
Renfrewshire Adult Protection Committee

Biennial Report
2020 -2022



John Paterson
Independent Chair
Renfrewshire Adult Protection Committee
04/10/2022

COVID-19

On the 23rd of March 2020 national measures were put in place which set restrictions to all non-essential travel, work and social contact out with the home. This had an immediate effect on services which moved to an emergency response only footing, in line with national guidance. The impact of the virus and the national and local measures put in place to manage the transmission have had an impact on people and their communities. People have experienced greater levels of social isolation, loneliness and financial stress. The longer-term impacts on people's mental and physical health and wellbeing are not yet fully understood. Renfrewshire Health and Social Care Partnership (HSCP) and partner agencies have worked together to respond to the pandemic. Operating flexibly to respond to quickly changing national and local guidance, our combined efforts have seen significant changes to the way health and social care services have been delivered.

1. Impact of COVID19 on performing duties under the Adult Support and Protection (Scotland) Act 2007 during initial stages of the pandemic

Renfrewshire HSCP promptly devised a Mobilisation plan to respond to the COVID19 pandemic. All operational teams who undertake Adult Support and Protection (ASP) work were provided with guidance for how to fulfil statutory duties. Adult services teams continued to screen all welfare concern and ASP referrals and conduct inquiries under the Act. Council officers continued to conduct home visits to progress ASP work. This was always based on a risk assessment and ensuring social distancing measures were in place. Council officers were also provided with full PPE. If a visit was not possible Council officers worked closely with other workers who were having contact with the person.

In this way all ASP activity was maintained and all appropriate interventions and planning meetings took place.

One of the challenges experienced during the early stages of the pandemic was restrictions of visitors to supported living residents and care homes. Council officers were reliant on staff supporting the person to share information. This was at times conflicting as the concern may have been in relation to alleged harm within the care establishment.

During the very early stages on the pandemic (7th of April 2020) a Banning Order with attached Powers of Arrest lapsed. A temporary Banning Order was subsequently granted by the court on the 9th of April 2020 but without the Power of Arrest attached. This was included in the application. Priority was given to ensuring that any court applications were processed in a timely manner and that orders were not allowed to lapse.

All ASP meetings were conducted virtually via Microsoft teams. This was problematic initially due to external agencies not having access to Teams. Also, for the person themselves to have access to the technology to attend the meetings. However, case conference activity and core group meetings continued. Where people were unable to access the technology the

Council officer gathered their views prior to the meeting. The council officer also ensured that the adult was informed of the discussion during the case conference and the outcomes agreed. In addition, minutes from the meeting were distributed to relevant agencies and the adult.

The APC met fortnightly during the first lockdown (it usually meets quarterly) in order to share information across agencies regarding operational challenges and service responses.

2. **Staffing during COVID 19**

Key service areas that were under acute pressure during the initial stages of the pandemic had staff redeployed to support them in service delivery. Local area team staff were redeployed to the hospital based social work teams. This was to quickly assess those who were fit for discharge and ensure they received the appropriate support leaving hospital. Care at Home services had an absence rate of some 35% during the initial months of the pandemic due to staff isolating or having health conditions which were deemed high risk therefore they were shielding. Adult services staff were redeployed to home care. Also, staff members were doing over time and weekend shifts in home care to cover the shortfall.

There was recognition that ASP work was critical and for this reason only one council officer was redeployed. The lead officer for the Renfrewshire Adult Protection Committee and the ASP officer were redeployed on a short-term basis, but continued to participate in appropriate strategic ASP Activity.

Data

1. Referral data

Police Scotland continue to be the highest referring agency for Renfrewshire. We have received 2604 referrals from Police Scotland during the biennial reporting period. This is the highest referral rate to date. The increase represents 19.47% with 462 more referrals received.

The care inspectorate has made 16 referrals, this represents the highest number of referrals received. The percentage increase is 136.84% with 13 more referrals received. One possible cause of the upsurge in referrals is the increase in inspection activity being carried out by the care inspectorate in response to the COVID19 pandemic.

Referrals from care home establishments have been fairly consistent from 2020-2022. There has been 296 care home referrals in 20/21 and 249 in 21/22. These referral rates do however represent an increase since 2019/20 when 140 referrals were received.

There was a decline in provider referrals during 20/21 with 44 referrals received. However, this has now increased again to expected levels of referrals with 138 received for 21/22. The decrease in referrals may be due to reduced in-person contact because of the COVID19 pandemic.

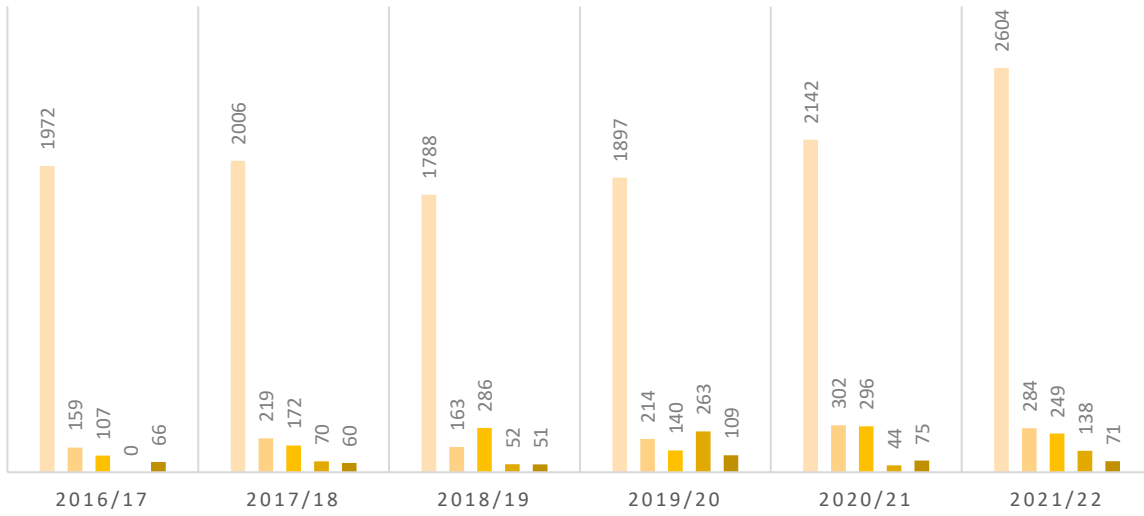
NHS 24 referrals continue to increase, during 20/21 there was 126 referrals received. A further increase has been observed for 21/22 with 275 referrals received. This represents a 74.31% increase. One possible cause for this is due to the increasing number of calls being received by NHS24.

There has been a sharp increase in referrals received from the adult who may be at risk. There have been 38 self referrals received during 21/22 in comparison with 2 self referrals during 20/21. This increase represents the highest reported self referrals to date for Renfrewshire. It is hoped this increase is due to an increased awareness of Adult Support and Protection within the local community due to both national and local campaigns.

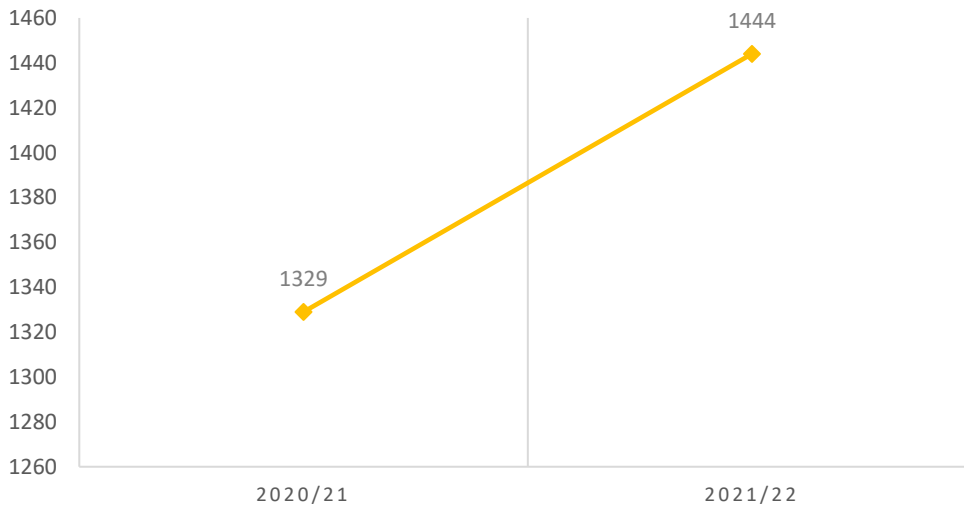
The tables shown below show Renfrewshire's top 5 referring agencies showing comparison from 2016/17 to date. There is also a table showing the increase in ASP referrals between 2020/21 and 2021/22, and a table showing the numbers of welfare referrals received from 2014/15 to date.

TOP 5 REFERRAL AGENCIES

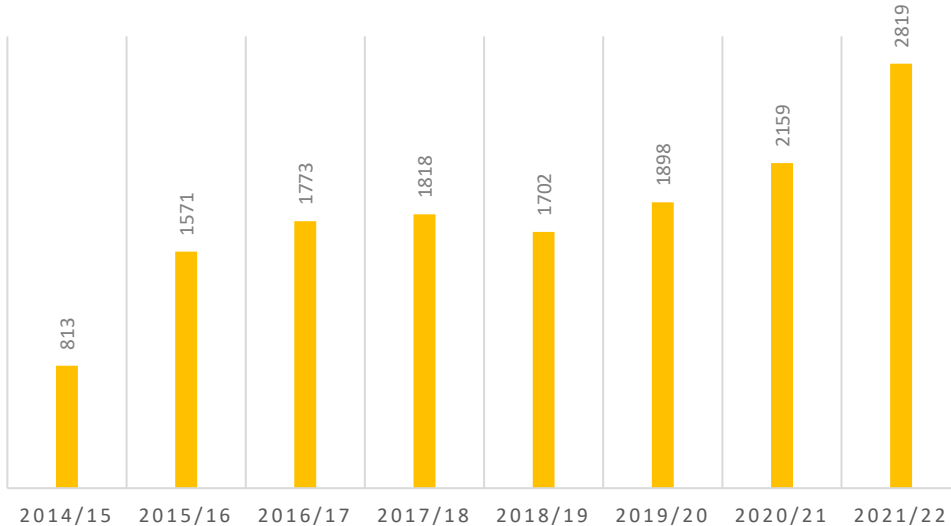
■ Police
 ■ Social Work Team/Unit
 ■ Care Home
 ■ Provider
 ■ Other Health Staff



ASP REFERRALS 2020-22



ADULT WELFARE CONCERNS



2. Demographics

Age – The highest number of both Adult support and protection referrals and Adult Welfare concerns is for people aged between 40-64. The referral rate then decreases for adults aged between 65-74 before a further rise is observed in referrals for people aged between 75-89. The table below gives a visual representation of this –

Contact Reason		(All)		
Count of Contact				
Identifier	Column Labels			
Row Labels	20/21	21/22	Grand Total	
100+	6	2	8	
15-15	1		1	
16-24	439	537	976	
25-39	834	952	1786	
40-64	1064	1450	2514	
65-69	139	176	315	
70-74	147	140	287	
75-79	222	290	512	
80-84	264	257	521	
85-89	248	259	507	
90-99	124	190	314	
child		4	4	
NR	2	4	6	
Grand Total	3490	4261	7751	

Gender – There is very little variation in the number of referrals received for Males and Females. The total referrals received for females was 3923 compared to males 3821. This represents a difference of 102 with females being the highest. Renfrewshire HSCP has received a total of 1 referral for persons with non-Binary gender and 2 referrals for transgender people.

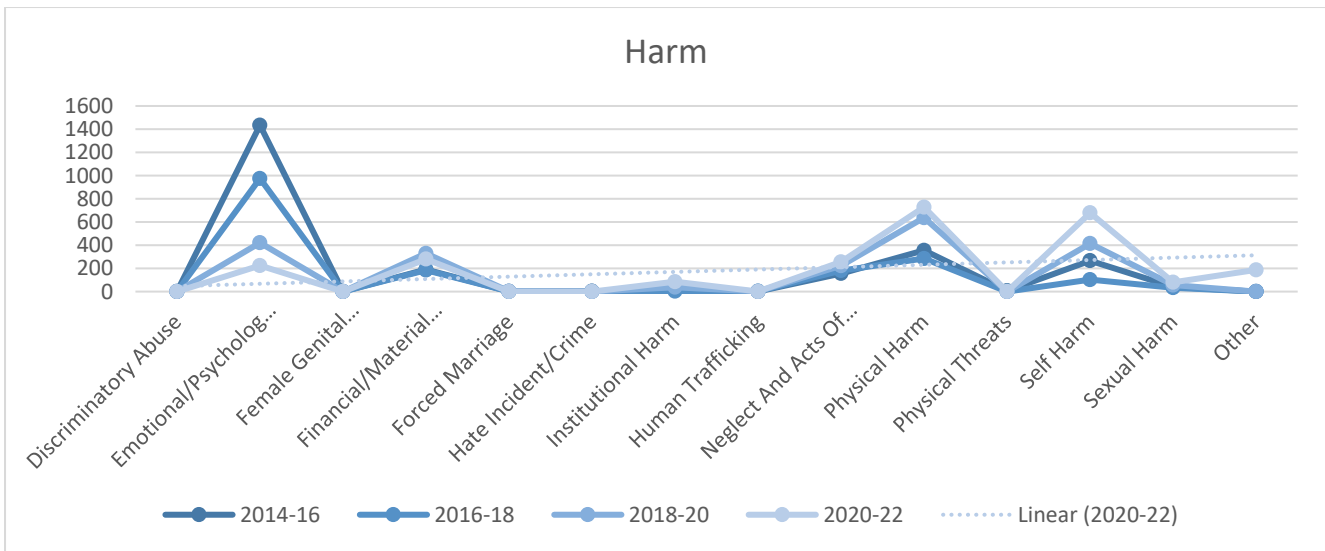
Ethnicity - The majority of referrals received have been from people with White Scottish or British ethnicity totalling 951.

Client classification – The 4 highest client classifications is –mental health (345), older people (344), Learning disability (154) and physical disability (148).

3. Types of harm

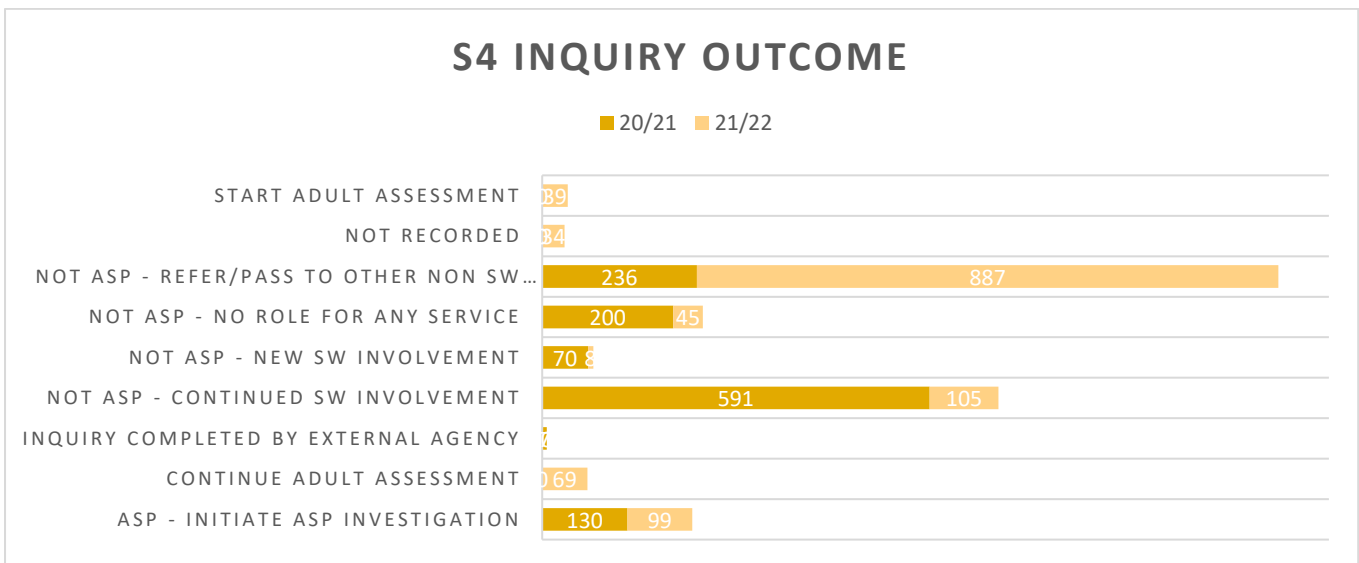
The 4 highest referral rate is for the following types of harm – Physical harm (728), Self-Harm (679), Financial harm (280) and Neglect (256).

The graph below offers comparison of the referrals received by type of harm from 2014/16 – 2020/22.



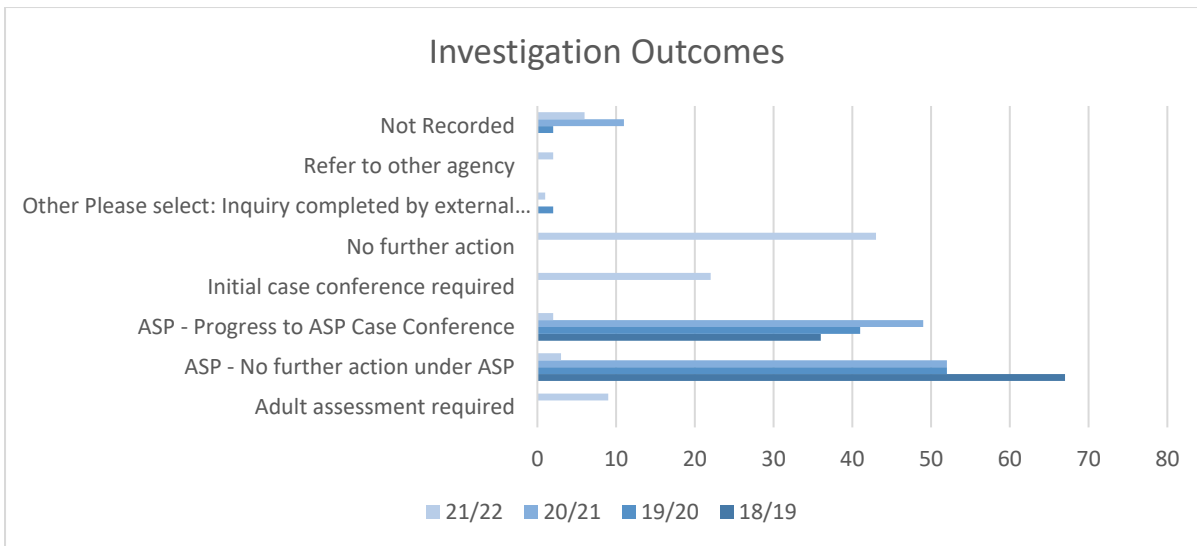
4. Inquiry outcomes data

During the biennial reporting period there were 2520 inquiries completed. The highest resulting outcome was “Not ASP – Continued SW involvement” with 1857 inquiries having this outcome. The S4 inquiries have resulted in 229 investigations being completed. There has been no further action taken for 859 referrals following completion of an inquiry. The graphic below provides a full breakdown of inquiry outcomes –



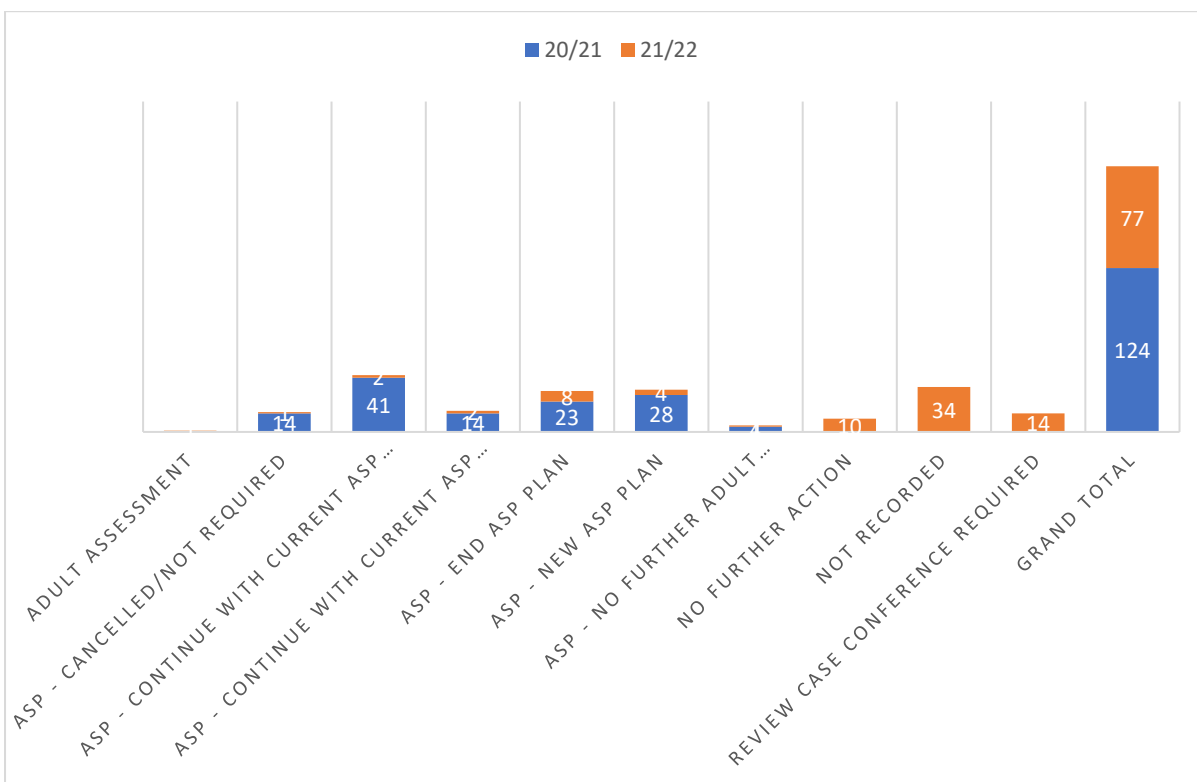
5. Investigation data

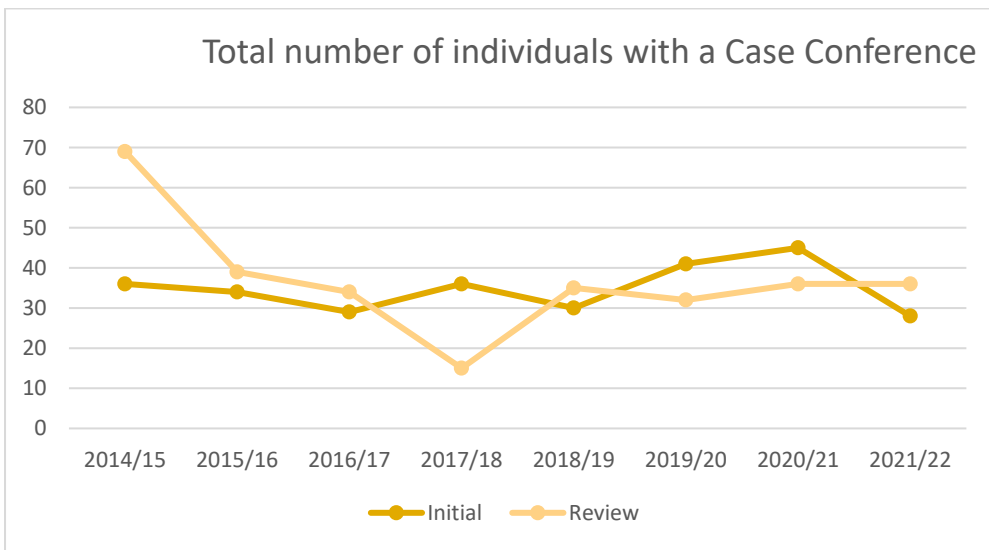
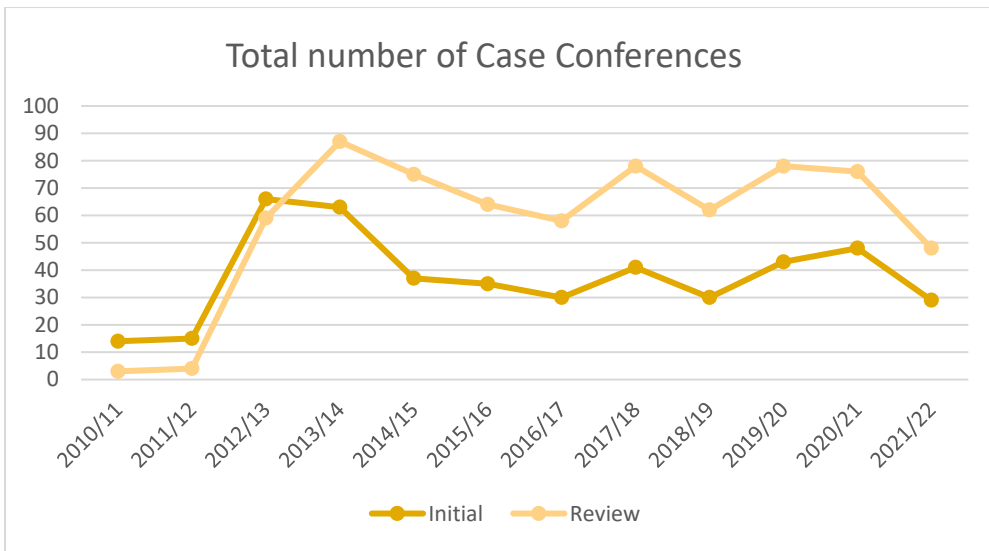
There were 229 investigations completed during the biennial reporting period. Of these 98 resulted in no further action. Following the completion of an investigation 77 proceeded to a case conference. The graphic below provides a full breakdown of investigation outcomes –



6. Case conference data

There were 77 initial case conferences held during the reporting period. In terms of review case conferences 124 were held during the reporting period. The initial case conferences resulted in 32 people being supported by use of a protection plan. The review case conferences resulted in 59 people continuing to be supported by the use of a protection plan. There were 36 protection plans ended as a result of a review case conference. The below graphic provides a full overview of outcomes following initial and review case conferences –





7. Orders sought under the Act

In 2020/21 and 2021/22 there have been no protection orders sought.

Outcomes, achievements and service improvements

1. Inspection

On the 7th of January 2020, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Care Improvement Scotland (HIS) formally notified Renfrewshire Health and Social Care Partnership (HSCP) and Renfrewshire Council that they would be undertaking a joint inspection of adult support and protection arrangements in the Renfrewshire Partnership area commencing on Monday the 16th of March 2020.

The inspection focused on two key areas –

- Key adult support and protection processes
- Leadership for adult support and protection

Although the onsite phase began on Monday the 16th of March 2020, due to the COVID-19 emergency not all activities were completed. From the 50 file samples of adults at risk of harm only 23 social work, police and health records were read. None of the 40 recordings of initial inquiry episodes for which no further adult protection related action was required were reviewed. However, the inspectors were able to undertake an analysis of the staff survey (562 responses) and review the supporting evidence and position statement.

On June 1st 2020, the Care Inspectorate, provided feedback through a virtual meeting which was also attended by inspectors from HMICS and HIS together with senior officers from across the partnership including Renfrewshire Council, Renfrewshire HSCP, Police Scotland and NHS Greater Glasgow and Clyde.

The feedback highlighted the following key strengths –

- The staff survey showed that staff across the partnership held positive views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported;
- Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe;
- Partnership staff shared information coherently to identify harm to adults at risk of harm and then protect them;
- Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected;
- Adults at risk of harm received good support from health staff. They worked collaboratively to manage the risks for adults at risk of harm and improve their health and wellbeing
- Strategic leadership for adult support and protection exercised sound governance, robust quality assurance and improvement work that was undertaken collaboratively

The feedback highlighted the following areas for improvement –

- The partnership should ensure that a cogent, collaborative adult protection plan is prepared timeously for all adults at risk of harm who require one
- The partnership should make sure that the police are appropriately involved in adult protection investigations

- The partnership should strive to ensure all organisations required to attend adult protection case conferences attend
- The partnership should do everything possible to encourage and assist adults at risk of harm to attend adult protection case conferences that are held about them
- The partnership should make sure that adults at risk of harm and their unpaid carers are represented at a strategic level on the Adult Protection Committee

Based on this feedback the partnership developed an improvement plan around key improvement themes and the actions required to make the identified improvements, alongside a range of other actions identified by the APC.

2. Audit activity

The Renfrewshire Adult Protection committee has taken a proactive approach to the quality assurance and audit activity. Every quarter there is small scale audits, undertaken by local managers and completed based on an identified theme. There are 30 cases audited in the quarterly small-scale audits. The themes these audits have been based on are as follows –

- ASP protection plans
- Engagement of service users at inquiry stage
- Leadership/management in ASP
- The quality of reports submitted to Case Conferences for those invited and those who attended
- Review frequency of invitations and decisions sent to GPs for Case Conferences
- Service user engagement in Case Conferences
- Outcomes of ASP investigation

A large scale audit had initially been planned for 2021, as these take place every 2 years. However given the Inspection in 2020 and the introduction of the small scale audits, we felt that the large scale audit could be deferred by a year and we would still have a proportionate level of audit activity. It is now scheduled for October 2022. The theme for this audit is people who have high levels of interagency referrals. This is a multi-agency audit involving Police Scotland, Scottish Fire and Rescue, Public Protection, Housing Services, Health representation and Adult social work services.

3. ASP National Minimum Dataset – Learning Partner with Institute for Research and Innovation in Social Services (IRISS)

IRISS has been commissioned by the Scottish Government to work with all Adult Protection Committees and other members of the sector to develop a new National Minimum Dataset for Adult Support and Protection. Renfrewshire was selected as a learning partner to co-design, test and refine a National Minimum Dataset for quarterly indicators and support package. The RAPC convenor, RAPC lead officer, ASP officer and Data Analyst manager participated in the online workshops that were hosted by IRISS. In addition, we have provided IRISS with information on what data we currently collate and why to inform the National Dataset. Feedback has also been given to IRISS on the prototype of the dataset. The RAPC are proud to be involved in this work and to be part of the trialing of the dataset before it is rolled out across the sector.

4. Missing Persons Protocol

Renfrewshire RAPC submitted an Expression of Interest to participate in the National Missing Persons Framework Implementation Project. The submission involved collaboration with a number of partners, including the Renfrewshire HSCP, Renfrewshire Communities, Housing and Planning, Public Protection, Renfrewshire Children Services, the community safety partnership and Police Scotland. This submission of interest was successful, and we began working with Missing People (a UK wide charity) to develop a Missing Persons Protocol. A working group was formed, and we began working on the project focusing on the following points –

- Reviewing the response to missing episodes through mapping and understanding current policies, guidance and practice relating to missing persons
- Consulting on and developing policies and protocols around Return Discussions and information sharing
- Delivering free, tailored training sessions to local professionals
- Sharing best practice and learning related to the implementation of The National Missing Persons Framework for Scotland
- Building awareness of support services available to Missing People which can allow our partners to focus resources on the operational response to missing persons
- The launch of a best practice protocol for professional to use when supporting people at risk of a missing episode and people who have returned from a missing episode

The project reached a conclusion in September 2021. The identified aims were successfully achieved. The Renfrewshire Missing Persons Protocol is now being used in practice across the sector. In terms of launching the protocol partner agencies have been able to enrol in training provided by Missing People focusing on return discussions. The RAPC Lead officer has also met with all the adult services teams to provide an overview of the protocol and how this should be used in practice.

5. Renfrewshire Partnership Hoarding Policy

In September 2021 the multi-agency Hoarding policy was finalised. The guidance describes what is meant by hoarding; the types of behaviour exhibited and what impact it may be to the individual and those around them. The policy includes a risk assessment to identify the level of risk to the individual and others. In addition, there is clear guidance on what intervention practitioners should consider to try to mitigate risk. The supports available are also detailed within the policy. Appended to the guidance is a procedure which provides further details on the practical steps that should be taken once a person who hoards has been identified.

6. Financial Harm Subgroup

The APC financial harm subgroup met monthly, though with some impact on this during lockdowns, and is multi-agency. The purpose of the meeting is to raise awareness and help prevent financial harm to, the residents and communities of Renfrewshire, through a collaborative multi-agency, partnership approach. Last year the governance of this group moved to sit within the overarching the Renfrewshire Community Safety group, with routine feedback to the APC.

The group worked hard to produce an updated Financial Harm Strategy for the period of 2022-2025. The financial harm strategy in Renfrewshire has a focus on delivering under five “Es” through which objectives are defined and managed.

- Early Intervention and Prevention
- Education
- Engagement
- Engineering
- Enforcement

Early Intervention and Prevention – The aim is to optimise action at the first point of contact and ensure partners can identify potential criminality and/or financial harm that should trigger an Adult Support and Protection referral and have the mechanisms to report it quickly. How we plan to achieve this is by having a clear role definition between partners to understand where roles both overlap and diverge. Additionally ensuring we have effective information sharing between agencies and partners to ensure early identification of risk and promote confidence around reporting, enhancing safeguarding and preventing crime and non-criminal types of financial harm. We will also focus on effective communication and engagement, empowering local communities to stay safe. We have also developed trigger plans in the banking protocol, public services, utility providers and local retailers to take action where criminality or harm is suspected.

Education – The aim is to raise awareness of financial harm and the associated risks through effective multi-agency communication and joint training. We want to ensure that staff within agencies are aware of how financial harm is perpetrated and that staff are aware of associated risks and can identify potential victims and the early indicators of harm. We will achieve this by the implementation of an effective communications strategy to raise awareness amongst staff in all key agencies and partner organisations which includes the early identification of potential risks.

Engagement – The aim is to provide support and information to vulnerable people, community groups and their families through a number of traditional and innovative channels, making best use of technology, social media and awareness campaigns. We want to maximise the reach of information and awareness within local communities and through through elected members and community councils.

Engineering – The aim is to identify opportunities to safeguard by design for individuals through reviewing building security at identified locations. We also consider the low cost security measures such as door chains and peep holes within dwellings occupied by vulnerable people. Leaflets, guidance booklets and toolkits are distributed amongst vulnerable people and groups.

Enforcement – The aim is to heighten awareness amongst enforcement agencies ensuring there is robust information sharing around criminals and their methods, by taking a united partnership approach, with decisive investigative action at the first point of contact where a crime is suspected to have been attempted or has been committed. We are also developing joint working agreements and protocols with banks, building societies, benefit agencies, the office of the public guardian and other service providers.

In April 2021 we worked alongside our partners Police Scotland to develop a “Month of Action” to prevent financial harm. This campaign focused on 4 thematic weeks:

- Week 1 – Internet Enabled Fraud

- Week 2 – Phishing – targeting by email/telephone/ text message posing as a legitimate organisation
- Week 3 – Vishing: “Voice Phishing” telephone based activity to obtain personal or financial information
- Week 4 – Bogus Crime week for action

We believe this is the type of action and intervention that will benefit and enhance collaboration across a wide range of partners. Ensuring we have a wider reach to members of our community who are vulnerable to financial exploitation.

7. Cyber Harm Awareness Raising

Cyber Harm is a type of harm which is increasing and is complex in nature. Cyber Harm takes many different forms and targets a range of vulnerable adults in our communities. Renfrewshire have been proactive in our attempts to raise awareness of Cyber Harm. The committee lead officer completed work with the Institute for Research and Innovation in Social Services, the National Adult Protection Coordinator and the Public Protection Learning and Development Advisor for Clackmannanshire and Stirling on the development of an e-learning module: *Online safety and wellbeing of adults at risk of harm overview*. This e-learn module was made available to the national network and shared across agencies.

8. Development of the Care Homes, Extra Care Housing and Supported Living ASP subgroup

The Renfrewshire Adult Protection Committee’s data scorecard has shown increasing ASP referral from Care Homes. There was also a noted increase in the number of large-scale inquiries over the covid period. Therefore, it was decided there would be much benefit in instating a particular focus on ASP in the context of residential care facilities. The subgroup’s aim is to take an early intervention approach to try to minimise potential increasing risk within residential establishments, with a rolling programme of visits to care homes. A sub group of the APC is being established to oversee this work.

The terms of reference for the sub group have been formed over early with the first meeting due to take place in August 2022. There will be data collated for each care setting looking at a number of key elements. The data will then be discussed with the subgroup and a RAG status will be appointed to each care establishment. The log from the meeting will also be shared with operational staff, it is felt this will better equip teams to identify care establishments with potential increasing risk which could result in a Large Scale Inquiry. It is envisioned this will support the operational teams to intervene and support at an earlier stage.

The anticipated benefits of the subgroup are as follows –

- Enhanced quality of life and dignity for adults residing in care settings in Renfrewshire
- Lower risk of harm in care settings
- Increased confidence for care staff and positive expectations of users and care in receipt of care

9. Procedure for Large-Scale Investigation of Adults at Risk of Harm

Renfrewshire have conducted 4 Large-Scale Investigations (LSI) during the reporting period. All of the LSI's have been in independent sector care homes. Comprehensive and collaborative reports were completed for every individual included in the LSI. The reports were shared within the relevant LSI's meetings and directly contributed towards risk assessments on both an individual and setting wide basis. The LSIs continue to demonstrate an exemplary multi-disciplinary and multi-agency cooperation. Contributions from colleagues across the health service, Police Scotland, the Care Inspectorate, Scottish Fire and Rescue Services, Care Home Liaison nurses, commissioning staff, social work services and the third sector led to holistic assessments of risks and strengths within a care setting. The coordinated response to shared concerns enhances the efficiency and efficacy of safeguarding measures undertaken.

We have now produced and implemented our procedure for Large-Scale Investigations of Adults at risk of harm. This procedure allows for a consistent and coordinated response to LSI's. In terms of training the learning and development subcommittee have now created staff briefings on the procedure. The briefings are initially been targeted at key staff groups who are likely to be involved in LSI's. Once these staff groups have attended the briefings we will aim for a wider reach to increase agencies understanding and knowledge of LSI's and what this would involve. We anticipate that the briefings will further enhance professionals' ability to notice issues and risks which may warrant an LSI.

10. Chronology Guide

In February 2022 the adult services training officer produced a guide on chronologies. This chronology guide includes a suggested template for practitioners. There are also anonymised practice examples of chronologies. In addition, the chronology guide has a "do's and don'ts" section. To compliment this guide there has been sessions developed for staff to attend on risk assessment and chronologies. An iLearn module is also being developed which will be based on the chronology guide.

11. RAPC improvement plan

The Renfrewshire Adult Protection Committee have now developed an overarching improvement plan. The improvement plan is inclusive of the objective set out by each subcommittee assigning a Red Amber Green status to each objective. The improvement plan is actively discussed during each of the subcommittee meetings. Agreement is then reached on proposed actions to meet the improvement plan objectives. The improvement plan is also a standing item for discussion at the full APC. This discussion allows for the committee to be updated on the progression of each of the objectives and agree any changes to the RAG status against objectives.

Training, learning and development

Adult Support and Protection training has continued to be one of the main focuses for the committee. In response to the COVID19 pandemic we adapted our delivery of training to a blended learning approach. This includes self-directed learning tasks, written submissions, and online group training. The core adult support and protection training was reviewed as part of this process allowing us to modernise the training material being used. In revamping the core Adult Support and Protection courses we drew from The West of Scotland Learning and Development Framework for Council Officer and The Care Inspectorate QI framework for Adult Support and Protection. The Renfrewshire Adult Protection Committee, Joint Inspection of Adult Support and Protection: Position Statement February 2020 was also referred to.

Specific areas for developments in training include –

- Providing a rationale for meeting the 3 point criteria, which considers why the adult is unable to safeguard themselves taking account of their skills, means and opportunity
- The difference between an inquiry and investigation and an in-depth exploration of the purpose of an inquiry and the process of it
- What “undue pressure” is and ensuring practitioners are aware of the many factors that could affect and adults ability to protection themselves
- Chronologies in terms of what is a “significant event” and how it relates to the Adult Support and Protection incidents
- Methodology for analysis

The revamped training material has a focus on these areas which enables us to ensure our workforce is taking a consistent and informed approach to supporting adults at risk of harm.

We are now in a position where we are working to return to in person training. In person training is our desired approach as it allows for better networking opportunities and enables more informal discussions and sharing of experience.

1. Core Adult Support and Protection Training for ASP practitioners

The main courses include –

- Adult Support and Protection, Assessment, Inquiry and Intervention
- Responsibilities of the council and the role of the council officer
- Adult Support and Protection Investigative Interviews
- Council officer Reflective Practice Sessions

The table below provides and overview of attendees on each of these courses –

AS&P Core Training Report August 2020 - Present

Course Title	Attendees
Adult Support and Protection: Assessment, Investigation, and Intervention (Blended Learning)	71
Adult Support and Protection: Responsibilities on the Council and Role of Council Officer (Blended Learning)	33
Adult Support and Protection: Investigative Interviews (Blended Learning)	30
Adult Support and Protection: Council Officer Reflective Practice Sessions	14

- **Adult Support and Protection: Assessment, Investigation and Intervention**

The target group for this module is all health and social care staff involved in assessing adults. The course provides the anchoring knowledge of the legislative context of adult support and protection. The module also includes information relating to other key adult legislation including The Adults with Incapacity (Scotland) Act 2000, The Mental Health (Care and Treatment) (Scotland) Act 2003 and other relevant legislation.

The feedback for the Assessment, Investigation and Intervention module has been very good. The ratings score from participants has been between 7 and 10. A few examples of the feedback received is as follows –

- **Adult Support and Protection: Responsibilities on the Council and Role of the Council Officer**

The target group for this module is those professionals who will be undertaking the role of council officer. The course is used to demonstrate the participants are developing an understanding of the relevant legislation, guidance, policies and procedures. Ensuring they can demonstrate how these relate to the role and responsibilities of the council officer in protecting an adult who is at risk of harm, including protection orders.

The module was substantially modernised, to promote active participation. A model which other authorities have/ are transitioning to. Participants are expected to take more responsibility for learning and use a substantial case study and questions to evidence how they would progress with the case, using the Adult Support and Protection Act, relevant guides, policies and procedures to direct and inform their practice.

- **Adult Support and Protection: Investigative Interviews**

The target group for this module is professionals who will undertake the role of 2nd worker and those who will undertake the council officer role. This module covers a 5 stage model which aids delivering consistency in interviews, is designed to minimise any re-traumatisation, is non-directive and provides adults with an opportunity to report on the event in their own words, free from pressure and suggestive influence. By completing this module practitioners will have the knowledge and skills to

secure best evidence and information during the interview to inform the risk assessment, future planning for the adult and any legal process.

- **Adult Support and Protection: Council Officer Reflective Practice Sessions**

This module is a new addition to our core Adult Support and Protection module. The purpose of these sessions is to allow for a reflective discussion based on research paper. The first session which was attended by 14 council officers was focused on a research paper relating to hostile relationships. There are some prompt questions to aid the discussion however it is mainly free flowing discussion around the practice area.

2. **Digital eLearning courses**

The following eLearns were developed to address learning and development needs across all levels of service provision.

1. Legal Team, webinar presentation on AS & P protection orders.
2. A Council Officer's webinar presentation on a case involving a Banning Order.
3. Advocacy, webinar presentation; to remind practitioners of duty under AS & P and promote uptake of service.
4. Adult Support & Protection Awareness
5. Financial Harm Digital Briefing.
6. Financial Harm Awareness.
7. Power of Attorney.
8. Making Protection Personal.

The statistics for completion, noted below, are from Renfrewshire's ilearn platform. Most of the eLearn's had an external link created for those that do not have access to Renfrewshire ilearn platform but we cannot track completions for the external links.

The POA eLearn was developed in response to the MWC Authority to Discharge report to promote a better understanding of POA.

The AS & P Awareness eLearn was developed for the general workforce, so that all had the basic knowledge, skills and awareness of their responsibility when they encountered an adult at risk of harm.

The stats for completion of the elearn resources promoted and/or actively used as part of other courses are detailed below. As said, we cannot track stats for those who have used external links.

AS&P ILearn Report August 2020 – June 2022

Module title	Number of staff
Adult Support & Protection (Scotland) Act 2007 Awareness	127
Supporting Employees Experiencing Domestic Abuse	111
Adult Support and Protection Act 2007 Presentation: Legal Services	75
Adult Support and Protection Act 2007 Presentation: Council Officer	65
Financial Harm Awareness	54
Renfrewshire Council Duty of Candour	50
A Carers perspective of Adult Support and Protection	49
Person-centred case recording	45
Power of Attorney	41
Safeguarding Adults: Teaching People to Protect Themselves	37
Advocacy	22
Making Protection Personal	15
Scotland Tricky Friends Signed and Subbed	10
Grand Total	701

Engagement, involvement and communication

Implementing effective approaches to the meaningful engagement of adults at risk of harm, and their carers is a challenge across Scotland. This applies to ensuring maximum possible participation of the adult and carers in inquiries, and also securing the views of adults and carers in regard to the development of practice.

Consultation with the national Social Work Scotland ASP network, and through the National Convenor's network has established that obtaining service users feedback and involving service users in developing Adult Support and Protection processes is difficult to achieve.

The recent presentation from Leeds City Council as part of the combined ASP Convenors and ASP lead officers meeting highlighted the importance of service user involvement. Leeds have produced a Citizen Lead Multi-Agency Safeguarding Adults Policy and Procedure. The discussion resulting from this presentation highlighted the need for the topic of service user involvement to be considered at a national level, where possible approaches and best practice toolkits could be identified for local implementation.

We are pleased to note that this is now one of the issues being given specific attention in the recently established National ASP Implementation group.

In Renfrewshire we have two main objectives.

Improve engagement of adults at risk and family members/unpaid carers (as appropriate) in Adult Support and Protection Processes. The desired outcome of achieving this would be ensuring adults at risk, family members, carers and representatives identified in the Adult Support and Protection process feel better informed and are more confident to engage in the process.

Anecdotally the local practice discussions and practitioner feedback confirms that adults are being informed that they are being supported by use of a protection plan. The practice trend in relation to this is that if an adult does not want to or is not able to attend a case conference then the council officer visits them within 1 working day to discuss the outcome of the meeting.

In relation to the adults' views being sought as part of the Section 4 Inquiry the practice trend appears to be inconsistent. Work is in hand to develop an engagement protocol for council officers to follow throughout the adult support and protection process and the development of working groups to focus on this area of practice.

Improved lived experience feedback mechanisms for individuals subject to Adult Support and Protection and their representatives/carers by embedding service user feedback within the Adult Support and Protection process. The desired outcome of this would be to have assurance that Adult Support and Protection interventions are supporting adults at risk and allows for identifying areas for improvement, and that this is based on direct feedback from people who have been involved in adult protection processes.

The development of a post Adult Support and Protection involvement questionnaire to elicit views of those with a lived experience of Adult Support and Protection is part of our implementation plan.

Challenges and areas for improvement

This section of the report will focus on the following particular areas of challenge and areas for improvement

- Implementing National guidance
- Service user engagement and feedback
- The use of ASP data and how this informs practice
- Ensuring training is targeted and meets the needs of wider agencies

1. Implementing national guidance

Consideration of changes needed to Renfrewshire's Procedures arising out of the recently updated and published suite of documents from the Scottish Government.

- The ASP Code of Practice
- Guidance for APCs
- Guidance for GPS and primary care
- Guidance on ASP Learning Reviews

These were all issued outwith the period covered by this Biennial Report, but will have a considerable impact on practice across Scotland, particularly in relation to the various amendments made to the Code of Practice.

Considering what changes will need to be made locally to policies and procedures, and with consequential implications for training and interagency working will be a central task for the ASP Lead Officer.

This post is currently vacant in Renfrewshire, so these matters will be taken forward when the post is filled. At this point relevant additions will be made to reflect this in the Improvement Plan.

2. Service user engagement and feedback

These matters have been addressed in the previous section and are included in RAPC improvement plan.

3. The use of Adult Support and Protection Data and how this informs practice

Another objective set out within the improvement plan is to improve Adult Support and Protection Data recording and performance monitoring of Adult Support and Protection services within Renfrewshire. The desired outcome is to have a baseline dataset and trend analysis which is collated and understood amongst the RAPC partners.

There is progress being made to create a baseline dataset for Adult Support and Protection. The plan is for the dataset to be based on the national return with more localised data being included. This will be presented to committee and then evolved overtime based on both committee and operational feedback. Our participation in the work around a Minimum Data Set will be helpful to us in this work.

Due to the change in our IT system another objective which to have routine reporting established within the new system. We are now in a much stronger position and are providing operational teams

with monthly ASP data. There are however still some issues with the accuracy of this data which is mainly due to user error when inputting data. This is being resolved by use of monthly meetings for user errors to be identified and corrected.

4. Ensuring training is targeted and meets the needs of wider agencies

The objective in relation to training is to ensure there is a programme of continuous improvement in place in relation to adult support and protection across all partners. The desired outcome would be to have an establish adult support and protection training plan and access to training relating to Adult Support and Protection practice competency levels 1,2 and 3 within their respective agencies.

Currently these objectives are partly met, amber on the improvement plan. However significant work is underway to have these objectives met with the target date set to December 2022. This will be closely monitored as part of our Learning and Development subcommittee and also as part of our committee meetings. We are committed to ensuring that the workforce have access to high quality, targeted Adult Support and Protection training.

Note: While not included in the Improvement Plan, the planning around the implementation of a National Care Service will have implications for the governance of Adult Support and Protection across Scotland, and for the organisation of services at a local level, including potential amendment to the number of APCs across Scotland. Consideration will be given to any relevant issues that may arise out of this work and these will be added to the Improvement Plan as required.

Looking forward

The Renfrewshire Adult Protection Committee Improvement Plan, attached below, contains the actions for the current Biennial period (2022-2024). Progress will be regularly reported to the Continuous Improvement subcommittee, the Adult Protection Committee and the Chief Officers Group. The plan will be updated accordingly as actions are progressed and completed, and as new actions are identified, and the RAG status will be identified for all actions.

Actions are group under five main headings

Engagement - adults at risk of harm and their supporters feeling involved and engaged in ASP processes

Robust processes and procedures - interventions are appropriate, proportionate and focussed protecting people from harm in ways that are right for them.

Effective use of data - service planning a provision is informed by the use of reliable data.

Effective decision making - decision making is robust, consistent and adheres to the principles of the Act.

Learning and Development – Staff are supported through access to all appropriate training.

Renfrewshire Adult Protection Committee

Improvement Plan

2022 -2024

Objective	Output	Measure	Progress update	RAG status
Engagement				
Improve use of advocacy by increasing understanding and awareness of advocacy support among staff and service users/carers within Renfrewshire	Literature available to adults and their families	Increase in numbers of Adults at Risk offered advocacy and taking up evidenced in ASP Module	Develop easy read materials for adults and their families describing ASP process and meetings	
	Guidance material available to support staff	Increase in use of advocacy evidenced by advocacy records	Develop materials for staff explaining advocacy and process	
		Feedback from Service users and representatives	Embed system for distributing materials to individuals involved in ASP process	
Improve engagement of adult at risk and family members/unpaid carers (as appropriate) in ASP process	Feedback from adult at risk and family members/ unpaid carers is evident in ASP case notes	Increase in proportion of adults who are informed that they were subject to an ASP and whose views are sought as part of Section 4 inquiry	Develop an engagement protocol for Council Officers to follow throughout the ASP process.	
Improve lived experience feedback mechanisms for individuals subject to ASP and their	Tool (Questionnaire) developed to elicit views and issued to service users/ carers and families post	Completed questionnaire and associated analysis of service user/ family and carers views	Development of post ASP journey questionnaire to elicit views of those with lived experience	

representatives/ carers by embedding service user feedback within ASP process in Renfrewshire	ASP involvement/ Case Conference.			
	RAPC Inter- to be amended to record	Aggregated lived experience report (timescale to be confirmed)	Tool incorporated into standard practice and guidance documents (agency ASP Guidance and Procedures and HSCP Operational ASP Procedures)	
			Develop schedule of analysis of questionnaires/ report aggregating feedback from lived experience questionnaire	
Improve engagement and participation of agencies in the APC and sub groups and in ASP processes	Prescribed groups are included in the ASP process (as required) and represented at RAPC meetings and Case Conferences as necessary	Ongoing analysis of attendance activity at meetings and Case Conferences	Amend all guidance to specify partner responsibilities throughout all stages of the ASP process including meeting attendance and quoracy	
	Updated guidance explaining case conference roles, responsibilities across stakeholder groups		Development of RHSCP briefing note explaining prescribed groups and associated roles in the ASP process. Issued to all partners	
Robust policies and procedures				
Renfrewshire's suite of ASP protocols and procedures is accessible to all partners, providing clear and consistent guidance on pathways, roles, and	Review the implications of the SGs recently published revised versions of the Code of Practice, Guidance for APCs, Guidance	All policies reviewed and up to date		

responsibilities; and is reviewed and upgraded regularly	for GPs and Learning Review Guidance, and amend existing Renfrewshire policies as required			
	Updated HSCP Operational ASP Procedures (including recommendations from LSIs and appreciative inquiry)	All policies reviewed and up to date	Ongoing review of operational guidance and procedures. All to be reviewed and updated.	
			Updated procedures will be available online to all staff (online).	
	Training material and online resources available for staff (ASP procedures and guidance)	All material reviewed and up to date	Key staff will receive LSI procedure training. Council officer training to be enhanced to include LSI overview	
Significant case review material to be updated				
Effective use of data in measuring outcomes				
Outcomes for adults at risk of harm and their unpaid carers are systematically measured against consistent indicators of harm in order to inform decision making and service planning	Consistent and reliable data analysis based on routine data collection	Data available and routine analysed and relevant actions put in place	Outcome indicators are agreed locally, following guidance on national indicators from Scottish Government. Develop scaled questions for service user response at various stages of ASP process to assess impact of ASP activity. Await feedback from Scottish Government Service User & Carer Group	
Effective decision making				
Decision making is robust, consistent, adheres to the principles of the Act	Feedback from audit will inform any inconsistencies or gaps in practice	Evidence from quality assurance/audit activity of line management in ASP practice	Audit of supervision/ PDP and ASP management will feature in quality assurance timetable.	

	Consistent approach to staff conducting ASP inquiry activity evidenced between teams	Evidence: biennial self-evaluation audit. evidence of decision-making forms part of Continuous Improvement Framework.	Enhanced opportunities for practitioners to interact via Practitioners' Forum	
			ASP Practitioner Forum used for learning from complex case examples	
	Regular review and monitoring process adopted by service areas and deployment of resources aligned to trends/ gaps	<ul style="list-style-type: none"> - ASP Trend analysis (patterns of risk, intervention) - Patterns of risk or harm - Repeat referral activity - Monitoring of Consistent, comprehensive, and up-to-date chronologies and risk assessments and risk management plans or protection plans 	Repeat Referrals meetings (quarterly)	
Learning and development				
To identify and support learning and development needs across all ASP partner agencies including those who chair ASP Case Conferences and supervise ASP work.	All partners (including 3 rd sector) have an established ASP training plan and access to training relating to ASP practice competency levels 1, 2 and 3 within their respective agency	Training Needs Assessment reported to RAPC	ASP Inter- and single-agency training programme is developed based on priorities established from Training Needs Analysis and Quality Assurance programme	
			Partner training plans reported to RAPC via Learning and Development Subcommittee	
		Accessible ASP training courses	Develop a programme of learning and development activity aligned to need of partner agencies. Aligned to sequential activity.	

Ensure programme of continuous improvement is in place in relation to ASP training across all partners	Post-training evaluations to participants and managers evidence that participants' practice has benefited from training attended. This should specifically include ASP Case Conferences.	Development of updated assessment and review tools	In progress: Evaluation and impact framework are drafted.	
			Required system for recording and implementation	
		Staff and partner feedback	Following delivery of training to staff and partners to improve ASP process learning and awareness	