

**PERTH AND KINROSS COUNCIL****Housing and Health Committee****28 January 2015****Adult Support and Protection Biennial Report 2012-2014****Report by Executive Director (Housing and Community Care)****PURPOSE OF REPORT**

To inform members of the adult support and protection activity in Perth and Kinross from 2012-2014 as outlined in the Perth and Kinross Adult Protection Committee Biennial Report (Appendix 1).

**1. BACKGROUND / MAIN ISSUES**

- 1.1 Under section 46 of The Adult Support and Protection (Scotland) Act 2007, the Adult Protection Committee (APC) must submit a Biennial report to the Scottish Government in October of every second year. The Biennial report is the third returned by Perth and Kinross Adult Protection Committee and was submitted to the Scottish Government on 30 October 2014.
- 1.2 The Biennial report is prepared by the Convener of the Adult Protection Committee, approved by the Adult Protection Committee and scrutinised by the Community Safety and Environment Outcome Delivery Group.
- 1.3 The Biennial report provides information on adult protection activity in Perth and Kinross, key challenges, and improvement actions to address relevant areas.
- 1.4 The main issues identified within this year's report were:-
  - Older people aged over 81 years were the largest single group referred.
  - There was an increase in referrals from care homes.
  - The introduction of the Police Vulnerable Person (VPD) database has significantly increased the number of referrals presenting a further challenge to Community Care staff responsible for screening referrals.
  - An increased number of referrals for financial harm.
  - The level of service user and carer involvement.
- 1.5 The main areas of improvements noted in the report were:
  - The increased engagement with financial institutions.
  - A campaign to raise awareness of financial harm.
  - An E-learning course online for all agencies.
  - Increased awareness of Adult Protection amongst NHS staff
  - Care home workshops which related to new processes for reporting of incidents and challenging behaviour.
  - Involvement of third sector organisations and more effective engagement with service users and carers groups.

## 2. PROPOSALS

- 2.1 The Improvement Plan, set out at Appendix 1 of the Biennial Report, sets out the direction of travel for the Adult Support and Protection Committee for the coming year.

The amount of Council staff time dedicated to screening referrals from Police Scotland, however, remains an additional task to be addressed over the next 12 months. It is proposed that, in addition to those actions noted within the Improvement Plan, dialogue with Police Scotland colleagues continues, to ensure that in a time of increasing financial constraint, the energies of Council staff continue to be focussed on protecting those most at risk of harm.

## 3. CONCLUSION

- 3.1 Real progress has been achieved in relation to awareness-raising; involvement of the finance sector; and engagement with service users and carers in the field of Adult Protection during the last 2 years. In the year which lies ahead, the Adult Support and Protection Committee will seek to consolidate identified improvements while also improving the focus of the Committee on those people at greatest risk of harm in our Care Homes and within our communities.

It is recommended that Committee:-

- Note and endorse the terms of the present report
- Instruct the Executive Director (Housing and Community Care) to bring forward a further report in 12 months time on the work of the Adult Support and Protection Committee

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### Approved

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>None</b>
<b>Resource Implications</b>	
Financial	<b>None</b>
Workforce	<b>None</b>
Asset Management (land, property, IST)	<b>None</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>None</b>
Strategic Environmental Assessment	<b>None</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

- 1.1 Perth and Kinross Community Plan / Single Outcome Agreement 2013-2023 and Perth and Kinross Council Corporate Plan 2013-2018 have five concurrent outcomes which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant in terms of the following priorities:

- (i) Supporting people to lead independent, healthy and active lives
- (ii) Creating a safe and sustainable place for future generations

#### Corporate Plan - N/A

### 2. Consultation

#### Internal

- 2.1 Council members of the APC, APC Information and Operational sub Committees.

External

- 2.2 Police, NHS, Private and voluntary sectors – multi-agency members of the APC.

**3. APPENDICES**

Adult Support and Protection Biennial report 2012-2014.



# Perth and Kinross **Adult Protection Committee**



## **Biennial Report 2012 -2014**

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# 1 Who Are We and What Do We Do?

## Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

## Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

## Who is an Adult at Risk?

An adult may be at risk if they:

- *are unable to safeguard their own wellbeing, property, rights or other interests;*
- *are at risk of harm;*

and:

- *because they are affected by disability, mental disorder, or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.*

Definitions of harm are provided in the resources material (Appendix 2).

## The Adult Support and Protection Committee

The Adult Protection Committee (APC) is a multi-agency group which meets quarterly on the first Friday in March, June, September and December.

The Committee is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to encompass a more diverse range of agencies such as financial institutions, a General Practitioner, Independent advocacy, the Scottish Ambulance Services and the Scottish Fire and Rescue Service.

The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance. At each meeting there is a presentation on specific areas of interest such as SCAMS, Large Scale Inquiries or case studies given by social workers and other staff who are involved in particular cases. The APC finds the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.



There are three Sub-Committees which meet quarterly, report back to each APC and are allocated work relating to:

- *operational matters;*
- *training;*
- *information and audit.*

The APC is supported by the Council's Corporate team and ASP Co-ordinator.

**Governance** - The APC is accountable to the Executive Officer Group and the Community Safety Outcome Delivery group within the local Community Planning structure in the Council. In this context it is required to contribute to and report on outcomes through the Single Outcome Agreements and other related targets.

The last two years have seen the emergence of new legislation, changes in the structure of key partner organisations, and, finally, the publication of National Strategic Objectives and National Indicators - each of which has had direct implications for the Adult Protection agenda. Key changes include:

- *the formation of Police Scotland and the Scottish Fire and Rescue Service*
- *the passage of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Self-Directed Support (Scotland) Act 2013 - extending choice and control over services for recipients of Community Care services;*
- *the Welfare Reform Agenda, introduced by the UK Government and leading to changes in benefits and eligibility for key benefits;*
- *the articulation of national multi-agency Adult Support & Protection Standards, following on from the Scottish Government's Strategic Objectives and National Indicators.*

## Local Adult Protection Key Messages

Increasing numbers of adult concern referrals from all sources.

*Fire safety visits widened to include home safety visit.*

Decreasing referrals for self-harm.

Improved NHS awareness and need for training and development.

Increased engagement with financial institutions.

*Increased demand for community care services.*

*Disproportionate increase in adults at risk in the 81+ age.*

Police sent over 2,500 adult concern reports.

37% of referrals known to services and were open cases.



Increase  
in the use of  
protection  
orders.

*Service  
users and carers  
give over half of  
presentations at  
day event.*

People with  
dementia more  
at risk of physical  
harm.

Multi-agency  
audits monitor  
performance.

Over  
representation  
of adults at risk  
with learning  
disabilities.

*E-learning  
course online  
for all partner  
agencies.*

*Projected  
increase in the  
older population -  
22% on the over 65  
and 35% in the over  
81 in the next 10  
years.*

Adults  
at risk more  
likely to be  
socially isolated  
and receiving  
services.

Substance  
misuse an issue  
for people who  
harm.

## 2 Executive Summary

### 2.1 Feedback From Last Biennial Report

In the Minister's letter of March 2013 concerning the 2010/12 Biennial Report, attention was drawn to the newly developed five national priorities, large scale inquiries and service user and carer involvement. There has been progress in all these areas which are documented in the report.

### 2.2 Main Challenges and Achievement

The Adult Protection Committee holds a dedicated event every year which is designed to evaluate actions taken over the past year and to identify the priorities for the coming year. Key challenges within the Committee's current action plan include:

- (a) *embed and progress service user involvement;*
- (b) *improve outcomes and ensure adults at risk are supported;*
- (c) *explore measures to address specific types of harm;*
- (d) *develop a new protocol with Care Inspectorate regarding Adult Support and Protection investigations and Large Scale Inquiries;*
- (e) *increase referrals to independent advocacy;*
- (f) *develop effective links with Mental Welfare Commission (MWC);*
- (g) *improve quality assurance processes;*
- (h) *improve data collection and analysis;*
- (i) *develop guidance for overlap of legislative processes.*

#### **Our key achievements over the last 2 years have included:**

- *local involvement in five national work streams;*
- *local implementation of national policies in relation to Police and Fire Services:*
  - *ongoing work in relation to vulnerable person referrals;*
  - *reviewed protocol to ensure all people in Perth and Kinross who come into contact with Community Care are offered a free home/fire safety check. In Perth and Kinross the Fire Services have developed a much wider home visit that encompasses home safety as well as fire risks;*
- *development of a new protocol with Care Inspectorate in relation to ASP inquiry/investigation and Large Scale Inquiry in care settings;*
- *development of local links with the Mental Welfare Commission and structure in place to ensure all APCC minutes of people with mental health illness are forwarded to MWC;*
- *in the 2010/12 Biennial Report, the largest number of referrals from the legacy Tayside Police were for self-harm. There has been significant input into this area in training for staff, psycho-social assessments,*

*signposting information and inclusion in the Mental Health Strategy. Council staff demonstrate a better understanding and knowledge of self-harm and can offer appropriate support and advice. In 2010/12 self-harm accounted for 28% of referrals while during the past 2 years it has fallen to 15%;*

- *the 'Us and the Housing' group came together to promote inclusion through raising awareness of the issues faced by those with learning disabilities in Perth and Kinross and to find solutions. This group created a DVD involving service users which focus on disability harassment. <http://www.pkc.gov.uk/itgoeson>*
- *continuing use of audit, surveys and data on improvement.*

## 2.3 National Priorities

The Adult Support and Protection (Scotland) Act 2007 did not achieved a consensus on the key priorities across Scotland. The national ASP co-ordinator presented a paper to the National Policy Forum. The Forum, chaired by the Scottish Government, comprises a multi-agency membership to reflect the varying perspectives of all partner agencies. This review of Adult Support and Protection identified five national priorities as follows:

- Financial Harm*
- Harm in Care Homes*
- Service User and Carer Involvement*
- NHS - A&E Departments*
- National Dataset*

### **(a) Financial Harm**

Police Officers in Tayside conducted a pilot intended to raise awareness among banking staff regarding large withdrawals from bank accounts of vulnerable people where there was normally little activity. Following a six month pilot, proposals now need to be revisited. Posters have also been developed and widely distributed highlighting financial issues. Engagement with financial institutions was initiated and led to a RBS Manager joining the local Committee. Referrals are now being received from RBS pertaining to possible financial exploitation.

In relation to Scams, the identification of a 'Suckers List' in England led to the establishment of a national Scam Hub and to the formation of a Working Party locally under Janet Reay from Trading Standards. This group is now following up on a large number of residents in Perth and Kinross listed as potential victims.

### **(b) Harm in Care Homes**

The increase in referrals in relation to 'Harm in care homes' has been one of the most significant statistics over the last 2 years and has resulted directly from improved training and awareness among staff and the wider public. Changes in the large scale enquiry process have emphasised the importance of information sharing and participation of the Care Inspectorate, Contract Compliance and other monitoring services.



It is now common practice, locally, for the Care Inspectorate, Council Commissioning Services and Adult Protection Investigation Officers to co-operate during the course of any such enquiry.

Free training has been provided to third sector agencies, increasing their awareness and articles concerning Adult Support & Protection are included in local Care Homes and Care at Home publications. The ASP Co-ordinator also attends the Forum to raise and respond to relevant matters.

A workshop was also convened involving Care Home Managers, the Care Inspectorate, Contract Compliance Team, Operational Managers and ASP staff. It is now chaired by the Independent ASP Convenor to consider issues within Care Homes. Following the workshop, an Improvement Plan was developed and is now being implemented.

### **(c) Data Collection and Analysis**

The Adult Support and Protection Committee continue to develop information based on National Guidance to analyse and interpret data which will assist improved targeting of resources to address priority areas. The ASP Co-ordinator was a member of the National Data Set Group. The ASP Committee examines data at each meeting.

### **(d) NHS Engagement - A&E Departments**

With the assistance of the Community Health Partnership, an ASP awareness survey was carried out within Perth Royal Infirmary and Perth & Kinross Community Hospital Minor Injuries Unit. The initial survey results indicated that no staff had received any training with even Level 1 basic awareness. Between December 2013 and March 2014, however, 100% of nursing and medical staff within A&E subsequently received training at Level 1. Further steps are now proposed in relation to staff in the Minor Injuries Unit.

## **Case Example**

*Ms K, aged 55 and living at home by herself. She has cognitive impairments and problematic substance use which affects her ability to retain information. There were concerns relating to financial and sexual issues which led to an inquiry under the ASP process. Efforts to support her at home depended on her co-operation which could fluctuate widely and if her drinking acquaintances were present. Although she has cognitive impairments, she is assessed as having capacity. Ms K continues to be supported at home with no change to the level of substance misuse and she continues to demonstrate variable cooperation to the supports offered. There are ongoing risks to self and challenges for staff supporting her but this case highlights the complex balance between upholding a person's right to choose and duty of care.*

### (e) *Service User and Carer Involvement*

Perth and Kinross operational staff have been involved with two research projects with Stirling University over the past three years. The second research project arose from the first project and was focused on service user involvement. The aim was to enhance their involvement and understanding. It was decided that the Perth and Kinross project would focus on people with learning disabilities and a working group was formed. It was decided to develop a visit summary sheet that could be left with service users which would outline the summary of visit, agreed actions and contact details.

An event ***'Building Safer Communities'*** was held in Perth in March 2014. It adopted a multi-agency approach to look at the wider issues of prevention and involved service users and carers. The main sessions were:

- *two plays performed by a service user drama group - 'Stepping Stones' which highlighted areas of home safety, bogus callers, SCAMS, exploitation by friends and families and resources available locally to assist;*
- *five sessions by professionals on home/fire safety visits, community resilience plans, SCAMS, online internet safety and inclusive living;*
- *five sessions by service users and carers on:*
  - *my experience of adult support and protection;*
  - *living with dementia;*
  - *living with self-harm - a parents perspective;*
  - *living an active life - client with disabilities on his life choices;*
  - *recovery from substance misuse.*



## Building Safer Communities Feedback

*"Excellent workshop. Good to hear service users talk about their experiences in life."*

*"Fantastic opportunity to learn of services available throughout Perth and Kinross - also good to see so many service users involved."*

*"Great to see so many service users and individuals together at this event."*

*"Great conference - loved the way it involved service users and carers."*

*"Really important to hear and listen to inspiring stories."*

# 3 Outcomes

## 3.1 Feedback From Service Users and Carers

The APC gains feedback from service users and carers in a variety of ways including:

- *Questionnaires completed at Adult Protection Case Conferences (APCC): of the results recorded for initial APCC, 80% said they felt safer. In relation to follow up review APCC, 72% said they have seen an improvement since the last APCC;*
- *participation in audits to give their views;*
- *representative on the Committee;*
- *surveys sent out to service users and carers following completion of involvement in Adult Protection Case Conference. Only two forms were returned, one service user and one carer. Both responses were very positive, but further work is needed to identify better ways of gathering feedback;*
- *Independent Advocacy who can help service users complete surveys anonymously. Only two forms were received from service users. One response was very positive and the other felt safer but did not think the intervention was helpful or his views listened to;*
- *outcomes on all ASP inquiry forms. In order to capture impact of intervention for those cases which did not proceed to APCC, an outcome question was developed which was to be completed at the end of the inquiry. The staff member completes the form with the input of client to check if the intervention has been helpful:*
  - *34% felt it was helpful;*
  - *36% lacked the capacity to understand/perceived the impact of intervention;*
  - *9% felt it made no difference;*
  - *in 9% of cases, no harm had been perpetrated;*
  - *in 8% of cases the person would not engage with services;*
  - *4% felt the intervention was not helpful.*

## 3.2 Representation on APC

There have been discussions with PKAVS (Perth & Kinross Association of Voluntary Agencies) to look at a range of options to support meaningful engagement, honest dialogue and active participation in all aspects of process and practice.

Informal attendance and talks with carer and service user groups continue and during the last two years the ASP Co-ordinator attended nine events and spoke to 121 carers and service users.

In relation to Adult Protection Case Conferences (APCC), 60% of service users were invited with an attendance rate of 55%. Carers/family were invited to 77% of APCC with an attendance rate of 70%. APCC involving service users with mental health and learning disability needs showed a higher level of participation from both clients and carers.

Independent Advocacy figures show they supported 25 people under ASP of which 11 were new referrals and 14 were already active cases.



## Case Example

*Mrs B, aged 75, lives in her own home with her son X who is physically aggressive. He has a criminal history of assaults and had been known to assault his mother. X had stopped siblings visiting the family home and these concerns were referred to the Council.*

*An ASP inquiry found that Mrs B had been physically harmed and was at risk of financial harm. While Mrs B was assessed as having capacity she was scared of her son. There were environmental issues within the house and the son's smoking habits presented a fire risk. Risk and fire assessments were completed and the son accepted help to deal with his substance misuse problems.*

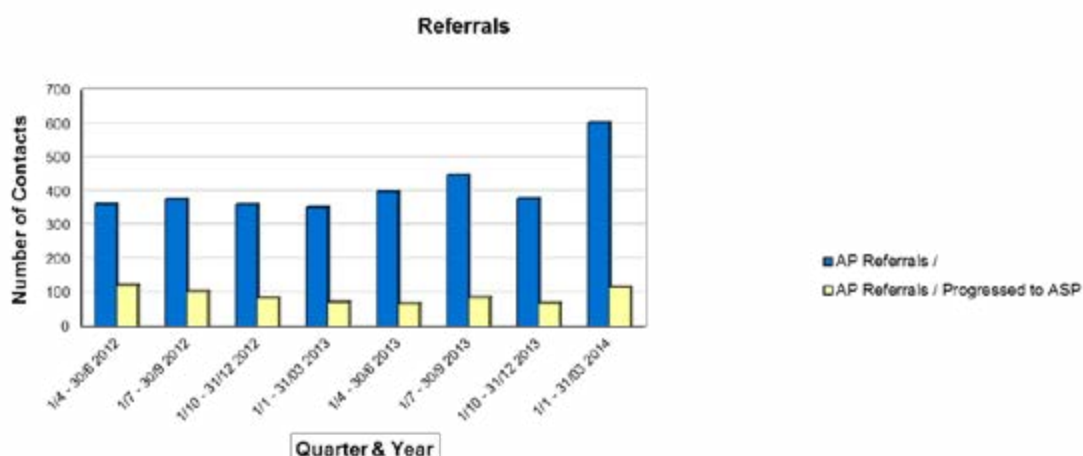
*A further incident of physical harm occurred when he began drinking again and Mrs B contacted the police. This resulted in the son being re-housed with support while Mrs B remained in her own home and was able to resume regular contacts with family members.*

## 4 Performance

### 4.1 Adult Support and Protection (ASP) Activity

#### *There are increasing numbers of adult concern reports*

Awareness of adult protection has seen an increase in the numbers of referrals received. Over the past two years Police Scotland has referred 2,520 people and the Council has received 766 from all other sources. Of this combined total of **3286, 726 progressed to adult protection inquiry or investigation (22%)**. Police Scotland remains very pro-active accounting for 42% of cases with Perth & Kinross Council services generating 17%.



**37% (1,224) people were already known to Community Care Services** and were open cases.

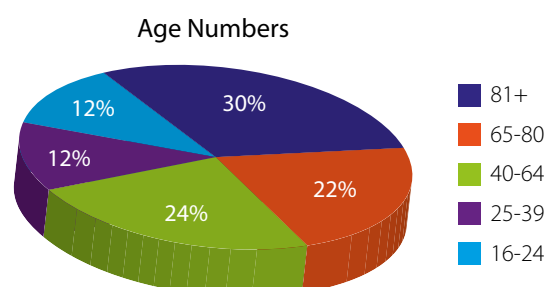
Other referrals (36% (1,171)) did not warrant any further action. Further work needs to be done with Police Scotland to ensure that referrals sent are appropriate and relevant.

#### *Increased reporting from care homes*

Police Scotland submit the largest number of referrals that progress to ASP but the most significant change over the past two years has been the increase from Care Homes from 4% in 2011/12 to 22% in 2012/14. This reflects well on the training input provided to this sector and the recognition these issues now receive.

#### *Older people more at risk of harm*

Older people, especially those over the age of 81, **account for 30% of all ASP cases** and are disproportionately represented in relation to other age groups. The other most prevalent age groups are over 40 with 24% in 40-64 age range and 21% aged 65-80.



### *Females slightly more likely to be at risk*

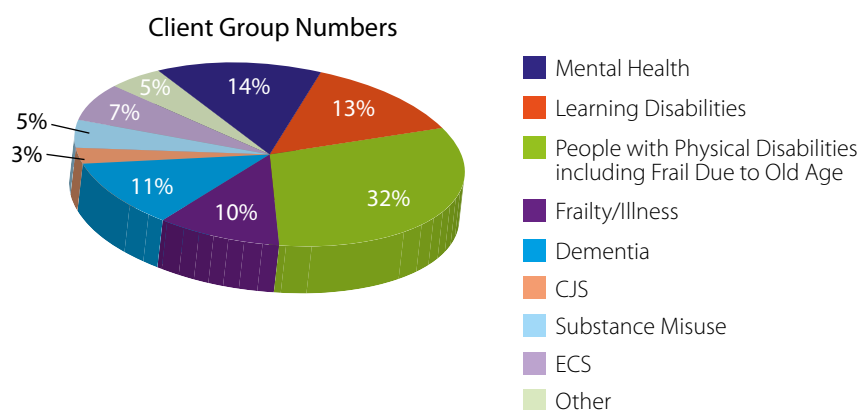
Females account for **54%** of cases under ASP.

### *Ethnicity*

The majority of people are of a white UK/Scottish background.

### *People with learning disabilities are disproportionately represented in concerns raised*

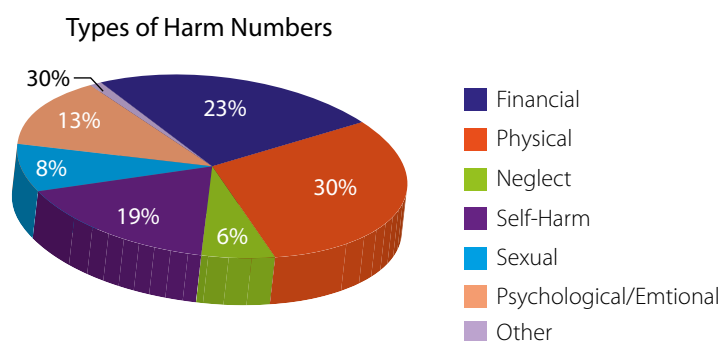
Referrals for **people with a learning disability account for 13% of ASP cases** but only make up 6% of the general population. This reflects with the Equality and Human Rights Commission report 'Hidden in Plain Sight' findings on the risks to people with disabilities.



### *The most prevalent types of harm are physical and financial*

**Physical harm** remains the **highest recorded type** of harm (25%) **followed by financial** (19%).

Self-harm accounts for 15% but has reduced over the past 2 years.



### *Own house or care home most likely location of harm*

Harm is more **likely to occur in a person's own house** than any other location. There is an increasing number of incidents happening in Care Homes especially in the area of resident to resident harm.

### *Adults more at risk from family and paid carers*

Family members (32%) are more likely to harm, followed by paid carer (23%) and other service user (17%).

### **Repeat referrals**

Over the past two years there have been 103 repeat referrals for adult protection concerns. **Seventy four people were referred twice, 22 three times, 4 four times and 3 five times.**

**The three people referred 5 times have a learning disability** and all proceeded to ASP investigation and Case Conference. Harm involved physical, financial, sexual and self-harm.

Three out of the 4 people referred four times resided in Care Homes and in all cases the harmer was another resident. In two of the cases it was the same resident who harmed; in both cases the harm was physical.

### **Large Scale Inquiries (LSI)**

Over the past two years there have been **18 LSI which involved 15 in Care Homes and 3 in Care at Home Organisations.**

Main areas of concern were:

- *poor culture of care;*
- *inappropriate staff behaviour;*
- *violence between residents not managed;*
- *inadequate management of residents who wandered;*
- *inadequate management of intimate contact between residents;*
- *financial irregularities;*
- *financial harm by staff;*
- *moving and handling issues;*
- *injuries on clients not reported;*
- *bullying of clients;*
- *locking clients in rooms.*

Outcomes included involvement of Care Inspectorate, Contracts Compliance Team, training organised, improvement plans developed and implemented, some economic sanctions and ongoing monitoring if necessary. The APC Committee organised a workshop to explore issues and seek solutions (see Appendix 1 for Action Plan).

### **Protection orders**

There were **three interim banning orders granted with one converted to a full banning order.** In one case two interim banning orders were granted when a service user was physically assaulted by two friends/acquaintances. These did not progress to full banning orders, following work with community care services.



In the other case an interim and full banning order was granted to prevent a relative accessing the home address for financial gain.

### **Critical case reviews/multi-agency case reviews**

There were none held in 2012/14.

### **Case conferences**

There was a **total of 84 Adult Protection Case Conferences**, 30 initial, 48 review and 6 network meetings.

The majority of Initial Case Conferences were held for females (66%) and across all age groups. The **most prevalent age group of the adult at risk is the 40-64 age group (33%) and the most common type of harm is financial (31%).**

29% of adults at risk have a learning disability and another 29% have mental health issues

## **4.2 Interpretation and Trends**

In analysing the statistical data it indicates that people are more at risk as they age, especially females.

Older people are more likely to suffer from financial and physical harm and have a cognitive impairment, dementia or frailty.

Older people but especially men with dementia tend to have higher rates of physical harm.

Younger females tend to have the most diverse range of harm. Many in this younger group have a learning disability or mental health issues and are at increased risk of sexual and self-harm.

There is a similar profile with younger males but they are more likely to be physically harmed.

In relation to the type of harm the statistics show that:

- *self-harm affects younger males with learning disability, younger females with mental health issues and middle aged men with alcohol issues;*
- *neglect and financial harm are more common in older people;*
- *emotional harm is more common in females over the age of 65;*
- *young people with learning disabilities or drug issues and older females with frailty are more at risk of sexual harm;*
- *physical harm is more common in young males with learning disability and older people with dementia.*



The profile in relation to client groups is:

- *people with learning disability are disproportionately represented in the figures which may indicate targeted behaviour. The highest reported harm in this group is sexual, physical and self-harm;*
- *sexual and self-harm are also the main issues for people with substance misuse;*
- *people with physical disabilities and frailty of old age are more likely to be physically or financially harmed;*
- *there is a higher risk of physical harm for people with dementia;*
- *people who have mental health issues have higher reported physical and self-harm.*

The analysis of data has led the APC Committee to have a higher profile in encouraging preventative multi-agency activity, and to link with other strategies and services.

## Case Example

*Mrs M, aged 84, is a widow who lives in her own home. Her daughter moved in with her to be a full-time carer following a diagnosis of dementia. While Mrs M needed help and guidance with finance and communication she maintained good physical health and needed very little help with personal care.*

*Information was received that there was unusual activity on the bank account and this led to an adult support and protection Inquiry. The daughter was initially not co-operative and information had to be obtained under a Section 10 Access to Records.*

*An Adult Protection Case Conference led to a Council application for welfare guardianship. Effective work with the family resulted in half of money being repaid while keeping the relationship between mother and daughter intact. The daughter is still caring for the mother and managing some of the finances but is subject to monitoring.*



# 5 Training and Staff Development

## 5.1 Training Strategy, Single and Multi-Agency

A trained and skilled workforce is essential for protection work to be effective. The level of training and expertise depends on the role of the staff involved so different levels of training have to be available and new training needs identified and developed.

Perth and Kinross continue to deliver awareness and specialist training free to all partner agencies.

In the **past 2 years 675 staff members have attended awareness training:**

- **258 attended multi-agency training**
- **417 attended single agency training:** *this covered sessions for Care Home staff, Homeless Hostels, Day Centres, Perth College UHI, Community Wardens, Women's Aid, Society for the Visually Impaired, Sheltered Housing, A&E Consultants and staff, GP Sub-Committee, Consultant Psychiatrists, Care Home Forum and all NHS staff in prison settings.*

**132 staff have attended specialist training** such as enhanced practitioner training and Adult Protection Case Conferences.


In relation to other training offered:

- E-learning module has been developed by the NHS and went live on 18 October 2012. Since then **2,812 NHS members of staff in Perth and Kinross have completed the module;***
- E-learning module has been developed by the local Authority and **271 (2012/13) and 466 (2013/14); some 737 staff members have completed the module;***
- this module is available on the PKC webpage for all partner agencies to use and they were consulted in the development of the course;*
- two day investigative interviewing course - 35 staff;*
- self-harm training - 64 staff;*
- protecting people course - 96 staff.*

## 5.2 Public Awareness

In recent years we have tried to raise awareness in a variety of different ways; **radio and supermarket campaigns, poster in hotels, restaurants and shopping centres and the use of television screens in public areas.** It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

As we move more towards a protecting people agenda we are combining resources with other agencies and departments to **raise awareness of all community safety issues at a variety of community events.**



The use of social media is an area we have used in the past year to raise awareness (Facebook) and use interactively at events (eg Twitter). It can be more effective when linked with national events such as Mental Health and Learning Disability weeks, 16 days of action for violence against women.

Perth & Kinross Council's website was updated in early January 2013 and the data obtained from 7 May 2013 until 31 March 2014 showed. **There were 2,035 page views for the adult support and protection pages.**

The pages accessed most frequently were:

- *Adult Support and (ASP) information page* 1,551
- *ASP Learning Zone* 175
- *ASP Resource Library* 161
- *ASP Committee* 148

## 5.3 Adult Protection Affected by Performance of Workforce

### (a) *Police Scotland*

The APC welcome the pro-active engagement of the Police Scotland in initiating the vulnerable person database. The Police continue to generate considerable numbers being referred (2,695) of which 152 resulted in a report to the Procurator Fiscal. Police Scotland staff attend Multi-Agency case conferences.

Regular consideration of the nature and appropriateness of referrals is ongoing.

### (b) *National Fire and Rescue Services*

The national roll out of preventative contacts from the service is very welcome. The creation locally of home safety visits by the fire services and all clients in community care being offered free home safety visits have resulted in more effective information sharing and engagement.

### (c) *Scottish Ambulance Service*

The committee is exploring closer links to the Ambulance Service for referrals and support.

### (d) *National ASP Codes of Practice*

The APC will update the local ASP multi-agency guidance to take account of the revised National Codes of Practice. Changes to practice evolving from national priorities and local challenges will continue to be a focus for the committee.

### **(e) Qualitative Audits, Research**

The APC continue to conduct an annual multi-agency case file audit that focuses on risk assessment and management, decision making, effective inter-agency working and information sharing. This involves NHS, Police and Council files being audited by a multi-agency team. Last year service users and carers were interviewed as part of the audit which was raised different issues and was a positive addition to the self-evaluation process. The main conclusions were in the majority of cases there was good evidence of:

- *appropriate response;*
- *effective risk assessments and risk managements;*
- *establishment of capacity to communicate and consent;*
- *adherence of human rights;*
- *effective multi-agency working.*

#### **Areas for improvements**

- *Chronologies.*
- *Increased access to advocacy.*
- *Improvement in multi-agency risk assessment and risk management plans.*
- *Clarity in the overlap between ASP cases and CPA processes.*
- *Evidence of outcomes.*
- *Access to NHS record primary care/physical health care records.*

A Tayside wide multi-agency case study event was also carried out to improve understanding and learning and plans care to make this an annual event following positive feedback from participating staff and outputs for practice challenge.

#### **Research**

Perth and Kinross have been pleased to assist in national research and have *during the Biennial Report period participated in two major pieces of research* (referenced in Appendix 2).

## 6 Community Safety, Co-operation, Partnership and Learning

### 6.1 Co-ordination with Others Protecting People Initiatives and Groups

Perth & Kinross Council has developed a Co-ordinators group whose main remit is to promote collaborative joint partnership working aimed at protecting vulnerable people and keeping people safe, in effect combining public protection services.

Membership includes Child Protection (statutory and voluntary), Adult Protection, Community Safety, Alcohol and Drug Partnership, Violence Against Women, CEOP (Child exploitation online) Officer, Mental Health Services, Disability Officer, Youth Services and Capacity Building Team.

This group has developed:

- *a protecting people course;*
- *co-ordinated public awareness raising at public events across Perth and Kinross.*

### 6.2 Reviewing National Reports

The Committee regularly looks at the findings of reports from the Mental Welfare Commission, and other agencies and research.

### 6.3 Multi-Agency Communication and Co-operation

Tayside covers the three local authorities of Dundee, Angus and Perth and Kinross, one NHS Board and Police Scotland. It is therefore imperative that policies apply across the region to allow for consistent practice but allow for some local variation. It is proposed to review these arrangements following the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014 and the new structural arrangements needed.

In the last 2 years activity has included:

- *updating the Tayside multi-agency operational guidance;*
- *Large Scale Inquiries protocol;*
- *Significant Case Review protocol;*
- *Critical Review meetings protocol;*
- *Single and Multi-Agency Chronologies practice guidance;*
- *capacity assessments is still an ongoing issue as the Scottish Government publication of 'Guidance on the Involvement of GP's in Multi-Agency Protection Arrangements' has raised other issues.*

## ***NHS Tayside***

A welcome development has been the establishment of the NHS Tayside Adult Support and Protection Implementation Group which was established in September 2011 and continues its work under the chairmanship of the Board's Medical Director, in his capacity as NHS Tayside Executive Lead for Adult Support and Protection. This group meets regularly with the three independent chairs.

The purpose of the group is to provide NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of, effective adult support and protection arrangements.

The group reports to the Improvement and Quality Committee as a Sub-Committee of NHS Tayside Board via the Clinical Quality Forum. The Group's work plan is regularly reviewed and focuses on key areas such as; risk management; information sharing, quality assurance, education and training.

There is a significant focus on education and training in NHS Tayside, with a number of development programmes delivered in partnership with local authority and voluntary sector partners. Several e-learning programmes are available on the LearnPro e-learning system and accessible to all staff groups to complete.

In October 2013, an Adult Support and Protection lead was appointed for a period of six months to undertake a scoping exercise measuring Perth & Kinross Community Health Partnership (P&KCHP) staff compliance with Adult Support and Protection (ASP) training. The findings of this report have been very helpful in addressing the need for a further intensive roll out of training across the NHS, including first point of contact services.

Although this work relates specifically to Perth and Kinross, it has a wider applicability across NHS Tayside. Advice is, therefore, being sought through the NHS Tayside Professional Advisory Structure as to the appropriate means of raising awareness for the professions and engaging them in training and development plans and activity for this important area.

The NHS Tayside Adult Support & Protection Operational Procedures are currently being reviewed on a joint NHS Tayside/Local Authority basis to streamline the content and make them more user-friendly.

General Practitioners (GPs) continue to be aware of the ASP agenda following the publication of national guidance and have good communication structures in place via the local partnerships.

The local pathway for medical examinations and arrangements for access to Primary Care services by adults at risk operate effectively and ASP(A) is discussed by the GP Sub-Committee of the NHS Tayside Area Medical Committee, thus helping to raise awareness and share learning.

The Committee has been strengthened by the regular attendance of a local general practitioner.

The Committee will also explore the role that 'Prescription for Excellence' may have in supporting medication monitoring in this client group, where appropriate.

## 7 Conclusion

In the last 2 years the APC has achieved most of their objectives and are encouraged by the outcome of multi-agency work undertaken. There has been effective action on all five national priorities with continuing work being undertaken in the areas of financial harm and care homes which is reflected in the Improvement Plan.

The Adult Protection Committee continue to be pro-active in identifying and addressing relevant areas of concern in relation to adult support and protection thereby supporting adults who may be at risk of harm.

Areas which will continue to have attention from the committee will include the implementation and impact of Self-Directed Support on users and carers; the potential impact of austerity measures on sectors of the population, and a continuing focus on preventative activity on harassment and disability.

The committee will also through integrated structures, monitor the continuing impact on staff resources, training needs and support for people with incapacity, which remains central to the ASP process.

The committee will also focus on the cross-cutting implications for young people in transitions, relationships to alcohol and drug misuse, and work with other preventative and support services to meet national outcomes.

Finally thanks to the members of the Perth and Kinross Adult Support and Protection members and to their parent bodies for their continuing and highly dedicated support, and to Mary Notman who makes it tick.

**Alex Davidson**

*Independent Chair*

*August 2014*

# Appendix 1

## Perth and Kinross Adult Support and Protection Improvement Plan 2013/14

Of Concern/No Progress



Work in Progress



Completed



Action Needed	Responsible Person	Timescales		Completed/Progress
Increase awareness of bank staff to report financial irregularities.	Police Scotland Engagement with financial institutions	September 2013 December 2014	<b>G</b>	Tayside Project completed RBS on APC.
Increased awareness of ASP issues in NHS settings especially A&E departments.	NHS Lead Practitioner	June 2014	<b>G</b>	Survey completed per and post training - report completed.
Involvement of service users and carers - development of service user and carer forum.	PKAVS Advocacy MWC	December 2014	<b>G</b>	Conference March 2014. Meeting with voluntary sector.
Effective data collection that allows for benchmarking and informs operational staff.	ASP Co-ordinator	June 2014	<b>G</b>	On national working group and final paper submitted.
Multi-agency responsibility for harm in care homes - ASP concerns.	Care Inspectorate Contract Team ASP Co-ordinator Care Home Liaison	March 2014  March 2015	<b>A</b>	Meeting 30 May and action plan developed in process of being implemented.
Audits, self-evaluations and case reviews that allow learning from practice.	ASP Co-ordinator	March 2014 September 2014	<b>G</b>	Multi-agency audit 4/4. Report submitted June APC - Improvement plan implemented.
Identification and training on ASP risk issues in SDS implementation.	SDS Co-ordinator ASP Co-ordinator	December 2014	<b>A</b>	Both on working group.

Action Needed	Responsible Person	Timescales		Completed/Progress
Ongoing publicity campaign to raise public awareness.	Lisa Potter	June 2014	A	Use of social media. Financial posters developed July 2014.
Identification and action on housing issues - access to properties, CCIG, MAPPA.	Liz Cooper	June 2014	A	ASP Co-ordinator to liaise with senior managers.
Clarify role of the Sub-Committees.	To be discussed at APC	September 2014	A	To be placed on agenda.
Identification of ASP issues in prison setting and develop process with SPS and SW colleagues.	CJS staff ASP Co-ordinator	March 2014	G	All NHS staff in prison settings trained in ASP awareness.
Co-ordination within Tayside on relevant issues.	Tayside steering group action plan	September 2014	A	Convenor arranging meeting.
Ongoing staff development across all partner agencies.	All agencies	June 2014	G	E-learning course developed and on PKC webpage for all agencies to access.



# Appendix 2

## Resources

The following **reports** are available:

- *Training strategy*
- *NHS Awareness survey*
- *NHS updated awareness figures post training*
- *NHS Tayside, Perth and Kinross Work Plan*
- *ASP Statistics*
- *Research - visit summary sheet*
- *Multi-Agency Case File Audit report and Improvement plan*
- *SCAM policy*
- *Tayside wide Case Review*
- *Care home Workshop Action Plan*

The **Minutes of the Adult Protection Committee** are available on the PKC webpage:

[www.pkc.gov.uk/article/3577/Adult-Support-and-Protection-Committee](http://www.pkc.gov.uk/article/3577/Adult-Support-and-Protection-Committee) 🔗

Other information can be accessed from the links below:

### **The Act:**

[www.legislation.gov.uk/asp/2007/10/contents](http://www.legislation.gov.uk/asp/2007/10/contents) 🔗

### **Resources and definitions:**

[www.scotland.gov.uk/Resource/Doc/262012/0078343.pdf](http://www.scotland.gov.uk/Resource/Doc/262012/0078343.pdf) 🔗

### **Comparison of Acts, Adult Support and Protection (Scotland) Act 2007, Mental Health (Care and Treatment) (Scotland) 2003, and Adults with Incapacity (Scotland) Act 2000:**

[www.scotland.gov.uk/Resource/Doc/262194/0078392.pdf](http://www.scotland.gov.uk/Resource/Doc/262194/0078392.pdf) 🔗

### **Scottish Government:**

[www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection](http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection) 🔗

### **National Codes of Practice:**

[www.scotland.gov.uk/Publications/2014/05/6492](http://www.scotland.gov.uk/Publications/2014/05/6492) 🔗

### **Guidance on the involvement of GP's in multi-agency protection arrangements**

[www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/Resources/GPGuidance](http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/Resources/GPGuidance) 🔗

### **With Scotland:**

<http://withscotland.org/> 🔗

**Act Against Harm:**

[www.actagainstharm.org/](http://www.actagainstharm.org/) 

**Strategic Objectives:**

[www.scotland.gov.uk/About/Performance/Strategic-Objectives](http://www.scotland.gov.uk/About/Performance/Strategic-Objectives) 

**Hidden in Plain Sight:**

[www.equalityhumanrights.com/publication/hidden-plain-sight-inquiry-disability-related-harassment](http://www.equalityhumanrights.com/publication/hidden-plain-sight-inquiry-disability-related-harassment) 

**Research:**

[www.amazon.co.uk/Supporting-Vulnerable-Adults-Citizenship-Capacity/dp/1906716129](http://www.amazon.co.uk/Supporting-Vulnerable-Adults-Citizenship-Capacity/dp/1906716129) 

**A project to support more effective involvement of service users:**

[www.scotland.gov.uk/Publications/2014/02/1805](http://www.scotland.gov.uk/Publications/2014/02/1805) 

For copies of the papers or any other information please contact:

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