

Fife Adult Support & Protection Committee

Annual Report 2020-2021

February 2022

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Foreword

As Independent Chair of Fife Adult Support and Protection Committee I am delighted to introduce this Annual Report for 2020/2021. The reporting year was a challenging year for all partners within the ASPC as a result of Covid-19 which directly impacted on individuals and communities locally as well as Nationally and beyond.

Fife ASPC has adapted to the global pandemic by embracing technology to ensure essential work has continued and despite the unprecedented challenges faced, the Committee has worked hard to fulfil its functions, as outlined by the Adult Support and Protection (Scotland) Act 2007. Through strong partnership working, commitment and resilience the Committee and Working Group members have; ensured training and development opportunities were delivered virtually to enabling the confident application of Adult Support and Protection (Scotland) 2007 legislation across our frontline; developed a Committee Covid-19 Recovery Plan ensuring any risks and trends were identified and acted upon at the earliest opportunity; updated and developed policy and procedure including the Interagency Engagement and Escalation protocol and the Herbert Protocol; successfully raised awareness of Financial Harm and strengthened partnership working to identify and report this.

Over the course of this year our priorities have been driven and guided by our Strategic Improvement Plan 2021/2023. The Adult Support and Protection Team work to ensure the effective alignment of local work and priorities with that of that National forum.

Increasingly the Committee is working alongside colleagues in the Child Protection Committee, Fife Violence Against Women’s Partnership, Fife Alcohol and Drug Partnership and MAPPA (Multi-agency Public Protection Arrangements) to ensure there are shared learning opportunities, robust support and protection for young people transitioning into adulthood and a mutual understanding of protection, harm and responsibility across all partners throughout the life span.

All agencies represented on the Adult Support and Protection Committee have a key role to play and it is resultant to their ongoing support, commitment, creativity and passion that Fife ASPC has continued to improve and drive forward its vision over this past year. The contribution of all partners has been greatly valued. I am encouraged by all the hard work undertaken by frontline practitioners to help keep adults in Fife safe and would like to express my thanks to them all.

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Alan Small, Fife Adult Support and Protection Committee Chair

Introduction

The Adult Support and Protection Committee (ASPC) is a statutory body established under section 42 of the Adult Support and Protection (Scotland) Act 2007 (the 2007 Act) within each council area. The committee is chaired by an independent convenor who is neither a member nor an employee of the Council.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. To operate effectively, all office holders and public bodies collaborate on the exercise of functions which relate to the safeguarding of adults at risk in Fife.

The ASPC is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife’s ASPC reports on its work and progress and is accountable to the Chief Officer of Public Safety (COPS).

The key functions of the ASPC as defined in the 2007 Act are:

• To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;

• To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;

• To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and

• Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

In performing these functions, the ASPC must have particular regard to improving co-operation between and across each of the public bodies and office holders.

Fife’s ASPC has continued to meet on a regular basis throughout the Covid-19 pandemic, moving to ‘virtual’ online meetings via Microsoft Teams. This has ensured and enabled a continued focus on adults at risk of harm and the timely oversight and identification of any themes and/or trends as they arose. This Annual Report 2020-21 offers an oversight of how this focus was maintained during this time and shares the resulting outcomes.

Impact of the COVID-19 Pandemic

At the end of March 2020 Fife Adult Support and Protection Committee, alongside all ASPC’s across Scotland, required to quickly adapt to the unknown and regularly changing circumstances surrounding Covid-19. The restrictions and implications linked to COVID-19 meant we had to develop new ways of working. Fife Public Protection Group was set up in order to ensure oversight of the safe and effective delivery of service across the Public Protections. Senior representatives from statutory partners (Social Work, Health and Police) met virtually on a weekly basis to ensure that all partners were supported, that risks or spikes in COVID-19 were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

All representatives of the ASPC received briefing and awareness raising materials throughout both periods of lockdown to support the continued importance of reporting Adult Protection concerns. Council Officers continued carrying out adult protection related work and visits with the aid of the PPE and staff were provided with the appropriate technology and access to virtual meeting systems to allow virtual IRD and Case Conferences to continue.

It is also important to note that despite these unprecedented changes to our ways of working, the strategic work of the sub-committee groups continued, with many of the strategic outcomes being delivered from April 2020-March 2021, which the Annual Report will illustrate.

Finally, it is vitally important to note that the commitment, dedication, creativity and flexibility of our ASPC members were critical in ensuring the support to our service users, patients, communities and workforce continued throughout this period. An integral part of this was the Partnership’s Covid Recovery Plan which was first developed in June 2020. This kept, and continues to keep, all processes under review in light of Covid-19 and helps to identify and act on any practice issues raised. The Covid Recovery Plan takes into account ASPC functions, the working groups, learning and development, communication, national networks, working arrangements, service user contact/engagement, data, human rights and identifying harm and hidden harm as a result of the pandemic. This plan has helped ensure that harm continues to be identified and reported and that services and supports are able to reach all those who need it.

What our data tells us

Fife’s ASPC Annual Summary Statistics Report for 2020-21 summarises the data collated for the Annual Scottish Government Adult Support & Protection (ASP) Statistical Return. Please see Appendix 1 for the report in its entirety.

The Annual Summary Report provides a count of referrals, investigations, Case Conferences and Large-Scale Investigations (LSIs) undertaken between 1st April 2020 and 31st March 2021, an overview of the types and location of harm investigated, and the demographic profile of adults subject to ASP Investigation in the same time frame. Where appropriate, trend or further analysis of the data has been provided. Summary tables are presented which detail the data submitted to the Scottish Government over the past 5 years. It is expected that a new quarterly minimum dataset for ASP will be developed which is intended to replace this return in future years.

Analysis of the data has raised a number of key areas for further exploration and this report highlighted a few areas for consideration at Self Evaluation and Improvement Group (SE&I).

Key Statistics

• 2798 reports of harm were received, representing a percentage decrease of 5.7% since the 2019-20 report. Of the 1876 individuals referred, 29% of individuals had multiple reports of harm recorded.

• 460 Investigations were undertaken in the year, whilst this is an increase from the data reported to the Scottish Government in the previous year (385) it must be noted that following a number of data validation exercises in 2020-21, the number of investigations now recorded on the social work system for 2019-20 has risen to 459 therefore there is no significant change noted.

• 126 initial and review case conferences were reported this year, an increase from 2019-20, 73% of these were undertaken in Adult teams.

• Two Large Scale Investigations (LSI) were started in Quarter 4 of 2020-21, this is a decrease from 3 last year.

• Continuing the trend from previous years, the majority of investigations relate to individuals aged 16-65 (63%), and those identifying as female (58%).

• There has been a 72% increase in investigations relating to adults with mental ill health from 58 last year to 100 in 2020-21.

• The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm.

• Reflecting data in previous years, the most likely location of harm investigated was an individual’s own home (62%), and very small numbers are recorded within care home settings (5%) when compared to the national average for last year (22%). There are actions already in place to investigate reasons for this.

The available data is reflective of a number of similar trends to that of previous years and identifies a number of areas which may have been impacted upon by Covid-19. The decrease in reports of harm is likely to directly correlate with a reduction in face-to-face contact and engagement with members of the community due to lockdown restrictions. The ASPC has developed a Stakeholder Engagement Strategy which is particularly relevant and will raise the awareness of the continued need of practitioners to remain vigilant to identifying and reporting harm as we come out of restrictions. It is not surprising that the most likely location of harm remains a person’s own home given the restrictions that were in place for a large part of 2020-2021, however, there remain questions about the low level of investigations being progressed adults in Care Homes. A mixed methods review will be taken forward to provide exploration and assurances as to the reasons behind this and any supportive action required following.

This report has highlighted that there is a growing number of investigations where the adult is experiencing mental ill health, and a growing number relating to self-harm. There is a possibility that this is reflective of the impact of lockdown restrictions on our individuals and communities. The volume and complexity of ASP work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes will be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are sufficiently robust and to ensure that as an ASPC we are finding effective ways to keep people safe from harm.

Outcomes, achievements and service improvements

A number of different actions have been taken across the ASPC within the reporting period for the purpose of improving ASP related services, reducing the risk of harm and improving outcomes for adults at risk of harm.

Within the first 4 weeks of lockdown in March/April 2020, an extensive amount of shielding related work was carried out by Adult and Older Adult Social Work. Within Fife, over 10,000 people had been asked to shield and within this time frame 8,800 of them had been contacted by social work to carry out welfare checks. The remainder were contacted by letter and if this did not trigger contact, then these people were visited. Given the potential for social isolation and loneliness, these actions aimed to reduce the risk of harm for those forced to shield.

An ASP staff survey tool was developed in July 2020 to gather data regarding front-line worker’s views on the ASP activity they were carrying out on a day-to-day basis. This included questions regarding confidence in the application of ASP policy and procedures, as well as access to training, support and supervision to ensure ongoing learning and development.

At the same time, a service user feedback tool began development in July 2020 to gain information about how people with lived experience feel about the effectiveness of adult support and protection interventions. It was noted by the ASP Team that previous data focused on the number of investigations, IRDS, Case Conferences for example, but not on the views of those actually involved in these interventions. The aim of this tool was to have a greater understanding of these experiences and to identify gaps and routes for improvement.

Both the ASP survey and service user feedback tools underwent extensive multi-agency discussion and consultation within the relevant ASPC sub-committee groups throughout the reporting period with first drafts produced. These will be launched within the next reporting period.

Resultant to the identification of an increase in Financial Harm in the previous year, the Financial Harm Working Group continued their campaign to raise awareness of identifying and reporting harm throughout the year 2020-2021. With a concern that Financial Harm may rise due to increased use of technology within homes and loneliness and isolation, the Financial Harm Working Group, supported by the ASPC and ASP Team, launched its first radio campaign in December 2020 in partnership with Kingdom FM. This campaign aimed to raise awareness of Financial Harm, how to spot it and identify it. Feedback from Kingdom FM analytics identified a very successful campaign with significant reach across the community.



Positively, adverts in relation to the chosen category of harm were played approximately 6 times per day in December and reached a total of 52,870 listeners across the month. Given the population of Fife is approximately 370,000, this means the campaign reached 14% of this population across the month.

As a result of this, the campaign was run for a second time in February 2021, to align with National Adult Support and Protection Day. January 2021 saw the roll out of ‘A Year of Financial Harm Awareness Raising’ in the form of monthly SWAY documents, each raising the profile of a different type of scam or finance related harm. This campaign has been hugely well received and continued throughout the full year. Linked to this, a pilot project commenced within the same period between Police and Trading Standards, which involved an information-sharing process whereby vulnerable person’s database entries related to Financial Harm would be shared with Trading Standards in order to ensure support and preventative action to ensure adults were empowered and supported to remain safe from further harm. This innovative piece of improvement work is no longer a pilot and is established practice.

Inter-agency Adult Protection policies, procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm. The overarching Fife Interagency Procedures have been reviewed during the period, to reflect changes and improvements and promote best practice.

In terms of quality assurance and audit activity analysis, 2020 saw the addition of the Quarterly statistical data report added to the ASPC agenda. Specific indicators were identified to enhance discussion of the major adult support and protection themes affecting Fife and for all agencies involved to understand more effectively what the data means. This in turn can better identify areas of improvement which are required and ultimately reduce the risk of harm for adults.

Finally, the period also saw the introduction of the ASPC’s Strategic Improvement Plan for 2021-23. This was a significant achievement given the ongoing pandemic and introduced new tools and methodologies to allow the Partnership to further adapt to new ways of working.

Training, learning and development

For a number of months following the initial period of lockdown, there was no Adult Support and Protection Training available. To ensure that there were enough Council Officers available to progress statutory ASP activity, an interim guidance was put in place. By December 2020 all ASPC Training, including Council Officer Training, was launched on Microsoft Teams which allowed practitioners an alternative way of receiving ASP learning and guidance. This focus was necessary given lockdown measures prevented any in-person training taking place. As a result, important ASP training was able to continue in extremely challenging circumstances, positively impacting on both adults at risk of harm and the continued learning and development of Council Officers and practitioners across all services. Moving forward there will continue to be a focus on ensuring learning is as accessible as possible for the workforce across all partners and it is likely that online learning will remain.

An aide memoir was developed in 2020 by the Learning and Development Group for the accompanying officers (second officers) supporting the progress of ASP investigations. This brought about greater understanding of the role of accompanying officer within ASP interviews/visits and supported staff’s confidence to take on this role. This role can be progressed by any appropriate partner, alongside the Council Officer (social worker).

Engagement, involvement, and communication

Continuing to engage with and involve people with lived experience has proved to be challenging within this period due to the lack of face-to-face meeting opportunities caused by lockdown measures. Despite this, the ASPC’s Engagement and Participation Coordinators endeavoured to adapt to these changed circumstances as much as possible.

As lockdown measures commenced, a wide range of easy read resources were distributed around the ASPC so these could be shared with a wide range of service users.

The ASPC newsletter continued to be released on a monthly basis with links to sources of support and advice, and updates in relation to legislation. Fife Council’s Deaf Communication Service was involved in making material available in British Sign Language (BSL) to ensure members of our deaf community had access to all of the information needed to confidently identify and report harm.

A hugely important piece of work carried out during this period was the “Staying Safe, Keeping Well” leaflet. This was created as a paper resource for those who do not get their information online or from social media. The leaflet contained numbers for emergency support, Council Covid Community helpline, general council numbers related to types of harm including domestic abuse, advice regarding scams, and general hints and tips for getting through the lockdown period. 13,500 were printed and distributed through Fife Voluntary Action Helping Hands volunteers – to people self-isolating, and vulnerable people who may not have had family/friend/neighbour support. Additional distribution was done through Meals on Wheels, Home Care and Community Learning and Development Teams. This demonstrates the effective engagement and joint working across our 3rd sector groups within ASP work and again showed an innovative communication method in challenging times.

Another example of engagement with the community was the ASPC’s supermarket campaign carried out in May 2020. All Fife supermarkets were contacted (see appendix 2 for the covering letter which was distributed) and asked to display posters with the Fife Council Contact Centre telephone number and information as to how to make a referral. This was done in response to adults at risk of harm potentially being out of sight at the time due to lockdown measures. Please see below for the poster itself which was displayed.



The ASPC Engagement and Participation Officers also engaged with community groups as part of Teams/Zoom meetings throughout 2020-21 to continue to better understand the experiences of service users and include them in the co-production of services, policy and procedures as well as offering awareness raising sessions and the space to ask questions.

Finally, as mentioned previously in the report, the Public Protection Group met weekly up until 7th July 2020 then reverted to fortnightly meetings. In addition a Public Protection Covid-19 weekly Bulletin covering both Adult and Child Protection information was produced and circulated on a weekly basis until December 2020.

Areas for Improvement/Looking forward

The key areas of work and improvement will be driven forward within the next reporting period by the ASPC Strategic Improvement Plan 2021-2023.

Our shared vision is to ensure that adults at risk feel safe, supported and protected from harm. This strategic Improvement Plan for Fife sets out the actions we will take over the next reporting period and next two years in total to work towards achieving this vision.

The plan builds on achievements to date, using the previous improvement plan as our foundation and drawing on learning from Single and Interagency Case File Audits, Activity and Performance Data, Stakeholder feedback, and Initial and Significant Case Reviews.

This plan sets out the ASPC’s vision and principles, five priority areas for development and subsequent aims and objectives for each. To ensure alignment and shared understanding of our vision, each priority will be driven forward by one of our working groups, the ASP Team or by ASP leads across statutory partner agencies. From our vision and principles through to our workplans, our approach is person centred and outcome focussed.

Shared core values of kindness, respect and compassion guide us toward our long-term collective outcomes. We need to think differently in how we measure outcomes and move away from a focus on numbers and performance indicators to a more qualitative, deeper understanding of the complexities of people’s lives. Underpinning our approach is a focus on transforming the way that we collect and use data to evaluate the impact of our activities and gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

A range of outcome focused indicators will be developed to evaluate our success against the following strategic outcomes:

1. Risks are recognised and responded to without delay

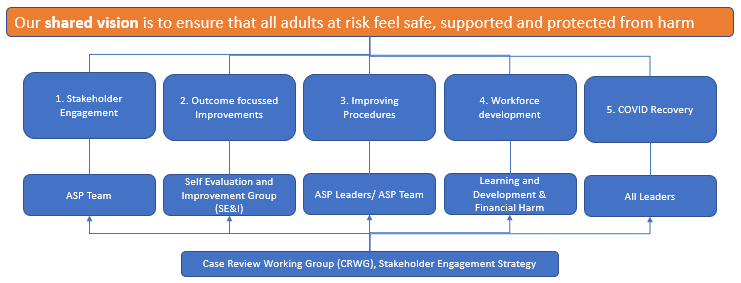
2. Adults are safer as a result of our intervention

3. Adults are empowered to make decisions about keeping safe

4. Interagency staff feel confident and supported

These will be measured through an outcome focused performance framework which is a fundamental objective of this plan. All actions throughout this plan will be linked to the achievement of these outcomes.

The objectives within these plans will be specific, measurable, achievable, relevant and time-bound (SMART). The diagram below shows who will lead the delivery of each of the five priorities with the Case Review Working Group (CRWG) feeding into all workplans as appropriate. Similarly, the Stakeholder Engagement Strategy and Performance Framework, once developed, will have actions linked to all priorities.



Priority 1: Stakeholder Engagement

The ASP Team will develop a comprehensive stakeholder engagement strategy and communications plan detailing how we will work together with partners, individuals and in our communities to raise awareness and support the safety of vulnerable people in Fife who may be at risk of harm. Value will be placed on eliciting the voices of people with lived experience of the ASP process to drive outcome focussed improvements to practice.

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| **PRIORITY 1: STAKEHOLDER ENGAGEMENT** | | |
| **What needs to happen** | **By Who** | **By When[[1]](#footnote-2)** |
| Communicate the vision, principles, aims and success measures set out in this plan to all stakeholder groups. | Adult Support & Protection Team | Mar 2021 |
| Coordinate activities and campaigns for Adult Protection awareness week | Feb 2021 |
| Develop Communication plan for 2021 including social media plan and accessible information plan, to promote a wider understanding of Adult Support and Protection across all stakeholder groups | Jan 2021 |
| Evaluate ASPC Webpage, and make any necessary recommendations for improvement  Development and analysis of webpage survey: [ASP Webpage Popup survey](https://forms.office.com/Pages/ResponsePage.aspx?id=L6Vp-cBC8UCYutrtbEMIfMijjnT5YuZMhwulFPAwotpUNDlZTzlDMDM3NkFMSVZGWVBBSFhOTzQzRy4u) | Dec 2021 |
| Review resources for carers and families of adults at risk of harm, produce glossary of resources | Mar  2021 |
| Review Service User Engagement Strategy and develop Stakeholder Engagement Strategy   * Develop approach to practitioner forums (L&D Group to deliver) * Develop approach to Service User and Carer Forums   Consideration to be given to engaging with minority groups and those with specific language requirements, for example, BSL. | June  2021 |
| Targeted work to strengthen links and ensure effective pathways of support for a workforce confident in ASP practices. | Dec 2021 |

Priority 2: Outcome Focused Improvements

The SE&I Group will transform our approach to collecting and using data in order to drive forward evidence based, and outcome focussed improvements to Adult Support & Protection practice and procedure. The ASPC have agreed four strategic outcomes. The role of the SE&I Group is to develop the tools, analysis and processes needed to evaluate the extent to which these four strategic outcomes are met. Following this, the SE&I Group are equipped to make evidence-based recommendations to inform future priorities and improvement activities.

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| **PRIORITY 2: OUTCOME FOCUSSED IMPROVEMENTS** | | |
| **What needs to happen** | **By Who** | **By When[[2]](#footnote-3)** |
| Develop and launch annual interagency staff survey to measure staff confidence and views on collaborative working practices, support, leadership and opportunities to influence change. | Self-Evaluation and Improvement Group. | Feb 2021 |
| Review and launch of interagency case file audit methodology and tools, embed approach to sharing good practice | May 2021 |
| Single agency audits undertaken across partner agencies aligned to Quality Indicator 2.2. Review of Social Work ASP Audit tools and processes. | May 2021 |
| Develop local interagency Adult Protection Performance Framework and comprehensive suite of indicators to measure outcomes to compliment existing activity and profiling data | Nov 2021 |
| Mixed methods review coordinated to consider the reduction in investigations in care homes and learning from this. (Ad hoc self-evaluation activity resulting from SG Return 2019-20) | Apr 2021 |
| Develop Service User (and carer) feedback mechanism and methodology (post intervention questionnaire) | Aug 2021 |

Priority 3: Improving Procedures

Supported by the ASP Team, our ASP Leaders across all partner agencies will contribute to ensuring that there are clear and streamlined referral pathways as well as effective procedures and tools to enable outcome focussed discussions around managing risk. All ASP Leaders will provide: clear leadership, ensuring that policies and procedures are embedded and that the workforce is knowledgeable, confident and supported in relation to ASP. This will be a key focus of the impending inspection.

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| **PRIORITY 3: POLICY & PROCEDURE** | | |
| **What needs to happen** | **By Who** | **By When** |
| Annual single agency review of internal ASP Procedures to align with Inter-agency updates. Procedures to be submitted to ASPC following reviews and annually thereafter | All ASP Leaders. | Dec 2021 |
| Post Referral actions: Review of IRD paperwork to enable reporting on protective actions taken  (if not progressed through ASP legislation) and consideration of LSI | SW Lead & ASP Team | Jun 2021 |
| Post Referral actions: Refresh Investigation paperwork and embed process for monitoring service user outcomes (QoL, safer from harm) and evidence consideration of advocacy | SW Lead & ASP Team | Jun 2021 |
| Single agency review for the process of recording concluded IRDs that have been received by participants | All ASP Leaders | Jun 2021 |
| Launch Microsoft Teams site for LSI, ICR and SCR information to enable secure collaborative working | ASP Team, SW Lead | Jun 2021 |
| Interagency review of LSI Process and paperwork | ASP Team, All ASP Leaders | Jun 2021 |
| Review of Interagency engagement escalation protocol | ASP Team, All ASP Leaders | Jun 2021 |
| Develop a protocol to guide use of an Interagency Chronology across partners | ASP Team, All ASP Leaders | Mar 2021 |
| Self-Assessment in relation to Process and Leadership Quality Indicators and implementation of resulting action plan | Inspection Preparation Group/ ASP QA. All Leads | April 2021 |
| Update SW Performance Monitoring Protocol and continue to embed this process | SW Lead/ ASP QA | April 2021 |

Priority 4: Workforce Development

The L&D Group will continue to support our workforce, ensuring staff across all agencies are confident, knowledgeable and supported. We need to make sure that training is supported and sustained through active implementation, supervision and coaching and a continued focus on staff wellbeing. This means building in enough time and resources where staff can talk, reflect, and be listened to.

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| **PRIORITY 4: WORKFORCE DEVELOPMENT** | | |
| **What needs to happen** | **By Who** | **By When** |
| Annual consultation, review and updates to Inter-agency ASP Procedures and Competency Framework | L& D Group | Mar 2021 |
| Ensure all local authority and private care at home workers receive standardised Adult Protection Training | Jan 2022 |
| Develop a training programme of ASP courses which have been made available virtually | April 2021[[3]](#footnote-4) |
| Implement any improvement actions as required following the interagency staff survey  (SE & I to advise) | December 2021 |
| Implement any improvement actions as a result of mixed methods review of investigations in care homes (SE & I to advise) | December 2021 |
| Professional curiosity group - eLearning module/ programme to support staff feeling confident in asking difficult questions | Sep2021 |
| Take forward an ongoing Practitioners Forum in each locality in order to promote best practice, share and learn from experiences and increase staff confidence in the application of ASP practices (link to Stakeholder engagement strategy) | Dec 2021 |
| Issue post training questionnaire following all training and evaluate responses | Oct 2021[[4]](#footnote-5) |
| Embed our Financial Harm Protocol and proactively develop financial harm prevention strategies | Financial Harm Subgroup | September 2021 |

Priority 5: Covid-19 Recovery Plan

It is critical that we all work together to support our service users, patients, communities and workforce throughout and after this traumatic period to ensure that harm continues to be identified and reported and that services and supports are able to reach all those who need it.

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| **PRIORITY 5: COVID-19 RECOVERY PLAN** | | |
| **What needs to happen** | **By Who** | **By When** |
| Keep under review all processes in light of COVID-19 and identify and act on any practice issues raised | All (ASP) Leaders | December 2021 |
| Implement recovery plan and update / make recommendations for improvement | December 2021 |

Chairs closing remarks

There has been considerable work undertaken by all partners during 2020/2021 under the auspices of the Committee. Throughout 2020/2021 we were impacted upon by an unprecedented National and Local challenge resultant to the sudden impact of COVID-19. The Committee has evidenced strength, adaptability, and resilience during this time. A robust Strategic Improvement Plan has been created on a foundation of partnership working, continuous improvement and a strive for excellence, where we will endeavour to ensure that learning identified during this time is embedded into practice.

Once again, I would like to thank everyone in Fife who is involved in preventing harm and supporting those who have been harmed.

I very much look forward to learning of further successes and initiatives undertaken by the Committee to help keep adults safe.

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Alan Small, Fife Adult Support and Protection Committee Chair

Appendix 1-Annual Data Report



**www.fifehealthandsocialcare.org**



**Adult Support & Protection Annual Return 2020-21**

**Summary Statistics May 2021**



**Introduction:**

This report summarises the data collated for the annual Scottish Government Adult Support & Protection (ASP) statistical return.

It provides a count of referrals, investigations, Case Conferences and Large-Scale Investigations (LSIs) undertaken between 1st April 2020 and 31st March 2021, an overview of the types and location of harm investigated, and the demographic profile of adults subject to ASP Investigation in the same time frame. Where appropriate, trend or further analysis of the data has been provided. Summary tables are presented in [Appendix1](#Appendix1)which detail the data submitted to the Scottish Government over the past 5 years. It is expected that a new quarterly minimum dataset for ASP will be developed which is intended to replace this return in future years.

Analysis of the data has raised a number of key areas for further exploration and this report highlights a few areas for consideration at Self Evaluation and Improvement Group (SE&I) to agree if they should be integrated into relevant improvement plans.

**Key Statistics**

* 2798 reports of harm were received, representing a percentage decrease of 5.7% since the 2019-20 report. Of the 1876 individuals referred, 29% of individuals had multiple reports of harm recorded.
* 460 Investigations were undertaken in the year, whilst this is an increase from the data reported to the Scottish Government last year (385) it must be noted that following a number of data validation exercises in 2020-21, the number of investigations now recorded on the social work system for 2019-20 has risen to 459 therefore there is no significant change noted.
* 126 initial and review case conferences are reported this year, an increase from 2019-20, 73% of these were undertaken in adults teams.
* Two LSIs were started in Quarter 4 of 2020-21, this is a decrease from 3 last year.
* Continuing the trend from previous years, the majority of investigations relate to individuals aged 16-65 (63%), and those identifying as female (58%).
* There has been a 72% increase in investigations relating to adults with mental ill health from 58 last year to 100 in 2020-21.
* The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm.
* Reflecting data in previous years, the most likely location of harm investigated was an individual’s own home (62%), and very small numbers are recorded within care home settings (5%) when compared to the national average for last year (22%). There are actions already in place to investigate reasons for this.

**Reports of Harm:**

In 2020-21, 2798 reports of harm were received, representing a 5.7% decrease since the previous year and reversing the upward trend that we had seen since 2015[[5]](#footnote-6). It is suspected that this is partly due to the impact of Covid-19 restrictions which meant that some agencies did not have as much contact with individuals as would usually be the case. Monthly referral data shows that there were fewer reports of harm in months with the strictest lockdowns and would therefore support this theory.

In the counts below, an adult at risk of harm can be counted more than once where multiple referrals are made. In 2020-21 there were 2798 reports of harm for 1876 individuals, 551 individuals were referred more than once (29% of individuals had multiple referrals), with 45 people having 5 or more reports of harm recorded in the time period.

*Base: SWIFT AIS- AP Contacts*

*Recommendations:*

* *Adult Support & Protection Self Evaluation and Improvement Group (SE&I) to consider undertaking an audit of cases where there have been multiple reports of harm to evaluate the quality of the partnership’s response to preventing harm and identify any learning or improvement actions.*
* *Social Work to audit 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance.*
* *ASP Leaders to consider audit findings, set up short life working group to review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.*

**Referral Source:**

The chart below shows the referral source as reported to the Scottish Government for all 2798 reports of harm in 2020-21.

Whilst there has been an overall decrease in referrals this year, this is not consistent across all sources. There has been a significant increase in reports of harm from Police (664 compared to 377 in the previous year), and a notable increase in Scottish Ambulance Service (29 compared to 3 the previous year). Whilst there has been a significant decrease in reports of harm from ‘other organisations’ the number remains high, potentially indicating that a wide range of agencies are aware of what constitutes harm and how to report it. There has been a decrease in the number of self-referrals this year. As part of the ongoing 2021-23 workplan, the ASP Team will continue to strengthen links with all partners and raise awareness of our key messages throughout 2021-22 through the development and implementation of a stakeholder engagement plan.

The Summary Tables ([Appendix1](#Appendix1))show the referral source for all reports of harm over the past 5 years. SE& I will continue to monitor referral source on a quarterly basis through quarterly reports.

**Outcome of referral:**

In comparison to previous years, a higher proportion of referrals (81.2%) required further Adult Protection action. Whilst this could point to improved practice in relation to the correct identification and reporting of harm, this could also be attributed to an alteration in recording practice at the Social Work Contact Centre (SWCC). There are inconsistencies in how contact reason is currently recorded when a case is reclassified which would also impact on this number. This makes interpretation of referral data difficult. The development of a national minimum data set combined with the procurement of a new case management system (Liquidlogic) for social work brings with it an opportunity to review and clarify recording practices in relation to how reports of harm are captured and reported on in future.

The table below shows the count for each outcome of the report of harm over the last 5 years, the increase in work progressed and the decrease in reports of harm where other non-AP action was required could potentially indicate that practice has strengthened across the partnership with appropriate identification and reporting of harm.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| **Further Adult Protection Action** | 610 | 1398 | 1825 | 2103 | 2272 |
| **Further Non-AP Action** | 301 | 332 | 242 | 256 | 130 |
| **No further action** | 713 | 610 | 560 | 518 | 342 |
| **Not recorded** | 41 | 60 | 83 | 90 | 54 |
| **Total** | **1665** | **2400** | **2710** | **2967** | **2798** |

*Recommendation:*

* *ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.*

**Investigations:**

In 2020-21 there were 460 ASP Investigations undertaken, whilst this demonstrates an increase from the 385 Investigations reported in the Annual Statutory Return last year, much work has been done with respect to data quality this year which resultantly increased the number of Investigations recorded last year to 459, a similar number to this year. The graph below shows the number of Investigations reported to Scottish Government Annual Return over the past five years.

\*This figure has been revised to 459 in the social work performance reports

The number of individuals for whom an investigation has taken place is 428, this is because 29 Individuals have had more than one ASP Investigation undertaken within the time period. A breakdown by age shows that 24 of the 29 individuals who had multiple investigations were aged under 65. Data shows that 9% of all adults aged under 65 are subject to multiple investigations, compared to 3% of those aged over 65.

*Recommendations:*

* *SE&I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to effectively supporting adults aged under 65.*
* *ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.*

**Outcome of Investigations:**

The proportion of cases progressed past investigation stage for further AP action remains similar to previous years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcome | 2016-17  (444) | 2017-18  (379) | 2018-19  (339) | 2019-20  (385) | 2020-21  (460) |
| Further AP action | 16.9% | 12.7% | 10.0% | 11.4% | 12.8% |
| Further non-AP action | 48.2% | 43.8% | 30.1% | 34.0% | 37.4% |
| No further action | 30.9% | 41.4% | 48.7% | 52.2% | 49.3% |
| Not known | 4.1% | 2.1% | 11.2% | 2.3% | 0.4% |

Overall 12.8% of cases were progressed for further ASP action, however of the 59 cases progressed, 44 relate to adults under the age of 65. 15.2% of cases relating to adults under 65 were progressed for further ASP action compared to 8.8% of adults aged over 65. This again points to the complexity of the ASP work being taken forward by Adults teams.

**Case Conferences:**

There has been a 52% increase in the overall number of ASP case conferences taking place since last year, of the 126 initial and review case conferences, 92 were undertaken by Adults Teams (73%).

*Recommendation:*

* *Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically as a result of the high number of case conferences undertaken within adults teams.*

**Protection orders:**

There were no protection orders granted in 2020-21

**Large Scale Investigations:**

There were two Large Scale Investigations undertaken in 2020-21, both commenced in Quarter 4 of the year.

**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 for an individual in the period). This data is reported to ASPC on a quarterly basis to enable continuous monitoring of any trends.

Age/Gender

The graph below shows the count of investigations undertaken by gender and age group. Overall, more investigations relate to adults identifying as ‘female’ and this is the case across all age groups with the exception of the 65-69 group, where there is an equal number of male and female adults. Please note ‘not known’ relates to two individuals who have chosen not to identify as male or female as opposed to being not recorded.

In 2016-17 26.3% of all investigations related to an adult under 65, compared to 62.8% of investigations this year. A short paper has been produced to summarise the age profile of Adults subject to ASP investigation, the changes over the past 5 years, and to provide a context to this change. [(Appendix 2).](#Appendix2)

Investigations relating to adults aged under 65 has increased year on year, potentially this could be related to awareness raising and training across Fife to strengthen our approach to identifying and reporting harm. The reduction in reports of harm in older age groups is potentially related to work undertaken to ensure that practitioners are better able to differentiate between significant occurrences and harm and work to reduce the risk of harm occurring in care settings. The number of investigations relating to adults over 65 has been increasing for the past two years but at a slower rate than adults aged under 65.

The chart below shows the number of investigations relating to people under 65 and over 65 since the 2016 return.

Client Group

A high number of investigations relate to adults with a physical disability (26.5%) however in 2020-21 we have seen a substantial increase in the number of Investigations relating to adults with a mental health problem, with 21.7% of all investigations relating to an individual with mental ill health.

*Recommendations:*

* *Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training*

**Incident Information:**

Type of harm

In 2020-21, the most common types of principal harm recorded which resulted in an investigation was Financial (25%) and Physical (25%) harm. High numbers also related to psychological harm (21%) and self-harm (17%). The self-harm category has seen a substantial increase since last year (58% increase reported).

As in previous years, data shows that there is variance in types of harm experienced in different age groups, this is particularly the case with respect to investigations relating to self harm, with 87% of these investigations relating to individuals aged under 65, and accounting for 24% of all investigations where the adult was 16-64 (higher than any other harm type in this age range).

*Recommendations:*

* *Learning & Development to consider the increase in investigations relating to self harm, particularly in 16-65 age range, and the current training and resources in place to support staff to provide effective, timely support*

The type of harm investigated varies between client groups and although caution must be taken as counts broken into client group are small (shown in brackets below), it may be beneficial to consider this information as part of targeted communications campaigns.

*Recommendations:*

*ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.*

Location of harm

Where the location of harm is known, the vast majority of harm investigated (62%) took place in an individual’s own home. This is universal across age group, gender, primary client group and ethnicity and reflects the data from previous years.

The number of investigations where the location of harm was reported as ‘care home’ remains low (5.4% compared to 22% national average) and has further reduced in number since last year (25 compared to 37 last year). The planned self-evaluation activity to scrutinise and understand reasons for this is planned in 2021.

**Concluding remarks:**

As the data is largely reflective of previous years, the ASPC Strategic Improvement plan and supporting workplans already have a number of actions which are reinforced by the findings in this report, notably the development of a stakeholder engagement strategy which is particularly relevant given the reduction in referrals this year, and the mixed methods review to provide reassurance and explore the reasons behind the low number of Investigations in care homes which has continued this year.

However, this report has highlighted a number of new potential areas for further investigation, namely that there is a growing number of investigations where the adult has mental ill health, and a growing number relating to self-harm. The volume and complexity of ASP work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes could be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are fit for purpose and to ensure that as a partnership we are finding effective ways to keep people safe from harm. In response to these findings a small number of actions have been identified to take forward, if agreed, these will be embedded to existing workplans for 2021-23 and are outlined below.

To demonstrate ongoing quality improvement and evidence the work undertaken to progress these identified actions, the ASPC will provide analysis and outcomes of the report recommendations below within the Annual Return 2021/2022.

|  |  |  |  |
| --- | --- | --- | --- |
| **2020-21 Key Findings** | **Report Recommendations for consideration** | **Lead** | **When** |
| Significant number of individuals for whom multiple reports of harm are received | *Adult Support & Protection Self Evaluation and Improvement Group (SE&I) to consider including a sample of cases in the interagency audit where there have been multiple reports of harm to evaluate the quality of the partnership’s response to preventing harm/ responding to reports of harm and identify any learning or improvement actions.*  *Social Work ASP lead to consider audit of 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance (include sample within existing case file audit process)*  *ASP Leaders to consider audit findings, and review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.* | SE&I  ASP SW Lead  QA Officer/ ASP Leaders | Dec 2021  Oct 2021  Jan 22 |
| Difficulty interpreting data relating to the outcome of a report of harm | *ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.* | SW ASP Lead | Jan 22 |
| Individuals subject to multiple investigations are more likely to be aged under 65 | *SE&I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to adults aged under 65.*  *ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.* | SE&I  ASP Leaders | Dec 21  Jan 22 |
| High volume and complexity of ASP cases coming into adults teams | *Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically due to the high number of case conferences undertaken within adults teams.* | ASP SW Lead | Ongoing |
| Increase in investigations relating to adults with Mental ill health | *Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training* | L&D Group | Apr 22 |
| 58% increase in investigations relating to self harm | *Learning & Development to consider this trend (possibly through practitioner forum) and the current training and resources in place to support staff to provide effective, timely support* | L&D Group | Apr 22 |
| Variance in the types of harm investigated by age and client group | *ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns as part of the stakeholder engagement strategy. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.* | ASP Team | Jan 22 |

Please contact Ronan Burke (Adult Support and Protection Team Quality Assurance and Development Officer) 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. [Ronan.Burke@fife.gov.uk](mailto:Ronan.Burke@fife.gov.uk)

**Appendix 1**

Summary Tables:

**Section A: Data on referrals**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
| Q1 | 375 | 510 | 757 | 725 | 644 |
| Q2 | 427 | 502 | 659 | 757 | 822 |
| Q3 | 410 | 588 | 671 | 730 | 687 |
| Q4 | 453 | 800 | 623 | 755 | 645 |
| Total | **1665** | **2400** | **2710** | **2967** | **2798** |

**Q2: Referrals by Source –over the last 5 years[[6]](#footnote-7)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Mental Welfare Commission | 0 | 0 | 0 | 0 | 0 |
| Unpaid carer | 0 | 0 | 0 | 0 | 0 |
| Others | 11 | 7 | 1 | 0 | 0 |
| Healthcare Improvement Scotland | 0 | 0 | 0 | 0 | 1 |
| Other member of public | 7 | 178 | 218 | 122 | 2 |
| Office of Public Guardian | 3 | 2 | 0 | 2 | 3 |
| Care Inspectorate | 15 | 31 | 0 | 7 | 11 |
| Scottish Ambulance Service | 3 | 3 | 0 | 3 | 29 |
| Self (Adult at risk of harm) | 38 | 40 | 49 | 50 | 37 |
| Scottish Fire & Rescue Service | 77 | 74 | 63 | 69 | 57 |
| Friend / Neighbour | 136 | 13 | 0 | 35 | 71 |
| Anonymous | 25 | 33 | 74 | 89 | 71 |
| Council | 272 | 343 | 194 | 193 | 137 |
| GPs | 45 | 64 | 131 | 180 | 138 |
| Family | 39 | 48 | 0 | 117 | 159 |
| Social Work | 216 | 258 | 293 | 310 | 238 |
| NHS | 229 | 365 | 322 | 411 | 344 |
| Police | 87 | 249 | 375 | 377 | 664 |
| Other organisation | 462 | 692 | 990 | 1002 | 836 |
| **Total** | **1665** | **2400** | **2710** | **2967** | **2798** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| **Further Adult Protection Action** | 610 | 1398 | 1825 | 2103 | 2272 |
| **Further Non-AP Action** | 301 | 332 | 242 | 256 | 130 |
| **No further action** | 713 | 610 | 560 | 518 | 342 |
| **Not recorded** | 41 | 60 | 83 | 90 | 54 |
| **Total** | **1665** | **2400** | **2710** | **2967** | **2798** |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2015-16** | **2016-17** | **2017-18** | **2018-19** | **2019-20\*** | **2020-21** |
| **Number of Investigations** | 333 | 444 | 379 | 339 | 385 | 460 |
| \* Following validations this number has been revised to 459 however the number here is what has been reported to SG in 2019-20 | | | | | | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client groups** | **2016-17** | **2017 - 18** | **2018-19** | **2019-20** | **2020-21** |
| **Dementia** | 157 | 101 | 3 | 10 | 11 |
| **Mental health problem** | 37 | 54 | 40 | 58 | 100 |
| **Learning disability** | 63 | 70 | 44 | 57 | 50 |
| **Physical disability** | 54 | 46 | 97 | 109 | 122 |
| **Infirmity due to Age** | 49 | 48 | 47 | 53 | 57 |
| **Substance misuse** | 19 | 11 | 1 | 10 | 7 |
| **Other** | 65 | 49 | 107 | 88 | 113 |
| **Total** | **444** | **379** | **339** | **385** | **460** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of harm** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Financial Harm | 68 | 91 | 52 | 97 | 117 |
| Psychological harm | 46 | 49 | 94 | 84 | 96 |
| Physical harm | 120 | 106 | 43 | 95 | 117 |
| Sexual harm | 20 | 19 | 29 | 17 | 19 |
| Neglect | 104 | 66 | 34 | 36 | 31 |
| Self-harm | 19 | 23 | 85 | 50 | 79 |
| Other | 67 | 25 | 2 | 6 | 1 |
| **Total** | **444** | **379** | **339** | **385** | 460 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location of Harm** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Own home | 264 | 246 | 226 | 227 | 285 |
| Other private address | 6 | 13 | 9 | 14 | 14 |
| Care home | 128 | 66 | 33 | 37 | 25 |
| Sheltered housing or other supported accommodation | 17 | 5 | 9 | 7 | 15 |
| Independent Hospital | 1 | 0 | 1 | 3 | 0 |
| NHS | 16 | 19 | 11 | 14 | 10 |
| Day centre | 1 | 5 | 0 | 1 | 0 |
| Public place | 9 | 20 | 27 | 16 | 16 |
| Not known | 2 | 5 | 23 | 66 | 95 |
| **Total** | **444** | **379** | **339** | **385** | **460** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Further AP action | 75 | 48 | 34 | 44 | 59 |
| Further non-AP action | 214 | 166 | 102 | 131 | 172 |
| No further action | 137 | 157 | 165 | 201 | 227 |
| Not known (ongoing) | 18 | 8 | 38 | 9 | 2 |
| **Total** | **444** | **379** | **339** | **385** | **460** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of investigations by age and gender** | | | | | | | | | | | | |
| **Age Group** | **2018-19** | | | | **2019-20** | | | | **2020-21** | | | |
|  | **Male** | **Female** | **Not known** | **All adults** | **Male** | **Female** | **Not known** | **All adults** | **Male** | **Female** | **Not known** | **All adults** |
| 16-24 | 17 | 15 | 0 | **32** | 16 | 22 | 2 | **40** | 21 | 31 | 2 | **54** |
| 25-39 | 28 | 26 | 0 | **54** | 37 | 29 | 0 | **66** | 28 | 43 | 0 | **71** |
| 40-64 | 56 | 60 | 0 | **116** | 55 | 67 | 0 | **122** | 79 | 85 | 0 | **164** |
| 65-69 | 6 | 9 | 0 | **15** | 10 | 8 | 0 | **18** | 11 | 11 | 0 | **22** |
| 70-74 | 9 | 10 | 0 | **19** | 6 | 11 | 0 | **17** | 10 | 13 | 0 | **23** |
| 75-79 | 9 | 13 | 0 | **22** | 9 | 16 | 0 | **25** | 15 | 24 | 0 | **39** |
| 80-84 | 10 | 20 | 0 | **30** | 17 | 27 | 0 | **44** | 11 | 21 | 0 | **32** |
| 85+ | 15 | 36 | 0 | **51** | 17 | 36 | 0 | **53** | 16 | 38 | 0 | **54** |
| Not known | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 0 | 1 | 0 | **1** |
| **Total** | 150 | 189 | 0 | **339** | 167 | 216 | 2 | **385** | 191 | 267 | 2 | **460** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2018-19** | | | | | | | | **2019-20** | | | | | | | | **2020-21** | | | | | | | |
| **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 | 27 | 1 | 0 | 0 | 0 | 1 | 3 | **32** | 37 | 0 | 1 | 0 | 0 | 0 | 2 | **40** | 47 | 0 | 1 | 0 | 0 | 0 | 6 | **54** |
| 25-39 | 48 | 0 | 2 | 0 | 0 | 1 | 3 | **54** | 63 | 0 | 0 | 0 | 0 | 1 | 2 | **66** | 67 | 1 | 1 | 0 | 0 | 0 | 2 | **71** |
| 40-64 | 101 | 0 | 1 | 0 | 0 | 3 | 11 | **116** | 115 | 0 | 0 | 0 | 0 | 0 | 7 | **122** | 152 | 0 | 0 | 0 | 0 | 0 | 12 | **164** |
| 65-69 | 13 | 0 | 0 | 0 | 0 | 0 | 2 | **15** | 15 | 0 | 0 | 0 | 0 | 0 | 3 | **18** | 19 | 0 | 0 | 0 | 0 | 0 | 3 | **22** |
| 70-74 | 16 | 0 | 0 | 0 | 0 | 0 | 3 | **19** | 16 | 0 | 0 | 0 | 0 | 0 | 1 | **17** | 21 | 0 | 0 | 0 | 0 | 1 | 1 | **23** |
| 75-79 | 19 | 0 | 0 | 0 | 0 | 0 | 3 | **22** | 22 | 0 | 0 | 0 | 0 | 0 | 3 | **25** | 35 | 0 | 0 | 0 | 0 | 0 | 4 | **39** |
| 80-84 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | **30** | 36 | 0 | 0 | 0 | 0 | 0 | 8 | **44** | 29 | 0 | 0 | 0 | 0 | 0 | 3 | **32** |
| 85+ | 47 | 0 | 0 | 0 | 0 | 0 | 4 | **51** | 48 | 0 | 1 | 0 | 0 | 0 | 4 | **53** | 52 | 0 | 1 | 0 | 0 | 0 | 1 | **54** |
| Not known | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **1** |
| **Total** | **301** | **1** | **3** | **0** | **0** | **5** | **29** | **339** | **352** | **0** | **2** | **0** | **0** | **1** | **30** | **385** | **422** | **1** | **3** | **0** | **0** | 1 | 33 | 460 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of ASP Case Conference** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| **Initial ASP case conference** | 29 | 44 | 59 | 58 | 84 |
| **Review ASP case conference** | 15 | 20 | 33 | 25 | 42 |
| **ASP case conference\*** | 0 | 0 | 0 | 0 | 0 |
| **Total** | **44** | **64** | **92** | **83** | **126** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| **Total number of LSI** | 4 | 3 | 1 | 3 | 2 |

**Appendix 2**

**Fife Adult Support and Protection**

***Summary of age profile of adults subject to ASP Investigation 2020-21***

**Introduction:**

This analysis has been provided to give an overview of the age profile of adults in Fife subject to ASP Investigation. It should be read alongside the Annual Scottish Government Data report for 2020-21 which provides further detail of the data.

**Data Overview:**

Investigations per 100,000 population

In Fife, the breakdown per 100,000 adults by age group shows that people aged 65 and over are more likely to be subject to an ASP Investigation (225 adults per 100,000) than those of working age (124 adults per 100,000)[[7]](#footnote-8).

When age categories are broken down further, adults aged 75+ are the most likely group to being subject to ASP Investigation (370 per 100,000) as shown in the chart below. This is thought to be broadly reflective of the national picture when compared to available benchmarking data.

Count of Investigations:

Since 2016-17, the number of ASP Investigations relating to adults aged 16-64 has been increasing, 2020-21 data was no exception with figures showing a 27% increase in investigations in this age group since the previous year. Whilst the number of Investigations for Adults aged 65+ has also increased this year, this equates to a 9% increase.

The number of investigations relating to adults aged 16-64 has been higher than those aged 65+ since 2018-19. For adults over 65, there was a sharp decline in Investigations between 2016-17 and 2018-19, followed by small increases over the past two years. The graph below shows the count of Investigations over the past five years by those aged under 65 and those over 65.

*Source: SG Annual Return Data*

Breaking down the age category further shows that since 2017-18 there are consistently more investigations relating to Adults aged 40-64 when compared to any other age categories. All age categories in the under 65 age group note increases in numbers over the past five years, whilst all age categories over 65 group note a decline between 2016-19, with most categories seeing slight increases over the past two years.

*Source: SG Annual Return Data*

The reduction of Investigations in older age groups between 2016-19, particularly within Care Home settings has been highlighted in previous data reports. It is hypothesised that this decrease is primarily because our workforce is increasingly confident in correctly identifying and reporting harm, preventing harm in care settings and better able to differentiate between significant occurrences and ASP. The decrease may correspond to training launched in 2016 which primarily targeted managers and deputes in care homes, with a focus on ‘early indicators’ of harm and preventing harm in care settings. Subsequent training and reviews to procedure increasingly support our workforce to be confident in identifying and reporting harm and case file audits would support that improvements have been seen in relation to correct application of the three-point criteria.

It is anticipated that we will find further evidence to support this hypothesis through;

* A mixed methods review of the approach to responding to harm in care home settings (SE&I action)
* A review of the approach to contracts monitoring of Significant Occurrences (ASP Leaders action)
* An interagency staff survey to measure confidence in identifying and reporting harm which will be distributed to Care at home and Care home staff. (SE&I Action)
* Post training questionnaire to measure confidence in recognising and reporting harm following training (SE&I action).

**Conclusions:**

Based on the information available at the time of writing, our data reflects the national picture showing that adults over the age of 75 are more likely to be subject of ASP Investigation than those in younger age groups.

Whilst this is the case, in terms of operational management of ASP work it must be noted that the number of Investigations is far higher in Adults Services (16-64) than Older People (65+) and appears to be increasing at a faster rate. In addition, both the Social Work Performance reports and the analysis of the data return has highlighted the complexity of ASP work being undertaken for younger adults, pointing to the numbers progressed for further AP action following investigation, the number of individuals subject to multiple investigations and the different types of harm, specifically self-harm, predominantly experienced in younger age groups.

We are working within our communities to continuously raise awareness of what constitutes harm and how to report it. It is likely that we will continue to see further increases in the number of Investigations undertaken as more people become aware of the signs of harm and how to report it.

Appendix 2-Covering Letter as part of the ASPC’s 2020 Supermarket campaign

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*Child and Adult Protection Committee Support Team*

*Police Headquarters*

*Detroit Road*

*Glenrothes*

*KY6 2RJ*

Telephone: 03451 555555 ex 442124

E-mail:[alan.small@fife.gov.uk](mailto:alan.small@fife.gov.uk)

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**Fife Child Protection Committee**

To the Shop Manager

Dear Sir/Madam

I write to ask for your assistance to help Fife Child and Adult Protection Committees keep children and adults safe from harm during the current crisis.

The COVID- 19 outbreak and the current lockdown presents a variety of challenges to support children, young people and adults at risk of harm. The closure of schools and nurseries, day and drop-in centers, community hubs, libraries, banks and shops has resulted in people being behind closed doors, away from the people and services who might normally spot problems. We are asking everyone to keep their eyes and ears open for children and adults who may be at risk of harm, abuse or neglect during the COVID-19 crisis. During lockdown it’s more important than ever to speak up if you see or hear something worrying about an adult or a child. This includes your staff, customers and delivery drivers, who can all have a part to play.

As part of our ongoing efforts to ensure that people know what harm is and how to report it, we have created the attached poster which details this information and shows the numbers to contact to talk about any concern you may have for both adult and child protection.

It would be appreciated if this poster can be displayed on your community noticeboard or near your shop entrance, so that we can continue to raise awareness of reporting methods and keep our communities safe from harm. I have enclosed an additional poster for display in staff areas and request that you make staff aware that any concerns they may see or hear about can be reported using the phonelines. If you are operating a delivery service, I would ask that you make your drivers aware.

If your staff, either within the shop environment or during deliveries see anything that gives them cause for concern, please assure them that it can be reported, confidentially if preferred, and that all concerns will be dealt with by Social Work and/or Police, handled sensitively and support provided if required.

I appreciate your assistance in this matter.

Yours faithfully



Alan Small

Independent Chair

Fife Child Protection Committee

**Chair** Alan Small

*“child protection is everyone’s job ….it’s our job”*

[www.fifechildprotection.org.uk](http://www.childprotection.org.uk)

1. In line with the approach to continuous improvement these dates are the launch dates of the tools, the activity will not be concluded but will form a continuous cycle of implementation, analysis and review. [↑](#footnote-ref-2)
2. In line with the approach to continuous improvement these dates are the launch dates of the tools, the activity will not be concluded but will form a continuous cycle of implementation, analysis and review. [↑](#footnote-ref-3)
3. This will be an ongoing action with newly available courses to be added to this programme as and when they are ready [↑](#footnote-ref-4)
4. Ongoing action following implementation, tool reviewed annually at SE&I [↑](#footnote-ref-5)
5. In Fife, all contacts where ‘Adult Protection’ is recorded as ‘contact reason’ are counted as a referral. If reports of harm are later deemed as not appropriate these may be later ‘reclassified’ and therefore not included in the counts. This may not be the case in all partnership areas and therefore caution must be taken when comparing the data to National data. [↑](#footnote-ref-6)
6. Please note that Scottish Ambulance Service and Family are new dropdown categories to enable reports. The decline in ‘other member of public’ can be attributed to referrals being correctly classified into Friend/ Neighbour or Family in 2019-20 [↑](#footnote-ref-7)
7. For calculation of rates per 100,000, the population data was sourced from National Records of Scotland: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#table_pop_est_sex_age> [↑](#footnote-ref-8)