

Safeguarding Adults

England 2015-16

Appendices

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Information and technology
for better health and care

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Appendix A: Data Quality

Purpose

This appendix aims to provide users with an evidence-based assessment of the quality of the statistical output from the Safeguarding Adults 2015-16 collection by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles¹ appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics², particularly Principle 4, Practice 2 which states producers must: *“Ensure that official statistics are produced to a level of quality that meets users’ needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality”*.

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

Table A1: Content of the 2015-16 SAC tables

SAC Table Number	SAC Table Name	SAC Table Content
SG1	Demographics - Count of individuals at risk for Concerns and Enquiries raised or commenced during the reporting period	6 Tables
SG1a	Number of individuals by age	Count of individuals involved in Section 42 and Other Safeguarding Concerns and Enquiries Age group of individual
SG1b	Number of individuals by gender	Count of individuals involved in Section 42 and Other Safeguarding Concerns and Enquiries Gender of individual
SG1c	Number of individuals by ethnicity	Count of individuals involved in Section 42 and Other Safeguarding Concerns and Enquiries Ethnicity of individual
SG1d	Number of individuals by primary support reason	Count of individuals involved in Section 42 and Other Safeguarding Concerns and Enquiries Primary support reason of individual
SG1e	Number of individuals by reported health conditions	Count of individuals involved in Section 42 and Other Safeguarding Concerns and Enquiries Reported health conditions of individual
SG1f	Count of Safeguarding Activity	Count of cases involved in Section 42 and Other Safeguarding Concerns and Enquiries
SG2	Case details - Count of Enquiries that concluded during the reporting period	3 Tables
SG2a	Type and Source of risk	Count of concluded Section 42 and Other Enquiries Type of risk Source of risk

¹ The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

² UKSA Code of Practice for Official Statistics: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>

SG2b	Location and Source of risk	Count of concluded Section 42 and Other Enquiries Location of risk Source of risk
SG2c	Action, Result and Source of Risk	Count of concluded Section 42 and Other Enquiries Action and result Source of risk
SG3	Mental capacity - Count of Enquiries that concluded during the reporting period	2 Tables
SG3a	Was the individual lacking capacity?	Count of concluded Section 42 Enquiries Age group of individuals involved in concluded Enquiries Mental capacity of individuals involved in concluded Enquiries
SG3b	Was the individual lacking capacity?	Count of concluded Other Enquiries Age group of individuals involved in concluded Enquiries Mental capacity of individuals involved in concluded Enquiries
SG4	Making Safeguarding Personal (MSP) – Count of Enquiries that concluded during the reporting period	2 Tables
SG4a	Was the individual asked what their desired outcomes were?	Count of concluded Section 42 Enquiries Age group of individuals involved in concluded Enquiries Outcome achieved
SG4b	Was the individual asked what their desired outcomes were?	Count of concluded Other Enquiries Age group of individuals involved in concluded Enquiries Outcome achieved
SG5	Safeguarding Adult Reviews (SAR)	2 Tables
SG5a	Number of SARs	Number of Safeguarding Adult Reviews Whether the individual died as a result of the harm
SG5b	Number of individuals involved in Safeguarding Adult Reviews by age	Number of individuals involved in Safeguarding Adult Reviews Age group of individuals involved in Safeguarding Adult Reviews Whether the individuals died as a result of the harm

Relevance

The publication report contains the latest statistics on Safeguarding Adults concerns and enquiries for 2015-16. This presents information about adults at risk for whom safeguarding concerns were opened during the reporting period, and case details for safeguarding enquiries which concluded during the reporting period. The report contains figures and commentary, and is accompanied by a series of reference data tables in a separate spreadsheet (Annex A).

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

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

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

- Benchmarking against other councils.
- Measuring/monitoring local performance.
- Policy development.
- Service development, planning and improvement.
- Management information, local reporting, accountability.
- Informing business cases.
- Identifying any immediate priorities/areas for concern.

The publication and data is also used by charitable organisations such as the Alzheimer's Society and Mind.

Accuracy and reliability

The data used in the report are available in a supporting spreadsheet as reference tables which can be found at: <http://www.content.digital.nhs.uk/pubs/sa1516>

Accuracy

Coverage and non-response errors

The collection was sent to all 152 Local Authorities and responses were mandatory, regardless of whether Safeguarding cases had been handled in the reporting year by the Authority. Nil returns were acceptable and are valid, though none were received (all councils reported some safeguarding activity). Returns were received from all 152 Local Authorities.

Data Validations

The 2015-16 SAC data have been validated by the Omnibus system (details of these are available in Appendix B) and then through more detailed checks by NHS Digital. Further details on the SAC validation process can be found in the Collection Process section of Chapter 6 of the report.

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

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

The issues that remain within the data and should be considered when reading this report are discussed in the following pages within this section. Appropriate footnotes have also been added to affected tables to identify data which may be affected by these issues.

Estimates

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

Table A2: Councils with Estimated Values

Council	Table	Estimated Values
Cornwall	All	10% of records estimated on all tables
Leeds	SG2a	30% of 795 records had gaps relating to the Type & Source of risk
Leeds	SG2b	30% of 795 records had gaps relating to the Location & Source of risk
Leeds	SG2c	30% of 795 records had gaps relating to the Action & Result and Source of risk
Oxfordshire	SG2c	33% of 1530 records have estimated Action and Result data
Oxfordshire	SG3a	67% of 1505 records have estimated mental capacity data

Partial Data

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

Table A3: Councils with Partial Data

Council	Table	Missing/Partial Data
Central Bedfordshire	SG2c	100 cases missing where action taken is unknown
Hillingdon	SG1	Individuals Involved In Section 42 Safeguarding Enquiries is partial
Rotherham	SG1e	Autism/Asperger's is partial
Wakefield	SG1	Individuals Involved In Section 42 Safeguarding Enquiries is partial
West Sussex	SG2a-c	185 cases missing from Concluded Section 42 Enquiries
Wirral	SG3a	Advocate Support is partial

Missing/Overstated Data

Some councils have the correct overall count of records in a table, but some background information is missing so records are included in the wrong category. This inflates the total for these categories while reducing the total for the ones with the missing data. In other instances the category totals are simply inflated in error but records are not missing from other categories.

Table A4: Councils with Missing/Overstated data

Council	Table	Missing/Overstated Values
Bristol	SG1	Individuals Involved In Section 42 Safeguarding Enquiries overstated
Coventry	SG2c	No Action Taken overstated as it includes cases where actions are missing
Croydon	SG2c	560 cases where action is unknown recorded as No Action Taken
Dudley	SG2c	Some actions missing, No Action Taken overstated
Gloucestershire	SG2c	No Action Taken high as some actions may have been underreported
Herefordshire	SG2c	No Action Taken overstated as some incorrectly recorded
Hertfordshire	SG2c	No Action Taken may be overstated
Suffolk	SG3a	5500 additional records on this table were dealt with by external agencies not as enquiries, but still had mental capacity assessed

Blank Cells

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

Table A5 shows the proportion of mandatory cells left blank by each council at the final cut of 2015-16 SAC data. Only councils which had blank cells are included in this table.

Table A5: Councils with Blank Cells

Council	Count of blank mandatory cells	Proportion of blank mandatory cells
Birmingham	6	5%
Buckinghamshire	6	5%
Enfield	9	8%
Gloucestershire ⁱ	3	3%
Hampshire	12	10%
Isle of Wight	6	5%
Kingston upon Hull ⁱⁱ	1	1%
Poole	1	1%
Stockport	38	32%

i. Gloucestershire have confirmed that their blank cells should have been zeroes

ii. Kingston upon Hull have confirmed that their blank cell should have been a zero

Of the 152 councils that submitted a 2015-16 SAC return for the final cut of data, 15 councils left one or more of the mandatory data items blank. For these 15 councils, a total of 144 cells were left blank, accounting for 0.8% of the total cells in the return. The tables affected by these blank cells are discussed in the following pages within the **Blank Rows** and **Blank Tables** sections. Councils which left cells blank on table SG3a for the Don't Know or Not

Recorded categories have been left off this list as this does not represent a data quality issue.

Blank Rows

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

It is worth noting that several councils have blank rows for the Don't Know and Not Recorded categories in Table SG3a (Mental Capacity), which indicates that the council has recorded a mental capacity assessment for every safeguarding investigation they completed. These are not listed here as they do not represent a data quality issue.

Table A6: Councils with Blank Rows

Council	Table	Row Left Blank	Recategorised/Overstated?
Birmingham	SG3a	In how many of these cases was support provided by an advocate, family or friend	N/A
Buckinghamshire	SG2a	Discriminatory Abuse	N/A
Buckinghamshire	SG2a	Organisational Abuse	N/A
Enfield	SG2c	No Action Taken	Risk Reduced
Enfield	SG2c	Action taken and risk remains	Risk Reduced
Enfield	SG2c	Action taken and risk removed	Risk Reduced
Gloucestershire ⁱ	SG2a	Discriminatory Abuse	N/A
Isle of Wight	SG3a	In how many of these cases was support provided by an advocate, family or friend	N/A
Kingston upon Hull ⁱⁱ	SG1e	Asperger's Syndrome / high functioning Autism	N/A
Poole	SG1e	Asperger's Syndrome / high functioning Autism	N/A
Portsmouth	SG3a	In how many of these cases was support provided by an advocate, family or friend (zero not blank but data is missing)	N/A
Stockport	SG3a	Yes	Not Recorded
Stockport	SG3a	No	Not Recorded
Stockport	SG3a	In how many of these cases was support provided by an advocate, family or friend	N/A

i. Gloucestershire have confirmed that their blank cells should have been zeroes

ii. Kingston upon Hull have confirmed that their blank cell should have been a zero

Blank Tables

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

Table A7: Councils with Blank Tables

Council	Blank Table
Hampshire	SG2c
Stockport	SG5a
Stockport	SG5b

Reliability

We compared the number of individuals with Section 42 Enquiries for each council in 2015-16 with their count of individuals with referrals in 2014-15, in order to identify large changes.

A number of councils in the North East have reported high numbers of enquiries under Section 42 of the care act, compared to the number of safeguarding referrals recorded in previous years. When queried, it was reported that this is due to changes in reporting methodology as a result of new statutory criteria established in the Care Act. This meant that Safeguarding work which would have previously not been recorded as Referrals would now appear as Section 42 Enquiries. Increased training had also led to more Safeguarding work being undertaken and therefore recorded. This should be taken into account when using these data.

Other Data Quality Issues

Additional Categories

A very small number of records could not be categorised correctly as the SAC table did not have the necessary category available. Where these have affected a significant number of records it is mentioned in the tables above. This issue could have affected more records which we are unaware of.

Table A8: Missing Categories

Table	Category Required
SG1b	Gender Neutral (1 record)
SG2c	Action Not Recorded (2 records)
SG2b	Unknown Location (26 records in Other)

Section 42 Enquiries with No Support Reason

One of the criteria for a Section 42 Safeguarding Enquiry is “The adult has needs for care AND support (whether or not the authority is meeting any of those needs)”. Therefore it should not be possible for an individual with a Section 42 Enquiry to have No Support Reason on table SG1d. However 96 councils submitted a total of 13,765 records with No

Support Reason. Those with the highest proportions were asked why this was and the explanations received are below:

- *“Refers to those individuals not receiving services from Adult Social Care during 2015-16”*
- *“For Table SG1d the guidance states that in the case of difficulty extracting the PSR at the time of the incident the PSR recorded at the time of reporting or the year end is acceptable. The majority of the individuals reported as having “No Support Reason” have deceased during the reporting year and have no PSR active at the time of reporting or the year end. On our data base it is the current practise to end all PSR’s when the case is closed. To extract the PSR active at the time of the incident is currently difficult but changes are been made to enable this data to be available in the future”*
- *“Majority of the voluntary cells have not been completed because our Care Management System does not collect this information. There are a number of reasons why Clients may not be receiving Support as at the date of the safeguarding incident (and hence have no Support Reason) these include:-Self funders-Client may be supported by Health-Client may not have requested support before the safeguarding incident”*
- *“S42 enquiries received have often not been through the adult care assessment process and do not always have a service in place at the time of the safeguarding concern, or if they have a service they are sometimes funding their own care provision”*
- *“There are individuals who meet the Section 42 criteria yet are categorised as No Support Reason. These are a mixture of self-funding customers, clients placed by other local authorities, those who are funded by Health (e.g. Continuing Health Care) and some where the support reason has not yet been updated on our CareFirst database. Work continues to update these wherever possible”*
- *“We have reviewed the data and would confirm they are correct. Our strategy is to ensure our safeguarding Policies and Procedures apply widely, not just to those receiving packages of care”*

Enquiries involving multiple individuals

North Somerset have an additional 120 individuals on table SG3a who did not appear on the SG2 tables. These are from large scale enquiries which involved multiple individuals and were only counted once on the SG2 tables, but each individual had their mental capacity assessed on SG3a.

Enquiries greater than concerns

On the SG1 tables, individuals with enquiries are a subset of individuals with concerns because all enquiries start as a concern. However, there are some instances where the number of enquiries slightly exceeds the number of concerns:

- If an individual is counted once in concerns, they could be counted once in each of section 42 enquiries and other enquiries, giving them a total of 1 for concerns and 2 for enquiries.
- Some enquiries relate to concerns raised in the previous reporting year.

Voluntary Data

Some of the data items in the return are voluntary, including Making Safeguarding Personal (MSP). Not all councils submitted these items, and the voluntary fields were not validated. This should be taken into account when using these data.

Timeliness and punctuality

This report is based on an annual collection, for which the submission window was open between 4 April and 8 June 2016. Councils were able to make changes to their initial submission of data in July 2016 after validations were run on the data. The updated submissions were made available to councils on a restricted basis for management information purposes during July 2016. Following validation and analysis, results were published approximately 13 weeks after the collection deadline, at an earlier time than 2015 when the report was published on 28 October. The release is in line with pre-announced publication dates and is therefore deemed to be punctual.

Accessibility and clarity

Accessibility

The Safeguarding Adults report and supporting documents, including this appendix and reference data tables are accessible via the NHS Digital website. A machine readable file containing the data used to generate the statistics is published alongside them, along with a file containing the metadata to support it.

The report is published here: <http://content.digital.nhs.uk/pubs/sa1516>

Reuse of our data is subject to conditions outlined here: <http://content.digital.nhs.uk/data-protection/terms-and-conditions>

Clarity

The reference data are presented in Excel worksheets. Each details a different aspect of these statistics such as age group, gender, ethnic group and geographical information. Information at local authority level includes tables illustrating for example percentage breakdown of type or source of risk, and outcome of cases.

Coherence and comparability

Coherence

There are no current alternative sources of data for England with which these can be compared. These data are collected from local authorities in England and this is the only national data collection of Safeguarding Adults cases.

While comparisons to safeguarding statistics from other countries can be made, care needs to be taken as the data are unlikely to be directly comparable due to differences in Mental Health legislation and recording.

Related Publications

NHS Digital publishes other statistical releases about the use of mental health legislation in relation to compulsory treatment/care for people with a mental disorder or who lack capacity. The latest reports are shown below:

Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2014-2015, Annual figures.

<http://content.digital.nhs.uk/catalogue/PUB18803>

Mental Health and Learning Disabilities Statistics (MHLDS) Monthly Reports

<http://content.digital.nhs.uk/mhldsmonthly>

Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England), 2015-16

<http://content.digital.nhs.uk/catalogue/PUB21814> Guardianship under the Mental Health Act 1983, England 2015-16, National Statistics

<http://content.digital.nhs.uk/catalogue/PUB21294>

Past reports for these statistics can be obtained from the NHS Digital website at:

<http://content.digital.nhs.uk/home>

Safeguarding Adults in Wales is covered by the Social Services and Well-being (Wales) Act 2014 <http://www.legislation.gov.uk> and is monitored by the National Independent Safeguarding Board. Mental health publications for Wales can be found at: www.hiw.org.uk

Safeguarding Adults in Scotland is covered by The Adult Support and Protection (Scotland) Act 2007 (<http://www.legislation.gov.uk/asp/2007/10/contents>). Mental health publications for Scotland can be found at: www.mwscot.org.uk

Safeguarding Adults in Northern Ireland is covered by the Adult Safeguarding Prevention and Protection in Partnership policy: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents>

Comparability

The SAC is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013-14 and 2014-15 reporting periods. Changes were made to bring the collection in line with the Care Act (2014). Some of the categories collected have remained the same but there are also some significant differences. The main change is in how cases opened in the reporting year are categorised. Previous reports have used individuals “Known” and “Unknown” to the council, but this distinction has been removed. Previous reports recorded details of individuals with Safeguarding Referrals, but the SAC now records individuals with Safeguarding Enquiries. While these will be largely equivalent they may not be directly comparable.

The 2015-16 publication utilises the Care Act 2014 definitions to separate individuals into those involved under Section 42 of the Act and “Others” who do not fulfil the necessary Section 42 criteria but still warrant investigation. A new section, Section 4: Making Safeguarding Personal, has been included for 2015-16 to measure the effectiveness of safeguarding responses. This section is discussed in chapter 5 of the report.

Further details of the changes made between the 2014-15 and 2015-16 collections can be found in the Safeguarding Adults Collection (SAC) 2015-16 guidance document on the Social care collections 2016 web page³.

Trade-offs between output quality components

The submission of data was mandatory and therefore all local authorities in existence at the point of collection submitted data. There are no known data quality issues other than those mentioned above.

Guidance is made available to all submitters on what items should be included in each field of the data return. The guidance document is consulted on by a Working Group including local authority representatives and updated yearly and as needed to reflect any comments. Once the data are submitted, they are validated (see Appendix B for Validation rules), with any issues then being passed back to local authorities to amend or clarify their submission. The Adult Social Care statistics team provide support not only at submission time, but also throughout the year, as local authorities collect and prepare their data.

Assessment of user needs and perceptions

The content of the 2015-16 Safeguarding collection was determined as a result of a review of the NHS Digital adult social care data collections which began in 2010. The review considered changes in the delivery of social care and looked into what information should be provided to monitor the most important current and future priorities. With the approval of the Department of Health (DH), the Department of Communities and Local Government (DCLG) and other key stakeholder organisation, including the Association of the Directors of Adult Social Services (ADASS), changes were made to the Safeguarding data collection. Further information about the consultation is available at:

http://content.digital.nhs.uk/media/10088/Consultation-Summary/pdf/00_Consultation_report.pdf

A Working Group was established in early 2014. The aim of the group is to manage the development of the Safeguarding data collection to reflect the requirements of users and policy. The Group includes representatives from NHS Digital, DH, Care Quality Commission, NHS England, MIND and regional representatives from Local Authorities. Current membership is available at: <http://content.digital.nhs.uk/socialcarecollections2016> (Group Membership section)

We are always interested in knowing if the Safeguarding collection is meeting your needs and, if not, what improvements we could make for the future. If you would like to make any comments, please contact us as below:

Email: safe.guarding1@nhsdigital.nhs.net Telephone Enquiries: 0300 303 5678

Performance, cost and respondent burden

We are required to report on Safeguarding Adult cases at organisation level and completing the return is mandatory. The collection is therefore a census of local authorities. Data should be submitted by all local authorities regarding Safeguarding Concerns or Enquiries under the Care Act 2014 in the reported year. Nil returns are accepted from organisations which have

³ <http://content.digital.nhs.uk/socialcarecollections2016> - Safeguarding Adults Collection (SAC) section.

no cases to report. Respondents are required to complete a survey form with aggregated values. The information was collected using the NHS Digital Omnibus online collection system.

The cost of this collection is currently being reviewed.

Confidentiality, transparency and security

All publications are subject to a standard disclosure risk assessment prior to issue, which is approved by the Head of Profession for Statistics. Disclosure control is implemented where deemed necessary.

To prevent disclosure of small numbers, in Annex B – Data Table by council all numbers will be rounded to the nearest 5. Councils that supplied data for fewer than 10 individuals were merged with neighbours, in this case Isles of Scilly was merged with Cornwall.

The lowest geographical area to be published within the main report is regional level. Numbers in the report are rounded to the nearest 5 in any tables, although sometimes rounded to higher levels for presentational purposes in the text, and percentages are rounded to the nearest 1%.

Please see links below to relevant policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)
<http://content.digital.nhs.uk/pubs/calendar>

Freedom of Information Process
<http://content.digital.nhs.uk/foi>

Privacy and data Protection
<http://content.digital.nhs.uk/privacy>

Appendix B: Data Submission Validations

Below are the validations used during the 2015-16 online Omnibus data collection for Safeguarding Adults:

Table	Breachable?	Type	Description
All	N (Provided a character such as N can be used instead)	Blanks	Cells Cannot be left blank
SG1a	Y	totals > 0	The total of SG1a row 2 should be greater than 0
SG1b	Y	totals > 0	The total of SG1b row 2 should be greater than 0
SG1c	Y	totals > 0	The total of SG1c row 2 should be greater than 0
SG1d	Y	totals > 0	The total of SG1d row 2 should be greater than 0
SG1e	Y	totals > 0	The total of SG1e should be greater than 0
SG2a	Y	totals > 0	The total of SG2a columns 1-3 should be greater than 0
SG2b	Y	totals > 0	The total of SG2b columns 1-3 should be greater than 0
SG2c	Y	totals > 0	The total of SG2c columns 1-3 should be greater than 0
SG3a	Y	totals > 0	The total of SG3a rows 1-4 should be greater than 0
SG1a	Y	x-ref	Total of SG1a row 2 should be same as SG1b row 2
SG1a	Y	x-ref	Total of SG1a row 2 should be same as SG1c row 2
SG1d	Y	x-ref	The total of table SG1d row 2 should be >= total of table SG1a row 2
SG2a	Y	x-ref	The total of table SG2a Columns 1-3 should be >= total of table SG3a Rows 1-4
SG2b	Y	x-ref	The total of table SG2b Columns 1-3 should be >= total of table SG3a Rows 1-4
SG2c	Y	x-ref	The total of table SG2c Columns 1-3 should be >= total of table SG3a Rows 1-4
SG5a	Y	x-ref	The total of table SG5a should be <= total of table SG3a Rows 1-4
SG5b	Y	x-ref	The total of table SG5b should be >= total of table SG5a
SG5b	Y	x-ref	The total of table SG5b row 1 should be >= total of table SG5a row 1
SG5b	Y	x-ref	The total of table SG5b row 2 should be >= total of table SG5a row 2
SG3a	Y	x-ref	The figure entered into cell A5 of SG3a must be less than or equal to the figure in cell A1
SG3a	Y	x-ref	The figure entered into cell B5 of SG3a must be less than or equal to the figure in cell B1
SG3a	Y	x-ref	The figure entered into cell C5 of SG3a must be less than or equal to the figure in cell C1
SG3a	Y	x-ref	The figure entered into cell D5 of SG3a must be less than or equal to the figure in cell D1
SG3a	Y	x-ref	The figure entered into cell E5 of SG3a must be less than or equal to the figure in cell E1
SG3a	Y	x-ref	The figure entered into cell F5 of SG3a must be less than or equal to the figure in cell F1

Appendix C: Glossary

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

Conclusion		The conclusion of an enquiry is a professional judgement about whether the allegations made are believed to have happened on the balance of probabilities. The conclusions used for this return are: fully substantiated, partially substantiated, not substantiated, inconclusive and investigated ceased at an individual's request.
Ethnicity		Defined based on the categories established in the 'ONS Harmonisation Programme Primary Set of Harmonised Concepts and Questions' and used in the 2011 Census of England and Wales, as well as including additional classifications of 'Refused' and 'Undeclared / Not known'.
Ethnicity	White	<ul style="list-style-type: none"> • English / Welsh / Scottish / Northern Irish / British • Irish • Gypsy or Irish Traveller • Any other White background
Ethnicity	Mixed / Multiple	<ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other mixed / multiple ethnic background
Ethnicity	Asian / Asian British	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background
Ethnicity	Black / African / Caribbean / Black British	<ul style="list-style-type: none"> • African • Caribbean • Any other Black / African / Caribbean background
Ethnicity	Other Ethnic Group	<ul style="list-style-type: none"> • Arab • Any other ethnic group
Ethnicity	No Data	<ul style="list-style-type: none"> • Refused • Undeclared / Not Known
Gender		This is the gender the individual considers themselves to be. For transgender people, it should be recorded as the preference of the individual concerned.
Location/setting		The location of risk describes where the alleged safeguarding incident took place. Multiple locations can be included.
Location/setting	Care Home	Can include residential and nursing homes. Can be used whether the person is at the care home on a permanent or temporary basis.
Location/setting	Hospital	Can include any type of hospital premises. The individual at risk could be a patient or a visitor.

Location/setting	Own Home	The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.
Location/setting	Community Service	A location that provides a service to the local community. Can include things like community centres, day care centres, leisure centres, a library, school or church, a hostel, a GP or dentist surgery.
Location/setting	Other	Includes any other setting that does not fit into one of the above categories. This could include public places, offices, retail property or other people's homes.
Mental Capacity		This refers to the capacity to make decisions about the safeguarding incident. For every referral in which an individual lacks the capacity to make decisions about their safeguarding incident, practitioners should ensure that appropriate support is provided. This support can come from a friend, family member, carer or an independent advocate where necessary.
Mental Capacity	Yes (Lacking capacity)	Where a Mental Capacity Act assessment has taken place and found the individual to be lacking capacity.
Mental Capacity	No (Not Lacking Capacity)	Where a Mental Capacity Act assessment has taken place and found that the individual does not lack capacity or where no-one has reason to believe that the individual lacks capacity.
Mental Capacity	Don't know	Where the council does not know whether the individual at risk lacks capacity or not. This could be because the individual at risk died or became seriously ill before they could be spoken to.
Primary Support Reason		Primary Support Reasons (PSRs) describe what type of support is being provided to the adult at risk. The primary support reason should be identified and recorded at the point of assessment.
Primary Support Reason	Physical Support	The person needs support with personal care, or physical things they find difficult to do on their own.
Primary Support Reason	Sensory Support	The person needs support as they cannot see/hear well enough on their own.
Primary Support Reason	Support with Memory and Cognition	The person needs support as their memory or understanding makes it difficult to do certain things on their own.
Primary Support Reason	Learning Disability Support	The person needs support as they find it difficult to learn how to do new things on their own.
Primary Support Reason	Mental Health Support	The person needs support as their psychological or emotional state may make it difficult for them to do certain things on their own.
Primary Support Reason	Social Support	The person needs support and they are a carer, asylum seeker, or are socially isolated. This PSR also includes individuals who require support due to substance misuse issues.

Primary Support Reason	No Support Reason	The individual was not receiving any social services support at the time of the safeguarding incident.
Reported Health Condition		Reported Health Conditions (RHCs) are the reasons why support is provided to the adult at risk. An RHC relates to an illness, disability or condition affecting the client - and diagnosed by a healthcare professional - that contributes to the client's need for support.
Reported Health Condition	Long Term Health condition – Physical	Includes: Chronic Obstructive Pulmonary Disease Cancer Acquired Physical Injury HIV / AIDS Other
Reported Health Condition	Long Term Health condition - Neurological	Includes: Stroke Parkinson's Motor Neurone Disease Acquired Brain Injury Other
Reported Health Condition	Sensory Impairment	Includes: Visually impaired Hearing impaired Other
Reported Health Condition	Learning, Developmental or Intellectual Disability	Includes: Learning Disability Autism (excluding Asperger Syndrome / High Functioning Autism) Asperger Syndrome / High Functioning Autism Other
Reported Health Condition	Mental Health Condition	Includes: Dementia Other
Reported Health Condition	No Relevant Long-Term Reported Health Conditions	The individual had no long-term health issue at the time of the safeguarding incident.
Risk		Risk refers to the incident or incidents that are alleged to have happened and are being investigated.
Safeguarding Concern		A sign of suspected abuse or neglect that is reported to the council or identified by the council.
Safeguarding Enquiry		Where a concern is raised about a risk of abuse and this instigates an investigation under safeguarding procedures.
Serious Adult Review (SAR)		When an adult at risk dies or suffers from serious harm, a SAR is conducted to identify how local professionals and organisations can improve the way they work together. From April 2015, the Care Act changed the terminology from Serious Case Review (SCR) to Safeguarding Adults Review (SARs).
Serious Adult Review (SAR)	Where an individual died	This category refers to the individual at risk who died as a result of the abuse that had been investigated.

Serious Adult Review (SAR)	Where no individual died	This category refers to the individual at risk who did not die but suffered serious harm as a result of the abuse that had been investigated.
Source of Risk		The source of risk refers to the person who is suspected of carrying out abuse. If a concluded referral has determined that there is more than one source of risk, there should be a count for each source type in these tables.
Source of Risk	Social Care Support	This category refers to any individual(s) or organisation paid, contracted or commissioned to provide social care support, regardless of the funding source. This category can include: <ul style="list-style-type: none"> • Services organised by the council • Personal budget /direct payment funded services • Self-arranged services • Self-funded services • Residential and nursing homes that offer social care services
Source of Risk	Other – Known to Individual & Other - Unknown to individual	These two categories cover all other sources of risk which are not social care support. The source of risk would be classed as known to individual if the adult at risk knows their name and unknown to the individual if the adult at risk does not know their name. Where the source of risk has not been identified, for example if no-one knows who stole a purse, this should be categorised as Other – Unknown to Individual
Type of Abuse or Risk		Describes the nature of the allegations made, such as physical or sexual. Multiple types of risk can be included. Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
Type of Abuse or Risk	Physical	Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Type of Abuse or Risk	Sexual	Includes rape and sexual assault, sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
Type of Abuse or Risk	Psychological	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Type of Abuse or Risk	Financial and Material	Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Type of Abuse or Risk	Neglect and Omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Type of Abuse or Risk	Discriminatory	Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.
Type of Abuse or Risk	Organisational	Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.
Type of Abuse or Risk	Domestic	An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage.
Type of Abuse or Risk	Sexual Exploitation	Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.
Type of Abuse or Risk	Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Type of Abuse or Risk	Self-Neglect	Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.