**South Lanarkshire Adult Protection Committee**



**SMART Outcomes in Adult Protection**

**November 2024**

[**www.adultprotectionsouthlanarkshire.org.uk**](http://www.adultprotectionsouthlanarkshire.org.uk)

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**Introduction**

South Lanarkshire Adult Protection Committee (SLAPC) supports practitioners and managers across the multi-agency workforce including Police, Social Work, Health, Housing and Voluntary Organisations in supporting and protecting adults at risk of harm.

The focus of this guidance is to encourage practitioners to work and think **SMART** and be able to evidence improved outcomes for adults at risk of harm in South Lanarkshire within the Adults’ Protection Plan (AP3) (Appendix 1).

**Adult Support and Protection (Context)**

The [**Adult Support and Protection (Scotland) Act 2007**](https://www.legislation.gov.uk/asp/2007/10/contents) provides the legislative framework for Adult Support and Protection in Scotland. The Act 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 Act states that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

In addition, the Act states that those undertaking adult support and protection work should have regard for:

* The wishes and feelings of the adult at risk (past and present);
* The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
* The importance of the adult taking an active part in the performance of the function under the Act;
* Providing the adult with the relevant information and support to enable them to participate as fully as possible;
* The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
* The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

There is a [**Code of Practice for the Act**](https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/) (updated in 2022) that provides guidance about the performance of functions by councils, their officers, and other professionals under the Act:

[Adult Support and Protection (Scotland) Act 2007: Code of Practice](https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/)

**Adult Protection Plan (AP3)**

The Adult Protection Plan (AP3) is used when allegations of harm have been made and an Adult Support and Protection Case Conference has agreed that there is a risk of serious harm; or when high levels of risk cannot be managed within a generic support plan.

At the end of the case conference, the Social Work Fieldwork Manager (Chairperson) summarises the discussions and information – bringing together the identified risks, protective factors, strengths, and preferences of the adult at risk.

The aim is to establish if:

* the adult is at risk of harm and agree a plan about what type of support and protection is required to safeguard the adult.
* Whether the adult requires emergency protection.

A decision may be made to implement an Adult Protection Plan. The plan sets out what needs to be done to support the adult to minimise the risk of further harm. Professionals will develop the plan in partnership with the adult / carer (where appropriate) and will remain in place until the risk is reduced.

An Adult Protection Plan is based on the discussion and decisions made at the case conference and should cover:

* Arrangements and supports already in place
* Risk assessment
* Adults, carers and agencies roles and responsibilities
* SMART actions to mitigate the identified risk
* SMART timescales
* Legal steps to be taken to protect the adult. This is called a protection order and there are different types – an assessment order, removal order or banning order
* Contingency Plan

An Adult Protection Plan would normally be put in place with the adult’s consent and cooperation. However, it is possible to consider proactive actions without the express consent of the adult. It is recognised however that this may have limited success, as person centred planning and engagement leads to better outcomes. Attempts to engage the adult in the protection planning process should be prioritised, with consideration given to the communication needs of the adult, possible barriers to engagement and the potential impact of trauma.

It is important that agencies understand their statutory duties and responsibilities under the Act and communicate, co-operate and share relevant and proportionate information to help inform risk assessment and risk management. Protection planning is a shared responsibility, with agencies involved in the planning, implementation, monitoring and review of all plans.

For adults already in receipt of a support plan, amendments may be made to the plan aimed at reducing risks identified in a risk assessment (AP2). In this case the support plan should be referred to as the protection plan and the appropriate paperwork completed (AP3).

**Outcomes in Adult Protection Planning**

The protection plan should reflect the risks identified in the formal risk assessment (AP2) and should include:

• decisions

• timescales for actions

 • roles and responsibilities of each agency/staff member involved

• what supports may be required to protect the adult

• whether a protection order is required

• a contingency plan should the protection arrangements break down

• the contribution of the adult (and/or their family) to protecting themselves

Crucially, the protection plan should always consider the desired outcomes for the adult.

**Outcomes**

Outcomes refer to the **impact** support has on a person’s life and not the **outputs** of services, i.e., outcomes are the answer to the question: so, what difference does it make?

Focusing on the outcomes is important to the adult’s needs and underpins the principle of personalised support.

An outcomes focused approach:

* Supports practitioners to be clear about the purpose of the intervention, and to specify how long intervention should take.
* Enables greater clarity about what will make a difference in the person’s life
* Gives the adult a voice in saying what is important to them in their lives
* Helps to clarify the responsibilities of those involved including the adult, carers and staff
* Maximises a solution-focused approach to practice which recognises strengths and resources
* Maximises the involvement and participation of the person using support in shaping the nature of the support offered and his / her part in the plan
* Maximises the potential contribution of natural, community based supports
* Facilitates conversations about what is possible and supports creative thinking
* Creates opportunities for culture change from processes and procedures to impact and value

Research states that person-centred planning involves taking the person’s aspirations, preferences and opinions as a starting point and mobilising the person’s family and friends (Symonds et al., 2020). It’s about not starting with available services or options, and then trying to fit someone into them.

**SMART Practice in Adult Protection**

As part of the planning process to improve outcomes, practitioners and managers should always work **SMART** and this approach should be reflected within protection plans:

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| **SPECIFIC** | Target a specific area for improvement  | * What exactly are we going to do? With or for whom?
* Who is responsible for each action? (be specific i.e. the professionals name)
* What is the actual outcome you want to achieve for the adult? This must be well defined and clear from the outset.
* Ask yourself: At the end of the planned activities, what will have changed for the adult?
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| **MEASURABLE** | Quantify or at least suggest an indicator of progress.  | * How will you know when the outcome has been achieved?
* How will you measure progress towards the outcome?
* For example: Through self reporting, observation of behaviour, feedback or discussion?
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| **ACHIEVABLE** | Be able to specify who will do it. | * Can we realistically get this done in the timeframe? Are resources achievable to do meet this outcome?
* If not, how can I overcome this?
* Outcomes must be achievable and not be beyond the adult, family or service capability.
* Actions can be broken down into smaller actions / tasks in order to support the meeting of the actual outcome.
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| **REALISTIC** | State what results can realistically be achieved, with available resources | * Is the outcome relevant to the adult and proportionate? Is it really within reach and possible?
* Is the outcome time-limited
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| **TIME LIMITED** | Specify when the result(s) can be achieved | * By when do we want to achieve change?
* Set specific timescales for each stage and don’t worry if your initial time frame is not met, you can extend it if necessary.
* **Avoid** the use of ‘”ongoing” in all records. This can lead to drift and we can lose sight of intended goals.
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One of the benefits of using **SMART** principles in protection planning is that it has the potential to make expectations much clearer for all concerned. In situations of adult protection, it can help adults, carers and other family members to understand what they need to do and by when. In situations of multi-agency working, it can help professionals from all agencies to understand their own and other agency’s responsibilities.

**The Views of the Adult**

Practitioners and managers across the multi-agency workforce must listen carefully to what adults, their families and partners have to say. Identifying the outcomes important to the adult is a crucial first step.

Listening is a key part of ‘professional curiosity’ and a vital skill in adult protection, it means that you question and challenge the information you receive, identify concerns, and make connections to enable a greater understanding of a person’s situation (Thacker, Anka & Penhale, 2020). Professional curiosity is about having an interest in a person’s story, remaining open-minded, and being prepared to have difficult conversations.

Those working in Adult Support and Protection should:

* Know how to keep a conversation going
* Use listening skills to check understanding
* Be able to organise a conversation
* Use non-verbal communication appropriately, such as facial expressions and body language
* Ask questions
* Understand cultural differences and how they might impact communication
* Understand how disability and physical and mental health conditions might impact communication (Skills For Care, 2018)

**Support Services**

Section 6 of the Adult Support and Protection (Scotland) Act 2007, places a duty on the Council to consider the provision of appropriate services, including independent advocacy, if there is a need to intervene in order to protect an adult at risk of harm.

Independent advocacy is provided by specialist organisations, and they aim to help people by supporting them to express their own needs, wishes and make informed decisions. Advocacy supports adults to access information, explore and understand the options available to them, and to participate more fully in the Adult Protection processes.

**Appendix 1**

**Protection Plan AP3**

The Protection Plan should be distributed within two working days of an Adult Protection Case Conference.

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| --- | --- | --- |
| **Date of Protection Plan:**  |  |  |
|  |  |
| **Personal details: Adult at Risk** |  |
| First names: |  | Surname: |  |
| Date of birth: |  |  |  |
| Council Officer: |  |  |  |
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| --- | --- | --- | --- |
| **Decisions****(what)** | **Desired outcomes****(how)** | **Person/agency responsible****(who)** | **Timescale****(when)** |
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 **Contingency plan**

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| **Significant changes suggestive of additional risk/harm** | **Action if significant change occurs** | **Responsibility** |
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