11

Source: NASCIS Report AVA 2010/11, Table 1

8.5. Referrals by Source

Table 13: Safeguarding Adults Alerts by Source

<table>
<thead>
<tr>
<th>Source of Alert</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Care Staff – Total</td>
<td>596</td>
<td>405</td>
<td>387</td>
</tr>
<tr>
<td>Health Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Staff - Total</td>
<td>512</td>
<td>352</td>
<td>163</td>
</tr>
<tr>
<td>of which:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary/Community Health Staff</td>
<td>344</td>
<td>221</td>
<td>104</td>
</tr>
<tr>
<td>Secondary Health Staff</td>
<td>97</td>
<td>110</td>
<td>59</td>
</tr>
<tr>
<td>Mental Health Staff</td>
<td>71</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Other Sources of Referral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Referral</td>
<td>27</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>Family member</td>
<td>127</td>
<td>180</td>
<td>124</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>42</td>
<td>45</td>
<td>39</td>
</tr>
<tr>
<td>Other service user</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Care Quality Commission</td>
<td>15</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Housing</td>
<td>28</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>Education/Training/Workplace Establishment</td>
<td>11</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Police</td>
<td>152</td>
<td>88</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>367</td>
<td>302</td>
<td>232</td>
</tr>
<tr>
<td>Overall Total</td>
<td>1880</td>
<td>1460</td>
<td>1059</td>
</tr>
</tbody>
</table>
Alerts where the referral source was identified as Mental Health staff have increased by 238% (from 21 to 71) in 2011/12 compared to 2010/11 and alerts from Education / training / workplace have increased by 175% (from 4 to 11). The biggest decrease in referral source has been the Care Quality Commission, dropping from 32 to 15 (-53%). 32% of alerts come from social care staff and 27% from health staff (health staff - total).

Figure 13 looks at how Devon compares to our comparator group and the England average in terms of referrals received during 2010/11, where the referrer was Self, Friends or Family.

Devon’s percentage of referrals from “Self, Friends or Family” is higher than both the comparator group and the England average for 2010/11. This suggests that safeguarding awareness is good in the community in Devon and routes for reporting concerns are known. This measure is also indicative of local strategies around empowerment and putting the vulnerable adult at the centre of the process being in place and progressing positively.

Figure 13: Benchmarking - Self, Friends or Family Referrers as a Percentage of all Referrers, 2010-11

Source: NASCIS Report AVA 2010/11, Table 3

For referrals received during 2010/11, Devon had a higher proportion of referrals from the Police, Housing and Health staff than the comparator group and England averages. This may be an indication of good partnership working. We must also be aware that a
lower percentage of referrals from Social Care staff may be cause for concern about whether social care assessments and reviews are picking up safeguarding issues. As referred to above, a higher proportion of referrals from Self, Family or Friends can also indicate good community awareness. Therefore, this information should be viewed in the round and linked to the knowledge of local process and practice.

Figure 14: Benchmarking – Distribution of Referral Sources, 2010/11

Source: NASCIS Report AVA 2010/11, Table 3

8.6. Referrals by Location of Alleged Abuse

52% of referrals received during 2011/12 were in relation to abuse in a vulnerable adult’s home, with a further 29% being in relation to abuse in a care home setting (permanent and temporary residential or nursing care placements).~

Of the referrals received during 2010/11, Devon has a comparatively lower proportion of referrals where clients are living in a care home setting than both the comparator group and England averages. A more significant proportion of alleged abuse is taking place in people’s homes in Devon than in our comparator group areas or the England average.
8.7. Referrals by Relationship to Alleged Perpetrator

The proportion of Devon referrals where the alleged perpetrator was a member of social care staff is less than half that of the comparator group and England averages.

43% of Devon’s referrals during 2010/11 had the vulnerable adult’s partner or other family member as the alleged perpetrator, compared to only 26% for our comparator group and 25% for the England average. Complex cases of institutional abuse can have a high profile and focus attention on the quality and safety of health and social care services. This data indicates that Safeguarding Adults Processes are being used in a comparatively high proportion of cases to identify and investigate domestic abuse of vulnerable adults in their own homes. The established Domestic Violence and Abuse procedures can be used to help protect people with social care needs from domestic violence and abuse but recent cases have highlighted the potential benefits of using safeguarding adults process in these cases. However this creates more demand for safeguarding adults services. We should also consider what preventative measures could help to safeguard people from abuse by partners or other family members.
Table 14  Benchmarking - Relationship to alleged perpetrator shown as percentage of all relationships recorded, 2010/11

<table>
<thead>
<tr>
<th></th>
<th>Partner</th>
<th>Other family member</th>
<th>Health Care Worker</th>
<th>Volunteer / Befriender</th>
<th>Social Care Staff</th>
<th>Other professional</th>
<th>Other Vulnerable Adult</th>
<th>Neighbour / Friend</th>
<th>Stranger</th>
<th>Not Known</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devon</td>
<td>13%</td>
<td>30%</td>
<td>1%</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>8%</td>
<td>28%</td>
</tr>
<tr>
<td>Comparator Group</td>
<td>8%</td>
<td>18%</td>
<td>3%</td>
<td>0%</td>
<td>28%</td>
<td>3%</td>
<td>16%</td>
<td>5%</td>
<td>1%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>England</td>
<td>7%</td>
<td>18%</td>
<td>3%</td>
<td>0%</td>
<td>25%</td>
<td>3%</td>
<td>13%</td>
<td>6%</td>
<td>2%</td>
<td>14%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: NASCIS Report AVA 2010/11, Table 6A

The graph and table below show the case conclusion recorded for completed referrals.

Figure 15 - Case conclusion of completed referrals 2011/12

25% of completed referrals were either substantiated or partially substantiated in 2011/12, compared to 29% in 2010/11.

2010/11 benchmarking information indicates that at 29% of cases substantiated or partly substantiated, Devon is below both the comparator group and England averages which stood at around 40% for the same period.

Consistent interpretation of the extent to which allegations are substantiated are difficult to achieve nationally and locally. However services involved in carrying out safeguarding adults investigation should consider further why Devon has a higher proportion of referrals being concluded as “not substantiated”, as it may indicate issues with safeguarding investigation and decision making processes.

8.8. Whole Home/ Service Investigations

Whole Service investigations take place where there are indications of possible institutional abuse or neglect and can involve abuse or neglect of a number or vulnerable adults. Most involve care home services. They also include domiciliary and health service investigations. There were 49 Whole Service Investigations during 2011/12 compared to 51 in 2010/11.
9. Mental Capacity Act and Deprivation of Liberty Safeguards

9.1. Deprivation of Liberty Safeguard Referrals/Applications

Failure to comply with peoples rights under the Mental Capacity Act is a form of abuse.

Applying the MCA and DLS and the assessments involved have been an important way of identifying where other forms of abuse are taking place. They also help promote the need to respect the rights and needs of people who may lack some decision making capacity.

Over the last three years there has been a steady increase in the number of Deprivation of Liberty Safeguard referrals being completed in Devon, with current figures standing at 168 during 2011/12, compared to 117 during 2010/11. When expressed as a rate per 100,000 population aged 18+, we see a Devon rate of 27.7.

Table 17: Deprivation of Liberty Referrals, Devon

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Deprivation of Liberty Safeguard Referrals in year</td>
<td>71</td>
<td>117</td>
<td>168</td>
</tr>
<tr>
<td>Rate of Deprivation of Liberty Safeguard Referrals per 100,000 population 18+</td>
<td>4.8</td>
<td>19.4</td>
<td>27.7</td>
</tr>
</tbody>
</table>

Nationally, the anticipated rate of DoLS applications per 100,000 population was 45.0 during 2010/11. At 19.4 Devon was some way off this expected rate but benchmarking information has shown that the actual England rate was only 21.8 rather than 45.0, and for the group of Devon comparator authorities, the rate was 26.0. Projections based on government predictions of the number of people requiring Deprivation of Liberty Safeguards indicate that the increase will continue until at least 20013/14. The Mental Capacity Act and Deprivation of Liberty Safeguards are evolving areas of law. Application rates have not followed government estimates and the period of increase DLS application may turn out to be longer than 2014.
9.2. Mental Capacity Assessments

Since 2010/11 we have seen a steady rise in the number of Mental Capacity Act (MCA) Assessments recorded on the DCC Care First system, numbers have risen from 707 to 945 in 2011/12. MCA Assessments completed by Devon Partnership Trust are recorded on a separate system, and during 2011/12 volumes of completed assessments stood at 1,348.

For MCA Best Interest Decisions (Devon County Council) the general direction of travel is an increasing volume each quarter. During 2011/12 the total number of MCA Best Interest decisions completed was 648.

9.3. MCA and DoLS Worker Training and Awareness

During 2011/12 Devon County Council delivered MCA and DoLS Alerter level training to 3,539 workers across all organisations (NHS, Police, Private and Voluntary sector orgs, District Councils, DCC etc).

417 workers across organisations in Devon completed the MCA/DoLS Practitioner level training during 2011/12.

10. Conclusions.

There will continue to be an increase in the number of people with health and social care needs. Rates of increase vary depending on the type of health and social care need with the largest increase being in older people with health and social care needs. An estimated 90,678 people over 65 will be unable to manage at least one domestic care task by 2020.

Many of the most vulnerable people live residential or hospital care. Most are in residential or nursing care. In Devon Approximately 7,600 people live in these settings.

72,400 people (of all ages) in Devon have a caring role and up to 40,000 people working with adults with social care or health needs in Devon.

With such large numbers of people, including many socially isolated people needing to have at least basic information on the risks of abuse that vulnerable adults can face and how to report safeguarding concerns having a range of communication strategies will continue to be important.

Training for those who are most likely to need information on recognising and responding to indications of abuse and neglect will also continue to be important. 2,797 people expected to complete basic alerter level training provided through Safeguarding Adults Board and DCC. Other safeguarding adults training is provided by employers in a range of other forms. The full volume of these other sources of safeguarding adults training is not currently collated.

While the number of people with health and social care needs continues to rise the increase in safeguarding adult alerts and investigations across Devon in recent years has outstripped this growth. This is likely to be due to heightened public and professional concern to ensure that any possible abuse is reported and the level of awareness training that DSAB member organisations have ensured occurs within their staff groups.
As well as giving an indication of the level of awareness of the need to protect vulnerable adults from abuse, higher alert rates also indicate a greater understanding of how to report safeguarding concerns, and of confidence in the processes to investigate concerns and protect people.

The number of Mental Capacity Act Assessments, and of MCA Best Interest decisions continue to increase. The steady increase in the number of Deprivation of Liberty Safeguard referrals is expected to continue until at least 2013/14.

The views of people needing care services highlight the wide range of factors involved in helping vulnerable people to be safe from abuse and neglect, including prevention, awareness, investigation, improves service standards, and greater support for people with care needs and their carers.

More work is needed on getting the views of older people who are able to represent themselves particularly as older people make up the largest group of people with care needs and of people experiencing abuse and neglect.

It is hoped that strategies to improve quality and safety in health and social care services will reduce the frequency of individual and institutional abuse and neglect in these settings. However some of the underlying factors, such as low pay and status and the nature of institutions, are likely to continue to be a challenge. Quality and safety assurance in care services should continue to be a priority for the Safeguarding Adults Board and for commissioner, provider and regulator organisations who are members of the Board.

Increased scrutiny, awareness raising and attitudes can be important factors in the number of safeguarding concerns identified. Media attention to particular cases such as the abuse of learning disabled people in Winterbourne View can be a very powerful influence on public and professionals preparedness to report safeguarding concerns.

It may be that as the Care Quality Commission begin to monitor standards, including standards of awareness of safeguarding issues, for dentists and GPs that these services become more of a source of safeguarding concerns being reported both in relation to the services provided and in relation to concerns that these professionals become aware of through their contact with vulnerable adults.

Continuing work on awareness of disability hate crime may contribute to increasing number of these types of cases being reported.

With so many factors and influences involved the rates of abuse and safeguarding adults concerns needing to be investigated, and frequency of the different types and circumstances of abuse continue to be difficult to predict. Prevention, awareness, and investigation will all continue to be strategic priorities for the organisations that make up the Safeguarding Adults Board.

11. Recommendations

This Joint Strategic Needs Assessment to be used to inform the review of the Safeguarding Adults Boards priorities and Business Plan
The proposed development of the new Safeguarding Adults Board local and county wide Learning and Improvement sub groups to include the development of local strategies for enabling isolated vulnerable people and people experiencing social deprivation to be safeguarded from abuse and neglect.

The proposed development of the new Safeguarding Adults Board local and county wide Learning and Improvement sub groups to include local strategies for communicating with the 40,000 people who work with vulnerable adults in Devon.

Planned new safeguarding web pages to be used to help improve access to safeguarding adults and Mental Capacity Act information to the people of Devon including the 40,000 people who work with vulnerable adults.

Service users including older people to be involved in informing the Safeguarding Adult Boards priorities.

Health and social care providers to continue to promote understanding of peoples duties under the Mental Capacity Act and prepare for continuing increase in the need for Mental Capacity Act Assessments, MCA Best Interest decisions and Deprivation of Liberty Safeguard referrals.

Prevention of abuse and neglect through quality and safety of health and social care services to continue to be a priority for Health and social care providers and commissioners and for the Safeguarding Adults Board Business Planning.

Appendices

SAB Annual Report
SAB Business Plan
Carers and Safeguarding Adults - Working together to improve outcomes. ADASS 2011