Act against harm

Argyll and Bute Adult Protection Committee

NHS Highland

Argyll Bute COUNCIL

POLICE SCOTLAND
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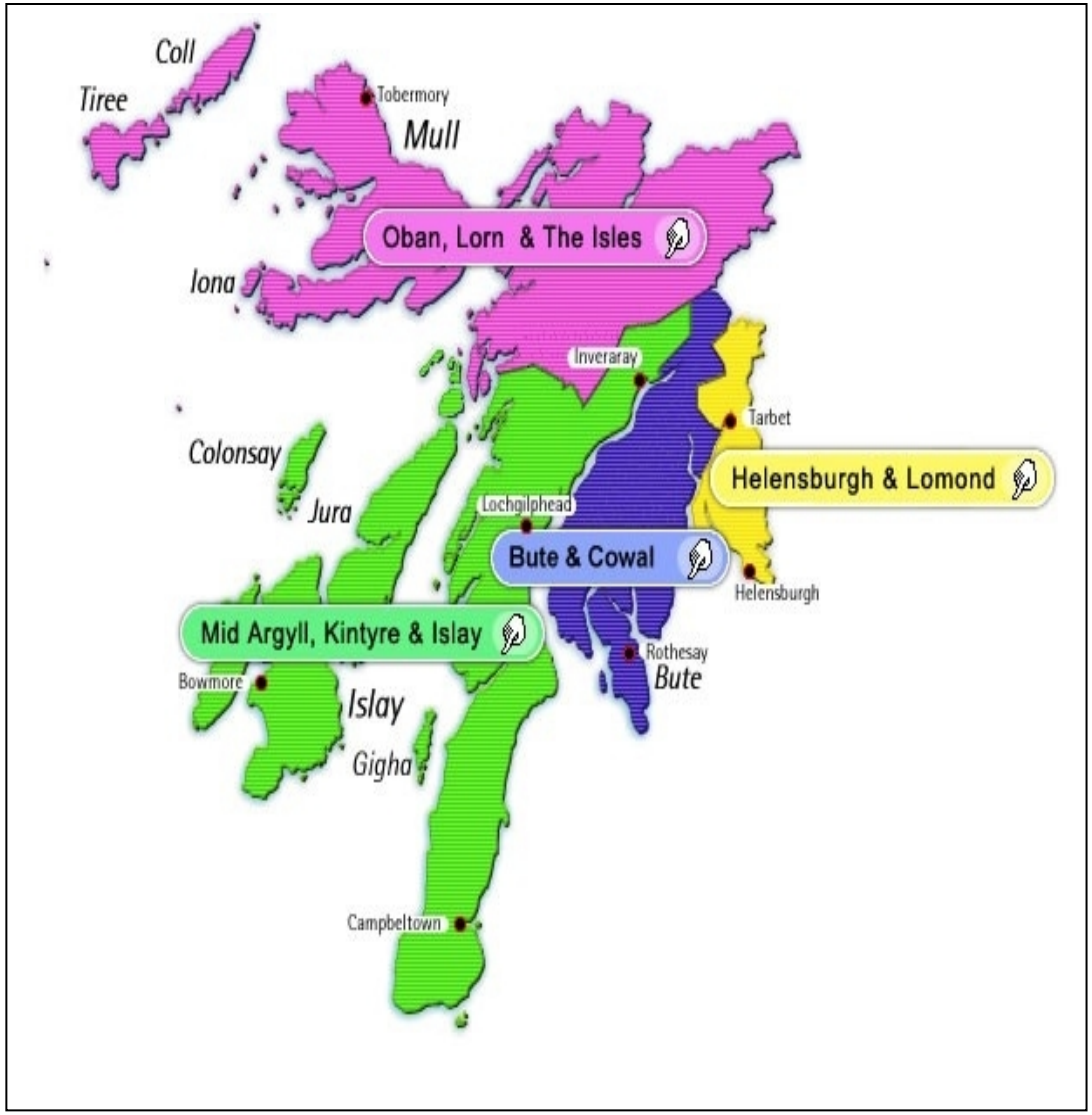

Argyll and Bute Adult Protection Committee - Annual Report April 2014 – March 2015

CHAIRMAN'S FOREWORD

My last Biennial Report covered the two years to the end of March, 2014. This Annual Report covers the year following – to the end of March 2015. In planning the delivery of adult support and protection for the year in question, we have not been able to take account of the ministerial response to the Biennial Report for there has been no response!

However, I am delighted at the progress that is being made. The range of sources of referrals continues to widen; the quality of referrals continues to rise; referrals and subsequent investigations are being undertaken better and more quickly; awareness of adult support and protection continues to rise. I am grateful to all those who have helped drive these improvements. All these developments are addressed in detail in the body of this report.

However, there is a great danger that this momentum will not continue. The whole adult support and protection initiative created by the 2007 Act is lacking national leadership. Undoubtedly the initiative will prosper better with a powerful national dimension. The National Policy Forum has proved not to be a machine to drive development and there have been too many losses from the Civil Service team dealing with the issue. Maintaining momentum and driving consistent development are clearly on the agenda; I look forward to hearing how this important initiative will be supported nationally.

I am particularly pleased that 37% of people in Argyll & Bute now know about adult protection. However, I wonder how much higher this figure might be if the was a sustained effort at national level to promote awareness of the issue. I do wish the Scottish Government would run a continuous awareness raising campaign; I believe it would be very effective – and it would be much cheaper than each APC doing it themselves.

I am also concerned that still there is no national dataset. The trial has elicited some useful and encouraging information – see Section 2iv of this report – but it would be very useful to be able to make much more detailed comparisons with the national position.

The number of adults at risk of financial harm is very concerning. To help reduce the risk, the Adult Protection Committee is holding a conference on the issue in November which will aim to involve banks, solicitors, consumer protection, the Post Office and others. I urge all those who can defeat this terrible scourge to join together to eradicate it.

Once again I urge everyone in Argyll and Bute to look out for their friends, relations and neighbours, indeed for everyone – and if you suspect an adult is at risk, tell someone. However, do please remember that adults are generally not harmed by strangers or away from their own home. Sadly most harm to done to people in their own home by someone they already know!

Bill Brackenridge Independent Chair

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1. INTRODUCTION AND CONTEXT: The Argyll & Bute Adult Protection Committee

'Each Council must establish a committee' S42 (1) ASP(S)A 2007

Those who have served as members of the Argyll & Bute Adult Protection Committee during this period are:

Bill Brackenridge	Independent Chair		Chairman
Rebecca Barr	Area Manager Adult Protection	Argyll & Bute Council	Member
John Dreghorn	Project Director (Mental Health Modernisation)	NHS Highland	Member
Gail McClymont	Superintendent	Police Scotland	Member
Anne-Lise Dickie	Professional Lead Learning Disability	NHS Highland	Member
Jim Robb	Head of Adult Care	Argyll & Bute Council	Member
Jim Littlejohn	Service Manager Operations	Argyll & Bute Council	Member
Andrew McLure	Group Commander	Scottish Fire and Rescue	Member
Katrina Sayer	Project Co-ordinator	Argyll Voluntary Action	Member
Jon Belton	Service Manager – Criminal Justice	Argyll and Bute Council	Member
Douglas Whyte	Service Officer Homelessness	Argyll & Bute Council	In Attendance
Scott Rorison	Advocacy Manager	Lomond & Argyll Advocacy Service	In Attendance
Jimmy McGrath	Team Leader	Scottish Ambulance Service	Member
Susan Mair	Solicitor	Argyll and Bute Council	member

There is a standing invitation to the Procurator Fiscal Service, The Public Guardian's Office, the Care Inspectorate and The Mental Welfare Commission for Scotland to attend meetings of the Argyll & Bute APC.

1.1. INTRODUCTION

This report covers the year immediately following the period reported on in the Biennial Report submitted, as required by legislation, to the Scottish Government by October 2014.

It follows the production of previous annual reports in the years between Biennial Reports produced as a matter of good practice by the Adult Protection Committee (APC). These have, by design, followed the format agreed nationally for the previous Biennial report in order to demonstrate progress made in the subsequent period.

Although there is no legal requirement for an annual report, the Terms of Reference for the Chief Officers Group Public Protection (COGPP), developed in 2014, identified that it has the responsibility for commissioning an Annual Report from each Public Protection Body which will identify progress against the agreed Annual Plans. There is therefore now a local requirement for an annual report and an expectation that it will specifically cover the elements of the Improvement Plan.

This report is therefore structured, as previously, to mirror the agreed format for the last Biennial Report, but also covers progress against the specific elements of the APC improvement plan for 2014-16.

As noted in the Chair's Foreword, comments on the last Biennial Report have not yet been received from the Minister. This means that it is not possible to draw conclusions as to the performance of the ACP in Argyll and Bute in a national context.

1.2. CONTEXT

There have been no major changes to the operation of the APC since the last Biennial Report, although following the establishment of the COGPP, the APC updated its constitution to reflect the new reporting and governance structure.

As reported in the Biennial Report, the APC continues to meet quarterly, with the independent Chair reporting to the Chief Officers Group Public Protection.

There continues to be one sub-committee with responsibility for all aspects of multi-agency policy, training and public awareness. Its members are drawn from the NHS, Police Scotland, social work, Scottish Fire and Rescue and the third sector.

The four Area Forums continue to take forward the adult support and protection agenda within the localities and the last year has seen changes in the agencies chairing these meetings. Until November 2014 the Area Managers of the social work teams had taken on this responsibility. However, as agreed in the terms of reference for the Forums, the chair then passed to another of the

key agencies with roles in adult protection. In 2 areas the chair is now an NHS manager, and in the other 2 it is an officer from Police Scotland. The Chair of the APC and the Area Manager Adult Protection met with the new chairs to discuss their roles and that of the Forum and in 3 of the areas the groups are now up and running under their new chair. Unfortunately in the fourth area the Police officer due to take on the role of chair was moved and a replacement is expected to be confirmed shortly.

As noted in its updated constitution, the APC will hold an annual self-evaluation session and review its constitution as part of its ongoing commitment of continuous improvement: this is due to take place in September 2015 when the Minister's comments on the Biennial Report are likely to have been received, and the feedback from the Joint Inspection of Older peoples Services available to inform discussion.

The APC agreed an Improvement Plan to cover the 2 years of the next Biennial report (2014-16) and developed a scorecard to measure performance: see Appendix 1. The baseline score against which progress could be noted was determined from the previous year's activity. The scorecard was used to track performance during each quarters of 2014-15. The same measures will continue to be used in 2015-16 and a new Improvement Plan developed for the next 2 years, following the above noted self-evaluation activity and the results of case file audit activity.

2. NATIONAL PRIORITIES AND IMPROVEMENT PLAN

2.1 NATIONAL PRIORITIES

5 national priorities for adult protection were selected by the Scottish Government in August 2013, and working groups were established to take forward each of them. Reports on their findings and recommendations were made available during the second half of 2014. In Argyll and Bute a summary of the work done nationally and local progress against each was taken to the APC in August 2014, together with recommendations for further work locally. Short presentations covering each of them were also made at the self-evaluation day held in November 2014 so that staff from all agencies were kept updated on work done, progress made and ongoing plans for improvement.

2.1.1. Adult Protection in Care Home Settings

As detailed in the Biennial Report, considerable work was done in Argyll and Bute following selection as one of the council areas funded to take part in this workstream. A multi-agency preventative approach was developed and continued to be the subject of work during 2014.

- The review process for residents of care homes was implemented across the area and will be reviewed shortly
- The Care Homes QA process was updated and agreed, with reporting to the APC and COGPP taking place on a quarterly basis
- The first Large Scale Investigation into a care home was started following concerns highlighted through the Care Homes QA process
- ASP training continues to be provided free to all service providers throughout the area

2.1.2. Accident and Emergency

A method of using the learning from North NHS Highland was agreed and plans to roll out the national training for A&E (and other ward staff where possible) put in place. This will take place shortly and be reported on in the next Biennial Report.

A further recommendation from the national working group was to extend membership of the APC to the Scottish Ambulance Service and this has been actioned, as can be seen from the updated list of APC members.

2.1.3. Adults at Risk from Financial Harm

As has been recognised for some time, adult protection referrals for financial harm have continued to rise. Some national awareness raising was done by the financial harm working group through contact with financial institutions, but it was recognised that additional work was required locally. During the Scottish Government's ASP publicity campaign in February/March 2015 the APC took the opportunity to write to all banks and building societies in the area to draw their attention to this campaign, provide leaflets and the link to the webpages on adult support and protection, and to offer any further information that they may find useful. There was little direct response to this contact, but the seriousness and prevalence of this type of harm have led to the APC sub-committee recommending that the subject of the first adult protection conference in Argyll and Bute should be financial harm. This is planned for November 2015.

2.1.4. Data Collection

As noted above, it has been impossible to compare any statistics relating to adult support and protection nationally due to the lack of any central data collection or any agreement as to a national data set. Work done by the national working group led to the trial of a draft data set during the quarter 1 April – 30 June 2014. Argyll and Bute submitted the required data as requested, but it has become clear that the data submitted across Scotland was inconsistent and patchy.

Disappointingly, no published national data has been made available from this trial because of the lack of confidence in the figures received. However, the Scottish Government has provided limited local data to areas who wished to undertake a comparison with other areas in a small number of categories. Argyll and Bute now has access to a certain amount of data that appears to place it close to the overall national figures taken from the trial. (The figures are not given here in detail as the Scottish Government has made clear that they are not for publication.)

The following comparisons have been made available to us by the Scottish Government from the 3 month trial period:

Number of referrals:

- Argyll and Bute received a very slightly lower number of referrals per 100,000 adults that the national average, but the figure was in the middle of the range reported

Source of referrals:

Argyll and Bute received

- A slightly lower percentage of referrals from the police than other areas
- A slightly higher percentage of referrals from the NHS than other areas
- A much higher percentage of referral from “other organisations”
- A slightly higher percentage of referrals from individuals

Investigations:

- Argyll and Bute’s ratio of referrals to investigations was slightly higher than the national average
- The ratio of investigations that led to a case conference was very slightly lower than the national average

No other national comparisons were made available by the Scottish Government.

It is clear that few firm conclusions can be drawn from this data, and statistically the limited information available suggests only that Argyll and Bute can take comfort from the fact that we have no significant areas where we appear to be an outlier in comparison with national averages.

The draft dataset used for this trial period has been used on a larger scale to collect the data for the full year 1 April 2014-31 March 2015. This was submitted by Argyll and Bute as required and feedback is expected from the Scottish Government later in 2015.

2.1.5. Service User and Carer Engagement

Many of the recommendations for the national working group had already been implemented in Argyll and Bute. Work had been done to produce user-friendly publicity material, reviewed annually by the sub-group of the APC. The importance of the adult being

fully involved in the adult protection process had also been acknowledged and forms Outcome 4 of the APC Improvement plan, with a number of specific measures collected to determine this.

Outcome 4: Adults at risk receive a person-centred response to concerns about them:

As measured over this year it is clear that:

- *100% of adults (with capacity) were given information about the adult protection process*
- *Over 80% of adults who were the subject of an investigation had their communication needs considered (target 100%, but it is clear that 70 adults out of 74 had their communication explicitly considered so that appropriate support was provided during the investigation process)*
- *96% of adults who were the subject of an adult protection investigation were offered advocacy (the target is 100%, but in comparison with the previous year's level of 45% offered advocacy, this is a major improvement)*
- *100% of adults were invited to attend their case conference and did so or the reason for their non-attendance was recorded, meeting the target of 100%*

Although the above figures do not always meet the ambitious targets set, they demonstrate a high level of commitment to ensuring that the adult is a meaningful participant in the adult protection process involving them.

Further work has continued to take place in relation to this priority. In response to some inconsistency identified through last year's case file audits, council officer and second worker refresher sessions were set up to take place between January and March 2015. One of the focuses of these sessions was ensuring the adult's meaningful participation and the Altrum group research packs were provided to all participants to promote the key messages. In all 85 staff attended the sessions with all except 1 council officer participating.

In addition, a short-life working group was set up by the APC in order to examine and improve all areas of service user and carer engagement. This is a multi-agency group with terms of reference that identify the following key objectives:

- To develop leaflets about ASP that are accessible and service user friendly

- To provide information and advice for staff from all teams to ensure that all appropriate communication supports are considered and offered to ensure that a service user participates as fully as possible in an investigation.
- To provide information and advice for staff from all teams to ensure that all appropriate communication support is available to assist a service user to attend and participate in a case conference
- To develop a procedure and a variety of tools to gather feedback from service users and carers in the most user friendly and supported way possible
- To agree a process for gathering learning from the feedback provided and disseminate it to staff engaged in adult protection work
- To consider methods of facilitating service user/carer engagement with the APC

To date the working group has met 3 times and produced a number of tools for staff. The draft questionnaires for gaining feedback from service users and carers will be trialled as part of this year's multi-agency case file audit and amendments made as required prior to rolling them out.

2.2. APC IMPROVEMENT PLAN

The Adult Protection Committee developed its improvement plan for 2014-16 following the work undertaken the previous year to develop methods of capturing key performance data. The agreed outcomes remain:

Outcome 1	Adults at risk are identified promptly and reported appropriately
Outcome 2	Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm
Outcome 3	Where an adult is found to be at risk of harm, partner agencies work together to investigate the risks and take action to protect them
Outcome 4	Adults at risk receive a person-centred response to concerns about them

These are considered the most important high level outcomes to focus on at this stage in order to ensure that a high quality adult protection service is delivered by all agencies at all stages of the process.

The scorecard has agreed targets, but also uses the baseline measure developed the previous year to measure progress and continues to be presented at the APC and then at COGPP meetings.

The Improvement Plan and completed scorecard for 2014-15 is provided in Appendix 1. The different elements of the Improvement Plan and comments on progress against them are included in the appropriate sections of this report in italics with the specific Outcome referenced.

3. OUTCOMES

The Guidance provided by the working group of independent chairs on the format for the 2012-14 Biennial Reports suggested that this section should

- concentrate on “feedback from users and carers on outcomes - how they perceive the adult protection policy and procedures to be improving their protection from harm; in other words, their response to questions such as 'do you feel safer as a result of the efforts of the adult protection arrangements?”

- It should also describe the way in which user and carer interests are represented on or to the Committee activities, with some explanation of how these arrangements have come about, and an evaluation of their effectiveness.

- It should also provide an evaluation of the users and carers' opportunities to participate in and contribute to the process of adult protection (for example, invitations, encouragement, communication assistance, and facilitation to take part in case conferences; local arrangements for advocacy).

To a large extent these elements are described elsewhere in this report. Section 2 provides details on work already done in Argyll and Bute in relation to the national priority Service User and Carers, and the work currently under development by the short-life working group.

In addition to direct work with service users and carers, consideration has been given to the ways that other APCs engage with service users in order to ensure that the APC is as responsive as possible. From the outset, the APC agreed that an individual service user representative on the Committee would be unlikely to provide genuine representation from the range of service users affected by risk and protection issues. Instead the interests of service users and carers have been represented by the manager of the advocacy service and the 3rd sector organisation Argyll Voluntary Action.

In examining models of engagement and representation in place elsewhere, it has been agreed that the complex geography of Argyll and Bute makes many of them extremely difficult to achieve here. Before making a final recommendation to the APC on this topic, the working group has agreed that it is essential to consider what such engagement is intended to achieve. All are agreed that tokenistic engagement that produces no results should be avoided. A helpful starting point will therefore be the feedback gained from adults and carers when it is in place. It is intended that individual feedback about the way that specific cases have been dealt with will go to the worker and manager involved in them, with any wider themes identified as relating to the strategic

implementation of adult support and protection going to the APC for consideration. Information gathered in this way will, it is hoped, indicate what the main topics of interest or concern are as identified by service users and carers and will assist in considering what other methods may be used to facilitate their increased engagement with the work of the APC.

4. PERFORMANCE

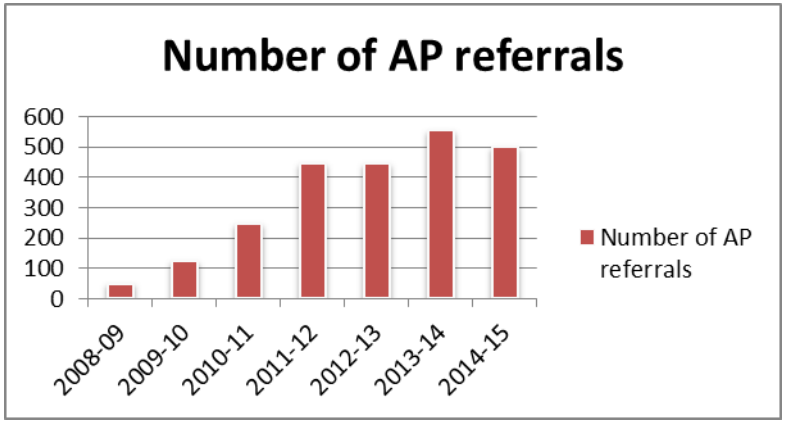
4.1. Management Data

4.1.1. Referral numberss

Between 1 April 2014 and 31 March 20015 the social work teams received a total of 501 adult protection referrals.

Data collected since the Adult Support and Protection (Scotland) Act 2007 was implemented has shown that adult protection referrals have risen considerably over time, but for the first time last year showed a noticeable fall.

Year	Number of AP referrals
2008-09	48
2009-10	124
2010-11	274
2011-12	447
2012-13	446
2013-14	556
2014-15	501



4.1.2. Referrals by area:

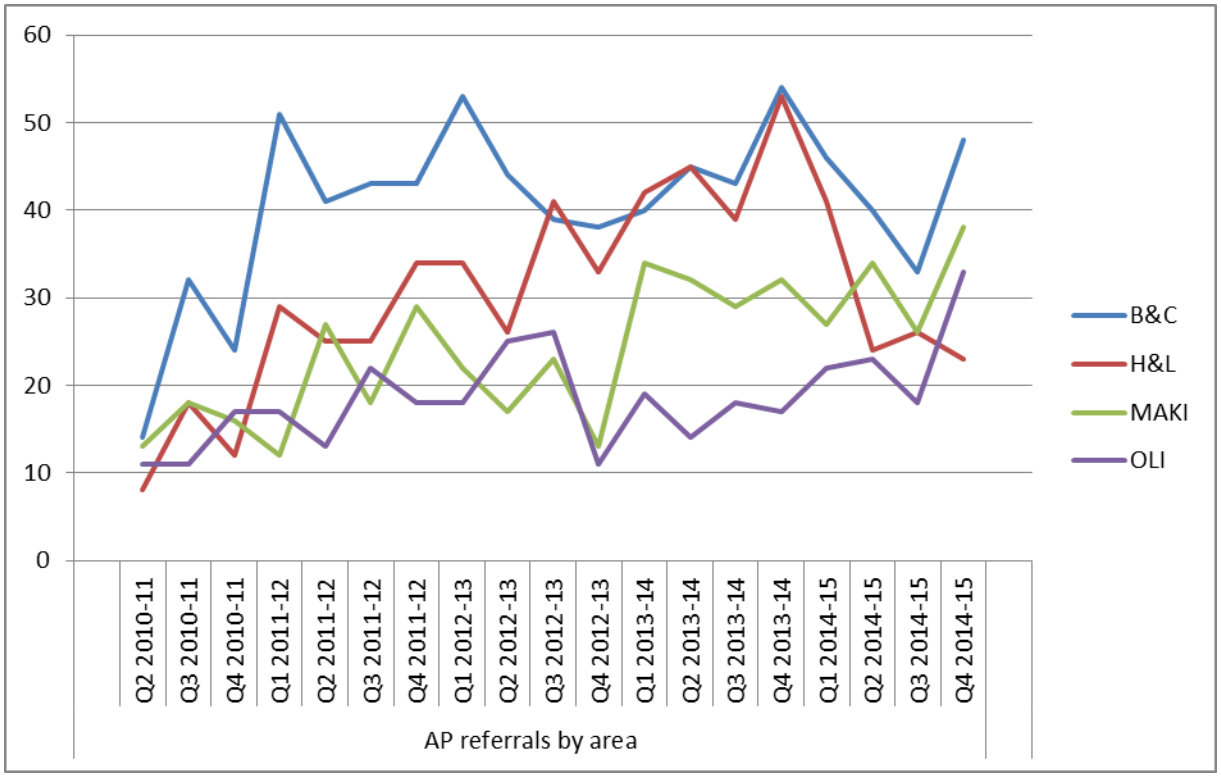
As in other years, the adult protection referrals are not received consistently across the areas.

2014-15 referrals by area:

Area	Number of AP referrals	% of AP referrals
B&C	166	33.1%
H&L	114	22.7%
MAKI	125	24.9%
OLI	96	19.1%
Total	501	

This year has been unusual in seeing MAKI receive more referrals than Helensburgh and Lomond, but as in other years, Bute and Cowal received the largest number, with OLI receiving the fewest.

The chart below shows the differences in referral rates for the areas since July 2010:



It is clear that all areas except Helensburgh and Lomond saw a fall in referrals in the first 3 quarters of the year and then a rise. The level of referrals in Helensburgh has remained low, however. There is no obvious explanation for these changes.

4.2. Referral sources:

The sources of the adult protection referrals have been collected slightly differently during different years and this makes detailed comparisons difficult. However, referrals from key sources over the last 6 years are recorded below:

Referral source	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
Police	77	185	309	292	322	284
GP	0	2	2	2	6	7
Hospital	11	6	10	7	23	15
Other health	0	0	12	14	16	25
Social work	19	36	24	33	32	16
Service provider	0	24	46	48	60	46
Friend or family	4	7	11	21	28	26
Member of the public	4	4	7		4	2
Self	2	4	7	7	2	5

Overall, the police remain the highest referrer but their referrals have fallen in numerical terms from 332 last year to 284, and as a percentage of the total, from 62% in 2009-10 to 57% this year.

Ensuring that adults at risk of harm are referred to social work is Outcome 1 of the APC Improvement Plan and comments are provided below on progress against the agreed targets:

Outcome 1: Adults at risk are identified promptly and reported appropriately

As measured this year:

- *All ASP literature was review in October 2014 and re-distributed to appropriate locations*
- *There was a fall rather than a rise in the referrals from the social work teams*
- *There was a rise in the number of referrals from NHS staff as compared with last year but the overall rise as a percentage of all referrals was only from 8% to 9%*
- *There was an overall fall in the referrals from care and support providers*
- *There was a small rise in the number of referrals for adults at risk*
- *There was a welcome rise in referrals from relatives, friends or the general public in every quarter this year*

During the year it became apparent that reporting on such small numbers by percentage is clumsy. It has therefore been agreed that the scorecard be amended for next year with reporting on referrals from professional sources and from adults themselves and the public as the only two measures. Greater detail on the referral sources will continue to be provided in the quarterly statistics report that goes to the APC.

Of note is the fact that referrals in the last two years have come from a far wider range of sources than previously.

In 2014-15, for the first time referrals have been received from the following staff or organisations:

- Scottish Ambulance Service
- Womens Aid
- LD Psychologist
- Practice nurse
- Pharmacist
- OPG
- Solicitor/Safeguarder
- Bank

- Immigration Enforcement Office
- A local charity

This widening of the sources of adult protection referrals is encouraging and it is hoped will continue.

4.3. Referral details:

This year has seen no major changes in the details collected in relation to adult protection referrals.

4.3.1. Ethnicity

The adults referred are overwhelmingly of a white ethnic origin, as would be expected from the population of Argyll and Bute.

4.3.2. Gender

Overall more women than men are referred, which appears to be the case in other areas, according to anecdotal information.

4.3.3. Age group

As may be expected, the largest number of referrals are for those in the 40-64 age group, which is the largest group below. Of concern, however is the continued rise in the number of those referred who are 65 and older. In the Biennial Report it was noted that the percentage of the over 65s who are referred are higher than their numbers in the population would predict, particularly in the over 85 bracket. In year 2013-14 there were 221 referrals for over 65s, 39.7% of all referrals. In 2014-15 this has risen to 235 referrals, making up 47% of the total.

Age group	Number referred	Percentage of those referred
16-24	51	10.2%
25-39	57	11.4%
40-64	157	31.3%
65-69	24	4.8%
70-74	20	4%
75-79	57	11.4%
80-85	64	12.8%
85+	70	14%
Age not recorded	1	0.2%
Total	501	100%

4.3.4. Type of harm referred:

Over time the highest number of referrals has been for adults who have self-harmed. The biggest fall noted this year has been in these referrals. As these referrals tend to come from the police, this drop is likely to correspond to the reduction in referrals from that source.

Type of harm	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Self-harm	53	98	163	88	151	92
Physical	27	49	56	45	87	79
Psychological	2	58	109	48	60	46
Financial	13	19	22	27	51	49
Neglect	3	30	46	19	31	27
Self-neglect	Not collected	Not collected	Not collected	19	32	27
Sexual	11	17	25	19	14	22

The only rise in harm reported relates to sexual harm. Because of the potential seriousness of a rise in such referrals they have been checked individually to ensure that all cases where any sexual harm may have occurred have been reported to the police. In 19 out of the 22 cases, the police were either already involved, or social work reported the allegation to them. In 2 cases the information reported to social work was either extremely vague or related to a misunderstanding and it was almost immediately clear that the original allegation was untrue. In the third case the allegation related to an incident in a care home and was dealt with by the manager in conjunction with the GP, and the relatives and Care Inspectorate were informed. The range of referrals relating to sexual harm was wide, with a number being followed up by the police, others relating to historic allegations and others to inappropriate internet contact.

Other types of harm have remained approximately consistent with the overall drop in referrals as there has been a small decrease in the other categories compared with last year.

4.3.5 Client group of those referred

The way that adults have been categoried by their diagnoses or client groups have changed over time and are now based on the client group as recorded in Carefirst. A wide variety of categorisations are used, some that appear to duplicate others, so that they cannot be taken to be definitive. However, the highest number of referrals have been received for the following adults in the last 2 years:

Client group	**Number 2013-14**	**Percentage 2013-14**	**Number 2014-15**	**Percentage 2014-15**
Dementia	48	8.6%	54	10.7%
Frail/temp. illness	59	10.6%	79	15.7%
Learning disability	54	9.7%	55	10.9%
Mental health - other	166	29.8%	105	20.9%
Physical disability	62	11.1%	80	15.9%

As has been noted in other reports, the category “mental health – other” has sometimes been used poorly by staff recording referrals and generally refers to someone behaving oddly rather than someone with a mental health diagnosis. It is encouraging that there has been a fall in the number of referrals noted in this category.

The biggest rises have been in adults categorised as having dementia, a frail or temporary illness or a physical disability or illness, all of which can be used for older people. Additional work is being done going forward to cross-check referrals by age group, client group and type of harm, to provide more details as to these issues. However, in the short-term, work done for the Dementia Programme Board on the prevalence of harm for those with dementia has highlighted a the vulnerability of people with this condition:

- In 2013-14 there were 48 referrals for those with the client group dementia: 8.6% of the total
- In 2014-15 there were 54 referrals for those with the client group dementia: 10.8% of the total

Not all of these referrals led to the adult being considered to meet the criteria for being considered an adult at risk under the Act, a high number related instead to welfare concerns. However, those referrals where it appears that the adult is being harmed led to an adult protection investigation

In 2014-15 there were 17 adult protection investigations for adults with dementia. This comprised 27.7% of all adult protection investigations: a higher percentage than for any other client group.

Not all adult protection investigations conclude that the adult is at risk of harm, but it is clear from the 2014-15 figures that there is a high likelihood of investigations for adults with dementia determining that they are at risk.

- In B&C 3 investigations concluded that 2 adults with dementia were at risk
- In Helensburgh and Lomond 4 investigations concluded that 4 adults were at risk
- In MAKI 4 investigations concluded that 3 adults were at risk
- In OLI 6 investigations concluded that 5 adults were at risk

82.3% of adult protection investigations for adult with dementia concluded that they were at risk of harm.

This compares to

- 75% for adults who are frail elderly
- 50% for adults with a learning disability
- 45% for adults with mental health issues

Those at risk were:

- 5 adults at risk of physical harm from a relative
- 4 adults at risk of financial harm from a relative
- 2 adults at risk of self-neglect
- 1 adult at risk of physical harm from a paid carer
- 1 adult at risk of psychological harm from a friend/carer
- 1 adult at risk of physical harm from another resident in a care home

These were equally spread across the 4 areas.

New cross-check information now being put in place means that in the future we will be able to provide more such analysis, but for now the conclusions that we can draw in relation to this specific group are limited to:

- The number of referrals for over 65s are rising and forming a rising percentage of all adult protection referrals
- The number of referrals for those diagnosed with dementia are rising and forming a rising percentage of all adult protection referrals
- More adult protections investigations are done for adults with dementia than for any other client group
- More adults protection investigations for adults with dementia conclude that the adult is at risk than for any other client group
- Adults with dementia are more likely to be at risk of harm from family members than others

4.4. Completing inquiries following adult protection referrals:

In line with the West of Scotland Practice Guidance, which Argyll and Bute has signed up to since it was first developed, all inquiries made as a result of an adult protection referrals should be completed within 5 working days. It is not always possible to conclude this piece of work within such a timescale for various reasons, such as key professionals being away, so the agreed target is for 80% of all referrals to be finished within this period.

Performance against this measure is reported as part of Outcome 2 of the APC Improvement Plan: *Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm*

The performance indicator is: 80% of adult protection referrals received by social work will have the initial inquiries completed within 5 working days.

- *In 2014-15 75% of referrals were completed within this timescale.*

It was recognised that some areas achieved far better results than others in completing these pieces of work, and the methods used in MAKI, whose performance tended to be far closer to the target than the other areas, has been shared with all Area Managers. There have been some initial difficulties in ensuring that all the relevant data is captured, but it is hoped that from July 2015 there will be accurate data as to why delays occur in completing particular referrals.

4.5. Repeat Referrals

As reported in the last Biennial Report, a small working group was set up last year to look at those adults who were generally not considered adults at risk of harm, but who were the subject of repeat referrals because of self-harm incidents. It had been recognised that further information about the response of the various agencies to these individuals was essential in order to develop a consistent and supportive approach.

The final report of the working group was presented to the APC in August 2014 with a number of pieces of work completed. These included:

- The pathways for individuals who self-harm were mapped
- It was recognised that the role of the GP is crucial in the process and a brief survey of GPs was undertaken, although the response rate was low.
- Work was done to clarify and standardise the response from social work when an adult support and protection referral is made
- Guidance for A&E staff dealing with frequent attenders at A&E was updated
- A flowchart was produced to clarify the agreed pathways and the responsibility to provide appropriate information to those who self-harm
- It was agreed that self-harm training provided by Choose Life staff would be re-introduced

These pieces of work should now mean that when an adult self-harms, whether they are referred as an adult at risk or not, they should receive similar information and advice, and when referred as an adult at risk the response from social work will be the same wherever the adult lives.

It was also recognised, however, that the issue of people in distress is a far wider one than could be addressed by the short-life working group and it is expected that further work on this topic will be progressed shortly on a national basis.

Locally, a change was made to the adult protection procedures for social work staff to clarify the need to hold a multi-agency case discussion after a certain number of referrals, again to ensure consistency across the areas. An additional level of scrutiny was also built into the process in response to concerns from staff who work with adults where the risks that they will continue to self-harm are high. In any case where 8 or more adult protection referrals have been received at any point, the adult's case and the work of social work staff will be examined by either the Service Manager Operations or the Lead Officer Adult Protection and feedback given to staff. This ensures that the work of the staff is either validated or challenged by an external manager so that staff can feel confidence that in situations that are likely to be both complex and challenging, their actions and interventions are supported.

4.6. The Outcomes of Adult Protection Referrals

As noted in the Biennial Report, Argyll and Bute Council made a number of changes to the way that data was recorded from 1 April 2013. From this time additional information was recorded as to the outcome of all adult protection referrals, enabling the information from 2014-15 to be compared with the previous year, but no further back.

The outcomes of the 501 referrals made in 2014-15 were as follows, and are recorded alongside those made in 2013-14 for comparison:

Outcome	**Number 2013-14**	**Percentage 2013-14**	**Number 2014-15**	**Percentage 2014-15**
Adult meets 3 point test and AP investigation required	74	13%	56	11%
Adult meets 3 point test but concerns known and managed though care plan	112	20%	122	24%
Adult does not meet 3 point test: SW assessment to be done	58	10%	64	8%
Adult does not meet 3 point test: repeat	18	3%	25	5%

referrals mean case discussion				
Adult does not meet 3 point test: referred to other agency	56	10%	46	9%
Adult does not meet 3 point test: known to and supported by services	155	28%	148	29%
Adult does not meet 3 point test: NFA	63	11%	29	6%
Not recorded	18	3%	9	2%
Open (e. not completed)	2	0.03%	2	0.04%

Again as last year, high numbers of those referred as adults at risk were already known to services:

- There was a rise from 20% to 24% of referrals where the adult was considered at risk but the concerns were already known and being managed through a care plan and existing risk assessment

- There was a small rise from 28% to 29% in the percentage of referrals where the adult was not considered to be at risk and they were already known to and supported by existing services.

In line with the updated procedures there was an increase in the numbers and percentage of cases where repeat referrals for someone not considered at risk led to a case discussion: 18 cases (3%) up to 25 cases (5%).

As last year, a relatively low proportion of referrals led to an adult protection investigation. The 55 investigations that took place this year were approx. 11% of all adult protection referrals, reasonably close to last year's figure of 13%.

The referrals for that led to an adult protection investigation for an adult were made by:

Referral source	Number of referrals made	Referral source	Number of referrals made
Care and support provider	11	Housing Assoc./Homeless	4
Social work team	5	LD psychologist	2
Police	9	Womens Aid	1
Hospital	1	Friend	2
Relative	6	Bank	1
GP	4	OPG	2
Care Home	3	SALT	1
SWES	1	Advocate	1
NHS 24	1		

It continues to be the case that the quality and relevance of adult protection referrals vary, with some agencies making a far higher proportion of referrals that lead to an adult protection investigation than others:

Referral source	% of referrals from source that led to an investigation
GP	57%
Care/support providers	24%
Social work teams	31%
Relative/Friend	31%
Other health sources	16%
Police	3%

4.7. Details of the adult for whom an adult protection investigation took place:

4.7.1 Age group:

Age group	Male	Female	All adults
16-24	2	1	3
25-39	0	4	4
40-64	7	7	14
65-69	3	2	5
70-74	3	2	5
75-79	4	1	5
80-84	5	7	12
85+	0	7	7
Total	**24**	**31**	**55**

It is clear from the figures below that the ages of those referred and those who are considered at risk and so are the subject of an adult protection investigation, are very different. As noted above in section 4.3.3 they are also clearly not represented equally in all sections of the population of Argyll and Bute.

Age Band	Number of AP Referrals	%	Population (2012 SAPEs)	% of Argyll and Bute population aged 16 and over	Number of AP investigations	% of investigations as proportion of referrals
16-24	51	10%	8260	11.3%	3	5.5%
25-39	57	11%	12101	16.6%	4	7.2%
40-64	157	31%	32315	44.4%	14	25.5%
65-69	24	5%	6422	8.8%	5	9%
70-74	20	4%	4906	6.7%	5	9%
75-79	57	11%	3786	5.2%	5	9%
80-84	64	13%	2685	3.7%	12	21.8%
85+	70	14%	2356	3.2%	7	12.7%
Age not recorded	1	0.02%				
	501	100.00%	72831	100.0%	55	10.9%

It is obvious, for example that referrals for adults between 16 and 65 make up 52% of all referrals but lead on to only c.38% of the investigations. And while almost 27% of the adult population of Argyll and Bute is over 65, it is over 65s who were the subject of 61.5% of the adult protection investigations. Interestingly, up to the age of 65, adult protection referrals are received at a rate that is slightly lower than that of the population for that age group. Over 75, that changes, and a higher proportion of referrals are received.

As noted in the last Biennial Report it is clear that there will be challenges for services as the population in Argyll and Bute ages in the way that is predicted.

4.7.2. Client group:

Client group	Number of investigations
Dementia	13
Mental health problems	13
Learning disability	12
Physical disability	5
Infirmity due to age	10
Substance misuse	1
Other	1
Total	**55**

Many of these figures are close to those recorded for 2013-14. However, there has been a rise in the number of investigations for people with a mental health diagnosis, from 8 last year to 13 this year. There has also been a fall in investigations for people with physical disability from 12 last year to 5 this year. The client groups used are not necessarily mutually exclusive and it is not possible to draw firm conclusions from these figures.

4.7.3. Types of principal harm:

Type of harm	Number of investigations
Financial	18
Psychological	10
Physical	16
Sexual	4
Neglect	3
Self-harm	1
Self-neglect	3
Total	**55**

The biggest rise from last year's types of harm is the incidence of financial harm investigated. Last year 13 adult protection investigations related to this (22.8%), this year it was 18 investigations (32.7%). A number of referrals were received from banks and others from friends and relatives who believed that an adult was being financially harmed. It appears that there is a greater awareness of this type of harm, which is to be welcomed. But as noted in the Chair's introduction, financial harm is a priority for the APC in the coming months.

Disturbingly, there has also been a rise in the number of incidents of physical harm investigated, from 11 last year (19.2%) to 16 this year (29%).

The only fall of note is that the number of cases of psychological harm investigated went from 20 last year to 10 this year.

4.7.4. The alleged harm took place in the following locations:

Location of harm	Number of investigations
Own home	45
Care home	7
Sheltered housing	1
Public place	2
Total	**55**

This data has been captured only for the last 3 years, and it is clear that 2014-15 reflects the previous 2 years in that the vast majority of the investigation into harm to adults examines allegations that they were harmed in their own home.

4.8. Outcomes of the Adult Protection Investigations

Of the 55 investigations undertaken, 32 concluded that the adult was at risk of harm and a case conference was held. In 3 other cases it was decided that Adults with Incapacity legislation was a more appropriate legal route to providing long-term protection for the adult.

4.8.1. Case conferences:

In 2014-15 32 initial case conferences were held. Of these, 17 concluded that the adult was at risk of harm and protection plans were put in place, other adults were not considered at risk – often because of action already taken to protect them – and in one case it was agreed that the risks to the adult were most appropriately managed through the ongoing CPA process

In addition, 19 adult protection review case conferences were held to consider the ongoing risks to the adult and monitor the protection plan.

In addition to this quantitative data on adult protection work that is collected, there is a performance measures that relate to the timescale in which adult protection work is completed.

The West of Scotland Practice Guidance originally suggested that all adult protection case conferences should be held within 10 working days of the referral of the concern. This proved almost impossible to meet for most Councils, and when the Guidance was updated in 2012 this timescale was extended to 28 working days. Following discussion at the APC it was agreed that to sanction the delay such a crucial meeting for such a long period of time was unhelpful, and a 15 working day timescale was agreed in Argyll and Bute.

Performance against this measure is reported as part of Outcome 3 of the APC Improvement Plan: *Where an adult is found to be at risk of harm, partner agencies work together to investigate the risks and take action to protect them*

The performance indicator is: 95% of case conferences take place within 15 working days of the referral

- *In 2014-15 only 57.9% of case conferences were held within this timescale, out of those that were delayed, 75% had a good reason for holding the meeting at a later date, these include the cancellation of ferries because of bad weather, the need to wait for a key staff member to return from leave etc.*

4.9. Protection Orders

During the course of 2014-15 a Banning Order with power of arrest was successfully applied for and followed a Temporary Banning Order for the same individual.

4.10. Large Scale Investigations

One Large Scale Investigation was started during this year following a number of serious concerns in a residential home. This was the first of these to be done in Argyll and Bute following adoption of this procedure in April 2014.

4.11. Management Data Conclusions

The management data presented above, together with additional information about referral types, goes to the APC each quarter for scrutiny and discussion. Ongoing areas for examination have included such issues as

- The high level of referrals from the police
- The unexplained difference in referral levels across the areas of Argyll and Bute
- The need to ensure a rise in public awareness so that referral numbers from service users, family members and the public rise
- The need to ensuring ongoing training for staff from all agencies so that referral numbers for social work, the NHS and provider organisations continue to rise
- The need to maintain a scrutiny of work being done where adults are referred repeatedly following incidents of self-harm
- Other issues identified by APC members as they arise

4.12 SELF EVALUATION AND AUDIT

The Adult Protection Committee has continued to use a number of methods to examine its own performance and the way that its member agencies work together to support and protect adults at risk of harm.

4.12.1. Self-Evaluation Days

As in previous years, the APC held a self-evaluation day in November 2014. This was a particularly well-attended event with representatives of a wide range of partner agencies present.

The theme of the self-evaluation day in 2014 was “Working Together”. The presentations included

- Information from the key agencies on the local and national progress on the 5 National Priorities for ASP

- An update on Integration from the newly appointed Chief Officer for the Health and Social Care Partnership
- Updates from the 4 chairs of the Area Forums on work done in their area over the year as they passed the responsibility for this meeting over to the new chairs
- Details of the audit activity and findings from 2013-14 covering all types of adult protection cases

Discussions then took place in area groups on the following topics:

  - What works well in Argyll and Bute? What works well in our area? How could we make it even better?
  - What do we need to improve in our area? What should be our local priorities?
  - What do we need to improve centrally?

Much of the feedback from the areas was positive, and a number of areas for future work locally were identified and will be taken forward by the Area Forums. Areas requiring work from the APC or Lead Officer Adult Protection included:

  - Improving awareness of adult support and protection
  - Continuation of the training programme in 2015
  - Local publicity campaign agreed to support the SG campaign
  - Contact with financial institutions planned at same time to draw attention to financial arm
  - A&E staff training to be rolled out
  - The need to improve the consistency of adult protection investigations
  - Council officer refresher training to take place in the new year
  - Council officer forum to be established to discuss cases and good practice

All of these activities are now underway or have been completed.

In response to the participants' enthusiasm for an adult protection conference instead of another self-evaluation day in 2015, plans are underway for such an event to take place in November.

4.12.2. Case File Audits

Following the model used to audit adult protection work in 2013, two separate types of case file readings took place in 2014: a multi-agency audit of a small number of cases where an adult protection investigation was done and a case conference took place, and a large scale audit of cases from across all areas where the decision had been taken (following inquiries) that the adult was not at risk and adult protection procedures would not be used. Details of both are below.

4.12.2.1. Multi-Agency Case File Audit 2014

In previous years the multi-agency case file audit had been confined to case file readings. In 2014, a more ambitious model was adopted from another local authority and the examination of records was supplemented – where possible – with interviews with the adult who had been the subject of the investigation and with the lead council officer. The findings from the file readings and interviews were then considered by a small group of professionals from each of the key agencies and an overall report produced with recommendations for each partner. The report was presented at the APC meeting in October 2014.

8 cases were randomly selected from across the four areas and represented all client groups. As in the previous year, difficulties in gaining consent from all the adults approached and the limitations of requiring the adult to either have capacity or to have a legal representative to give consent, made this is a long and difficult process. Again it mean that the cases finally selected for audit were not particularly representative of those adults who were the subject of an investigation, as many of the cases related to an adult with dementia and who could not consent to their case being examined, and so were ruled out of this process. There were also considerable difficulties in obtaining consent from adults to be interviewed as many were content to allow an examination of the files but not to discuss what was a painful and difficult subject for them. A number of staff were also unavailable for interview through having left the department of through sickness.

In all the work done included:

- 8 multi-agency records examined
- 3 adults (or their representative) interviewed

6 workers were interviewed

4.12.2.2. Interviews with the adult or their representative:

It was agreed by the team examining the surveys that the three interviews undertaken with the adults provided feedback so specific to those particular individuals that the information gathered was statistically insignificant and provided no general information of value.

However, it was also agreed that gaining the feedback of adults who have been the subject of an adult protection investigation is absolutely vital. The short-life Service User and Carer Engagement Group has now been set up to develop better tools and processes to use to improve this, and these will be trialled as part of the 2015 case file audit..

4.12.2.3 Interviews with the workers:

Overall the interviews with the lead council officers for the adult protection investigations provided very positive feedback. In all six workers were interviewed. All felt confident that they understood their roles and responsibilities, all felt that the adult protection process had been multi-agency, all felt that the adult was safer at the end of the process and all felt that they had been supported throughout by their managers.

The only negative comments made related to the time that adult protection work takes and the impact this can have on existing workloads.

In additional comments made during the interviews, many staff showed an appetite for developing their skill and knowledge in adult protection through case discussions and refresher training based on actual cases. The first Council Officer Forum to enable this type of learning to take place has now been held and was well attended.

4.12.2.4. Case file readings:

A number of aspects of the ASP work by the different agencies were examined by pairs of staff with a number of areas of work examined for quality of action and recording.

In every category examined, the evaluation given to the files from different agencies ranged from weak to excellent, with no particular patterns apparent.

4.12.2.5. Overall quality of the work by each agency:

Not all agencies were involved in all cases, and one audit pair failed to provide an overall score.

	Police	NHS	Social Work	Multi-agency
Weak	0	1	0	1
Adequate	1	2	2	3
Good	2	2	3	0
Very good	0	2	1	3
Excellent	0	0	0	0

The final questions asked of the staff who examined the files were:

Was the process multi-agency throughout? 6 out of 9 (66%) felt that it was

Was the adult at the heart of the process? 6 out of 9 (66%) felt that they were

Was there evidence of positive (or negative) outcomes for the adult? 5 out of 9 (55%) could see clear positives for the adult

The completed file reading templates and questionnaires from staff and adults were then examined by the multi-agency group , and the following areas for improvement identified.

4.12.2.6. Areas for improvement:

Areas for improvement were noted for all the key agencies to be taken back to individual organisations by those involved in the group who considered the audit findings. These include:

For social work:

- The quality of adult protection investigations was inconsistent
- The views of the adult and their family members/carers were not always clarified and considered essential to the protection process: there was a sense in some pieces of work that adult protection was done to people and not with them

For Police Scotland:

- It was recognised that although social work staff reported potential crimes to the Police, feedback from the Police as to their actions tended to be extremely slow, which made it difficult for social work to develop the fullest possible protection plans

For NHS staff

- There were a number of times when it was clear that concerns about an adult had not been shared with social work at the earliest possible stage.

- It was recognised that sometimes only limited information was shared with social work when an adult protection investigation was being undertaken.

- Where health staff had been contacted for information as part of the investigation they did not always record in their own systems that this had taken place. This meant that in some health records there was no immediate way of identifying that adult protection concerns had been noted. One GP invited an auditor to examine the computed system in the practice as well as examine their notes. A visit to the health centre took place and it was immediately clear that although some information about adult protection concerns were available in the patient notes, they were stored alongside other information and not highlighted in any way. This means that should a locum GP see the patient they would not be made aware of the concerns that were current.

- In 2 out of the 7 case conferences GPs were invited but did not attend, send apologies or provide a report, meaning that their vital contribution was missing.

4.12.2.7. Actions:

The following actions were agreed by the APC as a result of the audit:

- That the audit method be adopted for a second year, with minor modifications.

  This has been agreed, but with additional internal social work evaluation of cases where an adult protection investigation took place and where consent cannot be obtained because the adult lacks capacity and has no representative, in order to ensure that a more representative spread of cases are examined

- That the inconsistency and – in some cases lack of knowledge and skill – in undertaking adult protection investigations be addressed through the provision of refresher sessions for council officers and those who may be used as second workers in the period January-March 2015.

  As detailed in Section 2, all except one Council Officer attended the refresher sessions held during this period

- That a Council Officer Forum be set up in order to maintain the knowledge base of those who act as council officers and develop a culture of learning through sharing practice.

  The first Council Officer Forum was held in May, with a second scheduled for September.

- Specific work with GPs was recommended so that they had access to adult support and protection training appropriate to them and to encourage them to attend case conferences.

  One PLT event for GPs has now been held, with others being planned for the future. There is also a degree of progress with facilitating a GP to attend the APC so that they can cascade information as appropriate to colleagues, although no G.P. has yet attended an APC meeting.

4.12.3. Internal Social Work Audit 2014

Those social work team leaders not engaged in the multi-agency case file audit examined 46 AP referrals and the work undertaken following their receipt. This was approximately 10% of all those cases where the decision had been taken that the adult was not at risk of harm and that AP procedures would not be used. The work examined was from every area and covered every client group.

4.12.3.1. Audit tool:

The audit tool used was that developed for the previous year's case file audit. However, during its use the team leaders fed back that they considered its marking scheme too generous and it was further adapted to reflect their comments. The scores given to each piece of work were then adjusted according to the new marking scheme but based on the work done by the team leaders. The result of this is that they appear to demonstrate a high degree of poor quality work.

4.12.3.2. Scoring:

Overall scores demonstrated a wide range in the quality of work done with all areas being responsible for both poor and excellent work.

	Poor	**Adequate**	**Good**	**Excellent**
Totals	**20**	**7**	**9**	**10**

These results were so concerning that the 20 forms considered "poor" were re-checked by the Lead Officer Adult Protection. This cross check showed that in general the weaknesses were in the recording rather than the action taken, and also in providing a critical analysis of the information gathered. Overall 78% demonstrated that the inquiries undertaken were appropriately multi-agency.

Forms that demonstrated less that excellent recording, practice and decision-making showed similar patterns across all areas:

37% of forms did not have all the information fields completed. This is poor and has been reflected over the year in the statistics that have been collected for the APC. Team leaders have been requested to be more scrupulous in checking forms for completeness of recording before they authorise them.

22% of forms did not demonstrate that the worker had made multi-agency inquiries. This means that in 78% the inquiries were appropriately multi-agency, which is extremely positive. A check of those forms where multi-agency inquiries were not made suggests that some of those were cases well known to the worker, so that further information gathering about their background was unnecessary. It would have been more helpful had this been recorded more clearly, and again team leaders have been reminded that where the adult and their needs are known to the department, this needs to be explicitly recorded.

72% of forms did not gather sufficient evidence to demonstrate whether or not the adult met the 3 criteria to be considered an adult at risk of harm and how this decision was made. The role of social work as defined by the ASPA is to receive adult protection referrals, make inquiries and then determine whether or not the adult is at risk of harm and whether action needs to be taken to protect them. This audit clearly demonstrates that social work staff make inquiries, but it also shows that staff then fail to show any critical analysis of the information gained and so demonstrate how the decision about whether or not the adult is at risk is reached.

39% of forms did not demonstrate that appropriate follow up was provided. At first glance this appears a disappointing result, but a check of those forms where this conclusion was reached suggests that the issue highlighted by the audit team was one of poor recording rather than poor decision-making. In many cases the adult was already known to staff and already receiving support but the form completed did not make clear why the decision was reached that this was appropriate and no other follow up needed. However, in some forms the decision was clearly a poor one.

4.12.3.3. General points

Although the results of this audit are disappointing, the consensus of opinion amongst the team leaders who took part was that it was an invaluable exercise for their own learning. Specific actions to improve performance were agreed with them on the day of the exercise, with others following:

- A change was made to the AP referral form to highlight that an analysis of the information gathered is required and provide a space for this. This is now being used extremely effectively by staff.

- The team leaders were sent the marking scheme used in the audit as a template against which to consider work that they authorise.

- The team leaders were sent the forms completed by their peers so that they could examine those considered to demonstrate good recording and practice and those that were judged to be less good to use them as training exercises with their staff

- At the request of team leaders anonymised template forms were created to demonstrate good recording and poor recording again to be used within teams to show staff what is expected of them.

- An external trainer was commissioned to provide a session for team leaders (and a small number of council officers) on "Recording and Defensible Decision Making". This took place in November 2014, and at the suggestion of those who attended will be repeated in 2015 for those unable to attend the first session.

4.12.3.4. Overall findings from the 2014 case file audit:

As last year, the audits undertaken provided useful information for those involved in supporting and protecting adults in Argyll and Bute. It is clear that although considerable amounts of good work is taking place, this is too often inconsistent. The findings have been used to develop actions to make improvements in many areas and it is hoped that the audits in 2105 will demonstrate that improvements have been made.

4.13. STAFFING AND FUNDING

4.13.1. Staffing

The Lead Officer Adult Protection works to the APC and has been, to date, line managed by the Head of Service Adult Care. With the changes brought about by Integration, this will change and is currently awaiting agreement.

The Lead Officer Adult Protection and the APC were supported by the work of a half time admin officer in 2014-15. Following the admin review that took place within social work in 2014, this position is currently unfilled, but ongoing support is being provided through the strategic admin team until the situation is resolved.

4.3.2. Funding

Argyll and Bute Council continues to recognise the importance of adult support and protection and has, to date, maintained the previously agreed level of funding to support all aspects of this work. The funding for four social work staff was passed to the area

teams in 2012 to support their adult protection work, but all other elements of funding remain available to support other aspects of adult protection work.

5. TRAINING AND STAFF DEVELOPMENT

5.1. TRAINING

'... making arrangements for improving the skills and knowledge of officers .. of public bodies' *S42(1)(c) ASP(S)A 2007*

The multi-agency training plan developed by the Policy and Training sub-committee of the APC continues to focus on all aspects of adult support training. A full training programme for 2014-15 was published on the Argyll and Bute Council website at the start of the calendar year, with online bookings available to all agencies making it easily accessible.

A revised, simplified training framework was agreed in 2014, see below, with an associated Training Plan.

Training Plan

LEVEL	DESCRIPTION	OUTCOME SOUGHT	TARGET GROUP	MANDATORY	NOTES
	Council Officer and Second Worker Refresher Session	To provide those who undertake adult protection investigations with a practice based refresher on the essential elements of the Act and good practice in ASP work	Social workers, health staff in joint teams and any staff member who may be a second worker in an adult protection investigation	Yes for council officers	
	Specialist ASP courses as required and as identified for specific staff	No specific courses have been identified as essential in this section, as the learning needs of staff differ and it is important that any training framework remain responsive to issues identified either by individuals or as a result of self-evaluation and audit, and training commissioned to fill these gaps.	Any staff who work with adults ta risk of harm and who identify a specific skill or knowledge gap		
Level 3	Chairing Adult Protection Case Conferences	To provide an opportunity for chairs of adult protection case conferences to identify the key elements of an adult protection case conference and share good practice in relation to all aspects of case conferences	Area Managers and lead professionals who chair adult protection case conferences	Yes	
Level 2	Adult Support and Protection Act in Practice	To ensure that council officers, social workers and other frontline staff who manage cases are aware of the Act, the legal duties placed on staff and how adult protection referrals are managed by social work from initial inquiries through to protection planning	Council officers Social workers, social work assistants, CPNs District Nurses, managers of care and support provider services etc.	Yes (for council officers and social workers)	Open to staff from any other agencies who manage cases and need a fuller understanding of their role within adult support and protection
Level 1	Introduction to Adult Support and Protection	To enable staff to recognise and report adult protection concerns, and have a basic understanding of the adult protection process	All staff in public, private and 3rd sector who may come across an adult at risk of harm	To be agreed by each agency	Open to staff from any agency who have contact with members of the public.
	Minute taking	Effective minute taking	Minute takers of AP case conferences	Admin staff in adult social work	

5.1.1. Training provided 2014-15:

Level 1 Training:

Introduction to Adult Support and Protection

Most of this training was commissioned from an external provider, with the Lead Officer Adult Protection undertaking a small number of sessions in the more remote locations. It was open to all agencies groups across each area.

Overall 23 sessions took place with 344 staff trained across locations in Helensburgh, Dunoon, Bute, Lochgilphead, Campbeltown, Oban, Mull, Islay and Tiree.

The attendees were as follows:

The attendees were as follows:

Agency	**Number attended**
Local Authority	141
NHS Highland	109
3rd Sector/Other	94
Total	**344**

Below is a breakdown of the 3rd Sector/Other agencies that attend:

Agency	**Number attended**
Abbeyfield House	18
ALIenergy	3
Argyll Voluntary Action	6

Bield Housing	4
Carers Direct	9
Carr Gomm	26
HART	3
Encompass Counselling	1
Lochside Care Home	6
Lynne of Lorne Care Home	8
Marines Support Agency	3
Northwood House	1
Premier Health Care	5
RAMH/ACUMEN	1
Total	**94**

The evaluations were consistently good, with average scores between 4 (very good) and 5 (excellent) in all categories.

Adult Protection Case Conference Minute Taking Training

This half day course for admin staff who take the minutes of adult protection case conferences was run in October 2014, and attended by 13 staff.

The changes in the admin teams across the areas as a result of the admin review within social work, means that there are plans to run this training again shortly for the staff in both adult care and children and families who may be required to minute adult protection case conferences as part of their new roles.

The evaluations were consistently good, with average scores between 4 (very good) and 5 (excellent) in all categories.

Level 2 Training:

The Adult Support and Protection Act in Practice

This one day course was run for a second year in 2014-15 and aims to ensure that staff from the key agencies who work with adults who may be vulnerable to harm have a basic understanding of adult support and protection and their responsibilities. The day long sessions reminds staff of the essential elements of the Act, provides an update on local social work and multi-agency procedures for dealing with adult protection referrals through to case conference and protection planning and provides a refresher of good practice in adult support and protection.

It is run by the Lead Officer Adult Protection and is open to any staff who hold cases or manage provider services from any of the key agencies. Overall 8 sessions were held between 1st April 2014 and 31st March 2015, with 78 staff trained across locations in Helensburgh, Dunoon, Bute, Lochgilphead, Campbeltown and Oban.

The attendees were as follows:

Agency	**Number attended**
Local Authority	42
NHS Highland	11
3rd Sector/Other	25
Total	**78**

Below is a breakdown of the 3rd Sector/Other agencies that attend:

Agency	**Number attended**
Alzheimer's Scotland	3
Bield Housing	3
Carr Gomm	2
Crossreach	2
Enable Scotland	3
HART	2
H&L Carers	5
Lynne of Lorne	1
Maxie Richards Foundations	3
Trust Housing	1
Total	**25**

The evaluations were consistently good, with average scores between 4 (very good) and 5 (excellent) in all categories.

Level 3 Training:

Council Officer Refresher Sessions

As agreed in the new Training Framework above, it was decided that rather than simply purchase the training available, it would be more useful to ask council officers what training they felt would be most helpful for them, and tailor the training provided accordingly. The Council Officer Learning and Development Framework developed by the West of Scotland training leads was

used as the basis for a questionnaire for those staff appointed as council officers. A low number of responses were received but a number of common themes emerged and many of these were incorporated in the council officer refresher sessions held early in 2015.

All staff in the social work teams who had been appointed as council officers had undertaken an update on local procedures between January and March 2013. However, the case file audits of 2014 demonstrated a degree of inconsistency between the teams and the areas in the way that they were leading adult protection investigations. It was therefore agreed that compulsory refresher sessions be held for these staff early in 2015. They were open to second workers, too, to provide a mix of staff who attended.

The aim of the half day course was to ensure that council officers and second workers continued to have the necessary knowledge to deal with adult protection cases. The session reminded staff of the essential elements of the Act and of local procedures regarding ASP and provided a refresher of good practice in adult support and protection. Like the ASP Act in Practice training, work on specific case studies provided the attendees with the opportunity to consider how a variety of scenarios may be best approached so that the duties of all agencies are fulfilled and the principles of the Act followed when working with adults at risk.

IN all 85 staff attended the sessions, with all except 1 council officer participating.

The evaluations were consistently good, with average scores between 4 (very good) and 5 (excellent) in all categories.

Case Conference Chairing

Following previous case conference chairing training in February 2013, there had been only minor changes in the pool of case conference chairs in 2014. A refresher session was held in August 2014 for 6 chairs and an “Aide Memoire” was produced for them in order to remind them of the essential tasks when chairing such a meeting.

Recording and Defensible Decision Making

In response to the inconsistency noted in the 2014 case file audits, an external trainer was commissioned to provide a day-long session for team leaders and a number of council officers on recording and defensible decision making. This was held in November 2014 and was attended by 19 staff. At the suggestion of those who attended this session will be run again in September 2015 for those council officers unable to attend the previous day.

The Interface between Child Protection and Adult Protection

During 2014 it was recognised that the interface between Adult Care and Children and Families social work teams was not always as effective as should be expected. This was particularly concerning where there were potential adult and child protection issues identified in a case. Joint Guidance on the Interface between child protection and adult protection was produced jointly by the APC and CPC and a number of briefing sessions set up for staff from Adult Care, Children and Families, Education and a number of other agencies.

These were run by the lead officer adult protection and the interagency child protection training co-ordinator. The aim of the sessions was to enable staff to develop a shared awareness and understanding of the links between adult protection and child protection in practice. In all 6 sessions took place, with 105 staff attending from the following organisations:

Agency	**Number**
A&B Council	73
NHS Highland	24
Voluntary/3rd Sector	8
Total	**105**

The feedback on the sessions was consistently good, with appreciation frequently shown for the opportunity to reflect on practice in these areas.

5.1.2. Monitoring and Overview of Training Activity by the Sub-Committee

- The majority of the training provided in 2014-15 was published on the Argyll and Bute Council website as part of the ongoing training programme. This proved a successful way of ensuring that the information was widely available and easily accessible for most organisations, with all partner agencies asked to pass on the link to the appropriate webpage to their contacts. The booking of places through the site was straightforward and easily managed internally and the sub-committee agreed to continue to use this model of advertising the training in 2015.

- The Policy and Training Sub-Committee also maintains an overview of the course evaluations and has been pleased to note that these have remained consistently high.

- During 2014 it was recognised that simply evaluating the appreciation of the training at the end of the session was not enough, and that it was important to ty to capture whether the learning has had an impact on the day-to-day work of the attendee. The sub-committee therefore devised a post-training questionnaire that is sent out to attendees 3 months after attendance at any of the courses. It seeks to gain information as to whether the attendee has used the information acquired in their daily work and whether they have made – or considered making- an adult protection referral. The responses are shared with the sub-committee on a quarterly basis: any specific individual issues are dealt with by the lead officer adult protection as they are received, and any general points are highlighted for discussion by the sub-committee. Overall responses remain low, not unexpectedly, but feedback remains good that the staff who attended the courses have shared the information with colleagues and are using the information gained in their working lives.

5.2. PUBLIC AWARENESS OF ADULT SUPPORT AND PROTECTION

Raising the profile of adult support and protection remains high on the agenda of Argyll and Bute's APC.

It was agreed that rather than set up a new sub-group, the existing sub-committee should take on this responsibility and the membership was increased to include one of the Council's Communications Officers. With their assistance a communications strategy was developed and has included various actions such as additional press releases and additions to the website.

5.2.1. Citizens panel:

In the autumn of 2012 the APC had undertaken a first survey of knowledge of adult support and protection using the Citizens Panel. This showed that only 27% of respondents were aware that adults now had the legal right to be protected from harm. This figure was clearly disappointing but provided a baseline against which to compare figures in the future.

In 2014 Citizens Panel members were asked if they had heard of adult support and protection, and the responses demonstrated that the percentage of respondents aware of ASP had now risen to 37%. Panel members were then asked where they had seen or heard information about adult protection, with the answers providing some fascinating differences between the areas:

	Bute and Cowal	**Helensburgh and Lomond**	**MAKI**	**OLI**	**Argyll and Bute**
TV Advert	17%	26%	9%	18%	17%
Leaflets or posters	28%	30%	24%	64%	36%
Council website	9%	3%	22%	16%	14%
Local newspapers	52%	33%	22%	21%	31%
Other	5%	9%	7%	2%	6%

Despite the differences between different areas, it is clear that leaflets and posters, and local newspaper articles are the most effective means of promoting the topic, which is vital information as planning takes place for disseminating information.

Panel members were also asked where they saw leaflets or posters about adult support and protection. Again, interesting differences between the areas are clear:

Location of leaflets	Bute and Cowal	Helensburgh and Lomond	MAKI	OLI	Argyll and Bute
Social work office	10%	10%	13%	15%	13%
Police station	5%	30%	8%	15%	14%
Library	43%	30%	29%	8%	23%
Health centre	62%	79%	58%	88%	75%
Dentist	15%	15%	21%	4%	12%
Hospital	33%	42%	30%	27%	32%
Housing Office	0	0	13%	0	3%
Care Home	5%	0	0	4%	3%
Day Centre	0	0	0	15%	6%
Other	5%	0	4%	2%	3%

Crucially, it is clear that in all areas health centres are the best place for people to find out about adult protection.

To date all health centres have been sent new supplies of leaflets and posters every 6 months, and this will continue to be done, drawing the attention of practice managers to the figures above and the importance of the information being displayed. As detailed in Section 5 specific training is being offered to ensure that GPs have an improved understanding of adult support and protection and their importance in the process, and in ensuring their engagement with the APC through an identified GP link.

Because of the differences between areas, it is important that local work to raise awareness of adult protection is tailored to local need, so the above information has been provided to the Area Forums so that they can make appropriate links with these venues to ensure that they prioritise the ASP publicity materials.

5.2.2. Scottish Government Awareness Raising Campaign

After a number of delays, a publicity campaign initiated and funded by the Scottish Government took place between 9th February and 8th March 2015. Considerable amounts of work were done nationally to raise awareness of adult support and protection, with additional support provided locally.

Argyll and Bute had requested I00 posters using the national images but with a blank space for stickers to be attached, providing local contact details for anyone wanting to report harm. Well over 200 posters were received – after the start of the campaign – and these were distributed as widely as possible. Those assisting with the distribution placed them in health centres, hospitals, pharmacists, local shops, leisure centres and any of location that would agree to take them.

The council's communication team produced a press release based on the national information, and this was taken up and published by the Dunoon Observer and the Helensburgh Advertiser. The communications team also arranged to use the images from the campaign as one of the banner headlines on the Argyll and Bute council website, with the ability to click through the headline to the ASP pages. In addition they used the social media guidance from the national campaign to produce regular facebook and twitter comments drawing attention to the issues raised. The social media strategy was shared with other partner agencies, but as many have national rather than local web-based communications the bulk of the social media posts were done by the council.

In order to assist with raising awareness of financial harm, letters were sent to all banks and building societies in Argyll and Bute drawing their attention to the campaign and sending them leaflets and offers of further information about harm.

Following the campaign the Scottish Government asked councils for information to gauge the effectiveness of the publicity produced. And responses were submitted to each of the questions asked, as follows:

- We were asked if there had been a rise in in the number of referrals during or just after the campaign. In all there were 46 referrals in the 4 week period just prior to the campaign, and 44 during the campaign.

- We were asked how many were taken further under adult support and protection: there were 4 investigations in the 4 week period just prior to the campaign, and 4 that resulted from referrals made during the campaign.
- We were asked to provide details of the number of hits to the webpages in the weeks just before the campaign and for during the weeks of the campaign and about the “website bounce rate” both during and prior to the campaign.

  The web team supplied the following information:

	Web page	Page views	Unique page views	Time spent on page	Bounce rate
Before	Social care and health APC	12 (100%)	12 (100%)	00.02.06	50%
Before	Adult protection	78 (36.28%)	58 (43.94%)	00.00.48	46.67%
During	Social care and health APC	21 (91.30%)	15 (88.24%)	00.00.54	66.67%
During	Adult protection	37 (68.52%)	34 (68%)	00.01.06	50%

It is clear from the above information that there was no rise in referrals or noticeable rise in visits to the relevant web pages during the campaign, but it is perhaps naïve to suppose that awareness of harm rises so quickly. The national campaign is only one element of the Argyll and Bute adult support and protection communications strategy, and other work continues to be done to raise awareness of this issue. Awareness levels will continue to be measured through the Citizens Panel, as this also provides us with detailed data as to where best to target our efforts to make people aware of the need to identify and report harm.

6. COMMUNITY SAFETY, CO-OPERATION, PARTNERSHIP AND LEARNING

6.1. Public Protection Arrangements

As detailed in Section 1 strategic leadership and scrutiny to the three public protection areas of Child and Adult Protection and the Multi Agency Public Protection Arrangements for High Risk Offenders (MAPPA) are provided through the Chief Officers Group Public Protection (COGPP).

In line with the APC's constitution, this will be reviewed again in September 2015 when the Committee undertakes its annual self-evaluation. This APC meeting has been postponed from its usual August date so that the findings from the recent Older Peoples Joint Inspection in relation to adult support and protection may be considered. Membership will also need to be reconsidered in the light of the ongoing management changes as Adult Care and the NHS integrate, as it is essential that the key personnel who lead the ASP agenda in their areas are represented at the meeting.

6.2. Communication Between Agencies in Practice

Feedback from partners within the APC continues to suggest that in general communication between the agencies is good.

Ongoing quality assurance and case file audits both report that most adult protection inquiries demonstrate multi-agency liaison and follow up, and that all adult protection investigations involve the other organisations working with the adult. The agencies represented at the self-evaluation day, too, reported very positively on partnership working where staff routinely work together to protect adults at risk of harm.

A number of key elements of multi-agency work in adult protection have been included in the APC Improvement Plan in recognition that it is only be ensuring the involvement of all key agencies that adults can best be supported in situations of risk:

6.3. Responses to adult protection referrals:

Although the council is lead agency for adult support and protection, the work undertaken when an adult protection referral is received is to undertake multi-agency inquiries so that information is sought from other key agencies to determine whether or not the adult is at risk, and ensuring that the appropriate support is available to them. Two qualitative measures form part of Outcome 2 of the APC Improvement Plan*: Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm*

One measure is that 95% of adult protection referrals demonstrate the involvement of partner agencies in assessing whether or not an adult is at risk of harm

- *In 2014-15 95.3% of all referrals demonstrated the involvement of partner agencies*

The other is that 95% of adults not found to be at risk of harm are offered appropriate information and/or support

- *In 2014-15 97.6% of referrals demonstrated that the adult found not to be at risk of harm was offered appropriate information and/or support*

It is extremely encouraging that both these indicators have been met as they are key to ensuring that adult protection work is multi-agency from the outset and that even where it is clear that adult protection procedures are not required, the adult and their issues are treated seriously and they are provided with a service to meet their needs.

6.4. Adult Protection investigations, case conferences and protection plans:

From the conclusion of an adult protection referral that the adult is at risk, all aspects of the work that follows should be multi-agency, and a number of measures of this aspects of key stages are measured *in Outcome 3 of the APC Improvement Plan: - Where an adult is found to be at risk of harm, partner agencies work together to investigate the risks and take action to protect them.*

The measures include the following:

100% of adult protection investigations demonstrate multi-agency work

- *In 2014-15 96% of the investigations done involved multi-agency work*

100% of adult protection case conferences demonstrate that appropriate multi-agency staff were invited

- *77.7% of case conferences ensured that appropriate multi-agency staff were invited*

100% of adult protection case conferences demonstrate that appropriate multi-agency staff attend or send a report

- *67.3% of case conferences had full attendance by the invited staff or a report from them*

100% of protection plans demonstrate the involvement of partner agencies

- *100% of protection plans were multi-agency*

Although these measures demonstrate that not all of the ambitious targets were met, they are an important indication of a high level of multi-agency work being done here. Only a tiny number of investigations were not appropriately multi-agency, key staff from other agencies were invited to most meetings where an adult was considered at risk, and although full attendance was not achieved, a high degree of participation is taking place. It is clear from the more detailed records kept in the Scorecard (see Appendix 1) that it is most often GPs who fail to attend such meetings. Work was done some time ago with NHS Highland to ensure that funding was available for replacement cover when they were expected to attend such meetings and the additional training that has now been offered to GP practices may well assist in raising the profile of adult protection and the importance of the GPs participation.

7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

In my conclusion to the 2012-14 Biennial Report, I stated that much progress had been made, and that in the immediate future we must make sure that

1. all those referred are offered advocacy
2. we progress all referrals within our challenging timescales
3. the range of referral sources continues to widen – and widen rapidly
4. we understand much better the impact of our interventions
5. understand the rising tide of financial harm – and address it
6. raise awareness of Adult Support and Protection; in this we will need the help and support of the Scottish Government

We cannot claim to have completely resolved any of these issues, but in all of them we can report progress.

1. In 2013-14 only 45.3 of adults who were the subject of an adult protection investigation were offered advocacy. In 2014-15 this has risen to 82.5%
2. In 2013-14 71% of adult protection referrals had the initial inquiries completed within 5 working days, in 2014-15 this fell to 67%, but additional work is being undertaken within the social work teams to address this issues.
3. The range of referral sources has continued to broaden, with referrals this year from more organisations that ever before. An indication of this is the gradual reduction now being seen in the percentage of referrals from the police. In 2013-14 they made 57.9% of all referrals, in 2014-15 this had fallen marginally to 56.7%.
4. As described in Section 2, the importance of gaining meaningful feedback from adults and carers has been recognised and a short-life working group was set up to develop appropriate ways of doing this, then using the information gained to improve our services.

5. Financial harm has continued to increase, with a wide variety of cases dealt with this year. The impact of these sometimes extremely serious cases of financial loss has been recognised and the topic of Argyll and Bute's first adult protection conference taking place in November 2015 will be financial harm.

6. The response to the Citizens Panel in Autumn 2014, and the increase in referrals from members of the public, family members and friends demonstrate that awareness of adult protection is rising. The brief Scottish Government publicity campaign assisted with this, but it is too early yet to be clear of the level of impact that it had.

The APC Improvement Plan and scorecard covering 2014-15 is attached at Appendix 1. The performance measures will continue to be collected throughout 2015-16. These and the results of the case file audits in August 2015 and the annual self-evaluation day in November 2015 will be used to form the basis of the Committee's consideration as to what to include in its next improvement plan. Feeding into this process will be the assessment provided by the Joint Inspection of Older Peoples Services due in August 2015 and the feedback from the Minister on the Biennial report submitted last year.

It is planned that in early 2016, the Adult Protection Committee will undertake a major review of the future direction of travel. We will be looking beyond mere incremental change. Rather we shall be contemplating significant change. Adult Support and Protection is no long a new issue. It has been mainstreamed. We shall be deciding how to develop this established responsibility in an environment where health and social care are fully integrated. We aim to up our game to be even more effective in this new environment.

Act against harm

Argyll and Bute Adult Protection Committee

ARGYLL AND BUTE APC IMPROVEMENT PLAN FOR ADULT PROTECTION

April 2014 – 2016

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-15 ADULT CARE SERVICE PLAN
OUTCOME 1 **- Adults at risk are identified promptly and reported appropriately**						
Clear public information exists explaining harm, who may be considered an adult at risk of harm and how to report harm	Public information is provided and published as widely as possible (and in appropriate formats) so that it is easily available to all	100% of ASP literature will be reviewed on an annual basis and re-distributed to appropriate locations	Multi-agency activity through members of Policy and training sub-group	Annual re-distribution September/ October	Quarterly report from Policy and Training sub-group minutes	
	The effectiveness of public awareness campaigns are measured through an increase in referral rates from a number of sources	2% increase in referrals from social work, NHS, and care/support provider staff 2% increase in referrals from adults at risk, their friends, relatives and local community Carefirst AP referral numbers/sources	Figures collated by Area Manager AP, report to NHS ASP sub-group	Quarterly	Quarterly report on ASP Statistics	

	Training is available to staff from social work, NHS and care and support providers in the statutory, voluntary and independent sectors	A training programme for the year is provided, publicly available and open to staff from all agencies	Training provided and published by social work on council website Distribution to staff in social work and NHS done by each agency Commissioning and contracts staff distribute to provider services	Annual in January	Quarterly report from Policy and Training Group minutes	
		Attendance by staff from all agencies to be monitored	Figures collated by Area Manager AP Figures reported	Quarterly	Quarterly report from Policy and Training Group minutes	

			to multi-agency Policy and Training sub-group Any demonstrable lack of attendance to be identified by group and dealt with by appropriate agency			

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
OUTCOME 2 **- Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm**						
All partner agencies will work together to ensure they are able to evidence clear, consistent guidance on adult support and protection and how to report concerns	All partner agencies are able to demonstrate a clear understanding of the guidance and make referrals appropriately	2% increase in referrals from social work, NHS, and care/support provider staff Carefirst AP referral numbers/sources	Figures collated by Area Manager AP	Quarterly	Quarterly statistical report	
Social work teams will work to ensure that all concerns and referrals receive a prompt and appropriate response	When adult protection referrals are received by social work teams they receive a timely and professional response	80% of adult protection referrals received by social work will have the initial inquiries completed within 5 working days Carefirst AP statistical report	Area Managers, social work, for B&C, H&L, MAKI, OLI	Quarterly report	Quarterly statistical report	AC-02
All agencies will ensure that they work together to assess whether or not an adult is at risk of harm	Joint working is evident across the partnership in relation to assessing whether or not an adult is at risk of harm	95% of adult protection referrals demonstrate the involvement of partner agencies in assessing whether or not an adult is	Area Managers, social work, for B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	AC-01 AC-03

		at risk of harm Internal quality audit				
All agencies must work together to ensure that, where the adult is not at risk of harm, they receive information and support as appropriate	Adult not at risk of harm are offered appropriate information and/or support	95% of adults not found to be at risk of harm are offered appropriate information and/or support Internal quality audit	Area Managers, social work, for B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	AC-01 AC-03

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
OUTCOME 3 **- Where an adult is found to be at risk of harm, partner agencies work together to investigate the risks and take action to protect them**						
Adult protection investigations always involve partner agencies	Joint working is evident across the partnership in relation to adult protection investigations	100% of adult protection investigations demonstrate multi-agency work Internal quality audit	Team Leaders, social work teams, B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	AC-01 AC-03
Adult protection case conferences always involve multi-agency information sharing and decision making	Case conferences invitations are extended to an appropriate variety of professionals who attend the meetings	100% of adult protection case conferences demonstrate that appropriate multi-agency staff were invited and that those staff attend or send a report Internal quality audit	Team Leaders, social work teams, B&C, H&L, MAKI, OLI and lead staff from NHS and Police Scotland	Quarterly	Quarterly statistical report	AC-02
Where adults are considered at risk of harm, agencies work together to put in place timely plans to provide support and	Protection plans are developed jointly between partner agencies who work together to support and	95% of case conferences take place within 15 working days of the referral	Team Leaders, social work teams, B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
protection	protect the adult at risk	100% of protection plans demonstrate the involvement of partner agencies Carefirst report and internal quality audit	AP Case conference chairs from all agencies			

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
OUTCOME 4 **- Adults at risk receive a person-centred response to concerns about them**						
All partners will work to ensure that adults who are the subject of an adult protection investigation are given information about the process	Adults who are the subject of an adult protection investigation are well informed about the process and have their communication needs considered and support provided where required	100% of adults who are the subject of an adult protection investigation are given information about the process and their communication needs are considered.	Team Leaders, social work teams, B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	AC-03

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
		Carefirst report				
All adults who are the subject of an adult protection will be offered support to enable their views to be expressed	Adults who are the subject of an adult protection investigation are offered advocacy	100% of adults who are the subject of an adult protection investigation are offered advocacy Carefirst report	Team Leaders, social work teams, B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	
All adults who are the subject of an adult protection investigation are supported to attend any case conference and their views are clearly recorded	All adults are supported to attend their AP case conference	100% of adults who are the subject of an adult protection investigation are invited to their case conference and have supported to attend if they wish to do so, and any reason for non-attendance is clarified and recorded Internal quality audit	AP Case conference chairs from all agencies	Quarterly	Quarterly statistical report	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
All adults who are the subject of an adult protection investigation are given the opportunity to feedback on whether they were listened to and whether they feel safer as a result of the process	All adults are able to feedback to partner agencies whether they feel they were listened to	100% of adults who are the subject of an adult protection investigation are offered the opportunity to provide feedback on their experience of the process Report from advocacy service	Advocacy service report to Adult Protection Committee	Quarterly	Quarterly	

Adult Protection Committee Improvement Plan Scorecard

Measure	Baseline Figure April 2013 – March 2014	1 April – 30 June 2014	1 July – 30 September 2014	1 October – 31 December 2014	1 January – 31 March 2015
OUTCOME 1 **- Adults at risk are identified promptly and reported appropriately**					
100% of ASP literature will be reviewed on an annual basis and re-distributed to appropriate locations	No baseline figure	To be reviewed in Autumn	Reviewed October 	Reviewed October 	Reviewed October 
2% increase in referrals from social work	8 *(please note this is an average figure per quarter)*	6 	2 	3 	5 
2% increase in referrals from NHS	11 *(please note this is an average figure per quarter)*	10 	13 	5 	19 
2% increase in referrals from care/support staff	15 *(please note this is an average figure per quarter)*	16 	13 	8 	9 
2% increase in referrals from adults at risk	1 *(please note this is an average figure per quarter)*	0 	1 	2 	2 
2% increase in referrals from relative, friends or general public	4 *(please note this is an average figure per quarter)*	5 	7 	7 	8 
OUTCOME 2 **- Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm**					
80% of adult protection referrals received by social work will have the initial	71% (*please note collected over last*				

inquiries completed within 5 working days	*2 quarters of year due to reporting format change)*	**72%**	**73%**	**60%**	**63%**
95% of adult protection referrals demonstrate the involvement of partner agencies in assessing whether or not an adult is at risk of harm	**94%**	**90%** 	**98.5%** 	**95%** 	**98%** 
95% of adults not found to be at risk of harm are offered appropriate information and/or support	**95%**	**97%** 	**98.5%** 	**96%** 	**99%** 
OUTCOME 3 **- Where an adult is found to be at risk of harm, partner agencies work together to investigate the risks and take action to protect them**					
100% of adult protection investigations demonstrate multi-agency work	**99.6%**	**100%** 	**93%**  1 not multi-agency	**91%**  1 not multi-agency	**100%** 
100% of adult protection case conferences demonstrate that appropriate multi-agency staff were invited	**100%**	**100%** 	**78%**  2 did not invite health staff	**33%**  1 did not invite health staff, 1 did not invite police	**100%** 
100% of adult protection case conferences demonstrate that appropriate multi-agency staff attend or send a report	**58.3%**	**66%**  GP and Police failed to attend one out of the 3 case conferences	**28.5%**  GPs invited but failed to attend 5, advocates failed to attend 2	**100%** 	**75%**  GP failed to attend 1, provider agency failed to attend 2

95% of case conferences take place within 15 working days of the referral	**No baseline figure**	**75%**  Of 4 case conferences required, 1 was held late	**78%**  Of the 9 case conferences, 2 were late (by 1 and 2 days respectively)	**33%**  Of the 3 case conferences 2 were late but for good reason	**75%**  3 case conferences were delayed, all for good reasons
100% of protection plans demonstrate the involvement of partner agencies	**95.8%**	**100%** 	**100%** 	**100%** 	**100%** 
OUTCOME 4 **- Adults at risk receive a person-centred response to concerns about them**					
100% of adults who are the subject of an adult protection investigation are given information about the process	**100%** *(please note info only collected from last 2 quarters)*	**100%** 	**100%** 	**100%** 	**100%** 
100% of adults who are the subject of an adult protection investigation have their communication needs considered	**86.1%**	**100%** 	**89%**  I adult did not have their communication fully considered	**81%**  2 adults did not have their communication fully considered	**86%**  1 adult did not have their communication fully considered
100% of adults who are the subject of an adult protection investigation are offered advocacy	**45.3%**	**60%**	**93%**  I adult failed to be offered advocacy without good reason	**91%**  I adult failed to be offered advocacy without good reason	**86%**  1 adult failed to be offered advocacy without good reason

100% of adults who are the subject of an adult protection investigation are invited to their case conference and are supported to attend if they wish to do so, and any reason for non-attendance is clarified and recorded	**87.3%**	**100%** 	**100%** 	**100%** 	**100%** 
100% of adults who are the subject of an adult protection investigation are offered the opportunity to provide feedback on their experience of the process	**No baseline figure**	**Not yet captured**	**Not yet captured**	**Not yet captured**	**Not yet captured: work ongoing through service user and carer engagement group**