

# Adult Support and Protection

2018-2020 | Biennial Report



**Content**

Foreword .....	P3
1. Executive Summary .....	P4
2. Background .....	P6
3. Activities 2018-20 .....	P7
4. Performance .....	P9
5. Harm types, trends and targeted response(s) .....	P23
6. Assurance .....	P26
7. Learning and Development .....	P30
8. Co-operation and Collaborative Working .....	P31
9. Strengths, Outcomes, Challenges and Looking Forward .....	P36
10. Appendices:	
WL APC Performance Information Data .....	P38
2019-20 SG Annual Dataset Return .....	P40
WL APC Improvement Plan .....	P49
WL Communications and Engagement Strategy and Plan .....	P58

**Foreword**

I am pleased to present West Lothian Adult Protection Committee's Biennial Report 2018-2020. This report fulfils the legal requirement to report to Scottish Government on the effectiveness of the Committee's responsibilities and functions.

West Lothian Adult Protection Committee (APC) operates within the context of Scottish and UK legislation and national guidance relating to Adult Support and Protection. In addition to the Adult Support and Protection (Scotland) Act 2007 and its code of practice, other relevant codes of practice such as the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 play a central role in safeguarding adults at risk across our local authority area.

The APC takes a leadership role in working with all involved agencies to ensure the continuous improvement of adult protection services in West Lothian. The Committee provides clear links with wider adult support services and reinforces and develops, through joint multi-agency practice, the integration of adult support and protection services across West Lothian.

Having taken over the Chair of the Committee in February 2020, I must acknowledge the significant contribution of my predecessor Jeanette McDiarmid, who has moved on to pastures new. I am also grateful to the two lead officers, Wendy Ramsay and Linda Hughes, who have provided continuity, experience and ongoing support. As a serving Police officer and one of only two non-independent Chairs across Scotland I am well placed to tap into strategic developments both within my own statutory organisation and across the network of partnerships with whom we work.

The last two years have been busy but productive for the Committee who recently reformed as a sole entity following review of the previous Public Protection Committee structure. This report outlines the main activities conducted by the Committee during the reporting period and outlines the significant progress made in protecting and supporting Adults at Risk (AAR) across the local community of West Lothian. It also highlights a number of key areas for development going forward as outlined in our Improvement Plan 2020-22, in our ongoing attempts to build on the momentum achieved to date.

The Committee is steadfast on key principles within which we operate, namely adaptation of a person-centred approach, importance of joint working, co-operation and effective communication, taking a proactive approach to support and protection with a focus on achieving improved outcomes for those at risk.

I look forward to the myriad of challenges going forward and have been impressed with the levels of innovation, resilience and professionalism displayed by all partner agencies in responding to the widespread and life-changing challenges posed by the current COVID-19 pandemic. I am confident in the Committee's abilities to deliver for the people of West Lothian in conjunction with our colleagues and partners across the wider Public Protection and Safer Community family.

Alwyn Bell  
Chair West Lothian Adult Protection Committee

**1. Executive Summary**

- 1.1 In August 2019 West Lothian Chief Officers Group (COG) agreed to revert from one Public Protection Committee back to individual Committee structures, thereby re-forming the APC. An Independent Chair (non-Council Officer) was appointed to drive forward business, supported by the existing Lead Officers.
- 1.2 A two-year Improvement Plan 2020-22 was approved by COG, identifying seven key strategic areas of business for development. The Improvement Plan was developed as a result of areas identified by self-evaluation and audit activity undertaken by the APC during 2018-20, compliance with requirements to fulfil legal obligations and functions, whilst remaining alert to areas highlighted by the ongoing Joint Inspection Findings elsewhere in Scotland and review of Scottish Government strategies and policy developments.
- 1.3 Between February and March 2020, the APC developed a number of strategic oversight documents to structure and guide continuous improvement, including a revised APC Terms of Reference, APC Improvement Plan 2020-22 and Communications Strategy and Engagement Plan.
- 1.4 The APC is supported by two multi-agency sub-groups, Quality Assurance (QA) and Learning and Development (L&D). The QA sub-group has delegated responsibility to oversee audit and self-inspection activity and provide support to the Lead Officers and Chair in performance analysis. Throughout the reporting period, a range of audit and scrutiny activities have been undertaken. These have provided reassurance and clarity to the APC around a number of aspects as outlined within the report and formed some key areas of ongoing developmental work for the Committee to assess and address.
- 1.5 The L&D sub-group provides a range of key developmental opportunities to staff on both a single and multi-agency basis. By working closely with the QA sub-group, links to emerging harm trends are quickly identified with training and development courses, advice and guidance issued to ensure practitioners are confident and feel equipped to deal with the matter effectively. This group also leads on communications and engagement initiatives on behalf of the Committee and have a range of challenges going forward in terms of securing effective and meaningful service user and carer involvement.
- 1.6 Reviewing performance trends, West Lothian's Risk and Concern Hub is consistently one of the most efficient units across Police Scotland in assessing and sharing concerns, the volume of recorded Police iVPDs continue to rise as do the total numbers of adult protection referrals submitted from all other sources. 'Other organisations', 'others' and Police are the biggest contributors whilst referrals from Scottish Fire and Rescue Service (SFRS) have increased by 700%. It is encouraging to note that 13% of referral sources are from members of the public (family, unpaid carer(s), friend, neighbour and Adult at Risk (AAR)). However, the number of re-referrals (repeat AARs) remains around 30% whilst the average number of repeat Duty To Inquire have risen from 53 in 2018-19 to over 61 in 2019-20.

- 1.7 There has been a significant rise in the volume of Adult Protection Inter-agency Referral Discussions (IRDs) undertaken and the outcome resulting in 'Further Adult Protection Action'. Due to the introduction of an e-IRD closure summary and ongoing scrutiny provided by the IRD Review Group, the number of outcomes 'Not Known' has reduced from 36% in 2018-19 to just 6.2% in 2019-20.
- 1.8 Adult Protection Case Conferences and Protection Orders remain static. Further work is ongoing to understand why these have not increased in line with increase in referrals and IRDs undertaken.
- 1.9 It is noted that the number of Large Scale Investigations (LSI) conducted has also risen, albeit by 1. Two LSIs were completed in relation to the same Care Home, resulting in the Care Provider subsequently relinquishing ownership and responsibilities.
- 1.10 Analysis of harm types reveals women are more likely to be at risk of harm than men. Whilst 40-64-year olds are most prevalent, over 75's account for over 50% of all those recorded (similar pattern in men). The top three client categories are infirmity due to age, mental health and physical disability whilst 'physical harm' remains the most prevalent harm type. The adults 'own home' remains the most prevalent location of harm.
- 1.11 A three-month review of Police Individual Vulnerable Persons Database (iVPDs) was undertaken to measure the early impact of COVID-19 on AAR across West Lothian. This revealed referral outlining mental health concerns significantly outstripped all other client types (almost 75%) whilst alcohol consumption and suicidal thoughts/feelings were prominent.
- 1.12 There has been a year-on-year reduction in the number of adults who are reported missing across West Lothian from all settings.
- 1.13 Effective collaboration and partnership working across all agencies remains strong. Good practice and areas to highlight include ongoing scrutiny and reassurance supplied by the IRD Review Group (and compliance with e-IRD system), the problem-solving multi-agency Critical Review Team (CRT) structure, the greater understanding of performance data and how this relates to service delivery and outcomes for AAR.
- 1.14 Key challenges going forward are highlighted as maintaining service delivery during COVID-19 restrictions (and associated issues), obtaining/retaining meaningful service user/carer/public interaction and feedback. Plus, understanding the prevalence of repeat adult at risk referrals and investigations and embedding prevention into daily frontline activities.

**2. Background**

- 2.1 In the 2016-2018 Biennial Report West Lothian had formed a Public Protection Committee incorporating each area of Public Protection by one overarching meeting structure. Following due consideration, this structure was later reviewed by West Lothian Chief Officers Group (COG) who directed reversion back to an individual Committee structure.
- 2.2 The COG approved the re-establishment of an APC in August 2019 and continues to provide leadership, direction, governance and oversight of the delivery of Adult Support and Protection measures and wider Public Protection arrangements within West Lothian.
- 2.3 In addition to returning to an APC, Jeanette McDiarmid, West Lothian's Independent Chair was replaced by Alwyn Bell in January 2020. Alwyn Bell is a serving Detective Superintendent in Police Scotland with responsibility for Serious Crime and Public Protection across 'J' Division.
- 2.4 In March 2020, a two-year Improvement Plan 2020-22 (see Appendix 3) was approved by COG, identifying seven key developmental strategic areas of business. The Improvement Plan was developed as a result of areas identified by self-evaluation and audit activity undertaken by the APC during 2018-20, compliance with requirements to fulfil legal obligations and functions, remaining alert to areas highlighted by the ongoing Joint Inspection Findings elsewhere in Scotland and review of Scottish Government strategies and policy developments.
- 2.5 Between February and March 2020, West Lothian APC developed a number of strategic oversight documents to structure and guide continuous improvement. These included a revised APC Terms of Reference, APC Improvement Plan 2020-22 (inclusive of key principles and functions), Communications Strategy and Engagement Plan (see Appendix 4) and overhaul of the two sub-group work plans 2020-22.
- 2.6 West Lothian's APC meets quarterly and reports to the COG quarterly or when required (during COVID-19 meetings were weekly, two-weekly then monthly).
- 2.7 The APC is supported by two multi-agency sub-groups, Quality Assurance (QA) and Learning and Development (L&D). The QA sub-group has delegated responsibility to oversee audit and self-inspection activity and provide support to the Lead Officers and Chair in performance analysis. The L&D sub-group provides a range of key developmental opportunities to staff on both a single and multi-agency basis. By working closely with the QA sub-group, links to emerging harm trends are quickly identified with training and development courses, advice and guidance issued to ensure practitioners are confident and feel equipped to deal with the matter effectively. This group also leads on communications and engagement initiatives on behalf of the Committee.

**3. Activities 2018-20**

3.1 The APC has achieved a number of the high level actions outlined in the Improvement Plan included within the 2016-18 Biennial report, whilst it is noted work around the website, reviewing procedures, self-evaluation activity and management information analysis are self-perpetuating and ongoing as an effective Committee.

3.2 Throughout the reporting period, the APC has driven activities to support staff and partnerships, strengthen processes and provide additional support and protection to adults at risk:

- Adult Protection e-IRD and risk assessment training delivered to the Social Care Emergency Team (SCET).
- NHS Adult Protection Advisor delivered bespoke training to staff at Addiewell Prison and police personnel to enhance earlier e-learning ASP training and Risk Assessment training to the Older Peoples Assessment Team.
- Compiled a non-compliance letter for professionals when they fail to attend or submit a report for an Adult Protection Case Conference meeting.
- Conducted a Professional e-survey to Adult Protection Case Conference/Review meeting attendees to seek their views and feedback about participating in this process.
- Liaised and engaged with two local Advocacy services to hear from them how service user engagement and feedback could be better sought and heard. This led to an overhaul of the previous Service User engagement forms and introduction of a new approach facilitated by an Advocacy worker seeking the lived experience of an adult at risk.
- Reviewed and updated the administrative process for organising and conducting an ASP meeting in order to ensure Advocacy representatives receive a copy of submitted open access reports in advance of the meeting, to increase and enhance the participation of the adult at risk at their meeting.
- Introduced an ASP referral and Duty To Inquire form to act as a prompt for consistency in approach by staff undertaking work at these stages in the ASP process.
- Devised a child and adult protection toolbox presentation to advise and support stakeholders and partners on how to make an AP referral should they have a child or adult protection concern.

**Good practice example:**

In response to feedback from Advocacy partners, West Lothian APC reviewed and updated its administrative process for organising and conducting an ASP meeting. This step now ensures Advocacy representatives receive a copy of submitted open access reports in advance of the meeting, to increase and enhance the participation of the adult at risk at their meeting.

- Commenced the review and amendment of local policies and procedures. Prioritised during the pandemic in order to ensure the ongoing welfare, support and protection of the public.
- Introduced new remote ways to conduct secure business meetings in order to progress work and embrace new 'COVID – 19' working methods.



## OFFICIAL

Data Label: Open Public

- Commenced audit of key stages in the AP process in order to understand attrition rates from one stage to another, explore and analyse performance information to provide focus for audit and continuous improvement activity.
- Conducted monthly multi-agency IRD Review Group meetings.
- Developed an e-IRD closure summary and implemented this across all operational practice teams to facilitate and evidence robust decision-making at this stage in the adult protection process and reduce the number of 'Not Known' outcomes.
- Held a range of multi-agency and topic specific learning events for staff to enable them to identify risk and confidently report this (inclusive of marriage without capacity, self-neglect and hoarding and home fire safety training and LSI learning)
- Commenced development of new multi-agency chronologies to improve identification of patterns and the frequency of harm to those living in the community, other settings and moving between different local authority areas, as required.
- Provided briefings to staff about the findings from the 1<sup>st</sup> Joint Inspection of Adult Support & Protection in July 2018 in order to engage with them to learn what would support them further in their work.
- Commenced audit of key stages in adult protection processes (to fully understand operational practices to evidence areas for realignment, improvement and development) using the 1st Joint Inspection of Adult Support & Protection template and briefed the West Lothian Adult Protection Committee on findings. This identified areas that worked well, areas for improvement and areas for continuous development. Work was taken forward via an Improvement Action Plan.
- Developed, circulated and implemented practitioner adult protection aide memoires with timescales for progressing work related to each stage in the adult protection process to enable staff to access this more readily.
- Held Critical Review Team meetings for those few critical cases in need of multi-agency management oversight, direction and guidance to assist operational responses and ongoing delivery of service.
- Encouraged attendance and feedback from service users, carers and proxies to assess service delivery standards and areas for improvement.
- Liaised with Police colleagues to proactively support the national 'Shut Out Scammers' campaign leading to the arrest of two males for numerous bogus workmen offences.
- Updated adult protection information to the West Lothian Public Protection website.
- Developed and agreed bespoke person-centred approaches to engage positively and in a predictable way, with hard to reach service users, due to their unique personal circumstances. This offered them adequate support and protection.

**Good practice example:**

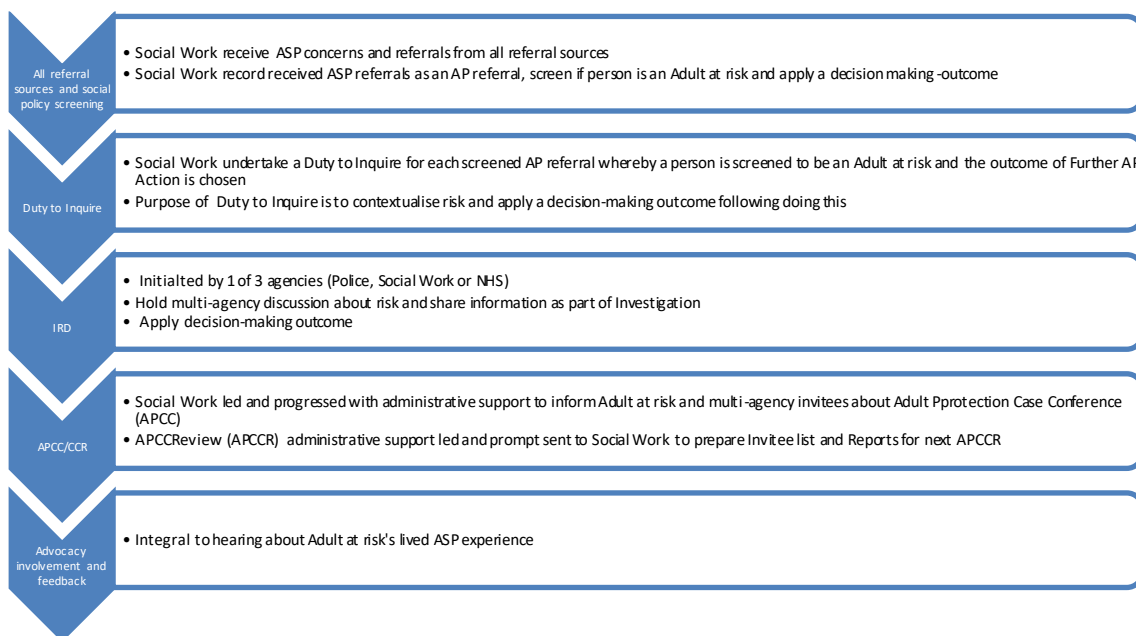
An Adult at risk (AAR) and Advocacy worker attended an APCC meeting. It was agreed to implement an engagement strategy between the AAR and care providers to set out clear expectations for their engagement with one another. When discharged from hospital the AAR accepted care in the community and engaged in this.

Use of Home Safety Service technology facilitated support to the AAR.



**4. Performance - Key Processes/Outcomes to Protect Adults at Risk**

4.1 West Lothian APC has prioritised audit and scrutiny work around performance indicators to drive self-evaluation and improvement activities. Greater understanding and assurance around the key building blocks to protecting and supporting adults at risk is critical to service delivery and achieving long term positive outcomes. The key stages critical to getting it right in the ongoing support and protection of an AAR is described below:



4.2 West Lothian APC Improvement Plan 2020-22 (Appendix 3) has broken the key processes of supporting and protecting AARs into 3 phases of risk – identification, assessment and mitigation. Progress throughout the reporting period is noted as follows:

**4.3 Risk Identification**

**4.3.1 Police Risk and Concern Hub**

4.3.1.1 The local policing Divisional Risk and Concern Hub is based at Livingston. Officers based within the Hub receive reports from frontline colleagues specific to concerns they have identified on attending incidents or have received from members of the public specific to persons at risk of harm. Officers place this information onto the vulnerable persons database (VPD) which serves as a rich depository outlining previous concerns and highlighting threat, risk and harm.

4.3.1.2 The efficient assessment and processing of this information can be critical to protecting and supporting an AAR. It is therefore significant to note that the Concern Hub within West Lothian is one of the top performing units across Scotland in the past year, with processing times noted within the top 8 in Scotland, thereby ensuring efficient and effective sharing of concerns with partners to allow proportionate and timeous responses by colleagues with the specialism and expertise to safeguard and protect.

Table 1: iVPD processing times – West Lothian / Police Scotland

	Ave frontline days	Ave PPU days	Ave total days
West Lothian	0.55	2.14	2.69
Force	0.75	4.26	5.01

4.3.2 Police iVPDs:

4.3.2.1 Police iVPDs are not reported on as a local Performance Indicator (however were reported on in the Scottish Government’s COVID-19 Adults weekly Survey Return). This focus provided an opportunity to analyse the attrition rates of Police referrals recorded on the Vulnerable Persons Database (iVPDs) and review operational practice about the recording of iVPDs reported to Social Work as an Adult Protection referral.

4.3.2.2 The volume of Police iVPDs continue to increase. This can be observed by comparing and contrasting 2018-2019 & 2019-2020 Police VPD data in Table 2 and 3 below:

<b>Table 2: Total adult concern/AP VPDs including those not shared</b>					
Year	Total Incidents (AC and AP combined)	Incidents with Adult Concern Highlighted	Incidents with Adult Protection Concerns	Adult Concern Nominals	Adults at Risk (AP) Nominals
2018-2019	3242	2757	485	2054	419
2019-2020	3393	2881	512	2077	391

4.3.2.3 Increases are noted in total incidents (concerns and protection up 4.6%), incidents with Adult Concerns highlighted (up 4.5%) and incidents with Adult Protection Concerns (up 5.5%). It is significant however that whilst there has been a slight increase in the number of adults where concerns have been raised (up 23 nominals), the number of Adults at Risk referred has actually reduced (reduction of 28 nominals)

4.3.2.4 (It should be noted that nominal numbers are less than incidents due to there being incidents for recurring nominals within that one-year period).

<b>Table 3: Total Adult VPDs shared with West Lothian Social Work</b>			
Year	Total Incidents where AP/Adult Concerns Shared	Individual Referrals to Under 65s Adult SW	Individual Referrals to Over 65s Adult SW
2018-2019	3129	1668	1709
2019-2020	3235	1672	1753

The vast majority of iVPDs generated by Police are shared with Social Work.

(The data in the above tables relates to incidents and individual referrals for nominals. The word ‘incident’ relates to any police incident, and may involve more than one nominal present of concern).

4.3.3 Recording an AP referral

4.3.3.1 Upon receipt of Police iVPDs, a record is added onto the Social Work recording database (AIS) by administration support who then work-flow them to the Adults Social Care Enquiries Team (ASCET). These, along with Adult Protection referrals from all other referral sources are screened by ASCET to determine if the referred person meets an AAR criteria. ASCET work-flow each AP referral when an AAR is identified to the responsible practice team to allow them to apply an AP referral Outcome code.

4.3.3.2 Management Information reports note an increase in recorded referrals in 2019-2020 when compared with 2018-2019 (Table 4):

Table 4: A comparison of West Lothian's 2018-2019 & 2019-2020 Annual Scottish Government Adult Protection Data Set return; ASP activity comparative table:						
Year	Referrals	Investigation (IRD)	ASPCC	ASPCCR	Protection Orders	Large Scale Investigation (LSI)
2018-2019	732	147	33	49	2	2
2019-2020	799	195	33	49	2	3
%Increase/decrease	9% increase	33% increase	stable	stable	stable	50% increase

4.3.3.3 A 9% increase in referrals is currently translating into a 33% increase in Adult Protection IRDs. This appears to indicate that investment in guidance and training, in addition to Team Managers leading the ASCET Team is providing consistency in the initial Adult Protection Referral recording stage and leading to more AAR being assessed on a multi-agency basis and relevant protective measures being put in place (dependent upon outcomes of IRD process).

4.3.3.4 However, what is not understood at present is why these increases in referrals and IRDs are not translating into additional Case Conferences (and Review Case Conferences) or the seeking of Protection Orders. Work has commenced to establish the reasons for this anomaly.

4.3.4 Adult Protection Concerns/ Referrals from all Referral Sources

4.3.4.1 Analysis has confirmed referrals are received from a broad and wide range of agencies and people across West Lothian.

**Good practice example:**

West Lothian continues to use social media platforms to inform the public about how they can report a concern for an adult.

**OFFICIAL**

Data Label: Open Public

4.3.4.2 The West Lothian 2018-2019 & 2019-2020 Annual Scottish Government Adult Protection Data Set Return reports on the sources of Referrals as listed:

NHS, GPs, Scottish Ambulance Service, Police, Scottish Fire and Rescue Service, Office of the Public Guardian, Mental Welfare Commission, Health Improvement Scotland, Care Inspectorate, Other organisation, Social Work, Council, Self (Adult at risk of harm), Family, Friend/ Neighbour, Unpaid carer, Other member of public, Anonymous and Others.

4.3.4.3 The breakdown of the source of each of the recorded AP referrals recorded is noted in Table 5 below:

<b>Table 5: 2018-2019 West Lothian's Annual Scottish Government Adult Protection Data Set Return Source of Referrals</b>	<b>Number of referrals 18-19</b>	<b>Number of referrals 19-20</b>
NHS	80	73
GPs	8	9
Scottish Ambulance Service	5	13
Police	98	90
Scottish Fire & Rescue Service	8	55
Office of Public Guardian	2	1
Mental Welfare Commission	0	0
Healthcare Improvement Scotland	0	0
Care Inspectorate	3	12
Other organisation	192	198
Social Work	113	0
Council	76	64
Self (Adult at risk of harm)	29	16
Family	56	59
Friend/Neighbour	6	14
Unpaid carer	22	25
Other member of public	1	2
Anonymous	3	1
Others	30	167
<b>Total</b>	<b>732</b>	<b>799</b>

4.3.4.4 The above figures show a considerable increase in referrals from the Scottish Fire and Rescue Service (SFRS) (almost 700% increase) whilst it is encouraging to note that 13% of referral sources are from members of the public (family, unpaid carer(s), friend, neighbour

and the Adult at Risk) indicating a growing knowledge of how to make a report to Social Work and other agencies.

4.3.4.5 The return of 0 from 'Social Work' is due to a recording issue (moved to 'Others') whilst it is noted that only 17.6% of Police iVPDs (19-20) indicating Adult Protection are screened as such, representing a reduction of 2.6% from 2018-19.

4.3.4.6 The sources of Adult Protection referrals are noted below in Table 6: A comparison of West Lothian's 2018-2019 & 2019-2020 Annual Scottish Government Adult Protection Data Set Return -Top ten sources of recorded Adult Protection referrals were by:

Top Ten sources of recorded AP referrals	Year: 2018-2019	Year: 2019-2020
1	Other organisation	Other organisation
2	Social Work	Others
3	Police	Police
4	NHS	NHS
5	Council	Council
6	Family	Family
7	Others	Scottish Fire and Rescue Service
8	Self (Adult at risk)	Unpaid Carer
9	Unpaid Carer	Self (Adult at risk)
10	Joint position – GP and Scottish Fire and Rescue Service	Friend / Neighbour

4.3.4.7 Further developmental work (manual review being undertaken) is ongoing to understand a more detailed breakdown of 'Other organisation' referral sources. This would offer reassurance they are reported by Registered Services and those in particular with a West Lothian contract, for example, Care Homes and Care at Home agencies. The ASCET Team Manager would then highlight cases such as these with his peers (Team Managers) in other practice teams. This would contribute to there being a shared understanding and threshold use within and between teams when they provide cover for the ASCET Manager.

4.3.4.8 The figures also indicate value in continuing to run social media campaigns promoting how anyone can make an Adult Protection referral locally.

#### 4.4 Risk Assessment

##### 4.4.1 Adult Protection Referral Outcomes

4.4.1.1 Management Information Reports note variance in recorded Adult Protection Referral Outcomes in 2018-2019 and in 2019-2020. The statistics below reveal a significant decrease in the number of Adult Protection referrals subject to 'further Adult Protection action' in 2019-20 when compared to 2018-19. In 2019-20 only 46.4% of all referrals

resulted in 'Further Adult Protection Action' compared to 67% in 2018-19. This correlates across to 'Further Non-Adult Protection Action' which conversely records a large increase in 2019-20 when compared with 2018-19 (an increase from 17.9% in 18-19 to 38.5% in 19-20 of all referrals). However, when combining both categories, remarkably, both years record that 84.9% of the total referrals received in both years resulted in some form of 'Further Action' specific to the AAR. This is shown below in Table 7:

Year	Further AP Action	Further Non-AP Action	No Further Action	Not Known
2018-2019 AP Referrals 732	490	131	37	74 (732)
2019-2020 AP Referrals 799	371	308	51	69 (799)

4.4.1.2 It is noted that there is a slight increase in 2019-20 when compared with 2018-19 in the category of 'No Further Action', rising from 5% to 6.4%, whilst the volume reduction of 'Not Known' outcomes, despite an increase in the total number of referrals, is a positive trend.

**Good practice example:**

In an attempt to understand why there remains a proportion of 'Not Known' outcomes, monthly monitoring reports are being generated and shared with Group Managers to allow them to guide staff appropriately to ensure accuracy in recording. This also allows a breakdown of operational teams and practitioners to assist in targeting of additional training and guidance to ensure compliance with the four recognised outcomes reported on in the Annual Scottish Government Adult Protection Dataset Return (Further AP Action; Further non-AP Action; No Further Action; Not Known).

4.4.1.3 The role of ASCET as a gatekeeper to completion of all such referrals is being explored (enhance consistency in decision-making taken at this stage in the process) whilst plans have progressed to hold scheduled multi-agency meetings between the ASCET Manager and the Police Adult Protection Lead Officer.

**Good practice example:**

The ASCET Manager and AP Police Lead Officer now hold scheduled meetings to:

- Discuss any iVPD referral where agreement is needed to assess its management/ progression. This creates a 'live time' working and learning opportunity for consideration and inclusion on multi-agency staff training sessions.
- This will inform and advise all referral sources how received referrals are processed.

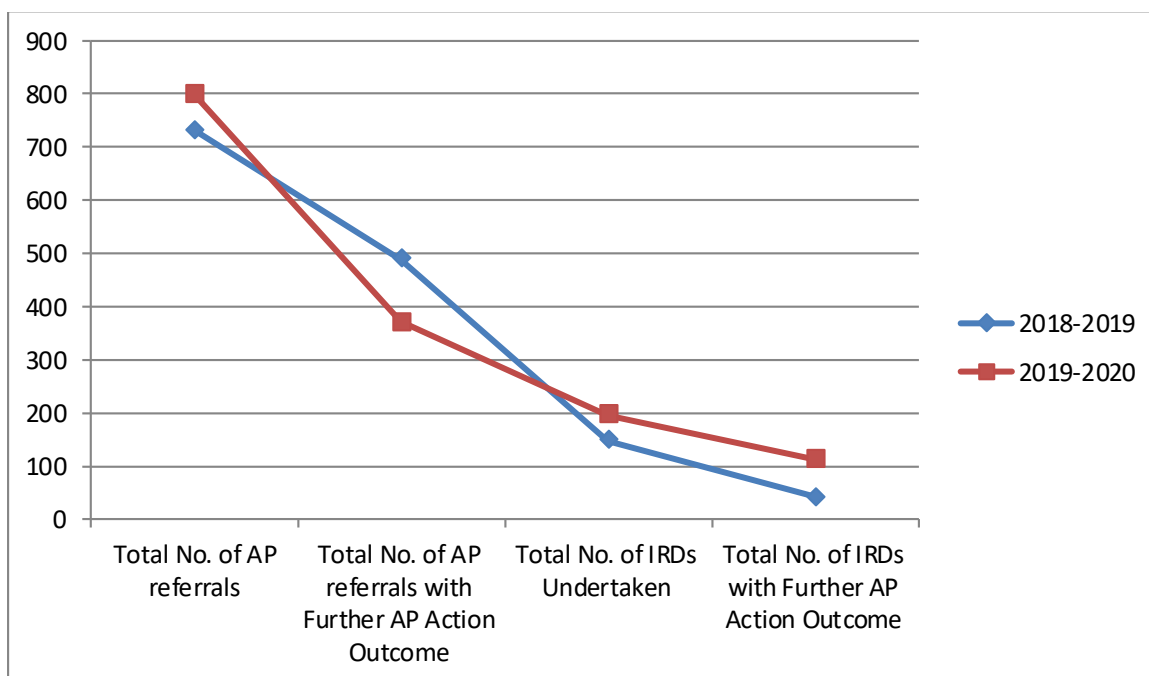
4.4.1.4 Use of one of the four codes reported in the Annual Scottish Government Adult Protection Data Set Return is important to recognise and record accurately in order to understand

the next stage in the journey of the Adult Protection referral as, only, those Adult Protection referrals with the outcome 'Further Adult Protection Action' will lead to a 'Duty to Inquire' (DTI).

4.4.1.5 DTI outcome codes do not currently exist in West Lothian, meaning auditing actual case notes is currently the only way to gain insight into decision making and outcomes at this stage in the AP process. In an attempt to identify and assess decision-making at this stage in the process, a performance information report is being created to capture the percentage of DTIs that have been completed within procedural timescale (7 calendar days). Further work is ongoing to establish the possibility (or otherwise) to introduce a drop-down menu consistent with the four recognised outcomes. It is anticipated that this would further reduce the number of referrals currently recorded as 'Not Known'.

4.4.2 Adult Protection Attrition rates:

4.4.2.1 Table 8 demonstrates the attrition rate 2018-19 and 2019-20. This visually shows the 'Adult Protection journey' and is inclusive of/commences from total number of Adult Protection referrals to total number of Adult Protection referrals with 'Further Adult Protection Action' outcome to total number of IRDs undertaken to the total number of IRDs undertaken with 'Further Adult Protection Action' outcomes:



4.4.2.2 The attrition rate from 'IRD with Further Adult Protection Action Outcome' identifies those cases proceeding to either a:

- Duty to Investigate;



- Professional Concerns Meetings (PCM); (this is a professional only meeting to share information ahead of implementing an interim plan to manage the risk identified for the Adult at risk (AAR).
- Adult Protection Case Conference (APCC);
- Large Scale Investigation.

**Good practice example:**

West Lothian is keen to review its ASP policy and procedure. In doing this, it has actively sought views from other Local Authority areas as to whether or not a PCM is an IRD Outcome used by them. Feedback received will be considered to inform local decision-making at this stage in the AP process.

4.4.2.3 Table 9 shows the IRD Outcomes reported in the 2018 -2019 & 2019-2020 Scottish Government Adult Protection Annual Data Set Return:

Year	Further AP Action	Further Non-AP Action	No Further Action	Not Known
2018-2019 IRD Total 147	42	0	52	53
2019-2020 IRD Total 195	112	0	71	12

4.4.2.4 The above statistics reveal a significant increase in the number of Adult Protection IRDs subject to ‘Further Adult Protection Action’ in 2019-20 when compared to 2018-19. In 2019-20 57.4% of all IRDs resulted in ‘Further Adult Protection Action’ compared to only 28.6% in 2018-19. ‘No Further Action’ from IRDs remained consistent (35.4% 2018-19 / 36.4% 2019-20) whilst the outcome ‘Not Known’ reduced significantly in 2019-20 (6.2%) when compared with 2018-19 (36%). This is a positive trend and coincides with the introduction of the e-IRD closure summary.

4.4.2.5 The IRD outcome codes are of interest. It is noted that not one of the ‘No Further Action’ IRDs progressed to ‘Further Non-Adult Protection Action’. It is therefore proposed to audit a random sample of these to determine the context, risk and concerns identified in order to understand decision-making taken at this stage in the AP process.

4.4.2.6 The introduction of an NHS rota to facilitate tripartite discussions between NHS, Social Work and the Police at IRD stage is regarded as a significant enhancement to operational practice and risk identification/assessment and mitigation in West Lothian.

**Good Practice example:**

In response to the creation of an NHS IRD rota, an online remote training package was developed and delivered by a multi-agency team of staff during the COVID-19 pandemic. Plans are now in place to deliver this training to all Adult Services Team Managers in practice team settings including SCET.

4.4.3 Repeat Adult at Risk

4.4.3.1 Table 10 – Number of re-referrals received in 2018-19 and 2019-20 :

FY 2018/19	Re-Referrals (in a 12-month period)	Total Referrals	FY 2019/20	Re-Referrals (in a 12-month period)	Total Referrals
Q1 Apr- Jun	50	192	Q1 Apr- Jun	68	220
Q2 Jul- Sep	45	158	Q2 Jul- Sep	52	153
Q3 Oct- Dec	64	180	Q3 Oct- Dec	69	232
Q4 Jan- Mar	57	203	Q4 Jan- Mar	58	194
<b>Totals:</b>	<b>216</b>	<b>733</b>	<b>Totals:</b>	<b>247</b>	<b>799</b>

4.4.3.2 It is interesting to note that the proportion of re-referrals received in both years was similar, with 29.5% of the total in 2018-19 and 30.9% in 2019-20. Further analysis is required to understand the categories within which the repeat referrals were received and whether a small number of individuals disproportionately contribute to the overall figures. This work is ongoing.

4.4.4 Repeat Duty to Inquiries

4.4.4.1 Table 11: Number of Repeat Duty to Inquiries

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Number of repeat Duty to inquires within a 12-month period	50	45	59	57	68	52	68	58

4.4.4.2 Social Work complete the DTI stage in the ASP process. The average number of repeat Duty to Inquiries completed each quarter in 2018-2019 was 53 whilst this average increased in 2019-2020 to 61.5. Similar to Table 9 above, further analysis is needed to determine what AAR appear in these reports to determine what this information is reporting about repeat risk and harm concerns for them.

4.5 Risk Mitigation

4.5.1 Adult Support and Protection (ASP) plans

4.5.1.1 An ASP plan is completed when the Outcome of an Adult Protection Case Conference (APCC) is to proceed to an Adult Protection Case Conference Review (APCCR). This explains the variations in the figures provided overleaf. The average number of ASPs prepared each quarter in 2018-2019 was 18 and the average in 2019-2020 was 19.

4.5.1.2 Table 12: Number of Adult Support and Protection Plans

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>Total number of cases with live Adult Support and protection plan</b>	17	14	20	21	16	25	20	16

4.5.2 Case Conferences

4.5.2.1 Percentage of Adult Support and Protection Initial and Review Case Conferences held within procedural timescale (Table 13)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>Percentage of Adult Support and Protection Initial and Review Case Conferences held within procedural timescale</b>	90	50	63	73	89	64	71	83

4.5.2.2 Performance has varied in this measure throughout 2018-2019 and 2019-2020. Performance was high in Q1 and Q4 of 2019-2020 and was 100% in Q1 1920-21, however, further work requires to be undertaken to understand barriers to achieving 100% in this performance measurement.

**Good practice example:**

Team Managers or equivalent who undertake the role of being an Independent Chair at an APCC or APCCR participated in a remote Webex training session facilitated by a C & F Reviewing Officer to share learning and up-skill Adult Services staff to use this medium effectively when hosting future multi-agency meetings in this way.

4.5.2.3 Percentage of Adult Support and Protection Initial Case Conference where Council Officer reports were completed within procedural timescale (Table 14):

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>% Adult Support and Protection Initial Case Conference where Council Officer reports were completed within procedural timescale</b>	47	6	13	8	28	27	45	56

4.5.2.4 Social Work staff complete a Council Officer Report. Again, there has been a slight improvement in performance since increased APC and COG scrutiny however, further work requires to be undertaken to understand barriers to achieving 100% in this performance measurement.

4.5.2.5 In order to assist staff to complete and submit reports timeously, managers are now alerted when a report is outwith timescales to ensure additional support can be given to staff to improve performance in this indicator. Additionally, staff are now advised three weeks ahead of the APCC(R) date to assist in preparation, including identification of key attendees. This preparation is essential to the success of this process.

4.5.2.6 Service user and Carer/Advocate/Guardian Involvement in Case Conferences

4.5.2.7 Percentage of Adult Support and Protection Case Conferences where the adult attended (including the number invited) (Table 15)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>Percentage of Adult Support and Protection Case Conferences where the adult attended (including the number invited)</b>	100 (3/3)	33 (2/6)	14 (1/7)	27 (3/11)	57 (4/7)	70 (7/10)	81 (13/16)	75 (3/4)

4.5.2.8 An AAR is invited to attend their APCC unless there is a justifiable reason(s) for excluding them or they choose not to attend. In 2018-2019 more AAR did not attend their meeting than those that did. However, this trend reversed in 2019-2020 with more AAR attending their meeting than those who did not (43.5% 2018-19 and 70.8% in 2019-20).

**OFFICIAL**

Data Label: Open Public

4.5.2.9 Further work is needed to breakdown the reasons for the non-attendance of a person at their meeting and to determine if an alternative venue or communication medium would increase their participation.

4.5.2.10 NOTE - The correlation between measurement – (Table 14) **Percentage of Adult Support and Protection Initial Case Conference where Council Officer reports were completed within procedural timescale** and measurement – (Table 15) **Percentage of Adult Support and Protection Case Conferences where the adult attended (including the number invited)** is interesting to compare and contrast. This appears to show that when the number of Council Officer reports are submitted on time, the attendance of an AAR increases as well.

4.5.2.11 Percentage of Adult Support and Protection Case Conferences where a carer attended (including no. invited) (Table 16)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of Adult Support and Protection Case Conferences where a carer attended (Including number invited)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	50 (1/2)	100 (2/2)	100 (3/3)	100 (1/1)

4.5.2.12 This indicator performs highly and indicates that when invited, carer’s almost always attend a meeting about a person they know. This is an important element in encouraging wider protective measures and reducing repeat concerns.

4.5.2.13 Percentage of ASPCCs where an advocate / guardian/ power of attorney attended (Including number invited) (Table 17)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of ASPCCs where an advocate / guardian/ power of attorney attended (Including number invited)	0 (0/0)	75 (3/4)	100 (4/4)	67 (4/6)	50 (2/4)	67 (4/6)	58 (7/12)	100 (2/2)

4.5.2.14 This important indicator remains variable, albeit recorded 100% attendance in Q4 2020-21 (coinciding with increased scrutiny). It would be useful to explore further as noted above if the performance of this indicator has an impact and effect on other Performance indicators which happen later on in the ASP process.

4.5.2.15 Police and Health attendance at Case Conferences

4.5.2.16 Percentage of Initial ASPCC where Police personnel attended (Including number invited)  
(Table 18)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of Initial ASPCC where Police personnel attended (Including number invited)	33 (2/6)	100 (4/4)	67 (6/9)	50 (5/10)	87 (7/8)	100 (5/5)	60 (9/15)	71 (5/7)

4.5.2.17 This indicator has shown variance over the performance period. However, it should be noted that on occasion, the Police participate by submitting a report rather than attending. This appears to be the primary explanation for the variance, along with late invites and non-recording previous agreement for non-attendance. It is noted that actual attendance has increased from 62.5% in 2018-19 to 79.5% in 2019-20.

4.5.2.18 Percentage of Initial ASPCC where Health personnel attended (Including number invited)  
(Table 19)

Measure	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of Initial ASPCC where Health personnel attended (Including number invited)	0 (0/0)	67 (2/3)	33 (1/3)	25 (1/4)	67 (3/2)	56 (5/9)	30 (7/23)	67 (2/3)

4.5.2.19 This indicator shows variance over the performance period. Similarly, on occasion, the NHS participate by submitting a report rather than attending. This appears to be the primary explanation for the variance, along with late invites and non-recording previous agreement for non-attendance. It is noted that actual attendance has increased from 41.7% in 2018-19 to 55% in 2019-20.

4.5.3 Protection Orders

4.5.3.1 Any 1 of 3 Protection Orders can be considered when serious harm is identified.

As highlighted above in Table 3 in 2018-2019 2 Banning Orders were granted and another 2 in 2019-2020. However, in addition to this, Legal Services provided advice regarding a further 7 cases of serious harm where the use of a Protection Order was considered. With the exception of 1 case for a male the other reports of serious harm were for women.

4.5.4 Large Scale Investigations (LSI)

4.5.4.1 As highlighted in Table 4 above, there were a total of 2 LSIs undertaken in 2018-19 and a further 3 LSIs undertaken in 2019-20. Four of these have now been completed and signed off by the Care Inspectorate, APC and COG after robust and intrusive multiagency reviews, assessment and improvement actions.

4.5.4.2 Key learning from the LSIs conducted identified the following:

- Including representation from the agency under investigation, at open access parts of the meeting, was helpful to hold sensitive conversations promptly and thereafter formulate an action plan to identify and develop areas for improvement;
- Including the Care Inspectorate in the mailing list for an update report encouraged submission of information in advance of the meeting, allowing partners to prepare in advance of discussions;
- Use of multi-agency chronologies assisted in identification of key systemic issues, provided clarity around affected residents and highlighted service delivery improvement areas;
- A collaborative partnership between NHS, SW and the staff of the agency under investigation enabled skill gaps to be identified, training delivered and increased competence and confidence of an agency's staff team to resume and fulfil their duties. This approach has been very positive;
- The convening of regular and scheduled Relatives meetings was insightful, powerful (represented AAR) and beneficial to all involved;
- Open and transparent communication within and between agencies assisted complex multi-agency working and facilitated learning to benefit those in receipt of a service from a registered provider.

4.5.5 ICRs/SCRs

4.5.5.1 There have been no ICRs or SCRs raised during the review period.



**5. Harm types, trends and targeted responses**

5.1 Analysis of harm types, categorisation of adults most prevalent to harm, consideration of demographics and identifying locations of harm has been undertaken across West Lothian. This data is extremely important to understand in planning ahead in terms of resourcing, training and development, prevention and client engagement.

5.2 The significance of this analytical work is further highlighted when it is considered within the context of predicted population growth across West Lothian. It is anticipated that within the next 25 years the 65-74 age group will have increased by 57% whilst the 75 and over age group will have increased by 140%. This projected population increase in these age groups will place further strain on existing health and social care services and is accentuated by a predicted reduction in working age population aged 25-64 (11.9% reduction) who additionally currently provide a massive proportion of unpaid care.

5.3 Data has been gathered over 5 years specific to those AAR subject to multiagency IRD as follows (Table 20):

Year	Gender Female	Gender Male	Top Age category	Top three Client Categories	Top three Harm Types	Top three Location of Harm
2015	68	46	40-64	1. Infirmity due to age 2. Mental Health Problem 3. Physical Disability	1. Physical Harm 2. Financial Harm 3. Psychological Harm	1. Own Home 2. Care Home 3. Not Known
2016	39	35	40-64	1. Mental Health 2. Infirmity due to age 3. Joint - Dementia and Physical Disability	1. Physical Harm 2. Psychological Harm 3. Financial Harm	1. Own Home 2. Not Known 3. Care Home
2017	49	21	40-64	1. Infirmity due to age 2. Mental Health Problem 3. Physical Disability	1. Physical Harm 2. Financial Harm 3. Psychological Harm	1. Own home 2. Care Home 3. Other private address
2018	91	56	40-64	1. Mental Health 2. Infirmity due to age	1. Physical Harm 2. Other 3. Financial Harm	1. Own Home 2. Not Known 3. Care Home

**OFFICIAL**

Data Label: Open Public

				3. Physical disability		
2019	125	70	40-64	1. Infirmity due to age 2. Mental Health Problem 3. Physical Disability	1. Physical Harm 2. Financial Harm 3. Neglect	1. Own Home 2. Care Home 3. Not Known

5.4 Women consistently remain more prevalent to harm than men. 2019-20 figures returned the highest volumes of both sexes in the past five years, increasing by 32.7% compared against 2018-19 figures (195 v 147) whilst the proportions of females at risk of harm increased from 61.9% in 2018-19 to 69.1% in 2019-20.

5.5 It is noted that whilst the age group 40-64 has the highest number of male and female AAR of harm (total of 39 – 20% total) in 2019-20, the age groups 65 and above contributed to 63.1% of the total number of adults at risk (123 in total). This perhaps points to the future given projected population trends.

5.6 There appears consistency in terms of client categories identified at risk of harm. Indeed, since 2015 the same three categories have consistently remained in the top 3. These client categories remain infirmity due to age, mental health and physical disability.

5.7 Similarly, the most prevalent types of harm recorded remain relatively consistent over the past 5 years, with physical harm and financial harm featuring throughout whilst neglect has recently replaced psychological harm within the top 3 harm types in 2019-20.

5.8 This picture is replicated when reviewing the locations of harm. Unsurprisingly, ‘own home’ and ‘care home’ settings remain the most prevalent locations across West Lothian.

5.9 These figures tend to suggest a relatively stable picture in terms of ‘harm’ across West Lothian and it is noted that specific attention and additional learning has been offered to frontline staff to meet the challenges of harm types and trends (examples include preventative interventions including prompt sign-posting to other agencies for support and assistance, development of systems to identify the number of self-neglect and hoarding cases and a robust response to Financial Harm issues).

5.10 However, keen to remain proactive and understand the changing needs of our local communities during the COVID-19 pandemic, the Committee tasked an assessment of the immediate impact of restrictions on those at greatest risk of harm. A review of Police iVPD data from 1<sup>st</sup> February 2020 to 10<sup>th</sup> May 2020 was undertaken. 573 referral forms shared with adult social work services were analysed and produced the following trends (note that more

**OFFICIAL**

Data Label: Open Public

than one type of concern is highlighted for many of the concern forms reviewed which accounts for the figures not adding up to 100%); also note that Suicidal Thoughts/Feelings is not an option, however, has been looked at in addition to the available options and where mentioned as part of the referral it has also been captured in the data) (Table 21):

<b>Nature of Concern</b>	<b>Percentage</b>
Financial Harm	4.7
Visual Impairment	0.7
Physical Injury/Impairment	8.2
Psychological Harm	11
Self-Harm	14
Sexual Harm	1
Elderly	15.7
Attempted Suicide	6.8
Mental Health Issues	74.9
Drug Consumption	10
Isolation	4.9
Speech Impairment	1.3
Learning Disability	2.6
Alcohol Consumption	18.8
Hearing Impairment	1.4
Suicidal Thoughts/Feelings	18

5.11 It is significant that Mental Health Issues play such a massive role in the submission of Police concern forms and points towards fears of the negative impacts of social isolation and confinement to home addresses on adults already at risk of harm. It is also significant that 52.5% of these concern forms related to repeat nominals i.e. nominals who have more than 1 iVPD referral form submitted for them between 1<sup>st</sup> February 2020 and 10<sup>th</sup> May 2020.

5.12 This work remains subject to further and ongoing analytical work (and technically stretches outwith the parameters of this report) but demonstrates the Committee’s intentions to remain proactive and understand the current risk of harm to AAR across West Lothian to ensure services are flexed based on needs and directed proportionately according to needs.

6. **Assurance**

6.1 Throughout the reporting period, a range of audit and scrutiny activities have been undertaken. These have provided reassurance and clarity to the APC and COG around a number of aspects as outlined below, led to a number of service delivery improvements and highlighted further areas for improvement going forward. The QA sub-group led on the majority of this work.

6.2 **APQA Subcommittee**

6.2.1 This group has been involved in really positive quality assurance activity within the local authority over the last two years. Key activities include:

- Multi-agency audit of re-referred APCC cases (within one year) to establish trends and learning;
- Multi-agency audit (3 days) of each stage in the ASP process to identify key findings for improvement in operational delivery, supervisory awareness raising and preparation for the forthcoming joint inspection of ASP in West Lothian. This began a conversation about operational practices and areas for development and improvement about the cases audited: A 15% random sample of cases across all service user groups was identified for audit at different stages in the AP process; 6 out of 37 No further action Adult Protection Referrals; 66 out of 438 Duty to Inquires, 4 out of 27 Professional Concerns Meetings and 7 out of 46 APCC/CCRs.
- Audit of AP attrition rates (see Table 8 Page 15) iVPDs to Adult Protection referrals during Covid-19 in order to provide accompanying narrative to the Scottish Government about local practices and understand impact on service delivery.
- Remote Covid-19 'practitioner sessions' have been implemented to discuss emerging operational topics with staff. These have allowed practice conversations to happen which facilitates a culture of support, learning and areas for development.

6.2.2 One of the less quantifiable pieces of work achieved by the APQA is the ability for partners across all agencies to raise practitioner dilemmas when they may feel there are quality assurance issues in practice. In late 2018 such a case was raised by Health colleagues specific to associated risk for an adult, risk posed by him to others in the community and the disrepair of his property with flammable products. The extensive case discussion identified that regardless of legal or medical circumstances pertaining to this male, his situation was causing significant distress to the staff from all agencies engaging with him. Having found no previous solution for a number of months prior to raising at APQA, the subcommittee recognised the significant stress being imposed on staff and recommended the case met the criteria for a Critical Review Team (CRT) meeting. On convening the CRT an excellent multi-agency approach was found that led to this male engaging and allowing partners to make safe his house, provide him with addiction support and improve the outcome for him and his neighbours. If not for the APQA's proactivity and insight looking at it as a quality of service issue, there may never have been a solution and a significant

community risk may have continued. This integrated approach to problem – solving across the partnership was creative and innovative.

**6.3 Critical Review Team**

6.3.1 The Critical Review Team is a multi-agency senior level management meeting that examines complex high-level cases. An example of the effectiveness and efficiency of this meeting in resolving cases and unpicking complex circumstances and needs amongst AARs (such as the afore noted incident) and dedicating appropriate and proportionate resources. This demonstrates an ongoing commitment at senior level across West Lothian agencies to protect and support AARs and our staff. Throughout the reporting period, there have been 7 such CRT meetings convened, all of which are subsequently reported on via the COG.

Table 22: CRT Meetings 2018-20

2018-2019 – No. of CRTs held	2019-2020 No. of CRTs held
3 meetings (all males)	4 meetings (3 males/1 female)

**6.4 Performance Information Multi-agency working group**

6.4.1 West Lothian Adult Protection Committee is particularly keen to understand trends in its Performance Information and establish what this means for operational practice and the lived AP experience for each AAR. Accordingly, a short life Performance Information Working Group was established to review our working processes and how these interplay with service delivery. Key to this was also being assured that associated legislative requirements and underpinning policies and procedures were being followed and through a continuous improvement approach identify both areas of good practice and any required improvement activities.

6.4.2 Key findings from the short life Performance Information Working Group identified:

- The benefit of a streamlined response to recording, screening and applying an outcome to AP referrals (led to increased recording);
- A shared understanding about conducting and convening an IRD led to an increase in the number of discussions held between core multi-agency partners to agree how to manage risk;
- An IRD outcome action plan has been agreed to confirm operational practices following this decision - making stage to explain why the number of APCCs has remained the same.

6.4.3 The identification of areas for greater consistency particularly in relation to operational recording methods was prioritised by the APC. In order to fully understand this, the COG and APC worked together to achieve a revised approach to monitoring management information and providing detailed analysis. Current information management indicators are contained within this report and included at Appendix 1. Further indicators identified

as adding value by the APC are currently under development and will be reported upon in the next reporting period.

#### 6.5 IRD review group

- 6.5.1 In June 2018 West Lothian adopted the eIRD system for the management of IRDs. Agreement was also reached to form an IRD review group, which consists of a Detective Inspector (PPU), Group Manager (SW adult protection), NHS Adult Support and Protection Advisor and the Lead Officer. Terms of Reference for remit and membership were agreed through the PPC and are subject to periodical review.
- 6.5.2 This group meets every four weeks and reviews every adult IRD that has been open for four weeks, or is marked as ready for closure. As part of this review process, best practice is identified and shared and any learning points or themes identified. The IRD review group provided updates to the PPC for the first year of being established, with feedback reassuringly positive. As part of the assurance work done by this group, it was identified that there was significant inconsistency in the outcomes for IRDs in how they were presented and what they included. As such, the participants devised a closure summary, which is a list of questions to be answered on the final page. This provides two benefits, firstly, a consistency to outcomes, allowing easy comprehension of issues and secondly, a clear standard for staff carrying out the IRDs to follow.
- 6.5.3 In recent months it was agreed to increase the role of Health in conducting adult IRD's. As such a cadre of Health representatives were identified and trained on the system by multi-agency partners. This was a particularly innovative piece of work, with all agencies working collaboratively at short notice to design and deliver an online and remote live training package with working groups and scenarios.

#### 6.6 Procedural review

- 6.6.1 West Lothian participated and contributed with other Lothian Local Authorities to develop a pan-lothian Large Scale Investigation Protocol to replace each area's own document. This coordinated approach has supported consistency in practice especially for Police Scotland and NHS who work across each of these Local Authority areas.
- 6.6.2 West Lothian has kept under review its policy and procedures to ensure they remain current and relevant for use. This is an ongoing piece of work and one which is progressed in a multi-agency basis via the APQA subcommittee.

**Good Practice Example:**

West Lothian Council has facilitated remote 'practitioner sessions' to discuss with staff emerging operational issues which need agreed for consistency in application and approach in practice.

These have been well received and led to operational practice improvements.

6.7 Marriage Protocol

- 6.7.1 A short life working group was formed to review the paper 'Marriage Proposals within an Adult Support and Protection Context' produced by the National Adult Protection Coordinator. This paper outlined the marriage process, discussed people's ability to understand and consent to marriage and raised issues around the assessment of capacity.
- 6.7.2 Having established that no set protocol existed for raising concerns arising from Adults at Risk of harm registering to marry or form a civil partnership, the current local processes were established and areas of concern from a protection perspective were identified.
- 6.7.3 A collective protocol was subsequently agreed detailing the roles of the Marriage Registrar, ASCET (Social Work) and Health colleagues. A 28 day (due to the time restrictions surrounding objections to marriages) capacity assessment (based on both decisional and executorial capacity) was also considered for development. Additional guidance and a range of multi-agency actions were identified for further action and work remains ongoing.
- 6.7.4 This is an important area of ongoing work that allowed good practice for vulnerable members of our community to be adopted and highlighted an area of business previously not considered in the local authority.



**7. Learning and Development**

- 7.1 West Lothian Adult Protection Learning & Development sub-committee continues to work in tandem with the Adult Protection Quality Assurance sub-committee to progress enhancements to key Adult Protection processes and progress national and local emerging themes for development and training. Conducting a training needs analysis (to establish any specific training gaps and how these could be addressed from a multi-agency perspective), a tailored blend of standard and specialist awareness raising, training and developmental courses were provided to partners and third sector colleagues over the reporting period. These included:
- 7.2 Level 1: 12 courses organised - Target Group: This course is suitable for new front-line multi-agency staff including statutory, independent and voluntary stakeholders who require an overview of adults at risk of harm.
- 7.3 Level 2: 6 courses organised - Target Group: Practitioners who have caseload responsibility for actual / potential adults at risk and/ or/ significant contact with actual / potential adults at risk; are involved in reporting, making, or assisting with inquiries / investigations; attend Adult Support and Protection Case Conferences and line management responsibility for the above.
- 7.4 Level 3: 3 courses organised - Target Group: Staff who are existing Council Officers under Part 1 of the Adult Support and Protection Act 2007; and staff who are eligible to become Council Officers under Part 1 of the Adult Support and Protection (Scotland) Act 2007.
- 7.5 Specialist Bespoke Courses – inclusive of awareness raising and workshops in Self Neglect & Hoarding, Home Fire Safety (initially delivered to NHS staff and now included as part of wider training syllabus). Work also being progressed - Managing People with Personality Disorders, Human Trafficking (train the trainer) and Domestic Abuse Training on a multi-agency basis.
- 7.6 Additionally, the Dewis Choice Initiative (a grassroots intervention, designed by the community, specifically to support older victim-survivors of abuse by a partner, ex-partner, or adult family member to make informed choices about wellbeing and justice options including; civil, criminal and restorative to ensure they are not treated differently on account of age, gender, sexuality or disability) delivered two workshops to a multi-agency audience in 2019. This training included sharing ‘lived experiences’ of older survivors of domestic abuse, how the initiative sits within the Adult Support and Protection Framework and the barriers facing older people experiencing abuse.
- 7.7 Bespoke Adult Protection & IRD training has been developed and delivered to NHS staff participating in IRDs in West Lothian. This training now allows dedicated NHS staff to fulfil this crucial role on a rotational basis and is working well.
- 7.8 Given the impact of COVID-19, our training and development programme is under constant review in terms of course content, planned delivery and methods of communication.

**8. Co-operation and Collaborative Working**

8.1 The APC has evidenced a wide range of collaborative working and joint partnership developments throughout the course of this report. However, the importance of involvement of the AAR within the decision-making processes and workings of the agencies whose statutory responsibilities are to support and protect, is acknowledged as an area of ongoing development locally. The APC also recognise the importance of listening to our staff. The following areas are worthy of note at this time.

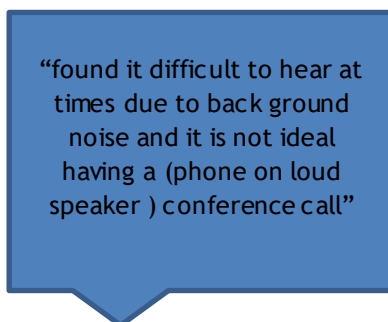
**8.2 Service Users and Carers Involvement and use of Independent Advocacy**

8.2.1 West Lothian APC recognise that service user and carer feedback is essential to the development of adult support and protection practice development and service delivery. Whilst attendance at Case Conferences is monitored (see above Section 4 Performance), ongoing difficulties have been experienced in engaging and capturing service user feedback in a timely, proportionate and person-centred manner. Reflective of issues nationally, we are keen to achieve this key principle to ensure the adult can participate as fully as possible in the Protection process.


8.2.2 Working in partnership and collaboratively with two Independent Advocacy agencies, a new Service User feedback approach and question-set has recently been developed with implementation in September 2020. Advocacy staff will now engage with an AAR after their meeting to speak to them about how they found the ASP process and meeting. Feedback will be evaluated thereafter and fed into the ongoing, robust and thorough continuous improvement plan for public and stakeholder engagement. Progress will be reported in the next Biennial Report.

**8.3 Engagement with Public Stakeholders and Staff**

8.3.1 Feedback from Professionals in attendance at an APCC(R) continues to be sought monthly by an e-survey however low return rates continue. Despite this, valuable feedback has been received especially during the pandemic about the pros and cons of facilitating meetings with different digital equipment:



“found it difficult to hear at times due to back ground noise and it is not ideal having a (phone on loud speaker ) conference call”



“the technology did not work which if we are going to rely on video conferencing in the future is concerning”

- 8.3.2 In response to this feedback the APC refreshed its COVID-19 ASP Guidance to include the use of secure phone line calls and or digital platforms.
- 8.3.3 Going forward, it is planned to ask specific questions about professionals' experiences in the new annual stakeholders ASP feedback questionnaire about each key stage in the Adult Support and Protection process. This will include staff who have a Duty to Report responsibility across the partnership and will ask for their views, observations and experiences of local Adult Support and Protection arrangements. This will be inclusive of those working in the private, voluntary, third sector and core agencies.

#### 8.4 West Lothian Appropriate Adult Service

- 8.4.1 West Lothian Appropriate Adult Service is solely managed by West Lothian Council and continues to operate 365 days a year 24/7. It is mainly supported by Social Work staff to provide this service on behalf of adults at risk upon Police Scotland involvement.
- 8.4.2 The implementation of the Criminal Justice (Scotland) Act 2016 in January 2018 placed a legislative requirement for a vulnerable adult suspect to be provided with the services of an Appropriate Adult (AA). This act also made provisions to include a future requirement for Local Authorities to provide the services of an Appropriate Adult for Police Scotland and other forces with power of arrest in Scotland. Further parts of this Act would also enable duties to be placed on a person or persons to provide appropriate adult services, to oversee the quality and delivery of those services, to make recommendations and to provide training.
- 8.4.3 This future requirement came into effect in January 2020 and the new duties created under this legislation extended the requirement for local authorities to provide Appropriate Adults for victims and witnesses as well as those suspected or accused of committing an offence. Local Authorities were also given funding in order to ensure their legislative duties were being adhered to.
- 8.4.4 West Lothian usually has 13 daytime AA's who deliver this service and 7 SCET AA's providing Out of Hours requests. Each AA is asked to cover an AA rota twice monthly unless otherwise agreed (there are currently 8 daytime AA's and 7 SCET AA's). There have been 95 AA deployments; 37 over the period 01/04/2018-31/03/2019 and 58 in 01/04/2019 -31/03/2020.
- 8.4.5 Since the outbreak of COVID-19, there have been a couple of occasions where the request for an Appropriate Adult has not been met and this has been due to in part to AA's coming off the rota due to COVID-19 related issues. However, over this last month there has been occasions where West Lothian has been unable to provide AA cover and the City of Edinburgh Council Appropriate Adult Service has helped address this issue, resulting in financial implications for West Lothian Council. This is being addressed by management

and measures are being considered to find future solutions. Progress will be monitored locally and will be reported in the next Biennial Report.

## 8.5 Prevention

8.5.1 Prevention features on our Improvement Plan under the 'outcome and customer focus' section. The APC has been working on a range of prevention activities over the reporting period as follows:

8.5.2 West Lothian Financial Harm Reduction Group (FHRG) boasts representatives from Trading Standards, Police Scotland, Scottish Fire and Rescue Service, Social Work, Victim Support Scotland, Alzheimer Scotland and NHS Lothian who work together to address financial harm and develop proportionate and preventative responses. Prevention activities throughout the reporting period include:

- Alzheimer Scotland have held 6 weekly 'Living with Dementia' workshops for adults who have been diagnosed with the onset of early dementia giving advice on financial harm, cold callers and scams (progressing 'virtually' curing COVID-19). There is also discussion involving Home Fire Safety and Trust a Trader.
- Police Scotland have held a number of engagement stalls throughout West Lothian offering advice on doorstep/ bogus caller crime, including:
  - Arranging a stall at Bathgate Train Station focusing on the 'Darker Nights' Campaign';
  - A 'Keep Christmas Safe' event was held at a local garden centre and shopping outlet with colleagues from Victim Support Scotland and the Cyrenians;
  - Police Scotland Youth Volunteers held an engagement stall at Strathbrock Partnership Centre hosted by the fitness company Xcite, at Bathgate Highland Games and Linlithgow Round Table Fete as well as Armed Forces Day in Livingston;
  - Along with Trading Standards a number of supermarkets in the area have been visited highlighting issues surround Gift Card fraudulent schemes - i.e. Amazon, iTunes etc.;
  - A number of activities for the April 2020 'Shut Out Scammers' campaign with partners in Trading Standards covering prevention and enforcement were planned. This was however cancelled due to COVID 19 and replaced with the delivery of advice leaflets to some shopping outlets and health centres in West Lothian. Several messages were also posted on social media;
  - Crime prevention advice has also been provided to victims of bogus caller crime which included installing call blockers and the carrying out of crime prevention surveys.
- Trading Standards report that many Social Media Campaigns have been undertaken to raise awareness of Financial harm, scam mail and bogus caller crime. This included being involved in multi- agency events and the delivery of training as part of the West Lothian Adult Support and Protection Training Programme;
- There have been nine call blocker units supplied to vulnerable members of the community. These units play an active role in preventing financial harm to vulnerable members of the community;

- Ongoing liaison with local Banks has ensured a number of successful interventions have occurred in line with the 'Banking Protocol'. This is particularly important given the significant rise in online fraud during COVID-19 and specific targeting of elderly people due to perceived wealth – investment scams, tricking to supply banking details, romance fraud, bogus workmen
- 8.5.3 Further development and consideration is required around a number of hidden trends that have become prevalent over recent times. Significant threats specific to online offending such as financial fraud and sexual extortion have increased exponentially whilst serious and organised crime groups are becoming more apparent in their concerted efforts to deal drugs and infiltrate adults at risk of harm through County Lines and Cuckooing activities. Ongoing co-ordination and collaborative working will be required to identify and prevent such offending negatively impacting across our local communities (specifically adults at risk of harm) across all agencies. Progress specific to prevention activities, priorities and outcomes will be provided in the next reporting period.

## 8.6 Missing Persons

- 8.6.1 Within West Lothian there are established practices for each type of residential setting, including hospitals (St Johns protocol), residential units for young adults and nursing homes (Adults Missing from Registered Care Settings guidance). Separate protocols with individual guidance currently gives really clear and effective instructions for practitioners to follow in case of an adult missing person.
- 8.6.2 To simplify and streamline the protocols, the Lead Officer for adult protection is currently working on a composite document, with the assistance of a small multi-agency working group, which will bring together missing person protocols for all settings, while acknowledging the differences as necessary. This is at draft stage and will be concluded in the coming months. Once agreed by the COG it will be placed on the West Lothian Public Protection website and will be an easy guide for practitioners to follow, which will signpost them to specific instructions depending on the setting they operate in.
- 8.6.3 Work is also being undertaken to implement the Herbert Protocol (an information gathering tool to assist the police to find a person living with dementia who has been reported missing, as quickly as possible) in all West Lothian Care Homes in keeping with the National Missing Persons Framework.
- 8.6.4 This work remains important to the APC given the prevalence of AAR that go missing, the obvious risk of harm to the adult and the considerable impact on frontline resourcing across all agencies in securing an efficient and safe return to safety.
- 8.6.5 The following information has been provided by the National Missing Persons Unit of Police Scotland and represents encouraging progress since the 2016-18 Biennial Report in terms of reducing numbers of adults going missing in every category detailed overleaf.

**OFFICIAL**

Data Label: Open Public

- 8.6.6 It is noted that in 2017-18 the number of 'cared for adults – investigations' totalled 25. This reduced in 2018-19 to 21 investigations and only 4 investigations in 2019-2020. Similarly, the number of adult investigations (not cared for) in 2017-18 totalled 310. This reduced in 2018-19 to 248 investigations and again in 2019-20 to 238 investigations.

Table 23: Missing Persons Statistics within the West Lothian area over the period 01/04/2018–31/03/20

01/04/2018 – 31/03/2019				
Cared for Adults = 21 Investigations				
Males = 12 & Females = 9				
	Care Home	Home Address	NHS	Other
Male aged 34 & 75		2		
Male aged 37 to 65			7	
Male aged 55 & 80	2			
Male aged 24				1
Female aged 80	1			
Female aged 32, 75 & 84		3		
Female aged 32 to 55			5	

01/04/2018 – 31/03/2019						
Adults = 248 Investigations						
Males = 171 & Females = 77						
	Work Address	Home Address	NHS	School	Foster Care	Other
Male aged 18 – 86	0	104	44	0	0	23
Female aged 19 - 83	0	43	25	1	0	8

01/04/2019 – 31/03/2020				
Cared for Adults = 4 Investigations				
Males = 4 & Females = 0				
	Care Home	Home Address	NHS	Other (YPU)
Male aged 39 (same person)			2	
Male aged 18 & 19 (same person)				2
Female - none				

01/04/2019 – 31/03/2020						
Adults = 238 Investigations						
Males = 153 & Females = 85						
	Work Address	Home Address	NHS	School	Foster Care	Other
Male aged 18 – 83	0	104	26	0	0	23
Female aged 18 - 88	0	66	15	0	0	4

9. **Strengths, Outcome, Challenges and Looking Forward**

9.1 A positive culture of continuous improvement, self-reflection and collaborative working has been embraced around the APC's collective efforts to support and protect Adults at Risk of harm.

9.2 Despite the challenges and uncertainty surrounding the break-up of the Public Protection Committee structure, the APC is thriving with management leads across all agencies supported by Lead Officers making significant progress in a number of areas of critical business. The belief of ensuring the basics are correct will stand the APC and AAR across West Lothian in good stead going forward.

9.3 Key strengths of West Lothian Adult Protection Committee are:

- Chair with both strategic and operational responsibilities within West Lothian in their substantive post, supported by Lead Officers lending continuity and experience;
- Regular attendance and commitment from members at the Adult Protection Committee and its sub committees who together, create a dynamic team to identify, progress and implement required work;
- A willingness to confront weaknesses without fear of repercussions and collectively find solutions;
- An understanding of local performance that means a clear focus on key achievement milestones in practice development and service delivery;
- Commitment of Critical Review Team (CRT) structure for those few cases which require this level of scrutiny and decision making from senior management. This offers assurance to operational staff about their continued and exemplary efforts to adequately support those most at risk;
- A structured COG governance reporting framework and scrutiny/oversight.

9.4 A range of key outcomes have been achieved to date:

- More efficient progression of initial concerns being identified and raised on iVPD forms and shared with partners for assessment and investigation if required;
- Identification of additional AAR of harm, demonstrated by a year on year increase in recorded Adult Protection referrals and consideration of each AAR's circumstances to provide them with appropriate support and protection in the least restrictive way and of benefit to them;
- Identification of a greater number of AAR requiring tripartite assessments and further AP work, allowing for additional support and protective measures to be put in place;
- Higher proportion of attendance at Case Conferences from the AAR and carer, leading to a greater opportunity to adopt a person-centred approach and focus on improved outcomes by participation and involvement in decision making process;
- An ongoing reduction in the number of AAR that go missing and potential of being at risk of harm;



- Potential surge in prevalence of mental health issues as biggest rise in concerns being raised for AAR during COVID-19 restrictions (ongoing monitoring);
- Confirmation that the client categories, harm types and locations of harm remain consistent specific to those AAR that have been identified as requiring support and protection;
- Creation of a supporting framework and strategies including audit and performance analysis has given the APC and partners clearer focus on multi-agency and single agency areas for development to ensure service delivery standards enhanced, supported by dedicated Police AP Co-ordinator.

9.5 Looking ahead, the challenges for the West Lothian Adult Protection Committee are:

- Responding to an increasing number of reports of concern and increased Adult Support and Protection activity whilst maintaining service delivery standards;
- Understanding the changing/sometimes immediate/long term needs of AAR as a result of COVID-19 restrictions and the impact of social isolation and imposed restrictions;
- Mapping out the impact from changing demographic trends and incidents of harm to deliver targeted and bespoke topic specific awareness raising training to staff in a revised manner;
- Managing the unseen threat risk and harm from crimes committed online and specific targeting of the vulnerable and elderly such as cuckooing incidents connected to County Lines gangstargeting Adults at Risk and placing them at risk of harm;
- Adopting and embedding preventative approaches to protect Adults at risk;
- Continuing to raise the public's, stakeholder's and others' awareness of harm and how to report a concern(s) for another person if they know or believe they may be at risk of harm;
- More closely engaging with AAR, carers and advocacy services to understand needs, gauge and learn from thoughts and opinions and tailor/improve service delivery;
- Understanding and addressing the prevalence of repeat AAR referrals and investigations;
- Understanding performance data critical to service delivery and continuous improvement;
- Ensuring staff buy-in and invest in adherence to new procedures, working practices in response to COVID-19 and survey requests important to continuous improvement;
- QA sub-group has significant challenges ahead in terms of preparation for a Joint Thematic Inspection of Adult Support and Protection undertaken by the Care Inspectorate and partners, whilst further performance analysis is critical to ongoing multi-agency service delivery standards to adults at risk across West Lothian.

9.6 Looking forward, West Lothian Adult Protection Committee is keen to achieve the high-level areas highlighted within the Improvement Plan 2020-2022:

- Review and update legislation, policy and guidance;
- Practice development and review, scrutiny and performance analysis;
- Outcomes and customer focus to achieve greater feedback, involvement and prevention of harm;
- Leadership and governance through visibility, direction, trend analysis and auditing;
- Training and development to support and inform staff; and
- Communication and engagement with AARs, carers, stakeholders and staff.

Appendix 1: **West Lothian Adult Protection Committee Performance Information Data**

West Lothian Adult Protection Committee Performance Information data for 2018-2019 & 2019-2020 is below. Data is collected over a financial year (1<sup>st</sup> April – 31<sup>st</sup> March) and this reporting period runs in parallel to the annual Scottish Government National Adult Support and Protection Dataset return. NHS requests and core agencies (Police, NHS and Social Work) receive a quarterly summary report of the annual Scottish Government National Adult Support and Protection Dataset return.

<b>Measure</b>	<b>Q1 18/19</b>	<b>Q2 18/19</b>	<b>Q3 18/19</b>	<b>Q4 18/19</b>	<b>Q1 19/20</b>	<b>Q2 19/20</b>	<b>Q3 19/20</b>	<b>Q4 19/20</b>
Referrals	192	158	179	202	281	153	230	193
Investigations (IRDs)	27	38	25	54	45	46	71	36
Protection Orders	2	0	0	0	0	1	0	1
Number of Large-Scale Investigations	0	0	0	0	0	3	0	0
Total number of cases with live Adult Support and Protection Plan	17	14	20	21	16	25	20	16
Number of repeat Duty to Inquires within a 12-month period	50	45	59	57	68	52	68	58
Percentage of Adult Support and Protection initial and Review Case Conferences held within procedural timescale	90	50	63	73	89	64	71	83
Percentage of Adult Support and Protection initial Case Conference where Council Officer reports were completed within procedural timescale	47	6	13	8	28	27	45	56
Percentage of Adult Support and Protection Case Conferences where the adult attended (including the number invited)	100 (3/3)	33 (2/6)	14 (1/7)	27 (3/11)	57 (4/7)	70 (7/10)	81 (13/16)	75 (3/4)
Percentage of Adult Support and Protection Case Conferences where a carer attended (Including number invited)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	50 (1/2)	100 (2/2)	100 (3/3)	100 (1/1)
Percentage of Initial ASPCC where Police personnel attended (Including number invited)	33 (2/6)	100 (4/4)	67 (6/9)	50 (5/10)	87 (7/8)	100 (5/5)	60 (9/15)	71 (5/7)

**OFFICIAL**

Data Label: Open Public

Percentage of Initial ASPCC where Health personnel attended (Including number invited)	0 (0/0)	67 (2/3)	33 (1/3)	25 (1/4)	67 (3/2)	56 (5/9)	30 (7/23)	67 (2/3)
Percentage of ASPCCs where an advocate / guardian/ power of attorney attended (Including number invited)	0 (0/0)	75 (3/4)	100 (4/4)	67 (4/6)	50 (2/4)	67 (4/6)	58 (7/12)	100 (2/2)

The following Performance Indicators have since been developed and will be reported on in quarter 3 (October – December) 2020:

- Percentage of adults where a single agency chronology has been completed for the Initial Adult Support and Protection Case Conference (3 calendar days prior to the case conference)
- Percentage of Adults where a comprehensive multi-agency risk assessment has been completed within 28 calendar days of the initial ASPCC in preparation for the Review ASPCC
- Number of adults reporting that they feel safe as a result of intervention (Following Initial Case Conference)

Work will also be undertaken to facilitate a report on:

- Percentage of Duty to Inquires that have been completed within procedural timescale (7 calendar days)

Appendix 2: Scottish Government Dataset

**ADULT PROTECTION ANNUAL RETURN 1st April 2019 to 31st March 2020**

[Link to Guidance Notes](#)

To be completed for all adults who were subject to a referral under the Adult Support & Protection (Scotland) Act 2007 between 1st April 2019 to 31st March 2020

**Section A: Data on Referrals**

**Question 1: How many ASP referrals were received between 1st April 2019 to 31st March 2020?**

<b>Total number of Referrals</b>	<b>799</b>
----------------------------------	------------

Question 2: Source of principal referral	
Source of referrals	Number of referrals
NHS	73
GPs	9
Scottish Ambulance Service	13
Police	90
Scottish Fire & Rescue Service	55
Office of Public Guardian	1
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	12
Other organisation	198
Social Work	0
Council	64
Self (Adult at risk of harm)	16
Family	59
Friend/Neighbour	14
Unpaid carer	25
Other member of public	2
Anonymous	1
Others	167
<b>Total</b>	<b>799</b>

**Section B: Data on Investigations**

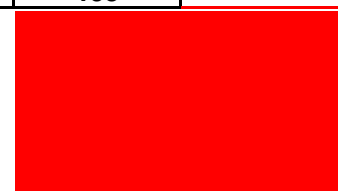
**Question 3: Number of investigations commenced under the ASP Act between 1st April 2019 to 31st March 2020?**

<b>Total number of investigations</b>	<b>195</b>
---------------------------------------	------------

**Question 4a: How many investigations were commenced for people of the following age and gender?**

Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24	5	8	0	13
25-39	9	11	0	20
40-64	18	21	0	39
65-69	2	10	0	12
70-74	3	9	0	12
75-79	12	16	0	28
80-84	10	25	0	35
85+	11	25	0	36
Not known	0	0	0	0
<b>Total</b>	<b>70</b>	<b>125</b>	<b>0</b>	<b>195</b>

*Each investigation should only be counted once in this table*



**OFFICIAL**

Data Label: Open Public

**Question 4b: How many investigations were commenced for people of the following age and ethnic group?**

Age Group	Number of investigations by age and ethnic group						Not known	All adults
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group		
16-24	7	1	0	0	0	0	5	13
25-39	10	1	0	0	0	0	9	20
40-64	31	0	0	0	0	0	8	39
65-69	10	0	0	0	0	0	2	12
70-74	5	0	0	0	0	0	7	12
75-79	13	0	0	0	0	0	15	28
80-84	19	1	0	0	0	0	15	35
85+	17	0	0	0	0	0	19	36
Not known	0	0	0	0	0	0	0	0
<b>Total</b>	112	3	0	0	0	0	80	<b>195</b>

*Each investigation should only be counted once in this table*

**Question 5: How many investigations were commenced for clients in the following primary main client group?**

<b>Client groups</b>	<b>Number of investigations by client groups</b>
Dementia	0
Mental health problem	92
Learning disability	32
Physical disability	61
Infirmity due to Age	113
Substance misuse	17
Other	0
<b>Total</b>	<b>315</b>

*Each investigation should only be counted once in this table*



**Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1st April 2019 to 31st March 2020?**

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	35
Psychological harm	29
Physical harm	43
Sexual harm	22
Neglect	34
Self-harm	6
Other	26
<b>Total</b>	<b>195</b>

**Question 7: Where did the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1st April 2019 to 31st March 2020?**

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	90
Other private address	9
Care home	49
Sheltered housing or other supported accommodation	4
Independent Hospital	0
NHS	0
Day centre	0
Public place	14
Not known	29
<b>Total</b>	<b>195</b>

**Section C: Data on ASP Case Conferences and Protection Orders**

**Question 8: How many cases were subject to an ASP Case Conference between 1st April 2019 to 31st March 2020?**

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	33
Review ASP case conference	49
ASP case conference*	0
<b>Total</b>	<b>82</b>

*\* If your system/process does not differentiate between initial and review, enter the total number of ASP case conferences under "ASP Case Conference"*

**Question 9: How many Protection Orders were granted between 1st April 2019 to 31st March 2020?**

<b>Types of Protection Orders</b>	<b>Number of Protection Orders granted</b>
Assessment Order	0
Removal Order	0
Temporary Banning Order	0
Banning Order	2
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
<b>Total</b>	<b>2</b>

**Section D: Data on ASP Large Scale Investigations (LSI)**

**Question 10: Number of LSI commenced between 1st April 2019 to 31st March 2020?**

<b>Total number of LSI</b>	<b>3</b>
----------------------------	----------

**Section E: Data on Outcomes**

**Question 11: What happened to referrals received between 1st April 2019 to 31st March 2020?**

<b>Type of Outcome</b>	<b>Number of referrals</b>
Further AP action	371
Further non-AP action	308
No further action	51
Not known	69
<b>Total</b>	<b>799</b>

**Question 12: What happened to investigations carried out between 1st April 2019 to 31st March 2020?**

<b>Type of Outcome</b>	<b>Number of investigations</b>
Further AP action	112
Further non-AP action	0
No further action	71
Not known	12
<b>Total</b>	<b>195</b>

# West Lothian Adult Protection Committee Improvement Plan 2020-2022

---

West Lothian Adult Protection Committee (APC) operates within the context of Scottish and UK legislation and national guidance relating to Adult Support and Protection. In addition to the Adult Support and Protection (Scotland) Act 2007, other relevant codes of practice such as the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 play a central role in safeguarding adults at risk across our local authority area.

West Lothian Adult Protection Committee takes a leadership role in working with all involved agencies to ensure the continuous improvement of adult protection services in West Lothian. The Committee provides clear links with wider adult support services and reinforces and develops, through joint multi-agency practice, the integration of adult support and protection services across West Lothian.

## Key Principles

West Lothian Adult Protection Committee will operate within the framework of the following principles: -

- A **person-centred approach** in which the best interests of the individual are paramount underpinned by the principles of the Adult, Support and Protection (Scotland) Act 2007 including consideration of Advocacy to enable an adult to participate as fully as possible in the Adult Protection process;
- **Joint working** based on mutual respect and a shared understanding of each member's roles and responsibilities, ensuring **co-operation** and **good communication** within and between agencies;
- A **proactive approach** to all support and protection work.

- A focus on **improved outcomes** for adults at risk, where **interventions** provide **benefit** and be the **least restrictive option** available to that adult (adherence to National Health & Care Standards).
- **Participation and responsiveness** at a local level.

### **Functions**

Section 42 of the Adult Support & Protection (Scotland) Act 2007 defines the functions of local Adult Protection Committees in each Local Authority area as follows: -

- To keep under **review procedures and practices** of public bodies and office holders (i.e the Council, the Care Commission, the Health Board, the Chief Constable and any other public body or office holder as specified/required locally) relating to the safeguarding of adults at risk across West Lothian.
- To **give information or advice, or make proposals** to any public body and office holder on the exercise of functions relating to safeguarding adults at risk.
- To make, or assist in making, arrangements for **improving the skills and knowledge** of officers or employees of public bodies and office holders who have responsibilities relating to safeguarding adults at risk.
- Any other function relating to safeguarding adults at risk as may be specified by order of Scottish Ministers.
- In performing these functions, the APC must have regard to the desirability to **improving co-operation** between agencies for the purposes of safeguarding adults at risk across West Lothian.

### **National Health & Care Standards Outcomes are achieved when progressing ASP work:**

- I experience high quality care and support that is right for me;
- I am fully involved in all decisions about my care and support;
- I have confidence in the people who support and care for me;
- I have confidence in the organization providing my care and support;
- I experience a high quality environment if the organization provides the premises.

**OFFICIAL**

Data Label: Open Public

<b>What we want to achieve?</b>	<b>What are we going to do?</b>	<b>How will we do it?</b>	<b>Owner/when will we do it by?</b>	<b>How will we know when we have done it?</b>
Incorporate outstanding actions from the WL PPC Business Plan into the WL APC Improvement Plan 2020-2022	Complete outstanding WL PPC Business Plan actions	Progress via WL APC and sub committees	Chair APC/ June 2020	Reviewed by the WL APC and outcome recorded.
Devise and implement WL APC Improvement Plan 2020-2022	Draft, circulate for consultation and identify date to implement WL APC Improvement Plan 2020-2022	Identify national, local and operational areas and prioritise actions	Chair APC/ June 2020	WL APC Improvement Plan 2020-2022 reviewed by the WL APC and implemented. Added to WL PP website and communicated to stakeholders. Develop easy read version of WL APC Improvement Plan 2020-2022
Local Policies and Procedures / statutory legislation	Ensure staff aware of and effectively use statutory powers to protect AAR and add to accessible media platforms	Review and revise WL APC Policies and procedures (SLWG)	QA sub group/ Lead Officer. Ongoing	Review use of policies and procedures via audits and performance indicators. Update and review where required.
Pan-lothian policies and procedures	Ensure staff aware of and effectively use statutory powers to protect AAR	Review and revise pan-Lothian policies and procedures adopted	QA sub group/ Lead Officer. Ongoing	Review use of policies and procedures via audits and performance indicators. Collectively update and review where required.
Statutory Legislation	Ensure staff aware of and effectively use statutory legislation to protect AAR	Development of Learning & Development Strategy 20-22 to ensure staff have necessary skills and	QA sub group/Lead & Training Officers. Ongoing	Review use of legislation and powers via audits and performance indicators (eg prohibition orders, capacity assessments etc)

**OFFICIAL**

Data Label: Open Public

		knowledge to fulfil duties to support and protect AAR		
Information Sharing	Review all Information Sharing protocols (electronic and non-electronic)	Review all Information Sharing protocols (electronic and non-electronic) to ensure staff confidence in sharing, feedback to referring agencies, staff understanding and expectations (eg contribution to IRDs)	QA sub group/ Lead Officer. March 2021	Review satisfied all relevant aspects covered and process is prompt and ensures all relevant information shared without delay
Risk Identification	Ensure valid system for prompt screening of all concerns. (inc thresholds/ 3 point test correctly/ consistently applied)	Review current processes of referral screening (quality, rationale for decisions) and identify areas for improvement	Brian Manchester / Karen Love Ongoing	Reduction timescales, confidence /consistency of screening, thresholds/3 point test consistently applied where required/by-passed where appropriate
	Improve quality and expand number of agencies making referrals	Review current agency referrals quality/quantity and explore identity of additional agencies involved ASP/3 <sup>rd</sup> Sector	Brian Manchester / Karen Love Ongoing	Ongoing – collation of figures and referring agencies
Risk Assessment	Ensure prompt/robust multi-agency inquiry and IRD process	Review multi-agency inquiry and IRD process to ensure suitable concerns proceed to full investigation	Brian Manchester / Karen Love Ongoing	Consistency / higher proportion of cases proceeding to investigation
	Ensure completion of comprehensive structured chronologies	Review chronology standards to ensure up-to-date, focus on key life events and risk implications	Brian Manchester / Karen Love Ongoing	Consistency of completed comprehensive chronologies



**OFFICIAL**

Data Label: Open Public

Risk Mitigation	Ensure competent multi-agency in-depth investigation	Review investigations to ensure timeous/fully recorded rationale for key single/multi-agency decisions	Brian Manchester / Karen Love Ongoing	Fully evidenced /rationale decision making
	Ensure detailed risk assessments and risk management plans	Review standards and format of risk assessments and risk management plans (including chronologies)	Brian Manchester / Karen Love Ongoing	Consistency of risk assessments and risk management plans
Large Scale Investigations	Ensure LSI's competently conducted/consistent with national code of practice and learning captured/shared	Review LSI's conducted to identify learning, ensure this is shared and improve practice and	Brian Manchester / Karen Love Ongoing	Completion of review process, learning shared and improvements in practice
Multi-agency Case Conference	Ensure correctly convened within timescales	Review processes for convening, timescales, attendance levels (including AAR and unpaid carer) and outcomes for AAR (inc NHCS outcomes).	Brian Manchester / Karen Love Ongoing	Confidence in processes, timescales, attendance levels (including AAR and unpaid carer) and outcomes (inc NHCS outcomes).
AP Reviews	Ensure quality assurance processes in place	IRD Review Group meetings, case file audits, CRT, PCM	Brian Manchester / Karen Love Ongoing	Reviewing ongoing processes and assessing compliance standards/ identifying learning
AAR safe	Ensure National Health and Care Standard outcomes recorded, understood and achieved	Service User Reviews to capture experiences and capture learning to drive improvements	Lead Officer/ Robin Allen Ongoing	Ongoing analysis and feedback to embed continuous improvement

**OFFICIAL**

Data Label: Open Public

AAR support	Ensure use and effectiveness of Independent Advocacy services to support AAR	Review use and effectiveness of Independent Advocacy services	Lead Officer/ Robin Allen Ongoing	Review numbers, role in articulating views and ensuring views of AAR taken into account are recorded
Prevention	Identify, agree and develop priority areas for prevention	Work alongside stakeholders & service users, provide support to prevention work and evaluate effectiveness	APC Ongoing	Prevention activities identified, progressed, stakeholder & service user feedback and evaluation of outcomes undertaken
	Perpetrator engagement (when necessary)	Review nature of harm and where possible, carry out effective work with perpetrator to prevent reoccurrence	APC / Robin Allen (CJSW) Ongoing	Reduced number of repeat perpetrators/ improvement in care provision etc
COG and APC	Fulfil statutory roles, support and drive improvement and exercise sound governance	Champion work of AP staff, support audit activity and learning/development activities	COG/APC Ongoing	Ongoing via COG
Governance and leadership	Identify and utilise a framework to undertake a leadership and self-evaluation review	Evidence strengths and areas for continuous improvement to enhance local ASP reporting arrangements and multi-agency operational practices	APC/QA sub group/Lead Officer Aug 2020	The WL APC will consider the governance and leadership self-evaluation review findings and recommendations eg CRT process
		Ensure frontline and management staff confident of support and leadership	Lead Officer Ongoing	Staff survey to be undertaken and feedback / improvements progressed
AP Vision	Identify key visions for Adult Protection	Ensure clearly articulated vision and strategy	Chair APC Aug 2020	Vision to be clearly articulated and staff survey to be undertaken and feedback/improvements progressed

**OFFICIAL**

Data Label: Open Public

Quality assurance and audit	Identify QA and audit activities and deliver identified improvements	Ensure scrutiny on a multi-agency basis by auditing case files, processes, policies and procedures.	APC / QA sub group Ongoing	Results of audits scrutinised, assessed, improvements made and continual reviews to consolidate learning and good practice
National initiatives, developments and learning	WL representatives attendance at national/ specialist groups	Identify groups attended and by whom, to collaboratively promote best practice in WL via topic specific champions	Lead Officer Aug 2020	Multi-agency and collaboratively led actions progressed by WL APC Sub Committees to continuously improve systems, practices and processes
Performance	Understand performance and emerging trends  Scottish Government Annual Data Set return	Performance and trend analysis / quantitative and qualitative context / benchmarking against other grouped LA areas to capture good practice  Gather information from local recording systems, analyse results, consider impact/effectiveness on local practice/outcomes/ submit	APC/QA sub group/ Lead Officer Ongoing  APC/QA sub group/Lead Officer June-Aug 2020	Ongoing analysis and benchmarking  Submission of data set, analysis of data and review outcomes/progress via APC & COG
Adult Support and Protection training	To continue to deliver a robust multi-agency training & development programme including: <ul style="list-style-type: none"> <li>• Adult Support and Protection training; e-module, Level 1, 2 &amp; 3</li> <li>• Human Trafficking</li> </ul>	Promote collaborative and dynamic learning approaches to develop a confident and competent workforce	Training & Lead Officers Delivery 2020-2022	Multi-agency and collaboratively led by APC Sub Committees

**OFFICIAL**

Data Label: Open Public

	<ul style="list-style-type: none"><li>• Financial Harm</li><li>• Self-Neglect &amp; Hoarding</li><li>• Capacity decision making</li><li>• Chronologies</li><li>• Managing people with Personality Disorders</li><li>• Risk Assessment</li><li>• Appropriate Adult Training</li><li>• DEWIS Project – promoting identification &amp; reporting of domestic abuse in older people</li><li>• Training Initiatives linked to learning from National Campaigns, LSIs, SCR’s &amp; CRT’s.</li><li>• Promoting a shared practice culture across all agencies</li><li>• Training Needs Analysis</li><li>• Introduction Herbert Protocol</li></ul>			
Implement a 2020-2022 Communication Strategy	Draft, circulate for consultation and identify	Identify stakeholders, approach and publicise	Training Officer	Reviewed by the WLAPC and outcome recorded.

**OFFICIAL**

Data Label: Open Public

and Communication and Engagement Plan	date to implement WL APC Communication Strategy and Communication and Engagement Plan 2020-2022	Communication Strategy and Communication and Engagement Plan	Oct 2020	Communication Plan and Communication and Engagement Strategy implemented. Added to WL PP website and communicated to stakeholders Develop easy read version of Strategy and Engagement Plan.
COVID - 19 Response	Review innovative new procedures and practices to identify any added value of these to pre COVID -19 ASP processes	Develop a learning framework and methodology to review "new normal" system responses and processes via multi-agency focus groups	APC/ all March - present 2020	Reviewed by the WL APC and outcome recorded
Scottish Government ASP Biennial Report 2018-2020	Use SG guidance to inform content of WL ASP Biennial Report 2018-2020	Complete WL ASP Biennial Report 2018-2020 by 31/10/2020	APC/all October 2020	Reviewed by the WL APC and outcome recorded. Circulated to other Governance groups for information and approval
Pre-Inspection Audit Theme Report	Findings and Recommendations communicated to WL APC and sub committees	APC and AP Subs progress	QA Sub group 2020-2021	Complete actions in Pre-Inspection Audit Theme Action Plan
Revised ASP Inspection Timelines	Inform stakeholders about revised time line and purpose & objectives of ASP Inspection	Issue a ASP Inspection communication	Lead Officer August 2020	Add ASP Inspection communication to WL PP website for stakeholders to access Develop an easy read version of ASP Inspection communication
Sustainable NHS staff trained to undertake AP IRDs.	Raise issue with NHS senior management.	Item on APC/COG agenda / arrange meeting outwith.	Chair APC / NHS COG reps	Staff identified, training devised and delivered, IRDs undertaken and reviewed (quality assured)

## **Communications and Engagement Strategy 2020 – 2023**

### **What to do if you are worried about an Adult who may be at risk of harm**

*You should contact the Adult Social Care Enquiry Team*

<b>Adult Social Care Enquiry Team</b>	<b>01506 284848</b>
<b>Out of Office hours</b>	<b>01506 281028/29</b>
<b>Police Scotland Non-Emergency</b>	<b>101</b>
<b>Police Scotland - In an Emergency</b>	<b>999</b>

#### **Contents**

<b>1. Introduction</b>	<b>1</b>
<b>2.. Functions of the APC</b>	<b>2</b>
<b>3. Aims and Objectives</b>	<b>3</b>
<b>4. Stakeholders</b>	<b>3</b>

<b>5.</b>	<b>Key Messages</b>	<b>4</b>
<b>6.</b>	<b>Delivering the Objectives and Key Messages</b>	<b>5</b>
<b>7.</b>	<b>APC Communication Plan</b>	<b>6</b>
<b>8.</b>	<b>Monitoring, Evaluation and Scrutiny</b>	<b>6</b>
<b>9.</b>	<b>Feedback</b>	<b>9</b>

## **1. Introduction**

- 1.1. West Lothian Adult Protection Committee (APC) operates within the context of Scottish and UK legislation and national guidance relating to Adult Support and Protection. In addition to the Adult Support and Protection (Scotland) Act 2007, other relevant codes of practice such as the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 play a central role in safeguarding adults at risk across our local authority area.
- 1.2. West Lothian Adult Protection Committee takes a leadership role in working with all involved agencies to ensure the continuous improvement of adult protection services in West Lothian. The Committee provides clear links with wider adult support services and reinforces and develops, through joint multi-agency practice, the integration of adult support and protection services across West Lothian.

## **2. Functions of the APC**

One of the main functions of the APC is the promotion of Public Information, Engagement and Participation

The APC is responsible for:

- raising awareness so that members of the public, including children and young people, know what adult protection means and what to do if they have a concern for an adult who may be at risk of harm
- explaining and promoting the role of services in protecting adults in our communities
- engaging with local communities to raise awareness of indicators of adult concern
- increasing understanding of the role that communities and all people have in protecting adults at risk of harm
- involving adults, service users and carers in its design and delivery taking account of new and emerging risks

## **3. Aims and Objectives**

- Promote understanding of adult protection issues within communities.
- Raise awareness of adult protection issues both internally and externally.
- Oversight of multi-agency public awareness activity relating to adult protection issues.
- Promote the ethos that “adult protection is everyone’s job” in keeping with Adult Protection
- Provide information about how members of the public can report adult protection concerns and what could happen as a result.
- Determine the most effective means of communications, including printed publications, social media and online activity.
- Liaise with the Scottish Government, SWS, NHS Lothian, the National Adult Support and Protection Coordinator, and Police Scotland media and marketing teams to ensure collaboration with national campaigns.



#### **4. Stakeholders**

West Lothian APC has identified **seven** distinct stakeholder groups. In many cases stakeholders will fall into more than one group e.g. they are a carer and a practitioner.

- Adults at Risk of or Experiencing Abuse or Neglect;
- Carers & Families;
- Members of the Public and Communities;
- Voluntary & Community Organisations;
- AP Practitioners & Managers;
- AP Partners & Providers;
- General Services – including Trading Standards, Environmental Health, Job Centre Plus, Banks and Financial Services.

#### **5. Key Messages**

There are **four** distinct messages contained within this strategy:-

- To provide awareness and understanding of the West Lothian APC;
- To provide clear and relevant information, where appropriate, on Adult Protection processes;
- To provide information on how to access help relating to Adult Protection matters;
- To be aware of national and local developments.

##### **Key Message 1**

**Aim: To provide awareness and understanding of the West Lothian Adult Protection**

**Committee**

## **OFFICIAL**

Data Label: Open Public

- Distribution / dissemination of information on Adult Protection issues on various platforms;
- Develop newsletters as relevant;
- Develop a training calendar in consultation with the AP Learning & Development Sub committee;
- Develop a public awareness campaign following consultation with key stakeholders including service users.

### **Key Message 2**

**Aim: To provide clear and relevant information, where appropriate, on Adult Protection Processes**

- Ensure that guidelines, procedures and other relevant information is published on the Adult Protection Website;
- Regularly review and update the information on the webpage;
- Consult with relevant stakeholders to ensure that the website is accessible;
- Develop a quality control mechanism to ensure that materials and information are available to intended recipients (e.g. telephone survey, brief questionnaire).

### **Key Message 3**

**Aim: To provide information on how to access help relating to Adult Protection matters.**

Information will be offered in a variety of mediums:

- Training at all levels;
- Dissemination of guidelines;
- Development and distribution of relevant information leaflets.

This will be provided through existing mechanisms:

- Community Care Forums;
- Community Councils;
- Other Community Groups;
- Voluntary Sector Fora;
- Carers Groups;
- Staff Groups;
- 

Developing new mechanisms where necessary:

- DVD;
- Social Networking;
- Through website and any associated hyperlinks.

#### **Key Message 4**

**Aim: To be aware of national and local developments.**

- Sharing good practice examples;
- Distribution of relevant information as it becomes available by means of agreed distribution mechanisms;
- Action plans from any external reviews and inspections;
- Maintain links with Scottish Government and other networks;
- Reviews of research, current literature and media.

## **6. Delivering the Objectives and Key Messages**

The APC will be responsible for the delivery of this Communications & Engagement Strategy set out in the APC Annual Business Plan.

## **7. APC Communication Plan**

A West Lothian APC Communication Plan will be produced every year.

## **8. Monitoring, Evaluation and Scrutiny**

These activities will be set out in the APC Business Plan and progressed, monitored and evaluated through quarterly APC meetings. Progress and outcomes will be included in the APC Annual Report.

## **9. Feedback**

An important element of all public information and communication and public involvement and engagement activities is the requirement for effective feedback.

Feedback from stakeholders will also influence future APC public information, communication, participation and engagement activities.

West Lothian Communication Plan

<b>Target Group</b> (Stakeholders)	<b>Message we need to communicate</b> (Key messages)	<b>Method of Communication</b>
Adults at risk of experiencing abuse or neglect	<ul style="list-style-type: none"> <li>• What is meant by harm or abuse</li> <li>• How to stay safe</li> <li>• How to raise awareness of risks without raising fear</li> <li>• What to do if they or someone they know is being harmed or exploited</li> <li>• For those involved in the adult protection process, a basic understanding of the services/support available and what it means for them.</li> <li>• Advocacy services available</li> </ul>	<ul style="list-style-type: none"> <li>• Publicity Material in public places ie: Libraries, GP Surgeries, Council buildings, Health Centres</li> <li>• Public Protection website</li> <li>• Partner agencies' websites</li> </ul>
Carers & Families	<ul style="list-style-type: none"> <li>• What adult protection is</li> <li>• Adult Protection is 'everyone's responsibility'</li> <li>• What constitutes an Adult Protection concern</li> <li>• What to do if they witness, or suspect harm or abuse</li> <li>• Sources of Adult Protection advice for carers</li> <li>• For those involved in an Adult Protection process, a basic understanding of the protection/support available and what it means for them.</li> </ul>	<ul style="list-style-type: none"> <li>• Publicity material in public places</li> <li>• Public Protection Website</li> <li>• Targeted events</li> <li>• Bespoke communications</li> <li>• Local networking</li> </ul>
Members of the Public and Communities	<ul style="list-style-type: none"> <li>• What is Adult Protection</li> <li>• Adult Protection is 'everyone's responsibility'</li> <li>• What to do if they witness or suspect harm or abuse</li> <li>• The role of the Adult Protection Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Publicity material in public places</li> <li>• Public Protection website</li> <li>• Partner agencies' websites</li> <li>• Targeted events</li> <li>• Bespoke communications</li> </ul>
Voluntary and Community Organisations	<ul style="list-style-type: none"> <li>• Adult Protection practice</li> <li>• How to access Adult Protection advice and help</li> <li>• How to access Adult Protection procedures</li> </ul>	<ul style="list-style-type: none"> <li>• West Lothian Adult Protection Policy and Procedures</li> <li>• Public Protection Website</li> </ul>

**OFFICIAL**

Data Label: Open Public

	<ul style="list-style-type: none"><li>• How to recruit staff and volunteers safely and deal with any allegations made against them</li><li>• What Adult Protection training is available and how to access it</li><li>• The role of the Adult Protection Committee</li><li>• Advocacy services</li></ul>	<ul style="list-style-type: none"><li>• Publicity Material in public places</li><li>• Partner agencies' websites</li><li>• Adult Protection Committee Newsletters</li></ul>
Practitioners and Managers	<ul style="list-style-type: none"><li>• Adult Protection practice</li><li>• Adult Protection procedures</li><li>• Adult Protection Training</li><li>• Shared learning and best practice</li><li>• Advocacy Services</li><li>• Changes in legislation</li><li>• Sharing Best Practice</li><li>• Adult Protection Strategic Plan</li><li>• Adult Protection Biennial report</li></ul>	<ul style="list-style-type: none"><li>• West Lothian Adult Protection Policy and Procedures</li><li>• Public Protection Website</li><li>• Adult Protection Newsletters</li></ul>
Providers, Services and Agencies	<ul style="list-style-type: none"><li>• Adult Protection is 'everyone's responsibility'</li><li>• What is meant by harm or abuse</li><li>• What to do if they witness or suspect harm or abuse</li><li>• How to access Adult Protection training</li><li>• Changes in legislation</li><li>• Shared learning and best practice</li><li>• Local initiatives</li><li>• Advocacy services</li><li>• The role of the Adult Protection Committee</li><li>• Adult Protection Strategic Plan</li><li>• Adult Protection Biennial report</li></ul>	<ul style="list-style-type: none"><li>• West Lothian Adult Protection Policy and Procedures</li><li>• Public Protection website</li><li>• Adult Protection Newsletters</li></ul>

**OFFICIAL**

Data Label: Open Public

Channels of Communication:

Public Protection Website

Leaflets, Posters, Newsletters

Local Media – use of local media to promote targeted awareness raising events and planned Adult Protection Campaigns

Social Media – use of social media platforms i.e. Twitter / Facebook to communicate key messages and engage people in consultations and discussions

Link-in with channels provided by SG Improvement Plan