POVA – The first 100 Referrals

On 26\textsuperscript{th} July 2004 the Department of Health introduced the Protection of Vulnerable Adults (POVA) list. King’s College London recently released a study of the first 100 referrals to that list, the results of which have raised some interesting findings.

The Department of Health Regulations currently require employers of staff in registered residential establishments, domiciliary care agencies and adult placement schemes to refer to the list staff who have “been seen to be guilty of misconduct that harmed, or placed vulnerable adults at risk of harm”\textsuperscript{1}.

The survey found that of the first 100 referrals 85\% of them involved neglect, physical abuse or financial abuse. The survey found that physical, psychological and verbal abuse is more likely to take place in care homes, whereas financial abuse is more likely to be carried out by a domiciliary carer.\textsuperscript{2}

The study also found that “a greater proportion of male staff were referred for misconduct involving physical abuse, whereas female staff were more likely to be referred for financially abusing service users”\textsuperscript{3}.

As one would expect, the survey found that just under 90\% of the referrals were made in relation to frontline workers although interestingly the proportion of male staff referred was over representative in comparison to the social care workforce as a whole in England.\textsuperscript{4}

Of the first 100 referrals the vast majority had either been dismissed (70\%), resigned (14\%) or had not had their contracts renewed (2\%). In 40\% of the referrals the Police were involved, resulting in convictions.\textsuperscript{5}

Perhaps unsurprisingly a larger number of referrals were made from care homes which were run by providers who operated 2 or more homes.\textsuperscript{6}

The survey found that the victims broadly fell into two categories, older females and younger males and there was an over-representation of older people with mental health problems and younger people with learning disabilities.

\textsuperscript{1} King’s College London, POVA referrals: the first 100 Summary Report – July 2005, Martin Stevens and Jill Manthorpe, page 1
\textsuperscript{2} Ibid
\textsuperscript{3} Ibid
\textsuperscript{4} Ibid
\textsuperscript{5} Ibid
\textsuperscript{6} Ibid page 5 of Analysis report
disabilities. Of the 100 referrals, 8% of these were immediately placed on the POVA list and 49% were provisionally placed on the list.\(^7\)

**Response to Findings**

Although the study was small in number, useful points can be obtained from its findings. The report found that where the referrals had been made additional information provided at the time of the referral would often have assisted when considering entry on the list. The documentation that was considered useful included previous CSCI reports of the provider, and where a worker had claimed lack of training, evidence of the training provided. In some cases, if staffing levels at the time of the incident concerned were in issue, details in relation to those was also deemed useful. Additional information showing attempts to improve a particular worker’s practice was seen as a useful tool where a member of staff was referred due to incompetence. Further, if the referral related to a single episode of misconduct, the referral may benefit from evidence setting out a member of staff’s previous record and any other information setting out the quality of the care provided in the establishment.

The report has also provided interesting findings in relation to patterns of abuse. However, real care would need to be taken before basing training, risk assessment or policy guidance, on such results. The report is primarily a tool to assist in considering these issues and can inform what documentation and evidence should be sent with any referral. Clearly, a policy of referring all staff that are viewed guilty of misconduct that harms or places vulnerable adults at risk of harm should remain, and the findings support the effectiveness of this, but it is perhaps too early to give the findings any wider status.

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\(^7\) Ibid page 2 of Summary report