

*My daughter moved in without asking me, eats my food, steals my pension and pays for nothing. I'm so frail I can't make her leave.*

*I'm blind. But I can't use my white stick anymore because when I do, the local gang spit at me and push me over, saying they're going to do me in.*

*They had parties here in my flats, completely wrecked the place. Then they forced me to hand over my money. I thought they were my friends... I'd been really lonely.*

## **Renfrewshire Adult Protection Committee Biennial Report – April 2012 to March 2014**

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## Preface

The report before you covers the two years prior to my appointment in May this year and as such it is not a period with which I am familiar. I therefore cannot offer the usual preface but I would like to take the opportunity to introduce myself and to review the report, which is my own and for which I am accountable to Scottish Ministers.

My name is Andrew Lowe and until last year I was director of social work for Scottish Borders. I have worked in this field for 40 years and am very pleased to be able to fulfil this role for Renfrewshire Adult Protection Committee.

I would like to thank my predecessor, Tim Huntingford for his work over the last several years. Tim has led the work of this Committee since its inception and made a huge contribution to keeping adults safe in Renfrewshire. His work is known and respected throughout Scotland.

This third biennial report covers work from 1st April 2012 to 31<sup>st</sup> March 2014. It contains all the performance information that you would expect to see and a copy of the Ministerial response to our last report in 2012. In his response the Minister writes:

*The role of the APC is vital in ensuring the effective delivery of adult protection activity across Scotland and I am very grateful to you and your fellow committee members for all the hard work and commitment you have contributed to enable the adult support and protection work to move forward significantly over the past 2 years."*

*"The outcomes of your self-evaluation audit were interesting, showing evidence of effective work but room for improvement in certain areas in particular, the consistent application of the duty to inquire in social work, recording adult protection issues and communication between agencies. I hope that you are already seeing benefits from the plan drawn up to improve communication between agencies in your area."*

As the incoming Chair I have a commitment to improvements across all of our work but I will have a particular focus on communication between agencies. I have commenced a round of meetings with the various agencies and have been impressed by the commitment to safeguarding in Renfrewshire. Two items in the report point to the direction of the next wave of activity. First, in paragraph 5.2:

**"I am me"**, a partnership with PACE theatre Company, has developed two short plays that have been performed in most of the schools in Renfrewshire. One play is aimed at secondary school children, the second, is aimed at primary school children. Both plays highlight the reality of life with a disability and the impact of unthinking or discriminatory behaviours upon people who have a disability. Police Scotland working with "I Am Me" has set up an initiative called Keep Safe. The Keep Safe

initiative involves a network of businesses such as shops, libraries and cafes that have agreed to display a sticker in their window and designate their premises as a 'Keep Safe' place for people to go if they feel frightened, distressed or the victim of crime when out in the community. Both of these activities exemplify Renfrewshire's approach to keeping safe by reaching out to the public – children and adults - and I was pleased to speak at one of their events as my first public engagement.

The second area I will be particularly promoting is action against financial exploitation, an issue contained within our **Improvement area 4**. I have been very pleased to get strong support from Trading Standards in Renfrewshire for our work in this area and we are already having an impact that will be reported next time.

I am very honoured to be entrusted with this role within such a good partnership and I am confident that when I report in two years there will be many improvements and changes to bring to your attention once more

Andrew Lowe

Independent Chair of Renfrewshire Adult Protection Committee

# **Renfrewshire Adult Protection Committee biennial report 2012- 2014**

## **1 Introduction and Context**

### **1.1 Introduction**

This is the third biennial report of the Renfrewshire Adult Protection Committee. This report covers the period from 1st April 2012 to 31st March 2014. The Renfrewshire Adult Protection Committee was established in April 2008 and the independent Convenor at that time was Tim Huntingford who was also the Chair of Renfrewshire's Child Protection Committee. Tim retired from both committees in April 2014 and Mr Andrew Lowe was appointed to the role of Chair of both committees. The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic management of the protection of adults in Renfrewshire who may be at risk of harm.

### **1.2 Statutory requirements**

Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires Adult Protection Committees (APCs) to produce a biennial report on the exercise of the Committee's functions in the preceding two years.

### **1.3 Function of the Adult Protection Committee**

The Renfrewshire Adult Protection Committee is responsible for monitoring and advising on adult protection procedures and practice, for ensuring appropriate cooperation between agencies and for improving the skills and knowledge of those with responsibility for the protection of adults at risk. An example of an APC agenda is included as Appendix 1 to this report for the meeting held on the 5th of June 2014. The work of the Committee includes:

- developing and introducing arrangements and protocols for inter-agency working;
- auditing and evaluating the effectiveness of these arrangements;
- developing a strategy, procedures and policies for protecting adults at risk and reviewing these;
- developing and introducing arrangements to monitor, review, disseminate and report activity data in relation to the protection of adults at risk;
- raising awareness and providing information and advice to the wider community and to professionals;
- training and development activities;
- improving local ways of working in light of knowledge gained through local and national experience;
- case review and research;
- undertaking any other functions relating to the safeguarding of relevant individuals as the Scottish Ministers may specify by order.

## 1.4 Committee Membership

The Committee is comprised of representatives from the various agencies that have statutory responsibility for delivering services to relevant Adults in Renfrewshire; independent and third sector organisations, charities, service users and carer representatives, Local Authority, Police Scotland, Scottish Fire and Rescue. The Committee meets on a two monthly cycle and during this reporting period, its membership was extended to include a representative from Scottish Care, Renfrewshire Community Services and a Service User and Carer reference group. The Adult Protection Committee is supported and serviced by officers of the council's Corporate Service and reports to the Renfrewshire Community Protection Chief Officers Group. The Renfrewshire Adult Protection Committee has representatives from:

|   |                               |
|---|-------------------------------|
| Police Scotland                               | Scottish Fire and Rescue      |
| Renfrewshire Community Health Partnership     | Recovery Across Mental Health |
| Engage Renfrewshire                           | Scottish Care                 |
| Renfrewshire Development and Housing Services | "You First" Advocacy          |
| Social Work Services                          | General Practitioner          |
| Renfrewshire Community Resources              | Elected Members               |
| Service users and carers representatives      |                               |

## 1.5 Renfrewshire Adult Protection Committee: Sub-committee structure

### ***The Training Sub-committee.***

This subcommittee 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 subcommittee takes an overview of training activity across agencies and has produced an inter agency training strategy (appendix 4). An inter-agency training officer post was created in 2010 to work on both adult and child protection training.

The training sub-committee is also responsible for the planning and delivery of the annual Adult Protection Conference and it facilitates the ongoing series of network lunches. These are inter-agency meetings which provide an opportunity for staff of all agencies in a locality to meet to discuss practice issues.

### ***The Practice and Performance sub-committee***

This 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. Work undertaken by this Sub-committee included the development of a procedural framework for Significant Case

Reviews for RAPC. This subcommittee oversees significant case reviews, is responsible for developing service improvement action plans and the organisation of the annual self evaluation exercise.

### ***Service User and Carer reference group***

Creating a Service User and Carer reference group has proved challenging. There is no great appetite among those that have been through an Adult Protection process, to participate in such a forum. However over the past two years, a small group of individuals, who have an interest in Adult Protection, have coalesced around the Renfrewshire Carers centre. These individuals have been willing to get involved in forming a service user and carer reference group and have also attended the main Adult Protection Committee. Whilst this group is still in its infancy and is tentatively finding its role it has begun to provide important advice to the committee and participate in the development of policy and practice.

### ***Community Protection Chief Officer's Group Communication Subcommittee***

At the time of the last Biennial Report, both the Renfrewshire Child Protection Committee and the Renfrewshire Adult Protection Committee had communications sub committees. It was realised that this may not be the most effective way of managing communications. In line with the wider move towards developing more strategically coherent Public Protection Arrangements, both existing communications sub committees were subsumed into the Community Protection Chief Officers Communications Sub Group. This consolidated Sub Group is responsible for the coordination and alignment of the Communications activities of all partner agencies in Renfrewshire and the development and implementation of the Renfrewshire Community Protection communications strategy. The purpose of the strategy is to:

- Raise public awareness of the activities undertaken by all agencies involved in delivering Protective. Services in Renfrewshire
- Highlight specific messages aimed at improving the protection of the community
- Engage effectively with stakeholders
- Demonstrate the effectiveness of the work we do
- Ensure the community understands what we do
- Change behaviour and perceptions where necessary
- Ensure that synergy is achieved by coordinating and aligning all Public Protection messages to local, regional, national and international campaigns.

This subcommittee of the Chief Officers Group is currently chaired on behalf of the Chief Officers by Ms Mary Crearie, Director of Renfrewshire Council's Development and Housing Services. The lead officer is the Council's Senior Communications Officer Mr David McLavin. The membership of the

Community Protection Communications Sub Group includes nominees from the following agencies: Health, Renfrewshire Community Resources, Development and Housing Services, Social Work (Adult and Children's Services), Education, Criminal Justice Social Work, Chief Executive and Engage Renfrewshire.

The subcommittee meets every 3 months and the resources available to it includes the time and expertise of its members, any approved share of the annual APC and CPC budget and any additional resources in cash or kind secured from the agencies or elsewhere, as required to deliver the Group's approved work plan, e.g. consultancy support to carry out specific consultation exercises. The Renfrewshire Community Protection Communications Sub Group is accountable to the Chief Officers Group.

## **1.6 Interagency policy and procedures**

Renfrewshire APC remains committed to working to the West of Scotland Inter Agency Adult Support & Protection Practice Guidance. This Guidance:

- Recognises existing legislation
- Focus on the 2007 Act
- Contains information on the definition of "harm" and common indicators
- Outlines guidance for intervention
- Sets out guidance for, and emphasises the importance of, review of actions taken, indicators of good practice and final outcomes.
- Recognises existing systems to protect 'at risk' adults, such as the national Care Standards, sound recruitment practices and appropriate training and support of staff
- Is consistent with the European Convention on Human Rights and the Human Rights Act 1998.

All agencies are expected to work within a clear procedural framework that recognises the exercising of professional judgement. It is accepted that the partner agencies will each retain their own more detailed Local Operating Procedures to guide their staff in relation to the actions required in adult protection within their agency. All relevant public bodies in the West of Scotland agreed this Inter Agency Practice Guidance. It should be noted that the West of Scotland inter agency practice guidance is currently being reviewed to ensure new legislation and codes of practice are incorporated, to make some minor changes as a result of practice experience and to reflect the significant changes that had taken place in some partner agencies such as the Police and Fire and Rescue.

## **2. Improvement Actions Resulting from 2010-12 Biennial Report**

### **2.1 2010-12 Report**

The 2010-12 Biennial report was commented upon favourably by the Scottish Government (Appendix 2). The Minister's response letter highlighted the early progress being made on the Government's own 5 priority work streams for APCs and noted the plans to progress the actions arising from the Renfrewshire Interagency audit. The Renfrewshire action plan in respect of the 5 national priorities is included as Appendix 3 to this report. In the previous Biennial Report, the Independent convenor detailed 11 areas in which he wished to see improvements. Over the last two years the Adult Protection Committee has focussed its improvement activities around these priority areas along with those identified as a result of the Self Evaluation exercises. It would be fair to say that there was a highly consistent match between the chairs priorities and those elicited as a result of Self Evaluation.

### **2.2 Progress with Improvement Actions**

***Improvement area 1*** *The overriding priority for all involved in adult protection in Renfrewshire over the coming biennial period, must be the driving up of practice standards to a consistently high standard, emulating the best that is occurring now across all work in all agencies.*

Since the publication of the last Biennial Report two new posts have been created. The Adult Protection Support Officer, responsible for improving practice within Social Work and an Adult Protection Committee Lead Officer, responsible for the administration of the committee and for driving all of the work requested by the committee.

***Improvement area 2*** *Further improvement is required in the levels of advocacy and independent support offered to vulnerable adults.*

In Renfrewshire, "You First" Advocacy is the organisation that provides Advocacy Services. The 2013 self evaluation exercise identified that there seemed to be an under involvement of advocacy services in Adult Protection cases. This was addressed by the inclusion of an action within the improvement plan aimed at increasing advocacy referrals during 2013. The 2014 Self Evaluation exercise noted that this element remained a concern. To address this You First Advocacy have carried out a series of awareness raising talks to a variety of audiences such as the Integrated Alcohol Team, Social Work Locality Teams and the Community Mental Health Team. This has led to an almost immediate and striking increase in the level of referrals "You First" is now receiving in relation to Adult Protection.

***Improvement area 3*** *Greater evidence is required of the involvement of vulnerable people and their carers in decisions about their lives, and of their influence on the direction of adult protection policy and practice.*

An Adult Protection Service User and Carer Reference group has been created and representatives of this subcommittee regularly attend full Adult Protection Committee meetings. All policies proposed by the committee are passed to the Service User and Carer subcommittee for comment prior to presentation to the full APC. The service user and carer group were able to provide questions to the University of the West of Scotland regarding the role and perceptions of carers involved in adult protection and these were used during the service user interviews carried out as part of the 2014 self evaluation exercise.

The Committee has a strong focus on promoting the Adults right to participate as outlined in the Adult Support and Protection (Scotland) Act 2007 Code of Practice. It has particularly encouraged the involvement of Advocacy services throughout the ASP process and for practitioners to evidence in their recording of their work to engage the Adult as a full participant.

***Improvement area 4*** Particular attention is required to the issue of financial exploitation, now that the scale of the problem is becoming more apparent. Effective publicity is necessary to draw public attention to the nature and extent of the issue.

**i National Project's Workshop** This issue was also highlighted as a National Priority. Renfrewshire Adult Protection committee took an active role in the development of the outcomes of the National Project's workshop held at the Scottish Police College on the 20th September, 2013. The workshop was facilitated to encourage and drive lateral thinking. The focus was to collaborate on how stakeholder agencies involved in protecting adults at risk of financial harm can work together more effectively. The following three Key actions were distilled from the event:

1. Widen the statutory duty to refer and deal with issues
2. Formulate options for a single policy pledge for all and from all agencies
3. Pan Scotland multi organisation harm teams

**ii Think Jessica Campaign.** Renfrewshire Adult Protection Committee has recognised the work carried out by "Think Jessica" and intends to take this forward locally in its 2014/15 work plan. The eponymous "Jessica" was an elderly woman who was hounded by criminals by post and the phone for 5 years until her death. The Royal Mail delivered approx 30,000 letters to her during that period and she spent most of her time reading, sorting and responding to the criminals.

**iii Financial Harm, the "Victims list" and the Fife Post Office Pilot** Recent Home Office research shows that burglary has a greater impact on the elderly than other sections of the community and found that elderly victims of this crime had an accelerated decline in their health and were twice as likely to die within two years as people of a similar age who had not been burgled.

In 2011 Trading Standards officers in Bedfordshire seized a list containing the names of thousands of people across the UK when they raided the home of a criminal who ran a number of international scams. He sent mail-shots to vulnerable people promising cash windfalls and other prizes and turned over more than £60million in one year alone. As well as experiencing financial loss there are concerns about the impact on the victims' emotional and physical well being.

Last year Trading Standards Scotland received a copy of this list and 180 potential victims from Renfrewshire were identified. Police, Trading Standards and Social Work have mounted "Operation Alliance" to contact the victims and warn them that they may well be targeted again. At the time of submitting this report in Autumn 2014 an number of victims who were felt to be particularly vulnerable have been visited by Joint Social Work, Trading Standards teams. Victim Support Renfrewshire, ROAR and "Contact the Elderly" have agreed to assist by providing support to those that may require it.

- iv AWI 2000 Act Part 3 and DWP Corporate Appointeeship** In line with the recommendations from the RAPC 2012 biennial report Renfrewshire Council appointed an Adults with Incapacity Financial Welfare Officer to drive forward the implementation of legislative schemes; DWP Corporate Personal Acting Body and Access to Funds. The Officer is to ensure that there are appropriate measures in place to gain maximum benefit and protection of vulnerable adult's finances, draw attention to nature and extent of the problem of financial exploitation and appropriate safeguards available to Renfrewshire staff.

The position of Renfrewshire at the time was to strengthen the response to the potential financial exploitation of adults medically assessed as lacking capacity to manage their own financial affairs. During the course of 2013/14 Renfrewshire continued to develop this area by developing end-to-end business processes in respect of managing the Adult's finances. There was continued commitment to staff training and awareness of AWI 200 Act Part 3 and DWP Corporate Appointeeship to support vulnerable community based adults.

Now in 2014 Renfrewshire have a clear referral pathway to prioritise the financial safeguarding of vulnerable adults where their finances do not meet the minimum thresholds for Financial Guardianship/Intervention Orders. Between May – October 2014 Renfrewshire applied to manage the finances of 68 adults (residential, nursing and community based), resulting in an average of 11 referrals per month. Renfrewshire Council Social Work Finance team, with support from Finance and Corporate Service colleagues, have now appointed a banking provider with electronic solutions to minimise the resource effort involved with the administration client accounts. Detailed transactional information is available to care managers to assist in support planning.

### ***Future plans***

- Greater awareness of financial safeguarding through the utilisation of DWP Corporate Personal Acting Body and Access to Funds status should continue to be provided to care management staff.
- Ongoing scrutiny of misappropriation of funds by Appointees, Continuing Attorneys and financial agents to be further documented in operational guidance.
- Undertake to produce a procedural framework that includes the ongoing financial monitoring of vulnerable adults assessed as requiring residential/nursing care.
- Compile detailed management information and recording dependencies for SWIFT and E5 (council's financial ledger). This will improve the process of evidencing care efforts in implementing financial safeguards.
- Continue to work with Adult Support and Protection Coordinator and Team Manager MHO and provide input to agreed business processes to ensure consistent and regular referrals from conference.

***Improvement area 5*** *The multi dimensional aspects of vulnerability are also now becoming more obvious and the scale of the problem more pressing. This is evident in the high number of cases where issues of addiction and substance misuse, incidences of self harm and depression are linked, but where mental health services are not involved.*

Both the 2011& 2013 Adult Protection case file audits identified a need to improve service delivery to adults whose use of alcohol, drugs or other substance may put them at risk of harm and who may, as a consequence, be engaged in self neglect and self harm. Accordingly Renfrewshire's Alcohol and Drug partnership funded an external facilitator to develop and deliver a seminar aimed at identifying practical solutions to the challenges posed by this client group. From this, an action plan was derived that would drive the necessary improvements across all agencies.

***Improvement area 6*** *Linked to this issue is the continuing problem of repeat referrals, where perhaps no one referral is of serious concern, but where a continual pattern of repeat referrals indicate a level of problems that require attention. Many of these individuals are the hardest to reach and the most difficult to engage with services.*

This issue has been addressed by the development of a multi agency repeat referral oversight group at which senior management from a variety of agencies regularly meet to discuss those cases that are subject to repeated Adult Protection referral. This group of senior staff ensure that all aspects of the response to such cases are reviewed and scrutinised. This group also seeks to explore less obvious interventions and develop creative approaches to provide help for people who are self evidently in need of but not necessarily keen to accept such help.

***Improvement area 7*** *Referral practice needs further consideration, particularly with the severe imbalance between the level of referrals from the police compared to that of other agencies*

Further examination of this issue has clarified that the majority of Police referrals are appropriate. The relative imbalance between Police referrals and those from other agencies remains. The majority of the referrals that come to the Local Authority will originate from a member of the public who will routinely contact the Police to report the matter. A significant amount of work has been carried out to raise awareness within potential referring agencies on how to recognise an Adult Protection issue and what to do once such issues are suspected. Although out with the reporting period it should be noted that in March 2014 Police Scotland ceased using the former Strathclyde Force VPD (Vulnerable Persons Database) and changed to a national interim VPD. The Old VPD system was used to generate Adult at Risk referrals, as defined under section 3 of the Adult Support and Protection (Scotland) Act 2007. The new iVPD collates concern reports not only for Adults at Risk, but also concerns about adults who do not meet the criteria set out in section 3 of the Act, along with hate crime concerns, domestic violence concerns and other concerns relating to children. During the first quarter of this year (2014) there have been 468 concern reports received from the Police. This is made up of 354 Adults at Risk (section 3 definition) and 114 Adult Welfare concerns. For the same period last year, 291 referrals were received from Police Scotland. These were all Adults at Risk referrals. This amounts to a 60% increase in referrals from Police Scotland.

**Improvement area 8** *Case recording, and the use of chronologies requires continued attention in training and supervision, and data collection and analysis needs further refinement.*

The importance of effective case recording and the value of using chronology are now built into a range of training programmes and are reinforced through supervision and day to day practice. Some challenges remain in working across agencies and accessing systems which support the tasks of sharing data. The Practice and Performance Sub Group has identified this as a key work stream. Social Work has instituted a range of quality assurance measures including case sampling to supplement the APC's annual self evaluation where the quality of recording is monitored and feedback provided to teams.

Social Work has also taken steps to develop its management information and reporting processes to improve data capture and reporting so that it better supports the management of performance and planning of services. A part of this has been the purchase of new software which adds functionality and improves the practitioner interface with eth client information system. This new process will allow refinements to the business process for capturing data related to Adult Support and protection activity and improve the range and quality of information available at team, service and strategic levels.

**Improvement area 9** *The use of Guardianship and the application of Adults with Incapacity legislation require further attention, with greater clarity for all agencies about the most appropriate approach to adopt.*

There is heightened awareness of the Adults with Incapacity Act (Scotland) 2000 (AWI) and its provisions. For example, Social Work provides a programme of general AWI training which is mandatory for Social Work staff.

There is a steep increase in AWI work including an element of which is identified through Adult Protection Investigations. Between February 2013 and July 2014 the number cases where the Chief Social Work Officer of Renfrewshire Council has been appointed as Welfare Guardian, has increased from 44 to 70 and a number of others are currently under consideration. The Mental Welfare Commission reports nationally a 9% increase in approved Welfare Guardianship applications in 2012-13 and Renfrewshire is one of 5 authorities who saw an increase of greater than 40% in approved orders in 2012-13. In 2012-13 Renfrewshire had an increase of 38% in the number of local authority applications approved. In 2013-14 Renfrewshire saw an increase of 91% in referral rates for AWI applications; impacting significantly on the ability of the MHO service to respond without impacting on other areas of MHO duties. This demand has already consumed the resource provided through a 125% increase in the number of MHO's within the full time MHO Team. The number of private applications increases annually and 77% of all applications are private. A review within the Social Work service of cases where the Chief Social Work Officer is Guardian confirmed that Guardianship orders are being used appropriately to protect and support very vulnerable individuals.

The recent ruling from the Supreme Court and the so called 'Cheshire West Judgement' has raised questions about the use of S13ZA of the Social Work (Scotland) Act 1968 as a means of facilitating care for people who may lack capacity. This is in keeping with the European Convention of Human Rights and issues of deprivation of liberty. Interim revised Renfrewshire guidance on the use of S13ZA has been issued pending national guidance coming forward.

In 2013 the Social Work service established a new post and developed procedures in order to support responsibilities under the Adults with Incapacity (Scotland Act) 2000 (AWI Act). The post supports the management of an Adult's finances where they lack capacity and no one else is able to assist under the terms of Part 3 of the Adults with Incapacity (Scotland) Act 2000. ASP investigations have identified a small number of vulnerable adults who have been subject to financial harm and where a key safeguard is supporting them to manage their money. In such circumstances the Social Work service will seek to access their funds and appointeeship for state benefits and thereby assist the Adult to use their money to meet their needs.

***Improvement area 10*** *The already strong commitment to self evaluation and service audit needs to be developed further with multi agency case file auditing becoming a significant annual event, with a full self evaluation exercise also taking place over the next two years.*

In 2013 the Self Evaluation exercise included a small sample of service users were contacted for their opinions in which the “Talking Points” model of outcome focused interviews was used. In 2014 the case file audit was extended to include additional Quality Indicators, staff focus groups and the “Talking Points” interviews carried out. Further details of both Self Evaluation Exercises are provided elsewhere in this report.

**Improvement area 11** *A continued high priority is a need for multi disciplinary training for all agencies and partners to improve further the quality of interagency knowledge and mutual understanding of roles and responsibilities.*

In 2010, a five year training strategy (2010-2015) was introduced to provide clarity and direction for the training activities going on across all agencies. With the assistance of the Alcohol and Drug partnership, almost 400 members of staff from a range of agencies received training on “Effective Working Together”, “Adult Protection Case Conferencing”, and “Defensive Decision Making and Recording”.

### **3 Obtaining the Views of Adults and Carers**

#### **3.1 Self Evaluation**

RAPC recognises the importance of obtaining the views of Adults and carers who are / or may become involved in adults support and protection processes. Both the 2013 and 2014 Self Evaluation Exercises embraced the need to seek the opinions of Adults, their families and their carers to gain an understanding of how effective or otherwise the efforts of all services have been in protecting people from harm. The Talking Points system of outcomes based interviews has been used to carry out service user and carer interviews.

#### **3.2 The Talking Points Outcomes Framework** for people using services classifies the outcomes important to individuals into three broad categories:

1. Quality of Life outcomes which are the aspects of a person’s whole life that they are working to achieve or maintain.
2. Process outcomes which relate to the experience that individuals have seeking, obtaining and using services and supports and can have a significant influence on the extent to which other outcomes are achieved.
3. Change outcomes which relate to the improvements in physical, mental or emotional functioning that individuals are seeking from any particular service intervention or support.

#### **3.3 Service User and Carer Reference Group.**

Over the past two years, the Adult Protection Committee has engaged with a group of individuals that have a genuine interest in influencing the policy and

practice in respect of Adult Protection from the perspective of a Service User or Carer. This process is at an early stage but it is anticipated that as the group grows in number and confidence their involvement in the development of policy and practice will become routine.

### **3.4 Advocacy**

Renfrewshire contracts Advocacy services from “You First” Advocacy an independent organisation that aims to assist people to decide what it is they want to say and then help them to say it. “You First” makes sure the voice of the Adult is heard when decisions are being made and that the Adult has as much control as they want in decisions which affect their lives. They can also support the Adult to access resources and information appropriate to them.

The Advocacy “You First” provides is based on the principles that every person has the right to:

- Be consulted about their needs
- Be involved in decisions which affect their lives
- Be treated in a dignified manner and valued as equals
- Avoid being segregated from the rest of the community in work, education, recreation or where they live

### **3.5 Support of the Renfrewshire Carers centre**

Renfrewshire Carers Centre is a one stop shop for carers. Its aims are to support carers in their caring role and provide them with opportunities to have a life outside of caring through a range of high quality services. The assistance of the Renfrewshire Carers Centre in supporting the development of the Service User and carer group has been invaluable and it is anticipated that the centre and the Adult Protection Committee can continue to develop links and together continue to improve local services for our carers and those that they care for.

## **4 Training and Staff Development**

### **4.1 Overview**

Training remains one of the committee’s major priorities. Adult Protection training is provided on a multi agency basis and is attended by a cross section of staff from all agencies. In addition individual agencies continue to offer single agency training to ensure that their personnel have an awareness of the requirements of the legislation and that the training provided continues to be appropriate to their role, responsibilities and functions. The five year training strategy, covering 2010 - 2015 was recently reviewed and updated by the RAPC training subcommittee (see appendix 4). The strategy will assist agencies to identify the level of training required for their staff. Information on inter-agency training events is circulated to all agencies but the majority of personnel attending have been from social work, housing and health.

Members of the Service User and Carer reference group attended Committee Officer Training and basic child and adult protection awareness training.

#### **4.2 Inter-agency training**

In the last two years 552 staff from a range of agencies received training in Adult Protection as part of the interagency training programme. The majority of these courses have been organised by the Social Work Service Training Team and have been open to staff from other agencies, particularly health staff from joint teams. The inter-agency Training and Development Officer Ms Frances Tran B.E.M. has been in post since January 2012 and her remit includes the development of the 5 year training strategy and ensuring that the training calendar remains congruent with it, as well as the direct delivery of training; she reports to the Adult Protection Committee's training Sub Committee on a regular basis.

#### **4.3 Inter-agency network lunches**

Staff network lunches have continued to provide opportunities for practitioners to network with local colleagues and learn from each others' experiences. During the last two years the adult protection networking lunches have had the input from Social Work, Strathclyde Fire Service, Development & Housing and from the Scottish Woman's Project. The previous chair of the Adult Protection Committee attended these events and used the opportunity to listen to and discuss the key issues identified by staff and pick up key themes with relevant managers.

#### **4.4 Training Delivery**

The inter-agency Training Officer produces a course guide and training calendar, (Appendix 5) to support personnel from every agency to select relevant courses. One ongoing challenge for training is balancing operational demands with releasing staff to attend. Action is being taken to respond to this challenge for example by extending the notice period; making the courses more flexible and highlighting the role of training in practice improvement. This use of training resources will be monitored closely to ensure they are used efficiently and to greatest impact.

#### **4.5 Training Data**

Renfrewshire Council provides Council Officer training to Social Workers in Adult Services that have been qualified for at least 12 months. 7 courses have been run over the reporting period with 87 staff having completed the training. Social Work Services recognises that adult protection needs to be integrated into other learning activities provided by the service, particularly in care services. Consequently adult protection training has been integrated into SVQ 2 & 3 Training and Behaviour Support Strategy training. In addition, the service provides professional training on a range of other practice issues which have relevance for Adult Protection, such as Risk Assessment, Chronologies and Decision Making and Recording. An input on Adult

Protection has also been provided as part of initial Child Protection Training for Social Workers.

#### **4.6 eLearning**

Renfrewshire Council provides an e-learning course on basic Adult Protection awareness which is available to all employees. An input on adult protection has also been provided to managers in Environmental Services, which includes Trading Standards and the Wardens Service to raise awareness within their staff group and identify any further training needs. All of the Council's Housing staff are been offered briefings on Adult Protection. Staff from each of the local Housing Associations have similarly received awareness raising inputs.

#### **4.7 NHS Greater Glasgow & Clyde Health Board**

In 2009 Greater Glasgow and Clyde Health Board initiated an e-learning module covering Adult Support & Protection initially for new staff and 2010 it was expanded to encompass all staff. This has been a major tool in providing Level 1 Basic Awareness Training to staff across the Health Board. Since 2011, the e-learning module has been augmented by face to face training provided by the Acute Learning and Education Team who provide awareness training in respect of the Act as part of the core statutory and mandatory training. The Board's legislation team also provides a regular programme of training that covers the full 3 Act suite of legislation relating to Adult Protection. This training is delivered across the Board area including Renfrewshire and can be accessed by staff from other agencies. During the reporting period, 424 staff of the Community Health Partnership (CHP) had successfully completed the Level 1 E-Learning module with 22 attending the Level 1 Core Statutory and Mandatory training and 122 attending the Level 2 training the Board commissioned. It should be noted that NHS management structures are based on Directorates and not hospitals or geographical areas. This makes it very difficult to calculate the total number of NHS staff that have received training in any local authority area. However in the two years from 1st April 2012 a total of 17,585 NHS Greater Glasgow and Clyde staff successfully completed Level 1 training and 245 staff completed Level 2 training.

#### **4.8 ADP Funded Training Programme.**

Both the 2011 and 2013 Adult Protection, multi agency case file audits identified a need to improve service delivery to adults whose use of alcohol, drugs or other substance may put them at risk of harm. In order to address some of these issues, RAPC collaborated with the Alcohol and Drug Partnership and two pieces of inter-agency work were commissioned. The first being a series of 20 inter agency training courses and the second, a problem solving workshop event. An external trainer, Sam McLean, was engaged to develop and deliver the both the training programme and the workshop event.

A significant part of the training programme was held at the Reid McEwan Centre at the Erskine Hospital.

Photo Courtesy of the Reid McEwan Centre



### The training programme consisted of:

- 10 x Full day Effective working together courses.
- 5 x Half day AP Case Conferencing Adults at Risk of Harm course.
- 5 x Half Day Recording and Defensible Decision Making courses

These courses were delivered between the 12th of April and the 25th of June 2013.

- 170 people attended the Effective Working Together training;
- 107 attended the Recording and Defensible Decision Making and
- 100 attended Case Conferencing Adults at Risk of Harm with representatives from Social work, Health, Third Sector organisations, Housing & Property, Fire, Police, Private, Housing Association, RAMH , Care Inspectorate.

The course evaluations showed over 90% approval. The option of offering these programmes on a regular basis is being considered to both take account of staff turnover and to include a wider audience.

## 4.9 The Service Improvement Workshop

The self evaluation exercises found that significant inputs were not always having sufficient impact where people had complex needs particularly where the individual experienced both mental health and addictions issues. RAPC's ongoing consideration of improvement opportunities led it to consider how agencies could respond more effectively to people with such complex needs. A



A specific focus was people that don't welcome others becoming involved in their lives but who were believed to be suffering harm.

On 14th of November 2013, a Service Improvement Workshop was held at Renfrew Town Hall and attended by over 70 key staff from all of the agencies that are involved in Adult Protection. The participants were confronted with a real life case example and challenged to assert that it couldn't happen here. The case study was dissected and the session highlighted nine priorities areas to be addressed. A key workshop output was a work plan which will be taken forward jointly by the Alcohol and Drug Partnership and Adult Protection Committee. The 2015 Self Evaluation will explore how effective we have been as there are no easy answers to the issues the workshop tackled.

## **5 Public Information Activity**

### **5.1 Communications**

Most of the statutory agencies and some of the voluntary agencies involved in Adult Protection have their own communications strategy. The Community Protection Chief Officer's Communication Sub-committee brings focus and coordination to the delivery of these messages and to realise the potential synergies that should be achievable. The subcommittee's work has included the publication of a Community Protection News Letter. It is anticipated that this magazine will become a twice yearly multi agency round up of all that is current within the broad field of Public Protection. It will include features around Child Protection, Adult Protection, Multi Agency Public Protection Arrangements (MAPPA) and any other relevant topics.

### **5.2 Hate Crime; "I Am Me" and "Keep Safe"**

Over the last two years, the Renfrewshire Adult Protection Committee has encouraged the work of a local organisation known as "I Am Me" / "Keep Safe". This is a two part campaign; "I Am Me" has the aim of raising awareness of disability hate crime while "Keep Safe" offers local sanctuaries for anyone with a disability who feels afraid while out and about.

"I am me", in partnership with PACE theatre Company, has developed two short plays that have been performed in most of the schools in Renfrewshire. One play is aimed at secondary school children, the second, is aimed at primary school children. Both plays highlight the reality of life with a disability and the impact of unthinking or discriminatory behaviours upon people who have a disability.

Police Scotland working with "I Am Me" has set up an initiative called Keep Safe. The Keep Safe initiative involves a network of businesses such as shops, libraries and cafes that have agreed to display a sticker in their window and designate their premises as a 'Keep Safe' place for people to go if they feel frightened, distressed or the victim of crime when out in the community. People who are older or who have a disability and wish to take part in the initiative are issued with a contact card which will contain their name, any health concerns, any communication needs and helpful contact details for friends or family.



If a person goes into the 'Keep Safe' place and shows their contact card to staff the staff member will reassure the person and ring one of the numbers on the card and/or contact the police if a crime has been committed.

### **5.3 NHS Information**

Greater Glasgow & Clyde NHS Board has published local information regarding the responsibilities of staff in respect of the Adult Support and Protection Scotland Act 2007. An Adult Support and Protection Act Guide for NHS staff was circulated widely throughout NHS Greater Glasgow and Clyde. As well as being sent to all wards and departments where patients are seen, it was distributed to all General Medical Practitioners, all Dental Practices, Pharmacies and Optometrists in the Board area.

The NHS Board has produced and distributed across the system, two posters publicising the Act and giving guidance to staff. One poster provides a flowchart of the ASP process, details the 3 point test and the gives contact details, the second poster simply directs staff to our Adult Protection Procedures and E-learning module.

### **5.4 Power of Attorney**

Renfrewshire Adult Protection Committee (RAPC) recognises the important role that granting a Power of Attorney can play in enabling a person who has lost capacity to delegate responsibility for their financial and welfare care to a family member or other trusted adult. At the same time the Committee recognises the scope for abuse that is inherent in allowing one person significant control over another's physical and emotional welfare and their financial assets. For this reason the committee has created a Power of Attorney micro-site as part of the wider Renfrewshire Council Community Portal.

The site uses plain English to describe what is involved in granting a Power of Attorney, why they can be useful and the necessity to ensure that the person chosen to be the Attorney is trustworthy. It also gives a step-by-step guide to setting up a Power of Attorney and contains links to appropriate templates. The site's content has been approved by the Scottish Government and the Office of the Public Guardian.

### **5.5 Broadcast Media**

The RAPC has previously worked with other Adult Protection Committees across Scotland to produce a series of joint TV commercials highlighting the issues faced by adults who are at risk of harm. The committee is again working with other Adult Protection Committees to combine resources to create a cost effective public awareness campaign. The specific focus is financial harm. The project is in its initial stages but is likely to be a radio campaign rather than television.

## **5.6 Web Page**

A key component of the previous joint advertising campaigns was the use of an online landing page to provide a single point of contact for those seeking more information about Adult Protection issues. The West of Scotland Adult Protection Coordinators' Group has agreed to develop this landing page into a shared Adult Protection website with agreed content and links to individual committee's own sites. The key attribute of this site is the easy to remember address – [www.adultprotection.tv](http://www.adultprotection.tv) which has already been widely publicised. Work is progressing on developing the content required.

## **5.7 Two Adult Protection Conferences**

The 2013 Annual Adult Protection conference was held on 27th February 2013 and its theme was "Hidden Harm". The 2014 conference was held on the 26th of February 2014 and its theme was "Challenges of Adult Protection".

Both events involved a mix of drama, speakers and workshops. The satisfaction rating for each was exceptionally high; 97% for the first and 100% for the second. General comments from the evaluation sheets confirmed that the conferences were well received by all in attendance and were felt to have added to the overall understanding of effective Adult Protection.

## **6 Performance**

### **6.1 Self Evaluation**

As part of a continuing process of self evaluation and quality assurance aimed at achieving continuous improvement, Renfrewshire Adult Protection Committee undertakes an annual multi-agency self evaluation process. Initially the self evaluation exercise consisted of a case file audit alone. While the case file audit has remained a consistent factor in the exercise, each year additional components have been added to increase the scope of the self evaluation. In his second Biennial Report, the Independent convener of Renfrewshire Adult Protection Committee highlighted the issue of how agencies deal with people that demonstrate complex multi dimensional vulnerabilities.

*"The multi dimensional aspects of vulnerability are also now becoming more obvious and the scale of the problem more pressing. This is evident in the high number of cases where issues of addiction and substance misuse, incidences of self harm and depression are linked, but where mental health services are not involved". T Huntingford Oct 2012.*

### **6.2 Self Evaluation 2013**

The focus of the 2013 Case File Audit set out to consider how well service support people with complex needs. The 16 cases audited were selected from a cohort of 50 that were more complex in nature; cases that involved mental health, addictions and self harm. In selecting such a group it was anticipated that there may well be a broader range of elements where improvement opportunities may be highlighted. The Committee hoped that an evaluation of

practice around a more challenging group would act as a lens through which a sharper and clearer picture of practice standards could be seen.

In 2013, the Quality Indicators that were selected were ones that could be evidenced from case file reading alone. The audit also included interviews with service user and carers which whilst limited in number were helpful in testing out the findings of the case file audit. The “Talking Points” outcomes approach was used for this and the most part confirmed that Adult Protection interventions had led to improvement in the person’s circumstances. As anticipated, the audit identified areas where improvements could be made. These were translated into action points which mirrored and complimented the priorities identified by the previous Independent Chair in the 2010-12 biennial report.

| Quality Indicator    | Evaluation Area   | Action Points Identified  |
|----------------------|---|---|
| 1                    | Is the adult at risk safer as a result of our activity?                                   | <ul style="list-style-type: none"> <li>• Develop links and process between Care Programme Approach and Adult Support &amp; Protection</li> <li>• Ensure staff make use of chronologies to inform risk assessment and risk management plans</li> <li>• Ensure wider care needs are addressed as part of ASP activity.</li> </ul> |
| 2: Evaluation Area 2 | How well do we meet the needs of stakeholders? The at risk adult and their family.        | <ul style="list-style-type: none"> <li>• Improve understanding of and access to advocacy services</li> <li>• Develop practitioner understanding of issues for people who are hard to engage</li> </ul>  |
| 2: Evaluation Area 3 | How well do we meet the needs of stakeholders? Staff.                                     | <ul style="list-style-type: none"> <li>• Supervision should support staff through ASP process</li> <li>• Ensure review of referrals with NFA</li> </ul>   |
| 2: Evaluation Area 4 | How well do we meet the needs of stakeholders? The Community.                             | <ul style="list-style-type: none"> <li>• Engage with the community and promote understanding of ASP</li> <li>• Joint recording and information sharing of adult support and protection referrals and response to be developed</li> </ul>  |
| 3: Evaluation Area 5 | How good is service delivery for at- risk adults and their families?                      | <ul style="list-style-type: none"> <li>• Ensure adult at risk and [as appropriate] family members are engaged in process.</li> <li>• Improve recording on SWIFT and use of ASP module.</li> <li>• Improve agency understanding of roles and responsibilities</li> </ul>   |
| 4: Evaluation Area   | Quality of our policy, service development, planning and performance. Policy and Practice | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
| General              |   | <ul style="list-style-type: none"> <li>• Ensure feedback to staff in all agencies.</li> </ul>   |

### 6.3 Self Evaluation 2014

In 2014 a broader base of cases were selected for audit. The purpose of this was to establish whether the work carried out over the previous 12 month to

improve practice had been generally effective. In 2014 the cases audited were selected at random with no stratification. In addition, further single agency self evaluation questionnaires which focused on Quality Indicator 4, Evaluation Area 6 (Quality of our policy, service development, planning and performance.) and for the first time considering Quality Indicator 5, Evaluation Area 9 (Governance & Leadership) were given to all of the main agencies so that each could review their internal practices and policies and assess their performance. The case file audit was augmented by work undertaken by the University of the West of Scotland (UWS) who conducted service user and carer interviews as well as two staff focus groups which triangulated the findings.

The Committee is particularly interested in the UWS findings in respect of the service and users and carers interviewed albeit that the sample size was modest in number. It was encouraging that in most cases service users were appreciative of practitioner efforts to help them. However they did identify a need for Council Officers to be more explicit in communicating their role to service users and their representatives when undertaking an Inquiry and subsequently being more effective in communicating outcomes and actions. The duty of the local authority to consider the need for advocacy was not clear to this group either.

A further theme that emerged from the UWS work was a need to clarify the respective roles of council officers, the police and the Care Inspectorate in investigating alleged abuse within care home settings

Overall The 2014 Case File Audit identified that the majority of cases were handled well and again drew out some areas where improved performance could be achieved across the quality indicators. All of the agencies involved in Adult Protection have procedures, policies and practices in place that allow them to identify and respond appropriately to adult protection issues. The outcome of the self evaluation will form the focus for the work of the Committee in the year ahead.

#### **2014 Audit: Areas highlighted for improvement**

- Improve risk identification and management and develop the use of Risk Management Plans
- Continue to increase the offer and the use of advocacy
- Strengthen team working, inter agency working and communication
- Training to support staff involved in large scale investigations
- Review processes to reduce bureaucracy and optimise the capacity of practitioners to meet the challenge of increasing demands

#### **6.4 Performance Data**

The Performance information set out in appendix 6 to this report is derived from Renfrewshire Council's Social Work information system (SWIFT) which is the principal means of recording adult protection activity within Renfrewshire.

The collection and comparison of data around Adult Protection has been challenging. This is a national issue and occurs mainly as a result of the varied interpretation of terms such as “inquiry” and “investigation”. As a result much of the national data has been limited in its use for benchmarking and comparison purposes. To address this, a national work-stream was established to agree on the interpretation of terms and concepts and agree the core data that was to be collected. This report includes data that is presented under this new framework. The Council is currently upgrading its Social Work Information system to support improved data gathering and reporting in accordance with the national framework and will enable clearer and more consistent analysis of local trends and performance as well as a capacity to benchmark with other partnerships.

The tables contained in appendix 6 illustrate a continuing upward trend in Adult Support and Protection (ASP) referrals (a near 10% increase across the two years covered) with the Police continuing to be the main referring agency and conduit for concern reporting by others. The majority of referrals are from people aged 25 – 65 years who have vulnerabilities related to learning disability, mental health or alcohol and drug use. The majority of people are referred to Social Work once or twice before the matter is resolved. In some cases actions under the Adults with Incapacity Act are required to support older people who may be at risk as a consequence of their dementia for example. At the other end of the spectrum are a small number of people who are referred very regularly and who may already be involved with a range of professionals. This group whilst having capacity and not acutely unwell, can experience multiple problems including mental health and addiction issues and present significant challenges for agencies as noted elsewhere in the report.

One impact of the increased referral rate is on the workloads of both the Police and Social Work. All ASP referrals to Social Work are responded to on the day of referral and there are intake systems in place to support this. An Inquiry can account for several hours work checking records, contacting key people and recording actions. This is being achieved within a finite resource which will be difficult to sustain without an impact on other service areas if the referral trend continues to increase. Council Officers and Mental Health Officers within Social Work are the resource which experiences the greatest pressure but colleagues elsewhere for example in business support who deal with the initial contact via ASeRT and Legal Services who support the infrastructure around Case conferences are also placed under pressure by the increased demand levels.

## **6.5 Significant Case Reviews**

There have been no multi agency serious case reviews carried out during the period covered by this report but there have been 4 single agency reviews.

- i Mr P is a resident within supported accommodation. A decline in his situation was not responded to effectively and his mental health deteriorated to the point he required an emergency admission. This

resulted in a comprehensive NHS/Local Authority/Provider investigation and the resultant action plan was promptly and thoroughly delivered with a positive result for Mr P. The Mental Welfare Commission is aware of this case and felt that the Adult Protection Committee's swift action along with the positive response by the care provider meant that no action was required on the part of the Commission.

- ii Miss M was living within a learning disability unit and suffered a serious injury. There were significant gaps in the response by the unit's management to this event. A joint Police and Social Work investigation involving the use of a speech and language therapist revealed that the injury had been accidental.
- iii Miss X is a young woman who, for a short time, lived within a learning disability assessment centre in Renfrewshire. While there, she exhibited some challenging behaviours. This resulted in her being moved to another unit outside of Renfrewshire where she made allegations of inappropriate behaviour on the part of staff in the Renfrewshire learning disability assessment centre.
- iv Mr Y who Miss X reported as experiencing rough handling within the same Renfrewshire learning disability assessment centre. Both have been investigated and improvement actions put in place.

## **6.6 Addressing Concerns within Care Homes**

During the past two years, the intervention of Renfrewshire Council Contracts Compliance Team and the Care Inspectorate has supported providers who chose to voluntarily close three facilities, one learning Disability Unit and two Older people's Care Homes. In each case, social work staff worked closely with the management of the facility, its residents and their families to minimise, as far as possible, any distress and disruption and secured suitable alternative placements for each resident. It is the view of the committee that the Health and Social Work staff involved in these cases are to be commended for the sensitive and compassionate way in which these difficult situations were handled.

## **7 Partnership Working**

### **7.1 Overview**

The key factor in the effectiveness of every Adult Protection Committee is the level and nature of interagency working among its members. You will see from the Preface that I am committed to improving inter agency engagement and I will look for all agencies to commit to the committee's work.

At an operational level there is a significant amount of joint and collaborative working. There are joint teams in adult Mental Health, Learning Disability and Addictions and co-location and joint approaches across Locality teams, Community Health and Hospital based services. In addition an Adult Protection Committee Lead Officer post has been created to support the work

of the Adult Protection Committee, to administer the committee and its sub committees and to promote the development of Adult Protection policies and practices across all relevant agencies.

In the next reporting period, I expect to see further change and opportunities to work collaboratively as Health and Social Care integrate and agencies work together to meet challenges. The sharing of information is crucial to all of this and the Committee will continue the work to reinforce the importance this and seek opportunities to enhance communication. The Committee will continue to support the annual Self Evaluation Exercise.

## **7.2 Safer and stronger**

In Renfrewshire Adult Support and Protection Activity forms a key element of the work of the Community Planning Partnership under the Safer and Stronger Thematic Board whose Action Plan includes work for the Adult Protection Committee. RAPC includes active representation from all of the key partners and ASP is taken forward as a key priority for all agencies locally.

Renfrewshire's Child and Adult Protection Committees share one Independent Chair. This arrangement has been shown to be highly effective in ensuring congruency between child and adult protection activities. In recognition of the wider application of the 2007 Act and the scope of the types of harm being uncovered, in 2013 Community Resources were asked to become part of the Adult Protection Committee. This allowed closer relationships to be built across Council services that have very different areas of focus and approach. This link proved particularly useful when dealing with the Trading Standards Scotland in respect of mass marketing scams.

## **7.3 Community Safety Hub**

Renfrewshire Council operates a daily forum known as the Community Safety Hub which was established to facilitate intelligence sharing, joint tasking & co-ordination. Renfrewshire Council's regulatory services, the Police Local Authority Liaison Officer, The Antisocial Investigations Team and Mediation Service's (ASIST) Liaison Officer, Partnership Analyst, Housing, Wardens and the Community Mental Health Team attend each morning to discuss issues that have arisen over the preceding 24 hours or 48 hours at the week end. Many of those who come to the attention of the authorities are quickly identified as adults at risk of harm and the Hub is an effective method for encouraging the involvement of the broadest range of services such as the warden's service or the ASIST team.

## **7.4 Communication and cooperation between agencies**

Communication among the agencies of the Committee is working well, although, as with all partnerships, we aim to do better. Information from the Self Evaluation exercises in 2013 & 2014 highlights a heightened need for clarity when joint teams are involved in Adult Protection work. As an Independent Chair I am a member of the National Adult Protection Convenor's Group which feeds in to the Adult Protection Forum at which

representatives from the range of agencies involved in adult protection in Scotland meet.

The NHS Greater Glasgow and Clyde Adult Support Protection Liaison Group was established in 2008 and the Lead Officer of Renfrewshire's Adult Protection Committee regularly attends. The West of Scotland network of Adult Protection Coordinators/ Lead Officers continues to be a very relevant and useful forum within which best practice and challenges can be discussed and solutions developed. This forum allows for a degree of consistency in practice to occur and also enables effective benchmarking. It also supports the sharing of practice experience and joint working on specific tasks again leading to consistency in practice across the West of Scotland. This group has led to the creation of a network of adult protection trainers that collaborate in the development of training materials and resources.

## **7.5 Mental Welfare Commission Reports**

Reports issued by the Mental Welfare Commission and all other reports that are thought to contain information or recommendations relevant to its work go before the Committee. If issues are identified that need to be implemented within Renfrewshire, an action plan will be created and taken forward by the Practice and Performance Subcommittee as part of the ongoing programme of continuous improvement. The Renfrewshire Adult Protection Committee enjoys positive links with the Care Inspectorate. The Committee has a designated link Inspector. In addition the local authority has an allocated link inspector who works closely with the local Care Inspectorate Team in relation to all registered services.

## **8 Health and Social Care integration**

The enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 will require the Council and NHS to establish a body corporate to manage adult services by 1st April 2015. This has very significant implications for the work of this committee and as Chair I will be keen to ensure that as the local operational policy develops, that the interests of adults at risk are protected and enhanced.

## **9 Conclusion**

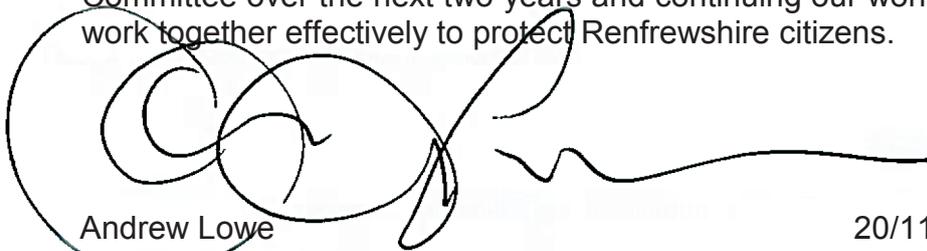
In the last biennial report, the then Independent Chair Tim Huntingford highlighted 11 areas that he wished to see improve. An action plan was created and the work resulting from it was taken forward by the Practice and Performance subcommittee. Actions were taken to address each area of concern and improvements achieved. The biennial report for the period 2012/2014 shows a picture of continuing improvement across a broad range of activity. Increased understanding of adult protection as a concept has led undoubtedly to increasing demand for services as adult protection concerns are now being identified and people are referred into the Police and Social Work by a broader range of individuals and agencies. Improvements in the Information Technology used to record and monitor activity is also now beginning to provide results.

There have been significant structural changes in some of the partner agencies and both the Police and Fire and Rescue Service are to be commended on their smooth transition to National organisations. The creation of concern hubs within the Police has brought to the fore a further cohort of people who may not need help through Adult Support and Protection but may need welfare support leading to a 60% increase in the number of adult protection referrals being made to the Council. Despite the resource challenges facing all agencies, personnel have responded positively to ensure people are protected. This has also been a period of significant change with the introduction of Self Directed Support and the planning for imminent Health and Social Care integration.

As highlighted in the report I feel that the Renfrewshire's partnerships continued focus on robust and effective self evaluation and reflection is central to driving continuous improvement. One of the issues emerging is a need to enhance the involvement of GPs. The APC benefits from consistent and positive representation from a GP but more needs to be done to support our local General Practitioners to respond to and engage with adult protection issues; a proposition that was echoed by the recent Mental Welfare Commission report into the care of Mr JL. Another issue the Committee will review is how to improve its engagement with the black and minority ethnic communities of Renfrewshire. Our management information suggests that the proportion of referrals from within these communities is below what might be anticipated in relation the population size and work needs to be done to clarify why this is the case.

Nationally some work has been done to develop our response to the issue of Financial Harm which is now being taken forward by the Scottish Business Resilience Centre. I would like Renfrewshire Adult Protection Committee to consider whether there is capacity to bring together senior people from the local financial institutions such as banks, building societies and the Post Office to raise awareness of the issue of financial harm with that sector and to develop tactics to identify it and to act against it when it is uncovered. There is currently significant activity across the Renfrewshire partnership looking at "scam" calls and mail shots which I will report on in the next Biennial report.

In the short time I have been the Independent Chair of the Renfrewshire Adult Protection Committee I have been impressed by the commitment of the partnership to reflect on the response to Adult Support and Protection both at an individual agency level and as a partnership. I believe that this drive to improve the local response will be a valuable asset to me in leading the Committee over the next two years and continuing our work to ensure that we work together effectively to protect Renfrewshire citizens.



Andrew Lowe  
Independent Chair  
Renfrewshire Adult Protection Committee

20/11/14

## Appendix 1: Sample Agendas

### AGENDA FOR MEETING OF THE RENFREWSHIRE ADULT PROTECTION COMMITTEE TO BE HELD ON THURSDAY, 6<sup>TH</sup> FEBRUARY, 2014

Chairperson – T Huntingford

1. **APOLOGIES**

2. **MINUTE OF MEETING**

Submit Minute of meeting of the Renfrewshire Adult Protection Committee held on 12<sup>th</sup> December, 2013. (Copy herewith, pages 1 – 6)

3. **MATTERS ARISING**

(a) **Care Inspectorate/Adult Protection Committee Link**

Under reference to item 6 of the Minute of the previous meeting, submit letter from the Care Inspectorate relative to the appointment of a link officer and two contact managers for the Renfrewshire area. (Copy herewith, pages 7-13)

(b) **National Project on Adult Support and Protection in Care Homes and Independent Hospitals**

Under reference to item 7 of the Minute of the previous meeting, submit report relative to progress on the Scottish Government's project to provide guidance on Adult Support and Protection in care homes and independent hospitals. (Copy herewith, page 14)

(c) **Office of the Public Guardian: Information Sharing Protocol**

Under reference to item 9 of the Minute of the previous meeting, submit report by the Adult Protection Lead Officer relative to progress towards the development of an information sharing protocol with the Office of the Public Guardian. (Copy herewith, page 15)

(d) **Trading Standards Victim List**

Under reference to item 12 of the Minute of the previous meeting, hear verbal update by Andrew Jamieson, Regulatory Services Manager, on progress with the investigation.

4. **CASE FILE AUDIT/SELF EVALUATION UPDATE 2014**

Under reference to item 5 of the Minute of the previous meeting, submit report by the Adult Protection Lead Officer relative to progress on the self-evaluation programme 2014. (Copy herewith, pages 16-17)

5. **ADULT PROTECTION IN BLACK AND ETHNIC MINORITY GROUPS**

Submit report by the Adult Protection Lead Officer relative to the issue of raising awareness of adult support and protection within Scotland's black and ethnic minority groups. (Copy herewith, pages 18-20)

6. **PUBLICITY CAMPAIGNS**

Verbal report by David McLavin, Senior Communications Officer, on progress with the various publicity campaigns.

7. **NATIONAL DATA COLLECTION PROJECT: PROJECT INITIATION DOCUMENT**

Submit report from the Adult Protection Lead Officer relative to the National Data Collection Project including guidance notes. (Copy herewith, pages 21-41)

#### **8. BLUE LIGHT PROTOCOL**

Submit report relative to the Blue Light Protocol which provides advice to officers on the appropriate course of action to take should they encounter a person who has clear need of emergency assistance. (Copy herewith, pages 42-46)

#### **EXCLUSION OF PRESS AND PUBLIC**

**The Board may by resolution exclude the press and public from the meeting during consideration of the following items of business as it is likely, in view of the nature of the business to be transacted, that if members of the press and public are present, there could be disclosure to them of exempt information as defined in paragraphs 3 & 7 of Part I of Schedule 7A of the Local Government (Scotland) Act, 1973.**

#### **9. CARE PROVISION IN LEARNING DISABILITY ESTABLISHMENT: INCIDENT: MS M**

Verbal update by P McCulloch, Joint Service Manager (Renfrewshire Learning Disability Service).

#### **10. DATE OF NEXT MEETING**

## Agenda Practice and Performance Subcommittee meeting

11:30hrs to 13:30hrs Wednesday 22<sup>nd</sup> January 2014

Corporate Meeting Room 3 Renfrewshire House.

|    |  |   |
|----|--|---|
| 1  | Welcome  |   |
| 2  | Apologies  |   |
| 3  | Minute of Previous Meeting   |   |
| 4  | Standing Items <ul style="list-style-type: none"> <li>• Chronologies</li> <li>• Joint Team Recording</li> <li>• Data Collection</li> <li>• Service user Involvement</li> </ul> | <ul style="list-style-type: none"> <li>• (V) B O'Shea</li> <li>• (V) B O'Shea</li> <li>• (V) B O'Shea</li> <li>• (V) A Woods</li> </ul> |
| 5  | 2013 Case file Audit; Improvement Plan   | Report attached   |
| 6  | Renfrewshire Social work Adult Protection guidance   | Draft Report from B O'Shea (to follow)  |
| 7  | 2014 Self Evaluation Process/ Case file audit update   | Verbal Report from AW and B O'Shea  |
| 8  | Social Work Service, internal audit update   | Verbal Report from B O'Shea   |
| 9  | Safer and Stronger Renfrewshire Action Plan  | Report attached FIO   |
| 10 | Scottish Government Project. Adult Protection in Care Homes and Private Hospitals Update & Marslands' Early Indicators of Harm   | Verbal Report from AW   |
| 11 | Review APC terms of reference  | Report from AW  |
| 12 | Referral feedback  | Verbal Report from B O'Shea   |
| 13 | Blue Light Protocol  | Report Attached   |
| 14 | <a href="http://www.renfrewshiredp.co.uk/home.aspx">http://www.renfrewshiredp.co.uk/home.aspx</a>  | ADP Web site FIO  |
| 15 | Report and action plan from self harm self neglect service improvement event   |   |
| 16 | AOCB   |   |

## **Appendix 2: Ministerial response to the Renfrewshire Adult Protection Committee's last Biennial report.**

*Thank you for submitting the report of Renfrewshire Adult Protection Committee (APC) The role of the APC is vital in ensuring the effective delivery of adult protection activity across Scotland and I am very grateful to you and your fellow committee members for all the hard work and commitment you have contributed to enable the adult support and protection work to move forward significantly over the past 2 years.*

*As you know, reflecting its ongoing role in strategic adult protection, the Scottish Government in conjunction with the Adult Protection forum has agreed five priority work streams that will form the focus of work going forward for the APCs and the forum itself. These priorities are: financial harm, adult protection in accident and emergency departments, adult protection in nursing and care homes, service user and carer involvement and data collection. In analysing the reports from all the APCs it has been gratifying to see the progress that has been made already in these areas, which in turn has been making a positive impact on adults in Scotland that are at risk of harm and in need of support.*

*In your own area, I was interested to learn of the input the APC had to the West of Scotland Inter Agency Adult Support and Protection Practice Guidance, which sounds like a significant step forward in achieving consistent practice. And it was gratifying to learn of the high number of individuals undertaking training - in particular the evening sessions provided for GPs is an excellent idea and given the number involved clearly successful.*

*I note the difficulties you have had in engaging users and carers over the reporting period. I would hope that the inclusion of Scottish Care and Engage Renfrewshire on the APC would help in some way and I look forward to learning of progress in this area which is of course one the five priority work streams going forward.*

*The outcomes of your self-evaluation audit were interesting , showing evidence of effective work but room for improvement in certain areas in particularly the consistent application of the duty to inquire in social work, and recording adult protection issues generally communication between agencies. I hope that you are already seeing benefits from the plan drawn up to improve communication between agencies in your area.*

*I am pleased to see the range of activities you intend to prioritise over the period as although there has been considerable progress, much remains still to be done. Your good intentions to progress the work are clear. My thanks go to you and your committee for all your hard work over the past couple of years and my best wishes for the future as you continue to face the challenges of adult support and protection work in the next couple of years.*

### Appendix 3: National Priorities Improvement Plan.

| Action Status   |   |
|---|---|
|  | Action commenced and on target                                  |
|  | Complete  |
|  | Some slippage/minor issues which may impact on delivery         |
|  | Not running to target/significant blockage or pressures         |
| CI  | Relates to action as part of Care Inspectorate Improvement Plan |

| Ref | Agreed Actions  | Lead Officer     | Corrective Actions To Date (Measurable)   | Progress  | Timescale for completion                            | Comment   |
|-----|---|------------------|---|---|---|---|
| 1.1 | Adult Protection in Care Home settings                              | APC Lead Officer | APC involved in the Scottish Government consultation process. Draft Renfrewshire Guidance submitted to APC for approval August 2014 |   | Dec 2014  | It is anticipated that the Renfrewshire Guidance for care homes will be available by the end of the year.     |
| 1.2 | Adult Protection in Accident and Emergency Settings (Including SAS) | APC Lead officer | This issue that has not progressed within Renfrewshire. The National Project has recently provided its closure report.              |  | National Project delivered closure report July 2014 | It is anticipated that GGC Health Board will soon advise local authorities on its plans to take this forward. |
| 1.3 | Adults at risk from Financial Harm                                  | APC lead officer | APC involved in Scottish Government consultation. APC actively involved in Operation Alliance                                       |  | April 2015  |   |
| 1.4 | Data Collection   | S/W ASP Officer. | Renfrewshire now collecting and submitting relevant Data as per the National Data Set   |  | July 2014   |   |
| 1.5 | Service User and Carer engagement                                   | APC Lead Officer | User and Carer subcommittee established with regular Service user/carers attendance at the APC                                      |  | July 2014   |   |

## Appendix 4 Training Strategy



### **Renfrewshire Adult Protection Training Sub Committee**

### **Interagency Training Strategy**

**2010 – 2015**

‘Interagency training means bringing people together to explore, not only **what** they need to do together , but **how** and **why** they need to do it’

M Charles & E Hendry et al 2000 NSPCC

Interagency Training Strategy supports the view that:

*‘the world is not dangerous because of those who do harm; but because of those who witness harm and do nothing’ Albert Einstein*

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**Conclusion**

**Reference Documents**

## **Foreword**

Renfrewshire Adult Protection Training Sub Committee has developed this 5 year interagency adult protection training strategy (2010-2015). The strategy report will provide an overview of our inter agency approach to adult protection training and staff development. The report will be updated on a biennial basis and will become part of the Renfrewshire Adult Protection Committee's Training Plan. The strategy will be adopted by the Adult Protection Committee and the training sub group will review and update the plan annually.

The strategy is the foundation document which articulates the collective approach to interagency adult protection training and staff development. The strategy aims to compliment, but not replace, the single agency approach to adult protection training taking place in agencies across Renfrewshire. It highlights the importance of training together to ensure the improved safety of adults in Renfrewshire.

## **Introduction**

Interagency working has long been acknowledged as a crucial part of operational working as it is recognised that no one agency can meet the needs and requirements of adults in need of protection. Training together is a fundamental part of this process. Training offers the opportunity for staff across a range of agencies/disciplines e.g. local authority, voluntary organisations, private sector, police, health, fire & rescue, to develop closer relationships and increase their knowledge and understanding of each others' perspective when dealing with adults in need of protection. One of the main aims would be to ensure collaborative working across agencies and to offer the opportunity for constructive debate and the sharing of experiences between staff.

It is vital that all individuals working with adults have access to and undertake training, thus not only increasing their knowledge and understanding of the issues in adult protection but to ensure the safety of the adult being harmed by developing coherent, focused plans on an interagency basis.

Renfrewshire Adult Protection Committee (RAPC) have the overall responsibility for the planning, development, training, awareness raising and delivery of interagency adult protection training for staff across all agencies within the Renfrewshire area.

## **Strategic Vision**

### Renfrewshire Adult Protection Interagency Training Strategy

The purpose of Renfrewshire's Adult Protection Interagency Training Strategy is to develop training provision that contributes to the achievement of Renfrewshire Adult Protection Committee's Strategic Vision, i.e.

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

The Strategy aims to facilitate the development of a shared understanding of what adult protection is and to ensure that everyone understands their role in adult protection by

- Ensuring that all agencies participate in the development, provision and uptake of adult protection training
  
- Enabling staff in all agencies to be well informed about what adult protection is and to develop skills appropriate to their role.

The Training Strategy is linked to the wider Adult Protection Committee strategic vision and will encompass the following aspirations/outcomes: all agencies will participate in the development, provision and commitment to the training and will ensure that staff sign up to the training identified. Training will be accessible to all agencies; each agency will share the vision that will be clearly supported by the training provision; each agency will have a joint shared understanding about what adult protection is and everyone will understand their role within adult protection.

The Training Sub-Committee has identified a competency framework that will be in place. The training will provide a clear training structure with identified levels which directly correlate to work roles and identified learning needs. The training sub group will specify competencies in terms of staff expectations and this will be applied across all agencies. The training sub group will facilitate the analysis of learning and development needs for all staff across all agencies.

### **Outcome 1**

A competency framework will be in place which will:

Specify competencies in terms of what staff, in all agencies and roles, are expected to do

- Provide a clear training structure with identified levels correlated to staff roles
- Facilitate matching of learning and development opportunities to work roles and identified learning needs
- Facilitate analysis of learning and development needs

### **Outcome 2**

A programme of learning and development activities has been established which:

- Includes adult protection training in corporate induction in all partner agencies
- Enables practitioners from all agencies to access learning and development opportunities that support them in adult protection work
- Provides learning and development opportunities using a range of methods and media to meet a wide range of needs
- Establishes a shared vocabulary relating to adult protection learning and development
- Demonstrates how learning and development opportunities, including identified relevant higher qualifications, contribute to continuing professional development requirements

### **Outcome 3**

The resources required delivering the learning and development programme have been identified and are being provided through:

- The commitment of all partners as demonstrated by their contribution to the design, development and delivery of interagency training and the co-provision of trainers and other resources
- Capacity building, i.e. effort has gone into building up resources for adult protection training

### **Outcome 4**

Training, learning and development activities can be demonstrated as having a positive impact on practice issues because:

- A framework for monitoring and evaluating learning and development activities is being applied
- Methods of measuring the impact of training activities on adult protection practice and interagency working are being employed
- The profile of adult protection has been raised and embedded in practice
- All staff in partner agencies are familiar with the term, 'adult protection' and know what their responsibilities are
- There is a clear relationship between identified practice issues and learning and development activities
- There is a complementary relationship between all of the Adult Protection Committee sub-committees

An action plan to achieve these outcomes will detail the actions to be taken, determine priorities and set timescales. It will be reviewed and revised annually and a progress report produced.

The training Sub-Group will support the vision to enable staff across all agencies to be well informed about adult protection and support them to have the skills appropriate to their job role. Basic awareness training will be provided to all staff as part of their corporate induction, this may be by means of e-learning. Practitioners from all agencies will be able to access learning and development to support them in adult protection work. Beyond the basic awareness training staff will be able to access training and development opportunities via a variety of ways, e.g. distance learning, supervision, staff discussions/meetings, focus groups, job shadowing, mentoring, this would be in addition to the more formal training required to undertake their role. There is a good range of learning and development opportunities covering all levels linked to CDP and other learning styles. Training will be on a tiered approach for all staff across all agencies. There has been an opportunity for 'capacity building' i.e. effort has gone into building up the training resources for Adult Protection Training with flexibility to develop further training when identified by staff.

## **Role of the Adult Protection Committee**

The membership of the Renfrewshire Adult Protection Committee is from a wide range of senior managers and professionals from the main statutory and voluntary agencies within Renfrewshire who work with adult related services.

## **Role of Training Sub-Committee**

RAPC has a number of sub –committees that carry out its work and the training sub-committee is one such group. RAPC’s training sub committee meets on a bi monthly basis and works to the following objectives:

- a) To ensure that the inter-agency training needs of staff continue to be identified
- b) To ensure that an annual conference is organised for all staff, carers and stakeholders
- c) To ensure that a training needs analysis questionnaire is circulated on a yearly basis
- d) To ensure that all staff working with vulnerable adults and with adults in need of protection within Renfrewshire have a basic awareness of Adult Protection issues. That this awareness training is updated on a regular basis
- e) To ensure that all staff working with vulnerable adults and with adults in need of protection within Renfrewshire not only understand their own organisations Policy and Procedures but also have a working knowledge of how these policies and procedure will be implemented along with those of their partners to ensure the protection of vulnerable adults and those adults in need of protection in Renfrewshire.”
- f) To ensure that all staff currently involved in investigations have up to date knowledge regarding the law surrounding Adult Protection.
- g) To raise awareness amongst the wider public, concerning Adult Protection awareness.
- h) To continue to collate data on staff who have received training in Adult Protection.
- i) To evaluate the outcome of training by internal staff learning and development processes in order to ascertain effectiveness of training.

## **Training Needs Analysis**

The Renfrewshire Adult Protection Committee is fully committed to the development of training courses for all staff across all partner agencies. This

training will be identified via a training needs analysis and become part of any future training programme.

### **Overview of Single Agency Training**

| <b>Staff Role</b>   | <b>Appropriate Development i.e. detail level and type of training required level 1,2,3,4, e.g. basic awareness, level 1</b>  |
|---|--|
| <p>All Social Workers, Senior Social and Fieldwork Managers. P.O's; Joint Team Managers; APO's; Co-Ords Health &amp; Addictions, Commissioning; Home Care; ILS&amp;R Managers; HOT's; SRO's(OP&amp;LD); Nurse Managers in CMHT; OACMHT;JCLDT; other specialists</p> <p>All Social Work Staff who work with Adult Service Users (including Criminal Justice, Child Care staff)</p> <p>Community Care Social Workers</p> <p>Future Training</p> | <p>Trained to date xxx – level 1</p> <p>xxx - staff have had training via their SVQ2, (this module relates to danger, harm and abuse and the promotion and well being of the individual, this module would also link to any Protection training modules).</p> <p>Trained to date xxx level 2</p> <p>Trained to date xxx – level 3</p> <p>xxx – level 1</p> <p>x xx - level 2</p> <p>xxx - level 3</p> <p>xxx - level 4</p> |

All agencies across Renfrewshire in the public and independent sector remain responsible for the training and continuous development of their own staff in adult protection. This means that adult protection remains a single agency responsibility, this strategy does not replace this requirement. However it is essential that the Renfrew Adult Protection Committee has an awareness of each partner agency's training to ensure that all staff working with adults at risk of harm/significant harm in the Renfrewshire area are appropriately trained in adult protection.

All partner agencies will be required to continue to provide training to their own staff. When requested agencies will provide information to the Training Sub Group for the updating on any interim reporting mechanisms.

Each partner agency will define and collate their single agency training requirements, the example detailed (Social Work) is a guide only. When

requested each agency will be required to present their desirable training to the Chair of the training sub group, no figures have been detailed as this is only a template to be used by all agencies if required.

### **Inter-agency Training**

The Adult Protection Inter-agency trainer has a crucial link and role with the key individuals who are responsible for adult protection within their agency and or adult protection trainers in partner/voluntary agencies. The role of the trainer is to:- develop a relationship with partner agencies; to support and develop any training initiatives identified; to build up a credibility with the other agencies to ensure that training needs for staff are identified; to ensure that they continue to help and promote training within their partner agencies and to assist them in the analysis of their training needs.

The Inter-agency trainer also has a role across the local authorities who are identified as part of the Clyde Valley initiative. This initiative is in the early stages of development but already the Chief Executives and key Directors have met and have been involved in discussing ways in which training (and other issues) can be delivered across 'Local Authority boundaries', this would also meet the requirement of partners in Health, Police and Fire.

### **Evaluation Monitoring and Quality Assurance**

All interagency adult protection training will be monitored and evaluated on a regular and ongoing basis. It is essential in order to promote continuous professional and service development that all training is evaluated. In addition to the training offered the Renfrewshire Adult Protection Committee are looking to develop future programmes which will meet the training requirements of all staff in the local areas/agencies. Evaluation of current programmes is a crucial aspect of this development along with ongoing training needs analysis. The RAPC is committed to ensuring training continues to meet identified needs.

At present evaluation consists of after course questionnaires. While this has been useful the Renfrewshire Adult Protection Committee recognises that there has to be more robust and comprehensive methods of evaluation that will indicate the Impact of Training. It is essential that the training being delivered can demonstrate an improvement of practice and for this reason evaluation is a crucial aspect of the training strategy. As a result, introducing impact and workplace evaluation is part of the Renfrewshire Adult Protection Committee's vision and forms part of the five year action plan. The Renfrewshire Adult Protection Committee will aim to ensure the following mechanisms for evaluation are introduced and implemented for 2010.

- Initial evaluation will be completed immediately following each course;
- Presenters self-evaluation – trainers will complete an evaluation form;
- Pre and post course workplace evaluation – this will be targeted at staff who undertake a course and within a specific timescale meet with their line manager who will sign off and return the questionnaire to training. This

questionnaire will detail the impact the training has had on the staff member.

- Annual review of training materials by training sub group.

The Renfrewshire Adult Protection Committee will continue to promote the culture of ongoing self evaluation. This process will allow staff to assess their own training needs as part of their continuing professional development. The Renfrewshire Adult Protection Committee will continue to carry out a training needs analysis to identify gaps in knowledge and focus on specific training requirements for the future. This process will be an ongoing part of the interagency adult protection training strategy.

### **Management Information**

The Renfrewshire Adult Protection Committee is committed to ensuring that accurate information with regard to the training of staff in adult protection procedures across all partner agencies is accurate and can be evidenced. The Committee wants to be able to detail the number of staff trained; the number still to be trained; the training plan and targets for future training that relate to all staff in each department or agency. A mechanism to provide this information requires to be established between all agencies.

### **Conclusion**

The five year interagency adult protection training strategy aims to be both robust and ambitious. It hopefully articulates the joint approach to inter agency adult protection training. It demonstrates the commitment by the Committee towards training for all partner agency staff members.

Effective adult protection requires a multi-faceted approach, involving a range of organisations and individuals. A single service cannot possibly house all the required elements, and where this has been attempted a series of significant problems arise due to the impossible expectations and service isolation. Being able to address the requirements of person centred-ness, effective and appropriate protection, with excellence of practice, needs services to work in true partnership, recognising the contributions provided by others. This includes ensuring consultation and risk assessment/planning with clients (or their advocate). Many risk situations faced by clients are unprepared for as services may fail to understand the full scope of risk, breach of trust, vulnerability, harm and abuse.

The main aim of the training strategy is to ensure that staff working in the field of adult protection, are more confident, more competent and that above all they are better equipped to deliver better outcomes for adults throughout the Renfrewshire Council Area.

## **Reference Documents**

The following is a list of relevant documents used in the development of the training programmes. This list is not exhaustive and there are other reports, inquiries and legislation used which are relevant.

### **Relevant Legislation**

The Social Work (Scotland) Act 1968

- NHS and Community Care Act 1990
- Public Disclosure Act 1990
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Protection from Abuse (Scotland) Act 2001
- Regulation of Care (Scotland ) Act 2001
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Vulnerable Witnesses (Scotland) Act 2004
- Adult Support & Protection (Scotland) Act 2007
- Protection of Vulnerable Groups (PVG) (Scotland) Act 2007

## Appendix 5: Course Guide/ Training Calendar 2012/13

| Course Names   | Tutors       | Org                         | Contact Info | Dates   | Venue   |
|--|--------------|-----------------------------|--------------|---|---|
| <p><b>Child &amp; Adult Protection Basic Awareness Briefings - Level 1 – 2 Hours (On CP List Too) (General Contact Workforce)</b></p> <p>This short session is aimed at all staff that work with children , young people, families, individuals and carers who require to know about child/adult protection. It is designed and aimed at individuals who have had <b>little or no</b> child /adult protection training.</p> <p>The training aims to:</p> <ul style="list-style-type: none"> <li>• What do you think child/adult protection is?</li> <li>• Child Protection Reform Programme - recent developments</li> <li>• Adult Protection Legislation</li> <li>• Your role in child/adult protection</li> <li>• Sharing a Concern Child/Protection Process</li> <li>• Partnership Working in Protection</li> <li>• Child/Adult Protection in Renfrewshire</li> </ul> <p>If in Dykebar Hospital numbers up to 30/35</p>   | Frances Tran | SW                          | Internal     | <p>Wednesday 11<sup>th</sup> June</p> <p>Tuesday 8<sup>th</sup> July</p> <p>Tuesday 29<sup>th</sup> July</p> <p>Tuesday 2<sup>nd</sup> September</p> <p>Tuesday 21<sup>st</sup> October</p> <p>Tuesday 25<sup>th</sup> November</p> <p>Thursday 11<sup>th</sup> December</p> <p>Wednesday 14<sup>th</sup> January 2015</p> <p>Wednesday 18<sup>th</sup> February 2015</p> <p>Tuesday 31<sup>st</sup> March 2015</p> | <p>Cherrie Centre</p> <p>Renfrewshire House</p> |
| <p><b>Understanding &amp; Supporting People With Alcohol Related Brain Damage (ARBD) – Level 2 (Specific Contact Workforce)</b></p> <p>This course is being offered to staff that assess, care manage or otherwise support people who have alcohol abuse problems. It aims to help them to recognise people who might have alcohol related brain damage and to provide support to those who are diagnosed with this condition.</p> <p>The module provides an overview of recent research on ARBD and highlights potential risk factors and indicators of concern to aid recognition. Screening and assessment skills are explored including issues specific to assessing capacity. In addition, the module provides opportunities for enhancing practical skills for communicating, improving memory and responding to challenging behaviour. The module focuses on integrated care and action to improve service delivery.</p> <p><b>Aims:</b></p> <p>To discuss the various types of brain injury and the problems that are likely to occur following an injury</p> <p>To help participants explore the impact on the family</p> <p><b>Learning Outcomes:</b> By the end of this event, participants will:</p> <p>Be aware of the impact of brain injury on the individual and their family</p> <p>Understand the impact on all areas of life function and why behaviours occur</p> <p>Feel more comfortable in helping the people they support</p> <p>Up to 20 participants</p> | Scott Kelly  | STRADA                      | External     |   |   |
| <p><b>Roles &amp; Responsibilities Training for Adult Protection – Level 2 (Specific Contact Workforce)</b></p> <p>This course is designed for staff who work within adult protection and who have completed basic adult protection training within their own agency. The aim is to develop individual participant's understanding of adult protection issues and their professional role and to enhance understanding of each agency's practice in relation to adult protection and further develop this practice.</p> <p>The quota of places per agency is as follows:<br/> <b>Health: 9, Social Work: 10, Police: 1, Vol Sector: 3, Housing: 5 +1 for RSL's, Fire Service: 1</b></p>  | Frances Tran | SW                          | Internal     |   |   |
| <p><b>Raising Awareness About Female Genital Mutilation (FGM)</b></p> <p>This information session is open to all and will be of interest to a range of services, including health visiting, homelessness, mental health, education, youth services, and refugee and asylum support. Discussion will include definitions, causes, possible health impact, legislation, why it is an issue for Scotland, and services and resources.</p>   | Jan McLeod   | The Women's Support Project | External     | Monday 16 <sup>th</sup> June  | Melt Room, RAH  |

| Course Names  | Tutors       | Org | Contact Info | Dates | Venue |
|---|--------------|-----|--------------|-------|-------|
| <p><b>Domestic Abuse – Basic Awareness – Level 1 (General Contact Workforce)</b></p> <p>The aim of this one-day training module is to build a solid understanding of the nature and the scope of domestic abuse as a gender based violence (GBV), recognise its impact on those who experience it, and provide delegates with the confidence and the knowledge to deal with the issue in their work setting. The course is aimed at front line workers who have little or no experience in supporting women and children affected by Domestic Abuse.</p> <p>By the end of the course delegates will be able to</p> <ul style="list-style-type: none"> <li>• Define Domestic Abuse as sexual, physical, mental/emotional abuse and how this relates to the wider Gender Based Violence agenda.</li> <li>• Appreciate the impact of domestic abuse on those who experience it and how it affects their behaviours and choices.</li> <li>• Understand the main issues of providing a sensitive and appropriate service to women, children and young people experiencing domestic abuse</li> <li>• Be able to identify and list local sources of support and information for women and children experiencing abuse.</li> <li>• Explore individual and organisational responses to women and children who disclose abuse with particular regard to the implementation of Sensitive Routine Enquiry (NHS GG&amp;C)</li> </ul> | Louise Moore | SW  | Internal     |       |       |
| <p><b>An Introduction To Gender Based Violence – Level 1 (General Contact Workforce)</b></p> <p>This half day training course is aimed at students or front line workers new to Renfrewshire who have little or no experience in supporting women and children affected by violence and abuse. The course aims to give delegates a brief over view of gender based violence and introduces both national and local policies and procedures that propose to address it. The training will also provide information about local services for survivors or victims of abuse and how to access them.</p> <p><b>By the end of the session, delegates will be:</b></p> <ul style="list-style-type: none"> <li>• Able to define gender based violence as a range of abusive behaviours and identify where domestic and sexual violence fall within the spectrum of abuse.</li> <li>• Introduced to the national violence against women strategy including trafficking, forced marriage and equality and diversity protocols.</li> <li>• Provided with information about local services in particular Women and Children First</li> <li>• How to make referrals and what supports are available to local women.</li> </ul>  | Louise Moore | SW  | Internal     |       |       |

| Course Names  | Tutors         | Org            | Contact Info | Dates | Venue |
|---|----------------|----------------|--------------|-------|-------|
| <p><b>Staff Network Lunches – Level 1 (General Contact Workforce)</b></p> <p>This short session is aimed at all staff who work with vulnerable adults and their families and carers and require to know about vulnerable adults protection. It is designed for individuals who have had <b>little or no</b> adult protection training. It aims to:</p> <ul style="list-style-type: none"> <li>• What do you think adult protection is?</li> <li>• Adult Protection Reform Programme - recent developments</li> <li>• Your role in adult protection</li> <li>• Adult Protection Procedure</li> <li>• Partnership in Adult Protection</li> <li>• Adult Protection in Renfrewshire</li> </ul> <p><b>Health: 9, Housing: 5 + 1, Police: 1, Fire Service: 1, Vol Org: 3</b><br/> <b>Social Work: 10</b> (Includes Specialist Services, Residential, Addiction, Hospital)</p> <p><b>Key contacts</b><br/> <b>Health: Mandy Ferguson, Jim Clocherty/</b> <b>Housing:</b> Donna Richmond / Helen Parker, <b>Social Work:</b> Joanna Boddy<br/> <b>Police:</b> Jenny Shanks PPU, <b>Fire:</b> Pauline Borland / Paul Nelis,<br/> <b>Vol Orgs:</b> Enable, Capability, Richmond Fellowship , Advocacy, Project RAMH, Loretto HA</p> |                | SW             | Internal     |       |       |
| <p><b>Responding to Disclosures of Sexual Violence and Abuse – Level 1(on CP List too)</b></p>  | Louise Moore   | SW             | Internal     |       |       |
| <p><b>Basic Awareness - Impact of Sexual Violence on Survivors – Level 1 (General Contact Workforce)</b></p> <p>This one day course aims to introduce delegates to knowledge and skills that will increase their understanding and increase their confidence to respond to survivors of rape and sexual assault.</p> <p>It will also give each delegate an opportunity to explore some of their own thoughts and feeling on the subject.</p> <p>The course is aimed at front line workers who have little or no experience in supporting women and girls who have been raped or sexually assaulted.</p> <p><b>By the end of the course delegates will be able to</b></p> <ul style="list-style-type: none"> <li>• Have a definition and understanding of rape and sexual assault</li> <li>• Understand the extent and impact on women's physical and mental health</li> <li>• Understand why women don't report rape</li> <li>• Have information on responding to survivors</li> <li>• Identify helpful services and resources</li> </ul>   | Louise Moore   | SW             | Internal     |       |       |
| <p><b>Multi-agency Adult Support and Protection (Scotland) Act 2007 training. Level 1 (General Contact Workforce)</b></p> <p>A one day course that will give a thorough grounding in the implications of the Adult Support and Protection Act (Scotland) 2007 both for staff and "Adults at risk" of harm. The training, which will be multi-agency, is intended to assist health professionals, staff and key workers to identify adult protection concerns as well as to develop skills in speaking to adults about new concerns and make decisions on the reporting of concerns</p> <p>Course Objectives: On completion participants will:</p> <ul style="list-style-type: none"> <li>• Define the overarching principles of the 2007 act</li> <li>• Define the terms "adult at risk" and "harm"</li> <li>• Clearly understand your role and responsibilities and those of any staff who report to you</li> <li>• Describe the purpose of the Act's 3 protection orders</li> <li>• Build confidence implementing the 2007 act</li> </ul>   | Danny Crawford | Danny Crawford | NHS Glasgow  |       |       |

| Course Names   | Tutors     | Org         | Contact Info | Dates | Venue |
|--|------------|-------------|--------------|-------|-------|
| <b>Introduction to the Adults with Incapacity Act Level 2 (Specific Contact Workforce)</b><br>This training is open to health, social care, voluntary organisation and advocacy staff. It is mainly targeted at those who require a working knowledge of the Act, such as Registered Mental Health Nurses, Occupational Therapists, Advocates medical staff and social work staff.   |            | Health      | External     |       |       |
| <b>Introduction to the Mental Health Act Level 1 (General Contact Workforce)</b><br>This training is open to health, social care, voluntary organisation and advocacy staff. It is mainly targeted at those who require a working knowledge of the Act, such as Registered Mental Health Nurses, Occupational Therapists, Advocates medical staff and social work staff  |            | Health      | External     |       |       |
| <b>Effective Working Together Level 2 (Specific Contact Workforce)</b><br><b>Learning Outcomes</b> <ul style="list-style-type: none"> <li>• Being familiar with the Local Multi-Agency Adult Protection Process and Guidance</li> <li>• Understanding individual &amp; multi-agency responsibilities in Adult Support and Protection.</li> <li>• Understanding the requirement and importance of sharing information and co-operation under the ASP (Scotland) Act 2007 to support and protect adults at risk of harm</li> <li>• Understanding how to enhance local multi-agency working               <ul style="list-style-type: none"> <li>- Be aware of the legislation surrounding Adult Protection</li> <li>- The Adult Support and Protection (Scotland) Act 2007</li> <li>- Mental Health (Care and Treatment)(Scotland) Act 2003</li> <li>- Adults with incapacity (Scotland) Act 2000</li> </ul> </li> </ul> | Sam McLean | Allan Woods | Allan Woods  |       |       |
| <b>Recordable and Defensible Decision Making – Half Day Level 1 (General Workforce Contact)</b><br><b>Learning Outcomes</b><br>On completion of this course participants will – <ul style="list-style-type: none"> <li>• Appreciate the importance of good recording</li> <li>• Understand the principles and practice implications of good recording</li> <li>• Know how to make and record effective decisions about adults at risk of harm</li> </ul>   | Sam McLean | Allan Woods | Allan Woods  |       |       |
| <b>Case Conferencing Adults at Risk of Harm Level 1 (Specific Contact Workforce)</b><br><b>Learning Outcomes</b><br>This course will teach you to: <ul style="list-style-type: none"> <li>• Understand the purpose of an Adult Case Conference</li> <li>• Understand key roles and responsibilities in the Case Conference</li> <li>• To be aware of individual and multi-agency contribution of services at the Case Conference</li> <li>• Understand the importance of preparing and supporting the adult at risk of harm in the Case Conference</li> </ul>  | Sam McLean | Allan Woods | Allan Woods  |       |       |
| <b>Adult Protection Seminar Event</b><br>The purpose of the event would be to enable practitioners and managers to share their experience and existing good practice and to identify ways of improving practice and services   | Sam McLean | Allan Woods | Allan Woods  |       |       |

| <b>Future Courses – Currently Being Planned</b>  |              |    |          |  |  |
|--|--------------|----|----------|--|--|
| <b>Adult Protection – Chronology Training Level2 (Specific Contact Workforce)</b><br><b>Aims</b><br>To help ensure that participants knowledge and skills, in relation to adult protection practice and Integrated Chronologies are informed by current developments<br><br><b>Objectives</b><br>Increase participants awareness of the need for a chronology<br>Discussion around Significant Case Reviews<br>Lessons to be learned in Adult Case Reviews<br>Legislative Recommendations regarding chronology<br>Integrated Chronologies<br>Reflect on Practice | Frances Tran | SW | Internal |  |  |
| <b>Multi Agency financial Harm Workshop</b>  |              |    |          |  |  |
| <b>Sustaining Involvement With Someone Under Investigation and Your Role in a Case Conference</b>  |              |    |          |  |  |
| <b>Outcomes Training</b>   |              |    |          |  |  |
| <b>Responding to Disclosures of Sexual Violence and Abuse – Level 2 (Specific Contact Workforce - on CP List too)</b>  |              |    |          |  |  |

## Appendix 6 Performance Data

### Contacts by Source 2012/13

#### As - Adult Protection Concern

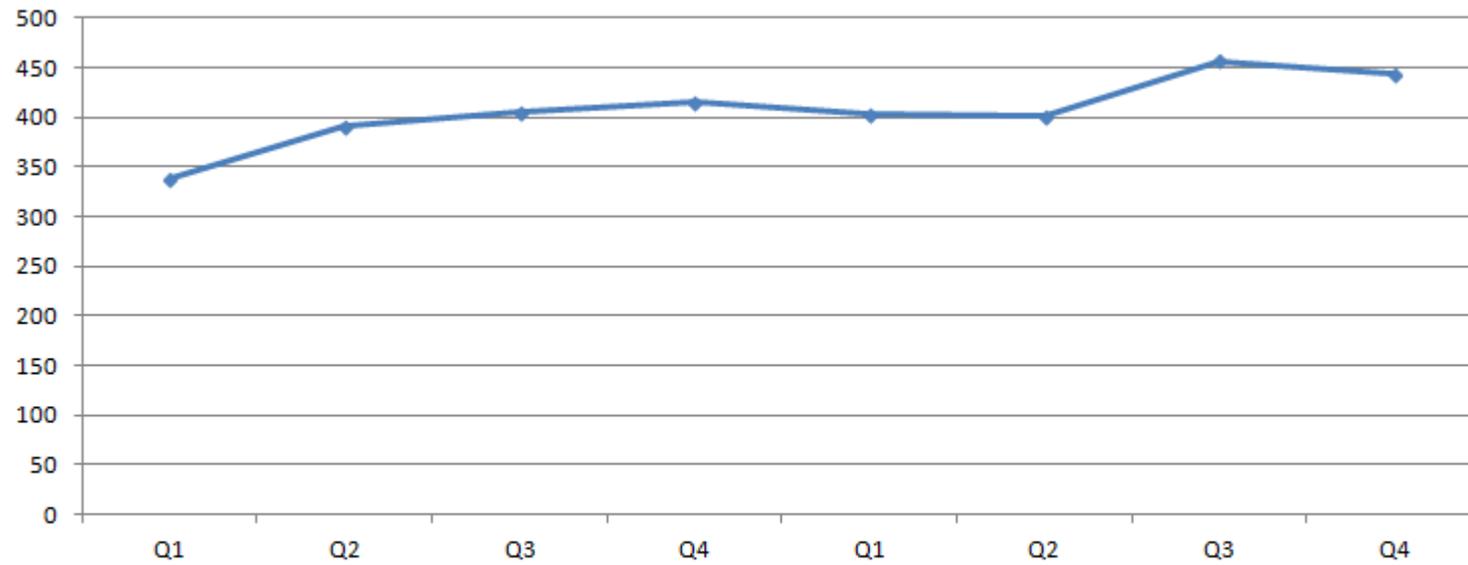
| Source Category                | Count Contacts |
|--------------------------------|----------------|
| Police                         | 1148           |
| Social Work                    | 158            |
| Other Organisation             | 67             |
| Family                         | 45             |
| Local Authority                | 42             |
| NHS                            | 42             |
| Scottish Fire & Rescue Service | 18             |
| GPs                            | 13             |
| Self (adult at risk of harm)   | 13             |
| Unpaid carer                   | 3              |
| Anonymous                      | 2              |
|                                | <b>1551</b>    |

### Contacts by Source 2013/14

#### As - Adult Protection Concern

| Source Category                | Count Contacts |
|--------------------------------|----------------|
| Police                         | 1274           |
| Social Work                    | 144            |
| Other Organisation             | 93             |
| NHS                            | 74             |
| Local Authority                | 44             |
| Scottish Fire & Rescue Service | 33             |
| Family                         | 23             |
| GPs                            | 10             |
| Self (adult at risk of harm)   | 7              |
| Anonymous                      | 2              |
| Office of the Public Guardian  | 1              |
|                                | <b>1705</b>    |

### Contacts by Source 2012/13 - 2013/14



|                               | 2012/13 |     |     |     | 2013/14 |     |     |     |
|-------------------------------|---------|-----|-----|-----|---------|-----|-----|-----|
|                               | Q1      | Q2  | Q3  | Q4  | Q1      | Q2  | Q3  | Q4  |
| As - Adult Protection Concern | 338     | 391 | 406 | 416 | 403     | 402 | 457 | 443 |

## Adult protection - Completed Investigations 2012/13

|             | Male      | Female    | Sum:       |
|-------------|-----------|-----------|------------|
| 16-24       | 4         | 2         | 6          |
| 25-39       | 10        | 14        | 24         |
| 40-64       | 27        | 15        | 42         |
| 65-69       | 2         | 6         | 8          |
| 70-74       | 3         | 1         | 4          |
| 75-79       | 1         | 4         | 5          |
| 80-84       | 4         | 7         | 11         |
| 85+         | 2         | 8         | 10         |
| <b>Sum:</b> | <b>53</b> | <b>57</b> | <b>110</b> |

|             | White      | Asian, Asian<br>Scottish Or Asian<br>British - Other<br>Asian | Not<br>disclosed/known | Sum:       |
|-------------|------------|---|------------------------|------------|
| 16-24       | 6          |   |                        | 6          |
| 25-39       | 18         | 1   | 5                      | 24         |
| 40-64       | 41         |   | 1                      | 42         |
| 65-69       | 7          |   | 1                      | 8          |
| 70-74       | 4          |   |                        | 4          |
| 75-79       | 5          |   |                        | 5          |
| 80-84       | 11         |   |                        | 11         |
| 85+         | 10         |   |                        | 10         |
| <b>Sum:</b> | <b>102</b> | <b>1</b>  | <b>7</b>               | <b>110</b> |

| Clie n Category       | Investigations |
|-----------------------|----------------|
| Dementia              | 2              |
| Infir mity due to age | 12             |
| Learning Disability   | 15             |
| Mental Heath Problem  | 22             |
| Other                 | 20             |
| Physical Disability   | 20             |
| Substance misuse      | 19             |
| <b>Sum:</b>           | <b>110</b>     |

## Adult protection - Completed Investigations 2013/14

|             | Male      | Female    | Sum:      |
|-------------|-----------|-----------|-----------|
| 16-24       | 1         | 3         | 4         |
| 25-39       | 7         | 11        | 18        |
| 40-64       | 16        | 17        | 33        |
| 65-69       | 4         | 1         | 5         |
| 70-74       | 3         | 6         | 9         |
| 75-79       | 1         | 2         | 3         |
| 80-84       | 1         | 2         | 3         |
| 85+         | 3         | 5         | 8         |
| <b>Sum:</b> | <b>36</b> | <b>47</b> | <b>83</b> |

|             | White     | Not disclosed/known | Sum:      |
|-------------|-----------|---------------------|-----------|
| 16-24       | 3         | 1                   | 4         |
| 25-39       | 16        | 2                   | 18        |
| 40-64       | 30        | 3                   | 33        |
| 65-69       | 4         | 1                   | 5         |
| 70-74       | 9         |                     | 9         |
| 75-79       | 3         |                     | 3         |
| 80-84       | 3         |                     | 3         |
| 85+         | 8         |                     | 8         |
| <b>Sum:</b> | <b>73</b> | <b>7</b>            | <b>83</b> |

| Client Category       | Investigations |
|-----------------------|----------------|
| Infirmity due to age  | 4              |
| Learning Disability   | 16             |
| Mental Health Problem | 19             |
| Other                 | 19             |
| Physical Disability   | 14             |
| Substance misuse      | 10             |
| Visual Impairment     | 1              |
| <b>Sum:</b>           | <b>83</b>      |

## Adult Protection - All recorded Conferences

### Conferences by Type

|                             | 2012/13 | 2013/14 | Sum: |
|-----------------------------|---------|---------|------|
| Initial ASP Case Conference | 66      | 56      | 122  |
| Review ASP Case Conference  | 59      | 80      | 139  |
| Sum:                        | 125     | 136     | 261  |