



**Renfrewshire Adult Protection Committee
Independent Convenor's**

Biennial Report

April 2016 to March 2018

Preface

I am pleased to provide this Biennial Report 2016-2018 on behalf of Renfrewshire's Adult Protection Committee (RAPC). This fifth biennial report includes reference to work that has been undertaken within Renfrewshire, across partner agencies and within the wider community, over the period April 2016-March 2018. It also includes reference to the Self-Evaluation exercise undertaken in summer 2018, as this included a case file audit of files from within the biennial reporting period.

I have been in the role of Renfrewshire Adult Protection Committee's Independent Convenor since April 2017, although my experience of fulfilling this role in other areas predates my time as the Renfrewshire chair by five years. The RAPC Lead Officer has been in post since May 2017; this latter post had been vacant since September 2016. My closely-timed commencement alongside that of the lead officer post brought a renewed energy midway through this biennial period. We have now had time to familiarise ourselves with local practices and procedures; the two posts starting in unison has provided an opportunity for a fresh outlook and objective recognition of strengths and areas for improvement.

The RAPC meets quarterly and focuses on relevant local and national issues. The work of RAPC is underpinned by several subcommittees, in addition to a variety of subgroups and short life working groups.

As independent convenor I submit a quarterly report to, and, attend the Renfrewshire Public Protection Chief Officers Group. Work is done to promote coordination across areas of public protection, where relevant, and to prioritise resources based on performance statistics and policy agendas. I also attend the Public Protection Member Officers Group on a quarterly basis. This group is comprised of elected members and submission of quarterly updates by RAPC ensures that elected members are cited on key adult support and protection messages. This group's support to progress key agenda items can be of benefit.

In Renfrewshire we recognise that adult protection is everyone's business. Our vision is to promote public awareness and to use our collective endeavour to protect adults at risk of harm in Renfrewshire. We have developed dynamic committee and subcommittee membership, with commitment to continuous improvement across the partnership area to promote effective, efficient identification of risk and subsequent safeguarding of adults at risk of harm.

John Paterson
Independent Convenor
Renfrewshire Adult Protection Committee

Index

<u>Content</u>	<u>Page</u>
1. Executive Summary	4
2. Activity and Performance	
a. Local Activity and Performance	5
b. Large Scale Investigations	15
c. Initial Case Review	17
d. Single Agency (Social Work) ASP Case Study	18
3. RAPC Contributions to Consultations	18
4. Inter-agency Learning and Development Activity	19
5. Inter-agency Policy and Procedures	21
a. Joint Working Initiatives	21
b. Hoarding Short Life Working Group	22
c. Missing Persons Short Life Working Group	23
d. RAPC Financial Harm Subgroup	24
e. Collaboration with Statutory Partners	24
6. RAPC Self-Evaluation Exercise 2018	26
7. National and Other Issues	27
8. Conclusions and Future Focus	29
9. Appendix 1 – RAPC Scorecard	31
10. Appendix 2 – RAPC Improvement Plan	38

1. Executive Summary

- 1.1 During this reporting period there were significant changes to the RAPC membership, including changes of convenor; lead officer; Police Scotland representative; and community mental health service input. With these changes has come an opportunity to reflect on the strengths of the RAPC and progress made, as well as to reflect – with a new outlook and fresh perspectives – on areas in need of improvement.
- 1.2 An Improvement Plan has been developed, within the parameters of 2017-2019. However, this document is constantly evolving to reflect actions indicated by RAPC activity, including an Initial Case Review convened in 2017 and the RAPC Self-Evaluation of 2018, which included an audit of activity from within the biennial reporting period.
- 1.3 The Learning and Development Subcommittee, which was chaired by the Head of Health and Social Care Services (West Renfrewshire) during the reporting period, continues to be well-supported on a multi-agency basis. This subcommittee meets quarterly, with additional working groups convening to progress specific projects, as required. For example, a group is currently underway to plan the RAPC Biennial Conference. This subcommittee keeps under review the ASP Inter-agency Learning and Development Improvement Strategy and reports quarterly to RAPC.
- 1.4 The Practice, Policy and Performance Subcommittee meets quarterly and is tasked with the implementation and progression of many elements of the RAPC Improvement Plan. Of particular focus during this reporting period has been the development of key performance indicators – inclusive of statutory mental health activity and inter-agency ASP learning and development activity – that accurately reflects the picture of ASP activity across Renfrewshire. This has been a substantial task and will continue to be a focus into the next biennial period (2018-2020).
- 1.5 Between May and July 2018 RAPC undertook a large scale, multi-agency self-evaluation exercise. This included the audit of 100 case files; the case file audit criteria included only those ASP referrals received between 23 February 2016 and 31 December 2017 for which there was a “no further action under ASP” decision taken within the inquiry phase. In addition to the case file audit, surveys were completed by Council Officers and non-Council Officer staff; this consultation exercise resulted in responses from nearly 200 individuals. Additionally, attempts were made to gather service user or proxy decision maker feedback about their experiences of the ASP process. The results were analysed and a report published. The findings and recommendations have been shared widely in written form and work is ongoing to provide face-to-face feedback to individual teams and to specially-organised inter-agency sessions. The recommendations arising have been shared with the relevant subcommittees for progression and monitoring. The recommendations will also feed directly into the RAPC Improvement Plan.
- 1.6 Reflecting on recommendations made in Renfrewshire’s Biennial Report 2014-2016 it is noteworthy that multiple actions have been undertaken to progress

identified priorities. This has included the re-establishment and activity of a multi-agency financial harm subgroup; improvements in communication with stakeholders regarding ASP activity; and developments in ASP single- and inter-agency training opportunities to target recognised learning needs.

1.7 This fifth biennial report outlines our progress over the last two years, including strengths and identified areas for improvement, and draws attention to priorities for the coming two years.

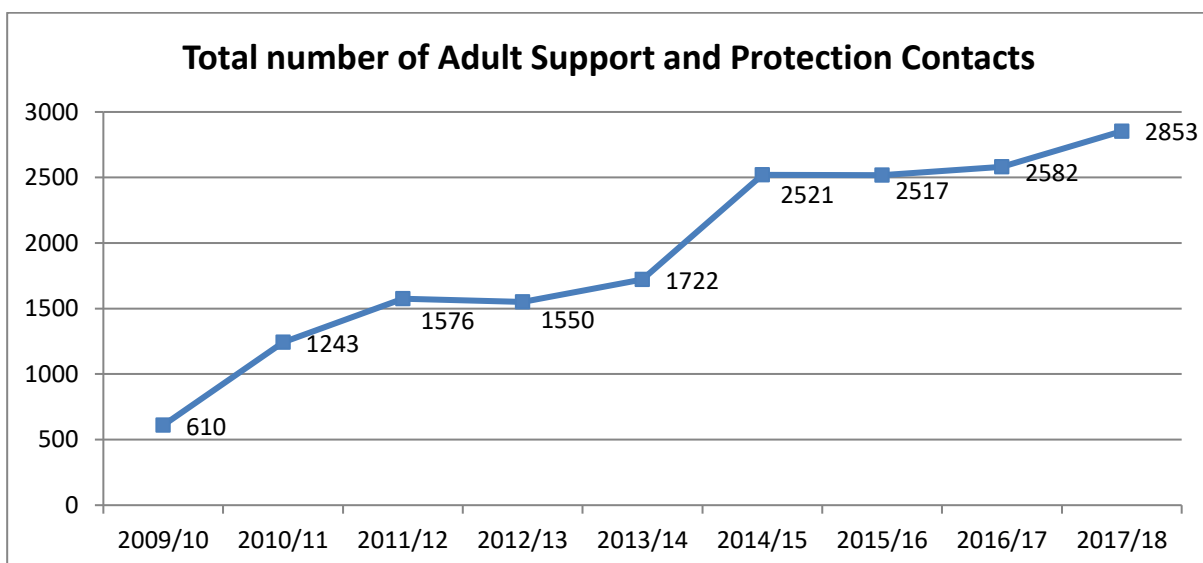
2. Activity and Performance

2.1 Total Adult Protection Contacts

Adult Protection Contacts
(Referrals)

2.1.1

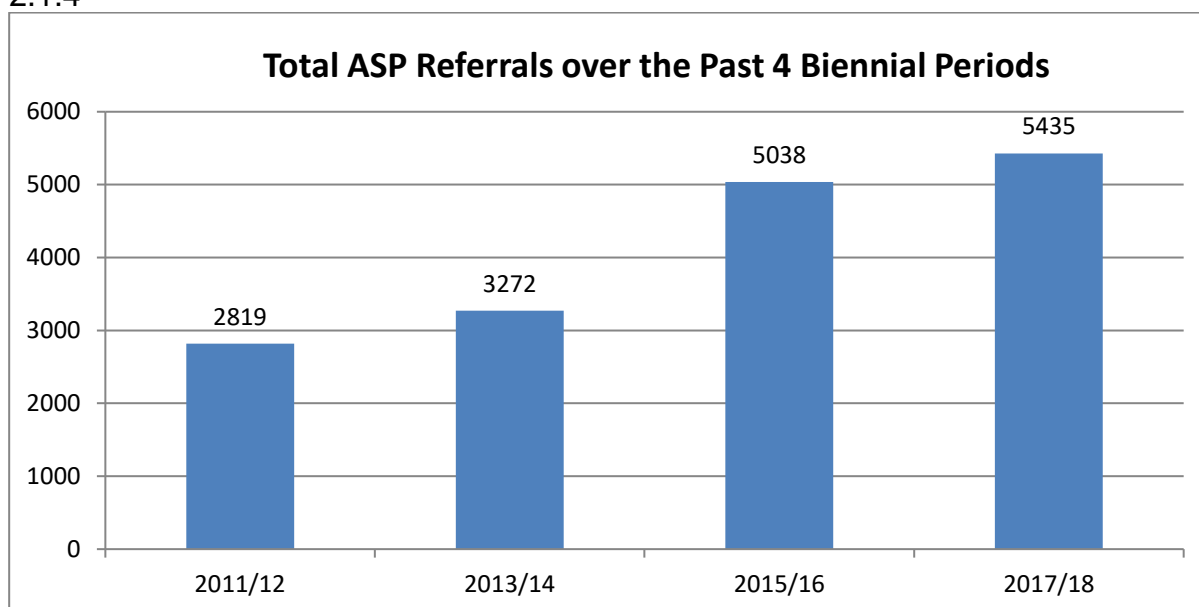
Year	AP	Welfare	Total	Biennial ASP Referral Total	Biennial Welfare Concern Referral Total	Biennial Total
2009/10	610	0	610			
2010/11	1243	0	1243			
2011/12	1571	5	1576	2814	5	2819
2012/13	1550	0	1550			
2013/14	1710	12	1722	3260	12	3272
2014/15	1708	813	2521			
2015/16	946	1571	2517	2654	2384	5038
2016/17	809	1773	2582			
2017/18	1035	1818	2853	1844	3591	5435



2.1.3

Total ASP and Welfare Concern Referrals during current reported biennial period (April 2016-March 2018)	5435	
	Welfare Concerns 3591	ASP Referrals 1844
Total ASP and Welfare Concern Referrals during previous biennial period (April 2014-March 2016)	5038	
	Welfare Concerns 2384	ASP Referrals 2654

2.1.4



2.1.5 As clearly outlined in the graph and charts above, 2016-2018 saw a 7% rise in the total number of ASP contacts compared to the previous biennial period (5038 in 14/16 to 5435 in 2016/18). The most recent financial year includes a 10% rise in ASP activity (2582 in 2016/17 to 2853 in 2017/18).

2.1.6 The number of ASP contacts has nearly doubled since the 2010-12 period. This significant rise is largely attributable to the introduction of welfare concern referrals made by Police Scotland, Scottish Fire and Rescue Services, and NHS24, as introduced in 2014.

2.1.7 The number of adult protection referrals has decreased overall this biennial period (2654 in 2014/16 to 1844 in 2016/18). However, within this reporting period Renfrewshire has an increasing trend of adult protection referrals, with figures rising from 809 in 2016/17 to 1035 in 2017/18.

- 2.1.8 A comparison of the current and previous biennial periods shows that while the overall ASP activity level has increased by 7%, this is attributed to a significantly higher rate of increase of welfare concern referrals, in unison with a decrease in the number of ASP referrals received. Although adult protection referrals have decreased in this biennial period compared to the previous period, Renfrewshire’s welfare concern referral figures have increased significantly (2384 2014/16 to 3591 in 2016/18). This shift between adult protection and welfare concern figures suggests that the introduction of welfare concern referrals has led certain referees – Police Scotland, in particular – to submit welfare concern referrals for incidents that in the past would have led to an adult protection referral. This should be contributing to reduced frequency of inappropriate adult protection referrals being made. This hypothesis will be explored further in an audit with K-Division of Police Scotland in the upcoming biennial period, in conjunction with Inverclyde Adult Protection Committee.
- 2.1.9 Adult Protection referrals and Welfare Concern referrals are screened by Council Officers in every circumstance to determine whether a welfare concern requires further inquiry. Therefore, the increase in total referrals is relevant to reflect the increased demand on Council Officers at the earliest stage of receipt of referrals. Welfare concern referrals are also considered when prioritising cases for discussion within Renfrewshire’s multi-agency Repeat Referrals Group, reflecting the ASP relevance of these referrals.
- 2.1.10 Through the collation of data for this report we have identified inconsistencies in the recording process at the point ASP referrals are received. In some cases, referrals relating to individuals who have been subject to several referrals – adult protection or welfare concern – have been missed from the “contacts” total. This may explain why Renfrewshire is slightly below the national average of ASP referrals per 100,000 people. Work is underway to rectify this recording issue with the implementation of a more streamlined recording process. RAPC is prepared that ASP contact numbers may increase – on paper - over the coming quarters as we more accurately present Renfrewshire’s figures. This will need to be borne in mind when reporting and analysing 2018/2020 data in future. We are reassured that these issues with recording have not impacted on inquiries or safeguarding measures undertaken.

2.2 Number of individuals subject to all referrals

Year	Individuals
2014/16	3044
2016/18	3269

- 2.2.1 The number of individuals subject to adult protection and welfare concern referrals has increased by 225 since the previous reporting period.

2.3 Source of referral

Contact Source	Total	% of Total Referrals	% of ASP Referrals
Police	3999 (809 ASP; 3109 Welfare)	73.58%	31.3%
Social Work Team/Unit	375	6.90%	20.3%
Health	322	5.92%	17.5%
Care Home	280	5.15%	15.2%
Other	165	3.04%	8.9%
Fire & Rescue	102 (45 ASP; 57 Welfare)	1.88%	2.4%
Provider	70	1.29%	3.8%
General Practitioner	24	0.44%	1.3%
HSCP	53	0.98%	2.9%
Care Inspectorate	9	0.17%	0.5%
Anonymous	8	0.15%	0.4%
Public Guardian Office	4	0.07%	0.2%
Councillor/Mp/Msp	3	0.06%	0.2%
Self	3	0.06%	0.2%
Solicitor	3	0.06%	0.2%
You First Advocacy	3	0.06%	0.2%
Carers Centre	2	0.04%	0.1%
Gas Supplier	2	0.04%	0.1%
School/Education Department	2	0.04%	0.1%
Scottish Ambulance Service	2	0.04%	0.1%
Vol Org, Comm'Y Group,	2	0.04%	0.1%
Advocate	1	0.02%	0%
Parole Unit/Board	1	0.02%	0%
Total:	5435		

Contact Source	2016/17	2017/18	Total
Police	1984	2015	3999
Social Work Team/Unit	158	217	375
Health	157	165	322
Care Home	107	173	280
Other	95	70	165
Fire & Rescue	27	75	102
Provider		70	70
General Practitioner	8	16	24
HSCP	30	23	53
Care Inspectorate	4	5	9
Anonymous	4	4	8
Public Guardian Office	1	3	4
Councillor/Mp/Msp	2	1	3

Self	2	1	3
Solicitor		3	3
You First Advocacy		3	3
Carers Centre	1	1	2
Gas Supplier	1	1	2
School/Education Department	1	1	2
Scottish Ambulance Service		2	2
Vol Org, Community Group		2	2
Advocate		1	1
Parole Unit/Board		1	1
Total:	2582	2853	5435

- 2.3.1 Police remain the highest source of referrals, responsible for 73% of the total ASP referrals in Renfrewshire for the 2016/18 period. The current trend does appear to be toward a reduction in the ratio of total referrals received from Police Scotland – when taken as individual years Police referrals accounted for 77% of referrals in 2016/17 and 71% in 2017/18. As Renfrewshire has successfully increased the number of agencies making ASP referrals we expect this figure to continue to decline. When analysing the proportion of ASP referrals initiated by Police, Renfrewshire is below the Scottish average based on figures reported nationally for 2016/17 (31.3% vs 38% across Scotland). This may reflect the use of welfare concern referrals within Renfrewshire and the increase in ASP referring agencies across the partnership.
- 2.3.2 The RAPC Self-Evaluation 2018 identified that 74% of the audited adult protection referrals made by Police Scotland were appropriate. This data will assist in the prioritisation of future training agenda and has contributed to the decision to complete an audit in 2019 with K-Division of Police Scotland, scrutinising referrals; referral pathways (to address delays identified); and outcomes following referral.
- 2.3.3 Statistically significant rises in referral rates from care homes, Scottish Fire and Rescue (SFRS), and social work teams are evident in the data above. These figures reflect the learning and development regarding ASP that has been provided to care homes, in addition to the close links that have been established with SFRS.
- 2.3.4 While still relatively low, the number of referrals initiated by GPs has increased since the previous biennial period. Several events have been organised to provide ASP-related input to GPs and non-clinical staff; the increase in referrals may demonstrate the benefit of such sessions. We are also aware that some GPs refer to nursing staff or others to make ASP referrals on their behalf. The “referral source” is recorded to be the person who directly made the referral, so GPs would not be “counted” in these instances. The RAPC Lead Officer has also now commenced attendance at local HSCP Governance meetings to further strengthen ties with GPs and other health professionals, identifying mutually beneficial ways to ensure that ASP-related actions do not remain outstanding.

2.3.5 Work is underway to refine the “health” fields to better understand referral source figures and to assist in the prioritisation of RAPC’s training and awareness-raising activity.

2.4 Setting of harm

	2016/17	2017/18	2014-16	2016-18
Own Home	529	585	66.15%	62.94%
Care Home	135	225	8.02%	20.34%
Public Place	72	84	16.68%	8.81%
NHS	33	34	2.36%	3.79%
Not Recorded	9	16	1.42%	1.41%
Other Private Address	14	6	1.84%	1.13%
Sheltered Housing/Support Accommodation	6	11	1.01%	0.96%
Relative's Home	2	3	1.39%	0.28%
Day Centre	1	3	0.11%	0.23%
Independent Hospital	0	2	0.07%	0.11%
Communal Area	0	0	0.04%	0.00%
Educational Establishment	0	0	0.11%	0.00%
Hospital/Hospice	0	0	0.07%	0.00%
Transport	0	0	0.19%	0.00%
Grand Total	801	969	100%	100%

2.4.1 The setting in which harm occurred has remained largely stable across reporting periods. Notable changes include an increase in the proportion of referrals that relate to alleged harm within care home settings; this increase occurred in parallel with decreases– in the percentages of referrals that related to alleged harm within people’s own homes and within public places. It should also be noted that the increase in care home referrals corresponds with the increase in the ratio of referrals initiated by care homes within this period.

2.5 Type of harm

	2014/16	2016/2018
Emotional/Psychological Harm	58.10%	55.08%
Physical Harm	14.38%	16.10%
Financial/Material Harm	7.70%	10.45%
Neglect and Acts Of Omission	6.32%	10.23%
Self-Harm	10.78%	5.82%
Sexual Harm	1.62%	1.86%
Institutional Harm	0.53%	0.17%
Human Trafficking	0.04%	0.17%
Forced Marriage	0.08%	0.06%
Hate Incident/Crime	0.12%	0.06%
Discriminatory Abuse	0.00%	0.00%
Female Genital Mutilation	0.04%	0.00%
Physical Threats	0.28%	0.00%
Grand Total	100.00%	100.00%

- 2.5.1 The figures stated here are in relation to the number of individuals for whom an ASP referral was made. Therefore, repeat referrals regarding the same individual are not counted multiple times. The primary category of harm is reported, although the electronic recording system does allow for several categories of harm to be recorded.
- 2.5.2 As evidenced during the 2018 case file audit, data relating to “type of harm” does not appear to be accurate. This is particularly the case for the fields of “psychological harm” and “self-harm.” Therefore, the percentage of total referrals that relate to self-harm is unlikely to be an accurate reflection of adults at risk of self-harm within Renfrewshire. During the case file audit, it was determined that the majority of “incorrectly” categorised cases had been recorded as psychological harm but should have been categorised as self-harm. Additional cases originally recorded as psychological harm should have been recorded as physical harm. Review of case notes suggests that where “mental health,” “distress,” or “psychology” have been noted within the referral, “psychological harm” has been the (incorrect) category of choice. There is also inconsistent categorisation when the incident triggering referral is either a suicide threat or suicide attempt.
- 2.5.3 Work is currently underway to refine the category of harm options available to practitioners when recording their ASP work. The resultant system will likely include the main categories of harm as reported to Scottish Government on an annual basis, alongside the ability for more specific categories to be captured, including suicide threats and suicide attempts. The refinement of categories within Renfrewshire’s electronic recording system will allow for a better understanding of the true nature of risk occurring locally.

2.6 Client category

Client Main Category	2014/16	2016/18
Mental Health	19.51%	18.73%
Physical Disability	12.92%	14.63%
No Disability/None	9.98%	13.28%
Physical Frailty	6.66%	7.84%
Not Recorded	9.98%	7.39%
Learning Disability	6.54%	7.09%
Older People	4.79%	5.75%
Offender	7.45%	5.52%
Addiction - Alcohol	4.79%	3.66%
Children & Families	4.40%	3.28%
Addiction - Drugs	2.65%	2.09%
Limiting L/T Illness	1.30%	2.01%
Multiple Disability	2.26%	1.57%
Confidential Client	1.02%	1.34%
Visual Impairment	1.18%	1.12%
Dementia	1.13%	0.90%
Autism	0.56%	0.82%
Hearing Impairment	0.45%	0.60%

Limiting S/T Illness	0.34%	0.45%
Other Disabilities	0.45%	0.45%
Carer	0.39%	0.37%
Cognitive Impairment	0.34%	0.22%
Care Leaver	0.17%	0.15%
Child-Spec Educ Need	0.17%	0.15%
Homeless/Rough Sleeper Sp	0.17%	0.15%
Child Protection Sample	0.06%	0.07%
Child with Disability	0.06%	0.07%
Combined Sight and Hearing Loss	0.11%	0.07%
Language/Communication Disorder	0.00%	0.07%
Psychological Trauma	0.00%	0.07%
Risk of Domestic Violence	0.11%	0.07%
Physical or Motor Impairment	0.06%	0.00%
Grand Total	100.00%	100.00%

- 2.6.1 As with the category of harm, we are aware that there are data quality problems relating to the field of client category; this was highlighted within the Self-Evaluation 2018. In half of the cases audited, client category information was not accurate for ASP purposes; in the majority, the client category was inaccurately recorded at the point of referral and this was not later amended by workers. In some cases, the client has a “main category” that does not correspond to ASP 3-point test criteria (e.g., “offender,” “children and families,” etc). It appears from the data that acquired brain injuries are inconsistently categorised, as there is not a specific ABI category. There are also inconsistencies in the recording of adults with mental ill health (not dementia) who are over 65 years old. Categories of “older adult,” “physical disability,” “physical frailty” and “mental health” were found to be used to categorise similar client profiles.
- 2.6.2 Guidance will be produced to assist in the categorisation of clients for some commonly occurring client groups, including acquired brain injury and older adults with mental illness (not dementia), to improve data quality and consistency.
- 2.6.3 As noted in previous biennial reports, our ASP activity information suggests that the proportion of referrals from within black and ethnic minority populations in Renfrewshire is below what might be anticipated in relation to the population size. Work needs to be done to clarify why this is the case, identifying whether there are problems with accuracy of data collected; an actual lower than expected proportion of minorities represented in ASP referrals; or a combination of these two factors. If the referral numbers are, indeed, lower than expected RAPC will seek to improve its engagement and awareness-raising with minority communities.

2.7 Investigations

Year	Investigations Commenced	% of ASP referrals progressing to Investigation
2016/17	61	7.57 (61/806)
2017/18	65	6.28 (65/1035)
Biennial Total	126	7.26

2.7.1 Of the ASP referrals raised within the biennial period, 126 adult protection investigations were completed. On average, 7.2% of ASP referrals proceeded to AP investigation in the previous reporting period (2014-2016). Therefore the 2016/18 figure of 7.26% reflects no change in the proportion of referrals that are progressing to investigation.

2.7.2 According to Scottish Government's analysis of 2016/17 data across Scotland, Renfrewshire was below the national average of 14.3% of ASP referrals progressing to ASP investigations. We will need to await publication of the 17/18 ASP national figures to enable comparison with other areas. It is noted that there are inconsistencies across areas in how this data is calculated, which does make meaningful comparisons difficult.

2.8 Case Conferences

	Conferences - All			Conferences - Individuals		
	Initial	Review	Total	Initial	Review	Total
2010/11	14	3	17			
2011/12	15	4	19			
2012/13	66	59	125			
2013/14	63	87	150			
2014/15	37	75	112	36	69	105
2015/16	35	64	99	34	39	73
2016/17	30	58	88	29	34	63
2017/18	41	78	119	36	15	51

2.8.1 The total number of case conferences has remained stable between this and the previous biennial period (211 for 2014/16 and 209 for 2016/18).

2.8.2 On average, 3.5% of ASP referrals lead to a case conference. Renfrewshire is marginally below the per capita Scottish average (in 2017/18) of case conferences; we are unclear of why this is the case.

2.8.3 Percentage of individuals subject to ASP referral who go on to have a Case Conference				
	2014/15	2015/16	2016/17	2017/18
ASP Referrals	1708	946	809	1035
Individuals subject to initial case conference	105	73	63	51
%	6.15	7.72	7.79	4.93

2.8.4 The total number of case conferences has remained stable, as noted above. The percentage of individuals subject to an adult protection referral who go on to have an initial case conference has risen slightly (2.6% in 2014/16; 3.5% in 2016/18).

2.8.5 Further analysis indicates that the number of people subject to initial case conferences has remained stable (72 in 2014/16; 71 in 2016/18). The number of individuals subject to review case conferences, on the other hand, has dropped significantly (108 in 2014/16; 49 in 2016/18). This suggests that individuals are remaining subject to Adult Support and Protection procedures for longer periods of time and are involved in multiple review case conferences. On average, there is one individual for every 2 review case conferences.

2.8.6 56% of investigations went on to an initial adult protection case conference within the current reporting period (71 Investigations/126 Initial Case Conferences).

2.9 Protection Orders

Biennial Years	Protection Orders Granted	
2014-2016	2 (relating to same individual)	Removal Order (1) Temporary Banning Order with Powers of Arrest (1)
2016-2018	5	Temporary Banning Order with Power of Arrest (2) Banning Order with Power of Arrest (3)

2.10 The RAPC Scorecard (Appendix 1)

2.10.1 The RAPC Scorecard has been developed over the last year to reflect RAPC's priority to gather data that is not only attainable but is also meaningful. This continues to be a work in progress, with a pressing need to address issues arising pertaining to data quality. The scorecard is a live document, inclusive of some fields that are aspirational for the upcoming biennial period. The

scorecard data is reported quarterly to RAPC, with key messages also reported quarterly to Chief Officers.

- 2.10.2 The scorecard has been amended to include data relating to Learning and Development Opportunities. These fields, when analysed in unison with the ASP contact activity, will assist RAPC to better understand and address gaps in learning and development activity on particular topics or with particular agencies; and to better understand how changes in ASP activity level may be attributable to training input.
- 2.10.3 The scorecard now includes statutory work undertaken by the Mental Health Officer service, relating predominantly to activity completed under the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2015. This allows a unified reporting structure for AWI, MHA, and ASP work conducted by qualified social workers. Broadly speaking, the data clearly show that volumes of work are increasing. This area of work is subject to complex and lengthy legal processes that can impact on workloads.
- 2.10.3 The previous biennial report highlighted the need to develop more effective ways of communicating with, and reaching out to, service users and carers. This theme was raised again through the RAPC Self-evaluation 2018 conclusions. As a result, the RAPC Scorecard has been amended to include measurable data from the local advocacy service, in addition to a field related to communication with the adult or his/her proxy at the time of ASP referral. Completion of these fields will go a long way toward improving our understanding of adults' involvement in the ASP process. In order to obtain the relevant data for these scorecard fields, some amendments are needed to current social work practice during the Section 4 inquiry phase of ASP. This work will be undertaken in the 2018/2020 biennial period.

2.11 Large Scale Investigations

- 2.11.1 Two large scale investigations were undertaken within care homes during the current reporting period (one in each of the two financial years).
- 2.11.2 The first of the care homes had been known to social work services prior to the commencement of the LSI due to concerns regarding the safe management of people with dementia within the care home. Advice was sought from a national dementia advisor at that time and appropriate changes were made. An LSI had been conducted within this home during the previous reporting period.
- 2.11.3 Following the dementia-specific input, a later referral regarding a resident prompted social work staff to consider that several residents may have been at risk; this led to the formalised start of the LSI. Eight case conferences were convened, in parallel with several multidisciplinary LSI meetings. Three adults were placed on Protection Plans.
- 2.11.4 Feedback from the adult services locality manager involved with this and the previous LSI highlighted that due to already-existent relationships between

social work and care home staff the levels of cooperation, collaboration, and transparency evident throughout this LSI were of great benefit to the adults within the care home.

- 2.11.5 A Root Cause Analysis and subsequent action plan were completed; the latter remained under review by Renfrewshire Council contracts managers until its satisfactory completion, which was confirmed by an all-day visit to the home undertaken by the contracts team in early 2018.
- 2.11.6 The second LSI commenced during this reporting period followed significant downgrading of the care home by the Care Inspectorate during an inspection. Concerns were varied, including practice in health and personal care; inadequacy of management arrangements; over-use of agency staff; and the standards of equipment, furnishings and décor within the home. The concerns identified, though not immediately referred under ASP, were relevant to many agencies and were of sufficient concern to require a coordinated, multi-agency approach. The LSI approach was therefore taken to support the care home through this period and to ensure the safety of all residents.
- 2.11.7 Close liaison was maintained between the Health and Social Care Partnership and the Care Inspectorate. The LSI had regular input from a locality social work manager who had previous involvement with LSIs and who was familiar with the involved staff and procedures. The use of a matrix utilised in a previous LSI was of benefit to maintain organisation; communicate key messages; and ensure key questions were answered.
- 2.11.8 Issues arising when the care home was brought to the attention of local media highlighted the need to consider the impact of the media – including social media – on care homes in future.
- 2.11.9 Learning from large scale investigations undertaken over the past two years is contributing to the update of local inter-agency guidance for the completion of Large Scale Investigations. This will aim to be more explicit in defining the criteria for concluding an LSI in addition to roles and responsibilities relating to the monitoring of any consequential action plan.
- 2.11.10 Closer links have been established between Lead Officers for Adult Protection and the Renfrewshire Contracts Management Team (CMT), reducing the risk of duplication of work or missed identification of adults at risk of harm.
- 2.11.11 Our ability to gather data relating to community care providers (non-residential) in order to identify emergent patterns should be strengthened and this is an area we will look to improve in the coming years. To date all Large Scale Investigations within Renfrewshire have related to residential settings, but we are conscious of the fact that there is potential for large scale issues to emerge in non-residential settings.

2.12 Initial Case Review

- 2.12.1 RAPC conducted an Initial Case Review in July 2017 following a request by Scottish Fire and Rescue Services. The subject of the review was the victim of a home fire fatality. The subject of the review had never been subject to an ASP referral. However, it was agreed that circumstances prior to death merited interagency consideration to highlight learning points.
- 2.12.2 Prior to death, the adult had a deteriorating neurological condition, with compromised mobility, and was a known smoker. A variety of services were involved in delivering care and support to the individual at the time of death and immediately preceding death.
- 2.12.3 In the six months preceding death the adult received input from 12 different services, including a number of care at home staff; allied health professionals; hospital staff and paramedics; and social work services. A number of hospital admissions and subsequent discharges did not result in any changes to the adult's care plan nor did discharge planning appear to consider the adult's capacity to make safeguarding decisions about finances, health, or general welfare.
- 2.12.4 It became clear through the multi-agency ICR that many people involved in the adult's care prior to death had provided significant, professional, and positive intervention to sustain the individual at home, in keeping with the person's wishes. However, it was also noted that there was not joined-up working between agencies. There was not a shared understanding of risk, nor was there consistent recognition of the impact the individual's condition was having on cognitive function and subsequent safeguarding ability.

2.12.5 Recommendations of Initial Case Review

- 2.12.5.1 The decision was taken that this case would not proceed to a Significant Case Review. Eleven recommendations followed, which were converted into an action plan. This continues to be reviewed by RAPC and will remain on the agenda until its completion.
- 2.12.5.2 Recommendations were made pertaining to:
- Fire perception and hazard awareness training;
 - AWI awareness;
 - "Exploring capacity" training;
 - Telecare;
 - Role of Daily Tasking;
 - Multi-agency review of complex cases;
 - Relevance of "physical infirmity" when making a 3-point test determination;
 - Recording of fire risk factors within assessments
- 2.12.5.3 A recent case with similar circumstances highlighted the improvements made in identification of fire risk; referral pathways; and capacity considerations since the ICR of 2017. RAPC is pleased to see that

learning points identified in the ICR have been adopted into frontline practice. RAPC will continue to promote the learning from this and other local and national case reviews.

2.13 Single agency (SW) ASP case study

2.13.1 In addition to the formal initial case review described above, a further single agency case study was requested by and presented to RAPC in relation to a client with learning disabilities who had been subject to financial exploitation within his community. The gentleman had declined medical intervention for injuries on several occasions, but the point was raised that he may not have had capacity to make such informed decisions about his welfare at the time. The introduction of social work services under the auspices of Adult Support and Protection legislation led to significant improvements to the man's quality of life and noteworthy reduction in harm. While the case study raised some questions about the referral and transition process between locality and learning disability services, it was a case that clearly highlighted the potential benefits of use of ASP legislation and demonstrated good partnership working between health and social care services. Advocacy services had also been utilised effectively.

3.0 RAPC contributions to consultations

3.1 During this reporting period the RAPC submitted several responses to local and national consultations. These included:

- Scottish Government Appropriate Adult Scheme Consultation
- Scottish Community Safety Network Stakeholder Consultation
- Consultation on Renfrewshire Community Justice Outcomes Improvement Plan 2018-2021
- Scottish Government Consultation on Adults with Incapacity Reform
- National Financial Harm Group Consultation

3.2 Consultations initiated by RAPC

3.2.1 In order to gather the public's views and understanding of adult protection generally and financial harm specifically, RAPC included questions within the winter 2017 Renfrewshire Public Services Panel. This survey captured the views of 839 members of the public. Encouragingly, just 3% of respondents stated that they did not know who they would contact if they were worried about an adult's welfare or safety, with most stating that they would contact Police Scotland or the Social Work Department. We will continue seeking opportunities to raise public awareness of adult protection and referral pathways. Survey responses confirmed that Renfrewshire mirrors the national picture of an under-reporting of financial harm; where respondents were aware of an adult who had experienced financial harm within Renfrewshire (37%) only 56% reported this or were aware that the harm had been reported. The RAPC Financial Harm Subgroup will seek ways to tackle the main reasons identified for not reporting, including a lack of awareness of who to report to and a

perception that nothing will be done. Other feedback will be utilised to assist the group in establishing their future priorities and communication methods.

- 3.2.2 The RAPC Lead Officer, in collaboration with the ASP Inter-Agency Learning and Development Officer and Lead Officer ASP (Social Work), shares a bi-monthly Renfrewshire ASP Newsletter. The main aim of this newsletter is to share information. Including local and national ASP activity, research and news. However, the newsletter is also used to encourage anyone involved in ASP activity to share their experiences; request topics to be covered in newsletters or training; and to offer ideas for upcoming events.

4. Inter-agency Learning and Development Activity

4.1 RAPC Biennial Conference 2016

- 4.1.1 In November 2016 RAPC facilitated its conference, which is now organised on a biennial basis. The theme was “Adult Support and Protection – Prevention and Early Intervention” building on topics requested by practitioners while simultaneously addressing themes highlighted for focus during the last biennial reporting period, including financial harm; partnership working to prevent harm; and working with adults in distress.

- 4.1.2 Approximately 180 people attended, from 42 agencies. The event was evaluated positively, with the majority of those who submitted evaluations rating the event as excellent or good.

- 4.1.3 Recommendations stemming from the event included:

- Develop a Renfrewshire financial harm strategy, which may require the introduction of a financial harm subgroup.
- Develop inter-agency learning events exploring capacity, especially relating to ASP, self-neglect, and substance misuse.
- Coordinate a multi-agency learning event to review roles and responsibilities in the ASP context.
- Coordinate awareness-raising events including adults at risk, the general public and partner agencies. Consider how children can be included. Consider the creation of an ASP newsletter highlighting local information.
- Develop clear local ASP Inter-agency policies and guidance.

- 4.1.4 Each of the above recommendations has either been completed or is in progress:

- A financial harm subgroup has been established and actively contributes to the goals of RAPC on a multi-agency basis. A Renfrewshire Financial Harm Work Plan has been created, which includes plans for a coordinated, inter-agency communications and media campaign to raise awareness about financial harm and safeguarding measures.
- Work is underway to facilitate the next RAPC Conference with the theme of: “Exploring Capacity in the ASP Context.” The Inter-agency ASP Learning and Development calendar includes upcoming sessions to raise

awareness of issues relating to capacity, including statutory legislation. This topic also emerged as relevant from an Initial Case Review in 2017 (described below).

- Plans are underway, supported by the RAPC Learning and Development Subcommittee, to facilitate “Roles and Responsibilities” sessions on a multi-agency basis, with input from a range of partner agencies.
- A Renfrewshire ASP Newsletter is now published electronically on a bi-monthly basis, including contributions from the National Adult Protection Coordinator; the RAPC Lead Officer; the Adult Protection Lead Officer (Social Work); and the ASP Inter-agency Learning and Development Officer. Public opinion was sought within the Public Services Panel 2017 to gain a better understanding of the public’s preferred method for receiving information pertaining to Adult Support and Protection. These responses will be used to guide future campaigns and awareness-raising efforts. For example, the Financial Harm subgroup, acknowledging people’s stated preference to receive information from sites they frequent, has plans to set up clinics within local financial institutions during Talk Money Week 2018.
- Renfrewshire’s ASP Inter-agency Guidance and Procedures document was published following the RAPC conference and will be reviewed and updated on a biennial basis.

4.2 Learning and development events

4.2.1 Between April 2016 and March 2018 the Renfrewshire APC facilitated a large number of inter-agency events to promote shared learning in relation to ASP, delivered at different levels depending on the needs of particular staff groups. RAPC has been keen to ensure that learning from reviews or projects initiated by other partnership areas, in addition to learning from non-social work partners, is embedded within local practice. We will continue to seek opportunities for information-sharing with other APCs and our Learning and Development Subcommittee is working to enhance the input provided at ASP training events by non-social work staff.

4.2.2 In total, approximately 895 people attended inter-agency ASP training during the biennial period; inclusive in this figure are those social work staff who attended training specific to their role as Council Officer. These included:

- Child & Adult Protection Basic Awareness Briefing (14)
- Working with individuals with personality disorders (43 attended)
- ASP multi-agency network lunches (1 series with previous RAPC chair; one series with current chair; 152 attended)
- ASP – Learning from Serious Case Reviews (60)
- ASP, Hate Crime and Third-Party Reporting

4.2.3 Only qualified social workers currently fulfil the Council Officer remit within Renfrewshire; therefore, there has also been a series of single-agency (social work) training throughout the biennial period to improve the skills and knowledge of our Council Officers:

- Adult Protection: Assessment, Investigation and Intervention (309 attended across the reporting period)
- ASP – Responsibilities of the Council and Role of the Council Officer (20)
- Joint Investigative Interviewing, Managers' 1-day course (4)
- Joint Investigative Interviewing, 5-day practitioner course (12)
- Investigative interview skills training (51)
- ASP Update for Day Care and Residential Seniors and Managers (4)

4.2.4 In addition to learning and development activities a number of bespoke sessions were delivered to groups, either as requested by them or as identified as an area of ASP training need by the ASP Inter-agency Learning and Development Officer. These sessions included:

- Adult Support and Protection Awareness for Renfrewshire Housing staff (14 housing officers and managers)
- Input into In-Service Day for day centre for people with learning disabilities
- Adult Support and Protection for GPs and non-clinical staff (separate sessions: one in early 2017 to 26 GPs; second session in January 2018 delivered to 25 GPs and 40 non-clinical staff from within a GP cluster)
- Inter-agency Financial Harm Event (80 people from across a wide range of agencies attended)
- ASP Briefing Sessions (Orientation into professional social work and social care; 50 staff over the period)
- ASP Half-day Briefing Sessions (Home care induction; 100 staff over the period)
- The role of RAPC (Council Officer training)
- Development session for specialist services (addictions, community mental health, and older adults' community mental health staff, who populate the SSASPIT team, described below)
- Development session for learning disability respite service

5. Inter-agency policy and procedures

5.1 Joint working initiatives

5.1.1 Critical to all successes throughout the reporting period has been the willingness and enthusiasm for inter-agency initiatives and partnership working.

5.1.2 In the context of the Renfrewshire Health and Social Care Partnership, the previously proven track record for effective joint working between Renfrewshire Council and NHS Greater Glasgow and Clyde has continued. This is evidenced by the outcomes of the Joint Adult Services Inspection, undertaken during this biennial period by the Care Inspectorate, alongside Health Improvement Scotland. Adult Support and Protection was not a specific focus for the inspectors at that time, however the inspection covered themes that reflect the partnership working within Renfrewshire, including:

- Improvements within Health and Social Work performance;
- Joint Operational and Strategic Planning arrangements;

- Joint Strategic Commissioning;
- Joint vision, values and culture across the partnership; and
- Leadership of Strategy and Direction

5.2 Renfrewshire Specialist Services Adult Support and Protection Intake Team

- 5.2.1 May 2017 saw the introduction of the Renfrewshire Specialist Services Adult Support and Protection Inquiry Team (SSASPIT). This duty team is comprised of Council Officers from learning disability; community mental health; older adults' mental health; alcohol and addictions services. The introduction of this team represents a noteworthy change to how Renfrewshire allocates ASP referrals; screens said referrals; and commences initial inquiries.
- 5.2.2 The introduction of this team initially presented a significant challenge to resources, with additional staffing needed to undertake this duty team's work from teams where ASP activity was not previously managed (Renfrewshire Drugs Service and Older Adults' Mental Health Team). Renfrewshire's Chief Social Work Officer has maintained the decision that ASP Case Conferences can be chaired only by Council Officers; within Renfrewshire, Council Officers are qualified social workers. Restricting this role to social work staff has resource implications but there are also benefits to such a decision.
- 5.2.3 A specialist services Social Work Professional Lead post was introduced, on a temporary basis, to fulfil the role of ASP Case Conference chair for cases within addictions and mental health services. This professional lead has also facilitated meetings every four weeks for team leaders from all specialist services to provide support; offer a forum for case discussion; and to address any practice issues arising. Anecdotally, staff view this meeting very positively and can see that their input is valued and has shaped changes to the delivery of the SSASPIT service.
- 5.2.4 It is anticipated that as the staff compliment within the Older Adults' Mental Health Team expands more ASP activity may be generated within this team, as knowledge and experience of the client group develops.
- 5.2.5 Evidence emerged from the RAPC Self-Evaluation 2018 that the introduction of SSASPIT has made a positive difference to the quality and depth of inquiries made.

5.3 Hoarding Short Life Working Group

- 5.3.1 A multi-agency response is typically warranted for assessment and subsequent intervention to address issues arising from hoarding that impacts on individuals, communities and partnership services. Within Renfrewshire several examples of hoarding behaviours emerged during the reporting period. These led to significant resource implications, including demands on staff time and financial resource implications for Renfrewshire Council.
- 5.3.2 In recognition of the impact of hoarding behaviours, a multi-agency short life working group has been established to develop a cross-partnership approach to

identifying and managing such cases. The intent is to develop interagency strategies and training as well as being a direct resource for individual practitioners.

- 5.3.3 Community, Housing and Planning Services are coordinating with health, social care, Scottish Fire and Rescue, and representatives from public protection to achieve a joined-up, person-centred approach that reflects risk management and interventions to address risk to individuals and to the public. This will include reiteration of ASP referral pathways, when relevant.
- 5.3.4 An event was organised by Development and Housing Services in November 2017 to raise awareness of the increasing challenges being encountered by Housing staff and partners within Renfrewshire regarding hoarding. The event was attended by representatives from Housing & Development Services; Scottish Fire and Rescue Services; community mental health practitioners; the Tasking and Deployment Manager; and the Inter-agency ASP Learning and Development Officer. The event provided an opportunity to discuss local roles, responsibilities and interventions available.
- 5.3.5 RAPC has agreed that the *Hoarding – Short Life Working Group* will come under its reporting structure. This will include the sharing of future relevant messages with the Chief Officers and Member Officers Groups for Public Protection.

5.4 Missing Persons Short Life Working Group

- 5.4.1 Renfrewshire has a Missing Persons Short Life Working Group underway to consider the requirements and guidance stemming from the Scottish National Missing Persons Framework, which was launched during this biennial period. This framework sets out a number of objectives within its implementation plan, which require a multi-agency response from partnership areas. At a local level, the group's task is to develop a Renfrewshire framework reflecting local circumstances.
- 5.4.2 The group includes representatives from Children & Adult Services (both health and social care, including community mental health services), in addition to Police Scotland and NHS Greater Glasgow and Clyde (inpatient services).
- 5.4.3 Scoping exercises are underway to establish trends of missing persons within the Renfrewshire area. This will assist in the group's determination of how to most effectively and efficiently meet the national framework's expectations, including those relating to Return Discussions for individuals who have gone missing.
- 5.4.4 Consideration is being given to the development of an Adult Services post, to be based at the Community Safety Hub, which would build on the response model currently operated by Barnardo's in contract with Children's Services. It is envisioned that this post's remit would include coordinating a response to adults who go missing and would fulfil local expectations noted within Scottish Government's National Missing Persons Framework.

5.5 RAPC Financial Harm Subgroup

- 5.5.1 The RAPC Financial Harm Subgroup, which was initially organised as a short life working group, saw a surge in activity during the second half of the reporting period. Supported by elected members (through their involvement in the Member Officer Public Protection Group) who were interested to know more about the impact of financial harm locally, this multi-agency group authored a “Spotlight on Financial Harm” to draw attention to national and local issues requiring coordinated attention.
- 5.5.2 The group regards itself as a key contributor to the establishment of a local financial harm strategy; as well as a key player in safeguarding adults at risk of financial harm through inter-agency collaboration, wide-reaching awareness-raising, and training events.
- 5.5.3 Work continues to be done in partnership with a representative involved in development of the Local Outcome Improvement Plan for Renfrewshire. Outcomes will be aligned, where relevant, and ASP-related messages are being promoted.
- 5.5.4 Support is strong from Police Scotland; Renfrewshire Trading Standards; local financial advice services; and Renfrewshire’s Health and Social Care Partnership’s Health Improvement Team. Links continue to be made with local financial institutions to further compliment the preventative work of the group.
- 5.5.5 Building on the appetite for increased input related to financial harm expressed in the previous biennial period, the Financial Harm Subgroup hosted a Financial Harm half-day event in March 2018. This included a presentation by the National Adult Protection Coordinator and attracted the attention of an elected member of Renfrewshire Council, who assisted by way of opening the event. As noted above, 80 people attended from across a wide range of agencies and participated in the “conversation café” style event, with tables hosted by a wide range of relevant agencies and organisations. The event was highly evaluated for bringing together a wide range of perspectives focused on the central goal of safeguarding adults from financial harm.
- 5.5.6 In addition to the largescale event regarding financial harm, RAPC recognises that awareness-raising continues to be needed. Monthly financial harm awareness sessions are run on an inter-agency basis.

5.6 Collaboration with statutory partners

5.6.1 Greater Glasgow and Clyde Adult Support and Protection Liaison Group

- 5.6.1.1 Across the Greater Glasgow and Clyde health board area, which includes six local authorities, an Adult Support and Protection Liaison Group continues to meet quarterly, inclusive of the Lead Officer for RAPC. This operational group has evolved and now contributes to the review and

monitoring of AP referrals initiated from an acute health setting. Referrals are cross-referenced between health and social work systems to audit activity and identify any systemic problems. This process has improved communication of AP outcomes and affords the opportunity to address uncertainties in particular cases or the referral pathways in general.

5.6.2 Interface between Health and Police Scotland

5.6.2.1 During this biennial period interface meetings between Police Scotland, acute health services, crisis mental health services, and adult social work services were commenced. This included input from the RAPC Lead Officer. Meetings have also been arranged between Police Scotland and community mental health services. The intent of these meetings is to discuss processes, procedures, roles and responsibilities relating to patients who come to the attention of both community mental health and/or acute services and Police Scotland. Particular attention will continue to be paid to the interface between services when working with people in distress, highlighting the relevance to RAPC and reflecting inter-agency work done within Renfrewshire to address priorities identified in the last biennial period.

5.7 Renfrewshire Community Safety Partnership: Daily Tasking

- 5.7.1 Partnership daily tasking continues to take place each day within the Community Safety Partnership Hub to review relevant incidents over the previous 24 hours. The information is then given to the most appropriate service to consider an early intervention approach. The outcomes of each incident are monitored to identify any patterns of persistent behaviour. This means that resources, including people and money, are deployed based on evidence.
- 5.7.2 Group members include: Community Safety (chair), Housing, Police Scotland, Registered Social Landlords (as appropriate), Scottish Fire and Rescue, Renfrewshire Health and Social Care Partnership, Renfrewshire Adult Services, third sector representatives, Children's Services & Victim Support. The group seeks to exchange and share information about: child, adult, public and environmental protection, offender management and community safety.
- 5.7.3 Partners have effective arrangements in place for sharing information that can lead to improving how services are provided. The Renfrewshire Community Safety Partnership works together to protect vulnerable individuals and tackle persistent offenders, using the skill base of partners. The approach promotes the involvement of the most appropriate professionals at an early stage to encourage a preventative approach. Adult Support and Protection relevance is given consideration and, if an appropriate referral has not already been made, this can be an outcome of the discussion.

5.8 Multi-agency Risk Assessment Conference (MARAC)

- 5.8.1 MARAC is a regular, local meeting to discuss how those at high risk of murder or serious harm due to domestic abuse. Domestic abuse specialists, Police

Scotland, Children's social work services, Renfrewshire Health and Social Care Partnership, and other relevant agencies share information relating to the victim, the family and perpetrator. The meeting is confidential, and an action plan is created for each victim.

- 5.8.2 Within Renfrewshire, training continues to be a significant focus for the partnership. The training calendar includes a broad spectrum of training around gender-based violence and domestic abuse; and the Risk Identification Checklist (RIC). The programme of training was extended to all community mental health nurses; addiction services; and around 60 housing officers within Renfrewshire. Progress has been made to embed Adult Support and Protection messages within the existent MARAC-supported training.
- 5.8.3 Renfrewshire's MARAC continues to exercise good practice and observers from other local authorities have used Renfrewshire's model to embed within their own organisations.

6.0 Self-Evaluation Exercise 2018

- 6.1 RAPC conducted its biennial self-evaluation exercise in March 2018. The outcomes of this self-evaluation contribute significantly to RAPC setting its forthcoming priorities, while also providing an opportunity to review the outcomes of any changes made to systems or practice since the previous self-evaluation.
- 6.2 The 2018 self-evaluation included a case file audit of 100 cases; these were cases in which an Adult Support and Protection (ASP) referral was made, and for which a "no further action under ASP" decision was taken during the Section 4 inquiry phase of the process. The case file audit sample was generated to ensure proportional representation across multiple fields.
- 6.2.1 Where possible, attempts were made in the RAPC case file audit to mirror areas targeted for review by the Care Inspectorate in their ASP thematic inspection. This allowed RAPC to be well-placed to consider the key messages emerging from the thematic inspection and rate ourselves against them. Amending the RAPC Improvement Plan to incorporate learning from both local and national perspectives may also be more streamlined due to the audit approach taken here.
- 6.3 The self-evaluation also included:
- Surveys of Council Officers (CO);
 - Surveys of non-Council Officers across many partner agencies;
 - Consultation with service users and carers
 - Consultation with multi-agency auditors

6.4 Self-Evaluation Summation

- 6.4.1 Within the context of increasing demand it is commendable that in nearly every case audited the inquiry was commenced on the day the referral was received;

and in over 80% of cases audited the decision to take “no further action” under ASP was made in five or fewer working days from receipt of referral.

- 6.4.2 Exemplars of referrals, initial inquiries, and associated risk assessments will be utilised in future training sessions for Council Officers and RAPC partner agencies.
- 6.4.3 The audit highlighted that further work is warranted to promote record-keeping that demonstrates thoughtful consideration of the 3-point test and that includes clear, evidence-based risk assessment and decision-making rationale, including decisions not to progress under ASP.
- 6.4.4 A key area for RAPC to consider is the engagement with adults subject to ASP referrals. The scope of the current self-evaluation’s consultation with service users was restricted by the fact that many of the adults were not made aware that they were part of an ASP process at the time of the initial referral. Inconsistencies were identified in approaches taken with the adult subject to an ASP referral; with the referring person or agency; and with others involved with the adult subject to the referral. RAPC will seek to embed processes that promote a consistent approach to communication with adults subject to ASP processes, during which they are made aware of independent advocacy. Systematic and ongoing inclusion of service user feedback requires consideration so that accurate and timeous experiences can be captured and, if necessary, responded to.
- 6.4.5 Issues in relation to “capacity” within the ASP context arose throughout the self-evaluation; inconsistencies in the interpretation of “capacity” were evident. This critical issue will guide the development of the RAPC Conference 2019, whose theme will be *Capacity in the ASP Context*.
- 6.4.6 The recommendations made will be incorporated into the RAPC Improvement Plan; actions will be progressed by the subcommittees and Lead Officer for RAPC, with oversight and review by RAPC on quarterly basis.
- 6.4.7 It is anticipated that the RAPC Self-Evaluation in 2022 will have a similar focus to that in 2018 to enable a comparison of data. Changes made based on the 2018 recommendations should lead to demonstrable improvements over the coming years.

7.0 National and other issues

7.1 Information Sharing and General Data Protection Regulation (GDPR)

- 7.1.1 Implemented in May 2018, the impact of changes to data protection legislation are continuing to emerge within the ASP context and the reporting period does not include during which GDPR was in place. However, as we consider current challenges and subsequent priorities for the coming period GDPR implications are relevant for acknowledgment here.

- 7.1.2 Anecdotal evidence has emerged that the introduction of GDPR has contributed to delays in adult protection and welfare concern referrals from Police Scotland within Renfrewshire. Work is currently underway to audit a sample of pre- and post-GDPR referrals to determine if data supports the need to review the referral pathways or processes currently in place. This is being done jointly with our colleagues in Inverclyde, who share K-Division of Police Scotland. The preparatory work for this case file audit is underway; we anticipate that the audit itself will be undertaken in early 2019.
- 7.2 Over the past 3-4 years it has been hard not to feel that the importance accorded to Adult Support and Protection within the Scottish Government was diminishing. Last year representations from SOLACE to Scottish Government highlighting concerns at this state of affairs, and meetings with the then Minister and civil servants with representatives of the National APC Convenors Group failed to elicit any positive responses.
- 7.3 The Work around the Child Protection Improvement programme highlighted the need for work to ensure sound governance particularly at Chief Officer level. Attempts to highlight the obvious links that this has to governance arrangements for Adult Protection - which is overseen by the same Chief Officers at a local level as Child Protection – appear not to have been seen as meriting consideration.
- 7.4 Any overarching strategic interest with the Thematic Inspection of Adult Protection had not been apparent from Scottish Government and attempts to highlight the considerable work being done at a local level through Chief Officer groups to ensure linkage across all aspects of public protection have elicited no appetite to see the benefits of some attempt at a similar approach at a national level. It is therefore important to provide an update on this, even though it does not fall within the 2016-18 period of this Biennial Report.
- 7.5 The meeting of National Adult Protection Committee Convenors in August 2018 was attended by Civil Servants from the Scottish Government. At this meeting they intimated that they were aware that Adult Support and Protection had not had the focus that perhaps it should have had within Scottish Government over the recent past. There was an open discussion and the tone of comment from the Scottish Government was heartening. Specifically, it was intimated that the new Minister was taking a clear interest in ASP, and that the resource was available to allow for the appointment of a professional advisor on ASP within the Mental Health and Wellbeing division.
- 7.6 Subsequent discussions have focused on re-establishing a National Forum, involving a broad range of stakeholders, and supported by the Scottish Government. I hope that this positive approach will continue and will benefit our work in protecting adults at risk across Scotland.
- 7.7 The field work for a thematic inspection of Adult Support and Protection was undertaken in late 2017 across six partnership areas, and the final report was published by the Care Inspectorate in July 2018. This is the first such inspection since the Adult Support and Protection (Scotland) Act was implemented in 2008. The report provides an overview of key themes identified by inspectors across the

6 areas, and includes detail of the findings, gradings and recommendations for improvement for the six individual areas.

7.8 In the accompanying press release it was heartening that the Care Inspectorate say that over the past decade considerable progress has been made in ensuring that adults who are at risk of harm are safer and better supported, that awareness of adult protection has grown, alongside the creation and training of an adult protection workforce, and that effective leadership has been put in place to support organisations to work together.

7.9 The findings of this Thematic Inspection, and consideration of the key themes, have been considered by the Renfrewshire Adult Protection Committee and are reflected, as appropriate, in the current Improvement Plan.

8.0 Conclusions and future focus

8.1 The RAPC will continue to support partner agencies to implement recommendations that emerge from review and audit activity, progressing outcomes that are in line with changing priorities and developments for Adult Support and Protection at local and national levels. To ensure that RAPC is current and clear in purpose activities and achievements will continue to be overseen by subcommittees. The ever-evolving RAPC Improvement Plan (Appendix 2) covers RAPC priorities that originated after the end of the biennial period, reflecting that this is a “live” document.

8.2 The picture of Adult Support and Protection across Renfrewshire reflects an increasing presentation of complex and compounding risk factors alongside multiple types of harm within single referrals. The development of a Repeat Referrals Group and the intent to convene an inter-agency Complex Cases Forum are commendable steps toward improving Renfrewshire’s multi-agency approach to identifying adults at risk of harm and implementing safeguarding measures.

8.3.1 Priorities for the coming biennial period (2018-2020) include:

- ASP single and inter-agency learning and development activity will build on gaps identified through analysis of ASP activity and self-evaluation data, while also taking into account topics and training methods desired by practitioners. Focus will be placed on the recording of ASP data and assessments; working with the complexities of “capacity;” working with adults in distress; financial harm awareness; fire risk; missing persons risks and relevant ASP activity; and learning from practical experiences and challenges. Responsibility for delivering training will be shared across partner agencies, including a variety of roles and perspectives.
- Developing strong leadership and management that focuses on the safety and well-being of adults in Renfrewshire. Pursue training for those who chair case conferences and address the training needs of those who provide evidence or submit reports to case conferences.

- Continuing to refine the RAPC Performance and Activity Scorecard to ensure that data is accurate, meaningful and contributes to changes in priorities and practice.
- Continuing to strengthen ASP links with care homes, the Care Inspectorate, and the Renfrewshire Contracts Management Team to promote consistent understanding of adult protection referral thresholds, referral pathways, and processes (for individual as well as large scale inquiries and investigations). A review of work done locally several years ago at the time Scottish Government had a focus on Adult Protection in care home settings is warranted.
- Developing inter-agency Large Scale Investigation guidance and procedures that incorporate lessons learned from local LSIs.
- Developing social work operational procedures that embed lessons learned from local audit and self-evaluation work, as well as key themes emergent from the national thematic inspection.
- Continuing to promote a strong value base that places adults and their carers at the heart of our practice. Focus on timeous, effective communication with adults at risk of harm, including promoting their rights and improving general awareness of ASP.

John Paterson
Renfrewshire Adult Protection Committee
Independent Convenor
October 2018

Appendix 1









Renfrewshire
Health & Social Care
Partnership



Renfrewshire Adult Protection Committee Scorecard 2018/19 The National Guidance for Adult Protection in Scotland sets out the role and function of adult protection committees. Adult protection committees are charged with ensuring continuous improvement, strategic planning, public information and communication. This scorecard allows RAPC to review and consider trend information and to use this to develop our improvement programme.

Generated for RAPC Biennial Report 2016-2018

Reporting Periods		Short Term Trends		Long Term Trends	
2014/15	Culminate total for year		Increasing		Increasing
2015/16	Culminate total for year		No Change		No Change
2016/17	Culminate total for year		Decreasing		Decreasing
Q1	1 April 2018 - 30 June 2018				
Q2	1 July 2018 - 30 September 2018				
Q3	1 October 2018 - 31 December 2018				
Q4	1 January 2018 – 31 March 2019				

Key Considerations Theme 1: Adult Protection

PI code	PI name	Short Term Trend	Long Term Trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value		
HSCP/AS/AP/01	Total number of ASP contacts received	↓	↑									
HSCP/AS/AP/02	Number of adult protection contacts		↑									
HSCP/AS/AP/03	Number of welfare concern contacts	↓	↑									
HSCP/AS/AP/04	Number of individuals subject to ASP contacts	↓	↑									Please note the year end figure refers to all quarters and is not a cumulative figure.
PI code	PI name	Short Term Trend	Long Term Trend	2015/16	2016/17	2017/18					2018/19	Comment
HSCP/AS/AP /05	Number of Individuals contacts more than three times (ASP and AWC) within rolling 6 months	↑	↑				Annual Indicator					







Key Considerations Theme 2: Decision Making

PI code	PI name	Short Term Trend	Long Term Trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value		
HSCP/AS/AP/06	Number of Initial Case Conferences	↑	↑									

HSCP/AS/AP /07	Number of Review Case Conferences											
HSCP/AS/AP/08	Number of individuals subject to case conference (initial and review)											
HSCP/AS/AP/09	Number of Investigations commenced											This field is reported to Scottish Government on annual basis so will now be reported to RAPC.

Key Considerations Theme 3: Contact Source

PI code	PI name	Short Term Trend	Long Term Trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018	Comment
							Value	Value	Value	Value		
HSCP/AS/AP/10	Number of ASP or welfare concern contacts received from Police											
HSCP/AS/AP/11	Number of ASP contacts received from Health and Social Care Partnership (HSCP) - Health											
HSCP/AS/AP/12	Year on year incremental increase in ASP referrals from HSCP - Health						Annual Indicator					
HSCP/AS/AP/13	Number of ASP contacts received from SW											
HSCP/AS/AP/14	Number of contacts received from Care Homes											
HSCP/AS/AP/15	Number of ASP contacts received from											

	Housing											
HSCP/AS/AP/16	Number of ASP contacts received from GPs											
HSCP/AS/AP/17	Year on year incremental increase in ASP referrals from GPs						Annual Indicator					
HSCP/AS/AP 18	Increase in referrals from agencies across Renfrewshire other than Police Scotland and HSCP staff											

Key Considerations Theme 4: Advocacy

							Q1 2018/ 19	Q2 2018/ 19	Q3 2018/ 19	Q4 2018/ 19		
HSCP/AS/AP/ 20	Number of adults or their proxies contacted as part of the inquiry											This field can be populated in future following amendment to ASP module.
HSCP/AS/AP/ 21	Increase in percent of individuals contacted as part of ASP process who have been offered advocacy											
HSCP/AS/AP/ 22	Increase in percent of individuals subject to ASP procedures making use of advocacy											Intent is to discuss with advocacy service how best to collect this data

Key Considerations Theme 5: Adults with Incapacity, Guardianship and Mental Health Monitoring

PI code	PI name	Short term trend	Long Term trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value		
HSCP/AS/AP/23	Chief Social Worker Guardianships <i>(as at position)</i>	↑	↑									
HSCP/AS/AP/24	Adults With Incapacity (AWI) <i>(Report Requests)</i>	↑	↓									
HSCP/AS/AP/25	Requests for Mental Health Assessment (MHO) <i>(Duty Calls)</i>	↑	↑									
HSCP/AS/AP/26	Total Mental Health Activity <i>(inc Tribunal Hearing, STDC S44, EDC S36, SCR, AWI Report, S86/92 Determinations & CTO Applications)</i>	↓	↑									

Key Considerations Theme 6: Training Opportunities

PI code	PI name	Short term trend	Long term trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value		
HSCP/AS/AP/27 a	Provide inter-agency learning and development events inclusive of staff involved in ASP from across all RAPC partners (numbers attended)											
HSCP/AS/AP/27 b	Provide learning and development events inclusive staff involved in ASP on single agency basis (numbers attended)											
HSCP/AS/AP/28 a	Increase in partner agencies' satisfactory ASP staff training											

HSCP/AS/AP/28 b	Increase in number of training Sessions provided by Scottish Fire and Rescue to HSCP staff											
HSCP/AS/AP/28 c	Increase in compliance with group of statutory modules in NHSGGC for RHSCP staff (value = percentage compliance)											
HSCP/AS/AP/29	Increase to 100% those Council Officers who have attended full 5 day ASP Training (value = percentage)											
HSCP/AS/AP/30	Increase to 100% those managers who have supervisory responsibility for ASP and who have participated in a minimum of six hours of ASP- related learning and development per year (value = percentage)											

Key Considerations Theme 7: ASP Recording

PI code	PI name	Short term trend	Long Term trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value	Value	
HSCP/AS/AP/31	Increase to 100% compliance with utilising electronic recording on AIS to close Inquiry phase											
HSCP/AS/AP/32	Increase to 100% compliance with utilising electronic recording on AIS to record outcome of AP process											

Key Considerations Theme 8: Communication

PI code	PI name	Short Term trend	Long Term trend	2015/16	2016/17	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19	Comment
							Value	Value	Value	Value	Value	
HSCP/AS/AP/3 3	Develop a stronger social media presence as RAPC											
HSCP/AS/AP/3 4	Develop means of measuring the reach and impact of the committee's messages in the community											

Renfrewshire Adult Protection Committee



Inter-agency Improvement Plan 2017 – 2019

Outcome 1: Adults in Renfrewshire are safer and their wider needs are met as a result of our activity
QA:2 EA2

Hogg and May - Q11 EA1;

Outcome and Action	Lead officer(s)	Measures of success	Timescale	Progress update	Cross Reference
<p>1.1 Improve access to [and uptake of] advocacy services during ASP activity</p> <ul style="list-style-type: none"> Improve awareness of advocacy services in ASP work through the provision of awareness raising sessions of advocacy across all agencies 	<p>SWTO Project Manager – You First Advocacy (YFA)</p>	<p>Increase in numbers of Adults at Risk offered advocacy evidenced by Adult Integrated Services (AIS) electronic records</p> <p>Increase in use of advocacy evidenced by AIS records</p>	<p>April 2019</p>	<p>Operational procedures, inclusive of advocacy guidance, currently being drafted.</p> <p>Incomplete: RAPC data suite amended to include advocacy information. Work to populate this ongoing. Self-evaluation case file audit 2018 evidence suggests no increase in advocacy during ASP inquiries (limited past data for comparison). Associated recommendations made.</p>	<p>2014 SE 2014 and 2016 IPs Biennial (12-14) H&M: 2:2;2:4;3:5</p>
<p>1.2 Strengthen relationships, practice and procedures relating to adults with complex mental health needs (RHSCP and acute services).</p>	<p>IADO ASPO – SW MHO - TL NHS Lead</p>	<p>Identify ASP L&D opportunities and reflect in Inter-Agency Training Plan</p>	<p>Inter-agency Training Calendar 2018 to be completed</p>	<p>Completed</p>	<p>H&M 1:1; 2:3:3:5. H&M 5.4</p>

<ul style="list-style-type: none"> Identify and provide joint ASP L&D opportunities for medical, nursing, AHPs and Social Work practitioners Enhance working relationships between Council Officers, MHOs and medical staff 		<p>Deliver Inter-agency Training Plan</p>	<p>February 2018, Ongoing</p>	<p>Completed and ongoing: Monthly inter-agency events in ASP calendar</p>	
<p>1.3 Maintain engagement and involvement of adult at risk, family members [as appropriate] and the right people in ASP process:</p> <ul style="list-style-type: none"> Multi-agency activity audited Address barriers to effective GP contributions to Adult Support and Protection case conferences Develop protocol for Council Officers to follow regarding communication with people subject to ASP referrals Develop accessible format materials to inform people about ASP processes and rights 	<p>PPP Sub-committee</p>	<p>Evidence of others' involvement via Case File Audit output</p>	<p>May 2018</p>	<p>Completed: Recommendations made relating to engagement and involvement of others in ASP following self evaluation 2018</p>	<p>H&M 1:1; 3:5; 2:2 IP 2016</p>
	<p>Clinical Director</p> <p>RHSCP Clinical Localities Clinical and Care Governance Group</p>	<p>GPs invited to 100% of ASP CCs</p> <p>GP reports received on time for Adult Protection Case Conferences</p> <p>An increase in proportion of adults who are informed that they were subject to an ASP referral</p> <p>Increase in proportion</p>	<p>September 2019</p>	<p>Partially completed: ASP data collection to be refined so that RAPC data suite reflects CC invitations, reports received, and meetings attended.</p> <p>Audit of information received from GPs for Case Conferences warranted</p> <p>Audit to determine local barriers to GP</p>	<p>RAPC Partner Feedback 2017</p>

		of adults whose views are sought as part of Section 4 inquiry.		contributions warranted. The process for gathering this data is being refined. A GP protected learning event was held in January 2018.	
Outcome 2: Stakeholders needs are met and they are engaged in Adult Support and Protection				Hogg and May – Q12 EA4, QA:2 EA2	
Outcome and Action	Lead officer(s)	Measures of success	Timescale	Progress update	Cross Reference
<p>2.1 Improve understanding of ASP activity and performance amongst RAPC partners:</p> <ul style="list-style-type: none"> Develop a meaningful data suite to reflect the trends, activity and organisational demands in ASP in Renfrewshire. Expand the data suite to enable capture of meaningful outcomes for adults at risk of harm. Promote recording systems that ensure relevant ASP-related information is accessible to staff, as required, including consideration for adult and 	PPP Sub-committee	Data suite components agreed by all agencies	August 2018	Partially completed: Data suite development ongoing. Further refinement being undertaken. Work currently underway between SW Business Support and ASPO to improve data quality. Inclusion of MHO team data now included in RAPC scorecard. Learning and Development fields now	COG review
		Reduction in percentage of “not recorded” outcomes for ASP activity	January 2019		National data return activity

<p>children's services, across health and social work systems.</p> <ul style="list-style-type: none"> Implement recommendations from RAPC Self-Evaluation 2018 relating to record-keeping; categorisation of clients and harm 				<p>included.</p> <p>Data suite and relevant ASP activity information from other partners to be agreed</p>	
<p>2.2 Develop communications programme to continue to raise public awareness activity of ASP issues.</p> <ul style="list-style-type: none"> Develop links with Communications Offices of partner agencies Utilise social media and other public-facing communication outlets already in existence Establish links with local media 	<p>RAPC LO; HSCP Communications; Police Scotland; Communication offices of partner agencies</p>	<p>Govt materials distributed, agencies alerted and social media used via range of communication networks</p> <p>Partner agencies provide contact information for link person to disseminate RAPC messages within their organisation.</p>	<p>July 2018</p>	<p>Partially completed: Responsibility for ASP Communications transferred to Community Safety & Public Protection Steering group (May 16). RAPC LO now member of multi-agency group.</p> <p>Public awareness activity has been incorporated into Financial Harm Work Plan</p> <p>Bimonthly ASP newsletter now collated by RAPC LO, ASPO, and IADO</p> <p>RAPC has Twitter feed (Oct 2018)</p>	<p>H&M: 2:4</p> <p>RAPC Partner Feedback 2017</p>

Outcome 3: Our policies, procedures and guidance support Adult Support and Protection practice
Hogg and May – Q13 EA5

Outcome and Action	Lead officer(s)	Measures of success	Timescale	Progress update	Cross Reference
<p>3.1 Improve information sharing and decision making for adults by better and more efficient links between Care Programme Approach (CPA) and ASP:</p> <ul style="list-style-type: none"> • Monitor development of CPA Guidance and report to PPP Sub Committee • Distribute new CPA Guidance and support implementation 	<p>Team Leader – MHO Team</p>	<p>Publication, implementation and dissemination of new CPA Guidance</p>	<p>PPP group to monitor and report progress</p>	<p>CPA information awaited (not a field that RAPC can influence)</p>	<p>H&M 1:1; 3:5 SE 2014 IP 2017</p>
<p>3.2 Improve clarity for staff on AP protocols and procedures:</p> <ul style="list-style-type: none"> • Inter-agency Guidance and Procedures to be disseminated to all partners. 	<p>RAPC - LO MHO – TL IADO ASPO - SW</p>	<p>Interagency ASP Guidance and Procedures issued</p>	<p>April 2017</p>	<p>Completed: Interagency training delivered as a rolling programme by IADO; SW Operational procedures will be incorporated once complete.</p>	<p>CIR 2015 AI/RL 2016 H&M: 5:5; 3:5; 1:1; 2:3.</p>
		<p>SW operational procedures issued</p>	<p>December 2018</p>		

<ul style="list-style-type: none"> SW operational ASP procedures to be issued when updated 		Interagency ASP guidance & procedures incorporated into L&D activity across agencies	May 2017		
		SW operational Procedures highlighted in RHSCP Team Bulletin	Early 2019 Team Bulletin for RHSCP		

Outcome 4: Our leadership, governance and learning supports staff to perform, keeping adults safe from harm
Hogg and May – Q15 EA5; Q12 EA3

Outcome and Action	Lead officer(s)	Measures of success	Timescale	Progress update	Cross Reference
4.1 Leadership and line management should support staff through ASP process (professional guidance and supervision): <ul style="list-style-type: none"> Work to identify and develop 	All agencies	Identification of agency procedure and guidance.	April 2019	RAPC partners will be asked to provide this information for PPP subcommittee In Spring 2019	H&M 5:5: 2:3

<p>leadership practice and provide guidance</p> <ul style="list-style-type: none"> • Test out leadership within the RAPC 2018 Case File Audit 	<p>RAPC LO</p>	<p>Evidence of line management support and guidance in ASP practice (e.g., via CFA).</p>	<p>May 2018</p>	<p>Completed: Management-related data and recommendations feature in RAPC Self-evaluation 2018.</p>	<p>IP 2017</p>
<p>4.2 Improve Quality Assurance through multi-disciplinary group methods to review high risk AP cases:</p> <ul style="list-style-type: none"> • Review high risk cases at (AP) Repeat Referrals Group. • Ensure actions agreed are recorded on an agreed system. 	<p>HoS – Adult Services. All agencies' relevant managers attending Repeat Referrals group, ASPO</p>	<p>Cases reviewed at repeat referrals group. Actions agreed and taken forward</p> <p>Template for recording decisions is created and information sharing process is agreed</p> <p>Feedback provided to PPP sub-committee</p>	<p>August 2018</p>	<p>Completed: Repeat Referrals Group meeting quarterly</p>	<p>COG review (2016)</p> <p>H&M 5:5; 3:5;1:1; 2:2</p>
<p>4.3 Each agency should be clear on learning and development requirements for different staff groups and create a plan to cover ASP practice competency levels 1, 2 and 3.</p> <ul style="list-style-type: none"> • Support joined-up training 	<p>RAPC Chief Officers; IADO</p>	<p>Each partner agency has an ASP strand within their mandatory staff training.</p> <p>All agencies</p>	<p>April 2019</p>	<p>Partially complete: RAPC partners will be asked to provide this information for L&D subcommittee in Spring 2019</p>	<p>H&M 3:5; 2:3; 1:1</p> <p>RAPC Partner Feedback</p>

<p>opportunities between agencies, including 3rd sector. Encourage ASP learning and development opportunities for all personnel, while building stronger links across the partnership</p> <ul style="list-style-type: none"> • Work to be establish minimum training standards in 3rd sector 		<p>encouraged to be aware of inter-agency Guidance and Procedures.</p> <p>Agencies requested to share their training calendars, particularly when other agencies could attend.</p>			2017
<p>4.4 Improve understanding of roles and responsibilities across agencies:</p> <ul style="list-style-type: none"> • Review of guidance re. Council Officer and key worker role(s) across SW staff within HSPC • Disseminate recommendations from Large Scale Investigation (LSI) Appreciative Inquiry Reflective Learning to all RAPC partners • Implement recommendations from LSI AI/RL report re. roles & responsibility awareness • Interagency Roles and Responsibilities Training to be revised and rolled out 	ASPO – SW	SW operational procedures issued	Dec 2018		H&M 2:3; 1:1;2:2; 3:5
	<p>All agencies</p> <p>IADO</p>	Multi-agency training module to be developed specifically for ASP levels 2-3 where staff may have a role in LSIs	Dec 2018	Partially complete: Local LSI guidance currently under review by ASPO. Will be incorporated into Learning and Development activity once complete, alongside Appreciative Inquiry/Reflective Learning outcomes from 2016 and learning from LSIs 2017 & 2018.	RAPC Partner Feedback 2017

Abbreviations list:

Policy and development drivers and sources:

H & M QA/EA = Hogg and May Quality Indicator
and Social Care Partnership

SE = RAPC Self Evaluation

AI/RL = Appreciative Inquiry/Reflection on Learning

ToR = Terms of Reference

Organisational Roles

IADO = Interagency Development Officer – Social Work

RAPC LO = Renfrewshire Adult Protection Committee – Lead Officer

SWTO = Social Work Training Officer
Coordinator (SW)

MHO TL = Mental Health Officer Service – Team Leader

CFA = RAPC Case File Audit

IP = RAPC Improvement Plan

SW = Social Work

RHSCP – Renfrewshire Health

CIR = Critical Incident Review

IA = Inter agency

ASPO – SW = Adult Support and Protection Officer

HoS = Head of Service

BIT Co-ord = Business Improvement Team