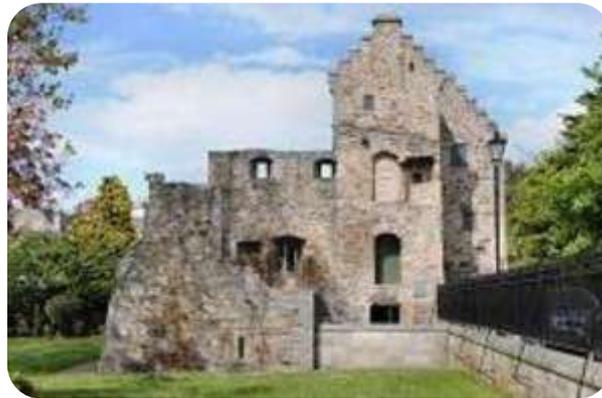


Moray Adult Protection Committee
Biennial Report
2014 - 2016



The Bishops House Elgin



Contents

	Page No.
Independent Convener's Foreword	3
Introduction and Context	5
Moray Adult Protection Committee	6
Grampian Working Group and Joint Training Group	6
Accountability and Governance	7
Moray Adult Protection Unit	7
Large Scale Investigations	8
Training and Development	8
Referrals	9
Police Scotland	9
Scottish Ambulance Service	10
Scottish Fire and Rescue Service	11
NHS Grampian	11
Advocacy North East	14
Appendix 1 – National Dataset Statistical Information 2014-2015	
Appendix 2 – National Dataset Statistical Information 2015-2016	
Appendix 3 – Moray Adult Protection Committee Action Plan 2015 - 2016	

Foreword

As Independent Convener of the Moray Adult Protection Committee, it is my privilege to submit the fourth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007, reflecting the work of the Committee during the period 1 April 2014 to 31 March 2016.

As I have described in previous Biennial Reports, a fundamental element of keeping adults in Moray safe from harm is effective partnership working and the strength of this remains very much in evidence. Although the Moray Council has statutory responsibility for adult support and protection, it is supported by a range of partners from other bodies. Additionally, its membership of the Grampian Working Group on Adult Support and Protection, and sharing an Independent Convener with the other Local Authorities in Grampian, helps to provide an efficient and effective approach to Adult Support and Protection in Moray.

At times, it has proved difficult for some Committee partners to commit to regular attendance at meetings but notwithstanding, the efforts of these partners and their staff members remains positive.

The Committee has had difficulty in securing GP membership but despite this, and undoubtedly of more importance, are the effective links that exist between the Local Authority Adult Protection Unit staff and GP's when issues relating to adult support and protection arise. The lack of GP membership on the Committee is not unique to Moray and as the Health and Social Care Partnership matures and develops, opportunities may be identified to secure the membership to which I refer.

The Committee aims to work closely with service users and carers. There is no service user representation on the Committee (again, a situation not unique to Moray) and this is mainly because it is difficult for one individual to be the voice of such a broad range of people. That said, work continues to strengthen contact with service users and carers.

During this reporting period, changes in key personnel in the Moray Council Adult Protection Unit took place. A new Consultant Practitioner was appointed in 2015 while the post of Adult Support and Protection Trainer/Facilitator was vacant for a period of 9 months. These changes and absences had an impact on the ability to deliver on some of the tasks identified in the Committee's Action Plan, though progress is now again being made.

In my previous report, I commented upon the need for increased awareness of adult support and protection by the public and this remains the case. National and local initiatives, carried out on a regular basis, continues to be important in alerting the public to this and I believe it will remain part of the Committee's Action Plan for some time to come.

The protection of adults who are at risk of harm very often has links with other strands of public protection and the creation of the Moray Public Protection Partnership has served to provide governance and scrutiny of public protection, including adult support and protection, at a strategic level.

A further beneficial development has been the creation of the Moray Community Safety Hub and this group, which has adult support and protection representation, has served to strengthen effective partnership working at an operational level. Among other things, it allows relevant information to be shared among partners in a secure manner.

On a national basis, the National Adult Protection Co-ordinator continues to be a valuable resource in formulating and sharing good practice but it is disappointing that the Scottish Government led National Policy Forum has been disbanded. In my opinion, its demise has created a gap in leading and directing national policy on adult support and protection.

Looking ahead, there remains much work to do but the activities that are being carried out by the Committee and partner agencies can offer reassurance to the public in Moray that effective processes are in place to protect those adults in society who are at risk of harm.

Finally, I wish to record my appreciation to Committee members, and to the staff of the Adult Protection Unit, for all of their efforts and for the support they have provided to me.

Albert J Donald
Independent Convener
October 2016

Introduction and Context

This fourth biennial report of the Moray Adult Protection Committee (MAPC) outlines work that has been undertaken in Moray to support and protect adults at risk of harm from 1 April 2014 to 31 March 2016. This work has been carried out in accordance with the Adult Support and Protection (Scotland) Act 2007 which was introduced to provide a statutory footing to support and protect adults thought to be at risk of harm.

Policy

The Moray Council has the statutory responsibility for Adult Support and Protection (ASP) in Moray. The work of the Council and its partners in relation to ASP is overseen by the MAPC.

The MAPC shares an Independent Convener with Aberdeen City and Aberdeenshire Adult Protection Committees (APC's). This shared arrangement helps to facilitate consistency between the three local authority areas and their partners. The three APC's follow the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm ('the Policy'), which is underpinned by the Grampian wide Adult Support and Protection Training Programme <http://www.aberdeenshire.gov.uk/about/departments/FinalAdultSupportProtectionPolicy2012.pdf>.

The Policy was initially produced in response to the growing awareness, range, level and frequency of harm towards adults and was developed to provide a framework to enable appropriate recognition and response to situations where adults may be at risk of harm.

The Policy was based on a pre-existing multi-agency vulnerable adults' policy, which was introduced in October 2008, to take account of the Adult Support and Protection (Scotland) Act 2007 and the associated Code of Practice. It was again reviewed and updated in September 2011 to reflect the growing experience and knowledge of staff working in adult support and protection and was further updated in 2016.

When the ASP legislation was introduced, clear pathways were agreed by partner agencies by looking at areas that were recognised as challenging and which required processes and guidance. As a result, a range of policies and protocols have been introduced including an Information Sharing Policy, Large Scale Investigations Protocol and Significant Case Review Protocol, all of which have since been reviewed and updated.

A key strength in the approach to supporting and protecting adults at risk of harm is effective partnership working. Much of the success of multi-agency working is due to having shared policies and plans for different organisations. Communication is supported between the partners on the basis of a no blame culture. In each partner organisation, key people with appropriate awareness and knowledge of adult protection have been appointed. This assists in providing a speedy response when issues are identified which need to be resolved.

The management of ASP concern reports is carried out by a Duty Access Team based in Elgin. When an ASP concern report is received, it is screened to ascertain whether it meets the relevant criteria, and is either dealt with at the access point or forwarded to the ASP unit. Any further action is determined by the consultant practitioner in the unit and dealt with in accordance with the Adult Support and Protection Act (Scotland) 2007. Consideration is also given to the use of other primary legislation including the Mental Health (Scotland) Act 2000 and the Adults with Incapacity (Scotland) Act 2003. This ensures concerns are dealt with using supportive and underpinning legislation.

Moray Adult Protection Committee

The MAPC is a constituted Committee. Its constitution details the membership of the group, frequency of meetings, accountability and governance arrangements and continues to oversee and scrutinise robust joint working and partnership participation. The committee includes elected member representation and all agencies have maintained their commitment to the work of the MAPC. The constitution was reviewed in 2014 to reflect changes in partnership arrangements and during this reporting period, the Committee convened on 13 occasions.

To assist MAPC in fulfilling its multi-agency functions and responsibilities, a series of short life working groups have been established to take forward the work of the Committee. In addition to these, there are now three Sub Groups which meet on a regular basis to address the key functions of MAPC:

- The Grampian Working Group;
- The Grampian Joint Training Group; and
- The Financial Harm Group

The short life working groups have covered the following areas of work:

- Public information and awareness;
- Data collection systems;
- Multi agency auditing;
- Committee self- evaluation;
- Workforce development and learning; and
- Engagement and awareness in care homes.

In addition, cognisance is also taken of the outcomes from national reports on adverse events.

Grampian Working Group

The Grampian Working Group is a sub group working across all 3 local authority areas. It consists of a core group of representatives from Aberdeen City, Aberdeenshire and Moray Councils, Police Scotland and NHS Grampian, with additional members joining the group when required to assist with tasks. The work of the Group is directed by the APC's. Its role helps to adopt a learning approach to encourage and promote joint working and the sharing of good practice across the multi-disciplinary context.

The Grampian Joint Training Group

The training resource in Moray is part of the Grampian Trainers' Group which meets bi-monthly to develop and review on-going training initiatives. During this reporting period, it has further developed the Grampian wide training strategy.

The Financial Harm Group

This group is covered within the Police Scotland submission on page 10 of this report.

Accountability and Governance

Although the MAPC is an independent body, it has established links to the Moray Public Protection Partnership, thus contributing to the wider public protection agenda in Moray. In turn, the activity surrounding public protection is reported to the Moray Community Planning Board.

Historically, the Independent Convener of MAPC has attended the Grampian Chief Officers' Public Protection Group but during this reporting period, the Group has met infrequently and discussions are taking place on how its future role can operate on both a local authority and pan Grampian basis.

NHS Grampian has robust governance arrangements for adult protection, mirroring formal arrangements in place for adult protection, and the NHS Grampian ASP Lead is required to report to the NHS Grampian Clinical Governance Committee biannually.

Moray Adult Protection Unit (APU)

Over the past two years, the APU in Moray has continued to work on promoting awareness of adult protection. There has been a general increase in referrals in this reporting period, however, it is difficult to ascertain whether this is due to more people being aware of how to report a concern or an increase in those who are deemed to be most at risk. There is no doubt, however, that the number of agencies, statutory and independent, who have participated in training and events to raise awareness has steadily risen.

The APU consultant practitioner attends the weekly public safety hub established in January 2015 and led by the community safety team based in Elgin. It is attended by all statutory agencies and relevant information is shared proportionately. There have been improvements in agencies attending ASP case conferences and it is felt this is due to the sharing of information and the introduction of these weekly hub meetings.

In January 2015, and again in March 2016, MAPC held an Action Plan event with all partners invited to set the priorities which would be targeted in Moray. Most of these priorities agreed by the MAPC in January 2015, which also took account of national priorities, were achieved. Due to a gap in training provision following the departure of the ASP trainer in July 2015, some of the planned training agreed in the January 2015 action plan had to be postponed. With a new trainer now in post, it is anticipated that agreed actions which fall within the scope of the trainer, will now be progressed.

Both action plans focussed on standing items such as campaigns, awareness raising, auditing of files, and continuous learning through professional bodies. Other priorities included reaching those who appear to be more vulnerable and at risk of harm in our

communities. Work with Advocacy North East and the reintroduction of the 'Training the Trainer' course will allow further training opportunities to occur which will help to ensure more people are aware of potential 'triggers', and be confident to report concerns appropriately.

Large Scale Investigations (LSI)

In November 2014, concerns were raised about poor standards in two care homes in Moray, resulting in LSI's being triggered. Once these investigations were completed, the APU consultant practitioner provided information to members of the MAPC on the outcomes.

In addition, the LSI's allowed the APU, and those who participated in the intervention, to reflect on the findings and make use of the outcomes to inform future practice.

The decisions to hold LSI's were taken by senior managers and the Care Inspectorate and teams were formed to conduct the investigations. The process included interviews with staff, residents, families, management, owner, district nurses, general practitioners as well as the commissioning team for contractual arrangements within the homes. The investigations took into account staffing, training, documentation and the financial status of the care homes.

Timescales for the processes were agreed and the focus was on ensuring no other resident would be at risk. Council officers (Social Workers) carried out reviews and scrutinised care/support plans for individuals, while also interrogating all relevant documentation - this was to cross check information and enable officers to be satisfied as to the quality of care the residents received. The care homes agreed no further admissions would be made until the investigations were complete. All clients were reviewed and documents updated with clear outcomes on individual support plans.

Action plans containing recommendations for improvement in set timescales were made and monitored by the Care Inspectorate and the Moray Council. Both homes made the improvements and changes required within the timescales. The actions taken during the investigation was testament to efficient and effective joint working and information sharing across and between all agencies to enable a positive approach towards care.

The Moray Council has begun developing the role of Link Social Worker to be offered to all care homes in the area. The ASP team work with colleagues in health and with the care home managers and staff to put in place protocols that would safeguard residents and improve communication, highlighting clear intervention methods and timescales to prevent further adult protection concerns.

This initiative has allowed a 'hub' to be developed which consists of the home manager, GP, District Nurse and care home owner, if appropriate. Meetings take place every two months to discuss any issues pertaining to the care home. This enables everyone to work together, build good relationships, better communication and anticipates situations that may become ASP concerns. It is evidence of integration and good practice. The link worker also spends time with residents and their families and is 'visible' within the home. This development is seen as a positive step and demonstrates a more integrated way of working.

Training and Development

The absence of a facilitator/trainer between summer 2015 and March 2016 meant that training was limited to modules 1 and 2 of the training and development package, although the consultant practitioner delivered some training during this period, including the Training for Trainers course, which was carried out with independent and voluntary sector staff. The Training for Trainers course enabled training to be delivered in a more timeous manner and reach a significant number of people working directly with users in the community and care settings. In total, during the reporting period, 32 training courses were delivered to a total of 307 people. Looking ahead, the ASP trainer will review all modules and amend the contents to reflect on what has been learned since the introduction of the legislation.

Referrals throughout reporting period

2014 – 2015 = 161

2015 – 2016 = 189

A breakdown of statistical information is shown in appendices 1 and 2. It should be noted that the recording mechanism during the current reporting period was changed to follow the national dataset introduced by the Scottish Government.

Police Scotland

In legislative terms, the Police are statutory partners and are represented on the MAPC. The North East Division of Police Scotland covers the three local authorities of Aberdeen City, Aberdeenshire and Moray. Police Officers and staff work in collaboration with colleagues in these local authorities, NHS Grampian and other partner agencies.

Probationary Officers in Police Scotland receive Adult Protection training when they attend their first period of training at Scottish Police College. Adult Protection is also interspersed through other training, such as public protection and the use of the Vulnerable Persons' Database.

The Police National Vulnerable Persons' Database, mentioned in the 2012 - 2014 biennial report, is an invaluable resource when it comes to collating data on an individual for whom there is concern. Regardless of where in Scotland the concern is generated, it allows Police Scotland to share all relevant information known to the organisation to appropriate partners.

A national Risk and Concern project was implemented by Police Scotland in August 2014, to ensure consistency in the use of the Vulnerable Persons' Database with robust assessment and sharing of information that complies with information governance. Following a period of scoping to capture best practice, the 'Proof of Concept' stage commenced in February 2016, in North East Division. This stage is ongoing and is subject to evaluation. Police Scotland will continue to review with its partners the effectiveness of the 'Proof of Concept' to enable safe and appropriate sharing of information.

In response to the recognition that financial harm was one of the most often reported

types of harm and to aid the fulfilment of tasks on the Action Plan, a Grampian-wide Financial Harm sub-group was formed in February 2015. The group consists of ASP staff as well as colleagues from Trading Standards, North East Credit Union, Citizens Advice Scotland, Royal Bank of Scotland, the Third Sector and Police Scotland Crime Reduction Officers. The aim of the group is to raise awareness of financial harm through working with both public and private organisations, hosting events, and participating in planned initiatives. Since foundation, the group has held 4 awareness raising sessions and been part of numerous initiatives.

The Financial Harm sub-group will continue to work with both the public and private sector to raise awareness with an emphasis being placed on the financial sector and post offices.

In Moray, an event was held in February 2016 to raise awareness of financial harm and was aimed at professionals working with vulnerable adults. Presentations were given by the Adult Protection Consultant Practitioner, the Office of the Public Guardian, Trading Standards and the Royal Bank of Scotland. These events were well attended and well evaluated.

There are many challenges for Adult Support and Protection across all agencies, one being co-operation from the many financial institutions including post offices, but it is hoped this will improve as more awareness raising continues across Moray.

Scottish Ambulance Service (SAS)

The protection of adults who may be at risk of harm is a key responsibility of the Service and its staff. Standard operating procedures are in place to ensure that staff are well informed and guided through the process of dealing with sometimes significantly challenging situations involving adult support and protection.

The SAS is committed to sharing information and working with partner agencies to promote the wellbeing of adults. It recognises its legal obligations and the responsibilities attached to the care and protection of vulnerable adults.

As part of the service national policy, a Public Protection Consultant provides a quarterly report to a clinical governance team detailing:

- the number of causes of concern;
- summary of actions taken as a result of these concerns; and
- feedback on audit

The service has a national reporting form which includes active links to all adult protection units and is available on the staff intranet. Applicable guidance is also accessible to staff from the electronic patient report form.

Raising staff awareness measures in the service include displaying adult support and protection posters in ambulance stations, and the placing of information literature in every frontline vehicle. Adult protection training has also been introduced to the induction process for all new entrants.

The challenge presented to the service is to maintain and improve the focus on adult

support and protection. The SAS has experienced difficulties in ensuring appropriate attendance at all of the APC meetings across the Grampian area. As a result, the service has now identified named staff individuals at the appropriate level to maximise attendance at these meetings.

Scottish Fire and Rescue Service (SFRS)

During the reporting period, the SFRS Community Action Team in Moray has convened and attended various case conferences. These have been set up after fatal fires and have looked at the cause of the fires and ways that they could have been avoided. SFRS has been provided with leaflets from the ASP unit to distribute throughout the Moray area when attending properties and these are left as part of routine practice. The information gained from these conferences has enabled the Community Action Team to target particularly vulnerable people in the community.

Referrals between partner agencies have increased and high risk Home Fire Safety Visits have shown an increase year on year. Residents of Moray are now more aware of the dangers contained within the home and fire injuries and fire related deaths have continued to decline. The SFRS has also been represented at case conferences giving an overview of the risk the service feels an individual may be in and making appropriate use of the information sharing protocol. There has been an increase in referrals from 2014 – 2016 which may indicate a better understanding of the SFRS responsibility in relation to Adult Support and Protection.

Sharing information in a safe and secure manner with regard to vulnerable people so that all agencies are aware of the particular issues that each face is in part being addressed by the attendance of the SFRS at Moray's weekly community safety 'hub' which is attended by most agencies. It is an opportunity to discuss community concerns and share appropriate information in an attempt to reduce risks to those considered to be most vulnerable in our community

NHS Grampian

NHS Grampian is a key statutory partner and member of the MAPC. Training of staff is an important element of the NHS involvement and to date, the focus has been to raise awareness and improve reporting of Adult Protection concerns by all staff. All recommendations from the national ASP in A&E settings have been delivered in Grampian and ongoing engagement demonstrates this has been sustained since implementation.

NHS Grampian's Learning Management System ensures the mandatory requirement for staff to complete ASP training is automatically pre-populated onto all NHS Grampian staff's e-KSF Personal Development Plans. This occurs when staff commence their employment as part of their induction. This is approximately 250 staff per month. The eKSF Personal Development Plans are also pre-populated three years later to ensure staff refresh their learning. NHS Grampian's eLearning will be reviewed when the national learning outcomes are published to ensure compliance.

The future focus of ASP Learning & Development to support NHS staff requires to be responsive to emerging needs that have recently been identified. This reflects the improved deeper involvement of health staff in ASP cases and the need to improve knowledge and understanding on their role when actively engaged in supporting the

partnership approach required. The ASP pathway and supervision requirements supports managers and staff who are actively involved in complex ASP cases. This is a positive indicator of improved health staff engagement.

NHS Grampian continues to collaborate with The Robert Gordon University in Aberdeen and the Aberdeen University to ensure that the under graduate curricula in Medicine, Nursing, Dietetics, Occupational Therapy, Physiotherapy and Radiography all include adult protection training as part of their mandatory preparation for practice module.

“Inter Professional Education” involving students from Medicine, Social Work, Adult and Mental Health Nursing, Pharmacy, Allied Health Professionals and police officers continues to be an effective way in supporting learning and strengthening understanding of the role of key partners.

To support work in the 3 APC’s in Grampian, NHS Grampian led the development of an ASP Threshold Good Practice Guidelines document. It gives advice on when poor practice becomes a concern that requires Adult Support and Protection procedures to be applied. This has been developed to assist managers in determining whether a concern is an example of poor practice requiring action by the care organisation or if it is of a nature that requires to be reported to Adult Support and Protection. The document relates to all care settings including care and support delivered to the adult at home and managed care settings across health and social care in the statutory, voluntary and private sectors. It gives examples of poor practice which require action by the care organisation and examples of possible harm which must be reported. The guidance given in this document, alongside good practice and professional judgment, has been effective in supported decision making. Evaluation of the guidance at multi-agency events and workshops has highlighted that these guidelines have had a positive role in supporting multiagency staff working in Primary Care (including GPs) and those who manage staff in the wide range of care settings referred to in the guidelines. This support, and learning outcomes from large scale investigations, has also led to strengthened consideration of the role of NHS staff contributing to early identification and intervention to support Care Homes to prevent poor practice concerns becoming subject to Adult Protection investigations or large scale investigation.

NHS Grampian continues to use the incident reporting system DATIX to assist with early identification of ASP concerns. Across NHS Grampian, in the period March 2014 to March 2016 a total of 167 ASP Datix reports were completed by NHS Grampian employees. This represents a 13% increase in referrals compared to April 2012 to March 2014.

On some occasions, monitoring NHS ASP Datix concerns can highlight lack of awareness/knowledge. This is then used as an opportunity for the ASP Learning & Development Lead to highlight the situation and offer a training session to the team. To date this approach has been successful and the offer of support taken up.

Information contained within DATIX reports, with patient, location and staff identifiable information removed, has been incorporated into training as case examples that are local and factual to assist in reinforcing the importance of making awareness and understanding of adult protection everyone’s business.

The quality of DATIX reports has highlighted an ever improving understanding and awareness of ASP across all sectors of NHS Grampian and evidence that NHS staff are reporting a wide range of concerns that include neglect (46); physical harm (59) ; financial harm (15) , sexual harm (9), psychological harm (12) and 2 cases which had multiple types of harm.

Adult Protection DATIX reports are monitored to check appropriate action has been taken. DATIX reports provide evidence that, since the work undertaken as part of the national priority supporting ASP in A&E settings, the hospitals (Aberdeen and Elgin), continue to proactively report Adult Protection concerns.

Examples of Good Practice

- Patient admitted to hospital from home in ambulance via GP with a fall. On admission, ambulance staff informed nursing staff that the patient was incontinent but were unable to clean the patient at home due to lack of equipment and the state of the patient's home. Ambulance staff showed great concern and expressed intent to contact social work staff. The patient required the assistance of 3 members of staff to get cleaned, appearing and claiming to be in considerable amount of pain. Taking account of all of the circumstances, A&E staff reported the matter to ASP staff.
- Patient admitted to hospital from a Care Home after falling and sustaining injury. An X-ray showed a neck of femur fracture. The patient had a diagnosis of dementia and stated that a member of staff in the care home had pushed them, causing the fall. A&E staff reported the circumstances to ASP staff.
- Patient disclosed to NHS staff that his 'carer' had 'violent tendencies'. Small bruise noted under left eye, and when asked how this occurred, stated 'a play fight with his carer got out of hand'. Stated he had wanted to ask his carer - who lived with him - to leave but was afraid to do so, due to his violent tendencies. Also stated that the carer stole food from him. A&E staff reported the circumstances to ASP staff.

Awareness raising among GP's has continued and 29 GP's have attended 4 multi-agency workshops, held across Grampian that focused on keeping older people safe. The programme for the events included presentations highlighting legislative roles and responsibilities; the ASP Threshold Good Practice Guidelines; the work of the Adult Protection Units; the role of the Local Authority Commissioning team; the role of the Care Inspectorate and ASP related consent/capacity issues. The programme was developed to ensure it responded to the recommendations from the Mental Welfare Commission Mr JL Report.

Across Grampian, there is evidence that GPs are reporting ASP concerns. Though GPs are not necessarily always able to attend ASP Case Conferences, it is accepted practice for the GP to submit a report for consideration at the case conference.

The NHS Grampian Speech and Language Therapy staff who support adults with learning disabilities, in collaboration with the ASP Learning & Development Lead, have implemented a training package for service users with additional communication needs called "Keeping yourself safe from harm". The training package enables service providers to deliver a workshop to service users. The aim is to raise awareness of ASP to potential adults at risk of harm in a way that is sustainable, strengthens third

sector partnership working and ownership, and empowers service users to protect themselves. To date, 31 workshops have been held involving 85 service users. The training has been well received by both service providers and service users themselves. The project was shortlisted for an NHS Grampian “GRAFTA” award in the “innovation” category. As well as recognising the work, the award successfully raised awareness and improved understanding of the importance of supporting at risk adults to keep themselves safe.

Advocacy North East (ANE)

Emerging research suggests that individuals who are subject to ASP processes and who have advocacy support are more likely to engage in and contribute to their meetings and that this produces better outcomes for the service user.

With this in mind, Advocacy North East (ANE) have developed an extensive Promotion and Engagement Strategy in which trained and experienced advocates disseminate information on the concept and practice of Independent Advocacy to both general and specific audiences. This also includes the delivery of a presentation of work within the ASP module 2 training which is delivered to a wide range of front line practitioners in the field of Health and Social Care.

As a result of this strategy, ANE have noted a small year on year increase in the number of advocacy referrals received for individuals who were subject to Adult Support and Protection matters. ANE hope that this upward trend will continue as more people recognise the positive benefit that independent advocacy can bring to vulnerable adults.

As a committed partner of the Moray Adult Protection Committee, Advocacy North East have recognised the importance of encouraging and supporting the voice of service users to inform and influence service provision.

With this in mind, ANE have developed an outcome reporting system to enable clients they support in Adult Protection matters to give their views on the service that they have received and how safe they feel as a result.

Ultimately, ANE hope that the implementation and subsequent outcomes arising from this work will enable the opportunity for the voice of the service user to be independently heard and taken into account for the benefit of all stakeholders in the ASP process.

