Aberdeenshire
Health & Social Care
Partnership

Aberdeenshire
Adult Protection Committee

Biennial Report 2016 - 2018

Aberdeenshire COUNCIL

NHS Grampian

Convenors Foreword

As Independent Convener of Aberdeenshire Adult Protection Committee (APC), it is my privilege to submit the fifth Biennial Report in terms of the Adult Support and Protection (Scotland) Act 2007 which reflects the work of the Committee during the period 1 April 2016 - to 31 March 2018.

The following pages will describe some of the activity which has taken place during this period and will also focus on future plans, and in this foreword, I describe my observations on some of the key aspects of Adult Support and Protection in Aberdeenshire.

In previous reports, I have commented upon the need for increased public awareness of adult support and protection. This, in my view, remains as something which still needs to be addressed and though there have been a range of media campaigns, both local and national, held over a period of time, the knowledge of the public in relation to adult support and protection appears to me to be limited especially when compared to, for example, knowledge of child protection. The potential impact of this is that signs of adults being at risk of harm are not recognised and not reported, thus preventing appropriate interventions by professionals to address the issues. This is something that needs to be taken forward on a local and national basis, and while 'one off' advertising campaigns do have a short term effect, a continued and ongoing approach to this will, in my opinion, offer greater impact.

While the knowledge of the public needs to increase, so too does the knowledge of staff in agencies and organisations whose professional role involves supporting adults who are at risk of harm. Training of staff takes place on an ongoing basis and it is recognised that this is a significant commitment bearing in mind staff numbers involved. Training targeted at professionals who are more closely involved with potential victims has been introduced but, in my view, some do not recognise the symptoms of a potential adult support and protection issue and therefore do not make appropriate and timely referrals to the Aberdeenshire Adult Protection Network to

allow steps to be taken to intervene and address the circumstances. Moreover, it seems that on occasions, professionals consider adult support and protection on a single agency basis, rather than on a multi-agency basis, when a more holistic approach could offer meaningful options to deal with a situation.

All of the above leads me to conclude that efforts must continue to raise awareness in the minds of the public and professionals, and that the training and learning provided to professionals translates into practice.

I have highlighted in previous reports the difficulties encountered in identifying an effective means to engage with service users and carers. This remains the case as indeed it does with care at home and Care Home providers. Efforts have been made to engage with these groups but it remains a challenge. The role of Aberdeenshire Voluntary Action (AVA), and other Third Sector organisations, is vital in this regard and I appreciate their efforts.

I have previously made mention of the valuable contribution that a GP representative can make to the work of the APC and I am pleased to record that during this reporting period, GP representation has been secured, thus providing a meaningful input to the work of the Committee, links to other GP's and the wider approach to adult support and protection across Aberdeenshire.

It is also encouraging to record that with the co-operation of NHS Education for Scotland, presentations continue to be provided annually to trainee doctors. This input at an early stage of their careers hopefully assists their knowledge and understanding of adult support and protection, and helps them to take appropriate steps in dealing with patients they may consider meet the criteria of being an adult at risk of harm. It is my understanding that this approach to training doctors is unique to the north east of Scotland and it is one which, in my view, is worthy of being developed across the country.

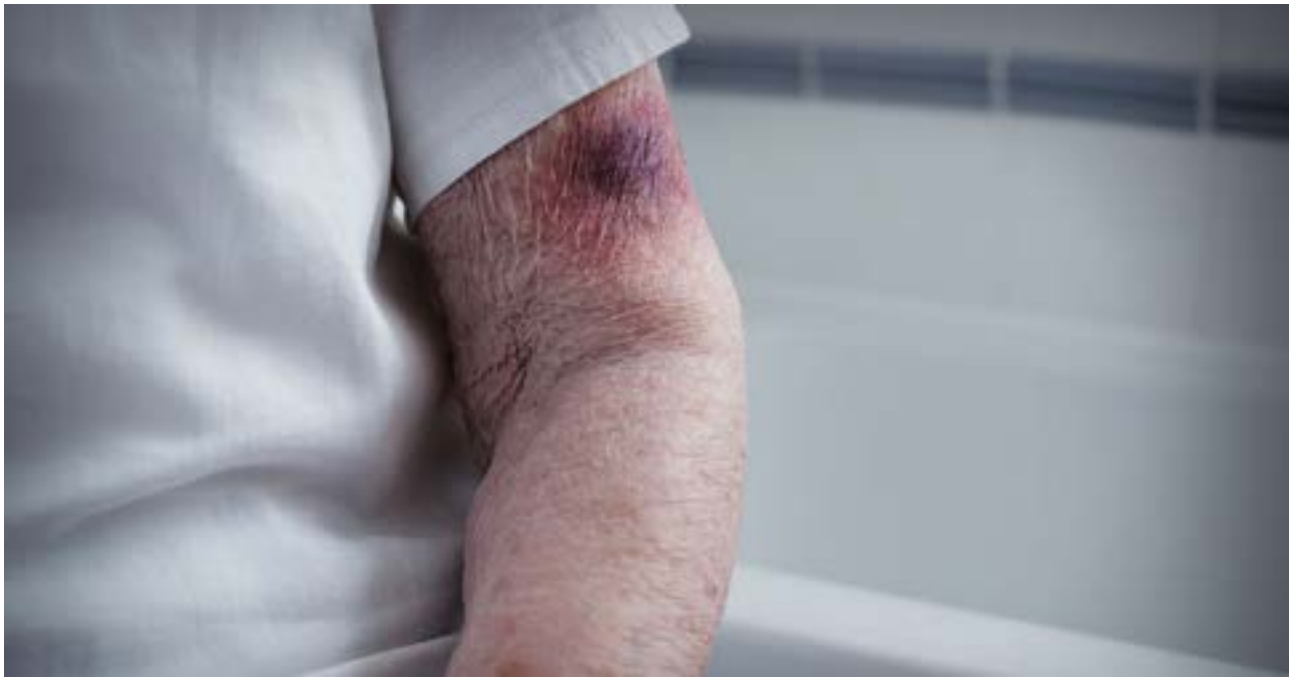
During the reporting period, 4 referrals were made to the Committee for consideration of case reviews. All were considered adhering to the procedures contained in the Grampian Serious Case Review protocol and though none resulted in a Serious Case Review being instigated, all were reviewed, and the findings shared and acted upon. I consider it a positive development that agencies are prepared to highlight instances where it has been considered that a case may have been dealt with differently, or where the case handling could have been better. While reviewing such cases can be a lengthy and resource intensive process, it is important that these reviews continue to occur, are proportionate, are completed timeously, that learning is disseminated appropriately, and the findings are acted upon. It is important too that where appropriate, learning is taken from, and acted upon, reviews carried out in other parts of the country and it is reassuring to note that a process exists in Aberdeenshire to do so.

This reporting period has seen the role of the Health and Social Care Partnership (HSCP) continue to evolve and develop in relation to adult support and protection. Though the Local Authority remains the statutory lead, the HSCP has a very important part to play in supporting and protecting adults who are at risk of harm and it seems to me that a close partnership approach between health and social care professionals can only be of benefit to adults who may be at risk of harm.

Following a review which was commissioned to look at the wider public protection arrangements across the north east of Scotland, the Executive Group on Public Protection and the Public Protection Local Development Group have both been introduced in Aberdeenshire. I welcome the formation of these groups. The Adult Protection Committee contributes to the considerations of these groups and while the Committee is an independent body, I believe that direct lines of communication and stronger oversight and governance have occurred as a result and Chief Officers now have a greater shared awareness of Adult Support and Protection and the wider public protection agenda. Again, this can only be of benefit to the residents of Aberdeenshire.

In 2017, a joint inspection team from the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland carried out a thematic inspection of adult support and protection in Aberdeenshire, which was one of 6 areas inspected. The inspection focused on outcomes for adults at risk of harm, key processes for adult support and protection and leadership and governance for adult support and protection. Their report was published in 2018 and graded Aberdeenshire as 'adequate' in each of these quality indicators. The inspection and the report are welcomed and work is well under way to address the findings and the wider key messages which were highlighted in the report.

It is pleasing to note the report identifies the successful development of police concern hubs across Scotland. The concept of a police concern hub was firstly introduced in the former Grampian Police area a number of years ago and in partnership with other agencies, in Aberdeenshire and in the adjoining areas of Moray and Aberdeen,



work was carried out to create a model which would effectively screen and triage reports of adult protection concerns. This has had a considerable impact, with a number of positive effects, and the model has been developed and rolled out across the country by Police Scotland. It is to the credit of all staff involved in the development of the model that this Grampian led initiative has been positively recognised.

Looking ahead, there are a number of areas the Committee will be addressing over the course of the 2018-20 reporting period. Although some of this is described elsewhere in the report, I want to highlight the following.

The Committee Action Plan contains many tasks which will need to be taken forward. All of these are relevant and meaningful and are drawn from a variety of sources including local and national reviews, the report on the joint thematic inspection of adult support and protection in Aberdeenshire, key themes from the inspection in other areas, and from other sources.

Work will also be necessary to develop a robust Risk Register to identify risks, causes, and mitigating steps that can be taken to prevent or reduce the risk to those adults in our society who are at risk of harm.

The provision of meaningful data and management information to the APC is another area which I believe members may wish to consider. At present, statistical information is provided and while useful to some extent, more robust data containing analytical information and focussing on outcomes for adults at risk of harm would be helpful.

Efforts will continue to ensure that the Committee operates at a strategic level, with appropriate and consistent membership, attendance and participation from key partners. I have already addressed this during the latter part of the reporting period but it is an area that requires a constant focus. While I do not doubt the desire of partners, both statutory and non-statutory, to fulfil their role and obligations in relation to adult support and protection, at times the commitment of a minority number of agencies is not what it could be and it is therefore important that I continue to address this.

While much of the work going forward will be carried out by Aberdeenshire APC, some of it may be repeated across Aberdeen and Moray and, where possible, it seems sensible to try and deal with this jointly in the interests of efficiency and effectiveness.

Finally, I wish to record my thanks to Committee members and staff from partner organisations for their efforts and the support which has been provided to me.

Albert J Donald
Independent Convener
October 2018

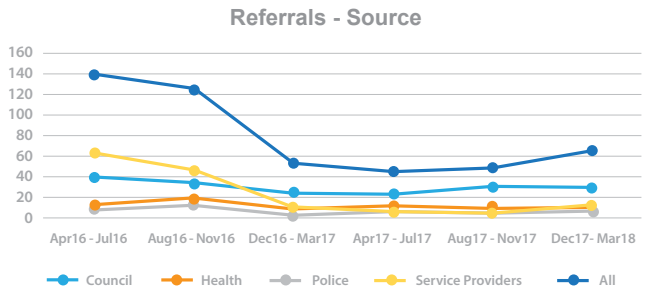
2. What the data provided is telling the Committee about types of harm/ people at risk in the area

All adult protection activity in Aberdeenshire is co-ordinated by the Aberdeenshire Adult Protection Network (APN). This enables a level of consistency and quality assurance regarding referrals and outcomes for adults in need of support and protection.

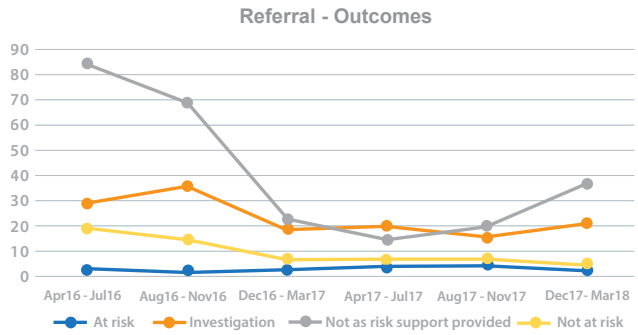
Due to a change to the APN system for processing and recording concerns, introduced in January 2017, comparisons regarding referrals between this and previous reporting periods have not been undertaken. Further information on improvements made to the referral process will be reported in Section 3 of this report.

In 2016 -18 the APN received 479 Adult Support and Protection (ASP) referrals.

The chart below shows referral tends by source over the reporting period. The changes to the referral process have had a significant impact on referrals, particularly those received from service providers. Although referrals from statutory adult protection partners also reduced, the reduction was not as significant.

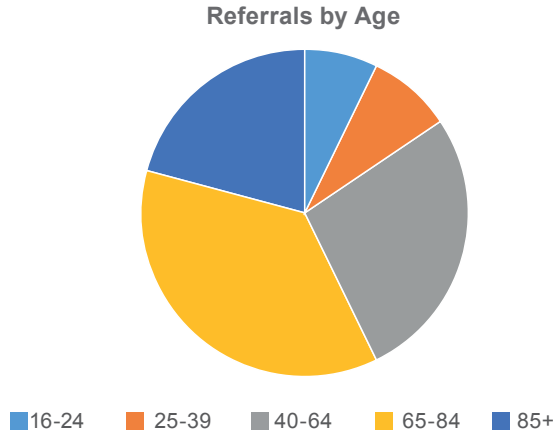


The chart below shows outcomes of referrals during the reporting period. The most prevailing outcome during this period continues to be 'not at risk of harm - support provided'. It is believed that more adults would be assessed to be at risk of harm if support was not provided.

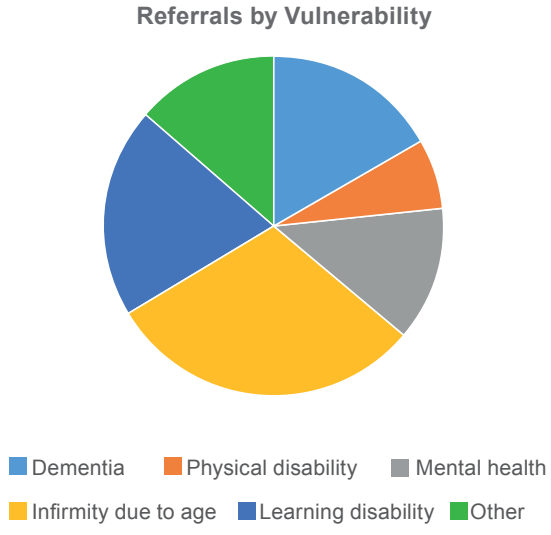


As per previous reporting periods women are more likely to be referred than men. During this reporting period the difference between the genders being referred has reduced. (2014-16 females accounted for 63% of referrals compared to 2016-18 with 55%)

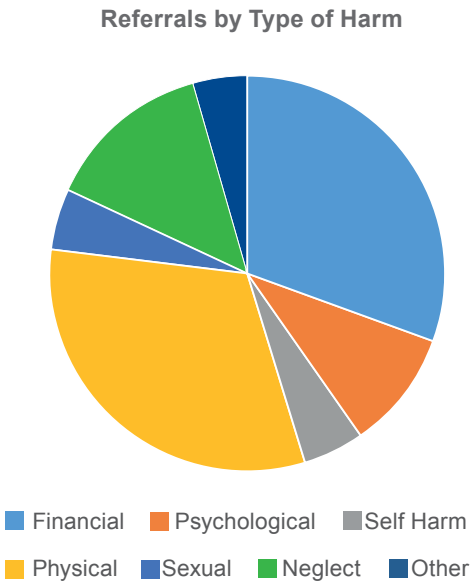
57% of referrals received relate to adults over the age of 65. This is consistent with the last reporting period (2014-16 58% related to adults over 65)



Figures relating to vulnerability remain consistent with previous reporting periods, the most prevalent vulnerability being age related (Infirmity due to age - 133 referrals and Dementia - 80 referrals). Learning disability is also noted as a main vulnerability in 109 referrals.



In this reporting period financial harm is the most prevalent type of harm (31% of referrals). This is a change from the previous reporting period where the most reported type of harm was physical harm. This difference is likely to relate to changes in the referral process.



3. What actions have been taken over the last 2 years to address the risk of harm identified?

In 2016, a multi-agency workshop was held to identify four priority areas for the Committee during this reporting period. During 2016 – 2018 the Committee also took forward learning and recommendations from national and local case reviews relating to adult protection.

In 2017, Aberdeenshire was chosen as an ASP Partnership to participate in a thematic scrutiny of ASP services. This inspection was led by the Care Inspectorate alongside Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary Scotland. This thematic inspection, which occurred in six partnership areas, was the first ever independent scrutiny of adult support and protection in Scotland.

This section of the report will focus on partnership actions taken as a result of the work outlined above and the work of the APC subgroups.

Priority Areas

The four priority areas identified by the multi-agency workshop in 2016 were:

- Ensure that the views of service users are used to inform and influence the way in which adult protection services are delivered.
- Review/assess what mechanisms are available to protect vulnerable adults where they do not meet the adult at risk legislation thresholds, and their effectiveness.
- Audit local teams to ensure they have appropriate awareness, training and guidance to understand and comply with the ASP Policy and Procedures.
- Critically evaluate information sharing protocols and practice.

Due to work involved in participation in the Joint Inspection, progress in the the priority area identified has been limited. Although actions were taken under each of the priority areas some actions were abandoned or postponed due to the inspection. These are all noted in the APC Action Plan 2016-2018 (appendix 1)

Learning from Case Reviews

The Committee considers case reviews as a key tool to develop our practice and ensure better outcomes for adults at risk. The process for case reviews is followed where it is believed an adult has not been kept safe and learning can occur in the ASP partnership. During this reporting period, the following four local case reviews were considered by the Aberdeenshire APC.

Miss A – A Multi-agency Case Review was completed following the death of a female (age 26) who had long standing medical needs and who was assessed as an adult at risk of harm at the time of her death. Although good practice was noted regarding detailed case recording with the views of the adult being paramount, the case review noted significant areas where practice could be improved. An extensive action plan has been developed and will be monitored through the APC over the next reporting period. Areas for improvement were:

- **Education/training** – front line staff and their supervisors/managers in acute and community health services should have dedicated time to complete Adult Protection training. Training provided should emphasise how Adult Protection legislation can be applied and the referral process.
- **Use of legislation** – All Mental Health Officers should be trained as ASP Council Officers. Training for both courses should emphasis crossover of legislation, especially regarding the difference between 'capacity' and 'ability to protect'.
- **Police and other agencies used appropriately** – Staff should be given support and guidance as to when Police and other agencies can be utilised for specialist advice and support.
- **Detailed Chronology** – Where a case is deemed as complex, detailed multi-agency chronologies should be completed as part of the assessment process and information shared at multi-agency meetings.

- **Capacity Assessments** – The process for undertaking capacity assessments should be reviewed to assure that these assessments take account of psychological factors which may impact on a person's capacity to act, make or communicate decisions.

- **Discharge Against Medical Advice Process** - A review of the process should be undertaken in relation to patients who are potentially at risk of harm and who repeatedly discharge against medical advice over a short period of time.

- **Working across community and acute services** - Where ASP meetings occur and the adult has significant medical contact with both acute and community settings, all effort needs to be made by the professionals to provide information from both settings. The risks need to be assessed in both settings holistically.

- **Information Sharing** - Staff should utilise existing systems to communicate and provide information when someone vulnerable, who is potentially at risk of harm, leaves hospital either planned or unplanned, e.g. the use of Immediate Discharge Letters (IDLs) and Anticipatory Care Plans (ACPs).

- **Sharing Learning** – The learning from this review should be shared with appropriate front line staff to promote awareness of ASP.

AB – An Initial Case Review (ICR) occurred following the death of a female (age 84) who had dementia and stayed in a care home. She was admitted to hospital with a broken arm and a fractured hip, prior to her death. The ICR recommended that as the adult involved was not deemed to be an adult at risk of harm, the criteria was not met for any level of case review. However, the group identified feedback which was shared with the involved agencies:

- Areas of practice improvement in reviewing procedures that relate to recording and monitoring of falls to ensure these are robust.

- Good practice noted in relation to the care home staff communicating with and seeking appropriate involvement from medical professionals where concerns were ongoing.

MS – A multi-agency case review meeting and single agency review was completed following an incident where a man (age 27) with mild learning difficulties was admitted to hospital with significant cellulitis and ulceration of both feet. An action plan was developed and monitored through the APC. All actions in this plan are complete. Areas for improvement were:

- Training

- Role of virtual community wards

- Significant Case Analysis undertaken by GP practice

- Improvement plan by APN

- Information sharing processes reviewed

- Improvement plan for case reviews

AL - A multi-agency case review meeting was completed following an incident where two residents in a care home had commenced an intimate relationship. Both residents were assessed not to have capacity and it resulted in one of the residents moving placement. An action plan was developed and monitored through the APC. All actions in this plan are complete or incorporated into the APC action plan for 2018-20. Areas for improvement were:

- Improved process for capacity assessments
- ASP training for people residing in care homes
- Significant case analysis undertaken by North East Division of Police Scotland
- Improved use of advocacy services
- ASP forum to focus on capacity/consent/ sexual relationships
- Care home protocol on decision making

The APC is also committed to learning from case reviews that occur in other areas. During the reporting period, a process was established where published case reviews from across Scotland, with an ASP context, will be considered on a multi-agency basis. Where appropriate, the consideration of case reviews will occur on a Grampian basis. This assessment will give assurance to the APC of the local position and recommend any improvement plans that are required locally.

Currently only one review has been considered using this approach (Forth Valley MAPPA & ASP SCR – 2016). An additional two case reviews were due to be considered during the reporting period, but this work was postponed due to resources required for the Inspection.

Joint Inspection

In November 2017, Aberdeenshire ASP Partnership was subjected to a Joint Thematic Inspection. The Inspection was led by the Care Inspectorate with support from Her Majesty's Inspectorate of Constabulary Scotland & Health Improvement Scotland.

This was the first Joint Thematic Inspection of ASP, across Scotland, in the 10 years since the implementation of the ASP (Scotland) Act 2007. The Aberdeenshire Partnership welcomed the opportunity to be part of this innovative work and to improve practice, based on the outcome and recommendations in the final report.

Aberdeenshire was one of six areas in Scotland inspected. The Inspection involved submission of a position statement and supporting evidence, pre-inspection file analysis (50 adults), on-site file reading of social work and police information (50 adults), and 12 scrutiny sessions.

Due to the Inspection the Committee did not undertake a case file audit during this reporting period. Results from the Inspection on-site case file audit have been reviewed. (appendix 2) The Committee noted the following areas of good practice and areas that require improvements:

Good Practice

- Adults views sought and taken account at all areas of the ASP process in most cases reviewed
- The three-point test was applied and recorded correctly in most cases reviewed
- There was good communication between partners at all stages of the ASP process. In most of the cases reviewed
- Most police records contained all the required information about the ASP incidents
- Most risk assessment were rated as good or above
- Case Conferences were rated good or above in most of the cases reviewed

Improvement Areas

- There was evidence that partnership working had not been effective in stopping financial harm in a minority of cases reviewed
- Some referral episodes had a time delay that was not acceptable
- A reason for an adult at risk not attending the case conference was not recorded in half the cases reviewed
- Independent advocacy was not offered to the adult in most cases reviewed

The Inspection assessed the partnership on three quality indicators; outcomes for adults, key processes and leadership. The partnership received an evaluation of adequate against all three quality indicators. (strengths just outweigh weaknesses)

Overall, the inspectors confirmed that adults were safe from harm and there were no significant concerns identified. The following recommendations have been made to the partnership:

- The partnership should set specific timescales for the prompt completion of each phase of the adult protection process
- The partnership should make sure it applies adult protection key processes consistently across the entire partnership
- The partnership should make sure that all adult protection referrals are processed timeously
- The partnership should make sure that social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them
- The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work

The full inspection report also contains 15 key messages for good practice for the adult support and protection sector throughout Scotland and are inclusive of the areas of practice improvement specifically identified within Aberdeenshire.

The recommendations are all key areas for quality improvement and Aberdeenshire ASP Partnership will, through the Committee, take these on board. It is noted that some of the recommendations were improvement areas already identified by the APC to be addressed in the 2018-20 APC action plan. Consistency of practice and training are already areas that are being implemented across the Partnership.

Subgroups

During this reporting period the Committee has been supported by five established subgroups.

The Grampian Adult Protection Working Group is a permanent subgroup of the APCs in Aberdeen City, Aberdeenshire and Moray. The role of the group is to undertake a co-ordinating role on behalf of these APCs where work identified, is agreed to be a cross Grampian priority. It will also encourage and promote joint working and the sharing of good practice across the multi-disciplinary context. The group provides the opportunity for the identification, and debate, of ASP matters that affect, or are of interest to, each of the APCs. During this reporting period, the group has undertaken the following actions:

- Policy/Guidance review – Grampian Interagency ASP Guidance, Case Review Protocol, Large Scale Investigation Protocol and Information Sharing Protocol
- Awareness raising – amendments and re-print of z-cards, update leaflet (easy read version), translated versions of leaflets
- Case review – take forward recommendation that have Grampian implications.
- Development of the risk register for APC's

The Grampian Financial Harm Subgroup is a permanent subgroup of the Grampian Adult Protection Working Group. The role of the Financial Harm Group is to work with partners to raise awareness of financial harm both in the public and professional spheres. The group keeps abreast of any new financial harm initiatives, both locally and nationally, and are available to undertake any work locally to ensure these initiatives are embedded. During this reporting period, the group has undertaken the following actions:

- Awareness Raising - members of the group have undertaken small sessions regarding raising public awareness of financial harm. These events have been held in supermarkets and banks. Presentations to local groups have also been undertaken, as well as regular slots on local radio stations where raising awareness of fraudulent schemes and how to protect oneself, is often mentioned.

- Prevention - Crime Prevention Officers regularly contact local retail premises and pass on relevant information to staff, which has prevented people becoming victim of scammers. One example - victims being stopped from buying large numbers of iTunes or similar vouchers to pay for fraudulent tax claims

- Training - staff at a local psychiatric hospital received training on financial matters, which was well received

- National Campaigns - members continue to take an active part in annual initiatives such as Scams Awareness Month, which is a campaign to raise awareness of scams and fraudulent schemes, managed by Citizens Advice Scotland and the Citizens Advice Bureau, and Operation Monarda, which is a Police / Trading Standards initiative to target and disrupt bogus trades people

The Grampian ASP Learning and Development Subgroup is a permanent subgroup of the Grampian Adult Protection Working Group. The role of the group is to support multi-agency trainers across the partnership to allow consistent responses to ASP concerns. This group is supported by the NHSG joint funded Learning and Development post that supports ASP training and awareness raising across the partnership. The primary purpose of this role is to develop a framework for collaborative learning in Grampian, which enables the sharing of resources and expertise, facilitate cross boundary working across services, sectors and professional groups and promote a more progressive and integrated approach to the delivery of care particularly in relation to public protection. The post is funded jointly by Aberdeen City and Aberdeenshire Councils and NHSG. During this reporting period this group has undertaken the following actions:

- Increasing awareness for health professionals - increasing health referrals focussed on training, bespoke presentations to various health groups and targeting health professionals to attend ASP events. NHSG is running a weekly two-day corporate induction course which is mandatory for all new starts and includes a 45-minute face to face section on public protection. The strands covered are child protection, adult support and protection, human trafficking, gender-based violence, female genital mutilation and Prevent. This interactive training highlights the right actions, at the right time as staff are required to 'Recognise, Respond, Report, Record and Reflect'. The training, while raising awareness, also directs attendees to the public protection intranet site and their need for further training.

- A&E Setting - all recommendations from the national priority of ASP in A&E settings have been delivered in Grampian and ongoing engagement demonstrates this has been sustained since implementation.

- Links to Universities - NHS Grampian continues to collaborate with The Robert Gordon University in Aberdeen and the Aberdeen University to ensure that the under graduate curricula in Medicine, Nursing, Dietetics, Occupational Therapy, Physiotherapy and Radiography all include ASP training as part of their transition in practice modules.

- Conferences and Events - Public Protection conference launched NHSG's public protection website and a range of 'e-cards', including ASP which provides guidance to support staff and managers/supervisors with the key information that health professionals require to know on ASP.

- Prevention - a training programme for service users, 'Keeping Yourself Safe from Harm'. The programme raises awareness of ASP to adults potentially at risk of harm and empowers them to protect themselves. The pack was the subject of a workshop at the Social Work Scotland event in February 2018. The workshops were initially focussed on supporting adults with a learning disability however it was recognised that the pack could be used with older people as well. A group of older service users in Aberdeenshire, having seen the learning disability pack, volunteered to be photographed for the older people pack. As this is a training for trainers course, the specific number of potential adults at risk of harm that have participated in this training is unknown. It is known that in the reporting period at least 18 workshops were held in Aberdeenshire involving 59 service users.

- Training – ASP module training continues to be available throughout the partnership. Working in collaboration with NHS Education Scotland (NES) NHS Grampian continues to provide a half day training input to GP trainees training programme on an annual basis.

- Training Evaluation – ASP modules 1 to 4 have been revised annually in light of multi-agency reviews.

Aberdeenshire Operational Practice Group is a permanent subgroup of the Committee. The role of the group is to encourage and promote joint working and the sharing of good practice across the multi-disciplinary context. It provides the opportunity for identification/ debate in relation to ASP matters in Aberdeenshire. The group will assess and monitor performance of agencies in relation to adult protection in Aberdeenshire. The group also acts as the mandated subgroup of the APC to make recommendations regarding initial case reviews. During this reporting period the Group has undertaken the following actions:

- Operation practice improvements – referral pathways, GP engagement, gas capping process

- Case reviews – three Initial Case Reviews were considered, and recommendations presented to the Committee.

- Analysis of Scottish Government dataset results

- Awareness raising – develop briefing paper for Health and Social Care Partnership locality managers

- Co-ordinating and supporting staff involved in the Inspection

- Assessment of research papers and national reports – appropriate information shared with ASP partnership staff

Capacity Assessments is short life group of the Grampian Adult Protection Working Group, established in March 2018. The role of the group is to develop a pathway for supporting practitioners who require capacity assessments for adults at risk of harm. Membership includes NHSG Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, MHO's and representatives from Adult Protection services in each of the three Local Authority areas in Grampian.

Leadership and Governance

Until 2013/14, a Grampian Chief Officers Group supported improvement and provided governance over ASP in the 3 Local Authorities, NHS Grampian and Grampian Police. With the introduction of Police Scotland and the Health & Social Care Partnerships this group was placed on hold pending review.

In 2016, the Chief Executives of the three Local Authorities; NHS Grampian and Police Scotland North East Divisional Commander commissioned the Good Governance Institute to carry out a review of all public protection arrangements. The report considered the potential future governance of public protection in the North East of Scotland with a framework exploring how these new challenges could be met between statutory agencies, other partners, communities and the public, in a joint governance approach.

Focus is on supporting work on a multi-agency, multi-professional basis, to include all statutory obligations. It is intended to be practical and helpful to front-line staff and build confidence in making the right decisions, and be understood by, and supportive of, the public.

Discussions on the practical implications of implementing a North East of Scotland Public Protection Joint Governance Framework have been carefully considered demonstrating the ongoing commitment by the Chief Officers, to retain sound oversight and governance over adult support and protection within each partnership and across the Grampian area.

The Chief Executives of Aberdeen City Council; Aberdeenshire Council, The Moray Council, NHS Grampian and the North East Divisional Commander, Police Scotland now meet as part of a new Leaders Group for Public Protection. This links with the Executive Group for Public Protection in Aberdeenshire.

4. What actions have been taken over the last 2 years to address the risk of harm identified?

The Joint Inspection ASP report documented several challenges experienced by ASP partners throughout Scotland. The Committee agrees with the challenges noted and had recognised these prior to the Inspection. The Committee will work to reduce the impact of these challenges in Aberdeenshire.

Complexity of work - The Inspection report states 'Adult protection work is complex and challenging. It is all about marginality and balance. The rights of adults at risk of harm to self-determination and choice must be balanced with the need to keep them safe and protect them from harm. Staff working in adult support and protection skilfully walk a tightrope between risk mitigation and positive risk enablement'. The Committee will therefore ensure that all ASP partnership staff are well trained and supported and they are fully aware of ASP processes. The Committee will also ensure that systems are clear, simple and well-defined.

Data sharing - The Inspection noted that new data protection legislation may impact on sharing of information under ASP. The report states 'It is important that their implementation does not detrimentally affect the concern hubs' (and adult protection partnerships generally) ability to share ASP information effectively'. The Committee will ensure that any barriers to sharing information are responded to and quickly resolved.

Role of health – The Inspection noted increased contribution of health staff in both the strategic and operational ASP activities, but it was felt that further progress is required. The APC will have a strong health presence on the Committee and Subgroups. This strategic leadership will positively impact on the operational contribution health staff make in keeping adults safe from harm in Aberdeenshire.

Involvement, consultation, and measurement of outcomes for adults at risk of harm – The Inspection noted that partnerships sought the views of adults at risk of harm and carers but felt that more work was needed in this area. The report states 'When adults at risk of harm have reached the end of their adult support and protection journey, partnerships should ask them about their experience and the difference this has made in their lives'. The Committee will improve systems for collating the adult at risk and their carers' experiences of ASP. This feedback will be utilised in the development of services.

Dealing with financial harm – The Inspection report states 'There was an increasing positive involvement of trading standards and the banking and financial sector to tackle the pervasive problem of financial harm to vulnerable adults. Tackling financial harm can be a complex and time-consuming activity, with a requirement for specialist skillset.' The Committee, through the Financial Harm Sub-group, will be effective in dealing with financial harm by increasing safeguards to prevent financial harm and act to stop the harm.

Advocacy – The Inspection noted that independent advocacy has a vital role to play in adult support and protection. Section 6 of the Act places a duty on councils to consider the provision of independent advocacy for adults at risk of harm. The report states, 'Equality of access to advocacy for all adults at risk of harm is important'. The Committee will ensure that the benefits of independent advocacy are recognised and that decisions regarding advocacy are recorded and monitored.

Electronic information sharing – The Inspection noted that while there was promising development in some areas electronic information sharing between social work and health was patchy and problematic, despite integration and development of health and social care partnerships. The report states, 'partnerships need to surmount the legal, procedural and cultural barriers that prevent social work staff and health staff accessing key electronic repositories for information and intelligence about adults at risk of harm'. The Committee will ensure that whilst non-sharing of electronic records continues, information about adults at risk of harm is shared appropriately through other means.

Case conferences – The Inspection noted that adult protection case conferences are invaluable and noted concerns about attendance of key ASP partners. The report states, 'Given the importance of adult protection case conferences, it is crucial that all relevant partners attend these forums and

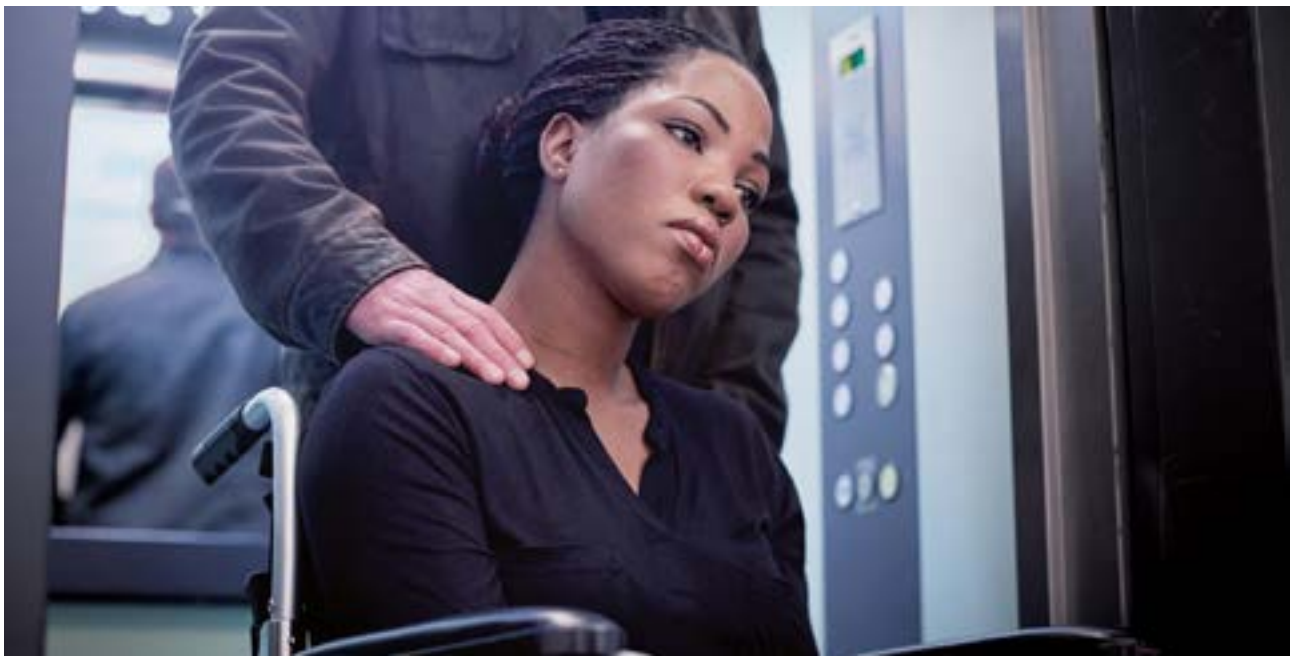
partners are well briefed about the nature of the adult protection concerns. Quorate adult protection case conferences, where the views of all relevant partners are represented, best ensure adults at risk of harm are safe, protected and supported.' The Committee will ensure that case conferences are effective by monitoring participation by the key ASP partners.

Capacity assessments – The Inspection noted the delays in obtaining a capacity assessment could be problematic where the capacity assessment would quickly establish the correct route to secure the safety and wellbeing of the individual. The report states, 'Partnerships may wish to consider obtaining an agreement with the relevant clinicians about timescales for carrying out assessments.' The Committee through the Capacity Assessment SLWG will ensure that capacity assessments are undertaken consistently and timeously.

Chronologies, risk assessments and risk management – The Inspection noted the inextricable link between chronologies, risk assessment and effective risk management. The report states, 'A comprehensive, up-to-date and well-balanced chronology should underpin the associated risk assessment and risk management or protection plan'. The Committee will ensure that systems and support is available so that staff develop a suitable and up-to-date chronology, risk assessment and protection plan for all adults at risk of harm.

Significant case reviews and initial case reviews – The Inspection noted the importance of partnerships undertaking case reviews where an adverse event has occurred. They felt that 'partnerships should adopt a proactive approach to case reviews as a means of learning and improving. The lessons learned for case reviews are widely disseminated and incorporated in improvement plans. Execution of related improvement activity should be robust and timely.' The Committee will continue to effectively monitor local and national case reviews and ensure improvement plans are implemented timeously.

Harm to self and self-neglect - The Inspection noted that supporting adults at risk-to-self and self-neglect is an area of developing practice. It commented on the role that advocacy and the third sector play in supporting these individuals. The report states 'In the future, partnerships are likely to find innovative, least intrusive ways to support adults at risk from self-harm and neglect that make them safe, enhance their wellbeing and improve their quality of life.' The Committee will explore the need to assess the partnership's effectiveness relating to self-harm and self-neglect.



5. What is the Committee's focus going to be over the next two years?

The work of the Committee over the next two years will focus on improvements recommended from the joint inspection and learning from case reviews. The APC action plan 2018-20 has been developed to track all recommendations noted below.

The Aberdeenshire ASP partnership received five specific recommendations for improvement in the joint inspection:

- The partnership should set specific timescales for the prompt completion of each phase of the adult protection process.
- The partnership should make sure it applies adult protection key processes consistently across the entire partnership.
- The partnership should make sure that all adult protection referrals are processed timeously.
- The partnership should make sure that social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them
- The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work.

The recommendations are all key areas for quality improvement and Aberdeenshire Adult Protection Partnership, through the Aberdeenshire Adult Support and Protection Committee, has produced an Action Plan to address these and other key improvement points.

The fifteen key messages from the Joint Inspection were considered on a Grampian basis. This cross-partner collaborative approach was undertaken in response to a request from the North of Scotland Leaders Group for Public Protection. Over the next two years the following five priorities will be taken forward by the Grampian Adult Protection Working Group:

- Systematically measure outcomes for adults at risk of harm and their carers
- Key processes for adult support and protection are as clear as possible so stakeholders understand them
- Clear, unambiguous, timescales for the completion of work related to each phase of the adult protection process
- Chronologies, risk assessments and risk management plans are crucial to keep adults at risk of harm safe
- Required partners should attend adult protection case conferences, particularly police and health

The following three workstreams have also been recognised as ongoing priorities which will continue to be taken forward on a Grampian basis:

- Financial harm
- Learning and development
- Capacity assessments

An additional two recommendations have been developed following case reviews that occurred during this reporting period, these are:

- The partnership should be assured that independent advocacy is considered, offered and made available where appropriate
- Support adults at risk and their carers to be included and involved in the adult protection journey

6. Conclusion

Preparing the biennial report gives an opportunity to reflect on the work undertaken to support and protect adults at risk of harm in Aberdeenshire. There is evidence, that in Aberdeenshire, there are safe responses to protecting adults and that agencies work well together to do this effectively. There is also evidence that improvements to practice and leadership are required.

This reporting period has been an exceptionally busy for Aberdeenshire Adult Protection Committee and its member agencies. Case Reviews and the Joint Inspection have impacted on the resources available to take forward the Committee's priority areas, agreed in 2016, but many actions have been achieved.

Recommended practice improvements from both case reviews and the joint inspection have been incorporated in the Committee's action plan for the next two years. This plan is ambitious, focussing practice and process improvements, performance monitoring and leadership. To achieve these actions a significant commitment has been given by all agencies in the adult support and protection partnership in Aberdeenshire.

Appendix 1

Aberdeenshire Adult Protection Committee – Action Plan April 2016 – March 2018

The Aberdeenshire Adult Protection Committee was established in October 2008 following the implementation of the Adult Support and Protection Act. The Committee has responsibility for monitoring and advising on adult protection procedures, ensuring appropriate cooperation between agencies and improving the skills and knowledge of those with a responsibility for the protection of adults at risk.

The Committee is made up of members from senior managers in our Housing and Social Work Service, Police Scotland, NHS Grampian, Scottish Ambulance Service, Scottish Fire and Rescue Service, Advocacy North East, Aberdeenshire Voluntary Action and Scottish Care.

Adult Protection Committee aims to:

- Ensure staff, partners and the public's knowledge of adult protection legislation are evaluated and effective training is developed.
- Raise awareness by providing information and advice to professionals and the wider community.
- Develop, review and audit procedures for inter-agency working to protect adults at risk.
- Develop, review and audit policies and strategies for protecting adults at risk.
- Develop and introduce arrangements to audit and disseminate local activity with regard to protecting of adult at risk.
- Consult with people who use the service and the public about inter-agency services for the protection of adults at risk.
- Develop links and promote joint working with relevant organisations and groups.

This action plan sets out the priorities that have been agreed for the 2016 – 2018 reporting period. It states the expected impact of actions and how progress is evidenced.

What do we want to achieve?	What Are We Going To Do?	Who will do this?	How Will We Know Things Have Improved?	What have we done?	Next Steps
Ensure that the views of service users are used to inform and influence the way in which adult protection and support services are delivered	Increase awareness of the benefits of advocacy services	ANE Service Manager	Increased use of advocacy services	Advocacy presentations occur in ASP training module 2/3. Presentation given at team meetings.	The Inspection noted that there was continued poor evidence of independent advocacy being offered. Actions will be taken forward in 2018/19 to increase awareness, reduce barriers and record decisions.
	Service user are given the opportunity to comment on the AP process that they have experienced the service user survey	ANE Service Manager	Increase in numbers using the service user survey scheme	An improved system to inform all Adults with capacity who have been involved in the AP of the opportunity to give feedback has been introduced in April 2017.	Service User participation in the process continues to be low. A review of the process will be taken forward as a 2018/19 action.
	Referrer feedback regarding referral process. Survey to be developed and implemented, assessment of responses given to Adult Protection Team and APC.	SDO HSCP	% of refers happy with service increases	Survey developed planned rolled out in May 2017. Survey put on hold due to participation in inspection.	The Inspection report noted concerns about eh referral process, which will be reviewed an amended as an action in 2018/19
	Survey to professionals – those referring to AP and involved in work to protect adults at risk of harm.	SDO HSCP	This survey will act as a benchmark regarding staff confidence/ awareness in ASP. Any issue identified will be discuss at the APC.	Survey developed, and pilot occurred as test in March 2017. Survey put on hold due to participation in inspection.	The inspection process involved focus groups with professionals across the partnership. The inspection learning and recommendations will be used to improve confidence and awareness in ASP.
	Use of Aberdeenshire Council Citizen Panel to evaluate public awareness and confidence in ASP partnership	SDO HSCP	% increase in awareness and confidence from 2011 benchmarking results. Survey in 2013 and 2016 showed slight improvement in awareness and confidence but further work is required.	Evaluation occurred in 2016	Citizen Panel evaluation to occur in 2019.

What do we want to achieve?	What Are We Going To Do?	Who will do this?	How Will We Know Things Have Improved?	What have we done?	Next Steps
Review / assess what mechanisms are available and their effectiveness to protect vulnerable adults where they do not meet the adult at risk legislation thresholds	Promote a clear message regarding who is an adult at risk of harm.	SDO HSCP	% of adult protection referrals which are inappropriate reduce	All communication relating to ASP has the same message.	
	Promote thresholds document, discussion groups and use within training modules.	ASP Lead NHSG		Circulated to professionals in health, social work and service providers. Included in the Grampian Policy. Document review put on hold due to the inspection.	
	Case audit focussing on cases where re-referral occurs, but AP threshold is not met, look for patterns in support that is required.	SDO HSCP		This action was postponed as a Case File audit was undertaken as part of the Inspection.	.
	Input on ASP to Integrated teams when formed.	SDO HSCP/ Lead ASP NHSG		Briefing paper on ASP circulated to locality managers, training/ presentations offered.	Complete – agreed that regular communication should be sent by APC to Locality Managers.
	Clear guidance on how capacity affects practice in ASP work.	SDO HSCP		Grampian Adult protection Policy reviewed. Learning opportunities around capacity explored in Case Reviews.	Due to Learning recommendation in Case Review a SLWG was develop clear pathway around capacity assessments
	Assess the role of APM's where an adult is not at risk but is identified as vulnerable – what is the impact on the adult and support agencies?	SDO HSCP		This action was put on hold due to the Inspection.	

What do we want to achieve?	What Are We Going To Do?	Who will do this?	How Will We Know Things Have Improved?	What have we done?	Next Steps
Audit local teams to ensure they have the appropriate awareness, training and guidance to understand and comply with the ASP policy and procedures.	Identify teams where feedback should be sought, presentations regarding the adult protection service and feedback on their experiences sought.	SDO HSCP		Action abandoned, Inspection results to give APC assurance of level of knowledge.	
	Promote the reviewed Grampian Adult Protection Policy, awareness raising training and sessions	Grampian Working Group, L&D Group		Complete	
	Develop and facilitate financial harm awareness training	Grampian Financial Harm Group	Presentation given in each of the HSCP locality areas.	Development of the training package commenced but had to be postponed due to the Inspection.	Training package to be completed and rolled out in 2019
Critically evaluate information-sharing protocols and practice.	Review current ISP	Grampian Working Group		Review complete	
	Review case examples where concerns have been raised that information was not shared appropriately.	AP Team Manager, Operational Practice Group		QA exercise completed during supervision.	Evaluate results from the Inspection to take forward action that need to be taken regarding information sharing.
	Review current training, what is said about ISP.	Learning and Development Group		Complete	
	Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm	Grampian Adult Protection Working Group		Review completed	Due to Inspection review of specific areas in the policy to occur in 2019.

What do we want to achieve?	What Are We Going To Do?	Who will do this?	How Will We Know Things Have Improved?	What have we done?	Next Steps
Develop and review ASP policies when required.	Information Sharing Protocol	Grampian Adult Protection Working Group		Review complete	Next review GRDP will need to be considered.
	Large Scale Investigation protocol	Grampian Adult Protection Working Group		Review postponed due to Inspection.	Next review 2018
Respond to case reviews undertaken by the APC	MAR Miss A	GP rep APC		Review complete	Learning and recommendation taken forward in 2018/19
	SAR/MARM MS	Locality Manager Housing rep APC		Review complete. Action plan – available on request. Information shared with CGASWG	NFA
	MARM RB/MT	Locality Manager		Review Complete	
	Forth Valley – ASP and MAPPA SCR	MAPPA co-Ordinator		Position statement and action plan – available on request	NFA
Respond to case reviews undertaken nationally that may have local implications	North Lanarkshire - Miss A	SDO HSCP		This action was put on hold due to the Inspection.	
	Miss L -Aberdeen City	Lead ASP HSCP		This action was put on hold due to the Inspection.	

Appendix 2

Aberdeenshire Adult Support and Protection – file reading analysis

Introduction:

As part of the Aberdeenshire joint inspection of Adult Support and Protection inspection case file reading, 50 files were read in November 2017.

3 – Chronologies

3.1 Is there a chronology of key events contained in the file?

	Frequency	Percentage
Yes	15	30%
No – None expected	17	34%
No – Should be one	18	36%
Total	50	100%

3.2 Is the chronology in the file of an acceptable standard?

	Frequency	Percentage
Yes	11	73%
No	4	27%
Total	15	100%

4 – Risk Protection

4.1 Are there any risk issues related to protection type risk (e.g. protecting adults at risk of harm, protection of the public)?

	Frequency	Percentage
Yes	39	78%
No	11	22%
Total	50	100%

4.2 Is there a risk assessment on file for this individual?

	Frequency	Percentage
Yes	30	77%
No	9	23%
Total	39	100%

4.3 Is the timing of the most recent risk assessment in keeping with the needs of the individual?

	Frequency	Percentage
Yes	28	93%
No	2	7%
Total	30	100%

4.4 Is there evidence that multi-agency partners' views have informed the risk assessment?

	Frequency	Percentage
Yes	29	97%
No	1	3%
Total	30	100%

4.5 How would you rate the quality of the risk assessment?

	Frequency	Percentage
Excellent	0	0%
Very Good	6	20%
Good	21	70%
Adequate	2	7%
Weak	1	3%
Unsatisfactory	0	0%
Total	30	100%

4.7 If identified at risk, is there a risk management / protection plan on file?

	Frequency	Percentage
Yes	31	79%
No – Not required	7	18%
No – Required	1	3%
Total	39	100%

4.8 Is the risk management plan / protection plan up to date?

	Frequency	Percentage
Yes	26	84%
No	5	16%
Total	31	100%

4.9 How would you rate the quality of the risk management plan/ protection plan?

	Frequency	Percentage
Excellent	0	0%
Very Good	8	27%
Good	14	47%
Adequate	7	23%
Weak	1	3%
Unsatisfactory	0	0%
Total	30	100%

4.11 Have all concerns regarding protection type risk been dealt with adequately?

	Frequency	Percentage
Yes	38	97%
No	1	3%
Total	39	100%

5A – File Sharing

Information Sharing

5.1 Is it evident from the file that the adult protection partners are sharing information?

	Frequency	Percentage
Yes	48	96%
No	2	4%
Total	50	100%

5.2 Is it evident from the file that the adult protection partners are sharing information effectively?

	Frequency	Percentage
Yes	48	96%
No	2	4%
Total	50	100%

5.3 Is it evident from the file that information was shared appropriately?

	Frequency	Percentage
Yes	46	94%
No	3	6%
Total	49	100%

5.5 Does the police record contain?

(a) All information about adult support and protection related incidents?

	Frequency	Percentage
Yes	27	90%
No	3	10%
Total	30	100%

(b) Correspondence?

	Frequency	Percentage
Yes	20	67%
No	10	33%
Total	30	100%

(c) Case conference minutes?

	Frequency	Percentage
Yes	9	35%
No	17	65%
Total	26	100%

(d) Chronology?

	Frequency	Percentage
Yes	22	81%
No	5	19%
Total	27	100%

5.6 Is there a police vulnerable person's database on file?

	Frequency	Percentage
Yes	30	86%
No	5	14%
Total	35	100%

5.7 Does the vulnerable person's database entry for this adult at risk of harm contain:

	Frequency	Percentage
Details of incidents	30	100%
Details of adult protection concerns	28	93%
Chronology	20	67%
Total	30	

5.9 Is there evidence that a care provider or party other than the local authority have been asked to carry out an initial investigation?

	Frequency	Percentage
Yes	2	4%
No	45	96%
Total	47	100%

5.11 Should a duty to inquire have been carried out for this individual?

	Frequency	Percentage
Yes	47	98%
No	1	2%
Total	48	100%

5.12 Did the partnership carry out a duty to inquire for this individual?

	Frequency	Percentage
Yes	46	98%
No	1	2%
Total	47	100%

5.13 Were all relevant partners involved in the duty to inquire?

	Frequency	Percentage
Yes	42	91%
No	4	9%
Total	46	100%

5.14 If no please indicate who should have been involved?

	Frequency	Percentage
Police	2	50%
Health (including GP)	1	25%
Social Work	1	25%
Care / Support / Housing provider	0	0%
Other	0	0%
Total	4	

5.16 Was the duty to inquire carried out in a timescale in keeping with the needs of the individual?

	Frequency	Percentage
Yes	43	93%
No	3	7%
Total	46	100%

5.17 Was the outcome of the duty to inquire clearly recorded?

	Frequency	Percentage
Yes	44	96%
No	2	4%
Total	46	100%

5.18 What was the outcome of the duty to inquire?

	Frequency	Percentage
No further action	3	7%
No further action for signposting	0	0%
Case management activity	5	11%
Adult protection full investigation	37	80%
Other	1	2%
Total	46	100%

5.20 Was the outcome of the duty to inquire in keeping with the needs of the individual?

	Frequency	Percentage
Yes	40	87%
No	6	13%
Total	46	100%

5B – Investigation

5.22 Should there have been a full adult protection investigation?

	Frequency	Percentage
Yes	43	86%
No	7	14%
Total	50	100%

5.23 Was there a full adult protection investigation?

	Frequency	Percentage
Yes	40	93%
No	3	7%
Total	43	100%

5.25 Were all of the appropriate parties involved?

	Frequency	Percentage
Yes	38	95%
No	2	5%
Total	40	100%

5.26 Is no please indicate who was not involved

	Frequency	Percentage
Police	2	100%
Health (including GP)	1	50%
Social Work	0	0%
Care / support / housing provider	0	0%
Other	0	0%
Total	2	

5.28 Was a council officer involved in the investigation?

	Frequency	Percentage
Yes	39	98%
No	1	2%
Total	40	100%

5.30 Did the full investigation effectively determine if the individual was at risk of harm?

	Frequency	Percentage
Yes	37	93%
No	3	8%
Total	40	100%

5.32 Should a medical examination have been carried out on the adult at risk of harm?

	Frequency	Percentage
Yes	12	30%
No	28	70%
Total	40	100%

5.33 Was a medical examination carried out on the adult at risk of harm?

	Frequency	Percentage
Yes	12	100%
No	0	0%
Total	12	100%

5.35 Was the full investigation carried out within a timescale in keeping with the needs of the individual?

	Frequency	Percentage
Yes	37	93%
No	3	8%
Total	40	100%

5.36 Rate the quality of the full investigation

	Frequency	Percentage
Excellent	0	0%
Very Good	11	28%
Good	23	58%
Adequate	4	10%
Weak	1	2%
Unsatisfactory	1	2%
Total	40	100%

5C - Conference

5.37 Should the partnership have convened an adult protection case conference for the individual?

	Frequency	Percentage
Yes	25	50%
No	25	50%
Total	50	100%

5.38 Did the partnership convene an adult protection case conference for the individual?

	Frequency	Percentage
Yes	24	96%
No	1	4%
Total	25	100%

5.40 Were all of the relevant professional parties invited to the case conference?

	Frequency	Percentage
Yes	22	92%
No	2	8%
Total	24	100%

5.41 If no, state who was not invited?

	Frequency	Percentage
Police	2	100%
Health (including GP)	1	50%
Social Work	0	0%
Care / support / housing provider	0	0%
Other	0	0%
Total	2	

5.42 Did all of the relevant parties attend the case conference?

	Frequency	Percentage
Yes	8	32%
No	17	68%
Total	25	100%

5.43 If no state who did not attend

	Frequency	Percentage
Police	7	41%
Health (including GP)	15	88%
Social Work	0	0%
Care / support / housing provider	0	0%
Other	4	24%
Total	17	

5.45 Was the adult at risk of harm invited to the case conference?

	Frequency	Percentage
Yes	12	50%
No	12	50%
Total	24	100%

5.47 Were the reasons for not inviting the adult at risk of harm clearly recorded in the minute of the case conference?

	Frequency	Percentage
Yes	4	36%
No	7	64%
Total	11	100%

5.48 Did the adult at risk of harm attend the case conference?

	Frequency	Percentage
Yes	6	50%
No	6	50%
Total	12	100%

5.50 If they attended, was the adult at risk of harm effectively supported to participate in the case conference?

	Frequency	Percentage
Yes	6	100%
No	0	0%
Total	6	100%

5.51 If appropriate, was the unpaid carer invited to the case conference?

	Frequency	Percentage
Yes	6	40%
No	9	60%
Total	15	100%

5.52 Did the unpaid carer attend the case conference?

	Frequency	Percentage
Yes	5	83%
No	1	17%
Total	6	100%

5.53 Did the case conference effectively determine what needed to be done to ensure the adult at risk of harm was safe, protected and supported?

	Frequency	Percentage
Yes	21	91%
No	2	9%
Total	23	100%

5D – Case Conference Notes

5.55 Was the minute of the case conference circulated to all attendees?

	Frequency	Percentage
Yes	23	96%
No	1	4%
There is on minute on fie	0	0%
Total	24	100%

5.56 Please rate the quality and effectiveness of the case conference?

	Frequency	Percentage
Excellent	0	0%
Very Good	9	39%
Good	13	57%
Adequate	1	4%
Weak	0	0%
Unsatisfactory	0	0%
Total	23	100%

5.58 Has the partnership made use of a protection order pursuant to the Adult Support and Protection (S) Act 2007?

	Frequency	Percentage
No, should have but did not	0	0%
Assessment order	0	0%
Removal order	0	0%
Banning order	1	100%
Total	1	100%

5.59 Was the protection order effective in securing and maintaining the safety of the adult at risk of harm?

	Frequency	Percentage
Yes	0	0%
No	1	100%
Total	1	100%

5.61 Should the partnership have convened a review adult support and protection case conference?

	Frequency	Percentage
Yes	17	41%
No	24	59%
Total	41	100%

5.62 Did the partnership convene a review ASP case conference?

	Frequency	Percentage
Yes	17	100%
No	0	0%
Total	17	100%

5.63 Was the timescale for the review case conference in keeping with the needs of the individual?

	Frequency	Percentage
Yes	15	88%
No	2	12%
Total	17	100%

5.65 Did the review case conference effectively determine what needed to be done to ensure the adult at risk of harm was safe, protected and supported?

	Frequency	Percentage
Yes	16	94%
No	1	6%
Total	17	100%

5.67 Was the presence of an appropriate adult required at any stage?

	Frequency	Percentage
Yes	5	12%
No	37	88%
Total	42	100%

5.68 If yes was an appropriate adult deployed?

	Frequency	Percentage
Yes	3	60%
No	2	40%
Total	5	100%

6A – Financial harm (abuse)

6.1 Is there evidence of financial harm to the individual?

	Frequency	Percentage
Yes	8	165
No	42	84%
Total	50	100%

6.2 If yes, please approximately quantify the extent of the financial harm?

	Frequency	Percentage
Under £1000	5	63%
£1000 - £10,000	3	38%
£10,000 - £50,000	0	0%
£50,000 - £100,000	0	0%
over £100,000	0	0%
Total	8	100%

6.3 Has the partnership acted to stop the financial abuse?

	Frequency	Percentage
Yes	7	88%
No	1	13%
Total	8	100%

6.4 If yes, did the action stop the financial abuse?

	Frequency	Percentage
Yes	4	57%
No	3	43%
Total	7	100%

6.6 Was there multi-agency working to stop the financial abuse?

	Frequency	Percentage
Yes	6	75%
No	2	25%
Total	8	100%

6.7 If yes, state agencies involved?

	Frequency	Percentage
Police	3	50%
Social Work	5	83%
Health	2	33%
Bank or financial body	2	33%
Trading standards	1	17%
Office of the Public Guardian	0	0%
Other	2	33%
Total	6	

6.9 Did the financial abuse involve verbal coercion?

	Frequency	Percentage
Yes	4	57%
No	3	43%
Total	7	100%

6.10 Did the financial abuse involve physical coercion?

	Frequency	Percentage
Yes	3	43%
No	4	57%
Total	7	100%

6.11 Please rate the effectiveness of the partnerships actions to stop the financial abuse

	Frequency	Percentage
Excellent	0	0%
Very Good	1	13%
Good	1	13%
Adequate	4	50%
Weak	2	25%
Unsatisfactory	0	0%
Total	8	100%

6B - Perpetrators of harm to individuals

6.12 Is there a perpetrator (alleged perpetrator) of harm to the individual?

	Frequency	Percentage
Yes	24	48%
No	26	52%
Total	50	100%

6.13 Did the partnership take any action / sanction against the alleged perpetrator?

	Frequency	Percentage
Yes	12	50%
No	12	50%
Total	24	100%

6.14 If yes choose from the list of actions

	Frequency	Percentage
Reported to Crown Office & Procurator Fiscal Service	5	42%
Prosecuted for offence	1	8%
Convicted of offence and custodial sentence	0	0%
Convicted of offence and non-custodial sentence	1	8%
Banning order	1	8%
Other disposal / sanction, or any other action in respect of perpetrator	6	50%
Total	12	

6.16 Should the partnership have undertaken work with the alleged perpetrator (harmer)?

	Frequency	Percentage
Yes	9	38%
No	15	63%
Total	24	100%

6.17 Did the partnership carry out work with the alleged perpetrator (harmer)?

	Frequency	Percentage
Yes	8	89%
No	1	11%
Total	9	100%

6.18 If yes to 6.17, please rate the quality of the partnerships work with the alleged perpetrator

	Frequency	Percentage
Excellent	0	0%
Very Good	0	0%
Good	3	38%
Adequate	5	63%
Weak	0	0%
Unsatisfactory	0	0%
Total	8	100%

6.19 Please rate the overall effectiveness of the partnerships actions taken against the perpetrator

	Frequency	Percentage
Excellent	0	0%
Very Good	0	0%
Good	5	63%
Adequate	3	38%
Weak	0	0%
Unsatisfactory	0	0%
Total	8	100%

7 – Adult Protection – Involvement and Consultation

7.1 Is there evidence that adult protection partners seek and take into account, where appropriate, the individual's views (either directly or through appropriate, identified representative) at each stage of ASP process? Answer for reach of the ASP stages.

(a) Duty to inquire

	Frequency	Percentage
Yes	42	93%
No	3	7%
Total	45	100%

(b) Investigation

	Frequency	Percentage
Yes	40	98%
No	1	2%
Total	41	100%

(c) Case conference

	Frequency	Percentage
Yes	22	88%
No	3	12%
Total	25	100%

(d) Protection planning, implementation and review

	Frequency	Percentage
Yes	23	85%
No	4	15%
Total	27	100%

7.2 Is there evidence that all dealings with the adult at risk of harm have adequately addressed all potential barriers (as listed in the guidance to this tool)?

	Frequency	Percentage
Yes	35	90%
No	4	10%
Total	39	100%

7.4 Was there support for the adult at risk of harm to be involved throughout the ASP process?

	Frequency	Percentage
Yes	39	93%
No	3	7%
Total	42	100%

7.5 If yes to 7.4 please rate the effectiveness of the support provided to the adult at risk of harm in respect of involvement and consultation on the ASP process

	Frequency	Percentage
Excellent	0	0%
Very Good	9	23%
Good	21	54%
Adequate	9	23%
Weak	0	0%
Unsatisfactory	0	0%
Total	39	100%

7.7 Is there a carer who provides a substantial amount of care to the individual?

	Frequency	Percentage
Yes	18	36%
No	32	64%
Total	50	100%

7.8 If yes to the previous question has the carer been appropriately involved and consulted throughout the ASP process?

	Frequency	Percentage
Yes	14	88%
No	2	13%
Total	16	100%

8 – Adult Protection – Capacity and Independent Advocacy

8.1 Is there evidence that the individual was offered independent support or advocacy?

	Frequency	Percentage
Yes	11	22%
No - Not needed	34	68%
No-Should have been offered	5	10%
Total	50	100%

8.3 If yes, is there evidence that the individual has received advocacy support?

	Frequency	Percentage
Yes	8	73%
No	3	27%
Total	11	100%

8.4 Is there evidence that the advocacy has helped the individual articulate their views?

	Frequency	Percentage
Yes	8	100%
No	0	0%
Total	8	100%

8.5 Has the individual granted power of attorney?

	Frequency	Percentage
Yes	13	27%
No	36	73%
Total	49	100%

8.6 Does the individual have capacity?

	Frequency	Percentage
Yes	38	78%
No	11	22%
Total	49	100%

8.7 Is there evidence of concerns about the individual's capacity?

	Frequency	Percentage
Yes	30	61%
No	19	39%
Total	49	100%

8.8 Has there been a formal assessment of the individual's capacity?

	Frequency	Percentage
Yes	21	70%
No	9	30%
Total	30	100%

8.9 If yes to 8.8 – Was the timing of the capacity assessment in keeping with the needs of the individual?

	Frequency	Percentage
Yes	19	90%
No	2	10%
Total	21	100%

8.10 Specify powers or arrangements in place

	Frequency	Percentage
Appointeeship	0	0%
Access to funds	1	8%
Financial Guardianship	2	15%
Informal arrangements to ensure safety	1	8%
Power of Attorney (Welfare or Continuing)	1	8%
Welfare Guardianship	1	8%
Both Financial and Welfare Guardianship	5	38%
Other	1	8%
Not known	1	8%
None	3	23%
Total	13	100%

8.12 Is there a copy of the powers granted contained in the file?

	Frequency	Percentage
Yes	6	75%
No	2	25%
Total	8	100%

9 – Adult protection outcomes

9.1 Have there been improvements in the individual's circumstances in relation to safety and protection that match what you would reasonably expect to see?

	Frequency	Percentage
Yes	44	92%
No	4	8%
Total	48	100%

9.2 If yes, select all that apply

	Frequency	Percentage
Better able to protect themselves	12	27%
Clear, have someone to confide ASP concerns	14	32%
They are safe and protected	30	68%
Living as you want	25	57%
ASP process delivered improved wellbeing	15	34%
Adult considers partnerships actions least restrictive and upheld human rights	8	18%
Other	1	2%
Total	44	

9.4 What are the positive outcomes mainly due to?

	Frequency	Percentage
Individual's efforts	10	23%
Multi-agency working	27	61%
Social Work improvement	19	43%
Police involvement	10	23%
Other reason	2	5%
Total	44	

9.6 Is there evidence of poor adult protection related outcomes for this individual?

	Frequency	Percentage
Yes	10	20%
No	39	80%
Total	49	100%

9.7 If yes, select all which apply

	Frequency	Percentage
Not better able to protect themselves	6	60%
Not clear have someone to confide ASP concerns	0	0%
They are not safe and protected	5	50%
Not living as you want	3	30%
ASP process did not deliver improved wellbeing	0	0%
Adult does not consider partnerships actions least restrictive and upheld human rights	0	0%
Other	1	10%
Total	10	

9.9 What are the poor outcomes mainly due to?

	Frequency	Percentage
Lack of individual's efforts	4	40%
Lack of multi-agency working	2	20%
Lack of Social Work involvement	0	0%
Lack of police involvement	0	0%
Other reason	5	50%
Total	10	

9.12 Is there an indication from the individual's file that the individual was included in a large scale inquiry?

	Frequency	Percentage
Yes	0	0%
No	48	100%
Total	48	100%

10 – Person Centred Care Needs Assessment

10.1 Is there an assessment of needs on file?

	Frequency	Percentage
Yes	33	72%
No	13	28%
Total	46	100%

10.2 Does the assessment indicate that information from a range of professionals/practitioners (e.g. AHP, GP or other doctor, police, care provider) have contributed to the assessment?

	Frequency	Percentage
Yes	31	94%
No	2	6%
Total	33	100%

10.3 Are all assessments dated and signed in all files?

	Frequency	Percentage
Yes	15	45%
No	18	55%
Total	33	100%

10.4 Overall, rate the quality of the most recent assessment on file

	Frequency	Percentage
Excellent	1	3%
Very Good	2	6%
Good	22	67%
Adequate	7	21%
Weak	1	3%
Unsatisfactory	0	0%
Total	33	100%

10.5 Within what period has the assessment been completed or updated?

	Frequency	Percentage
Less than 1 month	2	6%
More than 1 month but less than 6 months	10	30%
More than 6 months but less than 12 months	13	39%
More than 12 months	8	24%
Total	33	100%

10.6 Is consent to share information evident in the file?

	Frequency	Percentage
Yes	34	74%
No	12	26%
Total	46	100%

10.7 Is the level of recording appropriate, and in keeping with the needs of the individual?

	Frequency	Percentage
Yes	45	98%
No	1	2%
Total	46	100%

10.8 Is there evidence in the record that decisions and or discussions from supervision are recorded?

	Frequency	Percentage
Yes	25	54%
No	21	46%
Total	46	100%

10.9 Is there evidence in the record that the line manager has periodically read the records?

	Frequency	Percentage
Yes	16	35%
No	30	65%
Total	46	100%

11 – Person Centred Care – Self Directed Support

11.1 Is there evidence that self-directed support (SDS) options have been discussed with the individual?

	Frequency	Percentage
Yes	28	67%
No	14	33%
Total	42	100%

11.2 Which self-directed support options has the individual taken up?

	Frequency	Percentage
Direct Payments	3	11%
Individual directs support	1	4%
LA direct support	16	57%
Mixture of the above	8	29%
None offered	0	0%
Total	28	100%

11.4 Is there evidence that the self-directed support has been effective?

	Frequency	Percentage
Yes	25	89%
No	3	11%
Total	28	100%

11.5 Is there evidence that the individual has control over the kind of support they receive) co-production)

	Frequency	Percentage
Yes	16	76%
No	5	24%
Total	21	100%

12 – Risk – Non Protection

12.1 Are there any risk issues related to non-protection type risk (e.g. frail older person who is at risk of falling or a person with dementia who is at risk because they are alone and disoriented out with their home)

	Frequency	Percentage
Yes	19	40%
No	29	60%
Total	48	100%

12.2 Is there a risk assessment on file for this individual?

	Frequency	Percentage
Yes	13	68%
No	6	32%
Total	19	100%

12.3 Is the timing of the most recent risk assessment in keeping with the needs of the individual?

	Frequency	Percentage
Yes	12	92%
No	1	8%
Total	13	100%

12.4 Is there evidence that multi-agency partners' views have informed the risk assessment?

	Frequency	Percentage
Yes	11	85%
No	2	15%
Total	13	100%

12.5 How would you rate the quality of the risk assessment?

	Frequency	Percentage
Excellent	0	0%
Very Good	2	15%
Good	8	62%
Adequate	2	15%
Weak	1	8%
Unsatisfactory	0	0%
Total	13	100%

12.7 If identified at risk, is there a risk management plan on file?

	Frequency	Percentage
Yes	12	71%
No	5	29%
Total	17	100%

12.8 Is there an up-to-date risk management plan?

	Frequency	Percentage
Yes	10	83%
No	2	17%
Total	12	100%

12.9 How would you rate the quality of the risk management plan?

	Frequency	Percentage
Excellent	0	0%
Very Good	1	8%
Good	8	67%
Adequate	1	8%
Weak	2	17%
Unsatisfactory	0	0%
Total	12	100%

12.11 Have all concerns regarding non-protection type risk been dealt with adequately?

	Frequency	Percentage
Yes	17	100%
No	0	0%
Total	17	100%

13 – Care Plans

13.1 Is there a care and support plan?

	Frequency	Percentage
Yes – Comprehensive	23	58%
Yes – Not Comprehensive	9	23%
No	8	20%
Total	40	100%

13.2 Within what period has the plan been completed?

	Frequency	Percentage
Less than 1 month	2	6%
More than 1 month but less than 6 months	12	38%
More than 6 months but less than 12 months	11	34%
More than 12 months	7	22%
Total	32	100%

13.3 Is the primary plan SMART?

	Frequency	Percentage
Yes	22	69%
No	10	31%
Total	32	100%

13.4 If no, please describe how the primary plan is not SMART

	Frequency	Percentage
Not specific	6	60%
Not Measurable	2	20%
Not Achievable	0	0%
Not Realistic	0	0%
Not Time Bound	9	90%
Total	10	

13.5 Is there evidence that the care plan has been shared with the appropriate agencies?

	Frequency	Percentage
Yes	26	84%
No	5	16%
Total	31	100%

13.6 Does the primary plan set out the individual's desired outcomes?

	Frequency	Percentage
Yes	28	90%
No	3	10%
Total	31	100%

13.9 Is there evidence of unreasonable delay in the individual receiving an assessment?

	Frequency	Percentage
Yes	1	2%
No	41	98%
Total	42	100%

13.11 How long has the individual had to wait for an assessment?

	Frequency	Percentage
Less than 1 month	0	0
More than 1 month but less than 6 months	1	100%
More than 6 months but less than 12 months	0	0%
More than 12 months	0	0%
Total	1	100%

13.12 Is there evidence of unreasonable delay in the individual receiving key services following the completion of the assessment?

	Frequency	Percentage
Yes	3	7%
No	38	93%
Total	41	100%

13.14 How long has the individual had to wait for key services?

	Frequency	Percentage
Less than 1 month	0	0%
More than 1 month but less than 6 months	1	50%
More than 6 months but less than 12 months	1	50%
More than 12 months	0	0%
Total	2	100%

13.15 Has the individual been given the reasons for any delay in providing key services?

	Frequency	Percentage
Yes	2	67%
No	1	33%
Total	3	100%

13.16 Is there evidence of multi-agency working?

	Frequency	Percentage
Yes	41	98%
No	1	2%
Total	42	100%

13.17 To what extent do you consider that the support provided to this individual has met their needs?

	Frequency	Percentage
4 - Completely	9	21%
3 – Mostly	26	60%
2 – Partially	8	19%
1 – Not at all	0	0%
Total	43	100%

13.19 Is there evidence the care and support of this individual is subject to regular review?

	Frequency	Percentage
Yes	38	95%
No	2	5%
Total	40	100%

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