

**POVA referrals: the first 100**  
**Summary Report – July 2005**  
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## **Introduction**

As part of the implementation of the Care Standards Act (2000), the Department of Health introduced the Protection of Vulnerable Adults (POVA) list in 2004, to ensure that people seen to be unsuitable were prevented from working with vulnerable adults. This small study explored the contexts, reasons for and outcomes of the first 100 referrals to the list. Information supplied by referring employers was read and a spreadsheet was developed, on which standardised information was entered. More extensive narratives and commentaries were also made about each referral, and analysed to identify key themes and to suggest types of cases.

## **Findings**

### ***Summary statistics***

A greater proportion of referrals came from residential providers compared to the national social care market. Fewer referrals came from local authority home care, than might have been expected, given the market share nationally. About half (49%) of referrals were made by senior managers (directors, area or service managers, and proprietors) and about a third (32%) were made by unit managers. One seventh (14%) of referrals were made by human resources personnel. However unit managers, as opposed to more senior figures, made a quarter (25%, n=69) of referrals from large organisations.

Almost all (85%) referrals involved neglect (33%), physical abuse (29%), or financial abuse (25%). Verbal and psychological abuse were involved in about one third (33%) of referrals (16% and 17% respectively). There was a greater likelihood of referrals involving physical, psychological and verbal abuse from care homes. In contrast, there was more of a likelihood of referrals involving financial abuse from domiciliary providers. 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. About two fifths (40%) of referrals were made concerning a single incident; about three fifths (61%) concerned misconduct that had been taking place for less than three months; and over three quarters (76%) of referrals concerned misconduct that had been taking place for less than a year.

The vast majority (87%) of referrals were of front line workers, including 8 registered nurses. Male staff were over-represented in the first 100 referrals compared with the social care workforce in England. The majority (86%) of workers had been: dismissed (70%); had resigned (14%); or had not had their contracts renewed (2%). The police were involved in two fifths (40%) of referrals, resulting in convictions, although there were ongoing police investigations in 10% of referrals and criminal proceedings had not been completed in a further 10%.

Compared with national figures, younger service users were over-represented in the sample of service users affected by the misconduct involved in the referrals. Older females and younger males were more likely to be affected than their younger or older counterparts. The sample of referrals over-represented: older people with mental health problems or cognitive impairment; and younger people with learning disabilities. However older people with disabilities or frailty and younger physically disabled people were under-represented.

Almost three fifths (58%) of referrals were either placed on the POVA list (8%) or provisionally placed on the list (49%). In about one third (31%) of referrals, the worker was not placed on the list. There were no patterns identified in the outcomes in terms of: the contexts of or reasons for referrals; and the characteristics of staff or service users involved.

***Themes and types of case:***

The following major themes were identified: seriousness of misconduct; interpreting the significance of events; establishing the facts of the case; mitigation offered by staff. Five 'types' of case were identified, each representing dimensions upon which judgement might need to be made: single reaction to challenging behaviour; longstanding pattern of bullying and neglectful behaviour; overstepping professional boundaries; capability – financial abuse; theft of money.

**Conclusion**

In terms of individual decision-making, a possible need was identified to require employers submitting referrals to include information about: ethnicity of staff and service users; working conditions; staffing levels; and training received by the staff member. A further requirement to ensure that the views of service users and carers have been reflected and given appropriate weight might also be of value.

There are also potential implications for the development of the POVA list more generally. It is possible that more guidance for employers about the roles of Adult Protection Units and the Commission for Social Care Inspection in relation to making referrals to the POVA list would be of value. A differentiated approach to referrals concerning incompetence and misconduct may also be, worth debating following the model adopted by the Nursing and Midwifery Council.

Finally there are implications in terms of the workforce, given that males and females tended to be referred for a different pattern of reasons and that types of abuse were reported differentially by care homes and domiciliary agencies. Challenging behaviour was frequently a factor in referrals, suggesting a possible need to examine practice in this area more generally.

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