

Adult Support and Protection, Scotland Statistics, 2019/20 – 2021/22

Experimental Statistics



Scottish Government
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Contents

Key Points	3
Section 1. Introduction	5
Section 2. Referrals	5
Referral source breakdown	6
Referral outcomes	7
Section 3. Investigations	7
Age and Gender breakdown.....	8
Ethnicity breakdown.....	8
Main client group breakdown.....	8
Primary type of harm breakdown.....	9
Location of harm breakdown	9
Investigation outcomes	10
Section 4. Case Conferences	10
Section 5. Protection Orders	10
Section 6. Large Scale Investigations	11
Section 7. Comparisons with other data sources	11
The Vulnerable Children’s and Adults collection	12
Comparing with other countries e.g., England and Wales	12
Section 8. Future Plans	12
Section 9. Tell us what you think	13
Section 10. An Experimental Statistics Publication for Scotland	13
Correspondence and enquiries	13
How to access background or source data	13
Complaints and suggestions	13
Crown Copyright	14
Annex 1: Definitions	15

Key Points

- since 2019/20 there has been a 19% increase in the estimated number of referrals for adults at risk of harm. This equates to a population rate of about 8 referrals per 1,000 adults in 2019/20 rising to around 9 per 1,000 adults in 2021/22. COVID-19 may have impacted these trends.
- nationally, there is an estimated upward trend in further adult protection action being undertaken following a referral shown across the three year period for which data is available (rising from 42% in 2019/20 to 51% in 2021/22). COVID-19 may have impacted these trends.

In 2021/22:

- about 57% of investigations commenced were for women and 43% were for men, which equates to 1.4 per 1,000 adults and 1.1 per 1,000 adults respectively. These rates have been consistent over the last few years.
- while around 37% of investigations were for people aged 25-64 and about 18% of investigations were for people aged 85 and over, the population rates for those age groups were 0.7 and 7.5 per 1,000 adults respectively.
- of those subject to an investigation, when both age and gender are considered, women aged 85 and over had the highest population rate (around 8.4 investigations per 1,000 adults) with men aged over 85 having the second highest population rate (around 6.0 investigations per 1,000 adults).
- adults at risk of harm experience a wide range of underlying conditions including substance misuse, mental health problems, learning disabilities, physical disabilities, and infirmity due to old age. “Mental health problem” (19%) and “Infirmity due to age” (18%) were the top primary client categories for people subject to ASP investigations in 2021/22. This is consistent with previous years. There are inconsistencies across local authorities in how client categories are defined, which has a direct impact on the consistency of data received nationally.
- most of the reported harm has consistently occurred in individuals’ own homes. Notably, the percentage of investigations relating to harm in individuals’ ‘Own home’ has increased from an estimated 51% in the two years previously, to 60% in 2021/22. ‘Care homes’ were the second most common location reported with 18% of those subject to investigation having this location of harm.

- physical harm was the most common type of reported harm, accounting for one quarter of those subject to adult protection investigation; the next most frequent type of harm reported was “financial” (19% in 2020/21 and 17% in 2021/22).
- the 2020/21 increase in the estimated proportion of people subject to an investigation related to self-harm was maintained in 2021/22 (11% in 2019/20, 14% in 2020/21 and 14% in 2021/22). There has also been an increase in ‘neglect’ being reported (15% in 2019/20, 14% in 2020/21 and 18% in 2021/22). There are inconsistencies across local authorities in how types of harm are defined, which has a direct impact on the consistency of data received nationally.

Section 1. Introduction

The [Adult Support and Protection \(Scotland\) Act](#) took effect in 2008. The Act gives greater protection to adults at risk of harm or neglect. It defines 'adults at risk' as individuals, aged 16 years or over, who:

- are unable to safeguard themselves, their property, rights or other interests;
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being etc. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more susceptible to harm than others.

ASP data is currently reported to Scottish Government by all local authorities via an annual data return. Due to the wide variation in data reporting by local authorities the data is not sufficiently robust to enable comparisons to be drawn between local authorities therefore data in this release is reported at national level only.

The data reported here relates to contact points the general public have had with ASP services between financial years 2019/20 and 2021/22. The report is split into ten sections and one appendix covering: an introduction; referrals; investigations; case conferences; protection orders; large scale investigations; comparisons with other data sources; future plans; tell us what you think and experimental statistics.

In July 2022, there was an update to the [Adult Support and Protection \(Scotland\) Act 2007: Code of Practice \(July 2022\)](#). The definitions used in this report and accompanying excel tables will not reflect the updated terminology because the data were collected before the changes to the code of practice.

If you, or someone you know, is at risk of harm we would advise contacting your local authority by email or phone and share your concerns – you can do so anonymously. The matter will be dealt with sensitively and confidentially, and support given if needed. You will be able to find details of your local authority on the Getting Help page of the [Act Against Harm](#) website.

Section 2. Referrals

The definition used at the time of this data collection was:

“An Adult Support & Protection (ASP) referral is when an adult has been referred to a Council ASP Team when the adult is known or believed** to be at risk of harm as defined in Part 1 section 3(1) of the [Adult Support & Protection \(Scotland\) Act 2007](#).”

If the referral is made by an organisation or agency, and they have defined the referral as ASP, the referral should be counted. All police referrals marked as relating to vulnerable persons indicating the person may be an adult at risk of harm should be counted and where there are disagreements over the marking then these should be discussed with the police. (**If in any doubt, the adult should be referred to the council)."

In 2021/22 there were an estimated 41,569 ASP referrals in Scotland; this equates to about 9 referrals per 1,000 adult population.

While there has been an increase of around 19% in the estimated number of referrals since 2020/21, this does not necessarily mean there has been an increase in the number of people harmed for the following reasons:

- one person can be referred multiple times by different agencies and an increase in referrals could be more agencies recognising the same person at risk of harm.
- ASP referrals only capture those in contact with ASP services and may not include all adults at risk of harm.
- there may have been an increased awareness on how to make an ASP referral through National ASP Day awareness campaigns and local ASP training and awareness raising.

The number of referrals is an estimated national figure because there is limited consistency between local authorities on their definition of referrals. Some local authorities are known to apply a strict filtering process before recording a referral, while others include a far greater percentage of notifications received in their referral figures. This lack of a clear and consistent definition of what constitutes a 'referral' across the local authorities inevitably raises doubts about the validity of the data connected to this part of this collection. The definition of 'referral' is included in the development of the ASP minimum data set. The ASP minimum dataset will address these inconsistencies and [further information is outlined in the Future Plans section](#) of this report.

Referral source breakdown

Around 28% of referrals came from Police Scotland; around 17% of ASP referrals came from Social Work/Local authority; and around 15% came from NHS/GPs/Scottish Ambulance Service in 2021/22. More referral source breakdowns are available in the supporting excel tables.

Referrals can have multiple sources and the total number of ASP referrals from all referral sources is higher than the number of referrals. One person may also have multiple referrals from different agencies.

Referral outcomes

Actions to protect a person's wellbeing, property or financial affairs can be taken at any stage. A council has a duty make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk and that it might need to intervene in order to protect the person's wellbeing, property of financial affairs.

Based on the categories in this data collection, a referral can have four possible outcomes: further Adult Protection action; further non-Adult Protection action; no further action and not known.

In 2021/22, in the majority (51%) of ASP referrals, further Adult Protection action was undertaken. This has increased since 2019/20; where further Adult Protection action was undertaken in 42% of ASP referrals. More details on the other referral outcomes are available in the accompanying excel tables.

The outcome of a referral may not be known at the time of the data collection as the outcome has not been determined yet.

Section 3. Investigations

The definition of an investigation used at the time of this data collection was:

“An ASP investigation is a formal investigation conducted and recorded by a council officer; to assess the level of any risk and the nature of harm either suffered or anticipated; to decide whether any immediate or urgent action is required to protect the adult; and to recommend whether an adult protection case conference is required. An adult protection investigation will involve relevant professional staff from other agencies and, unless inappropriate, with the adult at risk and their family.”

Each local authority has their own local processes for managing risk. Therefore, the number of investigations is an estimated national figure because there is limited consistency between local authorities. The updated Code of Practice (2022) refers to inquiries with investigative powers; this investigatory activity is in line with sections 7-10 of the ASP Act.

The investigations described in this section do not include Large Scale Investigations and [these are covered in a separate section.](#)

In 2021/22 an estimated 5,656 ASP investigations commenced in Scotland.

Age and Gender breakdown

In 2021/22, about 57% of investigations commenced were for women and 43% were for men which equates to 1.4 per 1,000 adults and 1.1 per 1,000 adults respectively. These rates have been consistent over the last few years.

While around 37% of investigations were for people aged 25-64 and about 18% of investigations were for people aged 85 and over, the population rates for those age groups were 0.7 and 7.5 per 1,000 adults respectively.

When both age and gender are considered, women aged 85 and over had the highest population rate (around 8.4 investigations per 1,000 adults) of those subject to an investigation with men aged over 85 having the second highest population rate (around 6.0 investigations per 1,000 adults).

Ethnicity breakdown

Of those subject to an investigation where the ethnicity was known, around 97% had a ethnic category of “White”, about 1% had an ethnic category of “Asian, Scottish Asian or British Asian” and the other 2% was a mixture of “African, Caribbean, Black, mixed or multiple ethnic groups or other ethnic groups” in 2021/22.

The [2011 census results](#) described the Scottish population as about 96% “White”; 3% “Asian, Scottish Asian or British Asian” and about 1% having a mixture of “African, Caribbean, Black, mixed or multiple ethnic groups or other ethnic groups”.

19% of those subject to an investigation had an ethnic category of “Not Known” so these percentages should be interpreted with caution.

Main client group breakdown

Based on the categories in this data collection, an investigation can be classed into six possible primary client groups: people with dementia; people with mental health problem; people with a learning disability; people with a physical disability; people who have experienced a substance misuse issue; problems arising from infirmity due to age and other.

“Mental health problem” (19%) and “Infirmity due to age” (18%) were the top primary client categories for people subject to ASP investigations in 2021/22. This is consistent with previous years. Other client groups reported are available in the accompanying excel tables.

ASP data recorded by Scotland’s local authorities did not always map directly to that which the data return requested. In 2019/20, five local authorities did not record “Dementia” as a category on their internal systems. Clients with dementia were instead typically assigned the next most relevant category as applicable: “older

people, learning or physical disabilities if they had any, mental health if this was applicable, or other vulnerable people, if none of the other ones applied to the individual.” Given the relatively high populations of the local authorities concerned, it seems likely that the actual national figures for dementia as a primary client group are likely to be higher than those captured by this survey. Since 2019/20 three of the five local authorities have started recording “Dementia” on their internal systems.

Furthermore, this part of the ASP data return is designed to capture only a single main group for each client (although in practice a given individual might fall within multiple client groups). It is clear, however, that some local authorities used systems that do not currently provide any way of distinguishing a single main grouping; instead they include all groups that apply to each client. This can mean a set of values for this category were higher than the actual number of investigations that commenced in the year. For these reasons please use caution when interpreting these figures.

[A list of definitions for each client group category is available in Annex 1.](#)

Primary type of harm breakdown

Physical harm was the most common type of harm reported, accounting for one quarter of those subject to adult protection investigation; the next most frequent type of harm reported was “financial” (19% in 2020/21 and 17% in 2021/22).

The 2020/21 increase in the estimated proportion of people subject to an investigation related to self-harm was maintained in 2021/22 (11% in 2019/20, 14% in 2020/21 and 14% in 2021/22). There has also been a reported increase in ‘neglect’ (15% in 2019/20, 14% in 2020/21 and 18% in 2021/22). Other types of harm reported are available in the accompanying excel tables.

There are inconsistencies across local authorities in how types of harm are defined, which has a direct impact on the consistency of data received nationally.

[A list of definitions for each type of harm category is available in Annex 1.](#)

Location of harm breakdown

Most of the reported harm has consistently occurred in individuals’ own homes. Notably, the percentage of investigations relating to harm in individuals’ ‘Own home’ has increased from an estimated 51%, in the previous 2 years, to 60% in 2021/22. ‘Care homes’ are the second most common location reported with 18% of those subject to investigation in 2021/22. Other locations reported are available in the accompanying excel tables.

Investigation outcomes

Actions to protect a person's wellbeing, property or financial affairs can be taken at any stage. A council has a duty to make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk and that it might need to intervene in order to protect the person's wellbeing, property or financial affairs.

Based on the categories in this data collection, an investigation can have four possible outcomes: further Adult Protection action; further non Adult Protection action; no further action and not known.

In 2021/22, the outcomes of ASP investigations that commenced were: further non-Adult Protection action (37%); further Adult Protection action (28%); no further action (30%) and not known (5%).

The outcome of an investigation may be not known at the time of the data collection as the outcome has not been determined yet.

Section 4. Case Conferences

An ASP case conference refers to the meeting to consider risks to which the adult is exposed and how best they can be protected or enabled to make informed decisions concerning potential risks.

In 2021/22, 4,011 ASP case conferences were held in Scotland. This total is comprised of 1,818 initial, 2,095 review and 98 non-differentiated case conferences.

Section 5. Protection Orders

Protection orders can be granted, at any stage, where sufficient evidence is provided. The following types of protection orders were collected as part of this return:

- assessment orders allow a council officer to take a person to be taken to a more suitable place in order to conduct an interview in private or a medical examination in private.
- removal orders allow the council to remove the adult at risk to a specified place. The purpose of a removal order is to assess the adult's situation and to support and protect them.
- banning orders ban the subject of the order from being in a specified place, or subject to specified conditions, for up to 6 months. These orders will only

be granted where the adult at risk is in danger of being seriously harmed and where banning the subject of the order from a specified place is likely to safeguard the adult's wellbeing and property more effectively than would the removal of the adult at risk. The Sheriff can also attach a power of arrest.

- the Sheriff may grant a temporary banning order, pending determination of an application for a banning order, where the adult at risk is in danger of being seriously harmed and where banning the subject of the order from a specified place is likely to safeguard the adult's wellbeing and property more effectively than would the removal of the adult at risk. The Sheriff can also attach a power of arrest. [Further information can be found in the 'The Adult Support and Protection \(Scotland\) Act 2007'](#).

Temporary banning orders with power of arrest and banning orders with power of arrest were the two most common protection orders used in 2021/22 (38% and 32% respectively). Banning orders made up 13% of the protection orders and assessment, removal and temporary banning order were the remaining 17% of protection orders granted. Temporary banning orders with power of arrest and banning orders with power of arrest being the most common is consistent with previous years.

Section 6. Large Scale Investigations

A large scale investigation may be required where an adult who is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home has been referred as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management, regime, or environment of the establishment or service.

In 2021/22, there were 83 large scale investigations (LSI) in Scotland whereas there were 60 LSIs in 2019/20 and 50 in 2020/21. The coronavirus outbreak may have affected these figures e.g. inspections were paused or reduced during this period and, as a result, issues may have been raised at a later point. An increase in ASP awareness may also have contributed to the increase in LSIs; through National ASP Day awareness campaigns and local ASP training and awareness raising.

Similar to referrals and investigations, the criteria for when a Large Scale Investigation has commenced is defined locally, which has a direct impact on the consistency of data received nationally. Therefore, caution should be used when interpreting these figures.

Section 7. Comparisons with other data sources

The Vulnerable Children's and Adults collection

As part of the response to the COVID-19 pandemic, a Vulnerable Children's and Adults collection was established on a weekly basis which then moved to four weekly. These data are classed as management information and are not Official or National statistics. These data are used to monitor trends relating to vulnerable children and adults in Scotland and [are published on this dashboard](#).

The wording of the ASP questions in the Vulnerable Children's and Adults collection survey is different for ASP referrals, ASP investigations and ASP case conferences to this collection. The reason for the difference was to enable timely reporting, especially at the beginning of the COVID-19 pandemic. Due to differences in data and reporting, it is advised that these figures are not compared.

Comparing with other countries e.g., England and Wales

Given the data quality issues highlighted in this report and excel tables, it is not advised to compare these figures, even in a population rate format, with other countries.

As well as this, the legislative frameworks for safeguarding adults are different in other countries e.g., [Social Services and Well-being \(Wales\) Act 2014](#) and the [Care Act 2014 \(England\)](#).

Section 8. Future Plans

The current annual data is being reviewed and the development of an ASP minimum dataset is being taken forward by [The Institute for Research and Innovation in Social Services \(IRISS\)](#). The aim is to have a shared understanding of information to generate more robust, meaningful and comparable data. The revised ASP minimum dataset includes the terminology changes from the [Code of Practice update](#) and is currently being tested, and rolled out, across Scotland. Once fully implemented the ASP minimum data set will replace the annual data returns. The revised ASP minimum dataset will provide a clearer picture of Adult Support and Protection in Scotland.

IRISS also produced a report ['Adult Support and Protection – Everyone's Business'](#) which aims to raise awareness of ASP and its important role and contribution in keeping 'adults at risk' safe. The report draws on a wide range of evidence, including national data from this report, which highlights key issues to consider when supporting and protecting adults at risk of harm and live issues going forward in a changing environment, with future implications for the sector. The report was published on the IRISS website on the same date as the ASP data stats release, Tuesday 9 May 2023.

Section 9. Tell us what you think

We are always interested to hear from our users about how our statistics are used, and how they can be improved.

Please consider answering our short [feedback survey](#) on how you found this publication.

Section 10. An Experimental Statistics Publication for Scotland

This is the first publication of the annual Adult Support and Protection data. This data is still being developed; therefore, the statistics shown here have been published as Experimental Statistics.

Experimental statistics are a subset of newly developed or innovative official statistics undergoing evaluation. They are published to involve users and stakeholders in the assessment of their suitability and quality at an early stage.

Further information on experimental statistics is published by the [Office for Statistics Regulation](#).

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How to access background or source data

The data collected for this publication are available in through our website.

Complaints and suggestions

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Definitions

Here are the definitions for the main client group categories:

1. Dementia - Global deterioration of intellectual functioning. Normally a progressive condition resulting in cognitive impairment ranging from some memory loss and confusion to complete dependence on others for all aspects of personal care. Exclude confusion due to other causes e.g. medicines, severe depression.
2. Mental health problem - Mental health problems are characterised by one or more symptoms including: disturbance of mood (e.g. depression, anxiety), delusions, hallucinations, disorder of thought, sustained or repeated irrational behaviour.
 - a. Include: persons assessed as having mental health problems whether or not the symptoms are being controlled by medical treatment.
 - b. Exclude: alcohol or drug related problems; dementia.
3. Learning disability - A significant, lifelong condition which has three facets: Significant impairment of intellectual functioning resulting in a reduced ability to understand new or complex information; and
 - a. significant impairment of adaptive/social functioning resulting in a reduced ability to cope independently; and
 - b. which started before adulthood (before the age of 18) with a lasting effect on the individual's development.
4. Physical disability - Physical disabilities have many causes in chronic illness, accidents, and impaired function of the nervous system, which, in particular physical or social environments, result in long term difficulties in mobility, hand function, personal care, other physical activities, communication, and participation.
 - a. Include: visual impairment (blindness or partial sightedness – unless problems resolved by spectacles or contact lenses), hearing impairment (profound or partial deafness and other difficulties in hearing – unless problems resolved by a hearing aid), severe epilepsy; limb loss; severe arthritis; diseases of the circulatory system (including heart disease); diseases of the central nervous system (e.g. strokes, multiple sclerosis, cerebral palsy, spina bifida and paraplegia).
 - b. Exclude: acquired brain injury – these clients should be classified under 'other'. Problems arising from infirmity due to age – these clients should be recorded in the separate category.
5. Substance misuse - any person who experiences social, psychological, physical, or legal problems related to intoxication and/or regular excessive

consumption and/or dependence as a consequence of his/her use of alcohol or drugs or chemical substances.

6. Problems arising from infirmity due to age.
7. Other - Clients should be included in this client group if they do not fall under the other categories for example:
 - a. Clients with HIV/AIDS.
 - b. Clients with an acquired brain injury.
 - c. Clients with multiple disabilities acquired after birth arising from damage to the brain through head injury, stroke, lack of oxygen, infection, or other causes. People with an acquired brain injury usually have a complex mixture of physical, cognitive, emotional, and behavioural, disorders or difficulties. This may affect how the person perceives the world and their abilities to remember, concentrate, reason and judge. The person's emotional state may be disturbed; personality, behaviour, communication and relationships are also frequently altered. Mobility, sensation, vision, hearing and balance, smell and taste, respiration, heartbeat, and bowel and bladder control may also be affected.

Here are the definitions for the main types of harm categories:

Physical harm - slapping, punching, biting, hitting, shaking and kicking are all forms of physical harm.

Psychological harm - Psychological harm by causing fear, alarm or distress; includes being humiliated, intimidated, shouted at, threatened, bullied or constantly criticised.

Neglect - Neglect involves denying medical or physical care, access to a doctor or other services. It could be denying someone medication, food or heating, privacy or dignity. It also includes self-neglect.

Financial harm - Unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion). It can involve exploitation of property or welfare benefits or stopping someone getting their money or possessions, stealing, cheating or fraud. Being under pressure to re-write a will. Financial harm can lead to someone feeling under pressure to hand over money or possessions.

Sexual harm - Sexual harm includes any sexual activity that a person doesn't feel comfortable with, want or understand ([source of definition](#)).

Self harm - Self harm (also known as self injury or self mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self neglect.