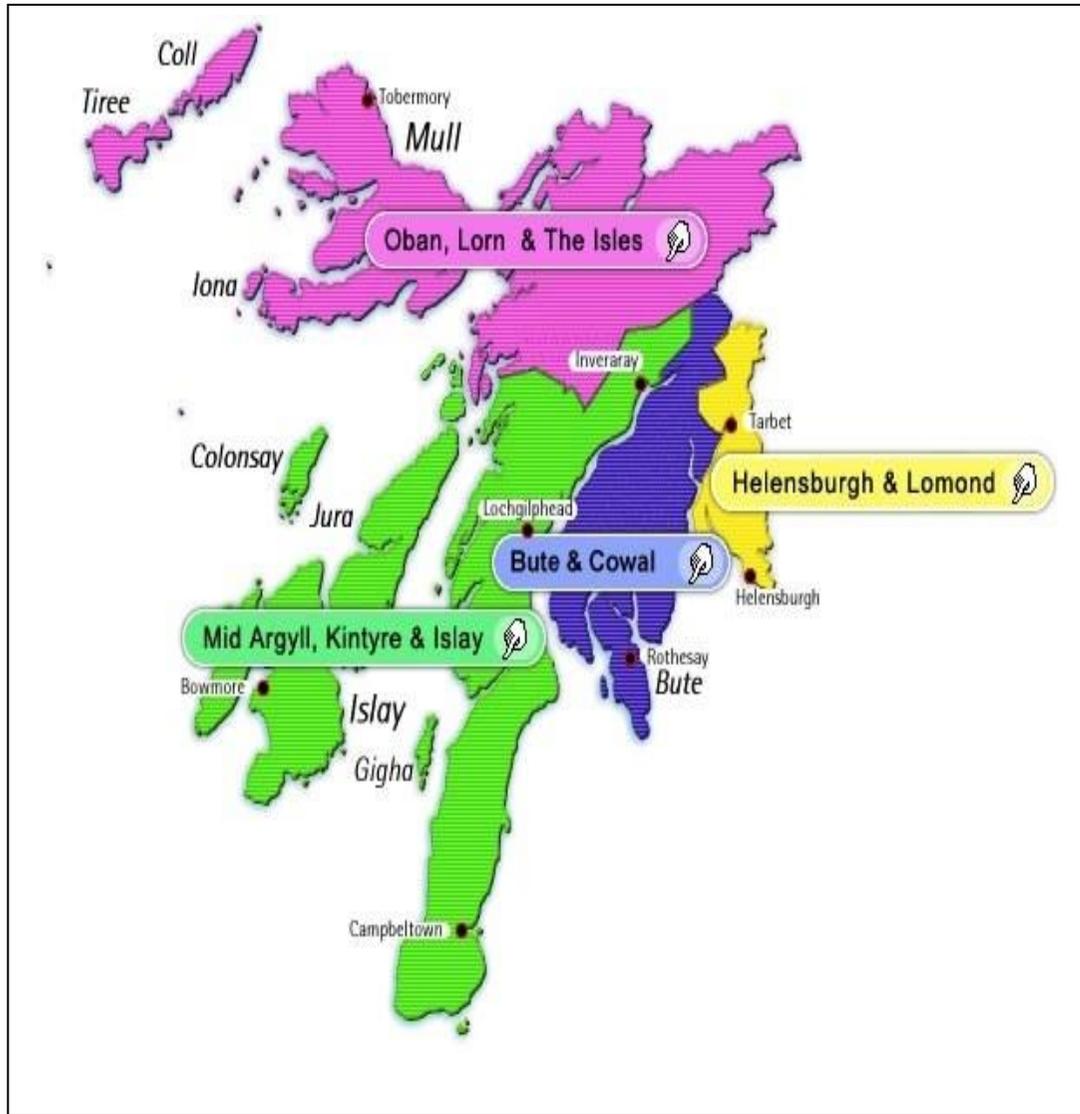


**Act  
against  
harm**

Argyll and Bute Adult Protection Committee



**Argyll and Bute Adult Protection Committee - Biennial Report April 2012 – March 2014**



## **CHAIRMAN'S FOREWORD**

This is my third Biennial Report as the Independent Chairman of the Argyll and Bute Adult Protection Committee. My last report covered the period from April 2010 to March 2012. This report covers all aspects of adult support and protection activity between April 2012 and March 2014.

I am inordinately grateful to the those individuals in Argyll and Bute in the period covered by this report who have noticed an adult at risk of harm and taken the bold step of telling someone. They have done what the best relatives, friends, neighbours and professionals should do.

I ask that each and every one of us in Argyll and Bute continues to consider if our patients, clients, neighbours, friends and relatives are at risk and, even if we have only the very slightest suspicion that they are indeed at risk, we tell someone.

Adult support and protection is no longer “the new kid on the block”. Our processes have been developed and refined. Awareness of our responsibilities is rising – but has a long, long way to go. We now understand better where to look for those at risk and we have honed the means by which we direct our resources to those who need help.

With this maturity comes a raising of the bar. In Argyll and Bute we assess very carefully how we are measuring up to that rising bar. I hope this report convinces you that we are doing well. We are not at all convinced that we could not do better – and that is the focus of our efforts going forward. My aim is that eyes and ears of everyone in Argyll and Bute consider who may be at risk of harm and that they are empowered to tell someone.

I am grateful to all the agencies involved in Adult Support and Protection. In each and every one, they have driven the issue up their agenda. I am impressed at how the issue is addressed by every top team in our partner agencies.

I am grateful too for the support given to Adult Support and Protection by the Chief Officer Group – once CAPCOG, now COGPP; acronyms are the stuff of life! That support has come in many forms – interest, encouragement, advice, even challenge. It has, I am sure, helped us deliver a more robust engagement.

I am also incredibly indebted to Rebecca Barr who joined us as Area Manager, Adult Protection in October 2012. She has raised our game significantly. She has worked with countless professionals in all the agencies to afford Adult Support and Protection the attention it requires.

In line with the legislation, this report is mine – to the minister, to our partner agencies and to the people of Argyll and Bute. It has been approved by the Adult Protection Committee and noted by COGPP. Within it, however, are four sections that are reports from our principal agencies – Police Scotland, the Argyll & Bute CHP, Scottish Fire and Rescue and the Social Work Department of Argyll and Bute Council. These reports are to be found in Section 7 of this report. I am grateful to these agencies for contributing to this report – a contribution which highlights how people are working together in Argyll and Bute to support adults at risk.

I am, however, more than concerned at the public's lack of awareness of the objectives and provisions of our Act. Our regular investigations indicate that only about one third of all adults in Argyll and Bute know about Adult Support and Protection. It could be said that we should do more locally to promote awareness. However, people do not get their information primarily from the local media or as a result of local initiatives. Information comes through national media and that communication is much more cost effective. I urge the Scottish Government to help us deliver Adult Support and Protection by mounting an interesting and exciting national awareness campaign.



Bill Brackenridge

Independent Chair

<b>Contents</b>	<b>Page</b>
<b>CHAIRMAN'S FOREWORD</b>	<b>2</b>
<b>CONTENTS</b>	
1. INTRODUCTION AND CONTEXT	5
2. EXECUTIVE SUMMARY	8
3. NATIONAL PRIORITIES AND IMPROVEMENT PLAN	10
4. OUTCOMES	15
5. PERFORMANCE	19
Management Data	19
Self-Evaluation and Audit	30
Staffing and Funding	33
6. TRAINING AND STAFF DEVELOPMENT	35
Training	35
Public Awareness	42
7. COMMUNITY SAEFTY, CO-OPERATION, PARTNERSHIP	44
8. CONCLUSION, RECOMMENDATION AND FUTURE PLANS	50

## 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
Derek Leslie	Director of Operations Argyll and Bute CHP	NHS Highland	Member
Jan Baird	Director of Adult Care	NHS Highland	Member
Alistair Davidson	Detective Inspector	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
Eddie Renfrew	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
Graeme Forrester	Solicitor	Argyll & Bute Council	In Attendance

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.

## **Committee Meetings**

The Adult Protection Committee (APC) continues to meet quarterly, with good attendance from each of the key agencies. From April 2012, a representative of Scottish Fire and Rescue was welcomed as a member of the Committee.

As described in the previous Biennial Report, during 2012 and 2013 the APC continued to meet at a variety of venues across Argyll and Bute so that the Committee and its work would be visible and accountable to local staff. APC meetings in the mornings were followed by meetings with staff groups in the afternoon so that an update on the work of the APC could be provided to them, with an opportunity for their questions to be answered. This approach was evaluated throughout 2013 as it was clear that the number of staff who attended was variable and tended not to be representative of all agencies.

It was then agreed that from January 2014 the peripatetic meetings would end and a new way of engaging with local staff would be adopted. APC meetings now all take place at a central location, and selected members of the Committee attend the local Area Development Forums on a rotational basis. To date this is working well, and the feedback from the Forums has been extremely positive.

## **Governance Arrangements**

The APC has an independent convenor who reports to the Chief Officers Group Public Protection (COGPP), as described in Section 7.

All members of the Committee have the authority to make decisions on behalf of their agency, and the lines of accountability for each agency are provided through the senior managers represented on COGPP

## **Adult Protection Committee Agendas**

Standing items on the APC agenda include the minutes of the National Convenors' quarterly meetings, the Policy Forum and the APC sub-group, together with reports from each of the key agencies and the Advocacy Service. The last quarter's management data is presented with a comprehensive analysis, and an update on the Improvement Plan. Short reports are also expected from each of the Area Development Forums. At appropriate times of the year planning will take place for case file audits and the annual self-evaluation day, and reports from these activities will then be presented.

Where Inquiries or Serious Case Reviews are published that raise important issues for adult protection, these are brought to the APC for discussion and any identified local action. The APC established its own Serious Case Review (SCR) procedure in 2011,

but to date has not needed to use it to review a case. The fact that the procedure is in place but not yet used has been the subject of some debate at the APC and it is likely that if no SCR is required within the next 6 months, the key agencies will work together to identify an appropriate case to examine jointly both to trial the process and as an additional tool to examine the way that joint working is taking place in Argyll and Bute.

Other items on the agenda will depend on current issues locally and nationally.

### **Sub-Committee**

The APC has one sub-committee with responsibility for all aspects of multi-agency policy, training and public awareness. Its members are drawn from the NHS, police, social work and third sector. It meets quarterly between APC meetings. Recent pieces of work have included:

- Developing second worker guidance for adult protection investigations
- Updating of the training framework and plan,
- Monitoring of training attendees and those who fail to take up booked places
- Monitoring of training evaluations
- Developing the new publicity materials and their launch
- Developing questions for the Citizens Panel

### **Area Development Forums**

The challenging geography of Argyll and Bute makes the development of a consistent approach to adult protection across the area extremely difficult. 4 Area Development Forums have been established for senior staff from the key agencies to take forward the adult protection agenda in their area. The Forums were set up in 2011, but have taken some time to develop their own momentum. Not all Forums met as regularly as the Committee would have wanted, so action was taken to refresh the terms of reference for these groups in January 2013 and develop a standard reporting framework. Over the last year the groups have started to meet on a more regular basis, chaired by the Area Managers for the social work teams. Reports from their meetings go to the APC, and any issues raised by them are considered by the Committee. The final responsibility of the current chairs will be to present a summary of the work of their Forum at the next self-evaluation day in November 2014, before the chairing role passes to another agency.

## 2. EXECUTIVE SUMMARY

The format for this report is based on the Guidance for the Convenor's Biennial Report produced by a small working group reporting to the Convenors' group in May 2014. This third Biennial report builds on the two previous reports, and specifically provides an update on work done, progress made and issues identified since the submission of the last report submitted in October 2012.

The Minister's response to the last Biennial Report noted a number of initiatives taking place in this area and the wide range of work done here.

Overall the Minister concluded by saying

*"There is much to be applauded in the work undertaken over the reporting period in Argyll and Bute, and I thank you and your committee for all the efforts you have made to take the work forward."*

The Committee welcomed this response and have continued to work together to take forward all aspects of the adult protection agenda.

### **Key Workstreams and Achievements**

There has been a large number of pieces of work that have taken place in the last 2 years to build on the work done by the APC since the Adult Support and Protection (Scotland) was introduced. These include:

- Updating of the Governance Framework for the APC to include the wider public protection agenda
- The ongoing programme of self-evaluation and audit that was expanded to include a large scale internal audit within social work for cases that were not taken forward under adult protection
- Work to comprehensively update the adult support and protection procedures and forms for social work staff dealing with referrals
- The development of a comprehensive, free, multi-agency training programme covering all the mainland areas of Argyll and Bute plus four of the larger islands

- Work to re-launch and revitalise the local Area Development Forums that maintain an overview of all aspects of joint working in adult protection in their area
- The development of new publicity materials and their launch to raise awareness of adult support and protection
- The development of a pro-active quality assurance framework for care homes

## **Challenges**

Despite considerable amounts of work by every agency represented on the APC, challenges continue:

- The APC is aware that despite its best efforts, work to gain the feedback of service users who have been through the adult protection process is inadequate and needs to be re-considered
- Work has been done to raise public awareness of adult support and protection and this will be measured again through questions to the Citizens Panel in early summer 2014. However, the baseline for awareness is low and more needs to be done to make the public aware of this important area of work
- The management data appears to demonstrate that harm is most common (or most commonly reported) amongst the elderly. If this is the case there are challenges ahead for Argyll and Bute where the average age of the population is predicted to continue to rise
- The introduction of self-directed support and the potential for care and support to be provided by informally recruited and poorly trained and monitored staff has raised concerns that incidents of harm may go undetected and unreported. At this point it is too early to be sure whether this concern is grounded in fact but it will be monitored as far as possible over the next two years
- Argyll and Bute is an area with a statistically disproportionately high level of current and ex-services personnel. Anecdotal information suggests that there may be a higher level of self-harm incidents associated with this population (as well as increased levels of domestic violence, mental health and addictions issues) and a start has been made to gather this information, where possible. To date the data collected is too sparse to draw any firm conclusions, but this is an important area of future work for all agencies in this area.

### **3. NATIONAL PRIORITIES AND IMPROVEMENT PLAN**

The APC noted the 5 national priorities selected by the Scottish Government prior to the last Biennial report. While some work has been done in a number of these areas, they do not – at this stage – form the basis of the APC Improvement Plan. APC members are aware that working groups were established to take forward each of these topics and that reports on their findings and recommendations have only recently become available, outside the timescale for this report. The reports will now be scrutinised by the APC so that national strategies and details of acknowledged good practice may be incorporated into its own workplans.

#### **I. Adult Protection in Care Home Settings**

Following the submission of a brief project plan, Argyll and Bute was selected as one of the council areas funded to take part in this workstream. Work was done with a small number of homes in the area, and discussions undertaken with a number of families and carers in order to inform a wide ranging scrutiny of the approach to adult support and protection in care homes. As requested by the Scottish Government, the report produced from the work undertaken took the form of guidance for all agencies with stakeholder responsibilities in ensuring that residents in care homes are appropriately protected.

The guidance covered a wide range of elements from prevention of harm in care homes to the early identification of harm when it occurs, dealing with individual cases of harm and also dealing with wider concerns of poor standards of care and support in homes. The report was submitted to the Scottish Government by the end of March 2014 and has been shared with the care homes in Argyll and Bute through the Care Homes Network meetings.

As a result of the work undertaken, a number of specific changes have been made here with work continuing in a number of areas.

#### **Examination of and Provision of Updated Adult Support and Protection Procedures**

All care homes were asked to provide their adult support and protection procedures, and these were scrutinised by social work staff. It was discovered that large numbers had policies that reflected English wording rather than the Scottish legislation, and others made reference to contacts in other council areas rather than Argyll and Bute. All homes where this was the case have been asked to update their paperwork. A sample adult support and protection procedure with detailed guidance for managers and a short section for frontline care staff was provided as a model for those homes who required additional support in developing this.

## **Updated Review Process**

Some time ago Argyll and Bute developed a comprehensive review process for all residents of care homes, to include the scrutiny of a resident's health needs by community nursing staff as well as the overall review of the resident's care needs and the way the placement was meeting these by social work staff. This was in response to an incident of harm by neglect within a home where the learning points from the case review highlighted the importance of such a multi-agency approach. Work has continued to refine the process and documents for this practice and it is now being trialled in 2 areas. Once the trial is complete, work will be done by social work and nursing staff to make any final amendments and the procedure will be rolled out across the area.

## **Pro-active Multi-Agency Quality Assurance of Care Homes**

As part of the care homes project, discussions took place with a wide range of professionals who have contact with care homes, all of whom have valuable information about the functioning of the home and the care and support provided by the staff team. Following work done in Midlothian, a "risk rating" process, based on information sharing meetings including contracts and commissioning staff, community nurses, social work staff, adult protection staff, Scottish Fire and Rescue and the Care Inspectorate was introduced. The first of these meetings provided invaluable information about all aspects of the work of the care homes, and included staff highlighting areas of good practice as well as any areas of concerns. All concerned acknowledged the value of such regular meetings and the procedure for such a pro-active quality assurance process continues to be developed and will be refined as further meetings take place. A new care homes feedback form based on the early indicators of harm research by the University of Hull has been rolled out to replace the previous service concern form and will be used to inform the discussions taking place at these meetings and feedback to the Care Homes Network.

## **Large Scale Investigation Process**

Until recently Argyll and Bute dealt with issues relating to low standards of care and support in a home through an agreed Multi-Agency Liaison protocol. This has recently been superseded by a Large Scale investigation Procedure, agreed by the APC in January 2014 and based on the work done by the West of Scotland authorities who produced Large Scale Investigation Guidance.

## **II. Accident and Emergency**

Although Argyll and Bute APC acknowledge the importance of the work done in this area of national priority for adult support and protection, little direct work has been done here. To some extent this is because a large proportion of the population of Argyll and Bute is served by A&E departments outwith this council area. There has also been a piece of work done by NHS Highland (excluding Argyll and Bute CHP) on adult support and protection in A&E, with the expectation that learning from it will be cascaded to this area in due course.

## **III. Adults at Risk from Financial Harm**

Again, no specific work has been done in this area on financial harm, although it is clear from management information that referrals for financial harm have risen over the last 2 years from 41 in years 2010-12 to 78 in years 2012-14.

As in other council areas, the issue of “scam hubs” has arisen through the link with Trading Standards. Guided by Police Scotland, the approach taken in Argyll and Bute has been low key, and has involved the provision of general information to the public about scams as well as a small number of individual approaches to particularly vulnerable individuals. The important role of Trading Standards was highlighted through this exercise, and staff from Trading Standards were invited to speak at a provider seminar held in early 2014 to ensure that those who work with adults who require a service in the community are aware of potential signs of scams and how to report these.

## **IV. Data Collection**

Over the last two years Argyll and Bute has done a considerable amount of work to improve its data collection in relation to adult support and protection. Adult protection referrals were recorded electronically for the first time from April 2012, which assisted with this, but inevitably improvements in electronic systems continued to be required, and further changes were made in April 2013. Argyll and Bute is now confident that its data capture systems provide the APC with accurate and relevant information to assist with its duty to scrutinise all aspects of adult support and protection work.

The data collection processes now developed mean that Argyll and Bute is well placed to submit the data required by the Scottish Government for 1 April – 30 June 2014 as part of this national priority.

The APC scrutinises all aspects of adult protection referrals, investigations and case conferences at its meetings on a quarterly basis and a number of elements of the data captured are pulled through to the scorecard that sits behind the APC Improvement Plan.

## **V. Service User and Carer Engagement**

In common with other APC's, the Committee in Argyll and Bute grapples with the difficulty of appropriately engaging service users and carers with the work of the APC. The decision not to invite a service user onto the Committee was made at the outset and although this has been reconsidered on a number of occasions, there has been no change to the views of members that such attendance would be tokenistic and unlikely to represent the views of a range of others. The wider community is represented on the APC by the manager of the advocacy service and the third sector organisation Argyll Voluntary Action. The manager of the advocacy service provides some feedback on the experiences of service users, and the representative from AVA provides an excellent conduit for information to a wide range of community groups and interested individuals.

A project to gather the feedback of adults who had been the subject of adult protection investigations was developed with West Dunbartonshire Council and Lomond and Argyll Advocacy Service, as described in the previous Biennial Report. Unfortunately this has provided more limited data than was anticipated as described in Section 4.

### **APC Improvement Plan**

The Adult Protection Committee developed its improvement plan for 2012-14 following the Self-Evaluation day in November 2011. As described in the last Biennial Report it covered a number of areas core to the adult support and protection process. These included:

1. To improve the effectiveness of initial responses to "Adults at Risk".
2. To ensure "Adults at Risk" receive a person centred response.
3. To ensure "Adults at Risk" and their families and carers are involved in all ASP processes.
4. To ensure Adult Protection policies and processes are fully implemented.
5. To ensure there is clear leadership from the Committee and Senior Managers in all Agencies.
6. To ensure we build on our successes and work on our areas for improvement.

The Plan comprised elements that were specific as well as others that were strategic and high level. Considerable progress was reported against all during this 2 year period. Additional data collection categories were also used to provide a baseline against which key targets for the new Improvement Plan could be measured from April 1 2014 onwards.

A new improvement plan has been developed for 2014-16 using information from the Self-Evaluation day in 2013 and the multi-agency and single agency social work case file audits that took place just prior to this event. It is outcome based with the following headline outcomes agreed:

<i>Outcome 1</i>	Adults at risk are identified promptly and reported appropriately
<i>Outcome 2</i>	Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm
<i>Outcome 3</i>	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
<i>Outcome 4</i>	Adults at risk receive a person-centred response to concerns about them

A scorecard has been put in place to sit behind the Plan and ensure specific reporting against most elements. See Appendix 1. As in previous years this will be reported at the APC and then at COGPP meetings so that all aspects of adult support and protection work is scrutinised at the highest level and those who undertake and manage this work held to account where agreed targets are not met.

Now that the national priority workstreams reports are available, these will be taken to the APC and specific actions based on their work incorporated into the Improvement Plan, or the work of individual agencies, as appropriate.

## **4. OUTCOMES**

From its earliest days, Argyll and Bute Adult Protection Committee has recognised the need to engage with service users and carers. In common with other APCs it has struggled to make this engagement meaningful and build a genuine and consistent means of ensuring that service users and carers are full partners in all aspects of adult support and protection. The importance of this area of work has been recognised by the inclusion of a number of targets relating to its various elements in the APC Improvement Plan.

### **Adult Protection Committee**

As described in Section 3 it has been agreed that an individual service user representative on the APC is unlikely to provide genuine representation from the range of service users affected by risk and protection issues. Instead the interest of service users and carers are represented on the APC by the manager of the advocacy service and the 3<sup>rd</sup> sector organisation Argyll Voluntary Action.

As described below, the advocacy service has been given a key role in gathering and evaluating the feedback of adults who have been considered at risk of harm.

The involvement of Argyll Voluntary Action on both the APC and the sub-committee has enabled information about adult support and protection, the publicity campaign and the training available, to be cascaded to large numbers of organisations and individuals across the area. The geography of Argyll and Bute and the remoteness of many communities makes partnership work of this kind invaluable, and ensures that the key messages about adult support and protection are disseminated as widely as possible.

### **Public Awareness**

The current APC Improvement Plan recognises the need to build on work done to raise public awareness of all aspects of adult support and protection. It recognises that only by raising awareness of the Committee and its work, as well the fact that some adults need protection, will the public, family members and service users themselves identify harm and the risk of harm to individuals. A key target for the 2 years covered by the Improvement Plan is to see the referrals from these sources rise by 2%.

As described in Section 6, new easy-read leaflets were developed as part of the publicity materials review and re-design that took place in autumn 2013. Considerable amounts of work were done by the Policy and Training sub-committee and staff from the Learning Disability team to identify examples of good practice from other areas and to adapt them for use in Argyll and Bute.

## User and Carer Involvement in the Adult Protection Process

As described in the last Biennial report, it is expected that the adult at risk and their views are at the heart of all adult support and protection work.

Updated adult support and protection procedures were introduced in April 2013 and the importance of involving the adult in all aspects of an adult protection investigation, case conference and protection plan were emphasised. New forms ensured that council officers were explicitly asked to demonstrate how the adults' views were gained, what consideration was given to their need for support with communication and whether they had been offered advocacy.

### Communication

In a number of cases specific support with communication was provided, such as the use of Talking Mats by trained staff, in other cases consideration was given to how best to talk to the adult in order to ensure that they had a clear understanding of the investigation and protection process. In all cases staff are expected to make clear their consideration of the adult's individual communication needs and how they plan to use their knowledge of these in their interview with them. Examples of this type of planning recorded in case files include:

*A. is able to listen and follow conversations, speech can be slow and attention can sometimes wander however with appropriate time given communications can be effective.*

*B.'s speech can be difficult to make out, due to her Myotonic Dystrophy and very quiet voice. She takes time to verbalise certain things from her past, and to take in questions. These issues will need to be addressed by giving B. plenty of time, by going at her pace, and by checking that she understands what is being said, by re-phrasing statements and questions*

*C. has limited speech and some difficulties in pronouncing words due to her learning disability and severe expressive language disorder. She can use talking mats and picture symbols to help communicate verbally. She is understood by people who know her well, but they need to take time to listen and allow for one-word answers or a choice of words as C. cannot enunciate all the sounds she would like to.*

The fundamental importance of ensuring the full participation of any adult in the adult protection process has been recognised and has been made a target in the 2014-16 Improvement Plan.

## **Advocacy**

In all cases it is expected that an adult who is the subject of an adult protection investigation will be offered advocacy and the updated adult protection forms explicitly expect the council officer to state whether advocacy has been offered. Figures were collected from April 2013 to enable managers and the APC to develop an overview of whether or not the offer of advocacy was being made. The figures from the first half of the year showed a disappointingly low number of adults being offered an advocate, but work with the individual social work teams and a change to the form to capture those adults who already had an advocate led to an increase in the offer of advocacy to 47% in the quarter 1 October to 31 December 2013 to 77% in the quarter 1 January to 31 March 2014.

This will be monitored closely over the next two years and again the figures for those offered advocacy will be collected in the scorecard accompanying the APC Improvement Plan.

The Committee recognises that independent advocacy and the process of gathering independent feedback from adults after an adult protection investigation is crucial to ensuring that the adult protection process maintains the adult and their wishes at its heart. To date the limited feedback available has proved disappointing. Argyll and Bute Council is currently re-tendering its advocacy services. The APC believes that over the next two years there must be a clear step change in the consistency with which advocacy is offered and the style and reliability of the service provided to service users. It is essential that:

- Advocacy is offered to all
- Advocacy is effective
- Advocacy provides an independent means of feedback on service users' experience of adult support and protection

It is recognised that social work staff, and staff from other agencies, need to learn from the experiences of service users to ensure that adult protection is both an effective and a sensitive process. This is important in individual cases, but also in order to enable staff to reflect on any procedural issues that may provide potential barriers to reporting harm, acknowledging harm or working with staff to develop effective protection plans.

## **Case Conferences**

In all cases it is expected that the adult will be invited to any case conference to discuss the risk of harm to them and the best way that all agencies can work together to help protect them. Where the adult lacks capacity or their attendance is inappropriate for some other reason, this is explicitly expected to be noted in the case conference minutes.

In order to enable the adult to attend it is expected that thought will be given to how best to support them to do so, and how best to engage them in what can be an intimidating and formal meeting.

The baseline figures collected over 2013 demonstrate that 87.3% of adults who were the subject of an adult protection investigation were invited to their case conference and supported to attend if they wished to do so, their reason for non-attendance clarified and recorded. The target remains 100%.

### **Service User Feedback as Part of Evaluation/Audit Process**

As described in the last Biennial report, Argyll and Bute worked with West Dunbartonshire Council and Lomond and Argyll Advocacy Service to develop a service user feedback project. This provided an agreed questionnaire that the advocate would use to complete with an adult who had been through the asp process.

The project had a number of limitations and unfortunately the numbers of questionnaires completed and providing useful feedback for staff remain low. There are a number of reasons for this, including the fact that not all adults have used the advocacy service, and not all were willing to discuss their experiences after the process was over. There have also been capacity issues within the advocacy service.

The APC remains committed to gaining the feedback of service users as it recognises that without this crucial element it is not possible to be clear that adult protection is making a positive difference to adults' lives. This topic will remain high on the agenda for Committee members. It will be included in discussions relating to the commissioning of advocacy services going forward, and for the first time will form part of the multi-agency case file audit in 2014. Adults who have been the subject of an adult protection investigation and case conference will be interviewed, if willing, and their views of the protection process form an essential element in the overall consideration of how well adult support and protection is working in Argyll and Bute.

## 5. PERFORMANCE

### Management Data

As far as possible the management data relating to adult protection activity in Argyll and Bute reported here is based on the data set developed by the national priority group. This data and additional information go to the APC on a quarterly basis together with commentary and analysis. The performance reports are scrutinised by members and form one of the most discussed elements of every meeting.

The guidance produced for this Biennial Report has suggested that case studies may be included here to provide useful illustration. However, after considerable thought, it has been decided that the many small communities of Argyll and Bute mean that individual adults – even anonymised – may be identifiable. Case studies have therefore been omitted here.

### Referral Numbers

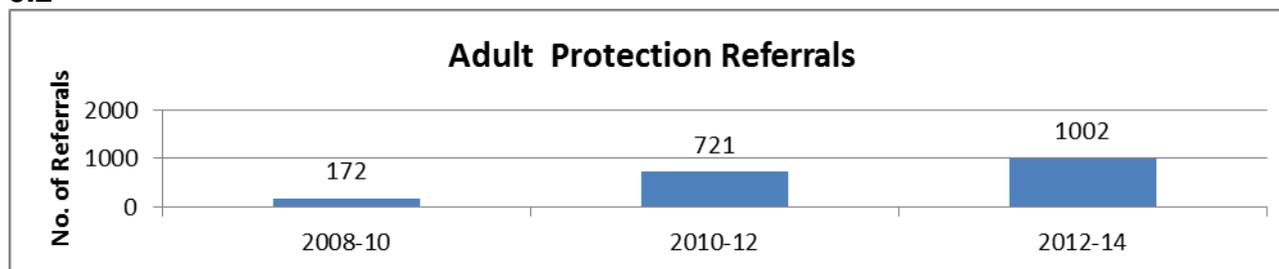
The 2 years 2012-13 and 2013-14 have seen adult protection activity in Argyll and Bute continue to rise.

#### 5.1

Number of referrals:	
2012-13	446
2013-14	556
Total	1002

This two year period has again seen overall numbers of referrals increase after the rise noted in the last biennial report.

#### 5.2



The level of referrals from the different areas of Argyll and Bute continues to provide a wide variation which remains a concern.

### 5.3

Area	2012-13	2013-14	Total
Bute and Cowal	166	183	349
Helensburgh and Lomond	129	178	307
Mid Argyll and Kintyre	76	127	203
Oban Lorn and the Isles	75	68	143

The overall population of each area is broadly similar, and to date no satisfactory explanation has been found for these wide differences. Furthermore, if this breadth of variation exists within Argyll and Bute, is likely that similar levels of variation exist across Scotland as a whole, but at present there is not means of measuring this.

## Referral Sources

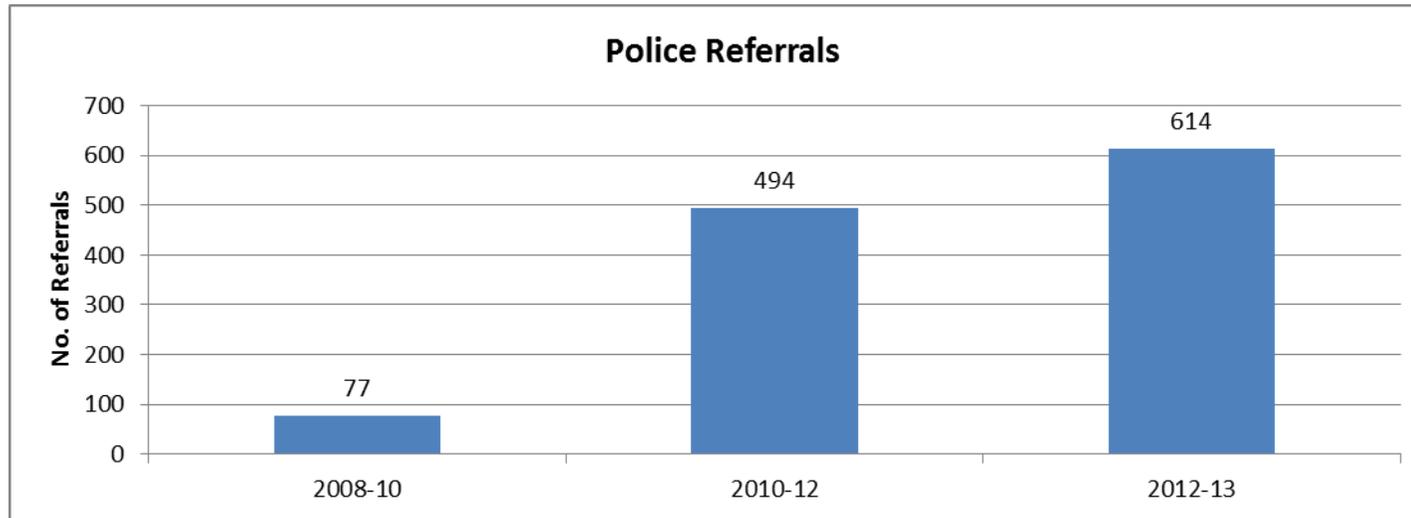
### 5.4

Referrer	Total	Percentage of referrals from this source
NHS	50	5.0%
GP	8	0.8%
Scottish Ambulance Service	0	0.0%
Police	614	61.3%
Scottish Fire and Rescue	4	0.4%
Office of the Public Guardian	0	0.0%
Mental Welfare Commission	0	0.0%
Healthcare Improvement Scotland	0	0.0%
Care Inspectorate	7	0.7%
Social work team	54	5.4%
Other local authority	6	0.6%
Self	4	0.4%
Family/friend	41	4.1%
Unpaid carer	0	0.0%

Other member of the public	<b>9</b>	<b>0.9%</b>
Anonymous	<b>1</b>	<b>0.1%</b>
Care/support providers	<b>108</b>	<b>10.8%</b>
Care homes	<b>30</b>	<b>3.0%</b>
Housing/Homelessness	<b>16</b>	<b>1.6%</b>
Education Dept.	<b>3</b>	<b>0.3%</b>
Advocacy	<b>4</b>	<b>0.4%</b>
Other	<b>43</b>	<b>4.3%</b>

As in previous years, the police remain the highest referrer, with their referrals increasing year on year:

### 5.5



In addition to the adult protection referrals sent by the police, vulnerable persons referrals are also received, contributing to the overall numbers from this source.

Referrals from other sources remain comparatively low, but there has been an encouraging rise in the number of referrals from NHS staff.

Referrals from health staff:

### 5.6

	Referrals from NHS staff	Referrals from GPs
2008-10	11	0
2010-12	28	4
2012-14	60	8

More significant is the rise in referrals from care and support providers. This may be a result of the additional training provided, the publicity campaign or the high levels of publicity given to harm in care settings over the last few years, but is to be welcomed.

### 5.7

	Referrals from care and support providers
2008-10	0
2010-12	70
2012-14	108

### Repeat Referrals

During the years 2012-14, 1002 adult protection referrals were received. However, a number of these were repeat referrals for some individuals who were referred more than once.

In all, there were 677 individuals referred.

An examination of these repeat referrals showed that almost all were for individuals who had self-harmed or threatened to do so. The APC made the decision that the scale of this issue and the resource implications for each of the key agencies, was such that more detailed work should be done in order to provide Committee members with a greater understanding of the response that those who self-harm receive, whether it was consistent across the area and whether it could be improved, particularly for adults who repeatedly come to the attention of social work because of self-harm incidents.

It quickly became apparent that there was a degree of inconsistency in the response provided in different areas of Argyll and Bute. A short-life multi-agency working group was therefore set up with the remit of developing clear guidance for staff who may encounter adults who self-harm and who are referred under the Adult Support and Protection (Scotland) Act 2007, and to clarify pathways for other organisations working with adults who self-harm, in order to ensure that they receive a consistent and helpful response aimed at reducing the likelihood of repeated self-harm incidents.

The working group met throughout 2013 and their final report will be presented to the Committee in August 2014.

## Ethnicity

The overwhelmingly white population of Argyll and Bute is reflected in pattern of referrals:

### 5.8

Ethnicity	Number of referrals
Declined to say	5
White British	694
White Scottish	216
White English	10
White Irish	1
White Traveller	1
White other	18
Other	3
Not recorded	54

## Adult Protection Investigations

During the two year period of the Biennial report, Argyll and Bute Council made a number of changes to the way that data was recorded. These enabled more detailed information to be captured from 1 April 2013 about the number of individuals referred and the outcomes of the referrals.

Detailed data on the outcome of referrals has only been captured from April 2013 onwards. *The following statistics therefore apply to one year's data.*

A relatively low number of referrals led to adult protection investigations.

Between 1 April 2013 and 31 March 2014: 57 investigations took place  
 Approx. 10% of all adult protection referrals  
 (7 others were identified as adults at risk but dealt with as part of a large scale investigation process)

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

### 5.9

Referral source	Number of referrals made	Referral source	Number of referrals made
Care and support provider	22	CPN	1
Social work team	8	OT	1
Police	6	CMHT	1
Hospital	5	Friend	1
Relative	5	Housing Assoc.	1
GP	2	Day centre	1
Care Home	2	SW Emergency service	1

It is clear that the quality and relevance of the referrals to adult protection varies, with some agencies making a far higher proportion of referrals that lead to an adult protection investigation than others. Although the police made the highest number of referrals, most were for adults not considered at risk of harm, with only 1% leading to an investigation. It is important that work continues to ensure that referrals from other agencies rise, and this is reflected in the Improvement Plan and scorecard.

### 5.10

Referral source	% of referrals from source that led to an investigation
GP	25%
Care/support providers	20%
Social work teams	15%
Friend/relative	14.5%
Other health sources	13%
Care homes	6.5%
Police	1%

Investigations took place for those of the following ages and gender:

### 5.11

Age Group	No of years covered by age band	Male	Female	All adults
16-24	9	3	2	5
25-39	14	3	1	4
40-64	25	4	11	15
65-69	5	3	1	4
70-74	5	0	1	1
75-79	5	2	6	8
80-84	5	4	3	7
85+		1	12	13
Total		20	37	57
% of investigations		35%	65%	

Overall, more adult protection referrals are received for females than males, with 55.8% received for females, 44.2% for males. This carries through to the numbers that lead to an adult protection investigation, although the difference is more marked here, where 65% of the investigations are for females, and 35% for males.

### Age Group

It is noticeable 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. And the percentage where the initial inquiries suggest that the adult is at risk and an investigation takes place, are even higher in this age group with approx.60% of all adult protection investigations taking place for over 65s, who make up 27.5% of the population.

## 5.12

Age Band	Number of AP Referrals	%	Population (2012 SAPEs)	% of Argyll and Bute population aged 16 and Over	Number of investigations: All adults	% of investigations as proportion of referrals
16-24	72	12.90%	8260	11.3%	5	6.9%
25-39	75	13.50%	12101	16.6%	4	5.3%
40-64	187	33.60%	32315	44.4%	15	8.0%
65-69	30	5.40%	6422	8.8%	4	13.3%
70-74	27	4.90%	4906	6.7%	1	3.7%
75-79	51	9.20%	3786	5.2%	8	15.7%
80-84	51	9.20%	2685	3.7%	7	13.7%
85+	62	11.20%	2356	3.2%	14	22.6%
Age not recorded	1	0.20%				
	556	100.00%	72831	100.0%	57	10.3%

As described above, it is not possible to be certain why this pattern has emerged. It may be that greater publicity about harm and the provision of training to a wide range of individuals and groups has played a part in helping people to identify harm to older people. However, it is also possible that the risk harm to this age group is significantly higher than to other sections of the population. If this is the case, there are serious implications for an area such as Argyll and Bute which is predicting an ongoing population shift with rising number of over 65s.

The client groups of those adults where an investigation took place were as follows:

### 5.13

<b>Client groups</b>	<b>Number of investigations by client groups</b>
Dementia	15
Mental health problem	8
Learning disability	12
Physical disability	12
Infirmity due to Age	10
Substance misuse	0
Other	0
<b>Total</b>	<b>57</b>

These figures appear to confirm that a high proportion of concerns that require adult protection follow up relate to older people, as 25 (almost 44%) of investigations took place for adults who had dementia or who were infirm due to age. It is likely that a number of those recorded under other client groups were also over 65. There are also instances where an adult fits into more than one client group and the figures above fail to capture this.

The principle type of harm that resulted in an adult protection investigation were as follows:

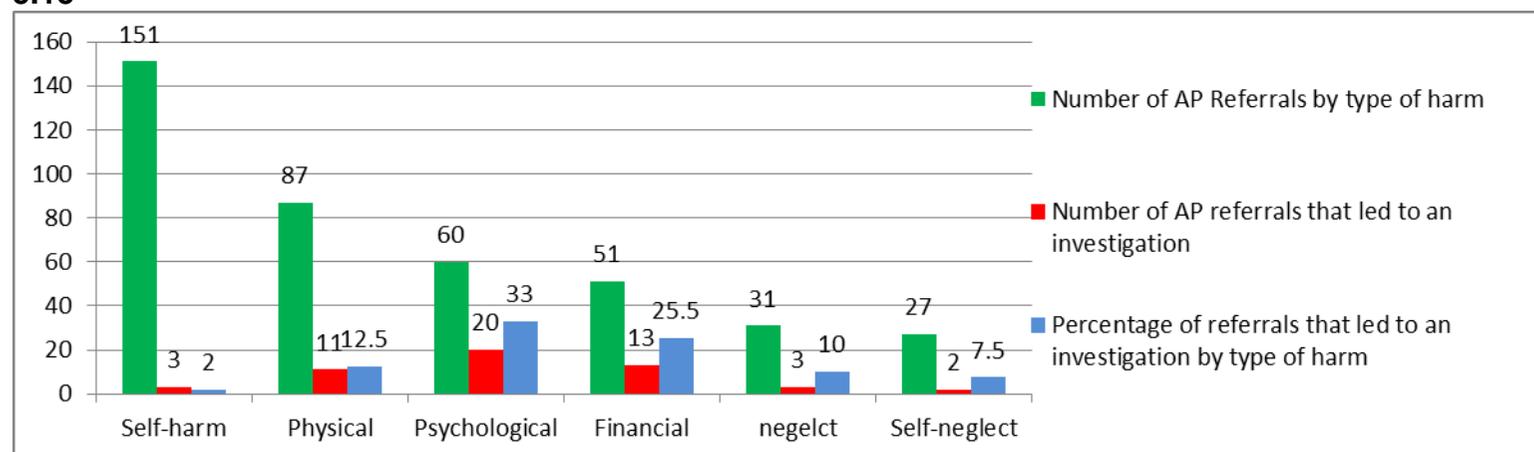
### 5.14

<b>Type of Harm</b>	<b>Number of Investigations for type of harm</b>
Financial	13
Psychological	20
Physical	11
Sexual	5
Neglect	3
Self-harm	3
Self-neglect	2
<b>Total</b>	<b>57</b>

In Argyll and Bute data is collected on the type of harm identified in all referrals, and it is clear that while self-harm is identified in the highest number of referrals, this does not translate into a high number of investigations taking place for those who have self-harmed. Most self-harm referrals are made by the police, and this data sits alongside the information above that identifies that only a very small number of the police referrals lead to an adult protection investigation.

Overall, a far higher number of referrals for all other types of harm lead to investigations. Referrals for psychological and financial harm translated into the highest percentage of referrals that led to an investigation. It is also recognised that many adults are the subject of more than one type of harm, with the figures above failing to capture this.

### 5.15



The location of the harm that led to an investigation were as follows

### 5.16

Location	Number of Investigations of harm at this location
Own Home	47
Other private address	1
Care Home	7
Sheltered Housing or other supported accommodation	0
Independent Hospital	0
NHS	2
Day Centre	0
Public Place	0

The table above appears to reflect the available research and confirm that more adults are harmed at home than anywhere else. This makes it essential that those who visit and work with adults in their own home are trained in adult protection and empowered to make referrals, when necessary.

**Case Conferences:**

In line with adult support and protection procedures, where an adult protection investigation considered that the adult was at risk of harm, a multi-agency adult protection case conference was convened.

The number of initial case conferences held during the one year period 1 April 2013 - 31 March 2014 was 37, or 65% of all investigations:

**5.17**

<b>Type of case conference</b>	<b>Number of initial case conferences</b>
Initial case conferences	37

Those case conferences that agreed the adult was at risk of harm developed a protection plan to support and protect the adult and then re-convened to review the risk and the protection plan during this period:

**5.18**

<b>Type of case conference</b>	<b>Number of review case conferences</b>
Case conferences to review protection plans set up prior to 1 April 2013	12
Review case conferences from protection plans set up this year	19
<b>Total</b>	<b>31</b>

Two Protection Orders were applied for during this period. These were a Temporary Banning Order with Power of Arrest followed by a Banning Order with Power of Arrest to protect the same adult.

One large scale investigation into poor standards of care and support in a care home took place this year.

## **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 include

- The rising 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

Work done in April 2013 to capture additional information about the outcomes of all referrals has provided only one year's data to date. This will now form a baseline against which work done in the next two years can be examined.

## **SELF EVALUATION AND AUDIT**

Since its creation, the Adult Protection Committee has used 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.

### **Self-Evaluation Days**

In November 2012 and November 2013, the APC held its third and fourth self-evaluation days attended by staff from all of the key agencies.

The self-evaluation day in 2012 concentrated on risk assessment and protection planning, and asked staff working in each of the four areas of Argyll and Bute to consider a number of questions relating to these topics. The discussions produced many positive views of the way that the agencies work together, and also identified a number of areas where more work was required. A report was produced following the day to capture the main points discussed and identify actions for the Committee or specific personnel.

In 2013, the self-evaluation day started with an update on the actions identified from the previous event in a "you said – we did" format.

Staff from the various agencies were then asked to consider what successful adult support and protection practice might look like and how well Argyll and Bute was doing when considered against objective standards. In the absence of other information, the draft standards produced by ADSW and sent out for consultation the previous year were used. Prior to the day, the APC had conducted its own self-evaluation session and the Chair gave a presentation on the Committees own views of its strengths and weaknesses, and areas that members had identified for improvement over the coming year.

Like the previous year, many positives were identified in each area, with staff generally agreeing that the agencies in Argyll and Bute have developed good communication between themselves. The area groups then identified priorities for their locality to work on over the coming year, as well as central themes for the Committee to take forward. The report produced following the day was distributed to the chairs of the local Area Development Forums to assist with their work in the coming year.

The fifth Self-Evaluation Day will be held in November 2014.

### **Case File Audits**

A first multi-agency case file audit was done in May 2012 after considerable amounts of planning. A team of staff from the Police, the NHS, social work and the Care Inspectorate evaluated the work in a small number of cases from across the area. Learning points about the way that the audit was organised and planned were identified as it was recognised that issues such as the difficulty in gaining the consent of the adult for an examination of their records, the wide variety of records held and the time-consuming nature of such an audit, made this a complex process. All concerned in the process agreed that although some issues were identified for individual agencies, the small number of cases examined made it difficult to draw valid conclusions. The learning from the organisation of the first audit was used as a basis from which to plan the second.

In January 2013 preparation started for the next multi-agency case file audit. The APC agreed that for 2013 two separate audits would be undertaken. The multi-agency audit would concentrate on those cases where the adult was considered at risk of harm and had been the subject of a case conference. However, it was also recognised that these were a small percentage of the overall number of referrals. Work done as a result of the majority of referrals concluded that the adult was not at risk of harm. It was therefore agreed that an internal social work file audit would also be done, looking at 5% of these cases from 2012-13. The focus of the audit would be to ensure that the inquiries made as a result of the referral were multi-agency, and that the decision making and follow up were consistent and appropriate.

The internal social work audit was undertaken in June and the multi-agency audit in August 2013. Both were the subject of reports to the August APC.

### **Multi-Agency Case File Audit 2013**

8 cases were examined and cross-checked as part of the audit. Again a small team of staff from the Police, the NHS, social work and the Care Inspectorate evaluated the work done by a variety of staff and marked according to an agreed template. The overall assessment of the work done was:

#### **5.19**

Excellent	1
Very Good	1
Good	3
Adequate	3
Weak	0
Unsatisfactory	0

The grades relate to the work of all agencies

The evaluations of the work done and the feedback of the auditors recognised in all cases that the work done to identify and manage risks was multi-agency. There were some good examples of joint working to support and protect the adult who was being dealt with through the ASP procedures, with a helpful focus on their individual needs. However, a number of learning points were also identified and fed back to each agency.

### **Internal Social Work Audit 2013**

The Service Manager Operations and the Area Manager Adult Protection examined 25 adult protection referrals and the work done as a result of them. A basic audit tool was devised together with a scoring mechanism.

Of the 25 referrals examined, the work was judged to be:

## 5.20

7 Excellent	28%
2 Good	8%
7 Adequate	28%
9 Poor	36%

This represents a performance with considerable scope for improvement, however in many cases it was noted that appropriate work had been done to support the adult but that the recording was poor. This had already been identified as a concern by managers within social work and the adult protection forms updated accordingly. A small number of cases where a second adult protection referral had been received after the new forms were introduced in 2013 were examined and all demonstrated clearer information gathering and more transparent decision making.

Both the multi-agency and internal social work audits provided invaluable information for the agencies involved in supporting and protecting adults in Argyll and Bute. Both demonstrated some good and excellent work taking place, but both also highlighted areas for improvement. These were disseminated through reports to the APC and work done within the key agencies. Specific issues were identified within social work and a report taken to the Area Managers for action locally. Practice updates based on the areas for improvement were also incorporated into training for the team leaders within the social work teams who play a key role in the adult protection process and are required to provide an essential consistency across the various teams. All staff within the social work teams received training on the updated adult protection forms and the reasons for their introduction which covered a number of the points raised in the audit.

In 2014 it has again been agreed that the 2 levels of audit will again take place and plans are underway for these pieces of work by the end of the summer. These will provide a helpful element of preparation for the joint inspection for adult services that is anticipated during the next two year period.

## STAFFING AND FUNDING

### Staffing

As described in the previous Biennial reports, the complex geography of A&B means that the establishment of a central adult protection unit was not a practical option. Instead, one social worker in each of the four areas was given the responsibility for

providing a lead in all aspects of adult protection. They worked with health staff to establish a local training programme and worked alongside colleagues to assist in the development of local expertise in dealing with adult protection cases.

During 2012, a number of personnel changes and the growing confidence of all staff in dealing with adult protection referrals, led to the decision to move away from this model of working. It was recognised that identifying and assessing risk of harm is a core social work function, and as such should be managed locally within the social work teams. Changes were made to adult support and protection processes to establish greater local ownership of this work, and updated procedures and forms were rolled out with an authority wide training programme leading up to their introduction in April 2013. These changes were generally welcomed by social work staff and managers who recognise the importance of this area of work and the need to develop the expertise of all staff to approach it with knowledge, skill and confidence.

During the period of this report the existing Area Manager Adult Protection retired and a new manager was appointed in October 2012.

The Area Manager Adult Protection and the APC and sub-committee are supported by an administrative officer who also provides support to COGPP.

During the period of this Biennial Report, Argyll and Bute Council took the decision to in-source the Social Work Standby Service. This had previously been purchased externally but provided limited cover at high cost. The new locally-based Social Work Emergency Service started in April 2013 without identifiable service disruption. The volume of calls has risen steadily as the service has been recognised as more locally responsive than previously. There has been no rise in the number of adult protection referrals from this source.

## **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 budget for the four original adult protection social workers has been passed to the areas teams to reflect the general nature of these posts from 2012, but all other elements of funding remain available to support other aspects of adult protection work here.

## 6. TRAINING AND STAFF DEVELOPMENT

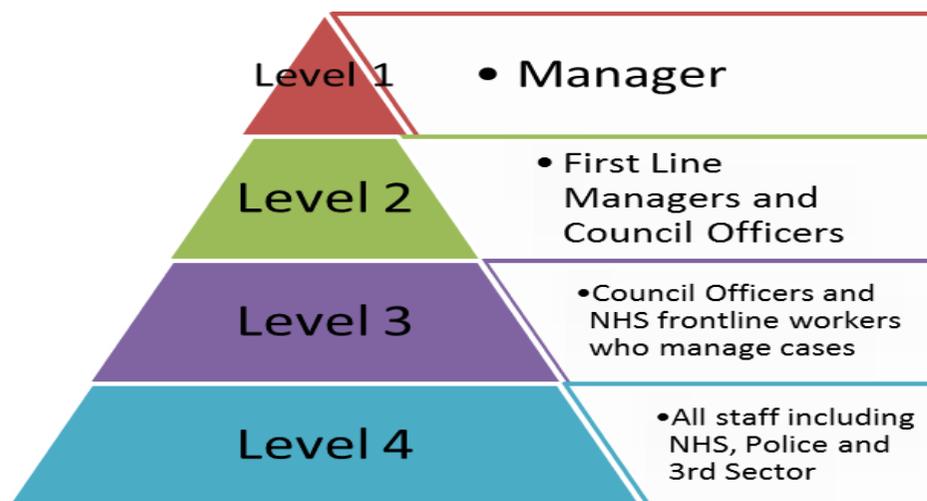
### TRAINING

*'... 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.

There were a number of changes in the way that training was provided in this period. There was an inevitable slowdown in training when the previous Area Manager Adult Protection retired, and the original arrangement for training to be provided by specific social work staff located within each area came to an end with a change of personnel and roles in the area teams. The sub-committee therefore refreshed the training framework and plan in February 2013. However, as in previous years there was an ongoing commitment to provide training across all areas of Argyll and Bute and for that training to be free for those who attend from any agency.

#### Adult Protection Training Framework



## Training Plan

LEVEL	DESCRIPTION	OUTCOME SOUGHT	TARGET GROUP	MANDATORY	NOTES
Level 4	Management of Adult Protection Investigations	That managers will have a clear understanding of the elements involved in identifying when an adult protection investigation is required and planning all stage of it with appropriate staff	Service Managers Area Managers Team Leaders	Yes (PRD)	
	Case Conference Chairing	That managers and lead professionals will have the knowledge and skills to chair adult protection case conferences and reviews case conferences	Service Managers Lead Professionals NHS Area Managers	Yes for agreed staff (PRD)	
Level 4	Case File Audit Multi-Agency Audit	Skill development for managers involved in Multi-Agency Audit	Social Services NHS File Auditors Police Auditors	Essential requirement to be involved in annual Multi-Agency Case File Audit	
Level 3	Chairing Core Groups/ Case Discussions	That staff who chair case discussions/ core groups have the skills and knowledge required to undertake this task.	First Line managers/ Council Officers (PRD)	PRD	
Level 3	Investigative Interviewing	Practice development in relation carrying out investigative visits and interviews	Council Officers NHS Professional Staff who may be involved in AP investigations	Yes As Agreed	
Level 3	Risk Assessment and Support/Protection Planning	Practice training in relation to risk assessment and protection planning	Council Officers NHS Professionals	Yes As agreed	
Level 2	Introduction to the Adult Support and Protection (Scotland) Act 2007 and Argyll and Bute adult support and protection procedures	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 within the council	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)	This will be opened to other agencies following initial briefings of qualified Council staff.

<b>LEVEL</b>	<b>DESCRIPTION</b>	<b>OUTCOME SOUGHT</b>	<b>TARGET GROUP</b>	<b>MANDATORY</b>	<b>NOTES</b>
Level 1	Awareness Raising (Half day)	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 3 <sup>rd</sup> 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	
	NHS ASP e-learning module	To enable staff to recognise and report adult protection concerns, and have a basic understanding of the adult protection process	NHS staff		NHS staff may also attend the half day session to increase their knowledge if agreed appropriate

## Training provided 2012-14:

### Level 1 Training:

#### Basic Awareness of Adult Support and Protection

Most of this training was commissioned from an external provider, with the Area Manager Adult Protection undertaking a small number of sessions in the more remote locations. It was open to all agencies and generally delivered in multi-agency groups.

Overall 45 sessions took place across locations in Helensburgh, Dunoon, Bute, Lochgilphead, Campbeltown, Oban, Mull, Islay and Tiree.

The attendees were as follows:

#### 6.1

	LOCAL AUTHORITY	HEALTH	POLICE	PRIVATE & 3RD SECTOR	OTHER	TOTAL	NO. OF SESSIONS	NOTES
APR-JUN 2012	12	0	0	53	18	83	8	18 OTHER - HOUSING
JUL-SEPT 2012	18	9	0	51	0	78	8	
OCT-DEC 2012	0	0	0	0	0	0	0	
JAN - MAR 2013	17	33	0	55	0	105	8	
APR - JUN 2013	49	43	0	45	0	137	8	
JUL-SEPT 2013	67	33	6	25	13	144	8	13 - other - 5 NPFS, 8 HOUSING
OCT - DEC 2013	5	0	0	10	0	15	1	
JAN-MAR-2014	22	10	0	21	0	53	4	
	190	128	6	260	31	615	45	

In addition, 258 NHS Highland employees in Argyll and Bute completed an electronic ASP module, through the learnpro system.

The figures above are encouraging, and adult support and protection training continues to be provided across the area, despite the challenging geography of Argyll and Bute. More specific recording has recently been put in place to capture greater detail as to the

job role and agency of those being trained so that this can be matched against any rise in referrals noted from each source. In addition, a post-training feedback system has been developed so that those trained are contacted three months later to try to capture their experience of applying the training to the working situations.

### **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 June 2013, and attended by 15 staff.

The relatively stable staff team in Adult Care means that the numbers requiring this training are low but it will be run again in summer 2014.

### **Level 2 Training:**

#### **The Adult Support and Protection Act in Practice**

This one day course was refreshed to coincide with an update of the adult support and protection procedures and run by the Area Manager Adult Protection. Between January and March 2013, 9 sessions were held for social work staff in order to ensure that those who dealt with adult protection referrals at any stage (including the admin staff who record them as they are received) were familiar with the new procedures and forms prior to their introduction in April. In total 83 staff attended these sessions. A further mop up session was held in May with 10 attendees.

The courses were then opened up to staff from other agencies. 7 sessions were held in Helensburgh, Dunoon, Lochgilphead, Campbeltown and Oban, with 92 attendees, most from the council, the NHS or advocacy.

### **Level 3 Training:**

#### **Council Officer Training**

Those staff appointed as Council Officers in Argyll and Bute have been expected to complete additional training days provided by an external trainer. The majority of staff in the area teams who had been appointed as Council Officers had done this training in

previous years, so a small number of sessions were arranged to capture those who were newly into post or who had missed the training when run previously. In order to make best use of the training they were opened up to NHS colleagues who work alongside Council Officers as part of adult protection investigations.

These sessions included:

- Investigative Interviewing – 3 sessions held, 30 staff attended
- Risk Assessment and Protection Planning- 3 sessions held, 26 staff attended

### **Core Group/Case Discussion Chairing Training**

Chairing core groups/case discussions was not run as a separate session but integrated into the Level 4 Management of Adult Protection Investigations training.

### **Level 4 Training**

#### **Case File Audit**

Case file audit training was not run as a separate session in 2013 as most of the auditors had been involved in the work the previous year.

#### **Case Conference Chairing**

Case conference chairing training was run for the small pool of new and existing chairs in February 2013. Feedback from the self-evaluation day held in November 2012 recognised the importance of effective chairing of adult protection case conferences and it was agreed that all chairs would attend this session, not just those who had attended the training previously. This was welcomed by those involved in this task as a useful session to allow detailed discussion to some of the issues involved in chairing case conferences as well as a training refresher. This will be run again in summer 2014 for two new staff who have been identified as appropriate to chair these meetings but also to include the existing chairs so that their knowledge and experience can be shared with a view to increasing consistency of practice.

## **Management of Adult Protection Investigation Training**

Management of Adult Protection Investigations training was run for all social work team leaders in 2013 by the Area Manager Adult Protection, and is being repeated again in 2014. It has been recognised by senior management that in practical terms it is the team leaders who manage most investigations and have a crucial role in providing practice-based experience and advice to their staff.

## **Monitoring and Overview by the Sub-Committee**

- The majority of the training provided in 2014 has been published on the Argyll and Bute Council website as part of the ongoing training programme. It is hoped that by doing so the information is made as widely available as possible. The geography of Argyll and Bute is such that some of the more remote areas are visited only once a year for the provision of training, but those who attend are highly appreciative that such training is brought to them. It also allows attendance from community groups and other organisations that lack the budget to send staff to training at a distance.
- As well as ensuring that appropriate training is provided and available to staff from all agencies, the Policy and Training Sub-Committee maintains an overview of the course evaluations. For all courses these have remained consistently high. However, it has been recognised that although large numbers have been trained, the number of referrals from sources other than the police have risen only slowly. The sub-committee have therefore started to send out post-training questionnaires to attendees. These are sent 3 months after attendance at any of the courses and seek 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. To date too few replies have been received to allow for any clear picture to emerge, but the results of this work will remain on the sub-committee agenda going forwards.
- The sub-committee has also recognised that since the implementation of the Act in 2008, the data relating to those attending training has been captured in different ways. The attendance of those from the large agencies (eg. the NHs and council) have been collated, but it has recently been agreed that more detailed information would provide a better overview of which specific organisations are sending staff to the training, and so enable the sub-committee to identify those that do not engage with the training programme. It will also allow for an examination of the sources of the referrals coming to social work and whether the attendance of specific staff at training has any effect on these.

## **PUBLIC AWARENESS OF ADULT SUPPORT AND PROTECTION**

The Argyll and Bute APC has had consistent concerns about the level of awareness of adult protection and has worked to use every opportunity to raise the profile of the Committee and its work, as well as ASP itself.

Following the submission of the Biennial Report, the Chair and Area Manager Adult Protection took the broad messages from the report to the Council and the four Area Committees. In addition, press releases were also provided and published across the area when the Minister's response to the report was received in order to raise public awareness of the issues

As described in the last Biennial Report, following the TV advert shown originally in the West of Scotland, and later nationally, the adult support and protection publicity material in Argyll and Bute was updated and distributed widely across the area. However it was recognised that it was important to gather information about the level of public awareness in Argyll and Bute prior to more work being undertaken.

In Autumn 2012 the APC agreed that the Citizens Panel should be asked a number of questions about adult support and protection. The responses revealed a disappointingly low awareness of the subject: only 35% of those who responded were aware of the Adult Support and protection Act and only 27% were aware that adults now had the legal right to be protected from harm. The TV advert had been seen by only 30% of respondents.

These figures clearly demonstrated that public awareness of adult support and protection was low. However, the work undertaken to gather this information was invaluable, as it provides a baseline against which the success of future awareness campaigns can be measured.

In February 2013 it was agreed that responsibility for public awareness should be included in the remit of the existing sub-committee of the APC so that it could be taken forward on a more structured multi-agency basis. The members of the group agreed that a new awareness campaign was required and the key agencies worked together to develop new leaflets and posters. These were launched in September 2013 with an event, articles in the local press and the distribution of the literature as widely as possible. Links with the third sector organisation on the APC, Argyll Voluntary Action, meant that were able to use their newsletter to reach their contact lists of over 470 individuals and community groups, together with additional publicity provided through their website, Facebook and twitter accounts.

An easy read leaflet form services users was also produced, as was a short information leaflet for adults who were the subject of an adult protection investigation, giving them more information about the process.

Once again the Citizens Panel will be used to gain an understanding of the general awareness of the public of adult support and protection and questions have been devised to go out to them in early summer 2014. Additional questions this year will ask if the respondent has seen the new leaflets and posters, and if so where they saw them. This will enable future campaigns to target locations where it is known that information is seen by the largest number of people.

## **7. COMMUNITY SAFETY, CO-OPERATION, PARTNERSHIP AND LEARNING**

### **Public Protection Arrangements**

Until 2014 the Adult Protection Committee, like the Child Protection Committee, was part of an overall governance framework provided by the Chief Officers Group (CAPCOG). This met on a quarterly basis and was chaired by the Chief Executive of Argyll and Bute Council.

During 2013 it was agreed by all agencies that CAPCOG should examine its own structure and functioning and a development day was held in December.

As a result of the review of CAPCOG, it was agreed that this group should provide 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). The group is now known as Chief Officers Group Public Protection (COGPP) and has updated terms of reference to reflect this. As a group they will ensure there is an appropriate interface between Child Protection, Adult Protection, High Risk Offender Management/ the Alcohol and Drug Partnerships, Violence against Women Partnership and other initiatives as required. It also provides a mechanism to ensure that the chairs of the MAPPA, Child Protection Committee and Adult Protection Committee are brought together to ensure clear communication and co-ordination.

COGPP reports to the Argyll & Bute Community Planning Partnership in order to promote the activities and values of public protection across the spectrum of public, private and voluntary agencies and the community within Argyll & Bute.

The changes in the structure and functions of COGPP have led to the APC reviewing its own terms of reference and membership, and these were agreed at the APC meeting in April 2014. In line with the Adult Support and Protection Act and the guidance for APCs produced by the Scottish Government, the members of the APC represent their own agencies on the Committee, and have the authority to make decision on behalf of those agencies, with their lines of accountability leading back to the senior officers represented at COGPP.

This change in the governance arrangements for the APC is relatively recent but it has been acknowledged that they should provide a clear benefit to all agencies working in the field of public protection.

## Communication Between Agencies in Practice

Feedback from partners within the APC suggests 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.

Case conferences following an adult protection investigation are expected to be multi-agency and invitation lists generally demonstrate that appropriate agencies are invited. Concerns were noted, however, that not all those invited were able to attend and the quality assurance checks for the quarter 1 October to 31 December 2013 demonstrated that only 22% of all case conference held in that quarter were attended by all those agencies invited.

Throughout 2012-14 the original timescales determined by the West of Scotland practice guidance had been used as the yardstick for arranging these meetings, with all attempts made to hold a case conference within 10 working days of a referral. In January 2014 the APC accepted that such tight timescales may be the cause of non-attendance for some agencies who are invited but who find it difficult to re-arrange their work schedules at short notice. It was therefore agreed that from April 2014 all adult protection case conferences will be held within 15 working days of the referral as it is accepted that it is more important to have attendance from all those required, rather than hold a meeting quickly that needs to be repeated when others are available. The attendance of key staff and agencies invited to these meetings will be monitored to evidence whether the change in timescale has had a positive effect on multi-agency attendance.

As social work and the NHS move towards integration, regular meetings have been held in Argyll and Bute between managers within both services, and adult protection is a standing item on the agenda for this meeting. Reports are provided on adult protection activity and any changes to procedures or practice are highlighted.

Short reports are included here from each of the key agencies represented on the APC indicating their own commitment to and prioritisation of adult support and protection and the co-operative working between them.

## **POLICE SCOTLAND REPORT**

Since the introduction of Police Scotland on 1st April 2013 the Police Service has experienced significant change as the transition from regional forces to one national force continues to progress at pace. L Division which covers both West Dunbartonshire and Argyll and Bute Local authority areas has embraced this transitional period viewing it as an opportunity to improve the quality of service we provide across the area. One of the biggest and most recurring challenges we have faced over the preceding two years in relation to Adult Protection issues is the level and consistency of referrals from the Police over the different Command Areas. A span of command review for Argyll and Bute has rationalised the number of command areas and this in conjunction with the introduction of a Divisional Vulnerability Hub has seen a more measured and consistent application of joint working protocols. Our aim in the future is to develop the idea of one multi agency vulnerability hub to include co location with partner agencies to streamline and accelerate the referral process thereby providing the most appropriate response from the most appropriate agency regardless of the circumstances.

Information sharing with partners is paramount if this approach is to succeed and this ethos is now embedded in our policies and procedures. A new Adult Protection Standard Operating Procedure reference document has now been published on Police Scotland Intranet which is accessible by all staff. Regardless of their working environment staff are encouraged to refer to Standard Operating Procedures to ensure a consistent professional approach is adopted in all areas of business. Ongoing training in the Adult Protection arena has also been highlighted as a priority with a range of online topics available such as front line officers awareness training of ASD and how to recognise individuals who may be on the spectrum to specialist training aimed at Public Protection Unit (PPU) officers.

Partnership working including third sector partners remains a focus for Police Scotland and we like to think we work well on a day to day basis with all partners sharing information where appropriate. We are now in our second year participating in an arrest referral scheme for adults with alcohol and drug dependency issues in the Oban area and feedback from third sector partner agencies has been favourable. It has highlighted the increased number of interventions that they have been able to make as a result of this approach to alcohol and drug fuelled offending behaviours. The Police in turn have seen a decrease year on year of this type of offending which could be argued is directly attributable to this type of approach. This and other similar multi agency initiatives will continue to form part of core our business expectations over the coming years.

Other formal partnership working arrangement such as multi agency self assessment will continue as demonstrated by the recent multi agency case file audit overseen by Health. Police Scotland are committed to this approach and is now viewed a business as usual.

## **NHS HIGHLAND AND ARGYLL & BUTE CHP REPORT**

During 2013/14 NHS Highland has continued to work in partnership to progress the Adult Support and Protection agenda in Argyll & Bute.

A key development this year has been the establishment of the local ASP forums in all parts of Argyll & Bute. These fora provide a foundation for improved local interagency working and communications which can only improve the coordination, cooperation, and responsiveness of services for those at risk of harm.

Argyll & Bute CHP ASP Working Group has continued to meet regularly, enabling the dissemination of information from the Argyll & Bute Adult Protection Committee, through the local representatives, to the local health teams.

Staff training has been a key focus for the ASP Working Group, with the roll out of the e-learning ASP module on NHS Highland's learnpro system being the foundation for further learning. The original NHS Highland ASP module was based on Highland Council procedures and was adapted for use in Argyll & Bute in early 2013. This has now been included as mandatory training for all clinical staff and to date 258 staff from all areas and professions have completed this module. While this is a good start, the challenge for 2014/15 is to ensure that all of the remaining staff complete the module by the end of the year.

The meaningful involvement of GPs in ASP case reviews remains a priority. A recent agreement through NHS Highland GP Sub Committee on reimbursing practice expenses for involvement in case reviews should go some way to improving GP involvement. However, further work is required to raise awareness of ASP amongst GPs and practice staff.

Some improvement in the number of ASP referrals from NHS staff has been noted during 2013/14. However, those numbers remain relatively low. It is hoped that with further exposure training during 2014/15, we will see a steady increase in the number of referrals from all health sectors.

In summary 2013/14 has seen a steady increase in awareness of and involvement in ASP across health services in Argyll & Bute.

## THE SCOTTISH FIRE AND RESCUE SERVICE REPORT

The Scottish Fire and Rescue Service (SFRS) recognises its responsibilities in contributing to positive outcomes for Communities both Nationally and at local Single Outcome Agreement level.

The main thrust of SFRS' prevention and protection engagement strategy revolves around identifying, and providing fire safety advice to, those at highest risk from fire whilst also having a responsibility to recognise, and report, issues surrounding adults at risk of harm.

SFRS' inclusion within the Local Authority Adult Protection Committee has provided the opportunity to engage at a strategic level, with the key agencies, in terms of service provision, responsibilities and reporting mechanisms.

In November, 2013, SFRS produced its Adults at Risk of Harm Policy. This policy is intended to ensure that all SFRS personnel are familiar with the terms and supporting legislation; understand the need for rapid inter agency collaboration, intervention and communication; and have a clear understanding of the mechanisms that should be adopted in relation to adult protection. The policy is also considered in conjunction with the guidance contained within the Home Fire Safety Visit (HFSV) and (Fire) Case Study and Case Conference policies and procedures.

Training in the content of these policies was delivered to all full-time and retained duty system fire fighters as well as the dedicated Community Safety Engagement Staff across Argyll & Bute. This culminated in delivery to 14 Community Fire Stations, a total of 244 operational personnel, and 20 Engagement Staff and Senior Officers.

It is recognised that personnel from the SFRS may, in the course of their operational duty or whilst conducting home fire safety visits, encounter actual or suspected harm to a service user or have information in this regard reported to them. In some cases harm may have been done, or threatened, by deliberate fire-raising. SFRS personnel, having a responsibility to act, require a direction in which to refer these adults at risk; the key agencies have the expertise and ability to effect the change which will reduce the risk, whilst SFRS personnel address any immediate fire risk.

This invaluable engagement work has provided reciprocal referrals, involving Police Scotland, Social Work Services and SFRS, to direct their services to vulnerable individuals. SFRS records show: -

10 'high risk' referrals from Police Scotland to SFRS for home fire safety visits (HFSV)

123 'high risk' referrals from Social Work Service (SWS) to SFRS for HFSV

11 referrals from SFRS to SWS, utilising AP1 or the Argyll and Bute Adult Support and Protection Referral Form

## **ARGYLL AND BUTE COUNCIL SOCIAL WORK REPORT**

Adult Care continues to be represented on the APC by the Head of Service and the Service manager for Operations. A report on the work of the social work teams over the previous quarter is presented, along with performance data relating to various aspects of the work undertaken.

As lead agency for adult support and protection, Adult Care has seen its workload increase over the last 2 years. Referrals have risen by almost 300 as compared to the previous 2 year period. While most of these do not result in a formal adult protection investigation, considerable effort is made to ensure that the inquiries undertaken are comprehensive and that, where required, the adult is offered appropriate information, advice or support. In general the agencies within all areas work well together to share information find a positive way forward for the adult who was the subject of the referral.

Social work practice was examined through case file audits during this 2 year period, and a number of learning points were identified. Encouragingly, the audits all found that high levels of multi-agency work took place when an adult was the subject of an adult protection investigation. Considerable amounts of information sharing took place in all cases, and a wide range of staff from different agencies were invited to – and generally attended- case conferences.

The adult support and protection procedures within social work were updated for 1 April 2012 and considerable amounts of training on these took place between January and the end of March that year. This ensured that all social work staff who deal with adult protection referrals had a refresher on the essential elements of the Act and the updated procedures. Overall it appears that the updated procedures and additional training have led to a greater focus on clear and transparent decision making following an adult protection referrals and it is hoped that this will be demonstrated in this year's case file audits.

## 8. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

This report has set out the considerable progress we believe we have made in Argyll and Bute over the past two years.

We are particularly proud of the rising number of referrals and are especially proud of the broadening range of referral sources.

We are delighted that we have protected so many adults from harm. We are also delighted that we have helped many, many more adults who were not at risk of harm, but who were in need of support. Our awareness of them and the offer of information, advice and support to them that follows these referrals is maybe one of the biggest outcomes of the legislation, even if it was unintended.

We wish we had met each and every one of the targets we have set ourselves – but, alas, we have not. At least we know where we are falling short.

In the immediate future, we must make sure

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

Our current plans for the future are set out in our Performance Improvement Plan which is attached as Appendix 1 to this report. The Plan identifies clear deliverables which will be reported quarterly both to the Adult Protection Committee and to the Chief Officer Group. The report uses a traffic light scheme that highlights success and failure. The report will no doubt result sometimes in congratulations, sometimes in encouragement and sometimes in stressing the need to up our effort. We believe that this relatively frequent reporting provides for us to address any deviation from plan within a timescale which provides for recovery.

In November 2014 we will have our Annual Self Evaluation Day and by then we shall also have the Minister's response to this Biennial Report.

It is planned that in early 2015, 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 transformational change.

Adult Support and Protection is no longer a new issue. It has been mainstreamed. We shall be deciding how to develop this established responsibility. This is different from us dealing with a relatively new initiative, which has been the case until now.

We aim to up our game in this new, mature, environment.



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	CURRENT STATUS
<b>OUTCOME 1 - Adults at risk are identified promptly and reported appropriately</b>							
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	A training programme for the year is provided, publicly available and open to staff from all	Training provided and published by social work on	Annual in January	Quarterly report from Policy and Training		

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-15 ADULT CARE SERVICE PLAN	CURRENT STATUS
	the statutory, voluntary and independent sectors	agencies	<p>council website</p> <p>Distribution to staff in social work and NHS done by each agency</p> <p>Commissioning and contracts staff distribute to provider services</p>		Group minutes		
		Attendance by staff from all agencies to be monitored	<p>Figures collated by Area Manager AP</p> <p>Figures reported to multi-agency Policy and Training sub-group</p> <p>Any demonstrable lack of attendance to be identified by group and dealt with by appropriate agency</p>	Quarterly	Quarterly report from Policy and Training Group minutes		

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE	CURRENT STATUS
<b>OUTCOME 2 - Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm</b>							
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 at risk of harm  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	2014-15 ADULT CARE SERVICE PLAN	CURRENT STATUS
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	CURRENT STATUS
<b>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</b>							
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	Case conferences invitations are extended to an appropriate variety of professionals who attend the	100% of adult protection case conferences demonstrate that appropriate multi-agency staff were invited and that	Team Leaders, social work teams, B&C, H&L, MAKI, OLI and lead staff from NHS and	Quarterly	Quarterly statistical report	AC-02	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE	CURRENT STATUS
decision making	meetings	those staff attend or send a report  Internal quality audit	Police Scotland				
Where adults are considered at risk of harm, agencies work together to put in place timely plans to provide support and protection	Protection plans are developed jointly between partner agencies who work together to support and protect the adult at risk	95% of case conferences take place within 15 working days of the referral  100% of protection plans demonstrate the involvement of partner agencies  Carefirst report and internal quality audit	Team Leaders, social work teams, B&C, H&L, MAKI, OLI  AP Case conference chairs from all agencies	Quarterly	Quarterly statistical report		

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE	CURRENT STATUS
<b>OUTCOME 4 - Adults at risk receive a person-centred response to concerns about them</b>							
All partners will work to ensure that adults who are the subject of an adult protection investigation are given information about the	Adults who are the subject of an adult protection investigation are well informed about the process and have their communication needs considered and support	100% of adults who are the subject of an adult protection investigation are given information about the process and their communication needs are	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	CURRENT STATUS
process	provided where required	considered.  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 are 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		
All adults who are the subject of an adult protection investigation are given the opportunity to feedback on whether	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	Advocacy service report to Adult Protection	Quarterly	Quarterly		

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE	CURRENT STATUS
they were listened to and whether they feel safer as a result of the process		of the process  Report from advocacy service	Committee				

Key:



Target Met



Target Not Met

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
<b>OUTCOME 1 - Adults at risk are identified promptly and reported appropriately</b>					
100% of ASP literature will be reviewed on an annual basis and re-distributed to appropriate locations	No baseline figure				
2% increase in referrals from social work	8 (please note this is an average figure per quarter)				
2% increase in referrals from NHS	11 (please note this is an average figure per quarter)				
2% increase in referrals from care/support staff	15 (please note this is a average figure per quarter)				
2% increase in referrals from adults at risk	1 (please note this is an average figure per quarter)				
2% increase in referrals from relative, friends or general public	4 (please note this is annual figure not per quarter)				
<b>OUTCOME 2 - Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm</b>					
80% of adult protection referrals received by social work will have the initial inquiries completed within 5 working	71% (please note collected over last 2 quarters of year due to reporting)				

days	<i>format change)</i>				
95% of adult protection referrals demonstrate the involvement of partner agencies in assessing whether or not an adult is at risk of harm	94%				
95% of adults not found to be at risk of harm are offered appropriate information and/or support	95%				
<b>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</b>					
100% of adult protection investigations demonstrate multi-agency work	99.6%				
100% of adult protection case conferences demonstrate that appropriate multi-agency staff were invited	100%				
100% of adult protection case conferences demonstrate that appropriate multi-agency staff attend or send a report	58.3%				
95% of case conferences take place within 15 working days of the referral	No baseline figure				
100% of protection plans demonstrate the involvement of partner agencies	95.8%				
<b>OUTCOME 4 - Adults at risk receive a person-centred response to concerns about them</b>					
100% of adults who are the subject of an adult protection investigation are given	100% ( <i>please note info only</i> )				

<b>information about the process</b>	<i>collected from last 2 quarters)</i>				
<b>100% of adults who are the subject of an adult protection investigation have their communication needs considered</b>	<b>86.1%</b>				
<b>100% of adults who are the subject of an adult protection investigation are offered advocacy</b>	<b>45.3%</b>				
<b>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</b>	<b>87.3%</b>				
<b>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</b>	<b>No baseline figure</b>				