

Protecting Adults at Risk of Harm in West Dunbartonshire



**West Dunbartonshire
Adult Protection Committee
Biennial Report 2012**

Foreword

I am pleased to present this, the second Biennial Report on the work of West Dunbartonshire Adult Protection Committee. It covers the period from April 2010 to March 2012 and shows solid progress in the implementation of the Adult Support and Protection (Scotland) Act 2007 and local arrangements to protect adults at risk of harm in West Dunbartonshire.

As acting Independent Convenor of the Committee for much of the period covered by the report, I have had the opportunity to observe the ongoing progress which has been made in developing adult protection procedures and processes. I have been impressed by the commitment of individuals across a wide range of organisations to work together to protect adults at risk of harm.

Despite the solid progress evidenced in this report, I am aware that there still remains much to be done and that the challenges are significant. Referrals have increased dramatically at a time when resources are increasingly stretched. The legislative landscape has changed significantly and there is a growing recognition that consulting and involving individuals in decisions about their lives is vital to the system's success. The number of organisations involved in providing support and the increased personalisation of services means that information sharing, co-operation and partnership are more important than ever.

Since January 2010, Rebecca Barr, Adult Protection Co-ordinator, has made a huge contribution to adult support and protection locally. Rebecca has recently left to take up a new position and, on behalf of the committee, I would wish to acknowledge her hard work and wish her well in her new post.

Scott Rorison,

**Acting Independent Convenor,
West Dunbartonshire Adult Protection Committee,
September 2012.**

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 population at the 2001 census (93,378) is projected to fall to 84,000 by 2024.

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

Overview

Since the previous biennial report in October 2010, the Adult Protection Committee in West Dunbartonshire has continued to provide a multi-agency oversight of adult support and protection arrangements in the area. In addition it has undertaken a number of pieces of work to evaluate how well it is functioning and how adults at risk of harm are being supported and protected here.

The ministerial response to our first biennial report noted the sound progress made in West Dunbartonshire and the commitment of the Committee to developing adult protection. Over the last two years the work of the Committee has moved on from simply implementing the Act to considering how agreed procedures are working in practice, how systems and processes can be improved and the experiences and end results for adults at risk of harm. A number of specific actions were undertaken to evaluate how well the Committee is meeting its statutory functions and to examine all aspects of adult support and protection work in West Dunbartonshire. These are described more fully in the section on formal evaluation.

This second biennial report aims to describe the work undertaken over the last two years and provide evidence of further progress made towards ensuring that adults at risk in West Dunbartonshire are identified, supported and protected.

Current Committee arrangements:

Meetings

The Adult Protection Committee continues to meet quarterly.

Members

The membership of the Committee includes:

Manager – Lomond and Argyll Advocacy Service (Acting Chair)
Lead Officer / General Manager, Learning Disability Service, CHCP
AP Co-ordinator, CHCP
Manager, Legal Services, West Dunbartonshire Council
Clinical Director, CHCP
Superintendent, Strathclyde Police
Integrated Operational Manager, Mental Health Services CHCP
Section Head, Home care, CHCP
Section Head, Community care, CHCP
Section Head, Quality Assurance and Contracts, CHCP
Head of Mental Health Partnership, CHCP
Joint Manager, Addictions Services, CHCP

Standing invitations are issued to the Procurator Fiscal, the Mental Welfare Commission for Scotland and the Office of the Public Guardian.

Constitution

The original constitution for the Committee was developed in 2008 as the Act was implemented. In early 2012 it was agreed that the Committee had reached an appropriate moment to take stock and review adult support and protection work in West Dunbartonshire, including the work and functioning of the Committee. As a result of the discussions that took place it was agreed that the Committee would be better served by a constitution that reflected more clearly its statutory functions. A new constitution was formally adopted at the Committee meeting on 25 September 2012.

Independent chair

Since the resignation of the former independent Convenor, Tom Keenan, at the end of 2011, the committee has been chaired by the Vice-Convenor, Scott Rorison, who has undertaken the role of Acting Convenor. It was agreed that in recruitment process would be initiated with the aim of appointing a new Convenor following the submission of the Biennial Report in October 2012.

Agendas

The agendas for Committee meetings are developed through discussions between the independent chair, the lead officer for adult protection and the adult protection co-ordinator.

Standing items include reports from the two sub committees, any new Mental Welfare Commission reports or serious case reviews and any national updates from the chair.

Sub committees

There are currently two sub committees that both meet quarterly between full Committee meetings. Both have agreed terms of reference and multi-agency membership.

The Practice and Communications sub committee:

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 our tasks relating to practice and communication issues as delegated by the Adult Protection Committee

The work of the group has included

- The development and dissemination of adult support and protection procedures and practice guidance to staff from all relevant agencies
- An agreed forum to maintain an overview of practice issues relating to adult support and protection in order to identify and address areas where further work may be required
- The identification of key areas for future development in adult support and protection practice in this area

- The formal acknowledgement of the minutes of the council officer forum and the response to any practice issues raised at that group
- The development and implementation of the strategy and action plan to raise awareness of the Adult Support and Protection (Scotland) Act 2007 to:
 - staff from all agencies who may come across adults at risk
 - service users and carers
 - the general public

The Training and Quality Assurance sub committee:

This sub-committee was set up April 2011. 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

The work of the sub committee has included:

- The development of the multi-agency training strategy
- The development of the ongoing training programme
- The ongoing overview of the attendance at training, and the evaluation of the quality of the training
- The development and implementation of an ongoing audit process for the response to adult support and protection referrals received by social work
- The development and implementation of a major multi-agency self-evaluation of all aspects of adult support and protection

There are two further groups that act as sub-committees to the Practice and Communications group.

The Council Officer Forum

As reported in our first biennial report, a council officer forum was established at the time of the implementation of the Act in order to provide an opportunity for those social workers who are designated Council Officers under the Adult Support and Protection (Scotland) Act 2007:

- To continue to develop their knowledge and understanding of adult support and protection and
- To influence adult support and protection practice and procedure within West Dunbartonshire.

This group reports through the adult protection co-ordinator to the Practice and Communications sub committee and issues raised by council officers are considered at this sub committee or else taken forward to the full Committee for formal response. The group continues to thrive and our self-evaluation demonstrated that it is highly valued by practitioners. One council officer reported

"Council officer forums are always lively. They're a good place to discuss cases that are causing dilemmas and share ideas with colleagues. They also mean we can meet social workers from other teams and look at how we are developing our responses to different types of harm."

The Social Work ASP Practice Group

At its meeting in May 2012, the Practice and Communications sub committee recognised that there are occasions when single agency issues are more appropriately addressed by that agency than in the multi-agency sub committee meeting. In particular the council, as lead agency for adult support and protection, has recognised that it is important to keep policies, procedures and practice under constant review in order to maintain the highest possible standard of work to protect adults at risk of harm. It therefore agreed to recommend to the Committee that a sub group of this sub committee be formed to take forward social work practice issues. This was agreed by the Committee and terms of reference have been developed for the group, which will be chaired by the Section Head for Community Care.

The first meeting of the social work practice group took place in October 2012.

Publication of minutes

The Adult Protection Committee meetings are minuted by the adult support and protection admin assistant and distributed to members as soon as possible after the meeting. The minutes are also sent to the members of the Chief Officers Group for information. In addition, a summary of the minutes, with an introduction by the independent chair and a brief round up of any relevant developments, are published on the Adult Protection Committee page of the West Dunbartonshire CHCP website.

Reporting to Chief Officers Group

The independent chair of the APC, the lead officer and the AP co-ordinator, report to the Chief Officers Group on a quarterly basis.

Conclusion:

The Adult Protection Committee continues to demonstrate the commitment of all partner agencies to work together to protect adults at risk of harm. Over the last two year we have developed a far greater understanding of the level and types of harm that are referred here and the way that the various agencies respond. Our most pressing task now is to develop our draft work plan into key actions for the Committee, the sub groups and for single agencies to follow up and report on.



Act Against Harm -
it's everybody's business



Users & Carers

West Dunbartonshire's first biennial report drew attention to the Committee's recognition that further work was required in West Dunbartonshire to gain the feedback of adults at risk and to exploring direct service user and carer representation on the Committee. This was recognised in the Ministerial response as something that was being considered in this area and had proved beneficial elsewhere.

In the two years since the first biennial report a considerable amount of work has been undertaken to ensure that service users and carers are at the heart of any investigation, understand the process and are supported to have their views taken into account. Gathering their views is enabling staff to use their feedback to enhance the services that support and protect them. Their views have also been explored on how best to engage them in the ongoing work of the Committee.

- Three new leaflets have been developed:
 - One is for adults who are the subject on an adult protection investigation, explaining more about the process
 - Another is for service users, explaining what harm may be and how to get help if they or someone they know is being harmed. This was developed in conjunction with the speech and language therapist in the learning disability team and is based on work originating in Fife.
 - The third is for adults using self directed support and is entitled "*Staying Safe When Organising Your Own Care and Support*". It provides information on safer recruitment of personal assistants, the training available to them, how to protect financial information and how to report harm.

- A service user outcomes pilot took place last year in partnership with Argyll and Bute Council and Lomond and Argyll Advocacy Service. This has provided a certain amount of feedback about the experience of service users who have been the subject of an adult protection investigation.

- An examination of investigation and case conference records took place as part of the self-evaluation to see if adults were fully involved in the process. This included checking whether adults were offered communication support and/or advocacy and whether they attended any case conference held for them.
- A service user and carer consultation event was held in March 2012 to provide information about harm, about the adult support and protection process and the work of the Committee. Attendees were asked about how best they could be informed of the work of the Committee and have their views represented there.

Independent Advocacy Arrangements

West Dunbartonshire has existing advocacy arrangements with the Lomond & Argyll Advocacy Service, with additional investment being provided to ensure that all individuals subject to adult protection processes are able to access independent advocacy if they require it. Consideration of a referral to independent advocacy forms part of the investigation process with a trigger for referral contained within the investigation document.

Service users' outcomes pilot

This pilot took place last year in partnership with Argyll and Bute Council and Lomond and Argyll Advocacy Service and provided feedback from some service users who had been the subject of an adult protection investigation.

Between October 2010 and March 2011 the Advocacy Service was given the details of those adults who had been the subject of an adult protection investigation where an advocate had been involved and the advocate then contacted the adult at a suitable interval after the investigation to complete a questionnaire with them about their experiences.

9 questionnaires were completed and provide a limited snapshot of how some adults felt about their experience. The respondents came from a variety of client groups and had been at risk of various types of harm

Positives:

The most positive responses (all responses, or all except 1 response was a "Yes": 89-100%) were received for the questions:

- Did you understand what was happening?

- Did you understand what they were telling you?
- Were you kept informed about what was happening?
- Did the worker explain why things were happening?
- Were you told that you could have an independent advocate to support you?
- Did you have an independent advocate?
- If you did have an independent advocate, was it helpful?
- Were you able to ask questions you had about what was happening?
- Did you get answers to any questions you had?

This suggests that the council officers are doing reasonably well in explaining their role and the ASP process. They are also ensuring that the adult at risk has access to advocacy, and those adults are finding advocacy useful.

A further question that received 8 “yes’s” (89%) was

- Would you know what to do if you felt unsafe in the future?

Again this is likely to reflect a successful protection planning process that has offered some degree of empowerment as well as protection to the adult concerned.

Larger numbers of “no’s”:

Interestingly the question that received that largest number of “No’s” (3, or 33%) was:

- Did you feel unsafe at the time the worker came to see you?

This pattern is reflected in a number of the questions that received 2 “No’s”:

- Did you understand why it was happening?
- Did you think you were at risk of harm?
- Do you feel safer now because of what happened?
- Was the support you were offered helpful to you?
- Do you feel better protected now?

None of these suggest poor practice amongst staff, but rather highlight some of the difficulties inherent in adult protection.

Only one respondent answered "yes" to "Can you think of anything that could have been done better?" and wrote below "Quite happy to hear suggestions and thoughts even if I don't want to follow it through."

Comments:

A number of adults gave comments that provide insight into how they perceived the process. A number commented on how helpful they found their advocate's support, eg.

"I knew she would understand and say what I wanted"
"I told her and she wrote it down for me, that helped"

Some provided unequivocal approval:

"Feel great/secure"
"Much safer now"

Others highlight the complex nature of adult support and protection:

"I am independent and did not ask for help"
"I didn't want a fuss"
To "Did you get answers to any questions you had?" "Yes but not answers I wanted to hear"

The involvement of service users in the adult protection process

Records of all investigations and case conferences that took place between 1 April 2010 and 31 March 2011, and 1 April 2011 and 31 March 2012 were examined. It was clear that in every case (except where an adult lacked capacity) the interview with the adult formed the central part of the investigation.

During this 2 year period there were 72 investigations.

- The adult's communication was explicitly considered as part of investigation in 35 cases: 48.6%
- No specific support with communication was provided to any adult but in a large number it was agreed to use familiar staff to support them during interview
- In 39 cases a referral was made to advocacy, the adult already had an advocate or the adult refused advocacy: 54%

- In 50 cases a case conference was held: 69.4%
- In 44 cases where a case conference was held the adult or their representative was present, or the reason for adult's absence was recorded: 88%

The self-evaluation found that council officers frequently made no recording where an adult had no communication needs. However, it is important that they should more explicitly consider an adult's communication and any support required as part of an investigation. The form to record all details of an adult protection investigation has now been amended to include better data capture in this area.

Similarly, although it was clear that independent advocacy was offered in more than half the cases, ambiguous recording made it impossible to be distinguish between those adults not offered advocacy and those who refused it. Again a change in data capture has been made to clarify this for adults subject to an adult protection investigation since April 2012.

Council officer refresher sessions will also be used to provide reminders of the need to consider these issues in all cases where an adult protection investigation takes place.

However there is encouraging evidence to suggest that the adult at risk is at the centre of the work done to protect them, from the investigation to any protection planning. A high proportion of case conferences take place (or else the reason not to hold a case conference is recorded). In the majority the adult was either present or the reason for their absence was recorded. It is also clear that efforts were made to hold the case conference in an appropriate setting for the adult, from a hospital ward to the informally arranged corner of a meeting room in order to facilitate their involvement.

Feedback from an independent advocate highlights the importance of involving the adult appropriately and how empowering many find this.

"A very vulnerable client has told me that thanks to the adult protection process [the investigation and the case conferences] she has more confidence and feels more secure in family situations"

"Another adult said to me "I thought I had done something wrong, but the support I got showed me it's not wrong to say when something's not right""

Service user and carer consultation event

The Scottish Government allocated £5,000 to each Adult Protection Committee to disseminate their first biennial report. In West Dunbartonshire it was agreed that a specific attempt should be made to engage with service users, potential service users and carers. A consultation event was therefore planned to provide information about adult support and protection to representatives of service user and carer groups and to consult them on how best they could be engaged in the ongoing work of the Committee.

The event was held in March 2012 and 56 service users and carers attended from 27 different groups.

The session consisted of 3 short presentations on adult protection and the work of the Committee, and then 3 dramatised scenarios demonstrating types of harm to adults who were unable to safeguard themselves. These were acted by a group of disabled actors who were then "hot seated" by the facilitator. She invited the audience to ask the actors questions about their situations and to offer advice as to how they could protect themselves or be protected. The audience participation was excellent, successfully demonstrating some of the complexities of adult protection.

The audience were then split into small groups to answer 3 questions:

- How can we raise awareness of adult support and protection?
- Were the participants aware of how to report an adult protection issue?
- How can the APC engage with service users and carers?

Feedback:

The feedback provided by the attendees was extremely good, with almost all enjoying the event and finding the information useful.

The responses are below:

Questions on evaluation form	Yes	Not Sure	No	Blank
Did you enjoy the event?	56	1	0	1

Did you find the information useful?	55	2	0	1
Will you tell other members of your group you represent about the event?	57	0	0	1
Do you know what to do if you come across an adult who may be at risk of harm	55	1	1	1
Do you know how to get further information about adult support and protection for yourself or someone else	54	2	1	1

Participants were also invited to add their own comments. 34 comments were received, all except one of which was positive, and by far the most common was praise for the Good Life Group's dramatised scenarios. These include:

- *The Good Life Group performed very well and put the message across of all the relevant abuse problems*
- *It was great. All acts were good. Really interesting*
- *The scenarios were both first class and essential to deliver the message on the third drama. Too many of the care home staff are there to pick up a wage with no interest in the people in their care. P.s. I wish you every success*
- *The good life group put the message across better than something put up on a screen*
- *The good life group scenarios were very powerful and thought provoking*

Other comments included more general praise, including:

- *Well done – message received and understood*
- *It was enjoyable. I think it should be repeated*
- *This event has been very informative and also make me more aware of the vulnerability of others*

- *Very informative, important to ensure that information is available to everyone who may need it. Well done*
- *Very Interesting event. Really impressed*

Small group discussions:

Many helpful suggestions were made about venues where we may be able to place information about adult support and protection, and these will be followed up by the relevant APC sub group in the updating of the communication action plan.

Generally the attendees indicated that to date they had not known what to do to report harm, but following the presentations they were now aware of the importance of telling someone. There appeared to be a general view that awareness was still low.

In responding to the question of how best the APC can engage with service users and carers the participants were given a number of choices as well as being able to make their own suggestions. The most popular choices were to hold an annual event or to develop a newsletter. There was no appetite for a single service user or carer sitting on the Committee itself, and a recognition that no single service user or carer could represent the multiple client groups, ages and views of those present.

The report from the event is published on the APC pages of the CHCP website and copies have been sent to all those groups who sent representatives. The Practice and Communications sub group have recently updated the Communications strategy and recognised the importance of building on the relationship now developed with the service user groups who attended. Regular communication will be maintained with them about any local developments in adult support and protection and the work of the Committee.

The Committee is also actively considering holding such an event again.

Conclusion

The West Dunbartonshire APC has put considerable emphasis on trying to engage with service users and carers over the last 2 years. The service user outcomes pilot has provided useful, but limited, information and has highlighted the difficulties and complexities of gathering the views of those who have been through the adult protection process. Ongoing work is taking

place to develop this work more systematically as its importance is recognised and valued by all those involved.

Audits and statistical data show that the adult is clearly placed at the heart of investigations. Their views are recorded, a high percentage of investigations lead to a case conference (64%) with the adult present at almost all of these (88%). This suggests that good practice is widespread. Social work staff recognise that it is essential to build on this and specific reports are now being developed so that figures reflecting these aspects of the work are collated and reported on to the APC.

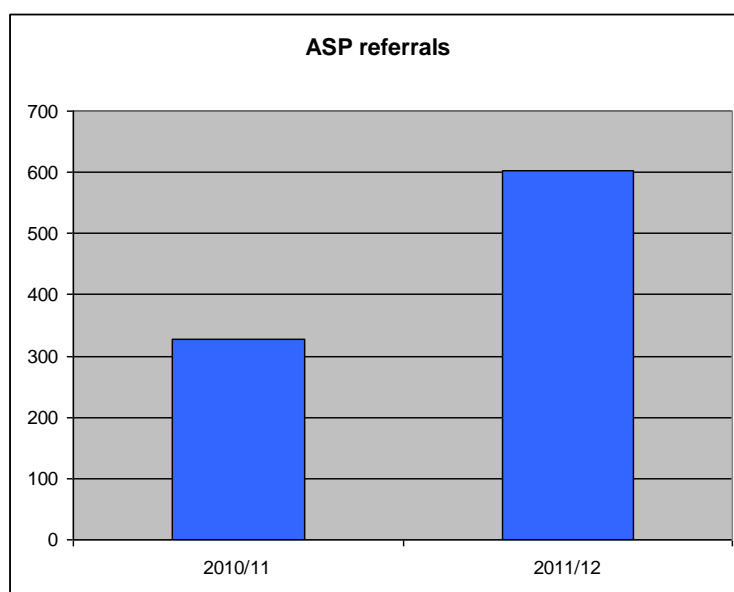
The lack of interest from service users and carers in selecting a representative (or representatives) to sit on the Committee reinforces the view long held by the Committee that such representation can be tokenistic rather than meaningful. Ongoing efforts will be made to ensure that information about adult support and protection and the work of the Committee is readily and widely available and that opportunities exist through events or other contact with groups for their views to feed back to the Committee.

Management Information

Comprehensive data has been collected on all adult protection referrals and the follow up actions in the two years from April 1 2010 - 31 March 2011 and 1 April 2011 – 31 March 2012.

Referral numbers:

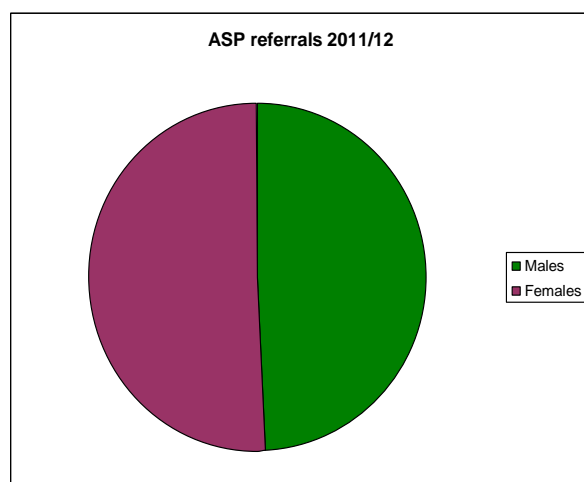
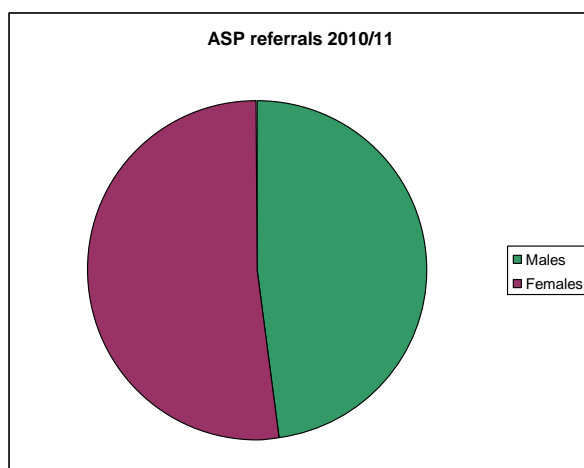
Referrals have risen sharply from 328 in 2010/11 to 603 in 2011/12



Gender of those referred

In both years slightly more females than males were referred although this difference is smaller in 2011/12:

- 2010/11: 157 males, 171 females
- 2011/12: 297 males, 306 females



Age of those referred:

In both years the highest number of referrals were received for adults aged 40-64. However, when estimated populations are taken into account, the rate of adult protection referrals per thousand population is higher amongst older people, and is highest amongst the very old people: see below. This appears to be consistent with UK data on harm.

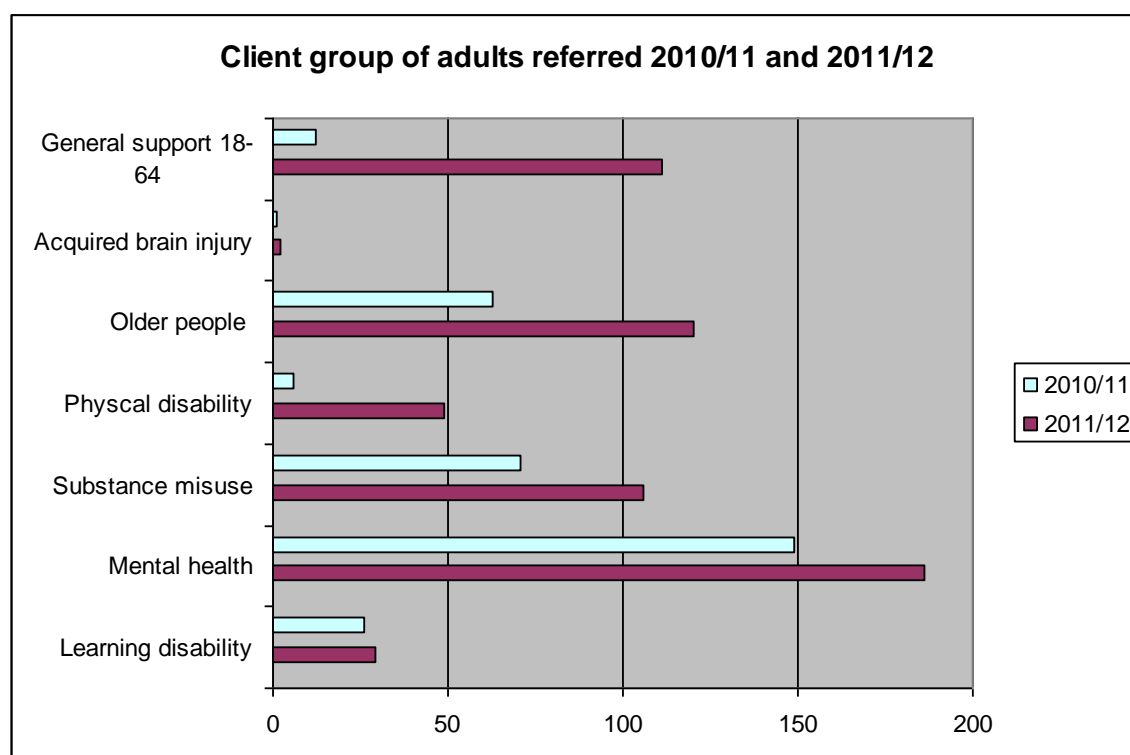
Age of referred adult				
	All	% by Age Group	Est. WD Pop. 30.6.10	Referrals per thousand population
16-24	77	13%	10,805	7.1
25-39	145	24%	16,476	8.8
40-64	251	42%	32,205	7.8
65-69	17	3%	4,379	3.9

70-74	17	3%	3,678	4.6
75-79	23	4%	3,061	7.5
80-84	29	5%	2,076	14.0
85+	44	7%	1,716	25.6
16-39	222	37%	27281	8.1
40-64	251	42%	32,205	7.8
65+	130	22%	14910	8.7
Totals	603	100%	74,396	8.1

Ethnicity:

The adults referred are overwhelmingly white Scottish: 96%, with white other making up most of the rest. This is consistent with the figures from the 2001 Census which show that the Black and Ethnic Minority Population makes up less than 1% of the population of West Dunbartonshire.

Client group:



Referrals for all client groups were higher in 2011/12 than 2010/11. The highest numbers of those referred in both years are people with mental health issues. The biggest rises were in referrals for people with a physical disability and those for older people. However, there was also a large rise in referrals for those who could not be classified in any recognised client group,

but instead are people who are seen as “general support”. This is almost certainly because staff have become clearer that those without a formal diagnosis of a mental health problem or an acknowledged substance misuse issue should not be placed within these categories simply on the assumptions made in the referral.

It would be helpful to have robust national data with which to compare referral levels for different client groups, but at present this is not available.

Sources of the referrals:

Referrer	2010/11	2011/12
Police	251	485
Social work team	7	17
Health staff	13	23
Self	4	2
Family member	8	11
Care Inspectorate	2	0
Housing	1	12
Member of public	2	2
Carer	0	0
Residential/nursing home	10	14
Care at home/support service	24	29
Advocacy	0	3
Other	6	5
Total	328	603

The police remained the highest referrer at 80%, up from 76% last year.

Referrals from health staff remained relatively low in both years: 4% in 2010/11, and 3.8% in 2011/12. A number of specific training events have been held for GPs and other health staff, so this figure remains disappointing. Additional ways to engage with health staff will be prioritised by the Adult Protection Committee over the next 2 years.

Referrals from provider services, whether care homes or care at home services remain high, but were down slightly from 10% last year to 7% this

year. The self-evaluation carried out this year suggested that this relatively high level of referral from providers was due to the emphasis that had been placed on training for them. The level of referrals and the involvement of managers and staff where investigations have been undertaken has to some extent demystified the process for provider staff and ensured their ongoing engagement with adult support and protection. As one day centre managers said:

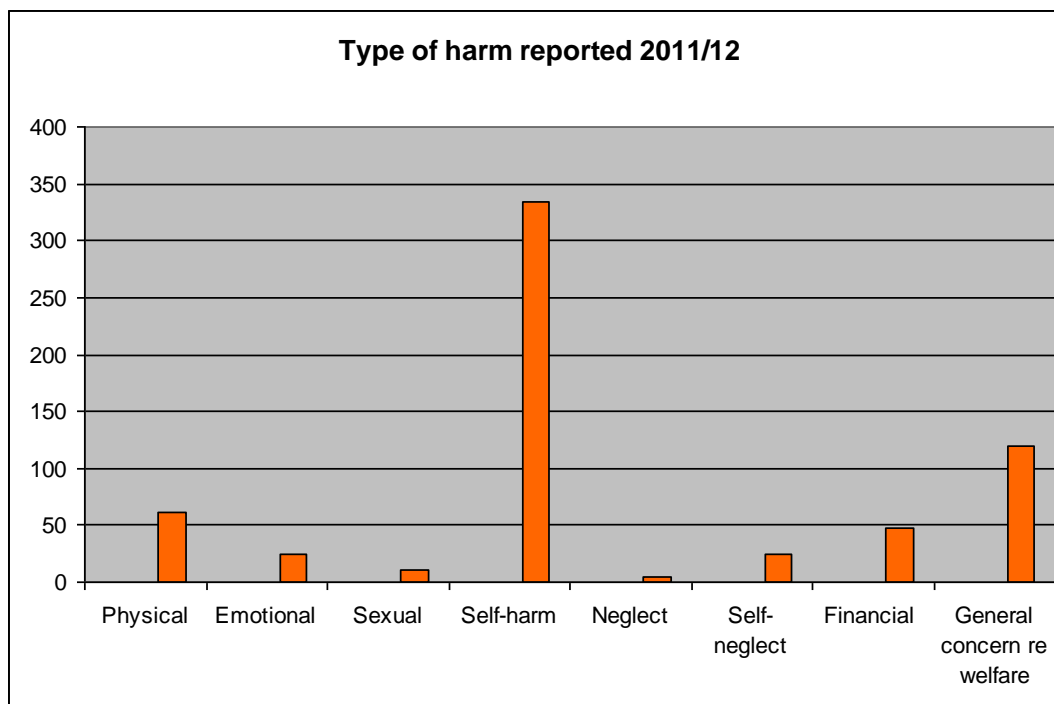
"We are all much more aware of ASP now and knowing that this is a legal framework has made me much more aware of times when I ought to be asking questions and thinking is this person being harmed? Having the support of specialist ASP staff has encouraged me to report concerns and given me the confidence to challenge situations where the potential for harm to progress has been halted"

The slight dip in referrals last year was possibly due to the fact that most provider managers were trained two years ago or more and it has been agreed that refresher sessions for them will be provided in the coming months.

The figures for adults referring themselves or being referred by a member of the public remain low. Whilst there are a number of reasons why adults may not wish to draw attention to harm they are subject to, it must also be concluded that public awareness of adult support and protection remains too low. Again, renewed efforts to publicise adult protection will take place over the coming two years and will be reflected in the APC work plan.

Type of harm:

Figures from both 2010/11 and 2011/12 show that self-harm was by far the most common type of harm reported. It is also clear that a large number of referrals were received for adults where there was some concern about their overall welfare but where no specific harm from another person was occurring and the adult was not reported to be self-harming or self-neglecting. These have been classified as "General concern re welfare".



Repeat referrals:

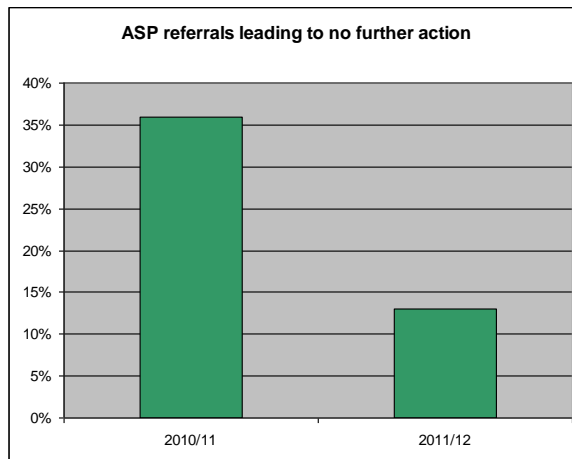
A large number of adults were referred more than once.

- 77 individuals were referred more than once and the repeat referrals for them accounted for 145 of the referrals (c.24%)
- 48 of the adults were referred more than once because of self-harm
- The highest number for one individual was 8 instances of self-harm within the year
- The next highest level of referrals was for individuals where there was a general concern for their welfare: 14 individuals
-

To date all referrals have been dealt with individually and no specific attempt has been made to gather specific data on those individuals where there are repeated concerns, whether self-harm or other risks of harm. It has been recognised that this is an area that needs urgent review and a protocol for dealing with repeat referrals will be amongst the first tasks of the new social work practice sub group of the Committee.

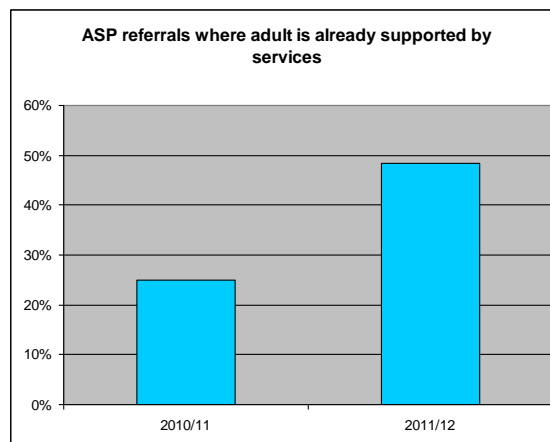
Referral outcomes:

There was a large fall in the number of referrals where no further action was taken:



This means that there are now far more adult protection referrals where support is offered, or observed to be in place, even where the adult does not meet the 3 point test.

There was a rise in the numbers of referrals where the adult did not meet the 3 point test but were already known to and supported by services: just under half of those referred were already engaged with services.



Adult Protection Investigations

In 2010/11 there were 30 investigations (9% of all referrals).

In 2011/12 there were 42 investigations (7% of all referrals).

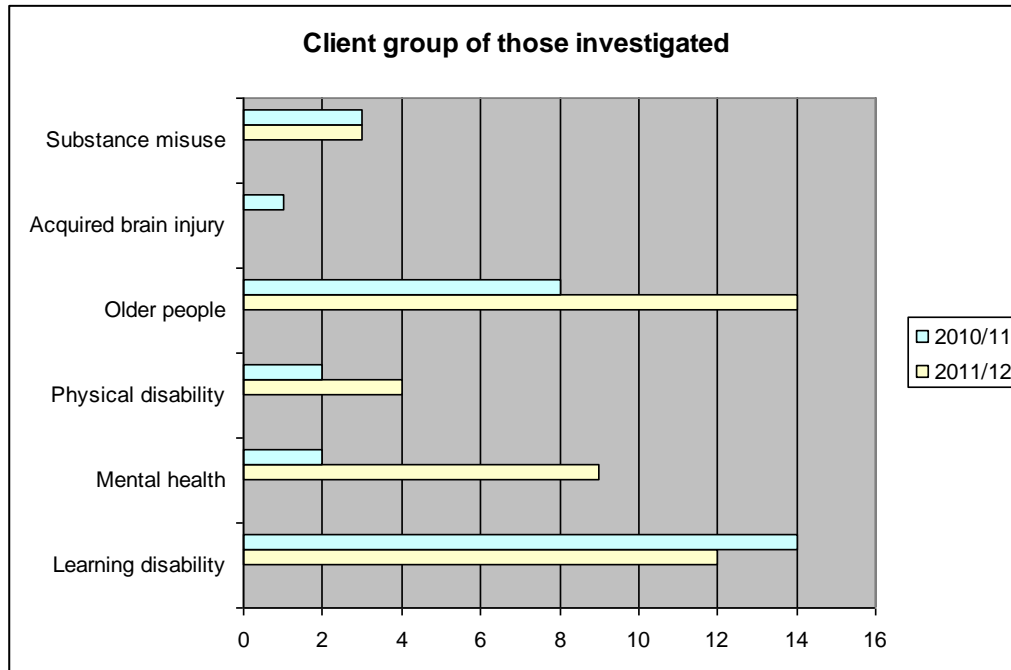
Details of those adults for whom an investigation took place:

Again females outnumber males slightly:

2010/11: 13 males, 17 females investigated

2011/12: 19 males, 23 females investigated

Client groups of those investigated



The greatest rises have been in the number of investigations for older people and those with a mental health diagnosis.

Source of referral leading to investigation

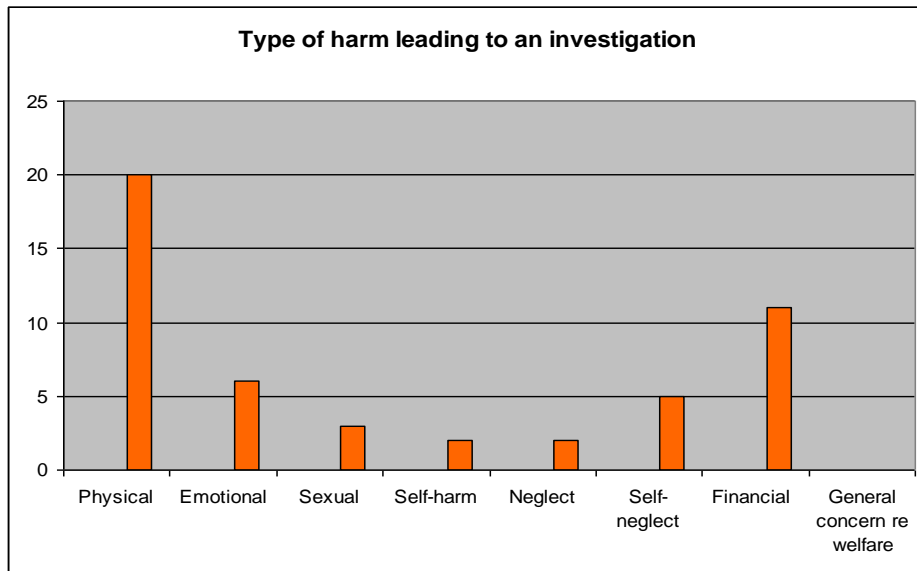
Referrer	2010/11	2011/12
Police	2	9
Social work team	5	5
Health staff	4	7
Self	1	0
Family member	4	3
Care Inspectorate	0	0
Housing	0	1
Member of public	0	1
Carer	0	0
Residential/nursing home	2	2
Care at home/support service	12	11

Advocacy	0	2
Other	0	1
Total	30	42

The sources of the referrals that led to an investigation are markedly different from the total referrals. In particular few police referrals led to an investigation (1.8% in 2011/12) whereas a much higher percentage of referrals from care and support provider services were followed up through ASP procedures (38% in 2011/12).

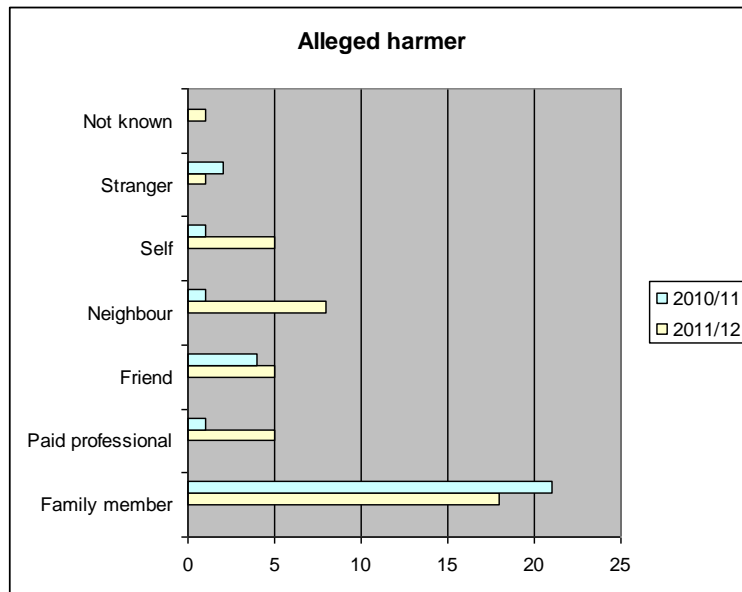
Types of harm investigated:

Again these show a marked difference from the overall types of harm reported.



Alleged harmer:

In 2011/12, as in 2010/11, the majority of cases investigated through adult support and protection involved alleged harm by a family member.



Investigation outcomes

- Throughout 2010/11 and 2011/12, 70% of investigations in West Dunbartonshire resulted in a case conference
- At 88% of case conferences held the adult or their representative was present, or the reason for adult's absence was recorded
- Following 50% of investigations it was agreed that the adult was at risk of harm and a protection plan was put in place
- In 35.7% of investigations it was concluded that the adult was not at risk, sometimes because of the immediate actions taken to protect them
- In 2 cases action was taken by social work to protect the adult but the adult protection investigation was halted because a police investigation took place.
- 4 Banning Orders were granted as part of the protection plans developed.
- In common with most other councils, there have been no Assessment Orders or Removal Orders in West Dunbartonshire.

Conclusion

Given the lack of clear national data on adult protection referrals, investigations and their outcomes, it is hard to draw firm conclusions from the above statistics. However, the general picture emerging from the data gathered by the Scottish Government from the first biennial reports appears to correlate with some of the data collected in West Dunbartonshire, in particular that referrals from police are high and from health staff are lower than would perhaps be expected.

The information on adult protection investigations shows that in general the adult is involved throughout the process. It also demonstrates that most investigations lead to action to protect the adult, whether this is taken immediately so that the risk is removed or as part of a protection plan. Only a very small proportion of adult protection investigations conclude with concerns being recognised but monitored through ongoing care management. This suggests that adult protection procedures are changing the way that adults at risk are supported and protected.

One senior social worker stated:

"The adult support and protection procedures give us a helpful framework that we lacked before. We don't just monitor situations where we are concerned that someone is at risk of harm, we follow a specific process. This keeps us and our workers on track and means that we share information about harm and risk with others and find joint ways to protect people."

Case Study

In early 2012 an adult protection referral was made by a local support organisation for a woman with a learning disability who lives on her own with their support. Her mother, who has dementia, lives close by with her personal care provided by staff from another organisation. Miss A is her mother's benefits appointee and had told her own workers that one of her mother's staff had borrowed a large sum of money from her and her mother and had not repaid it.

On investigation it was clear that the staff member had borrowed money on a number of occasions, deliberately playing on Miss A's affection for cats by telling her that she had no money for pet food. She had also told Miss A. not to tell other people about this. Miss A. had kept this information to herself for a long time before telling anyone as she did not want to get her mother's staff member into trouble. She said later "It was very hard because she said not to say anything. I didn't want to let her down or break my promise. It played on my mind and I wanted to tell - then I owned up."

As the staff member was clearly acting in breach of her organisations' policies and procedures she was suspended and her contract then terminated. Work was undertaken with Miss. A. by staff within the learning disability team on what was and was not appropriate behaviour by staff members.

Some months later Miss A's support organisation made another referral for her. The staff member who had been dismissed had called at Miss A.'s home and asked to borrow money from her. Again she played on Miss A's sympathies and claimed that she would be unable to feed her cats unless she was given money, and that she was considering suicide. Miss. A. lent her a large sum of money and only after some time disclosed what she had done to her support staff.

The police were involved throughout the subsequent investigation. Although they were unable to treat the matter as a crime as the money had been given to the ex-staff member voluntarily, they took the matter extremely seriously and visited the ex-staff member in order to advise her not to call on Miss. A. again. The ex-staff member, who had again advised Miss. A. not to tell anyone about her visit, was shocked by their call, and agreed to repay the money without direct access to Miss A.

During the adult protection investigation and the case conference Miss A. stated a number of times that she felt stupid for giving the ex-staff member the money. Social work and police staff repeatedly reassured her that she was taken advantage of and that the ex-staff member was acting wrongly. She was praised for speaking up and was encouraged to do so again should a similar situation arise in the future. Miss A. has now said "I felt better getting it out in the open and I know she can't do it again. If I didn't tell, when would it stop?"

Case Study

Mr. C. is a middle aged man with a diagnosis of schizophrenia, anxiety and depression and ongoing alcohol issues. Last year his social worker received a phone call from an addictions worker who had become aware that two individuals had moved in with him. She knew the individuals because banning orders had recently been taken out against both of them preventing their access to another isolated man with alcohol related brain damage who they were intimidating and exploiting. Close work between health staff, social work, the Police and a support provider organisation enabled him to be interviewed and protected swiftly, as he readily agreed that he was frightened of them, had lost control of access to his flat and did not know how to protect himself.

A psychiatrist assessed him as having capacity and with Mr. C's consent a second banning order was taken out against both individuals to protect him.

A few months later a similar situation arose when it became clear that another two individuals were also intimidating and exploiting him. Mr. C. admitted that they frequently drank together but that they had assaulted him in the past and he was now frightened of them. When they left threatening voicemail messages for him they were charged by the Police and two more banning orders were applied for and granted.

However, over the next 6 months it became clear that not only was Mr. C. continuing to associate with the two banned individuals in their home, he was also freely allowing access to his flat to strangers who appeared to be taking money from him. Those who worked with him became increasingly concerned that he was unable to understand the risk to himself or to take any action to protect himself, despite repeated advice. His alcohol usage remained high and there were concerns from all agencies that the risk of physical harm to him was increasing. Another capacity assessment was requested, but took some time to complete.

While this was in progress the two banned individuals visited his flat a number of times, and were reported to the Police. They were on each occasion arrested but without an offence attached to a banning order, were shortly afterwards released, to the frustration of all concerned and with a likely increase in risk to Mr. C.

The planned assessment eventually concluded that Mr. C. now no longer had capacity. While a second capacity assessment could be arranged so that action could be taken under the Adults with Incapacity Act, work was undertaken to ensure his protection in the short-term. As the banning orders in place were not protecting him from the banned individuals, West Dunbartonshire Council started plans to put in place an additional condition to existing ASBOs against the pair so that any breach could result in more serious action against them.

Critical Case Reviews

The Adult Protection Committee agreed a Serious Case Review procedure in 2010. This sets out arrangements for the multi-agency examination of cases where an adult at risk has died, suffered serious injury or harm or where there are serious concerns from any professional regarding the conduct of a case and a belief that this could have led to death or serious harm to the adult. Up to the present time no serious case review has been required under the agreed criteria.

In the last biennial report the Committee stated its intention to set up a short life group to undertake a small number of case reviews. This was to gain experience of conducting such reviews and ensure that the procedure provides practical and useable guidance. This has not yet been done as other matters have taken priority but the Committee remains clear that a detailed examination of a small number of cases would provide clear benefits:

- It is important that the procedures for conducting a serious case review are trialed
- Any multi-agency review of cases is likely to highlight learning points for staff, whether good practice to be shared or areas where improvements could be made
- Recommendations from any case review should be shared amongst the agencies involved and again it is important to ensure that procedures for doing so are adequate

The Committee intends to take this work forward in the near future and is building it into its work plan for the coming year.

Published inquiries from other areas and Mental Welfare Commission reports are a standing item on the Adult Protection Committee agenda. More detailed discussion of such reports is devolved to the Practice and Communications sub group who make and take forward any agreed recommendations, reporting progress back to the Committee.

Examples of work done locally as a result of specific reports include examination of:

A Thorough Internal Investigation (Mr. A.) report: its findings fed into work already underway to update social work procedures and extend the adult support and protection training programme.

The MWC *Powers of Attorney and their Safeguards* report: it has contributed to the recognition that additional training for a range of staff is required on the Adult with Incapacity Act

The most recent Committee meeting considered the findings from the Winterbourne View Hospital Serious Case Review and a short-life multi-agency working group is being convened to look at all aspects of referrals from registered services.

Public Information

Following the original publicity campaign detailed in the first biennial report, the Practice and Communications sub group has taken responsibility for the development of the communications strategy and an accompanying action plan.

The aims of the communication strategy are defined as

- To raise overall awareness of the Adult Support and Protection Act and adults at risk of harm
- To provide a consistent message that adult protection is everybody's business
- To seek to develop public understanding that the Adult Protection Committee is a partnership of agencies that are responsible for supporting and protecting adults who are at risk of harm
- To ensure that those who desire further, more detailed information, about
 - The Adult Support and Protection Act
 - The Adult Protection Committee
 - How the Adult Support and Protection Act is being implemented in West Dunbartonshire
 - How to refer an adult who may be at risk of harm in West Dunbartonshire

have easy access to high quality, accurate and up to date information

- To maintain an overview of actions taken to raise awareness and provide more detailed information, monitor and evaluate their effectiveness and plan future actions to take this work forward

It also identifies its target audiences as the general public, adults who may be at risk of harm and those who may become aware of adults who may be at risk of harm.

The plan that accompanied the strategy developed actions to pursue these aims and to evaluate their effectiveness.

- Systematic work has been done to ensure that ongoing supplies of leaflets and posters continue to be available in many public offices including social work bases, libraries, police stations, sheltered housing complexes, health centres and the Vale of Leven Hospital.
- Articles about adult support and protection have been placed in a number of service user and community group newsletters
- Numerous talks have been provided to community groups by the adult protection co-ordinator.
- Dedicated adult support and protection pages are available through the West Dunbartonshire Council and CHCP websites, using the same images as appear in all other publicity materials. These provide information on the Act, what constitutes harm, what can be done to protect people and how to report harm. There is also an Adult Protection Committee page that includes a summary of the minutes of the latest APC meetings and any other local developments together with an introduction by the Chair of the Committee. The page has links to our multi-agency procedures, the step-by-step guide for staff, training opportunities and the last biennial report. The pages are updated quarterly to ensure that the information available is current and relevant.

West Dunbartonshire was also one of the West of Scotland local authorities involved in the funding and development of the adult protection TV advert initiated by Renfrewshire and originally launched and aired in February 2011. Local newspaper articles were placed during its various showings, a desktop image was developed for council computers and the advert was shown on screens in the various CHCP offices at the same time. All these helped to reinforce the adverts message that adults may be harmed and that people should report harm if they become aware of it.

The advert has been aired a number of times over the last two years and the Committee are aware that its effectiveness is now probably limited. It believes that a new initiative is required to highlight the message. The Committee is

also aware that the advert has been shown nationally and that a decreasing number of councils are supporting this with funding. West Dunbartonshire has to date accepted that as our research has demonstrated the effectiveness of the TV campaign, we are willing to support its repeated use through ongoing funding. However, it is now believed that it is time for a new campaign and that this should be developed nationally rather than locally.

Evaluation and further actions:

The Adult Protection Committee has recognised that considerable resources, including staff time and funding, have been used to try to raise awareness. It has therefore looked at ways to examine the effectiveness of the work undertaken.

Citizens Panel:

The Citizens Panel has, for the last 2 years, asked panel members about their awareness of adult support and protection and where they saw the information about it.

- In 2010, relatively few panel members were aware of information sources about protecting adults at risk of harm, peaking at only 22% for those who had seen information in a health centre.
- In 2011 almost half (46%) were aware of adult support and protection through the TV advert, with 30% seeing information in health centres.
- The results of the 2012 questionnaire are not yet available but will provide further information later in the Autumn.

The information gathered to date has been used to focus efforts to provide leaflets and posters where they will be seen. The responses in both 2010 and 2011 demonstrated that more people saw information about adult support and protection in health centres than in any other setting. 6 monthly letters therefore go to all practice managers offering new supplies of leaflets and posters and offering further information, as required. Ongoing funding was also provided for the TV advert.

Service user and carer groups:

At the service user and carer event in March 2012 small group discussions took place with attendees asked about a number of issues. One of the

questions asked was whether those present knew what to do and who to contact if they were at risk of harm or knew someone who was being harmed. In all groups the attendees indicated that to date they had not known what to do to report harm, but following the presentations they were now aware of the importance of telling someone. There appeared to be a general view that awareness was still low and that the information provided on the day was valued.

The relationships developed with service user and community groups who attended the service user and carer event will now be built on to maintain the provision of information to them. A copy of the event evaluation is available on the web pages, but has also been sent to each of the groups who sent representatives, thanking them for their input. When new publicity material is developed this, too, will be sent to them.

In addition, the small group discussions at the event provided us with a large number of suggestions for places and ways to publicise adult support and protection. These will now form the basis of the updated communication strategy action plan. The self-evaluation exercise has recognised this and the Committee has agreed that promoting adult support and protection more widely and more creatively should be a priority for the coming year.

Referral sources:

An examination of referral sources also took place as part of the self-evaluation. Although reasons for non-referral of harm are more complex than simply lack of awareness or understanding, low numbers of referrals from service users, family members and members of the public may indicate that the message about acting against harm has not reached these groups.

- In 2010/11 4% of all referrals were from an adult themselves, a family member or a member of the public
- In 2011/12 this fell to 2.4%

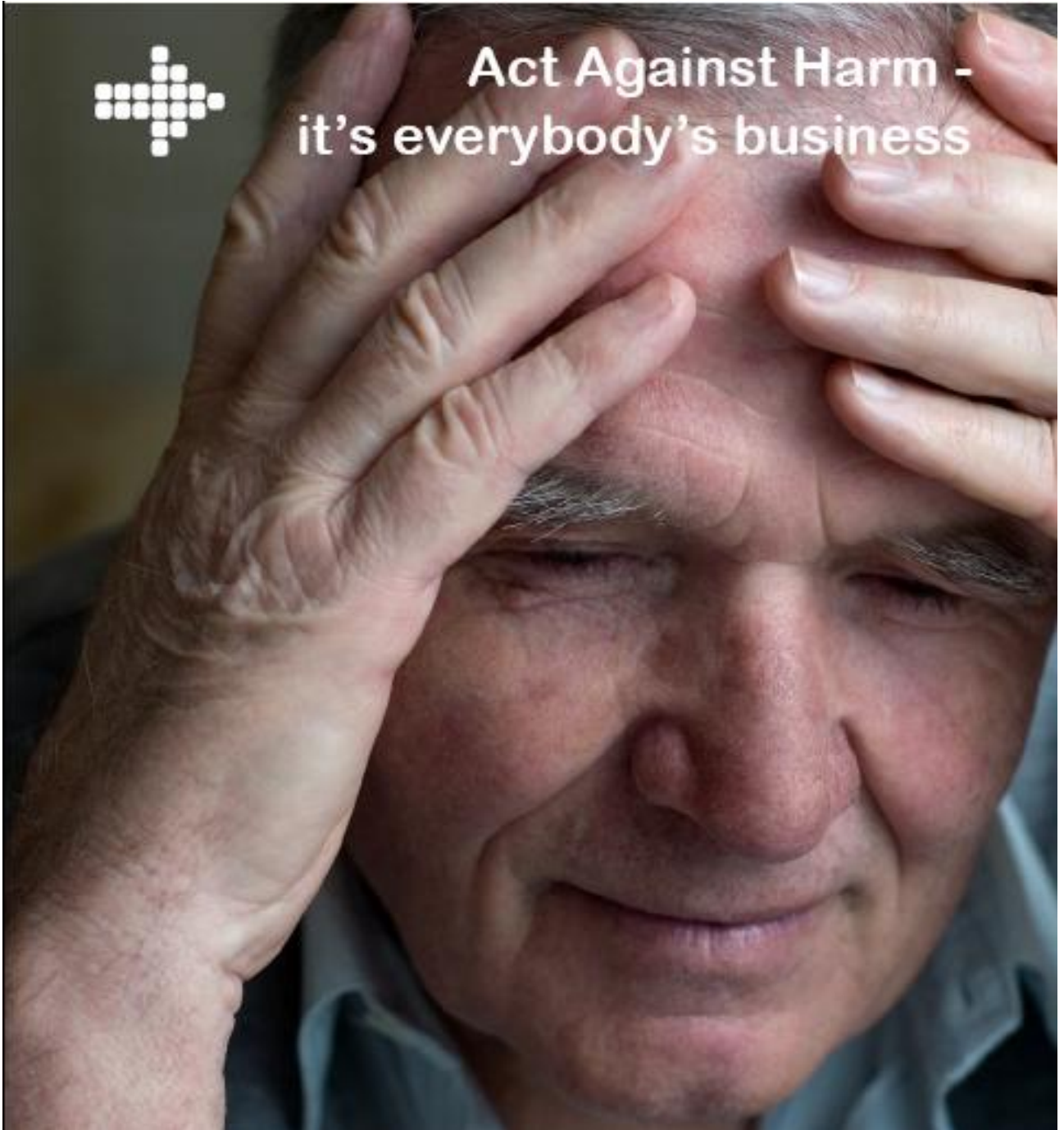
Taken together the available evidence suggests that there is still a considerable amount of work to be done to ensure that awareness of adult support and protection becomes more common.

Conclusion

An important part of the APC's work over the coming year will be to review all its publicity material and develop a new awareness campaign using the information gathered above. However, members of the Committee recognise that simply providing information about adult support and protection over a brief period of time will not be sufficient to ensure that it becomes widely known. It will take many years and information repeated in a variety of media before the concept of harm to adults becomes generally understood.



Act Against Harm -
it's everybody's business



Management of Services & Staff

Staffing

As detailed in the first biennial report there are two full time permanent adult support and protection staff: the adult protection co-ordinator and the administrator. Both remain in post at the present time. The co-ordinator is managed by the lead officer for adult protection, who is the General Manager of the Learning Disability Service. The administrator supports the work of the co-ordinator and provides administrative support to the APC and sub committees. She also takes minutes for a large proportion of the adult protection case conferences that are held.

Adult protection referrals are dealt with initially by the social work duty system, with those cases that require investigation then being passed to the relevant team.

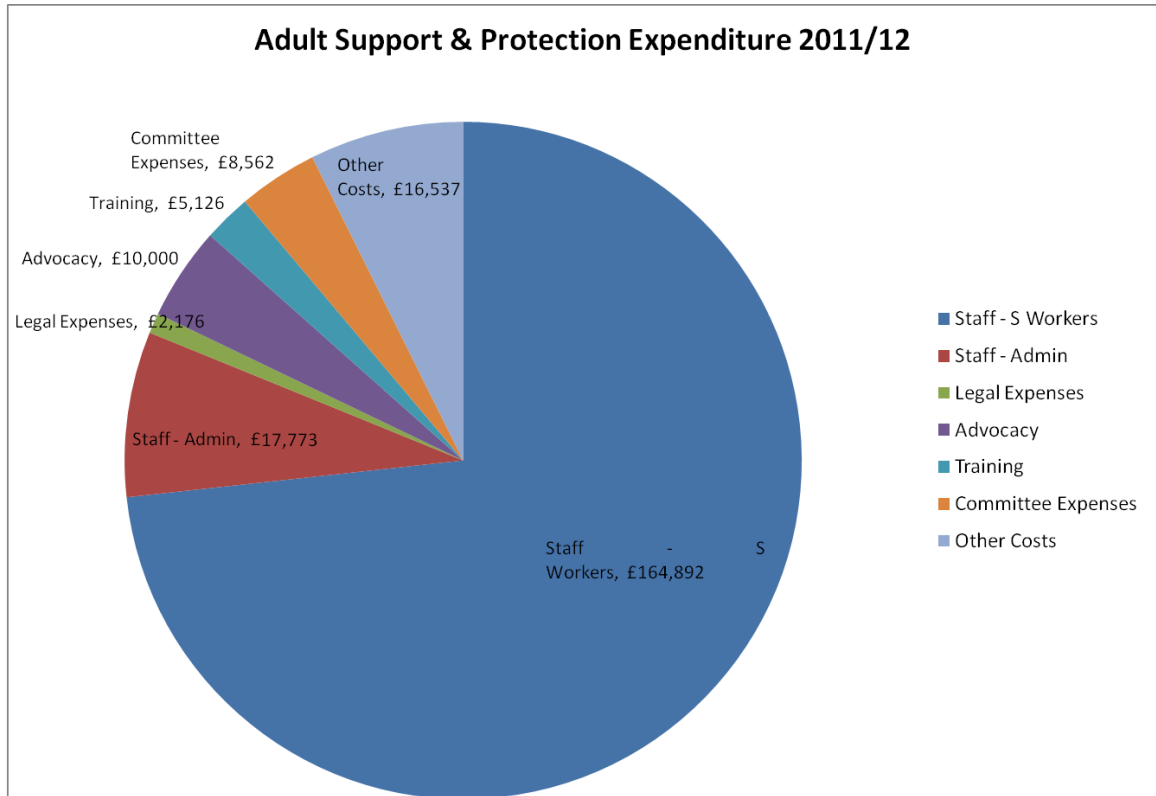
Three social workers were appointed to the adult social work teams using the original adult protection funding. They initially developed a specialism in adult protection investigations but during the course of the last two years as the level of work has increased, these have been shared amongst all social workers. The intention was always that adult protection would be seen as a core social work function, and a stage has now been reached where all social workers in the adult teams are council officers and have had at least some experience of adult protection work.

Budget

In each year since the implementation of the Act, the bulk of the adult support and protection expenditure has been staffing costs.

In addition to the annual funding provided for adult support and protection, the Scottish Government allocated £5,000 to be used to disseminate the first biennial reports. The Committee in West Dunbartonshire decided to use this additional sum to provide broader information about adult support and protection and the work of the Committee through a specifically targeted service user and carer event, as described earlier in this report. The funding was used to commission drama presentations from a disability led group, venue and hospitality costs and additional advertising. The success of the event and the appetite of the attendees to repeat it suggest that this type of interactive experience is a positive and useful way to ensure that important

messages about adult support and protection are passed on. The Adult Protection Committee is considering how best to follow this up and build on the relationship it is starting to develop with service user, carer and community groups.



Communication and Co-operation between Agencies

Multi-agency procedures

In March 2012, following work by the Practice and Communications sub group, updated multi-agency adult support and protection procedures were agreed by the Adult Protection Committee. These are published on the CHCP website on the APC webpage and are freely available to staff from all partner agencies. The updated procedures were designed to be compatible with the updated West of Scotland Practice Guidance now agreed by eleven council areas, including West Dunbartonshire, Strathclyde Police, the Care Inspectorate and a number of NHS boards.

As described in the last biennial report, a summary version of the multi-agency procedures was produced as a step-by-step guide for staff who may come across an adult at risk of harm. It details the actions they are expected to take to report the harm and to co-operate with inquiries made. This available electronically through the APC webpage and hard copies have been made available to front line staff in all support provider services. They have proved extremely popular with managers working to reinforce adult support and training with their staff.

As part of the self-evaluation an examination of provider agencies' own adult support and protection policies and procedures took place. This was to ensure their appropriateness and compatibility with the West Dunbartonshire and/or West of Scotland guidance. In a number of cases it was discovered that policies and procedures did not adequately reflect Scottish legislation. These agencies have been asked to update their documentation and offered assistance to do so if required. It is important that all staff working to provide care and support to adults have access to clear and accurate information about the Adult Support and Protection Act and their own responsibilities towards adult at risk of harm.

As described in the Training Section, a multi-agency training strategy is in place with a full training programme to support it. Almost all sessions advertised were over subscribed in 2011/12 and the programme will be repeated.

Multi-agency practice

The membership of the Adult Protection Committee and both sub groups continues to represent the key partner agencies engaged in the adult support and protection agenda.

Referrals

As detailed in other sections the level of referral from different organisations is highly variable.

High levels of referrals continue to be received from Strathclyde Police who are aware of the issues this creates for social work. They report that adherence to the legislative adult at risk definition has often meant Police find the adult is at risk when attending a call, however by the time social work take action on the referral they may no longer fit the adult at risk definition. This has raised problems when referring to partners. As Strathclyde Police refer to 12 separate Local Authorities there have been some issues in ensuring both sides are happy with the referral process for both Adults at Risk and Vulnerable Adults. However, as the Police co-ordinator has reported

"Communication between Police and social work is excellent and this has ensured that the referral process which both sides want in that area is in place and working well."

Ongoing and positive work with the Police continues to take place to examine and develop ways of working together.

There is also a relatively high level of referrals from provider organisations, who have been specifically targeted for ongoing input in West Dunbartonshire.

One provider manager feeds back:

"As a Service Provider, I am aware that with all the information, awareness raising, and the actual process, Adult Protection has been brought to the forefront of our minds. If a situation arises, both Senior staff and Support Workers will now ask the question 'Is this Adult Protection?'"

However, the level of referrals from some other agencies remains a concern. As detailed in other sections, work will continue with agencies who may come across adults at risk of harm in order to ensure they are aware of their

responsibility to make referrals where appropriate, and co-operate with any inquiries undertake.

The questionnaire sent to partner agency staff as part of the self-evaluation exercise asked a number of questions about their experience of adult support and protection. 71 responses were received from staff from 22 different organisations.

Of those staff who believed their organisation had made an ASP referral over the last year (43%)

- 94.3% felt social work handled the referral well or very well
- 85.3% received feedback from social work on the outcome of their referral
- 90.7% would feel confident to refer another adult they believed to be at risk of harm

It is hoped that this level of satisfaction, their involvement in the adult protection process and the feedback received will encourage staff to refer other adults when concerns arise.

When adult protection referrals are received by social work, the response is generally multi-agency. Ongoing audit specifically looks at information gathering and consistently demonstrate that a high proportion of referrals have been dealt with through contact with other agencies. The audits undertaken as part of the self-evaluation found that 85% of the 75 referrals examined for elements including contact with other agencies were considered to demonstrate excellent or good practice. Anecdotally social work staff express few concerns about staff from other agencies being willing to provide relevant information when this is requested.

Investigations

All adult protection investigations are expected to be multi-agency and multi-disciplinary. Again, ongoing audits examine the range of those involved in order to keep this under review, with feedback provided to the staff responsible.

In all four of the randomly chosen investigations examined in detail as part of the self-evaluation, appropriate staff from other agencies were involved throughout.

Case conference records generally demonstrate that an appropriate range of staff are invited and attend, and that decision making is shared. In the 27 case cases where a case conference was held in 2011/12, all except 2 had representatives from a number of agencies including the Police, health staff, Housing, provider representatives and advocates.

All agencies who attend case conferences are involved in the development of protection plans, with particularly positive support being provided by the police.

One council officer reported

"I have been really impressed with the way the police worked with us to protect my client. They were very sensitive in the way they approached her and their involvement has provided her with a huge amount of reassurance".

Conclusion

Co-operation between agencies in working to identify and protect adults at risk of harm has been formalised through multi-agency procedures supported by a comprehensive training programme. Informal feedback from staff and more formal audit and self-evaluation demonstrate that staff have generally developed good relationships with those from other agencies and work together successfully to ensure a co-ordinated response to adults at risk.

Training

Following the submission of the first biennial report, a new sub committee was established to develop a multi-agency training strategy. Considerable amounts of training had been undertaken up to that point, but it was recognised that a more formal structure was required to consider the various levels and types of training needed by different staff and ensure its provision.

The Training and Quality Assurance sub group first met in April 2011 and agreed the multi-agency training strategy and first full training programme in August. The sub group has also evaluated the training, monitored attendance by various staff groups and sent post training questionnaires to those who attended to gather information as to whether they have subsequently found the training useful in their working lives. Training was also examined as part of the self-evaluation that took place in 2012.

Training provided August 2011-June 2012

Although considerable numbers of staff from a wide variety of agencies had attended training prior to this date, this was the first year that a formal and systemised training programme was offered in line with the agreed strategy.

- Briefing sessions (generally 1-2 hours)
 - 10 briefings for home care staff: 320 attended
 - 2 briefing sessions for Vale of Leven Hospital staff: 75 attended
 - 1 protected learning event for health staff
 - 1 briefing session for volunteers at Benview Resource Centre : 9 attended
 - 2 briefings for West Dunbartonshire Criminal Justice unpaid work supervisors: 16 attended
 - 2 briefing sessions for PAs funded by direct payments and or ILF: 12 attended

- ASP Basic Awareness (half day) sessions:
 - 11 sessions held: 170 attended
 - E-learning modules available for Police and staff from NHS Greater Glasgow and Clyde

- 10 ASP Detailed Awareness (full day) sessions
 - 10 sessions held: 85 attended

- Specialist training for council officers and others undertaking specific elements of adult support and protection work
 - Chairing adult protection case conferences training: 1 session held attended by all potential chairs
 - Minute taking training for those minuting adult protection case conferences: 1 session held for relevant admin staff
 - Managing an adult protection investigation training: 3 sessions held, all senior social workers attended
 - Investigative Interviewing (2 days) now attended by most council officers
 - Council officer refresher half day: 6 sessions held, majority of council officers attended, two more dates scheduled for those who missed the earlier dates

Training attendees

Altogether 47 different organisations (or departments within organisations) sent representatives to the training sessions between August 2011 and June 2012. This has included large numbers of CHCP staff from a variety of teams, staff from a number of West Dunbartonshire Council sections, Strathclyde police, NHS Greater Glasgow and Clyde and 14 care and support provider organisations. In the previous year separate sessions had been held for managers of care homes and care and support services, with almost all organisations sending at least one representative.

Training evaluations:

Overall the evaluation forms completed on the day show high satisfaction levels with both the half day and full day sessions:

- 97.5% agreed or strongly agreed that the training was exactly what they hoped it would be
- 98% agreed or strongly agreed that what they had learned would be useful in their everyday work
- 99.5% agreed or strongly agreed that they enjoyed the training

50 post-training questionnaires were received from staff from 27 different organisations:

- 48 agreed that the training session had answered their need for information at the time, the other responses stated that the attendee had not been looking for any particular information at the time and that the session had provided so much information that it was difficult to take it all in at once
- 38 respondents have used the information from the session in their work since the training
- 9 have since made an adult protection referral

In addition, a questionnaire sent to staff from a variety of organisations as part of the self-evaluation of adult support and protection gained the following responses regarding training:

- 88.6% of partner agencies were aware of the West Dunbartonshire ASP training programme
- 71.6% of partner agencies used the West Dunbartonshire training programme
- Of those partner agencies that used West Dunbartonshire's training programme 100% found it useful or very useful

The effectiveness of the training

It is not possible to draw firm conclusions as to the effectiveness of the training, however, the Training and Quality Assurance sub group undertook an analysis of the adult protection referrals received and staff groups who had undertaken training. Although no robust national data is available it has been possible to compare the figures for West Dunbartonshire with the limited data provided by the Scottish Government from the first biennial reports.

Referrals from Health staff in 2011/12:

NHS and CHCP health staff have undertaken considerable amounts of training from the e-learning module to one day ASP courses and attendance at protected learning events. However, referrals from health staff remain low.

- In West Dunbartonshire 3.8% of referrals in 2011/12 were from health staff.

- The first biennial reports suggested a national figure of 4.1% of referrals as being from health staff.

Referrals from provider services:

West Dunbartonshire made specific efforts to target care and support provider services (including residential and nursing homes, day centres, home care and voluntary organisations) and this appears to have resulted in a higher than national level of referrals from these sources.

- In West Dunbartonshire in 2011/12 7% of referrals were from provider organisations
- Figures from the first biennial reports suggest a national figure of 1.4% for care homes and 1.3% for the third sector (a total of 2.7%).

Feedback from one service manager highlighted the helpfulness of the practice based approach:

"I received original training which was very steeped in the actual Legislation and the Law. The further training was more about real cases and specific duties on Managers and support workers which was far more useful and real".

Referrals from Housing:

In 2010/11 West Dunbartonshire received no ASP referrals from any section of the Housing department. Housing staff were specifically invited to training over the next year, with a number of staff attending sessions.

- In 2011/12 Housing staff made 12 referrals.

Future plans:

The Adult Protection Committee believes that West Dunbartonshire has a clear and well structured multi-agency training strategy. The training programme for 2011/12 was over subscribed and will be run again. In addition, greater attempts need to be made to identify and engage with groups of staff who may be expected to come across an adult at risk, such as those from health settings.

Evaluation

The Adult Protection Committee has undertaken a number of exercises recently to evaluate its own performance and the way that the Act is being implemented in West Dunbartonshire.

In February Andrew Reid, the former chair of the APC, returned to work with current members of the APC on a temporary basis to facilitate an examination of the Committees strengths and areas for improvement. His knowledge and experience made his input invaluable and the discussions he facilitated at the February 2012 meeting allowed the Committee to reflect constructively on its current functioning and plans for the future. As a result of the discussions that took place it was also agreed that the Committee should undertake a self-evaluation of all aspects of adult support and protection. A multi-agency planning group developed comprehensive plans for this exercise and a PSIF (Public Sector Improvement Framework) session was held for Committee members, facilitated by Quality Scotland.

Self-evaluation:

The formal self-evaluation of adult support and protection was planned and implemented by a multi-agency group who determined the aim and the scope of the exercise. It agreed that the work done should aim to answer the following questions:

1. Do the public and relevant staff know about adult support and protection?
2. Are the public and relevant staff identifying adults at risk of harm and referring them appropriately?
3. When adults at risk are referred are we supporting and protecting them well?

To provide the answers to these questions a number of elements to the exercise were agreed:

- Case file audits
- Consultation with staff

- Consultation with service users
- An examination of the training provided
- An examination of awareness raising activity
- Examination of single and multi-agency policies and procedures
- Analysis of statistics from West Dunbartonshire against those from other areas

The information was collated in a way that used the evidence gained to answer the questions posed at the start. No formal system of grading was been used but strengths and weaknesses in various areas were identified in order to highlight practice to build on and areas for improvement. A comprehensive report on the results of the self-evaluation were considered by the APC in September, with a summary below:

1. Do the public and relevant staff know about adult support and protection?

- Evidence suggests that overall awareness of adult protection amongst members of the public is rising but is still limited.
- Feedback and referral rates from service users and carers suggest that awareness amongst these groups is still low.
- Knowledge of adult support and protection is higher amongst relevant staff.

Strengths:

- A variety of media have been used to publicise adult support and protection
- Awareness of adult protection is measured annually through the Citizens Panel
- Information gained about successful publicity is acted upon
- New leaflets designed for service users have been developed
- Engagement with service users and carers through a consultation event was extremely positive: plans to build on this are in place
- Large numbers of staff from a wide variety of organisations have attended ASP training and for many agencies such training is mandatory.

- Most partner organisations have an adult support and protection policy in place and many have specific ways of ensuring that staff are aware of it.
- Most partner organisations are aware of West Dunbartonshire's multi-agency procedures and are aware that they can gain further information about adult support and protection from contact with West Dunbartonshire staff, from the leaflets published, or from the website.

Areas for improvement:

- Public awareness remains low: a review and update of all adult support and protection literature is required, together with the development and implementation of a new awareness raising campaign
- Further awareness raising sessions should be provided with some organisations and groups specifically targeted for these.

2. Are the public and relevant staff identifying adults at risk of harm and referring them appropriately?

- Evidence shows that adult protection referrals made by members of the public, an adult at risk or a member of their family are very low (but no lower than other comparable areas)
- Generally the overall number of adult protection referrals from different sources shows no significant differences to those of other comparable areas and demonstrate similar issues such as high levels of referrals from the Police and low referrals from health staff.

Strengths:

- There is one area where referral rates are higher in this area than others: referrals from provider organisations, who had been specifically targeted for training
- There is other evidence that the attendance at training of staff from different organisations has produced a rise in referrals.
- Attendance at training has been excellent with large numbers of different organisations (and different departments within organisations) represented and providing consistently good feedback

- A high proportion of staff who responded to questionnaires a few months after training stated that they had used the information in their work and a number had made an adult protection referral.
- There is multi-agency training strategy and an ongoing commitment to provide multi-agency training sessions into the future.

Areas for improvement:

- Ongoing publicity for the public, service users and carers should concentrate on referral pathways as well as general awareness
- Further dialogue with health staff and targeted training/awareness raising is needed
- Some provider agencies have ASP policies that lack clear reference to the ASPA and their responsibilities: they have been asked to update these

3. When adults at risk are referred are we supporting and protecting them well?

- There is a high degree of satisfaction amongst referrers at the way that social work dealt with their adult protection referral.
- Specific audit of referrals (that did not go to an adult protection investigation) showed that 85% were dealt with in a way that was good or excellent.
- A smaller audit of adult protection investigation and protection planning showed that 50% were rated very good and a further 33% good or good/adequate.
- There is good evidence that the adult's views are central to the investigation process at all stages

Strengths

- In general feedback from social work staff shows a confident and trained workforce who are generally well supported when undertaking adult protection work
- There is consistent awareness of the ASP procedures with 100% of staff finding them helpful or very helpful
- Procedures have been recently updated and annual refresher sessions take place for council officers
- There is evidence that information is gathered from other agencies when dealing with most ASP referrals

- There is evidence that most AP investigations are multi-agency processes with information gathered from a variety of sources and attendees from other agencies invited to case conferences, with most invitees attending
- There is evidence that the adult's views are central to any investigation: a significantly higher percentage of investigations go to case conference here than in other areas, with the adult or their representative present at almost all of them
- Some of the areas for improvement, below, had already been identified and a social work ASP practice group set up to address them

Areas for improvement

- There was some evidence that social work staff have at times failed to identify harm as an adult protection matter at the earliest opportunity
- There was some evidence that social work staff have sometimes failed to report concerns to the Police
- There is some evidence that social workers do not always treat adult protection referrals from external agencies as such, especially if the concerns arise relating to an open case
- There is evidence of some inconsistency between staff and teams in the way that adult protection issues are dealt with, and the thresholds applied for taking them forward to investigation.

The Committee is in the process of using the detailed information from the self-evaluation together with information from the PSIF process, to develop its work programme for the coming year.

Public Sector Improvement Framework (PSIF)

A PSIF session was held in late August 2012, facilitated by Quality Scotland and attended by APC members from all key agencies. There was some acknowledgement that PSIF is a tool designed for single rather than multi-agency organisations, but members found the shared consideration of many of the areas a valuable exercise.

Overall its findings were consistent with many those from the self-evaluation. These include:

- Effective leadership and management are generally provided by the APC but there is a need to consider how it can have greater impact and improve its communication

- There is evidence of a successful multi-agency approach with a commitment to increase knowledge and understanding of ASP amongst partners
- There is evidence that information gained is acted upon and improvements made, with a commitment to continue this process
- Positive feedback has been gained from partners, with a need to continue to measure this and look at other ways to gain perception information
- Monitoring measures are in place but there is a need to agree indicators across all agencies

Conclusion

Much time and effort has been spent in the last year in looking at all areas of adult support and protection in West Dunbartonshire, from the Committee and the way it functions to a detailed self-evaluation process. The information gained has been disseminated to all agencies and shows both strengths and weaknesses. There is now a clear commitment from all members of the APC to develop a high level work plan to build on the strengths and improve any areas of weakness.

Conclusions and Recommendations

I believe that this, the second Biennial Report, on behalf of West Dunbartonshire Adult Protection Committee, provides evidence of the solid progress made in protecting adults at risk locally over the past two years. It provides an overview of the work that has taken place and includes some positive examples of good practice.

The number of adult protection referrals received in the period has and continues to increase dramatically. In one sense this is welcome news, which shows that more people at risk are being offered the help they need and awareness of adult protection is increasing. On the other hand, the financial constraints on local authorities and partner agencies are likely to have a significant impact on the delivery of services, including those used by vulnerable adults who may be at risk, and it will be important to ensure that protecting and empowering vulnerable adults who may be at risk of harm remains a high priority and continues to be accorded the status and priority it deserves.

In the first Biennial Report, West Dunbartonshire Adult Protection Committee noted with concern the apparent lack of sanctions available to sheriffs in the event that a Banning Order obtained under the Adult Support & Protection (Scotland) Act 2007 is breached. This is an issue that we still believe requires to be addressed, a situation highlighted by the case study on page 32 of this report.

It is important to remember that the Adult Support and Protection (Scotland) Act 2007 is still relatively new legislation with implementation in its early stages. Raising awareness of adult protection and strengthening the view that adult protection is “everybody’s business” will require ongoing work to raise public awareness, whilst local adult protection committees can play an important role in this work, we also believe that there is an important role to be played by national initiatives in raising awareness of the importance of the adult protection agenda.