

# **Adult Support and Protection (Scotland) Act 2007**



## **Protecting Adults at Risk of Harm in West Dunbartonshire**



**West Dunbartonshire  
Adult Protection Committee  
Biennial Report 2014**

## **Foreword**

I am pleased to present West Dunbartonshire Adult Protection Committee's third Biennial Report. This report will highlight the work of the Committee over the past two years and provide recommendations for our work over the next two year period. The report will show the continued development of both our understanding and practice in the area of Adult Protection and of our integration with the National Agenda and Priorities.

I became Chair of West Dumbarton Adult Protection Committee in January 2013, shortly after the completion of the previous Biennial Report. As a relative newcomer to the role of Chair, I would like to thank my predecessor, Scott Rorison, for compiling the first two Biennial Reports and for steering the Committee through a transitional period following the resignation of the previous Chair in 2011. That Adult Protection has developed positively in the area over the past several years is due in large part to the drive and commitment of Scott and the committee during this period.

During the eighteen months I have been Chair, I have been impressed by the commitment of the members to both work together across agency boundaries and to raise awareness and help develop the practice of Adult Protection in the area. The current economic climate has continued to present considerable difficulties to all the agencies represented on the committee, not to mention society as a whole, and the requirement on those agencies to commit scarce resources to the increasingly diverse range of problems associated with adult protection, such as forced marriage and human trafficking, is extremely challenging. It is important therefore that the training and education of all our staff in the area of adult protection is kept up to date and reaches the appropriate staff. West Dunbartonshire has excelled over the years in the provision of high quality, wide ranging and integrated training opportunities for its staff and it is crucial that this trend is continued and developed further.

Also new to our Committee in 2012 was our Adult Protection Co-ordinator, Caroline Doherty, and I would like to thank her for all her hard work in ensuring that the work of the Committee has been carried out in a seamless and effective manner. Caroline's work has been pivotal in ensuring that the large and diverse agenda contained in the Action Plan which was developed in the wake of the 2012 Biennial Report and has been positively progressed.

Thanks are also due to each member of the Committee for their continued commitment, not to mention patience, over the past two years and for ensuring that West Dunbartonshire continues to address the development of adult protection practice in an energetic and effective manner.

**Peter Jennow**  
**Independent Chair**

## **Executive Summary**

### **Membership and Procedures**

The West Dunbartonshire Adult Protection Committee (APC) continues to meet on a quarterly basis and has a broad representation across all the required statutory agencies. There are also standing invitations to the Procurator Fiscal, the Mental Welfare Commission, the Office of the Public Guardian, Care Scotland, the Care Inspectorate and the Scottish Ambulance Service. The Chair of the APC and the Lead Officer for Adult Protection report to the West Dunbartonshire Chief Officer's Group on a quarterly basis. The APC has 2 sub-committees; Practice and Communications and Training and Quality Assurance.

### **Feedback from the Scottish Government**

In his response to our 2012 Biennial Report, Michael Matheson (MSP) stated that he was pleased to see that a more formal structure for training had been put in place and noted that there had been good feedback on this training from its recipients

The minister also noted that progress had been made in respect of service user involvement, with the development of information leaflets, a service user consultation event and an outcomes pilot being among our positive achievements over the preceding two years. The minister was encouraged to read that our audits have shown that adults at risk are being placed at the heart of our processes and procedures.

### **Main Issues and Achievements**

Over the past two years, we have had a change of Independent Chair and adult protection co-ordinator and although this process took several months to finalise, continuity of purpose and objectives has been achieved and our action plan for 2012-2014 reflects the priorities identified in the previous Biennial Report and also integrates these with the national priorities identified in 2012. Thus, we have reviewed our training strategy and ensured that we continue to reach a large number of staff from various agencies, both internal and external, and ensure that each member receives the appropriate level of training.

We have continued to try to ascertain the views of both service users and carers and have developed a number of communication techniques to ensure that the views of service users are both obtained and understood, especially at the investigation and case conference stages. A second service user and carer's event is planned for Autumn, 2014. One proposal being prepared for this event is the setting up of a service user and carer's sub-committee which can feed in directly to the APC.

We have recently completed work on our own protocol on large scale investigations of adults at risk of harm and this process was significantly informed by a large scale investigation in the local area during 2013 which involved a high degree of co-operation

between the agencies involved including the Local Authority, health services and the Police. The learning from this major investigation will also be presented to the Committee and thereafter to all the relevant agencies involved in the investigation.

During this two year period, we have also forged closer links with our colleagues from the Child Protection Committee, a member of which now sits on the APC and vice versa. Several officers from West Dunbartonshire also attended the inaugural national conference for adult and child protection in 2014.

The APC's Action Plan is a comprehensive and wide ranging document which incorporates the national priorities agreed in 2012. In addition to the issues mentioned above, it contains plans for ensuring that publicity information on issues such as financial harm is made widely available, that agencies including private hospitals and clinics are included as recipients of information and that staff from the private and voluntary sectors continue to be included in our training strategy.

### **Management Information**

Figures from 2013 and 2014 show that, although the numbers of referrals increased in 2013, this number fell back by around 15% in 2014. This reduction is felt to be due to the way the Police have been coding their referrals to the Local Authority, thus, alongside this reduction in adult protection referrals, there has been a significant increase in the number of vulnerable adult referrals.

Our figures also show that, although self-harm continues to be the most common reason for referral, the number in this category has fallen over the past year while there has been an increase in referrals of physical harm and financial harm. There has also been a decrease in the number of referrals received for the Mental Health Client Group and most referrals are now received for adults age 65 and over. The changes in the referral rates are due to an alternate referral route for adults that are vulnerable, but are considered not to meet the criteria for a referral under the Adult Support and Protection legislation.

### **Communication and Co-operation**

Attendance at the APC continues to be good with a wide range of services and agencies represented. Our multi-agency procedures and inclusive training strategy help considerably in ensuring that there continues to be a high level of co-operation between the agencies.

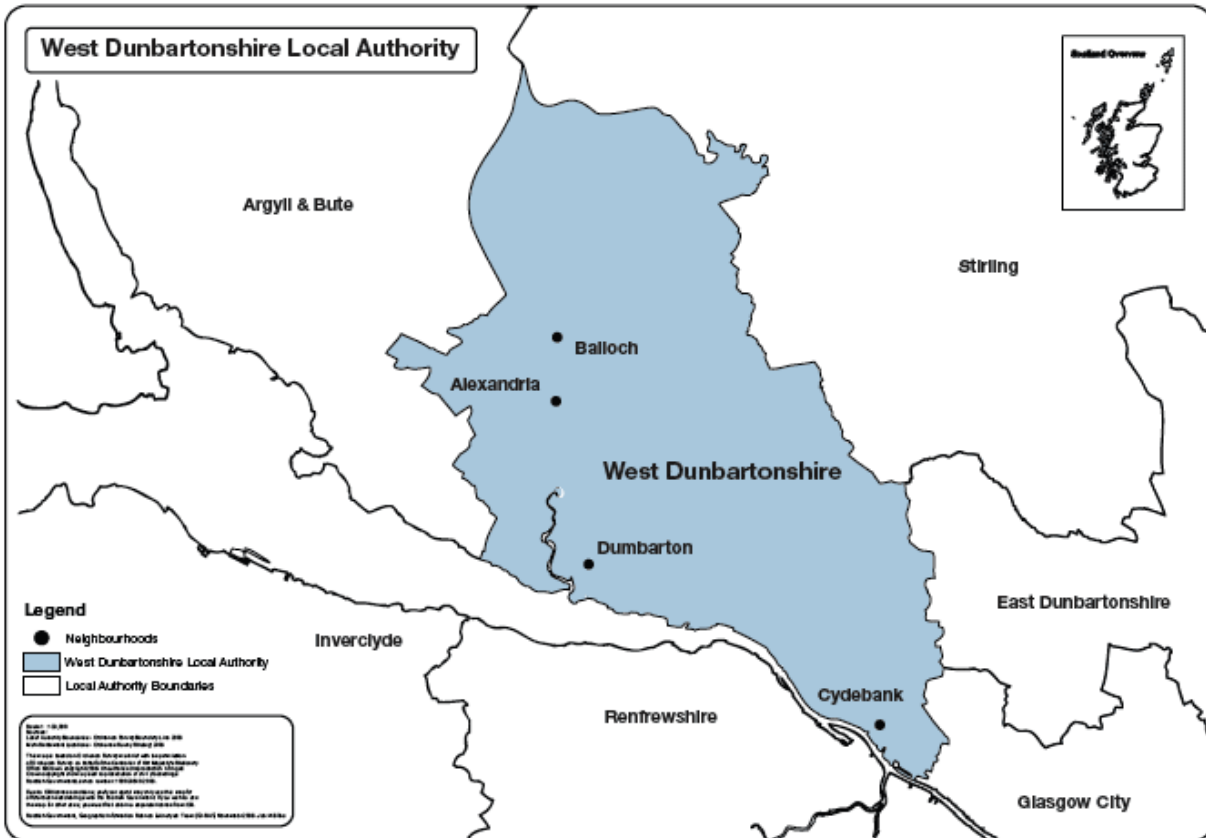
We continue to receive positive feedback from a number of sources about service user involvement in adult protection procedures and we are currently planning a major service user and carer consultation event this year. It will be important to continue using various methods of obtaining this information and keeping service users at the heart of our practice and procedures.

## **Future Plans**

1. Awareness Raising – We will continue in our efforts to raise awareness of Adult Protection among the general public and hope to roll out appropriate training for service users and carers in the near future. This will include information and advice on how to keep safe. We will work together with colleagues at a national level on issues such as improving people’s understanding of financial harm and participate in the development of campaigns aimed at increasing awareness.
2. Training – We will continue to monitor and review our training strategy to ensure that it reaches as wide a target group as possible including staff from the private and voluntary sectors. We will also ensure that any learning objectives emanating from critical incident reviews and reports from the Mental Welfare Commission are communicated with all appropriate stakeholders.
3. Data Set – We will continue to monitor and analyse our management information and carry out work to try and establish the reason behind any identifiable change in trends. Given that we will now have a national data set, we will be able to benchmark our results with other areas in the not too distant future.
4. National Protocols – We will continue to engage positively with the national agenda and priorities and ensure that there is positive information sharing between the national and local levels.

## About West Dunbartonshire

West Dunbartonshire is a region of contrasts, covering areas from the shores of Loch Lomond to the fringes of Glasgow. It has a rich cultural heritage forever shaped by its worldwide reputation for shipbuilding and textiles.



However, with the decline of traditional industries West Dunbartonshire remains one of the most deprived local authority areas in Scotland, with its three town centres, Clydebank, Dumbarton and Alexandria, experiencing steady decline.

West Dunbartonshire's population is estimated at 90,570 but has fallen for 29 consecutive years, almost entirely due to net out migration. The Black and Ethnic Minority Population makes up just less than 1% of the population, which is lower than the national average.

In common with other parts of Scotland, West Dunbartonshire has an ageing population. Forecasts suggest that by 2024 the number of children and those in the working age population will decrease while the population aged 60+ will rise by 30%, with a significant increase in the number of people aged 75 or older.

Life (and healthy life) expectancy rates in West Dunbartonshire are among the lowest in Scotland. Currently it is 62.8 years for men and 67.3 for women. In the 2001 census, around 23% of the population reported having a chronic illness or disability and by the time people pass their mid-fifties they have a 50/50 chance of being in this group. Alcohol and smoking rates are amongst the highest in Scotland, diets are poor and physical activity levels low. Asbestos related diseases are especially prevalent in the former shipbuilding community in Clydebank.

Industrial decline has also contributed to significant levels of poverty and deprivation in many areas. The current unemployment rate is 6.0% compared to the Scottish average of 4.1%. Poverty levels are high: some 22% of people claim some form of benefit, the third highest in Scotland.

Considerable work is being undertaken to regenerate areas within West Dunbartonshire, but the challenge has increased with the economic downturn.

## **The Adult Protection Committee**

The West Dunbartonshire Adult Protection Committee is responsible for monitoring and advising on Adult Protection procedures, practice and issues within the local area and ensuring that all the public agencies involved in Adult Protection work together to ensure effective service delivery in this area of work. The committee also links directly via the Chair, Lead officer and ASP Co-ordinator, with the national agenda and priorities. Since 2012, it has undertaken an ambitious and wide ranging action plan to take forward the issues raised in the 2012 Biennial Report including the reviewing and improving of public participation in adult protection, developing new methods of engaging with service users and carers and ensuring a comprehensive training strategy is developed to ensure high quality training is delivered to appropriate staff across the area.

For the first time this year, there was also a joint child protection and adult protection national conference which sought to bring the two areas of practice together to share information and learning. It is hoped that this will become an annual event.

This report will describe the work undertaken by and on behalf of the Committee over the past two years and provide evidence that progress is being made to ensure that all vulnerable adults at risk of harm in West Dunbartonshire are identified, supported and protected.

### **The Adult Protection Committee Arrangements**

The Committee meets on a quarterly basis. In addition, however, it is planned to augment the business meetings with themed information sessions as appropriate, aimed at increasing the Committee's knowledge and understanding of developing areas related to the adult protection agenda such as forced marriage.

The recent membership of the Committee includes:-

- Independent Chair
- Adult Protection Lead Officer (General Manager of Learning Disability Service)
- Adult Protection Co-ordinator
- Legal Services
- GP Representative
- Police Representative
- Integrated Operations Manager, Mental Health Services
- Integrated Operations Manager, Community Care
- Section Head, Quality Assurance, Contracts and Commissioning



- Head of Mental Health, Learning Disabilities and Addictions
- Joint Manager, Addiction Services
- Child Protection Lead Officer
- Adult Protection Advisor, NHS GGC
- Integrated Operations Manager, Care at Home Services
- Criminal Justice Partnership Manager
- Representative from Advocacy Services
- Senior Nurse

In addition to the above, there are standing invitations to the Procurator Fiscal, Mental Welfare Commission, Care Inspectorate, Office of the Public Guardian, Care Scotland and the Scottish Ambulance Service.

At present we have no service users or carers on the Committee. This decision was taken by service users and carers themselves at a consultation event in 2012. As will be reported later, there is a proposal to develop a supported group of service users as a sub-committee of the main committee. This group, if agreed, would be representative of all service users in the area and be able to report directly into the committee.

The main addition to Committee membership has been the Child Protection Co-ordinator. There has been a growing awareness over the past two years that there is a significant overlap in the work of both the Child Protection and Adult Protection Committees particularly in terms of transition issues between childhood and adulthood and in multi-generational family groups where issues relating to both child and adult protection exist. The involvement of the Co-ordinator for the Child Protection Committee (CPC) in the APC will ensure that information sharing between the two Committees takes place and joint areas of interest can be discussed. In addition it is recognised that given the longevity and significant development of the CPC, it is helpful to take on this learning in terms of further developing both the APC and the adult Protection processes and governance requirements

### **Agenda**

The agenda for Committee meetings is normally agreed between the Chair, Lead Officer and the Adult Protection Co-ordinator. All members of the Committee, however, are invited to contribute items to the agenda as appropriate.

There are several standing items on the agenda; reports from the sub-committees, reports from the Chair (including updates from the national priorities) and reports on any Mental Welfare Reports or Serious Case Reviews.

## **Sub-committees**

We continue to have two sub-committees, both meeting quarterly between full Committee meetings. Both have agreed terms of reference and membership spanning various agencies. It was agreed that the sub-committees would lead on specific parts of the action plan and report back to the main Committee on progress.

### **Practice and Communication Sub-committee**

This group focuses on wider practice issues relating to adult protection and is responsible for the development and production of our communication strategy. It has reviewed and updated the Council's publicity materials on adult protection, utilising symbols provided by the British Sign Language Association. It has also developed new leaflets dealing with specific issues such as investigation and case conferences.

This group was also responsible for the development of a toolkit for Council Officers to use during interviews and case conference. The toolkit includes picture cards and symbols for those with communication difficulties.

The sub-committee will also host a service users and carer's consultation event in Autumn 2014 to build on the successful event held in 2012. As mentioned, one proposal to be discussed at this event will be the introduction of a sub-committee of service users and carers which will discuss issues relating to adult protection pertinent to its members and will be able to link directly to the main Committee.

This sub-committee has also been involved in the development of our Large Scale Investigation Protocol and this work is now nearing completion. Following consultation this will be rolled out across all adult services and the other care groups within the CHCP as well as with partners and private/contracted providers.

### **Training, Development and Quality Assurance Sub-committee**

This group focuses on both the adult protection training strategy and also on the quality assurance for adult protection practice in this area. To this end, it has been working on aspects of the action plan which relate to the review and audit of all ASP practice with the aim of achieving better outcomes for adults at risk of harm in this area.

The group has also developed a comprehensive training strategy targeted at a wide range of agencies, both internal and external to the CHCP. This strategy includes evaluating the training provided and ensuring that all appropriate staff attend training and the training is at an appropriate level for them.

### **Council Officer's Forum**

In addition to the two sub-committees, there is also a Council Officer's Forum in West Dunbartonshire. This group comprises social workers who are also designated as council officers in terms of the Adult Support and Protection Act. The main purpose of

this group is to assist its members in developing their knowledge and understanding of ASP and to influence good practice in this area.

### **Minutes**

A minute of each Committee meeting is produced and made available in various formats as soon as possible after meetings. The minutes are also sent to the members of the Public Protection Chief Officers Group for information.

### **Governance**

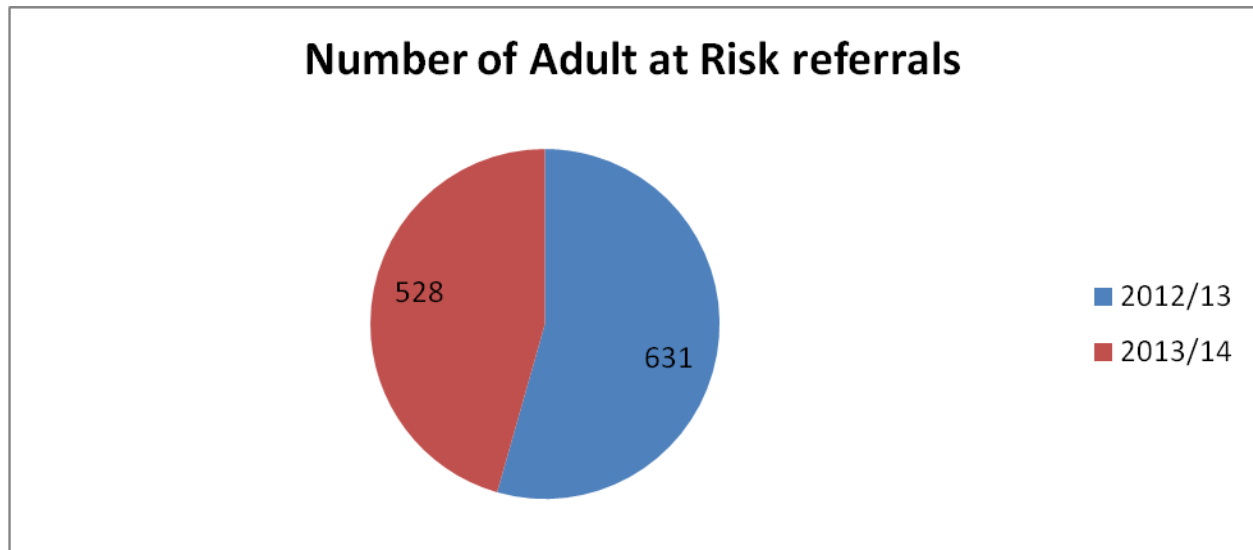
The Chair, and the Lead Officer, report to the Public Protection Chief Officer's Group (PPCOG) which meets on a quarterly basis in order to provide assurance to Chief Officers that adult protection requirements are being adhered to effectively. The Chair and the Lead Officer provide information to the Chief Officer's Group regarding performance, developments and policy initiatives. The PPCOG brings together the full extent of public protection issues which include; Child Protection, Criminal Justice and Addiction Services and a cross cutting theme is domestic violence

### **Conclusion**

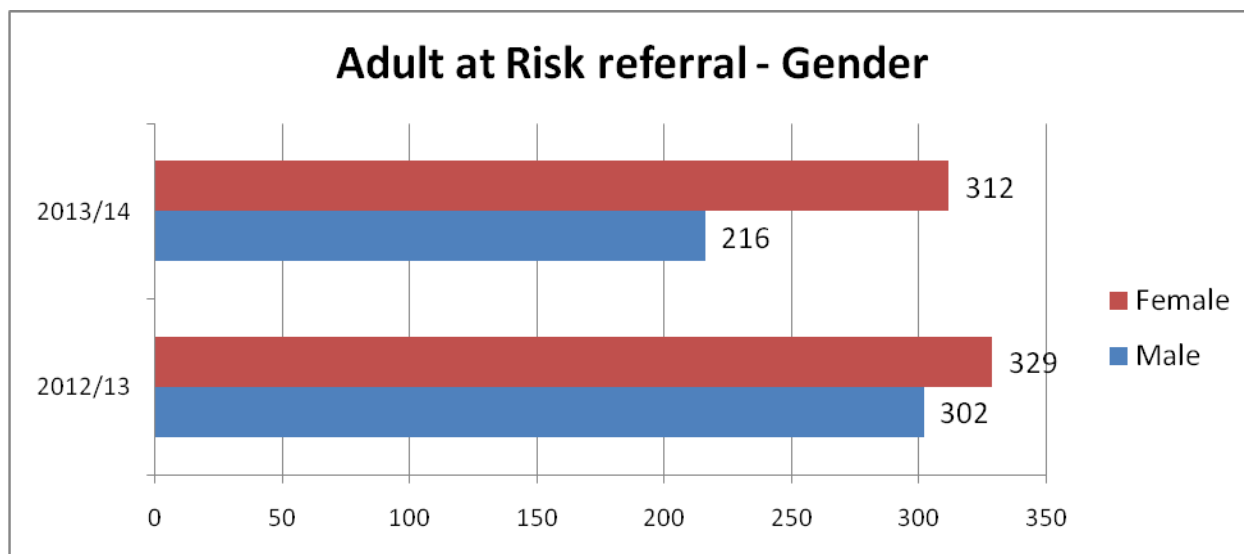
Overall, the Adult Protection Committee continues to represent a broad selection of bodies and agencies working together to protect vulnerable adults at risk of harm. The Committee has continued to increase awareness and knowledge of all aspects of the adult protection agenda and has increasingly been able to integrate with the wider public protection agenda. It has developed a comprehensive and wide ranging action plan to ensure that key areas at practice are both understood and developed. It is also developing important links in the third sector and tries to ensure that staff from this group are involved in appropriate levels of training.

## Performance

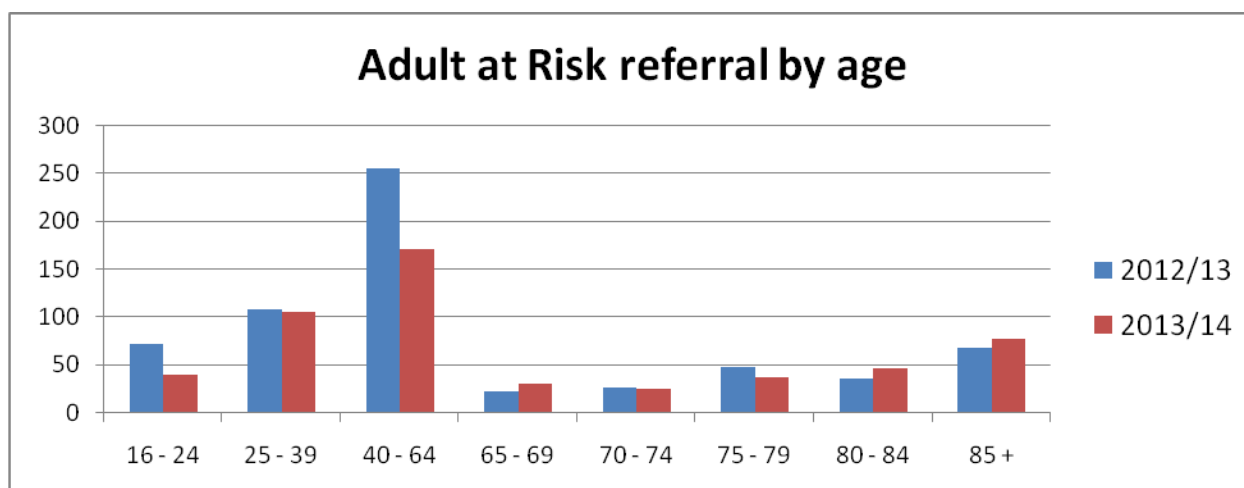
West Dunbartonshire has continued to collect comprehensive information on all adult protection referrals and follow up actions and these are discussed at each committee meeting. This has enabled the Committee to compare statistics from year to year and also from month to month. The Committee have welcomed the recent work of the National Priority Project on data set issues and, hopefully, this will put us in a position to bench mark our results against those of other authorities in the not too distant future.



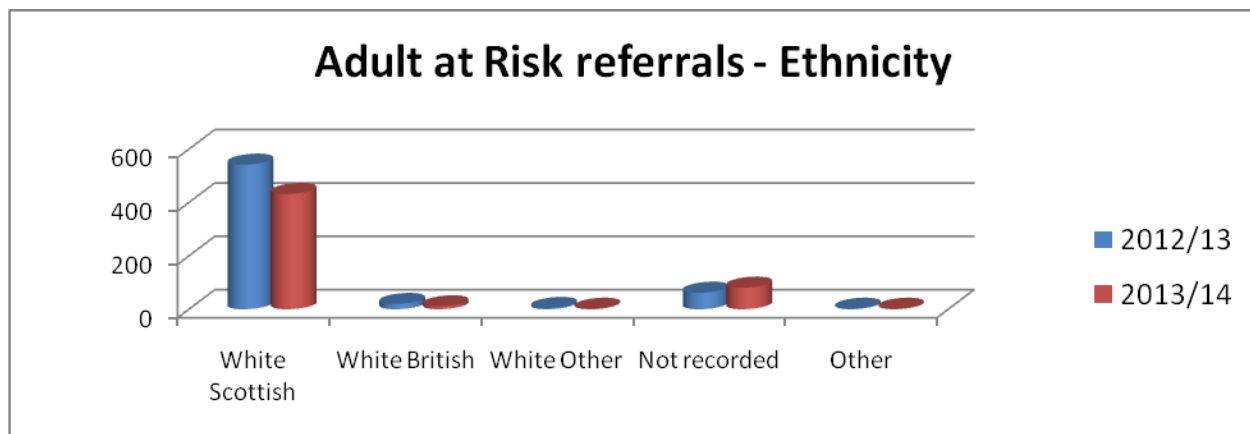
These figures show that while the total number of referrals continued to rise in the year following the biennial report, the number fell by around 15% in the following year. This reduction can be clearly seen in two care groups, Mental Health and Substance Abuse. As previously stated the decrease is because the main referrer, Police Scotland, now have an alternate referral route for adults that they do not consider to be adults at risk of harm, they now refer these adults utilising the Vulnerable Adult referral pathway. This pathway was developed in Autumn 2012. It was also noted that the main decrease in referrals occurred in the third quarter of 2013/14 and that there had been no decrease in referrals in any of the previous three years for which figures exist. The reason for the decrease in this period is not yet known, however it is mirrored in child protection where the referrals for this quarter also decreased considerably. The referral rates continue to be monitored to identify trends and any issues that require action.



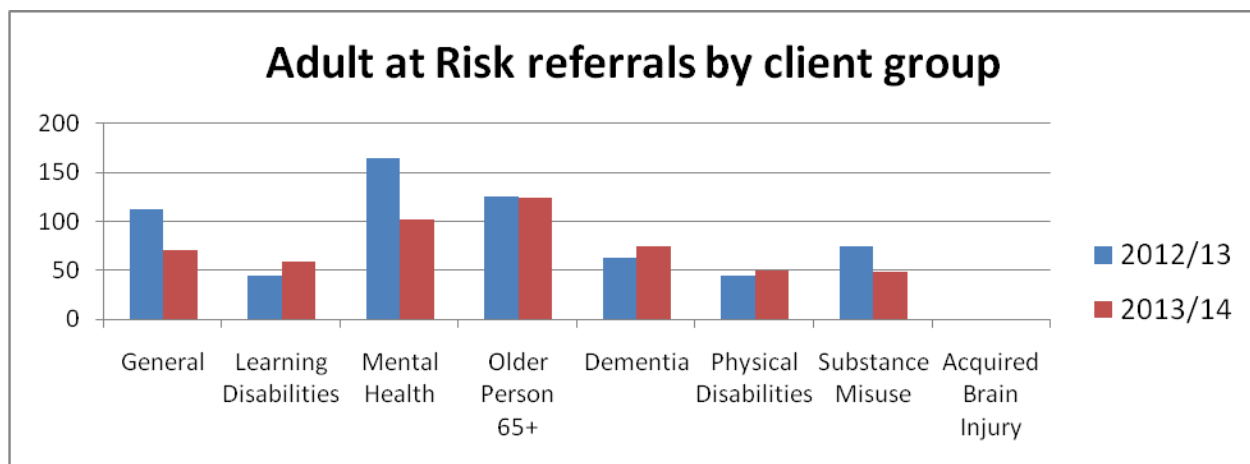
Again more females than males have been referred and this gap has widened in 2013/14. It is too early to say if this trend will continue or to speculate on the reason for these figures although it will be interesting to see if this trend is repeated nationally.



As in previous years, the highest number of referrals was received for adults aged 40 – 64 years old. When the estimated population for each age group is considered, however, the highest rate is among older people (i.e. over 64) and, within this sub-group, the highest number of referrals was received from those over 85, an increasing number of who now live within their own homes.



As in previous years, adult protection referrals in West Dunbartonshire are overwhelmingly from a white Scottish background (96%). With White Other making up most of the rest. This is consistent with figures from the Census which show that black and ethnic minority population in West Dunbartonshire is less than 1%.



Referrals for all client groups were lower in 2013/14 than in 2012/13. As in previous years, the highest numbers referred in 2012/13 are for people with mental health problems. For 2013/14 however, the number of referrals for people with mental health problems has fallen by nearly 40% and the highest numbers of referrals now comes from older people without dementia. We will continue to monitor this figure to identify any trends. There are two significant changes in referral rates for the past two years, the first is the decrease in referrals the substance misuse client group, the second is the decrease in the general client group. The changes in referral rates to the mental health and substance misuse client groups is mainly due to the more appropriate use of the Vulnerable Adult pathway utilised by Police Scotland. This partly explains the reduction

in the general client group, but this decrease is also due to improvements in our recording processes.

### Source of Referral

	2012/13	2013/14
<b>Police</b>	428	308
<b>Social work</b>	43	58
<b>Health - other</b>	24	19
<b>Health GP</b>	1	3
<b>Family member</b>	18	11
<b>Member of public</b>	0	2
<b>Carer</b>	0	5
<b>LA care home</b>	5	1
<b>Other care home</b>	24	24
<b>Care at home/ support services</b>	48	46
<b>Self</b>	7	9
<b>Housing</b>	12	2
<b>Care Inspectorate</b>	2	2
<b>Other</b>	19	38
<b>Not known</b>	0	0
<b>Total</b>	<b>631</b>	<b>528</b>

Once more, and in keeping with national trends, the Police are the most frequent referrer, although it can also be seen that the number of referrals from this source has dropped this year. As stated earlier, this is thought to be due to changes in the way the Police now code information on all vulnerable people and it will be important to review these referrals regularly to see if there is any change in this trend and whether there is any change in the way the Local Authority receives and manages these referrals. Once more, referrals from health services have remained low in both years. This topic is regularly raised at Committee meetings and we will continue trying to find ways of increasing awareness of adult support and protection procedures and the legal responsibility to refer adults at risk. Our Co-ordinator has recently attended some GP protected learning events in order to discuss the adult protection agenda and we will continue meeting with GP colleagues at these forums and also at any Locality Group meetings as appropriate. Although West Dunbartonshire has no A&E departments, the population makes use of the departments in Glasgow and Renfrewshire and it will be important to monitor Adult Protection referrals from these sources to add to the sum of

data on how this figure changes following the implementations of the recommendation of the National Priorities Project on this subject (e.g. bespoke Adult Support and Protection training for A&E staff and a user friendly referral route).

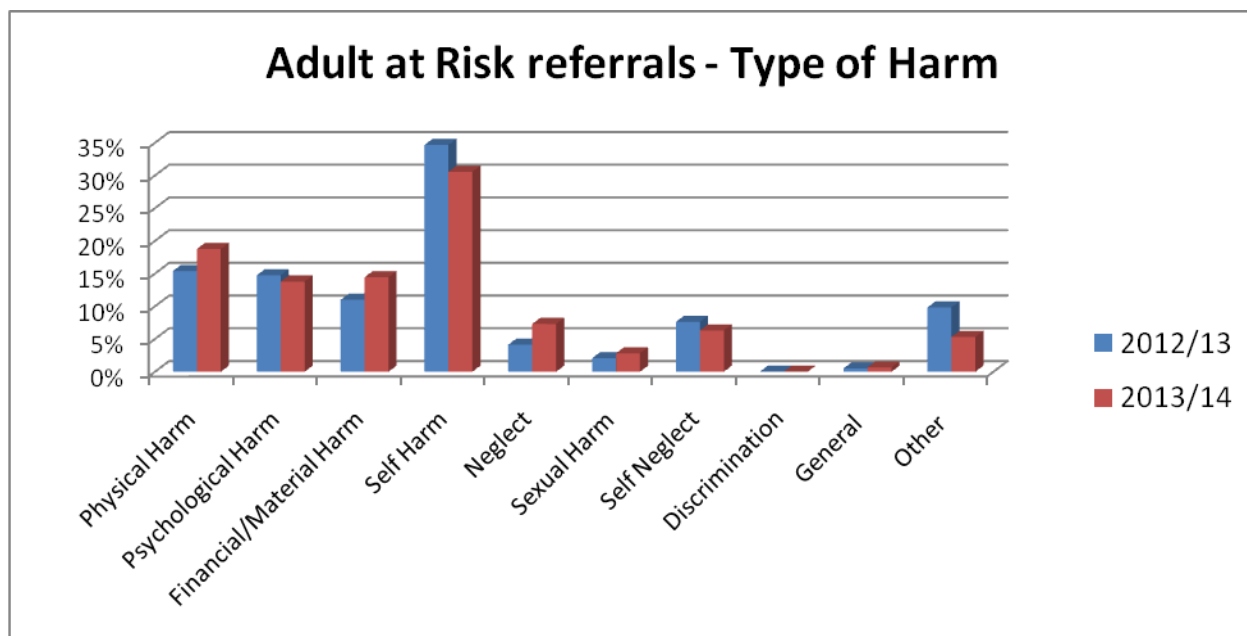
Figures for adults referring themselves and referrals from family members are still low which indicates that, although there may be numerous variables at play in these figures, awareness raising among public must remain a priority for the Committee.

### **Type of Harm**

The main change in this year's figures is the increase in physical harm and the reduction in self harm (although self harm remains the highest single reason for referral). As stated above, this is felt to be due to the way the Police now refer adults at risk of harm and vulnerable adults and it will be important to monitor this change in the coming years and ensure that vulnerable adult referrals continue to receive appropriate support.

Financial Harm continues to be a significant issue in West Dunbartonshire, especially given the level of poverty in the area. A national campaign is currently being planned for Autumn 2014 and we will contribute to this in any way we can. As the National Priority Group examining financial harm have found, this area is very complex and involves a significant number of agencies and institutions, both national and international, and the Scottish Government and national groups such as the Scottish Business Resilience Centre will lead on taking forward this very important agenda. In West Dunbartonshire, we will continue to try to raise awareness of this subject on the local level and also link in with national initiatives as appropriate.

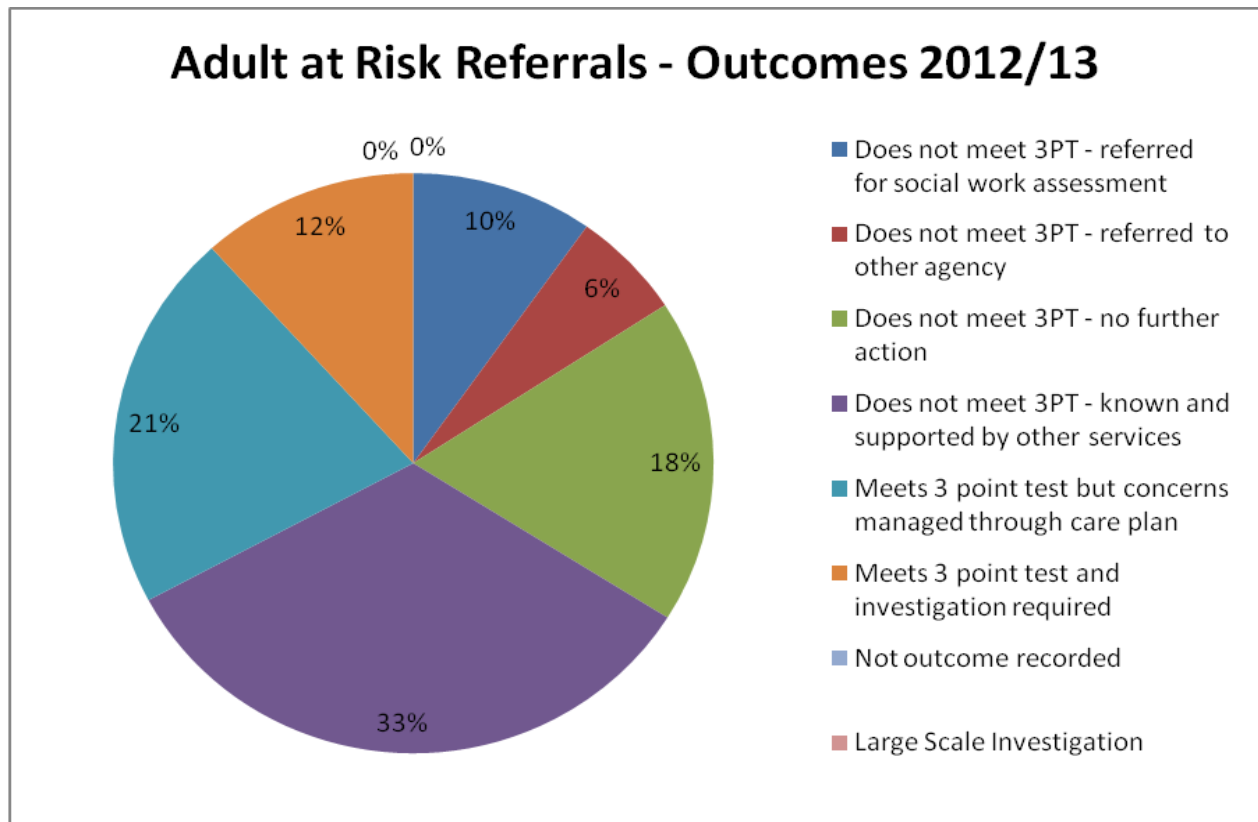
There has been an increase in the number of neglect cases in 2013/14 which was due to the recent large scale investigation into a care home in the local area.



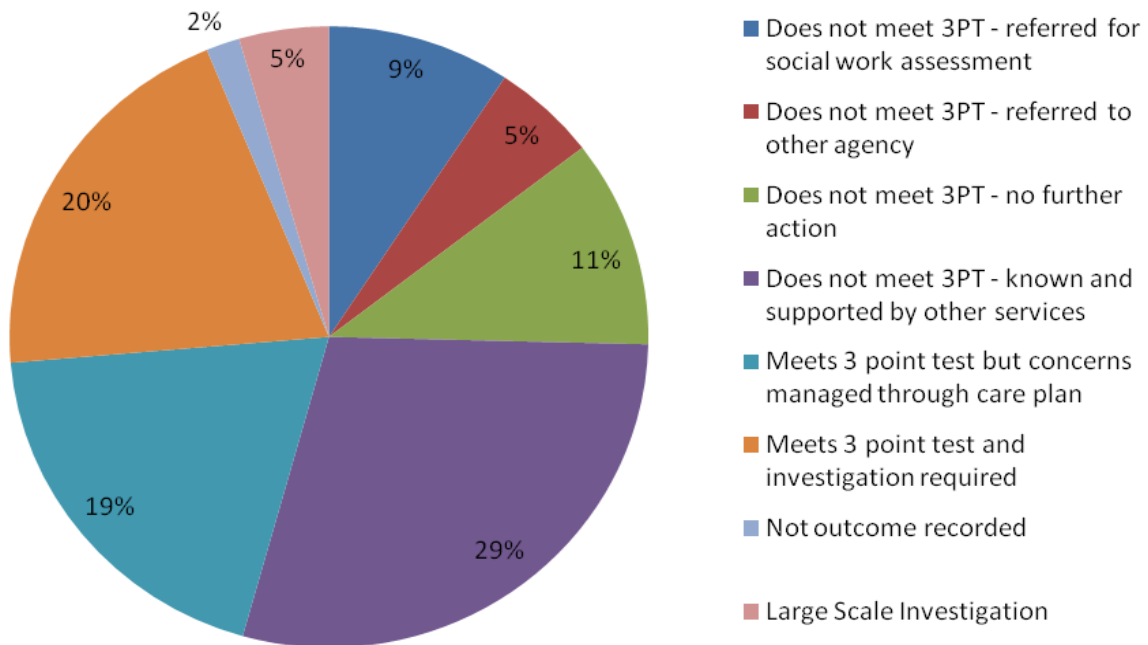


## **Referral Outcomes**

As in the previous Biennial Report, there has been a further reduction in the number of referrals for which no further action is taken. Whilst these cases have not met the three point test, in most cases support has been offered to the subject of the referral.



## Adult at Risk Referrals - Outcomes 2013/14



### **The proportion of referrals which result in investigation**

2012/13 – 74 referrals led to investigation (10% of all referrals)

2013/14 – 130 referrals led to investigation (25% of all referrals)

This is an increase over the previous two year period but there has been a significant increase in 2013/14 from the previous year. This could indicate an improved awareness of the 3 point test among refers; however, it is too early to make definite statements about this increase. Again, it will be beneficial to be able to compare this figure with those in other parts of the country.

### **Conclusion**

As in previous years, it is hard to draw any firm conclusion from the management information provided although a look over previous Biennial Reports would indicate that there are some continuing general trends such as high numbers of Police referrals and low numbers of health referrals. It will be important in the coming period to monitor the

effect the new Police Scotland arrangements (i.e. The Concern Management Hub) for referring adults at risk of harm to the CHCP has on the overall rate of ASP referrals

We will also continue to concentrate effort in raising awareness of adult support and protection via GP protected learning events and similar fora as mentioned above.

What is interesting from this current set of figures from West Dunbartonshire is the significant increase in the proportion of referrals which have proceeded to full investigation and it will be important to monitor whether this is repeated on a national scale and whether this trend continues. It remains the case that most people referred for adult protection reasons in West Dunbartonshire, whether or not they subsequently meet the three point test, go on to receive support of some form which indicates a wide range of vulnerable people are receiving support.

The reason for the high numbers of investigations following referrals is difficult to be sure about. On the one hand, referrers may be becoming more aware and knowledgeable about adult protection legislation and are, therefore, making more appropriate referrals. It could also, however, signify that a more cautious approach is being adopted within the Local Authority. Overall, we are now beginning to see patterns emerge from year to year via our own data set and it will be important to monitor these trends carefully and explore what the reason for them are and whether they are repeated elsewhere.

The audits we have completed with service users to date indicate that, as a whole, people do feel safer as a result of being through the adult protection process and this, I feel, has to be seen in a positive light.

As ever, there is scope for improving and developing practice in adult protection and these figures must be used to help us focus on areas that require development. Over the next two years we all continue to concentrate on improving our rate of referrals from the health sector and refine the information we gather from service users involved in the adult protection process.

## **Management of Services and Staff**

As in previous years, West Dunbartonshire has two full time permanent Adult Support and Protection staff - the Adult Protection Co-ordinator, and the administrator. Both are relatively new to their positions but have managed to effect a seamless transition from their predecessors. The Co-ordinator is managed by the Lead Officer for Adult Support and Protection, who is also General Manager of the Learning Disability Service.

The administrator supports the work of both the Co-ordinator and Lead Officer and also provides administrative support to the Committee and its Sub-committees.

At present, Adult Protection referrals are dealt with by the generic social work duty system and those cases which are deemed by the duty senior social worker to require investigations are passed on to the relevant care groups. All qualified workers in adult care within the CHCP carry out adult protection work and are deemed as Council Officers for the purpose of the Adult Support and Protection (Scotland) Act 2007. They are supported by their individual line managers who will have experience within adult protection.

There is also a Council Officer's Forum which is open to all qualified social workers and led by the Adult Protection Co-ordinator. In addition to many social work related issues, this forum discusses all aspects of adult protection and also looks at case studies to help share knowledge gained from individual cases across the teams. Over the next six months or so, a review of the Social Work Department's duty system will take place and the Committee will ensure that mechanisms are in place across adult services to ensure that adult protection continues to be investigated appropriately.

## **Training and Staff Development**

Following the first Biennial Report, the Committee formed a Training, Development and Quality Assurance Sub-committee and this group developed our multi-agency training strategy for adult protection. The Sub-committee has also assumed responsibility for evaluating the training, monitoring attendance and gathering the views of participants. Training has also been examined as a part of the subsequent self evaluation process carried out over the past three years.

The evaluation of training carried out between 2011 and 2012 showed that West Dunbartonshire provided adult protection training at four levels; awareness raising (workshop based), basic awareness (half day), detailed awareness (full day) and specialist training. The training was delivered to a wide range of staff and agencies including health, social work, police, housing providers and care providers. Self evaluation showed that the training was well received and found to be useful by the vast majority of attendees. It was noted in the last Biennial Report that West Dunbartonshire had made a special effort to target a range of independent care providers for this training (including residential and nursing homes) and this was felt to

have led to an increase in referrals from these sources and a referral rate from care homes higher than the national average.

In the past two years, training has continued to receive a high degree of attention and input in West Dunbartonshire. We have carried out five briefing sessions for various categories of ancillary staff such as estates staff from hospitals and bus escorts from learning disability day centres. These sessions have been well attended and it is hoped to continue and extend this method of increasing awareness to all our staff. We have also carried out a number of lunch-time sessions with GP's and other health staff and we plan to do more of this in the coming years.

We have held 21 half day basic awareness training sessions in the past two years and a total of 256 staff have attended these sessions.

In terms of the detailed awareness full day training sessions, we have held 15 courses, reaching a total of 147 staff. We have also held one ASP minute taking course for 11 administration staff from a wide range of care teams.

In addition to the above training, we have also carried out some training in conjunction with colleagues in East Renfrewshire Council. We have provided one course for the training of Council Officers and one for investigative interviewing under this joint venture with six to seven members from each Local Authority attending each course.

In addition to running each of the courses listed above again over the next two years, we will also run training courses aimed at service users and carers to raise their awareness of adult protection. We will run a workshop for senior members of staff (including one focusing on Chairing case conference meetings); a course specifically targeted at second workers in an investigation and will also provide training covering the three acts (i.e. AWI, MHCT and ASP). We also hope to develop and run a course on public protection for all staff in conjunction with our colleagues from Child Protection.

As in previous years, we will ensure that staff from both the private and voluntary sectors become involved in training on adult protection at an appropriate level as well as ensuring that any learning from large scale investigations or serious case reviews is shared with colleagues within the care sector.

Over the past two years, 27 different organisations sent representatives to attend our basic awareness training sessions. 20 organisations sent representatives to attend the detailed awareness sessions and we must work hard to ensure we continue to include as wide a range of staff as possible in these ventures.

## **Service Users and carers**

Our first two Biennial Reports have highlighted the progress made in obtaining feedback from adults at risk of harm in the local area and exploring ways their views and those of carers could be represented in the community. Over the past six years, much effort has been put into ensuring that service users and carers are at the centre of the adult protection assessment process and play as full a part as possible in the investigation and subsequent case conference, having their own views listened to and taken into account. This has been achieved by both auditing their views and holding events to help elicit their views. The outcomes pilot, described in the 2012 report, proved very successful in obtaining feedback from service users and carers about their experiences within the process and a similar event has been planned for November 2014. The initial pilot showed us that service users and carers did feel listened to and valued being asked their opinion.

More recent initiatives, such as reviewing our literature and creating new, more accessible leaflets about the adult protection process will, hopefully, take this work forward. The leaflets will focus on explaining what harm is and how service users can stay safe within the Self Directed Support process. It is hoped that the leaflets will also help raise awareness of adult protection issues among the population at large as it is important for us to try to increase the amount of referrals we receive from the general public which, as we have seen, have remained disappointingly low.

Through the continuing efforts of the Practice and Communication Sub-committee, we have developed innovative forms of communication aids to ensure that service users understand what is going on during investigations and case conferences and these tools have proved effective and invaluable on a number of occasions (see case study in appendix 1).

Our action plan for 2012 – 2014 sets out our goal to review and maintain all forms of communication in relation to adult protection. This will involve working closely with the CHCP's Sensory Impairment Team to explore better ways of disseminating information to everyone in the community. For example, work has just been completed in compiling an adult support and protection talking magazine.

It is encouraging to see that the feedback we have received from service users and carers to date appears to reflect that found by the National Priority Project Group looking at service users and carers in that overall, service users felt that they feel safer as a result of their involvement in the adult protection process. It will be important for the Committee to continue to elicit the views of service users and carers in the coming years.

## **Conclusion**

Overall, the Committee has put considerable effort into ensuring that service users and carers are kept at the heart of all our adult protection processes. To date, service users

and carers have consistently told us that they do not want to sit on the Committee while, at the same time, they do want the opportunity to express their views. Our proposal to set up a service users and carer's sub-committee will hopefully go some way to resolving this issue. We will also continue to benefit from the continued input and structures created by The Lomond and Argyll Advocacy Service who continue to obtain the views of service users and carers across the local authority area and whose manager sits on the Committee.

## **Communication, Co-operation and Partnerships**

As stated earlier, the Independent Chair and Lead Officer attend the Public Protection Chief Officers Group (PPCOG) which is made up of the Chief Executive (Chair), the local Police Divisional Commander, the Director of the CHCP and the Nurse Director of the Health Board. In attendance are other officers who have responsibility for child protection and criminal justice. This group provides an assurance function in respect of all aspects of public protection across the whole of West Dunbartonshire. The Adult Protection Co-ordinator now attends the Child Protection Committee meetings and vice versa. This crossover will, hopefully, lead to enhanced discussions within both committees on subjects such as the transitional period between childhood and adulthood, a protocol for which is currently in production involving staff from both services. There is also recognition that the more recent policy and guidance on matters such as forced marriage and human trafficking are of relevance to both committees and that developments around these issues can be taken forward across the two Committees.

In 2012, we had some concerns about the restructuring of the Care Inspectorate and its announcement that members of the inspectorate could no longer attend Adult Protection Committees. Thankfully, this position has been reviewed and in West Dunbartonshire we have now had fruitful discussions on this issue with our link inspector, who will attend committee meetings as appropriate.

Given the structures mentioned above, assisted by the fact that West Dunbartonshire has been an integrated partnership area since 2010, relationships between health and social work staff are strong and awareness of adult protection processes and procedures among staff is high. Information sharing between health and social work staff at the investigation stage is very good as is attendance at case conference meetings.

Attendance at Committee meetings by all the agencies, including the Police, is also high and there is strong evidence that communication between the Police and Local Authority staff remains good. In common with many other committees, GP representation on the Committee can be difficult due to time pressures. The Lead Officer, Clinical Director and I have met to explore ways of supporting greater involvement of GP's on the committee (such as publicising dates for meetings a year in advance and Committee members attending GP protected learning events) and we hope this will facilitate greater involvement of GP's in the future.

As stated above, we have also put a lot of effort into ensuring that independent care providers are fully involved in our training events and this has led to a higher than average referral rate of adults thought to be a risk from this source. Attendance at case conference and co-operation during investigations is reported to be high from the care sector and was particularly evident during a large scale investigation involving a local nursing home towards the end of 2013.



In terms of the involvement of service users and carers at case conferences, our action plan tasked our Practice and Communication Sub-committee to consider all methods of engagement at case conferences to promote and encourage meaningful service user involvement. To this end, a toolkit has now been developed in partnership with the CHCP's Speech and Language Therapy staff to ensure that service users understand and can participate in all aspects of the Adult Protection process. The use of communication aids within case conference is becoming more common and appears to have had a very positive impact on the ability of service users to participate more fully in case conferences (see case study in appendix). The Practice and Communication Sub-committee have also ensured that consideration of service users communication needs is a standard part of all investigations and is included within our guidelines.

As mentioned above, our Co-ordinator has led a short life working group tasked with the creation of a large scale investigation protocol. This work, which has been carried out in parallel with the West of Scotland work on the same subject is now near completion. Our work on this protocol was usefully informed by an actual large scale investigation in West Dunbartonshire in 2013. This investigation and subsequent process highlighted the strengths of multi-agency working and will be carefully considered by the Committee following the outcome of any police investigation.

## **Conclusions and Recommendations**

This third Biennial Report from the West Dunbartonshire Adult Protection Committee reflects the continued progress made in the implementation and general awareness of the Adult Support and Protection (Scotland) Act 2007. The development of our understanding and practice regarding adult protection has been greatly assisted by our comprehensive and targeted training strategy and by the wide range of services and agencies represented on the Committee. We have also been able to include the third sector in our training and will endeavour to ensure that the reach of the Committee continues to develop over the next two years. It will be important to ensure that those agencies who attend on an occasional or “as required” basis remain connected to the Committee in a meaningful way and are able to participate in our agenda appropriately.

In terms of the low number of referrals from both the general public and health services, we will continue in our efforts to improve the general awareness of adult protection and to engage people in a variety of ways. This will include holding events for service users and carers, ensuring information leaflets are updated and distributed effectively and becoming involved in publicity campaigns, whether local or national, whenever possible. It will also be important for us to attend protected learning events run by the health services to ensure that information is spread as effectively as possible.

Our management information over the past two years has shown a number of unexpected results with a growth in the overall numbers of referrals in the first year but a reduction in the second year. In addition, there appears to be a change in the cause and source of referrals in that, although referrals for self harm and referrals from mental health services remain high, there has also been a significant reduction in both these numbers and also in the proportions of the total referrals they represent. In contrast to the decrease in those referred for self harm, there has been an increase in referrals for physical harm and referrals from older people’s services now outstrip those from mental health services. As stated earlier, it is believed these reductions are a result of the way the Police have referred both adult protection and vulnerable adult referrals to the Local Authority and this will continue to be monitored closely in the next two years.

A welcome piece of information from our data set is that a large proportion of those referred, whether or not they are subsequently assessed to have met the three point test, go on to receive some form of support. I believe that it has been a positive aspect of the Adult Support and Protection Act that many people and agencies appear to be sensitised to the needs of a wide range of vulnerable people who may be at risk in their community. This subject will be the focus of further discussion between the Scottish Government and the National Chair’s Forum in the coming years.

In our last Biennial Report, it was noted that the Committee were concerned at the lack of sanctions (or ability to support sanctions) available to the Sheriff in the event of a

Banning Order being breached. Although it will be some time before a comprehensive review of the Act takes place, we will continue to monitor this aspect of the Act.

We have continued to place service users and carers at the heart of our processes as is evidenced by innovations such as the toolkit to ensure that the communication needs of service users are assessed and met. The forthcoming event for service users and carers will give us further information on their views and we will, if it is agreed, establish a service user and carers group to link directly with the APC.

Over the next two years, we will also continue to engage positively with the national agenda and priorities and look forward to contributing to the development of work in adult protection on both the local and national level.

## **Appendix 1 – Case Study**

Mr S is in his early twenties, he has a diagnosis of a learning disability, specifically Downs Syndrome. Mr S is supported by social work to access a range of resources including community supports, work placements and respite. Mr S has been assessed as lacking capacity in a number of areas; he is subject to a Welfare Guardianship Order. His mother is his Guardian.

In 2012 a referral was made regarding Mr S due to concerns that he was at risk of emotional and physical harm. This was Mr S's first experience of the adult protection process. While the outcome of the investigation was that no risk of harm could be identified, he advised his social worker that he felt safer after the investigation and all involved felt that although this has been a difficult time for Mr S, overall it had been a positive experience.

In 2013 a second adult at risk referral for received for Mr S. The concerns were around his work placement in a local café. It was reported that Mr S had been pushed and repeatedly shouted at by another member of staff at the café. Mr S was extremely upset and was frightened to return to the café.

In order to gain his views more fully, council officers took the advice of the speech and language therapist and utilised talking mats to interview Mr S. Talking Mats is an interactive communication framework that can be tailored to gather information and views from individuals with communication difficulties. Mr S and his mother also agreed to the interview being filmed as a reference for Mr S and to show others how Talking Mats can assist in interviews for adults with communication difficulties.

The case proceeded to case conference and Mr S has continued to be supported under the adult support & protection framework. Mr S and his mother have described the interview and subsequent intervention as positive and empowering as they felt that Mr S was at the centre of the process with support and protection provided in partnership with him. For both adult protection investigations and subsequent case conferences, Mr S was supported by the local advocacy project.

## **Appendix 2 – Action Plan**

The action plan will form the basis of the adult protection development over the next 3 years. It will be implemented through the work of the sub-committee, the adult protection co-ordinator, the lead officer and Chair with the overview being provided by the Adult Protection Committee and Chief Officers Group.

The plan is subject to change as it is recognised that at times due to circumstances other considerations must be given priority. Any such changes will be discussed and agreed via the Adult Protection Committee.

The work plan has been developed in response to a number of areas they are:

- WDC Self Evaluation
- PSIF
- Framework of standards
- Scottish Government response to Biennial Report
- Priority work streams identified by the Scottish Government
  - Financial Harm
  - Adult Protection in nursing and care homes
  - Adult Protection in A&R departments
  - Service User and carer involvement
  - Data Collection

Each sub-group/committee will have an outcome focused plan for the areas of work identified.

### **Practice and Communication Sub-committee**

#### **Aims**

The aims of the group are:

1. To maintain an overview of
  - all areas relating to Adult Support and Protection practice involving the various agencies engaged in Adult Protection activity and

- how all issues relating to Adult Support and Protection are communicated to staff within those agencies as well as the general public
- 2. To provide advice, information and recommendations to the Adult Protection Committee on both practice and communication issues as required
- 3. To carry out tasks relating to practice and communication issues as delegated by the Adult Protection Committee

## **Objectives**

The objectives of the group covering both practice and communications are:

### **Practice**

- To work with the Adult Protection Co-ordinator in order to ensure that Adult Support and Protection procedures and practice guidance are developed and disseminated to staff
- To maintain an overview of practice issues relating to Adult Support and Protection in order to identify and address where further work may be required
- To identify and outline key areas for future development in areas of Adult Support and Protection practice
- To receive the minutes of the Council Officer Forum and in particular to acknowledge and address any practice issues raised at that group
- To advise the Adult Protection Committee on any issues of practice as they arise and to carry out any tasks relating to practice as delegated by the Adult Protection Committee

### **Communication**

To develop and take forward plans to publicise the Adult Support and Protection Act to:

- staff from all agencies who may come across adults at risk
- service users and carers
- the general public

### **Membership**

Integrated Operations Manager (Chair)  
Integrated Operations Manager

Integrated Operations Manager  
 Quality Assurance Officer  
 Adult Protection Co-ordinator  
 Head of Public Protection, Scottish Fire and Rescue  
 Detective Inspector, Police Scotland  
 Homelessness and Allocations Manager  
 Information Officer  
 Care at Home Service Manager  
 Senior Nurse

### **Tasks managed by Practice and Communication Sub-committee**

Specific Action	Assigned to	Action by	Reported to	Status	Update
Review and update all relevant publicity using all forums including those involving public participation.	AP Co-ordinator	October 2013	Adult Protection Committee	Amber	Drafts to go to APC for final approval.
Develop a new local awareness campaign using all available media. Focus on mainstream and those areas of priority highlighted by Scottish Government.	AP Co-ordinator	January 2014	Adult Protection Committee	Amber	Consideration of taking part in press campaign with Now Radio. Also discussion about possible link to publicise financial harm with Trading standards
Maintain and build on contact established with service user, carer and community	AP Co-ordinator	Ongoing	Adult Protection Committee	Green	All groups have current WDCHCP ASP materials.  Groups will also be given updated

groups to provide them with relevant and up-dated material.					materials once approved by APC.
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Specific Action	Assigned to	Action by	Reported to	Status	Update
Consider and develop inclusive and person centred communication to engage with those who have communication difficulties.	AP Co-ordinator	April 2014	Adult Protection Committee	Amber	ASP toolkit for Council Officers to utilise is currently being developed in partnership with Speech and Language Therapy.  To be discussed further at Social Work Practice Group.
Up-date and review communication plan on a yearly basis to ensure that the APC remains engaged and responsive.	AP Co-ordinator	September 2013	Adult Protection Committee	Green	Completed – to be reviewed on an annual basis – September 2014.
Implement an on-going service user outcome project building on the foundations of the pilot run in 2012/11	AP Co-ordinator	July 2013 for initial phase	Adult Protection Committee	Amber	Has been discussed with Lomond and Argyll Advocacy Service and Argyll & Bute Council. To



					be discussed further.
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Specific Action	Assigned to	Action by	Reported to	Status	Update
Consider all methods of engagement at case conferences to encourage service user involvement.	Practice and Communication / Social Work Practice Group	April 2014	Adult Protection Committee	Amber	Toolkit in final stages and being developed in partnership with Speech and language therapy.
<p>Develop an on-going reporting system that details the following:</p> <p>*Number of adults that are subject to an AP investigation and are offered independent advocacy.</p> <p>*Number of adults who attend a case conference with or without a representative</p> <p>*Number of adults who do not attend but a representative attends on their behalf</p>	Social Work Practice Group	November 2013	Adult Protection Committee	Green	<p>Information is currently recorded on Carefirst. Information regarding these areas is discussed via the social work practice group and is a standing item on the agenda.</p> <p>The minute of the social work practice group is considered at the Practice and Communication Sub-committee.</p> <p>.</p>

Specific Action	Assigned to	Action by	Reported to	Status	Update
Ensure consideration of an adult's communication needs as part of all AP investigations.	Social Work Practice Group	Ongoing	Adult Protection Committee	Green	Action completed. Monitored to ensure this is considered.
Develop communication prompts to be used as part of AP investigation.	Social Work Practice Group	July 2013	Adult Protection Committee	Amber	See above note on development of ASP Communication Toolkit.
Consider thresholds that precipitated referrals to social work to ensure that agencies have a good understanding of Adult Support and Protection Procedures.	Social Work Practice Group	December 2013 for initial report and guidance and then reviewed on an annual basis – December 2014.	Adult Protection Committee	Amber	ASP Co-ordinator part of West of Scotland working group considering this – guidance currently being produced.

## **Training, Development and Quality Assurance Sub Group**

### **Terms of Reference**

#### **Aim:**

The aims of the group are:

1. To ensure that a wide variety of staff from a range of backgrounds are aware of the Adult Support and Protection Act (Scotland) 2007 and understand and are competent to fulfil their responsibilities under the Act

2. To develop a system to review and audit all aspects of adult support and protection work undertaken by each agency involved in order to improve practice and achieve better outcomes for adults at risk of harm

**Objectives:**

The objectives of the group are:

**Training**

- To develop a comprehensive multi-agency training strategy to ensure that appropriate training on adult protection is available to staff from the wide variety of organisations that may have some involvement in the support and protection of adults at risk
- To develop an ongoing training programme to ensure the provision of awareness training so that staff from any sector who may come across adults at risk are able to recognise the signs of harm, neglect or exploitation and know how to respond to these
- To consider ways to promote ongoing practice development for staff engaged in adult protection work
- To maintain an overview of those who attend the training in order to ensure that relevant staff from all organisations who may be involved in adult support have the opportunity to do so
- To maintain an overview of the quality of the training offered and its relevance for the staff who attend by ongoing monitoring of the evaluation for each course
- To consider the development and provision of training for those who may use services so that they understand their rights and the supports available to them
- To prepare and deliver regular reports on all aspects of adult support and training activity to the Adult Protection Committee and carry out any tasks relating to training as delegated by the Adult Protection Committee

**Quality Assurance:**

- To develop and establish a robust multi-agency audit process covering all aspects of adult support and protection work

- As part of the audit process to develop and implement a multi-agency programme of case file audits
- To work with all agencies engaged in adult support and protection to ensure that effective links to internal quality assurance mechanisms are in place and regular reports received
- To ensure that any practice issues are identified as part of the audit activity, with appropriate recommendations then made and referred to the practice and communications sub group where necessary
- To provide information on quality assurance activity and outcomes to the Adult Protection Committee and carry out any tasks relating to quality assurance as delegated by the Adult Protection Committee

**Tasks managed by Training Development and Quality Assurance Sub-committee**

Specific Action	Assigned to	Action by	Reported to	Status	Update
Develop an audit process that clearly reviews and reports on the identification of the service user's views.	Adult Protection Co-ordinator	December 2013	Adult Protection Committee	Amber	New Group being established to plan this. In the interim a case file audit of 10 ASP cases is planned for July 2014
Develop and implement an audit process that examines and reports on the multi-agency responses to ASP referrals.	Adult Protection Co-ordinator	Tool to be developed for December 2013 to be implemented 2014 and evaluated December 2015.	Adult Protection Committee	Amber	New Group being established to plan this. In the interim a case file audit of 10 ASP cases is planned for July 2014

Review risk assessment tools utilised by key stakeholders. Develop a shared understanding between agencies of risk and protection plans.	Adult Protection Co-ordinator	Tool to be developed for December 2013 to be implemented 2014 and evaluated December 2015.	Adult Protection Committee	Amber	The process of collating risk assessment tools used by different teams has commenced. AP co-ordinator part of a west of Scotland working group that is considering risk and thresholds. This will inform next stages of process which will be planned the new group being established to plan this.
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Specific Action	Assigned to	Action by	Reported to	Status	Update
Scope and audit current training status.	Adult Protection Co-ordinator	June 2013	Adult Protection Committee	Green	All actions complete

Develop training strategy and action plan.	Adult Protection Co-ordinator	June 2013	Adult Protection Committee	Green	All actions complete
Update training to incorporate process and practice issues such as financial harm.	Adult Protection Co-ordinator	June 2013	Adult Protection Committee	Green	All actions complete

Specific Action	Assigned to	Action by	Reported to	Status	Update
Maintain an overview of staff accessing training in order to identify relevant groups not yet engaging with this area of work	Adult Protection Co-ordinator	Annually	Adult Protection Committee	Green	All actions completed
Consider communication pathways and incorporate into up-dated training	Adult Protection Co-ordinator	Quarterly	Adult Protection Committee	Green	All actions completed

Consider the role of SLA, SSSC, Care Inspectorate, MWC, OPG and PVG in relation to Adult Protection and link as appropriate.	Adult Protection Co-ordinator	June 2014	Adult Protection Committee	Amber	Link documents being developed in partnership with MHO service.
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## Adult Support and Protection Committee - Governance Arrangements

The West Dunbartonshire Adult Protection Committee has been established by the provisions of the Adult Support and Protection (Scotland) Act. It is constituted as multi-agency body composed of officers and individuals from key agencies involved in identifying, supporting and protecting adults at risk of harm within West Dunbartonshire.

Specifically, in terms of statute the functions of the Committee are:-

- To keep under review the procedures and practices of the public bodies and office-holders to which this section applies which relate to the safeguarding of adults at risk present in the council's area (including, in particular, any such procedures and practices which involve co-operation between the council and other public bodies or office-holders to which this section applies)
- To give information or advice, or make proposals, to any public body and office-holder to which this section applies on the exercise of functions which relate to the safeguarding of adults at risk present in the West Dunbartonshire area
- To make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders to which this section applies who have responsibilities relating to the safeguarding of adults at risk present in the West Dunbartonshire area
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may by order specify

## 2. Aim:

The West Dunbartonshire Adult Protection Committee aims to bring agencies together to ensure that adults at risk of harm are identified, supported and protected and to ensure that the functions of the Committee are met.

### **3. Objectives**

#### **Policies, Procedures and Protocols**

- The WDAPC will develop policies and procedures to deal with those matters over which they have direct control or influence.
- The WDAPC will ensure that member agencies and other key bodies have their own policies in place and develop procedures to be followed in relation to Adult Protection.
- The WDAPC will seek to ensure that inter-agency policies, procedures and protocols are in place, agreed between the agencies and are disseminated to all relevant agencies and staff within those agencies
- The WDAPC will ensure that all of its policies, procedures and protocols, are regularly reviewed and updated, as required.

#### **4. Monitoring and scrutiny**

- The WDAPC will ensure that relevant statistical information is maintained and disseminated between agencies
- The WDAPC will develop appropriate analysis of the information available and seek to identify trends or patterns
- The WDAPC will ensure that any issues arising from such analyses are addressed by member agencies either individually or collectively in strategic planning

#### **5. Quality Assurance and evaluation**

The WDAPC will agree and adopt a system for ongoing quality assurance of adult support and protection work

The WDAPC will maintain an overview of all aspects of the quality assurance undertaken in order that continuous improvement of individual services and inter-agency working remains a key focus of the Committee

#### **6. Training and Development**

- The WDAPC will develop and implement a multi-agency training strategy, ensuring appropriate training is available to a wide range of staff from a variety of agencies engaged in identifying, supporting and protecting adults at risk of harm



- The WDAPC will monitor the effectiveness of the training provided through the ongoing evaluation of sessions, regular analysis of referrals received and post-training feedback information

## **7. Public Awareness**

- The WDAPC will develop and implement a communications strategy in order to raise public awareness of adult support and protection and how to refer an adult at risk of harm
- The WDAPC will ensure that appropriate communication with service users and carers about adult support and protection is developed and maintained
- The WDAPC will review and update the communications strategy on a regular basis following the evaluation of communication initiatives taking place

## **8. Co-operation between agencies**

- The WDAPC will promote good inter-disciplinary practice in all aspects of adult support and protection
- The WDAPC will ensure that appropriate arrangements are in place between the key agencies to facilitate
- The WDAPC will ensure that appropriate arrangements are in place for ongoing engagement with other bodies, including the Child Protection Committee and MAPPA to facilitate joint working and joint planning

## **9. Biennial Report**

In accordance with the Act, the Chair of the Adult Protection Committee must, as soon as practical after such date as the

Council may direct, biennially-

- a.) Prepare a general report on the exercise of the Committee's functions during the two years ending on that date, and
- b.) After securing the Committee's approval of the report, send a copy of it to:
  - Each of the public bodies and office holders represented on the Adult Protection Committee by virtue of Section 43(4)
  - The Scottish Ministers
  - The Mental Welfare Commission for Scotland
  - The Public Guardian
  - The Care Inspectorate, and

- Any other public body or office-holder as the Scottish Ministers may by order specify
- 
- The contents and format of the biennial report will be agreed by the Committee members.
- In addition to the biennial report, an annual report will be presented to the autumn Committee to allow for an action plan for the coming year to be developed. The contents and format of the annual report will be agreed by Committee members.

### **Tasks managed by Adult Protection Committee**

Specific Action	Assigned to	Action by	Reported to	Status	Update
Agree an annual work plan and formally monitor progress by single agencies and the multi-agency Committee and sub groups.	Adult Protection Lead Officer	Annually	Adult Protection Committee	Green	All actions completed
Minutes of sub groups to be considered at APC and actioned appropriately.	Adult Protection Lead Officer	Quarterly	Adult Protection Committee	Green	All actions completed
Engage with other committees that have a protection function such as the CPP and CPC as required.	Adult Protection Lead Officer	TBA	Adult Protection Committee	Green	All actions completed  ASP Co-ordinator attends CPC, ADP and COG

Specific Action	Assigned to	Action by	Reported to	Status	Update
Minutes of APC meeting and short report to be provided quarterly to Chief Officers Group	Adult Protection Lead Officer	Annually	Adult Protection Committee	Green	All actions completed
The Chair and appropriate officers provide an annual report on the activities of the APC.	Adult Protection Lead Officer	Quarterly	Adult Protection Committee	Green	All actions completed  Biennial Report due – date of submission for report to be agreed.
The APC Chair produces and submits the biennial report for the Scottish Government.	Adult Protection Lead Officer	TBA	Adult Protection Committee	Green	Ongoing.

Specific Action	Assigned to	Action by	Reported to	Status	Update
Review and update all Adult Protection processes to take account of practice developments and reports from serious case reviews.	Adult Protection Co-ordinator	Ongoing	Adult Protection Committee	Green	Interagency procedures updated June 2014. September 2014 to be agreed.

Develop a process that ensures proportionate response to referrals and ensures consistency of thresholds for action for social work and stakeholders.	Adult Protection Co-ordinator	December 2013	Adult Protection Committee	Green	ASP Co-ordinator part of West of Scotland working group.
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Specific Action	Assigned to	Action by	Reported to	Status	Update
Develop a process of case file audit that provides a level of scrutiny that will encourage good practice and identify gaps in knowledge and skills.	Adult Protection Co-ordinator	Annually	Adult Protection Committee	Green	All actions completed
Develop a feedback process that positively enables reflective practice, while addressing areas of concern.	Adult Protection Co-ordinator	Quarterly	Adult Protection Committee	Green	All actions completed

Review membership and remit of Adult Protection Sub Groups	Adult Protection Co-ordinator	Ongoing	Adult Protection Committee	Green	Ongoing
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Specific Action	Assigned to	Action by	Reported to	Status	Update
Develop protocol to deal with large scale investigations in care homes and registered services	Adult Protection Co-ordinator	TBA	Adult Protection Committee	Amber	In final draft to be sent to SMT for consideration.
Develop an audit process that considers referrals that were not acted on under the auspices of Adult Protection legislation.	Adult Protection Co-ordinator	June 2014	Adult Protection Committee	Amber	Has been developed requires piloting and further development prior to audit being carried out
Expand the membership of the Adult Protection Committee to include wider representation of key stakeholders.	Adult Protection Co-ordinator	July 2013	Adult Protection Committee	Amber	An on-going issue that is being addressed

Specific Action	Assigned to	Action by	Reported to	Status	Update
Develop a protocol that responds appropriately to people that are referred a number of times to social work as an Adult at Risk or Vulnerable Adult.	Adult Protection Co-ordinator	June 2014	Adult Protection Committee	Green	Process imbedded into new interagency procedures
Build on links and practice between the different legislation available to protect adults at risk. Increase awareness of the avenues available and develop a local protocol that will support council officers and stakeholders in this area.	Adult Protection Co-ordinator/ Mental Health Senior / Legal Section	June 2014	Adult Protection Committee	Amber	Draft available in August 2014.  Will also be considered at Social Work Practice Group

Specific Action	Assigned to	Action by	Reported to	Status	Update
Develop individual work plans based upon the action plan for each sub-group. The work	Adult Protection Co-ordinator	Initial draft May 2013 and final draft in June 2013	Adult Protection Committee	Green	Completed and reviewed at every meeting

plans should incorporate the priority workstreams identified by the Scottish Government and have SMART outcomes.					
Consider Adult Support and Protection in relation to Self – Directed Support.	Adult Protection Co-ordinator	October 2013	Adult Protection Committee	Green	Ongoing – link document being developed by AP Co-ordinator in partnership with SDS team.
Promote the work of the APC by holding and annual event or open forum.	Adult Protection Co-ordinator	Workshop September 2014	Adult Protection Committee	Amber	See appendix 1. Proposed work shop and conference for service users and carers.  Consideration also being given to developing Multi-agency conference on one of the national priority areas.

Action Plan Up-dated 27/06/14