

# COVID-19 Adult Safeguarding Insight Project

Findings and discussion



This report was commissioned by CHIP - the sector-led Care and Health Improvement Programme, co-produced and delivered by the Local Government Association and the Association of Directors of Adult Social Services in England.

## Acknowledgements

Authors: **Dr Anusree Biswas Sasidharan**, **Dr Adi Cooper**, **James Harman**, Care and Health Improvement Programme.

# Contents

Background and introduction	4
Methodology	5
Caveats	6
About the report	7
Executive summary	8
Findings and discussion	10
Part one: Safeguarding concerns	10
Part two: Section 42 safeguarding enquiries	14
Part three: Understanding variation between councils	18
Part four: Breakdown by type of abuse	21
Part five: Breakdown by location of abuse	25
Part six: Breakdown by outcome of enquiry	29
Part seven: Good practice examples	32
Conclusions	34
Consultation on next steps	36

# Background and introduction

The Insight Project was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic.

A request was made for local insight and data on safeguarding activity on a voluntary basis, both during lockdown and as the restrictions were eased to develop an understanding about this impact at a national level.

In the early stage of the pandemic, there were concerns safeguarding issues were not being identified and reported during the COVID-19 lockdown period.

In residential settings, there was a concern for care homes due to decreased face-to-face contact between people with care and support needs, and their families, friends, neighbours or professionals. Care homes in particular were closed to visitors to assist in the prevention of COVID-19 transmission.

In community settings, there were increased concerns about people with care and support needs who were socially isolated or at risk of abuse. There were also concerns about the increase in reported domestic abuse during the lockdown, and it wasn't clear if people with care and support needs were equally affected.

Furthermore, there was an expectation there would be a surge in safeguarding activity as lockdown restrictions were eased and social and professional contact restarted.

It was considered important to understand what happened and to learn any lessons for future COVID-19 outbreaks, and respond to changing safeguarding needs. It is hoped that the data collected could improve understanding of the impact of COVID-19 locally and nationally to help inform preparations and planning for the future.

The proposal for this work came from the executive group of the National Network of Chairs of Safeguarding Adults Boards. They suggested it would be very helpful to understand the nature of the impact of COVID-19 and the lockdown on safeguarding activity before the Safeguarding Annual Collection (SAC) for this period is published by NHS Digital.

The Safeguarding Adults Collection (SAC) is a mandatory annual data collection from councils, which captures information about safeguarding activity. Data is collected, collated by NHS Digital and published at the end of the following calendar year. There would be considerable delay before the impact of COVID-19 on safeguarding activity could be 'described' across England through the SAC.

It was recognised councils were under considerable pressure to meet other mandatory data requests from central government at the time, which meant it might be difficult to respond to this particular request.

This Insight Project was therefore entirely voluntary and flexible. The proposal for the project was supported by Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), through the Safeguarding workstream of the Adult Social Care Hub (joint LGA and ADASS), Care and Health Improvement Programme (CHIP) and with support from the co-Chairs of the National Principal Social Workers Network and safeguarding leads at the Department of Health and Social Care (DHSC).

## Methodology

This voluntary collection of data and insight on safeguarding activity aimed to compare monthly levels over time, to compare between equivalent months in 2019 and 2020, and month by month trends.

A simplified subset of the SAC was included. The pro forma was circulated to councils in the form of an Excel template, which they filled in with the relevant data and returned to the LGA. This data was collated through LG Inform and put into charts and tables for this report.

Participants had the opportunity to provide free text describing their situation and insights alongside the standardised numerical data. This free text has been analysed and is described in the report below, alongside descriptions of the quantitative findings. It was challenging to make broad conclusions or even direct comparisons between councils due to the variety of information offered.

There was great diversity in the depth and breadth of intelligence sent; some provided in-depth information, detailing trends in individual abuse types, conversion rates, sharing of trends in concerns and/or Section 42 enquiries<sup>1</sup>. A Section 42 enquiry is an enquiry undertaken under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk of abuse or neglect and unable to protect themselves because of those needs.

The outcomes of Section 42 enquiries were mentioned less frequently and textual information on location of abuse was variable. The pro forma specifically asked for insight regarding domestic abuse, homelessness and care homes as these were areas of interest for a range of reasons.

Of those 45 councils who provided qualitative narratives, 29 per cent sent in information about homelessness, 56 per cent of councils provided insights and commentary regarding domestic abuse and 40 per cent mentioned care homes.

The initial round of data collection covered the period between January 2019 and May 2020, with May 2020 as optional. Responses were collected between June and July 2020. The second round of data collection covered the period between January 2019 and June 2020, where authorities who had already provided data for previous months did not need to do so again, unless they wished to make revisions. These responses were sent in during August 2020. These deadlines were not treated as absolute and late and partial submissions were accepted.

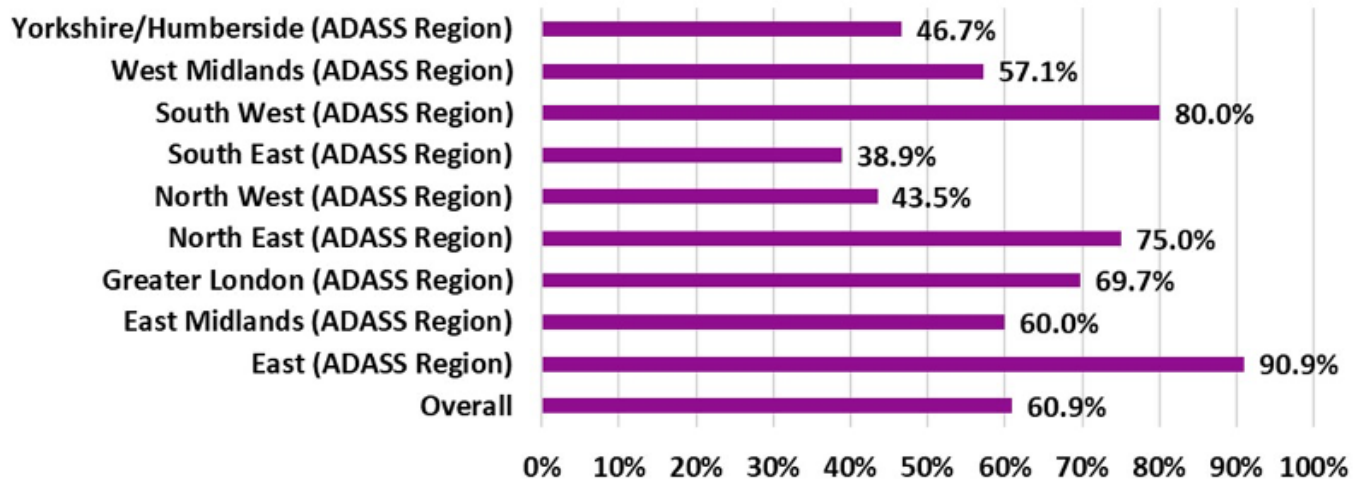
In all, 92 councils participated in the insight project – which is over 60 per cent of single tier and county councils in England, as Figure one shows below.

Participation varied by region, with the East ADASS region having the highest participation rate and the South East ADASS region having the lowest. It should be noted, however, that only 57 of the 92 councils provided data for June 2020 at the time of writing, making quantitative figures for this month less reliable.

Of the 92 councils, 58 gave additional information, including notification of changed data collection methods, explanation of missing data or notes to accompany the quantitative data; 45 councils gave qualitative data to build some context behind the figures.

<sup>1</sup> 'Section 42 enquiries' refers to Section 42 (ii) of the safeguarding decision making process described in the Care and Support Statutory Guidance, (2020) paragraphs 14.93-103.

Figure one: Safeguarding Insight Project Participation



## Caveats

The individual ecosystem of a council is characterised by a multitude of variables that can help contextualise safeguarding activity in that individual council, however this does not produce a single set of definitive correlations across the board.

This report cannot conclude that high or low levels of concerns in a council for example can be attributed to a single variable in this pandemic where isolating a single factor could only ever be theoretical and blind to the complexity of council workings.

However, this report does identify a number of variables that can paint a narrative for individual councils. Factors vary from reproduction number (R value) of COVID-19 in the local area, demographics, anxiety driven referrals, emergency service approaches to identifying risk, proactive or preventative initiatives in place at the time of the pandemic, number of residential or community settings, the proliferation of COVID-19 based scams in the locality and local approaches to being able or unable to enter residential settings.

The sample, whilst of significant size is self-selected and therefore may not be representative. Consequently, readers need to be careful in drawing conclusions from the data provided.

Additionally, readers of this report should note that data collected in 2020 will not necessarily be validated, so there will be potential discrepancies from validated figures. Furthermore, it is understood that in the past there have been some inconsistencies in the ways in which safeguarding concerns, Section 42 enquiries and other enquiries have been counted.

There has been a lot of work done to address this nationally, regionally and locally, which has been supported by the adult safeguarding workstream of the CHIP. This may mean that local practice has changed and improved between 2019 and 2020 and this has impacted the consistency of the data. Some participants have indeed commented on this when providing data, so this has been acknowledged.

The Coronavirus Act 2020 makes it clear there is a duty to continue to undertake safeguarding work, including for example, Section 42 enquiries and this is emphasised in the Care Act Easements

Guidance 2020. A small number of participating councils said there was a local change in process at the start of the pandemic, such as safeguarding concerns going direct to a safeguarding team rather than through a front line call centre, although these changes were not considered to have had any impact on safeguarding activity.

A significant number of participants mentioned in their textual comments that they had changed reporting systems during the time period the data was provided. This means that measures may not have the same definitions throughout the time period recorded. Furthermore, a few councils had changed their IT systems, processes and practices and they commented on the impact this had on their data. A few other contributors mentioned that the data was not complete, for example that information regarding safeguarding activity from mental health trust was not yet included.

More positively, at least four councils have explicitly stated in their textual comments they had introduced recording measures specific to COVID-19 from the start of the pandemic. This suggests a degree of recognition of the unique challenges introduced by the pandemic and increases the validity of the insights provided regarding the lockdown period and following easement.

Therefore, considering all the variables discussed above, inferring causal relationships and patterns that would apply to all councils is problematic (due to being unable to isolate variables whilst all else remain constant). This report does not provide broad conclusions but instead it looks to indicators and factors that provide a narrative that is nuanced to a council's particular experience and may provide for strategic reflection and analysis.

## About the report

Individual council data is treated confidentially in this project. This report does not identify any specific individual or council, instead showing the overall picture of the situation. Identifiable information about individual councils and respondents is used internally by the LGA, but is only held and processed in accordance with the [LGA privacy statement](#).

Each section in this report includes a summary of the numerical (quantitative) findings from the 92 councils, followed by, where applicable, a summary of the textual (qualitative) findings from the free text provided by 45 of those councils.

The report begins with a summary of safeguarding concerns and Section 42 enquiries. All quantitative findings from Part five onwards focus exclusively on Section 42 enquiries.

# Executive summary

The following gives an overview of the findings of this report. These findings are provided in more detail in each of the following sections.

## Part one: safeguarding concerns

In general, safeguarding concerns dropped markedly during the initial weeks of the COVID-19 lockdown period, only to return to and then exceed normal levels in June 2020.

## Part two: Section 42 safeguarding enquiries<sup>2</sup>

The trend of Section 42 enquiries showed a similar decline during the initial weeks of the COVID-19 lockdown period and upturn in June, although the June upturn was not as great. This may be due to the time frames for undertaking and completing safeguarding enquiries, a lower 'conversion rate' (ration of concerns that lead to enquiries), or that Section 42 activity in June may not have had not yet caught up with the backlog of safeguarding concerns generated in the lockdown period. This, along with the lower number of councils submitting June 2020 data than for any other month, suggests that it is too soon to accurately gauge the full impact of COVID-19 and the lockdown on Section 42 enquiries.

## Part three: understanding variation between councils

It is important to realise that the above averages disguise a considerable amount of variation between individual councils. This section demonstrates that many of the effects of COVID-19 and lockdown on safeguarding activity are localised and may vary across England as the pandemic impacted the country unevenly.

## Part four: breakdown by type of abuse

The percentage distribution of types of abuse within Section 42 enquiries did not appear to change considerably overall, although there is some evidence that some forms of abuse, particularly domestic abuse, increased slightly overall and significantly within some councils, as well as psychological abuse and self-neglect.

## Part five: breakdown by location of abuse

The percentage of Section 42 enquiries where the risk is located in the individual's own home has increased markedly since the start of the COVID-19 lockdown period, with evidence from participants that this is a direct result of the confinement of people in their homes. Enquiries with risk located in care homes has decreased as a percentage in the same period, possibly because of the relative lack of outside scrutiny in those environments during the lockdown period.

2 See p.3, FN 1



## Part six: breakdown by outcome of enquiry

The percentage distribution of Section 42 enquiries by the outcome of the enquiry has not changed noticeably during the COVID-19 lockdown period. There have been some minor fluctuations, but there is little evidence to suggest that these are significant.

## Part seven: good practice examples

During the lockdown period, while dealing with the unprecedented challenges of the pandemic, some councils developed innovations in their practices and systems. Examples provided by participating councils in the qualitative data, are described in this section.

# Findings and discussion

## Part one: safeguarding concerns

In general, safeguarding concerns dropped markedly during the initial weeks of the COVID-19 lockdown period, only to return to and then exceed normal levels in June 2020.

As shown in Figure two, the median rate of monthly safeguarding concerns per 100,000 adults for English councils has fluctuated over time in the period covered (January 2019 to June 2020). For all adults aged 18 and over, June 2020 experienced the highest average rate recorded in the project, at 77.7 concerns per 100,000 adults. This is somewhat higher than the rate of 63.0 concerns per 100,000 adults in June 2019, but much higher than the rate of 57.5 in May 2020 and 50.0 in April 2020.

The average trend appears to demonstrate a much lower rate of concerns were reported to councils during the lockdown in March, April and May 2020, all of which were considerably lower than their corresponding rates in March, April and May 2019. This appears to have been followed by a month with a far higher rate of concerns than might have been expected based on the June 2019 rate, potentially reflecting a delayed recognition of safeguarding issues which had originally arose during lockdown.

The pattern of concerns reported differs by age group. As shown in Figure three, the rate of safeguarding concerns among working-age adults was broadly similar to the overall rate, with a decrease in concerns reported in March, April and May 2020 followed by a sharp increase in June 2020.

It should be noted, however, that the rates for March and May 2020 among working-age adults were almost identical to their equivalent rates in March and May 2019, with only April 2020 having a significantly lower rate than expected. The rate among older people, as shown in Figure four, shows a different pattern.

Here, the peak was not in 2020 at all, but in July 2019 at 218.7 concerns per older person. The rates for March, April and May 2020 were all considerably lower than their 2019 counterparts, but the rate for June 2020, at 193.2, was not very much higher than the rate of 174.5 for June 2019. Thus, the relative year-on-year decrease in March, April and May and the relative year-on-year increase in June appear to be connected mostly with distinct age groups.

This data suggests three conclusions based on the data for monthly safeguarding concerns:

- overall, safeguarding concerns in 2020 were less frequent than in 2019 in the months March, April and May, but more frequent in June
- the lower overall rate of concerns in March, April and May is mostly due to concerns about older people and
- the higher overall rate of concerns in June is mostly due to concerns about working-age adults.

It should be noted, however, that fewer (57 of the 92) councils have provided data for June 2020 compared to previous months, which means that the rates for June 2020 represent a much smaller sample.

Of the 45 councils which provided qualitative data, 49 per cent described a similar downward trend in the number of safeguarding concerns reported in March and April 2020, as described in the larger quantitative sample. Sixty per cent of councils in the qualitative data described a decrease in the level of safeguarding concerns at the start of the COVID-19 lockdown, compared to the previous year.

The free text contributions noted a noticeable upturn of concerns being reported in May 2020, with councils either seeing a return to 'expected' figures (in line with the previous year) of safeguarding concerns or a significant increase in the number of concerns reported, over and above what they experienced in May 2019.

For those who experienced downward trends in March and April 2020 there was a sense of anticipation amongst 22 per cent of councils, anticipating a surge in the number of safeguarding concerns as soon as the COVID-19 lockdown ended. Twenty per cent of councils who responded describe in their qualitative narratives an upturn in concerns after the easing of COVID-19 lockdown.

Those who experienced significant increases in reporting of safeguarding concerns during the lockdown period, describe a different picture of their COVID-19 lockdown experiences. They noted that there were high levels of anxiety and distress being reported, and this was expressed by the referrers of those safeguarding concerns.

There was often a significant proportion of concerns reported by blue light services, who were coming face-to-face with people during the COVID-19 lockdown period; 18 per cent of councils described increases in levels of referrals predominantly from the police and to a lesser extent from the ambulance services. Three councils noted that there were more community-based concerns reported from contact with shielded and vulnerable residents, particularly regarding self-neglect, although these mostly did not meet the criteria for enquiries.

Additionally, 24 per cent of councils described how they conducted pro-active work either to mitigate risk areas in response to the pandemic or undertaking targeted initiatives. An example was a focus on management of pressure sore ulcers and other preventative work in care homes regarding specific issues, using welfare or liaison officers or focused task force groups.

Regarding the 'anxiety' driven referrals mentioned above, which often did not meet the criteria for a Section 42 enquiry, contributors described how they provided alternative pathways for resolution.

Nine per cent described how they responded to reporting of high levels of concerns that did not meet the criteria for Section 42 enquiries; they identified alternate pathways to support people. A further 24 per cent of contributors described how they had been 'pro-active', conducting preventative work and supported people on alternate pathways.

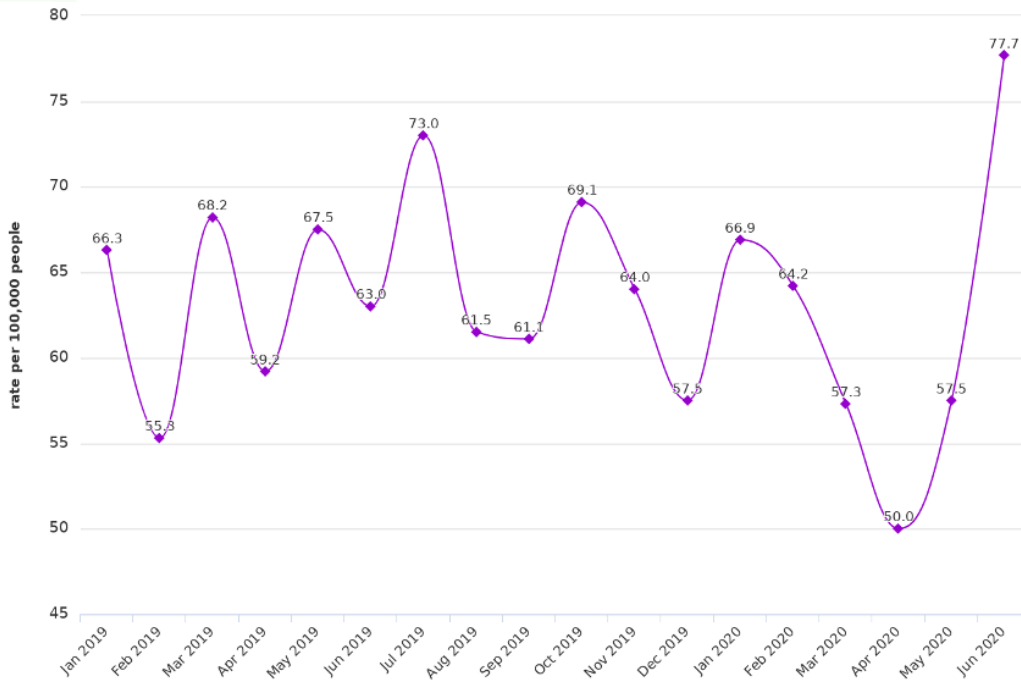
Eleven per cent of councils mentioned that the complexity and/or severity of safeguarding concerns reported were greater than usual, which was due to delays in making referrals or because people were approaching services later than usual because of fears of contracting COVID-19.

Beyond the 45 councils who shared qualitative insights, another four councils said that they had, within the last year, changed their practice of recording safeguarding concerns and this was the reason for both increases or decreases in 2020 compared to 2019, rather than any COVID-19 related reason.

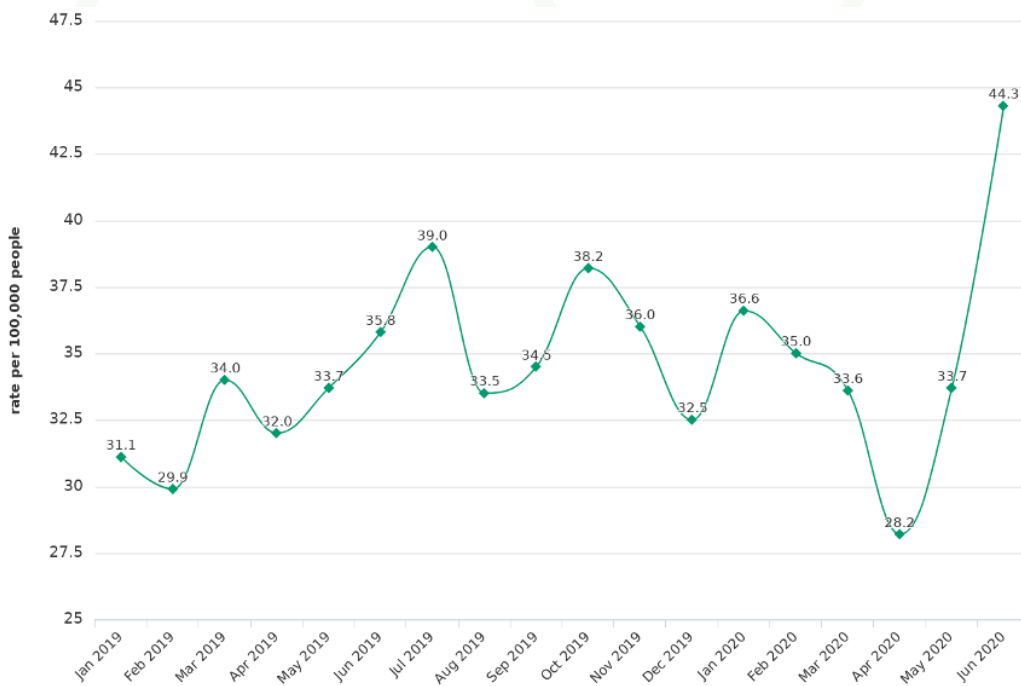
What was noteworthy from the responses provided was the way that councils adapted to the circumstances that they found themselves in. For those who were faced with lower levels of reporting of safeguarding concerns and less face-to-face visits, there were efforts to complete Section 42 paperwork, for example, from pre- or non-COVID-19 enquiries. For others there was pro-active work undertaken to prevent or identify potential safeguarding issues before they escalated.

The following three charts compare the average rate of safeguarding concerns per 100,000 adults across England. Figure two shows the overall trend for all adults, whereas Figures three and four provide an age breakdown for working-age adults and older people respectively.

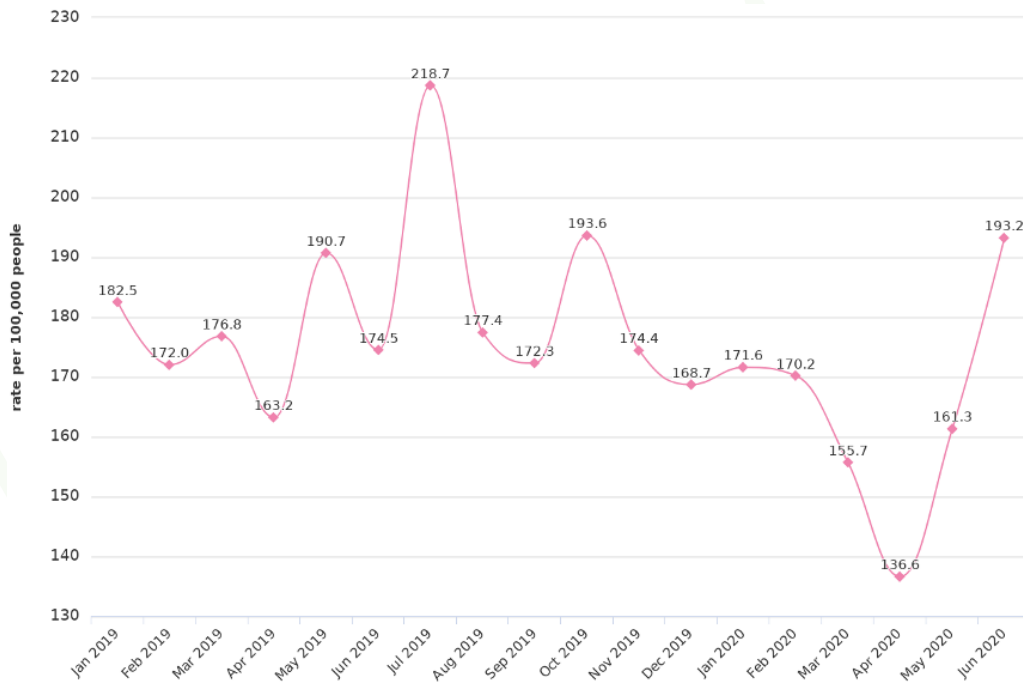
**Figure two: monthly safeguarding concerns per 100,000 people, aged 18+, median for English councils**



**Figure three: monthly safeguarding concerns per 100,000 people, aged 18-64, median for English councils**



**Figure four: monthly safeguarding concerns per 100,000 people, aged 65+, median for English councils**



## Part two: Section 42 safeguarding enquiries

The overall trend of Section 42 enquiries showed a similar decline during the initial weeks of the COVID-19 lockdown period and then an upturn in June, although the June upturn was not as great. This may be due to the time frames for undertaking and completing safeguarding enquiries, a lower 'conversion rate' (ration of concerns that lead to enquiries), or that Section 42 activity in June may not have caught up with the backlog of safeguarding concerns generated in the lockdown period. This, along with the lower number of councils submitting in June 2020 data than for any other month, suggests that it is too soon to accurately gauge the full impact of COVID-19 and the lockdown on Section 42 enquiries.

Notably, as Figure five shows, the overall rate of Section 42 safeguarding enquiries did not reach the same peak in June 2020 as the rate of safeguarding concerns in the same month. As several participants have confirmed in their textual comments, this is likely to be because Section 42 enquiries follow on from safeguarding concerns, and thus would not have reached the same peak until after the end of June.

The highest recorded average rates of Section 42 enquiries per adult were for October 2019 and January 2020, at 24.3 and 25.0 respectively. The rate for January 2020 is somewhat higher than its equivalent rate in January 2019, which was 21.3. February 2020's rate was still somewhat higher than in 2019, but the rate in March 2020 was slightly lower than the rate in March 2019. In April 2020 the rate drops significantly compared to the previous year, though much of this shortfall had disappeared by May 2020. The rate in June 2020 remained lower than in June 2019, at 20.5 compared with 23.5.

This suggests that the rate of Section 42 enquiries has recovered from its low in April 2020, but not yet returned to 2019 levels.

The rates are somewhat different by age group. Figure six shows that among working-age adults, the rate of Section 42 enquiries was moderately higher in February 2020 than in February 2019, before dropping to a much lower level than the previous year in March, April and May. June 2020 showed an abrupt increase in the rate, rising to 11.4 of Section 42 enquiries per working-age adult, almost identical with the rate in June 2019.

As Figure seven shows, among older people the rate of Section 42 enquiries was much higher in February 2020 than in February 2019. It then dropped to a level in March 2020 that was considerably lower than in 2019, remaining at a similar level in April 2020. The May 2020 rate was almost identical to the 2019 rate, but the June 2020 rate was lower than the rate in June 2019.

The councils that provided qualitative data noted that, whilst safeguarding concerns had increased in many areas, either during the COVID-19 lockdown period or post-lockdown, the levels of Section 42 enquiries did not increase in number at the same rate as concerns, or compared to the previous year. The 13 per cent who said that their completed enquiries had increased were not attributing these to COVID-19 related enquiries. An additional 13 per cent of contributors said that a lower level of enquiries had been completed.

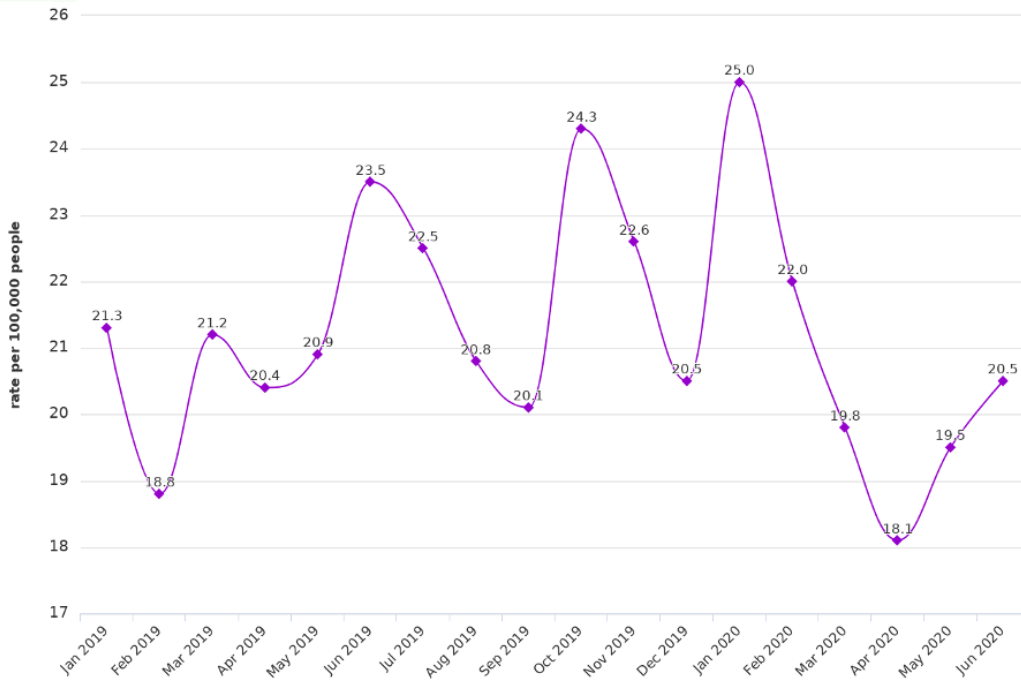
Nine percent of councils noted that, whilst the number of enquiries had not significantly changed, they were more complex. The overall figures for both levels of safeguarding concerns and Section 42 enquiries show a decline in March to April 2020 and then an increasing incline in May and June 2020.

However, the figures for concerns are more pronounced than enquiries, showing a steeper incline than the enquiries. This suggests that, although there were increases in the level of enquiries, these were not proportionate to the levels of safeguarding referrals. This reflects the commentary offered by nine per cent of councils suggesting that increased levels of anxiety due to COVID-19 and the lockdown had driven the increases in safeguarding concerns and referrals.

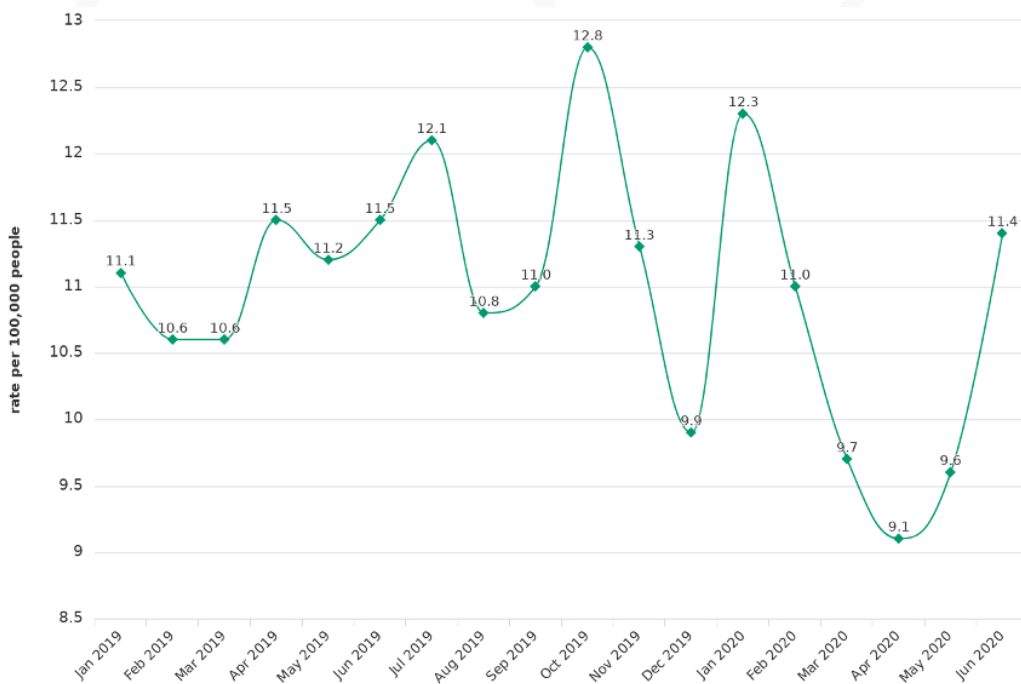
However, significantly less textual information was provided on Section 42 enquiries compared with safeguarding concerns, which further underscores the shortage of information on how Section 42 enquiries have been affected by the COVID-19 lockdown and easing. Further information covering a longer timescale and with more detailed textual insight information may be necessary to fully understand what has happened and what the learning is from the data.

The following three charts show the median rate of Section 42 safeguarding enquiries across England. Figure five shows the overall trend for all adults, whereas Figures six and seven show the age breakdown for working-age adults and older people respectively.

**Figure five: monthly Section 42 Safeguarding enquiries per 100,000 people, aged 18+, median for English councils**

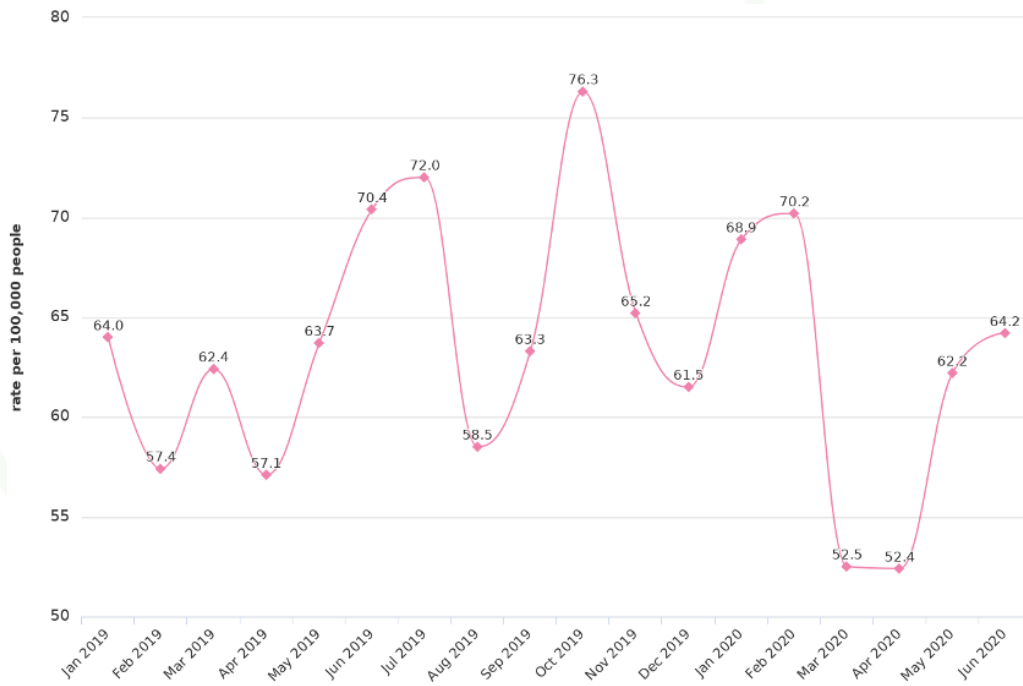


**Figure six: monthly Section 42 Safeguarding enquiries per 100,000 people, aged 18-64, median for English councils**





**Figure seven: monthly Section 42 safeguarding enquiries per 100,000 people, aged 65+, median for English councils**



## Part three: understanding variation between councils

It is important to realise that the above averages disguise a considerable amount of variation between individual councils. This section demonstrates that many of the effects of COVID-19 and lockdown on safeguarding activity are localised to authorities and may be very different between different parts of England as the impact varied across the country.

Figure eight shows the range of safeguarding concerns among English councils, ranging from the 90th percentile (the authority at the lowest 10 per cent of authorities) through the third quartile (the authority at the lowest 25 per cent of authorities), the median, the 1st quartile (the authority at the highest 25 per cent of authorities) and the 10th percentile (the authority at the highest 10 per cent of authorities). The lowest and highest councils on the rate of safeguarding concerns have not been shown, in an attempt to exclude outliers which may be the result of data quality issues. Rates of safeguarding concerns are provided for May 2019 and May 2020. This demonstrates that councils varied at the very least between a rate of 27.3 and 140.0 concerns per 100,000 adults in May 2019, and between rates of 24.8 and 128.2 in 2020.

Figure nine makes the same comparison using the rate of Section 42 enquiries. This demonstrates a similar diversity, between rates of 8.6 and 65.2 Section 42 enquiries per 100,000 adults in 2019, and between 7.2 and 48.4 in 2020.

Figure ten compares individual authorities, shown as dots, for their rates of safeguarding concerns and rates of Section 42 enquiries in May 2019 (the light blue dots) and May 2020 (the dark blue dots).

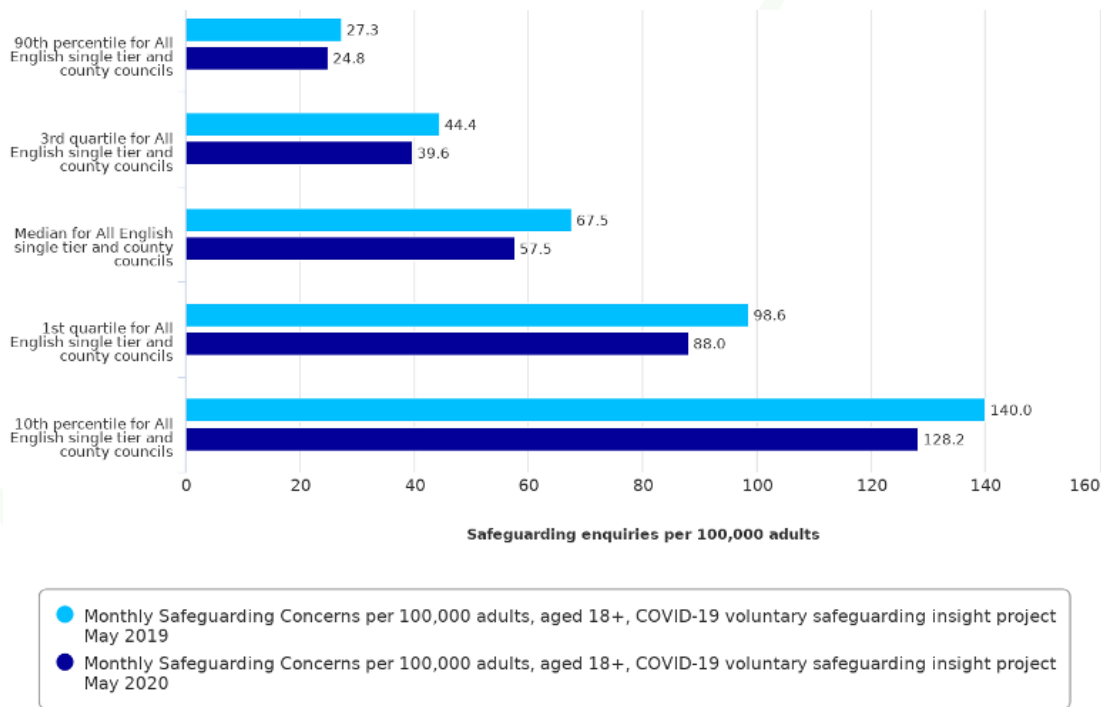
This shows that in both periods rates varied widely, and there was little or no clear relationship between the rate of concerns and the rate of Section 42 enquiries. Some authorities had a relatively low rate of safeguarding concerns and yet had a relatively high rate of Section 42 enquiries, and some authorities reported the opposite situation. This shows that considerable variation between authorities, between time periods, and between different measures of safeguarding activity mean any apparent emerging patterns should be interpreted with caution.

Based on the qualitative data, there was a considerable range within those who experienced a decrease of safeguarding concerns at the start of the lockdown, from single figure decreases to as much as a 40 per cent decrease of safeguarding concerns. In comparison, 29 per cent saw an increase in safeguarding concerns at the start of the lockdown period increase by up to 111 per cent compared to the same time last year. A further 11 per cent described their concerns as staying the same.

The following three charts demonstrate the variation between individual councils regarding safeguarding concerns and Section 42 safeguarding enquiries. Figure eight shows the authorities at the lowest 10 per cent, lowest 25 per cent, middle, highest 25 per cent and highest 10 per cent of authorities for the rate of safeguarding concerns per 100,000 adults, for May 2019 and May 2020.

Figure nine shows the same information using the rate of Section 42 safeguarding enquiries per 100,000 adults. Figure 10 compares councils on their rate of safeguarding concerns and their rate of Section 42 enquiries, in both May 2019 and May 2020.

**Figure eight: variation in the rate of safeguarding concerns among English councils**



**Figure nine: variation in the rate of Section 42 safeguarding enquiries among English councils**

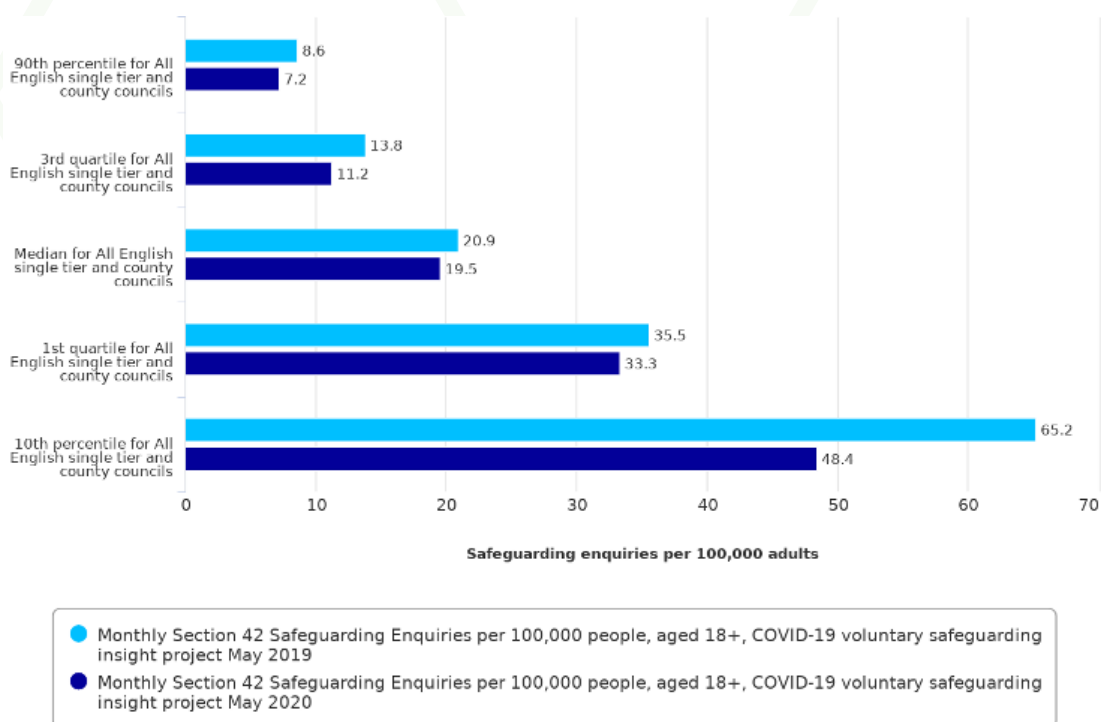
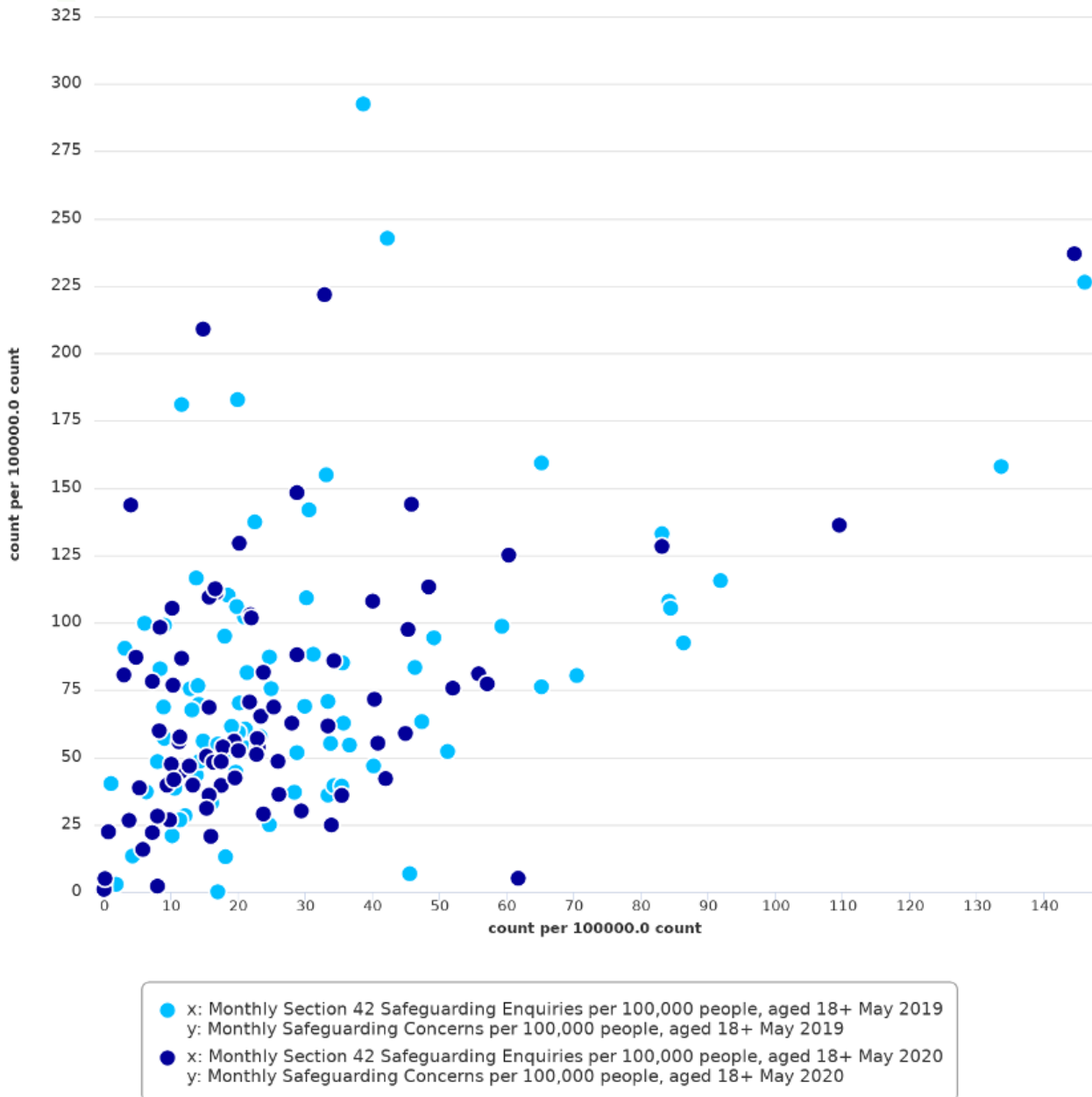


Figure ten: rate of safeguarding concerns compared with Rate of Section 42 Safeguarding



Enquiries for all participant councils, most recent available month, aged 18 and over

## Part four: breakdown by type of abuse<sup>3</sup>

The percentage distribution of types of abuse within Section 42 enquiries did not appear to change considerably overall, although there is some evidence that some forms of abuse increased slightly overall and significantly within some councils, particularly domestic abuse, as well as psychological abuse and self-neglect.

Figure 11 shows the percentage breakdown of Section 42 enquiries by type of abuse over the period recorded. Overall, there appears to have been little change in the percentage distribution of types of abuse over time, and any apparent changes, year-on-year and between months, are too small to be fully reliable or significant. Throughout the period recorded, the most prevalent abuse type reported has been neglect or acts of omission, varying between 28 per cent and 30 per cent of the total. This category was followed by physical abuse, ranging between 19 per cent and 21 per cent of the total, psychological abuse, varying between 13 and 15 per cent of the total, and financial or material abuse, varying between 14 and 15 per cent.

Three categories of abuse were noticeably higher during the COVID-19 lockdown period in 2020, compared to the previous equivalent months in 2019: psychological abuse, domestic abuse, and self-neglect. However, the difference is a matter of one or two percentage points and thus should not be relied upon in isolation. As Figure 12 shows, examining the rate per 100,000 adults of Section 42 enquiries, there was a steady increase in the rate of enquiries concerning psychological abuse throughout 2019 and 2020. This appears to have peaked during lockdown, although the trend was recognisable well before the start of 2020.

A similar upward trajectory is evident with domestic abuse, although in the case of that category the increase has been particularly sharp in May 2020. The rate for self-neglect peaked in March 2020 following an earlier peak in November 2019, both higher than the equivalent months in 2019. The rate for self-neglect June 2020, despite having dropped from the peak during lockdown, remains higher than the rate for June 2019. This may indicate that the rise in enquiries concerning self-neglect is more short-lived than the increases in psychological abuse and self-neglect, but all this must be balanced against the lower number of authorities providing June 2020 data, making data for that month less reliable, and the fact that none of these increases has significantly changed the overall percentage distribution of enquiries by abuse type, representing small-scale changes in the overall situation.

Nevertheless, the councils providing qualitative insight identified several significant increases of certain abuse types for individual councils: domestic abuse was mentioned frequently, with 27 per cent of councils seeing increased levels of domestic abuse (one of the 45 respondents mentioned how numbers had increased by 50 per cent). However, notably, 13 per cent of councils expressed that, despite extensive media campaigns, they had seen no increase in domestic abuse reporting. Eighteen per cent predicted that there might be an increase in reporting domestic abuse safeguarding concerns in forthcoming months. One of the councils who had conducted pro-active contacts with those known to have experienced domestic abuse suggested that there may be more contact after the lockdown was eased.

<sup>3</sup> 'Types of abuse' fall into 11 pre-determined categories: physical, sexual, psychological, financial or material, organisational, domestic, discrimination, sexual exploitation, modern slavery, neglect or acts of omission and self-neglect. Some authorities apply only one type of abuse to each Section 42 enquiry and some apply as many as are applicable, so this data should be treated with caution.

Of the 45 councils that offered insight on the impact of COVID-19, 22 per cent described an increase in cases of self-neglect, 22 per cent reported an increase in cases of neglect and acts of omission. Nine per cent reported increases in family disputes and family members being suspected in abuse, including financial abuse. Twenty-two per cent of the respondents providing qualitative insights reported on issues relating to an increase of concerns around mental health, which included descriptions of: 'isolation', 'anxiety', and 'suicide risk'.

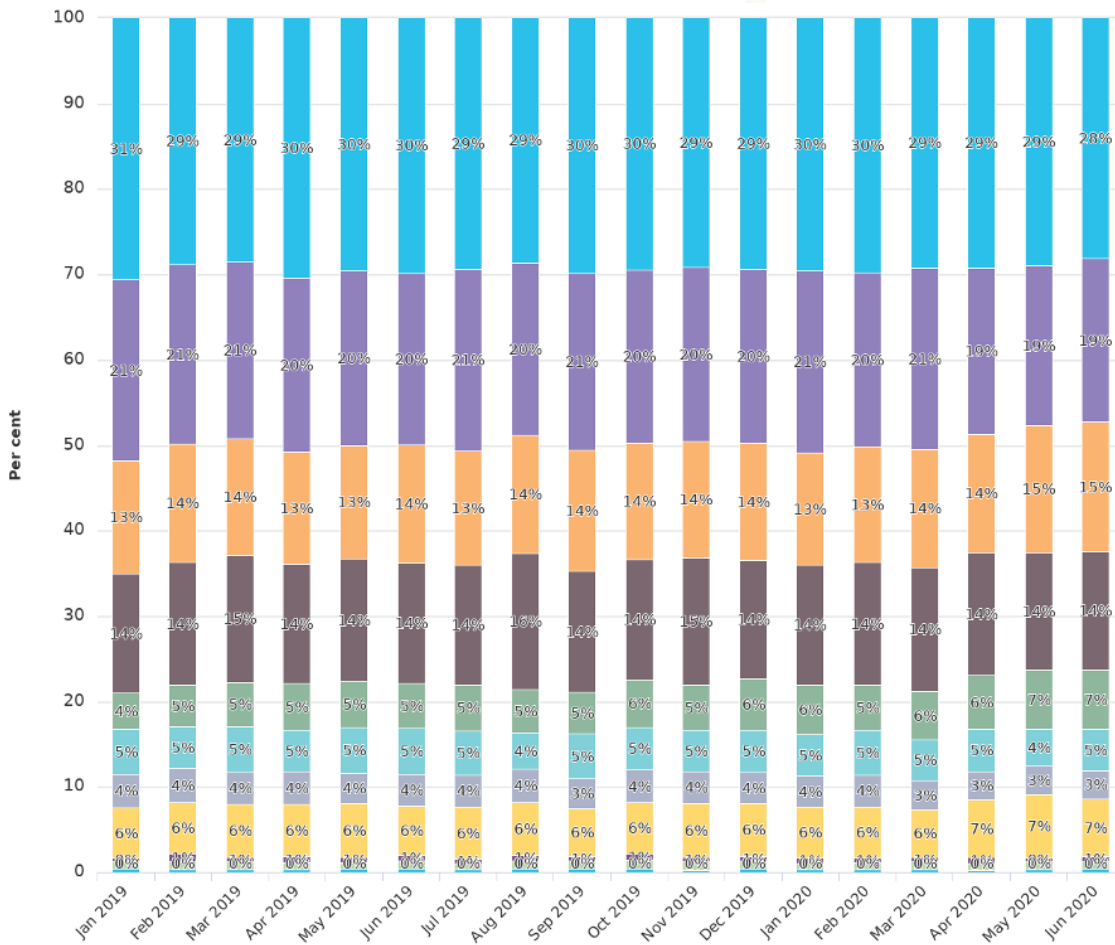
Eleven per cent of the respondents providing qualitative insights mentioned increased levels of complexity and/or severity in the safeguarding circumstances of people identified as subject to a Section 42 enquiry.

### COVID-19 related concerns

Some councils described new safeguarding issues that emerged due to the changes brought about by the lockdown and responses to the COVID-19 pandemic. These covered a wide range of issues including: financial scams, inability to social distance or adhere to lockdown measures, lack of personal protective equipment (PPE), and testing. Of the 45 councils who shared qualitative insights, 17 per cent reported COVID-19 related scams, regarding cleaning, charging for testing or other testing scams. Thirteen per cent of councils highlighted shielding as a concern or welfare related issue. A further thirteen per cent indicated that there were concerns raised around the misuse, lack of and non-adherence to PPE guidance.

The following two charts show some trends in Section 42 enquiries by type of abuse. Figure 11 shows a percentage breakdown of all Section 42 enquiries among English councils by type of abuse. Figure 12 shows the rate of Section 42 enquiries per 100,000 adults for three types of abuse which appear to have become more prominent in the lockdown period (psychological abuse, domestic abuse and self-neglect).

Figure 11: type of abuse, total for English councils



- Total for All English single tier and county councils Concluded Section 42 Enquiries, Neglect or Acts of Omission, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Physical Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Psychological Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Financial or Material Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Domestic Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Organisational Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Sexual Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Self-Neglect, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Discriminatory Abuse, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Sexual Exploitation, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, Modern Slavery, COVID-19 voluntary project

Figure 12: increasing types of abuse, rate per 100,000 adults





## Part five: breakdown by location of abuse

The percentage of Section 42 enquiries where the risk is located in the individual's own home has increased markedly since the start of the COVID-19 lockdown period, with evidence from participants that this is a direct result of the confinement of people in their homes. Enquiries where risk was located in care homes has decreased as a percentage in the same period, possibly because of the relative lack of outside scrutiny in those environments during the lockdown period.

Figure 13 shows the percentage breakdown of Section 42 enquiries by location of abuse for the period recorded. Unsurprisingly, given the requirements of lockdown, the percentage of Section 42 enquiries regarding potential abuse taking place in the individual's own home has increased from 41 per cent in February 2020 to 50 per cent in March 2020. This represents both an increase compared to previous months and an increase compared to the equivalent month in 2019. The individual's own home is (and has been for the entire period on record) the most common location of abuse.

The second most frequent location of abuse was a residential care home, as a percentage of Section 42 enquiries; this has fallen from 25 per cent in February 2020 to 20 per cent in June 2020. This represents a decrease compared to the equivalent month in 2019.

The third most frequent location of abuse was a nursing care home, which also experienced a very small decrease in the percentage share between February and June 2020, falling from 10 per cent to nine per cent. This shows that the decline in this location was not as sharp as in residential care homes. The remaining locations of abuse were statistically too marginal to be able to comment.

As Figure 14 shows, examining the three most common locations as rates per 100,000 adults shows little change before, during and after lockdown. This is likely because, whilst the percentage distribution of enquiries located in the individual's own home has increased, enquiries overall have decreased, disguising the recent percentage increase in enquiries concerning risks based in the individual's own home. Nevertheless, the increase in the percentage distribution of this location is still notable.

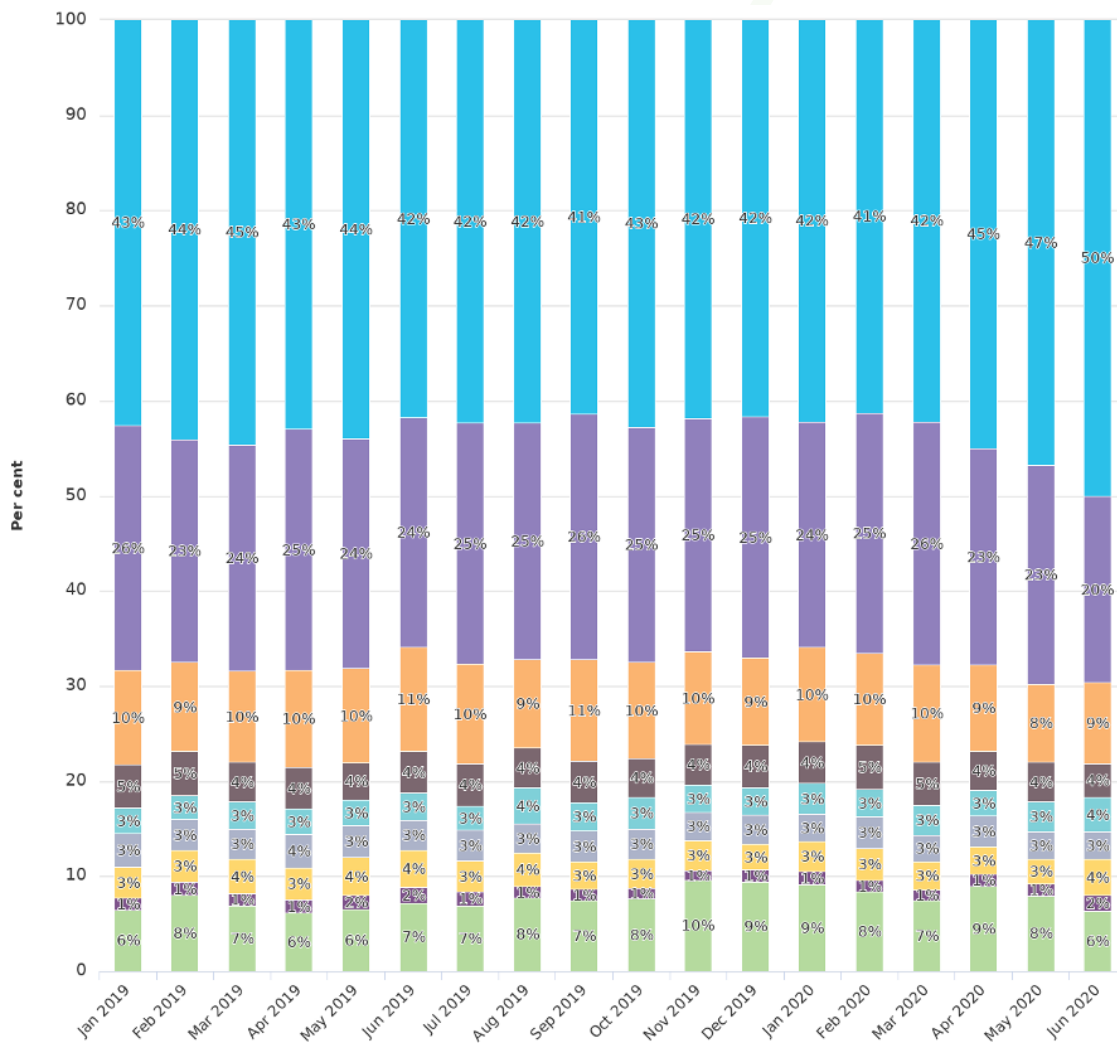
Of the 13 councils who gave details of location of safeguarding concerns within their qualitative data, 77 per cent stated that 'own home' saw increased levels of concerns and consequently turned into Section 42 enquiries. Of those 13 councils who gave location insight, 85 per cent saw decreases in the number of concerns and consequently enquiries from residential care settings. This is reflected in figures gathered in the larger quantitative data set, where there is a distinct shift away from risk located in residential care home to risk located in an individual's home. Nine per cent of councils reflected on the absence of referrals from residential care settings during lockdown, as a result of reduced or an absence of visits from professionals, family members and friends to the person in that residential settings; they were effectively 'hidden from view'.

It was also reported by one council that early intelligence from partners suggested that, because people were less likely to be admitted to hospital (due to fears of contracting COVID-19), there were reduced reporting of concerns from health care providers. Several reported that reduced face-to-face services across all sectors had also reduced the number of safeguarding concerns reported.

The following two charts show some trends in Section 42 enquiries by location of abuse. Figure 13 shows a percentage breakdown of all Section 42 enquiries among English councils by location of abuse. Figure 14 shows the rate of Section 42 enquiries per 100,000 adults for the three most prevalent locations of abuse.

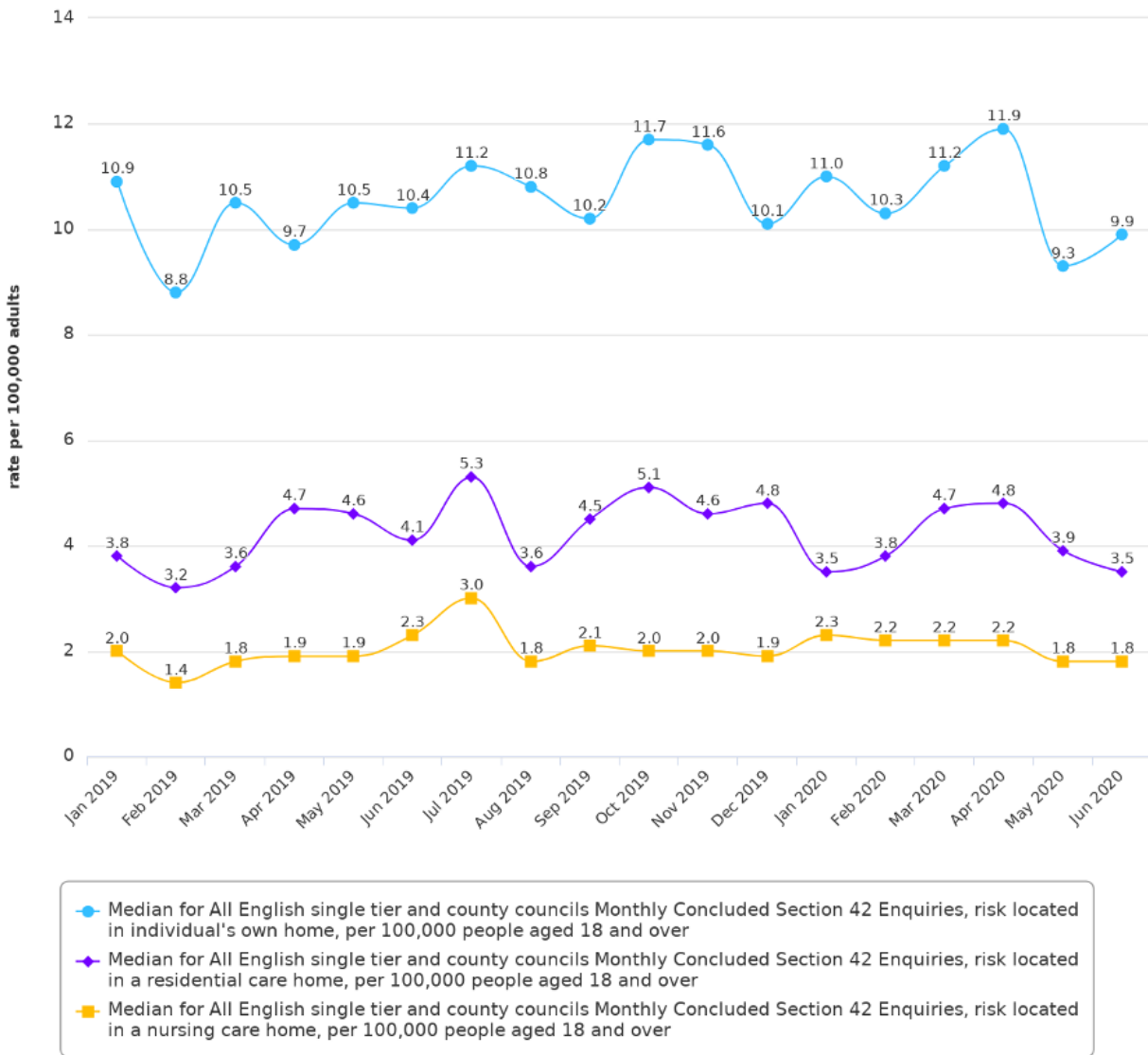


Figure 13: location of abuse, total for English councils



- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in individual's own home, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in a residential care home, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in a nursing care home, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in the community (excluding community services), COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in a mental health hospital service, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in a community service, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in an acute hospital service, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in a community hospital service, COVID-19 voluntary project
- Total for All English single tier and county councils Concluded Section 42 Enquiries, risk located in other location, COVID-19 voluntary project

Figure 14: key locations of abuse, rate per 100,000 adults



## Part six: breakdown by outcome of enquiry

The percentage distribution of Section 42 enquiries by the outcome of the enquiry has not changed noticeably during the COVID-19 lockdown period. There have been some minor fluctuations, but there is little evidence to suggest that these are significant.

Figure 15 shows the percentage breakdown of Section 42 enquiries by outcome of enquiry. The percentage distribution of outcomes of Section 42 enquiries changed little during the period recorded. The most common outcome of enquiries was 'Risk Reduced', varying between 61 per cent and 64 per cent. The next most common outcome was 'Risk Removed', varying between 26 per cent and 29 per cent. 'Risk Remained' was the least common enquiry, varying between 9 per cent and 12 per cent. 'Risk Reduced' appears to have been very slightly more common in May 2020 than in any other month, but as with type of abuse this difference is small and should not be relied upon without context.

As Figure 26 shows, examining the rates of outcomes of enquiries per 100,000 adults makes the increase in enquiries with outcome of 'Risk Reduced' more noticeable, rising to a high of 11.0 per 100,000 adults in June 2020. All rates of enquiry outcomes dropped in May 2020 because of the reduction in the overall rate of enquiries; this tells us little about the relative prevalence of each outcome of enquiry. Overall, these findings suggest that whilst there is little evidence for overall changes throughout the period recorded, there may be evidence for a slight increase in enquiries where the outcome was that the risk was reduced, but not removed.

The following two charts show the trends in Section 42 enquiries by outcome of enquiry.

Figure 15 shows a percentage breakdown of all Section 42 enquiries among English councils by outcome of enquiry. Figure 16 shows the rate of Section 42 enquiries per 100,000 adults for the three outcome categories.

Figure 15: outcome of enquiry, total for English councils

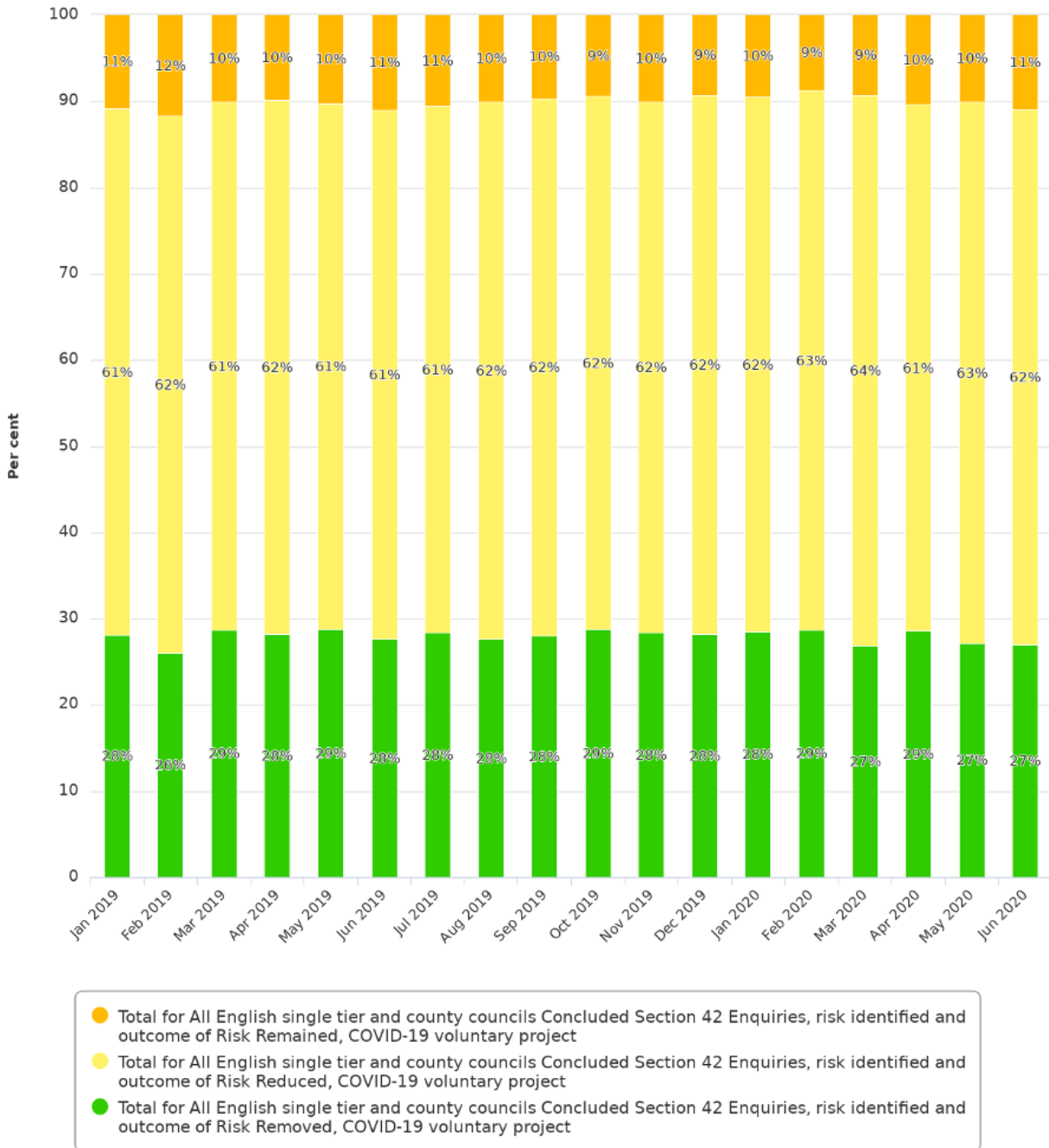
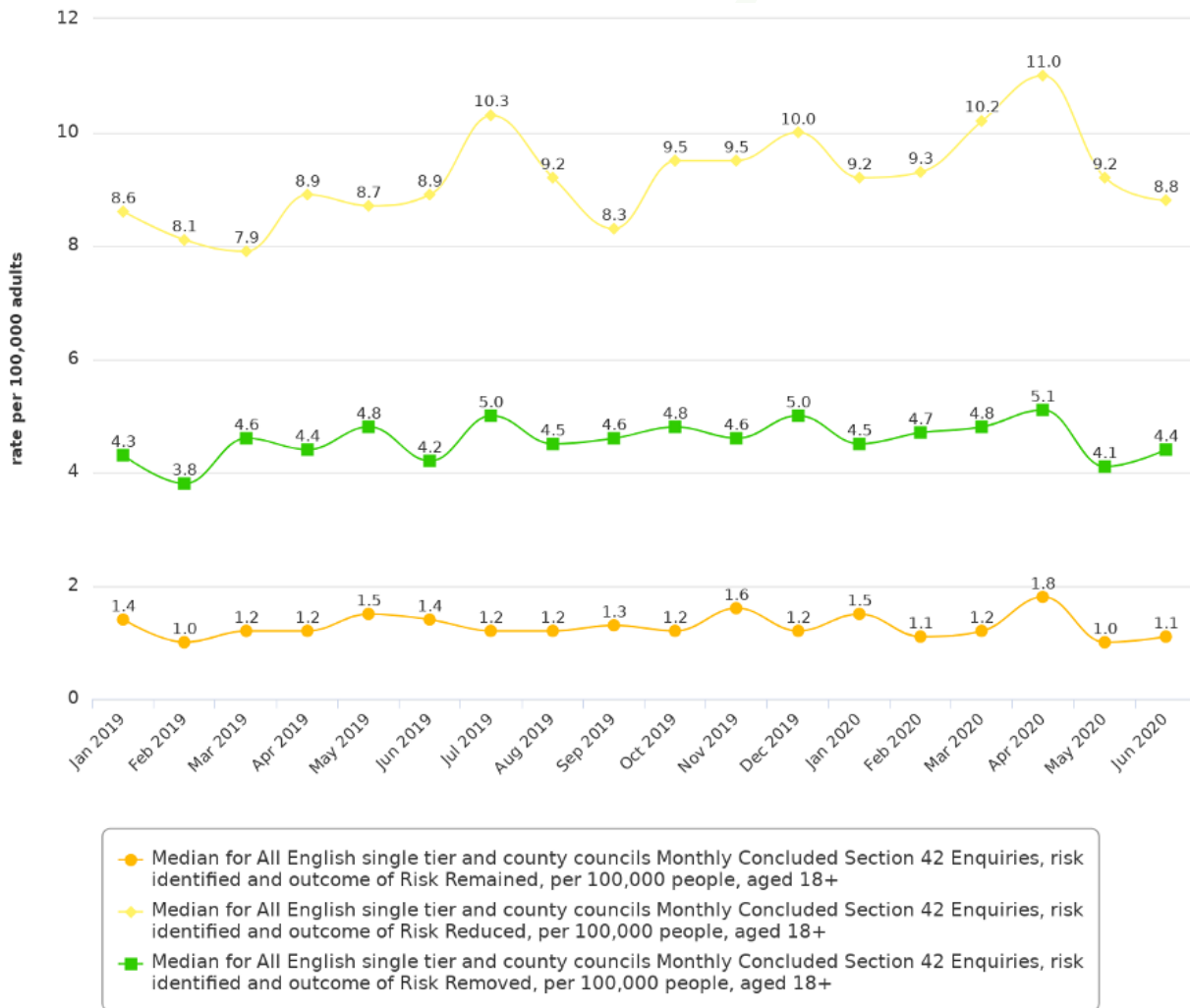


Figure 16: outcome of enquiry, rate per 100,000 adults



- Median for All English single tier and county councils Monthly Concluded Section 42 Enquiries, risk identified and outcome of Risk Remained, per 100,000 people, aged 18+
- ◆ Median for All English single tier and county councils Monthly Concluded Section 42 Enquiries, risk identified and outcome of Risk Reduced, per 100,000 people, aged 18+
- Median for All English single tier and county councils Monthly Concluded Section 42 Enquiries, risk identified and outcome of Risk Removed, per 100,000 people, aged 18+

## Part seven: good practice examples

During the lockdown period, dealing with unprecedented challenges of the pandemic, some councils developed innovations in their practices and system. Examples provided by participant authorities in the qualitative data, are described below.

### Example one

Council one established a safeguarding and mental health subgroup, as part of the community shielding response. This group coordinated their approach to supporting the emotional wellbeing and mental health of those individuals shielded or requiring support during the COVID-19 lockdown period.

It brought together key agencies, including Clinical Commissioning Group (CCG), Public Health, Children's and Adults Social Care and the voluntary sector, to promote a joined-up, strengths-based approach to support communities and vulnerable individuals. The group is now developing plans for the next four, six and nine months. In the same council, housing and adult social care services established a safety cell group with partners to feed into the Local Resilience Forum (LRF). A small focused multiagency group (council, police, CCG, Safeguarding Adults Board Chair and business managers) met virtually either weekly or bi-weekly to focus on current pressures within the system and manage and pre-empt any safeguarding areas of concern. This has ensured safeguarding remains a key focus area and multiagency contingency planning can be achieved.

### Example two

During the pandemic council two carried out virtual walkabouts in care homes to identify any risks and act where necessary and appropriate. There were opportunities to engage with people resident in the homes and an opportunity to mitigate any arising safeguarding matters.

As a result, families who were unable to visit felt positive and reassured that they were supported appropriately. This reduced the number of safeguarding concerns reported in care homes by half. Cases of neglect reduced in April 2020, compared to previously, which saw a reduction of the use of services. A document on guidance for care homes on the importance of maintenance of family contact was also developed.

### Example three

Council three had over 50 per cent of their concerns from provider settings pre-COVID-19. During April 2020, council three pro-actively supported care providers with welfare and liaison calls to offer support (practical and emotional) and to keep the lines of communication open. They have focused task force groups for a range of risk areas in response to the national and local response to the COVID-19 pandemic. Local, coordinated and multiagency groups collaborated, shared intelligence and worked pro-actively to manage and respond to situations that emerged to prevent harm or abuse and ensure people who could be marginalised were supported.

In the early stage, services focused on offering advice, guidance and practical outcomes which has prevented the Section 42 safeguarding enquiries from being initiated in some instances. Council three is keen to continue this work as the pandemic continues.



## Example four

Council four discovered that a blanket approach to social distancing was being implemented within provider settings, resulting in restrictive practice. People were prevented from leaving the property to exercise, for example. Guidance was issued and discussions were held with the relevant providers, safeguarding and commissioning staff to ensure individual risk assessments were completed.

Council four had a COVID-19 button on their reporting system. Through this they were able to respond when data pinpointed concerns in relation to mental health, general welfare and self-neglect, as these were particularly prominent during this period. Not all the COVID-19 linked concerns were progressed as Section 42 enquiries, those that did not get referred for an enquiry, were referred through to other support pathways.

# Conclusions

The Insight project has been able to describe several key findings regarding the trajectories of safeguarding activity before, during and after the COVID-19 related lockdown in England. Nevertheless, there are noticeable ongoing gaps in collated information which would benefit from further exploration and research over a longer time period.

Overall, at the start of the COVID-19 lockdown period there was a significant drop in both safeguarding concerns and Section 42 safeguarding enquiries, followed by a renewed increase in safeguarding activity.

The extent of this decline and its rebound, however, varied between age groups and types of activity. The decline in safeguarding concerns reported regarding working-age adults was less pronounced and the rebound greater compared to concerns reported about older people, where the decline was greater and the rebound less substantial.

Conversely, the rebound in Section 42 enquiries which overall was weaker than the rebound in safeguarding concerns was considerably greater among older people than working-age adults, and the decline in Section 42 enquiries regarding older people was less pronounced than regarding working-age adults.

This potentially suggests that the age group with the greatest rebound in safeguarding concerns is also the group with the smallest rebound in Section 42 enquiries. Overall, it appears to be too soon to fully understand the effect of lockdown on Section 42 enquiries, as these are longer-term responses to situations of concern and the evidence suggests that enquiries are still ongoing regarding concerns reported during the lockdown, as data is collected when enquiries are completed.

Furthermore, the insight evidence shows that these overall patterns outlined above obscure substantial differences between councils and between regions. In some authorities the prevailing patterns were reversed or neutralised.

Some councils saw considerable changes between 2019 and 2020, and others saw almost no changes at all. It is also the case that the volume of safeguarding concerns is not always precisely related to the volume of Section 42 enquiries; some authorities had a high rate of the former but a low rate of the latter, and vice versa. Although the response rate was impressive, this was a self-selecting sample and so care must be exercised in drawing overall conclusions from the data.

Recorded types of abuse appear to have changed little in the period from March to June. There is modest evidence to suggest that psychological abuse, domestic abuse and self-neglect have seen increased levels in recorded safeguarding concerns since the start of COVID-19 lockdown. Regarding location of abuse, enquiries concerning abuse located in the individual's own home, already the most frequent location cited - have increased markedly.

Several participants provided textual confirmation that this increase was a direct result of the COVID-19 lockdown and the ensuing confinement of large numbers of people in their homes. The two next most frequent locations of abuse, residential care homes and nursing care homes, both saw a relative decrease in prevalence in the same period, possibly as a result of a lack of outside contact or scrutiny within these environments during the lockdown period.

The pattern of results from the outcomes of enquiry has remained almost constant throughout, with little indication of any meaningful change in the distribution of outcomes during the COVID-19 lockdown period.

The qualitative information provides insights into how councils have adapted and managing safeguarding activity during the COVID-19 pandemic. Regular service delivery, practices and approaches were challenged by COVID-19, the lockdown and the impact of how safeguarding activity was undertaken.

Councils were facing very different challenges, whether this was increased levels of reporting of safeguarding concerns or 'hidden from sight' concerns that would later emerge, post-lockdown 'en masse' or manifest themselves with added complexity and/or severity. Some councils developed innovations, partnerships and initiatives either prior to, or during the pandemic, some of which have been possible to continue post-lockdown.

Innovations such as the 'virtual walkabouts', which was a system using technology to enable communications and contact where social distancing was in place and doors were closed to professionals, family and friends. Innovations such as the 'virtual walkabouts' provided reassurance and worked to identify and reduce safeguarding risks. The strength of councils using early stage services and guidance being produced (for example on reducing restrictive practices) when issues arose proved valuable to councils and their partners.

Understanding what has happened and learning from these experiences is an ongoing process. Two councils mentioned they were looking to facilitate reflections on the practice during this period. Another three councils said they were finding ways to identify COVID-19 specific issues in their safeguarding casework to better understand the impact of COVID-19 on safeguarding risks in peoples' lives, and to prepare for future outbreaks.

The quantitative and qualitative data provided by councils for the Insight Project raises further questions. It provides a basis for a more targeted and consistent line of enquiry on: the impact of the lockdown and COVID-19 on peoples' lives and the risks of neglect and abuse, the effectiveness of safeguarding activity during the lockdown, and how safeguarding activity worked during the lockdown period under COVID-19 pandemic conditions. This could inform local priorities regarding safeguarding prevention as well as protection, for councils and partners on the Safeguarding Adults' Boards. For example, it would be beneficial to understand:

- what COVID-19 related safeguarding or welfare concerns were reported regarding shielded and vulnerable residents
- what kind of abuse types were identified as due to risks affected by lockdown related circumstances
- which types of reported concerns were subject to Section 42 enquiries
- what preventative work would be helpful to prepare for further outbreaks;
- was there effective support regarding alternative pathways when a concern did not become a Section 42 enquiry
- what successful partnerships, innovations, technologies and guidance was developed to support effective safeguarding practice and service continuity
- what were the barriers to providing safeguarding services during the COVID-19 lockdown and can these be overcome
- what could have supported councils to safeguard residents during the lockdown given the knowledge about the different risks in this period
- what learning has been gained from this phase of the pandemic that would be most useful to prepare for any future phases?

The fact that at least four councils have specifically mentioned they have introduced COVID-19 specific reporting mechanisms suggests that these questions have been and continue to be considered locally. The data gathered in this project provides some prompts for councils and Safeguarding Adults Boards to consider how to apply the valuable insights provided to their current situations as well as planning for the future.

The findings from this Insight Project are likely to provide more questions than they answer. The data provided are largely provisional and though aided by reflections and local insights, should not be taken as an entirely representative overview of safeguarding activity for all English councils.

It would be beneficial to conduct further research into the impact of the lockdown on adult safeguarding, including extending the data collection to include more submissions for June 2020 and subsequent months, as well as gaining a deeper insight through further reflection. This would assist in ascertaining whether the concerns such as regarding delayed reporting of abuse and neglect are evidenced. Further, it would capture a broader picture of the impact of lockdown and its easing on safeguarding practice through Section 42 enquiries.

### Consultation on next steps

The contributors to the Insight Project were sent a short questionnaire asking whether they would support the proposal to continue collecting data for the months July, August and September 2020. A total of 24 respondents – 27 per cent of those who had contributed at the time the questionnaire was distributed - provided responses to this questionnaire. Of those respondents, 23 (96 per cent) indicated that they would support continuing to collect data, and only one (four per cent), indicated that they would not support this. As this exercise is voluntary, any councils who do not support its continuation would be able to stop taking part.

The following textual comments were provided for context:

- “Process is now automated here (subject to any operational changes).”
- “It can’t go on forever as it is a lot of extra work, but I can see why this data is needed to highlight the COVID effect.”
- “We have another statutory return due in October I am happy to provide this data with some flexibility on submission dates.”
- “We would continue to provide voluntary data if we can see its usefulness and have an option to perform our own benchmarking on the combined data.”
- “We are able to provide this information if it is believed to be helpful.”





**Local Government Association**

18 Smith Square  
London SW1P 3HZ

Telephone 020 7664 3000

Email [info@local.gov.uk](mailto:info@local.gov.uk)

[www.local.gov.uk](http://www.local.gov.uk)

© Local Government Association, December 2020

For a copy in Braille, larger print or audio,  
please contact us on 020 7664 3000.  
We consider requests on an individual basis.

REF 25.177