

Fife Adult Support & Protection Committee  
**Biennial Report 2018-20**  
October 2020

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## Foreword

As Independent Chair of Fife Adult Support and Protection Committee I am delighted to introduce this Biennial Report. This biennial report provides an analysis of the types of harm investigated and the profile of adults at risk for whom an investigation has taken place. It summarises local activity over the past two years and the key actions we have taken under our statutory functions. There is a consideration of the impact of our work, current challenges and our response to these, and sets out our focus for development and improvement over the next two years.

The Committee has worked hard to fulfil its functions as laid down in Adult Support and Protection (Scotland) Act 2007. Through commitment, creativity and strong partner working the Committee and Working Group members have; taken forward awareness raising of Adult Support and Protection; endeavoured to ensure service users have opportunities to be heard and be involved in developments; scrutinised data and developed tools to enable deeper analysis and interpretation; updated and developed policy and procedure and developed learning opportunities to ensure a partnership confident in the application of Adult Support and Protection legislation and resilient to the challenges faced in practice.

Our priorities during this period have been guided by our Improvement Plan 2018/20. Much work is being carried out to align and link National and Local priorities alongside learning from initial and significant case reviews within our Improvement Plan 2021/23.

Increasingly the Committee is working alongside colleagues in child protection 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 working with children and adults alike.

All agencies represented on the Committee have a key role to play in the partnership and their support have 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.



Alan Small, Fife Adult Support and Protection Committee Chair

## Key Statistics 2018-20

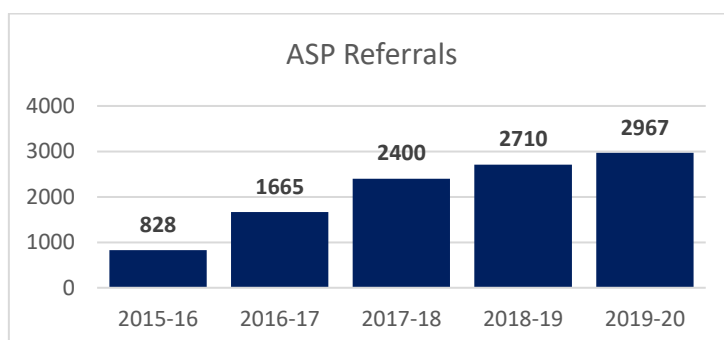
For the past two years the Committee has been provided with detailed statistical summary reports following the submission of the Scottish Government data return. Reports provide trend analysis, information on types of harm being investigated, demographic details of adults at risk and has helped to inform our local improvement planning discussions for 2021/22. In addition, it has prompted a number of interagency self-evaluation activities to provide context to emerging trends. A summary of the data is provided below.

### Reports of harm

The number of Reports of harm has continued to increase in Fife on an annual basis. Whilst Police and NHS remain the largest single organisations who report harm, the significant increase in the number of referrals has come from 'other organisations' and from members of the public. The different types of harm being reported is testament to the work undertaken to continue to raise awareness of what constitutes harm and how to report it.

There has also been a slight increase in self-reported harm from 78 reports in 2016-18 to 99 in 2018-20. This may be an indication that adults are better informed in relation to being at risk of harm and more confident in reporting it.

In 2018-19, 2710 reports of harm were received, increasing to 2967 in 2019-20, and giving a total of 5677 reports of harm over the two-year period. This compares to a total of 4065 over the previous two years and represents an increase of 39.7% since the last biennial report.



### Overall profile of adults at risk of harm

Over the past two years, 59% of investigations related to an individual who was aged 16-65. This is a significant change from the previous report where, for the majority of investigations (69%), the adult involved was aged 65+. There has been a 94.9% increase in investigations for adults aged under 65 between 2016-17 and 2019-20. In the same time frame there has been a 51.9% decrease in investigations for adults over 65. For adults aged over 65, the type of harm most likely to be investigated is financial harm, for adults aged under 65, investigations are more likely to relate to psychological/emotional or physical harm.

As in previous years the majority of investigations (56%) relate to an adult who identifies as female.

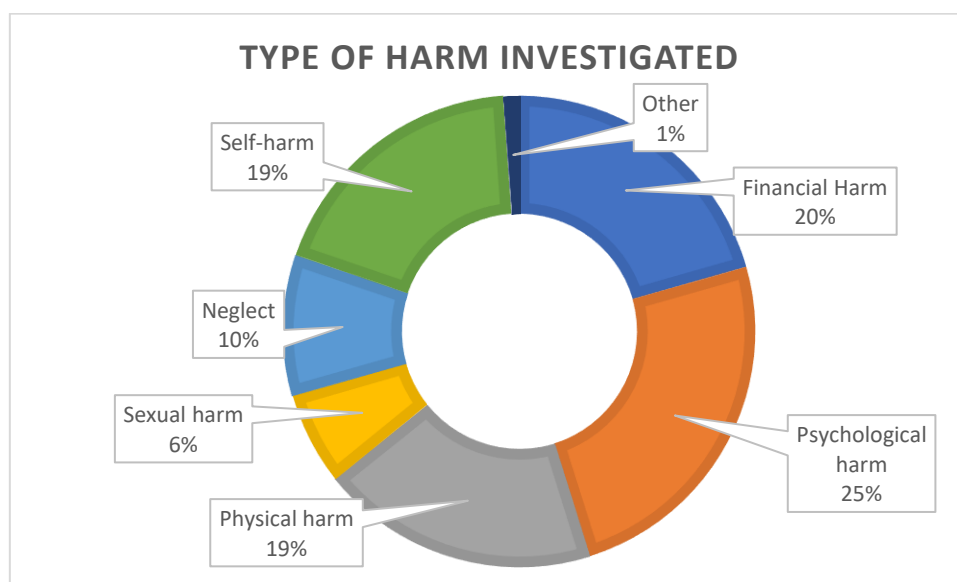
More than one in every four investigations (27.7%) relate to an adult with a physical disability. There has been a significant drop in investigations where the adult is recorded as having 'dementia' although this may be due to a change in reporting practices. The committee is exploring this further and there are indications that this may be due to how some of the information is recorded and reported on.

There continues to be a very low number of investigations for adults at risk who are from a minority ethnic group (less than 1% of investigations where ethnicity is recorded), however this is reflective of the population in Fife as a whole.

### Types of harm investigated

In Fife, 724 investigations were undertaken in 2018-20, this is a reduction from 823 in the previous two years. There has been a significant decrease in investigations in care home settings from 194 (23.6% of investigations) in 2016-18 to 70 (9.7% of investigations) in 2018-20. This trend will be explored in the coming months to gain further insight.

In 2018-20, one in every four investigations (25%) relate to a report of psychological and emotional harm. High numbers of investigations also relate to financial (20%) and physical harm (19%). There has been a significant increase in investigations relating to self-harm (19%) in the two-year period. The chart below shows the main type of harm investigated for the 724 investigations undertaken over the two-year period.



For each type of harm investigated, there are some notable differences in the age, gender, and main client type of the adult at risk. Whilst caution must be taken interpreting the data, as numbers are small and there has been a change to reporting methods in the past two years, a summary of trend and profiling data for each type of harm is provided below.

#### *Psychological and emotional harm*

*Many people experience psychological and emotional harm as a result of threats of harm, being left alone, humiliation, intimidation, causing distress, verbal abuse, bullying, blaming, constant criticism, controlling, depriving contact with others.*

Almost one in four investigations (24.6%) carried out related to an individual at risk of psychological or emotional harm. This is a significant increase from the last report (12% of investigations). Potentially this is due to raising awareness in our communities about what constitutes harm and reinforcing the message that all types of harm (not just physical or financial harm) should be reported.

In 2019-20, the majority (60.7%) of investigations where psychological and emotional harm are reported are where the adult at risk is under 65. This accounts for 18.9% of all investigations for this

age group compared with 4.5 % of investigations where the adult at risk is aged over 65. For adults aged under 25, 40% of investigations (16/40) relate to emotional harm.

Data shows that 61% of investigations where psychological harm is reported are for female adults. Incidents happen primarily in the adults own home (62.6%) and where mental ill health, 'other' disability, or physical disability is the main reason the adult is at risk.

One in every three investigations (34.5%) where the adult at risk has mental ill health recorded as primary client group, was related to emotional or psychological harm.

### *Financial harm*

*Financial harm covers theft, fraud, pressure to hand over or sign over property or money, misuse of property or welfare benefits, stopping someone getting their money or possessions, being scammed by rogue traders, online scams, by email or by post.*

One in five investigations (20.6%) cites financial harm as the main type of harm reported. This is similar to the last biennial report (19%).

In 2019-20, whilst the count of investigations for people aged 16-65 and 65+ is similar, one in every three investigations (33.1%) where the person is over 65 relates to financial harm compared with one in five investigations (19.7%) where the person is aged under 65.

For adults at risk of harm aged 80+, 39.1% of investigations related to financial harm, making financial harm the most common type of harm investigated for this age group. Financial harm is also the most common type of harm investigated for adults aged 40-64 (27% of investigations in this age group relate to financial harm).

In Fife, a financial harm working group has been established to respond to the risk of adults at risk becoming victims of financial harm.

### *Physical harm*

*Physical harm means any nonaccidental trauma, injury, or condition, including inadequate nourishment that, if left unattended, could result in death, disfigurement, illness, or temporary or permanent disability of any part or function of the body, including inadequate nourishment.*

Physical harm was the main type of harm investigated in 19.1% of investigations. The proportion of investigations where physical harm was recorded as the main type of harm has reduced from 27% in the previous biennial report.

The data from 2019-20 shows that around a quarter (26.3%) of physical harm investigations are for adults who have a learning disability, indeed 43.8% of all investigations where the adult at risk has a learning disability relate to physical harm.

The majority of investigations relate to an adult under 65 (57.8%), however a significant number of investigations where the person is aged over 85 (26.4% of investigations in this age group) relate to physical harm.

The most likely location for physical harm is own home, however a significant number of investigations in care homes are where physical harm is a factor (43% of investigations where care home was the location of harm are related to physical harm).

### *Self-harm*

*Self-harm is when somebody intentionally damages or injures their body.*

There has been a substantial increase in the number of investigations where self-harm is reported as the main type of harm. In 2016-18, 5% of investigations related to self-harm this has risen to 18.6% of investigations in 2018-20.

Where an investigation has been undertaken and self-harm is the primary type of harm, the person at risk is predominantly aged 16-65 (86% of all self-harm investigations in 2019-20). Where substance misuse is the client main category, 50% (5/10) of investigations relate to self-harm.

The Committee will consider the value of setting up an interagency short life working group to look at this increase in reports of self-harm, specifically in younger age groups. The aim of this is to improve identification of young adults at risk, strengthening links with partners such as Fife Drug and Alcohol partnership, Transitions team, and Fife Suicide Prevention Forum.

### *Neglect*

*Neglect is a form of abuse where the perpetrator, who is responsible for caring for someone who is unable to care for themselves, fails to do so. It can be a result of carelessness, indifference, or unwillingness and abuse.*

In the previous report one in every five investigations (21%) had recorded 'neglect' as the main type of harm. This has now fallen to 9.7% of investigations.

In 2019-20 there were 36 investigations relating to neglect, there appear to be no specific trends in relation to gender, age or client group. As with other types of harm it is more likely to occur in an individual's own home than in other settings.

### *Sexual harm*

*Any type of sexual activity without consent is considered sexual harm. Sexual harm involves imposing some form of sexual act on a person who doesn't want it. This means the person does not consent. Sometimes, a person is not legally capable of consenting, or refusing consent to a sexual act.*

The proportion of investigations where sexual harm is the main type of harm remains fairly low (6.4%) and broadly similar to the previous report (5%). In 2019-20 there were 17 cases of sexual harm investigated. Of these 16 of the 17 were where the adult at risk was under 65 and 14 of the 17 were female. The most likely location of sexual harm reported was recorded as 'own home' or 'other private address'.

### **Location of harm investigated**

As in previous years, the most commonly reported place that alleged harm occurred, resulting in an investigation, was in the adult's own home (71% of investigations where the location is known). We will continue to work with communities and agencies with access to homes as part of their job role to ensure that they are confident and competent in recognising, responding and reporting harm identified or disclosed. This will be particularly important in light of the impact of COVID-19.

There has continued to be a reduction in investigations where the location of harm is reported as a care home from 194 in 2016-18 to 70 in 2018-20 (a reduction of 124 investigations or 63.9% over 2 years). Where a care home is the location of harm, the main type of harm reported is physical harm (43.2% of investigations in care homes).

### Outcome of investigation

Around half of investigations in 2018-20 are recorded as no further action (50.5%). A spot check of data showed that in many cases there was further action taken but not by social work, so for example a referral had been made to a third sector organisation. Through the social work performance monitoring protocol, recording of process outcomes will be monitored more closely to ensure that the outcomes are being recorded consistently and we can extract more meaningful data in relation to process outcomes.

In the past two years we have seen an increase in both the number of initial and review case conferences, a total of 175 case conferences were convened in 2018-20, compared with 108 in the previous two years.

Large scale investigations totalled four, comprising three in 2019-20 and one in 2018-19.

During 2018/20 five initial case reviews were discussed by the Committee's case review working group. Of these, one initial case review has met the criteria to progress to significant case review. Key characteristics and themes have been extracted and presented to the Committee. These include complex areas including suicide and mental ill health.



## Actions taken to reduce harm

There has been considerable activity undertaken in 2018-20 under the auspices of the Committee. The previous report identified the following priority areas for 2018-20

- Service user engagement
- How to support people at risk of harm who are resistant or refuse any intervention
- Adults living at home and receiving care
- Adults living in care settings

To support this work and in line with statutory functions the Committee has; developed, revised and approved policies and procedures; information has been disseminated to staff and partner agencies; and actions have been taken to enhance learning and knowledge across Fife communities. The actions taken under each of the statutory functions is summarised below.

## Changes to procedures and practices

To improve practice and consistency, the Committee has reviewed and/or published several strategies and procedures during the two-year period including;

- A review of the Large-Scale Investigation (LSI) Procedure
- Development of Interagency chronology protocol
- Development of Engagement escalation process and revised multiple report of harm protocol
- Missing person strategy developed

The implementation of a social work Adult Protection performance monitoring protocol has enabled further analysis of the management of information on an ongoing basis. The process has enabled social work managers to monitor and scrutinise data in relation to activity, timeliness and delay reasons, thresholds and process outcomes. It has stimulated discussions and peer review activities. Self-evaluation activities and improvement actions are set and reviewed on a quarterly basis. A consultation about the approach was held with staff in December 2019 and following positive feedback and the approach will be embedded over the next two years.

## Information and advice

The Committee acknowledge the importance of continually raising understanding and awareness of how to identify and report harm. Over the past two years we have;

- Coordinated awareness raising events for Adult Protection Awareness Week (February)
- Delivered 7-minute briefings to interagency staff based on identified gaps in learning (A 7 Minute Briefing is a tool used to promote learning and reflection on a specific topic in 7 minutes. The tool is often used to deliver learning when a gap is identified in practice).
- Developed a service user engagement strategy
- An Engagement and Participation Coordinator working directly with community groups
- Reviewed the ASP Website
- Distributed the monthly ASP newsletter
- Set up the Financial Harm (short life) working group where a Financial Harm Protocol has been drafted and is currently being embedded in to practice.
- Progressed the development of a regular, local practitioners form

## Improving skills and knowledge

Comprehensive learning and development opportunities have been made available to staff in both statutory and voluntary sectors in Fife. Some, such as the Council Officer modules, are more specific and targeted to certain parts of the workforce. Training opportunities developed by the Committee through 2019/20 include:

- Harm in the home training for Care at home and housing support provider managers
- Harm in care settings training for care home managers
- Interagency crossing the acts training
- Investigative interview training
- IRD Aide Memoire
- 2<sup>nd</sup> Person Aide Memoire

A full list of training options available- [Fife ASP Training Courses](#).

In addition to evaluating individual courses at the point of completion, it is the intention to develop an annual interagency staff survey which will link to the ASP competency framework and measure staff confidence, any gaps in knowledge, and will also aim to better understand experiences of staff involved in the prevention of harm or supporting adults who have been harmed, ensuring that staff feel supported.

## Service user engagement

Service User Engagement was a key area for development in the previous improvement plan. A service user engagement strategy has been developed, highlighting areas of good practice and areas for further development. To achieve the vision and ambitions set out in the strategy, we need to reassess our approach to gathering feedback and adopt a systematic approach to gathering and reporting on all stakeholder feedback. The Committee will endeavour to consider new and creative opportunities to gather feedback from service users, carer and family (where appropriate) alike. Consideration is being given to a regular, local service user forum aligned with the practitioner forum. We will drive this forward over the next two years.

## Outcome of activities

Identifying and reporting harm is key to ensuring that adults at risk are safe from harm. Analysis of data indicates that there has been increased reports of harm from different referral sources. This indicates that a wider range of agencies (and individuals) are confident in recognising and reporting harm. In particular, work done within the NHS to clarify and streamline ASP referral procedures has seen a 28% increase in referrals from 322 in 2018-19 to 411 in 2019-20.

Single and interagency audits have provided evidence of good practice in relation to correct application of thresholds guidance, presence of chronologies, effective multi agency working, analysis of risk and information sharing. They have also demonstrated a range of positive outcomes for the adult at risk. Learning and good practice gleaned from the audits is shared and improvement plans are put in place, embedding a culture of continuous improvement. Over the next two years we will review our audit tools and methodologies to ensure that they are outcome focussed and aligned to national quality indicators.

The number of Adult Protection Investigations in care homes has continued to fall, it is hypothesised that this could be linked to preventative work to reduce the risk of harm, the introduction of the new LSI procedure, and increased professional understanding of the ASP legislation and thresholds as a result of clear leadership and continued professional development and learning. This trend will be investigated further in coming months.

The introduction of the social work performance management protocol has increased opportunities for all social work staff to contribute to identifying ways to continuously improve and streamline practices. It has stimulated peer review activities around thresholds and process outcomes and data quality has also improved. It is anticipated that improved performance management processes will support managers to easily identify trends and also to identify if staff require support for example to meet deadlines in relation to timeliness.

## Challenges faced

The emergence of COVID-19 will of course create new and unprecedented national challenges to our working practices, the identification of adults at risk of harm, and the types of harm experienced. The impact of the virus to adults at risk has yet to be fully understood. We are in the process of developing a COVID-19 recovery plan to ensure that adults at risk of harm continue to be identified at the earliest possible stage and that they receive effective, person centred and timely support. Separate to this plan, but interlinking, we will develop a comprehensive Communications plan. Due to the challenges faced as a result of COVID19, the updated Adult Support and Protection Committee Improvement Plan has been delayed and will now cover 2021/2023.

Over the past two years we have seen an increase in investigations for younger adults and a change in the predominant types of harm that are being investigated. Psychological / emotional harm and self-harm has increased. We will review our processes to ensure that there is an effective gateway to Adult Support & Protection services for those who need it, particularly for younger adults at risk of harm and those transitioning from children's to adult services.

We continuously strive to identify adults at risk of harm and during 2018-20 reports of harm have continued on an upward trajectory. Whilst this can be used as a measure of success, there is no doubt that this puts pressure on social work and partner agencies to provide an effective and timely response to Adult Protection referrals. Social Work Managers need to have access to accurate, timely performance data so as they can manage workload efficiently and support staff to achieve challenging service standards, offering guidance where required.

It continues to be a challenge to embed a systematic approach to collecting data on outcomes and experiences of the adult protection journey. Not just in relation to adults at risk and if applicable, their carer/family, but also from staff involved in the adult protection process. The Service User Engagement strategy has set out a vision for increased opportunities for adults at risk to participate in performance planning and share experiences, we need to build on this impetus to ensure that this ambition is achieved. Over the next two years there will be a focus on reviewing our audit tools and approach to self-evaluation, building in feedback mechanisms and outcome measurement tools will be integral to this. We will develop mechanisms to systematically collect data on experiences from staff, adults at risk and their carers. We will draw on data and information from all available sources to ensure that decision making can be evidence led and fully informed by all stakeholders.

## Plans for 2021/23

The Committee has outlined priority areas to include in its next improvement plan. These have yet to be developed into specific, measurable actions. The focus will be on;

- Developing and implementing a COVID-19 Recovery Plan
- Ensuring that all adults at risk of harm are recognised and responded to at the earliest stage
- Ensuring that young adults at risk of harm receive a timely, consistent and person-centred interagency response
- Transforming our approach in relation to collecting and using data and information to measure and continuously improve the quality of our processes and outcomes for people at risk of harm.
- Working in partnership with Fife Suicide Prevention Forum to reduce the number of people who complete suicide
- Continue to embed our Financial Harm Protocol in our practice
- Consideration to be given to links between Homelessness and Adult Support and Protection in Fife and to take forward actions to reduce and support this population
- To continue to strive to ensure that service users, their carers and family have opportunities to influence practice and provide feedback of their experiences

The rationale for setting the above objectives has been eluded to throughout the report. Primarily there is a need to respond quickly and effectively to the COVID-19 pandemic and the impact this has both on working practices and risk of harm. It is important to acknowledge that COVID19 only impacted on one month (March 2020) of the time frame considered within this Biennial Report. Linked to this is a commitment to ensure that all adults at risk of harm are recognised and responded to at the earliest possible stage. This will be achieved by developing a comprehensive communications strategy to reinforce the message that Adult Protection is everyone's business.

Our data has shown that there has been an increase in investigations where the adult at risk was under 65, and that often the types of harm experienced in this age range can differ from older age groups. We are committed to evaluating our pathways and strengthening our partnerships to ensure that younger adults at risk of harm receive a timely, consistent and person-centred interagency response.

Underpinning all of the above will be a focus on transforming the way we collect and use data, including through audits, stakeholder feedback, and other self-evaluation activity. This will enable us to gain greater insight of the quality of our response to reports of harm, and the lived experiences of adults at risk, carers and interagency staff involved in adult protection work.

Further information in relation to Adult Support and Protection and Fife's proprieties going forward can be found at [www.fifedirect.org.uk/adultprotection](http://www.fifedirect.org.uk/adultprotection)

## Chairs closing remarks

There has been considerable work undertaken by all partners during 2019/2020 under the auspices of the Committee. The Committee has evidenced strength and resilience during periods of particular and unexpected adversity, primarily those relating to COVID19. Recovery planning is underway and we will endeavour to ensure that learning identified during this time is embedded into practice and that adults at risk of harm continue to receive timely and person centred support.

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 partnership to help keep adults safe.

A handwritten signature in dark ink, appearing to read 'Alan Small', is positioned above the printed name.

Alan Small, Fife Adult Support and Protection Committee Chair

## Appendix 1

### Summary Tables:

#### Section A: Data on referrals

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

	2015-16	2016-17	2017-18	2018-19	2019-20
Q1	220	375	510	757	725
Q2	197	427	502	659	757
Q3	188	410	588	671	730
Q4	223	453	800	623	755
<b>Total</b>	<b>828</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>

##### Q2: Referrals by Source –over the last 5 years<sup>1</sup>

Categories	2015-16	2016-17	2017-18	2018-19	2019-20
NHS	101	229	365	322	411
GPs	13	45	64	131	180
Scottish Ambulance Service	0	3	3	0	3
Police	78	87	249	375	377
Scottish Fire & Rescue Service	7	77	74	63	69
Office of Public Guardian	0	3	2	0	2
Mental Welfare Commission	0	0	0	0	0
Healthcare Improvement Scotland	0	0	0	0	0
Care Inspectorate	2	15	31	0	7
Other organisation	0	462	692	990	1002
Social Work	90	216	258	293	310
Council	124	272	343	194	193
Self (Adult at risk of harm)	19	38	40	49	50
Family	0	39	48	0	117
Friend/Neighbour	0	136	13	0	35
Unpaid carer	0	0	0	0	0
Other member of public	99	7	178	218	122
Anonymous	6	25	33	74	89
Others	289	11	7	1	0
<b>Total</b>	<b>828</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>

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

Outcome	2015-16	2016-17	2017-18	2018-19	2019-20
Further Adult Protection Action	450	610	1398	1825	2103
Further Non-AP Action	238	301	332	242	256
No further action	115	713	610	560	518
Not recorded	25	41	60	83	90
<b>Total</b>	<b>828</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>

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

	2015-16	2016-17	2017-18	2018-19	2019-20
Number of Investigations	333	444	379	339	385

<sup>1</sup> 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 for 2019-20

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

Client groups	2015-16	2016-17	2017 - 18	2018-19	2019-20
Dementia	173	157	101	3	10
Mental health problem	24	37	54	40	58
Learning disability	29	63	70	44	57
Physical disability	29	54	46	97	109
Infirmity due to Age	23	49	48	47	53
Substance misuse	2	19	11	1	10
Other	53	65	49	107	88
<b>Total</b>	<b>333</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>

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

Type of harm	2015-16	2016-17	2017-18	2018-19	2019-20
Financial Harm	47	68	91	52	97
Psychological harm	30	46	49	94	84
Physical harm	99	120	106	43	95
Sexual harm	12	20	19	29	17
Neglect	73	104	66	34	36
Self-harm	26	19	23	85	50
Other	46	67	25	2	6
<b>Total</b>	<b>333</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>

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

	2015-16	2016-17	2017-18	2018-19	2019-20
Own home	167	264	246	226	227
Other private address	9	6	13	9	14
Care home	136	128	66	33	37
Sheltered housing or other supported accommodation	4	17	5	9	7
Independent Hospital	0	1	0	1	3
NHS	10	16	19	11	14
Day centre	1	1	5	0	1
Public place	5	9	20	27	16
Not known	1	2	5	23	66
<b>Total</b>	<b>333</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>

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

Outcome	2015-16	2016-17	2017-18	2018-19	2019-20
Further AP action	Not Monitored	75	48	34	44
Further non-AP action		214	166	102	131
No further action		137	157	165	201
Not known (ongoing)		18	8	38	9
<b>Total</b>		<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>



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

Age Group	Number of investigations by age and gender											
	2017-18				2018-19				2019-20			
	Male	Female	Not known	All adults	Male	Female	Not known	All adults	Male	Female	Not known	All adults
16-24	7	18	0	25	17	15	0	32	16	22	2	40
25-39	10	8	0	18	28	26	0	54	37	29		66
40-64	49	49	0	98	56	60	0	116	55	67		122
65-69	13	13	0	26	6	9	0	15	10	8		18
70-74	14	19	0	33	9	10	0	19	6	11		17
75-79	22	21	0	43	9	13	0	22	9	16		25
80-84	30	35	0	65	10	20	0	30	17	27		44
85+	26	45	0	71	15	36	0	51	17	36		53
Not known	0	0	0	0	0	0	0	0				0
Total	171	208	0	379	150	189	0	339	167	216	2	385

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

Age Group	2017-18								2018-19								2019-20							
	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	23	0	0	0	0	1	1	25	27	1	0	0	0	1	3	32	37	0	1	0	0	0	2	40
25-39	18	0	0	0	0	0	0	18	48	0	2	0	0	1	3	54	63	0	0	0	0	1	2	66
40-64	95	1	0	0	0	0	2	98	101	0	1	0	0	3	11	116	115	0	0	0	0	0	7	122
65-69	25	0	0	0	0	0	1	26	13	0	0	0	0	0	2	15	15	0	0	0	0	0	3	18
70-74	32	0	0	0	0	0	1	33	16	0	0	0	0	0	3	19	16	0	0	0	0	0	1	17
75-79	43	0	0	0	0	0	0	43	19	0	0	0	0	0	3	22	22	0	0	0	0	0	3	25
80-84	64	0	0	0	0	0	1	65	30	0	0	0	0	0	0	30	36	0	0	0	0	0	8	44
85+	64	1	0	0	0	2	4	71	47	0	0	0	0	0	4	51	48	0	1	0	0	0	4	53
Not known	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Total	364	2	0	0	0	3	10	379	301	1	3	0	0	5	29	339	352	0	2	0	0	1	30	385

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

Type of ASP Case Conference	2015-16	2016-17	2017-18	2018-19	2019-20
Initial ASP case conference	48	29	44	59	58
Review ASP case conference	23	15	20	33	25
ASP case conference*	0	0	0	0	0
Total	71	44	64	92	83

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

	2015-16	2016-17	2017-18	2018-19	2019-20
Total number of LSI	7	4	3	1	3