Scottish Borders Adult Protection Committee

Biennial Report 2012 - 2014

Scottish Borders Council | Police Scotland Keeping people safe | NHS Borders

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1. Acknowledgements

This is my first biennial report since taking over as Convenor of the Adult Protection Committee in Scottish Borders in March 2013.

I would like to express my thanks and appreciation to Chief Officers and members of staff, at all levels, across the partnership agencies for their support over the past eighteen months.

I am grateful to all members of the Adult Protection Committee and sub committees for their focused determination and commitment to developing services to protect adults at risk in Scottish Borders.

Finally I would like to thank members of the Adult Protection Unit, the Adult Protection Coordinator and the administrative team who have provided invaluable support to the running of the Adult Protection Committee, Sub Committees and associated business.

Jim Wilson
Convenor, Adult Protection Committee

2. Introduction and Context

This is the third biennial report from the Convenor of the Scottish Borders Adult Protection Committee, as required under Section 46 of the Adult Support and Protection (Scotland) Act 2007 (ASPA). The report provides an evaluation of the Committee's activity over the past two years and of Adult Protection in Scottish Borders. It follows the revised guidance on content provided by Scottish Government in 2014.

A draft of the report was presented to the committee for approval prior to submission. Similarly a draft of the report was shared with Chief Officers.

At this stage it is important to acknowledge a number of changes in organisational structures and personnel that have taken place in the Scottish Borders over the past two years. From an organisational point of view the process of integration of the Health and Social Care function is currently underway. Similarly the changed arrangement with the establishment of Police Scotland is noted. Within Scottish Borders Council (SBC) there has been a re-organisation of the Senior Management structure. As indicated a new Convenor commenced in March last year and a new Lead Officer commenced with SBC in June last year. Whilst greater detail will be provided throughout this report it is to the credit of all concerned that, despite these changes, the clear commitment across all agencies to working in partnership to protect adults at risk of harm has insured this focus has been retained throughout the period covered by this report.

In 2005 Scottish Borders established a multi-agency Adult Protection Committee (APC) prior to this becoming a national requirement. The APC meets bi-monthly and has three sub-committees namely, the Interagency Operational Group (APIOG), the Audit Subgroup and the Learning and Development Subgroup. These sub committees report on progress at each meeting of the APC, as specific agenda items. *(See appendix 1 for APC Constitution & Structure, and, appendix 2 for Committee and Sub Committee agenda items.)*

The Committee previously had four subgroups, with an NHS Operational Group; however in 2012 it was felt that this group could be discontinued on the basis that its original purpose had been served and there was merit in streamlining responsibilities. The view was taken that given there is a relatively small pool of people at senior level who can serve on the APC and sub committees it was important that we made efficient use of worker time.

The Independent Chair of the APC reports to the Critical Services Oversight Group (CSOG) on a quarterly basis.

The APC has an Interagency Strategy for 2012 – 2015 and associated strategies to ensure adults at risk in the Scottish Borders are supported and protected from harm. Specific strategies include Audit, Training and Public Awareness. *(See appendix 3 copy of Strategies.)*

During the course of the past year the APC was pleased to welcome a number of additional representatives namely; an additional third sector representative, a representative from the Ambulance Service and a GP representative. Whilst we do not have a Fire Service representative the Fire Service are very proactive in adult protection work and reporting cases of concern to the authority. Both adult and child protection staff attended training for fire service trainers in child and adult protection.

3. Executive Summary

Partners across Scottish Borders welcomed the positive feedback received from the Minister to the second biennial report. The letter from the Minister highlighted a number of achievements and this report will provide an update on both these areas of practice and additional initiatives that have taken place over the past two years.

In April 2013 Scottish Borders conducted a multi-agency self-evaluation exercise involving Council, NHS Borders and Police Scotland colleagues. External analysis was provided by the Care Inspectorate and the National Adult Protection Coordinator.
A self-evaluation workshop was held following the format of the Resource Book prepared by Dundee University and Scottish Government. In advance extensive documentation providing supportive evidence of practice was made available against which services were evaluated.
In summary partners were able to conclude that, in general terms, services were well placed to support adults at risk in Scottish Borders. Following this event an action plan was prepared to further develop identified areas of practice and promote continuous improvement. Progress on the action plan was remitted to the operations sub-group of the APC to ensure implementation.
A further multi-agency self-evaluation exercise is planned for later this year to assess progress since last year. It is intended that this exercise will evaluate progress on the ten key areas of practice previously assessed and identify opportunities for continuous improvement.

In August 2013 updated Multi-agency Guidelines were published by Edinburgh, Lothian's and Borders Executive Group (ELBEG) to replace those originally published in January 2010. The new guidelines take account of changes in legislation, new information on Protection Orders, Risk Assessments and transition of users from Child Protection to Adult Support and Protection.
These guidelines are not however intended as a substitute for individual agency Adult Protection procedures. In this respect both NHS Borders and SBC have subsequently taken the opportunity to refresh their local policies and procedures. Additionally a Scottish Borders Inter-Agency Vulnerable Young Persons Protocol (VYP) has been produced for people under the age of 21 years who are at risk of causing significant harm to themselves or others. *(See appendix 4 VYP Protocol.)*

National Priorities and Improvement Plan

Accident & Emergency Services

Within Borders General Hospital extensive training was introduced to support the recognition and recording of Adults at Risk of Harm. A screening tool was developed specifically for A&E and three of the receiving wards on admission to hospital, to recognise and report harm. The Assessment Tool and Referral Record is a straight forward two page document that is completed by NHS Borders staff immediately if it is known or believed that a person is an 'Adult at Risk' of harm. The document provides a clear five step guidance to staff who are required to; ensure immediate safety; seek the adults consent to take action where possible/practicable; report to line managers; refer to Social Work and refer to Discharge Liaison Team to ensure patient is not discharged to unsafe situation. *(See appendix 5 A&E Assessment Tool & Referral Record.)*

Extensive training for the Emergency Department staff ensures that they have an opportunity to reflect upon adult protection in Emergency Department settings; understand their legal/professional duties and responsibilities under the ASPA; know what to do if adult protection concerns arise and how to make a referral as detailed above.
Staff are made aware of NHS Borders Adult Protection procedures, guidelines and sources of professional advise/guidance/training.

NHS Borders staff were represented on the National Working Group and as members gave a presentation on the assessment tool.

Adult Protection in Care Home Settings

Whilst the majority of recorded harm is noted as occurring in the service users own home, a significant level of reported abuse has been noted over the recording period in the Private Care Home sector.
Scottish Borders Council have a Community Care Review Team (CCRT) who regularly visit and monitor all care homes in the area. The Large Scale Investigations (LSI) process works alongside key partners such as NHS Borders, The Care Inspectorate and the care providers to bring the level of care to the expected and safe standard.
Recent developments have included the provision of bespoke training to a private care provider where standards of care were deficient. This training was developed by a team of trainers in relation to Adult Protection and National Care Standards in care home settings. The training has been delivered to all frontline staff in an identified care home and evaluated positively. Follow up sessions are being arranged for impact evaluation purposes.

Adults at risk from Financial Harm

Financial abuse and physical abuse continue to be reported as the most frequent form of harm. The Minister, in response to the previous biennial report noted the work undertaken on financial harm and the proactive role in jointly working with Trading Standards and local banks.

During the recording period joint work involving Adult Protection and Trading Standards staff have sought to tackle the ever increasing problem of scams, with targeted support to adults considered to be at risk of financial harm.

In relation to joint working with the banks the CEO from one of the major banks in the area recently attended the APC to discuss the role financial institutions can play in preventing and identifying financial abuse. A corporate approach is now being progressed involving all major banks in the area, with proposals to launch a publicity campaign, possibly involving the "Think Jessica" material.

Data Collection

Scottish Borders has always collected a significant level of detail in relation management information and is well placed to provide the detail required for the National Data set.

The APC receive quarterly reports on Adult Protection activity. An Annual report on Adult Protection is prepared and presented to Scottish Borders Council Committee and the NHS Borders Executive Team. Once approved the Annual Report is published on the Council website and the NHS Borders Internet.

Service User and Carer Engagement

Scottish Borders partners recognise the need to involve service users and carers throughout the Adult Protection process. The process of collecting feedback on all cases where service users have been involved in a concern has only recently been put in place and the APC welcomes the opportunity to explore peoples experience and how services might be better delivered. We are keen to learn and understand what we do well and equally not so well, so we can provide better support in the future. Further details are provided in the next section of this report.

4. Outcomes

The Minister noted the measures being taken to increase the level of service user involvement in the Adult Protection process. Borders Independent Advocacy Service (BIAS) have been commissioned to provide support and independent advocacy to service users who may become involved in Adult Protection process. Advocacy is offered to all service users where it is felt that the service will empower them to participate, or where they need independent support to participate.

Following the self-evaluation exercise mentioned earlier the Lead Officer for Adult Protection prepared a paper specifically designed at "Improving Client and Carer Involvement through the Adult Protection Process". This report recognised the need to involve service users and carers throughout the full Adult Protection process and to keep them updated from the inquiry stage onwards. The report highlighted some of the practical issues and challenges and presented proposals in terms of operational practice and process. For example in relation to promoting attendance at case conferences, the need to consider both nature and venue requires careful consideration and proposals have been adopted. *(See appendix 6 Case Conference attendance flowcharts).*

For a period of time postal questionnaires were being used to seek views of service users, whilst positive in content, there was limited response. Subsequently a more robust process has been put in place to secure the views of service users and carers on their involvement in the Adult Protection process and identify opportunities to improve practice.

In all cases where service users have been involved in an Adult Protection inquiry they will be asked their permission for contact details to be given to BIAS. Immediately following the conclusion of Adult Protection involvement BIAS will contact the service user/carer to ascertain their views on the service provided and any suggestions for service improvement. Feedback will be given to the Adult Protection Coordinator and summarised for presentation to the APC. *(See appendix 7 AP Questionnaire.)*

During the course of 2013 an audit was commissioned to examine 23 Adult Protection cases which resulted in case conferences. This research considered the level of involvement of service users in case conferences, the actions agreed at case conferences and the evidence to support them having been completed. The audit results were generally positive highlighting, as a raised priority, the importance of case recording, risk assessment and chronologies.

Additionally during this reporting period a scoping exercise was undertaken to collate information on all primary prevention work and local strategies. This wide reaching project, making use of the online forum Survey Monkey, sought views from all multi-agency partners and the third sector on current provision, planned developments, gaps in provision and proposals for how these could be addressed.
This survey has been a valuable mapping exercise. It has highlighted areas of good practice and good individual work by agencies. It has highlighted active communication and signposting where referrals to other agencies have been useful or appropriate. At the time of writing the report it is under consideration by the APIOG sub group before presentation to the APC.

The following examples give an indication from service users on how they were protected as a result of Adult Protection intervention.

Practice example 1
Client A is an 84 year old lady with dementia who lived alone supported through a care package. Although Client A had a degree of dementia there was no formal Power of Attorney (POA) in place. A family member had taken a lead role in supporting Client A, with her bank card. Concerns first came to the attention of social work, through a yearly financial assessment form, where it became clear there had been large withdrawals of money which Client A knew nothing about.

The Council Officer worked alongside mental health services to ascertain that she still had capacity to make decisions around her finances. There was an application with a solicitor, which included financial powers to the family member suspected of financial harm.
The social work practice team put a temporary stop to the POA application, pending an Adult Protection Case Conference. The adult was supported alongside a family member to express her views and fully participate in the protection process. As part of the protection plan, other family members agreed to manage the finances through the formal route.

The outcome of this intervention was that the power of attorney application was suspended, pending the Adult Protection process and the client was fully supported to participate and have her views heard. As part of a protection plan, responsibility for finances was agreed, and the monies stolen paid back to the client.

Practice example 2

Client B is a 27 year old female with a learning disability who lived independently, and was supported through a package of care. Client B met a local man over the internet, through a social media site. The friendship developed and Client B started lending her boyfriend money, leaving herself unable to meet her own commitments. Over a short space of time the relationship changed with the boyfriend became more controlling. Client B felt scared and unable to ask for help. Social care staff and her family became increasingly worried about Client B becoming quiet, withdrawn and not her usual self.

Adult Protection became involved through a referral from the care provider. Following an Adult Protection inquiry, it became apparent the boyfriend had a history of theft and breach of the peace. Evidence of psychological and emotional abuse began to emerge, alongside signs of undue pressure. The case did proceed to Adult Protection Case Conference and a protection plan was agreed and put in place. Client B was supported to end the relationship and increased technology put in place to safeguard her. Client B reported feeling happier and safer, as a result of the intervention.

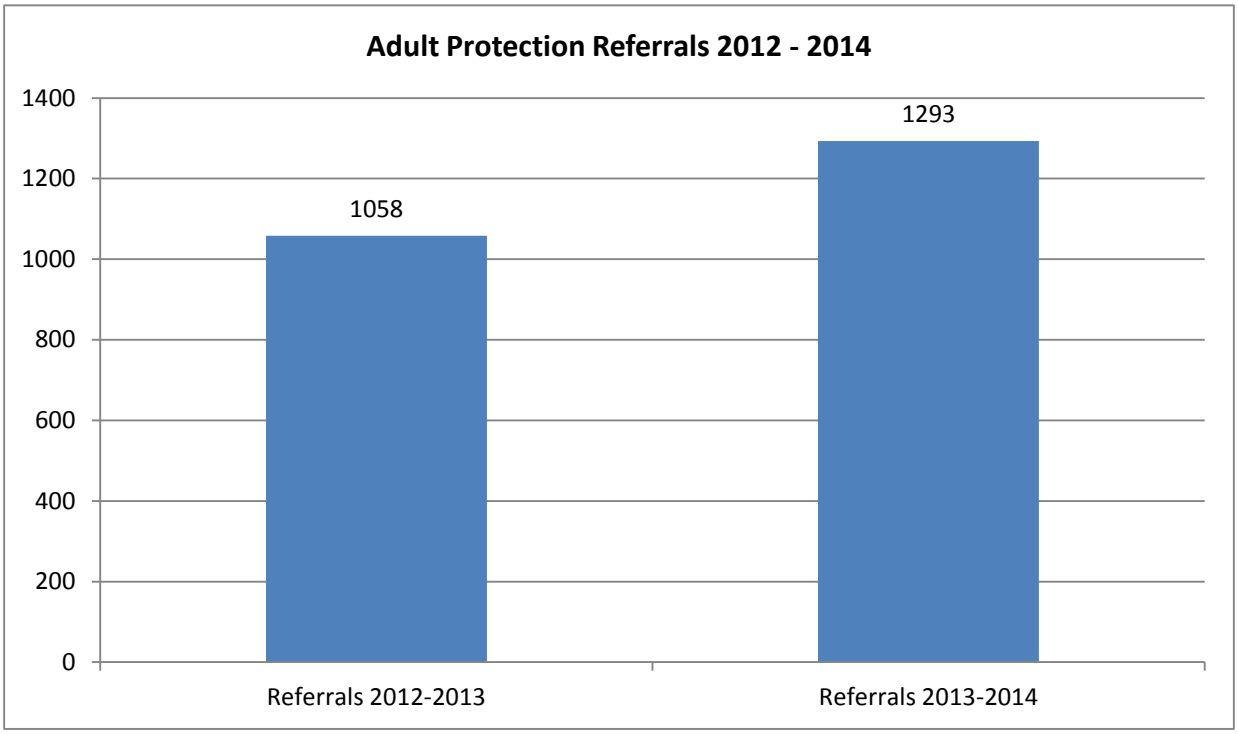
5. Performance

The APC receives quarterly activity reports and an annual report on all Adult Protection activity. These reports provide the opportunity for the APC, and its subcommittees, to analyse trends in the statistical information provided. These reports are used to inform and evaluate the effectiveness of Adult Protection and the procedures in place to manage this information. All reports are drawn from the Social Work Information Management System (Frameworki), which has been in place since the APU was established in 2005.

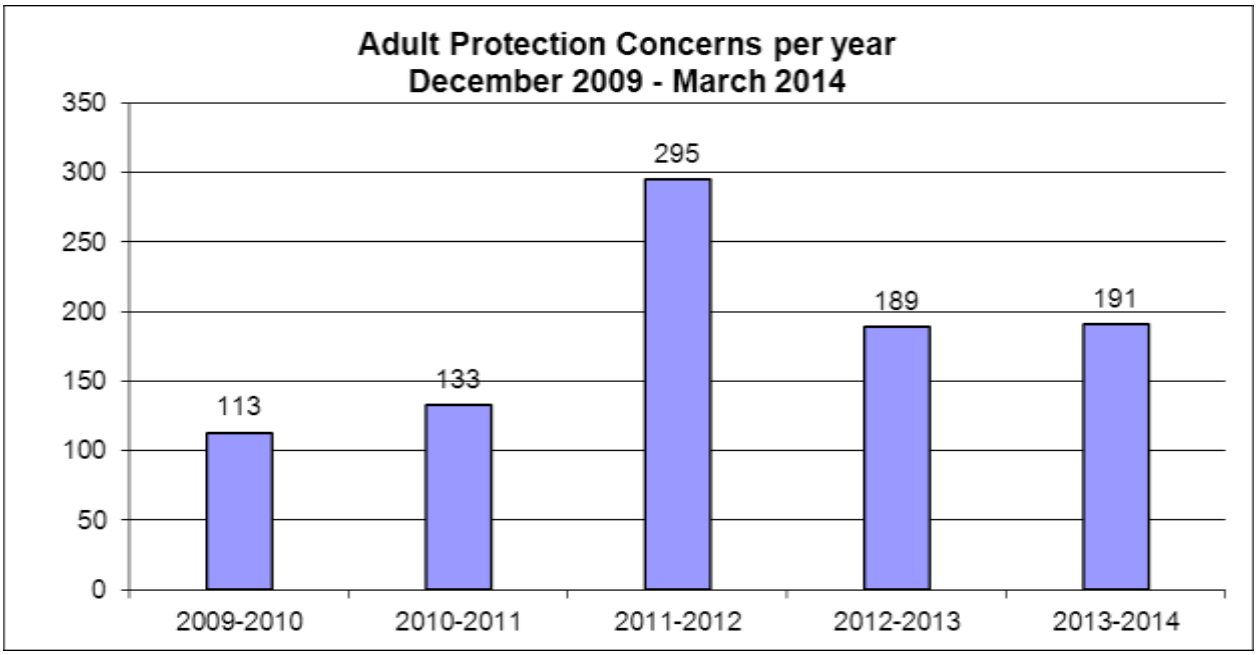
Following on from the last biennial report, which highlighted the need for a National Data Set, we note there has been significant progress with this initiative. Scottish Borders will submit the required data as part of the initial pilot phase.

Adult Protection Referrals (Table 1)

An Adult Protection referral to Scottish Borders Council occurs where any person suspects an adult is at risk of harm. Referrals come from a large variety of sources. These referrals come into Scottish Borders Council either through the Duty Hub in office hours, or, through the Emergency Duty Team which operates outwith office hours. During the course of 2012 – 2014 the following numbers of referrals were received, totalling 2351.



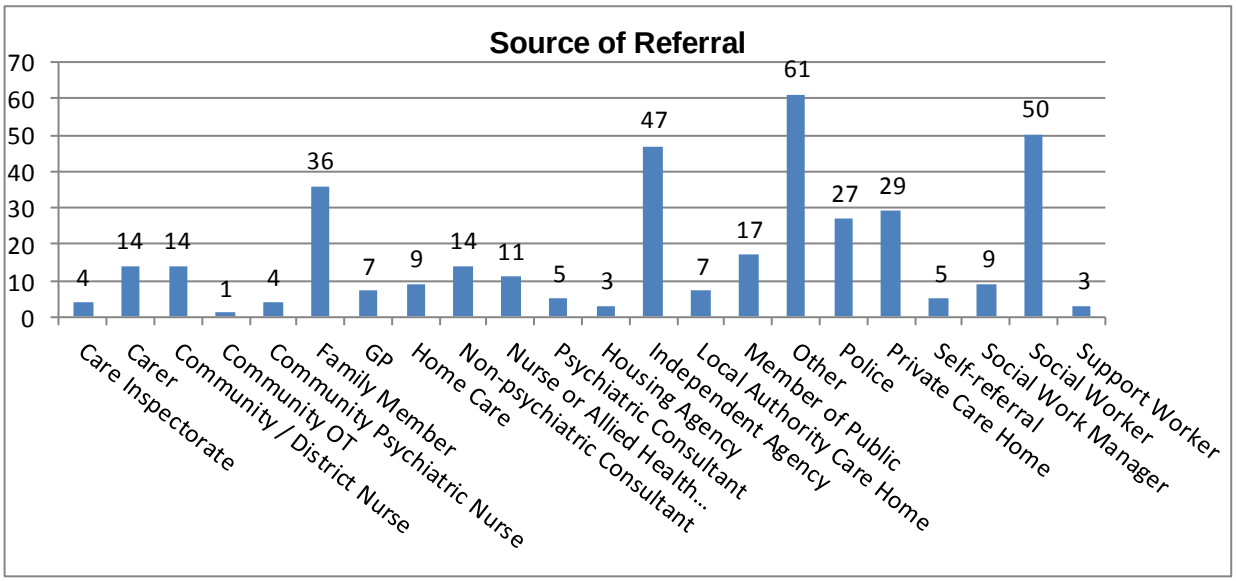
Scottish Borders Adult Protection Concerns April 2008 – March 2014 (Table 2)

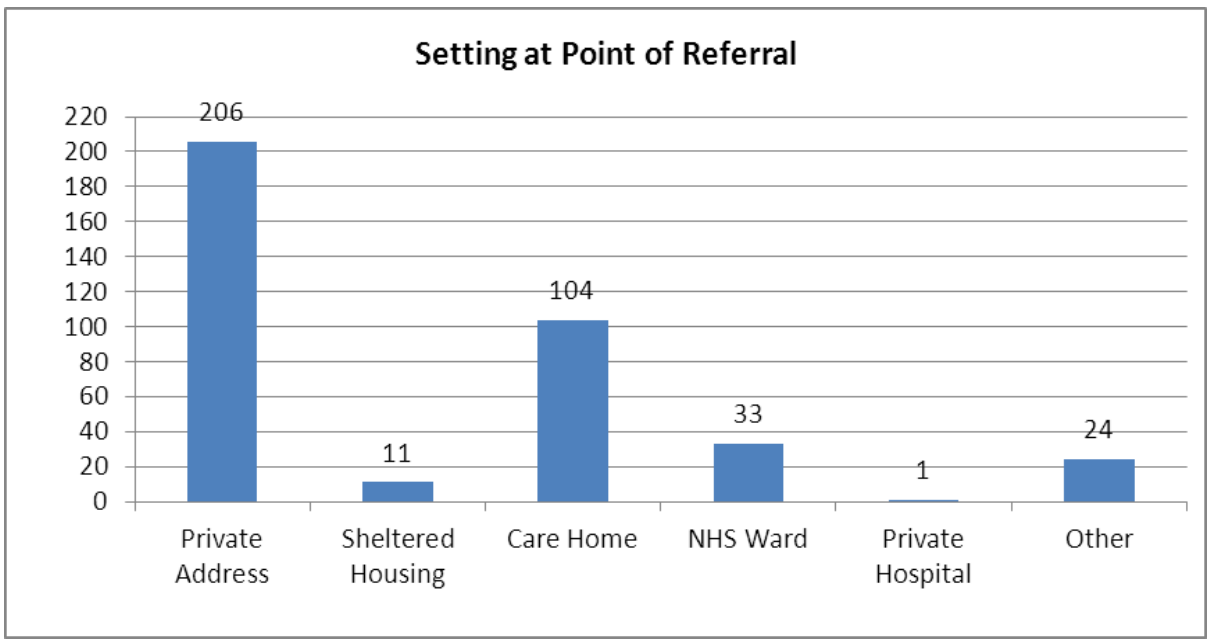


An Adult Protection Concern in the Scottish Borders is recorded, when information received indicates that the, adult is known or believed, to be an adult at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007. Scottish Borders receive referrals and information from many sources, some of this information may not be recorded as an Adult Protection Concern, but may well be, screened and signposted to more appropriate services. An example of this would be Adult Concern forms, which are more concerns around general welfare or care issues, and more appropriate to be dealt with through the social care route, and not through Adult Protection.

As can be seen from the Table 2 above, there has been a general upward trend of Adult Protection Concerns. In the Scottish Borders, free of charge, level two training has been accessible to all interested parties working in the field of care, and it is believed this has contributed to better awareness and understanding in reporting harm. The marked increase in Adult Protection Concerns in 2011 – 2012 can be partially attributed to an over reporting, which has been resolved, of medication errors in community based care settings. Figures for the last two years appear to have stabilised to around 190 Adult Protection Concerns per year, which progress to Adult Protection Inquiry and further Investigation.

Referrals which led to an Adult Concern 2012- 2014 (Table 3 & 4)



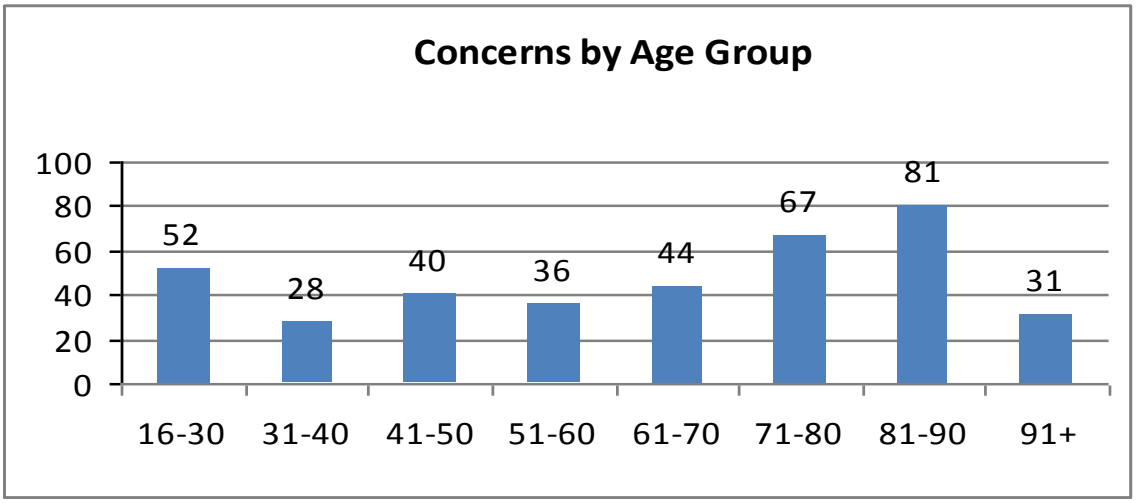


Similar to the last biennial report, there is broad cross representation, around the source of an Adult Protection Concern. Care providers and organisations are well represented, much of this can be attributed to the level two Adult Protection training which is easily accessible to all local authority, key partners and private social care staff. General practitioners reporting harm has increased by 20% on the last biennial report, which may be attributable to better communication and increased telephone discussion around potential adults at risk.

A figure which has increased the most since our last biennial report is the amount of family members, reporting Adult Protection Concerns; this figure has doubled since the last biennial report. Some of this may be explained through family members suspecting financial harm through misuse of a power of attorney.

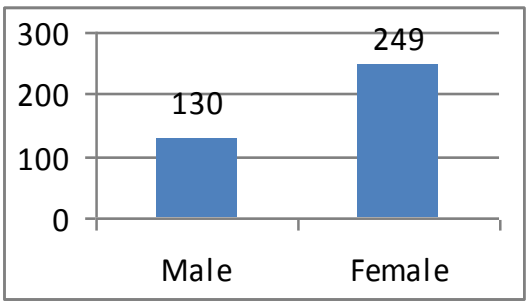
Or in other cases, where a sibling may not have any formal powers to manage finances, but where financial harm or emotional harm is suspected by another member of the family.

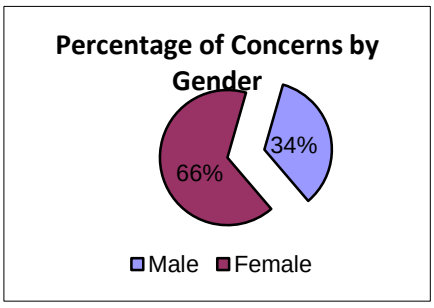
Age Groups of Service Users involved in Adult Concerns 2012- 2014 (Table 5)



As can be seen from the graph above older adults particularly in the 71 -90 range are the client group reported to be at the greatest risk of harm. Financial harm has been particularly evident in this category; some of this can be explained through the rise of scams, bogus callers, and financial harm from someone known to the adult. The other age range worthy of note is the 16-30 age range. We have noticed a steady increase in younger adults at risk, particularly with the rise of social media and internet enabled technology, this has thrown up new challenges around relationships and around the issue of setting safe appropriate boundaries.

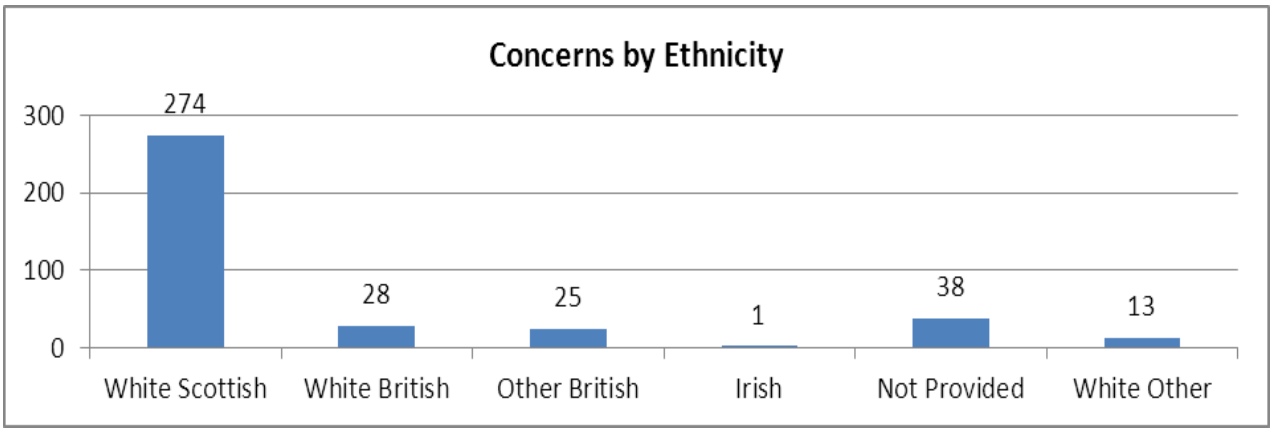
Gender of Service Users involved in Adult Concerns 2012- 2014 (Tables 6 & 7)





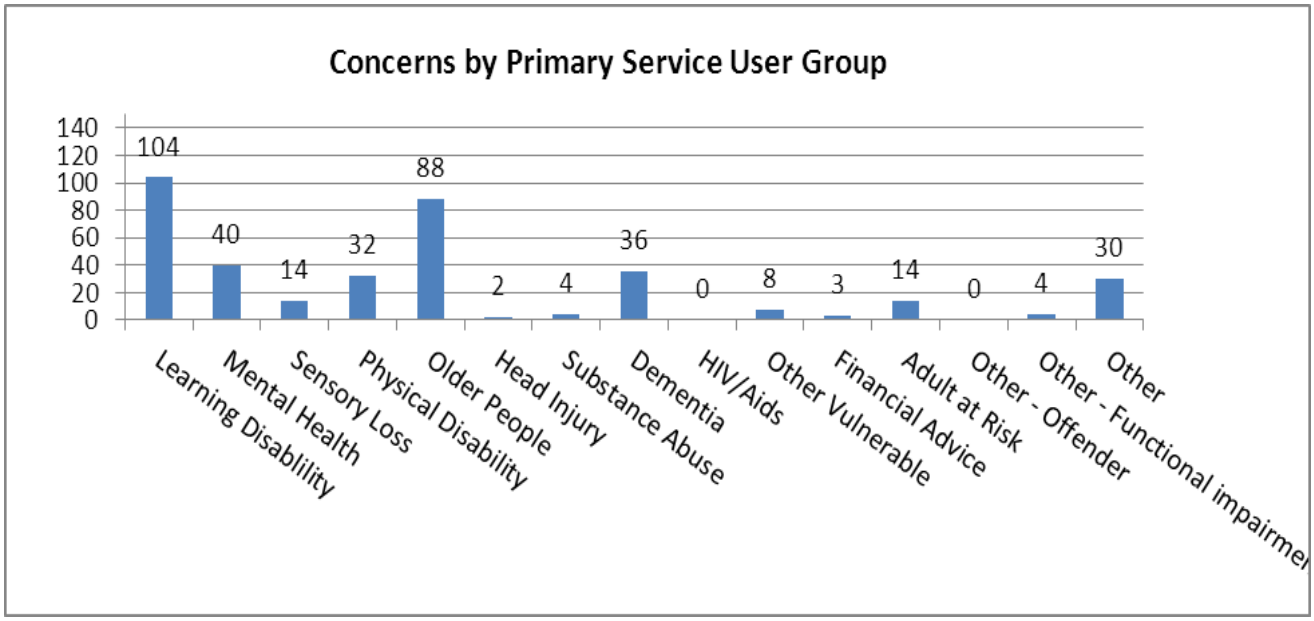
In the Scottish Borders we have a higher level of female adults reported as at risk of harm, over males. Analysing this data over the past two years demonstrates that twice as many females are reported over males. Statistically speaking the male and female divide up to the age of 74 is very similar. Going beyond the age of 75 years, most females generally outlive their male counter parts, and therefore are likely to be living both longer and living on their own.

Ethnicity of Service Users involved in Adult Concerns 2012- 2014 (Table 8)

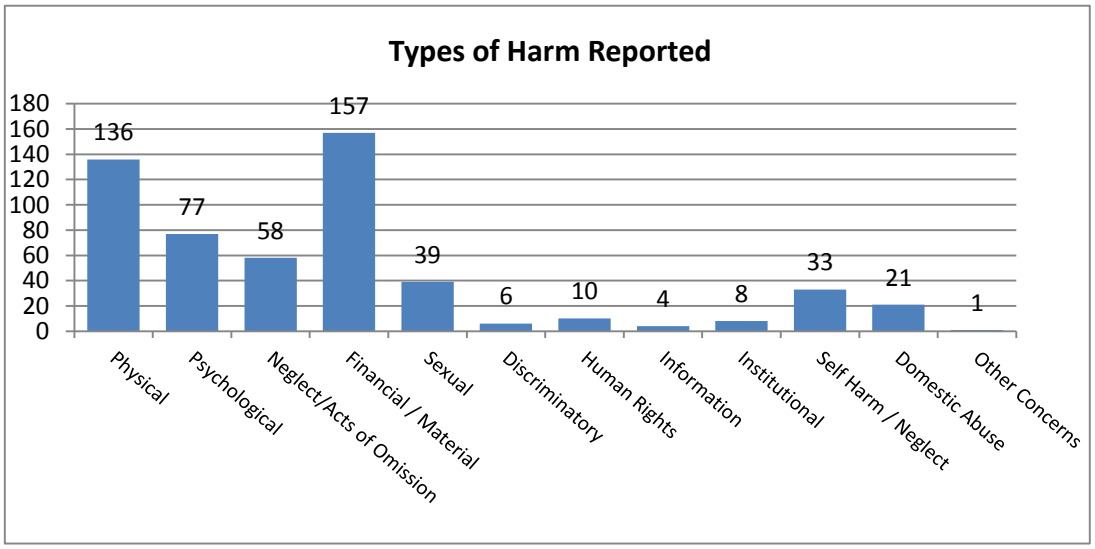


The predominant group of adults at risk reported in Scottish Borders remains White Scottish clients. The Borders is a very rural and wide spread community, the population of Scottish Borders is 113,870. From Scottish Government statistics drawn from 2011 we can report that less than one and a half percent of the Borders population comprises adults of an Asian, Black, mixed or other ethnic group. This most likely explains why our reported ethnicity figures are predominantly sitting with one group.

Primary Service Users Groups from Adult Protection Concerns 2012- 2014 (Tables 9)



Types of Harm drawn from Adult Protection Concerns 2012- 2014 (Tables 10)



Looking in more detail at concerns by Primary Service User group and the Types of Harm, two groups particularly stand out. These are adults with a Learning Disability and Older Adults.

The rise of social media and internet dating sites, has seen more adults with support needs becoming involved in relationship and boundary issues. We recognise that technology brings opportunity and easier ways of reducing social isolation, particularly in a rural setting such as Scottish Borders. Assisting adults to keep safe, as technology increases, remains an ongoing challenge in the Scottish Borders.

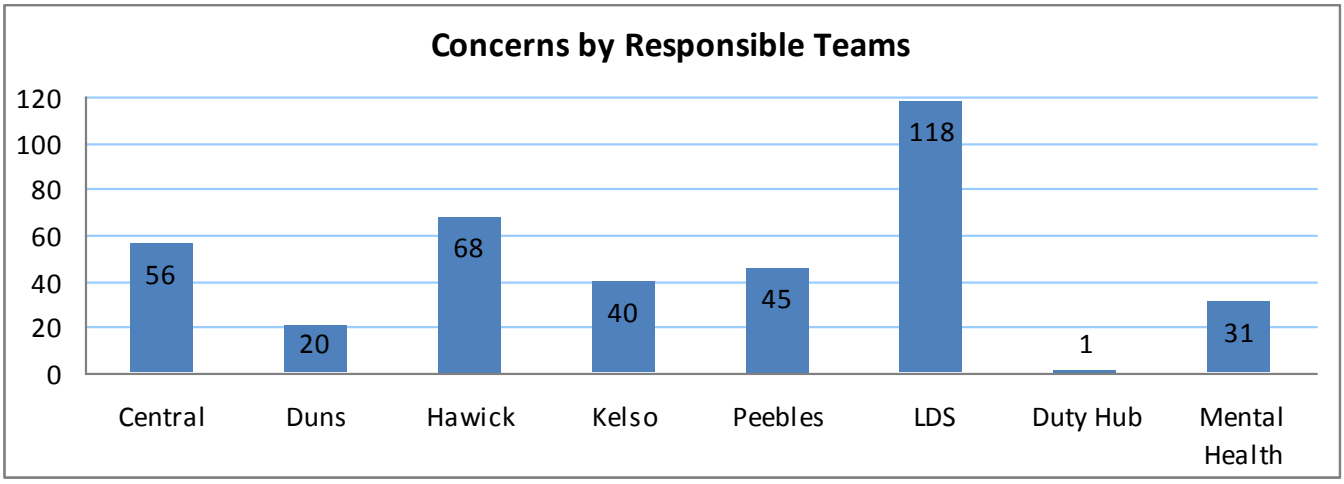
Discussions with the Joint NHS Borders and Social Care integrated team have highlighted early multi-agency discussion and intervention, leading to some issues being addressed, before becoming Adult Protection Concerns.

Older Adults and Adults with Dementia face some different challenges mostly through physical harm and financial harm. For several years now these continue to be the highest reported type of harm in the Scottish Borders, a theme which continues on from the last biennial report. Figures for Older Adults have reduced by 20%, from the last biennial report. However, the figure for Adults with Dementia remains consistently the same to the last report.
Within this reporting period there has been direct work around the National Priority of Adults at Risk in Care Homes. The LSI process and robust free accessible Adult Protection training may have all contributed to reducing the overall levels of harm in the Scottish Borders. The levels of harm to Adults with Dementia will continue to be tracked through quarterly and annual reporting mechanisms.

SBC's Community Care Reviewing Team (CCRT) regularly visit and monitor all care homes and we have the LSI process, which works alongside key partners such as NHS Borders, the Care Inspectorate and care providers to bring the level of care to an expected and safe standard.

For some Older Adults and particularly Older Adults on the dementia pathway, their memory and ability to protect themselves from harm can become reduced. Over the last two years we have seen a rise in financial harm, scams and in some cases the misuse or poor management of granted Power of Attorney (POA). Although misuse of a POA can be reported to the Office of the Public Guardian (OPG), usually some serious financial harm has occurred, before the extent is uncovered. Communication, much earlier in the process, and exploring the crossover between Adult Protection and Adults with Incapacity, are key to preventing harm much earlier in the process.

Number of Concerns by Locality Area and by Teams Responsible 2012- 2014 (Table 11)



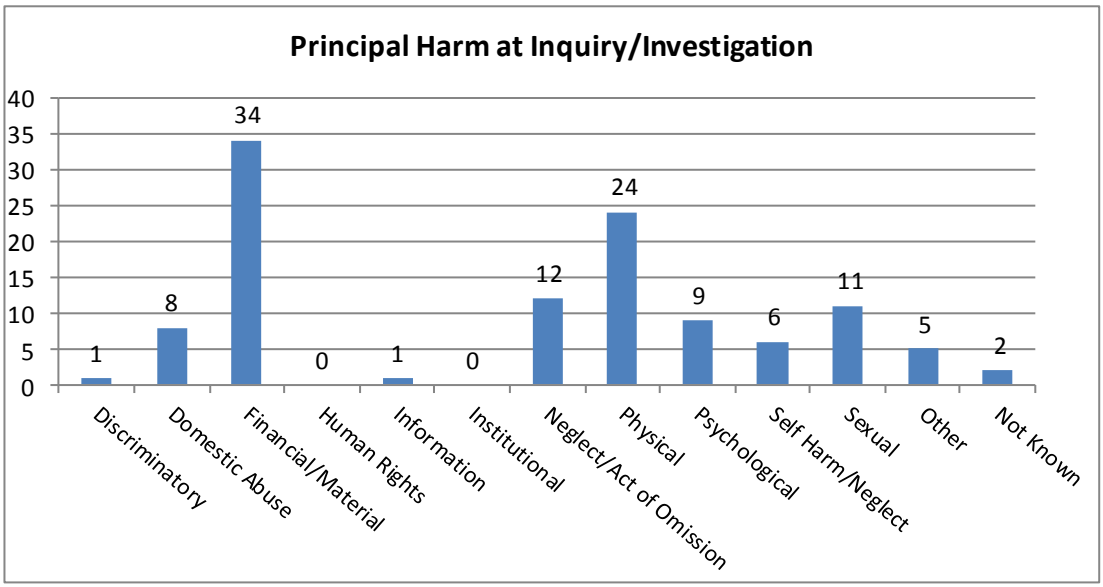
If we look in detail at where the Adult Protection Concerns are emerging most arise in the area of Learning Disability, this team processing almost double the amount of adult protection cases biennially than the other locality areas.

Cognitive functioning, ability to understand and maintain relationships, power imbalance and the ability to respond to risk are all part of this complex area of work. The Learning Disability Service in the Scottish Borders is an integrated social care and health model. They remain very proactive and intervene quickly to stop reported harm from unnecessarily escalating.

The large majority of Concerns do not proceed past Inquiry or Investigation as, support arrangements or intervention may have been sufficient, that cases are able to exit the Adult Protection process. Where cases do exit the process they are often passed to the relevant agency for ongoing involvement through case management or monitoring by the most appropriate agency.

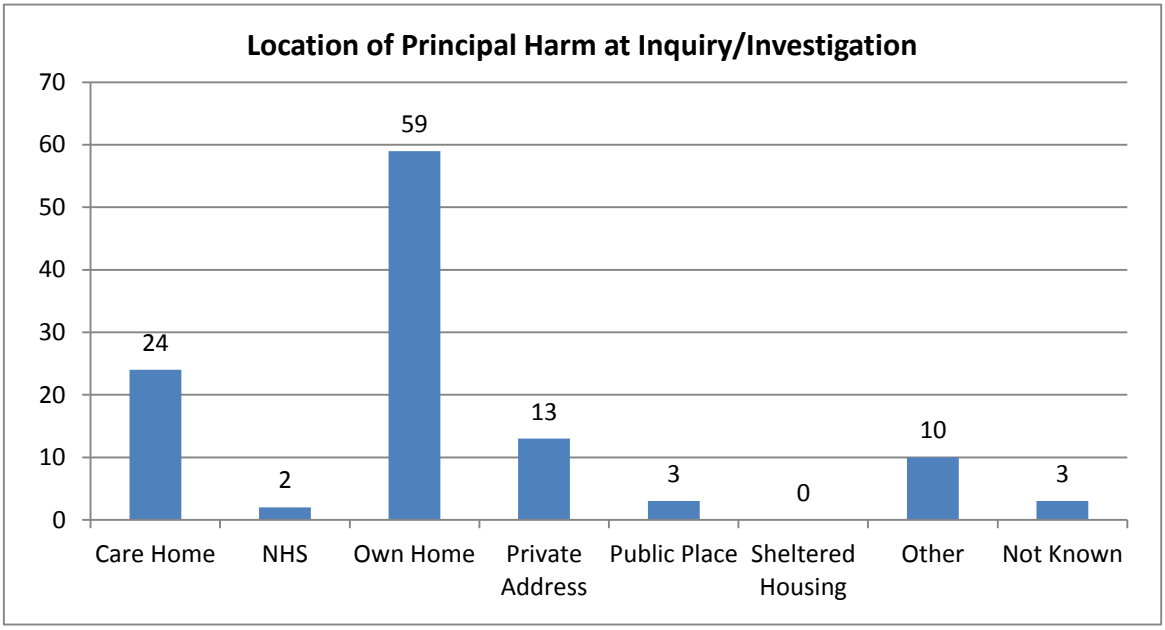
Principal Harm at the Investigation stage 2012- 2014 (Table 12)

The following figures (Tables 12-15) are drawn from the number of Concerns progressing to Inquiry / Investigations.



Financial or Material Harm is the highest reported harm in the Scottish Borders. This is a continuation from the last biennial report. Figures for Financial Harm and Physical Harm have always been statistically very similar. The overall figures reported this time, show no notable difference, from the last biennial report.

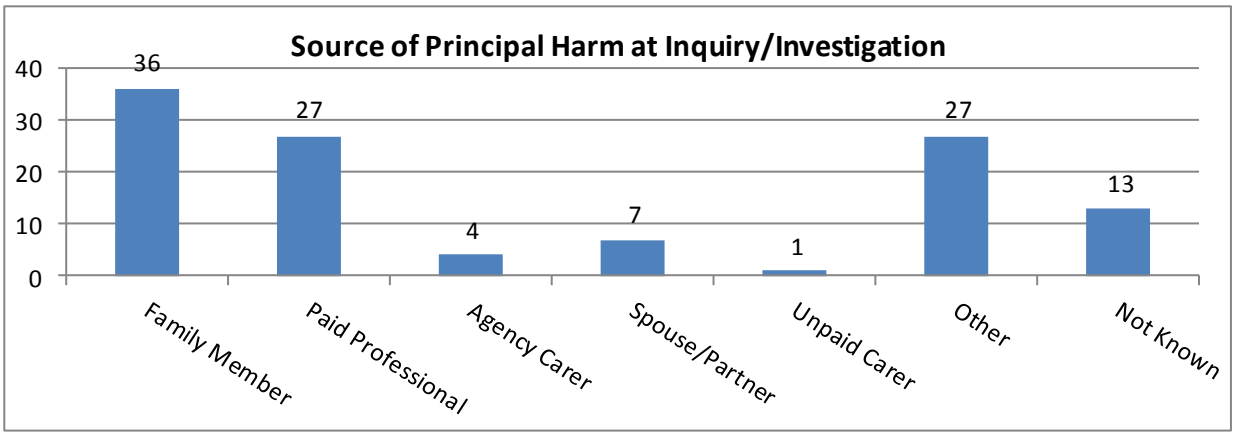
Location of Principal Harm at Inquiry/Investigation 2012- 2014 (Tables 14)



We can see from the above chart that most reported harm, that reaches the Inquiry and Investigation stage, happens in the adults 'Own Home'. The second largest figure is harm occurring in a 'Care Home' setting. Scottish Borders have had several LSI's in Care Homes and work continues both as a National Priority and as a review process to improve, reduce and prevent harm in these settings.

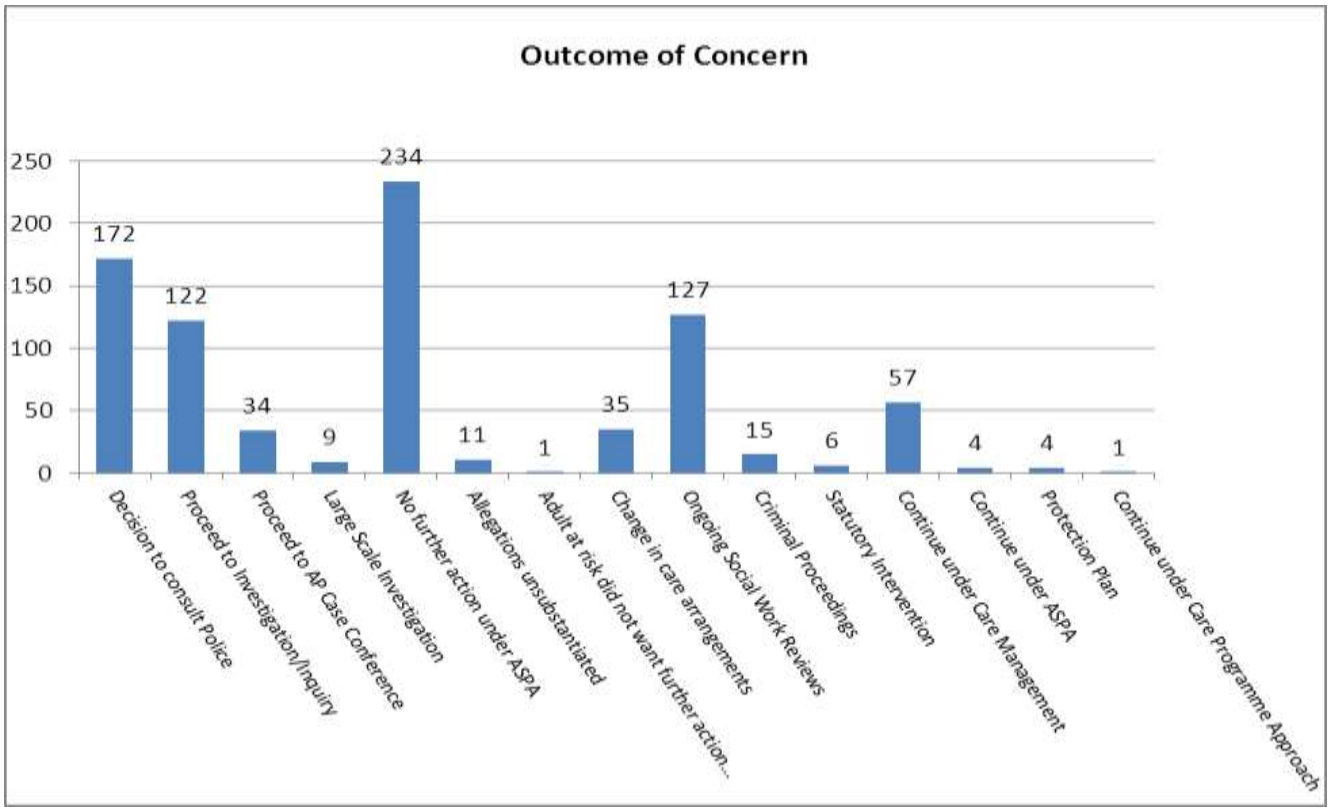
Adult Protection training in partnership with NHS Borders and the CCRT have developed a bespoke training package, and delivered this successfully to one of the Care Homes, which fell below the required standard, and which struggled to exit the LSI process.

Source of Principle Harm at Inquiry / Investigation 2012- 2014 (Tables 15)



When reviewing the figures for who is causing reported harm that reaches Inquiry and Investigation, we can determine that a family member and known person is the highest reported group. Most research would support these findings. On reviewing the previous biennial report, the area of family member has increased by 33%.

The Final Outcome of Adult Protection Concerns 2012- 2014 (Table 16 & 17)



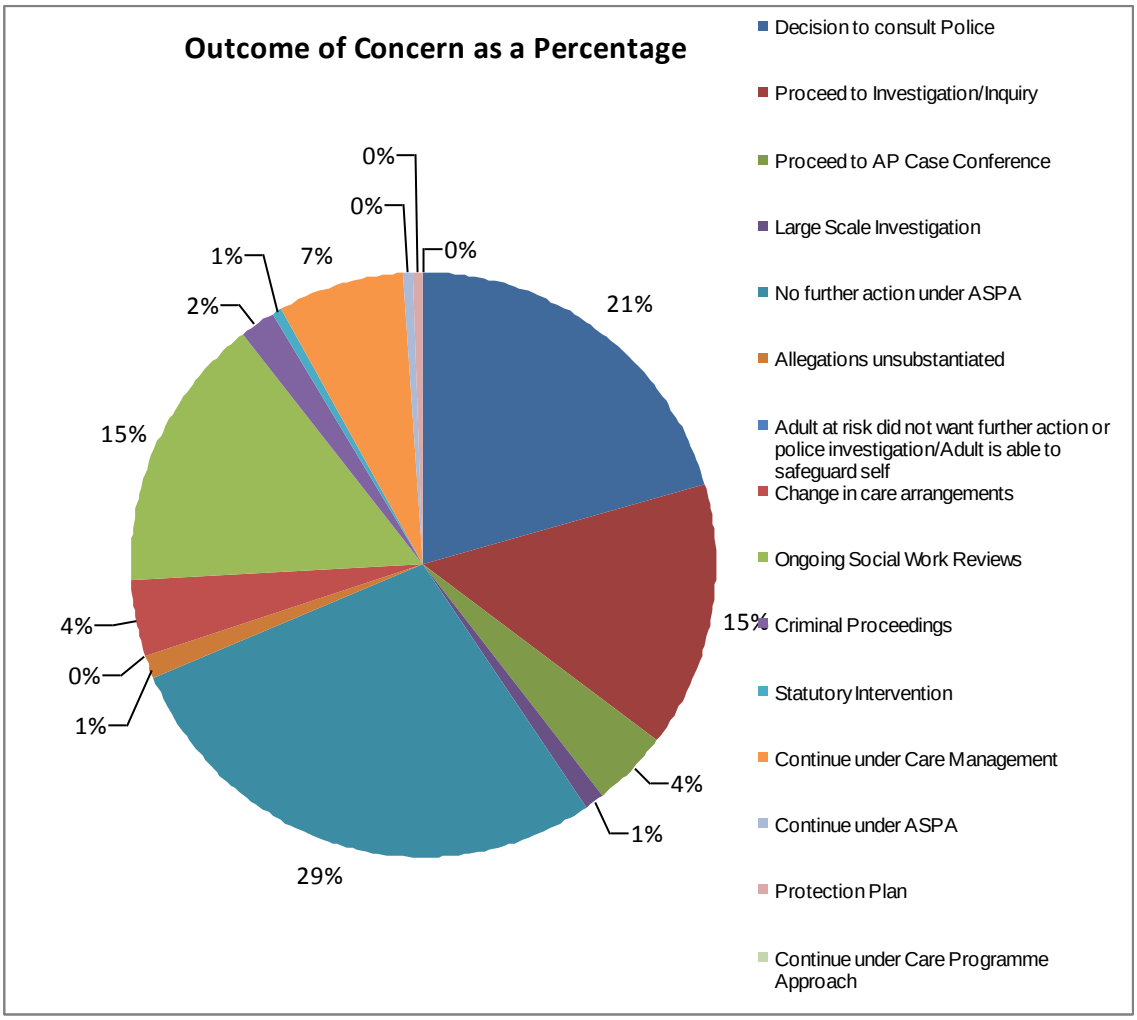
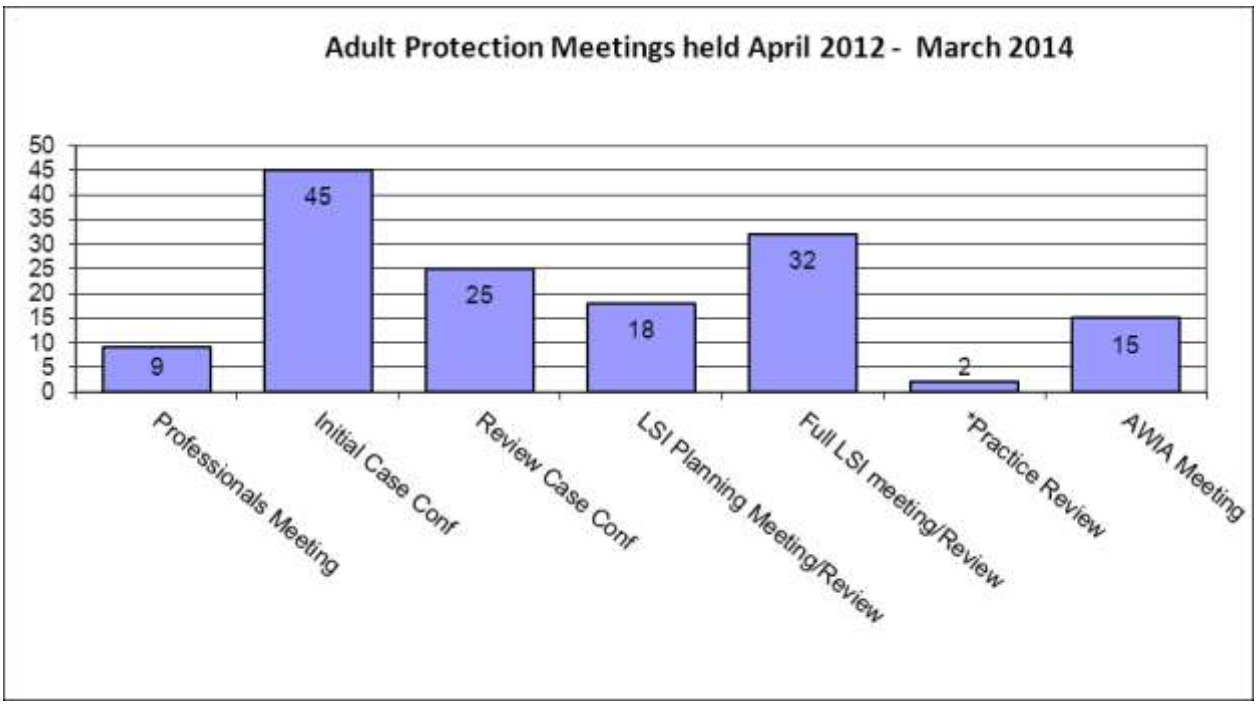


Table 16 and 17 above lay out the final outcome of an Adult Protection Concern. It is important to note that some concerns may have multiple recordings in different columns. One example could be the decision to consult with Police may also have been recorded and counted as the decision to proceed to Adult Protection Case Conference. The main point to draw out of these particular charts is that a large amount of Adult Protection Concerns, following consultation or through Inquiry /Investigation, do not need to proceed any further. On occasion following support or intervention, the risk is shared and steps are put in place, to manage this risk. Communication, recording, cooperation and partnership continue to be critical through this process.
There have been no Adult Protection Orders in this biennial period. This is believed to be within the spirit and intention of the Act.

Adult Protection Case Conferences and meetings held 2012- 2014 (Table 18)



The above table charts the various types of meetings held under the Adult Support and Protection process in the Scottish Borders. Scottish Borders had 45 Adult Protection Case Conferences in this biennial period, with 25 of these progressing to an Adult Protection Case Conference Review. The cases which did not require to proceed to review, would exit the process, and move to case management, where the protection plan and supports indicated this was a proportionate response.

There were nine Professional meetings recorded in this period, where the locality team has requested a meeting, below the threshold for Adult Protection, but where there was a need to discuss, share and have a plan, to meet a significant level of risk.

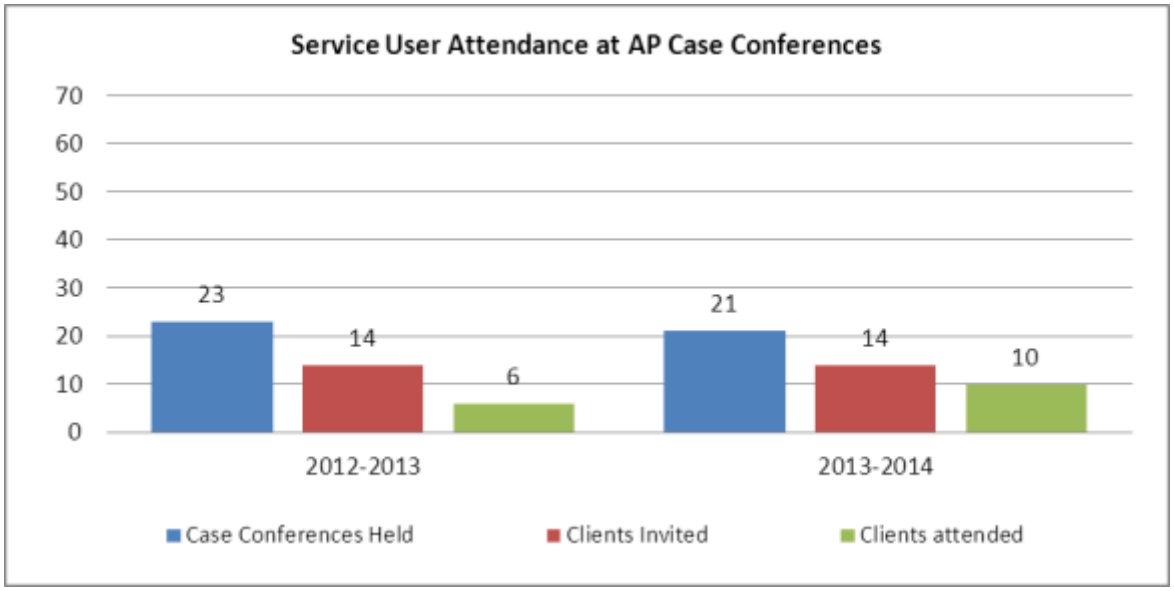
The LSI process covers large numbers of people in a setting such as a Care Home, or where large numbers of clients have been affected or harmed by a lone carer in the community.
At the point of writing this biennial report, the criteria for entering the LSI process has been reviewed. There were 18 recorded initial planning meetings/reviews under LSI which were used to coordinate, communicate and evidence the type and levels of harm which had been reported. There were 32 full LSI/review meetings held.

*The number of Practice Reviews taken place has been recorded since October 2013. These reviews are multi-agency in origin and the learning from these multi-agency discussions is used to inform and improve practice, and shared with the appropriate services.

Attendance at all categories of Adult Protection Meetings 2012-2014 (Table 19)

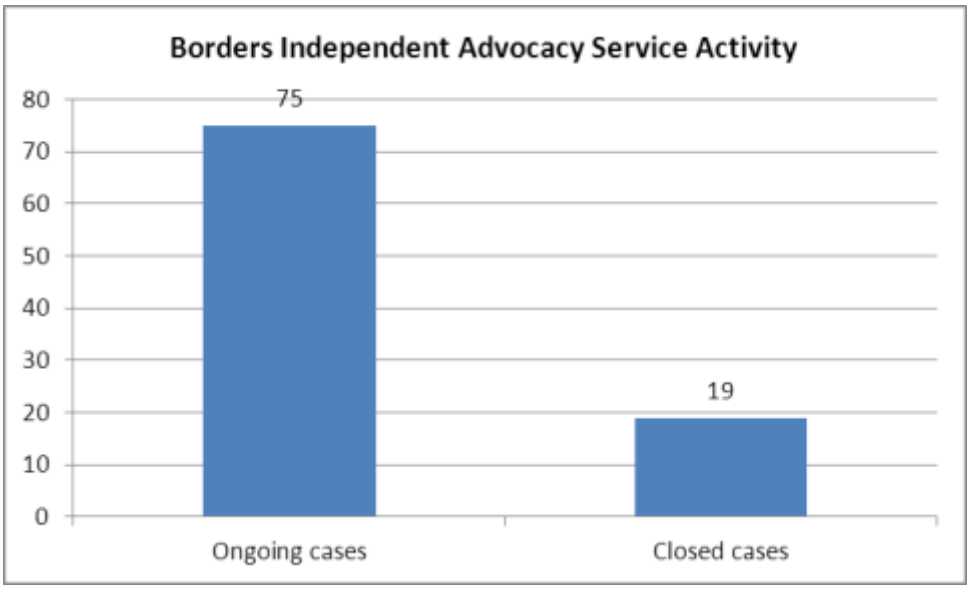
WORKERS	Present	Apologies	Absent	Invited
SBC	**446**	**88**	**8**	**542**
Adult Protection Coordinator / Officer	10	5	2	17
Child Protection	2	0	1	3
Community Care Assessor	28	5	0	33
Home Care	5	0	0	5
Homelessness Services	7	0	0	7
Mental Health Officer	27	4	0	31
Occupational Therapist	5	0	0	5
Residential Home Manager	24	0	0	24
SBC Other	96	30	0	126
Social Worker	81	12	1	94
Social Work Manager	161	32	4	197
NHS	**255**	**99**	**12**	**366**
Clinical Psychologist	21	2	4	27
Community Psychiatric Nurse	12	2	0	14
General Practitioner	10	31	1	42
NHS Manager	48	21	2	71
NHS Other	18	9	1	28
NHS Support Worker	4	3	0	7
Nurse	25	1	0	26
Nurse - Discharge	1	0	0	1
Nurse - Specialist	33	8	0	41
Physiotherapist	1	1	1	3
Psychiatrist	44	7	0	51
Therapist	38	14	3	55
OTHER AGENCIES	**437**	**137**	**19**	**593**
Advisory Agency	5	2	6	13
Care Inspectorate	44	22	1	67
Client	16	12	1	29
Family Member or Friend	22	9	1	32
Housing Agency	5	1	1	7
Independent Advocate	24	3	0	27
Independent Agency Manager	98	10	1	109
Independent Agency Support Worker	22	1	1	24
Observer	21	8	0	29
Police	42	20	0	62
Solicitor	2	2	2	6
Specialist Substance Abuse Agency	3	5	1	9
Other	133	42	4	179
TOTALS	**1138**	**324**	**39**	**1501**

Client / Service User attendance at Adult Protection Meetings 2012- 2014 (Table 20)



The above chart highlights the number of Adult Protection meetings held per year and demonstrates that service users were invited in most instances. Where they were not invited, there will always have been a discussion between social work staff and family or representatives, particularly where capacity may have been an issue or where the meeting was thought likely to cause undue pressure or distress. That being said the above demonstrates an improving attendance level.

Borders Independent Advocacy Service activity 2012- 2014 (Table 21)



BIAS reports to the APC on a quarterly basis, regarding service users involved in the Adult Protection process referred to them for support. During this period BIAS continue to work with 75 cases, which are open and recurring cases.

As mentioned earlier, Scottish Borders have now introduced a system for impartial feedback, from Clients and Carers, on their experience of the Adult Protection process. BIAS has been commissioned to complete questionnaires with Clients and Carers, or their Representatives, on their view of the Adult Protection Process and on how to improve our service.

Serious Case or Incident Review

A procedure is in place for Significant & Critical Incident Reviews (SCIR), and for Practice Reviews. A SCIR may be requested either to the APC or to the Adult Protection Coordinator. A review may be initiated when an 'Adult at Risk': dies, and abuse or neglect is known to be or appears to be a factor in their death; sustains a life threatening injury through abuse or neglect; has experienced significant abuse or neglect, and the recent history of the case, or incident, or series of incidents give rise to concerns about the quality of care and support that has been or should have been given.

Any agreed SCIR should establish any lessons to be learned from a case or incident about procedures, systems and practice of Adult Protection and consider improvements in partnership working to protect adults at risk. It must set out what those lessons are, how they will be acted upon, and what needs to change.

It should consider whether communication and cooperation is robust and how to improve inter-agency working and the protection of adults at risk.
There have been no Serious Case or Incident Reviews, within this biennial period.

Practice Review

A Practice Review can be called in any case where there is a need for multi-agency discussion and learning around a case with significant risk. Any request would be made to the Adult Protection Coordinator. Practice reviews will focus in detail on a timeline of events, support systems in place, risks and the communication and cooperation of professionals involved. The outcome of a multi-agency practice review is to discuss, share and disseminate learning from the review and to highlight and address gaps in service quality or delivery.
Since October 2013 Scottish Borders have had two multi-agency practice reviews, one in an older adult care setting, the other focused on a young person in transition from Child to Adult Services and the interface between Child and Adult Protection. Both cases promoted discussion and better understanding of agency responsibility, recording and communication.

6. Training and Staff Development

In his response to the last biennial report the Minister made reference to the significant level of training in adult protection evident in Scottish Borders. Details of the continuing level of training are demonstrated below.

The Learning and Development subgroup has responsibility for overseeing the interagency strategy developed in Scottish Borders which provides tiered training appropriate to the needs of SBC, Health, Police and third sector employees.

The Learning and Development subgroup has public and third sector membership and includes a carer representative. Adult Support & Protection (ASP) training is available to multi-agency staff in the Scottish Borders and a minimum level of training is mandatory for selected staff groups in NHS Borders, SBC and Police Scotland. It is notable that training in adult protection is provided free of charge to the voluntary and independent sector.

There is a rolling programme of ASP training available and accessible to multi-agency staff which provides learning and development opportunities to enhance ASP knowledge and skills and to ensure multi-agency staff are aware of their legal/professional/contractual duties and responsibilities under the Act. The database from ASP training is centrally managed by the Adult Protection Unit Administration Team and includes details of multi-agency staff who have attended ASP training in addition to evaluation data. In this respect Scottish Borders are seeking evaluation data at the point of delivery and in addition, seeking impact evaluation of training some months following training input.

In terms of specific training during this recording period, financial harm training has been rolled out to service users and carers, this included input from trading standards and the safer communities' partnership.

In response to the national priority: ASP in Care Home settings, the Learning and Development Group are working in collaboration with SBC Community Care and Reviewing Team and NHS Borders Training and Professional Development team to develop a bespoke training programme for care homes. The content of this training reflects the learning outcomes developed by the national working group and includes national care standards and principles, informed dementia practice and adult support and protection in care home settings. There are 22 care homes in the Scottish Borders and each care home will be offered two bespoke training sessions, to be attended by all care home staff directly involved in care delivery. It is proposed that this training will be delivered within each care home setting, to maximise opportunities to engage care homes in this training programme.

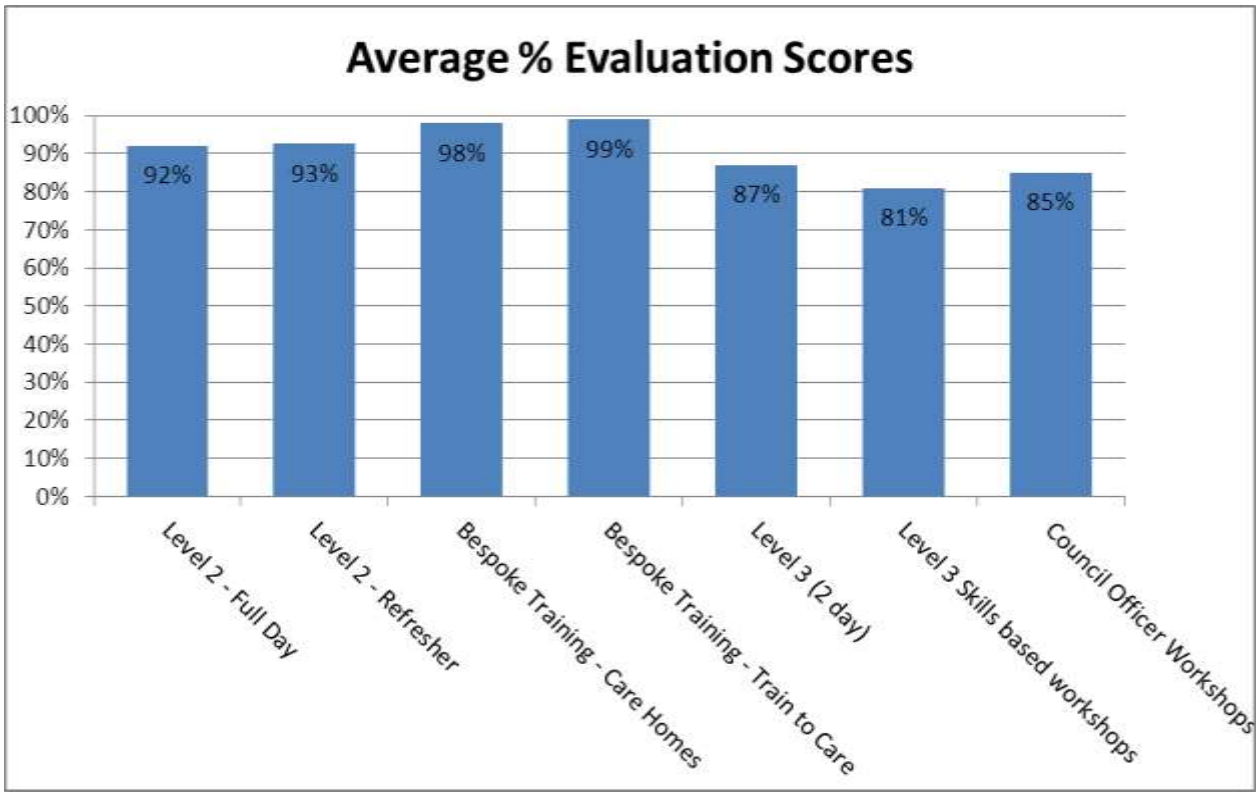
Both NHS Borders and Police Scotland currently offer an e-Learning module on Adult Protection. The NHS Borders e-Learning module is being refreshed and will be made available for both NHS Borders and Scottish Borders Council to ensure consistency. The following table shows the level of training activity in 2012-2014, a total of 4466 people have attended training.

Training 2012-2014 (Table 22)

Session & Number of times delivered 2012-2014		Numbers of People Attended by Sector					
		SBC	**NHS**	**Police Fire**	**Independent/ Voluntary**	**Housing**	**Other/ Unknown**
Level 1: Basic Knowledge & Understanding Adult Support & Protection (ASP)	NHS Borders 'Protecting People' Corporate Induction (Apr-Jul 2013)		208				
	NHS Borders ASP e-learning (12) (*Includes NHS inductions from August 13)		2441				
	Awareness Raising (1)				6		
	Police Scotland ASP e-learning Module			261			
Level 2: Knowledge & Understanding	'Supporting & Protecting Adults at Risk' Full Day Awareness Raising (14+23)	163	110	13	451	45	1
	'Supporting & Protecting Adults at Risk' Half Day Refresher (7+9)	164	3	2	156	7	
Level 3: Detailed Knowledge, Understanding & Skills	'Supporting & Protecting Adults at Risk' 2 Day Detailed Knowledge (1+2)	31	1	3	14	3	
	Skills based Workshop for Council Officers (5)	163	27	4	26	2	1
Bespoke Training (Implemented 2013-2014)	Healthcare Support Workers Programme; Public Protection Session (5)		61				
	Train to Care sessions (2)	4	2		7		
	Support Worker Healthcare training (1)		17				
	Care Home Training (2)				33		
	GP Training (1)		3				
Total number of People attended, for all Adult Protection sessions:		**559**	**2872**	**283**	**693**	**57**	**2**
Total people trained		**4466**					

Training Satisfaction

The level of satisfaction with training can be seen in the following table. This table demonstrates the high level of satisfaction evidenced in previous biennial reports.



Six monthly follow up evaluation has recently been implemented and this information will be available in subsequent reports.

7. Community Safety, Cooperation, Partnership and Learning

As mentioned in the Biennial Report 2010-2012 an action plan was approved by Chief Officers in August 2012 to promote greater efficiency and/or collaborate across Public Protection Partnerships. This referred to the shared responsibility of the statutory services to ensure, as far as they can the safety of vulnerable and "at risk" groups such as children, older people, people at risk of domestic violence and people with disabilities. Partnerships refer to the various Committees established to carry these responsibilities; The Child Protection Committee (CPC), Adult Protection Committee (APC), Multi Agency Public Protection Arrangements (MAPPA), The Violence against Women Partnership (VAWP) and the Alcohol and Drug Partnership (ADP). This revealed a number of shared or joint priorities, together with high level outcomes for each partnership.

A joint training group was established which coordinated the development and delivery of one awareness raising (of all protection issues) training session. All the Committees undertake public information activity and regular communication between lead officers and interagency staff who attend more than one committee ensures shared activity, where appropriate. Similarly in relation to critical incident/case reviews staff who attend multiple groups responsible for these reviews ensure the identification of cross service issues and learning.

In Scottish Borders the existence of a co-located Adult Protection Unit is seen as a major strength encouraging close working relationships and communication between partner agencies. A multi-agency initial review discussion process (IRD) is in place which coordinates information on referrals concerning Adult Protection matters.

The Adult Protection element of which consists of the Adult Protection Coordinator, two Adult Protection Officers, a joint NHS/SBC Training and Development Officer, supported by three administrative members of staff.

The Adult Protection Officers do not conduct adult protection inquiries or investigations however provide knowledge, skills, experience and support to practice teams and partner agencies. These officers chair most Adult Protection Case Conferences and LSI that may be required. In addition they supplement training to all partner agencies.

During December 2012/January 2013 a review was undertaken seeking the views of partner agencies on the Adult Protection Unit. On the basis of the responses to direct questions and comments the Adult Protection Unit was viewed positively.

The Audit Subcommittee have responsibility for reviewing the reports of any published inquiry. As a standing item on the agenda any published report is considered and relevant staff identified to consider same and report back to the subcommittee on proposed actions for local partners. The subcommittee subsequently consider and agree recommendations and identify to whom these apply. The subcommittee then report back to the APC, again as a standard agenda item.

Scottish Borders Council has an established Council Officer Forum comprising of all Council Officers involved in adult protection. This forum meets quarterly and provides an opportunity for all staff and managers involved in adult protection activity to reflect on practice, provide peer support and consider current research and developments.

8. Conclusion, Recommendations and Future Plans

As highlighted in this report Scottish Borders, similar to other areas across Scotland, has undergone a period of significant change over the past two years. From a Scottish Borders perspective this has involved major structural change as well as key changes in management structure and personnel responsible for the protection of adults at risk. It is my view that despite these changes there has been no loss of focus on adult protection and indeed there is significant evidence of service development.

Scottish Borders has the longest standing Adult Protection Committee and partnership working is well established. The committee and sub committees are working to the Interagency Strategy 2012-2015 and associated strategies which are kept under constant review.

There is evidence of sound working relationships at all levels in Scottish Borders, across the partner agencies. Whilst there are relatively few people who can serve on Committees at senior level, attendance at Committees has not proved to be a major issue, reflecting the priority given to this area of work. The relatively few instances that do arise of non-attendance are generally the result of an incident or emergency situation requiring an urgent agency response.

There is an established culture of self-evaluation in Scottish Borders as evidenced by a number of the initiatives highlighted in this report. The most significant of this being the multi-agency exercise undertaken in April last year, to be repeated later this year. A current action plan is being implemented following last year's event and a similar action plan will follow later in the year. It is anticipated that this will inform the future strategy for the APC beyond 2015.

A clear focus in the past year has been to ensure that feedback from users and carers on outcomes is obtained. It is hoped that the recently confirmed policy and protocol involving contact immediately following involvement in an adult protection process will provide this information, to confirm how service users and carers perceive they are being protected from harm and how services could be improved. Practice staff will require to integrate requesting permission for feedback as part of any intervention and comments obtained from the Independent Advocacy Service will be invaluable.

Scottish Borders partners have identified practice developments to address National Priorities including as outlined; the assessment tool and training measures to improve A & E Services; the drive to ensure and promote service delivery in care homes, including the development of bespoke training; enhanced user and carer engagement, with the implantation of changed practice that involves users and carers from the point of referral through to the conclusion of an investigation.

A particular priority over the next year will be to address adults at risk from financial harm. In this regard the positive involvement of local banks is particularly welcome and planned co-ordination of engagement involving the Post Office and Trading Standards will support this initiative. The Public Awareness Strategy of the Learning and Development Subgroup of the APC will promote a partnership approach to this particular area of concern.

The commitment to ongoing training and development is evidenced in the training and development section of this report and extensive and varied multi-agency training will continue to be a key feature throughout the future recording period overseen by the Learning and Development sub group and training strategy.

In summary I believe the key structures and processes are in place to support adults at risk in Scottish Borders.

The Adult Protection Committee and sub committees are working to strategies which are kept under constant review. The embedded culture of self-evaluation will assist in identifying areas of good practice as well as areas requiring development. Enhanced feedback from service users and carers during the next recording period will greatly assist in educating service direction.

All partners across Scottish Borders have been instrumental in improving services to adults at risk over this recording period, as in previous years. I believe that their commitment to tackling issues affecting adults at risk will be reflected in the continuous review and implementation by Committee of its interagency and associated strategies.

9. Appendix

Appendix 1- APC Constitution & Structure

APC Constitution (Approved).doc

Appendix 2 - Committee & Sub Committee agenda items

AP Committee Minute Template (Aug 2014).

Audit Subgroup Agenda Template (Au

APIOG Agenda Template (Aug 2014)

L & D Subgroup Agenda Template (Au

Appendix 3 – APC Interagency strategy; Audit Strategy, Public Awareness Strategy and Training & Development Strategy

Interagency Strategy 2012-15 Ap

Audit Strategy 2013-14 Approved (U

APC Public Awareness Strategy

Training Strategy 2014-15 (Updated 0

Appendix 4 – Vulnerable Young Persons Protocol

Inter-agency Vulnerable Young Per

Appendix 5 - A&E Assessment Tool & Referral Record

AP Assessment Tool Referral Record.docx

Appendix 6 – Case Conference Attendance flowcharts

Client & Carer attendance at Case C

Appendix 7 – Adult Protection Client/Carer Questionnaire

Client & Carer feedback questionnai