

Inverclyde Adult Protection Committee



Biennial Report 2022 – 2024

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Foreword

As Independent Chair of Inverclyde Adult Support and Protection Committee I am delighted to introduce this Biennial Report for 2022-2024. The Adult Support and Protection Committee has worked hard to fulfil its functions, as outlined by the Adult Support and Protection (Scotland) Act 2007. Throughout the reporting period, Inverclyde Adult Support and Protection Committee have recovered from the Covid -19 pandemic and through strong partnership working, commitment and resilience the Committee and Working Group members have ensured training and development opportunities have been delivered to enable the confident application of Adult Support and Protection (Scotland) 2007 legislation across our frontline workers, whilst also embracing changes in the landscape in relation to legislation and policy. There has been a focus on learning and reflection from adverse events and a strong commitment of sharing locally and nationally.

Over the course of this reporting period our priorities have been driven and guided by our Strategic Improvement Plan. The Adult Support and Protection Team work to ensure the effective alignment of local work and priorities with that of the National forum. The committee continues to work alongside colleagues in the Child Protection Committee, Violence Against Women's Partnership, Alcohol and Drug Partnership, and MAPPA (Multiagency Public Protection Arrangements) to ensure there are shared learning opportunities and a mutual understanding of protection, harm and responsibility across all partners throughout the life span.

The Adult Support and Protection Committee has continued to drive forward improvement actions over the latter months of 2024 there has been some significant changes with the retirement of key individuals namely the Independent Convener and the Lead Officer, both of whom have made significant impact and improvements in the world of adult support and protection locally and nationally. The Adult Support and Protection Committee have given their support, dedication, and commitment to work alongside me to ensure we keep the communities in Inverclyde safe from harm.

Celia Gray
Independent Chair
November 2024

1. Adult Protection Committee

1.1 The Principle Functions of the Adult Support Committee

The principal functions of the Adult Protection Committee (APC) are to promote the support and protection of adults at risk of harm through strategic planning, leadership, agreed priorities, objectives and actions.

The APC leads on developments and improvements in the following key areas:

- Procedures and practice.
- Skills and knowledge.
- Information and advice.
- Co-operation.
- Continuous Improvement.

The membership of the Committee includes all the statutory bodies with a role to play in adult protection along with the voluntary sector and Third Party service providing organisations. Representatives of the Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate, and Health Improvement Scotland are invited to attend, with minutes being sent out to all agencies.

The membership of the APC is kept under review to ensure that as the body of evidence around adult support and protection matters evolves and agencies who contribute to the local agenda are represented. In the context of an Inverclyde Significant Case Review it was identified that links were required with the Department of Works and Pensions (DWP) and local college. The Committee now has representation from both.

Inverclyde was subject to the Joint inspection of adult support and protection during the previous biennial report period, the findings of inspection were positive. There is an ongoing local improvement plan as a result of inspection with scrutiny of the plan via committee and the quality and policy subgroup.

The APC has a Biennial Business Plan, our plan and the local improvement plan are reviewed and updated as part of the business of the Committee and the Quality and Policy Subgroup.

1.2 Inverclyde Quality and Policy Subgroup

The APC viewed that leadership for operational and strategic collaborative working among key agencies required to be strengthened. The outcome from these discussions was the establishment of the Quality and Policy Subgroup. This had been held 6-weekly and worked to an action log that was reviewed and updated at each meeting.

The Quality and Policy Subgroup is the key forum for progressing operational and collaborative working among social work, police, health and other partners for adult support and protection. The Terms of Reference identify this be chaired by any of the key partners to promote a multi-agency approach to working arrangements and development. Membership comprises senior managers with frontline responsibilities from key partner agencies to ensure leadership for operational and collaboration on adult support and protection matters.

The action log was developed to identify specific actions required at operational level to continue to improve this collaborative approach. This will be reviewed at each meeting and provides an overview of all actions and agreed progress.

The identified actions from the Business Plan, post inspection Improvement Plan and Action Log are progressed by working groups or task and finish groups. Membership for each is agreed by the Quality and Policy Subgroup on basis of having right knowledge, skills and experience to effectively progress the action required.

Due to the important role of the Quality and Policy Group in progressing practice and joint working arrangements as identified within local and national ASP improvement plans, and carrying forward actions from the Business Plan, this group is operated as a multi-agency arrangement.

1.3 Adult Protection Committee

The last Biennial Report identified key areas with reference to the Business Plan providing the overview and detail of areas of work and improvements for this reporting period. The committee recognised that those priority areas as.

- Sharing learning and fulfilling actions required for SCR locally and nationally
- Complete implementation of Improvement Plan and evaluate progress and improvements made
- Progress Service User and Carer evaluation and review our approach to public information

Further they committed to keep under review the potential impact of the cost of living crisis on the local population and in particular for those adult's most at risk, consider the findings of the Scottish Mental Health review, and of the impact of the National Care Service.

2. What your data tells you

2.1 National Dataset

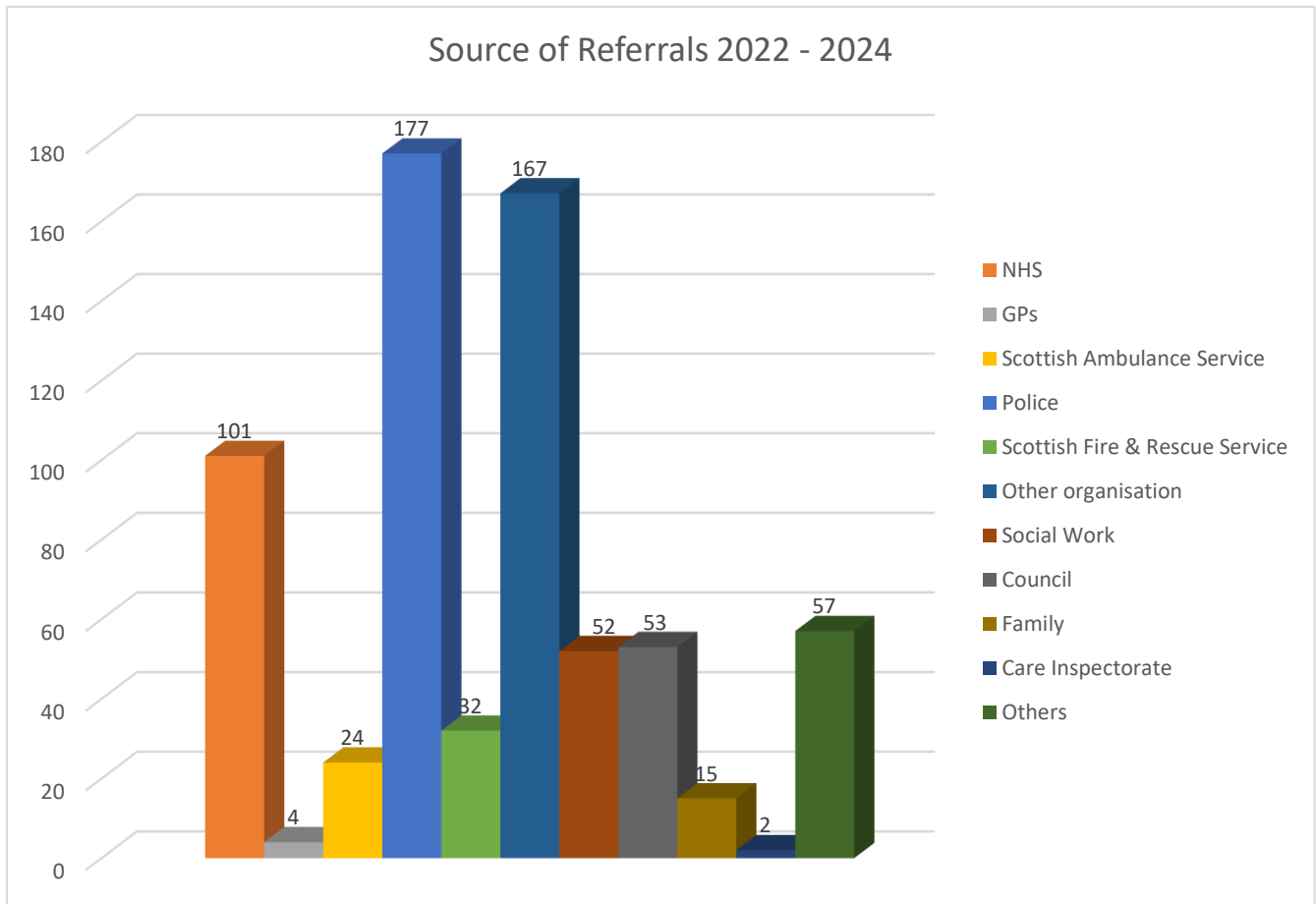
Total data for both years is included here and is as reported for National Adult Protection Dataset, Inverclyde Adult Protection Committee made the decision not to adopt the new Dataset reporting arrangements midway through the reporting period to enable direct comparison. The new reporting dataset was adopted 1st April 2024.

2.2 Adult Protection Referrals

- There were 310 for 2022/23 and 477 in 2023/24, this is a 65% increase year on year and a total of 787 over the reporting period.
- The source referral chart below displays a total of 684 referrals; the difference has been attributed to data reporting errors which has now been addressed, (787 is the true reflection of total referrals received).
- The previous reporting period identified 456 referrals with current referrals reflecting a 58% increase in referral rates.

Due to the national change in definition of referral causing an inability to directly compare to the previous reporting period it cannot be identified if local increased referrals are in line with National trends. The data reflects an overall increase in AP activity and an increased statutory response to referrals which is reflected in the investigation and case conference numbers. The increase in conferencing activity is being attributed to procedural changes implemented by Chief Officers, this includes increased social work scrutiny to enhance the ASP decision making process and chair roles, the implementation of an interim policy and practice coordinator, and increased numbers of social work service managers, all of which have served to increase the focus on practice under ASP legislation. Therefore, the consequence is a marked increase in cases identified as requiring multiagency support.

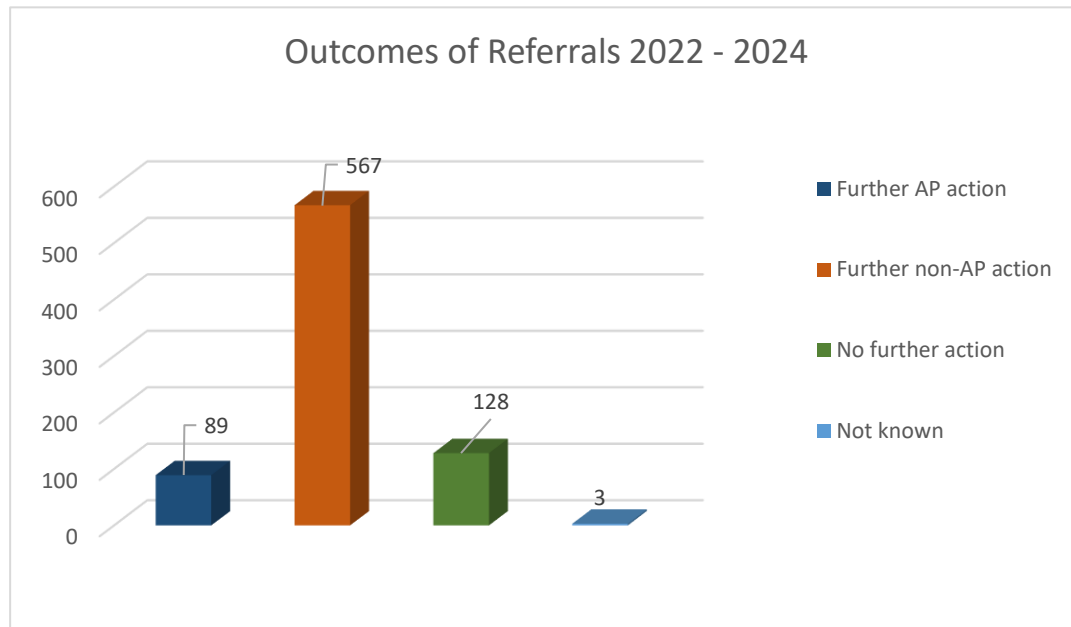
2.2.1 Source of referral



- The 'source of referral' is recorded on the information of the first source to make the referral regarding an adult at risk. In some cases, there may have been more than one referral from different sources.
- ‡ Overall, as for previous Biennial Reports, Police Scotland continue to be the primary source of referral of adults at risk of harm in Inverclyde and this is replicated nationally.
- Police Scotland submit Adult Concern Reports where there are concerns regarding an adult. For 2020/22, 162 Adult Concern Reports received were marked as adult protection, and for this period the figure is 177 equating to a 10% increase on the previous reporting period, continuing an upward trend over that last four years.
- There is a significant volume of Adult Welfare Concerns received from Police Scotland alongside the Adult Protection referrals, for this reporting period Welfare Concerns totalled 1320 over the reporting period. The range of dropdown options available on the current social work recording system, SWIFT, used by all HSCP service areas under 'sources of referral' applicable for adult protection are grouped 'NHS', 'Other Organisations' and 'Social Work' this grouping meets the requirements of the national dataset used. Other organisations are the next primary source. For 2020/22 the Biennial Report they accounted for 154 of the referrals made which was a 34% of referrals. Current reporting for 2022/24 shows a decrease in this category to 21% of all referrals with a total of 167 referrals from 'other' sources.

Health (GP, NHS and Scottish Ambulance Service) referrals accounted for 12% of all referrals made in the 2020/22 period. For this reporting period there is a total of 129 referrals, 16% of referrals. Previous reporting periods have seen a trend of marginal increases in referral rates from these groups, this period has seen that continue.

2.2.2 Outcome of Referrals

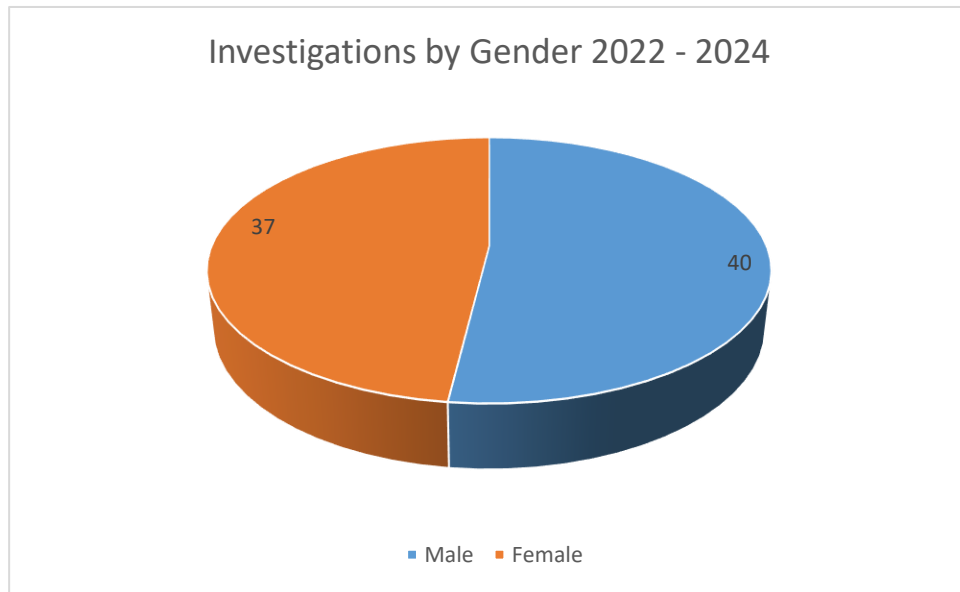


- There were 89 cases with the outcome 'Further adult protection (AP) action' the same number as the previous reporting period, given the increased volume this results in a reduced conversion rate from 19% to 11% from 2020/22 to 2022/24 in this outcome.
- Following application of the criteria and principles of the Adult Support and Protection (Scotland) Act 2007, the majority continue to have an outcome of 'further non-AP action' where the object of the intervention is progressed via other statutory measures. This category in 2020/22 was 301, 68% of referrals. The current report witnessed an increase in this outcome with 72% of referrals requiring further non-AP action.

2.3 Investigations

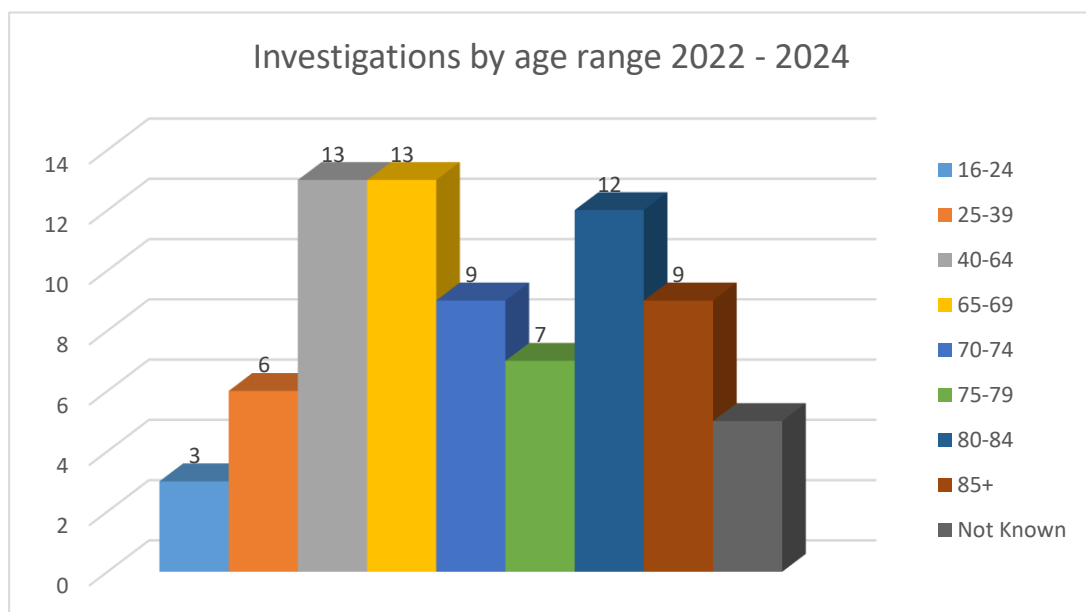
- The conversion rate from referral to investigation had been 19.5% for the Biennial period 2020/22 a conversion rate that displayed an upward trend from the previous reporting period.
- The trend of number of investigations undertaken had increased from 59 in 2016/2018 to 86 investigations in 2018/2020 to 89 for 2020/2022 for this period that number has remained static at 89. For the period of this report, the increased number of referrals results in a reduced conversion rate of 11% of all referrals made under the auspices of adult protection. The ongoing programme of self-evaluation, audit, and improvements made have impacted on the consistency of approach. The refresh of the adult protection courses targeted at Council Officers, their managers and second workers along with the implementation of the APC Multi-Agency Learning and Development Strategy is also viewed as having had an impact. Further self-evaluation and multi-agency audit processes will seek to understand the trends identified in this report.

2.3.1 Gender



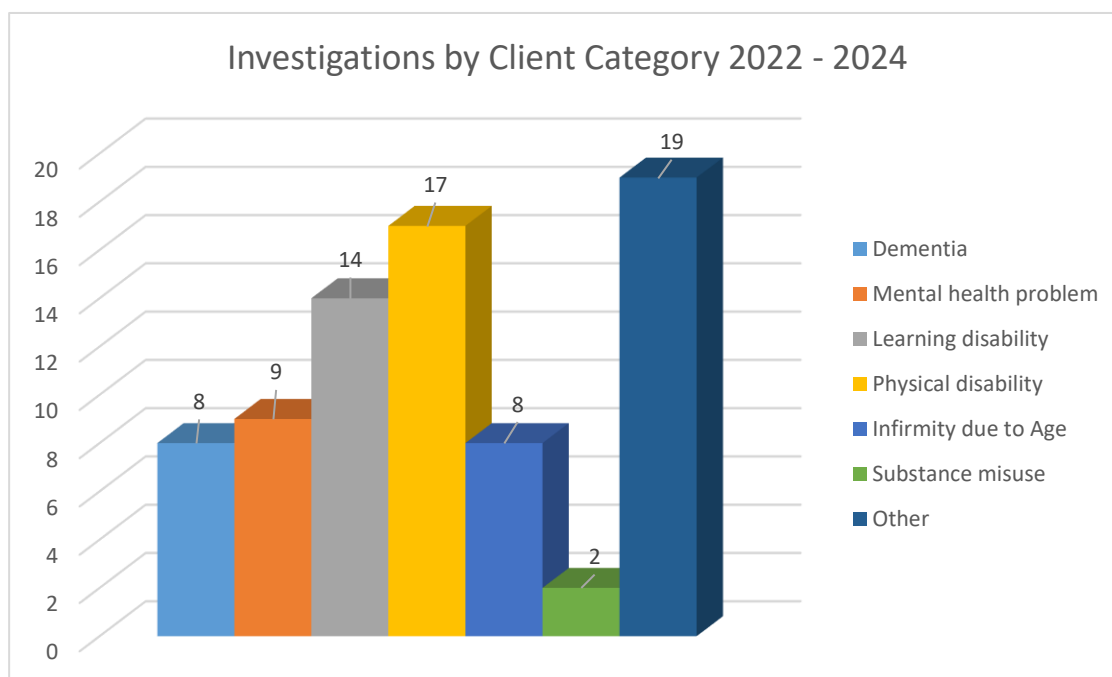
- Slightly more males are again subject to investigation for the period of this biennial report, the previous report highlighted during the period 2020/22 this was only the second time in Inverclyde since reports began, it would appear this is now the trend locally. The reason for this remains unsubstantiated and was previously identified as possibly related to the circumstances of the pandemic.
- Since the first Biennial Report for 2008/10, apart from the 2014/16 period, females were consistently identified as 20% to 50% more likely to be an adult at risk of harm where an investigation had taken place. This was also the picture nationally. It is viewed that women usually featuring more predominately in investigations may be as a result of gender inequalities and demographic Trends.

2.3.2 Age Groups



- From 2008 till 2014 adult protection investigations were more commonly required for the over 65 years age group however from 2014 to 2020 witnessed a more even split between over and under 65 age group. For this period there has been a return to the dominance of those 65+ being subject to investigation under the Act, accounting for just over 69% of investigations when the number relating to age unknown are removed from the calculation. The shift is mainly seen in the age groups 65-69 and 70-74 with marginal increase in 75-79. This may be accounted for by number of referrals from care homes when considered alongside place of harm statistics.
- Within the under 65 age groups 18% of all investigations are in respect of the 40 to 64 age group. As can be seen from client categories this is likely due to the number of adults subject to investigations who have mental health issues, a learning disability or a physical disability being more likely to be predominately under 65 whereas infirmity due to age and dementia will more likely account for those subject to investigation who are over 65 years.
- There remains a relatively low number of referrals for those age 16-24 that will be considered alongside practice in Child Protection and the Children and Young People (Scotland) Act 2014 in line with National work in this area.

2.3.3 Client Category

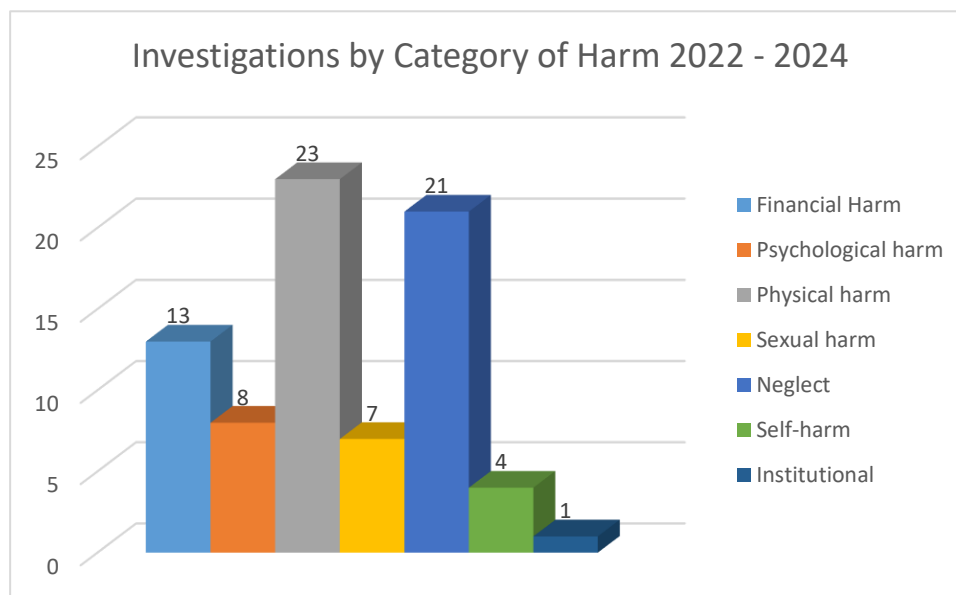


- The principle category recorded is the basis of what is reported here. The adult may be known to services and to more than one when subject to the adult protection process. The principle SWIFT client category is determined by the HSCP service primarily involved although an adult may have comorbid conditions with more than one category being applicable. For example, an adult with a substance misuse issue may be known to Drug, Alcohol and Recovery Services but also have a physical disability and be known to Independent Living Services.
- 'Other' includes adults at risk who do not fall into the other categories. Examples of people who would be included in this group include adults on the autistic spectrum, with acquired brain injury

and those who have HIV or Aids. Since 2014 when 'other' was recorded at 14 people in this category the figure had steadily reduced to 4 for the last report. The reason for this fluctuation in the numbers for the category 'other' is unknown. As can be seen in this report the number has spiked to 19 accounting for 25% which could be in relation to recording and therefore will be considered via self-evaluation and multi-agency audit processes.

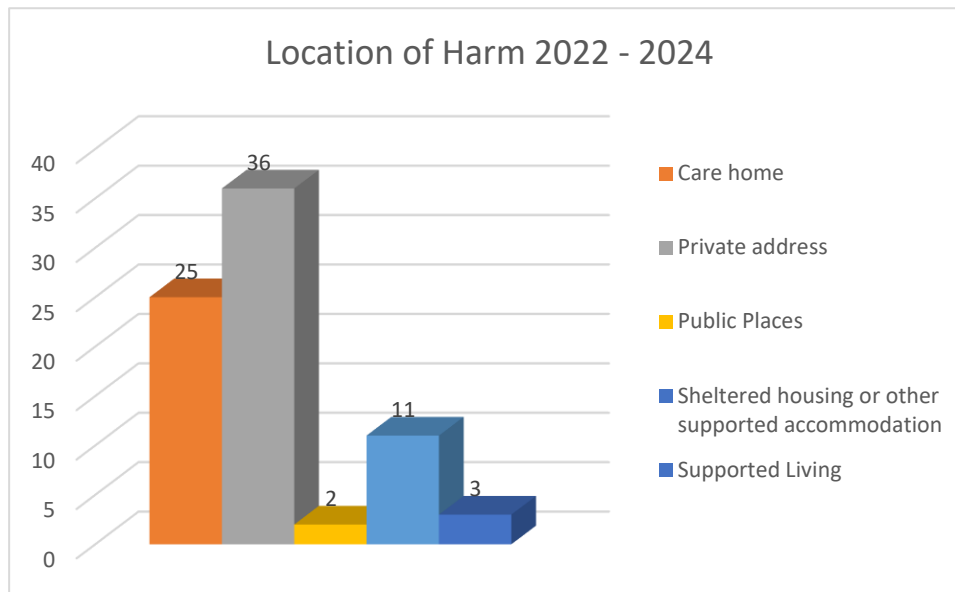
- On the basis of the last available analysis of national data it is noted a very high recording of 'other' nationally although the Inverclyde percentage is at the higher end of the recognised fluctuation between 13% and 28%.

2.3.4 Principal Category of Harm



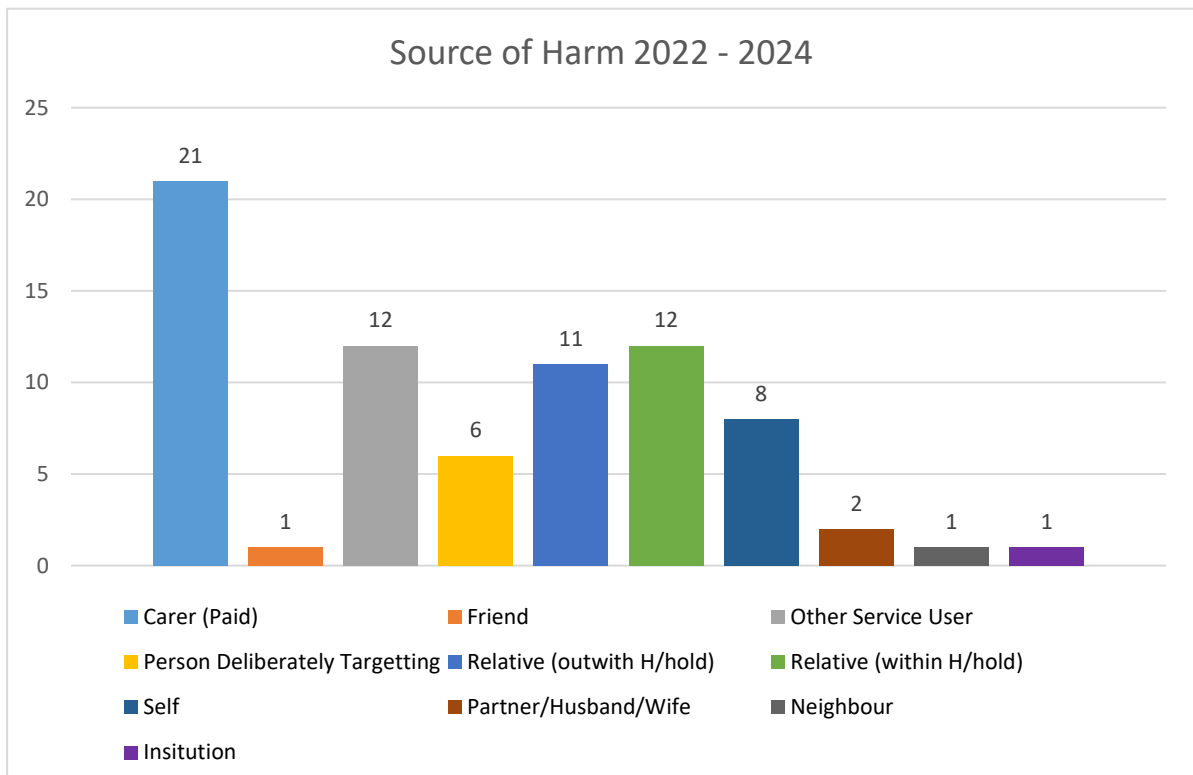
- Only the principal category of harm can be reported for each investigation, but it can be the case that more than one type of harm is applicable.
- The 2022/24 reporting period continues to reflect previous years since 2008 with physical and financial harm featuring as two of the three main category types for Inverclyde.
- The third main category for Inverclyde in this period and consistent with previous years being neglect. It is recognised that financial gain can often be the main driver for harming an adult at risk with threatened or actual physical harm being the method to exercise control over the adult to achieve this. It is recognised that staff can gravitate towards selecting 'contact' harm types as the principle type when more than one type of harm is applicable as these are often viewed as most serious.

2.3.4 Location of Harm



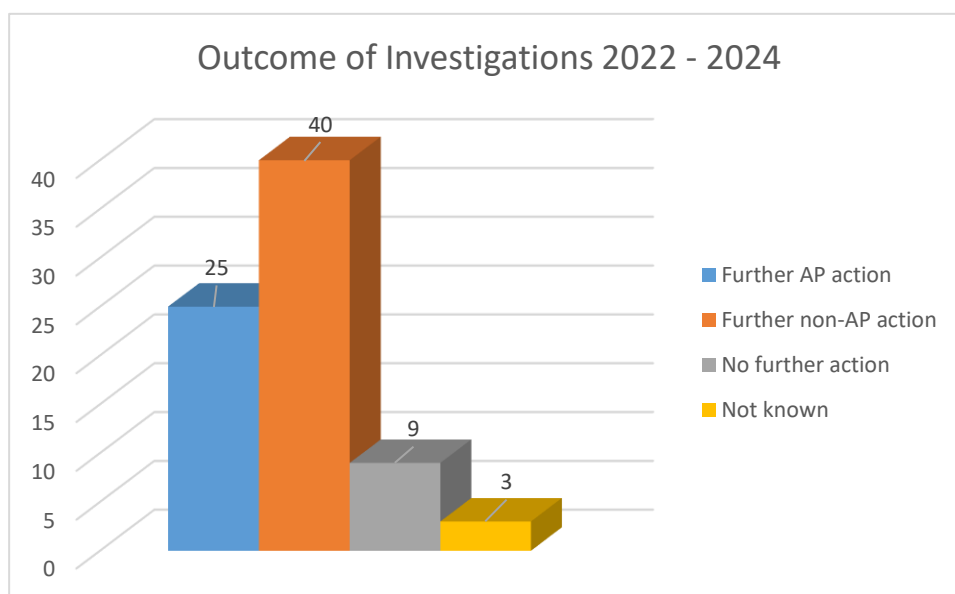
- Consistent with previous year's private addresses and care home continue to be the primary locations where harm has taken place. Sheltered Housing/Supported Accommodation accounts for the third most likely location.
- This period 2022/24 location of harm for those in care homes account for 32% of the investigations, private addresses 46% and Sheltered Housing 14%. This compares to 2020/22 figures of 21% from care homes and 12% Sheltered Housing, and 55% for private addresses.

2.3.5 Sources of Harm



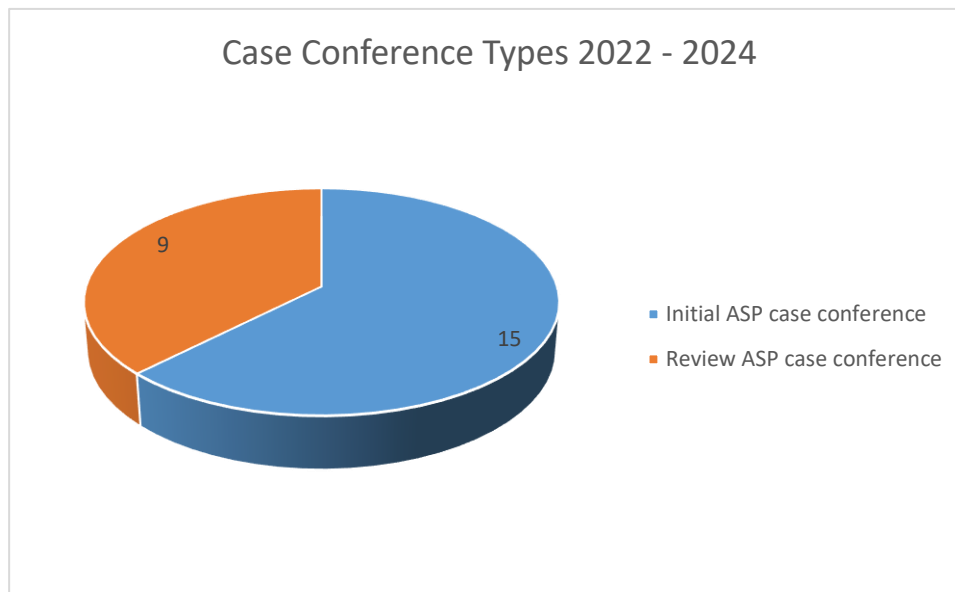
- Sources reflect who the Adult has come to harm from, this period indicates Adults have been most at risk of harm from paid carers, other service users or relative within the household. This is closely followed by relatives outwith the household, if both relative categories were to be combined this would account for 30% therefore indicating Adults are at highest risk from relatives. Source identified as paid carer accounts for 27% of investigations.
- The numbers of Person Deliberately Targeting has remained consistent at around 7%
- self-harm has reduced from 17% to 10% from the last reporting period.

2.3.6 Outcome of Investigation



- The outcome for 32% of investigations is 'Further non-AP Action' required,
- The majority of investigation outcomes continue to require further action not under Adult Support and Protection which accounts for 52% of investigations 2022/24 this is a reduction from the conversion rate of 72% of investigations in the last reporting period.

2.3.7 Types of Case Conferences



- There was an increase in the number of case conferences held during 2022/24 over the previous Biennial Report with a total 24 compared to 18 for two years previous.
- Overall investigations increased for initial case conference this was 13% 2020/22 and 19% in 2022/24.

2.3.8 Protection Orders

- Inverclyde made no applications for Protection Orders under Adult Support and Protection (Scotland) Act 2007 during the current reporting period.

2.3.9 Initial and Significant Case Reviews (ICR & SCR)

The previous report stated work was ongoing on an SCR in respect of Margaret Fleming's disappearance and murder and despite the pandemic this had progressed. The SCR was concluded late in this reporting period with an action plan developed to share learning locally and nationally. This is reported with section 3 of this report.

A further two notifications to consider a Learning Review was received by the APC December 2023, these were progressed with further reports and information being requested and gathered prior to a special meeting of the Chief Officers to agree action to be taken, these will be included in the next biennial report.

3. Outcomes, achievements, and service improvements

3.1 Health and Social Care Partnership (HSCP)

In the last biennial report, it was reported that Inverclyde had been working on an SCR in respect of Margaret Fleming's disappearance and murder, this spanned biennial periods 2020/22 and 2022/24 for reasons that will be noted further in this report. The review was brought to completion this reporting period with a local and national action plan in place to share learning and track progress of the recommendations that emerged from the review.

The timeline for the SCR being undertaken was interrupted for several reasons, the first being the criminal trial. April 2018 the SCR process was triggered, at this time the Procurator Fiscal (PF) deferred the process pending Criminal Trial. August 2019 PF confirmed the SCR can proceed. October of 2019 Public Protection Chief Officers Group agree SCR should proceed. HR/Legal/ Procurement process to identify Independent Reviewer implemented. January 2021 Independent Reviewer offered and accepted the role of Independent Chair. March 2020 the review was paused due to the COVID-19 pandemic. The review recommenced in 2021.

The review group took an appreciative inquiry approach to the SCR and benefited from representation by key partner agencies involved with Margaret during her life, Health, Education, Social Work, Police, and the Department for Work and Pensions (DWP). The SCR was jointly commissioned by the Adult Protection Committee and Child Protection Committee and led by Professor Jean MacLellan OBE.

Prof MacLellan spoke to more than 100 people, including Margaret's family and friends, during the wide-ranging review and a series of recommendations have been made for all agencies involved to consider and look to implement. Additional workings and research carried out as part of the extensive review has also been published to help with learning for professional organisations and individuals.

Challenges faced by the review was predominantly the passage of time since Margaret's death which was identified as over 20 years, this resulted in having to consider the legislative changes that had occurred in that time and how legislation at the time shaped practice. The review then considered how current legislation would shape practice if Margaret were alive today.

The full inquiry report into the circumstances leading to the death of Margaret Fleming was published, Wednesday 18 October 2023, with a series of wide-ranging recommendations being proposed. The report was titled Remember My Name, this was taken from an ASP training exercise that asks candidates to name children who inquiries have been completed which they can name many, when asked to do the same for adult most struggle to name any. The review did not want the name Margaret Fleming to become another forgotten adult.

The recommendations of the review, entitled 'Remember My Name', includes some key themes:

- There have been significant changes in legislation and practice over the last 20 years, however, there is still learning from the review.
- Information sharing and communication. All agencies require to understand how to share information timeously to ensure vulnerable people are protected.
- Checks and balances should be in place that balance people's rights to privacy with a clear need to protect vulnerable people who need to be seen by agencies and this includes benefits

agencies. Expansion of annual health check for adults with learning disabilities should be considered.

- Transition from school to college is difficult for any young person. All colleges and universities should have robust adult protection guidance. An audit through the Further Education Safeguarding Forum should take place across Scotland.
- As a society, everyone has a responsibility to ensure that people with disability are seen and protected. Listening to those with lived experience is important to understand how to improve services. Each local authority should be clear on their mechanism to hear the views of people with learning disabilities and understand the local provision. This should be mapped out and made publicly available.
- Margaret should be remembered, and Inverclyde Council should consider how this happens in a way which is respectful to her family.

The full report, additional workings and research carried out as part of the extensive review has also been published to help with learning for professional organisations and individuals. These are available on the website [Margaret Fleming Significant Case Review published - Inverclyde Council](#)

'Remember My Name' SCR Action Plan

An Action Plan resulted from the Serious Case Review which identified national, agency and local recommendations to be progressed to mitigate the risk of similar outcomes for adults following the analysis of policy, practice, and legislation. The 'Remember My Name' SCR Action Plan can be found in the Appendix.

Progress of recommendations include the following.

Local action 1. The Adult Support and Protection Committee will ensure that the recommendations arising from this review are progressed locally and work to ensure national recommendations are progressed, reporting to the Chief Officers Group.

- The report, additional workings and website has been promoted nationally by the APC Chair, presenting the process and recommendations at the national convenors meeting, February 2024.
- Information has been shared locally in the public domain via the website
- Multi agency learning events, three are scheduled before the end of 2024.

Local Action 2. Learning and development opportunities for multi-agency partners to support a culture of professional curiosity within services to protect those who may be at risk of harm will be developed with training and development strategies.

- The Inverclyde Quality and Learning team deliver the awareness courses for ASP and Financial Harm, this is multiagency and includes third sector partners. These courses are currently being reviewed for content, given the review highlights a local case which welfare and financial abuse resulted in the death of an Adult, the recommendations and findings will feature in future courses.
- There is a current Inverclyde Adult Protection Committee, Multi-Agency Learning and Development Strategy, Standards and Programme 2024-2026. Although the document does not explicitly refer to professional curiosity, evaluations from ASP training reviewed for the biennial report noted trainees identified the training highlighted the need for professional curiosity and the importance of information sharing and communication.

Local Action 3 & 4. Public information strategy. Act against Harm: the public duty to report suspected child and adult protection issues. Information on services in Inverclyde will continue to be addressed and enhanced by the Adult and Child Protection Committees and with voluntary and independent sector partners.

- Your Voice is a current APC member, Your Voice continue to support with social media campaigns providing ASP public information on types of harm and referral information with contacts linked directly to the Inverclyde Public Protection Web page. The action plan recommendation is Mapping and enhancing local support services. There is strong evidence in Inverclyde of voluntary sector partnership working to satisfy this action.

Local Action 5. Ensure local activity ensures multi-agency case conferencing and case discussion and review considering legal advice and support. Training and development will continue to provide a focus on defensible decision making and legal literacy.

- Data indicates an increase in conferencing activity which is being attributed to improvements in the ASP decision making processes including an interim policy and practice coordinator post and increasing the number of social work service managers in adult services, all of which have served to increase the focus on practice under ASP legislation. Therefore, the consequence is a marked increase in cases identified as requiring multiagency support.
- 5-day council officer and council officer refresher training include defensible decision making and recognises the importance of conferencing and discussions being multiagency in nature. The local authority also recognises the importance of offering a stand-alone defensible decision course which is offered at regular intervals throughout the year.

Learning Disability

Learning Disability Service Manager, identifies local activity that form part of the Agency and National recommendations that relate to the Margaret Fleming SCR are:

- The Learning Disability Health Check (Scottish Gov's annual health checks) pilot that was carried out in Jan-March 2024. More than 200 people with Learning Disability in Inverclyde had health checks and all invited were contacted and followed up.
- Transitions process – staff from the Community Learning Disability team led on this piece of work, in line with a national improvement trial led by ARC Scotland. The adult Learning Disability team employs a Transitions Co-ordinator to liaise closely with schools to plan for transition from school to adult services.
- Pilot specialist team for diagnosis of LD at Transition from school – led by the Neurodevelopmental Team in GG&C.
- Representative from West College is on the APC

3.2 NHS Greater Glasgow and Clyde

NHS GGC have developed a Public Protection Strategy – Safeguarding It Matters To Us 2023-2026. The Strategy was launched in February 2024 with significant progress being made during the first year. For example, NHS Public Protection governance arrangements have been strengthened with the establishment of an Adult Support and Protection Forum; the development of a GGC Public Protection Quality Assurance Framework; new policies and guidance which include an NHS GGC Public Protection Policy and Neglect and Adult Support and Protection Guidance documents; easier access to the AP1

form via clinical portal; the launch of a GGC ASP advice line and the development an exciting eHealth improvement bundle which includes the development of GGC Public Protection Quality Assurance Dashboard to support local and corporate monitoring, performance management and continuous quality improvement.

NHS GGC Public Protection Service in collaboration with the eHealth Development and Informatics team, has developed an improvement bundle to support the implementation of key deliverables outlined in NHS GGC Public Protection Strategy Delivery plan. ASP processes and procedures like those already well established for child protection have been developed. For example, child protection IRD forms and advice forms stored and reported from clinical portal via Micro Strategy. To establish reporting structures for ASP an additional Micro Strategy is currently being developed. The development of the Micro Strategy is essential in the provision of robust data to scrutinize ASP activity across NHSGGC and to share with the respective statutory Committees within the HSCPs.

All staff must be confident and competent to recognise when someone may need to be protected and to work in collaboration with partner agencies to reduce risk and improve outcomes for vulnerable individuals. The level of training staff require varies dependent on role therefore staff and managers should have awareness of what they are required to achieve and maintain their knowledge and skills.

NHS GGC Public Protection Learning and Education Framework sets out our aims to deliver high quality learning opportunities that support staff to become confident and capable to achieve the competencies, knowledge and skills required to meet their responsibilities. All training provided respects diversity, including culture, race, religion and disability, and encourages the participation of patients, carers, children, families and adults in safeguarding and protection processes.

A key element of NHS GGC Public Protection Service is to support implementation of NHS GGC Public Protection Learning and Education Framework. The Framework ensures a consistent approach is adopted across services and that all staff have access to appropriate learning and development opportunities. The Framework is supported by a Public Protection learning and education programme, access to supervision and reflective practice.

NHS GGC have prioritised the development of an online database to capture, monitor, and report on mandatory and professional training requirements in alignment with NHS GGC's Quality Assurance Framework (QAF). The primary objective is to equip service leads and business managers with tools to document and report on essential level 1, 2, and 3 CP and ASP training requirements across the NHSGG&C board. Data generated for level 1 CP and ASP training will complement existing reports issued to managers and staff regarding mandatory and refresher training.

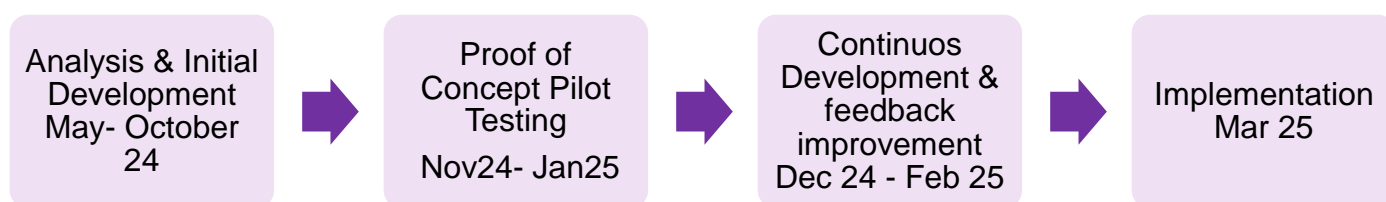
Currently, no formal system exists for capturing, monitoring, and reporting on level three training metrics. To address this, eHealth has agreed to develop a standalone Microsoft Power Application to capture these essential requirements. Leveraging Microsoft PowerBI technology, a dashboard reporting function has been created to extract relevant data from LearnPro, aligning with the specified metrics.

Management personnel can update the Microsoft Power Application with individual user completion details, enabling a comprehensive view of completion rates against the total number of users required to complete each training measure.

Initial benefits envisioned for the project encompass the following:

- **Streamlined Data Input and Capture:** The electronic solution aims to streamline the process of data input and capture, ensuring a more efficient and user-friendly experience for all stakeholders involved.
- **Real-Time Data Input Capabilities:** The project seeks to provide real-time data input capabilities.
- **Secure Data Supported by NHS GG&C eHealth:** Security is a paramount consideration, and the solution is designed to uphold the highest standards of data security, supported by NHS GG&C eHealth protocols and practices.
- **Enhanced Reporting Capabilities:** The electronic solution is poised to improve reporting capabilities, providing stakeholders with more comprehensive and insightful data to support informed decision-making.

Three test sites have been identified and will support the proposed development. Testing is due to commence early November 2024.



3.3 Domestic Abuse Multi Agency Risk Assessment Conference (MARAC)

MARACs are recognised nationally as best practice for addressing cases of Domestic Abuse at very high risk of serious harm and Domestic Homicide. The Inverclyde MARAC has been operational in Inverclyde since 2013. MARACs are held 4-weekly

MARAC Inverclyde Operating Protocol is reviewed on an ongoing basis to ensure that information is always up to date. The Protocol sets the interface with the broader public protection agenda including adult support and protection legislation. Using the MARAC process and knowledge and expertise of different agencies, identified risks are either reduced or managed in the most appropriate way. All appropriate Public Agencies are represented by Strategic Leads working together to achieve this outcome. For HSCP Adult Services the Strategic Leads include representatives from Mental Health, Homelessness, Alcohol, Drugs and Recovery Services and the Adult Protection Coordinator. Increasingly, public services are identifying that the children and families who come into contact with VAWG services are often the same individuals who come into contact with child protection systems and adult services. 'Tackling VAWG will significantly reduce the burden being placed on these services to provide crisis support to women, children, and young people and to redirect resources towards improving outcomes for society as a whole' (Equally Safe 2023). The MARAC process includes the identification of all relevant adult services involved, ahead of each meeting and where not already represented, the involved Team Lead is invited to the meeting. Referrals can be made from any service represented on MARAC. The Safe Lives Risk Indicator Checklist (RIC) should be used to measure current and immediate risk.

3.4 Police Scotland

Police continue to raise Concern Reports as before including in respect of adult protection via the well-established referral processes that is in place. This referral process will be kept under review to identify

areas that could enhance public protection protocols through strengthened partnership working arrangements.

Senior officers represent Police as a key partner across multidisciplinary forums such as Adult Protection Committee, Quality and Policy Subgroup, whilst community policing have been represented at Case Conference when it was identified as necessary. Further Police Scotland representatives have co-facilitated awareness and financial harm training and more specialist information session on Cuckooing and County Lines to practitioners and committee.

3.5 Scottish Fire and Rescue

The programme of Home Fire Safety Visits is ongoing within the Inverclyde area along with targeted community safety initiatives relating to groups who would be identified in higher risk categories such as older people, people experiencing poor mental health, and those affected by addiction. The view being that the community safety work undertaken locally serves to prevent fire related deaths in Inverclyde. There remains a focus on appropriate fire detection and prevention systems supported by evacuation plans and advice which are amongst other public protection activities undertaken by the community safety team to people across the life-course.

As a result of preventative approaches taken by the Scottish Fire and Rescue Service adult protection referrals are received and processed, there is a well-established referral pathway in place which will remain under constant review to identify ways of enhancing partnership working on the frontline. The Scottish Fire and Rescue Service as a key partner have provided input to local ASP training and awareness sessions which serves to strengthen the knowledge and understanding of participants whilst also promoting the multiagency approach to ASP in Inverclyde.

3.6 Care Homes

Supported by social work services and the commissioning and contracts team, the safety huddle set up during the pandemic has evolved as per national guidance into the Inverclyde Collaborative Care Home Support Team (CCHST). The team have continued to meet weekly bringing together all relevant partners including the Care Inspectorate to support local care homes with an emphasis on building on good practice, collaborative improvement and assurance and wider considerations around the pressures of financial viability/ sustainability in the face of rising costs. The CCHST take a multi disciplinary approach to any concerns raised locally or by the regulator and work to support care homes and mitigate risks.

The CCHST allows a platform for discussion of current investigations and multi-disciplinary solutions for example with pharmacists, Care Home Liaison Nurses and Mental health nurses supporting homes to identify learning and make any required improvements. The CCHST is supported by the NHSGGC Care Home Collaborative who provide specialist advice, training and support to homes at the request of the home themselves or the CCHST.

The CCHST work to identify ways to improve health and wellbeing of people living in care homes as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by Scottish Government in June 2022. One significant piece of work in relation to this has been Call Before You Convey which has been rolled out for those at the end of their life in care homes to support them to stay in their home if that is their preferred place of death. In the first 5 months to April 2024 all residents discussed at the virtual ward achieved their preferred place of death.

3.7 Registered Social Landlords (RSLs)

During the previous reporting period Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde for Adult Protection and Adults in Need was reviewed, refreshed and agreed by all parties including a housing provider new to Inverclyde. The Practice Guidance continues to serve purpose and aid positive multiagency working arrangements to maintain the safety of the people of the Inverclyde community.

3.8 Partnership with Third Sector

Your Voice and Ardgowan Hospice, including Compassionate Inverclyde, are members of the Committee. CVS Inverclyde worked in partnership with Inverclyde Council to provide the Warm Hand of Friendship Small Grants to community groups over the winter of 2022/23. These grants were to help groups develop warm spaces and activities to give local residents the opportunity to access warm social spaces with hot drinks, food and activities. Many of these spaces were open to vulnerable adults who would otherwise have to choose between heating and eating. Round 1 of the fund was £90,000 and provided grants to 33 groups. Inverclyde HSCP provided an additional £50,000 to allow a second round, which enabled an additional 18 groups to receive grants.

Furthermore, CVS Inverclyde worked in partnership with Inverclyde HSCP to distribute a Cost-of-Living Support Grant Programme in which local constituted groups could apply for funding, which they could then distribute to individuals and families in the form of cash payments or supermarket vouchers. This £100,000 grant programme began late into the 2022/23 financial year, with 6 organisations receiving funding before the 31 March 2023. At the request of the funders, the Cost-of-Living Support Grant Programme continued into 2023/24, providing an additional £15,000 to nearly 4,100 vulnerable people in Inverclyde. One organisation reported that *'the funding has helped us to provide targeted support to older tenants who live alone, our tenants with physical and mental health issues and tenancies with families with food vouchers. This allowed tenants for a short period of time not to have to worry so much about the cost of food and meant that they could stock up on essential items that they could use to bulk up their meals for a few weeks'*.

In March 2023, CVS Inverclyde hosted Inverclyde's Communities Mental Health and Wellbeing Showcase Event that brought together organisations that had been awarded funding as part of the Scottish Government's Communities Mental Health and Wellbeing Fund 2022/23. We heard keynote speeches from Stuart McMillan MSP; Kate Rocks, Chief Officer of Inverclyde HSCP; and Julie Anderson, Head of Wellbeing and Prevention Unit of the Mental Health Directorate within the Scottish Government. A varied selection of third sector organisations who had been awarded funding delivered presentations about the impact they have made to support mental wellbeing in Inverclyde, including several organisations that support vulnerable adults. The 3rd year of the Inverclyde Communities Mental Health and Wellbeing Fund for Adults (the Fund) opened in September 2023 and Inverclyde was awarded £240,739.48 to distribute to organisations delivering services in Inverclyde. The overarching aim of the Fund is to support community-based initiatives that promote and develop good mental health and wellbeing and/or mitigate and protect against the impact of distress and mental ill health. A total of 19 organisations were awarded funding.

CVS Inverclyde hosts the Community Link Workers who are funded by the NHS GGC. This role's main purpose is to mitigate the impact of social determinants of health in people living in areas of high socio-economic deprivation. The Community Link Workers are based across all 13 GP practices in Inverclyde, enabling relationships to grow, both with partners and patients. Although much of their work

is 'unseen', they support patients, often with complex issues, to remove barriers to accessing support and services to improve their overall wellbeing. This also includes supporting with adult protection issues as a key partner agency. In the 2023/24 financial year, the Community Link Worker team saw 1,307 patients, received 1,417 referrals from GP practice staff and individuals, had 7,746 encounters with individuals and the team made 4,102 onward referrals to other organisations. Partnership working underpins everything the Community Link Worker team do. One GP shared that sending patients to the Community Link Worker was 'the best prescription I've ever written.'

Many of these initiatives are identified as necessary in the current financial climate and are compounding issues faced by people in deprived areas, however in relation to ASP vulnerable people are receiving contact that maintains welfare and aids the identification and referral of those in need and most at risk.

Your Voice as an organisation and network seeks to build connections with the diverse community of Inverclyde to develop relationships with people to identify and address the existing and emerging challenges people in the community face. This approach means the organisation interacts with high percentage of people who would be identified as being more vulnerable to harm due to their characteristics, such as. Those engaged with the Inverclyde Recovery Community, Dementia Friendly & Enabled Communities, MacMillan Improving the cancer journey, Connecting New Scots, and Asylum-seeking community. All could be at higher risk of financial, emotional, physical harm or exploitation. These connections with staff who are trained to identify indicators of harm and have attended Inverclyde ASP awareness training are able to refer any Adult they are concerned for. Whilst the opportunity to identify and highlight people of concern the work is based promoting positive physical and mental health and wellbeing through initiatives such as Green Connections that promotes the use of human powered transport that accesses green networks, Peer Support Groups that tackle isolation, which overall promotes healthy and connected communities.

3.9 Audit Activity

Inverclyde Adult Protection committee has taken a proactive approach to the quality assurance and audit activity. Including quarter small scale audits, intended to be undertaken by local managers and completed based on an identified theme. There are 30 cases audited in the quarterly smallscale 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 takes place every 2 years. This is a multi-agency audit involving Police Scotland, Scottish Fire and Rescue, Public Protection, Housing Services, Health representation and Adult social work services.

4. Training, Learning and Development

4.1 Learning and Development Strategy

The Inverclyde Adult Protection Committee Developed a Multi-Agency Learning and Development Strategy, Standards and Programme for 2024-2026. In addition to information about training and developmental events delivered via the auspices of the APC, it includes key partner agencies adult support and protection learning and development strategies and provides details of other complimentary training courses (child protection, mental health, gender-based violence and addiction) to support best practice across the public protection agenda.

Following the pandemic the programme has resulted in a blended learning approach of face-to-face and online training events. The interactive nature of face-to-face courses have been found to be preferred by candidates and trainers for elements of ASP training such as Council Officer and 2nd Worker, this format also allows for more natural role play for specific functions such as investigative interviewing. Whereas online delivery has enhanced attendance and reach for courses such as the awareness training, further, it has enabled specialist input from national bodies such as Trading Standards. Inverclyde will continue to improve and adapt the delivery of training in the most appropriate manner whilst considering the attendee feedback for courses that are delivered.

4.2 Level 1 Adult Protection Awareness and Financial Harm Training

The HSCP Learning & Development team worked in conjunction with the Adult Protection Coordinator to condense and translate the Level 1 Adult Protection Awareness and Financial Harm training courses for delivery on a digital platform. Following a pilot of the online courses in 2021 this was the desired delivery method as we emerged from COVID-19 with groups limited to 15 to aid learning through discussion, however, courses have been increasingly delivered face to face in response to course feedback.

Approximately 230 staff from across agencies and public bodies have attended the ASP Awareness training 2022/24 with 17 sessions delivered to an average of 14 participants. Demand for the course therefore remains high with the course information and details as to how to book circulated quarterly to an extensive circulation list that has been developed and updated over the last decade.

4.3 ASP Awareness training

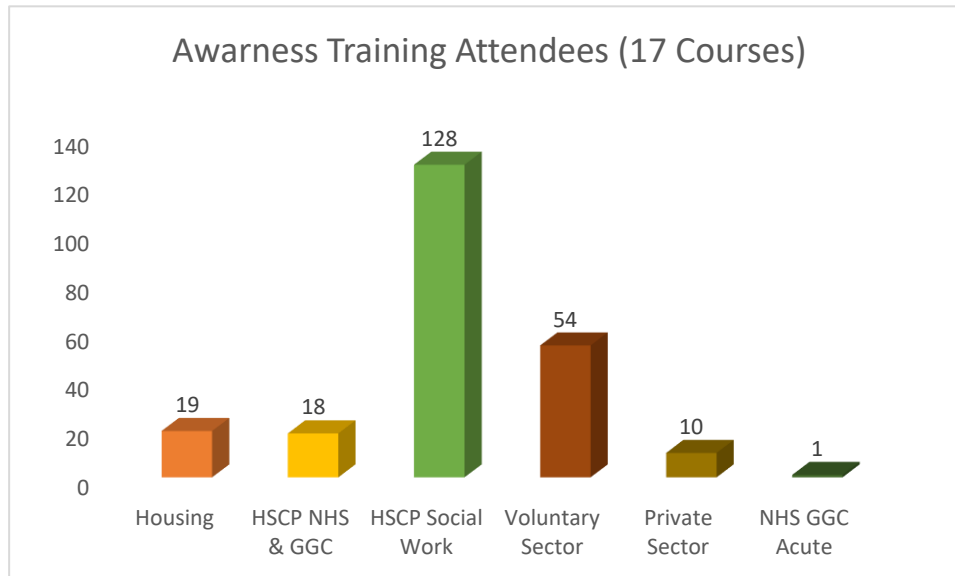
Course feedback via course evaluations which achieved almost 100% return rate identified that the Learning Outcome have been fully met by 93% of attendees, those learning outcomes are.

- To raise awareness of the Adult Support and Protection (Scotland) Act 2007
- To clarify the principles, duties and responsibilities under the Act for all multiagency employees
- To inform staff of their duty of recognition and referral of adults at risk of harm
- To raise awareness of the importance of multiagency working in Adult Support and Protection

The attendees have been asked to suggest improvements to the course which serves to evaluate and update the courses on an ongoing basis.

Positive feedback from the ASP Awareness training included the breadth of views due to the multi-agency attendance that then enhances the scenario discussions and threshold exercise, the quality of course content and delivery, later in the reporting period face-to-face that aids group discussion and the venue was identified as a positive.

Areas of improvement gained from a 100% return on evaluations include, reference to Adults With Incapacity legislation, however, there was also feedback around follow on training to increase knowledge which may indicate attendees with a higher level of training need such as council officer or 2nd worker. Further feedback being that the course could be overall longer which would allow increased time to explore certain topics within the course material.



4.4 Financial Harm Training

Financial Harm training has been delivered to 103 staff from across agencies and public bodies who have attended the training 2022/24 with 8 sessions delivered to an average of 13 participants.

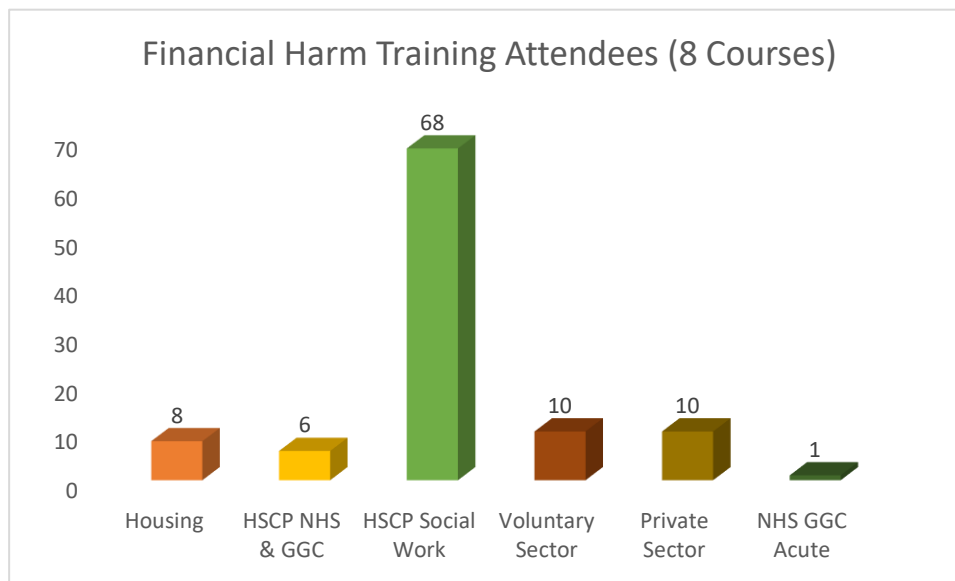
Course feedback has been positive with Financial Harm training evaluations identifying the learning outcomes were fully met by a majority of trainees and where this was not the case it was partially met. Those learning outcomes being.

- To raise awareness about the range and prevalence of financial harm
- To explore the impact of financial harm
- To become aware of the signs of financial harm and how to respond
- To raise awareness of support and assistance available

Positive feedback across financial harm courses has been the quality of content and delivery of material, interactive element and the group discussion opportunity allowing for an opportunity to see different perspectives and thresholds, raising awareness and understanding of the complexity of scams in current use.

Suggestions for improving the course included more time for group discussion and peer interaction/debate, when there was no input from a partner agency such as Police and Trading

Standards this reflected in the feedback as they are seen as vital in tackling this type of harm, there was requests for more in depth or enhanced training in this area relating to Council Officer roles and investigation.



4.5 Hate Crime Awareness & Third-Party Reporting

Hate Crime Awareness Training has been delivered to 34 staff from across agencies and public bodies who have attended the training 2022/24 with 2 sessions delivered to an average of 17 participants.

Delivered in Partnership with Police Scotland the learning outcomes identified are.

- To raise awareness of Hate Crime as an issue
- To have a more detailed understanding of what constitutes a crime
- To become familiar with mechanisms for reporting
- To become familiar with taking a report from a 'victim' of hate crime where appropriate

Evaluation return was 100% and general feedback highlighted there was shared learning as to how other agencies represented at the training identify and tackle hate crime. Specific feedback on the course was positive and highlighted this is an area that generated curiosity. Particularly of note participants identified the training as engaging, informative and relatable to their job roles.

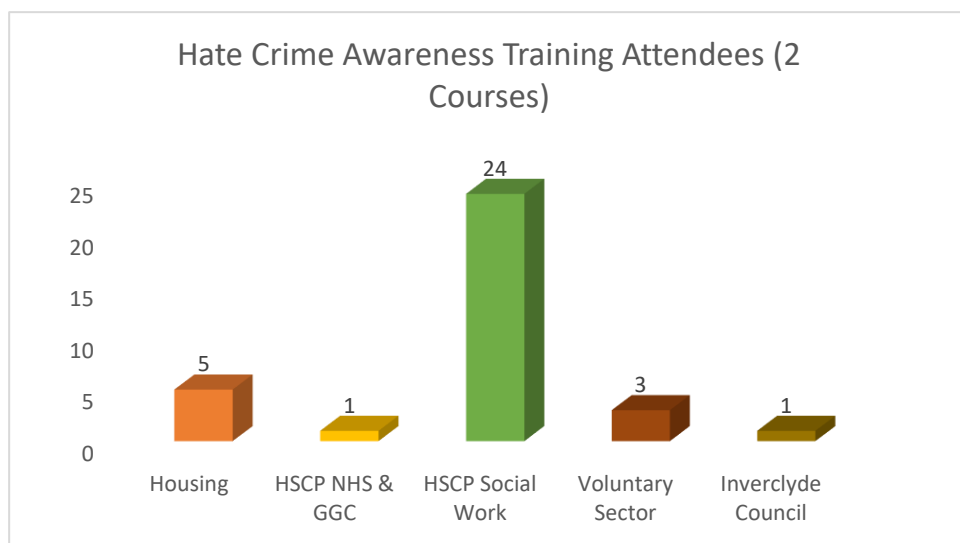
Interesting suggestions on how to improve the course included skills based learning which included, how to enable marginalised communities to report hate crimes and incidents, how to discuss with a perpetrator how serious hate crime is.

Based on attendance records attendees have continued to include staff from a diverse range of private, Third Sector and voluntary organisations including Registered Social Landlords, Advocacy Service, care homes and registered care services.

HSCP staff, including social work, health and business support teams, have participated in the courses. Attendees from Health and Social Work continue to attend from across all of adult services which includes Community Nursing, Community Mental Health Services; Alcohol, Drugs and Recovery

Services, Homeless Service, Assessment and Care Management, Care at Home, Independent Living and Learning Disability Services.

Joint work has started to consider what is required to refresh the content and delivery of Level 1 adult protection training. It is agreed that Inverclyde Council Trading Standards colleagues will continue to support this work including being involved in the delivery of parts of the course relating to financial harm and as to their roles and responsibilities. Police Scotland are also being asked to review and refresh the content provided by them. Further, trauma informed approaches will be embedded in the training material and delivery which is being developed alongside the Trauma Lead for Inverclyde. Human Rights should be at the forefront to support anti-discriminatory practice therefore will form the lens which to develop the necessary training.



4.6 Level 2 Training

The in-person Level 2 Procedures Course is mandatory for Council Officers and their managers and is suitably designed for Health and Social Care staff who may act as second worker in an investigation. Whilst the in-person Level 2 Recording and Defensible Decision-Making Course is also mandatory for Council Officers and their managers and recommended for frontline Health Team Leads and health professionals working in integrated teams. The Procedures Course was developed and delivered in conjunction with an external training consultant with the Recording and Defensible Decision-Making Course commissioned and delivered from the same training consultant.

Delivery of the training was impacted by the pandemic but has during this reporting period returned to full in-person delivery. Inverclyde has been working in conjunction with Argyle and Bute to jointly commission training from same training consultant. A benefit is that staff from both areas will learn together and from each other.

Two courses were commissioned. The first, a one-day Council Officer Refresher training and the second is a 5-day training course for social workers progressing to undertake the role of Council Officer for the first time and for existing Council Officers where it has been agreed they would benefit from a more in-depth refresh. An aim of the refresher course is to inform and challenge participants who are likely to be experienced Council Officers. The 5-day course incorporates recording and defensible decision making, however, this was delivered as a stand-alone course as there was an identified training need that did not necessitate people attending the full 5-day course.

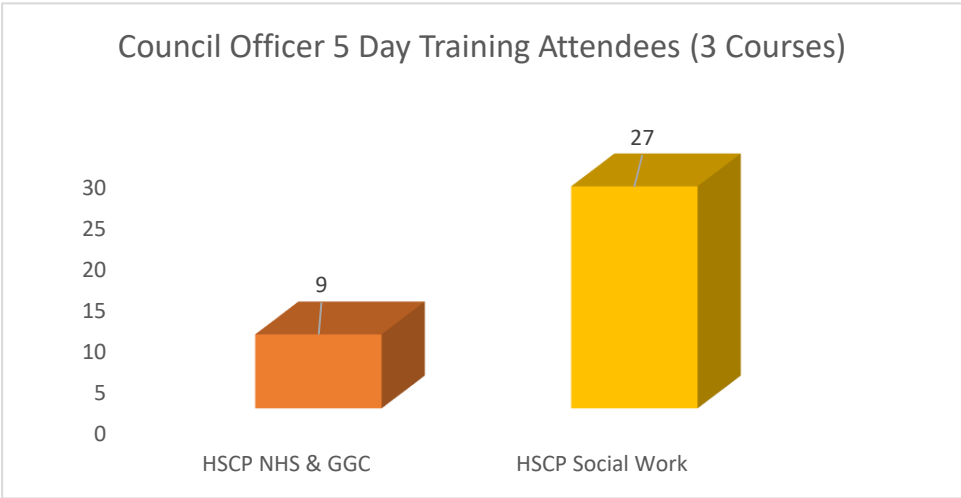
The content of both courses was regularly refreshed by the training consultant to ensure that the programme content and learning outcomes remain relevant, reflecting current research, national guidance and approaches to support best practice such as trauma informed practice. The content is also kept under review by the training consultant in conjunction with both Adult Protection Coordinators to ensure the content reflects adult protection procedures, guidance and protocols; the organisational structures and links to cross cutting public protection processes e.g. Multi-Agency Risk Assessment Conference (MARAC) for each area.

4.7 5-Day Council Officer Training

The feedback from Inverclyde participants has been exceptionally positive. Whilst the initial priority was for existing Council Officers to attend the training it was attended by Social Workers, Nurses, Occupational Therapists, Team Leaders, and Social Work Assistants. This reflected the 2nd worker role taken on across disciplines and that leadership roles requiring an enhanced knowledge of the legislation.

Shared training with Argyle and Bute saw 3 courses delivered in this reporting period with 36 staff from Inverclyde attending across the 3 courses.

Positive feedback in responses identified the capacity and common law capacity test as useful in understanding the intersectionality between legislation, but also in identifying if ASP is the most appropriate legislation, therefore, helping inform assessment. They identified the training highlighted the need for professional curiosity and the importance of information sharing and communication. When exploring service user voice/involvement and Advocacy they identified a theme of relationship building and ensuring the Adult is being heard. There was a strong indication that a person-centred approach and the core skills and values of social work had been at the heart of the training. Attendees also rated highly risk assessment frameworks and the opportunity to role play and reflect on the Adults perspective during case conference and investigative interviewing resulting in an increased empathy to someone in that position.

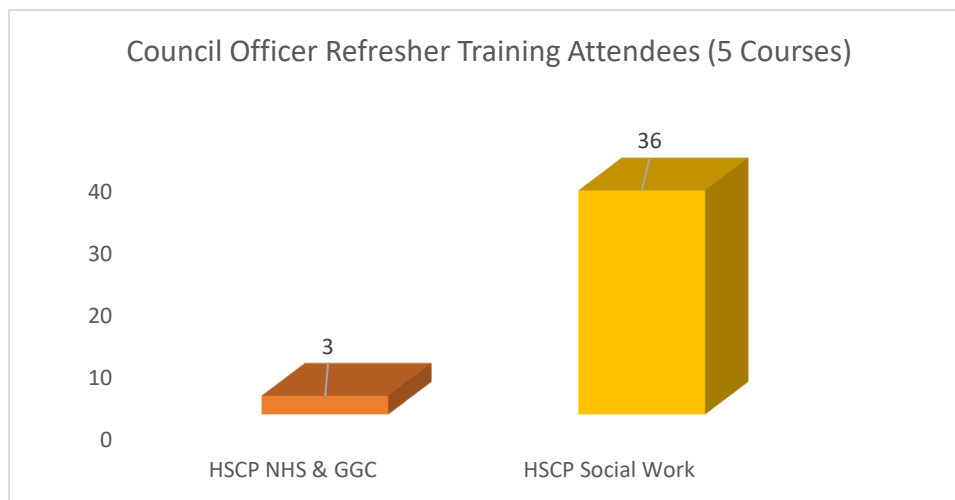


4.8 Council Officer Refresher Training

Attendance at the refresher training consisted mainly of Social Workers, but also Team Leads, Social Work Assistants, Occupational Therapists and CPN's. Delivered jointly with Argyle and Bute 39 staff from Inverclyde attended over 5 courses delivered in partnership.

Feedback via evaluation has been positive and draws out themes helpful in practice relating to further consideration to risk assessment and helpful discussion relating to undue pressure. For others it served as a reminder to all resources, tools, legislation and research from previous training and learning.

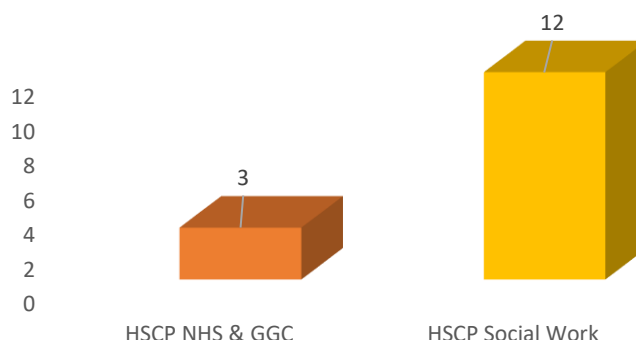
When both courses were introduced a training needs analysis exercise was undertaken to confirm with Social Work Team Leads as to what adult support and protection training the Council Officers in each team have undertaken. This supports the consideration of Team Leads in conjunction with their staff team as to which course would be of most benefit to support them in fulfilling statutory functions. The training needs analysis continues to be updated which supports an understanding of resource availability whilst highlighting training demand. The most recent analysis of Council Officer capacity identified 22 of 26 Adult Social Workers had completed the appropriate training to support them carry out statutory functions under the 2007 Act, although it is acknowledged that not all resources would be available all of the time.



4.9 Recording and Defensible Decision Making

Although this training is offered as part of the 5-day Council Officer training there was an identified need to offer the course as a stand-alone session. This was delivered to 15 staff from Inverclyde who are predominantly Council Officers. The course served to support attendees sustain a focus on the importance of the topic. Feedback received reflected the reinforcing nature of the training which was received positively. Feedback included being provided with a good structure and guidance for case recording, an informative framework to inform risk assessment, and someone identified the training brought important protective practice for clients, families, workers and agencies into clear focus.

Recording & Defensible Decision Making Attendees
(2 Courses)



4.10 National Trauma Transformation Programme

Trauma Informed Practice has been delivered at Skilled level with a specific focus on the roles local authority staff carry out work under Adult Support and Protection legislation by seeking to understanding and respond to people affected by trauma. The training follows the guidance of the transformational programme in partnership with the Adult Support and Protection coordinator and Inverclyde Trauma Lead. Training follows NHS Education for Scotland (NES) framework and incorporates online training accessed via Turas, whilst in person training commenced at the beginning of 2024.

4.11 Adult Protection Learning and Self Evaluation Events

The APC has continued to be committed to providing multi-agency learning and self-evaluation events and workshops as part of the Business Plan and Multi-Agency Learning and Development Strategy. These have been developed and delivered in response to emerging issues and topics from local and national adult support and protection themes. Such themes have included Cuckooing and County Lines, Human Trafficking, and sexual exploitation.

The online Adult Support and Protection and Safeguarding Five Nations Conference Series is promoted to HSCP staff. We continue to identify and create multi-agency opportunities to consider the findings, learning and actions required in support of the Significant Case Review Action Plan.

4.12 Multi-Agency Learning and Development Strategy

The strategy has been reviewed with a current version 2024/26 in place which will be reviewed to reflect the developments and progress made to refresh training and to adopt a hybrid model of in person and online training for staff. The strategy aim is to ensure as far as is possible that the methods of delivery are sufficiently robust to ensure that training can continue to meet the demand to inform practice with relevant knowledge and research.

5. Engagement, involvement, and communication

5.1 Adult Protection Committee Membership

The APC has been operational since 2009. The membership has included Service User and Carer Representatives since 2010. Support is provided to the representatives by Your Voice, a local third sector organisation commissioned to support service user and carer involvement in the planning and service delivery of health and social care in Inverclyde, including Adult Support and Protection.

5.2 Service User and Carer Evaluation

A new approach to Service User and Carer Evaluation was developed by a short life working group. This included representatives from across partner agencies and the Care Inspectorate to support the development of the Terms of Reference and templates including a questionnaire. At the start of 2020 the planned evaluation was underway with representatives from Compassionate Inverclyde and River Clyde Homes undertaking conversations with Service Users and Carers to evaluate the ASP process from their perspective. The independence of these agencies supports impartiality and prevents any potential conflict of interest. However, due the pandemic this evaluation was suspe

Moving forward the local authority have produced Participation and Engagement papers that identify the same key partners as those required to support the ASP policy and process there will be stronger links established to ensure the representation of ASP. learning from these areas that could be helpful. The committee have strong relations with Your Voice and CVS as evidenced elsewhere in this report which will play a key role in forming and building on relationships with people in the community.

5.3 Independent Advocacy

The HSCP commission an Independent Advocacy Service to support adults at risk. The Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures outline the importance of advocacy support. This is to ensure that the HSCP is applying the ASP principles, the adult is independently informed of their rights, their views are sought, and they are supported to put their views across.

Both previous face to face training and the current online courses has advocacy as a specific section of programme covering the principles, standards and types of advocacy and the importance of its role in engagement with adult at risk.

Our inspection found that 'nearly all adults at risk of harm who required independent advocacy were offered it, where it was accepted, it was deployed at the right time and helped the adult to articulate their needs on every occasion'. In terms of our improvement the aim is to better capture the reasons as why advocacy is not received.

Communication with the Advocacy service has indicated that earlier referrals to the service could improve advocacy support when required and this will be further explored when seeking the views of people with experience of ASP in the coproduction and design of policies and practice guidance. The effectiveness of this work will be measured through data as advocacy attendance is recorded, and by the auditing process.

5.4 Public Information

In developing our approach to communication and engagement the material we have has been developed with service users and carers to try to ensure it is as accessible as possible in order to improve public awareness of adult protection. This was completed and reported in the last reporting period but remain relevant and are constantly reviewed for accuracy of information.

The current ASP leaflets were developed with a range of local service user and carer focus groups with the easy read versions developed in conjunction with Central Advocacy Partners and remain relevant.

A focus group including local service users and carers was central to the development of the 10 Adult Protection Understanding Harm DVDs which were based on the experience of adult's at risk of harm in Inverclyde. They were available to view on the Inverclyde Council YouTube Channel, Information Screens in HSCP buildings and GP surgeries but a further refresh in our approach to public information is needed. They will however still be used with some training courses.

Your Voice as a partner to the HSCP promotes service user and carer voice, they also support APC with digital outreach. There have been a number of social media campaigns over the reporting period raising awareness of types of harm and advice on how to report Adult Protection Concerns. The table below has been provided by Your Voice displaying the reach of the campaigns but, more importantly, the interactions through reactions, commenting and sharing of the information by others. The partnership for social media campaigns continues with future campaigns including awareness raising of wider issues such as trafficking, sexual exploitation, violence against women, and cuckooing. There will also be targeted activity around the National ASP Day.

Adult Protection Stats April 2022 - March 2024	
Impressions	184864
Reach	173384
Reactions, comments and shares	4952
Reactions	3328
Comments	768
Shares	856
Link Clicks	11304

6. Challenges and areas for improvement

6.1 Adult Support and Protection Quality Improvement Plan

The Adult Support and Protection quality improvement plan was developed following the Joint Partnership Inspection 2021, 5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan. A single agency audit 2023 identified good progress had been made in respect of all 5 areas and that adults continued to be safer because of our activity.

However as would be anticipated scope for some further improvement is identified. A consideration being that the first plan was impacted by the progress being made to move to a new electronic management information system. This plan considers the agreement across adult operational teams of the need to introduce an interim measure with the longer-term focus being for all relevant adult services staff being trained to complete documents within the new management information system when this goes live.

A written report on progress was completed to the Integration Joint Board July 2023, with the Social Work & Social Care Scrutiny Panel noting the progress of Phase 1, recognising the impact of the 2022/2023 audit and the additional actions identified to progress further improvement. As a result the Quality Improvement Plan, now in Phase 2, has been developed to support continuous improvement, it is now at its midpoint as a plan for 2023–2025. The Quality Improvement Plan is progressed in collaboration with the Staff Reference Group Comprising of Council Officers and Support Staff from across all adult services. The APC Quality and Policy Subgroup will have oversight of the implementation and review of the plan. Progress is reported to the APC, with final report to be completed by 30th November 2025. Areas identified within the improvement plan include development of chronology and guidance, revised templates such as inquiry, investigation and risk assessment, update practice standards and operating procedures.

Audit activity of actions in the improvement plan indicate that there has been a positive impact on recording and decision-making activity attributed to revised templates and training which has been delivered. There has been no progress to the new electronic management information system, any progress in this respect will be incorporated into the improvement plan as and when this is progressed to maintain accurate recording in relation to vulnerable adults.

An area of improvement is General Adult Chronology Template & Guidance, this has been developed locally, but given there is national work being completed in this area we are keen to benchmark our draft alongside any national template to avoid multiple changes to paperwork and guidance as we may adopt a standardised format. This area is now on hold awaiting the national developments.

Review of Adult Support & Protection Templates is another area for improvement whilst also tackling the issue of version control and local storage of templates in area teams. By placing ASP form templates on CIVICA this has addressed version control for the majority of teams, however, due to the nature of some integrated teams such as Mental Health and Addictions there has been slower progress for these areas and version control remains an issue. This will be progressed in the timeframe remaining of the current improvement plan and reviewed via audit activity to measure success.

Revised Practice Standards and Operating Procedures has been viewed as a longer-term action under the current improvement plan and remains an outstanding workstream for the remainder of the planned period. These will need to reflect the many changes in ASP policy and practice guidance as well as best practice areas such as service user voice and involvement, trauma informed practice, and human rights. There are a number of Good Practice Guidance documents for joint working with Housing and Police etc. this needs to be widened to include other community partners to strengthen referral and joint investigation practices.

6.2 Economic and Social Deprivation

The CSWO report 2023/24 highlighted according to the Scottish Index of Multiple Deprivation (SIMD), the levels of poverty and deprivation in Inverclyde are, proportionately amongst the highest in Scotland. It reports that 43% of local people live in areas that are among the most deprived in the country (SIMD 1). In relation to Adults at Risk it is shown in research that people facing multiple deprivation are at higher risk of exploitation such as cuckooing, sex for rent, in addition they are more likely to access illegal money lending arrangements which comes with an increased risk to personal safety and their property. Inverclyde should analyse the minimum dataset for the area to identify the relationships between poverty and disadvantage and those identified most at risk. Through analysis the local authority can raise awareness and consider strategies to address the causes that lead to increased vulnerability, whilst targeting resource at areas of identified need. These issues are set in a backdrop of ongoing economic difficulties facing communities in a cost-of-living crisis and spending cuts to the local authorities.

6.3 Learning and Development

The Adult Protection Support Unit continues to maintain a training record, ensuring managers can check that their team have had access to and undertaken an appropriate level of training.

During 2022-24 there was a review of the content of all existing core training for Council Officers to ensure it was up to date, considering both local and national developments including the refreshed Adult Protection Code of Practice 2022, guidance, improvements, and data. This is to ensure learning opportunities available meet the learning needs of Council Officers undertaking statutory functions.

Locally in partnership with Argyle and Bute there was a dependence on an external trainer for delivery of training, at the end of the reporting period it is noted the external trainer will retire 2024. This presents both a challenge and an opportunity for Inverclyde, with options for training delivery in house, which would offer a more localised approach. Considerations will also be given to partnership with neighbouring authorities or identifying another external training consultant. This will be presented through the appropriate processes for quality assurance and governance before a decision is made. The training needs analysis identifies the majority of adult services social workers are currently trained council officers, the local authority is in a fortunate position that time can be taken to fully consider the options available whilst sustaining a workforce to meet the statutory requirement.

As noted above, there is a current Inverclyde Adult Protection Committee, Multi-Agency Learning and Development Strategy, Standards and Programme 2024-2026. One of the main functions it gives to Adult Protection Committees is improving the skills and knowledge of those who work in this area.

6.4 Financial Savings

All public services are facing challenging financial times, Inverclyde is not immune to this and therefore will face challenges in relation to budgets across Adult Services the statutory provision of Adult Support and Protection will be protected. As our data has highlighted, this is in the face of increasing numbers of referrals year on year and although conversion rates are lower in percentage, in hard numbers, frontline services are processing more referrals, inquiries, investigations and case conferences. This presents a challenge for all key partners in resourcing working agreements and policies that are in place to keep Adults safe and offer protection at times when they are identified as vulnerable. Policy and Practice Guidance is an area identified for improvement, whilst reviewing existing arrangements there could be an opportunity to identify ways of working smarter whilst maintaining the necessary levels of risk management and support to vulnerable adults.

7. Looking forward

The Business Plan provides the overview and detail of all our key areas of work and improvements identified for the next reporting. We recognise that there are areas that are our priority to progress.

- Sharing learning and fulfilling actions required for SCR locally and nationally
- Complete implementation of Improvement Plan and evaluate progress and improvements made
- Progress Service User and Carer evaluation and review our approach to public information.

The Business Plan is a key focus for APC in 2025, reviewing the current plan to ensure it is still relevant and updating it as required.

The previous report identified the need to keep under review the potential impact of the cost-of-living crisis on the local population and in particular for those adult's most at risk, consider the findings of the Scottish Mental Health review, and of the impact of the National Care Service. This report has identified the impact of the current financial climate in a local authority area that has high areas of deprivation, therefore, as we continue to face challenging economic times as individuals and agencies the impact will be reviewed. The outcome of the Scottish Metal Health review and National Care Service remains unknown, as a local authority this will need to be considered as they develop.

The identified work to revise Policy and Practice Guidance presents an exciting opportunity to also address the area of service user voice and experience, this could result in the design and implementation of coproduced policy and procedures, and services. Inverclyde has a vibrant 3rd sector and carer community who could play a vital role in this important area of development.

8. Appendices

8.1 Remember my Name – Action Plan

National Actions				
	Recommendation	Action	Responsibility	Timescale
1	A national audit of people with a diagnosis of learning disability.	<ul style="list-style-type: none"> Services should identify children, young people and adults with learning disabilities. Services should identify young people approaching and involved in Transition to ensure their needs are appropriately assessed. Recording and review of diagnosis in NHS practice should be reviewed to ensure information and change are reflected in case notes. 	<ul style="list-style-type: none"> Through Chief Social Work Officer to: All Chief Officers Groups Scottish Government: Learning Disability and disability strategy Teams. Healthcare Improvement Scotland 	2024
2	Putting Appreciative Inquiry principles to the forefront.	Local committees should consider appropriate tools to assist in Learning Reviews.	Local Committees	2024
3	Continuing and updating the Adult Support and Protection (Scotland) Act 2007 including Scrutiny and developing Learning.	Local Child Protection and Adult Protection committees should ensure that the needs of children, young people and adults with learning disabilities and other conditions are noted in child protection and adult protection activity.	<ul style="list-style-type: none"> Through Chief Social Work Officer to: Scottish Government in consultation with ASP Improvement strategy Local Committees. 	Ongoing
4	Reflect legislation and practice on lived experience and of experiences of care and support, and carer support.	Continue to involve the lived experience of service users, patients and family carers across all service areas in policy and procedure development, in line with recommendations from the current Improvement Plan.	<ul style="list-style-type: none"> Scottish Government Local Partnerships Care Inspectorate Inspection programme for children and adults 	Ongoing

5	A revisit of guidance on record retention and location, including letters, e-storage, policy and guidance, chronologically, and holistic.	<ul style="list-style-type: none"> ▪ The current retention policies in agencies should reflect change due to electronic systems, email and handheld devices and attention to how material is stored and retained including email, correspondence, and data. ▪ Provide guidance and revisit retention schedules on how case files should gather all materials in one file to include electronic materials. ▪ Adjustments made to ensure historical material is accurately and chronologically managed within files. Systems should ensure correspondence and communication materials are stored. 	<ul style="list-style-type: none"> ▪ Through Chief Social Work Officer: ▪ Scottish Archives ▪ Social Work Scotland ▪ NHS Healthcare Improvement Scotland ▪ Care Inspectorate national Inspection programmes 	
6	Consider whether changes in legislation are required for formal caring arrangements out with the family and whether these require further checks and balances.	<ul style="list-style-type: none"> ▪ The role of carers external to family and arranged services should be subject of consideration at both policy and in operational arrangements. ▪ Is legislation required (and achievable) in identifying 'care' arrangements out with current legislative frameworks. 	<ul style="list-style-type: none"> ▪ Chief Social Work Officer ▪ Social Work Scotland ▪ NHS ▪ Police Scotland 	

Agency Actions			
	Action	Responsibility	Timescale
1	Clear and accessible processes for diagnosis and assessment of learning disability should be available for those who need to access them.	<ul style="list-style-type: none"> ▪ All Health Boards and Health and Social Care Partnerships. ▪ NHS Healthcare Improvement Scotland. 	2024
2	<ul style="list-style-type: none"> ▪ What steps do GPs/practice managers take to routinely review patient lists to highlight those with particular conditions who have not accessed health services for some years. ▪ Consideration of further roll out of Health Checks. 	<ul style="list-style-type: none"> ▪ All Health Boards Health and Social Care Partnerships ▪ NHS Healthcare Improvement Scotland 	2024
3	<ul style="list-style-type: none"> ▪ It is recommended that the learning from the review about what constitutes good multi-disciplinary transitions are shared with those who are currently taking the childhood and young people (Transitions to Adulthood) (Scotland) Bill through the Scottish Parliament in order to maximise the impact of this forthcoming legislation. 	<ul style="list-style-type: none"> ▪ Further and Higher Education Facilities. ▪ APC's and CPC's and College/University sectors to review membership to ensure appropriate representation. ▪ Current work on the Transitions Bill should ensure the findings of this review are recognised and incorporated. 	2024

	<ul style="list-style-type: none"> Transitions plans from school to further/higher education settings and to community services and supports should be recorded and monitored. Further and higher education providers should review their Adult Support and Protection procedures and connect to both Child Protection and Adult Protection locally and through national channels. Carer support should ensure the findings from this report are known and shared. 		
4	It is recommended that the learning from this review by the DWP is shared with Social Security Scotland to further enhance their understanding of policy and practice in response of people with learning disabilities, their Appointees and family carers.	DWP AND Social Security Scotland	2024

Local Actions				
	Recommendation	Action	Responsibility	Timescale
1	An Inverclyde implementation group.	<ul style="list-style-type: none"> The Adult Support and Protection Committee will ensure that the recommendations arising from this review are progressed locally and work to ensure national recommendations are progressed, reporting to the Chief Officers Group. The Child Protection Committee will address local development of policy and practice. 	Adult Support and Protection Committee	2024
2		<ul style="list-style-type: none"> Local examination of how information about children, young people and adults is shared across health and education services. Learning and development opportunities for multi-agency partners to support a culture of professional curiosity within services to protect those who may be at risk of harm will be developed with training and development strategies. Examination of to better connect GP and Primary Care services will be examined for the College sector. 	<ul style="list-style-type: none"> Chief Officers Group Multiagency audit Practice Learning and Development 	Ongoing

3	Mapping and enhancing local support services.	Information on services in Inverclyde will continue to be addressed and enhanced by the Adult and Child Protection Committees and with voluntary and independent sector partners.	Public information strategy: HSCP, APC and CPC	Ongoing
4	Act against Harm: the public duty to report suspected child and adult protection issues.	Public awareness, and access to Child Protection and Adult Protection guidance and assistance where abuse is suspected will continue to be addressed through communications strategies.	Public information strategy: HSCP, APC and CPC	Ongoing
5	The need to consider conferencing and multi-agency examination where concerns are evidenced in child protection and care, and in adult support and protection and related mental health issues, and that legal frameworks are considered.	<ul style="list-style-type: none"> ▪ Ensure local activity ensures multi-agency case conferencing and case discussion and review considering legal advice and support. ▪ Training and development will continue to provide a focus on defensible decision making and legal literacy. 	HSCP, APC and CPC	Ongoing
6	Duty to share information and with it, collective 'curiosity' and risk assessment, addressing GDPR challenges.	Ensure training for staff in Police, community and hospital settings, social work and social care, education, social security, and the further education sector recognises the need for professional curiosity and multi-agency sharing of information, escalation and follow-up.	Personnel involved in Practice learning and development	

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Adult Protection Committee