

Joint Inspection of Adult Support and Protection

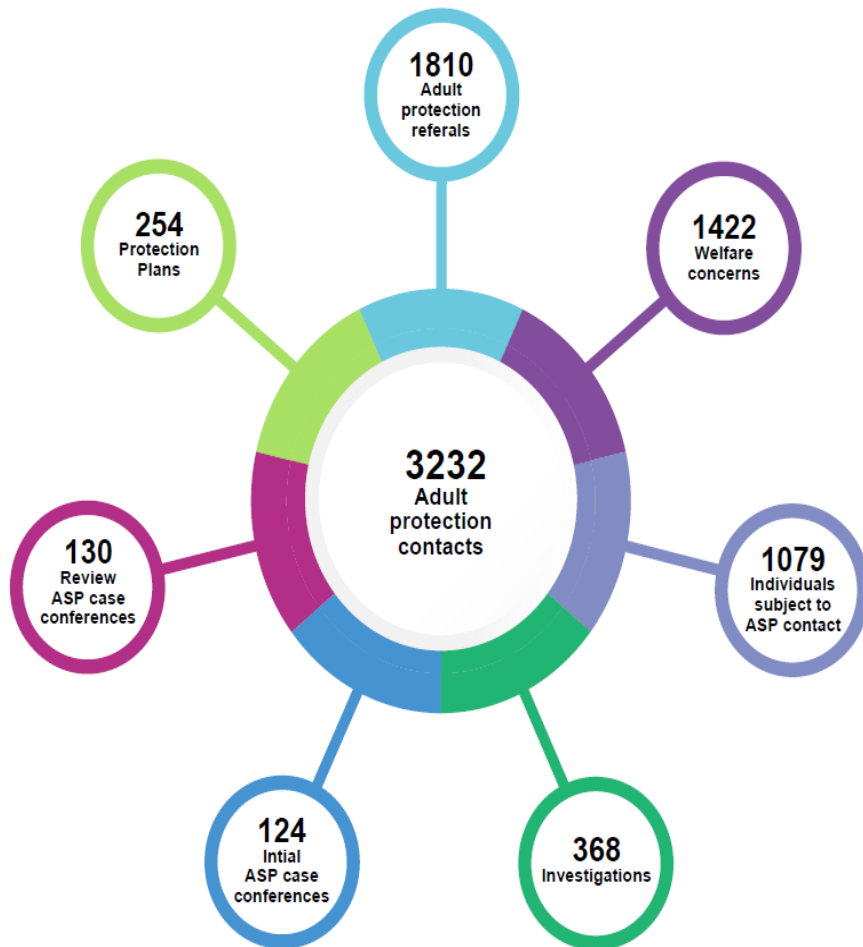
Position Statement



Contents

East Renfrewshire Adult Support and Protection in numbers - 2021-2023.....	3
Source of Referrals.....	3
What we know about the adults subject to ASP inquiries:.....	3
East Renfrewshire – Our area and partners	4
Quality Indicator 1: Process	6
Screening and triaging of adult protection referrals and application of the 3-point test.....	6
Duty to inquire, initial enquiries.....	7
Adult support and protection investigations.....	9
Risk assessment, risk management for adult support and protection activity, including preparation and implementation of adult protection plans. Include preparation of chronologies for adults at risk of harm.....	10
The convening of initial adult support and protection case conferences.....	11
The convening of review adult support and protection case conferences.....	12
Work to involve adults at risk of harm and their unpaid carers, where appropriate, in adult support and protection activity.....	13
Large-scale investigations.....	14
The implementation of protection orders.....	15
Independent advocacy for adults at risk of harm. Capacity and Adults with Incapacity (S) Act 2000 (as impacts on adult protection). Financial harm.....	15
Partnership’s data on adult support and protection outcomes engendered by key adult protection processes – methodology and summary of the data if available.....	15
Strengths and areas for improvement specifically for safety protection and support outcomes for adults at risk of harm.....	17
Strengths and areas for improvement for all key processes.....	18
East Renfrewshire Adult protection Committee	20
Strategic leadership for adult support and protection from the Chief Officers Group, the Integration Joint Board, and Community Planning Partnership. Include vision statement and how partnership communicates this widely.....	20
Strategic leadership for adult support and protection from the Adult Protection Committee.....	22
Initial case reviews and significant case reviews.....	22
Leadership for operational collaborative working among social work, police and health for adult support and protection.....	22
Leadership in respect of staff training and awareness raising for adult support and protection.....	24
Quality assurance and review of all adult support and protection activity.....	26
Strengths and areas for improvement with respect to leadership	27
The impact of the Coronavirus (Covid-19) pandemic	28
The impact of reduced public sector budgets and cost of living crisis	29

East Renfrewshire Adult Support and Protection in numbers - 2021- 2023



ASP data 30 January 2021-30 January 2023

Source of Referrals



What we know about the adults subject to ASP inquiries:

60% were female

Average age of 70 years old

56% experienced harm in own home

32% experienced physical harm

23% were adults experiencing problems arising from infirmity due to age

East Renfrewshire HSCP has been on a significant improvement journey in respect of Adult Support and Protection in the last three years. Despite the challenges of the pandemic we are proud of all the improvements that we have made and we are clear about the areas which require further improvements to further strengthen our ASP arrangements locally. We welcome the external scrutiny that the joint inspection will bring and we look forward to working with the inspection team through the inspection process.

East Renfrewshire – Our area and partners



East Renfrewshire Council

East Renfrewshire is a small but growing local authority with a population of 96,060. Since 2011 the population of East Renfrewshire has grown by 5.8 per cent. Future projections show that the population will grow and we will have an increasingly ageing population profile. East Renfrewshire is one of the most ethnically and culturally diverse areas in Scotland with significant Muslim and Jewish communities.

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable differences that we see across the area with some neighbourhoods experiencing significant disadvantage. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these data zones.



East Renfrewshire Health and Social Care partnership

East Renfrewshire HSCP has delivered integrated health and social care since 2007. The integrated management team directly manages over 900 health and care staff, this includes 52 social workers who are trained and appointed as council officers. ER HSCP has long established relationships with third and independent sectors to achieve our strategic aims around early intervention and prevention. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service on behalf of the six HSCPs in NHSGGC and the Scottish Centre of Technology for the Communication Impaired (SCTCI) which provides specialist support for Alternative and Augmentative Communication to 12 Scottish Health Boards. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites or prisons in East Renfrewshire.



NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde (NHSGGC) is the largest NHS organisation in Scotland and one of the largest in the UK covering six local authority areas with a population of 1.3 million. NHSGGC is responsible for providing and managing a whole range of health services including hospitals and community and primary care services. NHSGGC works alongside partnership organisations including Local Authorities and the voluntary sector. NHS GGC has

nine main hospital sites and 35 hospitals of different types, this includes five maternity hospitals/units, five Emergency Departments and three Minor Injuries Units; contracts with around 232 GP Surgeries (1300 General Practitioners); dental services in more than 279 locations; almost 188 Optician practices; over 50 Health Centres and Clinics and more than 288 Pharmacies.



POLICE
SCOTLAND
Keeping people safe
POILEAS ALBA

Police Scotland (G Division)

East Renfrewshire is one of nine area commands in Greater Glasgow (G) Division. The Divisional Commander, Chief Superintendent Mark Sutherland is a member of the Chief Officers Public Protection Group which has oversight and responsibility for all Public Protection business areas in each of the area commands including East Renfrewshire. G Division is unique in that it has a Detective Superintendent (DSU) with sole responsibility for the Public Protection portfolio, who also sits on the Chief Officers Group as well as being a member of all key strategic PPU meetings which report into the Chief Officers Group.

G division has developed a public health approach to policing which involves working closely with health and social care partners to support and protect vulnerable adults.



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

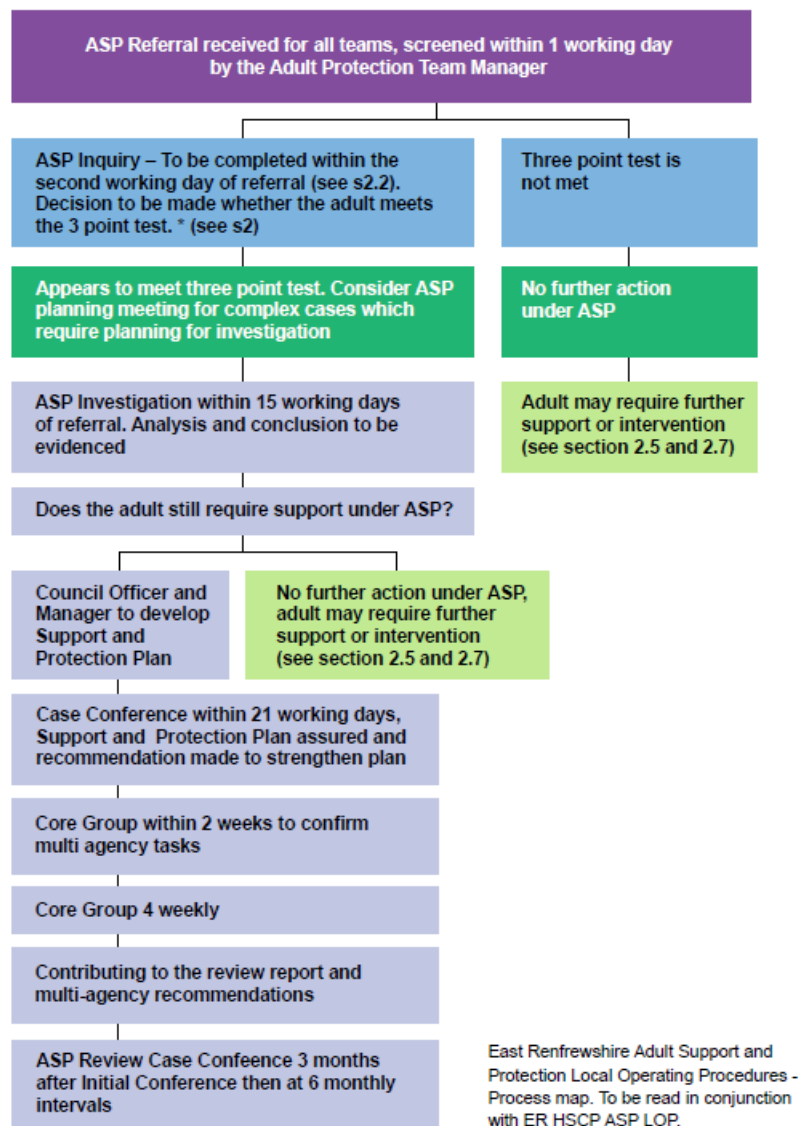
Scottish Fire and Rescue Service

Scottish Fire and Rescue Service (SFRS) has a responsibility to provide local APCs with any information that they may reasonably require for the purpose of performing its functions. SFRS has developed a robust relationship and has built strong leadership and governance arrangements with partners at East Renfrewshire Council (ERC) who work closely with the Community Action Team (CAT), legislative teams and operational personnel who are based in both Barrhead and Clarkston Community Fire stations and serve the whole of East Renfrewshire. Clarkston station also houses the ambulance and paramedic training centre.

The local Commander has the responsibility for ensuring robust coordination of recording and reporting of any adult safeguarding concerns identified by our service delivery and any of their staff. The SFRS prevention function will provide advice, guidance and support in relation to all aspects of safeguarding adults and this is supported through the SFRS safeguarding policy and procedure for the protection of adults.

SFRS host a co-located Scottish Ambulance Service (SAS) response and training facility at Clarkston Community Fire Station with nine staff (five paramedics, four technicians) and operates as a training and development station for Scottish Ambulance Service. This supports multi-agency working and training, firefighters and ambulance service staff can regularly share knowledge and expertise while building rapport.

Quality Indicator 1: Process



Screening and triaging of adult protection referrals and application of the 3-point test.

East Renfrewshire HSCP has received 1810 ASP referrals and 1422 adult welfare concern referrals between January 2021 and January 2023.

East Renfrewshire HSCP, over the past three years, has completed an ambitious improvement journey to ensure adults at risk of harm are supported to live safely. These improvements have been supported by the development and regular review of our [Adult Support and Protection \(ASP\) local operating procedures](#) and our commitment to early intervention, prevention and supporting community capacity building.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by Scottish Government Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

Our revised ASP procedures and forms formalise the screening process and establish clear pathways for progressing ASP and adult welfare concerns, ensuring that each referral receives the appropriate response and the adult and referrer are supported in a trauma informed way proportionate to needs and risk.

The ASP Team Manager screens all ASP and adult welfare concern referrals to ensure that the appropriate response is provided proportionate to need and risk. All welfare concerns are screened and redirected to the Initial Contact Team (HSCP multidisciplinary front door) to provide further welfare checks, advice and support. Our front door operates a good conversation model and works closely with [Talking Points](#) and community based resources to offer a wide range early intervention and preventative community based services. All ASP referrals are screened and allocated to a Council Officer for inquiry under the 2007 Act. In both of these pathways, the adult's immediate safety and any wider welfare needs are of paramount importance and underpin any intervention.

Our ASP Team Manager and ASP Team has cultivated a strong relationship with support providers and care homes. Contacting our ASP team is viewed as a positive step, with the ASP Team providing advice and support to help identify risk at the earliest opportunity. This has been well received, particularly as these services have faced significant challenges throughout the Covid-19 pandemic and more recently the national social care staffing crisis.

Our quality assurance framework and internal audit process notes significant improvement in our screening and application of the 3 point test over the past 3 years.

In our single agency audit in April 2022, we found that in 92% of inquiries the three point test was applied correctly. In the small

number that we noted the three point test was not applied correctly, the practice was in fact sound, but not recorded in the correct sections of the form.

All HSCP and partner staff make referrals using the ASP Referral form (AP1) with the exception of Police Scotland and Scottish Fire and Rescue who use nationally agreed templates.

This AP1 referral tool aids in the sharing of information and screening of risk at the earliest opportunity and consideration of the three point test set out in the 2007 Act. Referrals by Police Scotland and the Scottish Fire and Rescue Service are triaged as ASP or adult welfare concerns by the Police Risk and Concern Hub and the SFRS Community Safety Hub

The establishment of the Police Scotland G Division ASP Team in November 2021, has further strengthened already robust partnership working and has enhanced our ability to effectively protect adults at risk of harm. As a Divisional resource, the ASP Police Team provide a source of advice and guidance to local officers regarding ASP, and conduct operational investigations into reports of crimes and offences against vulnerable adults including serious sexual crime, assault and neglect. East Renfrewshire HSCP designed and delivered a programme of ASP training to support the induction of the new police team when it was established in November 2021. Police Scotland were also involved in the recruitment and selection process for the HSCP ASP Team, further reflecting our commitment to partnership working.

Duty to inquire, initial enquiries.

East Renfrewshire HSCP has conducted 1810 inquiries between January 2021 and January 2023. Our Biennial report noted an increase in inquiries of 26.1%. While we recognise that this increase was in part driven by the impact of the Covid-19 pandemic,

it is also reflective of the national trend which can be seen since the implementation of the 2007 Act. Since the implementation of the 2007 Act in East Renfrewshire, we have recorded a 137% increase in ASP inquiries.

All inquiries under Section 4 of the 2007 Act are undertaken by a Council Officer. Where possible, reflecting the principles of the 2007 act and our commitment to trauma informed and relationship based practice, all ASP inquiries will be conducted by the allocated worker where they are also a Council Officer. Where the allocated worker is not a Council Officer, they will work closely with the Council Officer.

All ASP inquiries in East Renfrewshire should be conducted within two working days. We made a policy decision locally in August 2020 to change this timescale from five days to two days for a number of reasons. This timescale change reflected our commitment to complete our duty to inquire, identify and respond to risk of harm at the earliest opportunity. This two day timescale also mirrors the two working day timescale in our local initial response to protecting children and young people at risk of harm.

We recognise that responding in the right way for the adult and their individual circumstances requires flexibility, this at times may lead to inquiries taking longer than the intended timescales (two working days).

“Taking this extra time and building a relationship helped Ellen to feel comfortable with the Council Officer. She disclosed that she had experienced domestic abuse in previous relationships and spoke more openly about the recent incident.” ([Case Study 1](#))

Further reflecting our commitment to relationship based practice and robust identification of risk, we strongly encourage face to face contact with the adult where appropriate as part of the inquiry

process. Council Officers are encouraged to consider the principles of the 2007 act and the risks, to support the adult in the appropriate way.

“Meeting Steve and his family and observing their interactions at home... allowed the Council Officer to consider the home environment and better understand Steve’s behaviours and observe interactions with his mother and sister where he is most comfortable.” ([Case Study 2](#))

All inquiries are documented using the ASP inquiry form on Carefirst. The ASP Inquiry form provides prompts for analysis of risk/protective factors, decision making and recommendations. The chronology is also updated to reflect the outcome of the inquiry.

In order to support the development of consistent thresholds, robust decision making and management oversight, all inquiries are reviewed and approved by two Team Managers (the ASP Team Manager and ASP Duty Manager).

At the conclusion of an inquiry (especially where no further action is indicated under the 2007 Act) the Council Officer and Manager consider any alternative or ongoing support the adult may require. This allows us to take a preventative approach and helps the adult build their support network and protective factors to reduce future risk of harm.

“Maggie’s daughter feels that the support provided to her mother had allowed her to become happier and less distressed in her home and kept her safe, and that the regular reviews had provided her with a support structure during a difficult time.” ([Case Study 3](#))

Through our [ASP Quality Assurance framework](#), we have seen consistent application of the three-point test by Council Officers and the quality of our ASP activity noted as good or very good in 86% of

cases sampled. We also noted good managerial oversight in ASP inquiries. Our workers and managers are clearer in their role and we see good examples of adults being supported to manage risk safely at the earliest opportunity. No inquiries are closed without evidence of management oversight.

Adult Support and Protection investigations.

East Renfrewshire HSCP has conducted 368 investigations between January 2021 and January 2023. There has been little change in the number of investigations. However, we have recognised that there has been an increase in the complexity of circumstances experienced by adults in our community.

All ASP investigations in East Renfrewshire should be completed within 15 working days from receipt of the referral.

Our ASP single agency audit conducted in April 2022 found that 77% of investigations were completed within 15 working days. Of the 23% (3) of investigations which took longer than 15 working days there was clear factors which necessitated the additional time. This evidenced robust decision making and professional judgment that determined the longer timescale was required to ensure the adult and their family and carers were included in the process. The time taken was considered to be appropriate and proportionate to needs and risks.

Investigations are documented using the investigation form on Carefirst. The ASP investigation form provides a framework for a structured strengths based risk assessment and captures a wide range of factors such as capacity, relationships and protective factors.

Our investigations are supported by the use of chronologies to understand significant life events and cumulative factors.

Chronologies were collated through the recording of life events on Carefirst and produced as a separate report.

In October 2022 the ASP investigation form was revised to include chronologies, to improve their use as an analysis tool in the investigation and decision making process.

All investigations are undertaken by an investigation team, led by a social work Team Manager, and undertaken by a Council Officer (who must be a social worker) and a second worker. We recognise that our colleagues within the HSCP often have relationships and knowledge of the adult at risk of harm and have essential skills, knowledge or professional expertise which could benefit the adult and inform the investigation. As such, we extended our definition of second worker in ASP investigations to include any registered professional in the adult's support network who has completed a minimum of one day ASP training.

We have developed strong practice in this integrated approach to ASP in our work with care homes over the past few years. We demonstrated this integrated approach in the two Large Scale Investigations completed in 2020/21. Our Care Home Liaison Nurses, Older Adults Mental Health Team and District Nurses had key roles in investigations and immediate work to safeguard adults at risk of harm within the care homes. Furthermore this is reflected in our strong ASP investigation practice supporting individuals with a Learning Disability and the positive role that Specialist LD Nurses and other professionals have within the LD Team.

Effectively responding to risk of harm requires collaborative, person-centred approaches. Through our revised local operating procedures and ASP training we empower our Council Officers to work alongside people to develop relationships and empower the adult to utilise their

own resources and to minimise risk of harm and improve the quality of their life.

“Our joint efforts under Adult Support and Protection safeguarded Jenny’s finances while further investigations were undertaken. This collaborative approach, involved a range of public and private agencies, who each held a part of the information and powers that reduced the risks to Jenny’s finances.” ([Case Study 4](#))

Our ASP procedures for investigation provide the opportunity for professionals to hold a collaborative investigation discussion. This was developed based on the principals of the initial referral discussions (IRDs) and provides the structure for collaboration and planning during the investigation process.

It is not always possible to hold a single meeting, but the collaborative investigation discussion should provide the opportunity to go beyond information gathering and move towards a shared approach to investigation planning and risk management. This promotes sharing of information throughout the investigation and allows the multidisciplinary team to plan the investigation and protective supports for the individual in a person centred and trauma informed way.

Our procedures recognise the importance of risk assessment and management as a strengths-based, person-centred collaborative process. Our investigations are structured around a person-centred risk assessment and incorporate collaborative discussions and planning with the adult and all involved in supporting them.

The protection plan is a collaborative plan that is written in consultation with the adult, those involved in their formal and informal networks, and any representatives from service or other agencies that are being recommended.

“This collaborative approach to risk allows for professional judgment and existing relationships with Jamie to give a person centred response, which helps keep them safe and engaging with supports.” ([Case Study 5](#))

Risk assessment, risk management for Adult Support and Protection activity, including preparation and implementation of adult protection plans. Include preparation of chronologies for adults at risk of harm.

A person-centred, strengths based risk assessment is central to our investigation recording on care first. The investigation form captures a full comprehensive risk assessment including the adult’s views of the risk and what they wish to change, strengths and contributing factors. This is enhanced by an embedded chronology, which was expanded in October 2022 to better reflect non ASP events in the adult’s life.

In April 2022 we strengthened management oversight in ASP investigation and require all investigations to be signed off by the team manager leading the investigation and a Service Manager.

Our procedures recognise the importance of risk assessment and management as a strengths-based, person-centred collaborative process. Our investigations are structured around a person-centred risk assessment and incorporate collaborative discussions and planning with the adult and all involved in supporting them.

The protection plan is a collaborative plan that is written in consultation with the adult, those involved in their formal and informal networks, and any additional supports that are being recommended.

“The framework of a protection plan helped Ron to build trusting relationships with his support team. Now Ron is often the first to

raise concerns and feels safer in his home and able to ask for the support he needs” ([Case Study 6](#))

Unlike many partnerships we do not undertake protection planning following a case conference. Instead protection planning is undertaken in the period following investigation and prior to the case conference and review case conferences. Our plans are structured around SMART objectives (Specific, Measurable, Attainable, Relevant and Time-bound). The protection plan is still central to the discussion of the case conference, but is not developed through this meeting; rather it is assured and agreed at the case conference.

By approaching planning prior to the case conference, we aim to engage everyone in developing the plan, giving the adult and those involved in supporting them adequate time to reflect and plan, for their involvement. This increases the collaborative shared approach to risk which we believe will lead to positive outcomes and recognise the adult as an expert in their own life.

“The ASP process allowed all involved in supporting Tracey the opportunity to share and consider information that allowed for an effective discharge plan. Tracey, to this day, is maintaining sobriety, living independently and engaging with supports in place, with no further ASP concerns being raised.” ([Case Study 7](#))

In our Biennial report 2020-22 we noted our improvement work around protection planning which resulted in a 63% increase in protection plans from the previous reporting period 2018-2020. We have been reassured by this increase which had been the focus of training and improvement activity during the period.

We have also introduced interim protection plans. During the investigation process, the investigation team may require to take steps to manage immediate risks. This is normally recorded in the

observations (case recording notes) and contributes to the investigation and protection planning. Interim protection plans are mainly used to support the management of immediate and exceptional risks during the investigation process. Interim plans will run for 30 days, after which they will expire or be reviewed and assured by an initial case conference.

In every investigation the investigation team will take steps to manage risks. This is normally recorded in the observations (case recording notes) and contributes to the investigation and protection planning. Interim protection plans support the management of exceptional risks during the investigation process. Interim plans last 30 days, unless it is assured by an initial case conference

The convening of initial Adult Support and Protection case conferences.

East Renfrewshire HSCP has conducted 124 ASP Case Conferences between January 2021 and January 2023.

All ASP Case Conferences in East Renfrewshire should be held within 20 working days from referral date. Our case conferences are strengths based and promote the involvement of the adult, ensuring their voice is heard first and they are supported to engage in the way which works for them. All ASP Case Conferences are chaired by a Service Manager who will in most cases meet with the individual/family member(s) prior to the start of the meeting to provide additional re-assurance and to encourage their participation.

We learned quickly from our experience during the pandemic and adapted our practice, utilising a range of methods to engage and support individuals using virtual technology. We found that case conferences delivered virtually via Microsoft Teams have seen increased participation by carers and family members. The HSCP in

partnership with Connecting Scotland, distributed a number of devices and sim cards to individuals in the early days of the pandemic to support them to attend virtual meetings.

Through our procedures and training we have reinforced that the case conference is not a forum for revisiting or retelling of the investigation. It is a place to discuss the analysis and recommendations that flow from the investigation.

We strengthened our Service Manager workforce recruiting an additional two Service Managers (funded by SG Strengthening Adult Socials Work funding) in order to enhance the management of social work practice across the HSCP. This as a smaller HSCP allowed us to develop our Service Managers to provide oversight in ASP via the chairing of Case Conferences. We have supported our chairs (by peer coaching and training) and they have developed a standardised agenda which is shared in advance of the case conference to ensure all parties are informed before attending.

We are moving forward to strengthen the oversight of our case conferences by introducing a role for Senior Managers in countersigning the minute of the case conference. This will promote enhanced management oversight of complex cases and allow for any service and resource considerations required to support individuals and mitigate risk of further harm.

ER HSCP has invested in a dedicated ASP business support team, who support the administration and recording of case conferences. The team take full minutes at all case conferences, share decisions within 24 hours of the case conference and ensure that the minute is shared with the adult and everyone who attended. The role of this business support resource was developed in partnership with business support colleagues and clearly documents their responsibilities within our ASP procedures.

The convening of review Adult Support and Protection case conferences.

East Renfrewshire HSCP has conducted 130 review ASP Case Conferences between January 2021 and January 2023.

All first review case conferences in East Renfrewshire should be held within 3 months of the initial ASP case conference. When an adult requires ongoing support under ASP, a review case conference will be held at a minimum of 6 monthly intervals for the duration of the protection plan. A protection plan remains in place until a review case conference is convened and is satisfied that, as far as possible, the outcomes of the plan have been achieved and the risk of harm is suitably mitigated.

Following the initial case conference, a core group of those who will support the adult through the protection plan will be convened. The adult and their carers, family and legal proxy are essential members of this group and their involvement is key to the success of the plan. Core group meetings are organised by the Council Officer and chaired by the responsible Team Manager.

The core group first meets two weeks after the initial case conference. This allows time for the case conference minutes to be shared and the plan put in place. For the duration of the protection plan, core groups will take place every four weeks. This is a minimum, and core groups are encouraged as often as required to achieve effective implementation of the protection plan.

The purpose of the core group is to ensure continued communication and collaboration, to share progress of the protection plan and identify any further risks/harm. The core group have the ability to make small changes to the protection plan e.g. to account for changes in availability of supports etc.

All adults supported by a protection plan should have at least weekly contact with the Council Officer, allowing them to build trusting relationships and identify risks. The Council Officer must record an observation on a weekly basis or more frequently depending on the circumstances.

As with all aspects of our procedures, professional judgment which places the adult at the centre of decisions is recognised as essential. A review case conference can be called at any time and will be convened where significant risk of harm or noncompliance with the protection plan has been identified.

The review case conference, as with the initial case conference, will be chaired by a Service Manager. Where possible, this will be the same Chair as the initial case conference in order to support consistency/relationship based practice and respect the adult's right to privacy by not introducing someone new.

Our approach to supporting and protecting adults is based upon person centred, relationship based practice. Our procedures set out at every level the importance of engaging, consulting and collaborating with adults at risk of harm and their unpaid carers, legal proxies and those important to them.

We have reinforced through our procedures and training the importance of supporting adults to engage in the way that is right for them. At all stages of the ASP journey the responsible Council Officer is tasked with sharing and discussing the process, information gathered and collaborating on future plans with the adult at risk of harm, in a way that supports the adult's communication style and engagement. This is good practice as it supports the adult's full and informed participation. It also reduces potential distress to the adult reflecting our commitment and understanding of trauma informed practice.

It is our intention that every adult has access to the support they need to engage in the ASP journey. This support should be offered as early as possible and ensures the adult's voice can be heard, even where they are assisted to make decisions by a legal proxy or family carer. We believe that this best reflects the principles of the Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000.

Work to involve adults at risk of harm and their unpaid carers, where appropriate, in adult support and protection activity.

East Renfrewshire HSCP has a well-established track record of working alongside those who use services, their families and carers in the design, development and provision of services. Our practice and procedures put relationships at the heart of what we do.

The Adult Protection Committee has had an active Service User Engagement and Communication Subcommittee since 2019, initially, focusing on developing information resources and feedback forms.

Due to the Covid-19 Pandemic all case conferences moved to virtual settings. Service user engagement has been noted as an area of improvement and although we have been working hard on this the Covid 19 pandemic has significantly impacted on our ability to hear the views of adults at risk of harm and their families. More recently the service user engagement subcommittee has developed a survey to evaluate our process and practice for the perspective of people who use services.

Our engagement with people who have experienced the ASP process has also evolved organically, driven by the passion and dedication of one of our Council Officers, who has recently established a small informal group of service users who have agreed to provide feedback on their experience.

“I believe that in setting up a service user focus group we are making sure that the expert voices of those people who have been involved in the ASP process are heard and can actively shape and improve the services we deliver. In working closely and in partnership we will have additional opportunity to value and respect the lived experience of our service users and more importantly learn from those who use and/or are affected by the services we provide” (JR, Council Officer).

Large-scale investigations.

We undertook two Large Scale Investigations in autumn 2020, with work continuing into 2021/22. These were particularly challenging pieces of work, undertaken in local care homes against the backdrop of the Covid-19 pandemic. The LSI saw the completion of inquiries for all adults within the care homes, with 39 subject to further ASP investigation activity.

In line with our [LSI procedures](#), the LSI teams were led by a Lead Investigation Officer (LIO) and the investigative work was undertaken by social work staff from adult services, but the safeguarding work would not have been possible without the commitment across our HSCP including Care Home Liaison Nurses, Mental Health Team, Business Support and partners from the independent care sector, partner placing authorities, Health, Police, Advocacy and the Care Inspectorate.

The ASP investigation process was key to identification of risk of harm and protection planning to safeguard each individual resident. The investigation intelligence and overarching themes were shared with the LSI and informed the multi-agency assessment of risk and improvement actions for the care homes to mitigate risks.

A multi-agency file review was completed as part of the LSI in order to further interrogate data and compile a multi-agency timeline. Police Scotland provided significant support under operation

Alauda, this work was recognised in Police Scotland Divisional Commanders awards in September 2022. The East Renfrewshire HSCP Clinical Director and Chief Nurse provided expert medical advice to this group in relation to complex health needs and concerns around GP care.

One care home was supported successfully through the LSI and has made significant improvements which have been noted in subsequent inspections by the Care Inspectorate. The second home decided to close during the LSI. The residents were supported by the LSI team to move to alternative care homes in a very short space of time. This was complicated by the Coronavirus (Covid-19) outbreak and adverse winter weather.

Throughout the LSIs a person-centred approach remained at the forefront of all activity. This primarily applied to the care home residents and their staff, but also extended to the staff of the care home who were facing increasing pressure and turned to HSCP staff for support and guidance on a daily basis.

“Susan’s family were delighted to describe visiting her in her new care home and finding her up and dressed, dancing and laughing with care home staff. Susan’s quality of life visibly improved because of the LSI process.” ([LSI Case study](#))

The dedication and hard work of the social work team, the wider Health and Social Care Partnership and partner organisations led to documented positive outcomes. It was felt that this achievement should be recognised, and the Large Scale Investigation Team were put forward for an award under the “Working Together” category at the 2021 Scottish Social Services Awards. The team were delighted to be shortlisted and to then subsequently go on to receive this prestigious award.

The implementation of protection orders.

Protection orders are integral to our ASP training programme and council officers are encouraged to consider the use of these orders in relevant ASP activity.

During this reporting period protection orders were considered in the progress of ASP investigations and case conferences. However no applications were made by ER HSCP.

Independent advocacy for adults at risk of harm. Capacity and Adults with Incapacity (S) Act 2000 (as impacts on adult protection). Financial harm.

ER HSCP commission an independent advocacy service from the Advocacy Project and the vital role of advocacy is noted within our training, recording systems, and wider ASP processes. In addition, many of the adults within East Renfrewshire choose to be supported by family, legal proxies, solicitors, carers centre, women's aid etc.

We make sure that adults can access independent advocacy at the earliest opportunity and in the way that is right for them. We have embedded the importance of referring to independent advocacy at the earliest opportunity within our revised ASP procedures. From 1st November 2021 we incorporated recording of advocacy within our inquiry forms.

“With the support of advocacy, Chris’s voice was included at the heart of the investigation. He was supported to share what mattered to him and what he was worried about with family members who had differing views.” ([Case Study 8](#))

Since the introduction of our procedures we have seen an increase in the involvement of independent advocacy at the point of investigation. However, at the point of inquiry this has not increased as we had intended. We have received feedback from frontline

workers that this can feel too early for many adults, who may be in a crisis or stressful time. The APC has recently considered this feedback and work is underway to update this position in our procedures to better reflect the use of professional judgment, acknowledging that the adult should be referred at the earliest opportunity.

During the Covid-19 pandemic independent advocacy services faced significant challenges as they could not engage with adults using traditional approaches. It was recognised that for some of our most vulnerable adults, virtual or telephone communication limited the building of relationships and the effectiveness of independent advocacy. Our partners in the advocacy project have persevered despite these difficulties and continue to support adults across ERHSCP.

Through the challenges of the Covid-19 pandemic and our recovery we have increased the already strong links at a senior management level between our Advocacy Project colleagues and the HSCP. This relationship has informed and supported our ongoing improvement journey to ensure we have systems that are seamless to ensure adults get the correct level of support. We recognise that this will be an area that will require ongoing focus and improvement to ensure adults at risk of harm receive the supports they require to engage in a way that works for them.

Partnership’s data on adult support and protection outcomes engendered by key adult protection processes – methodology and summary of the data if available.

We have an established data set on ASP which supports monthly reporting to SOLACE and is analysed quarterly by the Lead officer for ASP. The Lead Officer’s analysis goes beyond providing an update on the volume of referrals, investigations etc. and considers areas such as delayed inquiries/investigations or multiple ASP

activity for individuals. This analysis provides assurance to the APC, and the Chief Officers' Public Protection.

This data and analysis is shared in full with all partners of the APC and senior managers. This supports planning and improvement activity and the identification of areas for further scrutiny and audit.

Working with colleagues across the HSCP we have commenced the journey to become a more data informed service. We wish to make data the foundation for informed decision-making. We plan to go beyond the current extensive point in time management reporting and seek to develop additional operational reporting in order to track more closely the adult's journey and outcomes. The aim of this work is to identify delays, pinch points and capacity issues in order to assist the staff and management team to monitor and improve the adult's experience. We will determine the success of this program by developing qualitative and quantitative measures in order to track progress and improvements.

Hearing the experience of adults at risk of harm is essential in delivering improvements and co-designing a service which meets the needs of adults in East Renfrewshire. The impact of the Covid 19 pandemic necessitated a change in the way in which we engage with adults, away from a traditional one-to-one direct feedback. This is an area we are working to develop further and will form a significant part of our APC improvement plan 2023-24.

Since March 2022 we have sought feedback from service users, their carers and those that support them via an online survey, issued at the conclusion of the ASP case conference. From this survey we have been reassured that 100% of respondents felt listened to and encouraged to share their views and 93% felt they or the person they support were safer due to the intervention under ASP.

We recognised that this survey was limited in its reach as it was only shared with those who had been supported to the point of a case conference. In December 2022 we launched a revised and expanded survey which has been shared widely through our network and partners to reach as many adults with experience of adults support and protection, those that support them and members of the community. This survey will give us greater insight into the experience of adults at risk of harm and those that support them in East Renfrewshire.

We have strengthened the identification and recording of domestic abuse within our ASP procedures and forms, allowing more effective analysis and targeting of support. To support the identification of coercive control we worked with the Violence against Women partnership to develop a set of questions which help to identify this risk, which can often be challenging. All of these changes have led to improved and collaborative protection planning. This information is regularly shared with our VAW partnership and the APC to support improvement activity.

We ensure that data is shared widely and informs our practice. The Lead Officer and the Head of Service provide an overview and context of the data to our Council Officer and manager's forums. This supports a wider understanding of the data and gives front line staff an opportunity to engage and tell us what is working.

We use the Talking Points outcomes model to better understand the experience of adults within East Renfrewshire and how our support has impacted on their lives. We are pleased to see that 88% of adults who have been supported through ASP report that they feel safe and 91% feel they have been treated with respect.

Strengths and areas for improvement specifically for safety protection and support outcomes for adults at risk of harm.

East Renfrewshire believes that Adult Support and Protection is everybody's responsibility. We work with statutory, third sector and community partners to support adults at risk of harm. This strengthens our approach through collaboration and shared approaches to risk.

Our partnership, APC and partners have committed to a significant improvement journey which began in 2018. We recognised the importance of continuing this improvement journey alongside adapting our practice to respond to the challenge of the Covid-19 pandemic. While this was demanding and forced us to embrace new methods of communication and training, it has been a rewarding and successful journey that we are committed to continuing.

In response to the Covid-19 pandemic we introduced abbreviated ASP processes on the 23rd March 2020. This process took account of the restricted access to adults, the use of new technology and different communication mediums and considerations of the health, safety and welfare of our staff and the individuals we support.

By monitoring the operation of the abbreviated ASP processes we identified areas of learning and strengths which formed the basis of our revised and enhance Adult Support and Protection Local Operating Procedures. The procedures introduced many aspects which had not previously been reflected in our procedures, including:

- Screening at point of referral to help prioritise our responses to those most at risk of harm
- Referral discussions at the point of inquiry to ensure that inquiries capture all information held by partners.

- Timescales have been adjusted to reducing the time taken at inquiry to allow more time to undertake investigations.
- Preparation of protection plans prior to the case conference, with Council Officers developing a multi-agency response to harm with their manager and appropriate partners and presenting this at the case conference, allowing all partners time to establish how they can support the adult.

The Adult Support and Protection Procedures were supported by:

- Communication Framework Notifications Involving Commissioned Services
- Police Contact Protocol
- Large Scale Investigation Procedures
- Roles and Responsibilities in ASP practice note

We recognised that introducing the local operating procedures amidst the uncertainty of the pandemic would require planning and support for colleagues across services, particularly as many were working from home. It was agreed that the revised Adult Support and Protection Local Operating Procedures would be implemented on the 1st November 2020. This implementation was preceded by a substantial programme of virtual training which introduced the procedures to Council Officers and managers involved in ASP activity, second workers (registered professionals) the wider staff group within the HSCP, partners and provider organisation. We will reflect on this training later in the report.

In developing our revised Local Operating procedures opportunities for consultation and engagement were limited due to the pace of development, external factors such as the pandemic and the known but not managed risk identified by the audit activity. In order to

address this limited consultation and engagement a six-month review period was established at the point of implementation. This was undertaken in spring 2021. The findings of the review and the working group identified that the procedures had broadly been well-received, but areas of improvements were identified and changes were developed and implemented in July 2021.

The working group continued to meet to develop the assessment tools for ASP. Improved inquiry and investigation forms were implemented in July 2021, designed to better record:

- Collaboration and engaged with partners.
- Reporting of Domestic Abuse /Domestic Violence
- Input of independent advocacy
- Defensible decision-making and professional judgement

The procedures have continued to be reviewed and a further update was issued in July 2022 which incorporated areas of learning which have been highlighted through practice and also through changes in the child protection landscape. This included changes to the following areas:

- Incorporation of the Promise in our practice
- Guidance on cross border ASP activity
- Guidance on ASP and the Scottish Prison Service
- Clarification of Business Support process
- Role of service manager at investigations
- Oversight of case conference minute by Operations managers
- Clarification of roles in recording ongoing contact

We are continuing to implement learning from the improvement work we have undertaken. Recently this has focused on improving the recording of the ASP journey, capturing the whole experience

from referral onwards using our current case recording system, Carefirst. We have implemented new forms and processes to support recording. This will continue to be a focus of our improvement journey, particularly as we move towards the procurement of a new case recording system.

Strengths and areas for improvement for all key processes.

- We are proud of the creative partnership approach we have fostered across East Renfrewshire. This has given us greater confidence in our practice and supported Council Officers and colleagues to do what is right for the adult in their circumstances.
- We have developed strong and robust relationships with all key partners. This has fosters a culture of openness and continuous improvement around the management of risk.
- We created a Head of Adult Services role to provide professional social work leadership (delegated from CSWO) in adult services to drive and lead improvement activity.
- A successful test of change leading to the development of a permanent, dedicated ASP Team within East Renfrewshire Health and Social Care Partnership, ensuring continuity and focus on those most at need.
- In response to Covid-19 pandemic we created an abbreviated ASP process to keep adults and our workers safe. The lessons learned from the introduction of these measures contributed to a review of all existing ASP procedures and the production and implementation of new procedures launched in November 2020 and reviewed in July 2021. The new local procedures reflect the new National ASP Guidance in terms of statutory requirements and trauma informed practice.
- We have delivered ASP awareness sessions for partner agencies including specific, bespoke sessions for care homes and partner providers.

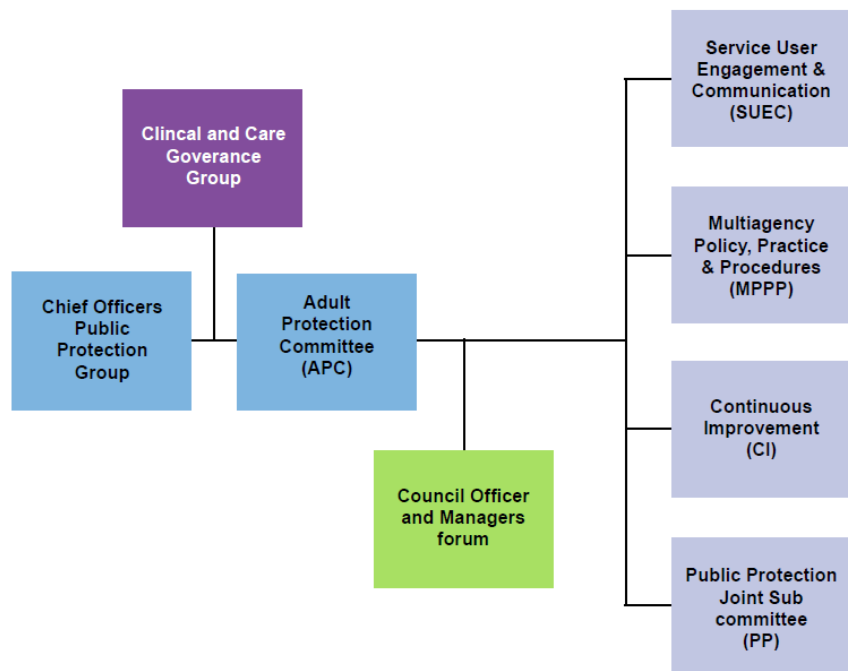
- We have strengthened our recording and reporting of domestic abuse, giving direction and focus to support council officers to identify and support survivors of DA. We work closely with the VAW partnership to improve our practice and contribute to the wider objectives of reducing violence to women and girls.
- We have developed recording and reporting tools that support our practice and give assurance that we are supporting adults at risk of harm in our community.
- We have placed collaboration at the heart of our ASP activity. Our procedures are rooted in collaboration and multidisciplinary working, led by the Council Officer but engaging everyone to get the best outcomes for the adult.
- We set up a forum to regularly share information with care providers to more effectively manage risk. This ensures that information from commissioning colleagues and front line health and social work colleagues is shared and we work collaboratively
- We have implemented a multi-agency Care Home Assurance group which meets weekly to discuss all of our care homes and determines if there are any concerns or support needs. We then reach out to the care homes to offer to deliver or source the support required.
- We undertook a programme of Care Home Assurance visits which further enhanced good working relationships with the care home providers and the partnership. During the visits ASP was a key area for discussion.

Key improvements for the future:

- We will ensure that the views of adults at risk, their families and carers are heard and that they will help to shape the way we deliver services. This means that we will develop and improve how we engage with and listen to adults using

our services and their support networks, to ensure their opinions are heard, understood and acted upon.

- We aim to improve our performance to ensure that adults are offered independent advocacy at the earliest opportunity, in the way that is most appropriate for them. We will also improve our recording of the offer of advocacy and the adult's views on this support.
- We will scale up our awareness raising and community engagement around ASP as we continue to recover from the Covid 19 pandemic.
- We will review and audit our activity, both quantitatively and qualitatively, to ensure that our processes are robust, understood and adhered to. We will endeavour to undertake multi-agency audits where practicable (this has proved particularly challenging during the last two years).
- We will support the procuring of a new SW information system which will streamline and enhance our recording, supporting data collection which will help us to better understand the outcomes for adults at risk of harm.
- We will continue to strengthen our service user engagement subcommittee within the APC to ensure the more people with lived experience are involved and their voice heard directly in the APC.



East Renfrewshire Adult protection Committee

East Renfrewshire Adult Protection Committee (hereafter referred to as “the APC”) has been established under the requirements of S42 of the Adult Support and Protection (Scotland) Act 2007.

The APC is a multi-agency body, bringing together senior managers and professionals from across all key agencies in East Renfrewshire concerned with the support and protection of all vulnerable adults within the local area.

The following functions, in the context of improving cooperation and communication between agencies, are recognised by the Act and Code of Practice as falling to the APC:

- reviewing adult protection procedures and practice;
- providing information and advice and making proposals;
- improving skills and knowledge;

The APC has an independent chair and has representation from East Renfrewshire Council, the HSCP (including the Chief Social Work Officer/Head of Public Protection, Lead Nurse, NHS Public Protection Service and relevant service representatives), Police Scotland, Scottish Fire and Rescue, 3rd sector and ERC Housing.

The APC meets quarterly, with additional meetings as required. Pre-agenda meeting take place prior to each APC meeting to promote wider involvement in agenda setting, with subcommittees meeting at a minimum of 4 times a year to progress improvement activity.

Strategic leadership for adult support and protection from the Chief Officers Group, the Integration Joint Board, and Community Planning Partnership. Include vision statement and how partnership communicates this widely.

Chief Officers' Public Protection (COPP), have responsibility for ensuring that their agencies, individually and collectively, work together to protect adults at risk as effectively as possible.

The membership of the group is:

- Chief Executive of East Renfrewshire Council East Renfrewshire
- Chief Officer HSCP
- Board Nurse Director NHSGGC
- East Renfrewshire Divisional Commander of Police Scotland
- Chief Social Work Officer and ERCPC Chair
- Independent Chair APC

The remit of the group is to provide strategic leadership and scrutiny and implicitly to scrutinise the work of the three public protection business areas on behalf of East Renfrewshire Partnership; to identify successes and areas for improvement, and in doing so learn from experience, monitor trends and examine comparisons.

The key risk areas overseen and scrutinised by the COPP are:

- Child Protection
- Adult Protection
- Violence Against Women
- Multi-Agency Public Protection Arrangements (MAPPA) Offender Management (specifically Sex Offenders and potentially dangerous offenders)
- Alcohol and Drugs Partnership

The Adult Protection Committee has lines of accountability to the COPP. The independent chair of the Adult Protection Committee attends and contributes to COPP.

Our Clinical and Care Governance Group (CCGG) ensure that the requisite structures and processes are in place to assure the Integration Joint Board (IJB), NHS Greater Glasgow & Clyde Health Board (NHS GGC) and East Renfrewshire Council (ERC) that these structures and processes are providing services which are safe, effective, person centred and responsive to local need.

The East Renfrewshire HSCP has delegated responsibility for undertaking duties in relation to the Adult Support and Protection (Scotland) Act 2007 from East Renfrewshire council. The East Renfrewshire HSCP vision statement, "*Working together with the people of East Renfrewshire to improve lives*", was developed in

partnership with our workforce and wider partners, carers and members of the community.

To help progress our vision we developed three integration touchstones which guide everything we do as a partnership. They are:

- Valuing what matters to people
- Building capacity with individuals and communities
- Focusing on outcomes not services

Our vision sets our overarching direction and is reflected in the strategic priorities that we are working towards in our HSCP Strategic Plan. In addition to our high-level thematic priorities our plan includes a 'cross-cutting' priority reflecting the multi-agency work we do in "*Protecting People from Harm*".

Our responsibility to keep people protected and safe from harm is fundamental to the work of the HSCP and underpins the other strategic priorities set out in our Strategic Plan. Our plan recognises that everyone has the right to live in safety and be protected from neglect, abuse and harm. We respond to the identified key risk areas and new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

Our overall strategic commitment to minimising harm is supported through the delivery of supporting plans including:

- [Adult Protection Improvement Plan 2021-23](#)
- [The East Renfrewshire Equally Safe Improvement Plan 2020-2023](#)
- [Child Protection Business/Improvement Plan 2020-23](#)

Strategic leadership for Adult Support and Protection from the Adult Protection Committee.

East Renfrewshire Adult Protection Committee (ERAPC) is committed to providing high-quality services that meet the needs of adults at risk of harm, and align with legislative requirements and relevant guidance. The APC has an independent chair and has representation from East Renfrewshire Council, the HSCP (including the Chief Social Work Officer/Head of Public Protection, Lead Nurse and relevant service representatives), Police Scotland, Scottish Fire and Rescue, 3rd sector and ERC Housing. The committee is supported by the Lead Officer, Adult Support and protection; Practice Policy and Improvement Manager and Senior Business Support Assistant – Public Protection.

The APC has been instrumental in leading the ASP improvement journey in East Renfrewshire. Through the APC improvement plan and the actions of the committee and sub-committees we have progressed our improvement journey. There are four subcommittees with multidisciplinary partners, each is chaired or co-chaired by a member of the HSCP management team. These subcommittees progress the actions of the Adult Protection Committee Improvement Plan:

- Service User Engagement & Communication (SUEC)
- Multiagency Policy, Practice & Procedures (MPPP)
- Continuous Improvement (CI)
- Public Protection Joint Subcommittee (PP)

The Public Protection Joint Subcommittee (PP) is attended by representatives from across public protection.

The Adult Protection Committee Improvement Plan 2021-23 sets a measured pace for improvement than previous plans, recognising the significant improvements we have achieved over the last two

years. We also recognise that as we move towards recovery from the pandemic, a period of stability and consideration is required to allow workers, teams and services to establish a new equilibrium and reflect on lessons learnt during this challenging period.

Notwithstanding our desire for continuous improvement, the APC recognises and fully supports the need for ongoing improvement and has endorsed the 2021-23 Improvement plan. This plan sets out the steps that the Committee wishes to take to develop and enhance service provision in East Renfrewshire.

Initial case reviews and significant case reviews.

During the period in scope for inspection there have been no initial or significant case reviews undertaken. An ICR was undertaken in spring 2020 in relation to an incident which occurred in November 2019, with some of the lessons learned and actions completed in 2020/21.

The APC have agreed to adopt the National Guidance for Adult Protection Committees Undertaking Learning Reviews published by the Scottish government in May 2022. The Multi-agency practice policy and procedures subcommittee are currently working to develop local procedures to support the implementation of this guidance.

Leadership for operational collaborative working among social work, police and health for adult support and protection

We are extremely proud of the relationships that we have developed with colleagues across East Renfrewshire. We have developed trusting relationships that has given us confidence to work with key partners to deliver better outcomes and drive improvements in our practice. Throughout this period we have developed relationships and communication with partners, service providers and care homes to develop collaborative approaches to supporting adults at risk of harm.

Within the HSCP we have strengthened our leadership through the creation of a Head of Adult Services role to provide professional social work leadership in adults' services, with delegated responsibility from the CSWO, to drive and lead improvement activity. We have appointed a Practice Policy and Improvement Manager, to support our ongoing improvement agenda. We have also added two additional Service Manager roles with specific remit to support adult social work and ASP activity.

Our dedicated ASP team has greatly strengthened our response to ASP activity. The team have provided practical support and guidance and strengthened relationships between locality services, external partners such as Police and Fire Service colleagues.

The establishment of the Police Scotland ASP Team (based within G division) further strengthened this already robust partnership approach and has enhanced our ability to effectively protect adults at risk of harm.

We work closely with Police Scotland colleagues who through the Risk and Concern Hub have a clear triaging process to identify the level of risk and refer appropriately either as a police concern or adult at risk referral. This includes reference to a risk matrix and clear recording within police systems. We have developed close alignment between SW and Police information systems / data sharing arrangements to promote effective collaboration and a system of prompt, electronic referrals. This has been further strengthened by the recent development of Risk and Concern arrangements, creating a Police Scotland ASP Team with investigatory capacity in November 2021. The ASP Team is an investigative team who will thoroughly investigate crimes against vulnerable adults working in partnership with other agencies, sharing relevant information to protect adults and providing support and intervention when required, providing a single point of contact

and greater opportunity for collaborative working to support and protect.

Our relationships with Police Scotland and the Scottish Fire and Rescue Service have gone from strength to strength and have been instrumental in supporting key areas of success such as the development of the ASP local operating procedures and the effective delivery of the Large Scale Investigations. We worked closely with Scottish Fire and Rescue to support reciprocal referral pathways and training. We have also created a supportive and collaborative partnership group which achieves positive outcomes to those most in need within the communities of East Renfrewshire.

“The Community Action team, SFRS operational personnel and East Renfrewshire ASP team worked in collaboration to put support in place within 24 hours ... Mike has continued to engage with support services and when we visited him recently the SFRS operational crews were enthused to see that Mike has maintained the improvements which had reduced the risks and is now thriving at home, getting the support he needs to maintain his wellbeing.”
[\(Case Study 9\)](#)

We have worked with care home and service providers to develop our relationships and supports. Recognising the significant impact that the Covid-19 Pandemic has had upon these services, we have introduced a Care Home Assurance Team within the HSCP to continue the work of supporting these services. We have also developed Care Home and Provider Services Liaison meetings between providers and senior management with commissioning staff in attendance. These meetings provide an environment for the sharing of best practice, identification of shared goals and concerns and the opportunity for engagement which we had previously identified as an area of improvement. These meetings inform the APC discussions and support the sharing of information freely across all services. This approach has also allowed us to engage

with services and care homes to identify support requirements and develop bespoke training sessions to support their improvement work and develop awareness of ASP.

“We have a very good relationship with the local authority. If my nurses are unsure whether to submit an AP1 all they have to do is pick up the phone and the team is always happy to help and offer advice. When an ASP investigation is required, the team attending the home are always very pleasant and respectful. The partnership have also offered their ASP training to myself and my nursing team to increase our awareness and to enhance our confidence levels with adult support and protection.”(Care Home Manager, East Renfrewshire)

Over this period we also strengthened existing relationships with East Renfrewshire Violence against Women (VAW) Partnership, ensuring a collaborative approach to identifying and supporting individuals experiencing domestic abuse. We have developed improved recording and reporting mechanisms. We have embedded MARAC within our procedures and practice, with service managers from adult services acting as MARAC chairs.

As we developed and reviewed the Adult Support and Protection Local Operating Procedures we were supported by colleagues from the VAW partnership to create a framework through the procedures and associated assessments that supported frontline workers to identify those experiencing domestic abuse.

We designed our inquiries to promote the identification of domestic abuse and we promote the use of the Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH) at the earliest opportunity and increased awareness of Multi Agency Risk Assessment Conference. To support the identification of

coercive control we worked with the VAW partnership to develop a set of questions which helps to identify this risk which can often be challenging. All of these changes have led to improved and collaborative protection planning.

Leadership in respect of staff training and awareness raising for adult support and protection

Due to the pressure on services arising from the Covid-19 pandemic, we identified that training priorities should be refocused on improving practice in relation to core processes and strengthening management oversight. As part of the implementation of the Adult Support and Protection Local Operating Procedures we planned an ambitious programme of training for autumn 2020. This training was tailored and delivered in session for Council Officers, second workers and the wider multi-agency partners and providers, with training material developed to meet the needs of the target audience. These courses provided an introduction to the Adult Support and Protection (Scotland) Act 2007 and provided guidance on practice and process as set out within the local operating procedures.

Building upon the success of these courses, we developed a rolling programme as part of the Public Protection Development Programme 2021-22. This programme set out a multi-levelled structure of training, developed to support staff at all levels of knowledge and involvement to identify the right training for their role. This programme included the following courses:

- Introduction to ASP (open to all HSCP, partners and service providers)
- ASP for council officers and second workers
- Risk Assessment and Management for ASP
- Investigative Interviewing

- Adult Support and Protection Notifications Involving Commissioned Services

The suite of training materials drew on learning from our previous Large Scale Investigations and supporting organisations to improve their practice. This has provided a range of introductory and more detailed training events that focused on supporting improved practice. We have promoted the identification and communication of harm, effective risk assessment and risk management strategies, effective protection planning and preparation for case conference. The training sought to embed collaboration as a foundation of our practice and put the adult at the heart of our involvement and planning.

We have also provided flexible and adaptable training opportunities to support staff, partners and providers, developing a strong partnership approach. We have delivered tailored learning experiences for Care Home staff. This training was developed to address the needs of a multi-agency audience with the assistance of Care Home Collaborative staff in NHS Greater Glasgow & Clyde, HSCP Commissioning staff and ASP Team. The training that was designed and delivered by the HSCP as a direct response to areas of needs, concerns and risks. For example for one supported living provider we had received a large number of referrals relating to medication errors and missed opportunities to identify risk. We delivered training to support the identification of risk and worked with the provider to address medication training for their teams.

“JCS have been well supported by the HSCP to understand the local processes and procedures. All of our Support Staff have had the opportunity to attend ASP training facilitated by HSCP and we have found this very useful to complement our own in house training. We also have a copy of ERC ASP procedures along with our own internal policy and we feel confident that all staff

understand how to report any concerns. I (JCS Registered Manager) have also attended sessions explaining the process which is followed by the ASP team following an AP1 referral, which helped provide a clear insight into the process. In summary, a great example of partnership working.” (Registered Manager, Jewish Care Scotland)

The Care Home Collaborative have provided a wide range of training and support to our care homes where this has been identified, for example through our regular Assurance Meetings. They provide a wide variety of training which enables the staff to provide a good of quality of care to their residents, and reduces risk of harm.

Prior to the Covid-19 pandemic ASP training was delivered face to face. The need to minimise contact to reduce the spread of the virus meant that we could not deliver training in our traditional models. We identified early that training was essential not only to progress our substantial improvement agenda, but also to maintain the confidence of the workforce, particularly as they adjusted to changes in working practices.

We redesigned all of our training to be delivered virtually using Microsoft Teams. The move to virtual technology was essential in pioneering and delivering a range of ASP courses during the period. In our planning we attempted to anticipate and mitigate the impact of this new virtual approach, reducing course lengths and developing more visually engaging material to help maintain attention and interest. Our partners in the Scottish Fire and Rescue Service were the first in Scotland to deliver a virtual version of Fire Safety Experiential Training (FSET) which was delivered to ER Care Home and Home Care staff. This approach was particularly useful in enabling training of those outwith the HSCP including Introduction to ASP training which we have delivered to a range of

care homes, private providers and the newly formed Police Scotland ASP Team.

This approach to training has had the benefit of making training more accessible, with attendees joining from locations which suit them, reducing the time commitment of training which was often delivered in locations other than the attendee's place of work.

We also identified that some courses, particularly those which rely on practical or experiential learning such as Investigative Interviewing, require in-person delivery to support the learning experience and allow attendees to test out their skills. In winter 2022 we resumed delivery of Investigative Interview training in person to council officers and second workers. This was well received and provided richer learning than previous virtual sessions; this course will be delivered in person going forward.

Throughout this reporting period the Lead Officer has facilitated regular forums with Managers and Council Officers through virtual meetings. The forums provide an opportunity to support staff engaged in ASP activity whilst also addressing areas of concern. The Lead Officer has ensured that these meetings address important areas of improvement and performance while also attempting to foster a learning environment.

This has been significantly strengthened by the attendance of the Head of Adult Services (Communities and Wellbeing). This has provided opportunities for Council Officers and Managers to engage directly in discussions with the Head of Service in relation to the progress of improvement activity and provide direct feedback. This has been positively received and has been vital for improvements to be developed based on the experience of those on the front line. The forums will be further improved in 2023 with the introduction of a steering group composed of Council Officers and Managers who

will help to set the agenda and facilitate discussion to develop and share best practice within a learning environment.

Quality assurance and review of all adult support and protection activity

We have developed our ASP Quality Assurance framework, to help ensure consistent and high quality standards are in place in relation to all aspects of ASP practice. This was a task identified in the ERAPC Improvement Plan 2020-21. The framework seeks to ensure effective oversight of practice from team manager level to Head of Service/CSWO. It details a multi-layered process, involving four stages of oversight. It has been written in partnership with Team Managers and allows for important elements of peer mentoring and support as well ensuring an effective reporting system.

Due to the impact of the Covid-19 pandemic we decided to implement the framework in a phased approach starting with the first level, Team Manager. Team managers have undertaken monthly file readings and they then complete a report rating the quality of the ASP intervention and recording and making comment on: What is going well?; What worries us?; and, What needs to change? The results of this have in-turn been validated by the Lead Officer and Practice, Policy and Improvement Manager.

A review of the ASP Quality Assurance framework found that the process has been well-received and effectively applied by the team managers. It is reassuring to note that a validation exercise has largely supported the finding of the team manager. The recommendations of the Team Managers align with the improvement activity across adult services, suggesting that there are shared thresholds and vision for improvement.

As part of the Adult Protection Committee (APC) improvement plan 2022, the committee set out the intention to undertake an independently led Multi agency audit. Due to significant pressures on services, the decision was taken to postpone the Multi agency audit to prevent unmanageable demands on services.

As this was to be the first audit undertaken since the introduction of revised ASP procedures on the 1 November 2020, the chair of the APC, Head of Adult Services (Communities & Wellbeing) and Head of Adult Services (Learning Disability & Recovery) requested that a [single agency audit](#) was progressed and led by the Practice Policy and Improvement Manager.

We were keen to build upon the success of the ASP Quality Framework process which brought managers together to sample cases and recognised that this could be enhanced to include peer file readers. The audit was envisaged as single-agency, however in our planning we received offers of support from Police Scotland and a request from the Chair of the APC Continuous Improvement Sub Committee to include Nursing and AHPs from the HSCP to give access to the range of information which may be available on the EMIS system.

This was the first audit using this method and approach and the first time participating in an audit for many of the file readers, who set a high standard in undertaking the task.

It is hoped that as we develop experience and confidence in audits, we will be able to develop discussions around the impact and outcomes for adults at risk of harms, separate from compliance with procedures.

Strengths and areas for improvement with respect to leadership
East Renfrewshire Adult Protection Committee (ERAPC) is committed to providing high-quality services that meet the needs of

adults at risk of harm, and align with legislative requirements and relevant guidance. At a local level, and in common with many other partnerships, we are still feeling the impact of the Covid-19 Pandemic, which is described in greater detail earlier in this report. Clearly, this has been a very challenging period for all involved in ASP. It tested the resilience of our workforce, who responded admirably and rose to meet that challenge. They were instrumental in understanding, developing and implementing the many changes in practice and procedures prompted by the pandemic.

Despite many competing pressures we maintained training and development activity in relation to ASP and provided dedicated virtual training on the new ASP procedures for council officers and second workers, and leadership and oversight training for managers. This has increased workers' confidence relating to policy and procedures, and has supported effective leadership and oversight.

At all levels we have created and strengthened channels of communication between partners, providers, care homes and others. These robust channels are meaningful and support information sharing and partnership working.

We have delivered ASP awareness sessions for partner agencies including specific, bespoke sessions for care homes and partner providers. We have developed a shared awareness of the complexity and multi-faceted nature of risk, particularly in relation to violence against women and girls, which has improved our joint working and understanding of the roles of other services and partners.

We have strengthened our structure to provide additional leadership with respect to social work practice and a specific focus on adult support and protection.

We recognise that our improvement journey is not complete. We have more to do to ensure that the views of adults at risk, and their families and carers, are heard and that they will help to shape the way we deliver services. It remains our intention to progress the actions of the Service User Engagement and Communication Subcommittee to develop mechanisms for the hearing the views of adults at risk of harm and their carers'. We hope to encourage adults at risk of harm and carers to engage with the Service User Engagement and Communication Subcommittee and Adult Protection Committee to express their views and help shape our approach. We have recently launched a revised and expanded survey of service users, partners and the wider community, which will inform and develop future plans for service user engagement.

Much of the improvement journey of the last few years has been focused on Social work practice and procedure. We have worked with partners across East Renfrewshire and welcomed their support in this journey. As we moved forward we will continue to strengthen our joint working practices and the sharing of responsibility across partners and providers, in order to provide consistency and continuity to adults at risk of harm.

The impact of the Coronavirus (Covid-19) pandemic

The direct health impacts of Covid-19 in East Renfrewshire have been significant. At January 2022, around 24,000 Covid cases and 202 Covid-related deaths had been recorded since the start of the pandemic. In terms of cases, this equates to more than 250 cases per 1,000 of the East Renfrewshire population, which is some way above the national average of around 210 cases per 1,000 population.

Health and social care services in East Renfrewshire have been under intense pressure during the pandemic. This reflects

significant challenges in balancing the need for new services to respond to the health impacts of Covid, while continuing to support the most vulnerable residents in the context of evolving public health restrictions on contact between residents and services. The effect of this pressure on health and social care services has been compounded by increased staff absence and sickness, and elements of 'burn out' across health and social care sectors.

While the number of adult protection inquiries were initially lower, particularly during the first national lockdown, there has been a substantial increase in inquiries over the period as a whole. Furthermore, there is evidence of a trend towards more people presenting with increasingly complex needs.

The Adult Protection Committee, working in partnership with communities and colleagues across the Health and Social Care Partnership, faced unprecedented and challenging times caused by the direct impact of the Covid-19 pandemic and the secondary effects of measures introduced to control its spread. Our commitment to supporting adults at risk of harm remained constant throughout, requiring our services to adapt and respond in a flexible manner while still maintaining the safety of our workforce and those we support.

To better respond to the ever changing circumstances of the pandemic and recovery, our COPP and directorate management teams increased the frequency of their meetings to monthly to coordinate planning, promote communication and provide leadership to navigate through the any changes necessitated by the pandemic and public health responses.

Through these trying times we developed an inclusive approach, not only to supporting adults at risk of harm and their carers/families but also maintaining and strengthening relationships with

established partnership agencies and developing new ones. The establishment of a specific ASP team within East Renfrewshire HSCP has assisted in providing an effective and consistent response to the increased volume of inquiries timeously, keeping the adult at the centre of what we do. Police Scotland adopted a similar approach and this proactive approach to ASP has supported the development of relationships and partnership working with other agencies in responding to inquiries.

Our services and colleagues have risen to the challenges of these difficult times with creativity and compassion, adapting to the changing needs of those we support as the pandemic changed the way in which we all engaged with each other. We have been enthused by the positivity and compassion of our colleagues. Services and individuals went above and beyond their roles to ensure the needs of our community were met, e.g. colleagues from the Scottish Fire and Rescue service supporting food deliveries through the Humanitarian Food Hub.

Despite the challenges posed to communication, we recognised the importance of continuing to engage with adults at risk of harm directly and maintained face to face contact, utilising appropriate Personal Protective Equipment, throughout the Covid-19 pandemic. All of our services and partners worked closely through this period. The HSCP aligned the management of the front door services for adults and children to better facilitate a whole family approach during the initial phase of the pandemic. Where it was possible and safe to do so, we also utilised virtual communication and engagement in response to public health guidance and infection control procedures.

Arguably, the Covid-19 pandemic has had the most significant impact on residents in our care homes, their families and care home staff. Care home support and assurance has been at the forefront

of our pandemic response. A care home assurance meeting was established, chaired by HSCP Chief Officer. This has continued and developed further by providing bespoke support and assurance visits to care home.

We have also developed Care Home and Provider Services Liaison meetings between providers and senior management, with commissioning staff in attendance. These meetings have facilitated a responsive approach to our partners commissioned to deliver care and support to individuals in our care homes and the community. Issues of note from these meetings have been considered by the Adult Protection Committee and supports such as bespoke training and briefing sessions on our updated procedures have been delivered on request to staff in several care homes, to assist the development of best practice and cooperation. This has been very welcomed by providers.

The impact of reduced public sector budgets and cost of living crisis

Given the impending reduction in public sector budgets, there is real concern in relation to the impact this will have on early intervention and preventative work undertaken. This will raise thresholds for social care, and whilst it will not impact on our statutory duties, it will have an impact on our communities and the preventative work that we do.

The cost of living crisis has impacted every home in the country in one form or another, but for those adults at risk of harm it is likely to be an additional factor which increases the likelihood harm or other negative outcomes. With access to fewer resources, essentials such as heating and food are not as readily available for some of the most vulnerable in our society. Sadly we have already seen adults come to harm through being unable to heat their homes or cutting back on meals. This can also add additional stressors to

what be very difficult home situations, increasing the likelihood of situations becoming harmful.

We have been working with colleagues across East Renfrewshire to identify and access resources and supports to reduce the impact of the cost of living crisis. We have shared national advice and guidance through social media and our website has a directory of support and guidance available, providing practical steps residents can take to support themselves and their families.

eastrenfrewshire.gov.uk/cost-of-living-support.

Our front door works closely with the Money Advice and Rights Team to offer advice on benefits and maximise income.

Should you require any further information with regards to the details set out within this position statement, please contact:

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