

Perth and Kinross Adult Protection Committee

7
G/10/369

Biennial Report 2008-2010

What Key Outcomes Have we Achieved

- Key performance outcomes
 - improvements in performance, statistics & trends
 - fulfilment of statutory duties



AdultSupport
and Protection
Perth & Kinross



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Foreword

It has been my privilege to be Independent Chair of the Perth and Kinross Adult Protection Committee, during the period of introduction of the Adult Support and Protection (Scotland) Act 2007, and to introduce the first Biennial Report.

I had been aware of the early work undertaken by the Council and its partners in introducing guidelines on 'Vulnerable Adults', but had not appreciated how far the partnership had addressed the introduction of the Act and consideration of the wider issues and challenges in the introduction of the Act.

The Council and its partners have given a lead in addressing the issue of human rights; proportionality and balance into its work in the area, and this year gave a lead to best practice through its conference on Human Rights.

Real challenges lie ahead in financial and structural changes, while wrestling with demand for more personalised and individual services and higher expectations of and from public services. Changes in the way services are provided, eligibility criteria and costs, all make for challenges (and opportunities) to staff and organisations working in this area, and to people who need the support and care provided by families and support organisations.

Scotland is unique in having developed a raft of supportive legislation across social care and health services, and in criminal justice law and practice. Each presents an interacting framework which requires skilled intervention, balance and proportionality in response, and a focus on good outcomes for those who come into contact with partner agencies. This is a difficult and demanding role for staff.

I would therefore wish to thank staff working in this area; fellow members of the Perth and Kinross Adult Protection Committee, and in particular the officers who support me in my work in the Committee.

Alex Davidson



Introduction

1

The Local Context

1.1

Perth & Kinross Council is centrally located within Scotland covering a diverse area of 5,286 sq km, making it the fifth largest in Scotland by area. The area ranges from the central belt commuter corridor to the rural areas of Highland Perthshire. The area borders eight local authorities and the Council has 12 electoral wards.

Perth and Kinross has a population of 140,190, ranking it 14th highest in Scotland. A third of the population is located in Perth. There are also smaller but rapidly growing communities, such as Crieff, Kinross, Pitlochry, Blairgowrie and Auchterarder. Between 2001 and 2006, the population increased by 3.9 per cent, with a further predicted increase of 22.2 per cent expected between 2006 and 2031 which, with West Lothian, is the fastest growth in Scotland.

The population is ageing. The 65+ age group is expected to increase by 74% by 2031, which is significantly higher than the national figure of 61%. It is also estimated that there will be a 28% increase in the migrant population. The area has the third highest number of migrant workers of all Scottish authorities, behind Glasgow and Edinburgh. There are estimated to be around 6,000 migrant people, possibly much higher in the summer months. These changes will place increasing demands on Council services.

Adult Protection Committee

1.2

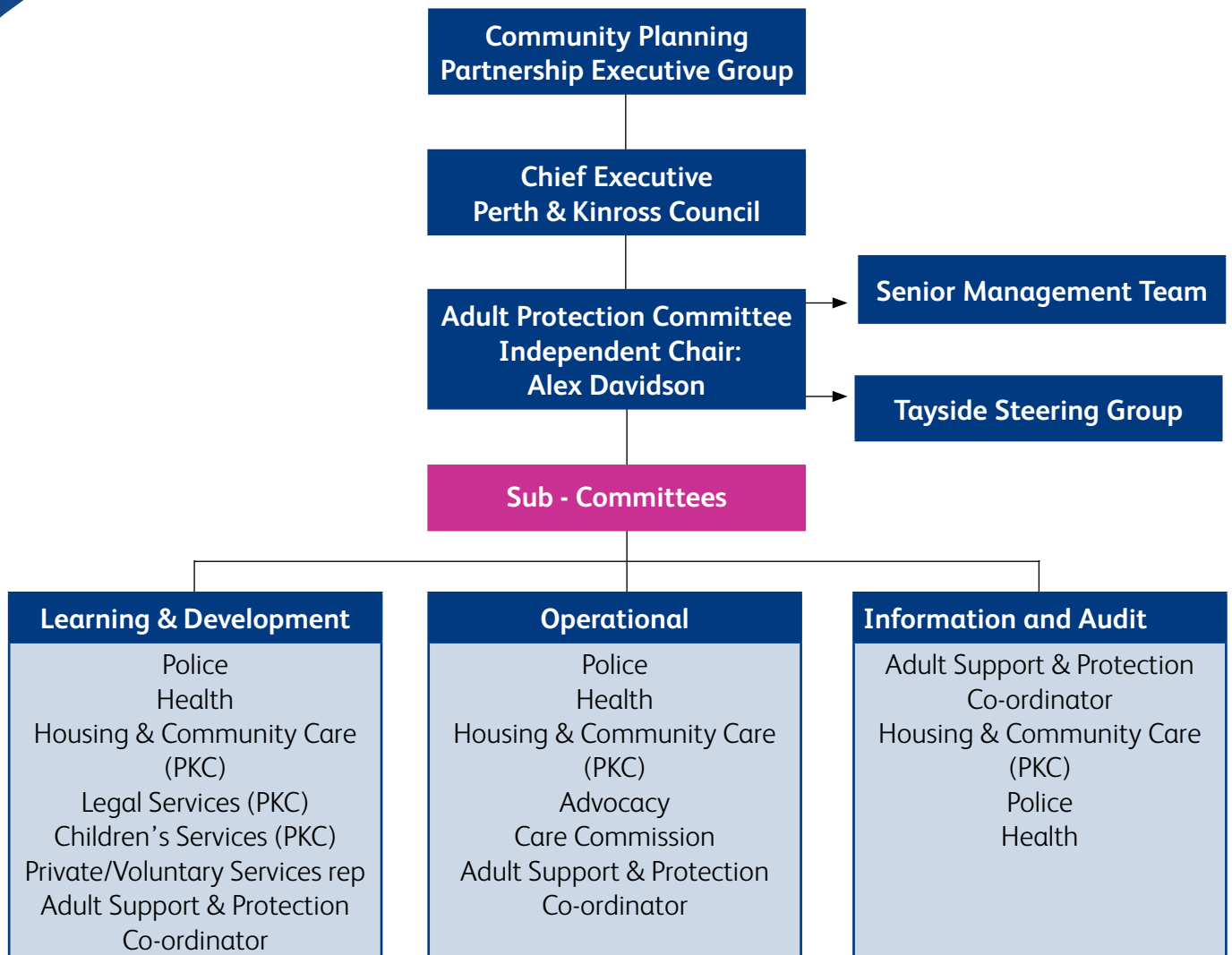
Perth and Kinross established an Interim Adult Protection Committee in 2006 following the launch of updated operational guidance in March 2006. The interim Committee met quarterly until the formation of the current committee. Multi-agency training and detailed operational guidance have been in operation since 2005 and an independent case file audit of Adult Protection cases was undertaken in 2006.

On the introduction of the Adult Support and Protection (Scotland) Act 2007 in October 2008 and, in accordance with Section 42, an Adult Protection Committee was formed and an Independent Chair was appointed. The Committee meets quarterly and membership includes key people from the statutory agencies (particularly NHS Tayside and Tayside Police) legal fields, regulatory bodies, private and voluntary sectors and carers' forum. These are detailed in Appendix 2.

A reporting framework and constitution (see Appendix 1) were developed and approved and three Sub-Committees were formed.



Structural and Operational Arrangements 1.3



Sub-Committees

Three Sub-Committees have been established. Their key aims and achievements to date are highlighted below.

Operational Sub Group

The remit of the above group is to ensure that:

- 1 systems and processes are in place in all three partnership agencies in line with agreed policies and are monitored and evaluated and appropriate action taken to ensure best practice;
- 2 a system of performance management is developed to address issues of continuous improvement;

- 3 effective risk assessment and management processes are in place in all three partnership agencies.

The benefits achieved to date include:

- monitoring of operational work;
- embedding inter-agency working in practice;
- pro-active in dealing with current issues such as joint working with the Care Commission (see Appendix 3) and bridging the information gap with police prior to the implementation of the PVG Act (see Appendix 4);
- updated multi-agency operational guidance;
- Work on thresholds.

Learning and Development Sub Group

The remit of the above group is to:

- 1 ensure that all staff are aware of what is expected of them in relation to protecting adults at risk;
- 2 advise inter-agency staff where to obtain specialist support and advice in relation to Adult Protection;
- 3 maintain links with the operational and quality and performance Sub-Committees responsible for the production of guidelines in relation to training strategies;
- 4 ensure that inter-agency training needs are identified and appropriate measures are put in place to meet these needs;
- 5 implement the inter-agency Training Strategy of the Committee;
- 6 ensure that examples of good practice and recommendations for changes in practice arising from care reviews are incorporated into future training programme.
- 4 consider issues relating to the harm and neglect of adults at risk and address these at a local level;
- 5 consider and respond to consultation on Adult Protection policies, guidance and legislation;
- 6 undertake inter-agency reviews of cases as required to ensure learning from practice takes place. Ensure that this learning is incorporated into future training courses;
- 7 ensure that appropriate links are developed with Child Protection Committee and MAPPA to facilitate contribution to public protection;
- 8 give information or advice, or make proposals, on the functions which relate to the safe guarding of adults at risk;
- 10 gather, collate and analyse statistical information in relation to adult protection activity to direct performance improvement and identify trends;
- 11 review public information at least six monthly to ensure information is current and relevant.

The benefits achieved to date include:

- multi-agency awareness and specialist training;
- enhanced practitioner training;
- development of training strategy (see Appendix 5);
- participation in Tayside pilot courses on joint investigative interviewing and public protection awareness training.

Information and Audit Sub Group

The remit of the above group is to:

- 1 monitor and audit to ensure that standards in Adult Protection are achieved across all agencies;
- 2 establish and maintain good communication and collaborative practices between agencies;
- 3 encourage and develop good practice in Adult Protection and report progress and achievements to the Committee;

The benefits achieved so far are:

- development of Adult Protection data set;
- information system adjusted to collect relevant information, including an outcome based questionnaire;
- development of an Adult Protection web page to disseminate information to the public;
- publication of public and staff information leaflets;
- media awareness campaign with baseline survey completed before start of campaign;
- statistical reports available.

The Adult Protection Committee is supported by an Inter-agency Adult Protection Co-ordinator who was appointed in November 2009 and is a member of the APC and all the Sub-Committees and is assigned work appropriately, having a major responsibility for training.

Good Practice Case Example

Miss D lives with her parents. She is a vulnerable adult with complex disabilities and has been assessed as not having capacity. She is unable to verbally communicate and express her wishes. Her brother had been assessed as a potential risk to Miss D, given his previous convictions of sexual assault and there were concerns that her parents would not properly ensure her safety, by adequate supervision. Within Adult Support and Protection case conferences and by working in parallel with the MAPP process, all identified risks were explored and a support and protection plan was developed. The outcome for Miss D has been to monitor her safety by maintaining frequent unannounced visits to ensure adequate supervision is provided. Her parents' wishes for her to continue living at home have been maintained. To further ensure Miss D's safety, Welfare Guardianship has been successfully applied for and granted.

Operational Arrangements

Adult Protection is a core duty of all social workers, so there is no dedicated Adult Protection Unit in Perth and Kinross. Council Officers are social workers who have had at least 12 months experience and have undertaken awareness and enhanced training. The community care teams are organised as detailed below:

a) *The duty Access Team accepts Adult Protection referrals from a variety of sources for adults over the age of 16 in the Perth and Kinross area. After screening they are allocated to the appropriate locality or specialist team or to a worker in the Access Team. The team will provide a second worker for the locality and specialist teams if a concern is raised on an open case. If the Access Team undertakes an inquiry that progresses to investigation and/or Adult Protection case conference, they negotiate the timing of the transfer to the appropriate team. This usually happens at case conference or within a set time scale.*

b) Locality teams are situated in:

- *Perth City - teams 1 & 2*
- *Kinross and Crieff - South Locality*
- *Blairgowrie & Pitlochry - North Locality*

c) Specialist teams include

- *Learning Disability Team*
- *Drug and Alcohol Team*
- *Hospital teams - General Acute and Mental Health*
- *Community Mental Health Teams in Perth, Coupar Angus, Auchterarder and Crieff*
- *Criminal Justice team*



The table below shows expenditure on Adult Support and Protection over the period October 2008 to March 2010.

Activity	Part Year 29/10/08 -31/03/09 £000's	Full Year March 09 - March 10 £000's
Social Workers	37	187
Other Staff	15	77
Administration	8	15
Training	25	130
APC	0	7
Other Costs (including start-up)	0	65
Total Costs	85	481
Funding - Scottish Government	217	434
Surplus/(Deficit)	132	-47

Although the part year October 2008 to March 2009 would appear to indicate slippage of £132k, it should be noted that prior to the award of funding Housing & Community Care spent £358k on activities relating to Adult Support and Protection.

Good Practice Case Example

Mr R, known to be a chronic alcohol user with related health problems, and his mother aged 80, were both cared for by Mr R's sister who died of a terminal illness after a short hospital admission. The living conditions quickly deteriorated to the point where Mrs R was at risk of serious harm due to self-neglect, malnourishment and confusion. The home showed evidence of smeared excrement and squalor significantly detrimental to her physical health. Mr R was known to be verbally aggressive and, reputedly, physically aggressive. He was also said to be in possession of offensive weapons. The evidence indicated that Mrs R did not have capacity to look after herself in this situation and would not accept help since her son did not wish any intrusion into his home. With the involvement of Mr R's brother a Removal Order was granted by the Sheriff on the grounds of undue pressure to enable Mrs R to be taken to a care home where her physical and mental health improved remarkably. With family and service support she returned to her own home 3 months later.



Across Tayside the three local authorities have each established a local multi-agency Adult Protection Committee and an Adult Protection Steering Group has been established to co-ordinate activity across the three areas. This is a multi-agency group and executive decision-making powers remain with individual agencies and established local structures. The steering group does not replace any locally established structures or arrangements, but seeks to ensure the co-ordination of service developments and good practice across the three local authority areas with key partners in NHS Tayside and Tayside Police who have common responsibilities across Council areas.

The remit for the Tayside Adult Protection Steering Group is to:

- *promote a co-ordinated approach to Adult Protection;*
- *oversee the development of Tayside-wide protocols;*
- *promote the sharing and development of good practice;*
- *promote inter-agency training;*
- *promote the effective and efficient use of resources;*
- *identify and address cross cutting issues*
- *promote a co-ordinated response to national developments;*
- *promote and stimulate Adult Protection research and evidence-based practice.*

The benefits of joint working across the three local authority boundary areas are evidenced by the following.

Multi-Agency Adult Protection Guidelines 2.1

At a Tayside level, multi-agency protocol is being updated by the three Tayside Local Authorities, Tayside Police and NHS Tayside.

Working Together to Improve Adult Protection 2.2

The Tayside Steering Group organised a significant case shared learning event in Angus in January 2009. Representatives across the partnerships in Tayside came together to discuss complex cases and an action plan was devised from this event.

Decision-Making in Adult Protection Conference 2.3

This one day conference on 19 March 2009 was organised by the Tayside Adult Protection Steering Group to share current thinking, and to consider policy and practice issues which are required to protect adults who are at risk of harm, maltreatment or neglect.

Training in Relation to Consent Issues in Sexual Relationships 2.4

Angus commissioned Voice UK to deliver this 2-day training programme in relation to consent issues in relation to sexual relationships and will share the learning with partner agencies to enable rollout of course across Tayside.

Adult Protection and Human rights 2.5

Perth and Kinross hosted a national launch of the Adult Support and Protection Guidance in March 2010 and 184 delegates from across the country representing statutory, private and voluntary organisations attended to hear presentations on the human rights issues in Adult Protection work.

NHS Tayside

3.1

NHS Tayside employs around 14,000 staff and it is important that there is a realistic mechanism in place to ensure that key staff groups are able to access the required level of training to meet their needs. To facilitate this, a range of learning has been identified including:

- **e-Learning:** *in order to facilitate the wide introduction of level 1 training several e-learning training materials are being developed. Working closely with IT colleagues in all NHS Board areas in Scotland, there is an e-learning alliance network in place which enables staff working across different Board areas to access e-learning programmes and it is intended that a variety of e-learning modules will be available on Adult Support and Protection with a tracking system in place to record activity and completion of modules. The Adult Support and Protection Act is also introduced to new employees at NHS Tayside's Corporate Induction courses and participants are signposted on how to access further details and information, relevant to their role.*
- **General Awareness Sessions:** *half-day workshops are being delivered for those who require knowledge and skills in the Adult Support and Protection Act. Training is identified via staff's electronic Knowledge and Skills Framework/Personal Development Plan and workshops have been running across Angus, Dundee and Perth in partnership with local authority training colleagues. NHS Tayside now has two Learning and Development Advisors identified to facilitate the ongoing roll-out of these sessions.*
- **Specialist Training:** *for identified groups of staff, eg Clinicians/Specialists working in particular areas, there are a variety of learning programmes available for staff with a specialist training need, which will be identified via PDP/ Appraisal.*

Close partnerships are in place with colleagues in the three Local Authority Council areas in Tayside and there are strong links with a number of voluntary organisations. Adult Protection awareness has been mandatory for health staff in Perth and Kinross since June 2010 and so far 488 have attended training. A further 155 attended an event for GP practices on the public protection agenda including Adult Support and Protection. In addition to the internal activity/developments highlighted above, NHS Tayside officers actively participate in a number of multi-agency Adult Support and Protection fora, which include the Tayside Steering Group, the Perth and Kinross Committee and its Sub-Committees.

Tayside Police

3.2

Tayside Police have a key role to play in protecting adults at risk of harm and who meet the tests required of the Act. Tayside Police are committed to protecting adults at risk and working jointly and effectively with our local partners. To date, this has involved various areas of work such as:

- *joint and shared training initiatives; planning, contributing, delivering and attending;*
- *involvement in working groups at all levels, local, regional and national;*
- *ensuring open communication between public protection units and local partners;*
- *the creation of policy and guidance for Tayside Police in consultation with partners;*
- *developing referral forms in consultation with partners to allow accurate and relevant information sharing.*

Most recently Tayside Police have begun work on establishing a Force Referrals Unit. The referral unit will be staffed by a mixture of Police officers and support staff and their main function will be to:

- *review all adult concern reports submitted by police officers in Tayside;*
- *interrogate databases within Tayside Police for further information relating to the adult in the report;*

- collate relevant information and populate agreed referral form;
- send the information to the relevant contact within each partner agency.

The unit will eliminate any submissions that are obviously not 'adults at risk' thus enhancing the quality of information that is shared with partner agencies.

It is anticipated that future work within Tayside Police will concentrate on the provision of training and guidance to staff to support and increase knowledge of the Adult Support and Protection (Scotland) Act 2007 and our duties under that Act, consequently enhancing our ability to protect adults at risk.

Analysis of Adult Protection Activity: Referral Information

4

Adults at Risk

4.1

All national figures quoted in this report are based on the two national reports released in 2007, the Adult Protection Data Collection and reporting Requirements and a UK Study of abuse and neglect of older people - prevalence survey report.

Adults at Risk

4.1.1

Between October 2008 and June 2010 there were 135 people referred under the Adult Protection procedures (0.13% of the population compared to 4% nationally). 27% (37) of referrals came from the Police, with 16% (22) from private organisations, 15% (20) from family or relatives and 10% (13) internally from a social work team.

Police Referrals

526 Adult Concern reports were received from Tayside Police making them the highest referral agency. Of them only 37 (7%) became Adult Protection investigation investigations. Initial screening indicated that in the majority of referrals the three-point test was not met, and onward referral was made to other services sometimes following further enquiries. This constitutes a considerable ongoing workload for the local Access Team.

Age and Gender of Adults at Risk

4.1.2

51% of referrals (70) were for those aged 65+, similar to the national figure of 55%. 22% (35) were aged 40-64; 10% (13) were aged 25-39; and 17% (23) were aged 16-24 years. 51% of those referred were male and 49% female. The gender split of those aged 65+ was 60:40 male: female, which was similar to national figures on abuse and neglect of older people (64:36).

Service User Group - Adult at Risk

4.1.3

55.5% of people were identified as having mental health problems or physical frailty/illness. It should be noted that mental health includes dementia and the majority of these cases were the remit of locality teams and not specialist mental health teams.

Category of Harm

4.1.4

Physical harm was single highest form of harm identified and this was similar to the national figure of 34%. Of those at risk of physical harm in Perth and Kinross, 56% were aged 65+ and 54% were female and 46% were male. 39% were people with mental health problems, including dementia, and 39% were people with a physical frailty. The alleged perpetrator was more likely to be known to the adult at risk (93%).

For those aged under 65 years, 55% were female and 45% were males. 50% had a learning disability. Only 63% of alleged perpetrators were known.

More older people were subject to **financial harm** (63%) and of them, 55% were female and 45% were male. In relation to client category, 55% had a physical frailty and 30% had mental health problems, including dementia. The perpetrator was known in 54% of cases.

For those aged under 65 years age group, men were much more likely to be the subject of harm (75%) and the perpetrator was known in 75% of cases. 33% had mental health problems, 25% had a learning disability and physical disabilities (25%) and physical illness/frailty (17%).

Where did the Harm Occur?

4.1.5

The majority of individuals were harmed in their own homes (73%, compared to 67% nationally) and 22% reported harm in a care home, compared to 29% nationally.

For those harmed in their own homes:

- 50% are aged under 65 years and 50% aged 65+;
- 55% were male;
- 40% were subjected to physical harm and 30% financial harm/abuse;
- relatives were the alleged perpetrators in the majority of cases;

- 35% were classed as having a physical infirmity/illness; 22% mental health problems; 20% physical disabilities; and 17% a learning disability;
- referrals came mainly from Police (32%), internal social work services (18%) and family (13%).

For those harmed in care homes:

- 65% were aged over 81 years;
- 65% were female;
- staff were the alleged perpetrators in 71% of cases;
- 35% had mental health problems and 29% a physical disability;
- 35% were subject to physical harm and 29% to emotional harm;
- 29% of referrals were made by the care home and 24% by relatives.

Team Involved

4.1.6

The majority of referrals were processed by the duty Access Team although there were a significant number of enquiries/investigations undertaken by locality and specialist teams. 37% of cases were already open to Community Care workers. This is comparable to the national figure of 30%, although it is acknowledged there was a large percentage unrecorded (52%) in the national report. There is some work to be done to develop a consistent approach across all Community Care teams in relation to thresholds and the use of Adult Protection and mental health legislation. This is being taken forward by the Operational Sub Group.

Alleged Perpetrator

4.1.7

The recorded data showed that a large percentage of alleged perpetrators were known to the adult risk, but details in relation to gender, age and relationships were not clearly recorded. The majority were male, aged under 65 and nearly half were family members.

Outcome of those Referred for Adult Protection

4.2

Of all 135 Adult Protection referrals received, 95 (70%) had no further action, 38 (28%) proceeded to case conference (compared with 25% nationally) and 2 were investigated but did not proceed to a case conference.

Case Conference

4.3

Of the 38 people who became the subject of an Adult Protection Case Conference, 24 (63%) were aged 65+ and 14 (37%) were aged under 65 years. The majority of those aged 65+ (67%) were female and the majority of those aged under 65 years (71%) were male. The harm perpetrated to older people (65+) was financial (38%) and physical (29%) and for those aged under 65 years, 35% suffered emotional harm; 21% financial harm and 21% physical harm. For those aged under 65 years, 29% had mental health problems, 29% had a learning disability and 29% had a physical disability.

The above information indicates that those most at risk were:

- aged 65+;
- female;
- had mental or physical frailty/illness;
- at risk of financial or physical harm;
- lived at home.

Protection Order

4.4

Since the introduction of the Act, there has been 1 Protection Order (removal order) granted. As this was the first order, a multi-agency case review was held to discuss the operational issues to ensure best practice for the future.

The main learning points were:

- completion of reports for court process;
- practical arrangements around execution of order;
- shared understanding of thresholds;

- assessment of capacity issues;
- the need for clear communication free of cross agency assumptions.

External Audit of Practice

4.5

In 2008 an external consultant was commissioned to examine adult support and protection activity. The findings were used to encourage early improvement and the following were the points emphasised:

- The Adult Protection procedures were working well with excellent clarity of roles and responsibilities.
- There was effective line manager and senior management support.

Recommendations

- Record all case information in the Adult Protection module.
- Improve recording of the use of legislation considered during investigation.
- Improve recording of the point at which partner agencies cease to be involved.
- Agree thresholds for action.
- Increase use of advocacy.
- Develop a system, in partnership with Tayside Police, for the storing of information concerning staff/individuals who have caused harm who are likely to apply for further work with vulnerable people in the future.

Work on thresholds is ongoing but all other actions are now complete.

Large Scale Investigations

4.6

There have been four large scale investigations into care homes which have raised issues in relation to overlap of operational and regulatory functions. This has resulted in an agreed joint working framework with the Care Commission (see Appendix 3).

Monitoring and analysis of referrals, practice and outcomes for service users will continue to be developed as part of a performance improvement framework for the Committee and partner agencies.

What key outcomes have Perth and Kinross achieved?

5.1

The section overleaf summarises the results of a self-evaluation carried out on some key factors to measure the impact and effectiveness of the Adult Protection processes, work and outcomes. It focuses on the following areas:

- *What key outcomes have we achieved?*
- *What impact have we had on the people who use our services and other stakeholders?*

- *How good is our delivery of key processes?*
- *How good is our management?*
- *How good is our leadership?*

Perth and Kinross have set the report in the format of a self analysis document to clearly show what has been achieved, what is being developed and future improvements needed.

Quality Indicator	Key Factors	Possible Evidence
Outcomes for adults, carers and families who use services	Adults at risk and their families and carers are the focus of the Adult Protection process and in order to achieve positive outcomes they are encouraged to be actively involved in all aspects of the process	Enquiry/investigation report APCC minutes Advocacy involvement Questionnaire on completion of case to document impact on adult at risk and carer/families Case file audit External audit
Performance against local targets	There are 3 performance indicators for Adult Protection which Perth and Kinross report on every quarter: <ul style="list-style-type: none"> • <i>referrals screened within 24 hours;</i> • <i>adult Protection case conference held within 10 working days of completion of investigation;</i> • <i>adult Protection case conference review held within 3 month time period.</i> 	Performance indicator reports 100% achievement in these areas which reflects Perth and Kinross are responding appropriately and timeously to concerns raised

What impact has Perth and Kinross had on people who use our services and other stakeholders? 5.2

Quality Indicator	Key Factors	Possible Evidence
a) Impact on people who use services		
<p>Experience of individuals, families and carers who use our services</p> <p>Are service users and carers fully informed?</p> <p>Do service users feel listened to?</p>	<p>Adults at Risk (AAR) and their families and carers are the focus of the Adult Protection process and in order to achieve positive outcomes they are encouraged to be actively involved in all aspects of the process.</p> <p>This has been encouraged by:</p> <ul style="list-style-type: none"> • <i>negotiation with Independent Advocacy and agreement that they will give Adult Protection cases priority involvement in case conferences. Advocacy is routinely offered and since the Act was introduced there have been 13 AAR who have used the advocacy services (10%);</i> • <i>attendance at case conference of adults at risk and their families and carers is encouraged but it can depend on whether the adult at risk will understand with support and be able to participate.</i> <p>The table below shows the invitation and attendance rates of adults at risk, families and advocates to Adult Support and Protection initial and review Case Conferences from October 2008 to July 2010.</p> <p>Numbers Percentages</p> <ul style="list-style-type: none"> • Total number of case conferences - 57 • Number of clients - 38 • Adult at risk invited - 25 = 44 % • Adult at risk attended - 20 = 35 % • Carer/family invited - 41 = 72 % • Carer/family attended - 32 = 56 % • Advocacy invited - 11 = 19 % • Advocacy attended - 10 = 18 % 	<p>Perth and Kinross operational guidance</p> <p>Case files</p> <p>Adult Protection case conference minutes</p> <p>Case files</p>

Quality Indicator	Key Factors	Possible Evidence
Is it easy to obtain information?	<p>Public information leaflets distributed to various public areas for information, eg GP surgeries, libraries, Council buildings, sheltered housing complexes, care homes</p> <p>Perth and Kinross webpage contains information on Adult Protection, multi-agency guidance, Adult Protection Committee minutes, who to contact if you have concerns, links to research and enquiries and more recently links to the 'Tell Some-one' DVD.</p> <p>Inter-agency Adult Protection Co-ordinator has attended a carer forum to raise awareness and inform of who to contact if they have concerns.</p> <p>Reinforce the national 'Act against harm' media campaign by launching a local public awareness campaign on 25 August 2010 which will run for 8 weeks.</p>	<p>Leaflets</p> <p>P&K web page</p> <p>Programmes for carer conference</p> <p>Media campaign on the buses to raise public awareness</p>



Quality Indicator	Key Factors	Possible Evidence
b) Impact on employees		
Motivation and satisfaction	<p>Implemented multi-agency operational guidance</p> <ul style="list-style-type: none"> • <i>clearly defines individual roles and responsibilities;</i> • <i>applicable to all statutory, private and voluntary organisations and therefore removes the need for individual policies and reduces the potential for any differences of process;</i> • <i>this guidance and the reporting framework is consistent across Tayside and adheres to the Tayside Protocol.</i> <p>Skilled, competent and informed staff that are supported in their role is essential for protection work.</p> <ul style="list-style-type: none"> • <i>From July-September 2008, a multi-agency working group had updated the current multi-agency operational guidance to ensure that all relevant information was available prior to the implementation of the Act.</i> • <i>Focused 2-day training on the legislation was given to all identified Council Officers. The majority were trained prior to the implementation of the Act in October 2010 to ensure all were aware of roles and responsibilities.</i> • <i>Specialist training in Adult Protection case conferences, court skills and responding to gaps in training, eg investigative interviewing course piloted in Tayside.</i> 	<p>P&K Multi-agency guidance</p> <p>Tayside Protocol</p> <p>Training sheet attendance</p> <p>Training sheet attendance Training Sub-Committee meetings Minutes of Tayside meetings</p>
Involved, satisfied and valued	<p>Professional development forum provide an opportunity for Continuous Professional Development and allows time for reflective practice. Subjects covered:</p> <ul style="list-style-type: none"> • <i>presentation of Adult Protection cases by Council officers;</i> • <i>feedback to practitioners on research done locally on service user views following intervention for Adult Protection concerns to highlight issues from the viewpoint of adults at risk and their families and carers;</i> • <i>discussion of national inquiries eg justice denied, care and treatment of Mr H, Mrs T;</i> • <i>opportunities to access post graduate course.</i> 	<p>Professional development agenda</p>

Quality Indicator	Key Factors	Possible Evidence
<p>- well managed, supported and working effectively in teamwork</p>	<p>Staff are supported operationally on a three tier level which involves Council officer, team leader and service manager. This is supported by:</p> <ul style="list-style-type: none"> • <i>policy documents for recording of information;</i> • <i>shared decision making which is recorded as strategic discussions;</i> • <i>debriefing of staff conducting interviews;</i> • <i>decisions are made by at multi-agency case discussions and the reasons for actions/no further actions or transfer of case are recorded and attributed.</i> 	<p>Policy document</p> <p>Supervision notes/ profile notes Strategic discussion notes on SWIFT APC minutes/ notification form</p>
<p>c) Impact on community</p>		
<p>Local authority recognises and consults local communities</p>	<p>Inter-agency Adult Protection Co-ordinator attends multi-agency forum including NHS meetings, home care and care home forums to raise awareness and inform of multi-agency guidance.</p>	<p>Minutes of meetings</p>
<p>Community participates in service planning an delivery</p>	<p>Multi-agency survey conducted prior to the launch of local Act Against Harm campaign to gauge awareness and will be followed by a poster campaign.</p>	
<p>Elected members encourage positive engagement</p>	<p>Elected members involved in launch of Operational Guidance, media campaign and conference on human rights.</p>	<p>Media campaign launch. Launch of operational guidance</p>
<p>Stakeholders are aware of community care services in this area</p>	<p>Involved in Adult Protection training, meetings and associated groups.</p> <p>Multi-agency training has been ongoing since 2005 but since the introduction of the Act 1,543 staff have attended awareness training</p> <p>Agency Numbers</p> <p>Health - 696 PKC - 571 Private/voluntary - 219 Police - 12 Carers - 12 College students - 33</p>	<p>Multi-agency attendance at training Members of Adult Protection Sub-Committees</p>

Quality Indicator	Key Factors	Possible Evidence
<p>Services provided by stakeholders complement those provided by community care</p>	<p>Adult concern report used by police to refer Adult Protection or social work concern.</p> <p>An intensive process has been developed with Police to be used until Protecting Vulnerable Groups Act is implemented to record staff suspected of harming adults at risk to ensure details are included on enhanced disclosure report. This is likely to continue to be used to cover staff dismissed for practice issues not leading to charge or conviction.</p> <p>Process developed with the Care Commission to increase clarity of roles and responsibilities and information sharing in cases where regulated agencies are the setting in which harm is alleged.</p> <p>Statutory and private/voluntary sector represented on operational, training and information Sub-Committees.</p>	<p>Care Commission joint working Police Home Care Forum</p> <p>Minutes of APC and Sub-Committees</p>
<p>Community is involved in wide range of social work related activities eg independent advocacy</p>	<p>There is a range of services used to support adults at risk from the provision of support people, eg advocacy, support services (Home Care), equipment (Telecare) and social inclusion (Community Groups).</p>	<p>Minutes of APCC Protection Plans Case files</p>

Good Practice Case Example

Mrs X is a 50 year old woman with a diagnosis of paranoid schizophrenia and low IQ. She is from a minority ethnic background and her immediate and extended family are settled in the local area. She was married to a first cousin (now widowed) and has 5 children.

Mrs X was sexually, physically, financially and emotionally harmed by most male members of her family all her life. Using a combination of adult support and protection and mental health legislation the local authority applied to be Welfare Guardian for this woman and succeeded in gaining powers to determine her place of residence, what care and support she required and determine who had access to her place of residence. A support package was implemented which has enabled her to live a more independent life, have help managing finances and has an independent advocate to ensure her voice is heard. Careful consideration was given to balance cultural needs with Mrs X's safety and well-being.

How good is our delivery of key processes? 5.3

Quality Indicator	Key Factors	Possible Evidence
a) Access to services		
LA provide clear information about services and priorities	To ensure a consistent approach across Perth and Kinross, information must be easily accessible.	P&K operational guidance Training courses Web page - Adult Protection pages Public information leaflets Letters to GP surgeries Adult Protection DVD in British sign language
Service users can easily access buildings	The location of APCC are accessible for adults at risk and their families.	APCC minutes
Good systems for receiving enquiries and responds to referrals promptly	Access team receives referrals and screened for priority. Adult Protection referrals must be screened within 24 hours.	Process/procedures Performance indicators report shows all Adult Protection Referrals screened in 24 hours
Work with partner agencies	Statutory and private/voluntary agencies are involved in Adult Protection processes and future planning. Questionnaire has been developed for staff to gauge impact of being involved in an adult support and protection process on adult at risk and families/carers.	APCC minutes Protection plans APC Sub-Committee membership
b) Day to day planning and resource allocation		
Effective day to day planning, systems for workload allocation, priority and management	Perth and Kinross have efficient systems in place for processing referrals within allocated time frames, allocation of workload and manager supervision and support.	SWIFT information system Supervision notes Performance Indicators Report
Consideration of carers who need support to continue caring	Carers assessment is offered to all carers.	Carers assessment offered/completed

Quality Indicator	Key Factors	Possible Evidence
c) Assessment, risk management and accountability		
<p>Robust framework for assessment of needs, risk with a focus on outcomes</p>	<p>Risk assessment is core to all enquiries and investigations and can help inform future actions and interventions:</p> <ul style="list-style-type: none"> • <i>Perth and Kinross use an initial enquiry/investigation and risk assessment form developed from the multi-agency working group who worked with the Joint Improvement Team in Tayside in 2007/08;</i> • <i>ongoing risks are monitored by Adult Protection case conferences reviews which are required to take place at least every 3 months to meet performance targets;</i> • <i>multi-agency 2 day risk assessment training is provided to all community care staff and multi-agency statutory agencies;</i> • <i>Adult Protection enquires are read and analysed to ascertain if there are local implications that need to be addressed. Reports go the APC;</i> • <i>External audit.</i> <p>Effective Protection Planning</p> <ul style="list-style-type: none"> • <i>Protection planning is a part of the function of the APCC .</i> • <i>A core group is set up at the APC which is chaired by Community Care Team Leader to ensure implementation of protection plan adherence to communication strategy and communication with Service Manager as required. Also to implement contingency as agreed at APCC.</i> • <i>Adult Protection cases are monitored regularly by Service Managers.</i> • <i>Inter-departmental (childcare, criminal justice/ MAPPa) and interagency links with statutory agencies, OPG, MWC and Care Commission.</i> 	<p>Links to childcare, MAPPa, Out of Hours, emergency services, community safety, consumer groups (scams/ financial - banks) HRARG (high risk adult review group) and in more recent developments Perth and Kinross will include the SPS (Scottish Prison Service) Initial enquiry/ investigation form APCC minutes Attendance lists training section</p> <p>APC minutes</p> <p>APCC reviews</p> <p>SWIFT monitoring reports</p> <p>Case files Profile notes</p>

Quality Indicator	Key Factors	Possible Evidence
Clear guidance on balancing risk, needs and human rights	2-day risk assessment training is given to community care staff. Conference was held in Perth and Kinross on human rights and Adult Protection which a large number of Council Officers and managers attended.	Training attendance and evaluation sheets Attendance sheet Evaluation report
Case recording practice features chronologies to support effective risk management	Training has been given to community care staff on chronological histories.	Case files SWIFT information systems
Consistent application of agreed multi-agency procedures	Perth and Kinross operational guidance is multi-agency guidance which is used by all agencies thus removing the need for individual guidelines and allows for greater consistency of approach.	Multi-agency working group developed P&K guidance Operational Sub-Committee minutes
Decision making around continuation or otherwise of case being managed under AP protocol	The discussion at each multi-agency case conference/ review incorporates consideration of whether the situation should be continued under the AP Protocol. Professional judgement and risk tools are used to determine level of risk and/or the ability of the adult to protect themselves from that risk.	
d) Personalised approach		
Understand and respond to the preferences of individuals	Adult Support and Protection guidance is based on a human rights approach that supports the choices of the adult at risk balanced by a duty to protect.	Enquiry/ investigation report APCC minutes
Support service users and carers to make decisions that put them in control	Advocacy is offered routinely to all adults at risk The ability and capacity of the adult to understand the implication of choices is assessed.	Case files/profile notes Number of AAR with advocates Enquiry/ investigation report Requests for assessment of capacity
Actively monitor people experiences and adjust services where relevant	Consultation day highlighted the need for engagement with smaller focus groups which is being taken forward by AP Co-ordinator.	Consultation day report

Quality Indicator	Key Factors	Possible Evidence
e) Inclusion, equality and fairness in service delivery		
Service ensures that service users and carers have a voice	Carer representative on the Adult Protection Committee who was selected at a Carers Conference. Involvement in inter-local authority research project that will explore intervention under the ASPSA from the perspective of people who use services.	APC membership Documents on joint research project
Service actively promotes social inclusion in its dealing with individual, community groups and wider public	Training to carers groups to raise awareness. Consultation day with service users, carers and private and voluntary partner agencies was held on April 27 to inform, gauge opinion, how representation of their views could be given at Committee level and how they could feedback on impact and any changes needed either operationally or in training. Cases actively promote social inclusion.	Evaluation sheets Report on consultation day Protection order case file
f) Joint and integrated delivery of services		
Effective joint assessment and co-ordinated service delivery	Effective information sharing is essential to ensure that all appropriate information is obtained, the relevant people are involved and to inform decision making: <ul style="list-style-type: none"> • <i>multi-agency attendance at APCC;</i> • <i>active involvement in protection plans;</i> • <i>monitoring of protection plan and giving guidance when required;</i> • <i>involvement of appropriate Agencies.</i> 	APC minutes Effective communication strategy Case files Profile notes
Effective inter-agency arrangements to protect people	Monitoring of cases .	Independent audit Participation of multi-agency group in national pilot for AP self-analysis tool

Quality Indicator	Key Factors	Possible Evidence
a) Policy and service development, planning and performance management		
<p>Effective policies and procedures that reflect strategic objectives and operational requirements</p>	<p>Perth and Kinross operational guidance was updated by a multi-agency working group from June - September 2008 and was in place for the introduction of the legislation in October 2008. This clearly outlined the Adult Protection process including:</p> <ul style="list-style-type: none"> • <i>roles and responsibilities;</i> • <i>Adult Protection referrals are given priority;</i> • <i>Adult Protection case Conferences are chaired by the Service Manager who has responsibility for that area who have administration support who have received the appropriate training as minute takers;</i> • <i>Tayside protocol is being developed to ensure a consistent approach across the three local authority areas.</i> 	<p>Perth and Kinross operational guidance</p> <p>Tayside protocol</p>
<p>Operational and service planning - co-ordinated multi-agency approach</p>	<p>Operational Sub-Committee, which has multi-agency representation, monitor statistics, trends and thresholds, look at significance for individual client groups, look at practice issues and make recommendations on future actions required.</p> <p>Presentations of statistics, trends and activity to senior management meetings.</p> <p>NHS Tayside has developed internal Operational Procedures for the Support and Protection of Adults at Risk of Harm, which were endorsed by its Improvement Panel in August 2010 for implementation across the organisation. These procedures dovetail with those of the three Local Authority Councils in Tayside and their implementation will help enable NHS Tayside staff to exercise their responsibilities in relation to the support and protection of adults at risk of harm and do so in keeping with the requirements of the Adult Support and Protection (Scotland) Act 2007.</p> <p>Arrangements to facilitate medical examinations for the purposes of The Act have been developed and have been ratified by the NHS Tayside Area Clinical Forum, all three Clinical Directors from the Community Health Partnerships in Tayside and by relevant officers of the three Tayside Local Authority Councils.</p>	<p>Membership of Operational Sub-Committee</p> <p>P&K operational guidance</p> <p>Tayside protocol</p> <p>Links to Police, NHS</p> <p>Minutes of APC, Sub-Committees</p> <p>Tayside NHS guidance</p>

Quality Indicator	Key Factors	Possible Evidence
Strategic partnership planning	Partnership meetings at executive level that include Health, Police and Local Authority. Tayside Steering Committee consists of senior managers who ensure there is a consistent approach across Tayside.	Corporate management group meetings Membership of APC Tayside Steering Committee
Involvement of users, carers and other stakeholders	Establishing forum that meet the needs of all stakeholders and enable the opportunity for feedback.	Consultation day Attendance at multi-agency forum meetings Attendance at APCC
Effective self-evaluation in place	All APCC minutes are forwarded to Head of Service who gives feedback to individual Service Managers and staff. Participation in national audit tool pilot.	Memos Audit
Effective information systems support management in performance	Information sub-group and SWIFT team work together to review and amend changes needed to information system to better support practitioners and generate specific data.	Minutes of information and audit Sub-Committee
The service consistently identifies and rolls out best practice	Evaluates practice especially in areas that. Relate to the implementation of new legislation. Operational Sub-Committee and professional development seminars look at national reports in relation to local implications.	Multi-agency case review following protection order
b) Management and support of employees		
- recruitment and retention	Perth and Kinross aim is to have a skilled competent workforce who are supported and valued by the provision of appropriate training and regular line manager supervision regularly.	Induction Training mandatory Adult Protection Supervision notes
- employee deployment and teamwork	<ul style="list-style-type: none"> • <i>Do not have a dedicated Adult Protection unit.</i> • <i>Adult Protection work is a core duty that is the responsibility of all Social Workers.</i> • <i>Community Care teams are organised to take account of urgency of cases, client groups and geographical location.</i> 	

Quality Indicator	Key Factors	Possible Evidence
<p>Development of employees</p>	<ul style="list-style-type: none"> • <i>Training on legislation was organised for Council Officers in September 2008. Council Officers are Social Workers who have at least 12 months experience and have received additional enhanced training.</i> • <i>Professional development Forum is held every month and every 3rd month is dedicated to Adult Protection.</i> • <i>Involvement in research - current joint research with Stirling University, Falkirk and east Dunbartonshire whose overarching.</i> • <i>research aim is to explore assessment and intervention under the ASPSA from the perspective of Council Officers and the people who use services.</i> • <i>Work on inter-agency chronological histories.</i> • <i>Involvement in working groups eg information sub group and how to change information systems to suit practitioners.</i> <p>Perth and Kinross have developed a training strategy for Adult Protection and produce an annual training calendar. Training that is delivered is open to all partner agency staff across Perth and Kinross.</p> <p>Adult Protection training is mandatory for all staff.</p> <p>Locally Perth and Kinross provide training in Adult Protection in the areas of:</p> <ul style="list-style-type: none"> • <i>Awareness</i> • <i>Enhanced Practitioner</i> • <i>Adult Protection Case Conferences</i> • <i>Court Skills</i> • <i>Assessment of Capacity Training</i> <p>The training Sub-Committee responds to gaps in training identified in other sessions and have run pilot programmes on a Tayside basis on:</p> <ul style="list-style-type: none"> • <i>Investigative Interviewing Training</i> • <i>Public Protection Training</i> 	<p>Staff access to external post graduate course Staff access to local, regional and national conferences Professional development agenda</p> <p>Documents on proposal for research</p> <p>Training attendance sheets Case files Information and Audit Sub-Committee minutes Training strategy (see Appendix 5) Training sheet attendances Training programmes Report on pilot for investigative interviewing</p>

Quality Indicator	Key Factors	Possible Evidence
c) Resource and capacity building		
Resource management	Human and financial resources are prioritised in regard to adult support and protection.	Performance indicators Implementation of protection plans
Information systems	The SWIFT information system has an Adult Protection functionality which is used for recording protection plans and details of case conferences.. Perth and Kinross are in negotiations with the providers to achieve additional functionality that will allow the recording of investigation reports and case conferences minutes.	SWIFT Adult Protection functionality
Partnership and arrangements	The formation of an Adult Care Access Team in Perth and Kinross ensures easy access by partner agencies to the appropriate service. Partnership working is seen as an integral part of the Adult Protection process and ongoing development.	Reports by NHS & Police <i>Multi-agency case review on protection order</i> <i>Large scale investigations</i> <i>Quarterly reports of Adult Protection activity including statistics and trends to APC & Sub-Committee members</i>



Quality Indicator	Key Factors	Evidence
a) leadership and direction		
<p>Vision, values and aims</p>	<p>The vision, values and aims of Perth & Kinross Council are:</p> <ul style="list-style-type: none"> • <i>a safe secure and welcoming environment;</i> • <i>healthy caring communities;</i> • <i>a prosperous sustainable and inclusive economy;</i> • <i>educated, responsible and informed citizens;</i> • <i>confident, active and inclusive communities.</i> <p>These aims fit in very well with outcome focused objectives especially in the areas of:</p> <ul style="list-style-type: none"> • <i>improved well-being;</i> • <i>improved health;</i> • <i>improved social inclusion;</i> • <i>improved independence and responsibility;</i> • <i>improved safety.</i> 	<p>Perth and Kinross corporate aims</p>
<p>Leadership of people</p>	<p>Chief Executive and Director attend meetings and conferences and are engaged with the public protection agenda and have links to all departments and agencies.</p> <p>The Independent Chair has attended meetings with the NHS Board to clarify statutory roles and responsibilities and availability of training.</p> <p>Multi-agency memberships on Tayside Steering Group, APC and Sub-Committees.</p> <p>Staff involvement at national level to assist in developing the codes of practice for the Act and in delivering national training in preparation for the introduction of the Act.</p> <p>Staff involvement in delivering training to external educational establishments, eg Stirling University, Perth College.</p> <p>Tayside conferences every year to statutory, private and voluntary staff across Tayside.</p> <p>Meetings with service users and carers. Perth and Kinross national conference - focus on human rights as staff identified this as key area.</p> <p>PKC staff members of multi-agency group, eg Practice Learning Training (PLT) that plans training for GP practices and those with a public protection overlap eg violence against women.</p>	<p>Minutes of meetings</p> <p>Involvement of CEO/Director/ partnerships</p> <p>Minutes of national meetings</p> <p>Training statistics</p> <p>Attendance and evaluation forms</p> <p>Consultation event report</p> <p>Conference report</p> <p>Minutes of meeting</p>

Quality Indicator	Key Factors	Evidence
a) leadership and direction		
Leadership of change and improvement	<p>Carer representative and consultation day to encourage participation by service users and families.</p> <p>Joint AP research project with Stirling University, Falkirk and East Dunbartonshire.</p> <p>Participation in national self-evaluation audit in Adult Protection - multi-agency group evaluated 5 cases.</p> <p>Human rights Conference and further work.</p>	<p>Consultation day report</p> <p>Research papers</p> <p>National audit response report</p> <p>Conference report</p>

Summary and Conclusion

6

This is a very complex area that can overlap a range of legislation, such as Adult with Incapacity Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003, Vulnerable Witness (Scotland) Act 2004 and the Protecting Vulnerable Groups (Scotland) Act 2007.

What Perth and Kinross have done well:

- 1 Perth and Kinross have been pro-active in ensuring that policies, guidance and systems were in place for the introduction of adult support and protection that address the support of adults at risk, their families and staff involved:
 - human rights approach
 - performance improvement
 - audits
- 2 Our Leadership and management are effective.
- 3 Our links and working relationships with partner agencies are progressing.
- 4 Our information systems are continuing to improve to allow for the collection of data which will allow benchmarking and trend analysis.

- 5 Professional development forum have been established in Adult Protection to allow time for reflective practice and to raise and discuss relevant research and enquiries.

What Perth and Kinross would like to take forward:

- 1 Develop significant case review policy protocols and guidance, and operational practice.
- 2 Develop guidance for large scale enquiries with partner agencies.
- 3 Develop alternative options for obtaining feedback from adults at risk and their carers/families.
- 4 Undertake regular self-evaluation audits, case file audit and practice feedback.
- 5 Continue to improve information systems, analysis of qualitative data and outcomes, eg improvement in quality of life, incidence of repeated harm occurring.
- 6 Embed evidence-based practice in procedures and progress a human rights approach to our practice.
- 7 Develop inter-agency thresholds and supporting tools and models.

- 8 *NHS Tayside recognises that it needs to improve some of its processes around patients with complex care needs and adult support and protection. A new corporate risk assessment has been developed to reflect this group of patients and this will bring reporting around management of the risk into the public domain. The risk will be owned by NHS Tayside's Medical Director and managed by both an Associate Director of Nursing and an Associate Medical Director*
- 9 *Ongoing work with the Human Rights Commission.*
- 10 *Improved public information, eg leaflets on 'what is Adult Protection', attending Adult Protection case conferences and support materials for service users and family carers.*
- 11 *Examine the Adult Protection response to suicide and self-harm, alcohol and drug misuse in relation to other national policy (Choose Life etc) and to develop work in relation to thresholds for intervention and support.*

Good Practice Case Example

Mrs T, aged 83, was a resident in a care home. She had advanced dementia and no verbal communication. Staff observed a male visitor touch her inappropriately on the breast and put his hand down her skirt. Adult Protection and Police investigations were undertaken resulting in the alleged perpetrator being charged with sexual assault. Implementation of the protection plan by care home staff ensured that he was not allowed to visit.



The Adult Protection Committee commissioned its first Biennial Report in October 2010. This report provides both detail regarding Adult Protection activity and commentary upon areas for improvement. In response to this report, the Adult Protection Committee has developed an Action Plan to address key findings within the report, for implementation during 2011.

All the agencies represented on the Committee will be responsible for taking forward these improvements which will be the subject to regular review by the Committee itself and by the Community Planning Partnership.

Alex Davidson, Independent Chair

Perth & Kinross Adult Support and Protection Improvement Plan 2011



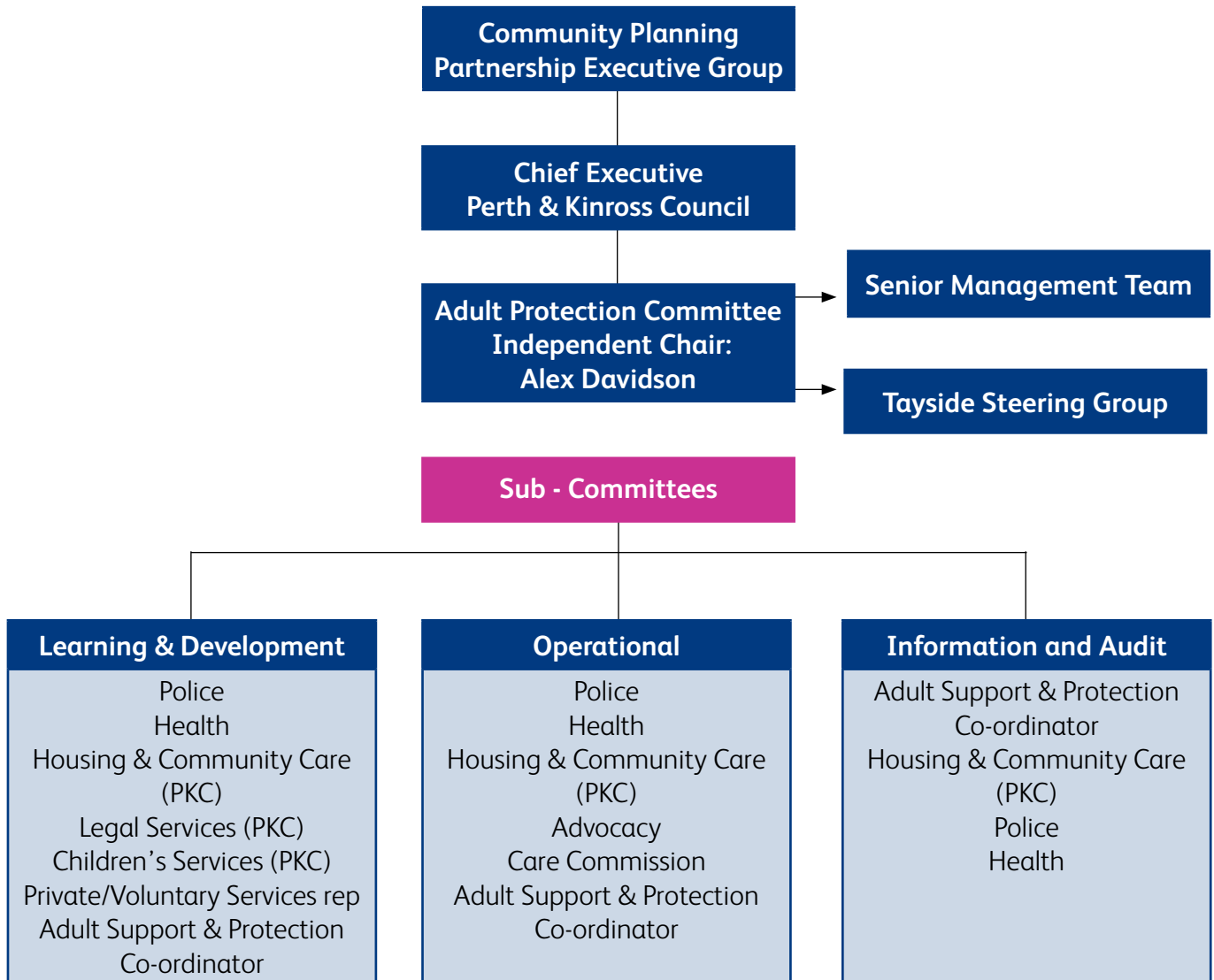
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Perth & Kinross

Adult Protection Improvement Plan 2011

Area	Issue	Action needed	Action by	Timescale
Strategic framework & Governance - Perth and Kinross Tayside Governance	Reporting structure in Perth and Kinross Communication Strategy.	Determine circulation list for Committee meeting minutes within Community Planning Structure Develop structures and protocols to facilitate effective working	JG in conjunction with David Burke Tayside Steering Group	February 2011
Quality Assurance	Ongoing self-evaluation.	Multi-agency and single agency audits. Multi-agency case reviews as required. Self evaluation exercise. Ensuring multi-agency attendance at Adult protection case conferences.	APC Co-ordinator Service Managers and identified APC members/delegates Operational Sub-Group	April 2011 December 2011
Qualitative and Quantitative data	Relevant data collected, presented and dissemination to appropriate staff, meetings. Identify new Performance Indicators for BMIP.	Develop data collection form to improve questionnaire. Develop outcome framework. Determine and exploit electronic linkages.	Chair APC APC Co-ordinator Strategy and Support staff	March 2011
Policy Development Perth and Kinross	Update existing policies/procedures Develop policy in relation to - SCR - Information Sharing with Police/Health - Large scale investigations - Inter-agency thresholds & tools Determine a policy position in relation to Tayside Integrated Policy Development. Adult concern reports.	Regular review of procedures. Present for approval. Determine which policies and structures should cover Tayside and which should be P&K only. Further consideration of model of referral from Police.	Police Service Manager Care Commission Health & LA staff Operational Sub-Group Tayside Steering Group P&K Senior Manager Police Service Manager	December 2011 March 2011 May 2011 December 2011 December 2011 December 2011 December 2011
Policy Development Tayside				

Area	Issue	Action needed	Action by	Timescale
Tayside Conference	Perth and Kinross to host in 2011	Determine topics, timing. Target audience	APC AP Co-ordinator	October 2011
Workforce Training and Development	<p>Delivery of training.</p> <ul style="list-style-type: none"> - <i>Need to develop single agency responsibility for delivering awareness training in ASP.</i> - <i>Development of on-line/ CD training tool.</i> - <i>Develop Tayside training.</i> - <i>Awareness of ASP implications within prison settings.</i> 	<p>Training for Trainer Course across agencies to be developed to enable agency specific training.</p> <p>Need to determine role/position of course & local capacity to deliver</p> <p>Plan & deliver specific training to SW & SPS staff.</p>	<p>AP Co-ordinator Bill Nicoll Jim Smith AP Co-ordinator Claire McCarthy Karl Stern Training Sub-Group</p> <p>AP Co-ordinator Nicola Rogerson</p>	<p>October 2011</p> <p>April 2011</p> <p>August 2011</p> <p>August 2011</p>
Public Information	<p>Public awareness and access to ASP information.</p> <p>User friendly webpage.</p>	<p>Development of more leaflets</p> <ul style="list-style-type: none"> - <i>What is Adult Protection</i> - <i>What is an APCC</i> <p>Availability in different formats</p> <p>Visual - pictorial, DVD, BSL</p> <p>Update on annual basis</p>	<p>AP Co-ordinator</p> <p>Information Sub-Group</p>	<p>December 2011</p> <p>October 2011</p>

Structural and Operational Arrangements





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Appendices



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Appendix

1

Introduction

1

This Agreement sets out the framework for the Adult Protection Committee for Perth and Kinross. It incorporates the Constitution, statement of functions, role and responsibilities and membership of the Adult Protection Committee and statements of its functions.

Aim

2

To ensure that adults at risk are safeguarded and protected by working together to promote continuous improvement and best practice in Adult Protection.

Statutory Functions

3

The functions of the APC ('the Committee') shall be as follows.

The functions of the Adult Protection Committee (APC) are set out in the Guidance for Adult Protection Committees (October 2008) which are issued under Section 47 of the Adult Support and Protection (Scotland) Act 2007 which requires APCs to have regard to any guidance issued by Scottish Ministers about their functions under sections 42 and 46 of the Act. The AP is therefore a statutory body.

The Statutory Functions:

- a) *To keep under review the procedures and practices of the public bodies and office-holders to which this section applies which relate to the safeguarding of adults at risk present in the Council's area (including, in particular, any such procedures and practices which involve co-operation between the council and other public bodies or office-holders to which this section applies).*
- b) *To give information or advice, or make proposals, to any public body and office-holder to which this section applies on the exercise of functions which relate to the safeguarding of adults at risk present in the Council's area.*
- c) *To make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders to which this section applies who have responsibilities relating to the safeguarding of adults at risk present in the Council's area.*
- d) *Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may by order specify.*

These functions will be carried out in line with the Guidance in the following manner.



Policies, Procedures and Protocols 4.1.1

- To ensure that member agencies have in place their own policies and procedures in relation to Adult Protection.
- To ensure that inter-agency guidelines on procedures to be followed in Adult Protection cases are in place.
- To ensure that appropriate protocols are put in place in relation to key Adult Protection issues.
- To ensure that all policies, procedures and protocols are regularly reviewed.
- To ensure that inter-agency policies, procedures and protocols are disseminated to all relevant agencies and staff within those agencies.
- To ensure appropriate links with Adult Protection Committee and MAPPA.

Information Management 4.1.2

- To ensure that relevant statistical information and analysis of trends in cases is received from member agencies.
- To ensure that any issues arising from such information are identified and addressed by member agencies.
- To ensure that any issues identified from such information are used to inform inter-agency strategic planning.

Quality Assurance 4.1.3

- To agree, implement and review quality assurance mechanisms, including auditing inter-agency Adult Protection work which will contribute to the continuous improvement of services.

Practice 4.1.4

- To promote good inter-disciplinary practice in dealing with the causes and effect of adult harm.
- To assess issues of significance in collaborative working which arise from the handling of cases, and from the report and inquiries.
- To ensure the provision of inter-agency consultation and advisory service to operational staff and managers in constituent agencies, including voluntary and private organisation on all aspects of Adult Protection.
- To monitor the provision and effectiveness of the support systems for staff working with adults at risk. This will include professional supervision, debriefing and counselling.
- To ensure the proper conduct of Adult Protection case conferences as per agreed guidelines and procedures.
- To monitor the effectiveness of transition arrangements from childhood to adulthood as they impact on issues of protection.

Training and Development 4.1.5

- To ensure that inter-agency training needs are identified and met through the implementation of an inter-agency training strategy.
- To monitor the effectiveness of such training through appropriate quality assurance mechanisms.
- To have in place mechanisms for disseminating information about lessons from past and current practice.

Strategic Planning

4.2

- To contribute to the strategic planning of services for adults at risk in need of protection and support.
- To identify and address any issues between agencies which impact on the protection of adults at risk.
- To identify and take action in relation to issues which would benefit from joint working.
- To publish an Annual Report and Action Plan, Statutory requirement to submit report every 2 years to Scottish Government.
- To liaise with other MAPPAs and other multi-agency partnerships and structures with an interest in Adult Protection with a view to improving joint working and joint planning.

Public Information

4.3

- To raise public awareness of Adult Protection issues.
- To provide information in relation to what action to take when members of the public have concerns about an adult at risk.

Membership

5

Agencies Represented on the APC

5.1

The following agencies will be represented on the APC:

Perth & Kinross Council

- Head of Service, Housing & Community Care
- Head of Service, Children's Services
- Service Manager, Chair Operational Sub-Committee
- Service Manager, Learning and Development, Chair of Training Sub-Committee
- Service Manager, Criminal Justice Services
- Education Services
- Inter-agency Adult Protection Co-ordinator, Chair of Information Management and Audit Sub-Committee

- Tayside Police, Western Division (1)
- NHS within Perth and Kinross (3)
 - Mental health
 - CHP (Community Health Partnerships)
 - Acute Sector/GP Representative
- Voluntary Sector Adult and Older People Representative (2)
- Procurator Fiscal Service (1)
- Care Commission (1)
- The Public Guardian
- The Mental Welfare Commission for Scotland
- Any other public body or office holder as the Scottish Ministers may by order specify

5.2

The APC may from time to time co-opt further members onto the APC to assist in the discharge of its functions.

Membership of the APC will be reviewed annually.

Roles and Responsibilities

6

6.1

Member agencies will nominate a representative or representatives to serve on the APC.

6.2

Member agencies will ensure that their nominated representative is able to contribute effectively to the agreed work plan and other business of the APC.

6.3

Member agencies will ensure that their representative will:

- *have the necessary authority to take forward the business of the APC;*
- *represent the commitment of the agency to the protection of adults at risk;*
- *facilitate communication between their agency and the APC;*
- *contribute their skill and expertise to the work of the APC;*
- *fully participate in the business life of the Committee and its sub groups between meetings;*
- *ensure the decisions of the Committee and the implications of such decisions are communicated to and understood by staff/officers at all levels of their agency;*
- *ensure that obstacles to their agency's full participation in collaborative Adult Protection practice and decision making are addressed and overcome;*
- *be aware of current issues in Adult Protection and their relevance to the work/deliberations of the Committee.*

Accountability

7

The APC is accountable to the Executive of the Community Planning Partnership. The Chairperson of the APC will ensure that the Executive is informed of the activities of the Committee by providing annual reports and other information as necessary.



Meetings

8

The APC will meet on at least four occasions each year, on dates to be determined by the APC. At a meeting in September, an annual review will be presented to allow for an action plan to be formulated.

The Quorum for a meeting of the APC shall be seven agency representatives including the Chair or Vice Chairperson, providing that all three statutory agencies are represented - Perth & Kinross Council, NHS and Police.

Chair and Vice Chair

9

An independent Chairperson will be recruited externally and appointed to serve for a period of three years.

Chairpersons may have their period of tenure extended but may not serve more than three consecutive terms in this position.

The APC will elect a Vice-Chairperson from its membership who will be appointed for a two year period. In keeping with national guidelines in relation to independence, the Vice-Chairperson will be elected from the voluntary/private sector.

In the event of the Chairperson being absent from a meeting, the Vice Chairperson should assume the responsibilities and functions of the Chairperson.

The Chairperson is responsible for the convening and conduct of meetings.

The Chairperson will represent the Committee and its interests as required at external meetings and functions.

The Chairperson will act on behalf of the Committee to implement the decisions of the Committee including dealing directly with any of the constituent agencies or the recommendations of the Committee on any aspects of the inter-agency system or the operation of its constituents.

Agenda and Minute

10

A Minute of each meeting of the APC shall be taken and circulated to the agencies. The Agenda for each APC will be determined by the Chairperson. Representatives shall be entitled to have items placed on the Agenda if they have been submitted 2 weeks prior to the meeting.

Sub-Committees

11

The APC shall be entitled to establish such number of Sub-Committees as it considers necessary for the purpose of discharging its functions. The remit and duration of any such Sub-Committee shall be determined by the APC.

Each Sub-Committee established may comprise APC representatives or other representatives nominated by agencies for that purpose. Each sub APC shall elect a Chairperson and Vice Chairperson. Sub-Committees shall report back to the APC in a manner determined by the APC.

Annual and Biennial Report

12

The Convenor of the Adult Protection Committee must, as soon as practical after such date as the Council may direct biennially:

- a) *prepare a general report on the exercise of the Committees functions during the two years ending on that date; and*
- b) *after securing the committee's approval of the report, send a copy of it to:*
 - *each of the public bodies and office holders represented on the Adult Protection Committee by virtue of Section 43(4);*
 - *the Scottish Ministers;*
 - *the Mental Welfare Commission for Scotland;*
 - *the Public Guardian;*
 - *the Care Commission; and*
 - *any other public body or office-holder as the Scottish Ministers may by order specify.*

The APC shall provide an annual report as soon as possible after 31 September in each year. The Report will contain the following information:

- *analysis and comment upon statistical information provided on the activities of the various member agencies;*
- *reports of activities of the Sub-Committees;*
- *the Action Plans of each of the member agencies, and the inter-agency Action Plan of the APC together with a report of the progress made by each of the agencies towards their individual Action Plan goals and towards goals within the Inter-Agency Adult Protection Plan;*
- *a list of the members and office bearers of the APC and its Sub-Committees.*

Administrative Support

13

The APC shall agree the arrangements, including financial arrangements, for providing administrative and professional support to the APC.

Such arrangements shall be sufficient to enable the APC to operate effectively and discharge its functions.

Amendments to the Constitution

14

Any amendment to this Constitution shall be by two thirds of APC members present and voting at the September Business Meeting.

Guidance

15

Adult Protection Committees, and Councils, must have regard to any guidance issued by Scottish Ministers about their functions under Sections 42 to 46.

Further Provisions

16

The constitution, structure and scope of responsibility of the Committee or its offices may be subject to change as a result of changes in national policy directives, legislative provision or local exigencies.

Amendments, changes and modifications will be agreed by the Executive of Community Planning Partnership on recommendation of the Committee before being written into the Constitution and structure and before implementation.

The funding of the Committee and its staff will be met by key constituent agencies of the Committee.

The co-funding agencies are NHS Tayside, Tayside Police and Perth & Kinross Council.

The co-funding arrangement may be added to, altered or modified by agreement of partner agencies.

All changes will be notified to the Executive of Community Planning Partnership. However, major changes to the co-funding partnership cannot be decided without the agreement of the Executive of Community Planning Partnership.

Any financial expenditure/obligations arising from the functioning of the Committee will be on a proportional basis between the co-funding partner agencies of the Committee on an agree basis.

This agreement will be set out in writing and contain annual projected budget contributions for the co-funding agencies.

Perth and Kinross Adult Protection Committee

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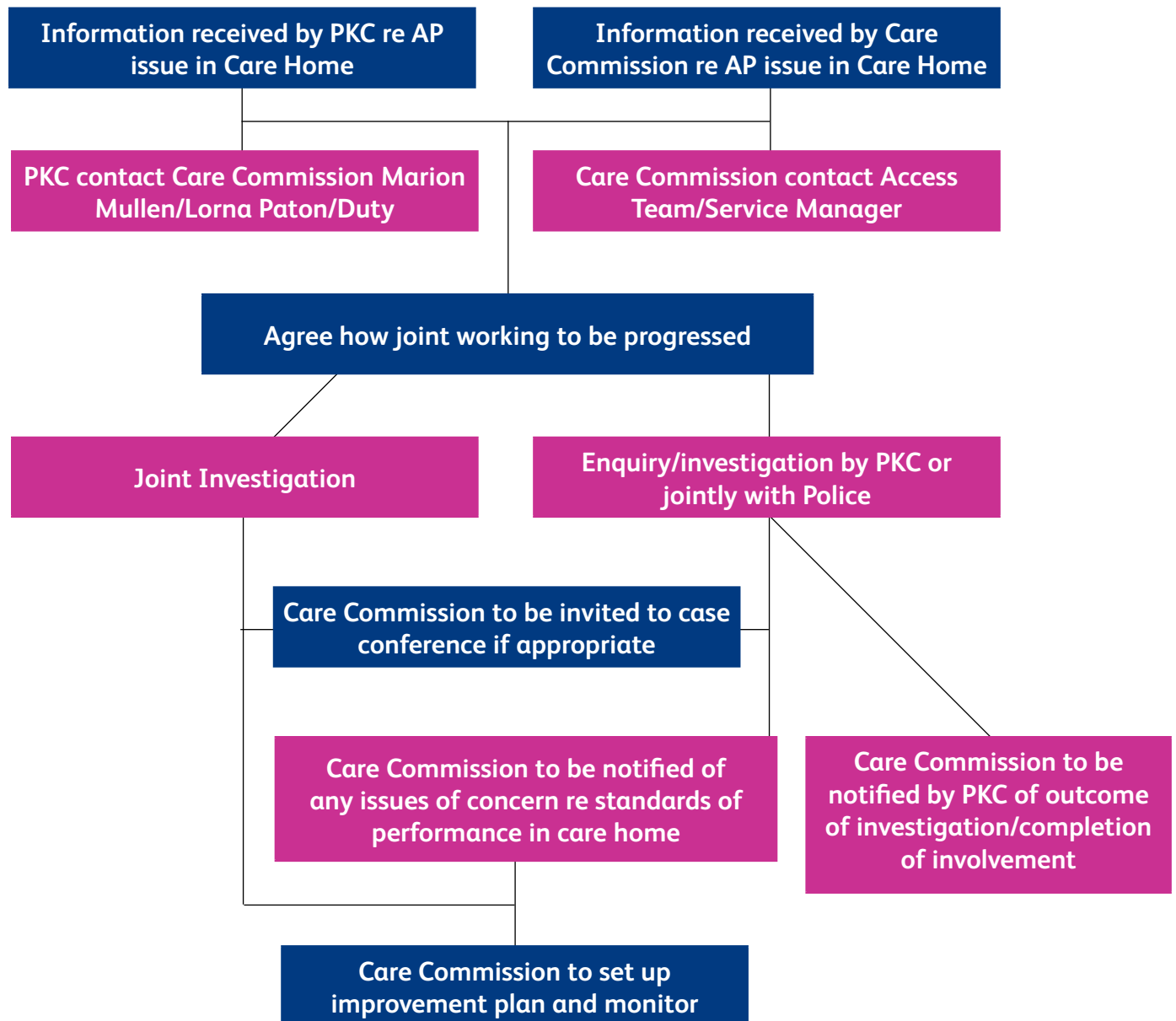
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Joint Work with Care Commission in Relation to Adult Protection Issues in Registered Care Homes



Adult Protection & Support: Criteria for Passing Information to Tayside Police, Western Division

Adult Protection concerns are referred to Perth & Kinross Council from a variety of sources, both internally and externally. It is important that members of staff who have been or suspected of being involved in harmful behaviour to clients have their details logged in a central system. This will ensure that the next employer who recruits them becomes aware of the circumstances through the Disclosure Scotland Process.

Background

The implementation of the Protection of Vulnerable Groups (Scotland) Act 2007 (PVG) will create a list, for the first time in Scotland, of those individuals who are barred from working (paid or unpaid) with 'protected adults' (*an individual, aged 16 or over, who receives one or more type of care or welfare service*).

The list will be managed by a single agency that incorporates current disclosure services (Disclosure Scotland). The Act introduces a scheme membership system for people who work with protected adults and children. If a person is considered unsuitable to work with children, protected adults or both, they will **not** be able to become a member of the scheme in relation to either workforce.

The Act, however, is not due to be implemented until the end of 2010 at the very earliest but the issue exists now. Information in respect of a person who may be deemed unsuitable to work with protected adults require this to be captured and shared appropriately in the meantime, prior to the Act coming into effect.

Where a **criminal act** (ie assault, theft etc) is committed by a member of staff of health or care staff in respect of a service user then, as per current guidelines, the Police will be advised of the incident for investigation and it will be recorded on the Police Crime recording system. As there is no guarantee

of a conviction which would result in details of the incident and the offender being recorded on the Scottish Criminal Records Database it is appropriate to enter this information on the Scottish Intelligence Database, commonly referred to as S.I.D. In situations where a member of staff who works at the Council or in a private, voluntary or health sectors has conducted himself/herself inappropriately towards a service user during the course of their employment and the conduct is deemed by those investigating the incident **not to be criminal** ie rough handling, inappropriate verbal language, then it is important that this information is also held for future reference.

At present there is no single database within the Local Authorities or employing agencies that can hold such incident information on staff.

Staff member's employment may be terminated or they may resign. They may move to another area and apply for another job within the care system.

Perth and Kinross need to ensure that this information can be referred to by another Local Authority/Employer through disclosure checks on a person. Currently the only National database available for this purpose would be the Scottish Intelligence Database (SID).

Perth & Kinross Council (Housing & Community Care) Process to Ensure the Sharing of Relevant Information with Tayside Police

In cases where the Local Authority has knowledge of or reasonable grounds to suspect inappropriate behaviour by someone in a caring position, the following procedure should be followed.

Criteria

1

When an Adult Protection concern is received an enquiry/investigation is carried out in line with agreed guidelines. This includes contact with the Public Protection Unit.

Relevant information will be passed by the Team Leader/Service Manager to Tayside Police for consideration of entry onto the Scottish Intelligence Database (SID).

This may include allegations of behaviour by a member of staff (who works at the Council or in a private, voluntary or health sectors) leading to actual/potential adult harm being identified.

Information received must have a factual basis and detail alleged incidents or behaviours that took place at specific times, places and with specific clients. Details of any witnesses must also be recorded.

Accountability

2

Action around allegations about staff employed by Perth & Kinross Council's Housing & Community Care department will be the responsibility of the appropriate manager within that service. Allegations may also be received through Adult Support and Protection Procedures concerning staff employed in the private, voluntary, health and independent sectors. Management who are leading the Adult Support and Protection procedures will have the responsibility to ensure that managers from the private, voluntary and independent sector also follow this process.

It will be the responsibility of the private, voluntary and independent sector organisations to adhere with this procedure under its obligations to comply with Adult Protection in terms of the National Care Contract or Service Level Agreement.

Police Procedures

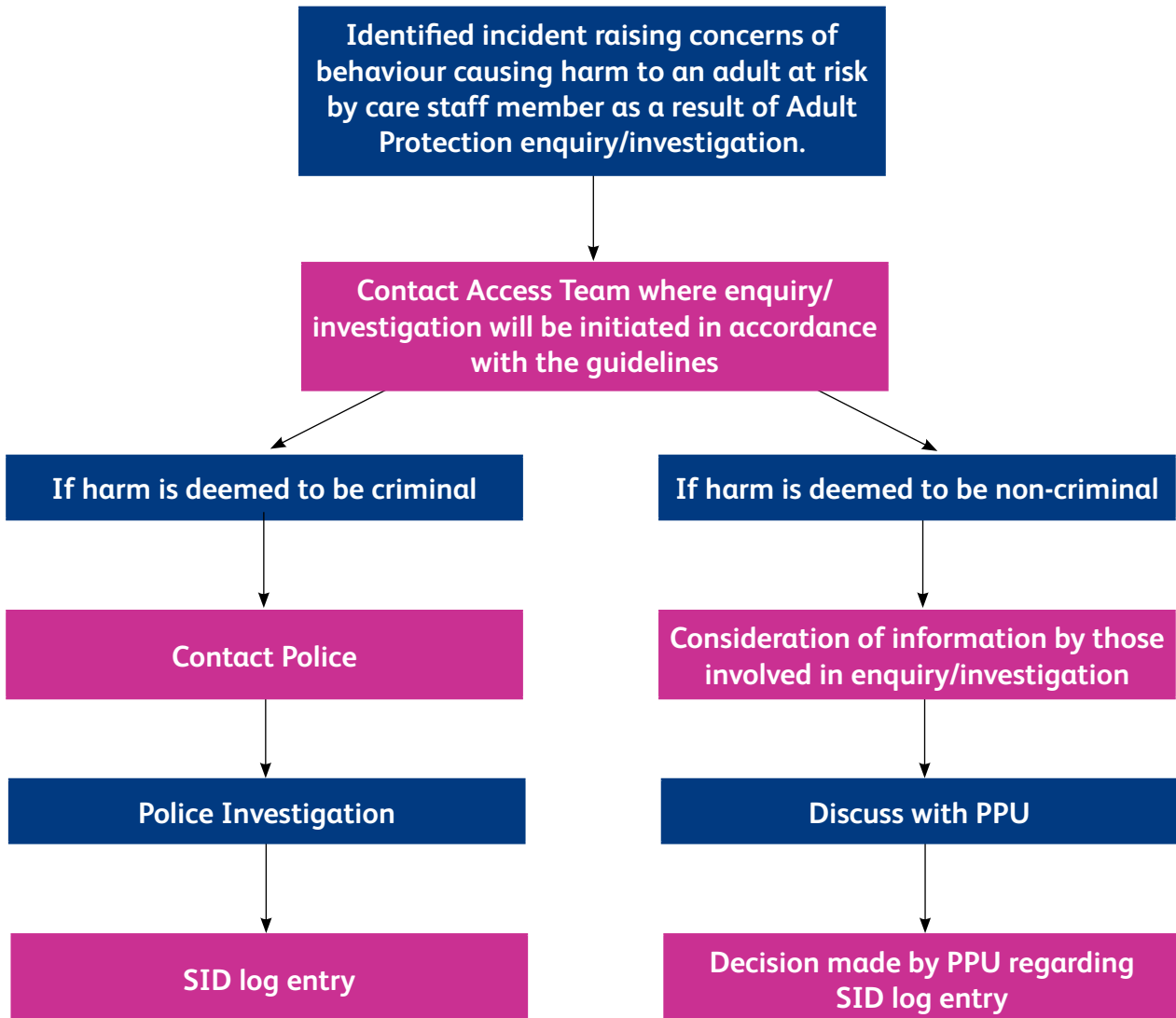
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The Police Service have well established practices and procedures for dealing with this type of intelligence and will make the decision about whether information that has been shared with them fits the criteria for inclusion on SID.

Information (Intelligence) held on SID is subject to review and the review period is set by the SID bureau.

All information *must* be reviewed at least once every 5 years and at that point a decision is made either to keep that piece of intelligence or 'weed' it from the system. For intelligence that is retained a further review date is then set.

Process for request for information to be recorded on Scottish Intelligence Database (SID)



Perth & Kinross Council Housing & Community Care Services Learning and Development Service Training and Strategy Plan Adult Support and Protection 2010/11

Standard/ Objective/ Legislation	Staff Targeted	Capacity (How many/ when)	Lead	Action Required or Activity	Outcome	Resources to be Provided (ie which training staff or what costs)	Timescale
1	Social Workers, SCO, O/T, CPN, DN, managers. All staff from all agencies with direct contact with service users - housing, social care, health, ECS, police, private and vol orgs.	20-40 per session	Mary Notman	Awareness training 1 day - 4 times per year ½ day - 4 times per year	Increased knowledge and awareness of abuse and how to report.	Inter-agency Adult Protection Co- ordinator	Ongoing
2	Social Workers, MHO, managers from H&CC and ECS.	10-15 per session	Mary Notman	Protection Case Conference 1 per year 1 day	Increased knowledge to participate in case conferences.	Inter-agency Adult Protection Co- ordinator	Ongoing
3	All investigative staff and operational managers in Social Services, Health & ECS.	10-15 per session	Mary Notman	Court Skills 1 per year ½ day	Increased knowledge and confidence in court procedures and giving evidence.	Inter-agency Adult Protection Co- ordinator	Ongoing
4	All front line Social Workers, para professionals, care managers and line managers.	20-40	Mary Notman	Professional Development Forum for Adult Support and Protection. To discuss actual cases and impact, and explore new evidence/research 4 per year	To increase understanding and knowledge, share/ evaluate current/ good practice and improve practice.	Inter-agency Adult Protection Co- ordinator	Ongoing

	Standard/ Objective/ Legislation	Staff Targeted	Capacity (How many/ when)	Lead	Action Required or Activity	Outcome	Resources to be Provided (ie which training staff or what costs)	Timescale
5	Elected members information session & training.	Lead officer Adult Protection Co-ordinator.	30	Mary Notman	Ensure elected member awareness 1 per year ½ day	Awareness of policies and the complexities involved.	Inter-agency Adult Protection Co-ordinator	Ongoing
6	Currently a generic Risk management course subject to multi-agency agreement on model and procedures of risk assessment.	All social services staff involved in assessing Risks	10-20	Mary Notman	Effective risk management 6 times per year 2 days	Staff effective in identifying and managing risk & reward.	Inter-agency Adult Protection Co-ordinator	Ongoing
7	A range of domestic abuse training available to a broad range of staff will have relevance to those working in AS+P.	All social service, health, police and independent sector staff		Mary Notman	To understand and promote the management of Domestic abuse	Regularly promoted throughout 2010. to all staff.	Inter-agency Adult Protection Co-ordinator	Ongoing
8	A range of mental health and AWI training is available to many staff including those working in AS+P.	All social services, health and independent sector staff			To understand mental health legislation and practice	Staff understand mental health issues and practices and the legislative framework.	L&OD Staff	Ongoing
9	Adapt Scottish Government DVD for online learning.	Members of the public			Public Information Online	Awareness of Adult Protection and community response.		Ongoing

Please note that any of the above training may be adjusted through any 'shared services' developments in 2010 but our commitment to capacity remains. Priority for shared services will be to make provision of training viable where small numbers of staff have specific learning needs.

Training And Information - Subject To Further Development

	Standard/Objective/ Legislation	Staff Targeted	Capacity (How many/ when?)	Lead	Action Required or Activity	Outcome	Resources to be Provided (ie which training staff or what costs)	Timescale
10	Consent and capacity issues in relation to sexual, financial and emotional exploitation* .	Staff in Health and Social Care	To be agreed		Specialist client based training prevention strategy.	Improved client care through increased confidence of staff and empowering clients to protect themselves.		
11	In relation to sexual, financial and emotional relationships* .	Services users who are deemed vulnerable.	To be agreed		Prevention strategy by helping service users protect themselves from being harmed.	Empowerment through awareness of issues.		
12	Consideration of training for the public Adapt Scottish government material. Develop DVD for online learning.	All members of the public.	To be agreed		Public Information	Public more aware of community responsibility for protection issues.		

* Following Justice Denied enquiry and report, Perth and Kinross will develop training on the back on Angus Training (brought in by VOICE UK)

List of Abbreviations

AAR	Adult at risk
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
CHP	Community Health Partnership
CJS	Criminal Justice Service
HRARG	High Risk Adult Review Group
LD	Learning Disability
MAPPA	Multi-agency Public Protection Arrangements
MH	Mental Health
MWC	Mental Welfare Commission
OPG	Office of the Public Guardian
P&K	Perth and Kinross
PVG	Protecting Vulnerable Groups
SPS	Scottish Prison Service





If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting Mary Notman on 01738 476727

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如果你或你的朋友希望得到這文件的其他語言版本或形式

(某些時候，這些文件只會是概要式的翻譯)，請聯絡

Mary Notman 01738 476727

來替你安排。

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P ežete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p oložen pouze stru ný obsah listiny) Kontaktujte prosím Mary Notman 01738 476727 na vy ízení této požadavky.

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Council Text Phone Number 01738 442573

All Council Services can offer a telephone translation facility

