



Aberdeen APC

Meaningful Engagement with / Involvement of ASP Clients

Strategy

Guidance

Approved by APC:	4 August 2021
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1. Introduction

Many approaches can be used to support the involvement of people who use services: involving users in training professionals, taking a partnership approach, recognising diversity, taking a rights-based approach, developing accessible information and outreach, and offering support, training and capacity building. From: [SCIE Report 47: User involvement in adult safeguarding](#)

The purposes of this document are:

1. to set out Aberdeen Adult Protection Committee's approach to ensuring the voice of service users, their carers and representatives (where relevant) is heard:
 - i) in relation to the experience of adults being supported and protected under the Adult Support & Protection (Scotland) Act 2007 (the Act); and
 - ii) to inform the development of services aimed at supporting and protecting adults at risk of being harmed,in striving to achieve positive outcomes for those impacted.
2. to provide guidance to those working with adults under the Act about ways of engaging meaningfully with adults and their carers.
3. to identify improvement actions to be progressed in order to engage more meaningfully with adults involved in ASP, and their carers.

This document should be considered alongside the Aberdeen City Health and Social Care Partnership's 'Our guidance for public engagement, equalities and human rights'. This is the Partnership's overarching guidance for engagement and is due to go to August 2021 Integration Joint Board for approval. In particular the advice and guidance contained in that document relating to equalities and human rights should be applied to the meaningful engagement in ASP. The guidance includes a range of tools and links which will aid in meaningful engagement.

2. Context

i) Legislation

Section 6 of the Adult Support & Protection (Scotland) Act 2007 stipulates that a council has a "*Duty to consider importance of providing advocacy and other services.* (1) *This section applies where, after making inquiries under section 4, a council considers that it needs to intervene in order to protect an adult at risk from harm.* (2) *Where this section applies, the council must have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned.*"

ii) Aberdeen APC's Approach

The APC's strategic vision for adult support and protection in Aberdeen is:

“Aberdeen City is committed to ensuring an effective, responsive and inclusive approach to the support and protection of adults at risk of harm”.

The APC has resolved to develop a strong focus on engagement and communication across key stakeholders, including with those at risk of harm and their carers, to ensure the effectiveness of local safeguarding practice. One of the functions of Aberdeen APC, as specified in the Committee's Terms of Reference, is: “Engaging with service users, (or their representatives), their carers and wider communities in ensuring their views and needs are considered throughout the process of monitoring and improving services.”

The APC is also committed to ensuring that the national [Health & Social Care Standards](#) are central to the approach taken to support and protect adults referred under ASP legislation.

The APC's focus on ensuring that the user voice is heard is reflected in a number of documents which have been agreed by the Committee.

a) Risk Register

The APC has identified a specific risk:

- The risk of the voice of the Adult and carer not being heard within the adult protection system and their rights not being respected.

b) Action Plan

In addition a number of specific actions have also been identified as part of the APC Action Plan under the following objective:

- The voice of stakeholders is key in the adult support and protection process and service and system improvements are fully inclusive of the voice of the adult and their family/ carer/s.

c) Communications Strategy

The APC's Communications Strategy, which was approved on 13th April 2021, includes the following Objective and Key Message:

- Communication Objective - To listen to the 'voices' of those we seek to support and protect, and their carers, in order to ensure a person-centred approach (focused on equalities and human rights) in line with the national [Health & Social Care Standards](#) and to continue to improve the way we work.
- Key Message - The voice of those we seek to support and protect is key to informing how we work and respond.

iii) Health & Social Care Partnership Carer's Strategy – 'A Life Alongside Caring'

A number of actions in the Partnership's Carer's Strategy relate to engaging effectively with carers. Statement 1.2 in the implementation plan is titled, 'Increase meaningful engagement with carers across Aberdeen City'. Statement 3, 'I am listened to and involved in planning the services and support which the person I care for receives', also includes actions relating to the meaningful involvement of carers.

3. Guidance for those working with adults under ASP

i) The role of Council Officers (COs)

COs seek and record the views of adults at risk of harm throughout the Adult Support and Protection (ASP) process. In addition, in order to meet the specific requirements of the Act, COs are required, at the start of the ASP Investigation, to offer advocacy support to individuals, where the case is to progress to a Case Conference. A 'tick box' at the end of the Stage 2 Investigation form captures this on Carefirst. COs also ask clients if they are willing to be contacted to provide feedback about their experience of ASP once they have exited the process.

Clients and their carers should have the opportunity to provide meaningful input to Case Conferences, even when they are unable or unwilling to attend, or have a proxy acting on their behalf.

Aberdeen City Council is moving to a new 'system' for recording social work case information, and this will encompass 'reminders' and access to relevant guidance for front-line staff, in terms of involving clients and carers, at each stage of the ASP process.

ii) The Role of [Aberdeen Advocacy Service](#) (Advocacy)

The main role of Advocacy in terms of ASP is to provide support in relation to Case Conferences – to establish what the Council Officer wants to know to support planning, help the individual prepare for the Case Conference, and establish what the individual wants from the Case Conference, and support their voice to be heard.

[NB Some individuals will have Advocacy support under MH legislation.]

There are several referral routes for Advocacy support:

- Council Officer email to Advocacy inbox or to known worker, or by phone;
- Advocacy might be working with individual already;
- Referral by individual or loved one.

Once an ASP referral has been received by Advocacy, cases usually go to the Advocacy L&D Worker or the MH Workers, or one general worker. Advocacy have a flyer about the support they can provide to individuals on ASP (Appendix 1), and an 'easy read' leaflet which helps explain the ASP process (Appendix 2). These resources are available to COs to provide to clients and their carers.

Advocacy have an iPad Lending Scheme, to enable clients to link in to Case Conferences in this way. The Advocacy worker will spend time after the Case

Conference, to make sure the individual has understood what has happened, and the outcome, and will keep the case 'open' as long as the issue is live.

Advocacy seek feedback from individuals they are supporting, and their carers, where possible, about the ASP process, using a questionnaire (Appendix 3) aligned with the national Health & Social Care Standards. This might be after the Case Conference, including when the iPad is returned, or the client might be asked if they are happy to be contacted afterwards to seek their views. Feedback is sent to the Adult Protection Unit (APU), either by emailing copies of the completed questionnaire, or by emailing specific feedback.

Advocacy also have a [form on their website](#) which enables individuals and their carers to give feedback about the ASP process at any time.

iii) The Role of the AHSCP Development Officer (Service User and Carer Involvement)

Details of clients who have agreed to be contacted to give feedback at the end of the ASP process are provided to the APU. [NB Process for a regular fortnightly report to APU being instigated.] The APU then passes these details to the Development Officer (SU & CI) who then tries to get in touch with individual to seek their feedback, using the questionnaire at Appendix 3.

This information is then shared with the APC Operational Sub Group and the APU for consideration and action.

iv) Learning & Development relating to meaningful engagement with clients and carers

The Lead Agency's Modular ASP training includes awareness-raising about involving clients in the process, as well as input from Aberdeen Advocacy Service on their role.

Specific training is being developed for Council Officers on this topic, due to be offered from September 2021.

4. Learning from Feedback from clients

When feedback is received from clients, from whichever source, it should be forwarded to the APU Coordinator. A report based on feedback received will be compiled for the next APC Operational Sub Group meeting, including any recommendations for action. The Operational Sub Group will then consider and action these as relevant, reporting to the APC via Sub Group minutes to provide specific updates.

Information / data will also be reported to the APC as part of the regular Performance Framework which is being developed.

5. Improving how we meaningfully engage with and involve ASP clients

The following areas have been identified to be considered as part of improvement work in this area, and are being incorporated into the APC's Improvement Plan:

- Adapt for local use 'Making Safeguarding Personal' Outcomes Framework April 2018
- 'You said We did' approach
- process for ensuring client's voice heard in relation to ICRs / SCRs
- accessible materials providing info about case confs – to prepare and enable to provide views
- user involvement in training
- user involvement in APCs
- user involvement in designing publicity materials
- (ex) user group / forum
- different options for Case Conferences – not 'one size fits all'
- engagement with carers



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How?



What?



Who?

What is Advocacy?

Advocacy helps people speak up when they find it difficult.
Advocacy is independent and not part of the Council or the NHS.
Advocacy works with you.
Advocacy will help you know your rights and options.
Advocacy will make sure people know what you want.

*We are a free
and confidential
service*

How can my advocate help me?

If you are open to Adult Support and Protection we will help you be:

- Respected** – We can help you feel listened to and make sure your voice is heard.
- Safe** – We can let others know what you think about your safety.
- Involved** – We can help you be part of any meetings in a way that is best for you.

Who do I contact? You or someone you trust can

- Call us on:** 01224 332314
- Write to us at:** Advocacy Service Aberdeen, Willowbank House, Willowbank Road, Aberdeen, AB11 6YG
- Email us at:** asa@advocacy.org.uk



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Adult Support and Protection



What is Adult, Support and Protection?

You have the right to be safe.

There is a law that tells the Council to make sure you are safe if people are worried about you.

The Council might need to become involved if they believe 3 things about your situation:

- They believe you find it difficult to look after your safety, health, rights or other interests; and
- They believe you are at risk of harm; and
- They believe you are more likely to be harmed because of a disability, mental illness or physical illness.

People helping you keep safe must:

- Understand that it is important to include you.
- Help you be included in decision making if you want.
- Treat you the same as others in similar circumstances.

All help or decisions about your safety must:

- Benefit you.
- Consider your wishes and your abilities.
- Consider any views of people who know you well and care about you.

What happens when people are worried I am not safe?

Someone from the Council might want to talk to you about your safety. They will be called a **Council Officer**. Your Social Worker or Care Manager might want to talk with you too.

The Council Officer might visit you at home so you can talk with them. They might want to visit places you spend a lot of time at. They can speak to your Doctor and can ask to read information about you. They might ask you to be examined by your Doctor or a Nurse.

What happens if I don't want to talk to people about my safety?

You can **agree to speak** to the Council or be examined by a Doctor or Nurse.

You can **refuse to speak** to the Council or be examined by a Doctor or Nurse.

Some people **find it easy to speak** about their safety. They find this helps them and makes them feel better.

Some people **need help to speak** about their safety. They can feel worried about telling someone.

Some people don't agree with the Council's concerns for their safety and don't think there is anything to worry about.

Whatever your views are on your safety, you have the right to be listened to.

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What will the Council want to know if they talk with me?

They will want to make sure that you are safe and not being harmed. They will want to know how you feel about things. Harm can be done in different ways. It can be:

- Being hit, punched or scratched.
- When something or someone is making you feel scared, nervous or if you are being bullied.
- When someone steals your belongings or money.
- If people are worried you are not looking after yourself or your property.

You can always ask someone else to pass on your views if you want to.

What will happen after I talk with the Council?

The Council might decide that:

You are not at risk of harm and nothing else needs to happen.

Or

You are at risk of harm or are being harmed and this needs to be stopped.

If the Council is worried about your safety there might be meetings to talk about this. These meetings are called **Case Conferences**.



What happens at Case Conferences?

You can decide if you want to go to the meeting. You can have help from someone to go to the meeting.

If you don't want to go you can still tell people how you feel and what you want discussed. You can ask someone else to do this. You or someone else can write a letter telling people at the meeting how you feel. You or someone else can call someone at the meeting and tell them how you feel.

Only people that can help you will be at the meeting. There might be:

- A Chair Person
- Your Social Worker
- A family member
- Your Doctor or Nurse
- A Police Officer
- Your Support Worker
- Your Advocacy Worker

The meeting is private. Someone will talk with you after the meeting to discuss what was spoken about.

What will happen after I talk with the Council?

If someone still isn't safe after help, a Sheriff might decide that a **Protection Order** is needed.

There are **3 Protection Orders**:

1. An Assessment Order

This might be because the Council want to talk with you in private or for you to have a medical examination.

2. A Removal Order

This might be because the Council don't think you are safe where you are staying and want to move you somewhere else. This will only be for a short time.

3. A Banning Order

This would stops people going to places where they could harm someone.

The Sheriff will need to know if you agree with these orders before they are granted.

The Sheriff will need to make sure no one is stopping you saying what you think is best.



How to contact us

Telephone:

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Cornhill Office: 01224 557912

Email:

asa@advocacy.org.uk

Write to:

Advocacy Service Aberdeen

Aberdeen Business Centre

Willowbank Road

Aberdeen

AB11 6YG

Website:

www.advocacy.org.uk

Questionnaire for follow-up feedback

1. Prior to the investigation, did you feel at risk?
2. Did you understand why these meetings were being held?
3. Did you understand what the meetings were hoping to achieve?
4. During the process, did you feel listened to?
5. Did anything change after the meetings?
6. Did you feel safer?