

NATIONAL ADULT SUPPORT AND PROTECTION RESOURCE

Good Practice for Gathering Feedback from Adults in Adult Support and Protection Processes

Developed by:

The National ASP Implementation Group

User Voice subgroup

Endorsed:

This national ASP Resource was formally endorsed by the National ASP Strategic Forum on 18/09/25

Development of this Resource:

In August 2022 the National Implementation Group and its Subgroups were set up to assist Adult Protection Committees with the implementation of changes to policy and practice that may be required as a result of the introduction of the Revised ASP Code of Practice, which was published in July 2022.

The Intended audience for this specific resource has been specified as:

This guidance is aimed at Adult Support and Protection Committees, organisational strategic leads and all workers involved in supporting adults at risk of harm.

The proposed review date of this Resource is intended to be no later than March 2028. This will generally be three years from the date of introduction, though this can be amended if required.

The responsibility for overseeing reviews and revisions of this resource currently lies with the National ASP Implementation Group. However, in future, should that Group have ceased to operate, this responsibility will move to the National Adult Support and Protection Coordinator, who will call upon appropriate support and assistance – consulting with relevant parties.

Contents

Introduction	3
What is the purpose of this guidance?	3
How was the guidance developed?	4
What does the guidance cover?	4
Feedback Questionnaires	6
General considerations	6
When could a feedback survey be used?	6
How could a survey be conducted?	7
Example Questions for adults at risk	7
Illustrative questions for carers	8
Lived Experience Groups	11
General	11
Membership	12
Examples of involvement	12
Key considerations	13
Feedback from Practitioners	14
General	14
Examples of survey questions	14
Information Sharing	16
Appendix 1	17
Example wording for Invitation to join Lived Experience Group	
Appendix 2	18
Linking with the Quality Improvement Framework	

Good Practice for Gathering Feedback from Adults in Adult Support and Protection Processes

Introduction

The Code of Practice emphasises the principle of ensuring that full regard is given to the wishes and feelings of the adult, and the principle of the adult participating as fully as possible in all aspects of the adult protection process.

([Code of Practice for Adult Support & Protection](#) July 2022 – see Chapter 4 for full details about Adult Participation).

What is the purpose of this Guidance?

For partnerships to provide assurance of best practice to adults at risk of harm and their nearest relatives and carers, it is crucial that they can reflect on their practice and processes.

To establish accurate understanding of what works best and support meaningful change it is crucial that adults at risk and their significant others are enabled to provide feedback on their experience throughout the Adult Support and Protection process.

This document offers good practice guidance to support Partnerships in developing systems for gathering feedback from adults at risk and their significant others on their experience of being involved in Adult Support and Protection. This includes making meaningful changes to ensure that best practice is provided for adults being supported and protected under the [Adult Support & Protection \(Scotland\) Act 2007](#), and [Adult Support and Protection \(Scotland\) Act 2007: Code of Practice \(www.gov.scot\)](#).

The principles of the Adult Support and Protection (Scotland) Act 2007 emphasise the need for participation with adults at risk. Ensuring that the views of the adult at risk, their nearest relative, carer, appointed legal proxy and any other known person known to have an interest in the adult's wellbeing and property are being heard and considered throughout any Adult Support and Protection process.

Each partnership should have systems in place to engage and consult with people to ensure that they are supported to engage with the Adult Support and Protection processes and services and demonstrate how this has ongoing influence on improvement planning, for relevant APC processes.

This may include a range of tools to support agreed processes, timing and assurance, for example:

- A range of tools to support practice

- The timing of when views are sought is also an important consideration.
- A multi agency Service User Engagement Group / Stakeholder Engagement Sub Committee of the Adult Protection Committee could be considered, to look at this as part of its remit.

How was this Guidance developed?

This guidance was developed by representatives from a range of agencies and services who participated in the work of the 'User Voice' Subgroup of the national Code of Practice Implementation Group which was set up to implement the revised Adult Support and Protection Code of Practice (2022).

The guidance draws upon existing practice already taking place across Scotland, which was collated via a feedback survey to all Adult Protection Committee areas.

Prior to publication, views and feedback about the draft guidance were sought from a range of stakeholders.

What does the Guidance cover?

The guidance starts with an overview of the principles underpinning working with individuals being supported and protected under the Adult Support & Protection (Scotland) Act 2007, alongside the six principles of trauma-informed practice. The Guidance considers the challenges and barriers which may impact on an adult's participation and willingness to give feedback, followed by practical steps to facilitate positive and meaningful involvement and engagement.

When considering seeking my feedback



...put yourself in my shoes!

Common abbreviations used in this guidance

APC Adult Protection Committee

ASP Adult Support and Protection

Feedback Questionnaires - for adults at risk and carers

General Considerations

Adult Protection Committees will want to consider the accessibility of their feedback questionnaires. Different formats may be required to make it as easy as possible for all adults to provide their views if they wish to. Examples include manual forms including pictorial versions provided by a worker of a partner agency; SMART (Specific, Measurable, Achievable, Realistic and Timebound) / online surveys, which could be accessed via emailed/texted links and QR Codes or made publicly available on the Adult Protection Committee's or Advocacy service's website. Regardless of the format or completion method, all surveys will need to be returned to a central point for analysis and reporting.

Survey questions will need to be designed to take account of the adult's experience and be in plain English (Plain English Campaign Guides can be found [here](#)) so they can be easily understood and translated using other communication systems.

If the adult wishes or needs support to provide feedback, they should be able to make choices about who provides that support, when and where it is provided, etc.

To assure the Adult Protection Committee that the scheme is operating effectively, it will be necessary to record on social work or other relevant systems that every adult (or their proxy) has been asked to provide feedback. It will also be helpful to record if the adult has agreed or declined to provide feedback.

Adult Protection Committees will want to consider the merits of canvassing the views of carers and professionals as part of their feedback scheme and consider the content and format of surveys for carers and professionals (**Section 3**).

A clear and robust implementation and monitoring plan will be required, to inform staff of the scheme and their responsibilities to promote it to adults and carers, provide support where appropriate and also to provide their own feedback where this is included in the scheme.

When might a feedback survey be used?

The scheme should be set up to allow the adult to have maximum choice and control over how and when to provide feedback, as well as what feedback they want to give.

Ideally adults should be asked for feedback during or at the end of their involvement in ASP activity. This is because evidence has shown that seeking feedback at a distance from the original ASP episode carries the risk of re-traumatising the adult. Alternatively, a designated worker of a partner agency (e.g. Council Officers, Advocacy workers) could canvas the adult/carer to find out if they would be willing to be contacted for their views some months after the end of their involvement in ASP.

If feedback is sought during the ASP process, it could initially be invited from the adult in the lead up to the first multi-agency meeting, and then at three monthly intervals until the

ASP plan is stood down. The adult should have the option to provide feedback at any point of the process and on a repeat basis if they wish to do so. They also have the right to change their mind about providing feedback at any point in the process and this should be made clear to them.

How might a survey be conducted?

Where the adult does not want to access the questionnaire directly themselves, the survey questions could be discussed with the adult during an in-person meeting. The supporting professional would then be responsible for inputting the adult's feedback into the paper form or online survey.

Although it may generally be presumed that an Advocacy worker (if involved) or the Council Officer undertakes this task, it may be that the adult will be more comfortable with the support of a family member, friend or other worker.

The Council Officer would generally be responsible for ensuring this conversation took place and recording the adult's choice. Alternatively, if feedback is to be sought after the ASP Case Conference or ASP Case conference Review, the Chair could ensure there is a discussion during the meeting to identify if the adult wishes support and who the adult wishes or is best placed to undertake this task with the adult. This discussion would be included in the minute of the meeting and could be included as a prompt in any relevant template.

Sample Questions for adults at risk

Suggested introductory wording:

Thank you for agreeing to complete this service user feedback form. It is very important that we listen to what you have to say about your experience of Adult Support and Protection (ASP). What you tell us will be confidential and will be used to train staff and improve our services.

Illustrative questions (these have been drawn from questionnaires in use in local areas and were devised in close conjunction with people with lived experience, and should be adapted to suit a person's understanding and communication needs as appropriate):

- Did we explain clearly to you the reasons for the ASP referral and the concerns about your situation?
- Was it made clear to you during the process that you had a choice about whether or not to answer questions?
- Did we advise, or were you advised, that advocacy services were available to you? For example, that you could have someone independent to help you understand the ASP process and attend meetings with you?

- Were you given any written/accessible information to help explain our involvement? For example, was a “What is Adult Support and Protection?” leaflet/digital/audio version given to you?
- Were you encouraged to give your view on the concerns?
- Were you encouraged to give your view about how you wanted the concerns to be resolved?
- If you attended an ASP Case Conference, were you given the opportunity to give your views?
- Were you given the choice of how to attend the meeting? For example, in person, on-line or by being represented by an advocacy worker?
- Were you given the choice of where the meeting would take place?
- Was the Case Conference explained to you before the meeting? For example, did we explain what would happen and who would be there?
- Were you given any written/accessible information about the Case Conference? For example, a leaflet/digital/audio explaining “Case Conference – What to expect”?
- Did you feel listened to during our involvement?
- Do you feel you have benefitted from the ASP input and why? For example, do you feel safer now or have more support?
- Do you have any suggestions on how we could improve the ASP process from your point of view?
- Is there anything else you would like to tell us?

NB The final open question has been found to be very effective in soliciting further feedback from interviewees.

Illustrative Questions for all Carers:

- Did we explain the reasons for the ASP referral to you and the person you care for?
- Did we explain the role of advocacy services to you and the person you care for?
- Were you given any written/accessible information to help explain our involvement? For example, was a “What is Adult Support and Protection?” leaflet/digital/audio version shared with you and the person you care for?

- Were you encouraged to give your view as the care partner on the ASP concerns raised?
- Were you encouraged to give your view how you wanted the concerns to be resolved?
- Were you recognised clearly as a care partner during the ASP process?
- Were your needs as a care partner clearly considered? For example, have you been offered a Carers Support Plan?
- If you are a partner in care under the age of 18, do you have a Young Carers Statement in place?
- If you attended an ASP Case Conference, were you given the opportunity to give your views as a care partner?
- Were you and the adult you care for given the choice of how to attend the meeting? For example, in person, on-line or by being represented by an advocacy worker?
- Were you and the adult you care for given the choice of where the meeting would be held?
- Was the Case Conference explained to you and the person you care for before the meeting? For example, did we explain what would happen and who would be there?
- Were you and the person you care for, given any written/accessible information about the Case Conference? For example, a leaflet/digital/audio explaining “Case Conference – What to expect”?
- Did you feel listened to during our involvement including any meetings you may have attended?
- Do you feel you and/or the person you care for have benefitted from the ASP input and why?
- Do you have any suggestions on how we could improve the ASP process from a care partner point of view?

- Please can you tell us if you hold any proxy powers e.g. Power of Attorney, Guardianship?
- Is there anything else you would like to tell us?

Lived Experience Groups

General considerations

A Lived Experience Group is one way of effecting meaningful engagement with those who are best placed to inform how we deliver and improve our services. This could operate as a sub-group of an APC, so that there is a direct two-way line of communication between the two. One-off Lived Experience Focus Groups are another option. Convening a Lived Experience Group or Forum will require a flexible approach and continual consideration of the needs and perspectives of those involved.

In practical terms, whichever approach is taken, it will be helpful to consider the following:

- **How the Group will be organised and facilitated** (taking a trauma-informed approach) - by appropriately qualified and trained personnel. This could be an independent advocacy service – potentially as part of the commissioned service specification. Support for those involved, by social work professionals / care providers, could be considered. The needs of 'informal' carers supporting an adult will also need to be considered. This could include the development of a Terms of Reference (or basic information sheet) etc for each group or activity - to ensure everyone is clear about the type of involvement the Group members are being asked to commit themselves to.
- **What preparatory activities need to be undertaken**, e.g., how individual members will be supported to be involved (in terms of information provided about the group and what is involved, what ASP is all about), communication and accessibility needs, etc.
- **Format / venue of meetings** – this should be appropriate to meet the needs, and facilitate the attendance of, those involved, e.g. advocacy office, community centre (or virtually, if preferred?). Timings, length and frequency of meeting should also be considered, to best work for those involved.
- **How the (two-way) flow of information will take place between APC and the Lived Experience Group**, including how the Group will be represented at APC meetings. It may be helpful for the APC Convener or other APC members to attend the Group periodically, to support, and to hear messages directly.
- **How information will be shared with members of the group** – use of USB sticks could be considered, so that personal emails are not shared inappropriately.
- **Remuneration or reimbursement of expenses**, e.g. for travel to meetings of the group.

Example wording for an invitation to join a Lived Experience Group can be found at **Appendix 1**

Membership

A Lived Experience Group could involve:

- Individuals who have current or past experience of being supported / protected under Adult Support and Protection;
- Carers of those who have / had such experience;
- Representatives from groups of people that have experience of being an 'adult at risk' or carer;
- Representatives from groups which 'campaign' on behalf of 'adults at risk' and carers.

It may be helpful to 'refresh' / seek additional membership periodically, to gain different perspectives.

Examples of involvement

A Lived Experience Group might contribute to informing the work of the APC in a number of ways, including:

- Consideration of, and proactive contribution of items for, APC agendas;
- Involvement in the commissioning of advocacy-led audits to seek the views of 'adults at risk' who have participated within ASP processes, (and carers);
- Helping to design resources for use by 'adult at risk', professionals and wider public;
- Participation in videos to raise awareness, about ASP in general, the experience of involvement in Case Conferences, etc;
- Contributing to delivery of training for professionals on the perspective of adults at risk;
- Involvement in staff recruitment;
- Participation in focus groups led by the Care Inspectorate as part of inspection activity;
- Participation in APC (or wider public protection) Strategic Development Sessions – e.g. to inform refresh of improvement plans.

Key Considerations

Issues which may be experienced in the organisation of such a group may include:

- Attracting and recruiting adults who are willing to participate. It is however worth bearing in mind that even groups with low numbers of members can prove extremely informative
- Individuals may not (be able to) attend meetings (for various reasons), on the day, even with prior support planning.
- Risk of re-traumatisation of those involved.
- Risk of adult/s 'over-sharing' ("telling their own story").

Feedback from Practitioners

General

This is an area of practice that is developing across partnerships and feedback received reflected this. The range of activities & tools in place to date include: -

- Practitioner focus groups - aligned to learning & development agenda or other specific topics or research.
- Staff survey (based on Care Inspectorate's staff survey questions, with local 'tweaks' / additions)
- Request feedback at staff practitioner forums / staff briefing events on themed "spotlight" topics.
- Request Council Officers complete a questionnaire following each investigation they complete.
- Request feedback from other multi -agency practitioners/partners e.g., questionnaires for completion at first and final ASP Case Conferences to review quality of Case Conferences. This feedback is considered by Learning & Development practitioners to review Adult Support & Protection Procedures and to inform training focus.
- Regular consultation session as part of annual Public Protection / ASP Conference
- Multi-partnership Service User Engagement Group developed to design, launch, and review *all* engagement activity.

Sample Questions

- Please tell us who your employer is.
- Did you make an Adult Protection referral to Social Work? Please comment on the process if you did.
- Do you feel that services share information effectively and that you are appropriately involved in any decisions about the action needed to manage the risks for the adult?
- Do you think the support and protection measures put in place are/were effective?
- Did you understand what was expected of you when attending the Case Conference -
If you answered 'No', please tell us why.

- ☐ I was asked to attend last minute.
 - ☐ I did not feel I was the right person to be there.
 - ☐ There was not enough information with the invite.
 - ☐ I didn't feel prepared by my agency.
 - ☐ Other
- Did you think the right people were at the meeting?
 - During the process, did you feel the Chair gave you the opportunity to participate appropriately within the Case Conference?
 - If in attendance, was the Adult / Legal Proxy given the opportunity to participate appropriately within the Case Conference?
 - If the adult / legal proxy didn't attend, was it clear that their views had been gained prior to the meeting?
 - Where the Adults / Legal Proxy's didn't attend, were their views kept central throughout the meeting?
 - Following the meeting, were you clear about your actions and responsibilities as part of the Support & Protection plan?
 - Do you think being part of the Adult Support & Protection process has benefitted the Adult?
 - Please tell us about anything you thought was good and anything that could have been better.
 - If the adult or carer has provided you with any views on the ASP process and the action services have taken, please tell us what they said.

Information Sharing

Adult Protection Committees seeking feedback on ASP activity and its impact on the adult should consider any data protection impacts of the scheme they have or wish to set up. For example,

- Are the individual's data rights fully considered and explained where a range of different methods are used to gather feedback, including third party commissioning arrangements, involvement/focus groups, digital (online) forms and so on.
- Does the organisation's existing privacy statement make it clear to adults and carers that their personal information may be shared with other organisations for e.g. statistical, research and evaluation purposes?
- Do partner organisations' existing information-sharing protocols include reference to sharing sensitive personal information for service improvement purposes?
- Where adults, carers and professionals share sensitive personal information through independent feedback pathways to an organisation on behalf of the Adult Protection Committee, this information may then be stored separately from the adult's main case record. How secure is the separate pathway and storage arrangements? Who will be able to access this information? How long will it be retained for?
- In some circumstances it may be necessary to undertake or update an existing Data Protection Impact Assessment and the lead partner agency may wish to clarify this with their Data Protection Officer.

APPENDIX 1

Example Wording for Invitation to join a Lived Experience Group

(Thanks to East Renfrewshire Adult Protection Committee)

[insert name of APC / Partnership] are looking to improve our Adult Support & Protection arrangements. You may be aware of these processes in relation to possible harm caused to you, or someone you have a relationship with. You may also be someone who has supported another individual through the process, or may be a member of the public who wishes to share their thoughts.

We feel it is important that your experience and views of the process are taken seriously and by sharing them it can help improve how things are done in the future.

If you would like to get involved, and share your experience, we would love to hear from you. You don't need specific skills or experience to be part of our lived experience group, with your key contribution being your personal experience. Your involvement is voluntary and your answers are completely confidential, and any comments made will remain anonymous.

[insert as relevant:

- *For more information, or to register your interest, please contact ...*
- *The group will meet at / date etc ...]*

APPENDIX 2

Linking with the Quality Improvement Framework

Quality Indicators 3.2, 5.2, 5.3, 6a.1, 7.4

Section two of the Adult Support and Protection (Scotland) Act 2007 states the principle that, interventions should have regard to, “the adult’s ascertainable wishes and feelings (past and present)”. Adult protection [partnerships](#), hereafter referred to as partnerships, should strive to fulfil this duty by including and involving the adult at risk of harm at all stages of their adult support and protection journey. They should do this by:



Quality Indicators 3.2, 6a.1, 7.4

Finding out adults at risk of harm's views and experience of adult support and protection – their individual adult support and protection journey

There are two strands to this matter:

- Finding out from the adult at risk of harm – at the end of their adult support and protection journey – what they consider their outcomes were. Were they safer? Did it improve their wellbeing and quality of life?
- Finding out from the adult at risk of harm what their experience of their adult support and protection journey was. Were they treated with empathy and respect? Were they kept fully informed? Was their trauma-history taken account of by the partnership? Did the partnership strike the right balance between respecting their rights and choices and their need for protection? Is there anything they think the partnership could have done better?

Probably the best way to deal with this is for the social worker to conduct a structured interview with the adult at risk of harm, when adult protection interventions cease. Information (data) from this interview should be carefully recorded in a manner whereby the data can be turned into numbers (numericized). It can then be aggregated. Qualitative narrative style information has its place. But you can't add up stories.

An independent advocate or other suitable person might conduct the structured interview with the adult at risk of harm.

Aggregate data from these structured interviews is invaluable for informing the partnership's operational and strategic policies for adult support and protection.

Other approaches to this, such as questionnaires and online surveys are alternative options if interviews are difficult to put in place.

Quality Indicators 3.2, 6a.1, 7.4

Finding out more generally what adults at risk of harm think about adult support and protection – move from the particular to the general

Partnerships often say that finding out what adults at risk of harm think is difficult. Individuals who have had a traumatic experience might understandably be reluctant to talk about it. There are several effective approaches partnerships might consider as part of their self-evaluation approach. Every approach should take care not to re-traumatise adults at risk of harm.

Focus groups of adults at risk of harm. Focus groups are a good way to canvas the views of a target group of individuals such as adults at risk of harm. It goes without saying, that focus groups need to be organised carefully. Participants may

need support to attend and to take part. Partnerships should provide this. Partnerships must ascertain participants' mobility, transport, communication, and other needs and make sure they are fully met. Focus groups should have a leader / facilitator and someone to take accurate notes.

Surveys of adults at risk of harm. Partnerships often say these are not as effective. An in-person conversation with the adult at risk of harm is preferable to more remote methods.

Telephone interviews with adults at risk of harm. These might take the form of administering a survey or a structured interview with the adult at risk of harm, who should be appropriately supported if they need it.

Online surveys accessed on a website. Several partnerships have tried this approach. If partnerships adopt this approach, they should consider making it as effective as possible.

Use of social media and text messaging to seek the views of adults at risk of harm. This is a relatively untried approach. Again, if adopted, partnerships should give careful thought to maximising its effectiveness.

Partnerships' commissioning independent advocacy organisations to find out what adults at risk of harm think. Scrutiny bodies and partnerships have successfully used this approach. Partnerships should give careful consideration to specifying in writing exactly what they want the independent advocacy organisation to do.

Small scale local studies of adults at risk of harms' views, experience and outcomes. A partnership can either conduct this work itself, or commission it from a suitable researcher. They can be immensely useful for informing partnerships about whatever aspects of their adult support and protection activities they chose to look into.

Other suitable ways to find out what adults at risk of harm think. Any list such as this is not complete. There are likely to be other innovative ways of effectively finding out what adults at risk of harm think, that we have not thought of.

Quality Indicator 2.1

The lived experience of adults at risk of harm views are clearly represented on the partnership's adult protection committee.

The ideal position is that every partnership's adult protection committee (or equivalent) has an adult at risk of harm (someone with substantial direct experience of adult support and protection interventions) as a delegate on the committee. Adult protection committees should consider perhaps inviting **two** adults at risk of harm to join the committee. This is to avoid single adult at risk of harm delegates feeling isolated and intimidated among professional delegates.

Or partnerships have a sub-group of the committee which includes adults with lived experience of adult support and protection.

Participating adults at risk of harm should be comprehensively supported to:

- prepare for APC or sub-group meetings.
- regularly attend the committee sub-group meetings
- participate fully in committee or sub-group meetings and their work
- have de-briefing sessions following adult protection meetings
- communicate with a wider network of adults at risk of harm (if this is possible) about the work of the adult protection committee.

Conclusion

Finding out what adults at risk of harm think are their outcomes from adult support and protection activities is an important activity for partnerships. And they should give it due priority.

When adults at risk of harm offer their views about adult support and protection to partnerships, they should be informed about the partnership's response. Thus, they are more likely to think giving their views is worthwhile.

In general, all information from adults at risk of harm should be obtained in a manner whereby it can be turned in numbers (numericized) and therefore can be aggregated. This is important. If they do not do this effectively and efficiently partnerships cannot:

- Generate aggregate data about what a sample of adults at risk of harm think.
- Effectively measure what safety, health, wellbeing and enhanced quality of life outcomes are realised by adults at risk of harm.
- Use aggregate information to rigorously inform policy and strategy for adult support and protection.
- Compare aggregate data over time to show improvements or the lack of them.
- Compare their aggregate data with that of other partnerships (benchmarking).
- Produce meaningful data to show if improvement actions have delivered the desired improvements.
- Generally, demonstrate the success of their efforts to keep adults at risk of harm safe, supported, and protected.

Quality Indicator 6a.1

Why it is important to involve adults at risk of harm

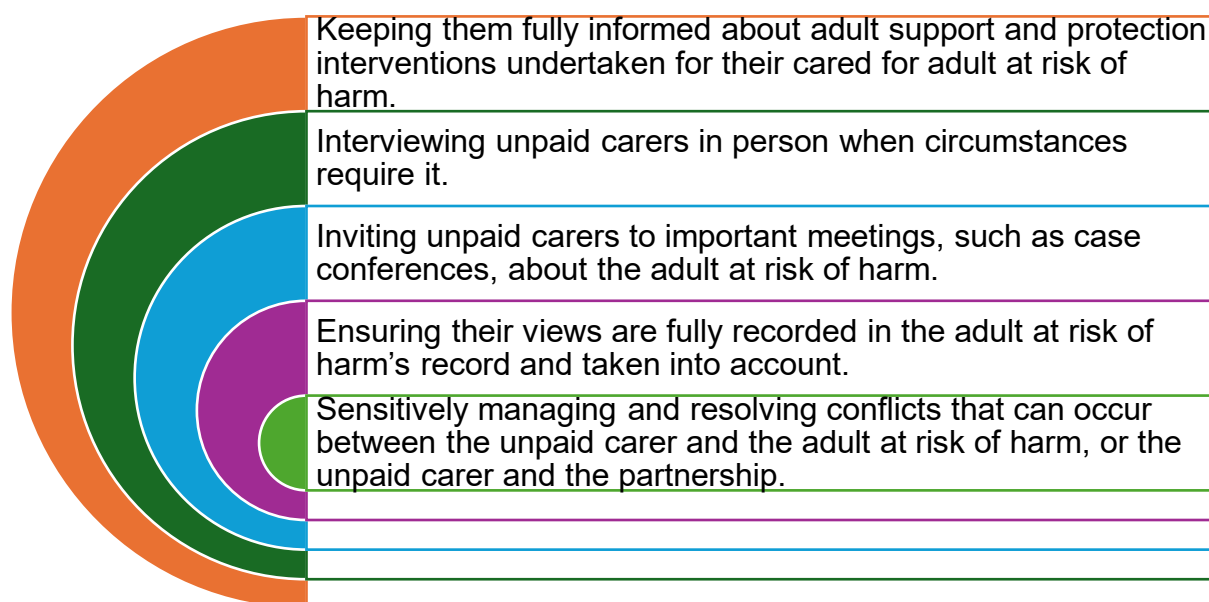
Input from lived-experience groups we have consulted

Quality Indicators 6a.2, 7.4

Involving unpaid carers in their cared for person's adult support and protection journey.

Section two of the Adult Support and Protection (Scotland) Act 2007 states, that adult protection partnerships must, if relevant, have regard to, “any views of – the adult’s nearest relative, any primary carer, guardian or attorney of the adult, and any other person who has an interest in the adult’s well-being or property, which are known to the public body or office-holder”. Hereafter we broadly refer to the foregoing parties as unpaid carers. In some cases, unpaid carers can be perpetrators of harm. Partners should use discretion about the involvement of unpaid carers.

Much of the advice about involving adults at risk of harm throughout their adult support and protection journey equally applies to their unpaid carers. It does not need to be repeated. Partnerships should involve unpaid carers by:



Seeking the views and experience of unpaid carers

Again, the advice for adults at risk of harm applies to unpaid carers. Partnerships should consider the best method to obtain their collective views.

The lived experience of unpaid carers clearly represented on the partnership's adult protection committee.

Ideally, adult protection committees or sub-groups should have an unpaid carer (with substantial direct experience of caring for an adult at risk of harm) as a delegate on the

committee. Thereby, adult protection committees benefit from the unpaid carers' lived experience.

Conclusion

It is extremely important that partnerships fully consult and involve unpaid carers. Partnerships should recognise the vital role they play in the lives of adults at risk of harm. And their contribution to keeping them safe, supported and protected.

As for adults at risk of harm, partnerships should use methods of finding out the views and experience of unpaid carers, whereby the information (data) obtained can be quantified and so aggregated. We set out in more detail what partnerships should do to involve adults at risk of harm in their adult protection journey. Much of this is also relevant for unpaid carers.