Adult Support and Protection in Scotland

A detailed review of the 2010-2012 biennial reports

January 2013
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EXECUTIVE SUMMARY

Introduction

- The Adult Support and Protection Act (Scotland) 2007 (‘the Act’) became law in October 2008. It is a piece of preventative legislation designed to alleviate the risk of harm and to reduce harm that is taking place before it escalates. The Act places a duty on councils to investigate whether action is required to safeguard adults at risk and permits the use of assessment orders, removal orders and banning orders where appropriate.

- Under section 46 of the Act, each of Scotland’s 29 Adult Protection Committees (APCs) is required to submit a biennial report to the Scottish Government on its activities during the previous two years. The most recent reports were submitted in October 2012.

- This document summarises the main findings and themes from a review of all of the 2010-2012 biennial reports. It has been undertaken by ekosgen – a Glasgow based research and evaluation consultancy – on behalf of the Scottish Government.

Adult Protection Committees

- APCs typically meet on a six weekly to quarterly schedule with attendance and participation consistently reported to be good. In the majority of cases, the membership of APCs has become well established and stable over the past two years. Changes in personnel have tended to be down to natural attrition rather than to issues with the running or structure of the APCs themselves.

- APCs range in size, from 12 to 30 members. Membership commonly includes senior representation from social work teams, the police, the health service, legal services, advocacy services and the Procurator Fiscal’s office. Fire and rescue services are becoming represented on more APCs, as is the Care Inspectorate.

- The vast majority of APCs have put in place sub-committees to take forward particular themes such as quality assurance, data collection and training and development. In a number of cases, and especially amongst the smaller APCs, the sub-committees are convened on an as-needed basis rather than meeting to a set schedule.

Management information

- Overall, the quality and completeness of the MI provided in the latest biennial reports is somewhat patchy, making it difficult to assess the true extent of adult protection activity nationally. This is a concern, although one that has already been recognised by the Scottish Government who is taking on the responsibility for national data collection.

- The available MI suggests that on average, nearly 600 referrals per APC have been made in each of the past two years, which equates to around 11 per APC per week. Although only a broad estimate, it also suggests that around one in every 12
investigations results in a protection order (this rises to one in 27 when the APC with the most protection orders (Angus) is removed from the figures).

- The information provided in the reports on types of harm is equally patchy, although it does seem to suggest that physical and financial harm are often the main causes of referrals and that psychological and self-harm referrals have also been reasonably prevalent.

**Inter-agency co-operation and communication**

- All of the biennial reports highlight cross-organisation working as being of significant importance to APCs and something to which they have given regular attention over the past two years. Each report provides numerous examples, although many of these are APC specific. Common themes are summarised below.

  - **Training:** 19 APCs provided usable data on adult protection related training. Aggregating this up to the full cohort of 29 (i.e. assuming that the other 10 are representative of the average) would suggest that more than 75,000 people have been trained over the past two years¹. There seems to have been a notable increase in the number of health service staff that have been trained, which many APCs hope will lead to a higher number of eligible referrals coming through that route.

  - **Conferences and events:** multi-agency conferences, events and seminars have been relatively commonplace and provide good examples of how staff from different backgrounds and with different responsibilities are sharing knowledge and experiences of adult protection. Examples (by no means exhaustive) include seminars covering financial harm, alcohol and drug misuse and disability related abuse.

  - **Process and protocol:** the embedding of the Act and of APCs has led to important developments in information sharing and the standardisation and improvement of processes and protocols. These include, for example, victim care and support protocols, standardised Significant Case Review procedures and medical examination protocols, all of which have secured multi-partner buy-in. There is evidently still work to do but the recent direction of travel has clearly been positive.

  - **Challenges:** the key remaining challenge from the perspective of partner engagement and co-operation is securing the meaningful participation of the health service. Many of the reports note that a disproportionately small number of referrals continues to be received through health service channels (often less than 10%) and some APCs are clearly perplexed as to why.

**Quality assurance and self-evaluation**

- With one exception, all of the APCs have undertaken self-evaluation or case audit activity during the 2010-2012 reporting period. This has included single and multi-agency

¹ This will include a degree of duplication where people have attended more than one course.
case file audits and evaluations focusing on a range of topics such as APC performance, cross-partner working and service user involvement.

- The results from the self-evaluations appear in the main to be positive, with numerous reports citing positive outcomes for service users, good use of care plans and advocacy services and a wide range of training opportunities for staff. Although something of a generalisation, the case file audits tend to reveal a more mixed picture, with few concerns over quality but some issues in terms of the depth and comprehensiveness of the information held. In a small number of cases, quite serious issues and shortcomings have been highlighted.

- An important area of focus in the future, and one which the Scottish Government can assist with through the national workstreams, is ensuring a greater degree of representation of service user and carer perspectives. APCs are to be commended for seeking their views, but the limited scale on which this has been achieved so far does not offer any real robustness in the results.

Priority workstreams

- Financial harm: recognised as a growing problem, financial harm has been the focus of multi-agency events, new training courses and publicity campaigns. The indications are that work of this nature will increase significantly during the next reporting period as financial harm continues to assume a high(er) priority on the agenda of most APCs.

- Adult protection in A&E departments: in the vast majority of cases, A&E departments are not mentioned in the 2010-2012 biennial reports. Notable exceptions include Borders, where an assessment tool has been designed specifically for A&E staff to identify harm and the risk of harm amongst patients, and Aberdeenshire, where A&E is identified as a priority for adult protection training over the coming months.

- Adult protection in nursing and care homes: the headline message from the reports, insofar as one can be identified, is that APCs are gradually embracing and working on the issue of adult protection in nursing and care homes, but that overall it does not appear to have a high priority. Very few, if any, of the biennial reports covered the issues(s) of nursing/care home involvement in any detail.

- Service user and carer involvement: common to many APCs is representation by local advocacy groups. Likewise inviting service users and carers to case conferences. Far less common have been user/carer surveys and consultation exercises. Where these have taken place they have provided useful insight and have generally revealed consistent messages, i.e. that service users feel very positive about the outcomes but that certain aspects of the process, especially case conferences, can be quite overwhelming. However, in terms of the number of service users and carers involved, they have tended to be on a very small scale.

- Data collection: given the issues reported under ‘Management information’, it seems a sensible and pragmatic move for the Scottish Government to take responsibility for an annual adult protection data collection exercise. This will be quite limited at the outset,
focussing mainly on referrals and outcomes, but will be developed into a three-to-four year timetable to provide fuller statistical information over time.

Conclusions

- The 2010-2012 biennial reports provide clear evidence that the direction of travel on adult protection in Scotland over the past two years has been positive. The membership and composition of APCs has stabilised and sub-committees have been put in place to take forward important strands of work. The representation of service users and carers, and the extent to which their feedback is routinely gathered, remains an area where further development is needed, but the national workstream focusing on this topic should help to address current issues.

- The volume of adult protection activity in Scotland is now quite considerable – around 15,000 referrals per year and (potentially) around 1,500 case conferences and reviews. Going forwards, the number of referrals may actually reduce as work continues with partner agencies (mainly the police) to try and stem the flow of those that are ineligible. Countering this may be an increase in referrals from health professionals as a result of ongoing awareness raising and the national priority workstream focusing on A&E departments, although it too early to say with any certainty what outcomes this will achieve.

- All of the APCs are bullish about the extent to which they have embedded cross-organisation working. The many examples provided in the reports suggest that there is valid reason to be upbeat, as do the frequent references to process improvements that are making the adult protection system more efficient. Where issues do exist – namely with regard to information sharing and engagement with/by health service professionals and financial institutions – the opportunity exists through the national workstreams to make a concerted effort to improve upon the status quo.

- APCs are supportive of the concept of self-evaluation and audit and appear committed to translating the learning points from these into action plans and demonstrable improvements. There appears to be broad consistency in how self-evaluations and audits have been approached (dating back to the work of Professor Hogg and Dr. Hay of the University of Dundee) and a commitment in many cases to a rolling programme of review work that will include annual multi-agency audits.

- Overall therefore, the Scottish Government can be confident that significant progress has been made over the past two years and that whilst challenges still exist, and new ones will inevitably emerge over time, there is a great deal of forward momentum on adult protection nationally. In the main the current challenges are not new, which to some extent is both reassuring and concerning, but importantly the national workstreams are in place to help tackle the longstanding issues.

\(^{2}\) Note that this is an estimate based on a significant degree of assumption.
**Recommendations**

- **Management information:** as part of the work being taken forward through the national workstream on data collection, the Scottish Government is advised to stipulate very clearly to APCs the type and format of information they require to assemble national level statistics. If peer support or cross-APC knowledge sharing is an option, the Scottish Government may wish to look at Borders, East and Midlothian and East Dunbartonshire as examples of APCs that presented very comprehensive MI in their 2010-2012 reports.

- **Self-evaluation tools:** many APCs are planning to gather more feedback from service users and carers in the short to medium term. To help to reduce duplication of effort, and to enable comparisons across APCs and nationally, it would be advisable to design standardised service user and carer feedback tools (e.g. questionnaires and interview scripts) that can be circulated to all APCs.

- **Adult protection in A&E departments:** alongside the pilot project in Dundee focusing on people presenting in distress in A&E, the Scottish Government is advised to look in more detail at the A&E assessment tool developed in the Borders which helps staff to assess indications of harm and the risk of harm amongst their patients. This is reported to have been very successful and to have contributed to an increase in eligible referrals from the NHS. As such, it may be an example of innovative and effective practice and one which could be shared more widely.

- **Service user and carer involvement:** as part of the national workstream on this topic, many APCs across Scotland would doubtless welcome further guidance on how to take a more inclusive approach with service users and carers. The work done in Glasgow, Dumfries and Galloway and North Lanarkshire, for example, could potentially be of benefit here and consideration should be given to how it could be shared across the APC network.

- **2012-2014 biennial reports:** for the next round of reports, the Scottish Government is advised to be more prescriptive on length and content. Some APCs have evidently committed an enormous amount of time to the writing of the 2010-2012 reports, and whilst this is to be commended, they have strayed into detail that is far beyond what is required for an exercise of this kind. A focus on the core topics and a clear statement of expectation from the Scottish Government will help to improve the efficiency of the writing process and the identification of key messages that apply across the country.
1 BACKGROUND

Introduction

1.1 The Adult Support and Protection Act (Scotland) 2007 (‘the Act’) became law in October 2008. It is a piece of preventative legislation designed to alleviate the risk of harm and to reduce harm that is taking place before it escalates. The Act places a duty on councils to investigate whether action is required to safeguard adults at risk and permits the use of assessment orders, removal orders and banning orders where appropriate.

1.2 Under section 46 of the Act, each of Scotland’s 29 Adult Protection Committees (APCs) is required to prepare a biennial report on its activities during the previous two years. The most recent reports were submitted in October 2012, following which the Scottish Government appointed ekosgen – a Glasgow based research and evaluation consultancy – to independently review the reports and to produce the following:

- A summary of each report of three to four sides of A4;
- A ‘main themes’ report which was to draw out the key messages, trends, successes and challenges from across all 29 of the biennial reports. This was submitted to the Scottish Government in January 2013 and is titled ‘Adult Support and Protection in Scotland: A summary of the main themes from the 2010-2012 biennial reports’;
- An expanded version of the main themes report which explores its findings in further detail.

1.3 This document is the expanded version of the main themes report.

The 2010-2012 biennial reports

1.4 The 2010-2012 reports were produced to a broadly consistent structure although they vary considerably in length (from 20 pages to over 100), detail and format. To some extent this is to be expected, especially given that the larger and more urban APCs typically have more to report than those that are smaller or which cover more rural areas.

1.5 Even so, the reporting of some important topics, and most notably management information, has been approached very differently by APCs, making it difficult to draw any meaningful conclusions about volume of adult protection activity at a national level. As revisited in the recommendations arising from this study (Chapter Seven), there is scope for the Scottish Government to provide more direct guidance on the required contents of future biennial reports to ensure a greater degree of consistency and a focus on the most relevant information.
2 OVERVIEW OF THE ACT

Introduction

2.1 This chapter summarises the rationale for the Act and its main parameters and duties. The majority of the text has been adapted from a very informative and comprehensive guide to the Act produced by Scottish Care³.

Rationale for the Act

2.2 Research conducted in 2007 by Comic Relief and the Department of Health reported that up to 42,000 older people in Scotland were potentially being abused in their own or their family home⁴. It also reported that two thirds of those carrying out the abuse were family members and that the majority of the victims were men. This research, which excluded people with dementia and those living in care homes, indicated that Scotland had the second highest rate of adult abuse in the United Kingdom (Wales being worse).

2.3 Predating this research was a growing legislative drive in Scotland to better protect adults, and in particular vulnerable adults at risk of harm. Important developments had included the recommendations for new legislation made in the 1997 Scottish Law Commission ‘Report on Vulnerable Adults’, by the Mental Welfare Commission for Scotland and by the Social Work Services Inspectorate of the Scottish Executive. The second and third of these were prompted by the 2003 inquiry into abuse in the Scottish Borders.

2.4 The Adult Support and Protection (Scotland) Act 2007 was introduced in response to these and other concerns about the unsuitability of the legislative landscape for adult protection. It was not intended to be a wholesale replacement for what already existed, but rather to complement and fill recognised gaps in the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care & Treatment) (Scotland) Act 2003.

2.5 The Act became law on 29th October 2008.

Parameters

2.6 The Act introduces new measures to identify and protect individuals who are described as ‘adults at risk’. These include:

- Placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;

- A requirement for specified public bodies, such as the NHS and the police, to co-operate with local councils and each other about adult protection investigations;

- A range of protection orders, including assessment orders, removal orders and banning orders. These are covered in more detail under ‘Duties’ later in this chapter;

⁴ UK study of abuse and neglect of older people: qualitative findings, 2007
• The establishment of multi-disciplinary Adult Protection Committees.

**Defining ‘adults at risk’**

2.7 The Act defines ‘adults at risk’ as individuals who:

• Are unable to safeguard their own wellbeing, property, rights or other interests;

• Are at risk of harm\(^5\); and

• Are affected by disability, mental disorder, illness or physical or mental infirmity, and are therefore more vulnerable to being harmed than others who are not so affected.

2.8 It is important to note that all three parts of this definition must be met (sometimes referred to as the ‘three point check’) for an adult to be classified as ‘at risk’ and for the duties of the Act to be appropriate.

2.9 It should also be noted that the Act does not seek to take away a person's right to self-determination, nor is it a tool for removing a person’s right to make choices. Its introduction was intended to allow councils to make the necessary inquiries and to put the support services in place, where needed, which enable people to continue to lead fulfilling lives free of harm.

**Defining ‘harm’**

2.10 The Act describes four main types of harm:

• Conduct which causes physical harm;

• Conduct which causes psychological harm (e.g. by causing fear, alarm or distress);

• Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion), i.e. financial harm;

• Conduct which causes self-harm.

**Principles underlying the Act**

2.11 The fundamental principle, sometimes referred to in the Act as the ‘overarching principle’, is that “any intervention in an individual’s affairs should provide benefit to the individual and should be the least restrictive option of those that are available”.

2.12 Alongside this, the Act also contains a number of ‘guiding principles’, which are to be taken into account when the Act is used. These are:

• The wishes and feelings of the adult at risk (past and present);

\(^5\) An adult is classed as being at risk of harm if another person’s conduct is causing (or is likely to cause) the adult to be harmed, or if the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.
• The views of other significant individuals, such as the adult’s nearest relative, their primary carer, guardian, attorney, or any other person with an interest in the adult’s wellbeing or property;

• The importance of the adult taking an active part in the performance of the function under the Act;

• Providing the adult with the relevant information and support to enable them to participate as fully as possible;

• The importance of ensuring that the adult is not treated any less favourably than another adult in a comparable situation;

• The adult’s abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, philosophical belief, racial origin, ethnic group and cultural and linguistic heritage).

**Duties of the Act**

**Inquiries**

2.13 One of the major components of the Act is that it places a duty on councils to make inquiries where the council knows or believes that the person is an adult at risk and that it may need to intervene to prevent (further) harm. This includes inquiring about an individual’s wellbeing, property and/or financial affairs.

2.14 In this regard the Act is intended to be a preventative measure, either alleviating the risk of harm or reducing harm that is taking place before it escalates.

**Support**

2.15 The Act also places a duty on councils to ensure that adults are properly supported when there is an intervention under the terms of the Act. This support can come from different sources, including independent advocacy or members of council staff. Such support can be very important, as there is a recognition that in order to find out about the welfare of an adult at risk and to make thorough inquiries, a council and its representatives may have to carry out visits, interview those people involved in the person’s life and perhaps examine financial or health records (indeed, the Act specifically allows for a health professional to conduct a medical examination). Having an appropriate support network in place to help adults at risk through what can be an emotional and stressful time is therefore a key consideration under the Act.

**Protection Orders**

2.16 As the name suggests, protection orders are measures which can be used in order to further protect or start to protect an adult at risk of harm. The Act allows a council to apply to a sheriff for one of three different types of protection order:
• **An assessment order**: allows the council officer to take the adult from a place visited in the course of the investigations to conduct an interview and for a health professional to conduct a medical examination in private.

• **A removal order**: used when a council officer considers that an individual is at risk if they are not moved from a specific place. Removal orders are effective up to a maximum of seven days. A removal order does not authorise the adult’s detention and the adult may therefore leave the place they have been removed to if they wish.

• **A banning or temporary banning order**: bans the subject of the order from being in a specified place for up to six months. A banning order can only be granted where an adult at risk is being, or is likely to be, seriously harmed by another person and the sheriff is satisfied that banning the subject of the order from the place will better safeguard the adult’s wellbeing or property than by moving the adult. The sheriff can also grant a temporary banning order pending the determination of a full banning order.

*Adult Protection Committees*

2.17 Covered in more detail in Chapter Three, the Act placed an obligation upon councils to establish multi-agency APCs. These committees are responsible for overseeing local adult protection policies and each produces a biennial report on its functions. They also provide advice and information to those involved in adult protection work.

*Further information*

2.18 Further detail on the Act is available from various sources, but a recommended document is *Tell Someone: Implementing the Adult Support and Protection (Scotland) Act 2007 – ASP Guidance Booklet* (2009).
3 ADULT PROTECTION COMMITTEES

What are APCs?

3.1 Under section 42 of the 2007 Act, each council is obliged to establish an APC. The membership of APCs is multi-agency and typically includes representatives of the council, the relevant health board, the police and other organisations who have a role to play in adult protection.

3.2 APCs are chaired by independent convenors, who cannot be members or officers of the council. APCs have a central role to play in taking an overview of adult protection activity in each council area, and making recommendations to ensure that adult protection activity is effective. APCs have a range of duties, which include:

- Reviewing adult protection practices;
- Improving co-operation;
- Improving skills and knowledge;
- Providing information and advice;
- Promoting good communication.

3.3 APC Convenors meet with the Scottish Government every quarter.

Coverage, size and membership

3.4 There are 29 APCs in Scotland. In all but two cases an APC covers a single local authority area, the exceptions being:

- The East and Midlothian APC;
- The Forth Valley APC, which covers Falkirk, Stirling and Clackmannanshire.

3.5 APCs typically meet on a six weekly to quarterly schedule with attendance and participation consistently reported to be good. In the majority of cases, the membership of APCs has become well established and stable over the past two years. Changes in personnel have tended to be down to natural attrition (retirement, changes in job etc.) rather than to issues with the running or structure of the APCs themselves.

3.6 The composition of APCs varies from area to area and is influenced by local circumstances and cross-organisation links which themselves vary from area to area. That said, membership commonly includes senior representation from social work teams, the police, the health service, legal services, advocacy services and the Procurator Fiscal's office. Fire and rescue services are becoming represented on more APCs, as is the Care Inspectorate, although in a number of cases the latter is invited to attend on a periodic or by-invitation basis, rather than coming to every meeting.
3.7 APCs vary considerably in terms of number of members, from 12 to 30. In the main, however, the differences are accounted for by the number of people represented per organisation as opposed to a lack of representation from key organisations on some APCs.

**Sub-committees**

3.8 The vast majority of APCs have put in place sub-committees (or sub-groups) to take forward particular themes or responsibilities. The most common of these are:

- Policy and practice development;
- Quality assurance;
- Data collection;
- Training and development;
- Audit and (self)-evaluation;
- Communication.

3.9 In a number of cases, and especially amongst the smaller APCs, the sub-committees are convened on an as-needed basis rather than meeting to a set schedule.

3.10 There are examples of cross-APC and cross-authority working on sub-committees. For example, three pan Ayrshire sub-committees (covering policy and practice development, performance and quality, and learning and development) were established in January 2012, whilst short-life sub-groups covering Aberdeen, Aberdeenshire and Moray (i.e. Grampian) are convened when necessary.

**Challenges**

3.11 One of the main challenges identified from the review of the 2008-2010 biennial reports was the need for APCs to strengthen their membership and ensure the equal engagement of all parties.

3.12 It is evident from the latest reports that considerable progress has been made in this regard and that in the vast majority of cases the APC chairs are satisfied that the right organisations are represented. Inevitably, there are exceptions and it would be wrong to suggest that all APCs have secured the full engagement of all relevant partners. One APC in the south of the country, for example, has had ongoing difficulties securing the participation of the fire service and also reported that the attendance of police and health service representatives can be unpredictable. Another APC has recently embarked on a consultation exercise to explore how it could operate more effectively, which may mean making changes to the membership and structure of the committee. However, there is consensus that as the Act and the adult protection agenda more widely has become more visible and better understood, so too has the composition and operation of the APCs has become more established and consistent.
3.13 The one notable exception to this is the representation of service users and carers on APCs. Whilst the biennial reports consistently highlight this is as being amongst their core principles, it is also the area most frequently cited as being in need of further work. At the time of writing, and as revisited in Chapter Seven, the evidence from across the country suggests that the perspective of service users and carers on the adult protection process, certainly in terms of formal feedback, is currently quite sparse.

3.14 That is not to suggest that a service user(s) or carer(s) should sit on every APC. Indeed, it would be impossible for one, or even several individuals, to represent the views of the full cohort of those within the scope of the legislation, and it is therefore no surprise that the most common approach is now for APCs to invite service user, carer and/or advocacy groups to attend by way of proxy representation.
4 MANAGEMENT INFORMATION

Introduction

4.1 There has been a positive direction of travel over the past two years in terms of the quality and reliability of the management information (MI) collected by APCs. Even so, in a number of cases work is either still in progress to upgrade or refine MI systems (often so that more detailed information can be collected) or changes have been made partway through the two year reporting period. For these and the reasons below, it is therefore difficult to assess with any accuracy the true extent of adult protection activity taking place in Scotland:

- Around half the APCs provided incomplete or no information regarding the number of investigations, case conferences and/or protection orders;
- Three APCs were only able to provide MI for one of the two years;
- Several others provided MI that required a degree of interpretation or manipulation by the researchers (e.g. due to non-standard classifications being used).

4.2 Given the resources that are committed to adult protection across Scotland, and given that the biennial reports are the main route through which nationwide activity can be reviewed and analysed, this is an evident shortcoming. Encouragingly, however, it has already been recognised by the Scottish Government, who now intends to take responsibility for adult protection data collection nationally.

Raw data

4.3 Table 4.1 presents a summary of the quantitative information provided in the 2010-2012 biennial reports on referrals, investigations, case conferences and reviews, and protection orders. The fact that far more APCs provided information on referrals than on the other categories means that the ratio of referrals to investigations (18:1 based on the figures in the table) should not be considered accurate.

4.4 However, the ‘referrals’ column should be broadly accurate and would suggest that on average, nearly 600 referrals per APC are made each year, which equates to around 11 per APC per week.

Table 4.1: Summary of Management Information

<table>
<thead>
<tr>
<th></th>
<th>Referrals</th>
<th>Investigations</th>
<th>Case conferences and reviews</th>
<th>Protection orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>29,681</td>
<td>1,650</td>
<td>1,527</td>
<td>137</td>
</tr>
<tr>
<td>Average per APC</td>
<td>1,187</td>
<td>118</td>
<td>109</td>
<td>9</td>
</tr>
<tr>
<td>Maximum</td>
<td>4,171</td>
<td>472</td>
<td>299</td>
<td>79</td>
</tr>
<tr>
<td>Minimum</td>
<td>94</td>
<td>16</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: ekosgen analysis of 2010-2012 biennial reports

4.5 Although only a broad estimate at best, the data also suggests that around one in every 12 investigations results in a protection order, although the figures are influenced heavily by one APC (Angus) which reports to have issued 79 protection orders over the past
two years. If Angus is removed from the figures, the ratio becomes one protection order for every 27 investigations.

4.6 The extent to which protection orders have been used varies for several reasons including the size and composition of the local population, the extent and reporting of harmful behaviour and the culture and ethos of the APC itself.

**Aggregated data**

4.7 It is not possible to present aggregated data on the number of investigations, case conferences and protection orders at a national level as many APCs did not provide this information for their local areas.

**Types of harm**

4.8 The information provided in the biennial reports relating to types of harm is equally, if not more incomplete than that on investigations, case conferences and protection orders. Unfortunately this prevents any meaningful quantitative analysis although it does seem to suggest that:

- Physical and financial harm are often the main cause of referrals;
- Psychological and self-harm have also been reasonably prevalent and in some areas, for example South and East Ayrshire, they have accounted for the highest proportions of referrals.

4.9 By virtue of it featuring amongst the national priority workstreams, financial harm is worthy of further mention. Based on the APCs that provided usable information, financial harm appears to have been most prevalent (in relative terms) in the following five areas:

- Forth Valley (34% of all referrals)
- Fife (28%)
- East Renfrewshire (25%)
- Borders (22%)
- Dundee (21%)

4.10 In relative terms, it has been far less prevalent in Argyll and Bute, Dumfries and Galloway and North Ayrshire. In each of these it has accounted for no more than 8% of the total referrals across the two years.
5  INTER-AGENCY COMMUNICATION AND CO-OPERATION

Introduction

5.1 Effective working across agencies and organisations is fundamental to the implementation of the 2007 Act and to successful adult protection practice more generally. It is therefore no surprise that all of the biennial reports highlighted cross-organisation working as being of significant importance to APCs and something to which they have given regular attention over the past two years.

5.2 By definition, it is a broad topic and covers operational issues such as attendance at APC meetings and the delivery of multi-agency training, through to more strategic considerations such as strengthening links between adult and child protection and raising the profile of adult protection in partner agencies. It is therefore something of a misnomer to talk about a summary or headline position, but insofar as that is possible, the general message appears to be positive. Whilst challenges remain, there is a sense in the majority of APCs that partners are working towards shared objectives and a shared understanding of adult protection. As such, they are as keen to work collaboratively now as they have been at any point since the Act was introduced.

5.3 Each of the biennial reports provided numerous examples of where organisations have worked in partnership. Many of these are APC specific and whilst noteworthy in their own right, would amount to a very long and disjointed list were they to be repeated here. Instead, common themes are highlighted, drawing on individual APC examples to provide insight and illustration.

Training

5.4 There have been significant developments in terms of the reach and volume of adult protection related training (single and multi-agency) over the past two years, although the completeness and consistency of the information provided in the biennial reports varies considerably. Based upon a sample of 19 APCs that provided usable data:

- More than 51,000 people have attended training (although that will include a degree of duplication where people attended more than one course);

- An average of nearly 2,700 people have been trained per APC, with the highest number (17,500) in Edinburgh.

5.5 If it is assumed that the 10 APCs for whom no training data was provided were representative of the average, then more than 75,000 people across Scotland will have received adult protection related training over the past two years (duplication due to attendance at multiple courses notwithstanding).

5.6 The most common training topics have been around raising awareness and understanding agency roles and responsibilities, i.e. ‘introductory’ issues that are aimed at broadening the reach of adult protection and the 2007 legislation. However, in several APCs the proportion of higher level and/or more subject specific training activity has increased and
has covered topics such as information sharing, case assessment, and consent and capacity. An example from Glasgow is provided below.

**Glasgow: Vulnerable Adults and the Law Programme**

This was a joint development initiative between Glasgow Social Work Learning and Development and Glasgow City Council Legal Services and reflected the need for staff to access advanced knowledge on the laws surrounding vulnerable adults.

The Senior Learning and Development Officer therefore commissioned a new course the Chief Solicitor of Glasgow Legal Services developed an informative body of material and delivered a programme of training events based on his experience and knowledge of public and private law.

Twelve events were delivered to 144 adult services staff. The evaluation feedback indicated a high level of satisfaction and an appetite for more training of this type. The key learning points and materials been included in the new Adult Support and Protection Basic Investigation Course (four/five day) for social work services team leaders and council officers.

5.7 There appears to have been a notable increase in the number of health service staff that have been trained during the 2010-2012 reporting period. For many APCs, the hope is that this will lead to a higher number of eligible referrals coming via health service channels (see ‘Challenges’ below). Notable examples include:

- **Edinburgh**: more than 7,500 NHS staff have been trained;
- **Borders**: more than 2,000 NHS staff have been trained.

5.8 Across Scotland, e-learning has also become more widely available over the past two years and is recognised as an effective way of addressing the issue of work commitments clashing with pre-arranged training.

**Working together to improve referrals**

5.9 Closely linked to training, although covered separately here as in some cases the mechanisms have been less formal, is the work that has taken place between APC representatives and the police to try and ensure that a higher proportion of referrals are eligible for investigation through the Act.

5.10 In the majority of APCs, the police have been the main source of referrals, often accounting for more than 75% of all those received across the two year period. However, many of the reports also note that a high proportion of these didn’t meet the three point eligibility check. For example:

- **Orkney**: around 90% of all referrals were received from the police but only 4% proceeded to investigation;

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6 In both cases these figures may include a degree of duplication if staff have attended more than one course.
• **West Dunbartonshire**: 80% of referrals were received from the police, only a tenth of which were considered eligible for investigation through the Act.

5.11 That is not to be critical of the police. On the contrary, a number of the reports point out that the APCs would rather have too many referrals than too few, but it also has time and resource implications and can affect the efficiency of the adult protection system. Measures taken to address the issue include the following:

**Aberdeenshire**

Analysis showed that the majority of referrals received from the police were not adults at risk of harm. However, they were nonetheless vulnerable adults who would benefit from a health, social work or third sector service. To adapt the system and to improve the service given to the subjects of the referrals, officers from police, council and health worked together to find a solution.

A process has been designed to signpost referrals to the most appropriate service. This involves consent to information sharing by the individual concerned being gained by front line police officers, screening by the police Referral Unit, joint discussion between police and social work and a single point of contact in health to enable information to be passed to GPs.

As a consequence of the above, the number and regularity of ineligible referrals coming through police channels has reduced considerably.

**Orkney**

Discussions have taken place between the local authority and the police about the large number of cases which, on closer examination, do not meet the formal criteria for adult protection referral. There has been a drop in referrals as a consequence of the discussions, with joint training being designed to further address the issue.

**Conferences and events**

5.12 Multi-agency conferences, events and seminars have been relatively commonplace across APCs and provide good examples of how staff from different backgrounds and with different responsibilities have worked together on adult protection. Although by no means intended to be a representative or exhaustive list, examples include the following:

**East Renfrewshire**

A financial harm seminar was held in March 2012. This was a multi-agency event with over 40 attendees including local solicitors, representatives from the Office of the Public Guardian and staff from the Community Health and Care Partnership. Presentations were made by the police, the chief solicitor, the lead officer for ASP and a representative from Trading Standards.
Fife
A conference on the links between alcohol/drug misuse and financial and self-harm was planned and delivered jointly between the APC and the Alcohol and Drugs Partnership. Subject specialists spoke on various topics, following which were multi-agency table top exercises to consider the issues and develop recommendations on how they could work together to address them. As a result of the conference feedback, the APC has brought together a short life working group involving police, social work and NHS Fife to develop a pathway document for adults who are at risk of harm through alcohol or drug use. The conference also prompted the development of a multi-agency Financial Harm protocol, which at the time of writing was in early draft form.

Inverclyde
The Inverclyde Adult Protection Committee hosted a half day conference which focused on the findings of the Equality and Human Rights Commission report Hidden in Plain Sight and sought to highlight lessons which might inform future planning and practice initiatives. A total of 85 people attended and inputs were delivered by representatives of the Equality and Human Rights Commission, Strathclyde Police and Your Voice. The outcomes were collated into a report for the Inverclyde Adult Protection Committee.

5.13 The indications from the reports are that events such as these have been highly valued and that they will continue during the next reporting period.

Process, protocol and information sharing

5.14 Many of the agencies, and indeed the personnel, who participate in the work of APCs are also integral to other agendas such as child protection, violence against women and sex offender management. This overlap has led to a number of important developments on information sharing and the standardisation and improvement of processes and protocols. As with the examples in the previous sub-section, those below are not intended to capture the full spread of activity that has taken place, but they do convey the essence of what many APCs are doing:

- **Dundee**: a victim care and support protocol for adult victims of human trafficking has been developed;

- **Moray**: a joint ASP information sharing protocol is in place covering the council (and in fact all three councils in Grampian), the police and the NHS. Likewise, a standardised Significant Case Review procedure and a Grampian-wide Large Scale Investigations policy is also in place;

- **Fife**: a Fife Information Sharing Protocol has been developed which makes explicit the duty to co-operate with partners named in the 2007 Act. A multi-agency chronology procedure has also been developed with the co-operation of the Social Work service. This is currently being used in relation to Significant Case Reviews and will be implemented more widely in due course.
5.15 Evidently there is still work to do. For example, various biennial reports note that information sharing with financial institutions and with the health service can often be difficult (not least because legislation separate from the Act governs what can and cannot be shared), but even so the direction of travel over the past two years has clearly been very positive.

**Challenges**

5.16 Aside from APC specific issues, the evidence presented in the reports suggests that the key remaining challenge from the perspective of partner engagement and co-operation is securing the meaningful participation of the health service. Many of the reports note that a disproportionately small number of referrals continues to be received through health service channels (often less than 10%) and some APCs are clearly perplexed as to why.

5.17 However, there are examples where progress has been made. In Borders, for example, an assessment tool has been designed specifically for A&E staff in order to enable them to assess any indication of harm or risk of harm amongst their patients. This is seen as having made a direct contribution to an increase in (eligible) referrals from the NHS.

5.18 It should also be noted that whilst high numbers of NHS staff have been trained over the past two years, it will inevitably take time for this to filter through into a more steady flow of eligible referrals. Equally, and although only cited by a minority of APCs, reviews of police referrals have indicated that many relate to people who have attended or been admitted to the hospital, or have been seen by an NHS 24 GP as a consequence of the incident bringing them to police attention. It is therefore quite possible that the figures in the reports mask what is actually a more active involvement by NHS staff.

5.19 Nonetheless, health service involvement, especially regarding referrals, continues to be a source of frustration for many APCs and is rightly included (with a specific focus on Accident and Emergency departments) in the Scottish Government’s five national priority workstreams which are covered further in Chapter Seven.
6 QUALITY ASSURANCE AND SELF-EVALUATION

Introduction

6.1 The analysis of the previous (2008-2010) biennial reports suggested that 13 of the 29 APCs had, by late 2010, undertaken some form of self-evaluation or audit activity, often using the approach piloted by developed by Professor Hogg and Dr. Hay of the University of Dundee and sponsored by the Scottish Government.

6.2 Two years on, and as would be expected, the situation has progressed considerably. As at the time that the latest reports were submitted, and with only one exception, all of the APCs had undertaken self-evaluation or case audit activity. These included single and multi-agency case file audits and evaluations focusing on a range of topics such as APC performance, cross-partner working and service user involvement.

6.3 Orkney is the only area that hasn’t undertaken any such activity (or at least not formally), with the report giving the following two reasons:

- Only a very small number of cases have progressed fully through adult protection procedures. From the 94 referrals cited in the report, only four progressed to an initial planning meeting and only one to a case conference;

- The relatively small size and tight-knit nature of the local community brings with it the risk of adults or families being easily identified.

Results

6.4 Given the diversity in the audit and evaluation activity that has taken place over the past two years, both in terms of subject focus and approach, it is difficult to distil headline messages or common themes. Rather, it is more appropriate to refer to either the individual APC summary reports produced by ekosgen or, for more detail, the full biennial reports. That said, whilst several of the reports note that evaluation and/or audit work has been completed, they offer very little detail on either its outcomes or the actions that have been taken forward as a result. A learning point for the next round of biennial reports is to ensure more consistency in terms of how this very important topic is reported.

6.5 That is not to say it is impossible to compare findings across the latest biennial reports. Indeed, the results from the self-evaluations appear in the main to be positive, with numerous reports citing:

- Positive outcomes for service users (although these are often based on very small samples);

- Good use of care plans and advocacy services;

- A wide range of training opportunities.

6.6 Although something of a generalisation, the case file audits tend to reveal a more mixed picture, with few concerns over quality but some issues in terms of the depth and
comprehensiveness of information. In a small number of cases, quite serious issues and shortcomings have been highlighted around the appropriate discharge of professional responsibilities, the extent to which procedures are being followed and issues over staff awareness of important policies. However, they are very much the exception rather than the norm.

**Actions**

6.7 As a consequence of the evaluation and audit results being so diverse, so too are the measures being in put in place to address areas for improvement. Again, more value will be derived from referring to the individual reports, but at a high level (and significantly for the betterment of adult protection activity nationally) it is clear that APCs are embracing audit and evaluation as a learning tool. Based on the evidence in the reports, they seem fully committed to working to address any shortcomings and frequently cite action plans and timelines for reporting back to the APC.

6.8 There is, inevitably, a question mark over how independent and objective self-evaluation can truly be, but there is no suggestion in the reports that the APCs have shied away from exploring and reporting the challenges that have been uncovered.

6.9 Looking to the future, self-evaluation and audit activity should be continued and the signs are that it will be (for example, numerous APCs plan to hold annual multi-agency audits). An important area of focus, and one which the Scottish Government can assist with through the national priority workstreams, is ensuring a greater degree of representation of service user and carer perspectives. APCs should be commended for seeking their views over the past two years but as covered in more detail in Chapter Seven, the limited scale on which this has been achieved does not yet offer any real robustness in the results.

6.10 A related issue, although one that was only cited by a minority of APCs, is that evaluating outcomes for adults at risk can in itself be challenging. Measures of personal safety, for example, can prove problematic because of varying views on levels of risk and capacity impairment. That is not to say these outcomes should not be investigated. On the contrary, they are centrally important to understanding how well the legislation works for the end beneficiaries, but it needs to be recognised that no two cases will ever be the same and that any aggregation of user and carer feedback to give a national assessment will need to be treated with caution.
7 PRIORITY WORKSTREAMS AND FUTURE PLANS

Introduction

7.1 Over the past year, consideration has been given to the future role of the Scottish Government team in adult support and protection, the conclusion being that they should assume more of a strategic role, moving away from involvement in local issues and putting the focus back on more of a multi-disciplinary forum. As a result, the Adult Protection Policy Forum was set up in early 2012, with representation from the APC Chairs themselves, lead officers, the Office of the Public Guardian, the Mental Welfare Commission, the Crown Office and Procurator Fiscal Service, the Association of Chief Police Officers in Scotland and Fire and Ambulance Services.

7.2 In August 2012, the Scottish Government agreed with the Forum a number of priority workstreams to be taken forward. These workstreams were been derived from various sources including a) the National Adult Protection Co-ordinator's report; b) existing workstreams; and c) those issues which the Scottish Government believes need to be given particular attention. The workstreams are:

1. Financial harm, both as the primary source of harm and as a factor in other types of harm;
2. Adult protection in A&E departments;
3. Adult protection in nursing homes and care homes;
4. Service user and carer involvement;
5. Data collection.

7.3 The following sub-sections summarise the comments made in the biennial reports relating to the national priorities. With the exception of service user and carer involvement, the extent to which the priorities were mentioned in the reports varies considerably, although it is important to note that Conveners were not asked to comment upon them specifically as they were not agreed until towards the end of the reporting period.

Financial harm

7.4 Financial harm is recognised in many of the reports as a growing problem and one to which APCs are beginning to respond. Examples (indicative rather than holistic) include:

- A pan Ayrshire event in 2012 on financial harm;
- In North Ayrshire, the commissioning of a course on financial harm;
- Aberdeenshire APC revisiting its public awareness campaign to focus specifically on financial harm.
7.5 The conclusion that can be drawn from the biennial reports is that training, awareness raising and cross-organisation working on financial harm should increase significantly during the next reporting period as this issue continues to assume a high priority on the agenda of most APCs.

**Adult protection in A&E departments**

7.6 In the vast majority of cases, A&E departments are not mentioned in the 2010-2012 biennial reports, the inference from which is that they have not been considered an especially high priority over the past two years. Notable exceptions include Borders, where an assessment tool has been designed specifically for A&E staff to identify harm or risk of harm amongst patients, and Aberdeenshire, where A&E is identified as a priority for adult protection training over the coming months.

7.7 A&E is also mentioned indirectly in the Dundee report, which recommends that NHS Tayside should review the extent to which all frontline staff understand their responsibilities under the Act and are clear on their obligation to make referrals. This is designed to improve the safeguarding of adults at risk of harm in the full range of healthcare facilities and settings in which they receive support, including A&E.

7.8 Linked to this, a pilot project is to be established in Dundee, focusing on people presenting in distress in A&E. This is to target not necessarily those evidently presenting as suicide risks (who would be picked up through the mental health system) but those who are falling through the gap of detection as suicide risks, particularly in the 18-25 category. It is recognised that this will require imaginative and creative solutions, together with the development of high level, multi-agency relationships.

**Adult protection in nursing and care homes**

7.9 The Scottish Government has acknowledged that whilst nursing homes and care homes have a vital role to play in adult protection, relatively little is known nationally about how, and how well, the legislation operates in these settings.

7.10 The biennial reports shed some light on this, although in reality not much, and there is clearly more to be done through this workstream in order for the landscape to be better understood. The headline message from the reports, insofar as one can be identified, is that APCs are gradually embracing and working on the issue of adult protection in nursing and care homes, but that overall it does not have appear to have a high priority (or perhaps has not been afforded a high priority in the reports). Amongst those where it does, examples include:

- **Dundee**: one day events on adult support and protection have been run for providers of services to Dundee City Council, including care home and other providers of accommodation and day care opportunities;

- **East and Midlothian**: in response to the findings from a management review, a multi-agency working group was formed to ensure the quality of practice and improve the
standards of care provided to adults living in residential/nursing care homes in the area. The key objectives of this group are to:

- ensure a more co-ordinated and pro-active in the delivery of care;
- share information in relation to the standards and the delivery of care;
- identify any concerns that may impact on the standards of care;
- pro-actively improve the standards of care;
- minimise identifiable risks.

7.11 However, very few, if any, of the reports cover the issue(s) of nursing/care home involvement in any detail, for example the sensitivities that can arise where family are involved and the complex regulatory picture that exists. These are topics that will need to be considered in more depth through the national work and its associated action plan.

**Service user and carer involvement**

7.12 The Scottish Government has acknowledged that service users and carers often feel that they are not involved in cases in ways that they find useful. Going forward, the national priority will therefore be to improve upon the current situation, with each APC obliged to demonstrate effective and credible involvement of service users and carers in the 2014 biennial reports.

7.13 The analysis of the 2010-2012 biennial reports would seem to provide the rationale for this. Almost without exception, APCs have highlighted service user involvement/feedback as a priority, but few claim to have made significant progress and it is evident that for many it is something with which they are still wrestling.

7.14 Common to many APCs is representation by local advocacy groups. Likewise inviting service users and carers to case conferences. However, far less common have been user/carer surveys and consultation exercises. Where these have taken place they have provided useful insight and have generally revealed consistent messages, i.e. that service users feel very positive about the outcomes (more safe, greater independence etc.) but that certain aspects of the process, especially case conferences, can be quite overwhelming. Importantly from the perspective of robust evidence that provides a basis for action, the surveys and consultations have generally been on a very small scale, meaning that their findings are by definition indicative rather than representative.

7.15 Looking at service user and carer involvement more widely, there are three APCs (at least) that would appear to be exemplars of good practice and which those responsible for taking this national workstream forward may wish to explore in further detail.

### Dumfries and Galloway

The Social Work training courses now have the participation of a parent/carer which has been well received by the staff attending. The contribution from the parent/carer has emphasised key and differing characteristics of a person with learning disability and suggested, in some cases, that without consultation or involvement of their carer, an incomplete assessment could be drawn, resulting in an inappropriate decision for that individual.
Glasgow
A sub-group of user and carer representatives was formed to maintain communication between them and the APC’s work. The group met for the first time in September 2012 and will be supported by community development and engagement staff from social work services.

North Lanarkshire
An annual service user and carer event has taken place to raise awareness of adult protection and understand the most pressing issues from a service user and carer perspective. In 2010, the event included a presentation from Strathclyde Police on bogus callers and featured a DVD developed by North Lanarkshire Bogus Callers Group. It also included a drama commissioned by the APC and produced by Equals Advocacy Partnership.

In 2011, whilst again seeking to raise awareness, the event also sought to explain the process by which an adult protection referral or report is made. Input was provided by the police and NHS Lanarkshire, plus a panel of the public body representatives took questions from the floor. The event also included a showing of the Social Care Institute for Excellence DVD on safeguarding.

The 2012 event took place in November and was therefore not covered in the biennial report.

Data collection
7.16 One of the Scottish Government’s expectations for the latest biennial reports was that they would contain high quality statistical information. The reality is that in many cases this did not happen, with inconsistencies and incompleteness still commonplace. As a consequence, and as covered in more detail in Chapter Four, it remains very difficult to estimate with any certainty the number of referrals, case conferences and protection orders that have taken place over the past two years.

7.17 It is therefore a very sensible move for the Scottish Government to take responsibility for an annual adult protection data collection. This will be quite limited at the outset, focussing mainly on referrals and outcomes, but will be developed into a three-to-four year timetable to provide fuller statistical information over time. The support of the Convention of Scottish Local Authorities and the Association of Directors of Social Work will be crucial to this, as will working with relevant staff in all councils to understand current limitations and challenges.

Future plans
7.18 The future plans identified by APCs in the 2010-2012 biennial reports are a combination of generic themes and more specific, topic-based priorities. They differ on a case-by-case basis but those cited most regularly are summarised below.
• **Themes:**
  - Continuing to raise awareness about adult protection amongst staff in different agencies and in the community;
  - Identifying adults at risk of harm, increasing adult protection referrals and improving outcomes;
  - Ensuring that adults at risk are supported in line with recognised procedures and processes.

• **Priorities:**
  - Continuing to develop and deliver inter-agency training;
  - Deciding how best to progress and/or embed service user and carer involvement;
  - Exploring the reasons behind, and measures that can be taken to address, increases in specific types of harm (e.g. self-harm and financial harm);
  - Improving audit and evaluation processes and/or using the results of recent audits and evaluations as the basis for improvement planning;
  - Improving data collection and analysis.

7.19 In terms of the correlation between APCs’ future plans and the five national priority workstreams, there are two points to note. The first is that service user/carer involvement, specific types of harm (including financial harm) and data collection are regularly cited as areas of focus for the next reporting period. This is encouraging, especially from the perspective of those responsible for taking forward those national workstreams.

7.20 The second – and the reverse of that – is that very few of the reports make specific reference to adult protection in nursing or care homes, or to adult protection in A&E departments, as a future priority. It may therefore be the case that more visibility or communication about these workstreams is required from the Scottish Government in the short term to ensure that they are being embraced in the way that is intended.
8 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

8.1 The 2010-2012 biennial reports provide clear evidence that the direction of travel on adult protection in Scotland over the past two years has been positive. The membership and composition of APCs has stabilised and sub-committees have been put in place to take forward important strands of work. The representation of service users and carers, and the extent to which their feedback is routinely gathered, remains an area where further development is needed, but the national workstream focusing on this topic should help to address current issues.

8.2 The volume of adult protection activity in Scotland is now quite considerable – around 15,000 referrals per year and (potentially) around 1,500 case conferences and reviews7. Going forwards, the number of referrals may actually reduce as work continues with partner agencies (mainly the police) to try and stem the flow of those that are ineligible. Countering this may be an increase in referrals from health professionals as a result of ongoing awareness raising and the national priority workstream focusing on A&E departments, although it too early to say with any certainty what outcomes this will achieve.

8.3 All of the APCs are bullish about the extent to which they have embedded cross-organisation working. The many examples provided in the reports suggest that there is valid reason to be upbeat, as do the frequent references to process improvements that are making the adult protection system more efficient. Where issues do exist – namely with regard to information sharing and engagement with/by health service professionals and financial institutions – the opportunity exists through the national workstreams to make a concerted effort to improve upon the status quo.

8.4 APCs are supportive of the concept of self-evaluation and audit and appear committed to translating the learning points from these into action plans and demonstrable improvements. There appears to be broad consistency in how self-evaluations and audits have been approached (dating back to the work of Professor Hogg and Dr. Hay of the University of Dundee) and a commitment in many cases to a rolling programme of review work that will include annual multi-agency audits.

8.5 Overall therefore, the Scottish Government can be confident that significant progress has been made over the past two years and that whilst challenges still exist, and new ones will inevitably emerge over time, there is a great deal of forward momentum on adult protection nationally. In the main the current challenges are not new, which to some extent is both reassuring and concerning, but importantly the national workstreams are in place to help tackle the longstanding issues.

7 Note that this is an estimate based on a significant degree of assumption.
Recommendations

8.6 **Management information:** as part of the work being taken forward through the national workstream on data collection, the Scottish Government is advised to stipulate very clearly to APCs the type and format of information they require to assemble national level statistics. If peer support or cross-APC knowledge sharing is an option, the Scottish Government may wish to look at Borders, East and Midlothian and East Dunbartonshire as examples of APCs that presented very comprehensive MI in their 2010-2012 reports.

8.7 **Self-evaluation tools:** many APCs are planning to gather more feedback from service users and carers in the short to medium term. To help to reduce duplication of effort, and to enable comparisons across APCs and nationally, it would be advisable to design standardised service user and carer feedback tools (e.g. questionnaires and interview scripts) that can be circulated to all APCs.

8.8 **Adult protection in A&E departments:** alongside the pilot project in Dundee focusing on people presenting in distress in A&E, the Scottish Government is advised to look in more detail at the A&E assessment tool developed in the Borders which helps staff to assess indications of harm and the risk of harm amongst their patients. This is reported to have been very successful and to have contributed to an increase in eligible referrals from the NHS. As such, it may be an example of innovative and effective practice and one which could be shared more widely.

8.9 **Service user and carer involvement:** as part of the national workstream on this topic, many APCs across Scotland would doubtless welcome further guidance on how to take a more inclusive approach with service users and carers. The work done in Glasgow, Dumfries and Galloway and North Lanarkshire, for example, could potentially be of benefit here and consideration should be given to how it could be shared across the APC network.

8.10 **2012-2014 biennial reports:** for the next round of reports, the Scottish Government is advised to be more prescriptive on length and content. Some APCs have evidently committed an enormous amount of time to the writing of the 2010-2012 reports, and whilst this is to be commended, they have strayed into detail that is far beyond what is required for an exercise of this kind. A focus on the core topics and a clear statement of expectation from the Scottish Government will help to improve the efficiency of the writing process and the identification of key messages that apply across the country.