



Argyll and Bute Adult Protection Committee - Biennial Report April 2014 – March 2016



Argyll and Bute Adult Protection Committee



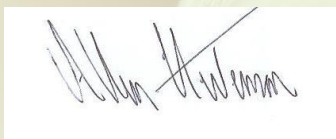
Forward - Allen Stevenson, Head of Service (East)

Since the last Biennial report there have been a number of changes significantly that Argyll and Bute Council and NHS Highland have delegated the planning and delivery of health and social care services to the newly formed Argyll and Bute Health and Social Care Partnership. In terms of Adult Support and Protection I believe integration will improve the continuity of care and outcomes for service users, as there will be a greater sharing of knowledge and experience. Already there is evidence that professionals are working in a more joined up way, exchanging information which they individually hold to protect those who are most vulnerable. There is also evidence that we are reaching more people by delivering training to front line services including third sector agencies, who have responded well to the increased knowledge they have gained. In the past two years we have focused on raising awareness of financial harm and set up a quarterly quality assurance group to ensure ASP standards are met within care homes across Argyll and Bute.

We have had some changes in personnel with the former Chairman Bill Brackenridge leaving in the summer after many years of service to the Committee. I would like to take this opportunity to thank him for all the work he undertook to ensure Adult Support and Protection was kept high on the local and national agenda. Rebecca Barr, Lead Officer for Adult Protection, has also moved on but again left a solid foundation from which we can develop and improve our performance across the Community Planning Partnership.

I am now delighted to be able to welcome a new Chair, Alex Davidson, to the Adult Protection Committee who has many years of experience of working with Health Boards and Local Authorities across Scotland. Alex will lead the Committee until we appoint a permanent Convenor in 2017. We also have Julie Hempleman, the new Lead Officer for Adult Protection join our team.

As I hand over the reins to the new Convenor, I look forward to working with the APC to progress the priorities outlines in the improvement plan. I am now confident however that they will go from strength to strength given the Committee members vast experience and knowledge, always ensuring that Adult Protection remains at the very centre of service delivery.

A white rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read 'Allen Stevenson'.

**Allen Stevenson
Head of Adult Services (East)**

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CHAIRMAN'S FOREWORD

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1. INTRODUCTION AND CONTEXT

The Argyll & Bute Adult Protection Committee

“Each Council must establish a committee”

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

Allen Stevenson	Head of Adult Services (East)	Argyll and Bute Council
Louise Long	Head of Children & Families / Criminal Justice	Argyll and Bute Council
Julie Hempleman	Lead Officer for Adult Protection	Argyll and Bute Council
Susan Mair	Legal Manager	Argyll and Bute Council
Donald Watt	Mental Health Manager (West)	NHS Highland
Gail McClymont	Superintendent (Operations)	Police Scotland
Hilary Brown	Associate Lead Nurse Argyll and Bute	NHS Highland
Anne-Lise Dickie	Professional Lead Learning Disability	NHS Highland
Jim Littlejohn	Service Manager (Operations)	Argyll and Bute Council
Anne Austin	Integration Lead (Independent Sector)	Scottish Care
Susan Spicer	Integration Lead (Independent Sector)	Scottish Care
Scot Rorison	Advocacy Manager	Lomond and Argyll Services
Moir MacVicar	House Services Manager	Argyll and Bute Council
Katrina Sayer	Project Co-Ordinator	Argyll Voluntary Action
Andrew McClure	Group Manager	Scottish Fire and Rescue
Brian Lamont	Team Leader - Paramedic	Scottish Ambulance Service
Jim Goodwin	Area Service Manager	Scottish Ambulance Service

1.1. INTRODUCTION

Committee Meetings

The Adult Protection Committee (APC) continues to meet quarterly, with good attendance from each of the key agencies. Since the last report we have welcomed two members of Scottish Care to the committee who represent the independent sector. In addition we have also been joined by two members of the Care Inspectorate.

Governance Arrangements

We have recently appointed a new independent convenor from the public sector. The former convenor having left the committee in the summer of this year. As before the independent chair will report to the Chief Officers Group Public protection . Apart from the change of Convenor there have been no major changes to the operation of the APC since the last Biennial Report, although following the establishment of the COGPP, the APC updated its constitution to reflect the new reporting and governance structure.

Adult Protection Committee Agenda's

Standing items on the APC agenda include the minutes of the National Convenors quarterly meetings, the policy forum and the APC sub-group. In addition discussion documents from the National Adult Protection committee are disseminated and discussed to consider if they can be applied locally. Quarterly statistics management information and performance are also included.

Area development forums

The four Area Forums continue to take forward the adult support and protection agenda within the localities and the last year has seen changes in the agencies chairing these meetings. Until November 2014 the Area Managers of the social work teams had taken on this responsibility. However, as agreed in the terms of reference for the Forums, the chair then passed to another of the key agencies with roles in adult protection. In 2 areas the chair is now an NHS manager, and in the other 2 it is an officer from Police Scotland. The Chair of the APC and the Area Manager Adult Protection met with the new chairs to discuss their roles and that of the Forum and in 3 of the areas the groups are now up and running under their new chair. As noted in its updated constitution, the APC will hold an annual self-evaluation session and review its constitution as part of its ongoing commitment of continuous improvement: the last one took place in September 2015 with the intention of holding a further evaluation session by the end of 2016.

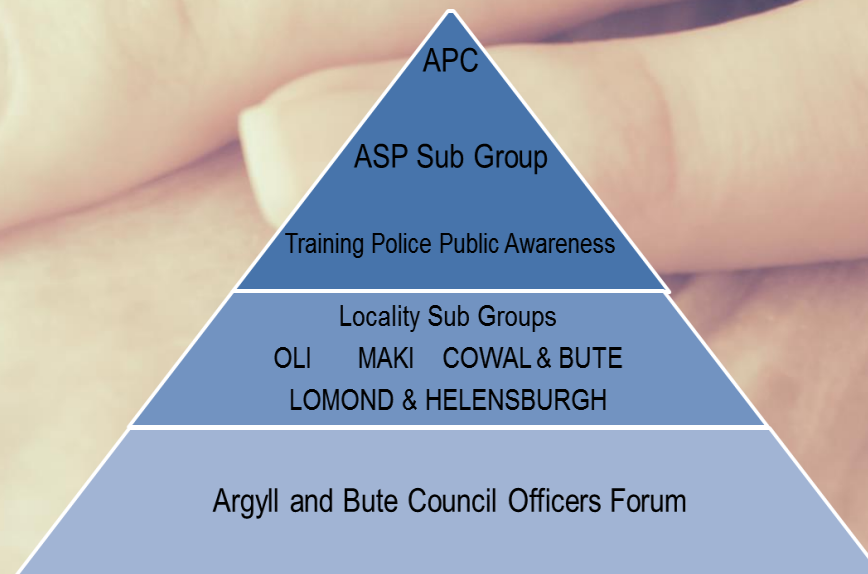
The APC agreed an Improvement Plan to cover the 2 years of the next Biennial report (2014-16) and developed a scorecard to measure performance. The baseline score against which progress could be noted was determined from the previous year's activity. The scorecard was used to track performance during each quarters of 2014-15. The same measures will continue to be used in

2015-16 and a new Improvement Plan developed for the next 2 years, following the above noted self-evaluation activity and the results of case file audit activity.

Sub-Committee

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

- Monitoring of training and ensuring a cross section of NHS/Social work and external providers attended
- Monitoring of training evaluations and adapting training to fit learning needs
- Ensuring that material from the Scottish Government ASP awareness campaign 2015/2106 was effectively distributed.
- Monitoring and evaluating the outcome of the citizens panel survey
- Ensuring that adults subject to investigation are offered advocacy



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 fourth report builds on the three 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 2014.

The Minister's response to the biennial report 2010-2012 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."

We are awaiting comments for the most recent report 2012-2014

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

Key Work streams 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:

- The inclusion of the wider public protection agenda when updating the governance framework
- The ongoing programme of self-evaluation and audit. This is completed annually with the emphasis of multi-agency participation and learning
- The creation of a short life working group was established to raise awareness of financial harm following the APC case conference in 2015
- A North Highland National Training programme for A&E was agreed and delivered to key staff across the localities.

3. NATIONAL PRIORITIES AND IMPROVEMENT PLAN

3.1 NATIONAL PRIORITIES

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

3.1.1 Adult Protection in Care Home Settings

As detailed in the Biennial Report, considerable work was done in Argyll and Bute following selection as one of the council areas funded to take part in this workstream. A multi-agency preventative approach was developed and continued to be the subject of work during 2014. A multi-agency preventative approach was developed and has continued to be the subject of our work between 2014-2016:

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

3.1.2 Accident and Emergency

A method of using the learning from North NHS Highland was agreed and plans to roll out the national training for A&E (and other ward staff where possible) put in place.

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

3.1.3 Adults at Risk from Financial Harm

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

3.1.4 Data Collection

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

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

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

Number of referrals:

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

Source of referrals:

Argyll and Bute received

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

Investigations:

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

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

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

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

3.1.5 Service User and Carer Engagement

Many of the recommendations for the national working group had already been implemented in Argyll and Bute. Work had been done to produce user-friendly publicity material, reviewed annually by the sub-group of the APC. The importance of the adult being fully involved in the adult protection process had also been acknowledged and forms Outcome 4 of the APC Improvement plan, with a number of specific measures collected to determine this.

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

As measured over this year it is clear that:

- *100% of adults (with capacity) were given information about the adult protection process*

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

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

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

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

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

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

3.1.6 APC IMPROVEMENT PLAN

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

<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

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

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

4. OUTCOMES

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

- Concentrate on “feedback from users and carers on outcomes - how they perceive the adult protection policy and procedures to be improving their protection from harm; in other words, their response to questions such as 'do you feel safer as a result of the efforts of the adult protection arrangements?’”
- It should also describe the way in which user and carer interests are represented on or to the Committee activities, with some explanation of how these arrangements have come about, and an evaluation of their effectiveness.
- It should also provide an evaluation of the users and carers' opportunities to participate in and contribute to the process of adult protection (for example, invitations, encouragement, communication assistance, and facilitation to take part in case conferences; local arrangements for advocacy).

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

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

In examining models of engagement and representation in place elsewhere, it has been agreed that the complex geography of Argyll and Bute makes many of them extremely difficult to achieve here. Before making a final recommendation to the APC on this topic, the working group has agreed that it is essential to consider what such engagement is intended to achieve. All are agreed that tokenistic engagement that produces no results should be avoided. A helpful starting point will therefore be the feedback gained from adults and carers when it is in place. It is intended that individual feedback about the way that specific cases have been dealt with will go to the worker and manager involved in them, with any wider themes identified as relating to the strategic implementation of adult support and protection going to the APC for consideration. Information gathered in this way will, it is hoped, indicate what the main topics of interest or concern are as identified by service users and carers and will assist in considering what other methods may be used to facilitate their increased engagement with the work of the APC.

5. PERFORMANCE

Management Data

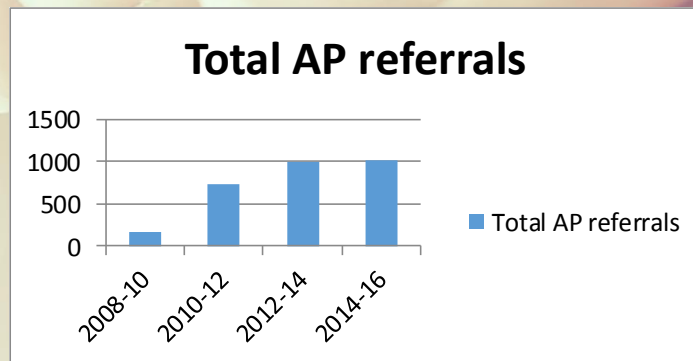
Much of the data reported below has already been submitted to the Scottish Government as part of the national dataset.

Referral numbers

Between 1 April 2014 and 31 March 2016 the social work teams received a total of 1022 adult protection referrals.

Data collected since the Adult Support and Protection (Scotland) Act 2007 was implemented has shown that adult protection referrals have continued to rise, although growth has slowed recently:

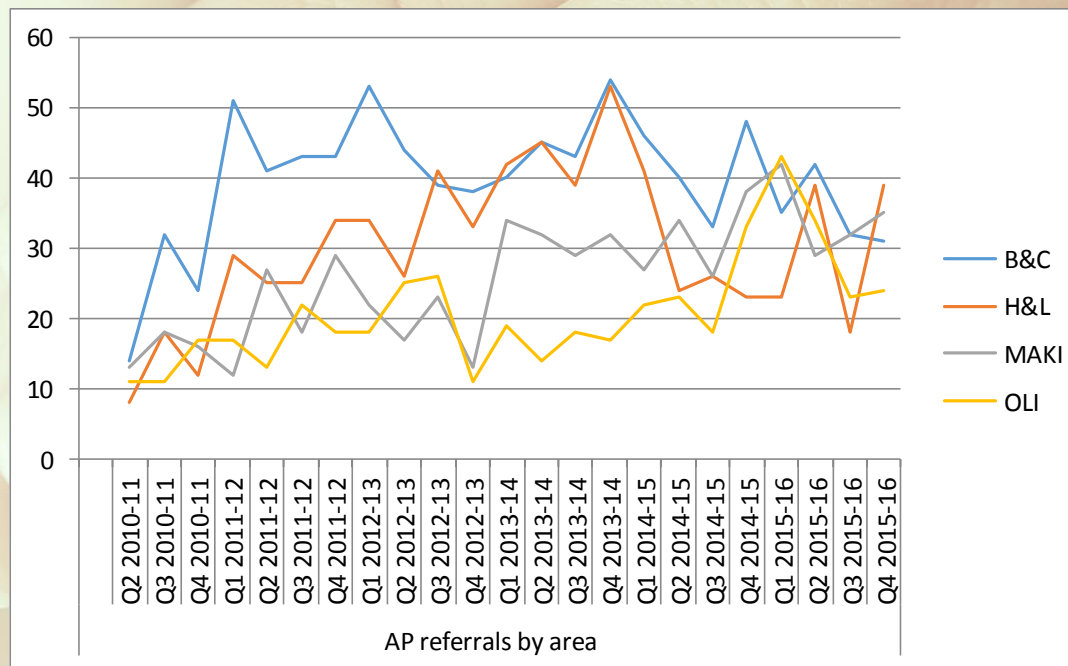
Year	Number of AP referrals
2008-10	172
2010-12	721
2012-14	1002
2014-16	1022



5.1.2. Referrals by area:

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

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



There is no obvious explanation for these changes, 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.

Referral sources:

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

Referral source	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Police	77	185	309	292	322	284	263
GP	0	2	2	2	6	7	0
Hospital	11	6	10	7	23	15	9
Other health	0	0	12	14	16	25	20
Social work	19	36	24	33	32	16	29
Service provider	0	24	46	48	60	46	61
Friend or family	4	7	11	21	28	26	33
Member of the public	4	4	7		4	2	6
Self	2	4	7	7	2	5	6

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 2012-14 Police Scotland referrals made up 61.3% of all referrals, in the period covered by this Biennial report they have fallen to 53.5%.

It is disappointing that referrals from GPs have fallen over this two year period from 8 to 7 but other health referrals increased from 30 to 45.

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

In 2014-16 for the first time referrals have been received from the following staff or organisations:

- Scottish Ambulance Service
- Womens Aid
- LD Psychologist
- Practice nurse
- Pharmacist
- OPG
- Solicitor/Safeguarder
- Banks
- Immigration Enforcement Office
- A local charity

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

Repeat Referrals

During the years 2012-16 there were a number of repeat referrals.

As reported in the last Biennial Report, a small working group was set up in 2013 to look at those adults who were generally not considered adults at risk of harm, but who were the subject of repeat referrals because of self-harm incidents. It had been recognised that further information about the response of the various agencies to these individuals was essential in order to develop a consistent and supportive approach.

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

- The pathways for individuals who self-harm were mapped
- It was recognised that the role of the GP is crucial in the process and a brief survey of GPs was undertaken, although the response rate was low.
- Work was done to clarify and standardise the response from social work when an adult support and protection referral is made

- Guidance for A&E staff dealing with frequent attenders at A&E was updated
- A flowchart was produced to clarify the agreed pathways and the responsibility to provide appropriate information to those who self-harm
- It was agreed that self-harm training provided by Choose Life staff would be re-introduced

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

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

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

PUBLIC AWARENESS OF ADULT SUPPORT AND PROTECTION

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

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

User Experience

We actively collect record and encourage feedback from service users and their families. The outcomes of case conferences are reviewed regularly and evaluated to ensure that the plans put in place are effective and relevant to the service user's situation.

Citizens panel:

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

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

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

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

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

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

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

To date all health centres have been sent new supplies of leaflets and posters every 6 months, and this will continue to be done, drawing the attention of practice managers to the figures above and the importance of the information being displayed.

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

Scottish Government Awareness Raising Campaigns 2015 and 2016

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

Argyll and Bute had requested 100 posters using the national images but with a blank space for stickers to be attached, providing local contact details for anyone wanting to report harm. Well over 200 posters were received – after the start of the campaign – and these were distributed as widely as possible. Those assisting with the distribution placed them in health centres, hospitals, pharmacists, local shops, leisure centres and any of location that would agree to take them.

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

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

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

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

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

The web team supplied the following information:

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

It is clear from the above information that there was no rise in referrals or noticeable rise in visits to the relevant web pages during the campaign, but it is perhaps naïve to suppose that awareness of harm rises so quickly. The national campaign is only one element of the Argyll and Bute adult support and protection communications strategy, and other work continues to be done to raise awareness of this issue.

In 2016 the same campaign was run again. Unfortunately a week’s delay in starting the campaign led to some confusion, but once again posters and leaflets were distributed, a press release sent out and regular social media postings made. As before this was supported by partner organisations, with Police Scotland and NHS Highland assisting locally, as well as Third Sector Interface.

As last year, the campaign appears to have had no effect on the level of adult protection referrals made. During the 3 weeks of the campaign there was a fall in referrals as compared to the 3 week period prior to and following it:

Dates of 3 week period	Number of referrals
27 Jan. - 16 Feb	34
17 Feb - 9 March	25
10 – 31 March	35

Awareness levels will continue to be measured through the Citizens Panel, as this also provides us with detailed data as to where best to target our efforts to make people aware of the need to identify and report harm.

Referral details:

This year has seen no major changes in the details collected in relation to adult protection referrals. These are reported in detail on a quarterly basis to the APC. Only the headline issues are noted here.

Ethnicity

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

Gender

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

Age group

As may be expected, the largest numbers of referrals are for those in the 40-64 age group, which is the largest group below. Of concern, however is the continued rise in the numbers of those referred who are 65 and older. In the last Biennial Report it was noted that the percentage of the over 65s who are referred are higher than their numbers in the population would predict, particularly in the over 85 bracket. Between 2012 and 2014 there were 101 referrals for over 85s, 10% of the total. In the two years 2014-16 this has risen to 138, or 13.5% of the total.

Age group	Number referred	Percentage of those referred
16-24	109	10.6%
25-39	114	11.1%
40-64	301	29.4%
65-69	50	4.8%
70-74	56	5.4%
75-79	106	10.3%
80-85	138	13.5%
85+	144	14%
Age not recorded	4	0.3%
Total	1022	100%

5.1.2 Type of harm referred:

Until 2013-14 the highest number of referrals was for adults who self-harmed. These have fallen over the last two years. As these referrals tend to come from the police, this drop is likely to correspond to the reduction in referrals from that source.

Type of harm	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Self-harm	53	98	163	88	151	92	84
Physical	27	49	56	45	87	79	87

Psychological	2	58	109	48	60	46	52
Financial	13	19	22	27	51	49	75
Neglect	3	30	46	19	31	27	35
Self-neglect	Not collected	Not collected	Not collected	19	32	27	38
Sexual	11	17	25	19	14	22	21

The biggest rise in referrals has been for financial harm.

Client group of those referred

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

Client group	Number 2014-15	Percentage 2014-15	Number 2015-16	Percentage 2015-16
Dementia	54	10.7%	43	8.2%
Frail/temp. illness	79	15.7%	101	19.3%
Learning disability	55	10.9%	60	11.5%
Mental health - other	105	20.9%	125	23.9%
Physical disability	80	15.9%	69	13.2%

As has been noted in other reports, the category “mental health – other” has sometimes been used poorly by staff recording referrals and generally refers to someone behaving oddly rather than someone with a mental health diagnosis.

Rises have been seen in adults categorised as having dementia, a frail or temporary illness or a physical disability or illness, all of which can be used for older people. Additional work was done in 2014-15 for the Dementia Programme Board on the prevalence of harm for those with dementia, and this highlighted the vulnerability of people with this condition:

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

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

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

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

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

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

This compares to

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

The Outcomes of Adult Protection Referrals

As noted in the last Biennial Report, Argyll and Bute Council made a number of changes to the way that data was recorded from 1 April 2013. From this time additional information was recorded as to the outcome of all adult protection referrals. This is the first Biennial report in which a two year period of data is captured.

The outcomes of the 501 referrals made in 2014-15 and the 521 in 2015-16 were as follows:

Outcome	Number 2014-15	Percentage 2014-15	Number 2015-16	Percentage 2015-16
Adult meets 3 point test and AP investigation required	56	11%	69	13%
Adult meets 3 point test but concerns known and managed through care plan	122	24%	118	23%
Adult does not meet 3 point test: SW assessment to be done	64	8%	59	11%
Adult does not meet 3 point test: repeat referrals mean case discussion	25	5%	25	5%
Adult does not meet 3 point test: referred to other agency	46	9%	37	7%
Adult does not meet 3 point test: known to and supported by services	148	29%	172	33%
Adult does not meet 3 point test: NFA	29	6%	34	6.5%
Not recorded	9	2%	6	1%

Open (e. not completed)	2	0.04%	1	0.01%
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Over the two year period it became clear that high numbers of those referred as adults at risk were already known to services.

In line with the updated procedures there was an increase from 2013-14 in the numbers and percentage of cases where repeat referrals for someone not considered at risk led to a case discussion: from 3% that year to 5% both the years above.

In both years, a relatively low proportion of referrals led to an adult protection investigation. In line with the limited information shared by the Scottish Government following the national dataset used in 2014-15, it appears the proportion of referrals to investigations in Argyll and Bute is close to the Scottish average.

The 124 investigations that took place over the last two years his year were approx. 12% of all adult protection referrals and were referred by the following sources:

Referral source	Number of referrals made	Referral source	Number of referrals made
Care and support provider	29	Housing Assoc./Homeless	5
Social work team	14	LD psychologist	2
Police	17	Womens Aid	1
Hospital	4	Friend	3
Relative	17	Bank	2
GP	4	OPG	3
Care Home	5	SALT	1
SWES	1	Advocate	2
NHS 24	1	Self	1
DN	6	CMHT	1
Other council	1	Anon	2
LD Nurse	1	Other nurse	1

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

The following figures will not be reported separately as they have already been submitted to the Scottish Government as part of the national dataset.

- Age group
- Ethnicity
- Primary client group
- Type of principle harm
- The location of the harm

As reported in previous Biennial Reports and the quarterly data reports that go to the APC, the fastest rising type of harm is financial, and adults continue, above all, to be harmed in their own home.

Outcomes of the Adult Protection Investigations

Of the 125 investigations undertaken, 63 concluded that the adult was at risk of harm and a case conference was held. In 3 other cases it was decided that Adults with Incapacity legislation was a more appropriate legal route to providing long-term protection for the adult.

Case conferences:

In the period of this Biennial Report 63 initial case conferences were held. Of these, 30 concluded that the adult was at risk of harm and protection plans were put in place, other adults were not considered at risk – often because of action already taken to protect them. In one case it was agreed that the risks to the adult were most appropriately managed through the ongoing CPA process and in another Adults with Incapacity legislation was used to ensure long term protection for the adult.

In addition, 53 adult protection review case conferences were held to consider the ongoing risks to the adult and monitor the protection plan.

Protection Orders

During the course of 2014-16 one Banning Order with power of arrest was successfully applied for and followed a Temporary Banning Order for the same individual.

Large Scale Investigations

Two Large Scale Investigation were undertaken during this period following a number of serious concerns in two residential homes.

Serious Case Review

There has been one Serious Case Review which involved both Children and Families and Adult Services This has now been concluded.

5.1.3 Management Data Conclusions

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

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

5.1.4 Self Evaluation and Audit

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

Self-Evaluation Days

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

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

- Information from the key agencies on the local and national progress on the 5 National Priorities for ASP
- An update on Integration from the newly appointed Chief Officer for the Health and Social Care Partnership
- Updates from the 4 chairs of the Area Forums on work done in their area over the year as they passed the responsibility for this meeting over to the new chairs
- Details of the audit activity and findings from 2013-14 covering all types of adult protection cases

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

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

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

- Improving awareness of adult support and protection
- Continuation of the training programme in 2015 and 2016
- Local publicity campaign agreed to support the SG campaign
- Contact with financial institutions planned at same time to draw attention to financial arm
- A&E staff training to be rolled out
- The need to improve the consistency of adult protection investigations
- Council officer refresher training to take place in the new year
- Council officer forum to be established to discuss cases and good practice

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

In response to the participants' enthusiasm for an adult protection conference instead of another self-evaluation day in 2015, plans were made for the event that took place in November 2015.

Case File Audits

Following the model used to audit adult protection work in 2013, two separate types of case file readings took place in 2014 and 2015: a multi-agency audit of a small number of cases where an adult protection investigation was done and a case conference took place, and a large scale audit of cases from across all areas where the decision had been taken (following inquiries) that the adult was not at risk and adult protection procedures would not be used. Details of both are below.

Multi-Agency Case File Audit 2014 and 2015

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

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

In all the work done over the two years included:

16 multi-agency records examined

6 adults (or their representative) interviewed

11 workers were interviewed

In addition, in 2015 because of the difficulties in gaining consent to a multi-agency audit,

- 3 cases where an adult protection investigation was carried out and a case conference held were examined by an area manager or service manager from social work: social work records were examined
- 4 cases where an adult protection investigation was carried out and the adult was considered not to be at risk were examined by the lead officer adult protection: social work records were examined

Interviews with the adult or their representative:

After the interviews that took place in 2014, it was agreed by the team examining the surveys that the interviews provided feedback so specific to those particular individuals that the information gathered was statistically insignificant and provided no general information of value. In many cases the interview took place at some considerable time after the investigation, and for this reason, too, provided little useful information. It was therefore agreed that gaining the feedback of adults who had been the subject of an adult protection investigation was absolutely vital. A short-life Service User and Carer Engagement Group was set up to develop better tools and processes to improve this, and these were trialled as part of the 2015 case file audit.

Interviews with the workers:

Overall the interviews with the lead council officers for the adult protection investigations provided very positive feedback in both years. In all eleven workers were interviewed. All felt confident that they understood their roles and responsibilities, felt that the adult protection process had been multi-agency, and felt that the adult was safer at the end of the process. They all felt that they had been supported throughout by their managers. As well as asking such specific questions, the questionnaires were designed to capture the council officer's own words and many comments were received on all aspects of adult support and protection. These included:

On training and support:

- ASP CO training is quite effective and I could check out the bits I was unsure of
- I felt clear about my role we've had several days of training and I felt well prepared for it
- For council officers the training and opportunity to discuss issues is quite good. With the impending integration there may be a need to train partner agencies more on their role
- If not sure of anything I could ask and quickly got the information I needed

On multi-agency working:

- ASP motivates other agencies to engage

- ASP case conference was useful to ensure we had covered everything – it gave a record of all agreed actions
- The case conference got everybody around the table and aware of all the concerns and I think that was helpful
- The case conference allowed for collective decision making and a collective approach to managing the identified and agreed risks
- The case conference was helpful as there were some outstanding issues for other agencies to address and it clarified what social work and other agencies were each responsible for

The only potentially negative comments received were:

- In terms of ASP generally it can feel a bit too process led. It can feel a challenge to keep the person at the centre rather than doing the process. You sometimes spend more time speaking with other agencies than listening to the adult.
- It would be extremely useful if GPs could attend case conferences

The feedback in 2014 showed that council officers had an appetite for developing their skill and knowledge in adult protection through case discussions and refresher training based on actual cases. The first Council Officer Forum to enable this type of learning to take place was held in early 2015 and this has now become a regular and well-attended meeting. Staff are given an update on work towards the national priorities or other topical issues and a complex and challenging case is pre-selected for introduced and discussion by a worker from one of the social work teams.

Case file readings:

In both 2014 and 2015, a number of aspects of the ASP work by the different agencies were examined by pairs of staff with specific areas of work examined for quality of action and recording.

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

2014 Overall quality:

	Police	NHS	Social Work
Weak	0	1	0
Adequate	1	2	2
Good	2	2	3
Very good	0	2	1

The following areas were identified for improvement and actions:

Areas for Improvement	Actions
<p>For social work:</p> <ul style="list-style-type: none"> The quality of adult protection investigations was inconsistent The views of the adult and their family members/carers were not always clarified and considered essential to the protection process: there was a sense in some pieces of work that adult protection was done to people and not with them 	<ul style="list-style-type: none"> To provide refresher sessions for council officers and those who may be used as second workers: these were completed between January and April 2015 with all except 1 council officer attending. To set up a council officer forum where the focus is case discussions involving recent cases and looking at local practice and any learning from them: two have now been held and proved extremely popular
<p>For Police Scotland:</p> <ul style="list-style-type: none"> It was recognised that although social work staff reported potential crimes to the Police, feedback from the Police as to their actions tended to be extremely slow, which made it difficult for social work to develop the fullest possible protection plans 	<ul style="list-style-type: none"> This information was shared within Police Scotland
<p>For NHS staff</p> <ul style="list-style-type: none"> There were a number of times when it was clear that concerns 	<ul style="list-style-type: none"> Additional work with GPs was agreed, with an initial brief training session provided during protected learning time, starting in Bute. This was done and other practices invited

<p>about an adult had not been shared with social work at the earliest possible stage.</p> <ul style="list-style-type: none"> • It was recognised that sometimes only limited information shared was shared with social work when an adult protection investigation was being undertaken. • Where health staff had been contacted for information as part of the investigation they did not always record in their own systems that this had taken place. This meant that in some health records there was no immediate way of identifying that adult protection concerns had been noted. One GP invited an auditor to examine the computed system in the practice as well as examine their notes. A visit to the health centre took place and it was immediately clear that although some information about adult protection concerns were available in the patient notes, they were stored alongside other information and not highlighted in any way. This means that should a locum GP see the patient they would not be made aware of the concerns that were current. • In 2 out of the 7 case conferences GPs were invited but did not attend, send apologies or provide a report. 	<p>to set up similar sessions. None have yet shown any interest in doing so and more successful ways of engaging with them need to be developed.</p> <ul style="list-style-type: none"> • It had also been recognised that there was the need to engage more proactively with GPs to ensure that their recording systems make immediately clear when there are current adult protection concerns for a patient. It had been hoped that GP engagement with the APC would be in place by now so that such issues could be explored with them, but this has not yet taken place.
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These actions were completed and the 2015 audit demonstrated a degree of improvement in overall quality:

2015 overall quality

	Police	NHS	Social Work
Weak	0	3	0
Adequate	2	2	0
Good	5	5	9

Very good	2	0	5
Excellent	0	0	1

Following these results the audit collation group noted the following areas for improvement:

Areas for Improvement	Actions
<p>For social work:</p> <ul style="list-style-type: none"> • Staff need to contact as wide a range of agencies as possible in their inquiries and investigations when considering an adult at risk of harm • Staff need to ensure all relevant agencies are invited to case conferences and that every effort is made to engage them in ensuring their attendance • Staff need to consider far more fully the specific communication needs of the adult and demonstrate their work to engage with the adult during the process • More detailed risk assessments are required in many cases 	<ul style="list-style-type: none"> • The audit forms will be sent to the line managers and staff who undertook the inquiries and investigation so that the findings can support individual and team learning within that area. • The audit results, areas for improvement and actions will be shared with the council officer forum • The audit results, areas for improvement and actions will, be shared within integrated management structure as it is put in place • There is again evidence of inconsistency in adult protection investigations and a refresher session will be held with the team leaders who manage this process to stress the need to involve all agencies at all stages • Work on improved engagement with service users and carers was started last year and the short-life working group actions will be shared at the next APC, with an implementation plan for their recommendations • A working-group is being set up within social work to look at risk assessment: adult protection will be part of this

<p>For Police Scotland:</p> <ul style="list-style-type: none"> • Police staff have at times failed to attend case conferences when their input would have been helpful • The actions taken by the police when a crime is reported as part of an adult protection investigation are sometimes not shared with social work staff which makes ongoing work to protect the adult difficult. 	<ul style="list-style-type: none"> • It is recognised that there are times when police officers cannot attend a case conference. However, it has now been agreed that social work staff should highlight to the local police when it has been recognised that their involvement is particularly crucial so that these meetings may be prioritised. • It is recognised that a dialogue between the local police and social work would be helpful following the report of a crime. Police Scotland will encourage the sharing of information where possible, while recognising that there are limits to the information that can be shared
<p>For NHS staff:</p> <ul style="list-style-type: none"> • There still appears to be some lack of knowledge of adult protection amongst NHS staff. • There is evidence of a lack of engagement amongst health staff at various stages of adult protection suggesting that training alone is not enough. 	<ul style="list-style-type: none"> • It is essential that NHS staff continue to attend training sessions as well as undertake the e-learning module so that their engagement is increased • As the integration process progresses, the opportunity should be taken to emphasise the importance of adult protection with line managers and use them to develop a culture where adult protection is a core part of the role of all staff.
<p>For chairs of adult protection case conferences:</p> <ul style="list-style-type: none"> • The inconsistency of some adult protection case conferences and the development of protection plans suggest that the chairs require refresher training covering the adult protection process as well 	<ul style="list-style-type: none"> • Once the new integrated management structure is in place, additional training will be provided to managers responsible for the quality of adult protection investigations in their area and for those who will chair adult protection case conferences

<p>as the chairing role.</p> <ul style="list-style-type: none">• Staff and chairs will be reminded that adult protection case conferences should always be chaired by an agreed chair who is independent of that area	<ul style="list-style-type: none">• The attention of all staff will be drawn to the agreed procedure that the chair of an adult protection case conference should be independent of the area in which it is held.• Additional adult protection case conference minute taking training will be set up• Work will be done with team leaders and staff setting up case conferences so that they consider how best to ensure the attendance of all agencies
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The audit collation group also felt that consideration should be given to additional ways to develop learning from specific cases. At present there are informal methods used in some areas to encourage such reflection, but more formal processes, with terms of reference and criteria for case discussion could be developed on a multi-agency basis.

Internal Social Work Audit:

In 2014 and 2015 those social work team leaders not engaged in the multi-agency case file audit examined a number of adult protection referrals and the work undertaken following their receipt. In both years this was approximately 10% of all those cases where the decision had been taken that the adult was not at risk of harm and that adult protection procedures would not be used. The work examined was from every area and covered every client group.

Audit tool:

The audit tool used was that developed from that used in 2013 but further refined following feedback from the team leaders. It examined the completeness of the recording, the quality of the work undertaken and the appropriateness of the decision making.

The results of this audit in 2014 appeared to demonstrate a high degree of poor quality work, which caused concern to managers and the APC;

	Poor	Adequate	Good	Excellent
Totals	20	7	9	10

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

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

- A change was made to the AP referral form to highlight that an analysis of the information gathered is required and provide a space for this. This is now being used extremely effectively by staff.
- The team leaders were sent the marking scheme used in the audit as a template against which to consider work that they authorise.
- The team leaders were sent the forms completed by their peers so that they could examine those considered to demonstrate good recording and practice and those that were judged to be less good to use them as training exercises with their staff
- At the request of team leaders anonymised template forms were created to demonstrate good recording and poor recording again to be used within teams to show staff what is expected of them.
- An external trainer was commissioned to provide a session for team leaders (and a small number of council officers) on “Recording and Defensible Decision Making”. This took place in November 2014, and at the suggestion of those who attended will be repeated in 2015 for those unable to attend the first session.

It is encouraging that the results of the 2015 audit showed a considerable degree of improvement: what is most noticeable from the result this year was the fact that 56 out of the 80 cases (70%) were seen as good or excellent.

2015

Area	Poor	Adequate	Good	Excellent
Totals	16	8	23	33

Of the cases that were poor we have addressed this by feeding back the concerns to the Team Leaders who have discussed the areas of concern with individual staff as part of their supervision process

This compares well with last year's audit results where only 19 (41%) were noted as good or excellent. Specific results included:

In 2015 26% of forms did not have all the information fields, completed compared to 37% last year.

In 2015 14% of forms did not demonstrate that the worker had made multi-agency inquiries, compared to 22% last year.

In 2015 26% of forms did not gather sufficient evidence to demonstrate whether or not the adult met the 3 criteria to be considered an adult at risk of harm and how this decision was made, compared to 72% last year.

In 2015 14% of forms did not demonstrate that appropriate follow up was provided, compared to 39% last year.

This demonstrates a considerable improvement in the standard of work undertaken when an adult protection referral is received. As last year, the completed forms were returned to the staff who had done the original work in order that individual learning could take place, and the overall results were presented to the Council Officer Forum for discussion. Because the team leaders had found the audit process a useful experience for themselves, the Council Officers were keen to assist with the audit next year, and it is anticipated they will be used to complete the internal social work audit by the end of 2016.



STAFFING AND FUNDING

6.1.5 Staffing

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

The Lead Officer Adult Protection and the APC were supported by the work of a half time admin officer in 2014-16. Following the admin review that took place within social work in 2014, this position is currently unfilled, but ongoing support is being provided through the strategic admin team until the situation is resolved.

6.1.6 Funding

Argyll and Bute Council continues to recognise the importance of adult support and protection and has, to date, maintained the previously agreed level of funding to support all aspects of this work. The funding for four social work staff was passed to the area teams in 2012 to support their adult protection work, but all other elements of funding remain available to support other aspects of adult protection work.

7. TRAINING AND STAFF DEVELOPMENT

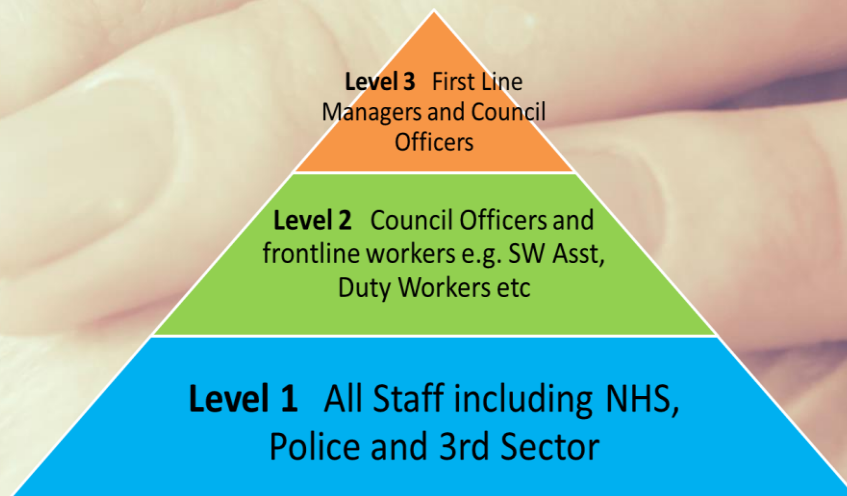
TRAINING

7.1 TRAINING

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

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

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



Training Plan

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

7.2 Training provided 2014-16:

Training provided 2014-16:

Level 1 Training:

Introduction to Adult Support and Protection

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

Overall 49 sessions took place with 344 staff trained across locations in Helensburgh, Dunoon, Bute, Lochgilphead, Campbeltown, Oban, Mull, Islay and Tiree.

The attendees were as follows:

The attendees were as follows:

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

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

Level 2 Training:

The Adult Support and Protection Act in Practice

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

It is run by the Lead Officer Adult Protection and is open to any staff who hold cases or manage provider services from any of the key agencies. Overall 16 sessions were held between 1st April 2014 and 31st March 2016, with 78 staff trained across locations in Helensburgh, Dunoon, Bute, Lochgilphead, Campbeltown and Oban.

The attendees were as follows:

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

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

Level 3 Training:

Council Officer Refresher Sessions

As agreed in the new Training Framework above, it was decided that rather than simply purchase the training available, it would be more useful to ask council officers what training they felt would be most helpful for them, and tailor the training provided accordingly. The Council Officer Learning and Development Framework developed by the West of Scotland training leads was used as the basis for a questionnaire for those staff appointed as council officers. A low number of responses were received but a

number of common themes emerged and many of these were incorporated in the council officer refresher sessions held early in 2015.

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

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

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

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

Case Conference Chairing

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

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Recording and Defensible Decision Making

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

The Interface between Child Protection and Adult Protection

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

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

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

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

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7.3 Monitoring and Overview of Training Activity by the Sub-Committee

- The majority of the training provided in 2014-16 was published on the Argyll and Bute Council website as part of the ongoing training programme. This proved a successful way of ensuring that the information was widely available and easily accessible for most organisations, with all partner agencies asked to pass on the link to the appropriate webpage to their contacts. The booking of places through the site was straightforward and easily managed internally and the sub-committee agreed to continue to use this model of advertising the training in 2016.
- The Policy and Training Sub-Committee also maintains an overview of the course evaluations and has been pleased to note that these have remained consistently high.
- During 2014 it was recognised that simply evaluating the appreciation of the training at the end of the session was not enough, and that it was important to try to capture whether the learning has had an impact on the day-to-day work of the attendee. The sub-committee therefore devised a post-training questionnaire that is sent out to attendees 3 months after

attendance at any of the courses. It seeks to gain information as to whether the attendee has used the information acquired in their daily work and whether they have made – or considered making- an adult protection referral. The responses are shared with the sub-committee on a quarterly basis: any specific individual issues are dealt with by the lead officer adult protection as they are received, and any general points are highlighted for discussion by the sub-committee. Overall responses remain low, not unexpectedly, but feedback remains good that the staff who attended the courses have shared the information with colleagues and are using the information gained in their working lives.

7.4 PUBLIC AWARENESS OF ADULT SUPPORT AND PROTECTION

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

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

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

8.1 Public Protection Arrangements

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

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

8.2 Communication between Agencies in Practice

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

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

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

8.3 Responses to adult protection referrals:

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

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

- *In 2014-15 95.3% of all referrals demonstrated the involvement of partner agencies The other is that 95% of adults not found to be at risk of harm are offered appropriate information and/or support*
- *In 2014-15 97.6% of referrals demonstrated that the adult found not to be at risk of harm was offered appropriate information and/or support*

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

8.4 Adult Protection investigations, case conferences and protection plans:

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

The measures include the following:

100% of adult protection investigations demonstrate multi-agency work

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

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

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

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

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

100% of protection plans demonstrate the involvement of partner agencies

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

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

9. 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 – unfortunately we have not, however we are confident that we are moving forward with more clarity and competence to improve.

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. We believe that this relatively frequent reporting provides for us to address any deviation from plan within a timescale which provides for recovery.

It is planned that in early 2017, 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 long 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.

Appendix 1

**Act
against
harm** |

Argyll and Bute Adult Protection Committee

ARGYLL AND BUTE APC IMPROVEMENT PLAN FOR ADULT PROTECTION

April 2014 – 2016

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-16 ADULT CARE SERVICE PLAN
OUTCOME 1 - Adults at risk are identified promptly and reported appropriately						
Clear public information exists explaining harm, who may be considered an adult at risk of harm and how to report harm	Public information is provided and published as widely as possible (and in appropriate formats) so that it is easily available to all	100% of ASP literature will be reviewed on an annual basis and re-distributed to appropriate locations	Multi-agency activity through members of Policy and training sub-group	Annual re-distribution September/October	Quarterly report from Policy and Training sub-group minutes	
	The effectiveness of public awareness campaigns are measured through an increase in referral rates from a number of sources	2% increase in referrals from social work, NHS, and care/support provider staff 2% increase in referrals from adults at risk, their friends, relatives and local community	Figures collated by Area Manager AP, report to NHS ASP sub-group	Quarterly	Quarterly report on ASP Statistics	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-16 ADULT CARE SERVICE PLAN
		Carefirst AP referral numbers/sources				
	Training is available to staff from social work, NHS and care and support providers in the statutory, voluntary and independent sectors	A training programme for the year is provided, publicly available and open to staff from all agencies	<p>Training provided and published by social work on 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>	Annual in January	Quarterly report from Policy and Training Group minutes	
		Attendance by staff from	Figures collated	Quarterly	Quarterly	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-16 ADULT CARE SERVICE PLAN
		all agencies to be monitored	<p>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>		report from Policy and Training Group minutes	

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-16 ADULT CARE SERVICE PLAN
ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
OUTCOME 2 - Adults receive an effective integrated response if concerns are expressed that they may be at risk of harm						
All partner agencies will work together to ensure they are able to evidence clear, consistent guidance on adult support and protection and how to report concerns	All partner agencies are able to demonstrate a clear understanding of the guidance and make referrals appropriately	2% increase in referrals from social work, NHS, and care/support provider staff Carefirst AP referral numbers/sources	Figures collated by Area Manager AP	Quarterly	Quarterly statistical report	
Social work teams will work to ensure that all concerns and referrals receive a prompt and appropriate response	When adult protection referrals are received by social work teams they receive a timely and professional response	80% of adult protection referrals received by social work will have the initial inquiries completed within 5 working days	Area Managers, social work, for B&C, H&L, MAKI, OLI	Quarterly report	Quarterly statistical report	AC-02


ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	2014-16 ADULT CARE SERVICE PLAN
		Carefirst AP statistical report				
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
All agencies must work together to ensure that, where the adult is not at risk of harm, they receive information and support as appropriate	Adult not at risk of harm are offered appropriate information and/or support	95% of adults not found to be at risk of harm are offered appropriate information and/or support Internal quality audit	Area Managers, social work, for B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	AC-01 AC-03

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


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

ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
OUTCOME 4 - Adults at risk receive a person-centred response to concerns about them						
All partners will work to ensure that adults who are the subject of an adult protection investigation are given information about the process	Adults who are the subject of an adult protection investigation are well informed about the process and have their communication needs considered and support provided where required	100% of adults who are the subject of an adult protection investigation are given information about the process and their communication needs are considered. Carefirst report	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
All adults who are the subject of an adult protection will be offered support to enable their views to be expressed	Adults who are the subject of an adult protection investigation are offered advocacy	100% of adults who are the subject of an adult protection investigation are offered advocacy Carefirst report	Team Leaders, social work teams, B&C, H&L, MAKI, OLI	Quarterly	Quarterly statistical report	
All adults who are the subject of an adult protection investigation are supported to attend any case conference and their views are clearly recorded	All adults are supported to attend their AP case conference	100% of adults who are the subject of an adult protection investigation are invited to their case conference and have supported to attend if they wish to do so, and any reason for non-attendance is clarified and recorded Internal quality audit	AP Case conference chairs from all agencies	Quarterly	Quarterly statistical report	
All adults who are the subject of an adult protection investigation are given the opportunity to feedback on whether they were listened to and whether they feel safer as a result of the process	All adults are able to feedback to partner agencies whether they feel they were listened to	100% of adults who are the subject of an adult protection investigation are offered the opportunity to provide feedback on their experience of the process	Advocacy service report to Adult Protection Committee	Quarterly	Quarterly	



ACTIVITY	SUCCESS MEASURE	PERFORMANCE INDICATOR	LEAD AGENCY & REP	TIMESCALE	REPORT TO APC	SOURCE
		Report from advocacy service				

A close-up photograph of two hands being held together. The hands are positioned in the center and right side of the page, with fingers interlaced. The lighting is soft and warm, highlighting the texture of the skin and the natural color of the nails. The background is a blurred, light-colored surface.

Name	Definition
ASP	Adult Support Protection
APC	Adult Protection Committee
COGPP	Chief Officer Group Public Protection