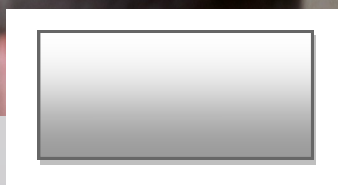
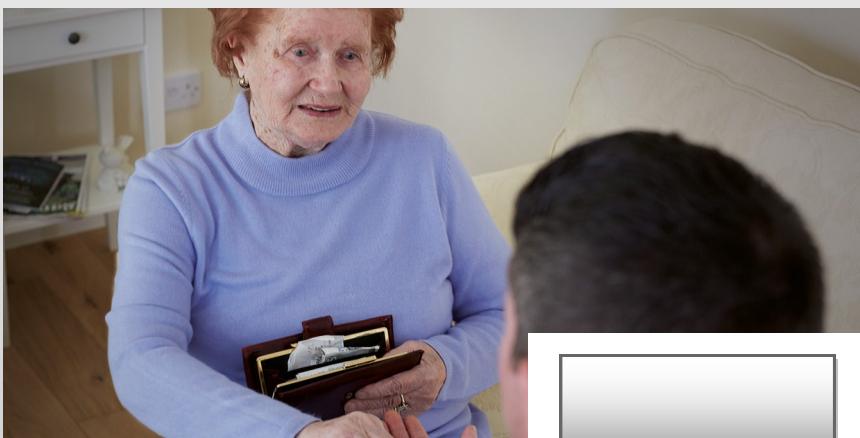


# Adult Support and Protection (Scotland) Act 2007



## Protecting Adults at Risk of Harm in West Dunbartonshire



**Adult Protection Committee  
Biennial Report 2014 - 2016**

## Forward

I am pleased to present the fourth Biennial Report of the West Dunbartonshire Adult Protection Committee. This report will highlight the work of the Committee over the past two years and will provide recommendations for the focus of our work over the next two years.

In terms of numbers, the first year of the period covered by this report showed a decrease in the overall number of adult protection referrals in West Dunbartonshire. This reduction can be accounted for by the increased use of the vulnerable adult pathway (used mainly by Police Scotland) which has meant that a higher proportion of those referred as being at risk of harm meet the three point test. Numbers of those considered to be at risk of harm showed a significant rise in the second year of the period covered by this report, which is more in keeping with the steady increase in referrals in the period covered by the first three biennial reports. As always, the number of referrals for adults considered to be at risk of harm, considered alongside the rise of more recently recognised types of problems such as human trafficking and hate crime, present a considerable challenge for agencies who continue to face shrinking levels of resource.

Over the past two years, there have also been several changes in personnel in key areas of the Committee. Our Adult Protection Coordinator, Caroline Doherty, left the Council in 2014 and was replaced by our new coordinator, Noreen McCarthy. In April 2016, our Lead Officer for Adult protection, David Elliott, took voluntary redundancy and his replacement is currently being sought. I would like to offer my sincere thanks to both David and Caroline for all their hard work on behalf of the Committee over the past two years and, on a personal level, for their unstinting support of me in my role as Chair of the Committee. I wish them well in their new enterprises.

Our new coordinator, Noreen McCarthy, has filled the gap caused by departing staff admirably and I am indebted to her for ensuring that the work of the Committee has continued with the minimum amount of disruption or delay. She has brought fresh ideas and enthusiasm to the Committee and has ensured that the standard of training in adult protection for all the staff in West Dunbartonshire has continued to be of the highest standard.

In the light of these changes, and given the continuing challenges faced in promoting the development of adult protection practice across the area, I would like to thank each member of the Committee for their continued commitment and indefatigability.

One of the main changes in the organisation of adult protection on a national level over the past two years has been the recent winding up of the National Policy Forum. A major reason for this decision was that the Scottish Government felt that, as the Adult Support and Protection Act has been in force for eight years, the main focus should now be on practice rather than policy development and that this should be driven more by the areas than central government. It will, therefore, be critical for a national structure and agenda to be developed to ensure that that this work can be progressed across all the local authority areas in a way which is both practical and sustainable.



Peter Jennow

Independent Chair

## **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.



**Figure 1**

The Council vision is to improve prosperity and inclusion for all citizens, deliver better and more efficient services, and improve West Dunbartonshire as a place to live, work and visit.

The 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland. In West Dunbartonshire, 17.4 per cent of the population are aged 16 to 29 years. This is less than the Scottish average of 18.2 percent aged 16 to 29 years. Persons aged 60 and over make up 23.9 per cent of West Dunbartonshire. This again is less than the Scottish average at 24.2 percent aged 60 and over. Since 1989, West Dunbartonshire's total population has fallen overall and Scotland's population has risen over this period.

Life (and healthy life) expectancy rates in West Dunbartonshire have risen in past two years. Female life expectancy at birth (78.7 years) is greater than male life expectancy (74.7 years), but both were lower than the Scottish average. Male life expectancy at birth in West Dunbartonshire is improving more rapidly than female life expectancy.

The level of unemployment at March 2015, the most recent figure, was 8.7% compared to 6.2% for Scotland and 6.0% for the UK, this figure for West Dunbartonshire shows an improvement since this time last year. The Department of Work and Pensions statistics for working age people for the year up until February 2015 shows that there are 870 less people claiming benefits in West Dunbartonshire than in the previous year a reduction of 8.1%.

## **Recent Successes**

- Work on the Council's major £180m Capital Investment programme across West Dunbartonshire is now well underway, which includes the delivery of new Council offices in Dumbarton Town Centre, two new state-of-the-art care homes, new schools, 13 new workshop spaces, and a new Clydebank Leisure Centre.
- The Council is widely seen as an improving Council.
- Auditors have praised it for 'delivering high quality public services and making progress on its strategic priorities.
- Major budget savings have been made annually without the need for compulsory redundancies.
- Many indicators of education performance are improving (positive destinations, school exclusions etc.).
- Only the second Council in Scotland to introduce a living wage for its workforce.
- The only Council in Scotland to introduce an Overprovision policy to tackle alcohol problems.
- An ambitious new school building programme that has delivered four new secondary schools and three new primary schools and moved more than 5,000 pupils into state-of-the-art facilities.
- One of the best established Health and Social Care Partnerships in Scotland, having been one of the first authorities to set up a Community Health and Care Partnership with the NHS.

The Regeneration Team in West Dunbartonshire is particularly focussed on our three town centres of Alexandria, Clydebank and Dumbarton, related waterfront sites and other key regeneration sites, such as the Vale of Leven Industrial Estate and Bowling. The challenge with the economic downturn continues.

## Performance Overview

West Dunbartonshire HSCP has continued to collect comprehensive information on all adult protection referrals which are then discussed at quarterly committee meetings. This enables members of the committee to compare and contrast statistics on a monthly, quarterly and yearly basis. On a national level, the priority group tasked with developing an agreed data set to be used across Scotland continue to work in partnership with West Dunbartonshire HSCP and other local authorities to produce a more streamlined and collective method to gather information on adult protection. Once this work has been completed, it will allow for the committee to benchmark our statistics against other local authorities and enable us to identify area specific trends more clearly.

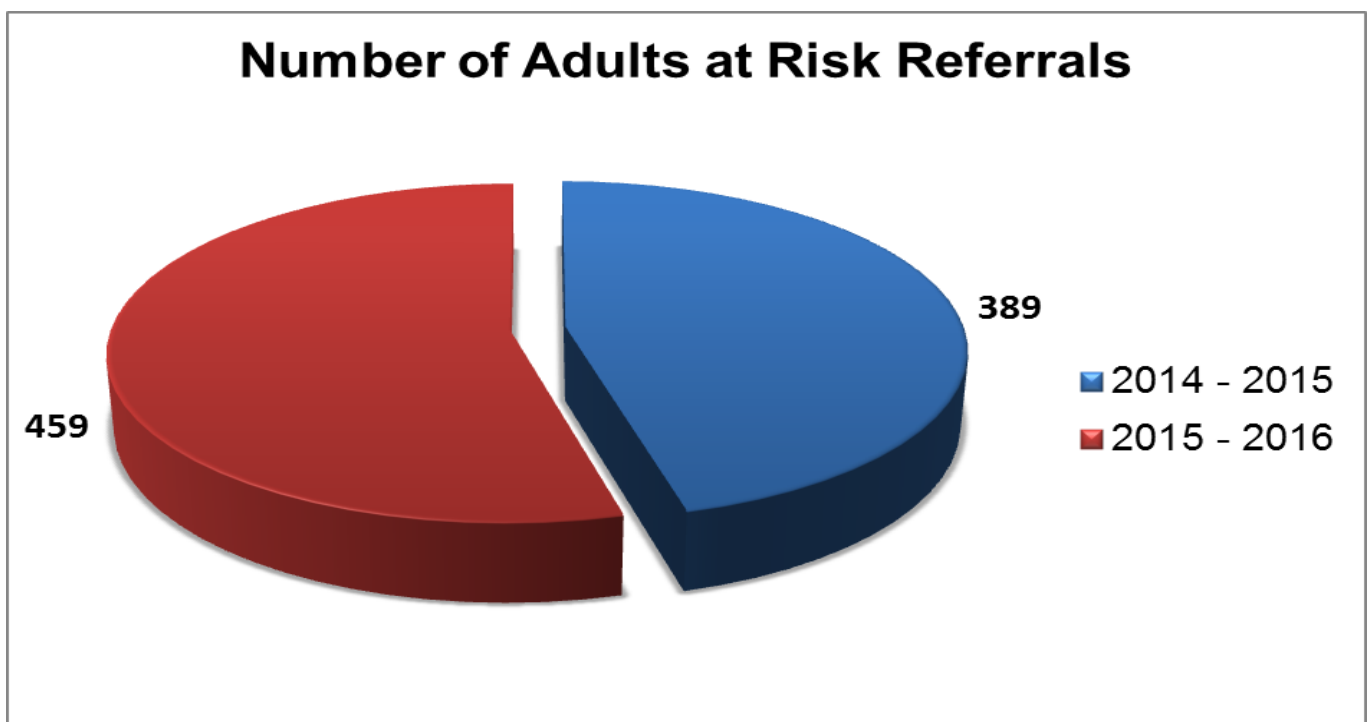


Figure 2

As detailed in **figure 2**, there was an 18% increase in the number of referrals received in 2015-16 in comparison to the previous year 2014-15. A possible explanation for this increase is due to efforts made on a local basis to raise awareness of adult protection across West Dunbartonshire and the level of training delivered to partner agencies and providers over this period.

All referrals submitted to West Dunbartonshire are subject to a level of inquiry under The Adult Support and Protection (Scotland) Act 2007. They are screened at initial inquiry stage and a decision is made with regard to the most appropriate route they take. Inquiries may be progressed under Community Care legislation or consideration is given to working with other legislation such as Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

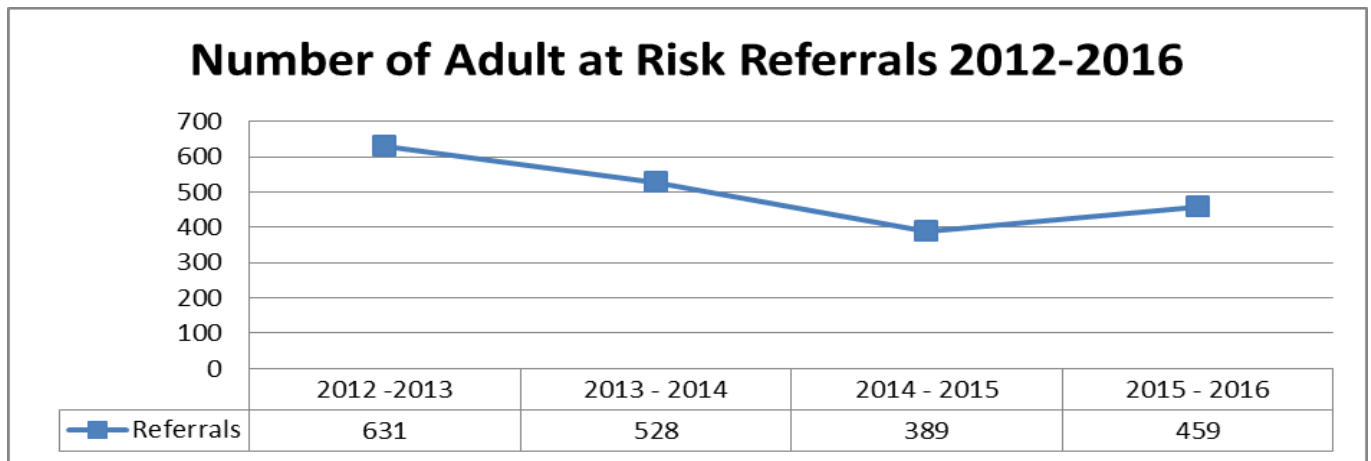


Figure 3

When comparing the overall figures from 2012/14 of 1159 referrals to 2014/16 of 848 (**Figure 3**) there has been a significant reduction of 26% in adult at risks referrals received by West Dunbartonshire Council. This reduction can be seen in Mental Health with a reduction of approx. 45% and Addiction Services approx. 46%. This decrease can be explained by the police utilising the Vulnerable Adult Procedures in these care groups (**Figure 4**).

It is worth noting that since the last biennial report, the quality of referrals received has improved significantly. Over the last 2 years, the adult protection team has worked in partnership with a variety of agencies to ensure that they recognise and understand adult protection more fully. Our largest referrer continues to be Police Scotland (**Figure 12**) and with the implementation of Vulnerable Adult pathway this has led to more adults being referred under these procedures (**Figure 4**).

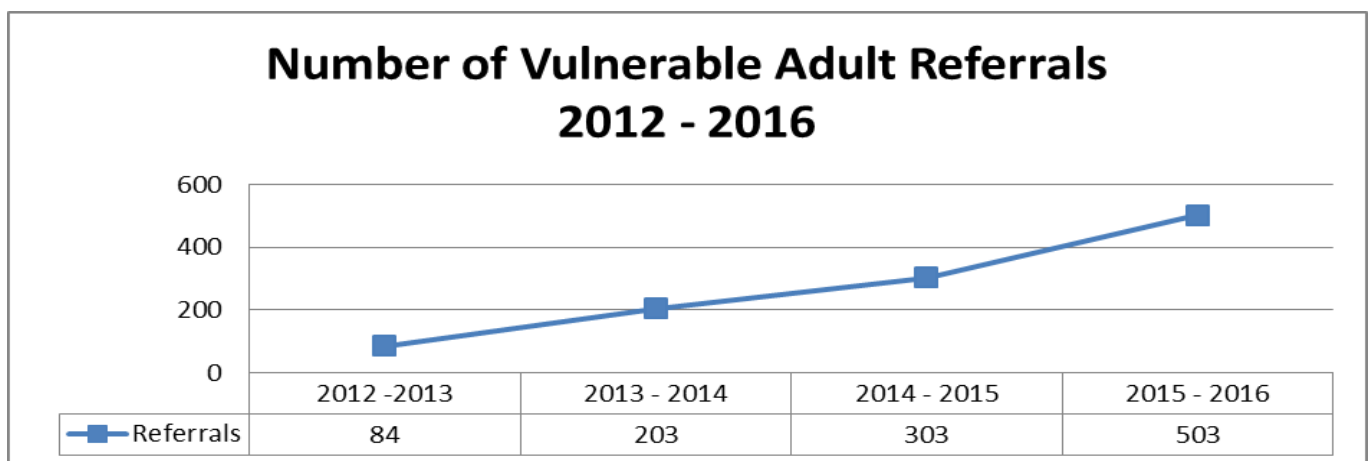


Figure 4

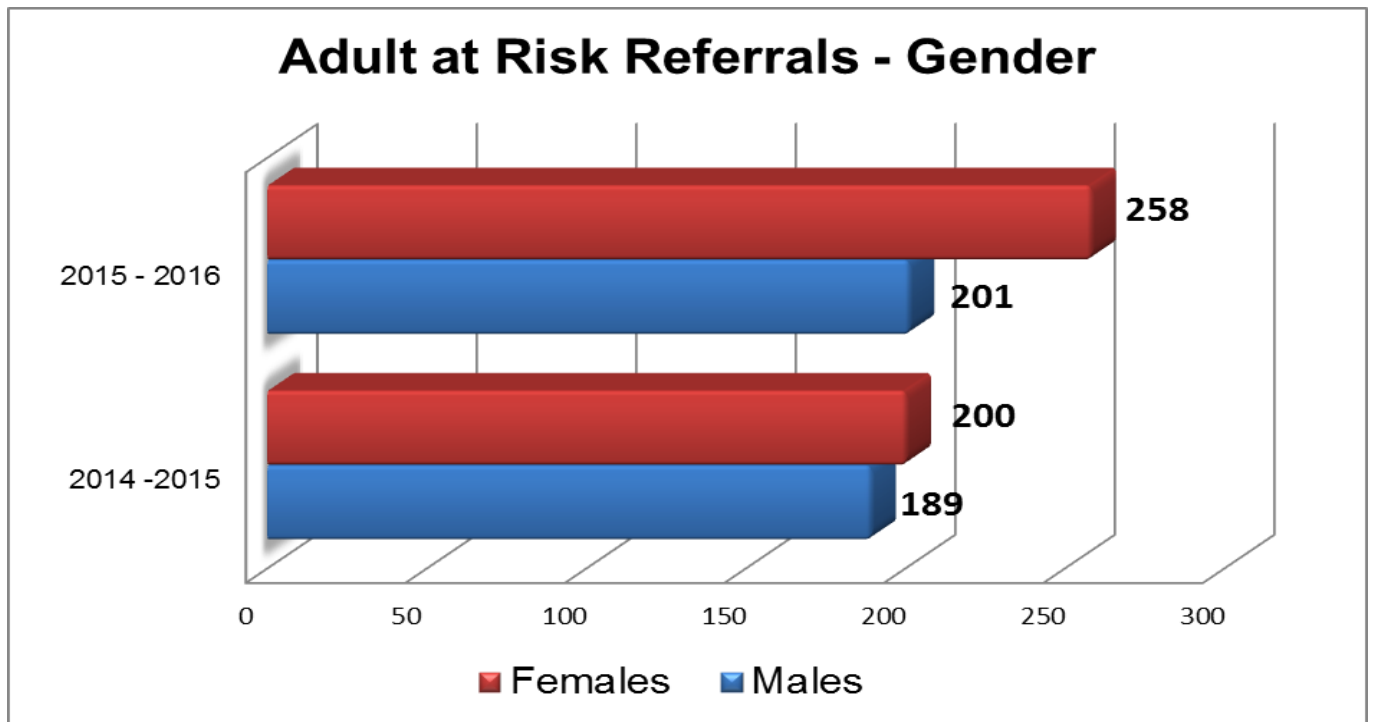


Figure 5

As in previous years, more females are subject to adult protection referrals than males in West Dunbartonshire. **Figure 5** shows a 6% difference between female and male referrals in 2014-15, however the gap widened to 28% in 2015-16. This trend appears to reflect what is happening on a national basis; some explanation may be that there are approximately 10% more females than males living in the West Dunbartonshire area.

On examining statistics from 2012 – 2014 there were 20% more females referred (female 641, male 518) it will be interesting to see if this is repeated in years to come.

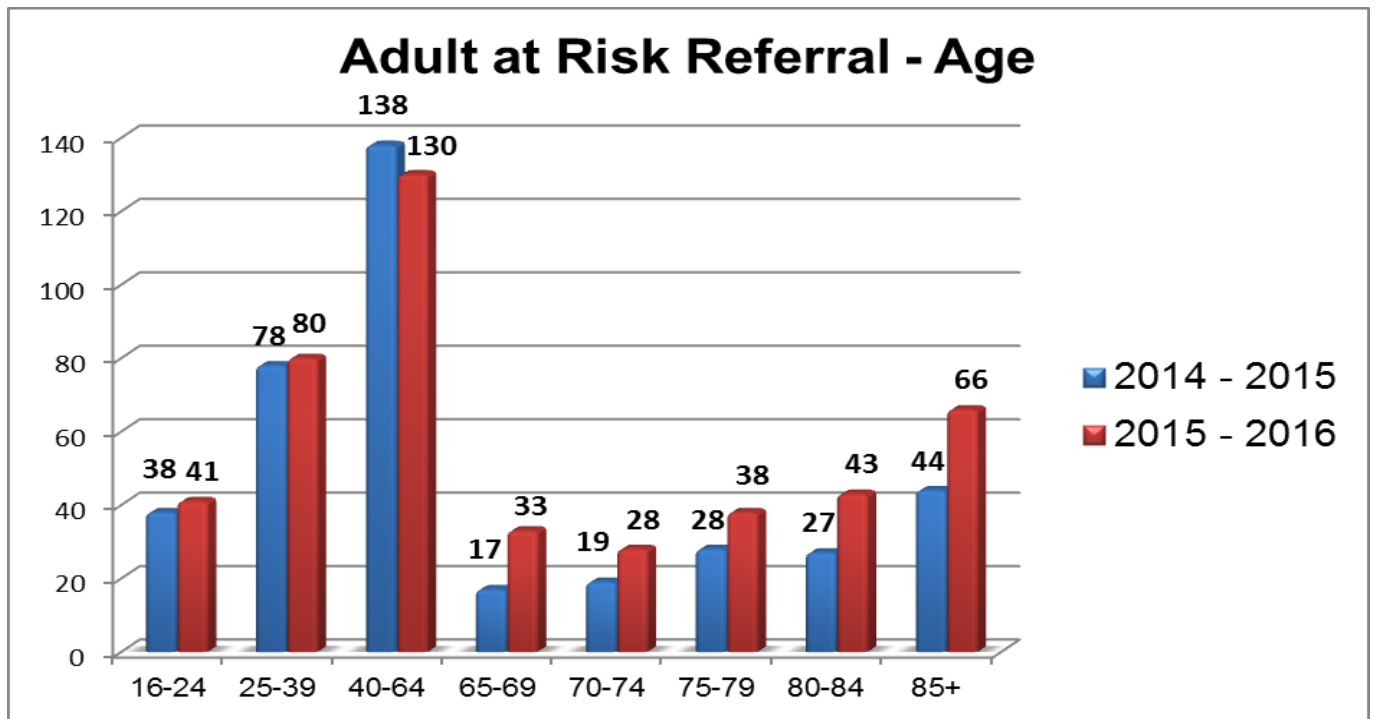


Figure 6

Similar to previous years the highest number of referrals received were for adults aged 40-64 for both 2014-15 and 2015-16. This is a decrease on the statistics from 2012 – 2014 of approximately 400 referrals over the two year period. Again this can be explained by the implementation of the Vulnerable Adult referral pathway where this is the highest age category referred under these procedures.

However, when considering the figures from a broader perspective, the highest number of referrals received in 2015-16 was for older adults 65 years and over with a total of 208 referrals in comparison to 135 referrals in 2014-15. Although this is an increase of 54%, we would expect the number of older adult referrals to be much higher for West Dunbartonshire. A study conducted by Kings College London found that 4% of the elderly population will experience harm each year. Using this study, we would expect 639 out of the estimated 15,970 older people in West Dunbartonshire to be subject to adult protection concerns for the period 2015-16 (Kings College London, First UK Elder Abuse Prevalence Study). If the research is accurate, this would indicate a significant shortfall of approximately 504 referrals for older adults alone.



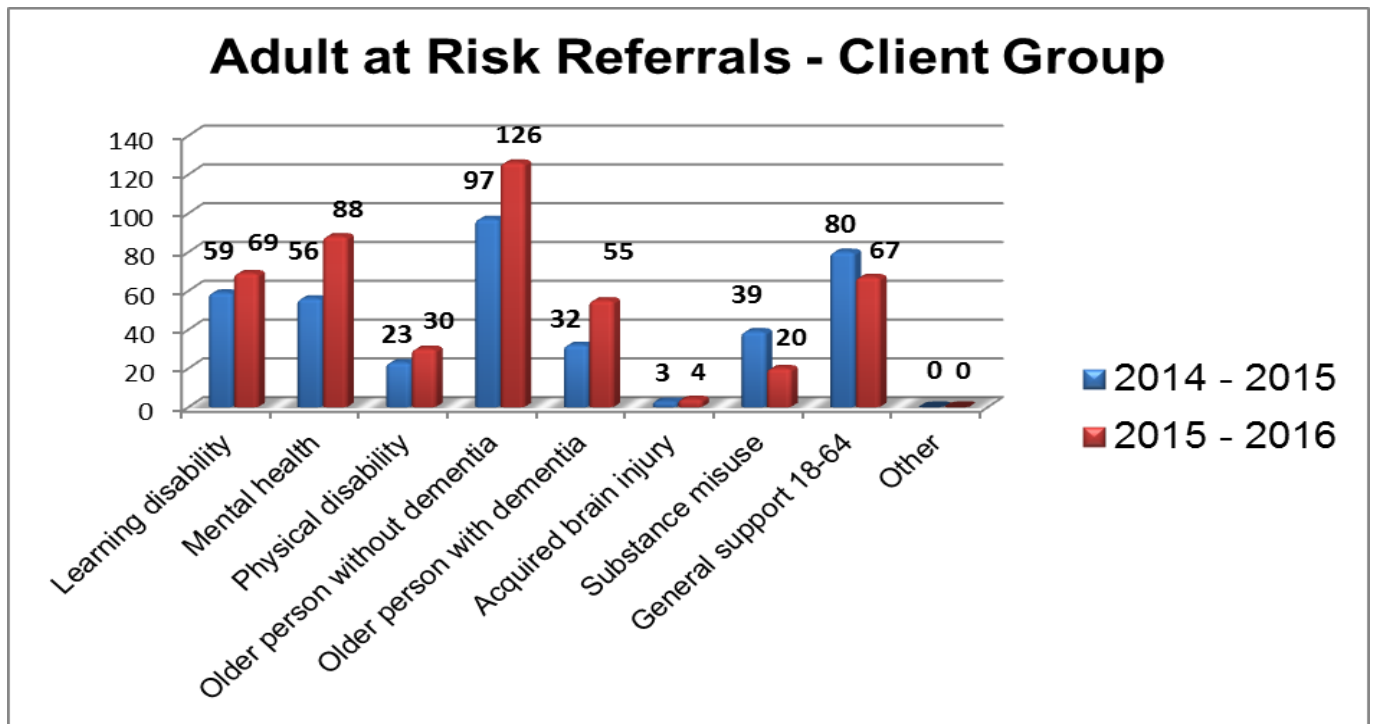


Figure 7

As discussed previously there has been a decrease in referrals from the last biennial report by 26% from the 2012 – 2014 referrals. This reduction can be seen in Mental Health with a reduction of approx. 45% and Addiction Services approx. 46%.

Referrals for all clients groups, other than substance misuse and general support, have risen in 2015-16. The mental health client group saw the biggest increase in the number of referrals rising by 57%. Further investigation found that 15 individuals within the mental health category were referred on 2 or more occasions within this period; and were subject to repeat referral procedures – this would account for at least 30 (57%) of the referrals received.

The vulnerable adult pathway utilised by Police Scotland can explain the decrease in the number of referrals received for the substance misuse category. This pathway was put in place to allow Police to refer vulnerable adults to social work in circumstances where adult protection would not be deemed appropriate or in cases where they do not consider the adult to meet the 3 point test criteria. Therefore, a large number of adults within this category are likely to be deemed as vulnerable adults rather than adults at risk.

**Figure 7** notes a considerable increase in the number of referrals relating to older adults (with and without dementia) in 2015-16. During this period, basic awareness and refresher training (level 1) was delivered to a large number of care home and care at home staff throughout West Dunbartonshire and this may be the reason for this increase.

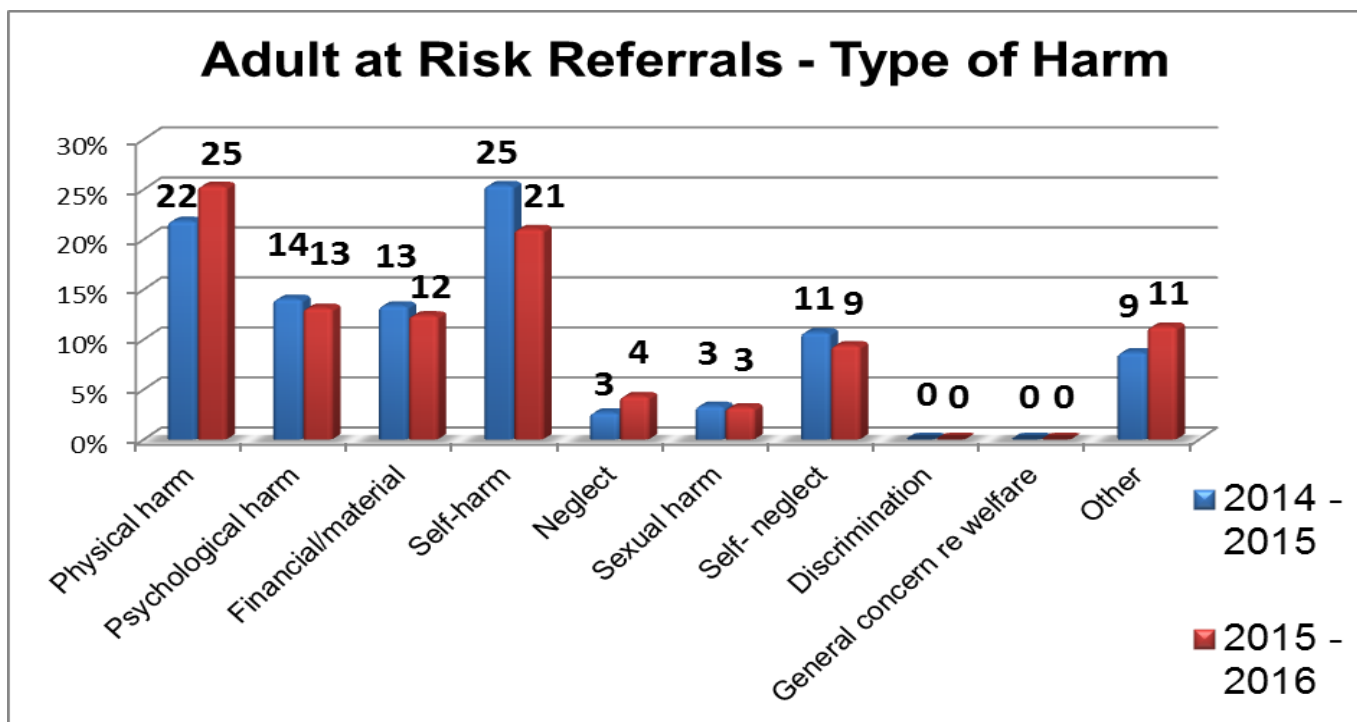


Figure 8

In comparison to previous years, 2015-16 is unique in that physical harm was reported as the most common type of harm within West Dunbartonshire. Previous years have reported self-harm to be the most common at over 30% of all referrals, the difference between the two categories in period 2014-15 and 2015-16 is marginal. Again, the vulnerable adult pathway can account for the slight decrease in the number of self-harm incidents reported under adult protection procedures.

**Figure 8** highlights that all other harm categories have remained consistent over period 2014-15 and 2015-16. These figures appear similar when comparing these figures against previous years. In terms of figures for financial harm, this can be viewed as disappointing due to the work that has been completed with local banks and awareness raising over the 2015-16 period, however work in the area will continue.

The figures for Neglect and Self-Neglect continue to be low and this is reflected at a national level also.

### Adult at Risk Referrals - Outcome 2014 - 2015

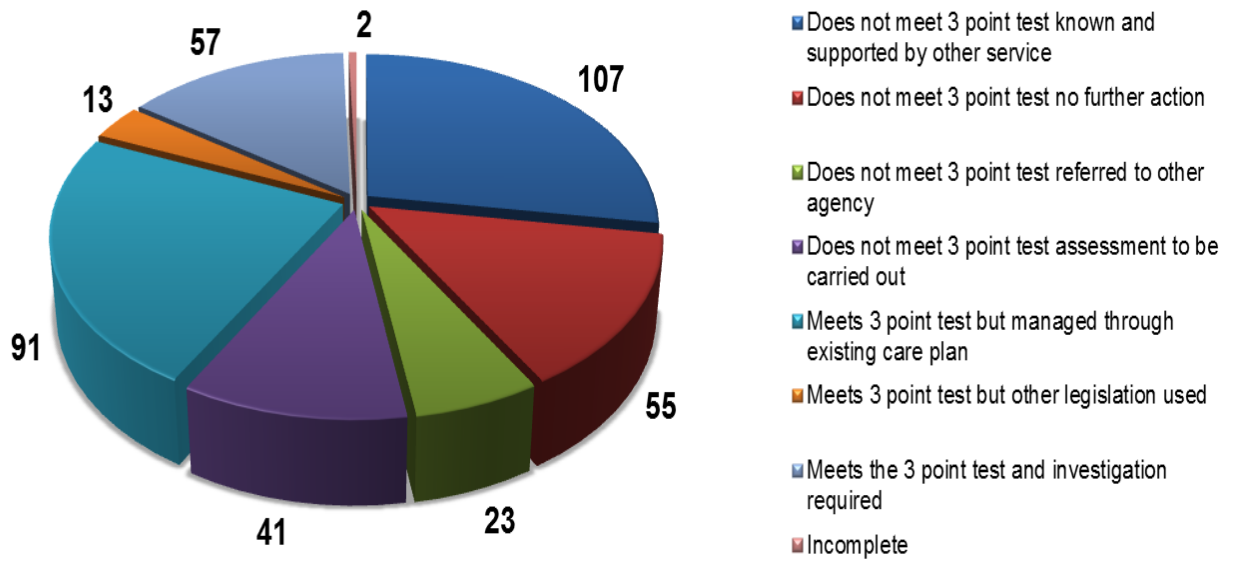


Figure 9

### Adult at Risk Referrals - Outcome 2015 - 2016

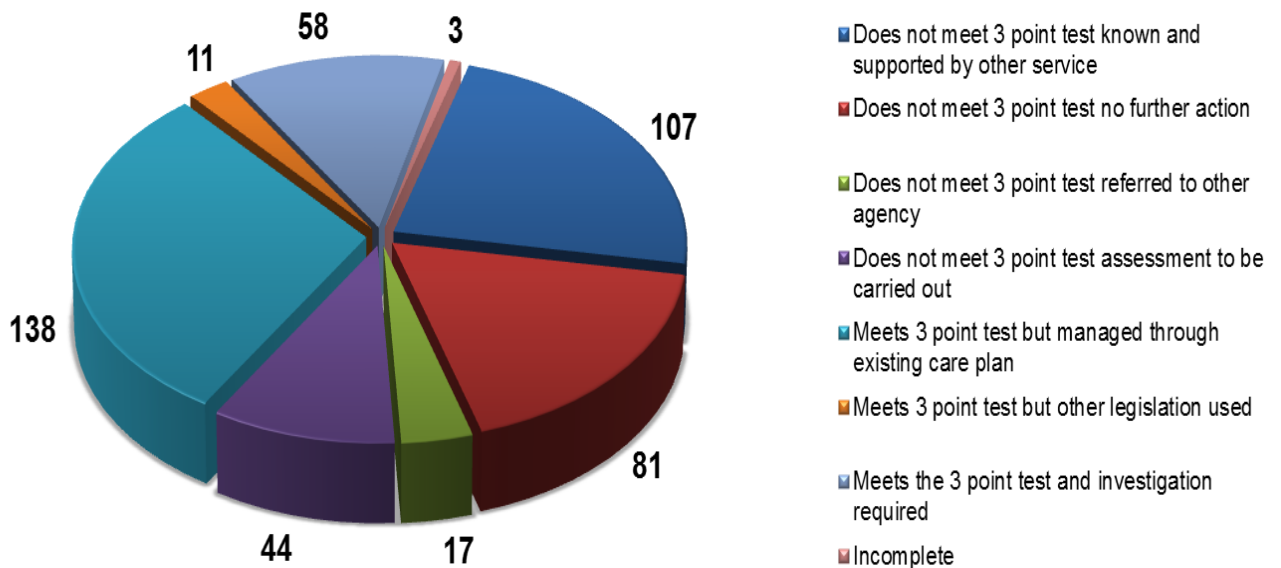


Figure 10

	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014 - 2015</b>	<b>2015 - 2016</b>
Does not meet 3 point test known and supported by other service	33%	29%	28%	23%
Does not meet 3 point test no further action	18%	11%	14%	18%
Does not meet 3 point test referred to other agency	6%	5%	6%	4%
Does not meet 3 point test assessment to be carried out	10%	9%	11%	10%
Meets 3 point test but managed through existing care plan	21%	19%	23%	30%
Meets 3 point test but other legislation used	0%	0%	3%	2%
Meets the 3 point test and investigation required	12%	20%	15%	13%
Large Scale Investigation	0%	5%	0%	0%
Incomplete	0%	2%	1%	1%

Figure 11

When comparing figures to previous Biennial Report figures (**Figure 11**), they have remained fairly consistent. The main change was in the outcome “meets the three point test but managed through current care plan” which was around 20% in 2012/14; this has risen to 26.5% in 2014/16. Council Officers who conduct inquiries are growing more confident in applying the principles of ASP and this may explain the increase to managing risk through existing care plans.

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

In 2012/14 17.5% of referrals resulted in investigation under the ASP Act, in comparison to 14% in 2014/2016. The reason for this is in the 2012/14 quarter there were several large scale investigations in care homes carried out.

As is noted in **figure 9 & 10**, outcomes for adult protection referrals have remained fairly consistent. The percentage of adult at risk referrals for 2015-16 had risen slightly for adults that met the 3 point test criteria. The likely reason for this is an improvement in the appropriateness of adult protection referrals that are being submitted to duty social work.

## Source of referral

	2014 - 2015	2015 - 2016
<b>NHS</b>	26	23
<b>GP's</b>	3	1
<b>Scottish Ambulance Service</b>	0	0
<b>Police</b>	228	236
<b>Scottish Fire and Rescue Service</b>	12	17
<b>Office of the Public Guardian</b>	2	2
<b>Mental Welfare Commission</b>	0	0
<b>Healthcare Improvement Scotland</b>	0	0
<b>Care Inspectorate</b>	1	5
<b>Other organisations</b>	56	69
<b>Social Work</b>	23	36
<b>Local Authority</b>	9	38
<b>Self (adult at risk)</b>	5	7
<b>Family</b>	13	21
<b>Friend/Neighbour</b>	4	1
<b>Unpaid carer</b>	1	0
<b>Member of the public</b>	1	0
<b>Anonymous</b>	2	3
<b>Other</b>	3	0
<b>Total</b>	<b>389</b>	<b>459</b>

Figure 12

In keeping with national trends, Police Scotland continues to submit a large number of adult protection referrals to the local authority. However in the 2 year period 2012/2014 there was 736 received in comparison to this period of 2014/16 when 464 referrals were received. This is a drop of 40% in referral rate from the police. This decline in adult at risk referrals is thought to be due to the police submitting more vulnerable adult concern reports which are increasing dramatically.

Once again, referrals from GP's remain low over both periods. This topic is regularly discussed at committee meetings and has been recognised as a national issue at the convenors group. On a local basis, the AP Co-ordinator for West Dunbartonshire continues to attend protected learning events for GP practices across the area to raise awareness of ASP and to discuss the wider adult protection agenda. The clinical director for West Dunbartonshire HSCP is also represented at the adult protection committee and links are being considered at GP locality meetings with a view to raising awareness of ASP, this may lead to an increase the number of adult protection referrals we receive in West Dunbartonshire.

## **Conclusion of Statistical Information**

As in previous years, there continues to be general trends such as high numbers of police referrals and low numbers of health referrals. When examining the effect the implementation of the Police Concern Management Hub has had it is clear that the overall referral rate of Adult Protection Referrals has declined in the two year period. However the implementation of Vulnerable Adults pathway has led to a significant increase in referral rates since its implementation mid-2012.

When examining the number of adult protection inquiries which have proceeded to full investigation in West Dunbartonshire these account for approximately 14% of the inquiries submitted. This sits just above the national average figures.

There continues to be scope for improving and developing practice in adult protection and these figures must be used to help us to focus on areas that require development. We will continue to concentrate effort in raising awareness of adult support and protection via GP protected learning events which are planned for October 2016.

West Dunbartonshire have implemented a quarterly self-evaluation process which examines a percentage of Adult Protection cases, as part of this process we will continue to gather information from service users involved in the adult protection process. This will give us more information on whether individuals feel safer as a result of being subject to the adult protection process.

## **Management of Services and Staff**

West Dunbartonshire has two full time permanent Adult Support and Protection Staff – the Adult Protection Co-ordinator, and the administrator. Both are relatively new in their positions but have managed to effect a seamless transition from their predecessors. The Adult Protection Co-ordinator is currently managed by the Integrated Operations Manager for Learning Disability Service as there is a vacant Lead Officer post for Adult Support and Protection. The administrator supports the work of the Co-ordinator and provides administrative support to the committee and sub-committees.

Adult Protection referrals are dealt with by the generic social work duty system and those cases which are deemed by the duty senior to require investigations are passed onto the relevant teams. All qualified workers in adult care within the HSCP carry out adult protection work at investigation stage 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.

The Adult Protection Co-ordinator offers advice and guidance or assistance in respect of adult support and protection to colleagues from HSCP, other agencies and third sector as required.

There is also a Council Officer's Forum which takes place quarterly and 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.

A group of managers meet every quarter and the agenda includes updates on the main work-streams of practice, communication, self-evaluation and training. This report will reflect the work undertaken via these work- streams.

## **Public Protection Chief Officers' Group (PPCOG)**

The Chair and the Adult Protection Co-ordinator provide a report on the work of the Adult Protection Committee (APC) to the Public Protection Chief Officers Group (PPCOG) and in turn provides update to the APC. This group involves the Chief Executive and senior managers from key agencies within the HSCP. The Chief Officer's Group meet quarterly and endorse and oversee the Adult Protection Service within their area of responsibility. At these meetings there is discussion about the development of integrated partnership working within the Adult Protection area.

At the Chief Officers' Group important strategic, procedural links are provided and developed between Adult Protection, Child Protection and the Public Protection role of Criminal Justice. The Chair of the Child Protection Committee contributes with an update on all Child Protection work. Updates are also provided in respect of Multi-Agency Public Protection Arrangements (MAPPA).



## **Training and Staff Development**

There is currently a training sub-group in place within West Dunbartonshire Health and Social Care Partnership; this is part of the wider self- evaluation group who meet quarterly to go over the training work plan. This group evaluate the courses provided and plan any gaps in training. In addition to this the Adult Protection Co-ordinator meets with council officers at a three monthly forum to identify and agree learning and development opportunities arising from practice.

West Dunbartonshire Adult Protection committee has developed a multi-agency training strategy. The invitation is extended to people who work within the public bodies specified in the act and the voluntary and private organisations that may come across an adult at risk within West Dunbartonshire area. The training is currently delivered by the Adult Protection Co-ordinator or skilled Council Officers.

The evaluation of training carried out since 2014 showed that West Dunbartonshire provided adult protection training at four levels:-

- Public Protection e-learning module (2 hours)
- Basic Awareness (half day)
- Detailed Awareness (full day)
- Council Officer (2 days) and Refresher Council Officer (1day)

Other specialist training in addition to this included facilitating training for Senior Social Workers in order to promote continuity of practice for managers chairing meetings under ASP legislation. We have courses highlighted for delivery in the next two years which include Crossing the Acts Training (i.e. AWI, MHCT and ASP), Defensible Practice, Risk Assessment, 2<sup>nd</sup> worker training, and a refresher on Investigative Interviewing.

West Dunbartonshire council continue to make an effort to target a range of independent care providers for basic and detailed awareness sessions as it is felt that this has led to an increase in referrals from these sources in the past.

A short one hour lunchtime seminar has been designed and arranged for GP's and focuses on how to recognise and report harm. It also includes what duties and responsibilities have been created by the act.

From August 2014 to March 2015 training figures were low. This was due to the absence of an Adult Protection Co-ordinator in post who is responsible for facilitating the training agenda. Since March 2015 the training programme has required a high degree of attention and input.

## **Breakdown of Training**

	<b>2014 - 2015</b>	<b>2015 - 2016</b>
Basic Awareness Training	86	263
Basic Awareness Refresher Training	0	43
Detailed Awareness Training	51	74
Council Officer Refresher Training	19	38
Minute Taking Training	11	23
Self-Harm event	0	25
Chairing Case Conferences	0	7
3 Acts	9	0
<b>Total</b>	<b>176</b>	<b>473</b>

Figure 13

Over the past two years 14 different organisations were represented at our basic awareness sessions. Additionally 4 organisations sent representatives to attend the detailed awareness sessions. We continue to work hard to ensure we include as wide a range of staff as possible in these ventures. We have included staff from hospitals in the detailed awareness sessions as referral rates continue to be low from hospital settings in relation to ASP.

In addition to these courses we have facilitated training in conjunction with other authorities. An example of this was the recent training provided for two new council officers who required training, we facilitated this in East Renfrewshire Council. We also took part in a 1 day seminar delivered by Michael Preston Shoot on the topic of Self-Harm which included 5 other local authorities within the area.

The training courses have a financial harm case study incorporated in order to raise awareness and encourage an increase in the reporting of financial harm incidents. This was in response to the Scottish Government national priority on financial harm. We work in partnership with Trading Standards who provide a short input at training events on the work they carry out tackling the reduction of financial harm in the West Dunbartonshire area.

We are committed to ensuring the training incorporates a short input from multi agencies such as Scottish Fire and Rescue, Trading Standards and the Police. Over the next year we are tasked with designing and implementing a joint training programme in Adult and Child Protection.

## **Self-Evaluation in ASP**

It is the role of the Adult Protection Co-ordinator and the Adult Protection Committee to maintain an overview of all aspects of the quality assurance work undertaken in order that continuous improvement of individual services and inter-agency working remains a key focus of the committee. The self-evaluation sub group appointed a small group of staff to carry out an internal evaluation of social work files subject to adult protection procedures and this takes place every three months. Over the past 12 months 20 cases have been evaluated. 9 no further action cases at inquiry stage, 4 at investigation stage, 4 at case conference and 3 re-examined from 2014 internal audit (10 cases). There were action plans put in place to address the gaps in practice. An example of this was to incorporate a narrative box at the 3 point test to demonstrate consideration and evidence of this in more detail.

In addition to the internal audit a multi- agency audit took place on 23.5.16 which brought a mixture of representation from social work, police, care inspectorate, health, quality assurance and strategic services. This resulted as an agreement that interagency partnerships should be able to demonstrate they are delivering outcomes for individuals efficiently. We looked at a total of 16 cases; 9 no further action at inquiry stage, 2 at investigation stage, 2 at case conference stage and 3 at review cases conference stage. Feedback was given to workers and their managers after the audit and also Advocacy agreed to gather feedback from 5 individuals who agreed to be interviewed to discuss how the process affected them. Overall the findings from the multi- agency audit were positive with feedback in bullet point attached as an addendum.

The key issues arising were the similar to the findings of the internal audits which mainly included the use of chronologies and the absence of risk assessment for cases that proceeded further than Inquiry Stage. Areas of strength included good multi-agency working and overall demonstration that risks were reduced as a result of the interventions provided in the ASP process. Overall the findings from the audit are positive and we will continue to monitor on a quarterly basis.

In conclusion evidence from the cases audited suggested that service users and carers are receiving a good level of service with respect to adult protection. There are key strengths in practice, whilst also recognising there is room for improvement to ensure a consistently high level of support and protection is provided to this vulnerable group.

## **Service Users and Carers**

At the time of publishing our last biennial report in 2014, we had hoped to pursue a proposal regarding the development of a specific sub-committee comprising of service users, which would be fully reported and could feed directly into the main committee. However, following further work on this proposal, it was felt that any such group could not realistically be expected to cover the interests of all the relevant care groups and in any event, did not appear to be popular to the people canvassed about it. It was therefore decided that the views of service users and carers would be best obtained by visiting as wide a selection of service users, carer groups and events within the area as possible in order to canvas their views of Adult Protection processes and most importantly, to find out whether or not they felt safer as a direct result of the implementation of Adult Protection procedures.

As part of the wider awareness raising work task we have arranged short sessions involving service users and carers groups in the coming year. On 19<sup>th</sup> May 2016 representatives from the Adult Protection Team attended the annual learning disability service user and carer information day. A stall was used for information, and interactive talks/discussions in relation to Adult Protection. A thought tree was used in order to ascertain what the service user group knew about the Adult Support and Protection Act (Scotland) 2007 – **(Figure 14)**.

Awareness sessions have been arranged in Dementia Carers Support, The Local Craft Group and the Carers Centre in the next two months. The intended outcome of this is to engage with service user, carer and community groups and provide them with up to date and relevant material.

### **Information Day – Thought Tree:**

*“It’s something about protecting vulnerable adults”*

*“protecting disabled people and making them safe”*

*“I don’t really know what adult protection is”*

*“ASP – it’s difficult to balance risk with the choice and rights of the individual”*

*“It’s about difficult situations – somethings you think are right can be wrong”*

*“It stops people using disabled people like me”*

Figure 14

## Communication, Co-operation and Partnerships

Since the inception of the Adult Support and Protection (Scotland) Act 2007 there has been much effort 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 within reports and holding events to help elicit their views.

We are in the process of reviewing our literature once again and it is a local service user and carer group who have agreed to review and suggest amendments. It is hoped that the leaflets will also continue to 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.

We have a council officer toolkit in place with many innovative forms of communication aids to ensure that service users understand what is going on during investigations and case conferences which continues to be effective and invaluable.

We have implemented an on-going service user evaluation survey in order to capture the service users experience about the Adult Protection process; we devised this in conjunction with speech and language therapists. The objective was to improve on service user evaluation and also help us understand how adult protection impacted on service users. We tasked Advocacy Services to carry out this feedback as they are independent in their role. Of the cases subject to multi- agency audit five individuals have agreed to be interviewed to establish if they felt safer as a result of an ASP intervention. (Feedback to be included when advocacy visit).

A local adult protection campaign took place in late February 2016. The Adult Protection Team ensured that new posters and leaflets were distributed to agencies across West Dunbartonshire and local newspapers featured an article based on the "See Something, Say Something campaign". WDC Corporate Communications featured a Twitter and Facebook campaign and the screensaver on WDC computer screens were changed to feature imagery used on the posters that had been distributed. Interestingly there was an increase in the rate of referral following the campaign (**Figure 15**) however it is difficult to ascertain whether this was as a direct result of the campaign.

	Adult At Risk	Vulnerable Adult
January	24	62
February	50	49
March	46	40
April	38	52

Figure 15

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. The Practice and Communication sub-committee have also ensured that consideration of service users communication needs is evidenced at all investigations and subsequent meetings, as directed within our guidelines.

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.

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 is 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.

We continue to 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.

The AP Co-ordinator and Team Leads have well established links with the local Public Protection Unit. This includes: regular communication between the Co-ordinator in respect of police reports received, established mechanisms for invitations to case conferences to facilitate Police attendance, and the secure sharing of information, report and minutes of meetings as required. When invited the police representation is high at case conferences.

As with all local authority areas West Dunbartonshire HSCP has a nominated link inspector from the Care Inspectorate. There are established links between the AP Co-ordinator with the Inspector being involved in the Multi-Agency case file audit. The APC continue to invite a representative from the care Inspectorate to quarterly committee meetings.

## **Conclusions and Recommendations**

This, the fourth Biennial Report from the West Dunbartonshire Adult protection Committee, reflects the continued progress made in the implementation of the Adult Support and Protection (Scotland) Act 2007. There is strong evidence that public awareness of the legislation has increased over the past two years and service users have been able to express their awareness of the Act and, in general, have been positive about the impact its procedures have had on their lives.

Despite feedback indicating that general awareness of the Act has improved, however, referrals from both the public and health services continue to be low. It will be important, therefore, for representatives of the Committee to continue attending service user and carer's forums, and also the protected learning events for health staff, to ensure that information about the Act is disseminated as widely as possible.

As in previous years, the understanding and practice of adult protection procedures among the staff of all the agencies concerned has been greatly assisted by our targeted and comprehensive training strategy, which has been well received by all participants. It will be important to maintain this standard in the years ahead and also to explore ways we can continue to involve the private sector in our training, especially in the area of financial harm where co-operation between public services and the financial services industry will be key.

An area of continued progress in West Dunbartonshire has been the self-evaluation of our practice and the reporting of our findings. We have collaborated with the Care Inspectorate in our work on this task and this is an area of work that the Committee is keen to support and encourage. The information gleaned from such reviews gives clear and useful information about the development of practice in adult protection and provides evidence of what we are doing well and also areas which require development.

Our management figures have shown some changes from previous years, especially in the overall number of referrals received. These changes reflect the more refined pathways we have developed to ensure that referrals for adults at risk of harm are more targeted. In the period immediately after the new pathway was introduced, numbers of adult protection referrals fell as the number of vulnerable people referred grew. In the year since then however, the number of adult protection referrals have begun rising again, indicating that the general trend for referrals of those considered to be at risk of harm is still upward.

Over the past two years, the Scottish Government have carried out work to try to ensure that all thirty two Local Authorities in Scotland collect information in a consistent manner so that accurate benchmarking can be carried out. Hopefully, therefore, some reliable comparisons between areas of Scotland will be possible by the time the next Biennial report is published.

As in previous years, our Committee has continued to have concerns about the use and effectiveness of some of the legal tools and mechanisms contained within the Adult Support and Protection Act, such as banning orders and the strength of sanctions open to the Court in enforcing such orders. It is our continued belief, therefore, that a review of the Act would be of great benefit.

In the light of the decision to dispense with the National Policy Forum for Adult Protection, it will be important for the Chairs of the Committees to continue to meet together regularly in order to discuss issues of common interest and to collaborate with other national bodies, such as the Care Inspectorate and the Office of the Public Guardian, in order to help identify and develop a national agenda and to pursue areas of work already underway (e.g. the work on financial harm).

We will, of course, continue to place the service user at the heart of our work and further develop ways of ensuring that our communication with this group is meaningful and reaches as wide a range of people as possible.

Peter Jennow  
Independent Chair

