

**Fife Adult Support and Protection  
Committee  
Annual Report  
April 2018- March 2019**

## Foreword

As Independent Chair of Fife Adult Support and Protection Committee I am delighted to introduce this Annual Report. This has been another challenging year for the partnership with structural changes in services, continuing financial constraints and keeping pace with new developments and understanding in areas such as self-neglect and new ways being used such as internet scams to harm adults financially. The Committee has worked positively together to fulfil its functions laid down in the Adult Support and Protection (Scotland) Act 2007. Through good governance and leadership this has included raising awareness of adult protection; listening to service users; continually developing partnership working; providing clear leadership to agencies; updating policies and procedures and promoting learning and development for staff.

Our priorities have been guided by an Improvement Plan 2018/20 compiled following a successful inter-agency development event and taking account of evidence from our self-evaluation programme and learning identified from two Significant Case Reviews. Considerable work has been taken forward by various representatives on working groups to progress four key outcome areas.

The Committee continues to working alongside colleagues in child protection and MAPPA (Multi-agency Public Protection Arrangements) as similar themes emerge related to protection work. This overarching work is assisted by my chairing all three partnership Public Protection Committees.

All agencies represented on the Committee have a key role to play in the partnership and their support has been greatly valued. I am particularly grateful to the service user representation on the Committee for helping keep us focussed on real outcomes for people in Fife. Thanks also to the adult protection support team.



Alan Small, Fife Adult Support and Protection Committee Chair

## Introduction

Fife Adult Support and Protection Committee is a partnership of statutory, voluntary and independent organisations working together to prevent harm to adults. The Committee retains a strategic overview of adult support and protection policies and procedures, monitoring outcomes for adults at risk of harm. It reports on its work to the Chief Officers for Public Safety Group (COPS). An annual report is published in between statutory biennial reports. The latter are submitted to the Scottish Government.

The Adult Support and Protection Committee (ASPC) Improvement Plan for 2018-2020 has four key objectives:

- 1. Individuals known or believed to be an adult at risk of harm who refuse or are resistant to support or protection deemed necessary will receive a consistent and person-centred inter-agency response.**
- 2. Agencies with access to homes as part of their job role are confident and competent in recognising, responding and reporting harm identified or disclosed.**
- 3. Residents or patients in care settings are in receipt of person-centred and good quality care in a safe environment. All levels of staff working in or with access to care settings are confident and competent in recognising, responding and reporting harm when disclosed or indicated.**
- 4. Agencies involved in adult support and protection activity will build in opportunities to explain the process, its aims and potential impact, and capture service user feedback at key points during the process, and at the resolution of the adult support and protection process. They will also record and respond to any spontaneous feedback about the process the service user gives. Adults will be confident that reporting harm will be a positive experience, and one in which they can contribute to and influence the outcome.**

A set of actions linked to each objective were identified and progress is monitored by the ASPC on a quarterly basis.

Three of the four active working groups; Self Evaluation and Improvement, Learning and Development, Financial Harm (newly established in February 2019) have workplans designed to progress activity linked to these objectives. The Case Review group's activity could be said to influence Improvement Plan focus and evaluate impact of guidance and procedures on practice but does not have a targeted workplan. There is also an ad hoc Communications group which meets for specific tasks; it has not met in this period.

### Self-evaluation and Improvement Working Group

The ASPC has a full programme of inter-agency and single agency self-evaluation activity to monitor practice and measure the impact of improvement activity. This is done via an annual self-evaluation calendar which includes single and inter-agency self-evaluation activities. On completion of each one a storyboard is completed. This highlights how the activity was done, for example a survey or audit, and includes good practice and gaps identified. It also shows if an action plan is in place and who is responsibility for monitoring it. During 2018/19 sixteen activities were captured on the calendar.

# Fife Adult Support & Protection Committee

An annual inter-agency audit is undertaken. The Committee endorsed the 2018 report at the May meeting. The report contained findings and recommendations and included for the first time a staff network meeting which augmented the audit findings by including the “voice” of those directly involved in case work.

An evaluation of initial and significant case reviews undertaken between 2016/18 was completed and presented to Committee in April 2018. The report was based on five case reviews in Fife. It included findings, characteristics of adults harmed, type of harm and themes identified.

The ASPC undertook a self-evaluation exercise in October 2018 to measure themselves against the report on the Joint Inspection of Adult Support and Protection published in July 2018. The aim was to evaluate Fife’s current position and note actions already being pursued to monitor performance as well as any identified gaps. The outcome from this scrutiny was positive, indicating that Fife appears to be in a good position regarding the inspection areas as reported. Where improvements were identified, these were to be addressed through individual service actions and through the Committee’s current Improvement Plan (2018/20).

In terms of continuous improvement there was an example this period of Social Work and Police following up on an evaluation exercise undertaken previously looking at cases referred by Police which did not meet the 3-point criteria. The audit undertaken in January 2018 focussed on the Inquiry and Inter-agency referral discussion and the application of the 3-point criteria and demonstrated improvement in practice and further improvements that would be pursued by both partners.

In March 2019 a report was presented to Committee as part of the monitoring of the quality indicator, ‘How good is our governance/leadership’. It related to attendance at Committee and all working groups throughout 2018. Results showed full attendance at Committee by five agencies.

## **Data**

The ASPC continues to seek ways to identify statistical information to underpin their self-evaluation activity. The Social Work Service is the key source of data and gathers this information on behalf of the ASPC, and the Scottish Government are provided annually with key data they have requested. Since the early days there have been issues with interpretation of the data, and this period is no exception. Does an increase in reports of harm (or referrals) mean more people are being harmed or does it suggest staff and Fife communities are more aware of what harm is and how to report it? We cannot rely solely on data to guide our future responses and improvement direction, but neither should we stop recording and considering the data that is available to us.

## **Learning and Development Working Group:**

An annual report on the activities of the Learning and Development Working Group was presented to the ASPC’s August 2019 meeting and endorsed. It is embedded below.



Item 5.3 b)-L&D  
Working Group Rep

# Fife Adult Support & Protection Committee

Highlights are:

The ASPC hosted a successful learning event in November 2018 which explored research-based best practice in supporting adults experiencing self-neglect and self-harm, and the dilemmas and challenges facing practitioners working with adults living with a self-neglectful lifestyle. The keynote speaker was Professor Michael Preston-Shoot who has undertaken extensive research in this subject.



*Professor Michael Preston-Shoot delivering his key presentation to a full house.*

Learning opportunities have been developed, are being delivered and are evaluating well in relation to Harm in the Home and Harm in Care Settings targeting managers of the respective settings.

The full learning and development programme continues to evaluate positively.

## **Financial Harm Working Group**

In response to the prevalence of financial harm being reported in Fife the ASPC established a financial harm working group in February 2019. It has developed a financial harm strategy which complements the Financial Harm Guidance previously approved by Committee in November 2017.

## **Case Review Working Group**

This period the group have considered 2 Initial Case Reviews, where agencies have referred cases they believe meet the criteria for a Significant Case Review.

Throughout this period the group have overseen the development and monitoring of action plans related to two Significant Case Reviews triggered in 2014 and published as Learning Summaries in June 2018.

The group have additionally considered learning from Significant Case Reviews published from elsewhere in Scotland and the United Kingdom. Any learning is shared with all partner organisations via the ASPC and working groups.

## **Other, non-working group related activity:**

### **Inter-agency ASPC Guidance**

The Inter-agency Adult Support and Protection Guidance was fully reviewed and updated in June 2018. Inter-agency chronology guidance was introduced for the first time and the ASPC Competency Framework was added to encourage its use. As before the ASPC printed a number of copies and every care provider was sent a copy to reinforce the adult support and protection message. Since the update and within the reporting period a new section has been added to the electronic version addressing how the ASPC process engages with families, carers and other interested parties of the adult at risk. (this information was shared with all parties so that those reliant on printed guidance were informed).

### **Dispute Resolution Protocol**

An inter-agency dispute resolution protocol was developed and approved at the March 2019 ASPC. It defines the process for resolving professional difference as related to the adult support and protection process. It is not anticipated it will be required with any frequency and its use will be monitored.

### **Missing Persons/Trafficking Group**

Members of the ASPC have made a significant contribution to a new Fife Missing Person Partnership Protocol. It includes prevention work being done in this area as well as support to adults and their families who go missing from Fife. Several Members attend the main working group which is chaired by Police Scotland as well as the related self-evaluation working group. Awareness raising has occurred and during 2018/19 117 telephone calls were made to Police Scotland about adults in care. In future years trends and analysis will be available to help inform the provision of support to adults who often have complex needs and are reported missing/trafficked.



# Fife Adult Support & Protection Committee

**A Service User Strategy** has been researched and drafted during this reporting period for the ASPC and is currently out for consultation with service user groups. The approach taken was to outline aspirations the committee wish to pursue, while also informing of the positive work already established practice within the committee and operational activity. An easy read version has been produced at the same time.

## Easy read Information

The ASPC has developed and distributed a range of easy read and accessible information to inform adults at risk and their carers of harm and how it may present, how to keep safe and what to do if harm has occurred. Wherever possible these are developed with and influenced by individuals with lived experiences. All information is hosted on Fife Direct Adult Protection pages: [www.fifedirect.org.uk/adultprotectioneasyread](http://www.fifedirect.org.uk/adultprotectioneasyread)

Staff are encouraged to utilise these resources to support their interactions with adults at risk, as appropriate. The resources may act as a reminder when left with the adult after a visit.

## 7-minute briefings

Two seven-minute briefings were issued during this reporting period, one was circulated widely across all agencies which related to a significant case review (Ellen Ash) from another local authority. It was completed with feedback from all services presented to Committee.

The second was targeted primarily at Care Homes and involved statutory agencies where an adult is placed from out of district in a Fife Care Home. This was to address key findings from a Fife Significant Case Review, published as a Learning Summary in June 2018.

## Induction Packs

Revised information was produced in February 2019 for new members of the Committee. It includes helpful documentation such as protocols and procedures, purpose of the Committee and its membership and dates for the year ahead for meetings.



## Surviving Christmas resource

The ASPC has continued to develop and finance the Surviving Christmas booklet and fold out card, along with colleagues from the Alcohol and Drug Partnership. It provides practical information for individuals who may find the festive season difficult, particularly those impacted by alcohol and substance use, which was its initial target readership. However, it is clear that over the years the resource has a much broader appeal. The resource consistently receives positive feedback from a wide range of frontline services who distribute it during December. In early 2018 an online survey re usefulness of the resource was undertaken with ninety responses. This was reported to ASPC in May 2018. The survey indicated wide distribution of the publication via various methods. 70% of respondents reported finding it very useful. Findings indicated a continuing need and requirement to have some resources available in hard copy for members of the public, especially those with no access to the internet. In 2018 8500 booklets, 13,600 foldouts and 725 easy reads were requested.



# Fife Adult Support & Protection Committee

## **Monthly newsletter**

On behalf of the ASPC, the team are responsible for developing and distributing a newsletter of short and relevant articles across a wide readership of staff groups, service user and community groups. Our training facilitators reference these within their courses, as an additional source of continuous professional development. The newsletter provides the ASPC with a strong link to its readership and we have recently begun a focus each month on ASPC membership, so that the readership is aware of who their agency representatives are and what their participation means to them. It reaches 170 recipients through the ASPC, Working Groups, and Newsletter list and is cascaded through their respective organisations. It has a potential reach of 2000 Fife Council staff and 6000 NHS staff through inclusion on the Health and Social Care website and 8500 NHS employees through Daily Dispatches. It reaches 1400 through inclusion on Equalities e-bulletin, and 2000 through Fife Voluntary Action website. It reaches 75 elected members and 873 Community Councillors.

## **Agencies with access to homes (Improvement Plan objective 2)**

With our CPC colleagues, we have made links and shared basic protection awareness raising information to Council staff who access people's homes routinely as part of their work role (joiners, electricians etc.). Managers shared information at their weekly briefing sessions on how recognise and report harm to adults or children in the home.

A similar briefing was developed for private sector landlords who may have the opportunity to identify harm their tenants are experiencing. Information on recognising and reporting harm and self-neglect are hosted on the landlord information pages on Fife Direct.

## **Adult Protection Day, 20<sup>th</sup> February 2019**

We utilised positive service user stories to emphasise harm types and the supportive responses services provide when harm is reported in our Adult Protection Day materials. This approach was used instead of focussing on the negative aspects of harm and neglect to encourage individuals to speak up about their experience and understand through the experience of others that the response from services will be person-centred, supportive and at the individual's pace.

## **From April 2019 to date**

- Revisions to Multiple Report of Harm and Engagement Escalation Protocol agreed in May
- Large Scale Investigation Guidance re-issued in September (at ASPC in November 19)
- Three Practitioner Forum events held in Cowdenbeath (interim report available at November 19 ASPC)
- A short-life inter-agency working group is due to commence meeting in autumn 2019 to complete an agreed process for inter-agency chronology use.
- Delivery of Crossing the Acts training covering the Intersectionality of the key protective legislation.



**2020 and beyond:**

In preparation for the proposed inter-agency adult protection inspection programme announced by the Scottish Government's Adult Protection Policy Team for 2020 and beyond, the ASPC has formed a short life working group to ensure the positive activity already in sway is maintained, fully identified and recorded.

ASPC Team  
October 2019



# Adult Support & Protection Annual Return 2018-19 Summary Statistics

Date	October 2019
Report to:	Adult Support & Protection Committee
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## Introduction

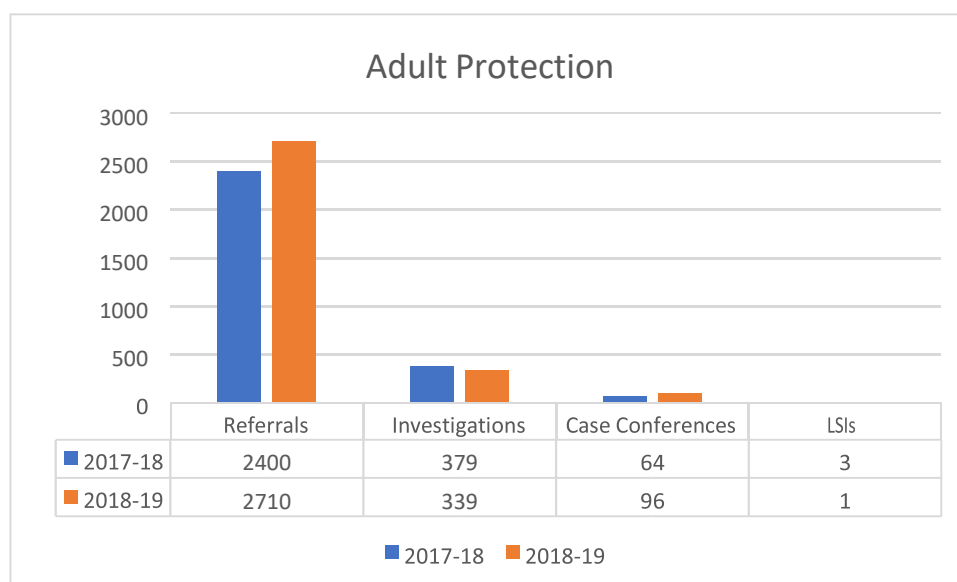
This report summarises the data collated for the annual Scottish Government Adult Support & Protection statistical return 2018-19. Where appropriate, trend analysis and / or further analysis or breakdowns of the data has been provided. It is intended that the information in this report can be used to inform internal social work requests for further analysis and to provide baseline data to inform the work of the Fife Adult Support & Protection Committee. Summary tables with information provided to the Scottish Government in previous years is included (Appendix 2).

The data submitted to the Scottish government relates to 2018-19 data only and is provided as a count in a series of tables.

## Key Findings

- 2710 referrals were raised during 2018-19, an increase of 12.9% on the previous year.
- 339 investigations started in the year, a decline from 379 the previous year.
- The proportion of investigations for Adults aged under 65 has increased from 37.2% in 2017-18 to 59.6% in 2018-19.
- The most common type of principal harm reported was 'psychological harm' which was a factor in just over 1 in 4 investigations (27.7%).
- The most common location of the risk was the persons own home with two in every three cases at investigation stage having this recorded (66.7%).

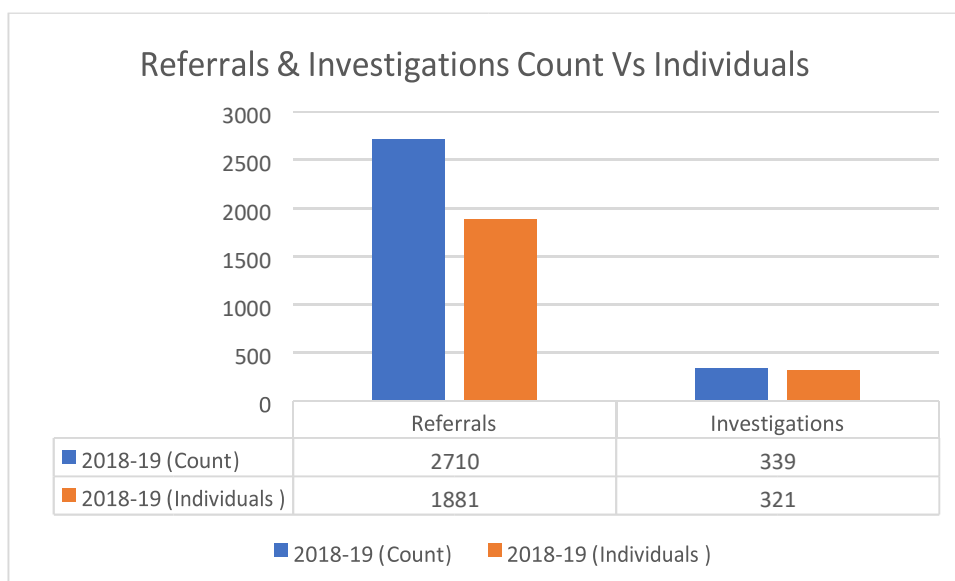
The bar chart below shows the number of reports of harm, investigations, case conferences and Large Scale Investigations (LSIs) in 2018-19 compared with 2017-18. An increase in referrals and a reduction in investigations recorded means that there will be a decrease in the proportion of referrals which result in an investigation, however as a higher proportion of referrals require AP action following a referral (see p6) it is likely that more cases are being resolved/ concluded at IRD stage than previously.<sup>1</sup>



It must be noted that the number of referrals is not the same as the number of individuals referred, similarly the number of investigations is not the number of individuals for whom an investigation has taken place. The count of

<sup>1</sup> The government return does not ask for any information about the number of completed IRDs, this information will be provided through internal quarterly performance monitoring reports.

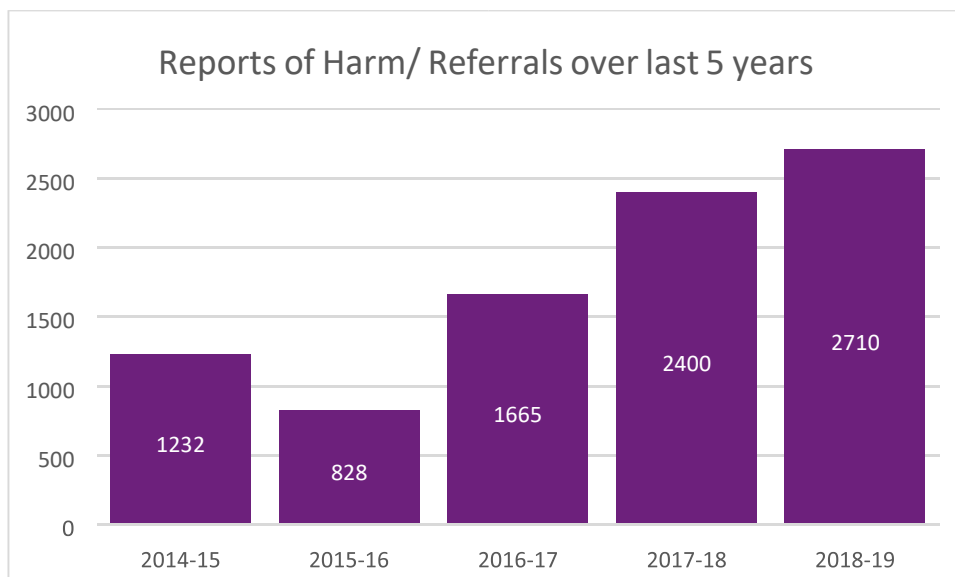
referrals for each individual ranges from 1-21, and the number of investigations per individual ranges from 1-6. The chart below shows the number of referrals and Investigations counted in the return and the number of individuals this relates to:



Further exploration into cases where multiple referrals have been made or multiple investigations have taken place may be useful, specifically to inform the work of the escalation engagement process currently being developed.

## Reports of Harm<sup>2</sup>

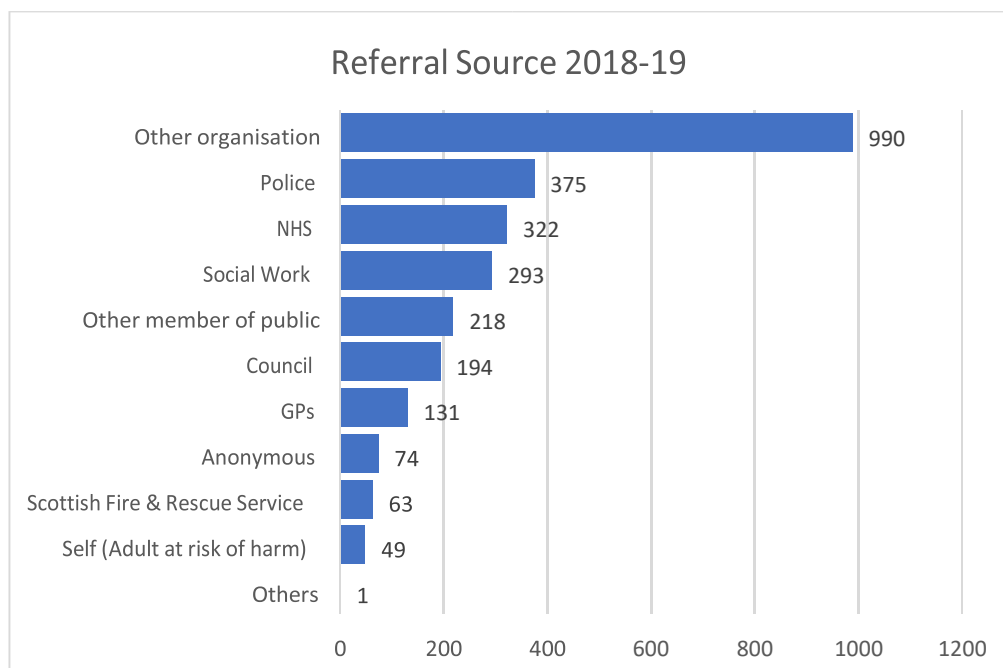
In 2018-19 the number of referrals for Adult Protection has continued to increase, there has been a 12.9% increase since 2017-18 and a 62.8% increase in referrals since 2016-17. In the counts below an adult at risk of harm can be counted more than once where multiple referrals are made, but only counted once in one day (as it is assumed that this relates to the same incident reported by different referral sources).



<sup>2</sup> In Fife, all contacts where 'Adult Protection' is recorded as 'contact reason' are counted as a referral. This may not be the case in all partnership areas and therefore caution must be taken when comparing the data to National data.

### Referral Source<sup>3</sup>:

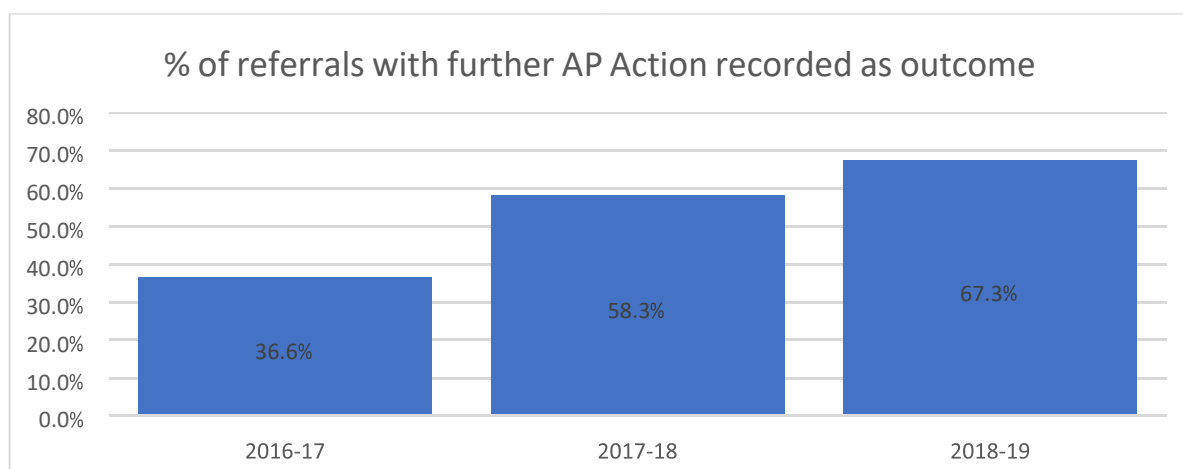
A high number of referrals are recorded as 'other organisation', in line with the guidance this includes all organisations which are not named in the return, for example; Housing Associations, care homes (including Fife Council care homes), external support workers and voluntary organisations.



This rise in increased reports of harm from 'other organisations' could potentially indicate that a wider range of agencies are aware of what constitutes harm and how to report it (a key measure of success in the Improvement Plan). In line with the Fife ASPC Action Plan (Action Point 5), mechanisms will be put in place to monitor referral source more closely in 2019-20. This will require an amendment to the drop-down menu used to capture referral source on SWIFT AIS (Social Work recording system).

### Outcome of referral

A higher proportion of referrals (67% as opposed to 58% in the previous year) required further Adult Protection action. The higher number of referrals coupled with the higher proportion which require further Adult Protection action demonstrates that increasing pressure is being put on teams to deal with Adult Protection issues. However, the lower number of investigations would suggest that many are being resolved at IRD stage.



<sup>3</sup> Only one referral source can be captured if more than one referral is made for an individual in the same day.



The table below shows the count for each outcome of the referral over the last 5 years:

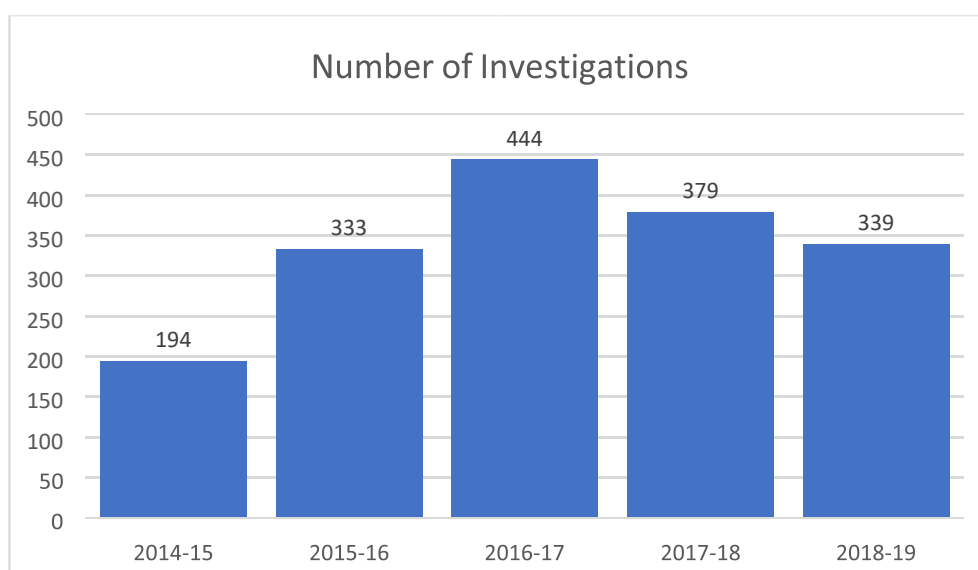
Outcome	2014-15	2015-16	2016-17	2017-18	2018-19
Further Adult Protection Action	557	450	610	1398	1825
Further Non-AP Action	322	238	301	332	242
No further action	301	115	713	610	560
Not recorded	52	25	41	60	83
<b>Total</b>	<b>1232</b>	<b>828</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>

The proportion of cases from each referral source requiring further ASP action ranged from 55.1% of self-referrals to over 75% of referrals from Anonymous sources and GPs. Over two thirds of referrals from Scottish Fire & Rescue, Social Work, Police and Other Organisations required further ASP action. Counts are small for some referral sources therefore caution must be taken when interpreting the following table.

Referral Source/ Outcome	No Further Action	Further AP action	Further non-AP action	Not Known	Grand Total
Others (1)	0.0%	100.0%	0.0%	0.0%	100.0%
Anonymous (74)	17.6%	75.7%	4.1%	2.7%	100.0%
GPs (131)	13.0%	75.6%	8.4%	3.1%	100.0%
Scottish Fire & Rescue Service (63)	25.4%	73.0%	1.6%	0.0%	100.0%
Social Work (293)	13.7%	72.4%	8.2%	5.8%	100.0%
Police (375)	24.3%	69.6%	4.8%	1.3%	100.0%
Other organisation (990)	16.8%	69.3%	10.4%	3.5%	100.0%
Other member of public (218)	24.3%	62.4%	10.6%	2.8%	100.0%
NHS (322)	27.6%	59.6%	12.1%	0.6%	100.0%
Council (194)	32.5%	56.2%	8.8%	2.6%	100.0%
Self -Adult at risk of harm (49)	24.5%	55.1%	6.1%	14.3%	100.0%
<b>Grand Total</b>	<b>20.7%</b>	<b>67.3%</b>	<b>8.9%</b>	<b>3.1%</b>	<b>100.0%</b>

## Investigations

There were 339 investigations started in 2018-19, a decrease from 379 in the previous year and from 444 in 2016-17.



Between 75 and 98 Investigations were started each quarter in 2018-19.

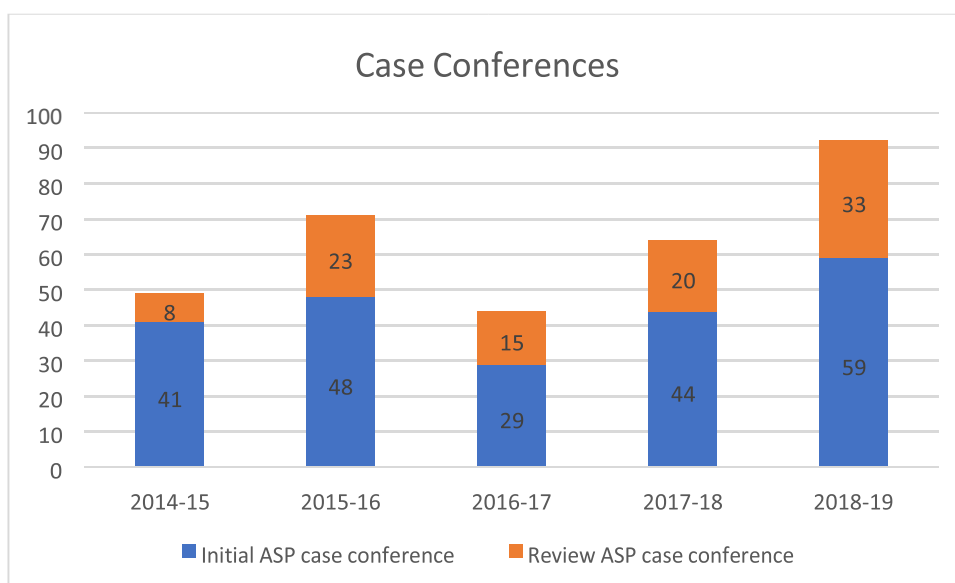
## Outcome of Investigation

One in ten investigations (10%) resulted in further Adult Support & Protection action in 2018-19, a continuation of the downward trend since 2016-17. A higher proportion than in previous years (48.7%) were recorded as requiring 'no further' action following an investigation.

Outcome	2016-17 (444)	2017-18 (379)	2018-19 (339)
Further AP action	16.9%	12.7%	10.0%
Further non-AP action	48.2%	43.8%	30.1%
No further action	30.9%	41.4%	48.7%
Not known (ongoing)	4.1%	2.1%	11.2%

## Case Conference

There were 92 case conferences in 2018-19, 59 Initial case conferences and 33 review case conferences, this is an increase from previous years as shown below:



## Protection orders

There were no protection orders granted between 1<sup>st</sup> April 2018-31<sup>st</sup> March 2019.

## Large Scale Investigations

There was one Large Scale Investigation (LSI) in 2018-19, less than in previous years.

	2014-15	2015-16	2016-17	2017-18	2018-19
Total number of LSI	3	7	4	3	1

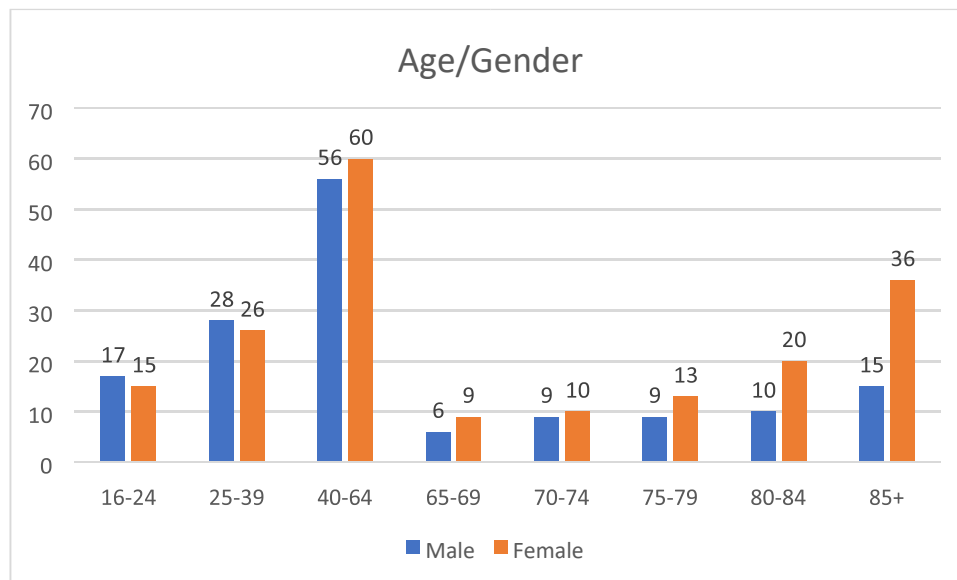
In 2019-20 a revised Interagency procedure was agreed, there is currently no mechanism in place to monitor or evidence that consideration has been made into whether an LSI is appropriate in line with the procedure. This will be considered in 2019-20, a data collection plan is currently being developed between Social Work and the Performance Improvement & Planning Team.

## Demographic Information

To plan and develop effective pathways and preventative support, it is essential to monitor who is at-risk, what type of harm they are experiencing and where this harm takes place. Nationally, this is reported on at Investigation Stage and this is what is reported on below. Please note an Adult at Risk of harm can be counted more than once in the below counts (where more than one investigation has occurred in the period).<sup>4</sup>

### Age/Gender

The graph shows that the highest number of investigations for both Male and Female adults are for those aged between 40-64, and the lowest for those aged 65-69 (please note the age categories are not equal). A higher number of Females are reported 'at risk' in older age groups, reflecting the population generally.



Base:339

There has been a significant shift in the age of adults at investigation stage, with 59.6% of adults at investigation stage aged under 65 in 2018-19, compared with 37.2% in 2017-18.

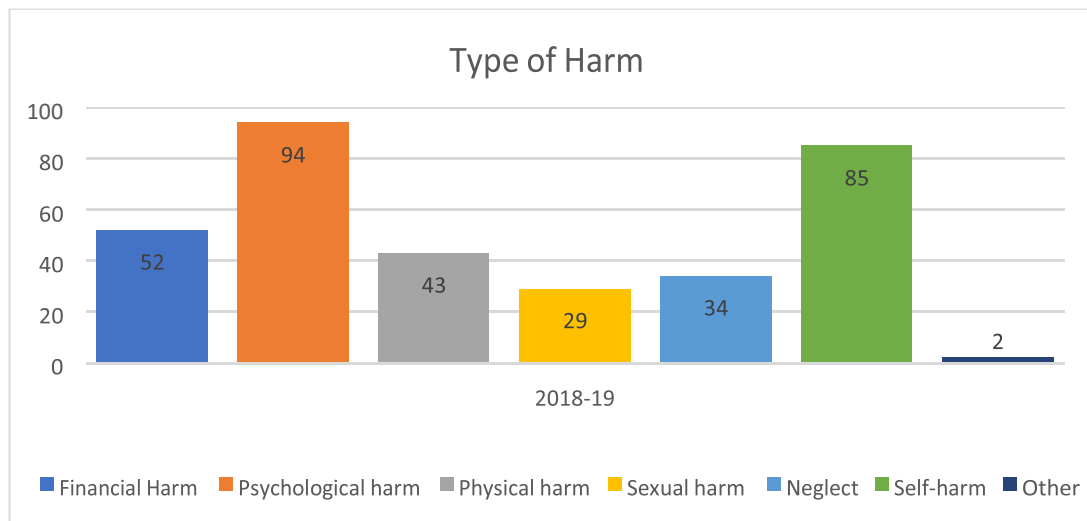
	2017-18 (Count)	2017-18 (%)	2018-19 (Count)	2018-19 (%)
16-64	141	37.2%	202	59.6%
65+	238	62.8%	137	40.4%

Tables showing the number of Investigations by Age and Gender and Age/ Ethnic Group over the past three years is shown in the Summary tables (Appendix 1).

### Type of Harm

In 2018-19, the most common type of principal harm recorded which resulted in an investigation was 'Psychological harm' (28%) and 'self-harm' (25%). Caution must be taken when exploring this as only one principal type of harm can be reported in the return when in practice, multiple types of harm may have taken place and been recorded.

<sup>4</sup> Analysis can be provided at an individual level if required, please contact the Performance Improvement & Planning Team



This is a change from previous years where physical harm was most likely to be reported.

Number of Investigations					
Type of harm	2014-15	2015-16	2016-17	2017-18	2018-19
Financial Harm	47	47	68	91	52
Psychological harm	18	30	46	49	94
Physical harm	51	99	120	106	43
Sexual harm	8	12	20	19	29
Neglect	40	73	104	66	34
Self-harm	10	26	19	23	85
Other	20	46	67	25	2
Total	194	333	444	379	339

The table below shows a breakdown of the principal type of harm recorded as a proportion of individuals in each age group. Caution must be taken when interpreting the following information as counts across age groups are relatively small (therefore account for large percentages) however some important differences can still be noted.

Age/ Type of Harm	Financial Harm	Neglect	Other	Physical Harm	Psychological Harm	Self-harm	Sexual Harm
16-24 (32)	6%	3%	0%	9%	34%	38%	9%
25-39 (54)	11%	7%	0%	17%	13%	30%	22%
40-64 (116)	14%	10%	1%	11%	30%	26%	8%
65-69 (15)	7%	20%	7%	7%	40%	20%	0%
70-74 (19)	11%	21%	0%	5%	16%	37%	11%
75-79 (22)	27%	9%	0%	14%	23%	23%	5%
80-84 (30)	17%	3%	0%	20%	37%	20%	3%
85+ (51)	27%	14%	0%	14%	31%	12%	2%

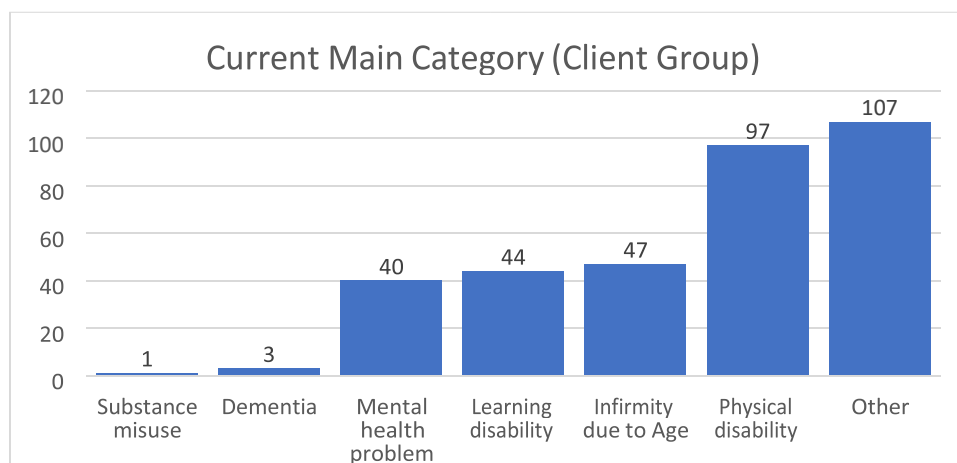
Some key points to consider include;

- High proportions amongst nearly all age ranges have 'psychological harm' recorded as principal type of harm.
- Around ¼ investigations for people aged over 70 had 'Financial Harm' recorded as principal type of harm, compared with just 11% of people aged under 70.
- Around 1 in 5 (22%) of investigations for people aged 25-39 relate to 'sexual harm', this is a higher proportion than in any other age group.
- 38% of investigations relating to individuals aged 16-24, had self-harm recorded as principal type of harm- higher proportions than in other age groups.

- 29% of all referrals for individuals aged under 65 had 'self-harm' recorded as principal type of harm, this compares with 20% of those aged over 65 and accounts for 68% of all self-harm referrals. Self-harm is less likely to be reported for those aged 85+ (12%) than in other age groups.

## Client Group

In Fife, figures from 339 Investigations in 2018-19 show that there is a high proportion of people who fall into the 'other' category of the return and a reduction in those recorded as 'dementia', this is partly due to the collection of this field from the system as opposed to social work team spreadsheets which previously recorded 'main reason why adult at risk of harm' but could also be attributed to a higher proportion of investigations being undertaken into younger individuals than in previous years. Work will be undertaken with operational social work teams throughout 2019-20 to improve data quality in relation to this field (see concluding remarks on p12).



Base:339

It must however be noted that it is unlikely to be the case that those recorded as 'other' would be recategorized as 'dementia' as this group is primarily younger individuals. It is likely that those currently recorded as 'physical disability' or 'infirmary due to old age' may now have a diagnosis of dementia (but possibly did not have this diagnosis when their details were first added to the system). The table below shows the client group by age:

Client Group/ Age	16-24	25-39	40-64	65-69	70-74	75-79	80-84	85+	Grand Total
Dementia (3)			1			1		1	3
Infirmary due to Age (47)				3	6	8	10	20	47
Learning disability (44)	6	18	19	1					44
Mental health problem (40)	3	7	24		3	2	1		40
Other (107)	21	25	36	4	6	7	6	2	107
Physical disability (97)	2	4	35	7	4	4	13	28	97
Substance misuse (1)			1						1
Grand Total	32	54	116	15	19	22	30	51	339

The table below shows the count of investigations by client group over the past 5 years.

Client groups	2014-15	2015-16	2016-17	2017 - 18	2018-19
Dementia	80	173	157	101	3
Mental health problem	23	24	37	54	40
Learning disability	20	29	63	70	44
Physical disability	19	29	54	46	97

Infirmity due to Age	27	23	49	48	47
Substance misuse	10	2	19	11	1
Other	15	53	65	49	107
Total	194	333	444	379	339

The following table shows the proportion of people in each client group experiencing each 'principal type of harm'.

	Financial Harm	Neglect	Other	Physical Harm	Psychological Harm	Self-harm	Sexual Harm
Dementia (3)	0%	33%	0%	67%	0%	0%	0%
Infirmity due to Age (47)	23%	11%	0%	13%	23%	28%	2%
Learning disability (44)	14%	9%	0%	14%	32%	16%	16%
Mental health problem (40)	13%	13%	0%	10%	25%	30%	10%
Other (107)	11%	7%	1%	7%	27%	35%	12%
Physical disability (97)	19%	12%	1%	18%	31%	15%	4%
Substance misuse (1)	0%	0%	0%	0%	0%	100%	0%

Caution must be taken when interpreting the table however it does raise a number of important areas for further exploration:

- Possibly reflecting the data that financial harm is more commonly experienced by people in older age groups, 23% of investigations for people recorded as 'infirmity due to age' relate to financial harm, however a significant proportion in this category also relate to self-harm-28% and psychological harm, analysis of financial harm could consider whether these 'types of harm' are linked.
- Of 44 investigations for people recorded as having a learning disability, almost 1 in 3 (32%) had experienced psychological harm
- 30% of investigations for people with a Mental health problem and 35% for people with 'other' have 'selfharm' recorded as principal type of harm
- 31% of investigations for people with a physical disability have experienced psychological harm

## Location of Harm

The principal location of harm for most cases (66.7%) was in an individual's home and represents a very slight increase from 64.9% in the previous year . This is two in every three investigations in 2018-19.

	2014-15	2015-16	2016-17	2017-18	2018-19
Own home	109	167	264	246	226
Other private address	2	9	6	13	9
Care home	57	136	128	66	33
Sheltered housing / supported accommodation	1	4	17	5	9
Independent Hospital	0	0	1	0	1
NHS	13	10	16	19	11
Day centre	1	1	1	5	0
Public place	8	5	9	20	27
Not known	3	1	2	5	23
Total	194	333	444	379	339



## Concluding remarks

The Performance Improvement & Planning (PIP) Team at Fife Council is working with the Scottish Government to help to develop this return and improve the quality information reported. Internally, with Social Work steps are being taken to continuously improve the quality of data and enable more streamlined reporting both internally and externally.

It is anticipated that improved analysis and performance data in relation to Adult Support & Protection will be available in 2019-20. To achieve this however it is recommended that several actions are considered as detailed below:

Action	Who	When
Steps taken to improve the quality of data in relation to 'client main category'. This may require agreement to update the field at review stage, consideration of having a prompt on the new system when a review is undertaken to check/ update this field. The PIP team will meet with SWIFT replacement to agree mechanism to update this field.	SWIFT Team PIP Team All operational teams	Complete
Data collection plan developed to enable more robust quarterly reports both for internal use and to support the wider work of the ASPC partnership workplans	Nicola Broad (PIP) Jennifer Rezendes	Complete
Suite of Performance Indicators for ASP agreed and definition sheets signed off	Nicola Broad (PIP) Jennifer Rezendes Suzanne McGuinness	Complete
ASP Discrepancy reports agreed	Nicola Broad (PIP) Zeenat Alvi (PIP) Jennifer Rezendes	Complete
Data Inputting Guidance Developed - to sit alongside the discrepancy reports and provide clarity and improve consistency of recording in teams	Nicola Broad (PIP) Training Team Jennifer Rezendes	Complete
Request for Change completed to amend contact source drop down on swift thus enabling improved reporting of referral source.	Nicola Broad (PIP)	Complete

In September, the following analysis will also be available as requested by the Committee, it will be based on the data from this return:

- Analysis of self-referrals
- Analysis relating to Financial Harm

Please contact the PIP team if you have any questions about the content of this report, or if you would like to request further analysis of the data from this return. [PIP.Team@fife.gov.uk](mailto:PIP.Team@fife.gov.uk)

## Appendix 1

### Summary Tables:

#### Section A: Data on referrals

##### Q1: Summary of Referrals over the past 5 years

	2014-15	2015-16	2016-17	2017-18	2018-19
Q1	518	220	375	510	757
Q2	268	197	427	502	659
Q3	231	188	410	588	671
Q4	215	223	453	800	623
Total	1232	828	1665	2400	2710

##### Q2: Referrals by Source –over the last 5 years

Categories	2014-15	2015-16	2016-17	2017-18	2018-19
NHS	156	101	229	365	322
GPs	28	13	45	64	131
Scottish Ambulance Service	0	0	3	3	0
Police	246	78	87	249	375
Scottish Fire & Rescue Service	9	7	77	74	63
Office of Public Guardian	0	0	3	2	0
Mental Welfare Commission	0	0	0	0	0
Healthcare Improvement Scotland	0	0	0	0	0
Care Inspectorate	0	2	15	31	0
Other organisation	0	0	462	692	990
Social Work	111	90	216	258	293
Council	199	124	272	343	194
Self (Adult at risk of harm)	39	19	38	40	49
Family	0	0	39	48	0
Friend/Neighbour	0	0	136	13	0
Unpaid carer	0	0	0	0	0
Other member of public	154	99	7	178	218
Anonymous	24	6	25	33	74
Others	266	289	11	7	1
Total	1232	828	1665	2400	2710

##### Outcome of referral–over the last 5 years (Section E)

Outcome	2014-15	2015-16	2016-17	2017-18	2018-19
Further Adult Protection Action	557	450	610	1398	1825
Further Non-AP Action	322	238	301	332	242
No further action	301	115	713	610	560
Not recorded	52	25	41	60	83
Total	1232	828	1665	2400	2710

##### Investigations – over the last 5 years (Section B)

	2014-15	2015-16	2016-17	2017-18	2018-19
Number of Investigations	194	333	444	379	339

#### Investigations by client group - over the last 5 years (Section B)

Client groups	2014-15	2015-16	2016-17	2017 - 18	2018-19
Dementia	80	173	157	101	3
Mental health problem	23	24	37	54	40
Learning disability	20	29	63	70	44
Physical disability	19	29	54	46	97
Infirmity due to Age	27	23	49	48	47
Substance misuse	10	2	19	11	1
Other	15	53	65	49	107
Total	194	333	444	379	339

#### Investigations by type of harm - over the last 5 years (Section B)

Type of harm	2014-15	2015-16	2016-17	2017-18	2018-19
Financial Harm	47	47	68	91	52
Psychological harm	18	30	46	49	94
Physical harm	51	99	120	106	43
Sexual harm	8	12	20	19	29
Neglect	40	73	104	66	34
Self-harm	10	26	19	23	85
Other	20	46	67	25	2
Total	194	333	444	379	339

#### Investigation by location where principal harm took place - over the last 5 years (Section B)

	2014-15	2015-16	2016-17	2017-18	2018-19
Own home	109	167	264	246	226
Other private address	2	9	6	13	9
Care home	57	136	128	66	33
Sheltered housing or other supported accommodation	1	4	17	5	9
Independent Hospital	0	0	1	0	1
NHS	13	10	16	19	11
Day centre	1	1	1	5	0
Public place	8	5	9	20	27
Not known	3	1	2	5	23
Total	194	333	444	379	339

#### Outcome of Investigations - over the last 5 years (Section E)

Outcome	2014-15	2015-16	2016-17	2017-18	2018-19
Further AP action	Not monitored during these years		75	48	34
Further non-AP action			214	166	102
No further action			137	157	165
Not known (ongoing)			18	8	38
Total			444	379	339

### Number of Investigations by Age and Gender - over the last 3 years (Section B)

Age Group	Number of investigations by age and gender											
	2016-17				2017-18				2018-19			
	Male	Female	Not known	All adults	Male	Female	Not known	All adults	Male	Female	Not known	All adults
16-24	10	14	0	24	7	18	0	25	17	15	0	32
25-39	7	13	0	20	10	8	0	18	28	26	0	54
40-64	43	30	0	73	49	49	0	98	56	60	0	116
65-69	20	19	0	39	13	13	0	26	6	9	0	15
70-74	17	21	0	38	14	19	0	33	9	10	0	19
75-79	29	36	0	65	22	21	0	43	9	13	0	22
80-84	24	62	0	86	30	35	0	65	10	20	0	30
85+	31	68	0	99	26	45	0	71	15	36	0	51
Not known	0	0	0	0	0	0	0	0	0	0	0	0
Total	181	263	0	444	171	208	0	379	150	189	0	339

### Number of Investigations by Age and Ethnic Group - over the last 3 years (Section B)

	2016-17								2017-18								2018-19							
Age Group	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults
16-24	20	2	0	0	0	0	2	24	23	0	0	0	0	1	1	25	27	1	0	0	0	1	3	32
25-39	18	0	0	0	0	2	0	20	18	0	0	0	0	0	0	18	48	0	2	0	0	1	3	54
40-64	71	0	0	0	0	0	2	73	95	1	0	0	0	0	2	98	101	0	1	0	0	3	11	116
65-69	36	0	1	0	0	0	2	39	25	0	0	0	0	0	1	26	13	0	0	0	0	0	2	15
70-74	38	0	0	0	0	0	0	38	32	0	0	0	0	0	1	33	16	0	0	0	0	0	3	19
75-79	59	0	2	0	0	0	4	65	43	0	0	0	0	0	0	43	19	0	0	0	0	0	3	22
80-84	84	1	0	0	0	1	0	86	64	0	0	0	0	0	1	65	30	0	0	0	0	0	0	30
85+	89	0	7	0	0	1	2	99	64	1	0	0	0	2	4	71	47	0	0	0	0	0	4	51
Not	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	415	3	10	0	0	4	12	444	364	2	0	0	0	3	10	379	301	1	3	0	0	5	29	339

#### ASP Case Conferences - over the last 5 years (Section C)

Type of ASP Case Conference	2014-15	2015-16	2016-17	2017-18	2018-19
Initial ASP case conference	41	48	29	44	59
Review ASP case conference	8	23	15	20	33
ASP case conference*	0	0	0	0	0
Total	49	71	44	64	92

#### Number of LSI commenced - over the last 5 years (Section D)

	2014-15	2015-16	2016-17	2017-18	2018-19
Total number of LSI	3	7	4	3	1