



**Adult Protection**  
RENFREWSHIRE

**Renfrewshire Adult Protection Committee**  
**Biennial Report**  
**September 2010**

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# **Renfrewshire Adult Protection Committee**

## **Biennial Report**

**September 2010**

### **1. Preface**

Though the first meeting of the Renfrewshire Adult Protection Committee took place in April 2008, and the committee has therefore been in operation for two and a half years, it still feels like a new body, still feeling its way into the agenda, and still putting down roots.

Nevertheless, I think good progress has been made, most particularly in providing a focus for and a stimulus to joint interagency working in adult protection, and in spreading knowledge and understanding across a wide range of stakeholders of the need for greater vigilance and attention to the needs of adults at risk of harm and exploitation.

It is perhaps an open question as to whether the legislation was required, since the orders available under the act have been so little used across Scotland, and not at all in Renfrewshire, but there can be no doubt that the impetus to improve training, joint working and identification of need has been important in raising the profile of an often hidden but vulnerable population.

I have been impressed by the willingness of staff from all agencies to engage in the work of the committee, both at senior and operational levels, with a clear message going out to all staff in all agencies of the importance of adult protection work. The involvement and support of elected members and of the voluntary sector has also been noteworthy.

Similarly, the first annual conference organised by the Committee, attended by over one hundred and fifty staff from across all agencies, clearly demonstrated the wish for greater knowledge and debate about adult protection issues, and for greater understanding of the roles and responsibilities of each agency.

A highlight for me of the first report period has been the publicity campaign run by the Committee on billboards, buses, posters and leaflets. The images were powerful and direct, and there is evidence of a significant number of people throughout Renfrewshire having seen the publicity. The need to publicise adult protection concerns and to encourage local people - whether neighbours, relatives, friends or community activists - to be the eyes and ears of agencies in providing early warning of people at risk is one of the most important tasks for the Committee, and I believe we have made a good start on this task.

A further notable achievement has been the work begun on monitoring and auditing the work going on in the adult protection field. This has included a study to ensure that police reports, which are by the far the largest proportion of referrals, are both appropriate and being responded to effectively, and the first multi agency case file audit, allowing a base line of quality to be determined and an agenda for practice and training to be developed.

Issues that face the Committee for the future include further attention to interagency cooperation, greater multi agency understanding of thresholds and risk assessment, and a wider awareness of the need for effective communication and planning of interventions in the lives of vulnerable people.

In addition, the Committee to date has struggled with the need to ensure the effective engagement of users and carers in providing feedback on their experience of receiving services, and in taking part in the design and development of services. There is a need also to improve the involvement of advocacy services to help ensure that users communicate effectively with agencies.

The next biennial period, from 2010 to 2012 will be critical in determining whether the adult protection approach to promoting the safety and wellbeing of vulnerable people in the community and in residential care, becomes embedded in the working methods of all agencies.

The Adult Protection Committee has made a good start in promoting this culture shift, but has lot to do over the next two years to promote this demanding but important agenda.

Tim Huntingford  
Independent Chair of Renfrewshire Adult Protection Committee

## **2. Introduction & context**

This is the first biennial report of the Renfrewshire Adult Protection Committee. This report covers the period from April 2008 to July 2010.

### **Establishment of the Renfrewshire Adult Protection Committee and appointment of an independent chair**

Work began on the establishment of the Renfrewshire Adult Protection Committee early in 2008, and the first meeting of the committee took place on 23 April 2008. As such it was one of the first Adult Protection Committees to be established in Scotland. The independent chair of the Renfrewshire APC is Tim Huntingford, who is also the chair of Renfrewshire's Child Protection Committee. This is seen as important element in Renfrewshire for maximising the opportunities to ensure that there are close links between the work of the Adult and Child protection Committees, and potentially across the wider public protection agenda.

The Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire.

The Committee has interagency representation, and meets on a two monthly cycle. The terms of reference and membership are attached at appendix 1. A job description for the Independent Chair has been approved by the Adult Protection Committee and the Chief Officers Group.

The Adult Protection Committee is supported and serviced by officers of the council's Corporate Services.

### **Establishment of a Chief Officers Group**

A Renfrewshire Adult Protection Chief Officers Group (COG) has also been established, with its first meeting having been 1 December 2008. The Chief Officers Group is chaired by the Chief Executive of Renfrewshire Council, has interagency representation, and meets on a quarterly cycle. The remit and membership of the group are attached at appendix 2. There is consistent representation from a number of agencies across both the Adult and Child protection COG, and this again provides the best opportunity for appropriate links to be made across the work of the two COGs.

The Chief Officers Group is supported and serviced by officers of the council's Corporate Services.

### **Workplan**

The Adult Protection Committee devised a workplan to provide structure to its activity up to and including the production of the first biennial report. This has been updated regularly to reflect progress, and is attached at appendix 3.

## Development of a subcommittee structure

A sub group structure has been created, with three sub committees covering Training, Monitoring & Evaluation, and Practice Development. Each subcommittee is chaired by a member of the Adult Protection Committee and has representation from across agencies. Subcommittees first met in early 2009. Remits and membership of these committees are attached at appendix 4.

Each Sub Committee will meet at a frequency to be agreed by the subcommittee, but initially not less than every two months.

Each Sub Committee provides copies of minutes of meetings to the full Adult Protection Committee.

The Training Sub Committee is responsible for developing and maintaining a training strategy for adult protection in Renfrewshire; identifying, developing and maintaining adult protection training processes for the statutory sector; and for maximising the direct involvement of the independent sector in developing and participating in training.

The training committee has taken an overview of training activity across agencies, and is now producing an inter agency training strategy to guide training activity over the next 2 years. A joint training officer post has recently been appointed, to work on both adult and child protection training.

The subcommittee planned and ran a very successful Adult Protection Conference in November 2009, attended by over 150 people with very high evaluations coming from the attendees. Key issues identified included the need for continued information to be available in relation to adult protection (to both the wider public and staff); the need for more interagency training; and a number of matters in relation to practice development;

The Monitoring & Evaluation Sub Committee is responsible for developing and implementing data sets and monitoring processes that provide an overview of Adult Protection activity in Renfrewshire, and for developing and implementing audit and evaluation programmes in relation to adult protection.

The group membership includes Social Work, Strathclyde Police, Renfrewshire Learning Disability Service, and Renfrewshire CHP

The subcommittee has developed business and IT processes, and monitoring systems for collecting and collating information on adult protection activity that accords with the expectations of the national data set, and has refined these, and agreed a range of templates for activity reporting. This information is provided later in this report

The group has overseen a sample audit of case files in July 2010, and the headline conclusions arising from this are to be found later in this report. Adult

Protection Network lunches have been introduced this year, bringing together front line practitioners to discuss relevant practice based issues

The Practice Development Sub Committee is responsible for ensuring that there are robust and up to date policies, procedures and service standards in relation to adult protection in Renfrewshire, and that the development of practice is informed by experience and case review.

The group membership includes Social Work, Housing, Strathclyde Police, Strathclyde Fire and Rescue, Renfrewshire Learning Disability Service, the Care Commission and Health.

The group will develop local protocols from the West of Scotland procedures where appropriate and will take responsibility for monitoring the use of the procedures and updating protocol in light of changes to legislation or as the result of research/investigations

Work undertaken by the Committee includes the development of a procedural framework for Significant Case Reviews Group. The group members are currently being identified and should be in place for September 2010.

Work on the use of Appropriate Adults has been looked at resulting in local changes to police protocol and updated multi-agency protocols are being developed.

Practice issues following the first Adult Protection conference are being identified and will be progressed by the group on both a single agency and multi-agency basis.

Individual agencies have started to identify cases/issues to take forward for use at the Adult Protection Network Lunches which commence in August 2010, looking at informal multi-agency discussions about Adult Protection practice. Each network lunch will seek to have a focus on the particular contribution made by different agencies. The network lunchtime meetings are chaired by the Chair of the Renfrewshire Adult Protection Committee.

Informal case reviews are also being undertaken and reflection on individual agency practice and involvement carried out with learning from practice taken back to individual agencies. Agencies will also bring any complex cases to the group for any initial case review decisions.

#### Internal Audit

Renfrewshire Council's Internal Audit Service undertook an audit of the council's Vulnerable Adult Protection arrangements in March 2010. The report of the audit concluded that the Renfrewshire Adult Protection Committee had made positive progress in their responsibilities for adult protection in Renfrewshire.

A number of minor areas of weakness were identified which were regarded as being easily resolved. These related to matters regarding terms of reference

of the committee and subcommittee in relation to options for substitutes to attend, the importance of interagency liaison, and clarification of reporting arrangements to the Council's Community and Family Care Policy Board.

All these matters have now been addressed.

#### Other matters

The Committee has invited an area manager from the social work service to speak to an operational perspective on Adult Protection. This was helpful in identifying the need to continue to educate personnel across agencies to assist in the identification of cases that meet the criteria under the act; that there is a need for a structure to be in place to record evidence/information in a chronological order; and the need for further work in the context of inter agency training to agree threshold levels.

An officer from the Procurator Fiscal's office has attended a meeting of the committee. The conclusion of this discussion was that the introduction of the act had not resulted in an increase in cases being dealt with by the PF's office to date.

Renfrewshire's Adult Protection Committee held its first adult protection conference on 4 November 2009 in Paisley Town Hall. The conference provided an opportunity for RAPC to meet with practitioners from Renfrewshire and for delegates to consider developments in adult protection during the first year of implementation of the Act. Over 200 delegates from a wide range of statutory, voluntary and private organisations attended.

The conference's guest speaker, Kathryn Mackay, Lecturer in Social Work, Stirling University, drew on her research and experience of contact with agencies and practitioners across Scotland to discuss the themes and challenges that are emerging in relation to adult protection in Scotland.

Delegates' evaluations of the conference were very positive and their comments suggested that they particularly valued this opportunity to meet and share experience with practitioners from other agencies.

Key issues and themes that emerged included

- A desire for more information about the APC, eg who its members are; what its role is and how it was going to carry out its responsibilities
- The need for more interagency training
- How best to engage with and secure the views of users cares and advocates in relation to adult protection

- A number of areas in relation to practice development including
  - Risk and referral thresholds
  - Rights and choice v protection
  - Non-compliance/engagement
  - Awareness and knowledge of other related legislation
  - Client group specific issues: e.g. drugs and alcohol; mental health; learning disability
  - Balance of support and protection
- Communication with a wider audience/public information resource
- A number of partnership issues including:
  - How do we achieve a shared understanding of responsibility, engagement and involvement between partner agencies? Need to create a culture of awareness in all agencies that it is everyone's responsibility to protect adults at risk as well as children. Clarity on roles and responsibilities.

### **3. Users and Carers**

The guidance on Adult Protection Committees advises that councils have discretion on appointing other representatives who can bring expertise to the Committee. Service users and carers and advocacy groups have clear interests, and service providers will often be directly involved with people who fall within the scope of Adult Protection.

There is a wide range of service user groups who will have a potential interest in adult protection, and similarly for carers groups and service providers. This means that there are not likely to be any pre existing overarching representational groups that can be approached for involvement in the work of the Adult Protection Committee.

Within Renfrewshire this was indeed the case, with no immediate local mechanisms for achieving involvement/representation across the very wide range of service user/carer/provider groups and interests with likely involvement with adult protection. There is a range of user and carer organisations and networks for adults, representing a wide range of views but there is no one grouping which brings these together locally and which could be seen to truly reflective of all the service user/provider/carer groups.

The committee agreed to hold an initial consultation to assist in consideration of how best to tap into existing user and carer networks. Unfortunately despite initial informal indications that such an event would be supported, nominations were low and this poor response resulted in the event being cancelled.

It was felt that this may have been as the result of a low level of awareness of Adult Protection generally and that the initial focus should be on awareness raising for the general public and for staff. This informed the programme for Renfrewshire's first Adult Protection Conference, held in November 2009.

There have been presentations to a number of user/ carer groups and at Joint Planning Forums and a toolkit is being developed to assist in delivery of a programme of further such presentations to a range of groups.

There are established links between the Adult Protection Committee and the wider Community Planning structure, with specific reference to issues under the themes of Safer and Stronger themes. It has been agreed that specific comment will be sought from the Adult protection Committee to feed into these themes where appropriate.

Advocacy Staff have been trained in Adult Protection arrangements, and can give examples of where they put those to use and are clear about reporting arrangements.

Links with Social Work Contracts team are also being developed to assist with engagement with Providers. In addition the APC has representation from RCVS which is an umbrella body for smaller voluntary organisations within Renfrewshire. Consideration is now being given to developing a joint Voluntary Sector Forum meeting that will cover both Adult and Child Protection issues, and potentially broadening this out into the wider public protection agenda.

Progress in relation to involving users and carers has not been as good as we would have wished. As outlined above, the problems of there being no natural constituency of interest is a significant factor in this, but further work will be done to address this issue. Included within this will be the extent to which service users and carers participate in care planning meetings and case conference in relation to themselves, or people they care for. This will be a feature of the coming year's work programme.

Consideration is being given to how best to link adult protection issues into the wider community planning agenda. Direct links are made between community planning and the work of the Adult Protection Committee, and it may be possible to make effective links between, for example, the Safer and Stronger Community Planning group, thereby also minimizing duplication of activity.

Presentations have been made on Adult protection to the five Renfrewshire Local Area Committees as a means of engaging with wider community representatives.

#### **4. Management of services and staff and budget issues**

The main staffing implications have fallen to social work.

Resources allocated to adult protection within Renfrewshire social work include a coordinator for Adult Protection and Mental Health Officer services, and in addition to the existing resources that responded to adult protection issues in advance of the implementation of the act an additional five new front line posts (3 social workers and 2 MHOs) have been allocated to a range of operational units to enhance capacity in order to be able to meet the demands of the Adult Support and Protection Act.

A joint training officer covering both Adult and Child protection is in post.

Additional new resource has been allocated to training, communication/ and publicity, and costs associated with the operations of the Adult Protection Committee, and a contribution to proposed 'regional officers', though these have not been appointed.

The coordinator is managed by the Principal Officer (Older People), and through her to the Head of Community Care. The coordinator directly manages a group of 3 MHOs and coordinates other MHO activity across Renfrewshire. Social work fieldwork staff are managed through area team or joint team managers.

An NHS Greater Glasgow & Clyde wide Adult Support & Protection Liaison Group was established in 2008, and in 2009 the group agreed to employ an Adult Support and Protection Act Implementation Officer on a fixed term basis, along with administrative support.

Within Strathclyde Police Adult Protection falls under the remit of the Divisional Public protection Unit, and there is a divisional coordinator (covering Inverclyde and Renfrewshire) responsible for collating all vulnerable adult information and acting as liaison for all police staff and support agencies.

Within Strathclyde Fire and Rescue, Renfrewshire Education and Housing Services, Renfrewshire CHP and NHS Acute sector while there are no staff specifically dedicated to adult protection there is full engagement by agencies. This includes representation on the full committee and sub committees, and staff from Police, Health, Housing and social work were all involved as part of the audit team for the recent case file audit

#### **5. Management Information**

The Monitoring and Evaluation Subcommittee has identified the core datasets for routine collection and analysis. It has undertaken a range of work to ensure that there are business and IT processes to ensure effective data collection and the production of regular management and activity information.

Detailed management information is included at appendix 5. This provides data for three time periods; from the implementation of the act in October 2008 until end March 2009, April 2009 – March 2010, and March 2010 to end June 2010.

The overview of activity is included in the table below. This provides information on

- the number of referrals received,
- the number that were dealt with under adult protection
- the number of strategy discussions...this can be internal to social work or involve other agencies (there can be more than one strategy discussion in relation to the same individual)
- those that led to full investigation
- those that led to a case conference
- case conference reviews

The summary pattern is that since October 2008, of 960 some 93% were already known to social work. Of these 71% were referred by the police. Of the 91 cases that led to full investigations, 64% were female and 36% male; 58% were aged over 65; and for 50% the main client category recorded was physical disability.

There were 34 case conferences held.

#### **Adult protection activity October 2008 – June 2010**

|   | <b>October<br/>2008/March<br/>2009</b> | <b>April<br/>2009/March<br/>2010</b> | <b>April<br/>2010/June<br/>2010</b> | <b>Total</b> |
|---|--|--------------------------------------|-------------------------------------|--------------|
| <b>Referrals</b>                        | <b>124</b>                             | <b>611</b>                           | <b>225</b>                          | <b>960</b>   |
| <b>Progress to Adult<br/>Protection</b> | <b>57</b>                              | <b>200</b>                           | <b>22</b>                           | <b>279</b>   |
| <b>Discussions</b>                      | <b>61</b>                              | <b>242</b>                           | <b>63</b>                           | <b>366</b>   |
| <b>Investigations</b>                   | <b>28</b>                              | <b>49</b>                            | <b>14</b>                           | <b>91</b>    |
| <b>Case Conferences</b>                 | <b>7</b>                               | <b>24</b>                            | <b>3</b>                            | <b>34</b>    |
| <b>Reviews</b>                          | <b>1</b>                               | <b>9</b>                             | <b>0</b>                            | <b>10</b>    |

The above table shows that 960 referrals were made in relation to Adult Protection between the implementation of the Act in October 2008, and the end of June 2010.

Around a third of initial referrals progress to being dealt with under adult protection procedures. This does not mean that initial referrals were necessarily inappropriate, but that after initial screening it became clear that circumstances were sufficient to warrant further action under adult protection.

Nearly two thirds of cases not dealt with as adult protection were passed to an allocated worker, or referred onward.

No cases have so far led to application for a protection order.

### Cases previously known to social work

| 1st Contacts 28/10/2008 to 30/06/2010 |             |             |             |
|---------------------------------------|-------------|-------------|-------------|
| Quarter                               | 1st Contact | Grand Total | % 1st       |
| Q3 08/09                              | 0           | 26          | 0.0%        |
| Q4 08/09                              | 6           | 97          | 6.2%        |
| Q1 09/10                              | 9           | 105         | 8.6%        |
| Q2 09/10                              | 11          | 153         | 7.2%        |
| Q3 09/10                              | 10          | 140         | 7.1%        |
| Q4 09/10                              | 12          | 197         | 6.1%        |
| Q1 10/11                              | 20          | 217         | 9.2%        |
| <b>Total</b>                          | <b>68</b>   | <b>935</b>  | <b>7.3%</b> |

Of all referrals received, 7.3% were previously known to social work.

### Client groups

| AP Contacts 28/10/2008 to 30/06/2010 |           |           |            |            |            |            |            |            |
|--------------------------------------|-----------|-----------|------------|------------|------------|------------|------------|------------|
| Category                             | Q3 08/09  | Q4 08/09  | Q1 09/10   | Q2 09/10   | Q3 09/10   | Q4 09/10   | Q1 10/11   | Total      |
| Addiction                            | 4         | 4         | 10         | 18         | 5          | 18         | 15         | 74         |
| Carer                                |           |           |            | 1          | 1          |            |            | 2          |
| Dementia                             |           |           | 1          |            |            | 1          | 1          | 3          |
| Former Childcare                     |           | 2         | 2          | 7          | 7          | 17         | 17         | 52         |
| Head Injuries                        |           |           |            |            |            |            | 1          | 1          |
| Homeless/Rough Sleeper SP            | 1         |           |            | 1          |            |            | 1          | 3          |
| Learning Disability                  | 2         | 10        | 18         | 17         | 16         | 17         | 19         | 99         |
| Limiting Illness                     |           | 6         | 3          | 2          | 6          | 4          | 7          | 28         |
| Mental Health                        | 6         | 28        | 28         | 33         | 35         | 35         | 34         | 199        |
| Multiple Disability                  | 1         | 2         | 2          | 5          | 2          | 6          | 6          | 24         |
| Offender                             |           | 9         | 9          | 15         | 11         | 13         | 37         | 94         |
| Other                                | 1         | 9         | 5          | 12         | 23         | 31         | 42         | 123        |
| Physical Disability                  | 6         | 21        | 14         | 31         | 24         | 43         | 20         | 159        |
| Physical Frailty                     | 5         | 4         | 10         | 6          | 3          | 10         | 9          | 47         |
| Risk of Domestic Violence            |           |           |            |            |            |            | 3          | 3          |
| Sensory Impairment                   |           | 1         | 2          | 1          | 7          | 2          | 4          | 17         |
| Social/Emotional Behavioural         |           | 1         | 1          | 4          |            |            | 1          | 7          |
| <b>Grand Total</b>                   | <b>26</b> | <b>97</b> | <b>105</b> | <b>153</b> | <b>140</b> | <b>197</b> | <b>217</b> | <b>935</b> |

The largest client group is mental health, with over 20% of all referrals, then physical disability (17%), and other (13%). Further work will be required to ensure that use of the 'other' category is minimised in future.

## All contacts by Source Oct 2008 – 30 Jun 2010

| Source | Count Contacts |
|--------|----------------|
| Police | 685            |
| Other  | 250            |
| Health | 25             |
|        | <b>960</b>     |

Of the 960 total referrals in relation to potential adult protection issues, 685 were from the Police.

Referrals from social work account for a third of the 'other' category, with relative/friend referrals being 14% and self referrals 10% of the 'other' category

The Adult Protection Committee was keen to understand the high number of referrals from the police. A sample of police referrals were therefore examined and subsequently discussed at an Adult Protection Committee. It was clear that in all cases the referral to social work as a possible adult protection issue was appropriate...all met the '3 point test', and as such had been properly referred to social work. Following initial screening/assessment in social work, not all were subsequently dealt with under adult protection procedures but the referrals had been appropriate on the basis of circumstances presented at the time.

Of referrals that resulted in an investigation, then the breakdown by age, gender and client category are below

### Age

| Age Group  | Clients   |
|------------|-----------|
| 0 -17      | 1         |
| 18 - 64    | 42        |
| 65+        | 48        |
| <b>Sum</b> | <b>91</b> |

### Gender

| Gender     | Clients   |
|------------|-----------|
| Female     | 58        |
| Male       | 33        |
| <b>Sum</b> | <b>91</b> |

### Client Category

| Main category       | Clients   |
|---------------------|-----------|
| Physical disability | 45        |
| Learning Disability | 15        |
| Other               | 15        |
| Mental Health       | 13        |
| Other               | 3         |
| <b>Sum</b>          | <b>91</b> |

The majority of people are aged over 65, with a main client category of physical disability. The greatest client category for referrals is mental health (205 of all referrals) but this does not translate into a similar proportion of such cases being investigated.

## Type and location of harm

| <b>IND Main Category</b>     | <b>Percentage</b> |
|------------------------------|-------------------|
| Financial/Material Harm      | 24.64 %           |
| Physical Harm                | 21.74 %           |
| Emotional/Psychological Harm | 15.94 %           |
| Self Harm                    | 13.04 %           |
| Sexual Harm                  | 8.70 %            |
| No Main Category             | 8.70 %            |
| Neglect                      | 7.25 %            |
| <b>Percent:</b>              | <b>100.00 %</b>   |

| <b>Location</b>  | <b>Percentage</b> |
|------------------|-------------------|
| Own Home         | 70.97 %           |
| Public Place     | 11.29 %           |
| Care Home        | 9.68 %            |
| Hospital/Hospice | 3.23 %            |
| Relative's Home  | 3.23 %            |
| Communal Area    | 1.61 %            |
|                  | <b>100.00 %</b>   |

The great majority of harm occurs in the person's own home, but over 10% of cases have been in care homes or hospitals, settings where it would have been reasonable to assume that the person should have been safe from harm. Further work will be undertaken to gather more detailed analysis of this issue.

The data in appendix 5 provides more detailed information in relation to activity since October 2008.

## 6. Critical Case Reviews

The Practice Development subcommittee has developed draft procedures for conducting significant case reviews in Renfrewshire. However to date no cases have arisen in Renfrewshire that merit consideration under a critical case review.

However the Mental Welfare Commission has requested that Renfrewshire Council undertake an investigation into the care of a service user to consider whether there may have been a deficiency of care in working with this particular individual.

The Commission have asked us to consider whether action could have been taken sooner in this case and whether processes, procedures and knowledge of these are in place to support staff in the protection of vulnerable adults. We will also look at how we manage the appropriate involvement of other agencies.

The investigation is being undertaken jointly by senior managers in Social Work and Renfrewshire Community Health Partnership and will be reported on in October 2010.

## **7. Public Information Activity**

The Renfrewshire Adult Protection Committee has an ongoing public awareness strategy. This combines paid for advertising in the local media with public relations work designed to generate press coverage.

The APC was aware that a national campaign was being planned by the Scottish Government, but felt it important that there should be a local campaign (including the provision of a local help line number) to place the information into a Renfrewshire context. The local activity therefore complemented the national campaign.

Officers from Renfrewshire met with Scottish Government officials to share local materials. The Renfrewshire has since been contacted by a number of other councils seeking permission to use our materials.

Public information leaflets and posters are being produced (as at July 2010) on adult protection issues. These will be distributed to libraries, social work and health premises, day care centres and residential care homes.

Information will also be provided through the internet via pages on Renfrewshire's Community Portal.

### **Paid for advertising**

The paid for advertising campaign started in September 2009. It featured:

- A wide range of advertisements in the local press (Paisley Daily Express, Gazette and Extra)...four of the advertisements were backed up by half-page, editorial features
- 30 advertisements on the rear of Arriva buses operating in the Renfrewshire area
- 80 advertisements on internal panels of Arriva buses operating in the Renfrewshire area
- Three poster size advertisements on platforms within Paisley Gilmour Street Station
- Two billboard advertisements at locations within Paisley including one at Paisley Gilmour Street Station. These were originally booked for one month each but the Paisley Gilmour Street Station poster has not been replaced and was still in place as of April 2010.

### Media activity

Press releases have been issued relating to a number of Adult Protection themes including:

- The establishment of the Renfrewshire Adult Protection Committee
- The Adult Support and Protection Act coming into force
- The launch of the Adult Protection public awareness campaign
- The Independent Chair of the RAPC welcoming new hate crime legislation in respect of people with disabilities
- The Renfrewshire Adult Protection conference
- Strathclyde Police's Adult Protection Referral Scheme
- Financial abuse of the elderly.

The press releases generate coverage including:

- 'Tough new powers will protect vulnerable adults'
- 'The silent abuse, mistreatment of elderly and vulnerable amounts to £8million crime'
- 'Good news for Adult Protection in Renfrewshire'

### Research

Renfrewshire Council operates a Citizens' panel of 2,100 local residents. The winter 2009 survey asked panellists if they had seen any of the Adult Protection advertisements place by the RAPC.

Unprompted, 30% of panel members said they had seen advertising about Adult Protection, rising to 36%, when they were shown examples of the advertisements.

The total cost of the paid-for advertising campaign was £13,000.

## **8. Interagency policy and procedures**

Prior to the implementation of the Adult Support and Protection (Scotland) Act 2007 there were already interagency procedures in place in Renfrewshire for the Protection of Vulnerable Adults. These procedures were amended and updated to reflect the requirements of the Adult Support and Protection Act, and also to reflect changes to organisational structures within partner agencies.

The redrafted procedures were available to staff in advance of the implementation date of 29 October 2008, and have continued to be used within Renfrewshire since then.

These procedures were however published as interim procedures as there was work ongoing between agencies in the West of Scotland to agree overarching West of Scotland guidance in relation to procedures for Adult Protection. A final version of these has now been agreed between agencies, and it is intended that these will set the broad framework for practice across

agencies, minimising unnecessary duplication, and bringing consistency of practice to those agencies who work across other agency boundaries, most notably Strathclyde Police, Strathclyde Fire & Rescue, and a number of NHS Boards in the West of Scotland.

Work will now be set in hand to ensure that the procedures specific to Renfrewshire reflect the West of Scotland guidance, and are as well aligned to the guidance as is possible while still incorporating elements that are specific to Renfrewshire.

## **9. Communication and cooperation between agencies**

Agencies are committed to interagency approaches to Adult Protection in Renfrewshire. There has been a joint approach to the development of procedures and the training strategy is being developed jointly across agencies, and both have been regularly reported to the Adult Protection Committee.

The Adult Protection conference had multi agency involvement both in relation to the attendees and also formal input from partner agencies

Attendance has been generally good at the full committee and the Chief Officers group and there is multi agency membership of the subcommittees.

Referral systems are operating effectively, but there is a sense that while social work is the lead agency for adult protection, involvement in investigations and interagency engagement after the initial referral stage is not as strong as perhaps it could be. This requires further consideration. While it is not effective use of resource to have agency time allocated to discussions around people with whom they have no direct involvement, it is important to ensure that there is active engagement where this is necessary.

## **10. Training**

The initial aim for training across agencies in Renfrewshire was to ensure all relevant staff had an awareness of the requirements of the new legislation in advance of the implementation date, and at a level appropriate to their roles and functions.

This was achieved through the implementation of a tiered training approach targeted at three groups of staff across agencies;

- those staff who needed a general awareness raising in relation to adult protection;
- those who would be involved in investigations;
- and those who would have responsibilities as council officers, managers and chairs of case conferences.

Detail of this and other relevant training/awareness raising is included at appendix 6

In summary, across agencies in Renfrewshire some 2750 people have received the first level basic awareness training or briefings; 550 people have received the second level more detailed half day training on Introduction to Adult Protection; and some 100 people have received the 2 day detailed training for council officers and others.

There is a training officer in post, and developing and maintaining an interagency training strategy, including appropriate involvement and links with the private and voluntary sector, is now a key element of the remit of the training subcommittee.

#### Additional training activity

A development half day was organised for the Adult Protection Committee in April 2010. The day was set up for the Committee to reflect and review and refocus, if necessary the current Vision Statement and Terms of Reference. It also gave the Committee the opportunity to reflect on what had worked well for the AP Committee and to look at future areas for development.

Key themes that emerged from the sessions were

- The need to generate greater public awareness and understanding of Adult Protection issues
- The need for improved links to other related public protection services (eg Child/Addiction/Domestic Violence)
- Continued promotion of improved inter-agency working to
- All staff across agencies to embed and embrace adult protection as part of their everyday responsibility
- Importance of advocacy on behalf of vulnerable adults and adults in need of protection.
- The need to develop measureable outcomes of success/progress

These issues have helped inform the agenda and workplan for next 2 years.

#### Inter-agency staff network lunches

Staff network lunches have been organised during the period September to October 2010.

To date 2 lunches have been held attended by a total of 44 staff, and with representation from Housing, Health, Police, Social Work and Fire & Rescue. Also in attendance at each lunch have been the Independent Chair of the Adult Protection Committee, the Adult protection Coordinator, and the Joint Adult and Child Protection Training Officer.

Feedback Forms have been completed by almost all attendees, and the headline comments are:

- meeting other agencies was very helpful
- good to share information and to consider other agencies point of view and what their input would be
- better understanding of other agency roles
- case studies very useful

Suggestions for future lunches include:

- more time required to discuss case related issues more fully
- Practical issues – how to refer and to whom
- Discussion around issues within residential and day care settings
- Role and involvement of GPs

The training strategy is well on its way to completion and should be completed by mid September once quantification of demand for the different levels of training have been confirmed by all agencies. Within this attention will be given for the need for engagement with independent sector providers, where they do not have their own internal programme or would benefit from linking into the planned programmes.

Consideration is being given to how best to engage with carers training needs.

## **11. Case file audit**

RAPC requested that a multi-agency case file audit of Adult Protection cases in Renfrewshire be undertaken. This used elements of a self evaluation tool which has been developed to evaluate Adult Protection and support activity in Scotland. The tool has been developed by Professor J Hogg on behalf of Scottish Government.

Renfrewshire agreed to audit a small sample of 6 cases as part of a pilot of the tool. The audit used the quality indicators identified in the tool as being evidenced from case files.

### Sample size

The 6 cases included mental health, LD, addictions and older people and was selected from all cases referred in the last year and recorded as adult protection and with an outcome of progressing to further action under adult protection. A sample size of 20 cases was identified in case of difficulties in obtaining consent

### Audit Team

4 staff from SW, Housing, Police and Health were identified and the audit took place over 2 days at the end of July 2010.

## Consent

Consent was sought from the 6 Adults in the cases identified, for their records to be accessed for the audit. This was necessary before any request for case files could be made. A small information pack was provided for each adult and given to them by a member of social work staff. Consent was provided in all cases other than one case where the adult had died some time after the adult protection referral.

## Case records

All agencies were notified of the adults identified and records requested. Records were provided by Social Work, Police, Acute Health and Mental Health. No records were provided by Renfrewshire Housing or Community health services but it was recognised that this was as a result of difficulties in the request being sent to the most appropriate person in those agencies. Renfrewshire Housing carried out a single agency case file audit of their records on these Adults at a later point and issues identified are incorporated into this report.

## Audit method

The auditors worked in pairs and completed the quality indicator templates for each case. Each pair read 3 sets of case records. The individual templates were then collated to give an aggregate result for each indicator. The aggregate templates are attached at appendix 7. The auditors met with the Adult Protection Coordinator of Renfrewshire Council and the Independent Chair of the RAPC to discuss their findings at the end of the process and the comments below are derived from this discussion.

## Outcome of Audit

The view from the auditors was that, overall, there was evidence of good committed effective work in protecting adults in Renfrewshire by staff of all agencies, on the basis of the evidence in the records audited there were a number of areas identified where there was scope to improve practice. It was particularly felt that adult protection work could be more effective if this were better coordinated, particularly where several teams and/or agencies were involved in a case. It was clear also that staff were often working in complex and challenging situations, with varying levels of engagement from the individual. Recording indicated that staff perceived an improved quality of life for most of the adults although there was no view of the individual adults whether they felt this was the case.

Issues identified included:

- a) a need for chronologies in the records of all agencies
- b) risk assessment and risk management plans not consistently recorded or not present

- c) recording issues for all agencies: No consistency of recording of evidence of how actions and decisions had been reached, sources of information and how practitioners gain information
- d) evidence of a Manager's views not consistently recorded
- e) consent should be consistently sought and documented
- f) inconsistent recording of evidence of involvement of the Adult in discussions with workers and that they have been made aware of their rights.
- g) the role of advocacy should be considered and this should be evidenced
- h) not all cases had an identified Care Manager
- i) in social work the adult protection recording module on SWIFT was not always completed fully. In particular details on the type of harm and alleged perpetrator were not recorded
- j) issues round the recognition of considering the possibility of adult protection issues in cases in which an agency has been involved for some time
- k) the need to develop evidence based recording
- l) recording on the adult protection issues in all agencies not clearly headlined as adult protection; whilst social work has a specific AP recording process on SWIFT, AP work is not always consistently recorded under this heading
- m) feedback to referrers on the outcome of an AP referral was not consistently done

The auditors also felt that the process of the case file audit had been a positive one for them and their own practice, assisting their understanding of adult protection and of the roles of other agencies.

It was felt that any future audit should be more comprehensive and include feedback from the Adults and from staff. It was also recognised that there were gaps in the records provided by agencies but that this was more a fault of the process of requesting files than in agencies not cooperating. The process of conducting this first AP case file audit had provided useful learning for conducting future audits:

- A more detailed briefing and preparation would have been beneficial
- The timescales for delivery of calling and receiving records should be revised
- Process of requesting records to be reviewed

Further work will be undertaken to develop an action plan for taking forward improvements in relation to the various issues identified.

## **12. Conclusions, recommendations & future plans**

The Renfrewshire Adult protection Committee was established well in advance of the implementation date for the Act. The Committee worked effectively in ensuring that interagency services in Renfrewshire were ready and prepared for the implementation of the new legislation in October 2008.

Work since then has seen the development of a workplan that has been successfully implemented. Included within this, significant levels of training activity have taken place across agencies, a subcommittee structure has been established and work has been taken forward on the development and refinement of data collection and monitoring systems, including an initial audit of adult protection case files.

There has been an effective local public information strategy, and a successful and very well received Adult Protection conference towards the end of 2009, and presentations have been made to elected members outlining the responsibilities falling to agencies in relation to adult protection.

Links have been made between the Adult Protection Committee and the wider Community Planning Process to ensure that Adult Protection issues are well addressed with the planning process and that the Adult Protection Committee is able to comment and contribute to relevant issues that fall within other parts of the community planning structure.

Links have been established with Child Protection work through the benefits of the Independent Chair of the Adult Protection Committee also being the chair of Renfrewshire's Child Protection Committee; the Chief Officers Groups for Adult and Child Protection share the same core membership; and additionally the experience of developing monitoring, evaluation and audit systems in child protection is being used to inform similar work in adult protection.

Work is now in hand to ensure that effective links are made with other public protection forums in Renfrewshire, including the Child Protection Committee; the CJA; the Domestic Violence partnership; and MAPPA.

Proposals are under consideration to include Adult Protection along with Child Protection in the Voluntary Sector Forum, and to align adult protection with Child Protection in a cross client group Communications Group

The initial workplan for the Adult Protection Committee is to be refreshed to outline the areas for attention during the coming 2 years. Initial actions are included in the Workplan for 2010/12 at appendix 8.

The Renfrewshire Adult Protection Committee is aware that there is a view that the effectiveness of the implementation of the requirements of the act can be measured through the use made of protection orders. This is not a reasonable or safe assumption. Protection orders are there for use when required, but the significant benefits that arise from the Adult Support and Protection Act are to do with an increased public profile in relation to adult protection, and significantly improved awareness and joint working within agencies. We believe that these combine to increase our ability to identify and protect vulnerable people in Renfrewshire.

The Renfrewshire Adult Protection Committee is committed to self evaluation and continuous improvement. To this end the agenda for the next two years includes:

- Ensuring the continued effective operation of the Adult Protection Committee and subcommittees
- Development of an updated workplan to provide a baseline for the work of the committee and for the next biennial report
- Planning and implementation of an ongoing interagency training strategy
- Continued development and refinement of robust performance reporting, monitoring and audit systems
- Ensure effective involvement of service users, carers and other stakeholders in the work of protecting vulnerable adults in Renfrewshire
- Exploring options for strengthening consultation and engagement at a local level
- Continuing to promote effective interagency work and improve mutual knowledge and learning
- Confirming arrangements for effective links with Child Protection and other public protection activity in Renfrewshire
- Exploration of options for cross authority collaboration in relation to adult protection

## Renfrewshire Adult Protection Committee

### Terms of Reference

#### REMIT OF THE COMMITTEE

The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire.

#### VISION STATEMENT

The Renfrewshire Adult Protection Committee is committed to promoting public awareness of adult protection issues, and to working on an interagency basis and with the wider community to protect vulnerable individuals in Renfrewshire.

#### ROLES AND RESPONSIBILITIES

To implement and monitor local policies, guidance and procedures for interagency work to protect vulnerable adults, and ensure that these are updated in line with any new legislation and national guidance.

To audit and evaluate how effectively local services work together to protect vulnerable adults.

To improve local ways of working in the light of the knowledge gained through national and local experience and research, and to ensure that any lessons learned are shared, understood and acted upon.

To communicate clearly to individual services and professional groups and partnerships, to promote the shared responsibility for protecting vulnerable adults, and to ensure effective information sharing across agencies.

To help ensure the quality of vulnerable adult protection work through staff training and ensure that training opportunities are available to services.

To raise awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare. To explain how the wider community can contribute to the work of protecting vulnerable adults.

To ensure the fullest possible engagement with service users in relation to the work of the committee, and the development of practice across Renfrewshire

To develop a communication strategy for Adult Protection in Renfrewshire, and to regularly review the strategy and report on progress

To provide annual reports on the work of the committee, including the statutorily required biennial reports on the exercise of the committee's functions

## **REPORTING ARRANGEMENTS**

The Renfrewshire Adult protection Committee reports to the Community and Family Care Policy Board and through this to full council.

It should also report via minutes of meeting to Strathclyde Police, Strathclyde Fire & Rescue, Renfrewshire CHP and the voluntary sector, and into community planning structures (including local area committees) as appropriate.

The Joint Management group between Renfrewshire Social Work and Renfrewshire CHP should receive regular reports on the work of the Adult Protection Committee.

## **MEMBERSHIP**

The membership of the Renfrewshire Adult Protection Committee shall include the following or their nominee

|                               |                             |
|-------------------------------|-----------------------------|
| Independent Chair             | Tim Huntingford             |
| Renfrewshire Council          | Councillor Susan McDonald   |
| Renfrewshire Council          | Chief Executive             |
| Renfrewshire Council          | Director of Social Work     |
| Renfrewshire Council          | Head of Community Care      |
| Renfrewshire Council          | Head of Housing Services    |
| Renfrewshire Council          | Head of Children's Services |
| Renfrewshire CHP              | Head of Mental Health       |
| NHS GG&C Acute Sector         | Clinical Services Manager   |
| Strathclyde Police K Division |                             |
| Strathclyde Fire & Rescue     |                             |
| RCVS                          |                             |
| Care Commission               |                             |

## **SUB COMMITTEES**

The Renfrewshire Adult Protection Committee shall establish such sub committees and working groups as it deems necessary.

It is proposed that in the first instance there should be sub committees on

- Training
- Practice Development
- Monitoring & Evaluation

## **Renfrewshire Adult Protection Committee**

### **Chief Officers' Group**

#### **Terms of Reference**

##### **REMIT OF THE CHIEF OFFICERS' GROUP**

The Renfrewshire Adult Protection Chief Officers' Group is responsible for overseeing the development of strategy and all activity across all agencies, and the wider community, in relation to Adult Protection in Renfrewshire.

##### **ROLES AND RESPONSIBILITIES**

To ensure a corporate inter agency commitment to working together on Adult Protection in Renfrewshire, and to ensure the active commitment and engagement of all relevant agencies.

To oversee the work of the Renfrewshire Adult Protection Committee and sub-committees, and ensure that they fulfill their Terms of Reference.

To receive an annual report from the Adult Protection Committee in relation to its work, and the work of its sub committees.

To ensure that inter agency work is facilitated and to resolve any conflicts that may arise between agencies in relation to their responsibilities for Adult Protection in Renfrewshire.

To ensure effective oversight and audit of practice and performance in relation to Adult Protection in Renfrewshire.

To ensure effective strategies are in place to raise awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare.

##### **FREQUENCY OF MEETINGS**

The Adult Protection Chief Officers' Group will meet at a frequency to be agreed by the group, but initially not less than every four months

## **MEMBERSHIP**

The membership of the Renfrewshire Adult Protection Chief Officers' Group shall include the following or their nominee, with substitutes able to attend where required

|                                   |                                  |
|-----------------------------------|----------------------------------|
| Renfrewshire Council              | Chief Executive,                 |
| Independent Chair of AP Committee | T Huntingford                    |
| Renfrewshire CHP                  | Director                         |
| Strathclyde Police                | Divisional Commander             |
| Strathclyde Fire & Rescue         | Area Commander,                  |
| Renfrewshire Council              | Director of Social Work          |
| Renfrewshire Council              | Head of Community Care           |
| Renfrewshire Council              | Coordinator MHO/Adult Protection |

## RENFREWSHIRE ADULT SUPPORT AND PROTECTION COMMITTEE WORKPLAN 2008/10

| WORK STREAM ACTIVITY/ REQUIRED ACTION  | OUTPUT / S  | TIMESCALE FOR COMPLETION  | RESPONSIBLE OFFICER(S)               | PROGRESS                               |
|--|---|---|--------------------------------------|--|
| <b>1. Establish Renfrewshire Adult Protection Committee (RAPC)</b>             | <b>Paper to Renfrewshire Council Community and Family Care Board Approving establishment of RAPC with Independent Chair</b> | <b>1 April 2008</b>   | <b>Peter Macleod</b>                 | <b>Complete</b>                        |
| <b>2. Appoint Independent Chair</b>  | <b>As above</b>   | <b>1 April 2008</b>   | <b>Peter Macleod</b>                 | <b>Complete</b>                        |
| <b>3. Convene Inaugural meeting of Renfrewshire Adult Protection Committee</b> | <b>Group established with agreed membership, terms of reference and work plan</b>   | <b>Inaugural meeting 23 April<br/>Draft terms of reference 23 April<br/>Work plan draft by August</b> | <b>Peter Macleod / John Paterson</b> | <b>Complete</b>                        |
| <b>4. Establish Chief Officers Group to support work of RAPC</b>               | <b>Corporate Leadership</b>   | <b>August 2008</b>  | <b>Peter Macleod</b>                 | <b>First meeting 1/12<br/>Complete</b> |

|  |   |                                |   |   |
|--|---|--------------------------------|---|---|
|  |   |                                |   |   |
| <b>5. Consider links between RAPC and other Council and CHP Committees and Joint Planning Groups e.g. Carers, Advocacy, MAPPA , Child Protection</b> | <b>Robust and transparent accountability via a whole systems approach</b>       | <b>October 2008 – Jan 2009</b> | <b>John Paterson<br/>Chief Officer<br/>Group</b>  |   |
| <b>6. Scope implementation costs in Renfrewshire of The Adult Support and Protection Scotland Act 2007</b>   | <b>Budget agreed</b>  | <b>August 2008</b>             | <b>John Paterson /<br/>Joanna Boddy</b>           | <b>Budget agreed by<br/>December<br/>Committee and<br/>Chief Officers<br/>Group</b>                                     |
| <b>7. Implementation Plan re use of additional resource including Job Descriptions</b>   | <b>Budget agreed<br/>Posts advertised</b>                                       | <b>August 2008</b>             | <b>John Paterson /<br/>Joanna Boddy</b>           | <b>Budget agreed by<br/>December<br/>Committee and<br/>Chief Officers<br/>Group<br/>Posts advertised</b>                |
| <b>8. Develop vision statement for RAPC</b>  | <b>Agreed vision statement that effectively communicates with our community</b> | <b>December 2008</b>           | <b>Tim<br/>Huntingford<br/>and RAPC</b>           | <b>A vision statement is included in the terms of reference of the Renfrewshire Adult Protection Committee Complete</b> |
| <b>9. Develop multi agency service standards , policies and procedures which support</b>   | <b>Robust policies and procedures to ensure effective adult protection in</b>   | <b>October 2008</b>            | <b>Practice<br/>Development<br/>sub committee</b> | <b>Interim procedures drafted and issued October 2008</b>   |

|   |  |                             |  |   |
|---|--|-----------------------------|--|---|
| <p><b>implementation of The Adult Support and Protection Scotland Act 2007, and reflect guidance from Code of Practice for Adult Protection and Adult Protection Committees Including;</b></p> <ul style="list-style-type: none"> <li>• <b>Information sharing</b></li> <li>• <b>Coordination</b></li> <li>• <b>Referral</b></li> <li>• <b>Communication</b></li> </ul> | <p><b>Renfrewshire</b></p> <p><b>Audit process</b></p>                           |                             |  | <p><b>Ongoing audit through Practice Development sub committee</b></p> <p><b>Complete</b></p>   |
| <p><b>10. Develop referral process and pathway including Single Point of Access</b></p>   | <p><b>Agreed referral processes and pathways</b></p>                             | <p><b>October 2008</b></p>  | <p><b>John Paterson</b></p>            | <p><b>Procedures confirm referral process to appropriate social work/joint team. If adult thought to be in immediate danger relevant emergency service should be called.</b></p> <p><b>Complete</b></p> |
| <p><b>11. Determine training needs for members of RAPC and elected members within Renfrewshire Council</b></p>  | <p><b>Improved knowledge and skills to support implementation of the Act</b></p> | <p><b>As determined</b></p> | <p><b>Tim Huntingford and RAPC</b></p> | <p><b>APC committee development session held in April 2010. Training session for elected members, jointly with Child Protection) held</b></p>   |

|  |  |   |  |  |
|--|--|---|--|--|
|  |  |   |  | <b>April 2010</b>  |
| <b>12. Develop and implement tiered training plan to support implementation of Act - context National and Local Programmes</b>   | <b>Training Plan for Renfrewshire 2008/9 and beyond</b>  | <b>October 2008 initially</b>                                       | <b>Training Sub Committee</b>                  | <b>Training provided for staff in advance of implementation date.</b>              |
|  | <b>Improved knowledge and skills for all staff to support of implementation of the Act</b>   | <b>Annual plan thereafter including induction for new staff</b>     |  | <b>Update training plan in preparation, to be presented to APC in October 2010</b> |
| <b>13. Communication - develop a communication plan which supports successful implementation</b>   | <b>Awareness Raising</b><br><br><b>Promotion of inter agency cooperation and communication</b><br><br><b>Raising of public awareness of adult protection</b><br><br><b>Improved outcomes</b> | <b>October 2008 initially and ongoing thereafter</b>                | <b>Dave McLavin</b>                            | <b>Complete</b>  |
| <b>14. Develop data set and monitoring tools that reflects guidance in the Code of Practice for Adult Protection Committees including the following areas:</b><br><br><ul style="list-style-type: none"> <li>● Referral data</li> <li>● Outcome of investigations</li> </ul> | <b>Performance reporting, analysis and monitoring data, public scrutiny</b>  | <b>April 2009, and to be amended/refined thereafter as required</b> | <b>Monitoring and Evaluation Sub Committee</b> | <b>Complete</b>  |

|   |   |                      |  |  |
|---|---|----------------------|--|--|
| <ul style="list-style-type: none"> <li>• <b>Adult protection conferences and protection planning</b></li> <li>• <b>Use of warrants and protection orders</b></li> <li>• <b>Staff awareness and training outputs</b></li> <li>• <b>Assessment and Care management and risk assessment</b></li> </ul> |   |                      |  |  |
| <b>15. Develop audit and evaluation programmes – including case reviews</b>   | <b>Oversight of activity and amended policy, procedure and practice as required continual quality improvement</b> | <b>December 2009</b> | <b>Monitoring and Evaluation Sub Committee</b> | <b>Audit tool agreed and implemented on sample cases July 2010</b>                                       |
| <b>16. Determine and document dispute resolution process</b>  | <b>Clear dispute resolution process established</b>   | <b>October 2008</b>  | <b>Tim Huntingford and RAPC</b>                | <b>Paper to December APC, and contained within Interagency Policy and Procedures (Oct 2008) Complete</b> |
| <b>17. Develop regular reporting format for RAPC from sub committees</b>  | <b>Regular reports provided in format acceptable to RAPC</b>  | <b>January 2009</b>  | <b>Tim Huntingford and RAPC</b>                | <b>Included in Terms of Reference of Sub Committees</b>  |
| <b>18. Produce Annual Report</b>  | <b>Report formally on work of RAPC against workplan and financial framework</b>                                   | <b>April 2009</b>    | <b>Tim Huntingford and RAPC</b>                | <b>Complete</b>  |
| <b>19. Produce Biennial Report to</b>   | <b>Timeous production of</b>  | <b>October 2010</b>  | <b>Tim</b>                                     | <b>In progress</b>   |

|   |  |                    |                                 |                                       |
|---|--|--------------------|---------------------------------|---------------------------------------|
| <b>Scottish Government</b>                    | <b>biennial report</b>   |                    | <b>Huntingford and RAPC</b>     |                                       |
| <b>20. Plan and deliver annual conference</b> | <b>Raise awareness of Adult Support &amp; Protection issues in Renfrewshire<br/>Engaging wider community of interest<br/>Improve multi agency communication and practice</b> | <b>Summer 2009</b> | <b>Tim Huntingford and RAPC</b> | <b>Event took place November 2009</b> |

**Renfrewshire Adult Protection Committee**

**Training Sub Committee**

**Terms of Reference**

Remit of Training Sub Committee

The Renfrewshire Adult Protection Training Sub Committee is responsible for developing and maintaining a training strategy for adult protection in Renfrewshire.

The committee will identify, develop and maintain adult protection training processes for the statutory sector and will maximise the direct involvement of the independent sector in this.

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Roles and Responsibilities

To develop and implement a tiered training plan to support implementation of the Act and ensure that this reflects current processes and practice and is updated accordingly.

Determine training needs for members of Adult Protection Committee and elected members within Renfrewshire Council, members of the CHP committee and other appropriate boards.

Ensure training expectations for the independent sector are clearly communicated and monitored.

Ensure training is at a satisfactory level according to responsibility.

Provide a forum to co-ordinate training programmes and evaluation for the protection of vulnerable adults.

Clearly state the range of training that is available.

Provide regular updates to the Adult Protection Committee on the progress of the sub committee.

Frequency of meetings

The committee will meet on a two monthly cycle.

### Reporting arrangements

The training sub committee will be co-chaired by a RES Manager, Renfrewshire Community Health Partnership, and a Joint Services Manager, Adult Mental Health, Renfrewshire Community Health Partnership. The committee will report to the Adult Protection Committee.

### Membership of the Group (with substitutes able to attend where required)

RES Manager CHP  
Joint Services Manager Adult Mental Health  
Quarriers  
Renfrewshire Council SW Professional Training  
Strathclyde Police  
Coordinator MHO Adult Protection  
Senior Nurse – RAD RAH  
Renfrewshire Council Education Service  
Carers  
Renfrewshire Council Corporate Training  
RCVS  
Inter-agency Protection Trainer  
Housing

### Frequency of meetings

The committee will meet on a two monthly cycle.

April 2010

## **Renfrewshire Adult Protection Committee**

### **Monitoring & Evaluation Sub Committee**

#### **Terms of Reference**

##### Remit of Monitoring & Evaluation Sub Committee

The Renfrewshire Adult Protection Monitoring & Evaluation Sub Committee is responsible for developing and implementing audit and evaluation programmes in relation to adult protection, and providing regular reports to the Adult Protection Committee on the work of the subcommittee, and making such recommendations as may arise

##### Roles and Responsibilities

Develop data sets and monitoring tools that reflect guidance in the Code of Practice for Adult Protection Committees including the following areas:

- Referral data
- Outcome of investigations
- Adult protection conferences and protection planning
- Use of warrants and protection orders
- Staff awareness and training outputs
- Assessment and Care management practice and risk assessment

Develop agreed audit processes, including of complex cases, and undertake a programme of audit activity on an annual basis

Ensure effective links with the Practice Development Sub Committee, and refer matters to it regarding practice where necessary

Develop a regular reporting format for Renfrewshire Adult Protection Committee

##### Frequency of meetings

The Adult Protection Monitoring & Evaluation Sub Committee will meet at a frequency to be agreed by the group, but initially not less than every two months

##### Reporting arrangements

The Adult Protection Monitoring & Evaluation Sub Committee will provide update reports to each meeting of the Renfrewshire Adult Protection

Committee, and submit a formal report to the committee on at least a six monthly basis

### Membership

The membership of the Adult Protection Monitoring & Evaluation Sub Committee shall include nominees from the following, with substitutes able to attend where required

Head of Community Care  
Renfrewshire Council  
Renfrewshire Council  
Renfrewshire Council  
NHS GG&C RCHP  
NHS GG&C Acute  
Strathclyde Police

Chair  
Coordinator - MHO/Adult Protection  
Joint Manager Learning Disability  
Business Support Coordinator

## **Renfrewshire Adult Protection Committee**

### **Practice Development Sub Committee**

#### **Terms of Reference**

##### Remit of Practice Development Sub Committee

The Renfrewshire Adult Protection Practice Development Sub Committee is responsible for ensuring that there are robust and up to date policies, procedures and service standards in relation to adult protection in Renfrewshire, and that the development of practice is informed by experience and case review.

##### Roles and Responsibilities

Develop and review policies, protocols and procedures in the area of Adult Protection

Develop referral processes and pathways

Develop multi agency service standards, policies and procedures which support implementation of The Adult Support and Protection Act, and reflect guidance from Code of Practice for Adult Protection and Adult Protection Committees including;

- Information sharing
- Coordination
- Referral
- Communication

Review practice on an annual basis including in relation to complex cases, ensuring effective liaison with the Monitoring and Evaluation Sub Committee in this regard, and make recommendations for practice development where necessary

Respond effectively to research and legislative changes and make reports to relevant authorities across all agencies

##### Frequency of meetings

The Adult Protection Practice Development Sub Committee will meet at a frequency to be agreed by the group, but initially not less than every two months

### Reporting arrangements

The Adult Protection Practice Development Sub Committee will provide update reports to each meeting of the Renfrewshire Adult Protection Committee, and submit a formal report to the committee on at least a six monthly basis

### Membership

The membership if the Adult Protection Practice Development Sub Committee shall include nominees from the following, with substitutes able to attend where required

|                                |   |
|--------------------------------|---|
| Principal Officer Older People | Chair                                     |
| Renfrewshire Council SW        | Co-ordinator - MHO/Adult Protection       |
| Renfrewshire Council           | Joint Manager Learning Disability Service |
| Renfrewshire Council HAPS      |   |
| NHS GG&C RCHP                  |   |
| NHS GG&C Acute                 |   |
| Strathclyde Police             |   |
| Strathclyde Fire & Rescue      |   |
| Care Commission                |   |

**Renfrewshire Adult Protection Committee****Activity data to end June 2010****Summary Profile**

|                                     | <b>2008/2009</b> | <b>2009/2010</b> | <b>2010/2011</b> | <b>Total</b> |
|-------------------------------------|------------------|------------------|------------------|--------------|
| <b>Referrals</b>                    | <b>124</b>       | <b>611</b>       | <b>225</b>       | <b>960</b>   |
| <b>Progress to Adult Protection</b> | <b>57</b>        | <b>200</b>       | <b>22</b>        | <b>279</b>   |
| <b>Discussions</b>                  | <b>61</b>        | <b>242</b>       | <b>63</b>        | <b>366</b>   |
| <b>Investigations</b>               | <b>28</b>        | <b>49</b>        | <b>14</b>        | <b>91</b>    |
| <b>Case Conferences</b>             | <b>7</b>         | <b>24</b>        | <b>3</b>         | <b>34</b>    |
| <b>Reviews</b>                      | <b>1</b>         | <b>9</b>         | <b>0</b>         | <b>10</b>    |

## Contacts by Source Type

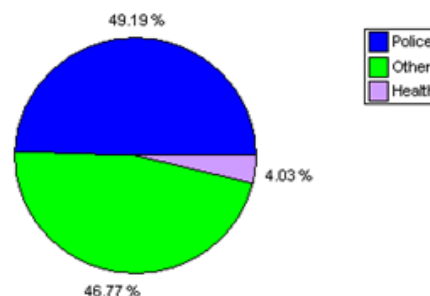
All contacts by Source Type 28 Oct 2008 – 30 Jun 2010

| Source | Count Contacts |
|--------|----------------|
| Police | 685            |
| Other  | 250            |
| Health | 25             |
|        | <b>960</b>     |

2008/2009 (from 28 Oct 08)

### Overview

| Source | Count Contacts |
|--------|----------------|
| Police | 61             |
| Other  | 58             |
| Health | 5              |
|        | <b>124</b>     |



### Breakdown of 'Other'

| Contact Source Type                  | Count Contacts |
|--------------------------------------|----------------|
| Social Work Team/Unit                | 26             |
| Relative/Friend/Other                | 8              |
| Standby                              | 7              |
| Court                                | 3              |
| Carer                                | 2              |
| Joint Team - Sw/Health               | 2              |
| Other Agency (Includes Armed Forces) | 2              |
| Self                                 | 2              |
| Benefits Agency                      | 1              |
| Care Home                            | 1              |
| Housing                              | 1              |
| Housing (Renfrewshire Council)       | 1              |
| Provider                             | 1              |
| Vol Org, Comm'Y Group,               | 1              |
|                                      | <b>58</b>      |

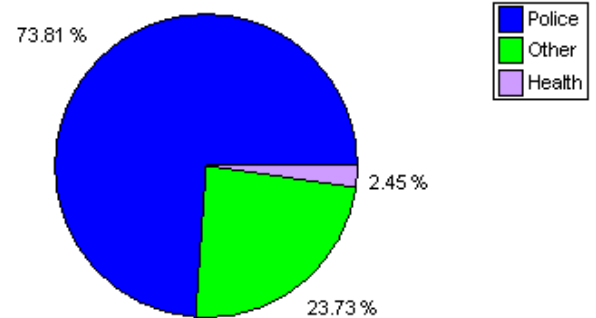
### Breakdown of 'Health'

| Contact Source Type | Count Contacts |
|---------------------|----------------|
| Community Nurse     | 3              |
| Gp                  | 2              |
|                     | <b>5</b>       |

2009/2010

Overview

| Source | Count      | Contacts |
|--------|------------|----------|
| Police | 451        |          |
| Other  | 145        |          |
| Health | 15         |          |
|        | <b>611</b> |          |



Breakdown of 'Other'

| Contact Source Type                       | Count      | Contacts |
|---|------------|----------|
| Social Work Team/Unit                     | 47         |          |
| Relative/Friend/Other                     | 24         |          |
| Standby                                   | 19         |          |
| Self                                      | 17         |          |
| Care Home                                 | 10         |          |
| Housing (Renfrewshire Council)            | 6          |          |
| Housing                                   | 4          |          |
| Joint Team - Sw/Health                    | 4          |          |
| Other Agency (Includes Armed Forces)      | 3          |          |
| Anonymous                                 | 2          |          |
| Carer                                     | 2          |          |
| Not Recorded                              | 2          |          |
| Local Authority -Not Renfrewshire Council | 1          |          |
| Provider                                  | 1          |          |
| School/Education Department               | 1          |          |
| Solicitor                                 | 1          |          |
| Vol Org,Comm'Y Group,                     | 1          |          |
|   | <b>145</b> |          |

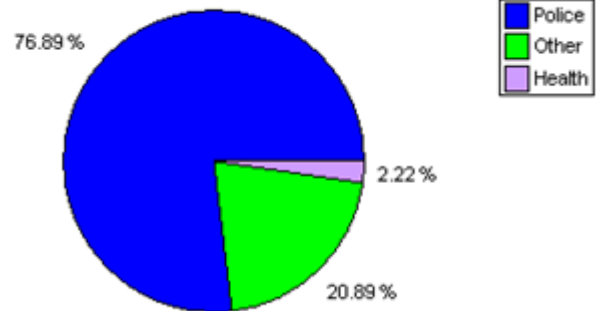
Breakdown of 'Health'

| Contact Source Type              | Count     | Contacts |
|----------------------------------|-----------|----------|
| Community Health Service         | 5         |          |
| Gp                               | 2         |          |
| Hospital Nurse                   | 2         |          |
| Accident & Emergency Dept        | 1         |          |
| Community Nurse                  | 1         |          |
| Consultant In Old Age Psychiatry | 1         |          |
| Geriatric Psychiatry             | 1         |          |
| Hospital Clinician               | 1         |          |
| Other Health Staff               | 1         |          |
|                                  | <b>15</b> |          |

## 2010/2011 (to 30 June 2010)

### Overview

| Source | Count      | Contacts |
|--------|------------|----------|
| Police | 173        |          |
| Other  | 47         |          |
| Health | 5          |          |
|        | <b>225</b> |          |



### Breakdown of 'Other'

| Contact Source Type                  | Count     | Contacts |
|--------------------------------------|-----------|----------|
| Standby                              | 13        |          |
| Social Work Team/Unit                | 9         |          |
| Care Home                            | 5         |          |
| Self                                 | 5         |          |
| Not Recorded                         | 4         |          |
| Other Agency (Includes Armed Forces) | 4         |          |
| Relative/Friend/Other                | 4         |          |
| Carer                                | 1         |          |
| Court                                | 1         |          |
| School/Education Department          | 1         |          |
|                                      | <b>47</b> |          |

### Breakdown of 'Health'

| Contact Source Type                       | Count    | Contacts |
|---|----------|----------|
| Other Health Staff                        | 2        |          |
| Consultant - Other Provider Unit - This H | 1        |          |
| Geriatric Psychiatry                      | 1        |          |
| Gp  | 1        |          |
|   | <b>5</b> |          |

## Contact Outcome by Client Category

2008/2009 (from 28/10/2008)

| By main category                             | Addictions | Learning Disability | Mental Health | Physical disability | Sensory impairment | Other     | Sum:       |
|--|------------|---------------------|---------------|---------------------|--------------------|-----------|------------|
| Progress To Adult Protection Module          | 2          | 7                   | 18            | 23                  | 1                  | 6         | 57         |
| Ap - Hfa Ap - Passed To Ap Allocated Worker  |            | 1                   |               |                     |                    |           | 1          |
| Ap - Hfa Not Ap - Passed To Allocated Worker |            |                     |               | 1                   |                    |           | 1          |
| No Further Action                            | 3          | 4                   | 13            | 14                  |                    | 14        | 48         |
| Other  | 3          |                     | 4             | 7                   |                    | 3         | 17         |
| <b>Sum:</b>                                  | <b>8</b>   | <b>12</b>           | <b>35</b>     | <b>45</b>           | <b>1</b>           | <b>23</b> | <b>124</b> |

2009/2010

| By main category                             | Addictions | Learning Disability | Mental Health | Physical disability | Sensory impairment | Other      | Sum:       |
|--|------------|---------------------|---------------|---------------------|--------------------|------------|------------|
| Progress To Adult Protection Module          | 20         | 26                  | 43            | 59                  | 2                  | 50         | 200        |
| Ap - Hfa Information & Advice                |            |                     |               |                     |                    | 2          | 2          |
| Ap - Hfa Intervention Not Required           |            | 1                   |               | 2                   |                    | 1          | 4          |
| Ap - Hfa Not Ap - Passed To Allocated Worker |            | 1                   |               | 4                   |                    | 1          | 6          |
| Ap - Hfa Progress To Non Ap Assessment       |            |                     |               | 1                   |                    |            | 1          |
| No Further Action                            | 29         | 30                  | 74            | 87                  | 5                  | 97         | 322        |
| Pass To Duty Mho                             |            |                     | 1             |                     |                    |            | 1          |
| Other  | 3          | 14                  | 16            | 25                  | 6                  | 12         | 76         |
| <b>Sum:</b>                                  | <b>52</b>  | <b>72</b>           | <b>134</b>    | <b>178</b>          | <b>13</b>          | <b>163</b> | <b>612</b> |

2010/2011 (to 30 June 2010)

| By main category                             | Addictions | Learning Disability | Mental Health | Physical disability | Sensory Impairment | Other      | Sum:       |
|--|------------|---------------------|---------------|---------------------|--------------------|------------|------------|
| Progress To Adult Protection Module          | 1          |                     | 5             | 7                   |                    | 9          | 22         |
| Ap - Link To Existing Ap Referral            |            | 2                   |               | 1                   |                    | 4          | 7          |
| Ap - Nfa Ap - Passed To Ap Allocated Worker  | 3          | 3                   | 4             | 2                   |                    | 14         | 26         |
| Ap - Nfa Information & Advice                | 3          |                     | 3             | 7                   | 2                  | 22         | 37         |
| Ap - Nfa Intervention Not Required           | 6          | 4                   | 11            | 4                   |                    | 27         | 52         |
| Ap - Nfa Not Ap - Passed To Allocated Worker | 1          | 7                   | 9             | 17                  | 1                  | 17         | 52         |
| Ap - Nfa Progress To Non Ap Assessment       |            |                     | 2             | 1                   |                    | 5          | 8          |
| No Further Action                            |            |                     | 1             | 1                   | 1                  | 6          | 9          |
| Ap - Not Ap - Refer To Other Sw Team         |            |                     |               |                     |                    | 1          | 1          |
| Other  | 1          | 2                   | 1             | 3                   |                    | 4          | 11         |
| <b>Sum:</b>                                  | <b>15</b>  | <b>18</b>           | <b>36</b>     | <b>43</b>           | <b>4</b>           | <b>109</b> | <b>225</b> |

## Strategy Discussions

When it is decided that a referral will be progressed as an adult protection case a strategy discussion takes place prior to the Investigation. The purpose is to gather all known information and decide how best to progress.

### 2008/2009 (from 28/10/2008)

#### By outcome

| Outcome                             | Total     |
|-------------------------------------|-----------|
| Progress to AP Investigation        | 28        |
| No further AP action                | 18        |
| Passed to another team              | 8         |
| Continue with current Investigation | 5         |
| Client requested no further action  | 1         |
| NFA - Other Agency Involved         | 1         |
|                                     | <b>61</b> |

#### By Gender

##### Female

| Outcome                             | Sum       |
|-------------------------------------|-----------|
| Progress to AP Investigation        | 17        |
| No further AP action                | 11        |
| Passed to another team              | 6         |
| Continue with current Investigation | 3         |
| Client requested no further action  | 1         |
|                                     | <b>38</b> |

##### Male

| Outcome                             | Sum       |
|-------------------------------------|-----------|
| Progress to AP Investigation        | 11        |
| No further AP action                | 7         |
| Continue with current Investigation | 2         |
| Passed to another team              | 2         |
| NFA - Other Agency Involved         | 1         |
|                                     | <b>23</b> |

## 2009/2010

### By outcome

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 134        |
| Progress to AP Investigation        | 49         |
| Passed to another team              | 39         |
| Continue with current Investigation | 6          |
| Client requested no further action  | 3          |
| NFA - Other Agency Involved         | 1          |
| Not Recorded                        | 1          |
|                                     | <b>233</b> |

### By Gender

#### Female

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 76         |
| Progress to AP Investigation        | 31         |
| Passed to another team              | 20         |
| Continue with current Investigation | 4          |
| Client requested no further action  | 1          |
|                                     | <b>132</b> |

#### Male

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 58         |
| Passed to another team              | 19         |
| Progress to AP Investigation        | 18         |
| Client requested no further action  | 2          |
| Continue with current Investigation | 2          |
| NFA - Other Agency Involved         | 1          |
| Not Recorded                        | 1          |
|                                     | <b>101</b> |

## 2010/2011 (to 30 June 2010)

### By outcome

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 38         |
| Progress to AP Investigation        | 14         |
| Continue with current Investigation | 7          |
| Client requested no further action  | 1          |
| NFA - Other Agency Involved         | 1          |
| Passed to another team              | 1          |
|                                     | <b>62</b>  |

### By Gender

#### Female

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 22         |
| Progress to AP Investigation        | 10         |
| Continue with current Investigation | 6          |
|                                     | <b>38</b>  |

#### Male

| <b>Outcome</b>                      | <b>Sum</b> |
|-------------------------------------|------------|
| No further AP action                | 16         |
| Progress to AP Investigation        | 4          |
| Client requested no further action  | 1          |
| Continue with current Investigation | 1          |
| NFA - Other Agency Involved         | 1          |
| Passed to another team              | 1          |
|                                     | <b>24</b>  |

## Investigations

2008/2009 (from 28/10/2008)

### Clients investigated - by age

| Age group   | Clients   |
|-------------|-----------|
| 0-17        | 1         |
| 18-64       | 13        |
| 65+         | 14        |
| <b>Sum:</b> | <b>28</b> |

### Clients investigated - by gender

| Gender      | Clients   |
|-------------|-----------|
| Female      | 17        |
| Male        | 11        |
| <b>Sum:</b> | <b>28</b> |

### Clients investigated - by outcome

| INV Outcome                    | Clients   |
|--------------------------------|-----------|
| No further AP action required  | 23        |
| Progress to AP case conference | 5         |
| <b>Sum:</b>                    | <b>28</b> |

### Clients investigated - by Main Category

| Main Category       | Clients   |
|---------------------|-----------|
| Physical Disability | 13        |
| Mental Health       | 5         |
| Other               | 5         |
| Learning Disability | 4         |
| Addiction           | 1         |
| <b>Sum:</b>         | <b>28</b> |

## 2009/2010

### Clients investigated - by age

| Age group   | Clients   |
|-------------|-----------|
| 18-64       | 19        |
| 65+         | 30        |
| <b>Sum:</b> | <b>49</b> |

### Clients investigated - by gender

| Gender      | Clients   |
|-------------|-----------|
| Female      | 31        |
| Male        | 18        |
| <b>Sum:</b> | <b>49</b> |

### Clients investigated - by outcome

| INV Outcome                    | Clients   |
|--------------------------------|-----------|
| No further AP action required  | 25        |
| Progress to AP case conference | 21        |
| Not Recorded                   | 2         |
| NFA - Other Agency Involved    | 1         |
| <b>Sum:</b>                    | <b>49</b> |

### Clients investigated - by Main Category

| Main Category       | Clients   |
|---------------------|-----------|
| Physical Disability | 28        |
| Learning Disability | 10        |
| Mental Health       | 5         |
| Other               | 4         |
| Addiction           | 2         |
| <b>Sum:</b>         | <b>49</b> |

## 2010/2011 (to 30 June 2010)

### Clients investigated - by age

| Age group   | Clients   |
|-------------|-----------|
| 18-64       | 10        |
| 65+         | 4         |
| <b>Sum:</b> | <b>14</b> |

### Clients investigated - by gender

| Gender      | Clients   |
|-------------|-----------|
| Female      | 10        |
| Male        | 4         |
| <b>Sum:</b> | <b>14</b> |

### Clients investigated - by outcome

| INV Outcome                    | Clients   |
|--------------------------------|-----------|
| No further AP action required  | 10        |
| Progress to AP case conference | 3         |
| Not Recorded                   | 1         |
| <b>Sum:</b>                    | <b>14</b> |

### Clients investigated - by Main Category

| Main Category       | Clients   |
|---------------------|-----------|
| Other               | 6         |
| Physical Disability | 4         |
| Mental Health       | 3         |
| Learning Disability | 1         |
| <b>Sum:</b>         | <b>14</b> |

## Conferences and Reviews detailing Conference outcome and Client Category

2008/2009 (from 28/10/2008)

### Adult Protection Case Conferences by Outcome

|  | 0-17     | 18-64    | 65+      | Sum:     |
|--|----------|----------|----------|----------|
| Application under Adults With Incapacity |          |          | 1        | 1        |
| Refer for Community Care Intervention    |          | 1        | 1        | 2        |
| Refer for Health Intervention            | 1        |          |          | 1        |
| Not Recorded                             |          | 2        | 1        | 3        |
| <b>Sum:</b>                              | <b>1</b> | <b>3</b> | <b>3</b> | <b>7</b> |

### Adult Protection Case Conference Reviews by Outcome

|                                       | 18-64    | Sum:     |
|---------------------------------------|----------|----------|
| Refer for Community Care Intervention | 1        | 1        |
| <b>Sum:</b>                           | <b>1</b> | <b>1</b> |

### Adult Protection Case Conferences by client group

|                     | 0-17     | 18-64    | 65+      | Sum:     |
|---------------------|----------|----------|----------|----------|
| Learning Disability |          | 3        | 1        | 4        |
| Mental Health       | 1        |          | 1        | 2        |
|                     | <b>1</b> | <b>3</b> | <b>2</b> | <b>6</b> |

### Adult Protection Case Conference Reviews by client group

|                     | 18-64    | Sum:     |
|---------------------|----------|----------|
| Learning Disability | 1        | 1        |
|                     | <b>1</b> | <b>1</b> |

2009/2010

**Adult Protection Case Conferences by Outcome**

|  | 18-64     | 65+       | Sum:      |
|--|-----------|-----------|-----------|
| Application under Adults With Incapacity |           | 1         | 1         |
| Refer for Community Care Intervention    | 1         | 6         | 7         |
| Refer for Health Intervention            |           | 3         | 3         |
| Not Recorded                             | 10        | 3         | 13        |
| <b>Sum:</b>                              | <b>11</b> | <b>13</b> | <b>24</b> |

**Adult Protection Case Conference Reviews by Outcome**

|                                       | 18-64    | 65+      | Sum:     |
|---------------------------------------|----------|----------|----------|
| Refer for Community Care Intervention | 1        | 1        | 2        |
| Not Recorded                          | 5        | 2        | 7        |
| <b>Sum:</b>                           | <b>6</b> | <b>3</b> | <b>9</b> |

**Adult Protection Case Conferences by client group**

|                     | 18-64     | 65+       | Sum:      |
|---------------------|-----------|-----------|-----------|
| Addiction           | 2         |           | 2         |
| Learning Disability | 8         | 1         | 9         |
| Mental Health       |           | 1         | 1         |
| Physical Disability | 1         | 9         | 10        |
| <b>Sum:</b>         | <b>11</b> | <b>11</b> | <b>22</b> |

**Adult Protection Case Conference Reviews by client group**

|                     | 18-64    | 65+      | Sum:     |
|---------------------|----------|----------|----------|
| Addiction           | 1        |          | 1        |
| Learning Disability | 4        |          | 4        |
| Mental Health       |          | 1        | 1        |
| Physical Disability | 1        | 2        | 3        |
| <b>Sum:</b>         | <b>6</b> | <b>3</b> | <b>9</b> |

2010/2011 (to 30 June 2010)

**Adult Protection Case Conferences by Outcome**

|                                       | 18-64 | Sum: |
|---------------------------------------|-------|------|
| Refer for Community Care Intervention | 1     | 1    |
| Refer for Health Intervention         | 1     | 1    |
| Refer to Other Agency                 | 1     | 1    |
| Sum:                                  | 3     | 3    |

**Adult Protection Case Conference Conferences by Client Group**

|               | 18-64 | Sum: |
|---------------|-------|------|
| Mental Health | 1     | 1    |
| Sum:          | 1     | 1    |

## Incidents of Harm indicating: Age, Gender, Location and Severity

| IND Main Category            | Percentage      |
|------------------------------|-----------------|
| Financial/Material Harm      | 24.64 %         |
| Physical Harm                | 21.74 %         |
| Emotional/Psychological Harm | 15.94 %         |
| Self Harm                    | 13.04 %         |
| Sexual Harm                  | 8.70 %          |
| No Main Category             | 8.70 %          |
| Neglect                      | 7.25 %          |
| <b>Percent:</b>              | <b>100.00 %</b> |

| Location         | Percentage      |
|------------------|-----------------|
| Own Home         | 70.97 %         |
| Public Place     | 11.29 %         |
| Care Home        | 9.68 %          |
| Hospital/Hospice | 3.23 %          |
| Relative's Home  | 3.23 %          |
| Communal Area    | 1.61 %          |
|                  | <b>100.00 %</b> |

### 2008/2009 (from 28/10/2008)

| IND Main Category            | Percentage      |
|------------------------------|-----------------|
| Physical Harm                | 32.26 %         |
| Financial/Material Harm      | 25.81 %         |
| No Main Category             | 19.35 %         |
| Emotional/Psychological Harm | 12.90 %         |
| Sexual Harm                  | 6.45 %          |
| Neglect                      | 3.23 %          |
| <b>Percent:</b>              | <b>100.00 %</b> |

| Location        | Percentage      |
|-----------------|-----------------|
| Own Home        | 85.71 %         |
| Care Home       | 3.57 %          |
| Communal Area   | 3.57 %          |
| Public Place    | 3.57 %          |
| Relative's Home | 3.57 %          |
|                 | <b>100.00 %</b> |

| Severity | Percentage      |
|----------|-----------------|
| Severe   | 28.57 %         |
| Moderate | 50.00 %         |
| Minor    | 21.43 %         |
|          | <b>100.00 %</b> |

## 2009/2010

| IND Main Category            | Percentage      |
|------------------------------|-----------------|
| Financial/Material Harm      | 22.58 %         |
| Emotional/Psychological Harm | 22.58 %         |
| Self Harm                    | 19.35 %         |
| Physical Harm                | 16.13 %         |
| Sexual Harm                  | 12.90 %         |
| Neglect                      | 6.45 %          |
| <b>Percent:</b>              | <b>100.00 %</b> |

| Location         | Percentage      |
|------------------|-----------------|
| Own Home         | 67.74 %         |
| Care Home        | 16.13 %         |
| Public Place     | 9.68 %          |
| Hospital/Hospice | 3.23 %          |
| Relative's Home  | 3.23 %          |
|                  | <b>100.00 %</b> |

| Severity | Percentage      |
|----------|-----------------|
| Severe   | 21.21 %         |
| Moderate | 69.70 %         |
| Minor    | 9.09 %          |
|          | <b>100.00 %</b> |

## 2010/2011 (to 30 June 2010)

| <b>IND Main Category</b> | <b>Percentage</b> |
|--------------------------|-------------------|
| Self Harm                | 50.00 %           |
| Financial/Material Harm  | 33.33 %           |
| Neglect                  | 16.67 %           |
| <b>Percent:</b>          | <b>100.00 %</b>   |

| <b>Location</b>  | <b>Percentage</b> |
|------------------|-------------------|
| Public Place     | 50.00 %           |
| Own Home         | 33.33 %           |
| Hospital/Hospice | 16.67 %           |
|                  | <b>100.00 %</b>   |

| <b>Severity</b> | <b>Percentage</b> |
|-----------------|-------------------|
| Severe          | 33.33 %           |
| Moderate        | 50.00 %           |
| Minor           | 16.67 %           |
|                 | <b>100.00 %</b>   |

**Renfrewshire Adult Protection Committee**

**Biennial Report 2010**

**Training Activity**

**Summary**

A wide range of training has taken place in the lead up to, and since, the implementation of the Act, with the initial priority having been to ensure that a sufficient number of Social workers, MHOs and Managers, who may have to carry out duties under the Act, had been trained at the point of implementation of the Act. It was agreed that Community Care Social Work teams would be the main focus for Adult Protection work and this staff group should be the priority as these teams would be the first point of contact for anyone expressing concerns. This was achieved as 75% of this group had been trained by early November 2008, and further training has since covered all in this group.

There has been training at 3 levels...general awareness, introduction to adult protection, and responsibilities of council officers.

Initial training was largely undertaken within individual agencies, and the Training subcommittee is now developing a training plan that will ensure that future training needs, covering new staff who require one or more of the above levels of training, will be met on an inter agency basis wherever possible and appropriate.

**Training activity to date**

**Level 1 – General Awareness**

**Social Work**

All social work staff have received a briefing on adult protection through a leaflet/e bulletin, and team managers ensured that this topic is covered in team meetings. This has covered over 2000 staff

**Renfrewshire Health services**

Some 750 health staff received basic briefings on Adult Protection, and 25 GPs

An E Learning module has been developed and has been available to new recruits to NHS GG&C via the induction portal since August 2009 and for all staff from November 2009. At end April 2010, a total of 184 health staff in the

Renfrewshire area have successfully completed the module – this figure includes staff across community and acute services.

NHS Greater Glasgow & Clyde

NHS GG&C has written and published a 20 page guide to the Adult Support and Protection (Scotland) Act 2007, which is designed for use by NHS staff and independent contractors such as General Medical Practitioners and General Dental Practitioners, with 10,000 copies having been printed and distributed across the Board.

## **Level 2 – Introduction to Adult Protection ½ day sessions**

### **Social Work**

Approximately 550 staff have attended the ½ day level 2 training.

We have developed two versions of the material to reflect the slightly differing needs of Care and Fieldwork staff. The priority for the initial training sessions was given to the 174 fieldwork staff in community care settings and this has been achieved. The training has now extended to the wider fieldwork group of staff across the range of the Social Work service, in particular care staff for whom adult protection is a significant issue.

Application is also open to Health staff from the joint teams, housing support staff and other relevant staff from health and partner agencies. Places have also been offered to other agencies such as Independent Advocacy and voluntary organisations.

## **Level 3 – Responsibilities of the Council and role of Council Officers (2 day sessions)**

### **Social Work**

All the priority group of social workers in community care (plus from some other settings), MHOs and managers have received the 2 day training;

- 4 Area managers/ joint team managers
- 21 SSW of whom 14 work in community care settings; the remaining 7 are from childcare or criminal justice teams
- 51 QSW/MHOs -47 of whom work in community care settings.

All of the above are qualified to act as Council Officers.

17 other staff have also attended; they cannot act as Council Officers but they may act as a second officer on an investigation. These include Home Care Managers, OTs, Residential Managers and staff from Commissioning Team and Housing Support.

Staff from Independent Advocacy has also attended, and health staff who work in the joint teams.

### **Partner Agencies**

An input on ASPA and Adult Protection issues was delivered to Managers in Strathclyde Fire and Rescue, and some 24 front line officers in Fire & Rescue have received Adult protection awareness training, and this will be rolled out to all staff who had previously received Child protection training.

Strathclyde Police have undertaken awareness training for their staff.

Renfrewshire Housing and Property have developed plans for staff training and development that will include basic awareness training for all staff in Housing and Property Services (with training delivered to managers and cascaded down through staff teams).

More intensive training will be available (half-day session) for teams which work most closely with vulnerable people in autumn 2010.

Locally based housing associations and the care providers at housing support projects will also be invited to the half-day multi-agency training sessions.

Once the initial round of training is complete, it is proposed that Adult protection training is incorporated within the training sessions which are carried out regularly for new staff on Child Protection.

## Is the at-risk adult safer as a result of our activity?

| What key outcomes in protecting at-risk adults have we achieved? | Quality indicator<br>1. Is the at-risk adult safer as a result of our activity?   | How well have we achieved this outcome?<br>Note areas of strength and possible improvement   |
|--|---|--|
| 1.1  | The initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at-risk adult <i>and</i> others for whom risk is identified including any children | All records show a proportionate protective framework is in place.<br><br>There was some evidence missing in how information was recorded or gained.   |
| 1.2  | The risks to the adult is recognised and responded to   | All records show that risk was recognised and responded to.  |
| 1.3  | An effective risk management plan is established and implemented ensuring support and protection  | Only one record evidenced an up to date Risk Assessment and Management plan was in place.  |
| 1.4  | The individual's wider needs are addressed and met following appropriate assessment   | Half of the records demonstrated that although the individuals wider needs had been considered the individual refused or failed to engage with staff.  |
| 1.5  | The overall quality of life of the person is improved   | In a third of the cases it was evidenced there was an overall improvement.<br><br>The remaining two thirds of records evidenced the following issues: <ul style="list-style-type: none"> <li>• Clients non-engagement</li> <li>• In one case, there were still significant identified issues despite initial measurements being put in place.</li> <li>• There was no identified Care Manager in some cases</li> </ul> |
| 1.6  | Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the case has been concluded  | Two thirds of records showed that the person received appropriate social or clinical support.<br><br>For the remaining third, one did not engage with staff and the other record shows no evidence of ongoing appropriate social or clinical support   |
| 1.7  | If the case has been significantly delayed in being referred and/or responded to, a clear self-evaluation of the reasons and their implications for practice has been undertaken                            | No delay evidenced in audited records  |

## How well do we meet the needs of stakeholders?

| How well do we meet the needs of stakeholders? | Quality indicator 2. Is the at-risk adult safer as a result of our activity?   | How well have we achieved this outcome?<br>Note areas of strength and possible improvement   |
|--|--|--|
| <b>2.1</b>                                     | The at-risk adult is listened to understood and his or her views respected   | <p>In two thirds of cases the client views were noted and they had opportunity to participate.</p> <p>Of the remaining third, in one case there was limited evidence of the person's views being listened to – most views came from their spouse.</p> <p>In the other there was no evidence of the person being at Case Conference or an advocate being present but there is evidence that the person had been involved in an individual discussion with workers and their views sought.</p> |
| <b>2.2</b>                                     | Where relevant, the capacity to communicate and consent is systematically established and documented                                       | <p>Where an issue with capacity was identified an appropriate assessment was carried out. All cases evidence that this happened.</p> <p>A third of records indicate capacity but no there is no evidence of consent being systematically established and documented</p>  |
| <b>2.3</b>                                     | The human rights of the at-risk adult are observed at all times  | Only one record identified failure to meet this standard   |
| <b>2.4</b>                                     | Independent representation through advocacy is available to the at-risk adult  | <p>Half of the files indicate no record of an offer of individual representation or advocacy.</p> <p>The remaining half indicate it wasn't required but there is no evidence of how that decision was reached other than to say the person had capacity – so not routinely offered</p>   |
| <b>2.5</b>                                     | Family members are informed of all significant developments during the protection process and given the opportunity to express their views | <p>In two thirds of cases it was evidenced this standard was met.</p> <p>Of the remaining third – In one case there was no evidence of the family being involved.</p> <p>In the other, the family was a precipitating factor and it was felt it was inappropriate for them to be involved.</p>   |

## How well do we meet the needs of stakeholders?

| How well do we meet the needs of stakeholders? | Quality indicator 2. Is the at-risk adult safer as a result of our activity? | How well have we achieved this outcome?<br>Note areas of strength and possible improvement  |
|--|--|---|
| <b>3.1</b>                                     | Staff members felt supported during and after the case                       | There was no evidence to establish if staff supervision / staff support was made available. |

## Quality of policy, service development, planning and performance management.

| How good is our operational management? | Quality indicator                              | How well have we achieved this outcome?  |
|---|--|--|
| 7.1                                     | Staff members in the case were fully competent | <p>All records evidence competence on behalf of Health and SW professionals.</p> <p>It was felt in one case that more use could have been made of a comments field for increased clarity.</p> <p>Training Issues were raised regarding case recording under Adult Protection.</p>  |
| 7.2                                     | High quality team work was evidenced           | <p>Half of the cases evidenced high quality team work.</p> <p>In one case there was no further Adult Protection action taken and while there was evidence of good communication there was no evidence of co-ordinated team work.</p> <p>In one case there were no housing records available although housing was referenced in other agency files. Lack of good care management was highlighted as an issue.</p> <p>Incidents of harm are not clearly recorded in Adult Protection and no chronology to link to Adult Protection assessments.</p> <p>While there is evidence of good teamwork, no follow up assessment happened.</p> |

**RENFREWSHIRE ADULT SUPPORT AND PROTECTION COMMITTEE WORKPLAN 2010/12**

| <b>WORK STREAM ACTIVITY/ REQUIRED ACTION</b>   | <b>OUTPUT / S</b>   | <b>TIMESCALE FOR COMPLETION</b>  | <b>RESPONSIBLE OFFICER(S)</b>                 | <b>PROGRESS</b> |
|--|---|--|---|-----------------|
| Planning and implementation of an ongoing interagency training strategy  | <b>Effectively trained staff and good inter agency understanding of adult protection policy, practice and procedure</b>                                 | <b>Training plan for 2010/11 to be complete by October 2010</b>                                  | <b>Training Subcommittee</b>                  |                 |
| Continued development and refinement of robust performance reporting, monitoring and audit systems                                       | <b>Performance reporting, analysis and monitoring data, public scrutiny</b>   | <b>In place but to be reviewed in light of comments on first biennial report...December 2010</b> | <b>Monitoring and evaluation subcommittee</b> |                 |
| Ensure effective involvement of service users, carers and other stakeholders in the work of protecting vulnerable adults in Renfrewshire | <b>Promotion of understanding of adult protection; increase effectiveness of interventions; ensure practice informed by user and carer perspectives</b> | <b>Involvement strategy to be agreed by March 2010</b>   | <b>APC</b>                                    |                 |
| Confirming arrangements for effective links with Child Protection and other public protection activity in Renfrewshire                   | <b>Maximise opportunities for corporate and integrated approaches to public protection agendas</b>  | <b>October 2010</b>  | <b>APC</b>                                    |                 |
| Exploration of options for cross authority collaboration in relation to adult protection   | <b>Greater consistency of approach across agencies and councils, and reduction in duplication of effort</b>   | <b>Initial proposals January 2011</b>  | <b>APC/COG/ Independent Chair</b>             |                 |
| Undertaking audit of adult   | <b>Evaluation of practice</b>   | <b>October 2011</b>  | <b>APC</b>                                    |                 |

|  |   |  |  |  |
|--|---|--|--|--|
| protection activity across Renfrewshire using Dundee University 'System of Self-evaluation of Adult Support and Protection Activity in Scotland'                           | <b>across all aspects of adult protection in Renfrewshire</b>   |  |  |  |
| Identify recommendations for implementation of practice development in relation to areas identified within recent case file audit<br><br>Implementation of recommendations | <b>Ensure effective practice and recording in relation to adult protection in Renfrewshire</b>  | <b>October 2010</b><br><br><b>April 2011</b> | <b>Practice development subcommittee</b> |  |
| Plan and deliver Renfrewshire Adult Protection Conferences in 2010 and 2011  | Raise awareness of Adult Support & Protection issues in Renfrewshire<br>Engaging wider community of interest<br>Improve multi agency communication and practice | <b>December 2010</b>                         | <b>Training Subcommittee</b>             |  |