

**ADULT PROTECTION COMMITTEE**  
**BIENNIAL REPORT 2018-2020**  
**BY INDEPENDENT CHAIR**



# CONTENTS

1. *Introduction*
2. *Executive Summary*
3. *Snap Shot*
4. *Committees and Sub-committees*
5. *Management Information*
6. *Achievements and Progress since the last report*
7. *Outcomes*
8. *Performance*
9. *Challenges and Future Activity*
10. *Appendices*

# Introduction

## **Foreword – Alex Davidson – Independent Chair**

*I am pleased to present the Independent Chair's Biennial report from the Argyll and Bute Adult Support and Protection Committee and thank colleagues from the committee and supporting agencies for their assistance and commitment in its production.*

*This biennial report is produced to provide a concise insight into the work of the Argyll and Bute Adult Support and Protection Committee, complementing a range of other reports and audits of practice, performance and activity, and focussing on a summary of the Committee's work. The Committee continues to support the adult support and protection developing agenda, and partners play a full and comprehensive role in the widening adult protection agenda, with colleague committees and agencies working on other public protection issues.*

*The Committee's work has been fully supported by the Chief Officers Group Public Protection through the Covid-19 period, cross cutting with child protection, alcohol and drug support, and wider violence to women, hate crime, domestic abuse, trafficking and other challenging areas, and with colleagues in the Health and Social Care Partnership, Police Scotland, the Argyll and Bute Council and the wider NHS Highland, the Scottish Fire and Rescue Service, the Care Inspectorate, the voluntary and independent sectors, and Advocacy services.*

*Adult Protection continues to identify challenging areas for protection such as scams and financial abuse, personal safety, self-harm and hoarding, trafficking and hate crime. While some of these activities can fall out-with the terms of reference and legal guidance in the Act, they will generate multi-agency responses to protection and support, with almost a third of all concerned referrals generating further activity.*

*The current review of the Adult Support and Protection Act along with the Mental Health (Care and Treatment) Act and Adults with Incapacity Act may bring further change, based on principles within the Human*

*Rights Act and with the interests of citizens at its centre, and the experience arising from the first 13 years of operation will be central to this. The impact of Covid-19 on support and protection has still to be evaluated, as has the operations of activity and engagement, but the enterprise of all staff has not gone un-noticed, adapting to the very real pressures which have presented, and through which they have worked to provide assistance, support and intervention when required in line with best guidance for Chief Officers and Adult Support and Protection Committees.*

A handwritten signature in black ink that reads "Alex Davidson" followed by a horizontal line.

*Alex Davidson*

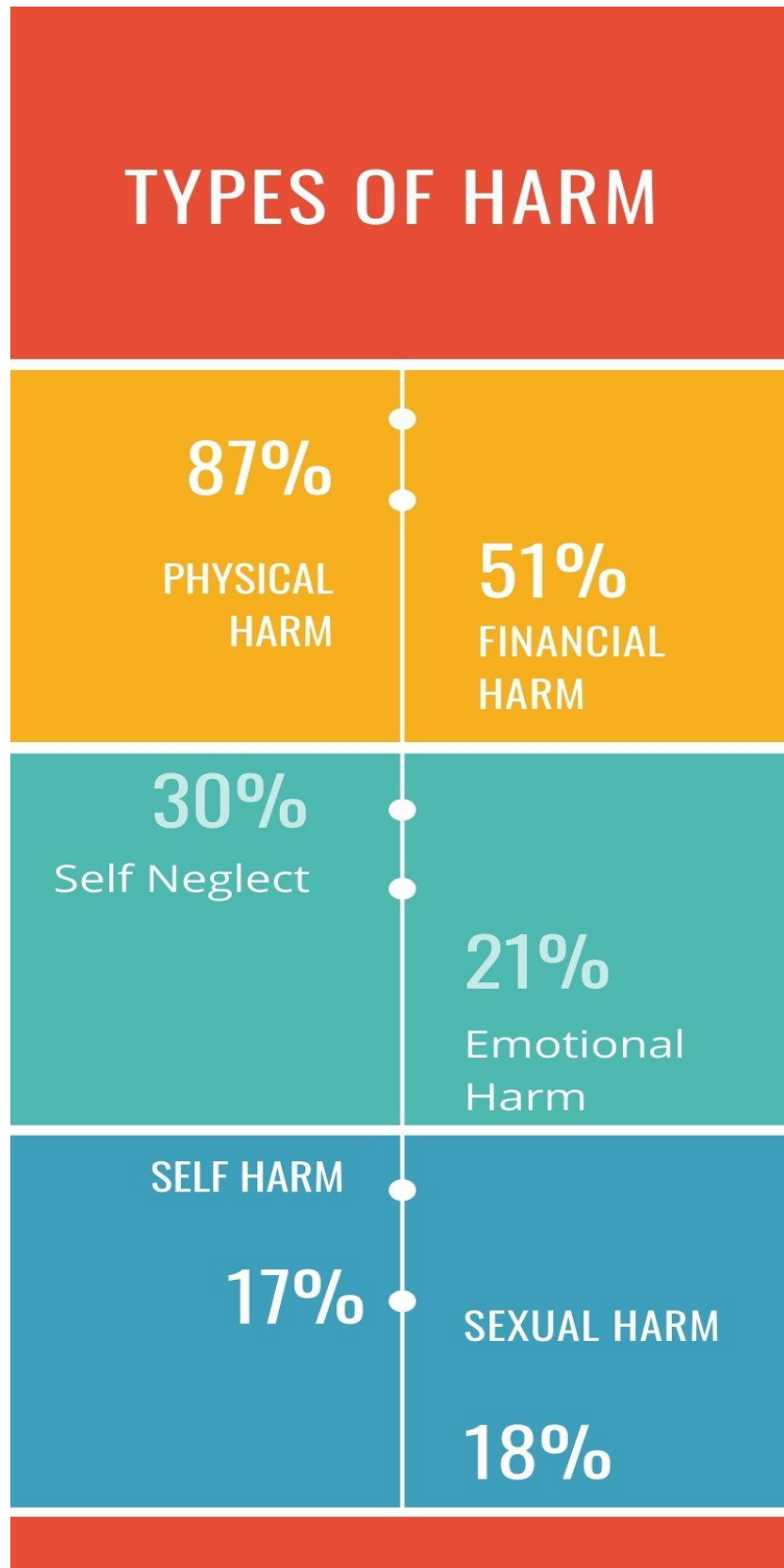
*Independent Chair*

# EXECUTIVE SUMMARY

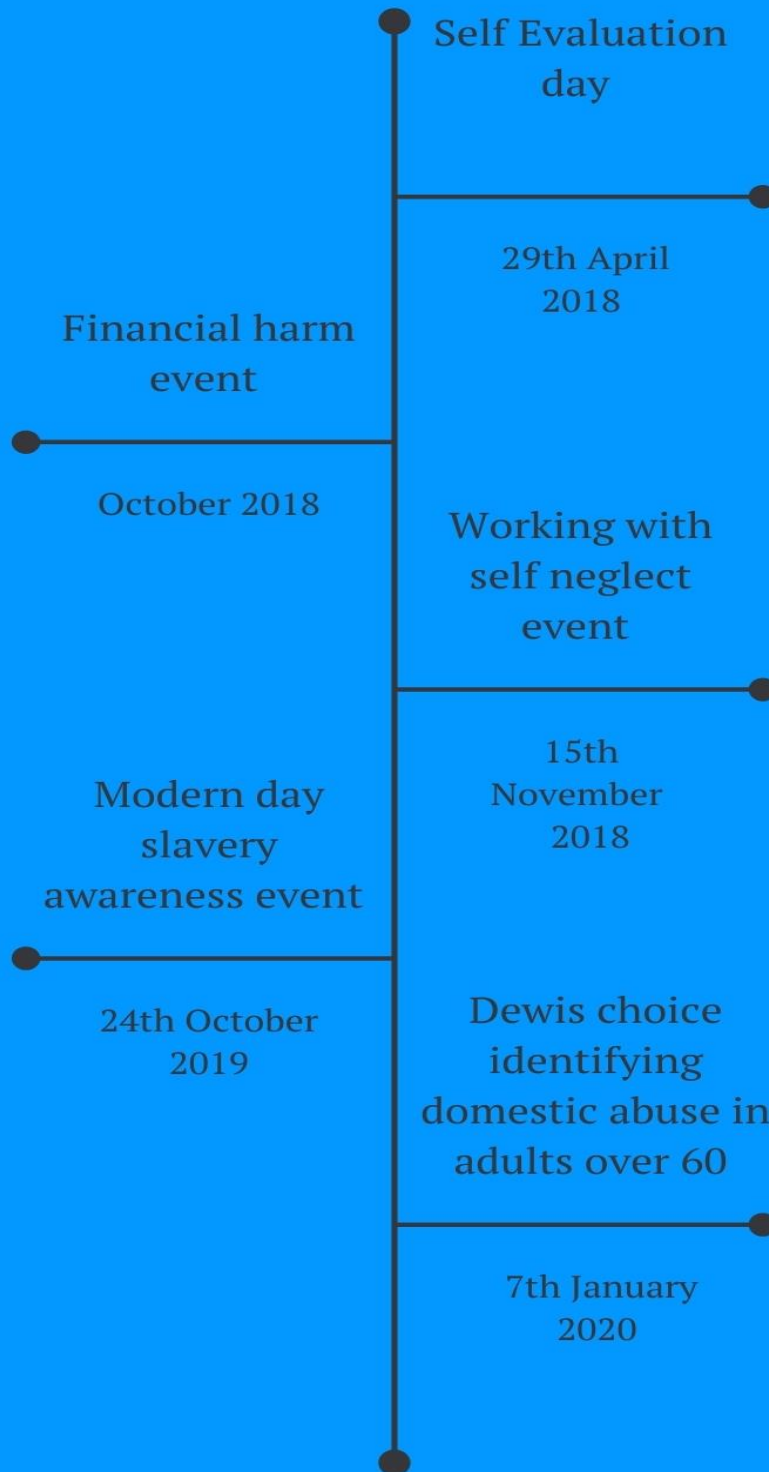
- *The Committee has commissioned and delivered on a comprehensive review of Adult Support and Protection Operational Procedures, recognising the changed landscape of governance following the introduction of integrated Health and Social Care Partnership. Individual agencies have similarly revised procedures such as the Fire and Rescue Service procedure, the Advocacy Service on service user engagement, and Police Scotland continuously refining activity at the hub in relation to referral activity*
- *A new suite of Adult Protection forms and related IT changes were launched on the 1<sup>st</sup> July 2020. These forms were updated to ensure that from initial referral to the conclusion of the Adult Protection process there were robust processes in place to protect adults at risk of harm. Two training events have been provided for staff.*
- *The HSCP Performance Team have created a new daily AP Referral and Investigation form which ensures the COGPP are updated on the number of police referrals, investigations and case conferences which take place on a weekly basis. In addition, data for SOLAS and COSLA are updated weekly.*
- *A monthly Adult Protection Newsletter is disseminated to staff and wider partners, with up to date guidance on COVID-19, ASP guidance and available training events.*
- *The training curriculum continues to offer a range of events and learning, from induction to specialist input on issues such as care home support, hoarding, financial harm, hoarding and self-harm, community safety, and Dewis Choice on domestic violence in later years. Specific training and refresher events for Council Officers continues, as do inputs to independent and voluntary sector providers, and to organisations with an interest in protection activity.*
- *The Committee continues to meet in a 'virtual' form, and operationally has virtual means of convening meetings, case conferences and seminars have been development sessions.*

- *Work with the Chairs and committees for Child Protection and the Alcohol and Drug Partnership on shared interests and challenges continues, including joint meetings.*
- *The Committee is looking forward to the planned National Inspection of adult protection activity and will continue to take this opportunity to address the current nature of service*
- *An unpaid carer's survey has been created and has been distributed to carers. The purpose of the survey is to help the HSCP to improve the provision of Adult Support and Protection to those who care for the adult at risk of harm.*

### 3. *SNAP SHOT*



# EVENTS WE HAVE HELD 2018 -2020





# Training

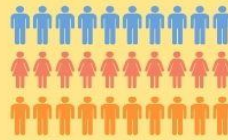
## WHAT WE ACHIEVED

2018–2020

642

PEOPLE TRAINED

health, social work third sector agencies and care home staff have all benefitted from our training



COUNCIL OFFICER

45



Council officers received training

2020

TRAINING SURVEY

we distributed training survey so that we could identify the gaps in learning



90%



of those trained gave us positive feedback following thier training

# 4. COMMITTEE & SUB-COMMITTEES



## 4.1 Committee Meetings

The Adult Protection Committee (APC) continues to meet quarterly, with good attendance from each of the key agencies. Membership of the Committee is as follows:

**Chief Social Work Officer and Head of Mental Health Services, Learning Disability, Addictions and Lifelong Conditions**

**Head of Adult Services Older Adults and Community Hospitals**

**The Lead Officer for Adult Protection**

**The Lead Officer for Child Protection**

**The Care Inspectorate**

**Scottish Care representatives of the independent sector**

**Police Scotland**

**Scottish Ambulance Service**

**Scottish Fire and Rescue**

**Associate Lead Nurse and quality improvement practitioner**

**Consultant nurse for Mental Health**

<b>Argyll and Bute Third sector interface</b>
<b>Lomond and Argyll Advocacy Service</b>
<b>Housing Strategy Team Lead</b>

*The terms of reference for the APC has been refreshed and membership confirmed. The APC holds an annual self-evaluation session and reviews its constitution as part of its ongoing commitment to continuous improvement.*

*The APC has agreed an improvement plan to cover the next two years (2020-2021) **The Improvement Plan includes the guidance and advice on Covid-19 and will amend as the situation evolves and changes.***

*Key items we want to deliver over the period 2020- 2021 are as follows:*

- *Provide clear and visible leadership of multi-agency work to identify and protect our most vulnerable Adults*
- *Continue to focus on self-evaluation and continuous improvement*
- *Ensure that our Adult Protection Plans processes are robust and that our referrals are screened and triaged and the three point test applied.*
- *Build our joint approaches to protect and support adults affected by Domestic Abuse, Parental Mental Health and Addictions.*
- *Improve communication and engagement with our communities.*
- *Monitor the impact of Covid-19 on working practice, and on strategic issues for service users, families and carers, multi-agency practice, and wider community engagement*

## **4.2 Adult Protection Committee Agendas**

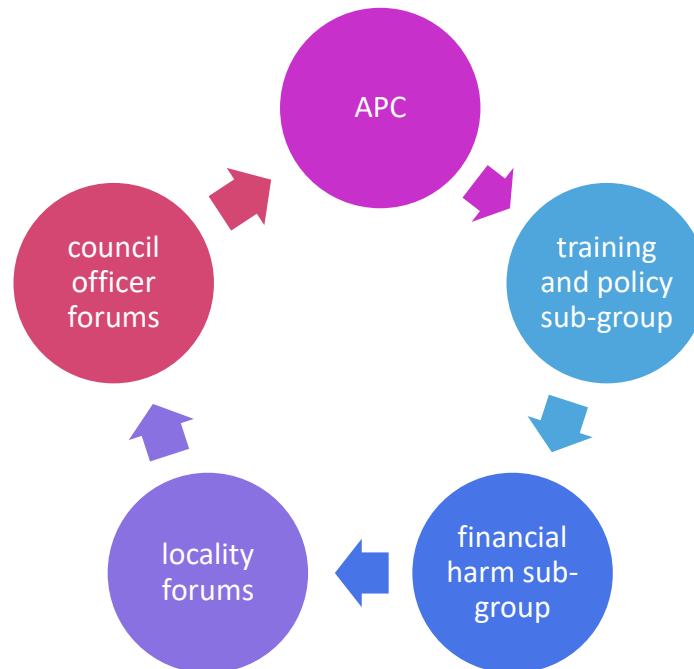
*Standing items on the APC agenda now include case studies and reports on emerging practice issues, Significant Case Reviews, Large Scale Investigations, the minutes of the National Convenors quarterly meetings and the APC sub-groups.*

*A performance framework has been developed to ensure the Committee are aware of the quality of the outcomes.*

*Quarterly statistics management information and performance information are also included.*

## 4.3 Sub-Committees

*The Adult Protection Committee also has the following sub-committees:*



### ***The Training and Quality Sub Group***

*The aims and objectives of this group are:*



- *To ensure that key partners in each area are aware of Adult Support and Protection procedures and how these work in practice*

- *To maintain an overview of joint working in adult support and protection and to identify areas of improvement*
- *To identify any shared issues that have arisen in the area and work together to improve outcomes for adults who may be at risk of harm*
- *To identify any areas where further training, guidance or support from the Adult Protection Committee would assist any single agency or multi-agency working in the fulfilment of these objectives.*

## **What we have achieved**

*During 2018 -2020 this group has:*

- *Reviewed and updated the Adult Protection Operational Procedures*
- *Assisted in the dissemination of the West of Scotland Adult Protection guidance*
- *Adapted the training programme to reflect the outcome of the training survey*
- *Overseen the introduction of the revised duty to inquire and Investigation forms held electronically*
- *Endorsed the monthly newsletter which keeps HSCP staff aware of training opportunities National and Local Guidance*
- *Supported the Introduction of a new Council Officer training programme which includes a multi-agency effectively working together module.*
- *Reported on variances in training requirements across the localities*
- *Developed online training given the rurality of Argyll and Bute and the difficulties of attendance from Island communities*
- *Supported the development of the public protection E module available to staff via the Council hub.*
- *Developed Council Officer refresher training*



## ***Financial Harm Sub-group***

*The Financial Harm sub-group. The aims and objectives of this group are:*

- *To make financial harm everyone's business*
- *Acknowledge that financial harm and scams is a growing area of concern.*
- *Acknowledge that the prevention of financial harm requires a response from the public, private and third sectors*
- *Recognise the need to draw on advice and support of the public private and third sector*
- *Maintain people's independence by protecting themselves from financial harm*
- *Recognise the need to gather and analyse data to improve future performance*
- *Increase awareness of all forms of harm alerted to us by the public and other organisations.*
- *Help organisations to increase their resilience against future threats*
- *Provide awareness events for staff within the HSCP and external organisations*
- *Review membership of the group to ensure there is representation from all sectors*

## What we have achieved

During 2018-2020 this group has:

- Facilitated a multi-agency financial harm event
- Worked with trading standards to alert the public to local scams
- Carried out joint visits with trading standards where a person is known to the service
- Accessed free specialist equipment to vulnerable people who received unwanted calls
- Encouraged the banking sector to be alert to financial harm offering training to their staff.
- Encourage agencies to cooperate with us when submitting a Section 10 request
- Invited case managers to present case studies to the group where an adult has been subject to financial harm.
- Ensure the minutes of the group are shared with the Adult Protection Committee
- Alert adults to the National trading standards online scam awareness course

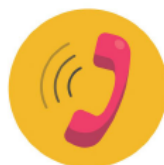
## Protecting Vulnerable Adults From Scam Phone Calls

Argyll & Bute Trading Standards have installed 72 call blockers to protect older and vulnerable people. So far 28,518 nuisance calls have been blocked, and an estimated 32 scams have been prevented.



**x2**

Residents were receiving 33 nuisance calls per month - almost twice the national average



**42%**

of all calls received were nuisance calls



**99%**

of nuisance calls were blocked by trueCall call blocking technology



£568,186 savings

### Cost-Benefit analysis

It is estimated that the project has already prevented 32 scams, and made savings of £115,026. Over the 5 year life of these units they will have blocked 134,971 nuisance calls (of which 27,150 will have been scam phone calls), prevented 160 scams, saved vulnerable households £298,270 and led to a reduction of £269,916 in NHS and health & social care costs. This will be a total saving of £568,186 for a project cost of £11,160 – a payback of 51 times the cost.

### Comments from those protected by the trueCall call blockers



This made a huge difference and enable my mother to continue to live in her own home for longer



My mother no longer gets anxious and agitated. I cannot impress on you the positive impact this has made.



Thanks for making my phone my friend again!



## **Locality Forums**

*We have established forums in the four localities within Argyll and Bute. The committee is always aware of the remote, rural and islands challenge.*

*These forums are held quarterly the aims and objectives are:*

- *To ensure that key partners in each area are aware of adult support and protection procedures and how these work in practice*
- *To maintain an overview of joint working in adult support and protection and any ways that this may be improved locally*
- *To identify any shared issues that have arisen in the area and work together to improve outcomes for adults who may be at risk of harm*
- *To identify any areas where further training, guidance or support from the Adult Protection Committee would assist any single agency or multiagency working in the fulfilment of these objectives.*

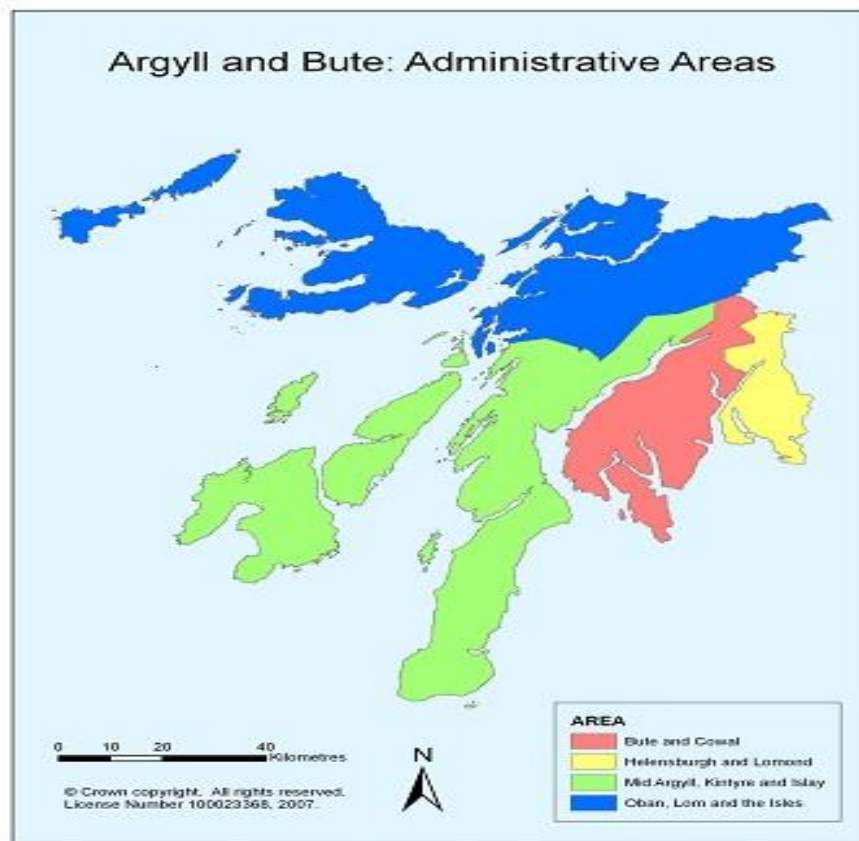
## **What we have achieved**

*During 2018-2020 the group has:*

- *analysed quarterly performance data*
- *shared case studies where adults were at risk of harm*
- *discussed training requirements for the HSCP and partner agencies*
- *Included agency reports from Health, Police, Fire and Rescue, housing, third sector, advocacy*
- *Contributed to multi-agency events*
- *Disseminated information to staff*
- *Updated the group on policies ,procedure and guidance*
- *Ensured key information was disseminated through social media platforms*



*Locality Forums are held in the four administrative areas*



## **Public Protection**

*The Adult Protection Committee also recognises that everyone deserves to grow up and live their lives free from harm and that effective partnership working is therefore key to ensure we keep people in Argyll and Bute safe from harm.*

*Over the last two years we have therefore worked with a number of different agencies to ensure public protection remains at the centre of our work by linking efforts, sharing best practice, delivering multi-agency training and together provide support that reduces risk to vulnerable people.*

*In order to achieve this connect with a number of different agencies link efforts, share best practice and work together to provide support that reduces risk to vulnerable people. The services we work with can be seen in the diagram below.*



## **Child Protection**

*The Argyll and Bute Child Protection Committee brings together all organisations involved in protecting children in the area. During 2018-2020 the Adult Protection Committee has maintained strong links with our colleagues in Child Protection to ensure we are appraised of any new procedures, share information, develop joint documentation, develop practice.*

## **What we have achieved**

*In 2018- 2020 we have:*

- *Ensured that the Lead Officer for Adult Protection is a regular contributor to the Child Protection Committee*
- *Held regular meetings of with the Independent Chair and Lead officers of the CPC and APC*
- *Contributed to the Child Protection Strategic plan 2020-2021*
- *Developed learning pathways for practitioners supporting them to reflect on practice and share learning with colleagues*
- *Worked with colleagues from the CPC to identify interface issues that can be jointly addressed*
- *Developed joint training and practice initiatives so that APC and CPC members gain a shared understanding of roles and responsibilities in protecting children and young adults*

- *Attended and contributed to the CPC annual self-development day*
- *Provided joint training to staff regarding the Mental Health Protocol, Chronologies and the importance of review and analysis, assessing the impact on parental Mental Health on children and young people and parental mental health and substance abuse.*
- *Attended the trauma informed services workforce conference workforce in Argyll and Bute*
- *Committed to being part of a trauma skilled workforce with planned face to face training and the development of online materials for everyone who engages with children and families whatever their role.*
- *Ensured the APC is updated any changes to practices, policies, and the law as a result of the investigation of abuse of children in care in Scotland.*
- *Assisted the CPC to develop an online public protection module.*

## **Argyll and Bute Violence against Women and Girls Partnership**

*The Violence Against Women Partnership was formed to ensure that domestic and gender-based violence against girls and women is not tolerated and the right services are in place to support survivors. The Lead Officer for Adult Protection is one of the key members of this group which includes the health board, police, education, criminal and community justice, housing and other third sector organisations.*

### **What we have achieved**

*In 2018-2020 we have*

- *Evaluated our policies and procedures to ensure they are gender informed and support survivors of domestic abuse and their families.*
- *Ensure strategic partnerships work in close collaboration with members of Violence against Women Partnerships, including specialist VAW support services*
- *Developed a communications strategy for 2020*
- *Analysed the statistics for domestic abuse for Argyll and Bute*
- *Produced statistics for the Scottish Government on the number of adult protection referrals where domestic abuse is a factor*

- Considered the ‘captive and controlled’ report from the rural crime network and considered how we might best protect women and girls in remote settings
- Supported the 16 days of action in tackling domestic abuse of women and girls
- Developed a training programme to raise awareness of domestic abuse including a half-day session in the localities delivered by women’s aid
- Applied for external funding to develop the range of training available
- Hosted a training session from Dewis Choice to raise awareness of domestic abuse in women over 60
- Monitored the effect of the COVID-19 pandemic
- Considered a recovery plan and the resources we may need to put in place as we come out of lockdown.



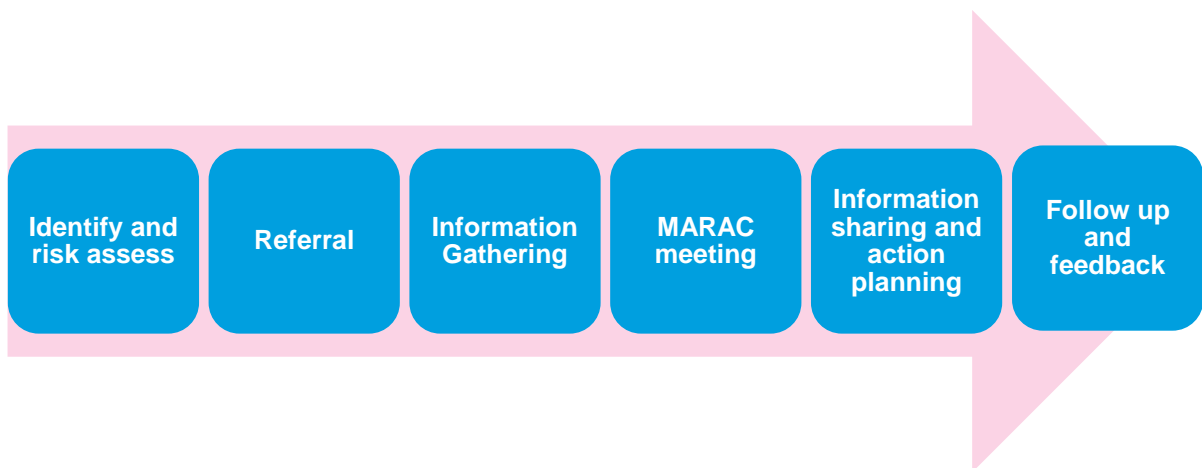
## **MARAC**

*MARAC was adopted in Argyll and Bute in 2019 to provide a process that identifies the highest risk victims of domestic abuse. Through multi-agency sharing of information and case discussion, a risk/safety management plan is agreed to assist in reducing the risk to the victim, any children involved and others.*

### **What we have achieved**

- *The Lead Officer for Adult Protection worked with the MARAC Coordinator to ensure there was senior representation on the group across the four localities.*
- *Locality Managers and Local Area Managers have committed to sharing the responsibility of attending the case conference and ensure that the actions agreed are communicated to the relevant teams.*
- *The Adult Protection Committee has invited the Coordinator to a committee meeting to give a presentation on the work of MARAC*
- *The MARAC Coordinator delivered awareness sessions to key staff within the HSCP*

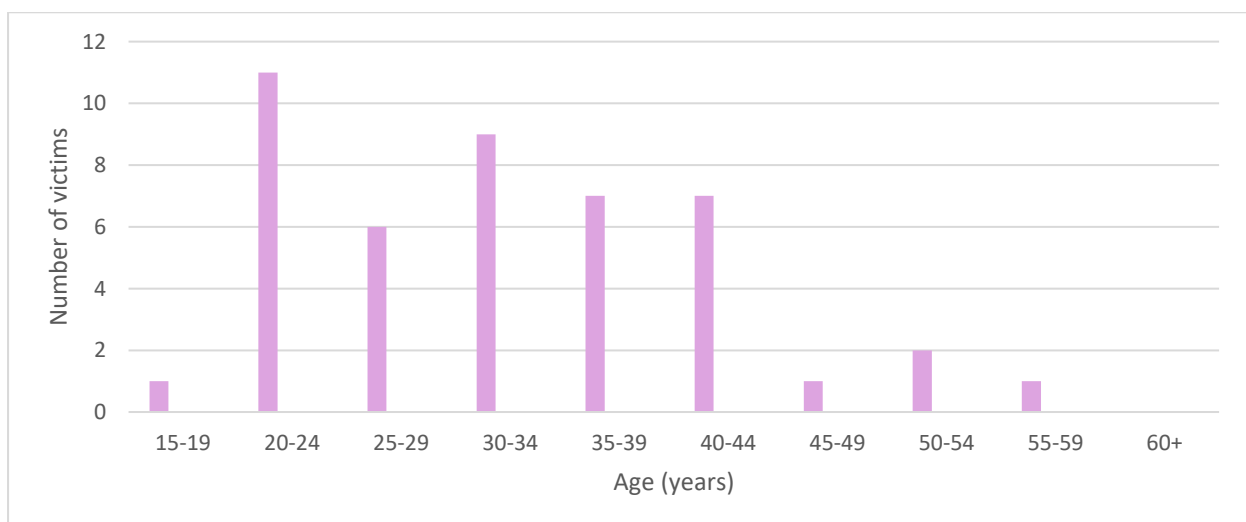




## **Argyll & Bute MARAC Statistics 2019**

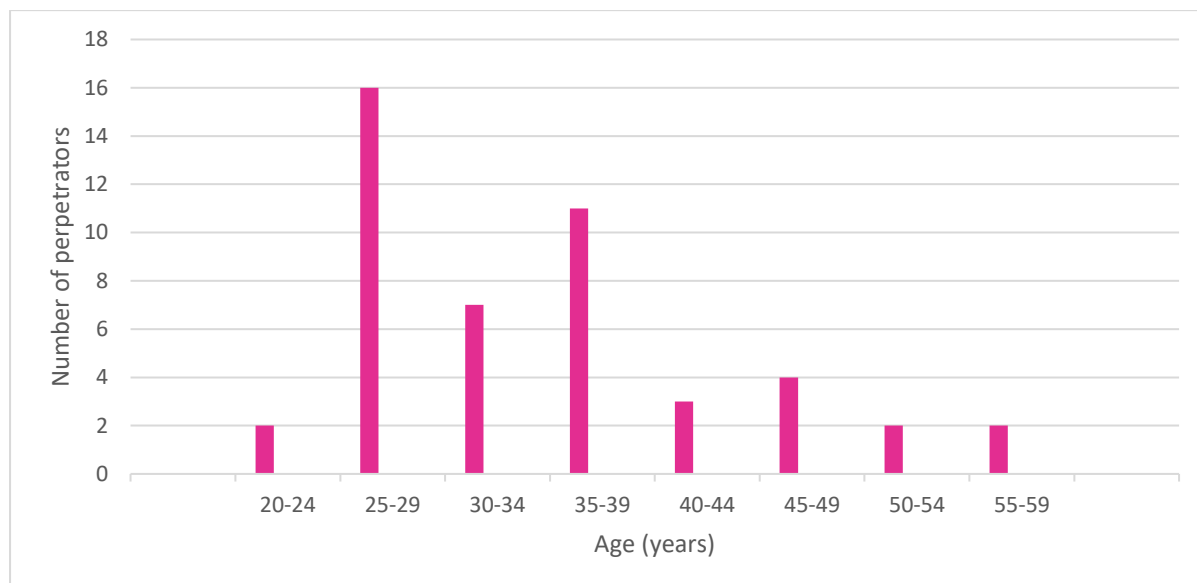
*Police Scotland have seen 528 Domestic Incidents reported to them in the Argyll & Bute area in 2019. There have been 47 case discussions at MARAC for the highest risk cases of domestic abuse. 44 of these cases have been female victims.*

*The average age of victims is 35 years with a range from 19 to 83 years. Figure 1 shows the age distribution for victims, with the highest concentration in the 20-24 years age bracket. Figure 1 Victim Age Range*



*The average age of perpetrators is 34 years with a range from 21 to 59 years.*

*Figure 2 shows the age distribution for perpetrators, with the highest concentration in the 25-29 years age bracket. Figure 2 Perpetrator Age Range*



## ***Alcohol and Drugs Partnership***

*The Alcohol and drugs partnership works to support recovery and prevent harm from the harmful use of alcohol and drugs.*

### ***What we have achieved***

- *The Lead Officer for Adult Protection works closely with the ADP Coordinator*
- *The Independent Chair of the ADP attends regular meetings with the Chair of the APC and the CPC*
- *The Lead Officer attends the quarterly ADP committee*
- *The Committee produces an update for the ADP which forms part of the minute*
- *The Lead Adult Protection Officer and ADP Coordinator contributes to the caring for people tactical group which was formed in response to the COVID-19 pandemic*
- *The ADP coordinator and its members invite key members of the Adult Protection Committee and senior representative's to awareness raising sessions*

- *The Adult Protection Committee invited the ADP Coordinator to be part of the self-evaluation day in 2019 and to present an overview of the agencies work.*
- *The Independent chair for the ADP and Team Lead gave a presentation to the committee in 2019 following an increase in drug deaths across Scotland following 1,200 drug deaths in 2018, and further work will be jointly addressed.*

## **Argyll and Bute Multi-Agency Public Protection Arrangements (MAPPA)**

*MAPPA is a multi-agency partnership framework that enables agencies to work together in the management of offenders. The focus for the partners is public safety and the reduction of serious harm to children and vulnerable adults and other potential victims. The partnership do this through effective assessment and management of risk posed by offenders subject to MAPPA supervision.*

### **What we have achieved**

- *We have worked with criminal justice, child protection lead officers and alcohol and drugs partnership to ensure information is shared where there is criminality or risk of harm*
- *We attend the multi-agency partnership violence against women partnership and discuss strategies to help eradicate all forms of violence against women and girls*
- *We have a senior manager at the MARAC group that brings representatives from statutory and non-statutory agencies together to share relevant and proportionate information about current risks for women who are at high risk of serious harm or murder*
- *We are involved in creating multi-agency risk management plans to reduce risk and increase safety*
- *We keep in close contact with the police hub and invite our policies colleagues to case conferences*
- *Police colleagues attend our adult protection forums and update us on any criminality which might impact on the safety of individual in the locality.*



## 5. Management Information

*The Committee has continued to monitor and review performance activity and have developed a more robust way of monitoring any variances in the number of referrals received in each locality. This was particularly important during the Covid-19 pandemic where initially adult protection referrals declined followed by a steady increase as restrictions eased. We were therefore keen to support community care, mental health and learning disability teams to cope especially where visiting adult's homes was restricted due to shielding.*

*We also identified a significant rise in cases where self-harm was an issue either because the adult was unable to support themselves or the person caring for them failed to give them the appropriate care they required. Team Leaders also asked for more guidance into issues such as hoarding where an adult who had capacity was not accepting of support. We also understood that self-neglect was something which often needed specialist input.*

*Advocacy has also been continually active in supporting adults at risk of harm. We have therefore worked with them to ensure all adults who are part of the adult support and protection process are able to access assistance at the earliest stage. This was particularly important in the early part of 2020 when several relatives and residents required support following a large-scale investigation.*

*The Committee has also continued to use case studies and user experience, evaluate outcomes, and to let staff know that we understand and appreciate the dilemmas and challenges in adult protection work. We also encourage staff, through our newsletter to inform us if they have positive stories to share particularly where there has been multi-agency involvement in protecting an adult from harm.*

# 6. ACHIEVEMENTS & PROGRESS

*The committee's achievements since the last report include the following:*

## **6.1 Maintaining Quality Assurance in our Care Homes**

*We have continued to work in partnership with Scottish Care to contributing to a multi-agency interactive workshop in 2019 to explore training provision gaps and solutions with partner agencies. We have also ensured that we have continued to engage with care home managers by asking them to attend quarterly quality assurance meetings where they would submit a detailed report. This report helped us identify any early concerns in Residential and Nursing Homes as outlined in the Hull indicators (October 2012, Dave Marshland et al,) This meeting was also attended by the Care Inspectorate, procurement and the locality teams leads and helped to highlight the earliest possible stage any weaknesses in any of the homes that they may need support in order to improve standards. In 2020 the quality assurance meetings has been superseded by a weekly care home task force given the concerns around infection due to COVID-19. However we continue to liaise with the Head of Service for Older People who regularly updates on us on the progress of the group and any ongoing concerns.*



## **6.2 Tackling Financial Harm**

*We have continued to tackle financial harm through the quarterly sub-group but also increased our membership to include a representative from action for elder abuse and the health service.*

### **What we have achieved**

*We organised an event aimed at social work staff, banks and building societies, post offices, solicitors, voluntary organisations, police Scotland voluntary organisations, elected members, advocacy and the citizen's advice bureau*

#### **AIMS OF THE EVENT**

- ❖ Identification of local strengths and weaknesses in dealing with financial harm.*
- ❖ Analysis of current processes and procedures*
- ❖ Increased professional awareness of the roles and responsibilities of the different agencies involved in addressing financial harm.*
- ❖ Increased public awareness of scams and avenues for assistance.*
- ❖ Financial Harm sub-group of the Adult Protection Committee will feedback on the development of strategies and procedures that enable key organisations to work together to identify, support and protect victims of financial harm.*

*The Adult Protection Committee also responded to the partnerships request to understand more about supporting service users subject to self-neglect. We therefore organised an event in which professor Michael Preston-Shoot and Professor Suzie Braye delivered training on self-neglect policy and practice and messages from research.*

## ***During this training we explored***

- ***knowing***, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge resources that underpin professional practice
- ***being***, in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company
- ***doing***, in the sense of balancing hands-on and hands-off approaches, seeking the tiny opportunity for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when the risks are so great that some intervention must take place.

## ***At the end of the event:***

- *Staff from the HSCP felt they were more informed by the end of the event*
- *The research helped to understand the key challenges when working with self-neglect*
- *Understood the lived experience of neglect in a domestic environment*
- *The ethical dilemmas involved*
- *How to ensure that the persons autonomy and self-determination was respected*
- *The challenges of mental capacity in self-neglect*
- *That organisational support was key*
- *What helps or hinders them in their practice.*



### 6.3 Human Trafficking

*Since the human trafficking and exploitation (Scotland) Act 2015 the Committee have sought to raise awareness of the prevalence of human trafficking in our communities. When we were approached by the Rah Rah Community Theatre Company (sponsored by the Scottish Government) we felt this would be a good way of exploring the subject and increase understanding for staff within the HSCP and partner agencies. The workshop that followed this presentation helped us understand how human trafficking has increased particularly in rural communities and what we can do as professionals to ensure that those who have been trafficked receive the right legal support.*

## **6.4 Significant Case Review (SCR) and LSI's Learning from Ourselves and Other Authorities**

*Between 2018-2020 we have not conducted any significant case reviews within our authority but as Chair I have ensured that we learn from neighbouring authorities who have been required to complete SCR's and ensured this information is presented to the Committee and disseminated to staff and partner agencies. Current national guidance is being prepared given the differing position on SCR's across Scotland. We have however conducted a large scale investigation following the concerns about the performance of a care home. The learning from this has been disseminated to the APC and it has been agreed that that further training and development sessions need to be arranged with staff and key agencies.*

## **6.5 Development of the Improvement Plan**

*The Adult Protection Committee developed its improvement plan to reflect the core business functions as set out in the Adult Protection (Scotland) 2007 ACT.*

*Within this plan we have ensured that:*

- *The Adult Protection Committee provides effective leadership and direction in Adult protection and is accountable for its actions*
- *A learning culture to support continuous improvement is embedded in the APC and promoted across partner agencies*
- *We help adults and their families to access mental health services.*
- *We effectively identify adults at risk share information timeously and act together to protect them from harm*
- *Collaboration across Public Protection raises awareness of cross-cutting challenges and opportunities for shared solutions in Adult Protection*
- *Adults and their families are supported to be fully involved in Adult Protection decision making processes*
- *There is evidence of greater public awareness of Adult Protection*

*Against these objectives we have identified:*

- *the lead and key people involved*
- *the timescale in which we expect the desired outcome*
- *the evidence we need to provide and the progress we have made*

## **6.6 Responding to GDPR and FOI requests**

*Since the General Data Protection Act 2018 we have learned to adapt to the new legal framework and guidance and that we understand its principles rights and obligations. We have worked hard within the HSCP to ensure that the information shared is proportionate and necessary to conduct our enquiries.*

## **6.7 Improving the feedback to the referrer**

*Some agencies raised the issue of insufficient feedback once a referral had been submitted to Social Work. We have therefore ensured that a new suite of feedback forms is included in our operational procedures. Our improved electronic paperwork also requires the case manager to confirm if feedback has been given to the refer*

## **6.8 Ensuring the Adult Protection Committee is more transparent**

*The committee has looked at how it can be more transparent in informing the HSCP and key partners of the work we undertake. Since the last report:*

- *the Lead Officer regularly attends the locality forums to update the multi-agency group on policies procedures, training, and quarterly statistics*
- *I have visited each locality with the Lead Officer and spoken to staff about their experiences of working with vulnerable services users and the challenges of working in a rural environment*
- *We have developed a monthly newsletter to ensure that the work of the committee is disseminated along with new guidance*
- *We have invited locality managers to the committee so they can tell us first-hand of any concerns or positives developments*
- *We have organised an annual self-evaluation day to which all staff and key partners are invited.*

## **6.9 Multi-agency and locality-based training**

*There was a consensus that Adult Protection training, where appropriate, should be multi-agency and based in localities rather than individual agencies carrying out their own training. It was agreed shared learning was beneficial from the point of view of becoming familiar with individual policies and procedures as well as working together towards joint aims. There was an acknowledgement that each locality faced different challenges and the training should be adapted to reflect this.*

## **6.10 Improving delays in obtaining relevant information at the enquiry stage and varying timescales**

*It was acknowledged by the Committee that some initial enquiries were delayed because of a lack of complete information. There was also a concern that although Health and Social Work are an integrated partnership there are still different protocols and timescales for responding to the needs of service users. There was a sense that Social Workers were still the Lead Professional when dealing with Adult Protection and the main provider of services in the localities.*

*The Committee will continue to monitor timescales and proactive management of adult protection and safeguarding concerns across agencies.*



# 7. WORKING TOWARDS POSITIVE OUTCOMES

## 7.1 Survey

*The Committee are aware of the need to evidence positive outcomes for people who have been subject to adult protection procedures, including carers and carers' groups. Since the last report we have considered how best to obtain this information given that some adults find it difficult to appreciate the immediate benefit of the interventions or the reason why it is necessary to investigate.*

*We have therefore asked the advocacy service to become involved in distributing a survey to ensure impartiality and offer support if the adult requires help with responding to the questions asked. Data on this activity will be reported to committee in the autumn. We have also recently developed an unpaid carer's survey which has been designed to ascertain the views of the carer in the adult protection process. The Carer's centre and care managers will ensure the carer is aware of the survey. It has also been advertised on the council hub and HSCP social media platforms.*

*In general, we have had positive feedback from all those involved in the adult protection process even where there have been challenging situations where not all parties agree.*

## 7.2 Communication

*Since the COVID-19 pandemic the HSCP has had some challenges in terms of engaging with adults who have been subject to investigation or required to participate in case conferences. Often because of the adult is shielding we have been unable to visit or obtain information in the normal way. We have therefore had to use other forms of communication to ensure the adult is safe which has included regular phone contact or use of the internet. On the whole adults have adapted to this form of communication often preferring it to traveling to a venue or being worried about how they will cope in a formal case conference. Professionals have found it easier to be part of meetings and*

*discussions if they can join in via the internet. We recognise however that for adults with a cognitive impairment learning disability or mental health condition face to face contact is often more helpful. For this reason care managers have continued to carry out visits using PPE wherever possible.*

### **7.3 Recording Outcomes**

*In terms of analysing outcomes, we know the importance of ensuring we have good qualitative information. Since the last report we have worked with our performance team to ensure the committee has the most up to date information. As well as the quarterly data we have now added live information to our Pyramid system so that when completed the Committee will be able to view the data live. The Performance Team have also increased the quality of the data so that more detailed information can be communicated with the committee and locality forums. During the COVID-19 pandemic we have created a daily and weekly report so we can monitor any increases in adult protection referrals, investigations, or case conferences. We have also monitored the weekly number of adult concerns for adults considered vulnerable. We have submitted weekly statistics to the Scottish Government (SOLAS) and COSLA as well as providing a weekly report for the Heads of Service and Chief Officer and Chief Executive.*

### **7.4 COVID-19**

*Since the concerns of Covid-19 emerged I have also been kept apprised of the contingencies the partnership has put in place to keep the most vulnerable people safe. The lead officer has contributed to the Health and Social Care Partnership Bronze group which updated the Head of Service on any changes in terms of adult protection. The Lead Officer also contributed to the twice weekly caring for people tactical group which helped to ensure volunteers delivered vital food supplies and medicine to those adults who were shielding. The Lead Officer also helped to develop posters to volunteers ensuring they knew how to report a concern if they suspected harm and a poster for adults ensuring they were aware of the dangers of inviting of strangers into their home however well-intentioned they appeared to be.*

## SAFEGUARDING ADULTS for Covid-19 Community Support Groups



Safeguarding adults means **protecting** the most **vulnerable** from **abuse** and **neglect**.

Abuse and neglect can happen in **different ways** and can be perpetrated by **anyone**. Abuse can be a **crime**.

If you **see** something, are **told** something, or something doesn't **feel** right, you need to **report it**.



Report concerns to **Adult Social Care** on **01546 605 517 (Mon-Fri, 9am-5pm)**, or **01631 566 491** or **01631 569 712** **out of hours**.  
If someone is in immediate danger call **999**.



Find out more by doing an internet search for 'safeguarding adults Argyll and Bute'.

**For concerns about a child, report to 01546 605 517 (Mon-Fri, 9am-5pm), or 01631 566 491 or 01631 569 712 (out of hours)**

## SAFEGUARDING ADULTS

for people self isolating



We want to make sure that the **most vulnerable are safe** when they are self isolating. Here are some things to think about if you are offered, or need, support during this time.

Try to **use existing and trusted community groups**. If not, could a **family member, friend or neighbour** who you know and trust help?



**Not sure? Don't answer the door.** If you're not sure about an offer of help, ask the person to leave details and talk to someone you trust about it.

If you need support, or feel unsafe, you can call **Adult Social Care** on **01546 605 517 (Mon-Fri, 9am-5pm)**, or **01631 566 491** or **01631 569 712** out of hours. In an emergency call **999**.



**Find out more by doing an internet search for 'safeguarding adults Argyll and Bute'.**

**For concerns about a child, call 01546 605 517**  
(Mon-Fri, 9am-5pm), or 01631 566 491 or 01631 569 712 (out of hours)

# 8. PERFORMANCE

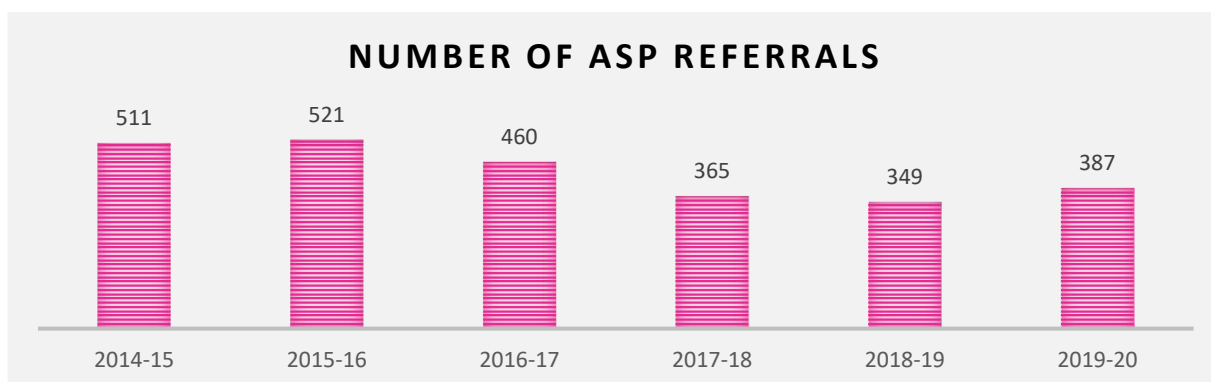
## Management Data

*Much of the data reported below has already been submitted to the Scottish Government as part of the national dataset. 2019/20 data will be submitted by 30 Sep 20 due to a delay in guidance as a result of the Covid-19 pandemic.*

### 8.1 Referral Numbers

*Between 1 April 2018 and 31 March 2020, the social work teams received a total of 736 adult protection referrals, with 349 started in 2018/19 and 387 in 2019/20.*

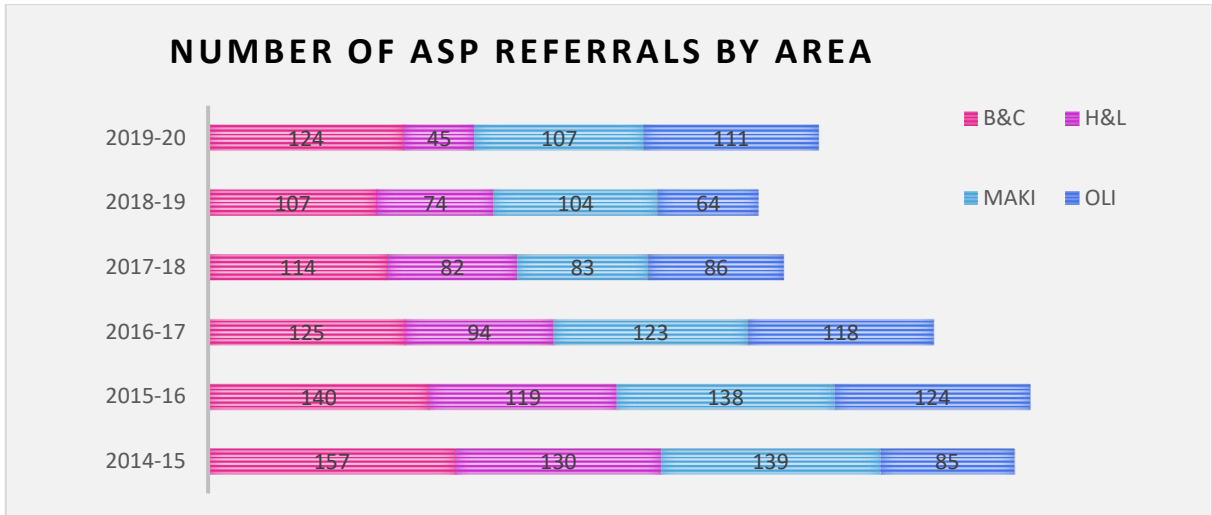
*Data collected since the implementation of the Adult Support and Protection (Scotland) Act 2007 shows the adult protection referrals trend to reflect a generally consistent level of annual activity, although 2018-20 period does report a decrease of 10.8% compared with previous biennial period:*



### 8.2 Referrals by Area

*As in other years, the adult protection referrals are not received consistently across the areas (Bute and Cowal, Helensburgh and Lomond, Mid Argyll and Oban and Lorne and the Isles) For example, in 2018-20 B&C received 31.4% of the ASP Referrals and has received greatest number overall since 2014 (see chart below):*

### NUMBER OF ASP REFERRALS BY AREA

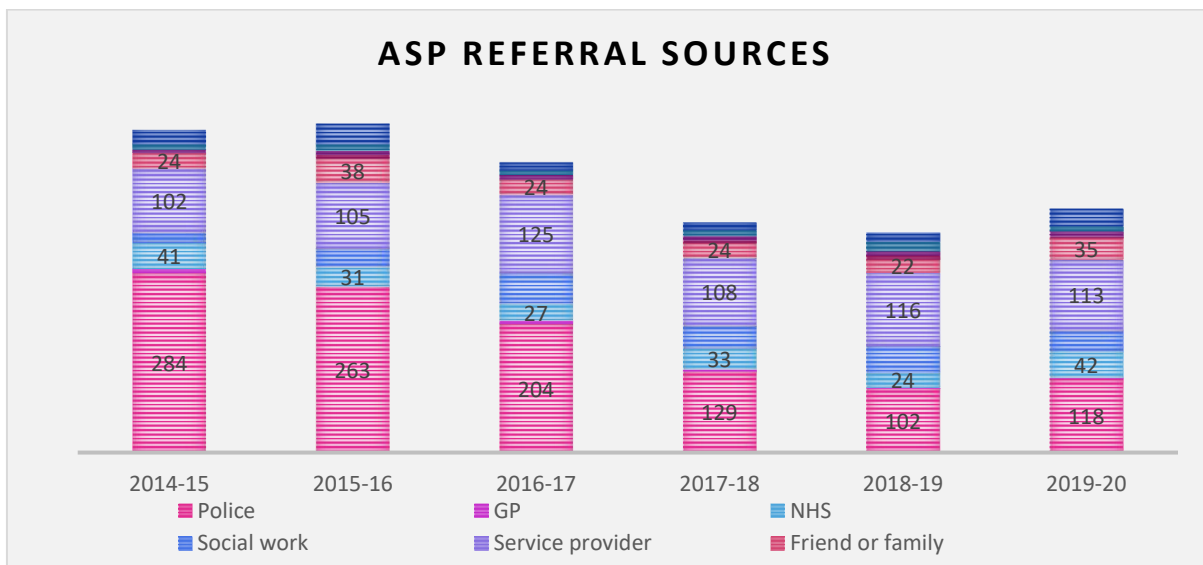


*There is no obvious explanation for these differences, but it is clear that as Police Scotland continue to be the highest referrer, any changes in the levels of their referrals has a disproportionate effect on the total.*

### 8.3 Referral Sources

*The sources of the adult protection referrals have been collected slightly differently during different years and this makes detailed comparisons difficult.*

*However, referrals from key sources over the last 6 years are shown below:*



*As in the previous biennial report referrals have been received from a wide range of professionals:*

- *Fire Service*
- *Psychiatrists*
- *Housing associations*
- *Resource Centre's*
- *Third sector agency*
- *Community Psychiatric nurses*
- *Relatives*
- *Friends*
- *Neighbours*

*This wide range of referrals demonstrated that both external agencies and the public are confident about how to report an Adult Protection Concern.*

*Overall, the police remain the highest referrer, but their referrals have fallen in numerical terms over the last three years. They have also fallen as a percentage of referrals. In 2016-18 Police Scotland referrals accounted for 333 referrals, compared with 220 in the period covered by this biennial report, a reduction of 113 (33.9%). Referrals from SFRS have seen increase from 16 to 23 compared with previous biennial period. Hospital and other Health referrals have increased from 60 to 66 and Self-referrals increased from 14 to 15 across the reporting period.*

#### **8.4 Repeat Referrals**

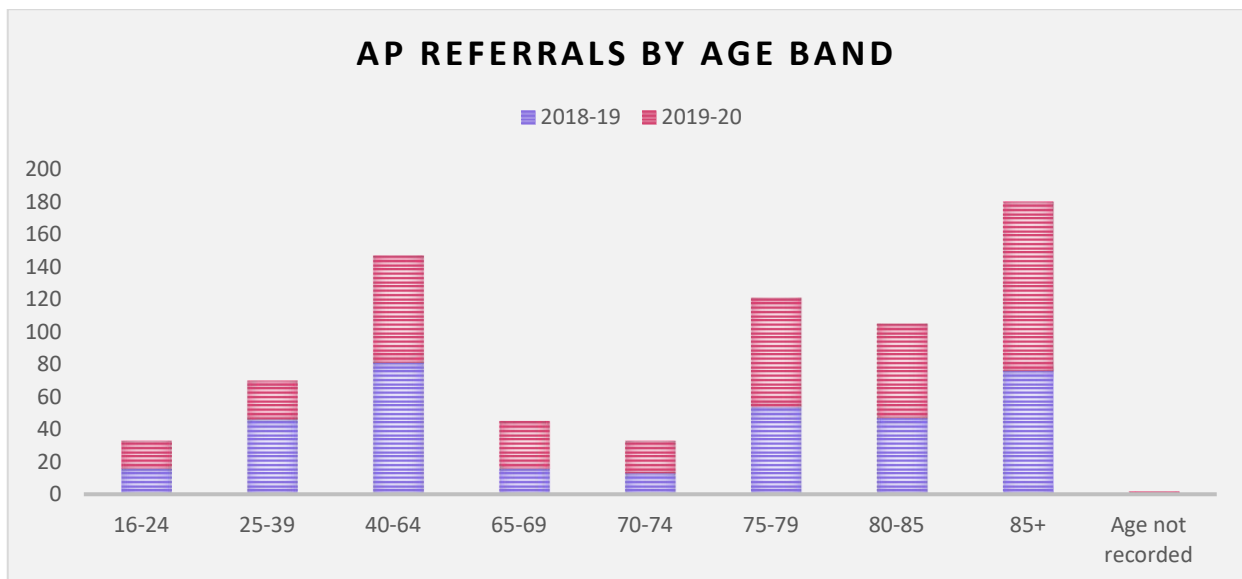
*During the years 2018-20 there were a number of repeat referrals, which require follow up protection activity.*

*Of 548 individuals subject to an Adult Protection referral, 100 (18.2%) were repeat referrals. This is down from 21.7% in previous biennial period.*

Year	Subject to a Repeat ASP Referral	Subject to an ASP Referral	%
2018/19	45	267	16.9
2019/20	55	281	19.6

## 8.5 Age Groups

The last biennial report noted that the percentage of the over 65s who are referred are higher than their numbers in the population would predict, particularly in the over 85 bracket. Between 2016 and 2018 there were 169 referrals for over 85s, 20.2% of the total. In the two years 2018-20 this has risen to 180, or 24.5% of the total.





## 8.6 Type of Harm Referred

Type of harm	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Self-harm	92	85	39	33	33	17
Physical	79	86	74	82	74	87
Psychological	46	53	47	34	30	21
Financial	50	76	62	41	34	51
Neglect	27	35	32	34	32	38
Self-neglect	27	39	43	24	26	30
Sexual	22	21	36	22	21	18

Across 2018-20, the highest number of referrals was for adults subject to Physical Harm (161), followed by Financial (185). Referrals by Financial Harm have fallen by 17.5% over the reporting period.

Two Harm types noted an increase in AP Referral activity across the bi-annual reporting period: Physical (161) and Neglect (70).

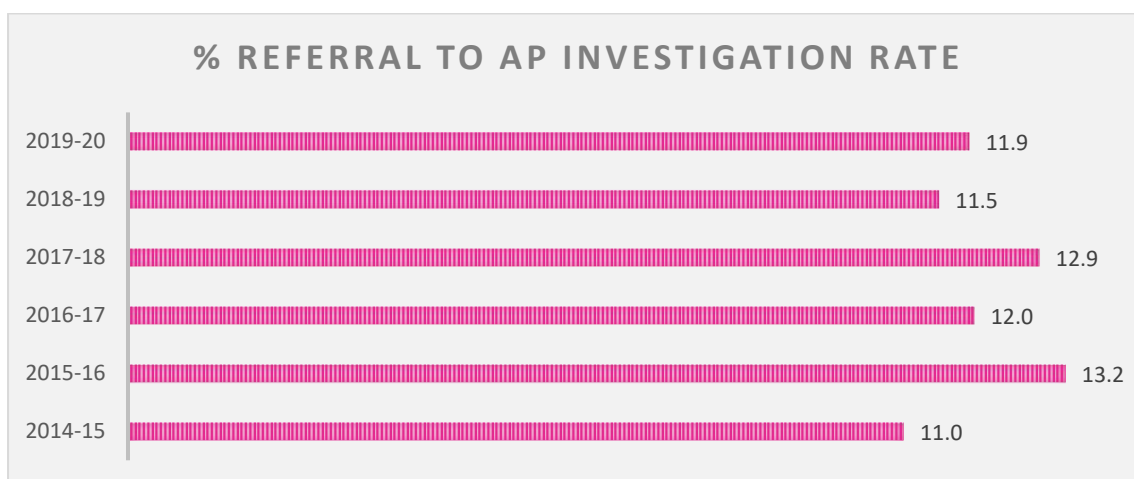
## 8.7 Outcomes of Adult Protection Referrals

The outcomes of the 349 referrals made in 2018-19 and the 387 in 2019-20 were as follows:

Outcome	14-15	15-16	16-17	17-18	18-19	19-20
Adult meets 3 point test and AP investigation required	56	69	55	47	40	46
Adult meets 3 point test but concerns known	122	118	145	122	137	164
Adult does not meet 3 point test: SW assessment to be done	64	59	51	33	27	35
Adult does not meet 3 point test: repeat referrals mean case discussion	25	25	31	11	7	13

<i>Adult does not meet 3 point test: referred to other agency</i>	47	37	24	31	15	14
<i>Adult does not meet 3 point test: known to and supported by</i>	150	172	129	97	98	86
<i>Adult does not meet 3 point test: NFA</i>	29	34	24	22	23	21
<i>Not recorded / Not complete</i>	18	7	1	2	2	8

*In both years across 2018-20, a consistently low proportion of referrals led to an adult protection investigation 11.5% and 11.9% respectively. In line with the latest information shared by the Scottish Government following the national dataset used in 2017-18, it appears the proportion of referrals to investigations in Argyll and Bute is close to the Scottish average.*

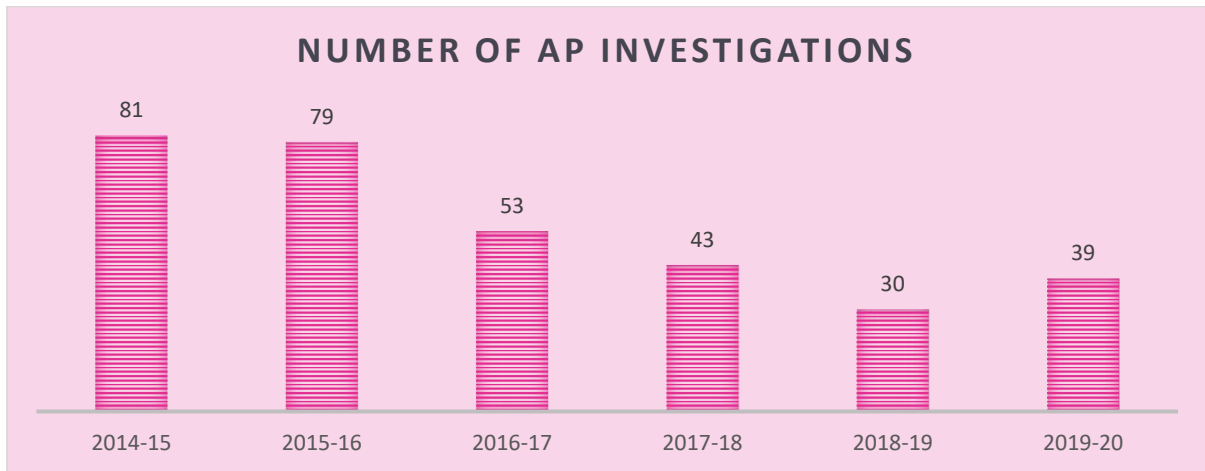


## **8.8 Adult Protection Investigations**

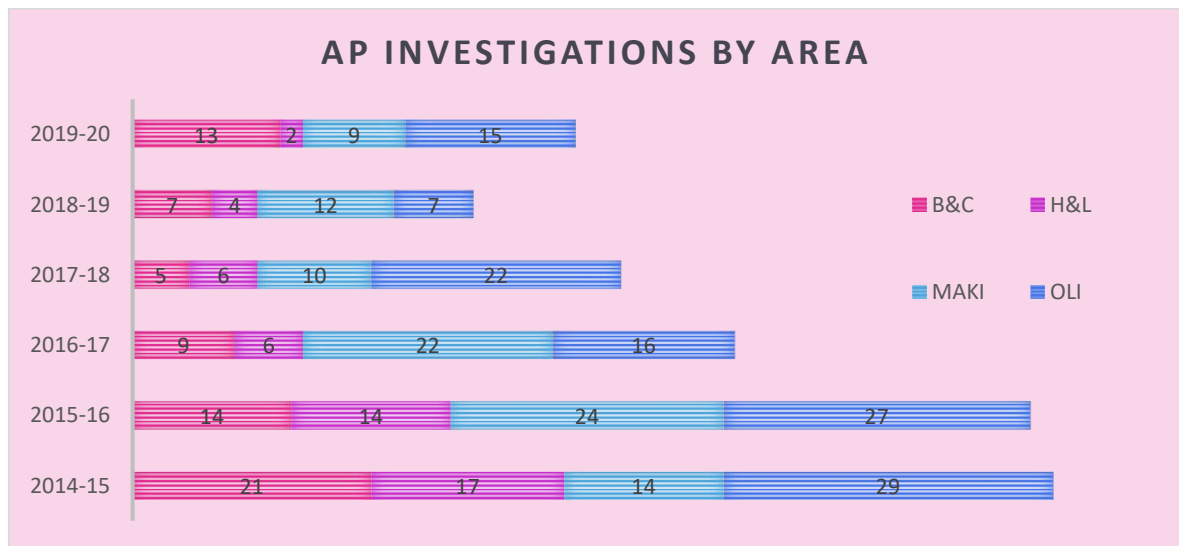
*Between 1 April 2018 and 31 March 2020, social work teams received a total of 69 adult protection investigations, with 30 started in 2018/19 and 39 in 2019/20.*

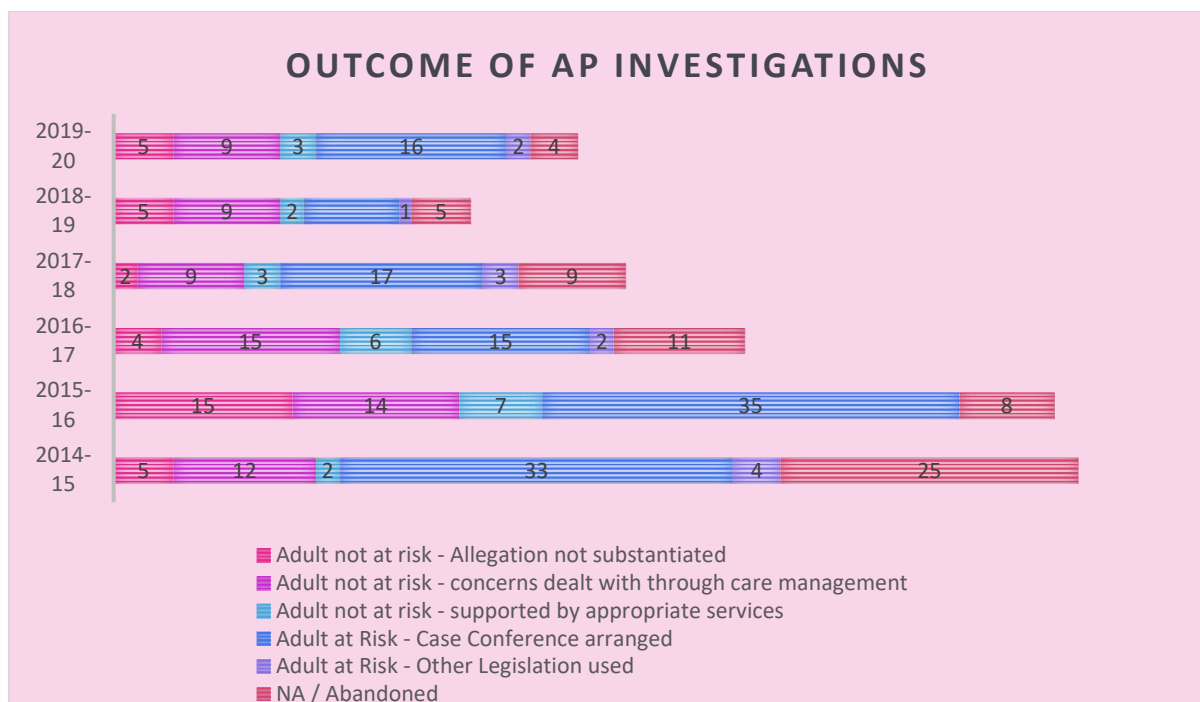
*The number of Adult Protection Investigations have reduced in alignment with the corresponding rates of Adult Protection Referrals*

across the last 6 years, with a slight increase reported cross the period covered in this biennial report.



*In terms of geographical split across Argyll and Bute, Oban Lorn & Isles (22) started the highest % of AP investigations at 31.9%  
Investigations in Helensburgh and Lomond (6) accounting for just 8.7%*



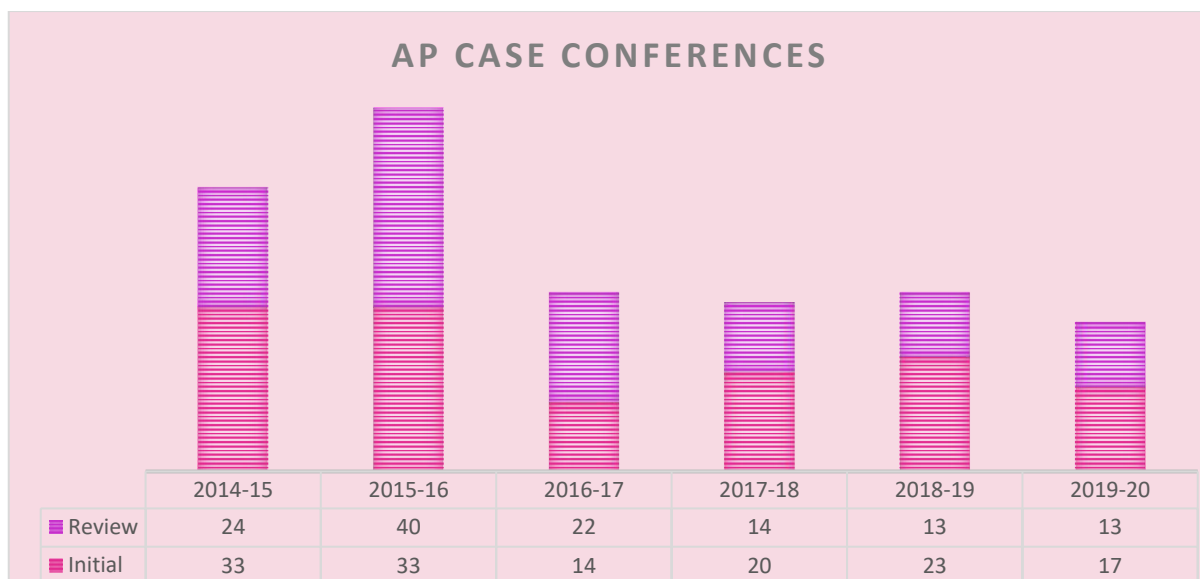


*Of the 69 investigations undertaken, 27 (39.1%) concluded that the adult was at risk of harm, and in 24 cases a case conference was held. In the other 3 cases it was decided that support through the Adults with Incapacity legislation was a more appropriate legal route (Mental Health (Care and Treatment) Act, criminal law etc) to providing long-term protection for the adult.*

## **8.9 Case Conferences**

*In the period of this biennial report 66 Adult Protection Case Conferences commenced. 40 initial case conferences were held, of which 20 concluded that the adult was at risk of harm and protection plans were put in place, and for the other instances the adults were not considered at risk – often because of action already taken to protect them.*

*26 Adult Protection Review Case Conferences were held to consider the ongoing risks to the adult and monitor the protection plan.*



## **8.10 Protection Orders**

*During the course of 2018-20 there were no banning orders or protection orders applied for.*

## **8.11 Large Scale Investigations**

*There was one large scale investigation concluded involving a care home before the report was completed. We however learned from the recommendations given at the conclusion of the report. We will continue to work with the Care Inspectorate, Scottish Care and the Independent and Private sectors on the recommendations of the final report.*

# 9. CHALLENGES & MOVING FORWARD

## **Moving forward**

### **Strengths**

- *We have trained more staff within this period than in 2016-2018*
- *We have recognised that Council Officers required a robust training programme and have introduced a five-day course*
- *We have introduced multi-agency effectively working together training, case conference chairing and defensible decision-making training*
- *We have identified the gaps in our adult protection electronic paperwork, and produced a new suite of forms including risk assessment and chronology*
- *We have developed daily, weekly, and monthly statistics so that we can monitor any variances in adult protection activity*
- *We have listened to the needs of staff and organised events which reflect the gaps in their learning*
- *We have visited each area team and listened to the challenges they face in delivering adult protection in rural locations and 23 inhabited islands*
- *We have responded to the COVID-19 pandemic supporting staff, providing guidance, becoming part of the caring for people tactical group*
- *We have considered the increased adult protection concerns for those who are shielding or subject to domestic abuse*

*The Committee has developed the improvement plan which covers operational issues for the coming two years, but we recognise that the evolving situation caused by Covid-19 will require continuous attention and focus. Key areas will be monitoring the impact of Covid-19 effects on the population, a focus on prevention and support, on isolation, stress, employment and poverty, alcohol and drug issues, domestic violence and other consequential issues.*

*The Committee will continue to report to the Chief Officer Group Public Protection, and continue to develop strong collaborative work with our multi-agency partners, and planning for the next phases of Covid-19, sharing ideas and ensuring safe return to face to face support. A focus on real time data analysis and information sharing, public facing communication and engagement, alternative and digital means of connection, and sustaining positive outcomes on how to support people.*

## ***The Next Steps to Improving our Practice***

*Practical challenges which will be monitored will include:*

- *Service User engagement and contact, awareness of relationship importance and of mental capacity issues*
- *Supporting the most vulnerable, practical support, communication, and continuous engagement*
- *Monitoring activity, data and issues, case conferencing and digital activity*
- *Multi-agency working and action in cross over areas within an ASP context and monitoring possible hidden harm.*
- *Supporting staff, good communication and involvement, guidance updates and effective connection and communication*
- *Support to the independent and private sector in care settings, advice, guidance, and practical assistance.*

*There will be real challenges in moving forward to a range of “new normal” but I am confident of a considered and supported Argyll and Bute response.*

***Alex Davidson***

***Independent Convenor***

***September 2020***

# 10. APPENDICES

## Appendix 1.

<b>Training Course</b>	<b>Number who attended</b>
<i>Council officer training</i>	45
<i>Introduction to Adult protection training (care homes)</i>	95
<i>Introduction to adult support and protection</i>	38 ( third sector) 65 social work staff 10 police officers 20 NHS staff
<i>Refresher training</i>	20 (home care) 20 (social work staff)
<i>Recording and defensible decision making for managers locality managers and local area mangers</i>	10 ( social work) 5 NHS



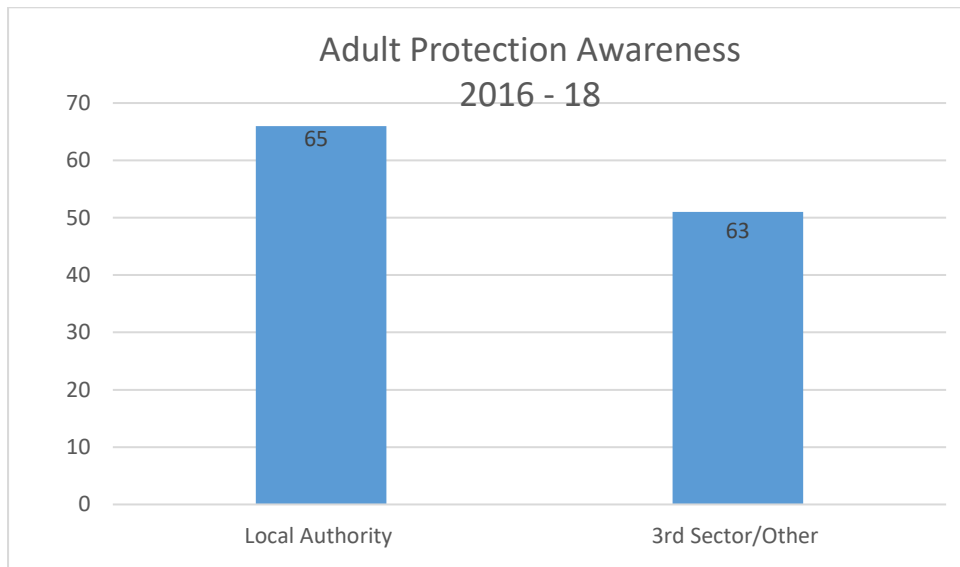
## **Appendix 2.**

### **Training Provided 2018 - 20**

#### *Introduction to Adult Support & Protection*

*This training was commissioned from an external provider. It was open to all agencies and groups across each area*

#### **Adult Protection Awareness**



## Appendix 2.

	<b>COURSE</b>	<b>COURSE DESCRIPTOR</b>	<b>TARGET GROUP</b>	<b>MANDATORY</b>	<b>NOTES</b>
Level 3	<i>Council Officer and</i>	<i>Foundations of ASP Gateways to ASP Participation advocacy and support The Adult and Support Case Conference Risk identification Assessment and management</i>	<i>Social workers</i>	<i>Yes for council officers</i>	<i>Open to Council officers and social workers</i>
	<i>Refresher council officer training</i>	<i>An opportunity for council officers to consider their current practice, consolidate their learning and be updated in terms of new guidance, policies and protocols</i>	<i>Council officers</i>		
	<i>Second working training</i>	<i>Adult support and protection practice for second workers exploring their roles and responsibilities under the ASP ACT.</i>			
Level 3	<i>Specific courses</i>	<i>Chronology and the importance of analysis  An introduction to the Mental Health protocol  Recording and defensible decision making  Getting it right for children and parents affected by mental health  Working with Disguised compliance  GP Adult Protection Training</i>	<i>All HSCP staff who work with adults at risk of harm and who identify a specific skill or knowledge gap</i>	<i>No</i>	<i>Open to staff across the HSCP</i>
Level 3	<i>Chairing Adult Protection Case Conferences</i>	<i>To provide an opportunity for chairs of adult protection case conferences to identify the key elements of an adult protection case conference and share good practice in</i>	<i>Area Managers and Lead Professionals who chair adult protection case conferences</i>	<i>Yes</i>	<i>Open to Local Area Managers</i>

		<i>relation to all aspects of case conferences</i>			
	<i>Adult Support and Protection Act in Practice</i>	<i>To ensure that council officers, social workers and other frontline staff who manage cases are aware of the Act, the legal duties placed on staff and how adult protection referrals are managed by social work from initial inquiries through to protection planning</i>	<i>Council officers Social workers, social work assistants, CPNs District Nurses, managers of care and support provider services etc.</i>	<i>Yes for council officers and social workers</i>	<i>Open to staff from any other agencies who manage cases and need a fuller understanding of their role within adult support and protection</i>
<i>Level 2</i>	<i>Protection of adults at risk of harm for call centre staff and staff recording initial adult protection referrals</i>	<i>Understanding the agencies duties and powers in supporting adults at risk of harm Be aware of the implications for staff who receive reports of concern and the most effective response Appreciate the vital role of front line staff and managers and the importance of sound inter-departmental and inter-agency training</i>	<i>All front-line staff who receive ASP referrals</i>		
<i>Level 2</i>	<i>Working with self-neglect messages from research</i>	<i>This workshop offered dedicated time for social work staff to become familiar with self-neglect consider the challenges, understand the current research and decide the local priorities for tackling neglect in Argyll and Bute</i>	<i>Children and families social work, staff, midwives Health visitors, who lead and contribute to the assessment</i>		<i>Open to all staff who work with service users in the HSCP</i>
<i>Level 1</i>	<i>Introduction to Adult Support and Protection</i>	<i>To enable staff to recognise and report adult protection concerns, and have a basic understanding of the adult protection process</i>	<i>All staff in public, private and 3<sup>rd</sup> sector who may come across an adult at risk of harm</i>	<i>To be agreed by each agency</i>	<i>Open to any agency who has contact with the public</i>

# **Adult Protection Committee**

## **Strategic Plan 2020/21**

### **The Adult Protection Committee Strategic Plan 2020/21**

*The core business functions of an Adult Protection Committee, as set out in the Adult Protection (Scotland) 2007 ACT, provide a working framework for the APC Improvement Plan:*

#### **Continuous Improvement**

- *Policies, procedures and protocols*
- *Self-evaluation, performance management and quality assurance*
- *Promoting good practice*
- *Training and staff development*

#### **Strategic Planning**

- *Communication, collaboration and co-operation*
- *Making and maintaining links with other planning forums.*

#### **Public Information and Communication**

- *Raising public awareness*
- *Involving adults and their families*

#### **Leadership & Governance**

*The National social work Scotland Group emphasises leadership and governance as a key function of the APC.*

*The improvement process described in the Plan takes direction from the Care Inspectorates good practice quality framework guide.*

*The actions detailed in this Plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below.*

***The Improvement Plan will include the guidance and advice on Covid 19 and will amend as the situation evolves and changes.***

*Key items we want to deliver over the period 2020- 2021 are as follows:*

- *Provide clear and visible leadership of multi-agency work to identify and protect our most vulnerable Adults*
- *Continue to focus on self-evaluation and continuous improvement*
- *Ensure that our Adult Protection Plans processes are robust and that our referrals are screened and triaged and the three point test applied.*
- *Build our joint approaches to protect and support Adults affected by Domestic Abuse, Parental Mental Health and Addictions.*
- *Improve communication and engagement with our communities.*
- *Monitor the impact of Covid-19 on working practice, and on strategic issues for service users, families and carers, multi-agency practice, and wider community engagement*

*Green- work has commenced is going well and is progressing as planned and according to timescales. Anticipate all milestones will be met and outcomes will be delivered on time brief description in key at start of plan– on track.*

*Amber- work has still to start on this action or indications that there may exist potential issues in delivering key outcomes or meeting milestones. Remedial Action is currently being undertaken but responsible person/CPC should be attentive. , brief- monitoring required.*

*Red- indications that there are problems are arising that need to be resolved in order to deliver key outcomes and/ or with in timescale. Significant delays in starting or progressing work, key milestones or targets missed. CPC to review outcomes or timeline and additional supports / resources may be required to deliver outcomes brief- out with deadline revision required.*

<b>KEY</b>	<b>WORK HAS COMMENCED</b>	<b>WORK HAS STILL TO START ON THIS ACTION</b>	<b>PROBLEMS ARE ARISING THAT NEED TO BE RESOLVED IN ORDER TO DELIVER KEY OUTCOMES</b>
	<b>(Green)</b>	<b>(Amber)</b>	<b>(Red)</b>

<b>STRATEGIC PRIORITY LEADERSHIP &amp; GOVERNANCE</b>					
<b>OUTCOME 1 The Adult Protection Committee provides effective leadership and direction in Adult protection and is accountable for its actions</b>					
<b>OBJECTIVES</b> <i>What we want to achieve</i>	<b>ACTIONS</b> <i>What we are going to do</i>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b> <i>When we will do this</i>	<b>EVIDENCE or OUTCOME MEASURES</b> <i>How we will know we are achieving outcomes</i>	<b>PROGRESS REPORT</b> <i>APC Review</i>
<b>1.1 Committee members understand their role and responsibilities and are supported to exercise these effectively</b>	<p><i>All new APC members will receive an APC induction pack and will meet with Lead Officer to discuss the role of the CP and expectations of CPC members</i></p> <p><i>All APC members will attend APC development sessions to contribute to the role and function of the APC</i></p> <p><i>The Convenor and Lead Officer will continue to reach out to locality staff groups, and other organisations to</i></p>	<i>Lead Officer Independent chair</i>	<i>March 2020 – March 2021</i>	<p><i>Members report confidence in their role through a survey in March 2021</i></p> <p><i>APC members positively evaluate development session</i></p> <p><i>APC members will be asked annually to set out their agency AP priorities which</i></p>	

	<p><i>hear and respond to themes and issues.</i></p> <p><i>APC members will be required to demonstrate through the delivery of the APC improvement plan that information is being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to APC.</i></p> <p><i>Work with partners and HSCP on resilience and recovery post Covid-19</i></p> <p><i>Monitoring of themes emerging from the review of the three Acts.</i></p> <p><i>Confirmation of Scottish Ambulance Service engagement in the work of committee and practice.</i></p> <p><i>Monitoring of referral impact on 'vulnerable' non-adult protection 'cases' on wider Health and Social Care services.</i></p> <p><i>Consideration of work on Trafficking, BEM support development, homelessness support, risk and harm themes.</i></p>			<p><i>will inform the APC improvement plan</i></p> <p><i>Revision of policies and procedures complete.</i></p> <p><i>Covid-19 guidance issued and operational.</i></p> <p><i>Development sessions, on hoarding and neglect, care homes, on Dewis and older people domestic abuse, financial harm and scams.</i></p> <p><i>Committee routinely uses case study material, evidence from national research, SCR's, SAR's, MWC enquiries, etc</i></p>	
--	---	--	--	---	--

<b>1.2 The committee demonstrates its strategic direction and activity through delivery of appropriate business plans</b>	<i>Produce and implement a biennial strategic improvement plan which will be monitored by the PQA using a RAG system. Red actions will be reviewed by PQA and reported to CPC</i>	<i>Lead Officer Independent chair</i>	<i>April 2020 October 2021</i>	<i>Improvement plan implemented Biennial report will be produced in October 2020. Annual Report will be produced in 2021  APC will use the RAG system to identify where actions are not being progressed in order that corrective action can be taken</i>	
	<i>An annual development day is held for committee and sub-group members, and seminars have been held on developing practice issues, with specific action plans</i>	<i>Independent chair</i>	<i>December 2020</i>	<i>APC members will be asked to evaluate the day. Learning will be shared and will inform future work of the APC</i>	
<b>1.3 The committee undertakes LSI &amp; SCR'S as appropriate, and reports and acts on findings</b>	<i>LSI's &amp; SCR'S are conducted according to local procedures and National Procedures</i>	<i>Lead Officer Independent chair</i>	<i>April 2021</i>	<i>The APC will have a robust strategy for reviewing learning arising from LSI's /SCR's and will ensure learning is disseminated and acted upon.</i>	



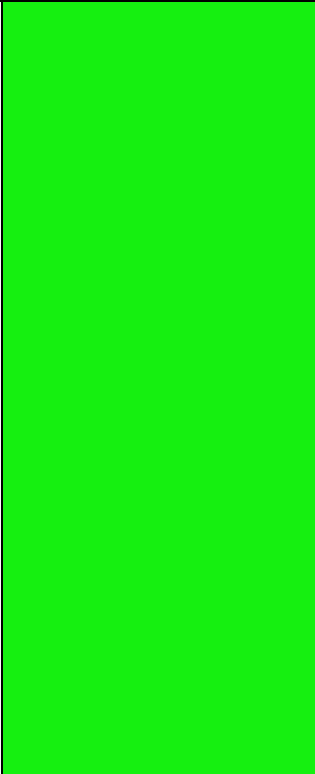
**STRATEGIC PRIORITY CONTINUOUS IMPROVEMENT**

**OUTCOME 2 A learning culture to support continuous improvement is embedded in the APC and promoted across partner agencies**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<b>2.1 APC has robust systems to monitor, measure and to report improvement</b>	<i>Receive, evaluate and act on performance and QA reports</i>	APC	Quarterly	<i>APC will have a framework to implement good practice and develop QI approaches to improvement based on existing good practice</i>	
	<i>Multi-agency dataset developed based on national minimum dataset. 'Real time' analysis of data will be introduced to committee through Pyramid.</i>	APC	By June 2020		
<b>2.2 We review /evaluate Adult protection service delivery</b>	<i>Self-evaluation will be embedded in Practice and will be reviewed using a range of methodologies</i> <ul style="list-style-type: none"> <li>- Practitioner focus groups</li> <li>- Survey Monkey with Practitioners</li> <li>- Case file audit</li> <li>- Adults views</li> <li>- Adults lived experience</li> <li>- Carer support</li> <li>- Advocacy reporting and analysis</li> <li>- Committee partner reporting</li> <li>- Complaints and comments</li> <li>- Research findings</li> <li>- New technology and virtual support</li> </ul>	APC	April 2020 to April 2021	<i>Analysis of results will identify an improvement action plan based on the needs of the staff</i>	

<b>2.3 Work with colleagues from APC to identify interface issues that can be jointly addressed</b>	<p><i>Joint development sessions to take place between APC and CPC</i></p> <p><i>Multi-agency shared learning opportunities/shadowing e.g. Staff are given the opportunity to understand the work in other teams and attend learning events.</i></p> <p><i>Focus on cross cutting issues, CP and family work, mental health, addictions, financial harm (with Trading Standards, the Banking sector and Police Scotland), elder domestic abuse, justice connections, gypsy and traveller community support, community safety and engagement, Missing Persons, and asylum seeker support.</i></p>	<p><i>APC and CPC</i></p> <p><i>Independent Chairs</i></p>	<p><i>Meetings Bi-annual</i></p>	<p><i>APC and CPC members gain a shared understanding of roles and responsibilities in protecting children and vulnerable adults.</i></p> <p><i>Joint training and practice initiatives will be evaluated and this information will inform future joint work</i></p>	

<p><b>2.4 The APC will ensure that there is a comprehensive multi-agency Adult protection training programme in place that is revised on an annual basis to reflect practice priorities</b></p>	<p><i>The L&amp;D sub-group will develop and regularly review the range of training programmes delivered</i></p> <p><i>Multi-agency training will be delivered using a tiered approach to learning which will include</i></p> <ul style="list-style-type: none"> <li>• <i>General contact workforce</i></li> <li>• <i>Specific contact workforce</i></li> <li>• <i>Specialist contact workforce</i></li> </ul> <p><i>Training will reinforce shared understanding and working knowledge of the tasks, processes, roles and responsibilities and local arrangements for protecting adults</i></p> <p><i>The L&amp;D group will consider a range of learning approaches such as e-learning to address current restrictions as a consequence of COVID-19.</i></p> <p><i>Financial Harm will continue to be a regular multi-agency topic</i></p>	<p><i>L&amp;D Group Chairperson</i></p>	<p><i>Bi-Annual reporting</i></p> <p><i>Annual training calendar</i></p> <p><i>Special Seminar events on emerging themes and practice.</i></p> <p><i>Legal literacy seminars, especially guardianship, power of attorney and protective themes Report to August APC</i></p>	<p><i>Evidence through staff feedback and case file audit will identify staff and volunteers are confident and competent to carry out their child protection roles and responsibilities</i></p> <p><i>Staff will be required to reflect on learning and evaluate training attended. They will also be asked to complete reflective review several weeks after the training</i></p> <p><i>The Lead officer will produce a options paper for the APC to consider training methods to respond to current social distancing restrictions</i></p>	
---	--	---	---	--	--

<p><b>2.5 The APC will progress key priorities identified through the practitioner self-evaluation activity and APC development sessions</b></p>	<p><b>Domestic abuse, Hoarding and Human Trafficking, FGM</b> - Through locality events understand practitioner needs in relation to identifying and working with service users affected by the above.</p> <p>Develop and implement training framework which supports practitioner knowledge and confidence in working specific issues in relation to domestic abuse, Hoarding and Human trafficking.</p>	<p>L&amp;D/Lead Officer</p> <p>L&amp;D</p>	<p>Locality workshops to be held between Sept-Dec 2020 to 2021</p>	<p>APC will be provided with written evaluation of learning workshops</p> <p>Training will be presented to APC and agreement as to how programme will be rolled out</p> <p>Training programme will be delivered, and APC will be provided with evidence of practitioner evaluation</p> <p>Through audit and practitioner workshop APC will see evidence of increased awareness &amp; identification of the key priorities identified.</p>	
	<p><b>Assessment Tools</b> - Continued implementation of assessment tools to support practitioner's assessment of need and risk</p> <ul style="list-style-type: none"> <li>• National risk framework</li> <li>• User and carer framework through Advocacy support</li> </ul>	<p>Lead Officer Training and policy sub-group</p>	<p>April 2020 to April 2021</p>	<p>Through audit individual case files will be reviewed and evaluated using CI criteria to evidence</p> <ul style="list-style-type: none"> <li>• Use of the tools</li> <li>• Quality of assessment</li> <li>• How the use of the tool has impacted on outcomes for Adults subject to Adult Protection procedures</li> </ul>	

	<p><b>Adult at risk of harm - the APC will raise awareness of the guidance for writing risk assessment plans for Adults subject to AP procedures.</b></p>	<p>Lead Officer</p>	<p>April 2020 to April 2021</p>	<p>Through audit and QA by the Team Leads the quality of the risk assessments will be monitored and evaluated and feedback provided to the worker to enhance practitioner knowledge and skills</p> <p>Common vision of what “good” quality risk assessments looks like and how the contribute to the safety and protection of the adult</p>	

	<b>Multi-agency manager development sessions</b> - Managers from partner agencies will come together to share practice, explore respective roles and responsibilities and to review current practice	Lead officer Independent Chair	Annually date to be arranged	Managers will <ul style="list-style-type: none"> <li>• understand respective roles</li> <li>• agree how agencies can work better together to improve outcomes for adults</li> <li>• agree practice priorities for 2021/22</li> </ul> <p>Sessions will be evaluated, and information gathered will inform future development sessions</p>	
--	--	-----------------------------------	---------------------------------	--	--

**OUTCOME 3 We help Adults and their families to access mental health services.**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<b>3.1 Adult protection in Mental health</b>	<p>To be clear on the types of support that will be provided to adults and their families through mental health services</p> <p>To increase confidence with understanding the Mental Health Act and AWI Act and its relationship with the Adult Protection Act to ensure that</p>	<p>Link person to CPC – MH consultant</p> <p>Key people involved - Mental health management team and all</p>	<p>Aug 2020 Feb 2021</p>	<p>Comparison of feedback from staff in the HSCP prior to and after training in the MH protocol</p> <p>Comparison of Feedback from</p>	

	<p><i>and adult receives the appropriate care and treatment</i></p> <p><i>To ensure staff working on a multi-agency chronology know how to look for patterns and analyse need.</i></p>	<p><i>MH services in Argyll and Bute.</i></p>		<p><i>education staff prior to and after training.</i></p> <p><i>Comparison of Feedback from education staff prior to and after training.</i></p> <p><i>Hoarding and self harm, suicide, domestic abuse cross cutting strategies.</i></p>	
<p><b>3.2 Scottish Fire &amp; Rescue Service community engagement and keeping Adults safe</b></p>	<p><i>To Ensure that Adults remain safe from harm by liaising with the fire service ensuring that fire safety visits are prioritised and where appropriate joint visits are carried out.</i></p>	<p><i>Fire Service</i></p>	<p><i>April 2021</i></p>	<p><i>Annual report on the numbers and impact of Adults at risk of harm who have benefited from Fire safety visits.</i></p>	
	<p><i>Fire and rescue continue to have a presence at the Adult protection committee and feedback concerns in relation to adults at risk of harm. Involvement and engagement in case discussion, conferences as appropriate, and development of feedback loop.</i></p>	<p><i>Fire Service</i></p>	<p><i>April 2021</i></p>	<p><i>Fire and rescue continue to submit reports and feedback of their operational role in reducing risk to adults who are at risk of harm.</i></p>	

	<i>Fire and rescue continue to attend Adult Protection Forms to advise the forum of any new concerns, update policies and procedures and commit to attending relevant ASP training.</i>	<i>Fire Service</i>	<i>April 2021</i>	<i>Annual report to be brought to APC of current fire and rescue activity in relation to supporting adults at risk of harm.</i>	
--	---	---------------------	-------------------	---	--



**OUTCOME 4 We effectively identify adults at risk share information timeously and act together to protect them from harm**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<p><b>4.1 The APC is alert to the potential that agencies may see an increase in domestic abuse referrals due to COVID-19. All staff across agencies require to have a greater awareness of DA and be confident with appreciative enquiry</b></p>	<p><i>A mapping exercise will be taken to understand existing domestic abuse pathways, with regard to over 60's abuse. and crosscutting Police Scotland, CP ASP issues</i></p>	<p><i>Social Work / Health/ Education</i></p>	<p><i>June 2020</i></p>	<p><i>Mapping Exercise complete and recommendations for change presented to the APC</i></p>	
	<p><i>National and local guidance will be disseminated to the APC to ensure the APC informs the committee of up to date information in terms of managing risk during the Covid-19 pandemic.</i></p>	<p><i>Independent Chair Lead Officer</i></p>	<p><i>June 2020</i></p>	<p><i>Guidance is produced and presented to APC</i></p>	
	<p><i>As part of the implementation of the DA pathway all practitioners will be trained in the use of the DASH assessment tool</i></p>	<p><i>MARAC Coordinator</i></p>		<p><i>Training will be delivered to practitioners across A&amp;B and evaluated</i></p> <p><i>Through focus groups and audit activity staff have increased confidence in working with victims of DA and processes are embedded in practice</i></p>	

	<i>APC will be regularly updated on the work of MARAC and have oversight of emerging themes/issues that may require to be prioritised and progressed by the CPC</i>	<i>MARAC Coordinator</i>	<i>Bi-annual</i>	<i>MARAC report will be presented to CPC highlighting the need for specific APC activity / actions</i>	
<b>4.2 The quality of our Adult Protection investigations and risk management continues to improve</b>	<i>multi-agency case file audits will be undertaken using an agreed CI audit tool on a regular basis and findings to be presented to APC.</i>  <i>Regard to issues of vulnerability which fail the three-point test but require services response.</i>	<i>Lead Officer</i>	<i>Biennial Report October</i>  <i>Following each audit cycle</i>	<i>A report will be presented to APC on the quality of AP investigations and quality of risk assessments undertaken and will highlight areas of learning and how this has been addressed</i>	
	<i>A similar process will be applied to the quality of chronologies to ensure that that they are being written and updated in accordance with the national guidance.</i>	<i>Lead Officer</i>	<i>Biennial Report October</i>	<i>A report will be presented to APC on the quality of chronologies undertaken and will highlight areas of learning and how this has been addressed</i>  <i>Workers involved in the completing chronologies will be given feedback from</i>	

				<i>members of the IRD group and will focus on quality and areas for improvement</i>	
<b>4.3 We effectively assess and plan for adults at risk</b>	<p><i>All Adults subject to APC procedures have an up to date risk plan</i></p> <p><i>Encourage all staff to use the risk assessment framework to evidence level of risk</i></p> <p><i>Evidence of outcomes are evident on adult protection paperwork.</i></p> <p><i>Evidence of Advocacy involvement and support</i></p>	<i>Lead Officer Team leaders</i>	<p><i>Regularity of audit activity to be agreed and complete by April 2021</i></p> <p><i>August 2020</i></p>	<p><i>Through case file auditing the APC would seek assurances that -</i></p> <ul style="list-style-type: none"> <li><i>• risk assessment plans are of a consistently good standard and are being used to inform assessment</i></li> <li><i>• risk tools are being regularly used as part of the assessment of need and risk</i></li> <li><i>• Adults subject to adult protection bring up to date records and AP paperwork to Review Conferences</i></li> </ul>	
<b>4.4 We develop our approaches to the Adult Protection case conference model</b>	<i>Case conferences and meetings are strength based and adult-centred and are informed by the Information in the initial enquiry, investigation, chronology and current risk assessment.</i>	<i>Lead Officer</i>	<i>File Audit- November 2020</i>	<i>A sample audit of casework will be undertaken to identify how well case conference were</i>	

	<i>Feedback from partners and Advocacy on operational and practice issues.</i>			<i>chaired and the outcomes for the adult</i>	
			<i>Observations to be completed by April 2021(on hold due to Covid-19)</i>	<i>The APC lead officer will observe a sample of case conferences and prepare a report for the PC identifying strengths of existing approaches and recommendations for further practice development</i>	
<b>4.5 We work together to improve the outcomes for Adults at risk</b>	<i>Improved interface between children &amp; adult services particularly where parental mental health substance misuse and domestic abuse are present</i>	<i>CSWO Adult Care Head of service</i>	<i>April 2021</i>	<i>Adult service workers have greater understanding of role within Adult and Child protection work and contribute to assessments and attend meetings when required. Likewise, for Adult Care, LD and MH staff.</i>	

**STRATEGIC PRIORITY STRATEGIC PLANNING**

**OUTCOME 5 Collaboration across Public Protection raises awareness of cross-cutting challenges and opportunities for shared solutions in Adult Protection**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<b>5.1 Protection of adults is a key aim across public protection planning and delivery particularly in relation to Adults affected by adult mental health, domestic violence, substance misuse and criminal behaviour</b>	<i>APC develops stronger links and influence through information sharing, joint training, and membership of other partnerships such as APC, MAPPA, MARAC, VAW CPC and ADP</i>	<i>Lead Officer Independent Chair</i>	<i>April 2021</i>	<i>Adult Protection interface with public protection reflected in APC and partnership reporting to COG, IJB, Clinical Care governance and the audit and risk committee.  Evidence through minutes of meetings, training events, joint sessions etc</i>	

**STRATEGIC PRIORITY PUBLIC INFORMATION and COMMUNICATION**

**OUTCOME 6 Adults and their families are supported to be fully involved in Adult Protection decision making processes**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<b>6.1 The views and experiences of Adults are systematically recorded and reported to APC</b>	<i>Advocacy services will engage with Adults subject to Adult Protection Procedures understand their experience and to provide the APC with recommendations as to how things can be improved</i>	<i>Lead officer Advocacy</i>	<i>Bi-annually</i>	<i>Report by Advocacy services reflects the views of adults which inform future APC priorities and activity</i>	

	<i>Evidence of Adults, Guardian, POA's views are recorded in AP paperwork at every stage using their own words</i>	<i>Team Leads</i>	<i>Biennial</i>	<p><i>Use of CI audit tool used as part of wider review of quality of AP paperwork in relation to outcomes.</i></p> <p><i>Team leads will review ASP paperwork using the agreed tool to gather reflect how well Adults views are being reflected in current observations and paperwork.</i></p> <p><i>Minutes of AP reviews will provide evidence of Adults views being sought and actioned</i></p>	
--	--	-------------------	-----------------	---	--

**OUTCOME 7 Engagement with Adults and communities and raising public awareness**

**OUTCOME 8 There is evidence of greater public awareness of Adult Protection**

<b>OBJECTIVES</b>	<b>ACTIONS</b>	<b>LEAD &amp; Key People involved</b>	<b>TIMESCALE</b>	<b>EVIDENCE or OUTCOME MEASURES</b>	<b>PROGRESS REPORT APC Review</b>
<b>7.1 Raising public awareness of Adult protection need to be a priority of the APC to ensure that</b>	<i>Review current communication and engagement strategy to promote the key message "it's everyone's job to protect adults from harm and abuse, to</i>	<i>Comm Engagement Working Group</i>	<i>Sept 2020</i>	<i>Comms Sub-group to prepare a Comms strategy that addresses the different aspects of community engagement</i>	

<b>communities are equipped with information that allows them to take action if they are concerned about the safety and wellbeing of an adult</b>	<i>keep them safe and to protect their wellbeing”</i>				
	<i>Produce up to date leaflets and posters</i>	<i>L&amp;D Sub-group</i>	<i>By April 2021</i>	<i>Leaflets and posters printed and circulated across all partner agencies</i>	
	<i>Improve CP website for public access</i>	<i>Comm Engagement Working Group</i>	<i>By April 2021</i>	<i>Number of hits to the website</i>	
	<i>Create a regular Adult Protection Newsletter for workers across agencies/services providing local and national development updates on Policy, training materials and practice toolkits.</i>	<i>Comm Engagement Working Group Lead Officer Independent chair</i>	<i>June 2020</i>	<i>The number of times professionals access the Newsletter and the issues they are identifying</i>	
	<i>Public protection e-learning module for professionals to be implemented and its use reviewed</i>	<i>L&amp;D Working Group</i>	<i>October 2020 &amp; April 2021</i>	<i>Regular reporting to APC on numbers, staff groups using it, evaluations etc</i>	<i>Module complete and rolled out to agencies</i>