

# **Scottish Borders Adult Protection Committee**

**Annual Report  
2015 - 2016**

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# 1. Executive Summary

This is the eleventh annual report of the Scottish Borders Adult Protection Committee covering the period from 1st April 2015 - 31st March 2016. Scottish Borders has the longest standing Adult Protection Committee and partnership working is well established. The report provides a summary of the work undertaken during the period by the Committee, its Sub Committees and the Adult Protection Unit, with particular reference to the implementation of the Interagency Strategy 2015-2017 for the protection of adults at risk in Scottish Borders. There are three Sub Committees covering Audit, Operations, Learning and Development who report on progress at each meeting of the main Committee.

Adult at risk, as defined by the Adult Support & Protection (Scotland) Act 2007, are individuals aged 16 or over who:-

1. Are unable to safeguard their own wellbeing, property, rights or other interests;
2. Are at risk of harm;
3. Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

If adults meet all three of the above criteria, often referred to as the three point test, then they can be considered to be adults at risk as defined by the Act.

Harm includes physical and sexual harm, neglect, financial exploitation and harassment.

Referrals occur when any person knows or believes an adult is at risk of harm. During the course of 2015-2016 a total of 1556 referrals were received, this compared with a total of 1432 during the previous year 2014-2015.

The number of cases progressing to adult protection concerns, as defined by the Act, showed a slight increase on the previous year with 171 cases progressing in 2015-2016, compared to 169 progressing the previous period. For those cases that do not proceed as defined above, a significant number will be provided with support or referred to other services for support and guidance.

A review of Adult Protection activity during the period shows that the majority of concerns relate to older people and those adults who have a learning disability. The majority of referrals relate to females as opposed to males, this may be explained, in part, due to the fact females tend to outlive males.

Financial Harm and Physical Harm are the highest types of harm reported. Older Adults are generally more at risk of financial or physical harm. Very positive work was undertaken by Trading Standards to reduce harm by bogus callers and scams. With particular regard to financial abuse a number of meetings have been held involving banking sector, Police and Council staff. This has included staff from safer communities and trading standards with a national perspective provided by the Scottish Resilience Unit. A clear determination to working partnership across both the

public and private sector is evident and it is proposed that a cross sector seminar/conference takes place early next year.

For people with a learning disability the area of social media and developing phone technology continue to present challenges to social work and support agencies seeking to protect them from harm.

As stated previously whilst most harm does occur in the adults own home we continue to record, in the second highest category, referrals from the private care home sector. A robust monitoring process, in partnership with the Care Inspectorate, serves to closely monitor and support this service area. Additionally bespoke training has been provided to both managers and frontline staff across the care home sector.

There is an established culture of self-evaluation in Scottish Borders, with adult protection being subject to multiagency review every two years. These events subsequently inform the inter agency strategy for the APC, with progress on actions reviewed bi-monthly. A further self-evaluation exercise is planned for early next year which will inform our strategy for 2017 -2019. Considerable work has been undertaken to measure and evaluate processes and procedures. We recognise the need to develop quality assurance systems which will greater demonstrate performance and outcomes.

In summary, I believe key structures and processes are in place in Scottish Borders to support adults at risk. As indicated above the embedded culture of self-evaluation has again served to identify areas of good practice as well as areas for development. The high level of training provided and undertaken by partner agencies is worthy of note. Obtaining feedback from service users and carers continues to be a challenge though progress is noted.

I am grateful to all members of the Adult Protection Committee and Sub Committees for their focussed determination and commitment to developing services to protect adults at risk in Scottish Borders. I would also like to thank the Adult Protection Coordinator and the Administrative Team who have provided invaluable support to the running of the Committee and associated business.

Jim Wilson  
Independent Convenor Scottish Borders Adult Protection Committee

## 2. The Adult Protection Committees and Unit

### The Adult Protection Committee

In order to meet the statutory requirements of the Adult Support & Protection (Scotland) Act 2007 (ASPA) the Adult Protection Committee (APC) implemented its agreed 'Interagency Strategy' and Plan for Protection of Adults at Risk (2015-2017). Interagency Strategies are informed by the legislative requirements that were made on Adult Protection Committees under the Act (Sections 42 - 46), as well as local issues that the Committee is aware need to be actioned in order to maximise the safeguarding measures for Adults at Risk in the Scottish Borders.

The Interagency Strategies are regularly reviewed and updated at the Committee's bi-monthly meeting in order to make sure that there is progress towards achieving the objectives.

The Interagency Strategy for 2015-2017 aims to focus on four specific areas of work:

- To keep under review the procedures and practices relating to the safeguarding of adults at risk;
- To promote the highest standard of interagency in preventing or dealing with the causes and effects of harm to adults at risk;
- To give information and advice to any public body or office holder on the exercise of functions which relate to safeguarding of adults;
- To ensure appropriate cooperation between agencies.

Our Vision - All adults at risk in Scottish Borders are supported and protected from harm and are enabled to live their lives. How do we know we've done it? Adults in Scottish Borders feel safer and better supported.

Within Scottish Borders there is a clear multi-agency Training Programme and Training Strategy. Specialist development sessions and forums are in place to disseminate knowledge, share good practice, and enhance practitioner's skills. In Scottish Borders the Adult Protection Unit (APU) has a good interface between Criminal Justice, Multi-Agency Public Protection Arrangements (MAPPA), Domestic Violence and Children's Services. Adult Protection Committee also link into the Chief Executive Group (CSOG) where there is senior corporate oversight and scrutiny a range of public protection issues including Multiagency public protection arrangements, and Child / Adult Protection.

Following on from last year where the APC made links with trading standards, local banks, and building societies there was both a national and local media campaign. This initiative highlighted financial harm and scams as well as the broader harm themes. This campaign was backed up by posters and leaflets, which were distributed through staff, G.P. surgeries, the third sector and local libraries. NHS Borders had information added to smart boards within hospital.

Scottish Borders embarked on their second adult support and protection self-evaluation event in February of 2015. APC are keen that self-evaluation is embedded in Borders culture and that events are held biannually. This event was well attended by partner agencies, the third sector and by the Care Inspectorate. The key themes coming out of the event will be used to inform Scottish Borders overarching interagency strategy and sub strategies.

Adult Protection in care homes has been a national priority over the last couple of years. This year saw the rolling out of bespoke training to all care home managers and staff working in care homes in Scottish Borders. These sessions were well received by care homes and managers as the examples used were specific to care home settings and more relevant to their area of practice. It is hoped within time that this training will build better communication between care homes and social work practice teams and that large scale inquiries are reduced through earlier communication and appropriate multiagency intervention.

Below the Child and Adult Protection threshold a process was introduced to support young people at risk of significant harm. This process which is called the vulnerable young person's protocol (VYP) is now well established and regularly used to support under 21 year olds in crisis or at significant risk of harm. This process is a good example of cross co-operation between Child and Adult Protection Committees, and that the process is working with partners to reduce risk of harm to young people in Scottish Borders.

The Committee has three standing sub committees set up in order to achieve priorities of the Interagency Strategy.

### **The Adult Protection Audit Subgroup**

The Audit Subgroup continues to meet every two months. Some of the key areas of work currently being addressed by the group are as follows:-

Improve Service User and Carer involvement. Work was identified in the last annual report, to improve Service User and Client involvement within Adult Protection. The identified system to gain this information has not yielded the results we were expecting. Therefore further work is required through the Adult Protection Operational group, to improve evidence in this area. This work will continue into next year with evidence of improvement available in next year's annual report.

2015 - 2016 has seen more focus on specific audits and quality assurance. Within the Adult Protection unit we have designed a specific Adult Protection audit tool. This tool meets the needs of the Interagency business plan and helps report on the key performance indicators set out in the business plan. Regular audits of adult protection work will be a regular feature of quality assurance and have been introduced to ensure strong standards across all areas of Scottish Borders.

Potential Large Scale Inquiry (LSI) cases and cases which come into the LSI process are monitored by the Adult Protection Audit Subgroup. Regular updates on developments and progress are discussed and tracked by the multi-agency partners. We have had 5 meetings held under the LSI process. In order to support the LSI process the Community Care Reviewing Team (CCRT) have a well-established process which highlights early indicators of harm / concern at an early stage. The CCRT team will work in partnership with professionals and the care provider to maintain quality and standards within registered care homes. Here in Scottish Borders a nominated Reviewing Officer is attached to each and all of the Care Homes.

Significant Case and Incident Review (SCIR). We have had no SCIR in this period but have had one Practice Review. The learning has led to a better understanding of reporting and responding to harm where this is responsibility and crossover between partner agencies.

## **The Adult Protection Interagency Operational Group**

The Adult Protection Interagency Operational group acts as the operational arm of Adult Protection Committee. This is a multiagency group with good cross representation across service delivery areas, the key partners, SBC contracting and the third sector. As well as taking on work on behalf of the AP Committee, each partner agency can bring a range of issues around support or protection to this group for discussion. Once issues have been discussed or addressed these can be sent back to AP Committee for approval and then the information can be shared more widely. Scottish Borders have good information sharing arrangements through organisations such as Borders Voluntary Care Voice and third sector partners.

The focus of the Operational group has changed within the last year and this has seen an opportunity to review the work of the Operational group. The group have moved to a more inclusive agenda: all multiagency partners now have much more opportunity to contribute, update and be more actively involved in the groups work. This has been a positive more inclusive change by the group.

Much of the focus of the Operational group this year has been taken up by the Interagency business plan and key performance indicators. These Key Performance Indicators (KPI's) are areas where practice can be measured, audited and benchmarked. These KPI's will be built into the AP process as part of quality assurance and audit, and should measure progress in some of the areas highlighted for improvement through self-evaluation.

This self-evaluation event was Scottish Borders second event, and the plan is to have this bi annually and that this event will inform the Interagency Strategy and business plan for the next couple of years. The evidence from the second self-evaluation day does demonstrate good progress from the first event held in 2013.

## **The Learning and Development Subgroup**

Adult Support and Protection Training report:-31/3/15 to 1/4/16

The Learning and Development subgroup of the Scottish Borders Adult Protection Committee has responsibility for the design & delivery of the Training Strategy and the Public Awareness Strategy. The training strategy provides a framework for multi-agency training at 3 levels, from induction through to specialist and advanced knowledge. Additionally bespoke training is delivered throughout the multi-agency partnership as required.

Level 1 - Basic Knowledge & Understanding- an introduction to Adult Support and Protection. The e-Learning module is embedded into NHS Borders both at Corporate Induction and as a refresher for those who have completed level 2 training. The module has been refreshed and is being introduced widely across SBC. The needs of the Voluntary sector are being addressed through the development of a Community Portal. Police Scotland has changed their eLearning platform which has currently resulted in an inability to report completions which is being explored. A briefing session has been developed to provide an introduction to Adult Support and Protection, Child Protection and other relevant areas of Public Protection. Following attendance, participants are signposted to appropriate training.

Level 2 - Knowledge & Understanding- The popular Level 2 full day session is mandatory for selected staff groups within SBC and NHS Borders and is recommended as mandatory for other agencies. Following attendance, all staff must attend half day refresher sessions or complete the eLearning module every 18 months.

Level 3 - Detailed Knowledge, Understanding and Skills- The Level 3 two day session is mandatory for identified specialist, senior or supervisory staff groups within SBC and NHS Borders and is recommended as mandatory for other agencies. Following attendance at Level 3 the identified staff attend refresher sessions. These have included sessions on Chronologies & Investigative Interviewing. Adult Support and Protection accredited Council Officers also attend the Council Officer Forum quarterly.

National Priority-Care Homes - Care Home training is being rolled out to all 22 Care Homes in the Borders. This includes Adult Support & Protection, Dementia Informed Practice and the National Care standards, covering all Mandatory training requirements. This training has proved highly successful with a Care Home Manager's session in development.

National Priority-Accident and Emergency -Training has successfully taken place to all staff to support the Adult Protection Assessment Tool and Referral Record. The NHS Borders Adult Support and Protection intranet page has been refreshed to include the necessary links to Policy, guidelines and resources.

Adults with Incapacity training- Further training was delivered late 2015

Staff and Public Awareness-The updated wallet cards will be distributed widely across the multi-agency partnership to increase staff awareness of Adult Support and Protection.

The NHS Borders plasma screens within the BGH are well established and are being introduced to SBC premises to further raise Public awareness. A small financial harm working group has been set up in Scottish Borders which includes local banks, post office, trading standards and police and this group is planning a local event in 2016 - a further update will be available in next year's annual report.

## **The Scottish Borders Adult Protection Unit (Table 1)**

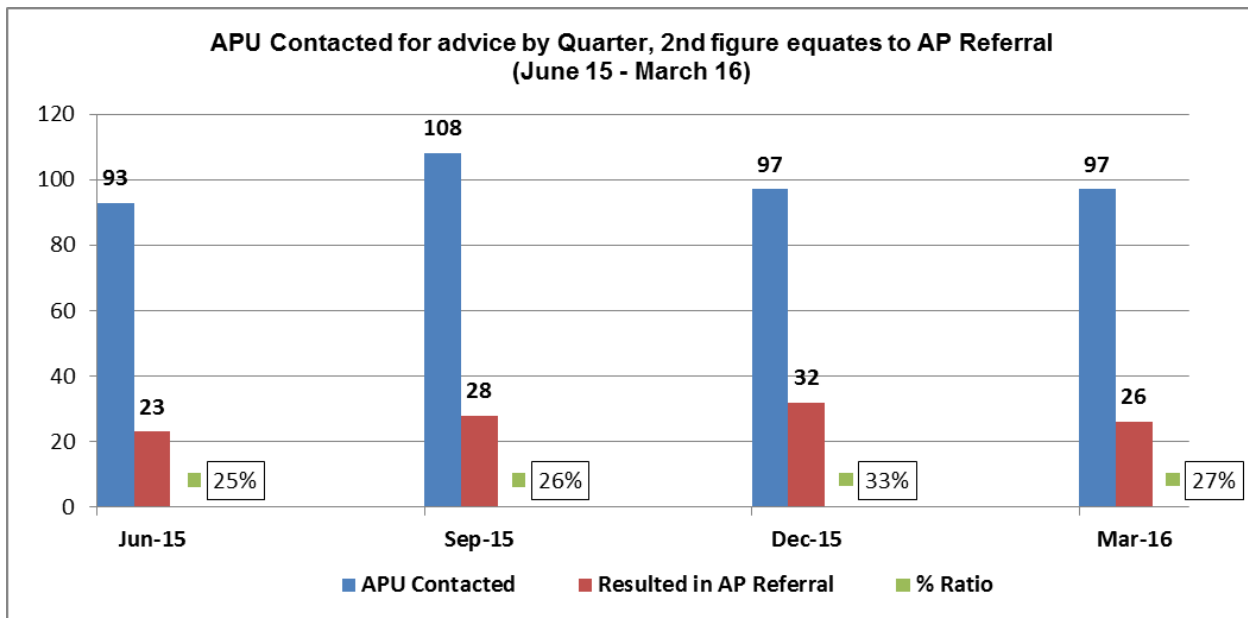
Within Scottish Borders the existence of a co-located APU is seen as a major strength, this



encourages closer working relationships, partnership and communication between agencies. A good example of multiagency cooperation is the Interagency Referral Discussion (IRD) process. This is a formal conversation which is built into the Adult Protection process to share and coordinate information and response on Adult Protection matters. The Adult Protection element of the Adult Protection Unit consists of the Adult Protection Coordinator who line manages two Adult Protection Officers, and a joint NHS/SBC Training and Development Officer. In addition to these employees we have the dedicated support of three skilled administration staff.

The Adult Protection Officers (APO's) are experienced practitioners who have a wealth of knowledge, skills and experience to draw upon. The officers offer independent support and advice to practice teams and partner agencies. The chart below highlights some of the contact to the APU for support and advice.

On reviewing table 1 below we can demonstrate that approximately three quarters of calls to the APU are for advice, support or direction and that a further quarter of these calls go on to become Adult Protection Referrals for a formal inquiry / investigation.



### 3. Adult Protection Activity (2014 - 2015)

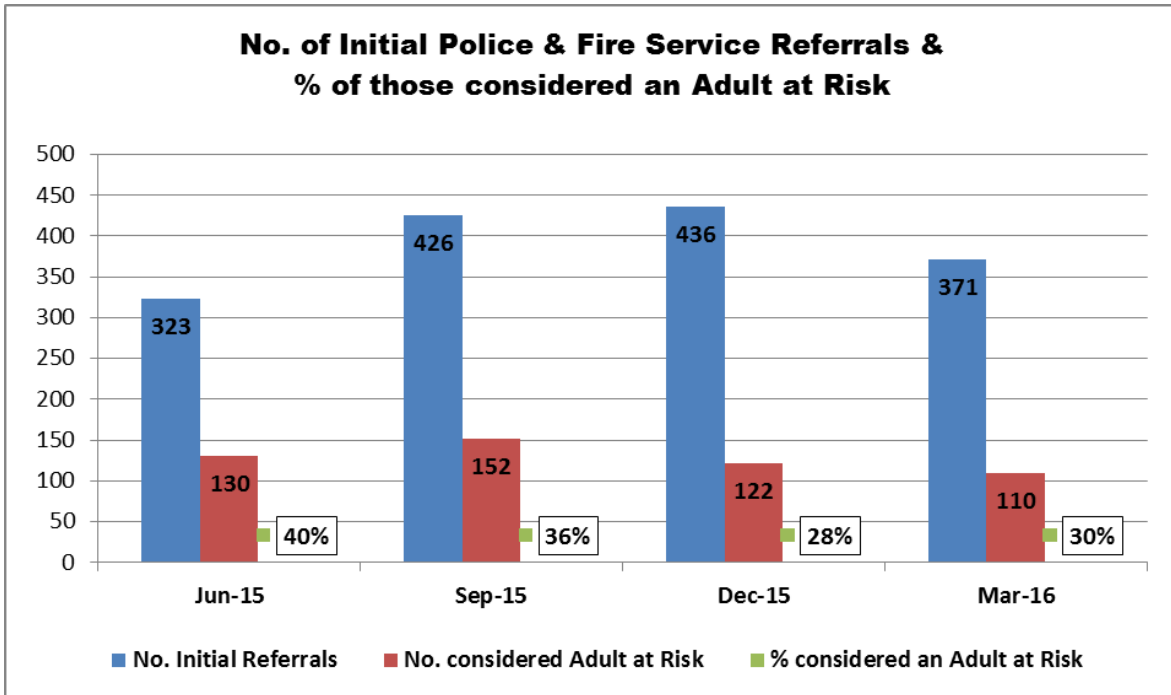
The APU continue to monitor the statistics from the Social Work information management system (Framework-i). The Adult Support & Protection Act was implemented on 31 October 2008 and from this time the APU has been collecting the Adult Protection data sets requested by the Scottish Government. Unless otherwise stated, the figures below were collected in the period 1st April 2015 - 31st March 2016.

#### Initial referrals about harm to Scottish Borders Council (Table 2)

Referrals to Scottish Borders Council occur where any person suspects an Adult is at risk of harm. Referrals come from a large variety of sources; they come into SBC either through the Duty Hub within office hours, or through the Emergency Duty Team outwith office hours. Police Adult Concern Forms and Fire Service Referrals are referred in directly through the Adult Protection Unit, uploaded to the information system then passed to the locality social work teams for response.

The APU is currently unable to collate full details of this data due to pending changes within the AP Framework episodes, however, the Unit can manually collate figures regarding initial Police and Fire Service Referrals. During the course of 2015 - 2016 the following numbers of referrals were received via the APU.

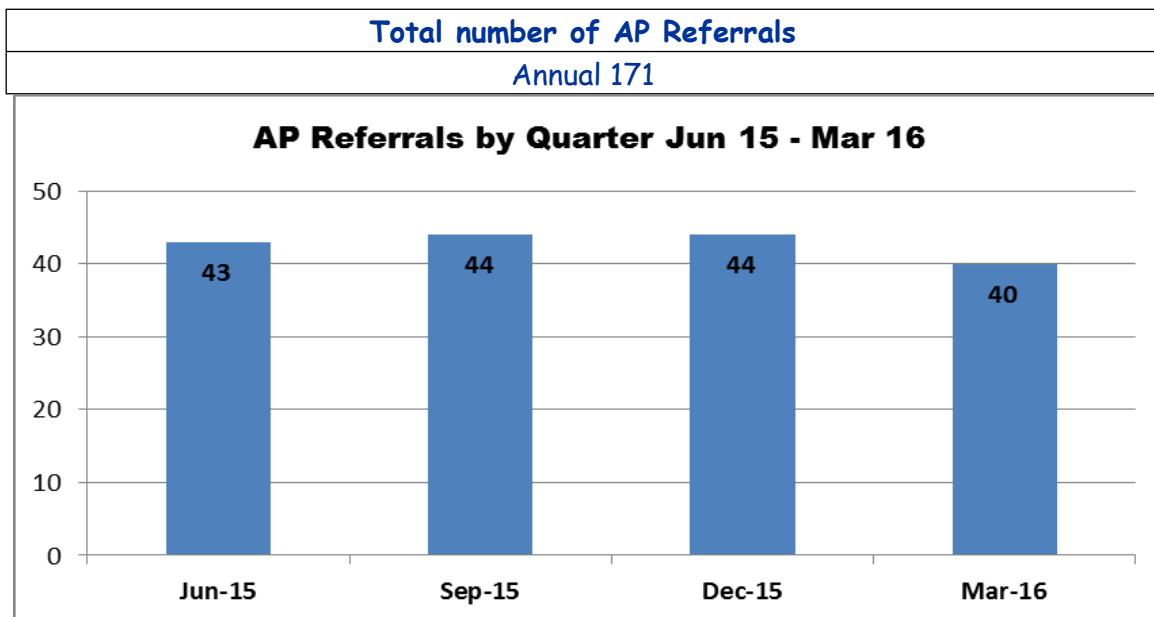
<b>Total number of Initial Referrals coming through APU (Welfare &amp; Adult Protection)</b>
<b>Annual figure 1556</b>



### Adult Protection Referrals (Table 3 & 4)

Here in Scottish Borders responsibility for screening initial referrals lies within social work practice teams. Referrals are separated into welfare and adult protection referrals and dealt with accordingly. The criteria for an adult protection referral is drawn from the Adult at Risk of Harm definition laid out through the Adult Support and Protection (Scotland) 2007 Act. For those welfare referrals that do not proceed through adult protection, these are dealt with through a social work duty response or signposted to other services for support. Table 3 below highlights the number of AP Referrals over the last year broken down into quarters. Table 4 compares adult protection referrals over the last 4 years to give a level of comparison to previous years.

Table 3 & 4



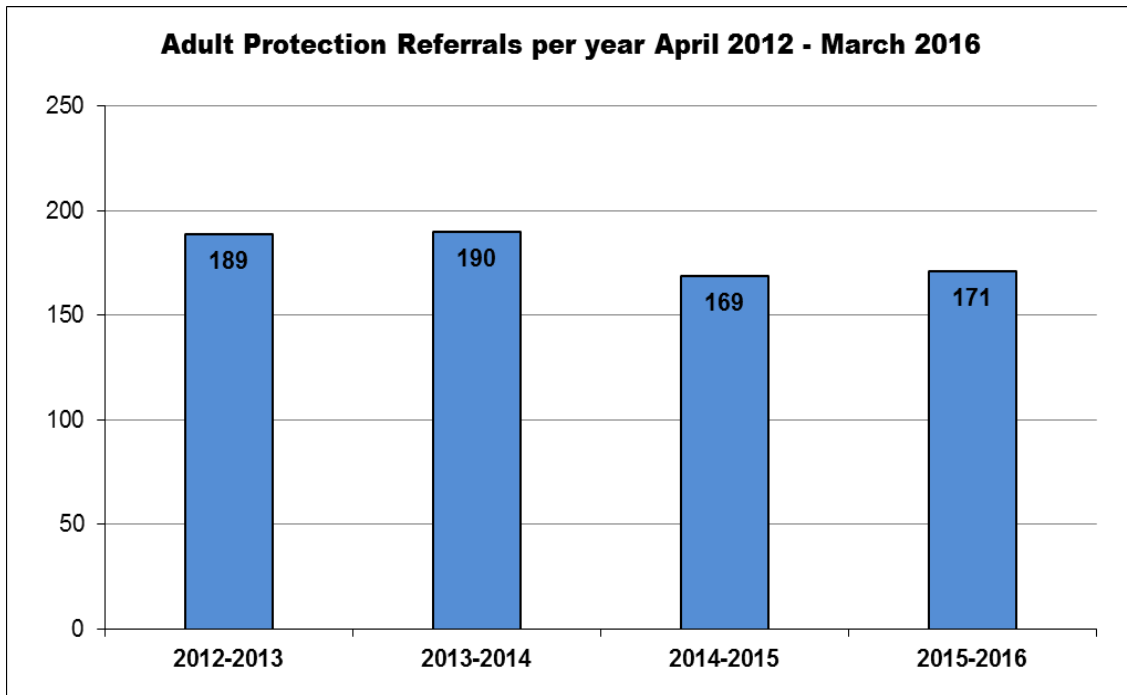


Table 4 above enables us to see Adult Protection Referrals over a 4 year cycle. This year's figures are almost identical to last year and around 5 % down on 2012 / 2013 & 2013 / 2014 giving an average mean of 180 AP referrals a year over 4 years. Although there has been a 5% decrease in the last 2 years this needs to be held in context against the introduction of the Vulnerable Young Person's Protocol (VYP) which sits below the Child or Adult Protection threshold. Scottish Borders now have an intervention below Adult Protection, which is not to replace Adult Protection cases, but to support significant risk, which doesn't meet the three point test in a more structured and appropriate way.

**Number of Adult Protection Referrals by Age Range (Table 5)**

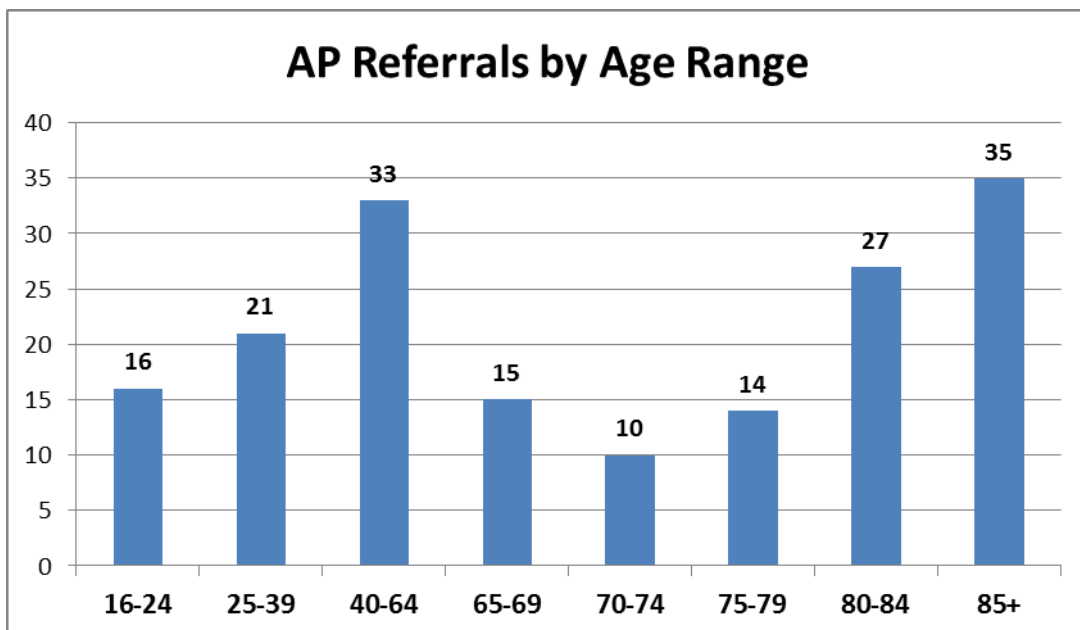
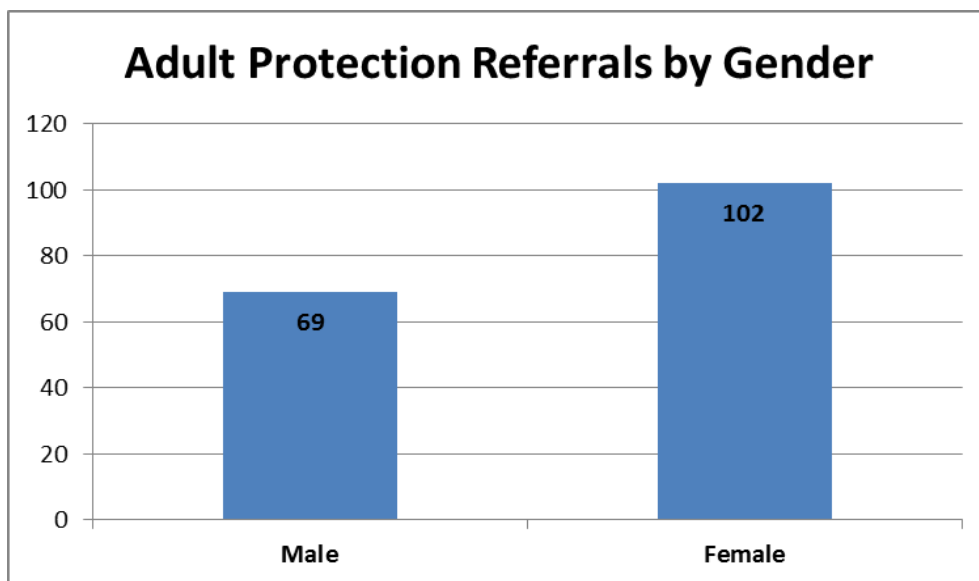
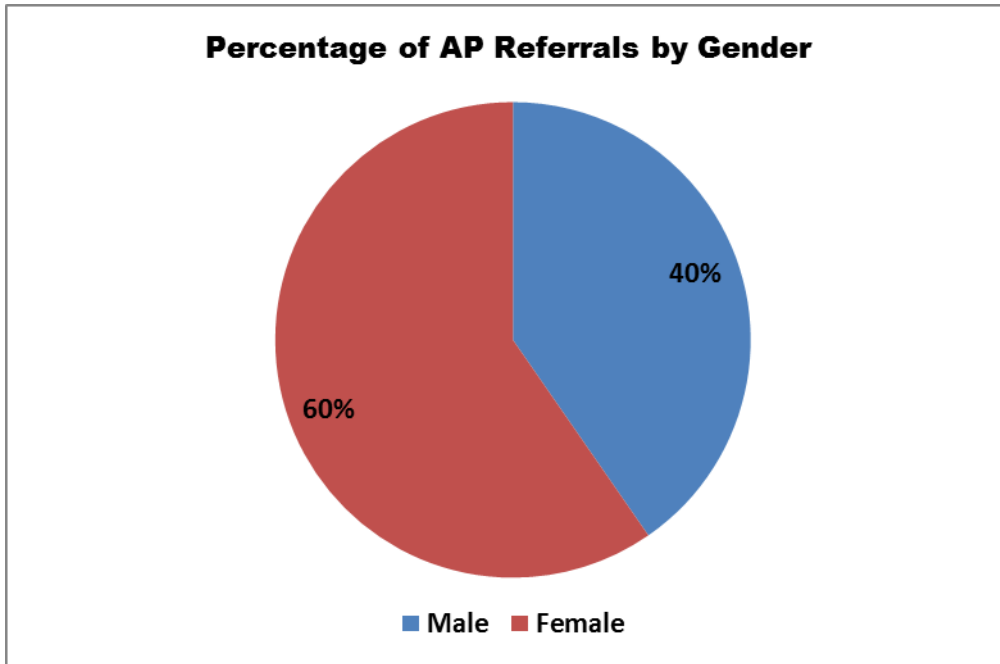


Table 5 above highlights the range of ages from the 171 Adult Protection Referrals received for 2015 / 2016. On reviewing the 16 -39 age range, I can report that this year's figures have reduced from 25 to 16, these are similar figures to 2013/2014. Last year's 20 % increase in this category was found to be as a result of harm through social media and smart phone technology which this group are more involved in. Harm in the 25-39 age range is fairly similar to last year's figures, however harm in the 40-64 age range has fallen from 37 cases to 33 this year. Some of the cases in this group are learning disability or mental health and may have existing supports or oversights which prevent every repeat incident being loaded as a new AP Referral particularly where a Care Plan Approach or robust package of care and oversight is already in place.

For older adults over the age of 65 years, the numbers have increased by 25%, similar to trends in 2013/14. Reviewing this information over a four year timeframe helps formulate a baseline figure and along with the types of harm can help guide our response to this group. Some of the age ranges over the last 4 years have changed as a result of the National Adult Protection Data Set however the mean average in this range is 46 referrals a year over 4 years. Financial and physical harm are the two areas mostly affecting the 65-79 age range.

### Percentage of Referrals by Gender (Table 6 & 7)





In Scottish Borders females are at higher risk than males, this gender balance is a continued theme on last year, with little variation. I can report that this is a theme seen nationally over Scotland and the gender gap becomes more apparent from 71 years onwards. Up until this point the numbers of male and females at risk is very similar. One reason for the gap is that post 71 years of age more females appear to be living on their own. Secondly females tend to live longer than males and as their health deteriorates they can become at greater risk from harm.

### Referrals by Locality Team / Area of Scottish Borders (Table 8)

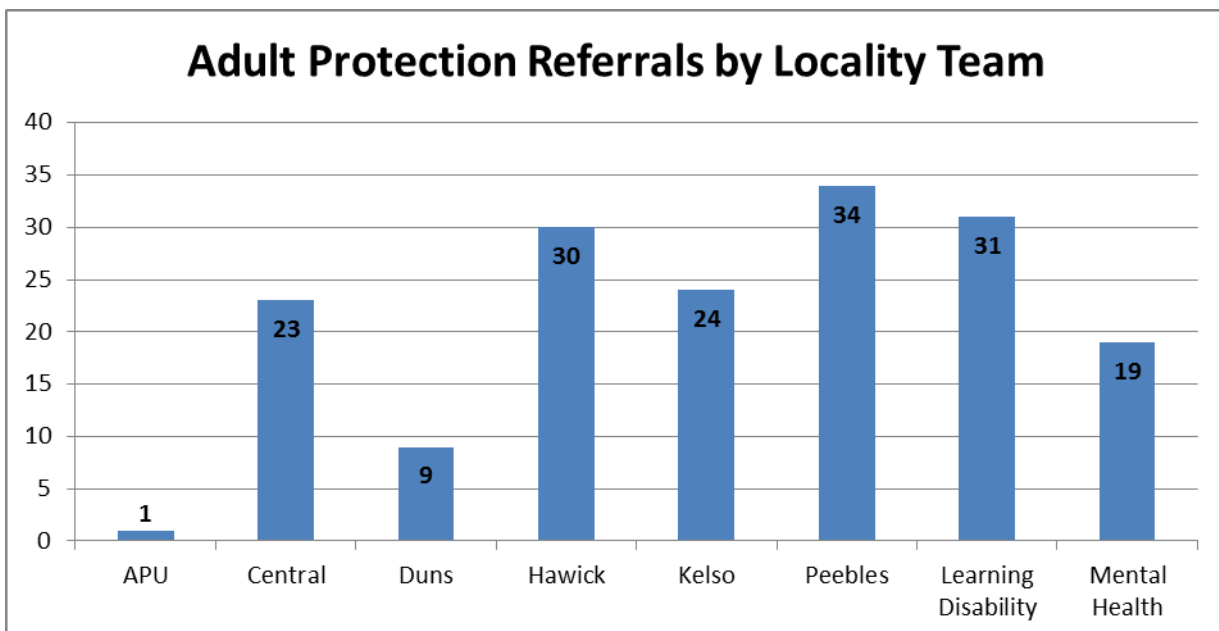


Table 8 - above highlights the spread of Adult Protection Referrals across teams / areas of Scottish Borders. Peebles received the most Adult Protection Referrals this year which is a significant increase from 20 to 34 on last year's figures. Individual concerns in one private care home has accounted for a majority of the increase alongside a particularly affluent older adult group and financial harm. In the past some of these individual concerns would have been managed under the umbrella of a Large Scale Inquiry (LSI). However changes to the LSI process have taken pressure of LSI resources but in one particular care home led to more individual concerns.

The learning disability service which covers the whole of Scottish Borders has seen figures fall from 34 last year to 31 this year, this is a modest change. Figures in Hawick have risen from 30 to 34 this year, again a modest rise and similar to Peebles individual referrals from private care home have accounted for this small rise. Central team, Kelso and Mental health figures have all fluctuated within an expected range. However Adult Protection Referrals in Duns have dropped by almost 50 % from 17 last year to 9 this year. Berwickshire is one of our biggest geographical areas but one which is less densely populated. Although there has been some change in personnel within the Duns team this area and Peebles are out-with the normal fluctuation and may need some further analysis.

There is one case from Central team which was managed by the Adult Protection Unit from start to conclusion due to skills and experience across different disciplines. The Adult Protection Unit do not have any operational responsibilities for the management of the Adult Protection process but this case required a particular approach and set of interagency skills.

## Referrals by Ethnicity (Table 9)

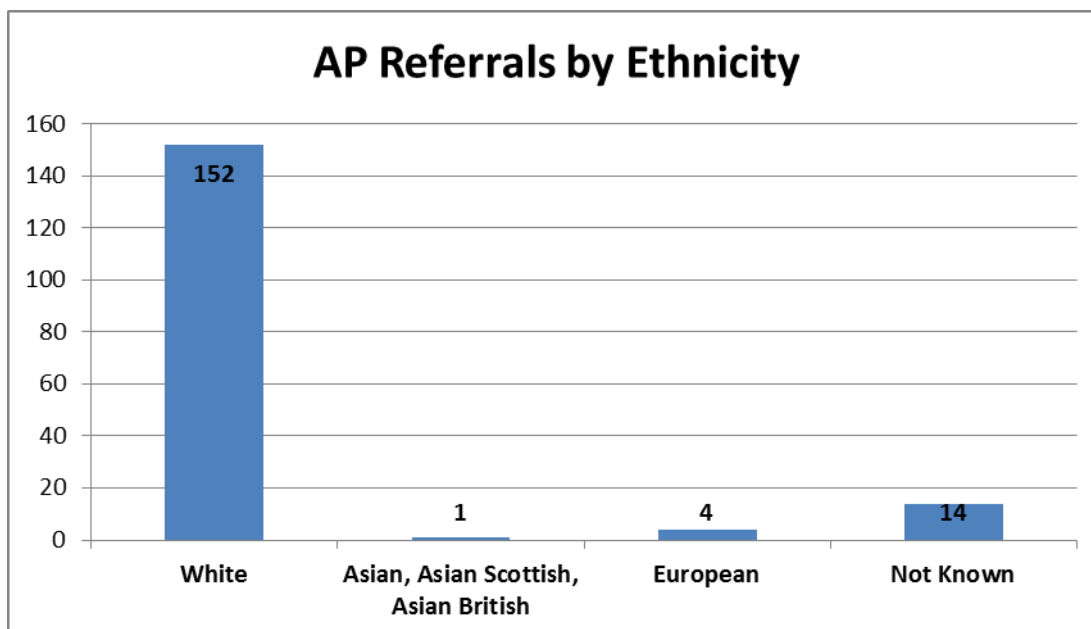
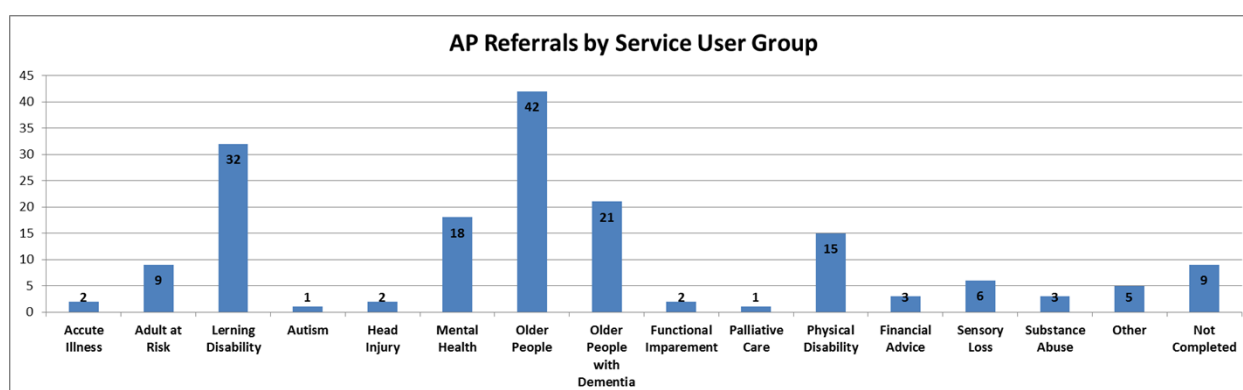


Table 9 - above highlights that the majority of adults at risk are of white Scottish ethnicity in the Scottish Borders. To help understand with the context of these figures, the most recent population count highlighted an estimated 113,870 people lived in the area. From these figures I can report that only one and a half percent of Scottish Borders adults were reported as being of Asian, black, mixed or other ethnic grouping. This is the most likely explanation for the majority of figures sitting in one ethnic grouping, and for our figures sitting lower than urban or more densely populated areas in Scotland.

### Referrals by Primary Service User Group (Table 10)



Clients with a Learning Disability and Older People (excluding people with dementia) are the largest client groups being referred, accounting for 32 and 42 respectively. When we add older adults with dementia 21 to the above totals, we can demonstrate that learning disability and the combined older adult totals (all adults over 65 yrs. old) equate to 50 % of all adult protection work in Scottish Borders. These figures are identical to last year's figures and a recurring trend.

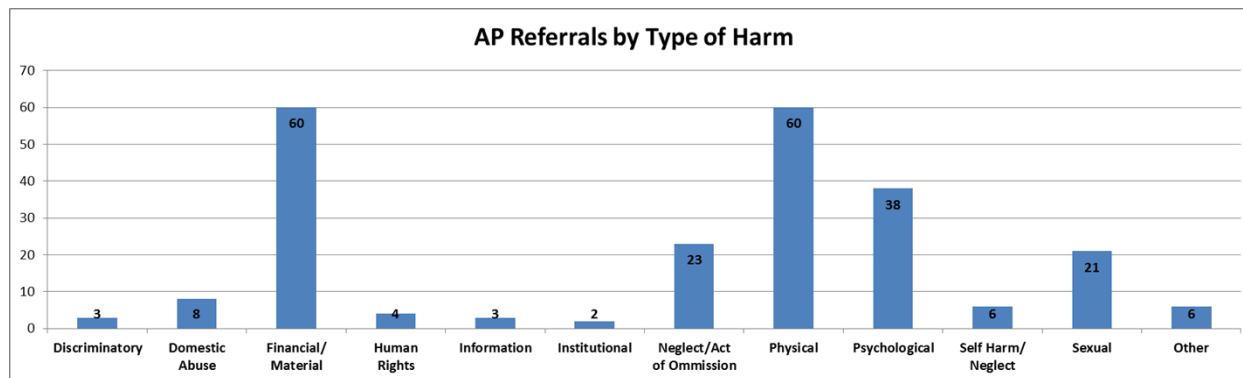
Mental health is the next group of adults, most at risk of harm, with the figure similar to last year's figure. Adults with a physical disability account for 7% of referrals; this is a small reduction from 10% last year. Adults with sensory loss account for 4 % of referrals this year, which is a



small decrease of 5% from last year.

The types of harm and rationale will be explored further in table 11 below.

## Referrals by Type of Harm Reported (Table 11) - see figures below



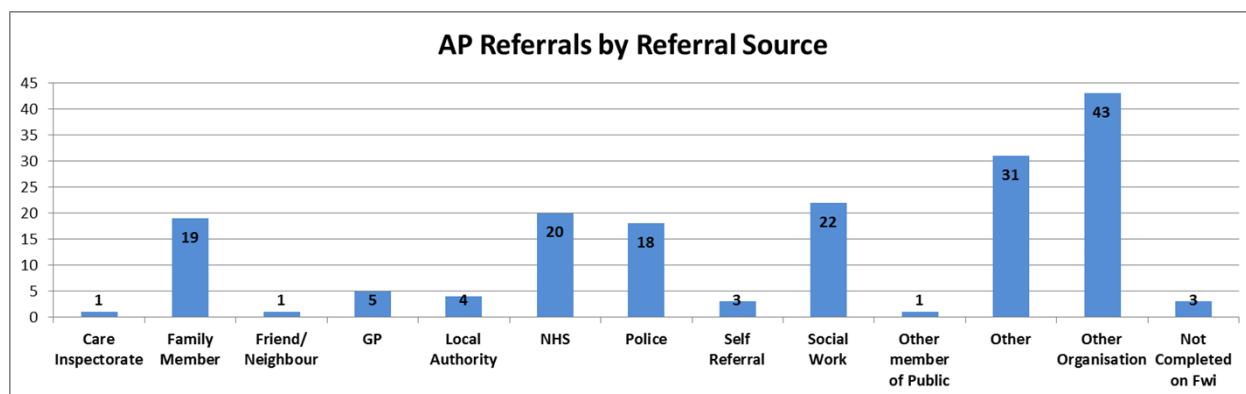
## Specific Trends within service user groups

Financial harm continues to be a challenge in Scottish Borders and nationally. Scottish Borders are being very proactive in working with partners in the prevention of harm and to intervene more quickly when signs of harm come to our attention.

Allegations of harm in care home settings has featured prominently over the last few Years: in 2015/ 2016 Scottish Borders embarked on bespoke adult protection training into all care homes. This training has seen a marked decrease in large scale inquiries, a longer timeframe is required to effectively evaluate the impact of this training, but early indications are positive.

Disability Hate crime is nationally recognised as an area which is under reported. Some rationale for this, is that harm is reported as physical or financial, and not always linked or seen as a particular hate crime. The important factor is that harm is harm and is reported and investigated. Disability hate crime and the term Mate crime have been uncovered in Scottish Borders, these cases happen where a perpetrator targets an adult specifically because of their mental disorder. Both mental health and Learning disability services are aware of these risks and working with Police Scotland and NHS Borders to address all harm.

## Source of AP Referral (Table 12)



As can be seen from table 12 above we receive AP referrals from many sources, this includes multi-agency partners, clients, carers and family members, and agencies in the third sector. The figures listed above are made of concerns which have been reviewed and were, known or believed to be adult at risk, concerns. It is important to note that Scottish Borders received 1556 referrals, and although every referral is reviewed, many of these referrals are welfare concerns, which do not need to enter the Adult Protection process, but can be dealt with through social work services or signposted to key partners for services.

Independent agencies and the category of "Other", which includes the voluntary sector, banks and addiction services, are the highest reported of adult protection referrals. Many staff working in the voluntary sector attend our Scottish Borders adult protection training. These staff go on to work in frontline service delivery with service users and it is reassuring that this group are reporting harm.

NHS Borders and Police Scotland continue to make referrals and be involved operationally and strategically in adult protection. We have a co-located Public Protection Unit in Scottish Borders and a particular key strength of co-location is that, communication and cooperation happened quickly, particularly around child and adult protection, cases which have crossover.

Adult protection referrals from concerned family members continue to be well reported in Scottish Borders, these can be incidents of financial harm or physical harm particularly where an adult at risk is unable to report harm, or where a friend or acquaintance exerts undue pressure over and adult not to report an incident.

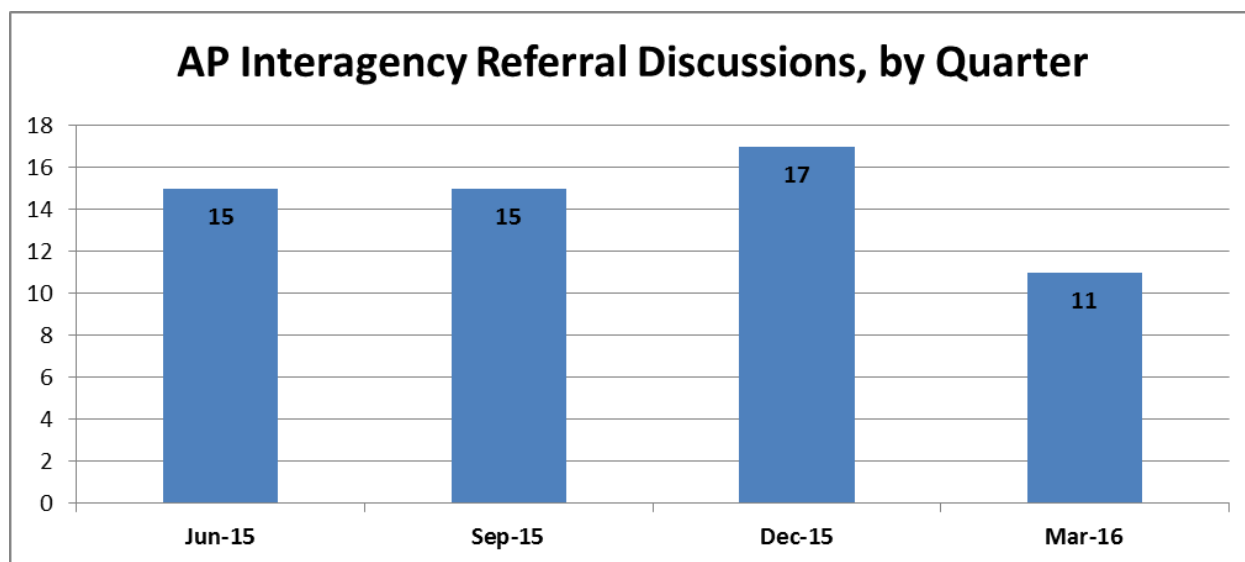
## 4. Adult Protection Intervention

All adult protection referrals received in Scottish Borders receive an intervention. This intervention process involves three distinct steps Duty to Inquire, Interagency Referral Discussion, and Adult Protection Investigation. These three steps are used to share information with the key agencies involved and to assess whether the adult is in need of further support or protection. For the purpose of this annual report we will report on Interagency Referral Discussion (IRD) which is a formal conversation and AP Investigation which is the stage after initial Inquiry and where a visit or interview is required. Scottish Government now requires AP Investigation information only as part of their national data collection information. Collecting information from AP Investigation only, enables Local Authorities and Scottish Government to compare like for like information across Scotland in order to inform a National Adult Protection landscape.

**Table 13**

Number of Adult Protection Referrals	171
Number of cases which required AP Intervention (Inquiry/IRD/Investigation)	171
Specific Intervention which required AP IRD	58
Specific Intervention which required an AP Investigation (visit / interview)	61

**Adult Protection Interagency Referral Discussions (IRD) (Table 14 & 15 )**



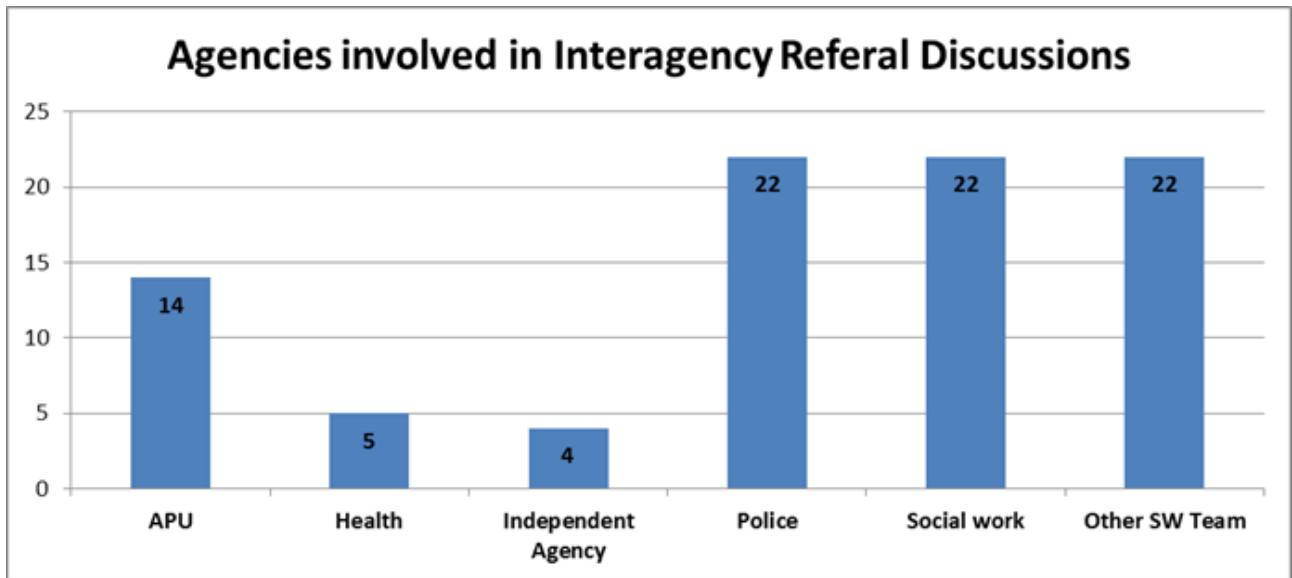


Table 14 & 15 above highlights the number of Interagency Referral Discussions (IRD) held each quarter. The total number of adult IRD's for the year is 58. The Interagency Referral Discussion is a formal discussion between Social Work, Police and NHS Borders where appropriate. This discussion can also involve agencies such as the Care Inspectorate or another appropriate service. The IRD involves the multi-agency sharing of information and a clear recorded record of risk. The partner agencies involved will agree which agency leads on which component of an investigation and agree lines of feedback to an IRD conclusion. IRD numbers are similar to last year and most IRD's involve a conversation between Social Work and Police Scotland, but an IRD can involve NHS borders, the Care Inspectorate and a senior manager of any independent agency. All IRD's in Scottish Borders are subject to external scrutiny by an IRD review group. This IRD Review group consists of the Adult Protection Co-ordinator, Police Inspector and the Associate Director for Nursing Mental Health NHS Borders.

### Adult Protection Investigation (Table 16)

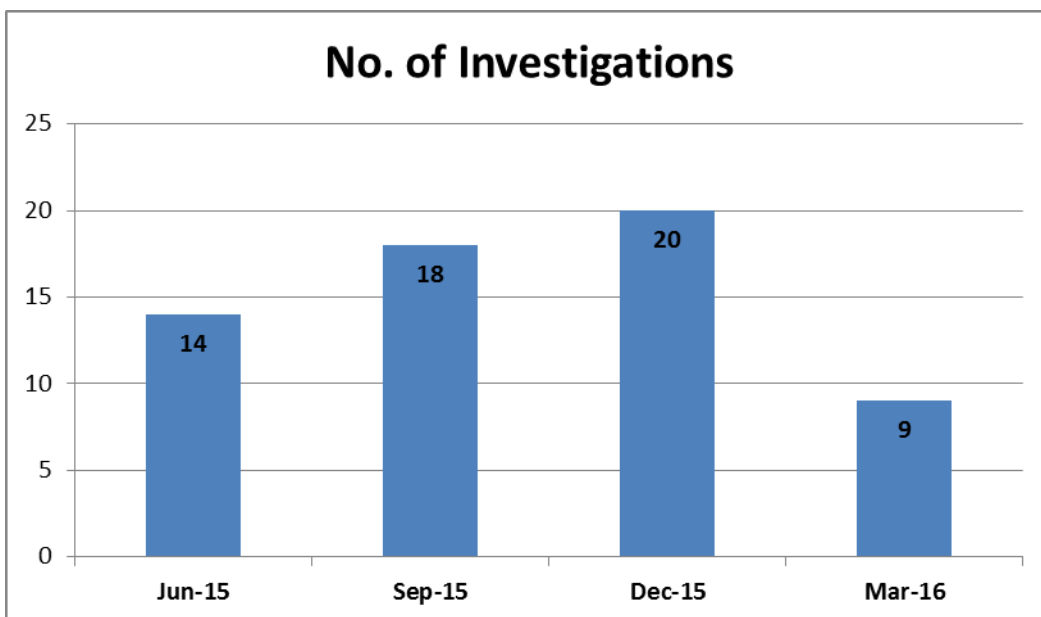
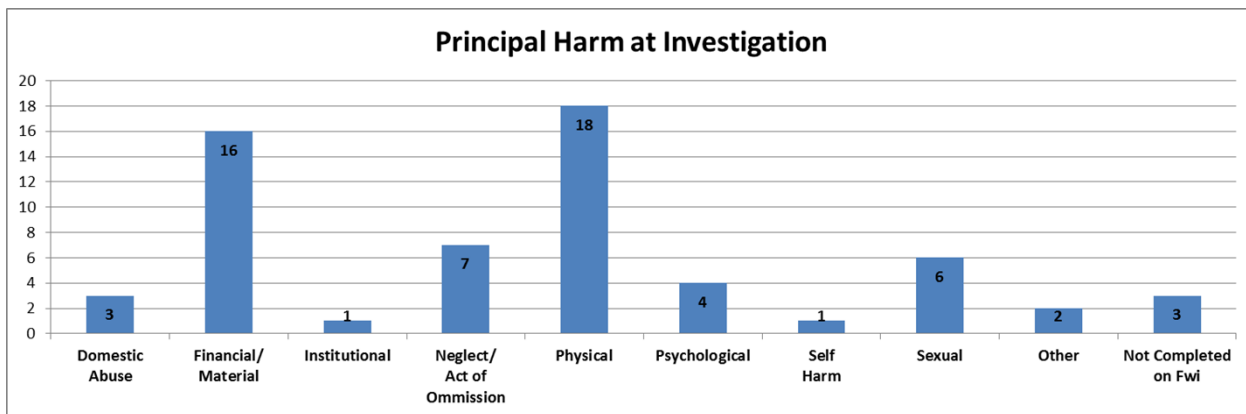


Table 16 above highlights the number of cases per quarter which required a visit, interview or access to records such as bank statements. The AP Investigation phase follows on from AP Inquiry and tends to be at the end of an AP intervention process; this investigation helps us finally determine whether, an adult is still an adult at risk of harm, and in need of an AP Case Conference. Or whether the intervention and steps taken have been enough to support the adult and that the risk is reduced or can be managed by an alternative means where the adult is deemed not to meet all three points of the adults at risk test.

All Adult Protection investigations must be undertaken by a trained Council Officer under The Adult Support & Protection (Scotland) 2007 Act and the process is directed and overseen by the Team Leader or Team Manager in that locality or specialist team. Investigations are further broken down into the information and charts listed below.

### Type of Principal Harm at Investigation (Table 17 & 18 )



Tables 17 & 18 above highlight that financial harm and physical harm are the two highest types of harm reported at both referral and at the end of the intervention at AP Investigation. This is a trend which has continued over the last few years in Scottish Borders. However careful interpretation should be taken when comparing this year's figures to previous year's Adult Protection figures. In 2014 Scottish Government piloted a National Data set which changed the way all local authorities collated and reported Adult Protection information. AP Inquiry and AP Investigation have been separated and this means that comparing data over 2014, 2015, 2016 will differ as information systems have been changed to accommodate the national perspective.

## Investigation By Service User Group (Table 19)

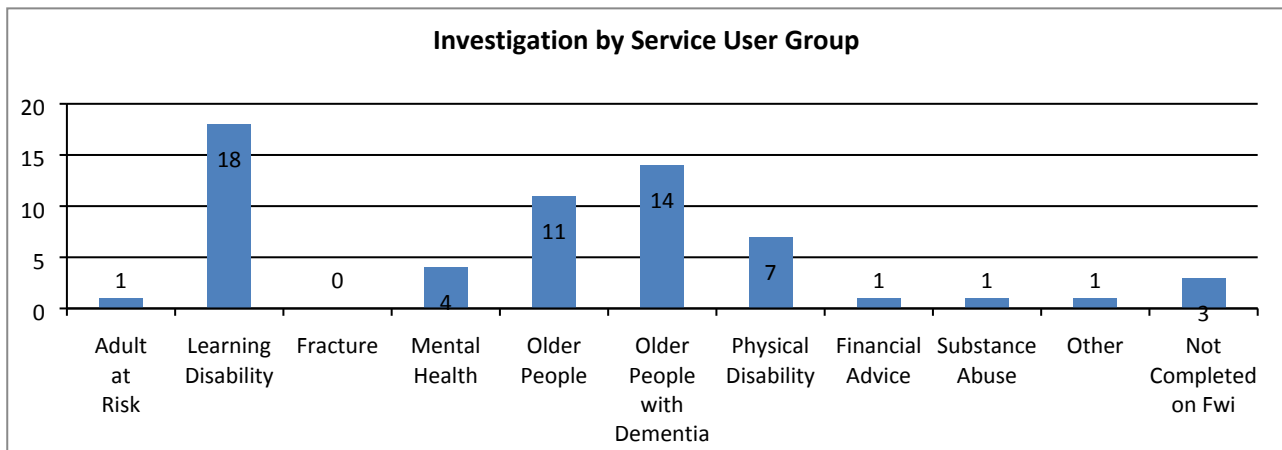


Table 19 - is a chart in the Annual Report which is specifically counted by Scottish Government as part of their national statistical information. This graph lays out the service user numbers and groups which have progressed beyond Inquiry and IRD to Investigation. Older adults, older adults with dementia and adults with a learning disability all account for the highest groupings. These figures combined account for half of all Adult Protection referrals, received over the last couple of years. Mental health figures have increased from last year from 2 to 4 this year and physical disability has increased from 2 cases last year to 6 cases this year. These are small numbers at the end of investigation across several teams.

## Location of Harm at Investigation (Table 20)

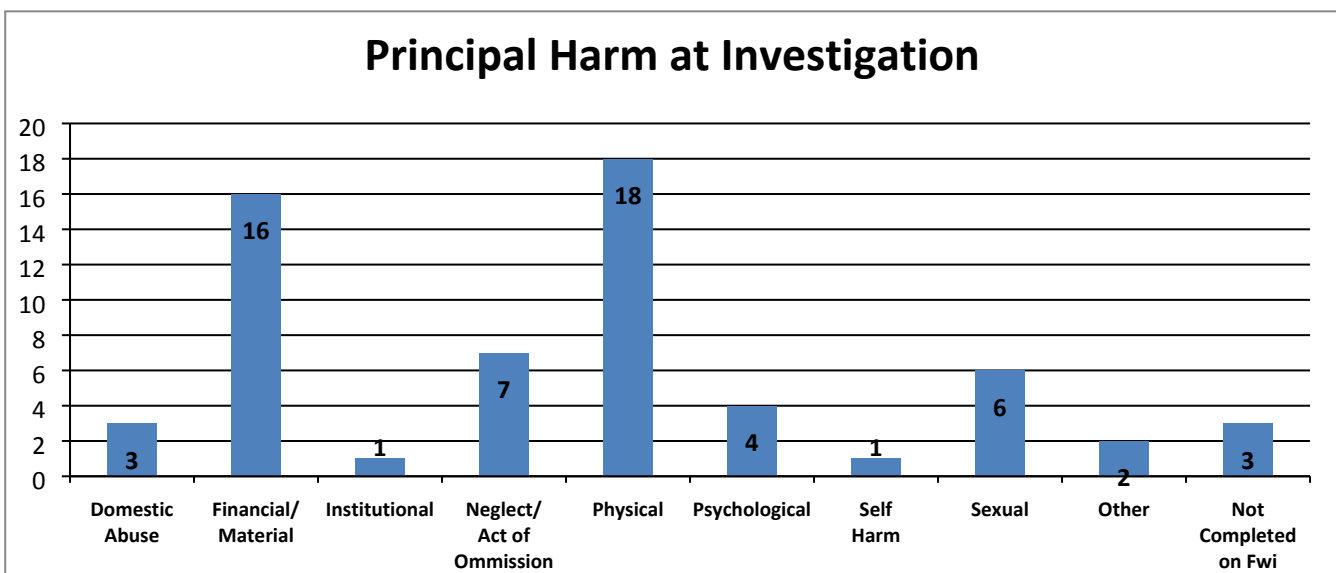


Table 20 above - The majority of harm occurs in a client's own home, usually by someone known to them. The second highest setting of harm comes from private care homes. Within care homes there is a particularly vulnerable group of people, adults with dementia, physically frail adults and adults with illness or a nursing need. The range of harm in care homes varies and does not always involve allegations against care staff, sometimes through gaps in supervision a resident will have an incident with another resident. Over the last year there has

been specific training into care homes around dementia, care home standards and Adult Protection, but this group of adults often have complex care needs. All investigations are undertaken individually but the themes and issues in any setting are overseen by a link Social Worker from the Community Care Review Team and care home performance is monitored by a care home quality group and the regulator the Care Inspectorate.

## Outcome of the Adult Protection Investigation (Table 21)

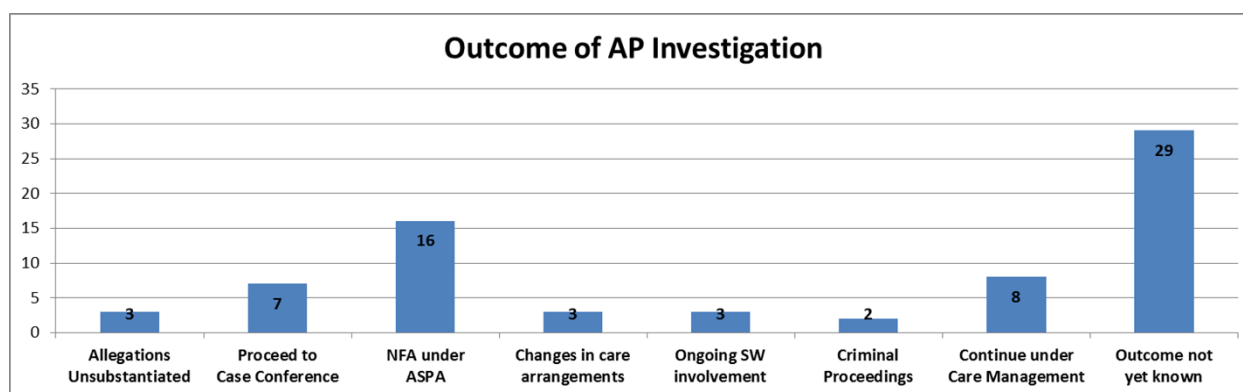


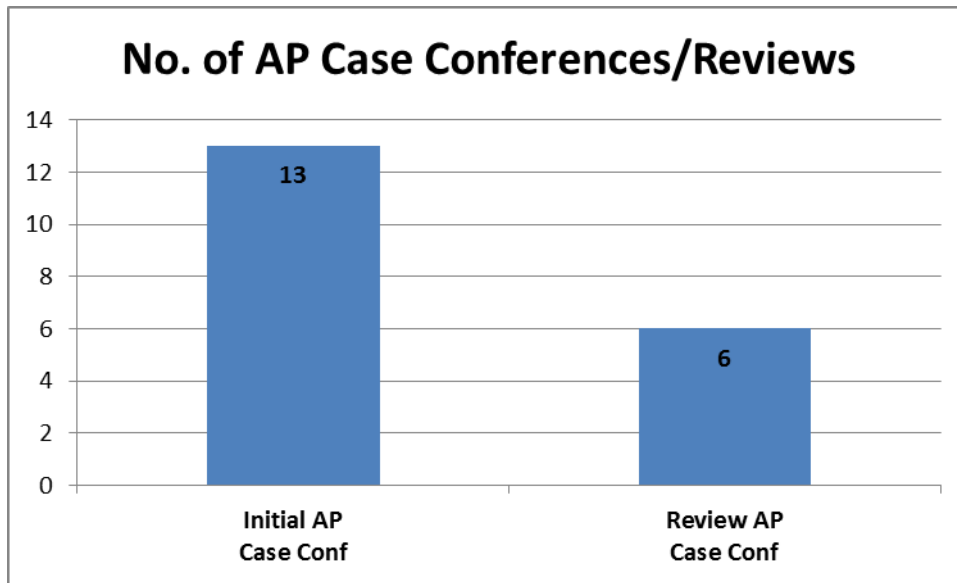
Table 21 - above helps understand the outcome of AP Investigations, it is important to note that cases may have multiple outcomes, such as no further action under Adult Protection, but continue under case management. Therefore the numbers above will not match 61 for example a case can be no further action under Adult Protection but also continue under case management.

There have been 13 AP case conferences and 6 case conference reviews this year, but in the chart above only 7 cases are recorded properly. The last column in the chart above indicates the outcome was not recorded and therefore is unknown. The recording of outcomes has been picked up through Adult Protection audits and addressed by performance workshops with practice teams.

Very often in many cases social work and partners becoming involved in a presenting risk can result in steps being taken and changes in support to address the concern and there may be no need to progress to Case Conference where the issues have been addressed and there is appropriate case overview.

## 5. Case Conferences and Meetings

### Adult Protection Case Conference and Review (Table 22 & 23)



**Table 22** - The majority of cases in Scottish Borders which come into the AP process do not reach AP Case Conference. The process has been designed to be proportionate and responsive to risk. On many occasions following intervention or supportive measures, we see the risk addressed or managed. There were however, 13 cases, which required an AP Case Conference and a further 6 cases proceeded to AP Case Conference Review. This is slight decrease on the previous year and part of a down trend when reviewed over several years. Adult Protection Committee and the Chief Officer Group have requested a report on this decrease, in order to be satisfied that risks are being met proportionality; the rationale for each decision will be subject to senior management scrutiny.

There are different levels of meeting in Scottish Borders for cases which sit below the Adult Protection threshold or for cases which do not meet all three points of the three point test following AP Investigation. Only cases which meet the three point test should proceed to AP Case Conference. The different types of meeting can be chaired and facilitated by the Adult Protection Unit and these are listed in the charts below.



## Types of Meetings held (Table 23,24 & 25 )

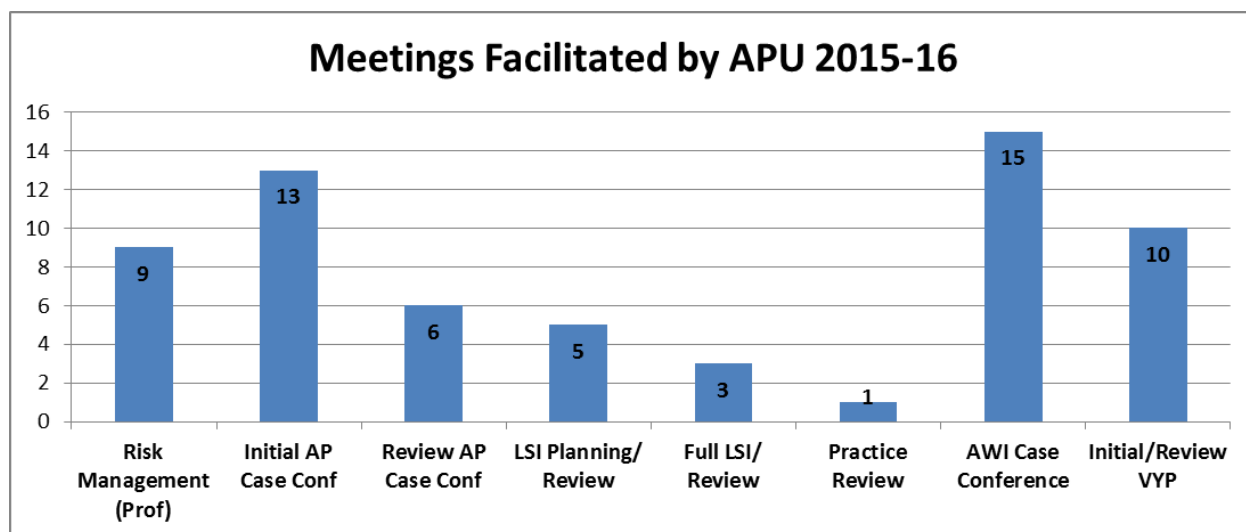


Table 23 - On comparing the table above, which compares against last year's figures, there has been a further small reduction in AP Case Conferences from 15 to 13. However when you compare this to the increase in Risk Management and VYP meetings we can clearly see, that cases are being managed through multiagency discussion, albeit below the Adult Protection threshold.

The argument for this approach is that we need a range of meetings such as Risk Management and VYP, to enable professionals, to still have multiagency discussion and action plans. Particularly where cases have significant risk, **but do not meet the three point test**. This approach is a more tailored and proportionate approach to addressing risk and closes a practice gap, left by cases assessed below the Adult Protection threshold. There have been 10 VYP meetings which is an increase within this period and 9 Risk Management meetings.

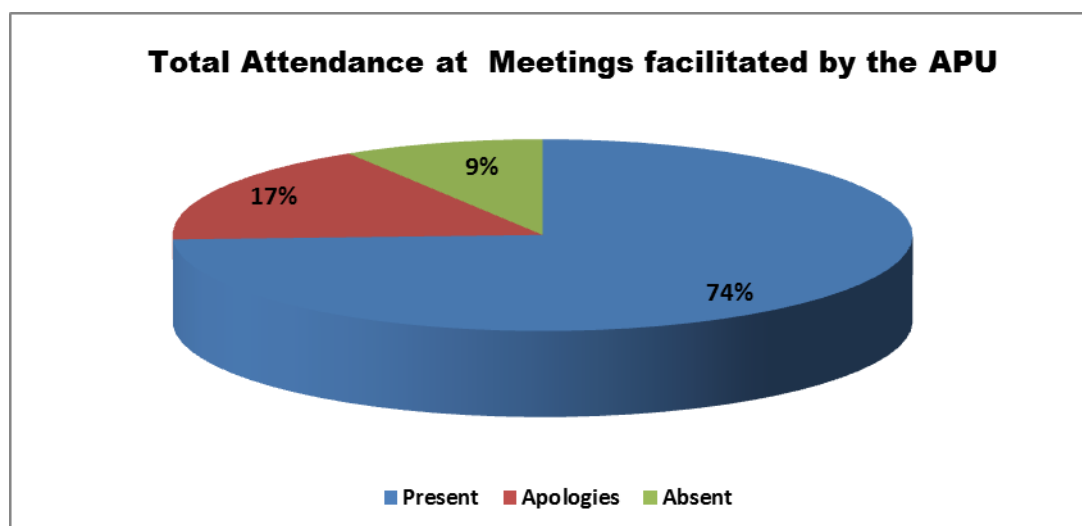


Table 24 - lays out attendance levels at all meetings facilitated by the APU  
And table 25 below breakdowns attendance into agencies

Table 25 - below

<b>ANNUAL 2015-2016</b>	<b>TOTALS</b>			
<b>WORKERS</b>	<b>Present</b>	<b>Apologies</b>	<b>Absent</b>	<b>Invited</b>
<b>SBC</b>	<b>228</b>	<b>30</b>	<b>18</b>	<b>276</b>
Adult Protection Coordinator/Officer	32	1	0	33
Child Protection	0	0	0	0
Community Care Assessor	4	1	0	5
Home Care	5	0	0	5
Homelessness Services	3	0	0	3
Mental Health Officer	21	5	1	27
Occupational Therapist	4	1	0	5
Residential Home Manager	4	0	0	4
SBC Other	47	7	10	64
Council Officer	4	0	0	4
Social Worker	34	6	0	40
Social Work Manager	70	9	7	86
<b>NHS</b>	<b>76</b>	<b>31</b>	<b>20</b>	<b>127</b>
Clinical Psychologist	6	0	0	6
Community Psychiatric Nurse	3	3	2	8
General Practitioner	2	18	5	25
NHS Manager	4	4	3	11
NHS Other	5	0	0	5
NHS Support Worker	0	0	0	0
Nurse	9	1	1	11
Nurse - Discharge	0	0	0	0
Nurse - Specialist	16	1	4	21
Physiotherapist	2	0	0	2
Psychiatrist	26	4	5	35
Therapist	3	0	0	3
<b>OTHER AGENCIES</b>	<b>143</b>	<b>41</b>	<b>15</b>	<b>199</b>
Advisory Agency	1	0	0	1
Care Inspectorate	5	0	1	6
Client	17	6	2	25
Family Member or Friend	14	5	2	21
Housing Agency	10	1	1	12
Independent Advocate	19	5	0	24
Independent Agency Manager	32	4	1	37
Independent Agency Support Worker	14	6	4	24
Observer	10	0	0	10
Police	14	10	1	25
Solicitor	0	1	0	1
Specialist Substance Abuse Agency	0	0	0	0
Other	8	3	3	14
<b>TOTALS</b>	<b>447</b>	<b>102</b>	<b>53</b>	<b>602</b>

## Large Scale Investigations

The Large Scale Investigation (LSI) process is designed to meet larger issues of harm in any care settings. Within this reporting period, this type of harm has been specific to Care Home settings. The important figure is the number of Full LSI's. There have been no full new LSI's in this period. However we have had 3 subsequent LSI review meetings in this timeframe and 5 meetings around cases which were potential LSI's.

The refreshed LSI process now ensures that all information and assessment is gathered as part of a Professional Concerns meeting and this information is passed to the Chief Social Work Officer to enter or manage the risk by LSI or alternative means. This process is more balanced and proportionate and ensures that only genuine risk around large groups of adults qualifies for an LSI approach.

## Significant Case & Incident Reviews (Table 26)

SCR's in this period -	0
Practice Reviews in this period -	1

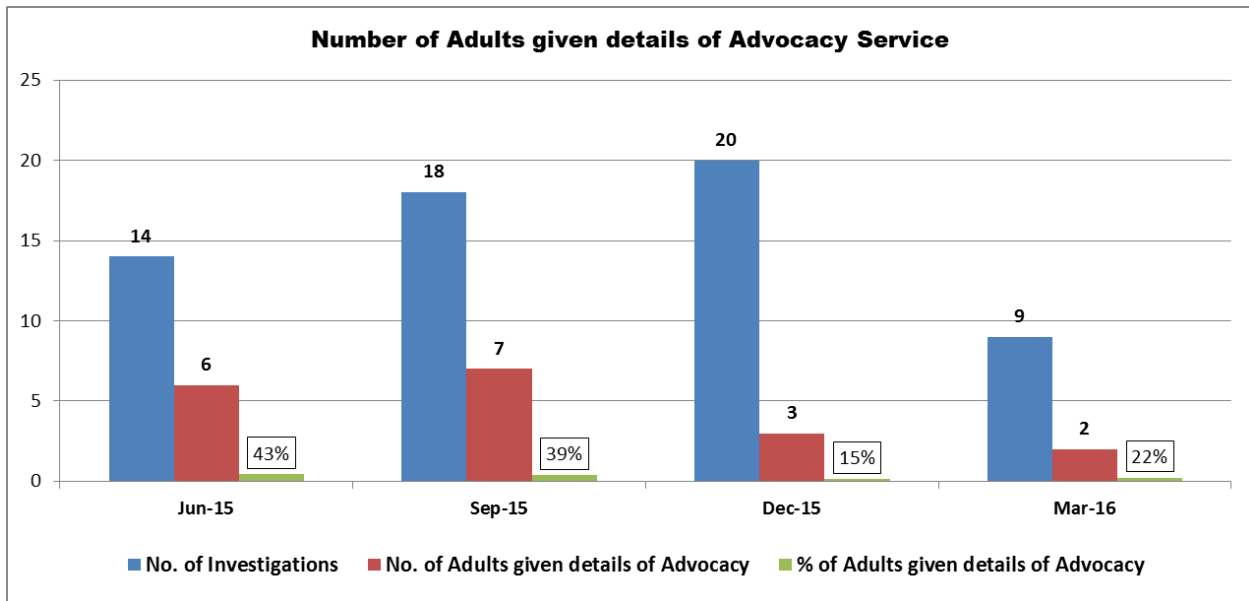
One practice review was carried out within this period around a Learning Disability case. Practice reviews are reflective incidents, where issues of unmet need, learning and how services can respond in more effective ways to risk.

## Warrants and Protection Orders under Adult Support and Protection Act (Table 27)

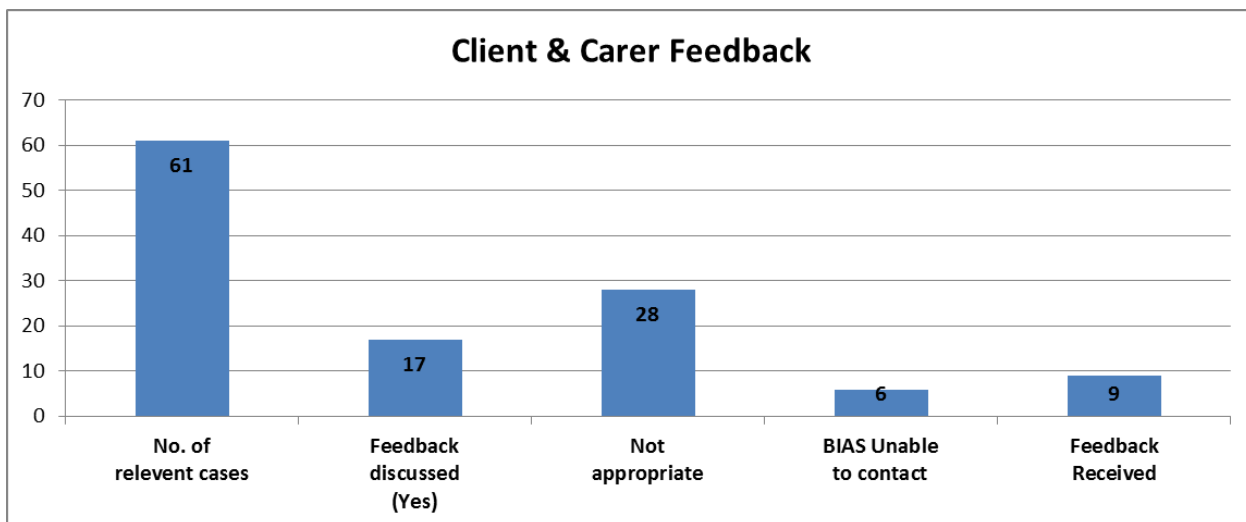
Removal Order -	0
Assessment Order -	0
Banning Order -	0

There were no Protection orders granted in this annual year end of March 2015 to April 1<sup>st</sup> 2016. However one banning order did occur early in April of 2016 just out with the timeframe for this report. This will be reported on next year.

## 6. Advocacy and Client and Carer feedback (Tables 28,29,30,31 )

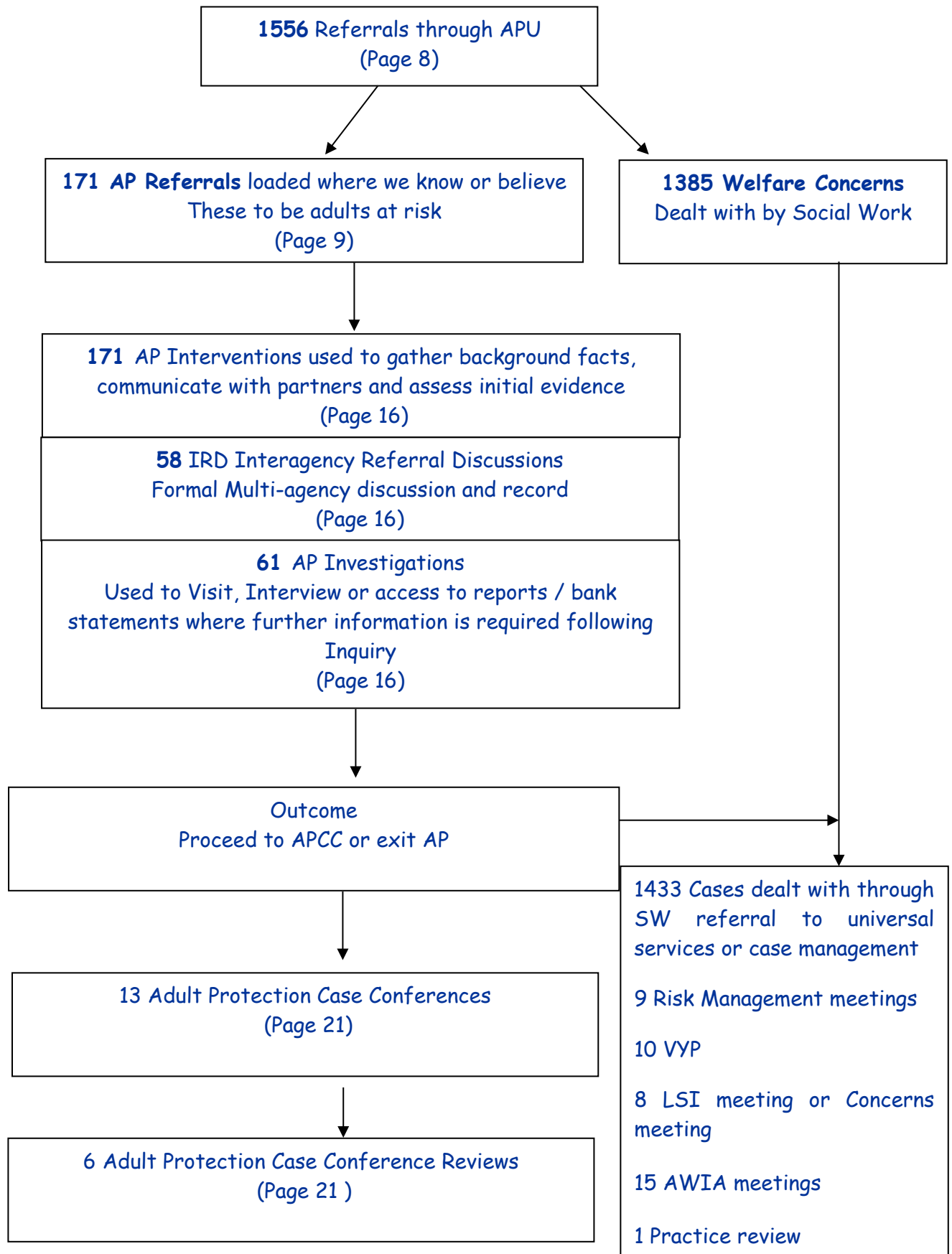


**Table 28** above - Borders Independent Advocacy Service (BIAS) reports to APC on a quarterly basis regarding service users involved in the AP process referred to them for support. During this period BIAS received a small number of new referrals, and continued to work with an existing client base. A new addition to this report is the use of BIAS to independently evaluate service users' experience of the AP process. See table 29 below



**Table 29** - Where any adult has been interviewed or had a visit under Adult Protection, the visiting Council Officer will seek permission from the adult, legal appointee or carer for feedback on their experience of the Adult Protection process. In future annual reports we aim to improve this feedback and use this to inform our Adult Protection practice.

## 7. Schematic Diagram demonstrating Adult Protection activity through the process (Table 30)



## 8. Commentary on Annual Activity

When we review the amount of welfare referrals to Scottish Borders we see a gradual increase year on year. Police Scotland continues to be proactive in highlighting welfare or protection issues as they come across such issues through in role. Adult Protection referrals have been very consistent over the last few years and appear stable. Although not all concerns coming to Scottish Borders are met with through Adult Protection, all these concerns are screened and dealt with appropriately. There is also an independent overview of these concerns to ensure our most critical cases are not missed.

Financial and Physical harm continue to be the two most prominent types of harm reported in Scottish Borders. Financial harm comes in many forms and technology changes there is a gap around how some older adults, keep pace with changing technology such as internet banking, emails and apps. There is no doubt that scams and financial harm is becoming more sophisticated. One example of sophisticated harm is harm through the internet; perpetrators are using phishing techniques and fake sites to trick adults into giving over their details or money. This year has seen further work with Banks, Building societies, Trading Standards and Police Scotland around financial harm. Scottish Borders have run campaigns on Radio Borders and distributed leaflets and posters in G.P surgeries, and both NHS Borders / SBC settings. Allegations of physical harm continue to be reported across service user groups and trends and patterns are monitored through chronologies and interagency communication.

Within the under 65 group physical and financial harm continue to be most prevalent. Relationships, friendships and associations, can lead to adults being targeted or befriended and harmed. However the under 65 group are much more active with smart phones, internet dating sites and social media. However this same technology can be used as well to target and harm our most vulnerable. Support agencies and professionals must continue to be vigilant to scams, mate/hate crime and relationships where healthy boundaries are compromised and where adults become adults at risk of harm.

The Vulnerable Young Persons Protocol (VYP) was a process which was created to span Children and Young People and to address significant risk of harm. This process does not take priority over Child or Adult Protection, but gives agencies a new process to address risk and harm, particularly where harm is serious but the criteria for Child or Adult protection is not met. The uptake of VYP meetings has increased significantly on last year: this is an encouraging uptake of a very creative support mechanism specifically for young people and risk.

Harm in care home settings continues to be both a local and national issue. We have a specialised Community Care Review Team and contracts department who work specifically with these challenges. In addition to this the Learning and Development group in Scottish Borders continues to be proactive in meeting the training and staff development needs across all agencies and the third sector. The bespoke Adult Protection in Care Home training is a good example of adapting training to address the level of reported harm in private care home settings. This bespoke training was tailored to meet the needs of staff and managers separately and should help care providers to record and report more swiftly and work alongside the local authority and partners to deliver good safe outcomes for this client group.

## 9. Learning & Development Programme (2015-2016) (Table 31)

Training	SBC	NHS	Police/ Fire	Housing	Independent/Voluntary sector	Other/ Unknown
NHS induction		135				
NHS Borders e-Learning module (Includes above)		1497				
SBC e-Learning Module	178					
Police e-Learning Module		0				
L1 - Public Protection Briefing Session					27	
L2 - Full Day	98	41	2	10	142	
L2 - Half Day Refresher	85			6	57	
L3 - SDS/ASP	40	3			3	
L3 - Care Home Managers	6				17	
L3 - FWI AP Module Training	60					
L3 - Council Officer Forum	45					
Appropriate Adults Training	9					
Bespoke - Child & Adult Awareness Briefing					38	
Bespoke A&E Briefing		2				
Bespoke - Emergency Duty Team	11					
Bespoke – Service Provider for Managers	11					
Bespoke - AWI Training	2				23	
Bespoke Care Home Training Programme ASP DIP NCS (National Priority)	84				152	
<b>Totals</b>	<b>629</b>	<b>1678</b>	<b>2</b>	<b>16</b>	<b>459</b>	<b>0</b>
<b>Overall total</b>	<b>2784</b>					

The Learning & Development programme adopted by the Scottish Borders attempts to deliver a blended approach to learning. The content of the standard training sessions available (Level 1 - 3) in the rolling programme is based on the national training programme outcomes developed on behalf of the Scottish Government. The following tables layout the attendees and training and the types of training attended and training evaluation scores.

## Training Evaluation Scores (Table 32)

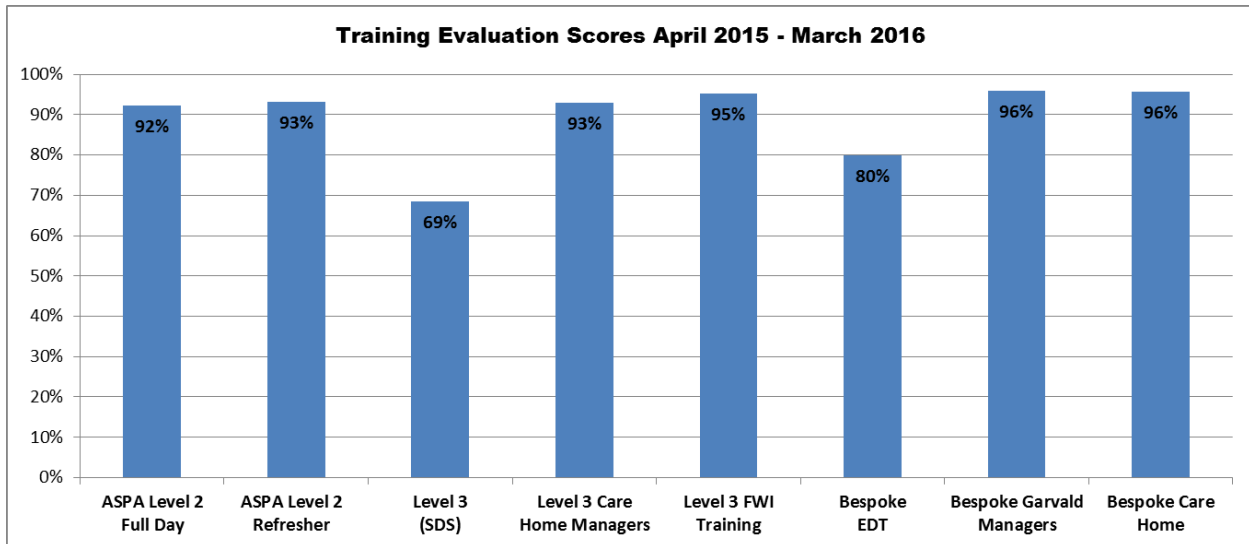


Table 32 above - gives insight into the different types of training delivered in Scottish Borders. Training is an area in which Scottish Borders excel and feedback satisfaction evaluates the sessions very well. As well as actively seek feedback on the makeup and delivery of sessions there is a process to follow up impact of training on practice with managers six months after the session.

The bespoke training into all Care homes in Scottish Borders had sign up from all care settings, this training covered care home standards, working with dementia, and Adult Protection in these settings. As well as care home staff a separate session was run for the Care home managers, which often come across allegations of harm, sometimes with that allegation naming a member of staff as an alleged perpetrator of harm. Care homes look after a large portion of our most vulnerable people, this additional training is designed to be supportive and to encourage referrals and open communication about risk and addressing this risk.



## 10. Closing Statement

2015 / 2016 has been a period of change and development, the Scottish Government introduced a National Data Set in an attempt to understand Adult Protection numbers and themes across Scotland. This has been a period of transition as we align our data with national expectation.

Quality assurance, regular audits and key performance indicators have all been new additions to Adult Protection work in Scottish Borders. However we recognise that audits alone, do not change practice, but they do allow us and benchmark practice against key areas of business and they will allow us to evidence progress as we move towards adult services Inspection later in 2016 or early in 2017.

Next year will see more focus on client and carer feedback, and on how this feedback influences our practice and response to harm. An outcomes approach will be developed and measured and help us to clearly demonstrate progress and that our involvement has resulted in a healthier balance in adults lives.

Scottish Borders has some exciting initiatives such as the integration of health and social care services. Mental Health services have become integrated within Scottish Borders and staff are now working together and the range of experience and skill set can only lead to more effective responses to need, support and harm.

One of the strengths of living in Scottish Borders is the strong sense of community spirit. Our villages and towns take pride in looking out for each other and over our most vulnerable adults. I would encourage our communities to work together to spot and report harm, as a collective we can achieve better outcomes and safer space for our residents and communities.

David Powell  
Adult Protection Co-ordinator