

Scottish Borders Adult Protection Committee

Annual Report 2016 - 2017



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1. Executive Summary

This is the twelfth annual report of the Scottish Borders Adult Protection Committee covering the period from 1st April 2016 - 31st March 2017. The report provides a summary of the work undertaken during this 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 the Scottish Borders.

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

1. Are unable to safeguard their own well-being, 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.

Where adults meet all of the above criteria, often referred to as the Three Point Test, then they can be considered Adults at Risk as defined by the Act. For those cases that do not meet the above criteria a significant number will be provided with support or referred to other services for support and guidance.

The number of cases progressing from Referral to Adult Protection concerns (AP Referrals), as defined by the Act, displays an increased pattern with 204 cases in 2016-2017 compared to 171 cases in 2015-2016 and 169 cases the previous period.

The Adult Support and Protection (Scotland) Act 2007 defines harm as:

1. Conduct which causes physical harm.
2. Conduct which causes psychological harm.
3. Unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement, or extortion).
4. Conduct which causes self-harm.

Importantly the term "conduct" includes neglect and others failure to act.

A review of Adult Protection activity during the period shows that, as in previous years, the majority of concerns relate to older people and those adults with a learning disability. As previously, the majority of referrals relate to females as opposed to males. Financial and physical harm continue to be the most prevalent type of harm reported.

With particular regard to financial abuse, which has become more sophisticated, partner agencies including Banks, Trading Standards, The Public Guardian, Police, Health Service and Scottish Borders Council held a seminar earlier this year, with a commitment to tackle this challenging area of abuse, which is being monitored by the Adult Protection Committee.

A review of Adult Protection arrangements formed part of the Adult Inspection conducted by the Care Inspectorate earlier this year. At the time of writing an action plan is being agreed with the Care Inspectorate to address areas, which had already been identified, for development.

Obtaining feedback from service users and carers in order to influence future practice has always been a challenge and it is noted that significant progress has been made in this respect.

Key structures and processes are in place to support Adults at Risk in Scottish Borders. We recognise the challenge to further develop quality assurance systems, to demonstrate performance and outcomes.

I am grateful to all members of the Adult Protection Committee and sub committees for the professionalism and commitment to protecting Adults at Risk in the Scottish Borders. Once again I would like to thank the Adult Protection Co-ordinator and the administrative team who provide invaluable support to Committee and Adult Protection activity.

Jim Wilson

Independent Chair, Scottish Borders Adult Protection Committee

2. The Adult Protection Committees and Adult Protection 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 'Inter-agency Strategy' and Plan for Protection of Adults at Risk (2015-2017). Inter-agency 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 Inter-agency 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 Inter-agency 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 inter-agency prevention 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 co-operation 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 Critical Services Oversight Group (CSOG) where there is senior corporate oversight and scrutiny of a range of public protection issues including multi-agency 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 will be followed up by a planned financial harm event for professionals in May of 2017 which will involve the Scottish Resilience Centre, Office of the Public Guardian, Trading Standards and the Royal Bank of Scotland representing the banking / building society perspective. Financial harm, scams and internet harm will be covered and useful to the professionals who attend and who often encounter or investigate this type of harm. A further event designed specifically for clients, carers and the public will also be planned in the near future.

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 Investigations (LSIs) are reduced through earlier communication and appropriate multi-agency 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 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 Inter-agency 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 Inter-agency 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.

2016 - 2017 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 Inter-agency 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 Investigation 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 Inter-agency Operational Group

The Adult Protection Inter-agency Operational Group acts as the operational arm of Adult Protection Committee. This is a multi-agency 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 multi-agency 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 Inter-agency business plan and key performance indicators. These Key Performance Indicators (KPIs) are areas where practice can be measured, audited and benchmarked. These KPIs 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.

Scottish Borders have been through an Older Adults Inspection and many of the findings which link to Adult Protection will be overseen and taken forward by this group. This will include oversight and input into any improvement plans.

The Adult Protection Learning and Development Subgroup

Adult Support and Protection Training report:-31/3/16 to 1/4/17 The Learning and Development Group of Scottish Borders Adult Protection Committee has responsibility for the design and delivery of the Adult Support and Protection Learning and Development (ASP L&D) Strategy. This provides a framework for multi-agency training at 4 levels, from induction through to specialist and advanced knowledge. Additionally bespoke training is delivered throughout the multi-agency partnership as required. A focus of the work of the L&D group has been to review and renew Scottish Borders ASP L&D Training Matrix, and looking ahead to January 2018, the following approach will be adopted for ASP training programmes, as outlined below:

DRAFT - Scottish Borders Adult Support and Protection Training Matrix 2017/18

<p>Introduction</p>	<p>Essential Roles, Duties and Responsibilities:</p>	<p>Senior and Specialist Professional Roles, Duties and Responsibilities</p>	<p>Accredited Council Officers</p>
<p>NHS Borders Corporate Induction Includes an introductory session on Adult Support and Protection.</p> <p>Scottish Borders Adult Support and Protection eLearning module This mandatory module must be completed by all staff employed by Scottish Borders Council, NHS Borders and SB Cares every two years. This module can be accessed at a charge by third sector agencies via the Community Portal*.</p> <p>Public Protection Briefing Session This briefing session can be requested by services that require an overview of Public Protection. Attendance at this session does not meet mandatory training requirements for staff members who have contact with Adults at Risk.</p>	<p>The relevant mandatory classroom-based session from the list below should be attended by selected multi-agency staff:</p> <p>Target audience illustrative example: Social Workers, Community Care Assessors, Support Workers, Police Officers, Medical staff, Registered Nurses & Midwives, Health Visitors, Allied Health Professionals, Healthcare Support Workers, Home Care Assistants, Advocacy Workers, Care Home staff</p> <p>*Adult Support and Protection: Awareness Raising (targeted at Home Care Assistants) *Supporting & Protecting People with Learning Disabilities *Adult Support & Protection in Mental Health Settings (hospital and community) *Adult Support & Protection in General Hospital Settings *Adult Support & Protection in Care Home Settings *Adult Support & Protection in Community Settings</p>	<p>This is a mandatory course for multi-agency staff in senior and specialist professional roles:</p> <p>Day 1 should be attended by SBC Team Leaders/Assistant Team Leaders and staff eligible to become accredited Adult Support and Protection Council Officers; NHS Borders Service Managers, Team Managers & Senior/Specialist Clinicians; and Police Scotland Senior/Specialist Officers.</p> <p>Day 2 should be attended by staff responsible for managing and conducting Adult Support and Protection investigations: Team Leaders/Team Managers/Assistant Team Leaders, staff eligible to become accredited Adult Support and Protection Council Officers.</p>	<p>Refresher Training Sessions</p> <p>Accredited Adult Support and Protection Council Officers are required to attend the following as mandatory refresher training:</p> <p>*Two Council Officer Forum meetings annually.</p> <p>*A Council Officer Refresher classroom-based training session every two years.</p>

	<p>Refresher: Following attendance multi-agency staff should refresh by completing Scottish Borders Adult Support and Protection eLearning module and passing the required assessment every two years thereafter.</p>		
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The approach for e-Learning in relation to Adult Support and Protection (ASP) has been further enhanced and it is now mandatory for all staff employed by Scottish Borders Council and NHS Borders to complete Scottish Borders ASP e-Learning module and pass the required assessment every two years.

In addition, there have been three well-attended ASP training sessions delivered in relation to the complex interface and implementation of public protection legislation, including the Adult Support and Protection (Scotland) Act 2007, the Adults with Incapacity (Scotland) Act 2000 and Section 13za of the Social Work (Scotland) Act.

The Learning & Development group will be facilitating a Financial Harm Seminar in May 2017, to be attended by multi-agency representatives, to raise public awareness and consider the issues of Financial Harm affecting Adults at Risk. This will include informative presentations from the Scottish Business Resilience Centre, Public Guardian, Scottish Borders Council Trading Standards, and the Royal Bank of Scotland.

The Scottish Borders Adult Protection Unit

The Scottish Borders Adult Protection Unit currently sits within a co-located building in Galashiels. Police Scotland, Child Protection and Adult Protection are all on site. This particular model is seen as a major strength as it encourages closer working relationships, partnership and communication between agencies. A good example of multi-agency co-operation is the Inter-agency Referral Discussion (IRD) process. This is a formal conversation which is built into the Adult Protection process to share information and to agree and co-ordinate a response. Having Police and Child Protection on site means that cases with cross-over can be discussed quickly and appropriately by suitably skilled and experienced colleagues.

The Adult Protection Unit consists of the Adult Protection Co-ordinator 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 (APOs) 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 APOs offer independent chairing of Adult Protection Case Conferences to practice teams, undertake the chairing and co-ordination of Large Scale Investigation (LSI) and have a quality assurance role as part of their remit.

3. Adult Protection Activity (2016 - 2017)

The APU continue to monitor the statistics from the social work information management system (Mosaic) 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 2016 - 31st March 2017.

Initial referrals & screening of harm in Scottish Borders Council

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 customer services team within office hours (Tel 0300 100 1800) or through the Emergency Duty Team out-with office hours (Tel 01896 752111).

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. During the course of 2016 - 2017 the following numbers of harm referrals were thought to be Adult Protection by referring agencies and partners.

Table 1

Total number of referrals around harm thought to be Adult Protection
Annual figure 420

There are differing levels of knowledge, training and experience of adult protection across partner agencies in Scottish Borders. This often happens because adult protection is a small part of what an agency may do and their levels of experience vary. The responsibility for screening all referrals lies with Social Work practice or specialist teams (Learning Disability & Mental Health). Every referral about harm is screened and assessed into welfare or protection. Welfare issues are signposted to a Social Work response or referred to specialist teams such as Alcohol or Substance Misuse where a case is appropriate or requires a particular skill set.

Of the 420 referrals reported by external agencies to be adult protection, 216 were graded as welfare concerns and dealt with accordingly.

Of the 420 referrals assessed to be possible protection cases (204) proceeded as AP Referrals and were overseen by the Team leader / Team manager of the locality or specialist team. The Team Leader / Team Manager will allocate, direct, oversee and sign off all work under the Adult Support and Protection (Scotland) 2007 Act, 204 cases proceeded as Protection work and therefore AP Referrals.

Adult Protection Referrals

Table 2 - lay out the number and source of protection referrals which required AP intervention.

Total number of actual AP Referrals
Annual 204

Table 3 - The number of 204 AP Referrals over the last year is broken down into quarters. When we break down this year's annual figures into quarters we see that quarter 2 of 2016 / 2017 is showing the biggest increase. Further investigation into quarter 2 demonstrated that there was no specific incident which caused numbers to increase. The period of July, Aug and Sept of 2016 saw a spike across all teams and across all ranges of harm. There are 7 area or specialist teams inputting into this figures, so a small increase in every team leads to quarterly spikes out-with the mean average.

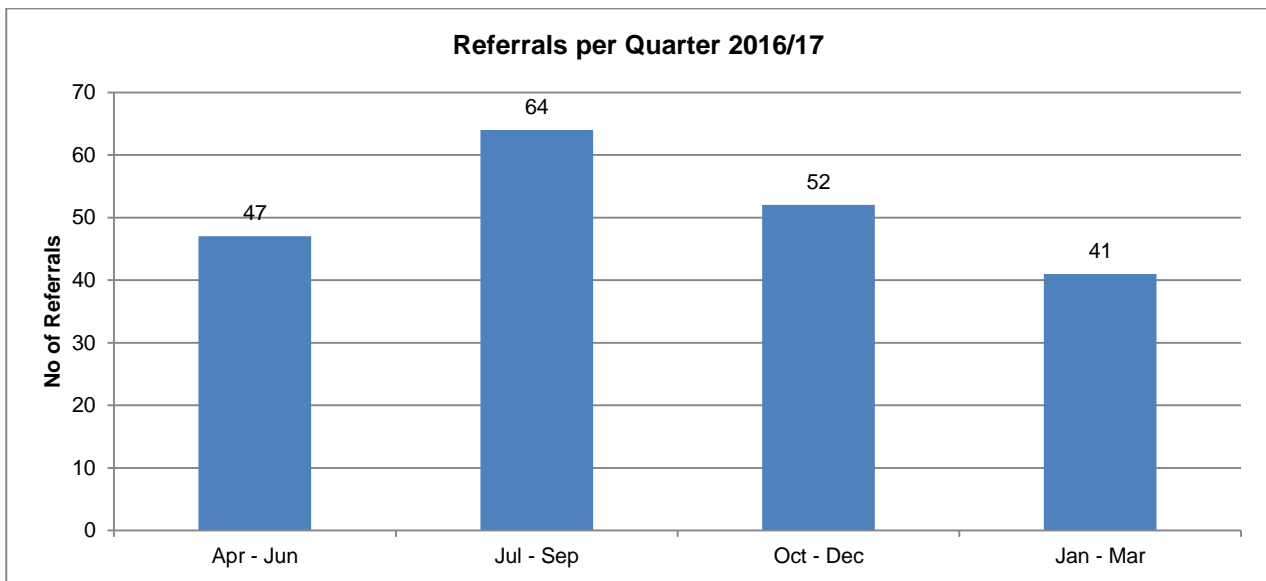
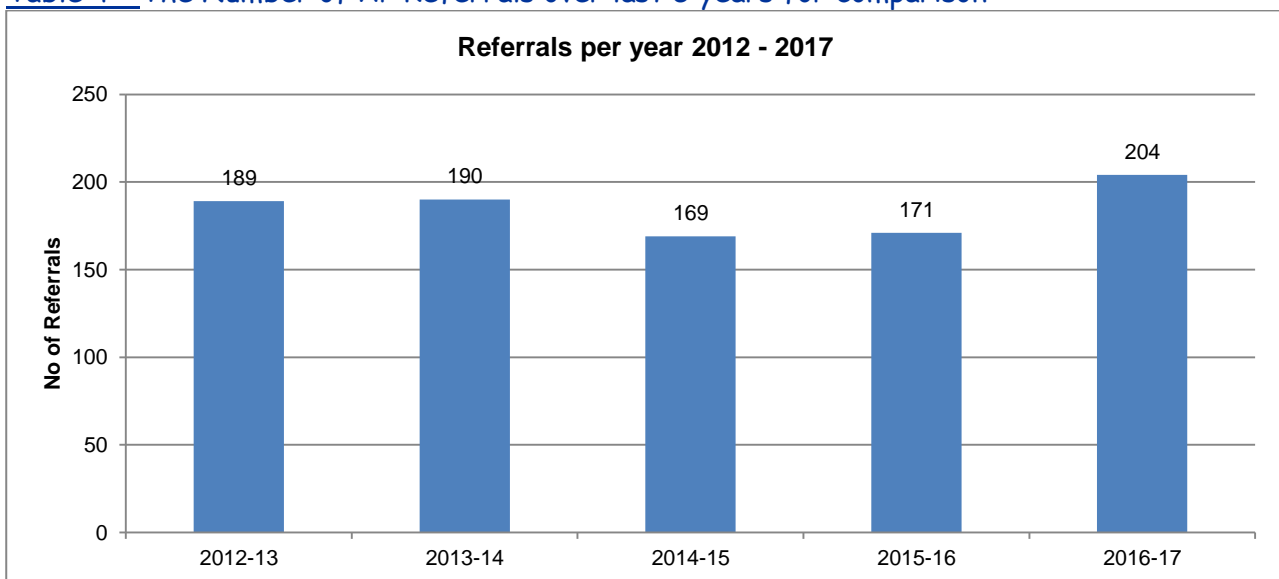


Table 4 - The Number of AP Referrals over last 5 years for comparison



From table 4 above we can see a slight increase in AP Referrals from the previous year, this increase is only 10 % and is within a fluctuation range over a longer 5 year timeframe.

Percentage of Adult Protection Referrals by Gender

Table 5

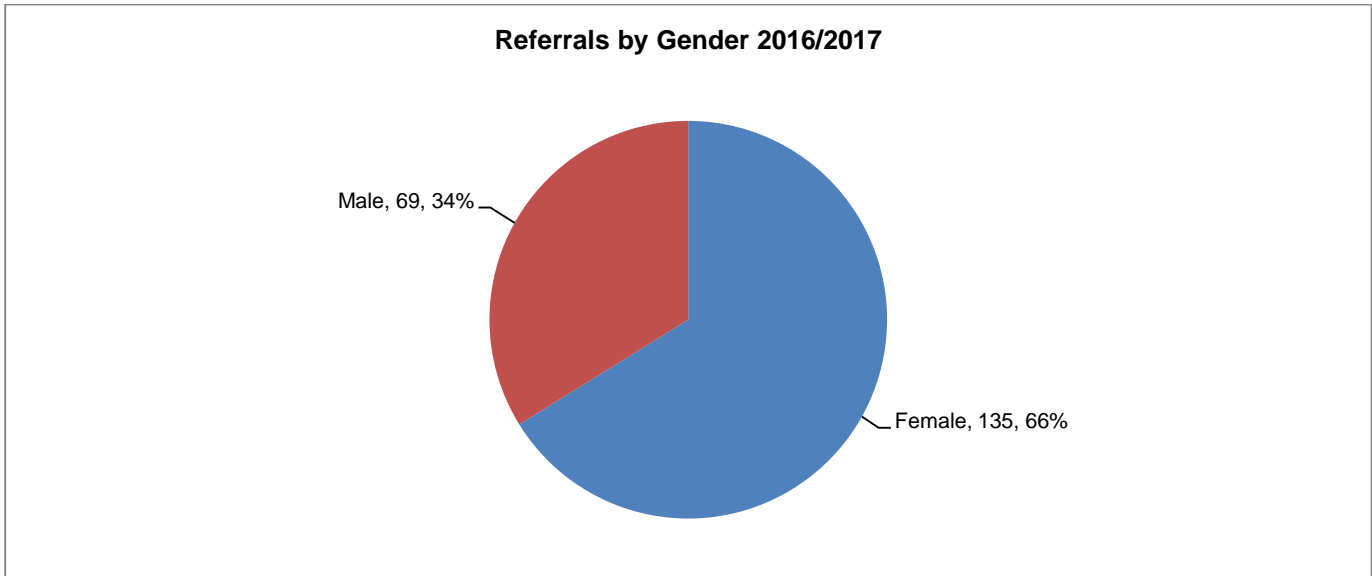


Table 5 above enables us to see Adult Protection Referrals and gender. This year's figures are a modest 10 % increase on last year's figures and if we look at AP Referrals over a 5 year timeframe there is little fluctuation out-with a 10 % range over 5 years. Females beyond the age of 71 years become more at risk of harm than males. This is a pattern repeated over the national AP landscape. Females often live longer or are more likely to be living on their own and when illness, dementia or disability is present, this increases their risk.

Number of Adult Protection Referrals by Age Range

Table 6

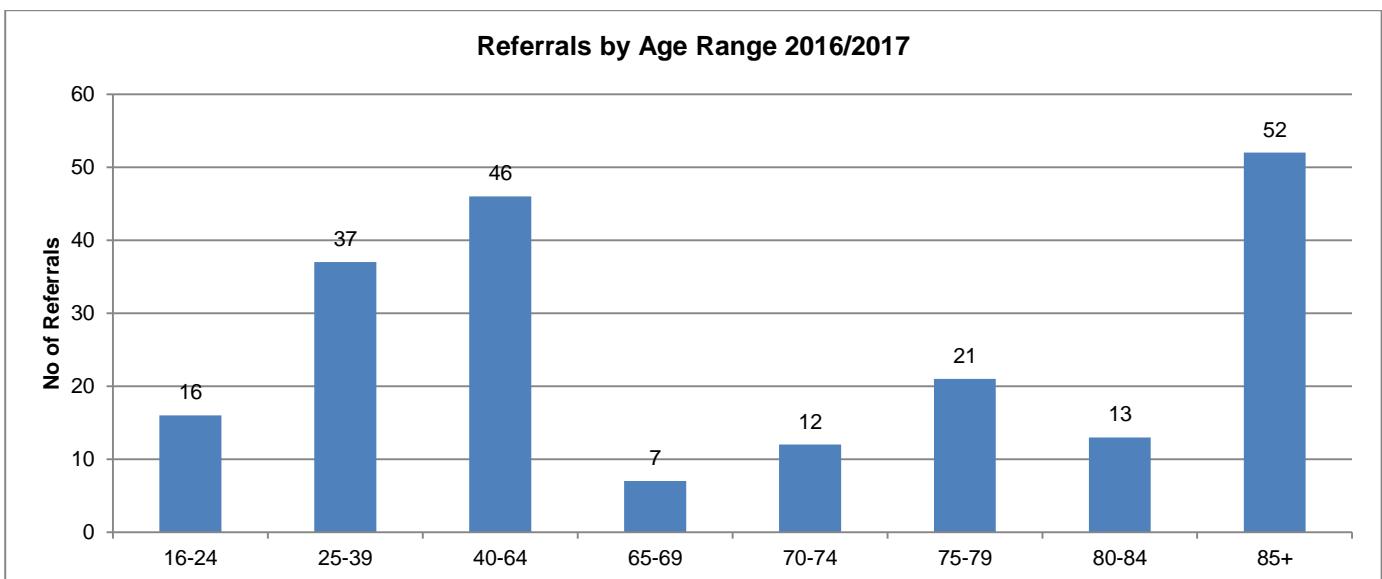


Table 6 above highlights the age range of AP Referrals from 2016/2017.

From the data supplied we can demonstrate that numbers in the 16-24 age range are fairly stable and consistent over the timeframe. The age range 25 to 64 tends to fluctuate when it comes to victims of harm. The Learning Disability, Mental Health Service users are particularly vulnerable to harm through perceived friends or through associations with adults who become harmers. Financial and material harm can often occur through opportunity or deliberate targeting of adults in the 25-64 age range.

For older adults over the age of 75 years, the numbers have slightly increased from 76 last year to 86 this year. Reviewing this information over a longer timeframe helps us to see a growth trend in harm to adults over the age of 75. Adults are generally living longer and financial and physical harm are the two areas mostly affecting the over 75 age range. This group is less likely to keep pace with rapid changes in technology and the sophisticated ways harmers use to illegally access our money. Internet phishing of emails, bogus bank calls and convincing scams are all used to access our money. When these adults have substantial savings or pensions and then develop illness, dementia or physical infirmity this leaves them even more vulnerable to financial harm.

Referrals by Type of Harm Reported

Table 7

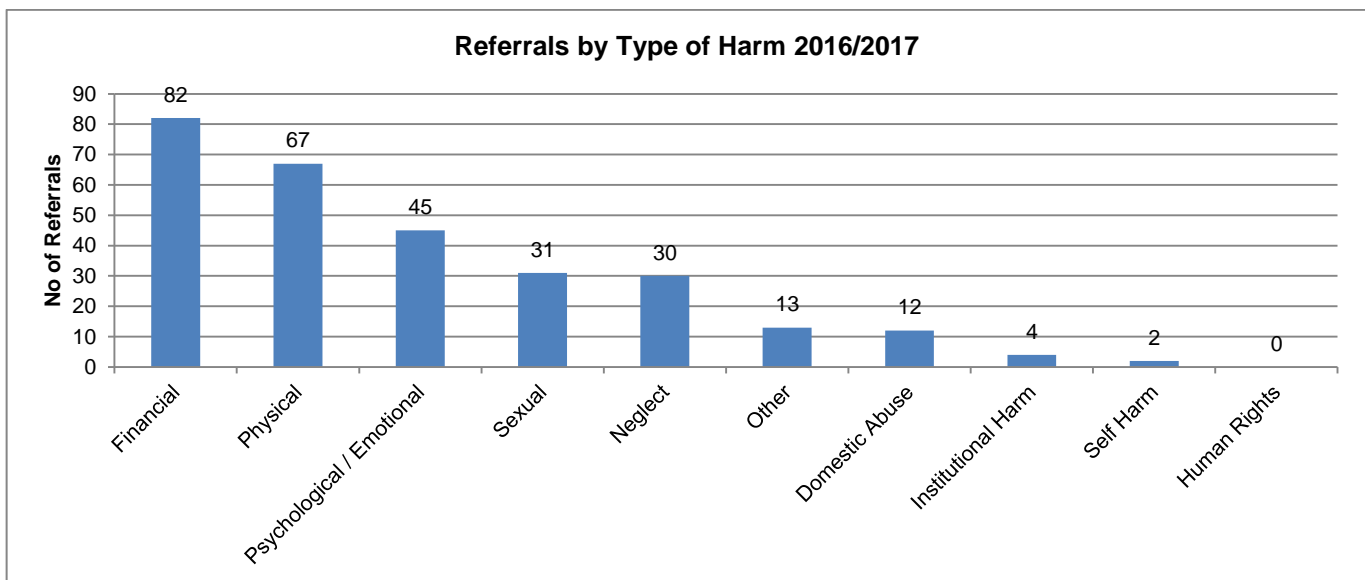


Table 7 Types of harm and specific trends

Financial harm continues to be a challenge both in Scottish Borders and nationally. Scottish Borders have been proactive in working with local banks, building societies and trading standards to highlight and prevent harm. A financial harm conference featuring these key partners is planned for the 24th of May 2017. Speakers will include the Office of the Public Guardian, the Scottish Resilience Centre, Trading Standards and the Royal Bank of Scotland.

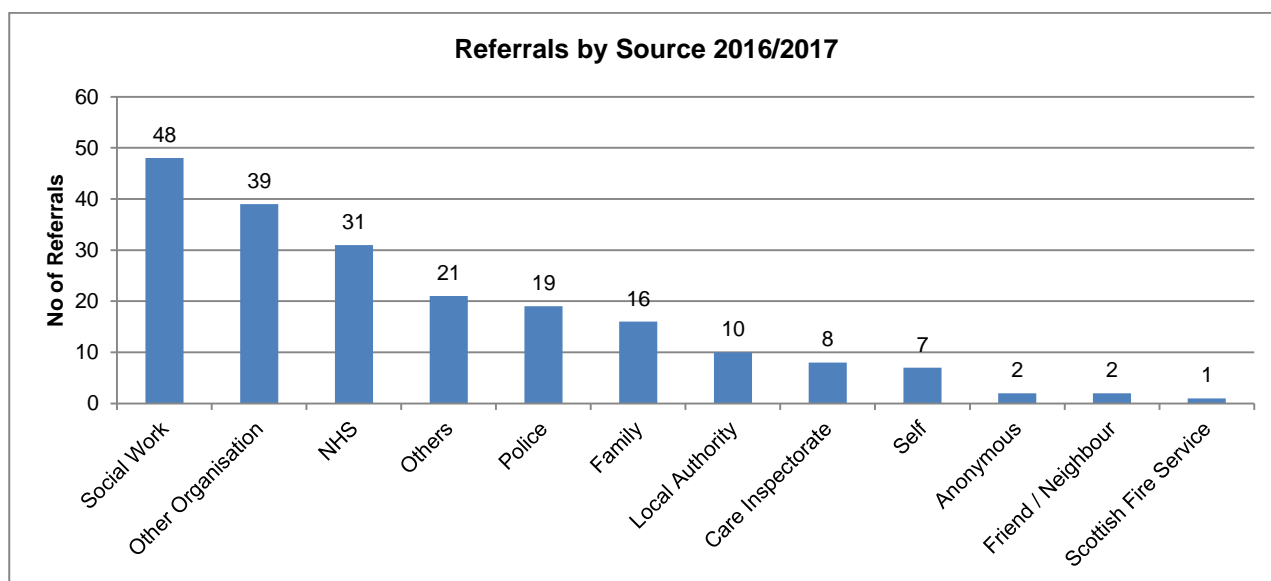
Physical and psychological, emotional harm often go along with each other and we are required by Scottish Government to report the primary type of harm. Support networks such as MARAC (Multi-agency Risk Assessment Conference) have been proactive in highlighting and supporting victims of domestic violence and this has helped many victims move on from sustained and repeated violent behaviour by mostly male offenders. Alleged physical harm mostly occurs from paid

professionals, family members and people usually known to the adult or through perceived friendship or acquaintances. These friendships are not always supportive, respectful or balanced. Where physical assault is highlighted to Scottish Borders Council about adults at risk of harm, we work very closely with Police Scotland, NHS Borders and our partners to address and track harm.

Alleged sexual harm figures have risen from last year, and although this type of harm can be serious and often traumatic to the victim, not all alleged harm can be substantiated. Scottish Borders Council and partners can work closely with victims around safety planning and risk management to help the individual make positive choices to avoid further harm.

Source of AP Referral

(Table 8)



As can be seen from table 8 above we receive AP referrals from many sources, including multi-agency partners, clients, carers, 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 review all referrals and the ones listed above are from the 204 believed to be protection concerns. Welfare concerns which don't make this list are dealt with through Social Work Services or signposted to key partners for specialised services or support.

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 happen 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 an adult not to report an incident.

Referrals by Locality Team / Area of Scottish Borders

Table 9

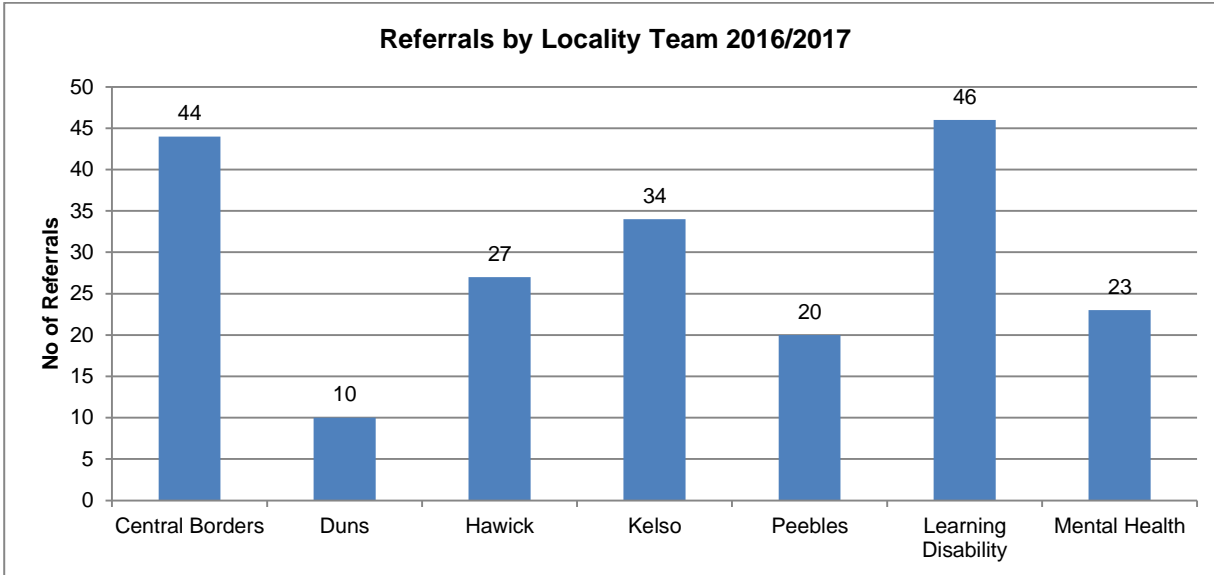


Table 9 above helps us understand levels of harm across Scottish Borders, we have 5 locality teams which cover Scottish Borders geographically and 2 specialised teams: Learning Disability and Mental Health. Learning Disability covers all of Scottish Borders and this group of adults have complex needs and risks. Central team covers the urban areas of Galashiels, Melrose, Selkirk, Earlston, Newtown and St Boswells and many smaller villages. The catchment area population in relation to other areas means there are more people and more referrals of alleged harm. Every Adult Protection Referral will go through an investigation and/or investigation process to assess the extent of harm and formulate the most appropriate response.

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, Inter-agency 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 Inter-agency Referral Discussion (IRD) which is a formal conversation and AP Investigation which is the stage after initial Investigation 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 10

Number of Adult Protection Referrals	204
Number of cases which required AP Intervention(Investigation/IRDIInvestigation)	204
Specific Intervention which required AP IRD	79
Specific Intervention which required an AP Investigation (visit / interview)	118

Adult Protection Inter-agency Referral Discussions (IRD)

(Table 11)

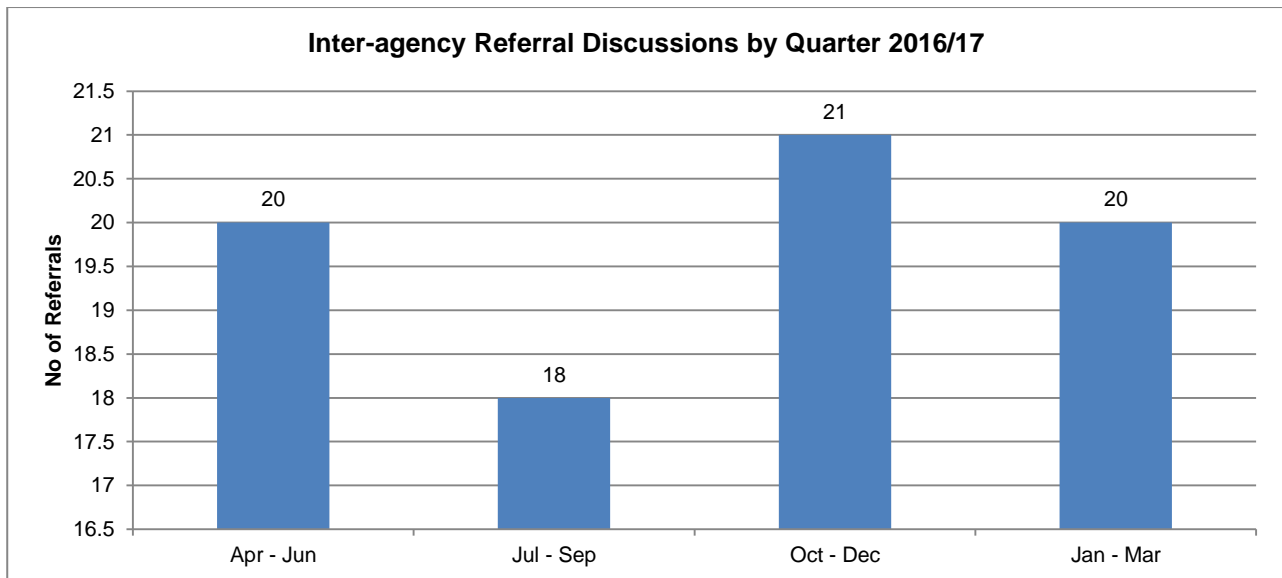


Table 11 The Inter-agency Referral Discussion is a formal discussion between Social Work, Police and NHS Borders where there has been a crime or a significant event and/or harm that requires multi-agency discussion and a response. The table above highlights the number of Inter-agency Referral Discussions (IRD) held each quarter, the total number of adult IRDs for the year is 79. This is an increase of around 25 % on last year's figures. The rationale for this is an increase in alleged adult protection cases which have an element of possible crime.

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 IRDs 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 IRDs 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 12)

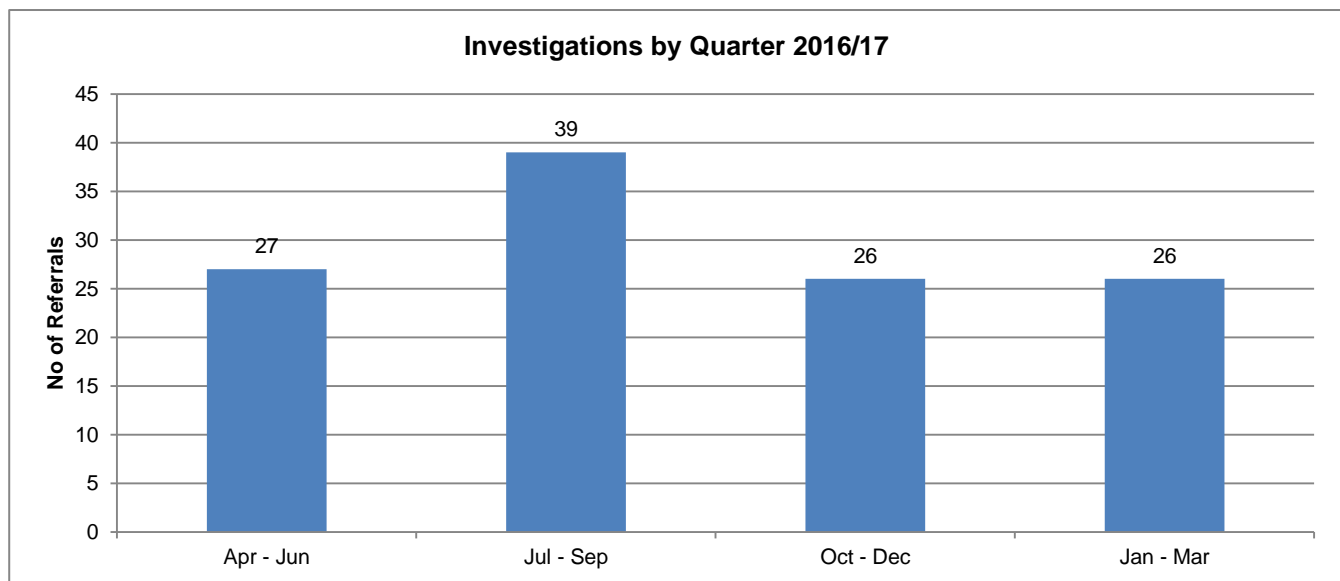


Table 12 above highlights the number of cases per quarter which required a visit, interview or access to records such as bank statements. The AP Investigation phase follows on from AP Investigation and tends to be at the end of an AP intervention process. This investigation helps us finally determine 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.

There have been 118 cases over the last year which required a Council Officer visit or interview to establish whether someone was an Adult at Risk of harm or not. This is also an increase on last year and partially relates to more IRD's but can also be explained by changes to the Adult Protection Process which allowed teams quicker access to the investigation process.

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 Principle Harm at Investigation

(Table 13)

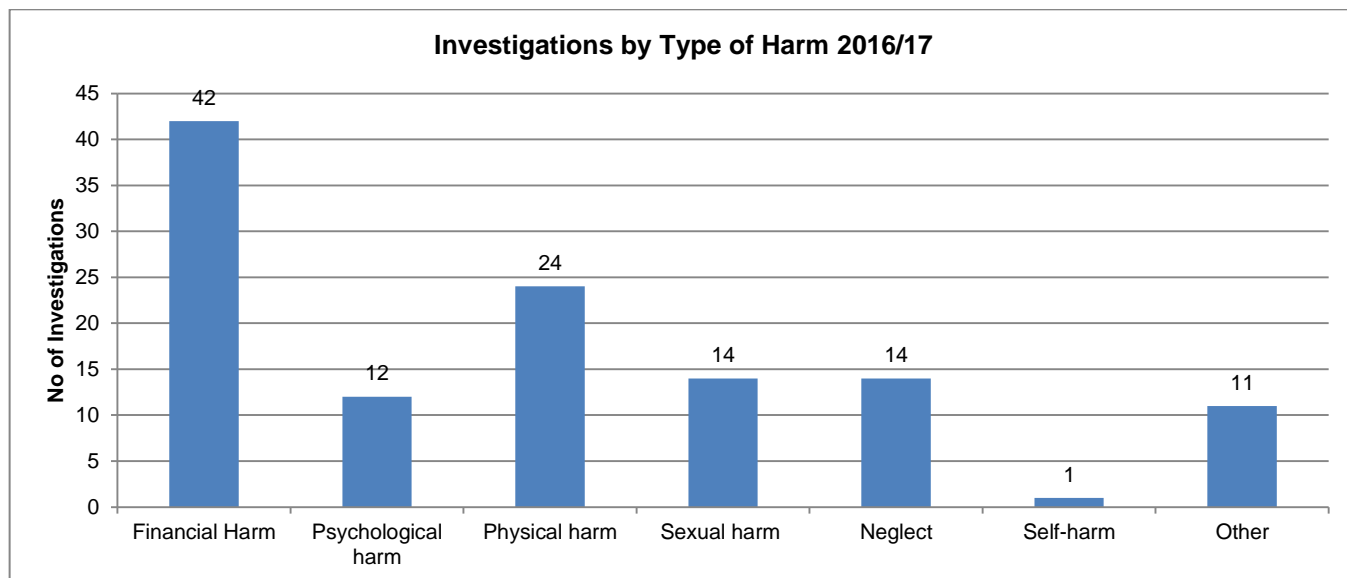


Table 13 Scottish Government request the principle type of harm from a specified list. Emotional or psychological harm often happen alongside principle harm such as physical harm but it's the principle or primary harm that is counted for national and local purposes. Financial harm and physical harm continue to be the two highest types of harm in Scottish Borders. This is a recurring trend over a 5 year timeframe and is mirrored in national figures.

Alleged sexual harm figures have gone up from 6 to 14 this year, with a marked increase in adults with personality disorder reporting this type of harm, some on multiple occasions.

Neglect figures include self-neglect and institutional neglect were previously reported separately but Scottish Government want these combined under one grouping.

The area called "other" includes domestic abuse, emotional harm, human rights or information harm. Domestic abuse figures have increased around Adults at Risk of harm, as there is a better understanding of the issue and more reporting to MARAC (Multi-agency Risk Assessment Conference) which is the multi-agency domestic abuse forum, which supports victims of this type of harm.

Investigation By Service User Group

(Table 14)

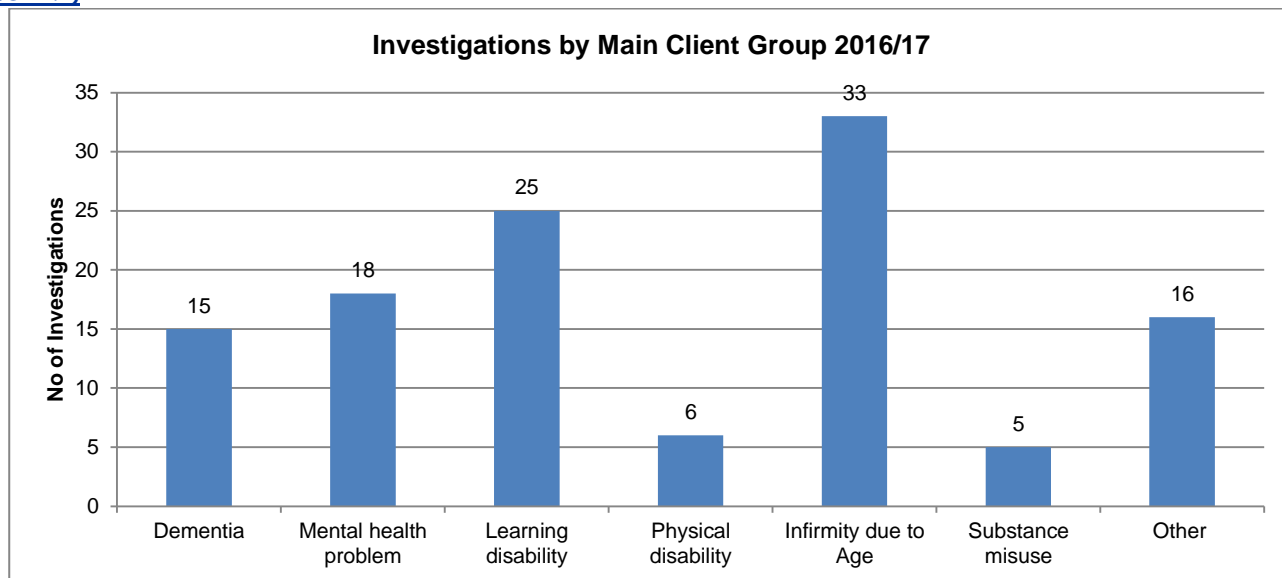


Table 14 this graph lays out the service user numbers and groups which required a visit or interview under AP Investigation. Infirmity due to age is a new term from Scottish Government which covers older adults with mobility issues and who may be at greater risk of falls. Older adults or over 65s continue to be the largest grouping of Adults at Risk of harm followed by Learning Disability. Adult Protection investigations around mental health have increased this year due to this group being targets of financial or material harm and from some female service users being victims of reported sexual harm. The area of Other covers acquired head injury, emotional disturbance, mobility issues not defined as physical disability and this accounts for 16 Investigations.

Location of Harm at Investigation

(Table 15)

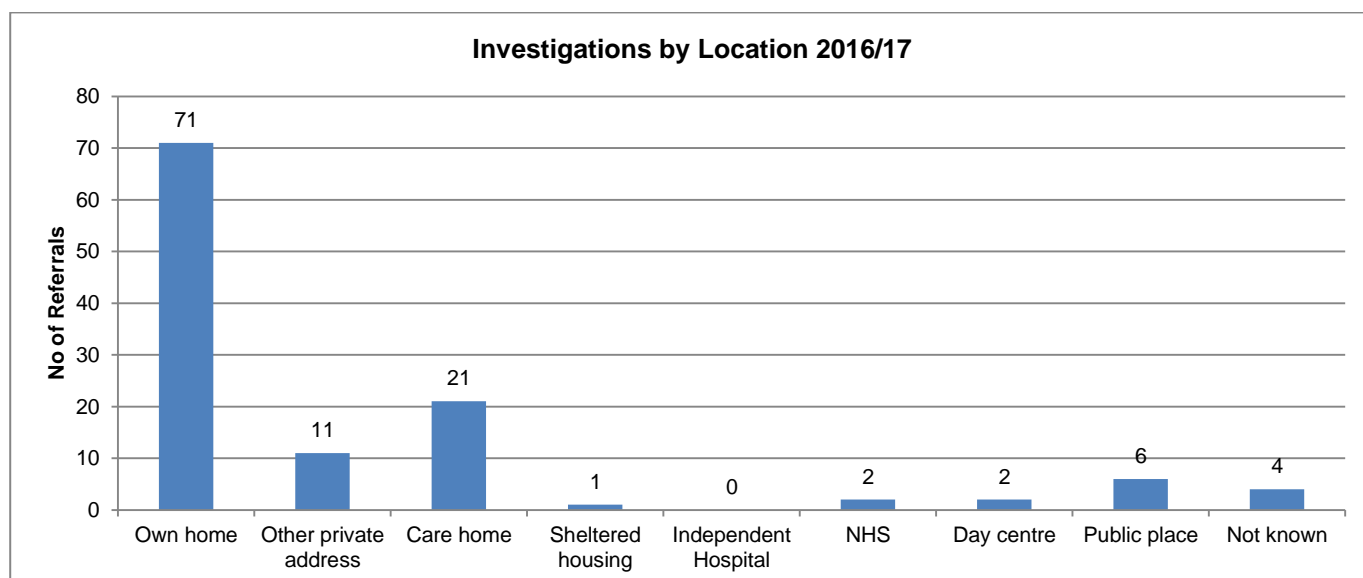


Table 15 above - The majority of harm occurs in a client's own home, usually by someone known to them. The second highest setting of harm comes from private care homes. Adults in care homes are a particularly vulnerable group of people and these include adults with dementia and adults who may be physically frail or who have a nursing need through illness. The range of harm in care homes varies and does not always involve allegations against paid care staff. Sometimes a resident will have an incident with another resident; dementia can lead to changes in personality and in some service users challenging behaviours. How client groups are mixed and managed takes a skilled staff team. There continues to be ongoing training into care homes around dementia, care home standards and Adult Protection. All concerns in care homes are reviewed, but any themes or patterns which arise 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 16)

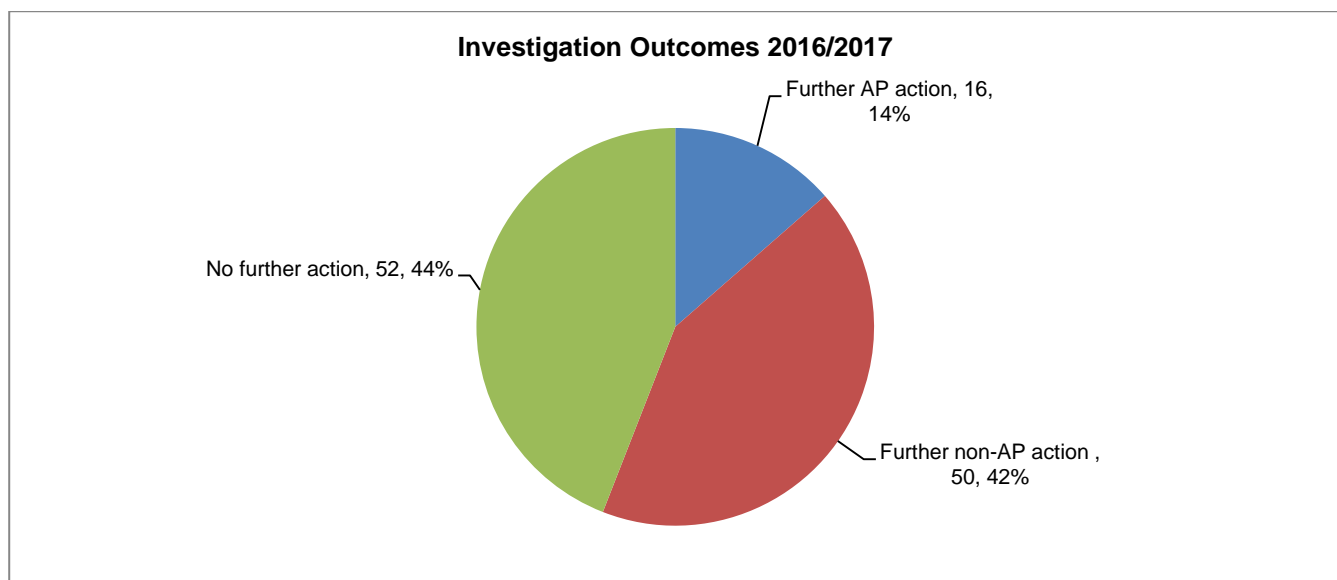


Table 16 The Adult Protection Investigation is often the final stage in the intervention process; allegations of harm are weighed and measured in terms of facts, evidence and corroboration. From the 204 actual adult protection referrals, 118 cases required investigation. Not all allegations of harm result in further adult protection action, 52 cases were deemed not to meet the Adult at Risk, 3 point test, following investigation. These cases left the adult protection process, and progress would be tracked through a chronology of significant events. A further 50 cases did not meet the adult protection criteria for Case Conference, but did require access to Social Work or multi-agency support. These cases progressed under a case management approach.

5. Case Conferences and Meetings

Adult Protection Case Conference and Review

(Table 17)

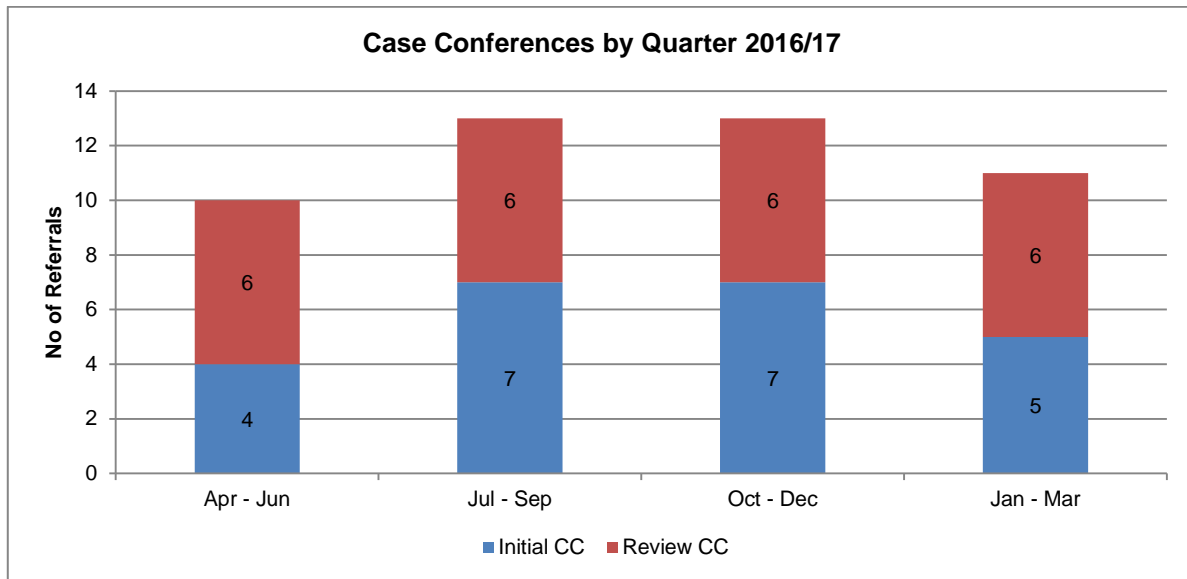


Table 17 the majority of cases in Scottish Borders which come into the AP process do not reach AP Case Conference. The process has been designed to be proportionate and responsive to risk. On many occasions following intervention or supportive measures we see the risk addressed or managed. There were however, 19 cases which required an AP Case Conference and a further 18 cases proceeded to AP Case Conference Review. This is an increase on the previous year but still lower than the national average of 51 cases across Scotland. The Adult Protection Committee and the Critical Services Oversight Group have highlighted concern around this decrease. Work has happened to address this and numbers of Conferences have risen beyond this report, and will feature in next year's annual report.

Here in Scottish Borders we introduced a Vulnerable Young Persons Protocol for children and young people at significant risk of harm but who may not have a formal mental health diagnosis. This has been a proactive approach to supporting young people at risk of harm. In 2016 / 2017 we had 9 Adult VYP cases which may not have met Adult Protection thresholds but required a multi-agency response to risk and harm.

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 LSIs. There have been no full new LSIs in this period. However we have had 3 subsequent meetings in this timeframe around cases which were potential LSIs but were managed through communication and agreed actions with the provider.

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.

(Table 18)

Full LSI	0
LSI Reviews from existing cases	0

Significant Case & Incident Reviews (Table)

(Table 19)

ICR / SCRs in this period	3 ICRs & 1 SCR
Practice Reviews in this period	1

Adult Incident Case Reviews (ICRs) happen where there has been a death or a near miss of an adult with support needs or vulnerability. The outcome of an ICR should determine if a Significant Case Review (SCR) is warranted or whether the case has learning for all agencies. There were 3 Adult ICRs in 2016 / 2017 and one proceeded to full SCR.

One practice review was carried out within this period around two separate Self Directed Support cases. Practice reviews are reflective incidents where issues of unmet need provide learning as to how services can respond in more effective ways to risk.

Warrants and Protection Orders under Adult Support and Protection Act

(Table 20)

Removal Order	0
Assessment Order	0
Banning Order	1

There was 1 Protection Order granted in this annual year end of April 2016 to March 2017. This was a Temporary Banning Order under Adult Support and Protection (Scotland) 2007 Act. The alleged offender then received a custodial sentence for criminal activity and the risk was removed to the service user.

6. Advocacy and Client and Carer feedback

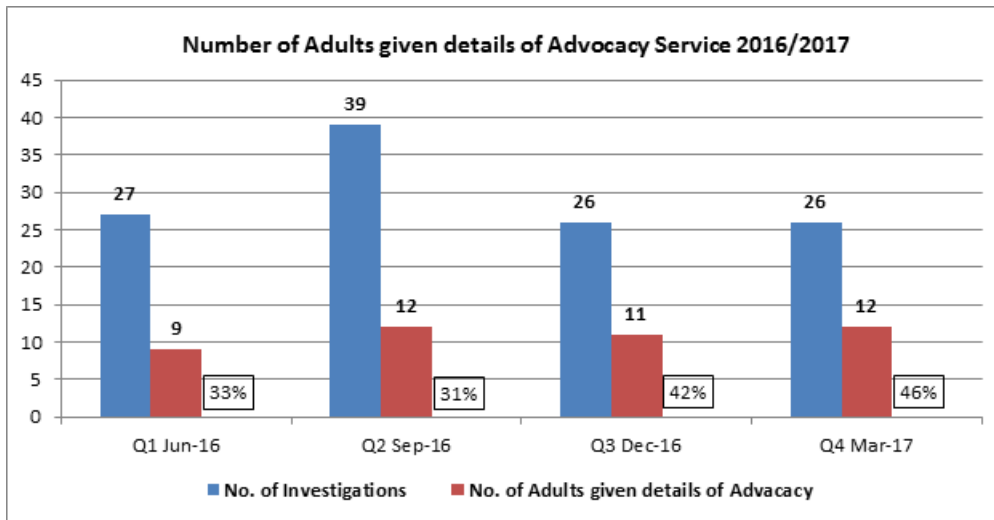


Table 21 above - Borders Independent Advocacy Service (BIAS) reports to APC on a quarterly basis regarding service users involved in the AP process referred to them for support. During this period BIAS received a small number of new referrals, and continued to work with an existing client base.

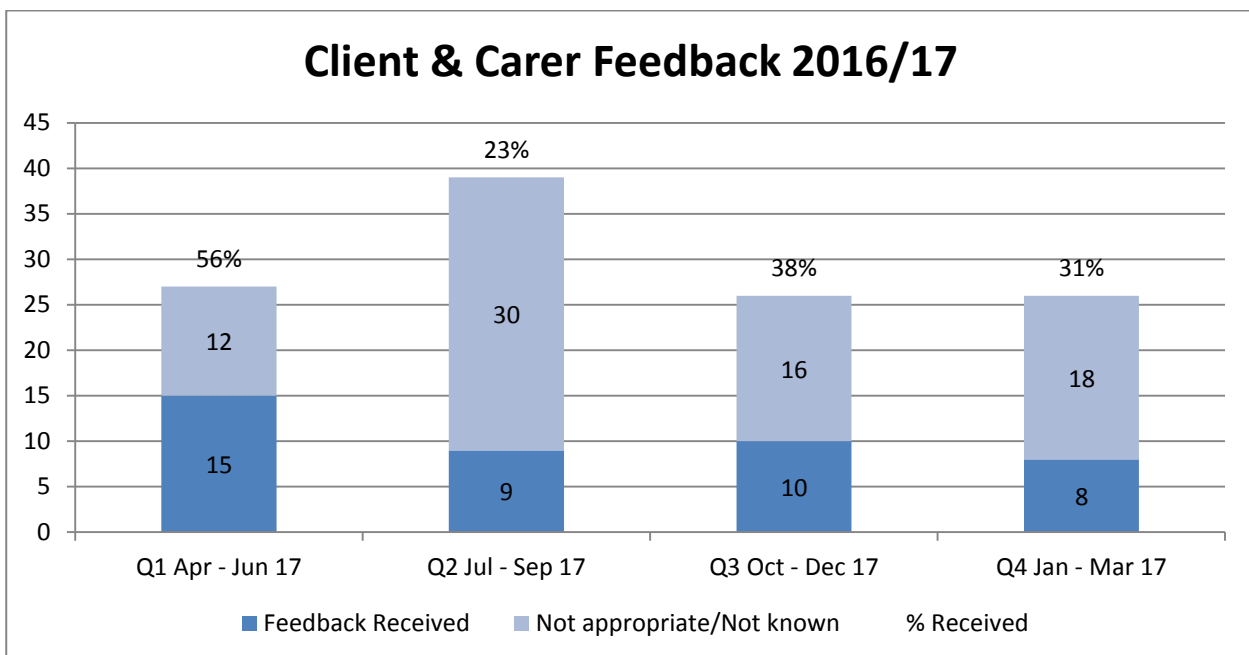
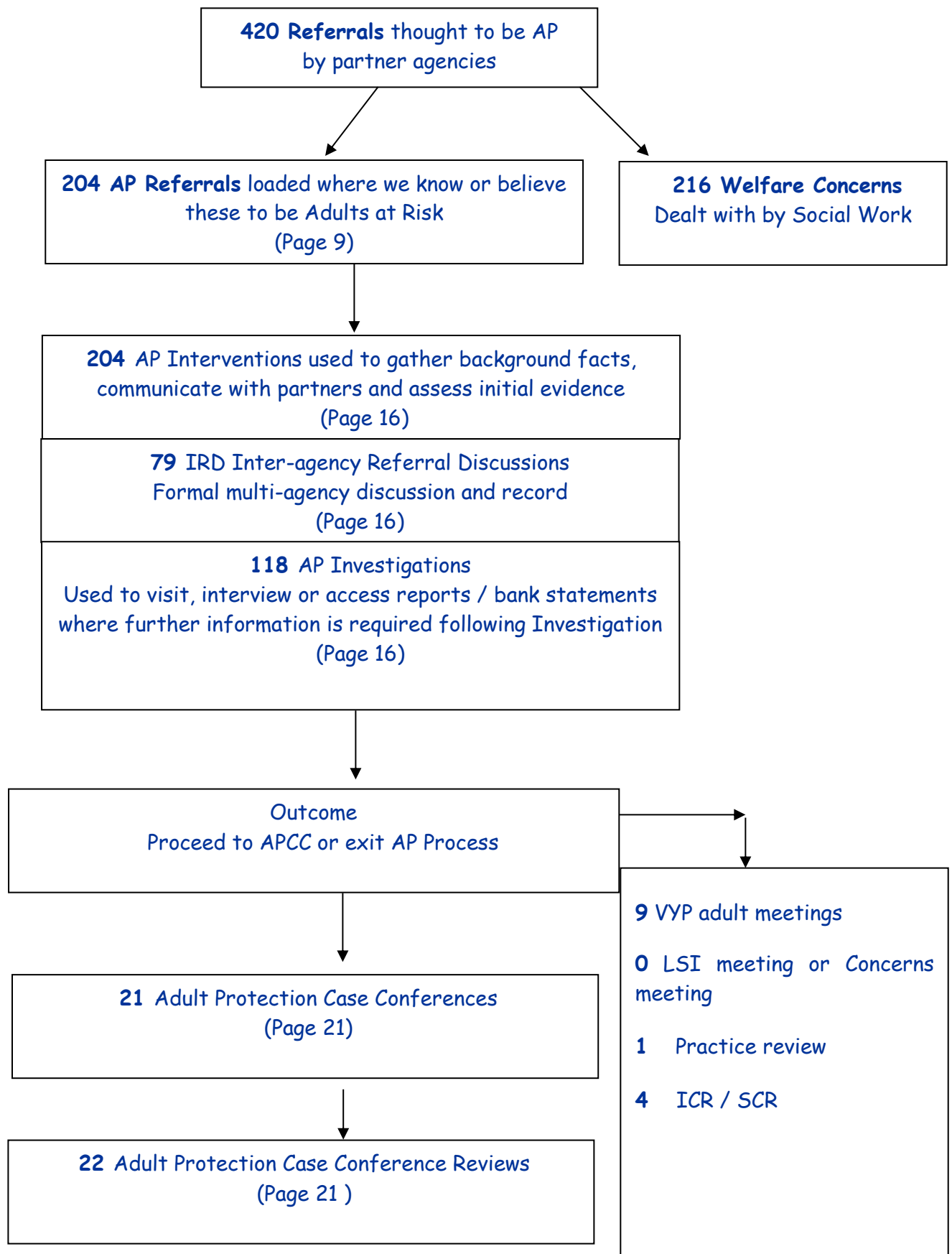


Table 22 above - A new addition to this report is the use of client and carer feedback at the end of investigations. Where any adult has been interviewed or had a visit under Adult Protection, the visiting Council Officer will seek permission from the adult, legal appointee or carer for feedback on their 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 23)



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 both welfare and protection concerns as they come into contact with issues through their in role. Adult Protection referrals have been consistent over the last few years in Scottish Borders and appear stable. Not all concerns coming to Scottish Borders are met with an Adult Protection response; every concern is carefully screened and dealt with appropriately. Importantly there is an additional layer of scrutiny of Police Concern Forms to ensure the most critical cases are not missed.

Financial and Physical harm continue to be the two most prominent types of harm reported in Scottish Borders. We are a large rural location with a large population of adults over the age of 65 years. Many of these adults may have retirement packages or savings accrued in preparation of retirement. As technology continues to change and progress some older adults find it difficult to adjust as quickly as young people born in the 21st century. When we add cognitive impairment, disability, illness or mobility to older adults, their risk factors around harm increase, this is a local and national issue. Modern thieves can be clever, articulate and very creative in finding ways to exploit adults through financial harm.

Allegations of physical harm continue to be reported across service user groups and trends and patterns are monitored through chronologies and inter-agency communication. The Multi-agency Risk Assessment Conference (MARAC) and Violence Against Women Partnerships continue to do great work to highlight and tackle domestic abuse from a public protection approach. This process is part of Safer Communities and has cross over into Adult Support & Protection in applicable cases.

Although the under 65 group face the same challenges of physical and financial harm. Younger adults make use of social media and smart phone technology; they often have a broader network of relationships, friendships and associations. In some situations this has led to adults being befriended, targeted and harmed. Some of this harm is opportunistic and some is specifically targeted against someone's vulnerability. Case examples would include numerous visitors to an adult's home, to the point the home is overrun and anti-social behaviour or crime occurs. Adults with learning disability or mental health can be unable to safeguard, their home and property. They may need intervention of professionals to reset a healthy balance. 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 Adult Protection 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. Closing Statement

2016 / 2017 saw the Care Inspectorate undertake an inspection of older adult services in Scottish Borders including Adult Protection. The Care Inspectorate is the national regulator of Social Work services and care settings across Scotland. Further work is required in 2017 / 2018 to improve chronologies and evidence good risk management; Scottish Borders relishes the challenge to demonstrate the commitment and professionalism of its staff and partners in reducing and tackling harm.

More focus on quality assurance, increased audits and key performance indicators will continue to develop and be useful tools to benchmark progress around Adult Protection work and allow us to evidence progress as we move towards a further Adult Services Inspection later in 2018.

Last 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 has been borrowed from English Safeguarding to ensure the adult is kept at the centre of an approach and that good risk management helps build better community capacity and resilience.

2017 /2018 may see a move away from the traditional single service approach linking in with partners to tackle risk from a public protection perspective. Instead of sole focus on the adult, there may be a move to an integrated multi-agency Public Protection Unit. This Unit will be collocated and view and manage risk from a family approach. Some complex cases have children, adults, substance misuse, domestic violence and mental health. By better use of services and more integrated approaches we can tackle multiple strands of harm more efficiently and more effectively. Multi-assessment screening hubs have been popular in England and Wales, and this may be one of the first operational Public Protection hubs in Scotland.

Keeping children, young people and adults safe is everyone's responsibility and I would encourage our communities to be vigilant and to report signs of harm. As a collective we can achieve safer outcomes for our residents and in our communities.

David Powell
Adult Protection Co-ordinator

