

**Scottish Borders
Adult Protection
Committee**

**Annual Report
2013 - 2014**

Chap.	Contents	Page.
1	Executive Summary	2 - 3
2	The Adult Protection Committee's and Unit The Adult Protection Committee The Adult Protection Audit Subgroup The Adult Protection Interagency Operational Group The Learning & Development Subgroup The Five National Priorities The Scottish Borders Adult Protection Unit	4 - 9
3	Adult Protection Activity Referrals to Adult Protection Adult Protection Concerns Number of Adult Protection Concerns by Age Range Percentage of Concerns by Gender Concerns by Team and area of Scottish Borders Concerns by Ethnicity Concerns by Primary Service User Group AP Concerns by the Type of Harm Reported Source of Referral from AP Concern Setting at time of Referral - Drawn from AP Concern	10 - 17
4	Adult Protection Inquiries Agencies Involved Adult Protection Inquiry / Investigation Type of Principal harm at Investigation Location of Harm at Investigation Principal Type of Harm at Investigation Advocacy and Rights - From Investigation Outcome of the Adult Protection Investigation	18 - 22
5	Case Conferences and Meetings Adult Protection Case Conferences Held Large Scale Investigations Attendance at Meetings Significant Case & Incident Reviews Warrants and Protection Orders	23-25
6	Advocacy	25
7	Schematic Diagram demonstrating AP activity	26
8	Commentary on Annual Activity	27
9	Learning & Development Programme Training Evaluation Scores	28 - 29
10	Closing Statement	30

1. Executive Summary

This is the ninth annual report of the Scottish Borders Adult Protection Committee covering the period from 1st April 2013 - 31st March 2014. This 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 Inter Agency Strategy 2012-2015 for the protection of adults at risk in Scottish Borders.

There are three sub Committees covering Audit, Operations, Learning & Development who report on progress at each meeting of the main Committee.

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

- are unable to safeguard their own well-being ,property, rights or other interests;
- are at risk of harm;
- 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.

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

A review of Adult Protection activity during the period shows a continued overall increase in protection concerns since 2008, with the majority of concerns regarding service users recorded as Older People followed by those with a Learning Disability. Once again more females than males were referred, totalling 63% of all referrals. Financial and Physical abuse continues to be reported as the most frequent form of harm. It is noticeable that whilst the majority of abuse occurred in the service users own homes a significant number of referrals originated from the private home care sector. This report references the robust review procedure and Large Scale Inquiry process in place in Scottish Borders to manage incidents of Neglect and Acts of Omission in Care Homes and other settings.

The report highlights practice developments that Scottish Borders partners have established to address the five National Proprieties; Adults at Risk from Financial Harm; Adult Protection in Care Home Settings; Service User and Carer Engagement; Accident & Emergency Services; Data Collection.

As in previous years the report highlights the level of interagency cooperation involved in protecting adults at risk and details the high numbers of staff across all agencies who have completed learning and development training.

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

A clear focus in the past year has been to ensure that feedback from Service Users and Carers on outcomes is obtained. It is hoped that the recently confirmed policy and protocol involving contact with service users immediately following involvement in an Adult Protection process will provide this information, to confirm how service users and carers perceive they are being protected from harm and how services could be improved.

In summary I believe that key structures and processes are in place in the Scottish Borders to support adults at risk. The embedded culture of self-evaluation assists in identifying areas of good practice as well as areas for further development. Enhanced feedback from Service Users and Carers will greatly assist in educating service direction. All parties across Scottish Borders have been instrumental in improving services to adults at risk over the past year. I believe that their commitment to tackling issues affecting adults at risk will be reflected in the continuous review and implementation by Committee of its interagency and associated strategies.

Jim Wilson

Independent Chair Scottish Borders Adult Protection Committee

2. The Adult Protection Committee's 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 (2012-2015). 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 2012-2015 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.

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.

The APC have made key links with Trading Standards, Safer Communities and with local Banks and Building Societies, in a drive to address Financial Harm and scams. Work will continue into late 2014 on a Public Awareness Campaign, this may include radio advertising and a range of methods to highlight issues of harm to the public.

Adult Protection in Care Homes continues to be a challenge both for Scottish Borders and Nationally. Here in SBC we have made an interim change to our Large Scale Inquiry (LSI) process, any requests to enter this process, must include a thorough investigation and, the final decision to enter the process, must be agreed by the Chief Social Work Officer. This strengthens defensible decisions in our process.

Client and Carer involvement through the Adult Protection process, was an area of development, from last year's Adult Protection self-evaluation. This is an area we have improved on, and we now have a new engagement and feedback process in place. Progress on feedback, should be evidenced in next year's annual report.

Scottish Borders Council have taken the opportunity, this year to refresh their local Adult Protection Policy and Procedure. This is now live and these changes reflect the new Adult Support and Protection Codes of Practice and new additions in Adult Protection such as;

Self-Directed Support, the Vulnerable Young Person's protocol, and the transitions interface with Children Services.

These changes will help clarify multi-agency responsibility and cooperation through the Inquiry and Investigation process.

Scottish Government have introduced the National Data Set, and the changes in the Adult Protection process, will assist us to gather the investigation information required by Government. The work carried out by the Data Set, will help us in future, benchmark our progress much more effectively, with other Local Authorities and Nationally.

The Committee has three standing subcommittees 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 the Adult Protection process. This is an Adult Protection National Priority, so we now have identified a system and process, social work will seek permission from Clients and Carers, and information will be passed to an independent advocacy agency, who will undertake an impartial feedback questionnaire. The learning and feedback will be passed back to Scottish Borders Council and this will inform how we improve or deliver our service. We should see evidence of improved participation by the next annual report.

The Adult Protection Audit subgroup continues to monitor national reports and disseminate learning to practice teams. In the 2013/2014 period a multi-agency review was carried out regarding Child U. This review was hosted through the Children Services process, but had good cross interagency presence including NHS Borders, Mental Health, and both Child and Adult Services. This is a good example of cross cooperation between agencies, particularly where learning spans different area of service provision.

The LSI Process and progression of cases which come into LSI are monitored by the Adult Protection Audit Subgroup. Regular updates on developments and progress are discussed and tracked by the multi-agency group. Following a preliminary review of the LSI process, a revised process was implemented, which now involves more inquiry and Head of Service approval before entering the LSI process. This new process offers a more proportionate response to large scale harm. We have had 12 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 at an early stage, failing standards within the registered care homes. In addition to this a nominated Reviewing Officer is attached to each of the Care Homes.

The procedure for Significant Case and Incident Review (SCIR) has been bench marked against the health model; this has helped clarify responsibility and should help avoid unnecessary duplication. We have had no SCIR in this period but have had two Practice Reviews, one of which involved child and adult protection crossover, and 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 rise of social media and use of phone/computer technology continues to be a challenge with adults with a disability or with support needs. This was highlighted in last year's annual report, and appears to be a recurring theme. One of the reasons for this, is that modern technology enables people to access wider social circles very easily, particularly in rural areas such as Scottish Borders. We have issued safe internet guidance and information on scams, to staff and to care providers to assist them in keeping people safe from harm. Further work on public awareness is planned in the near future.

The primary prevention study which was commissioned over a year ago and which involved partner agencies and the third sector has been concluded. This study highlighted, good one to one work across all agencies, good multi-agency cooperation between partners, and good systems in place to spot and pass on issues of harm. Scottish Borders have a wide range of services out with SBC, NHS Borders and Police Scotland, who all contribute through support and specialist advice, these agencies compliment our service provision.

One success in Scottish Borders is that we have good cross representation within the operational group. We have Police Scotland, NHS Borders, SBC management and SBC staff from practice, and there is a place on this group for third sector representation. So a broad range of perspectives is heard. In order for key information to be shared more widely, Scottish Borders have good third sector sharing arrangements, through organisations such as Borders Voluntary Care Voice and third sector partners.

Last year the Operational group looked to improve the number of complex risk assessments carried out in Scottish Borders, I can report that the uptake of complex risk assessments has improved and continues in the right direction. The APU have now commissioned an in-depth audit of complex risk assessments and of case chronologies, to review the quality of work. The findings will go back through the Adult Protection Audit Sub group soon. In order to improve the use of chronologies in complex cases, refresher training, will happen in October 2014 for all necessary, Adult Services staff.

The Learning and development Subgroup

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

SBC and Health have reviewed the use of an e-Learning module, as a creative way of delivering basic Adult Protection training as an induction for all staff.

This new e-Learning module is being rewritten to make the process, clear and easy to follow.

In terms of specific training within the last year, the rolling level two training program continues to be popular and well attended, it is free and accessible to all key partner agencies and third sector care staff. Refresher training for level three council officers has happened, this included specialist input on interviewing skills.

One key initiative which began in this annual reporting period was the development and delivery of bespoke training into a Care Home setting. The identified private Care Home benefited from specific bespoke training, and staff support. The outcome of this intervention was to raise care standards and improve the staff's knowledge and reporting of harm.

We hope to use this model in future, as a bespoke multi-agency care package, for wider delivery into all care home settings.

Last year within A&E and selected wards at Borders General Hospital (BGH), we reported that a Screening and Reporting of Harm Tool, was in place by NHS Borders. This Tool was introduced to support the recognition and recording of Adults at Risk of Harm. Staff now have had specialist training to spot and report Adults at Risk of Harm. We continue to receive referrals direct from A&E, and can be reassured that the knowledge and communication systems are in place to meet this National Adult Protection priority.

In terms of increasing wider staff awareness, a fresh set of wallet cards have been commissioned and although these went out to NHS and SBC last year, these will be distributed to a wider source this time around including the third sector. This will be distributed soon when telephone numbers have been fully clarified.

Further information and leaflets has been sent to all G.P. Practices, Practice Managers, in all Health Centres, have been approached to display Adult Protection leaflets and information in the surgery waiting areas and the BGH now has an advert on their electronic screens highlighting Adults at Risk of Harm.

The Five National Priorities in Adult Protection - Scottish Borders Council Progress

Adults at Risk from Financial Harm

Financial abuse and Physical abuse continue to be reported as the most frequent form of harm. The Minister, in response to the previous biennial report noted the work undertaken on Financial Harm and the proactive role in jointly working with Trading Standards and local banks. During the recording period joint work involving Adult Protection and Trading Standards staff has sought to tackle the ever increasing problem of scams, with targeted support to adults considered to be at risk of Financial Harm. In relation to joint working with the banks the CEO from one of the major banks in the area recently attended the APC to discuss the role financial institutions can play in preventing and identifying financial abuse. A corporate approach is now being progressed involving all major banks in the area, with proposals to launch a publicity campaign, possibly involving the "Think Jessica" material.

Adult Protection in Care Home Settings

Whilst the majority of recorded harm is noted as occurring in the service users Own Home, a significant level of reported abuse has been noted over the recording period in the Private Care Home sector.

SBC have a CCRT who regularly visit and monitor all Care Homes in the area. The LSI process works alongside key partners such as NHS Borders, The Care Inspectorate and the Care Providers to bring the level of care to the expected and safe standard.

Recent developments have included the provision of bespoke training to a private care provider where standards of care were deficient.

This training was developed by a team of trainers in relation to Adult Protection and National Care

Standards in care home settings. The training has been delivered to all frontline staff in an identified care home and evaluated positively. Follow up sessions are being arranged for impact evaluation purposes.

Service User and Carer Engagement

Scottish Borders partners recognise the need to involve Service Users and Carers throughout the Adult Protection process. The process of collecting feedback on all cases where Service Users have been involved in a Concern has only recently been put in place and the APC welcomes the opportunity to explore peoples experience and how services might be better delivered. We are keen to learn and understand what we do well and equally not so well, so we can evaluate our systems and improve our process, all to provide better support in the future.

Accident & Emergency Services

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

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

Data Collection

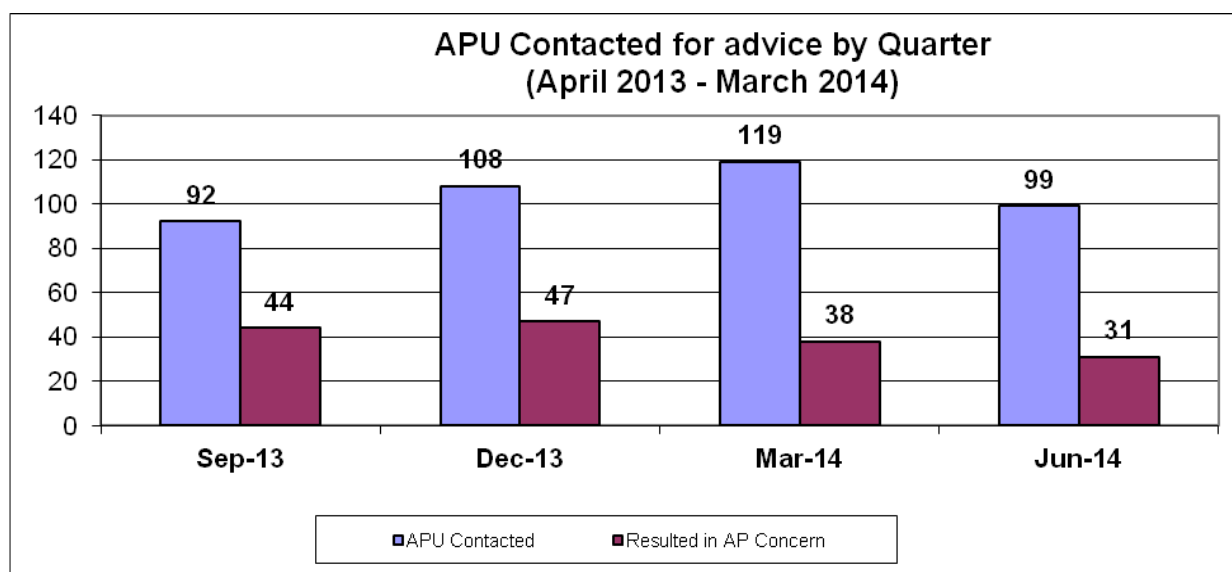
Scottish Borders has always collected a significant level of detail in relation to management information and is well placed to provide the detail required for the National Data set. Over and above what information is requested for Scottish Government, Scottish Borders will continue to collect and review information relevant to the region, and agree interagency supports and strategies to meet local trends and challenges.

The Scottish Borders Adult Protection Unit (Table 1)

In Scottish Borders the existence of a colocated APU is seen as a major strength, this encourages closer working relationships, partnership and communication between agencies. A multi-agency Initial Review Discussion (IRD) process is in place which coordinates information on referrals concerning Adult Protection matters.

The Adult Protection element of which consists of the Adult Protection Coordinator who line manages two Adult Protection Officers, a joint NHS/SBC Training and Development Officer. In addition we have the dedicated support of three skilled administration staff.

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



As well as support and advice the APO's Chair all Adult Protection Case Conferences and LSI's where requested. The Officers also supplement training to all partner agencies when required.

A Council Officer forum was established in order to provide a supportive arena for designated Council Officers alongside unit staff to discuss and improve practice. This is led by the APU, and the agenda includes case reviews, research and debate and discussion of general issues that the Council Officers are coming across in Adult Protection.

3. Adult Protection Activity (2013 - 2014)

The APU continues to monitor the statistics from the Social Work Information Management System (Framework-i). The 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 2013 - 31st March 2014.

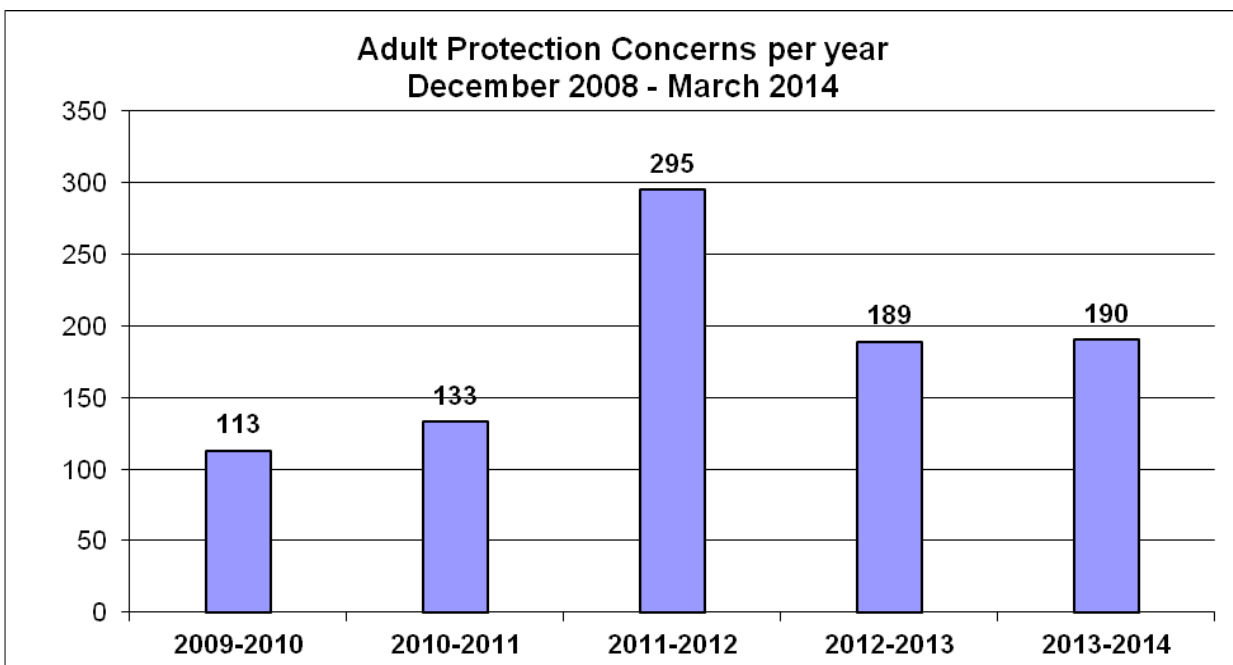
Referrals to Adult Protection (Table 2)

An Adult Protection Referral to Scottish Borders Council occurs when any person suspects, an Adult is at Risk of Harm. Referrals come from a large variety of sources. These Referrals come into SBC either through the Duty Hub in office hours, or, through the Emergency Duty Team which operates outwith office hours. During the course of 2013 - 2014 the following numbers of referrals were received.

Total number of Referrals
1253

Adult Protection Concerns (Table 3)

All Adult Protection Referrals are reviewed by the practice team, and where these are known or believed to be Adults at Risk of Harm, these proceed to an Adult Protection Concern. The criteria for an Adult Protection Concern are drawn from the Adult at Risk of Harm definition laid out through the ASPA. For those welfare referrals that do not proceed to an Adult Protection Concern, as defined above, a significant number will be signposted to other services for support, others may be considered, shared and closed. The chart below highlights the number of AP Concerns over last 5 years.

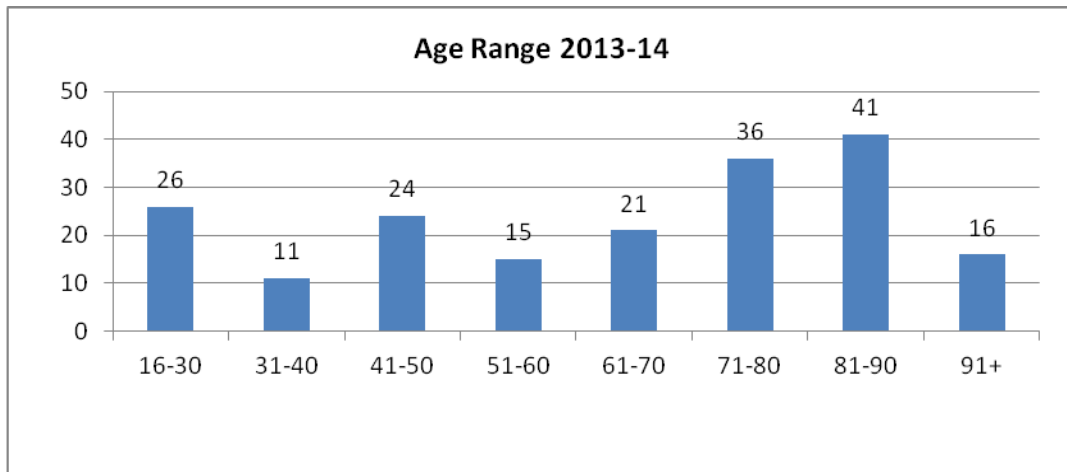


The following table reflects cases that have proceeded as Adult Protection Concerns in this Annual Report period of 2013 to 2014. (Table 4)

Total number of AP Concerns
190

All the charts listed below, in the AP Concern section, are drawn from the front end of the Adult Protection process. This is before the formal Inquiry or Investigation has begun. Later in this Annual Report at the end of the Investigation process, I will report on the number of agreed Adults at Risk of Harm, the types of harm, and on the final outcome of the Adult Protection process.

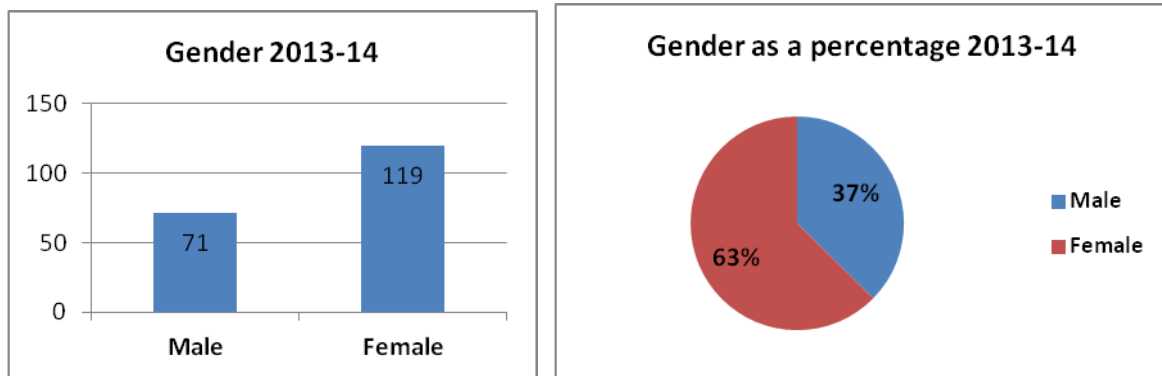
Number of Adult Protection Concerns by Age Range (Table 5)



From the 190 Adult Protection Concerns loaded in this period, the above chart demonstrates the age range of adults affected. One important point to draw your attention to is the point that adults beyond the age of 71, make up for almost half of all Adult Protection Concerns. When comparing these figures to last year, there is a slight increase in the 71-80 age range, but the 81-90 years and 91 years plus remain consistent on last year's figures. Financial Harm and Acts of Omission/Neglect are the key features of the types of harm in the older adult group.

Looking at the age range of 16-30, these figures have seen a modest reduction from 30 to 26 on last year figures. However the age range of 41-50 years has seen a surprising 50 % increase on last year's figures, adults with a Learning Disability or adults who have Mental Health needs, are the client group mostly reported in this age range. Relationships and boundary issues, Social Media and Internet harm are areas which give us new challenges to tackle in this age range and service user group.

Percentage of Concerns 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. The gap between genders only becomes 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; females tend to outlive males, or more females appear to be living on their own and therefore at greater risk.

Concerns by Team and area of Scottish Borders (Table 8)

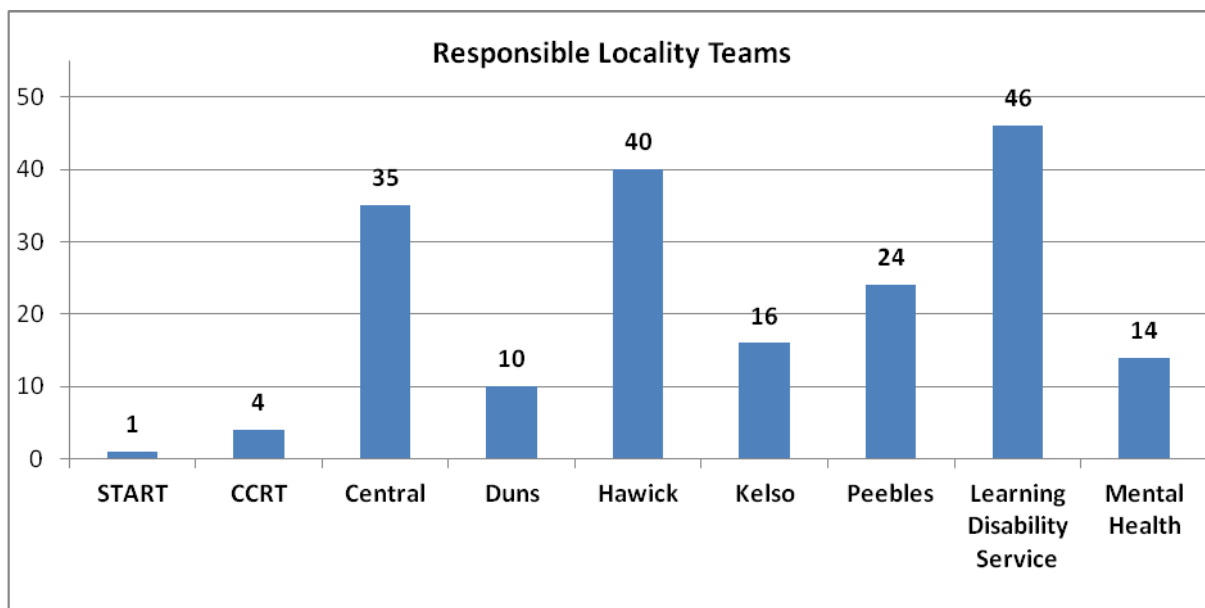


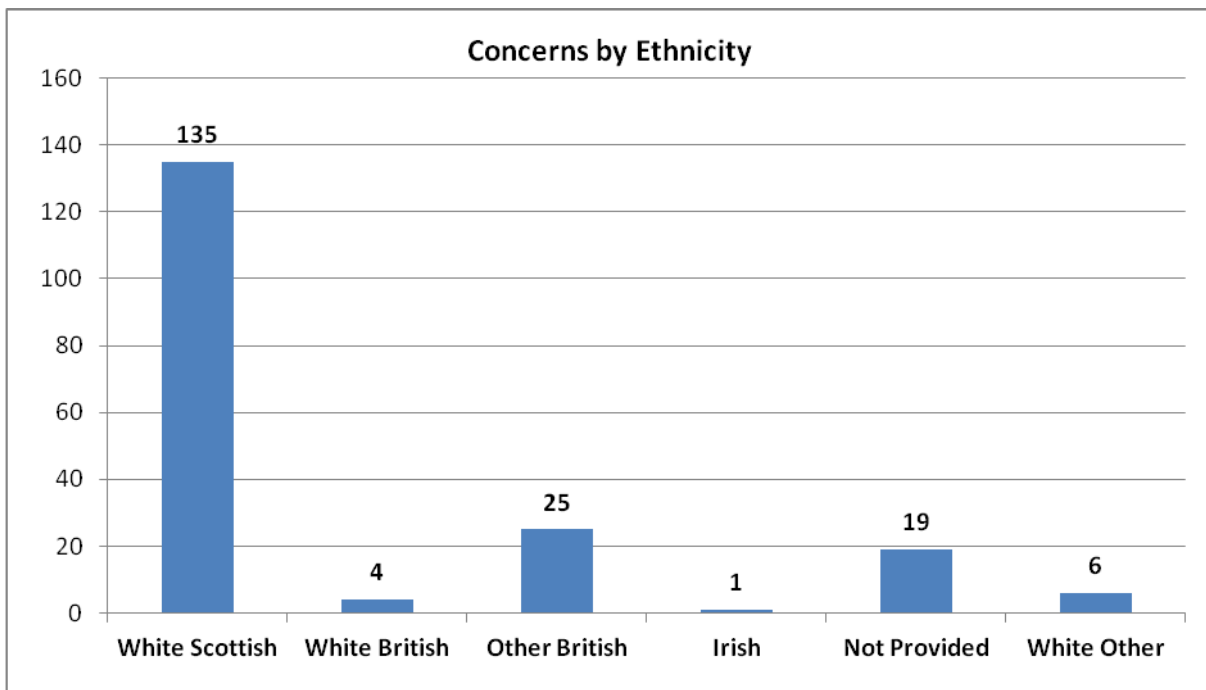
Table 8 highlights the spread of Adult Protection (AP) Concerns across Scottish Borders and the teams. I must highlight that although the CCRT are listed with 4 cases, they may be involved in reporting and possibly Investigating Harm, but the responsibility for a Care Home concern, would sit with the locality team where the Care Home is situated.

Adult Protection Concerns emerge in the greatest number, from the Learning Disability Service; this team consistently has the highest amount of Adult Protection Concerns than the other locality teams. Cognitive functioning, ability to understand and maintain relationships, power imbalance and the ability to respond to risk are all part of this complex area of work.

The Learning Disability Service in the Scottish Borders is an integrated Social Care and Health model. The team remain proactive to intervene quickly and to stop harm from unnecessarily escalating.

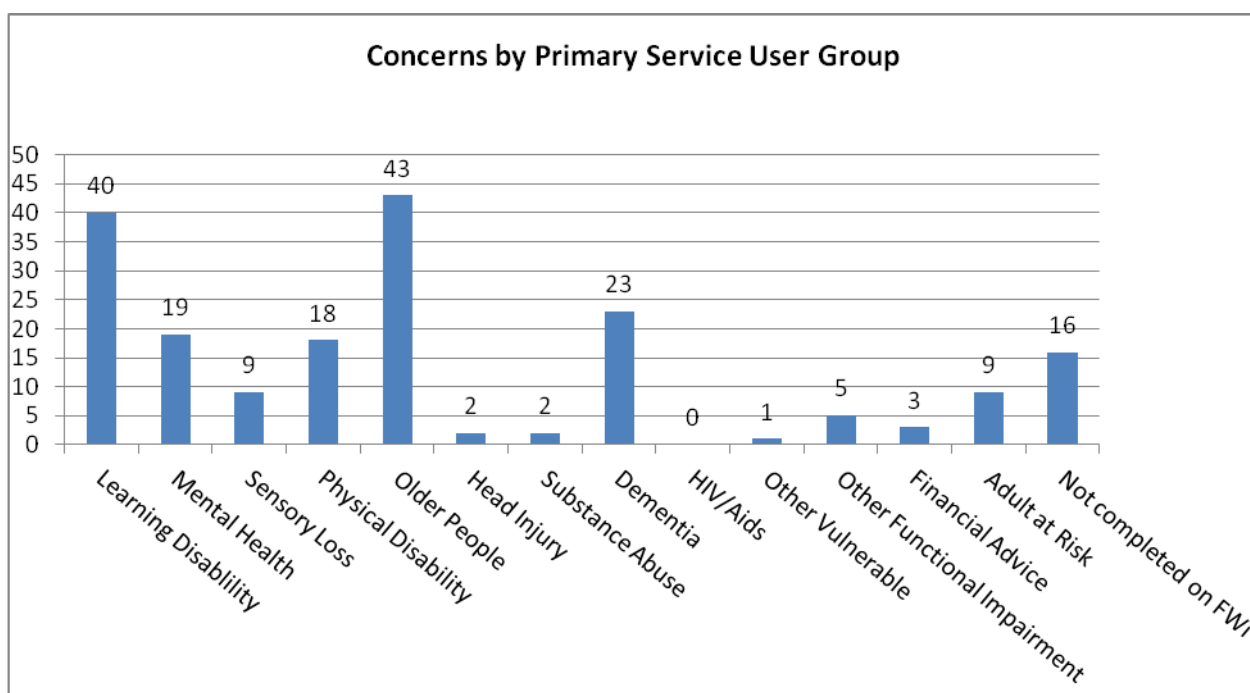
Hawick and Central area have the two largest towns and population densities in Scottish Borders and therefore have more AP Concerns than rural locations. The Adult Social Care and Health locality teams have a much wider remit than specialist services. They cover many different client groupings and numerous types of welfare and social work issues. Locality teams are heavily involved in LSI investigations and tend to be very busy practice teams. More than half of all Adult Protection Concerns come from Older Adults over 71 years of age alone, the teams cover work from 16 years to 91 years and over, so the age range and client groups and work is both complex and diverse.

Concerns by Ethnicity (Table 9)



The majority of Adults at Risk are of White Scottish ethnicity in Scottish Borders. To help understand the context of these figures, I will highlight that the population of Scottish Borders, based on 2011 census figures, was an estimated 113,870 people. From these figures we can report that only one and a half percent of Scottish Borders adults were reported as being of Asian, Black, Mixed or another 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.

Concerns by Primary Service User Group (Table 10)



When reviewing adults at risk by Service User Group, two particular groupings stand out, these being Older Adults and Adults with a Learning Disability. Financial Harm through scams and bogus callers has been an area of concern for Older Adults in Scottish Borders. Some of the steps we have taken have included stronger and more effective links being made with Trading Standards and Police Scotland. We have sent out information and advice to previous victims of Financial Harm and scams, and given key advice given on keeping safe from further harm. The next annual period will see further work around public awareness and a campaign to advertise locally. This should raise the at risk of harm profile and highlight the importance of keeping safe.

The area of Learning Disability has had different challenges, the rise of social media and internet enabled phones, has seen a rise in cyber harm through social media and internet dating sites. For some adults with a Learning Disability, there have been particular concerns about relationships and the setting of safe and appropriate boundaries. However the digital era is here to stay, and how we support adults to keep themselves safe, will continue to be a challenge for Social Work and Social Care staff well into the future.

AP Concerns by the Type of Harm Reported (Table 11)

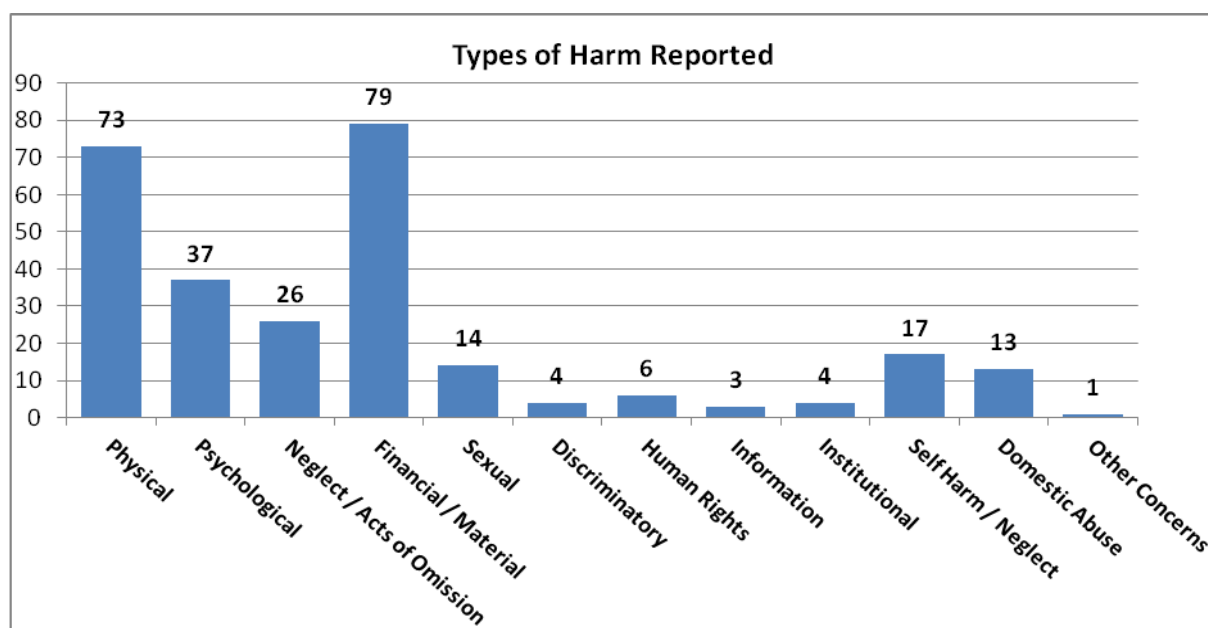
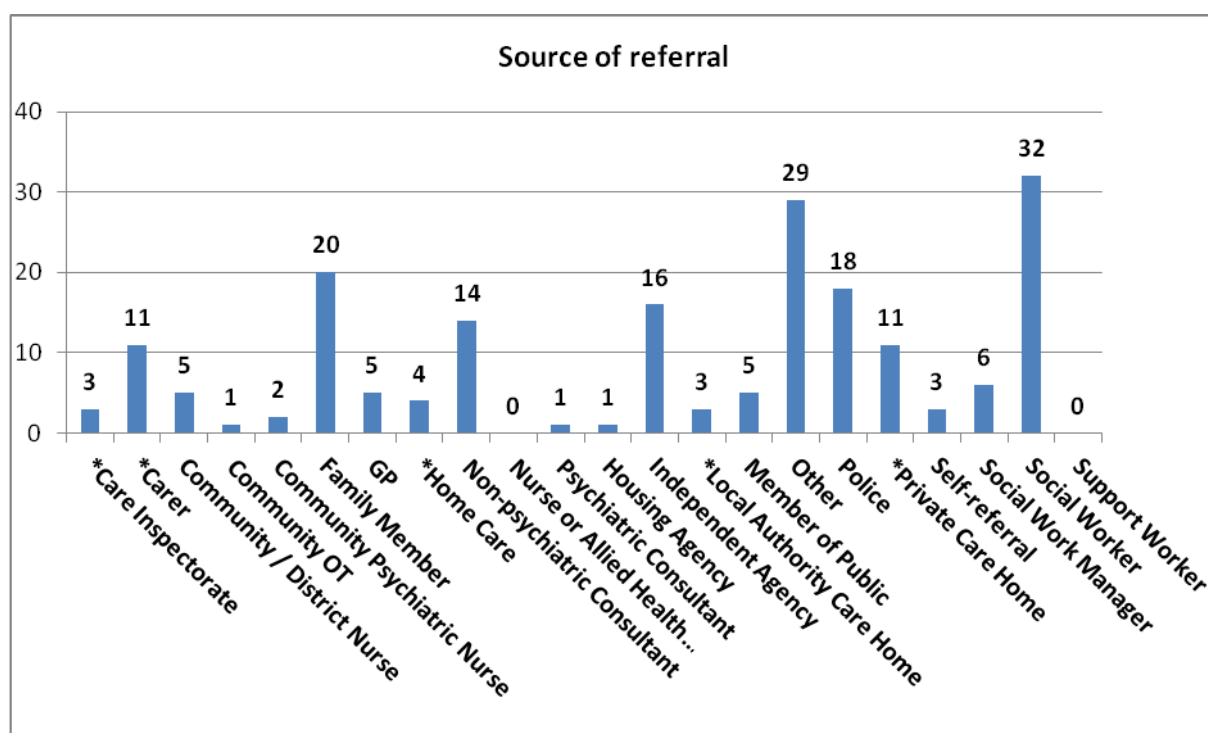


Table 11 highlights the types of harm reported in Scottish Borders, Financial / Material Harm continues to be the highest grouping, but figures compared to last year are very similar. Work to combat scams and Financial Harm, has been highlighted earlier, will continue into next year, through a Public Awareness Campaign and work with banks and building societies.

When we look at Physical Harm, I can report that figures from last year have increased by 20 %, extensive training to partner agencies and the third sector, will have contributed to better awareness, and an increase in reporting. This would be a similar picture for domestic abuse, which has also seen an increase by 25%. Agencies are reporting more, however in the case of domestic abuse, we now have the Multi-Agency Risk Assessment Conference (MARAC) which is a robust support system to record, support and tackle this issue. Self Harm remains consistent on last year's figures, Sexual Harm has reduced by 40% on last year's figures.

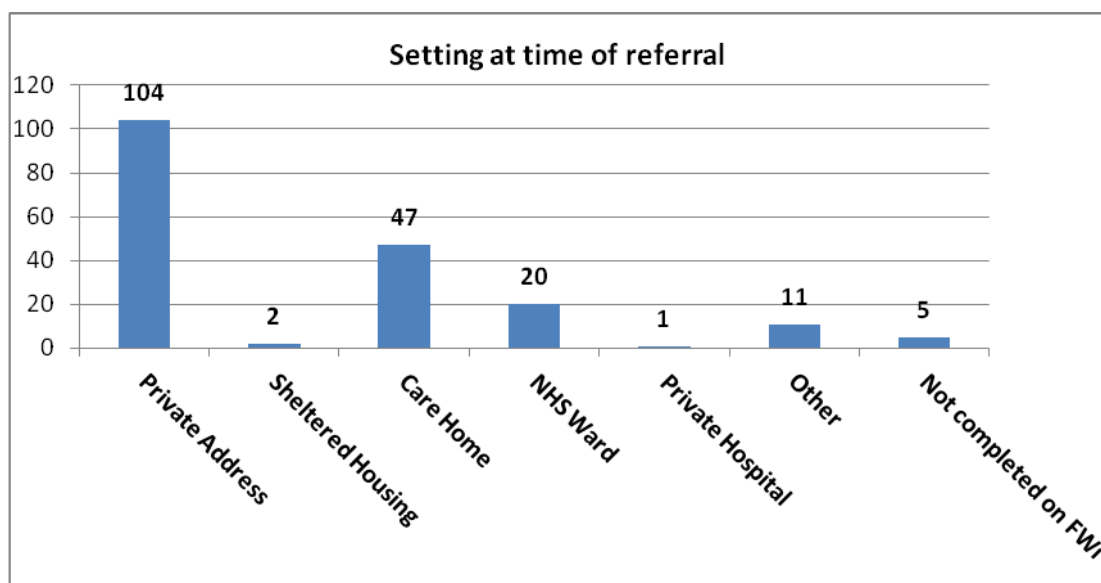
Source of Referral from AP Concern (Table 12)



As can be seen from table 12 above we receive AP Concerns 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 1253 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.

NHS Borders and General Practitioners are well represented, as is Police Scotland who are collocated within the Public Protection Unit. One of the key strengths of collocation is that, this helps key discussions around Child and Adult Protection, particularly where there is crossover. Social work referrals from last year have increased by 33 %. The other area of growth to report is the number of AP referrals from Carers and Family Members, these numbers have increased from 3 to 11 and from 10 to 20 per year respectively. Some of this can be attributed to Family Members and Carers, becoming more attuned to spotting and reporting Financial Harm, the growth in referrals from Unpaid Carers and Family Members is positive progress. Other agencies such as the Fire Service Scotland are also now submitting AP Referrals and with the Ambulance Service coming on board at APC, we may continue to see a growth in referrals at the front end of the process.

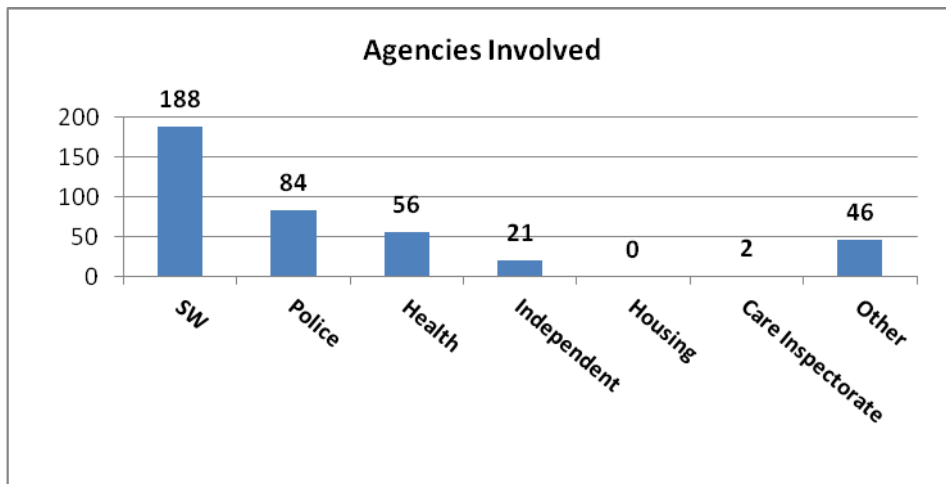
Setting at time of Referral - Drawn from AP Concern (Table 13)



The majority of reported harm at the front end of the process takes place in Private Addresses, or, in other words someone's own home. This is a continued theme on last year, and with the majority of adults living in their Own Home, this will be a feature all over Scotland. The second highest figure is adults in Care Home settings, which is a current National Priority, again over Scotland. Scottish Borders do have a robust review procedure in Care Homes, and we have an LSI process, to manage multiple incidents of Neglect or Acts of Omission in Care Home and Other settings. As part of a plan to improve these statistics, the Adult Protection Learning and Development group in partnership with SBC and NHS Borders have developed a bespoke training package. This bespoke package will be used to train all staff, in their own care home settings. Training will cover the National Care Home Standards, Adult Protection responsibility, and all the necessary work around preventing, recording and reporting harm. We hope to roll this specialist input out to all 22 care homes in Scottish Borders, free of charge, very soon.

4. Adult Protection Inquiries

Agencies Involved in cases that reached the Adult Protection Interagency Referral Discussion (IRD)/Inquiry/Investigation Stage (Table 14)



The table above highlights that social work are involved in all AP Concerns. This is to be expected as the local authority is the lead agency in all AP Inquiry / Investigations. When compared to last year's figures the number of AP Concerns has increased by 30%. We have moved away from a position of where something must meet the three point test, to where we know or believe an adult is an Adult at Risk of Harm, as per the guidance. This will have increased the number of reported AP Concerns. Police Scotland and NHS Borders continue to be involved in many IRD's as well as important conversations and information sharing, outwith what is formally recorded as an IRD. Police Scotland and NHS Borders continue to be key partners and will be involved in specific cases where crime or specialist expertise is required to assess or address issues of support or harm. Independent agencies are also integral to the Inquiry or Investigation process, they are often the agency who works alongside the adult at risk the most, and are a key source of information and knowledge, when looking at measures to support or protect an adult.

On a separate note the new local AP Policy and Procedure will record Client and Carer involvement through the AP process. These statistics will be recorded in next year's annual report, and better reflect the Client and Carer work, which happens in SBC.

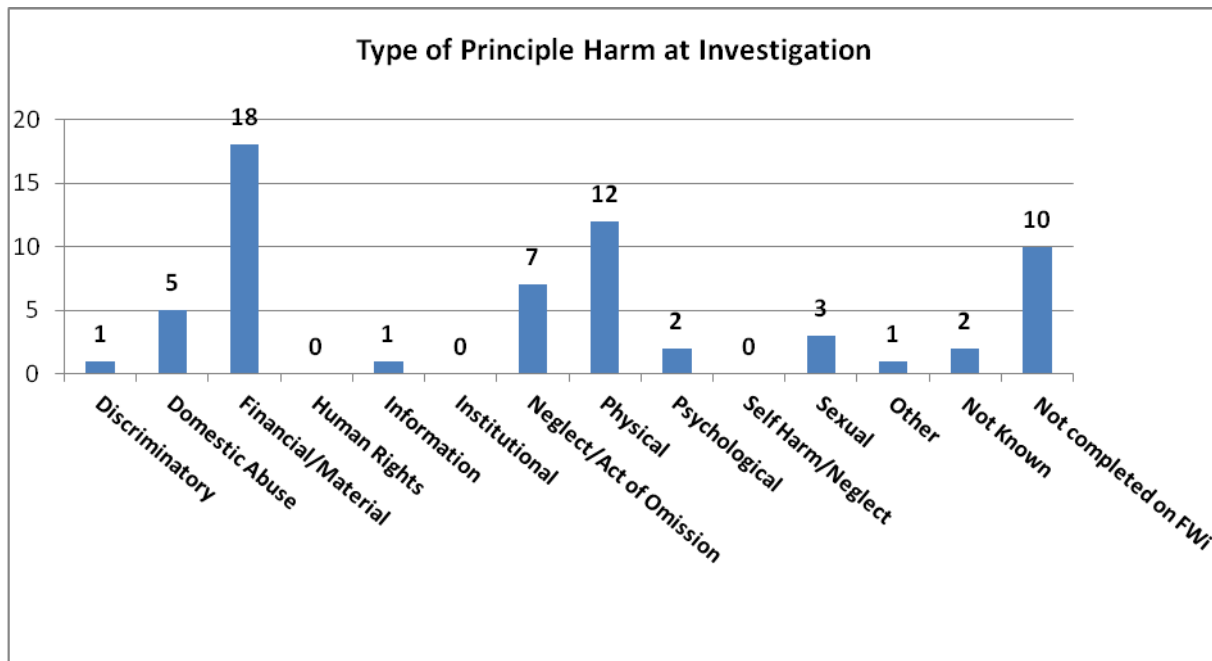
Adult Protection Inquiry / Investigation (Table 15)

Following the loading of an AP Concern and an IRD cases proceed under this current process to AP Inquiry/Investigation. Of the 190 AP Concerns processed 62 reached the end of the Investigation process. I would expect to see this figure, the purpose of Inquiry is to gather the facts and evidence around a concern, and to establish whether the reported issues, have facts or evidence, to give the local authority and partner's grounds for concern. Following Inquiry many cases leave the AP process and are signposted or met through alternative arrangements.

Total number of Referrals	1253
Total number of AP Concerns	190
Adults at Risk at end of Investigation	62

At the end of the AP Inquiry (IRD) and Investigation process we were left with 62 cases where the adult was deemed to be an Adult at Risk of Harm and who were in need of support or protection. The following charts break down these 62 cases into information and trends.

Type of Principal harm at Investigation (Table 16)

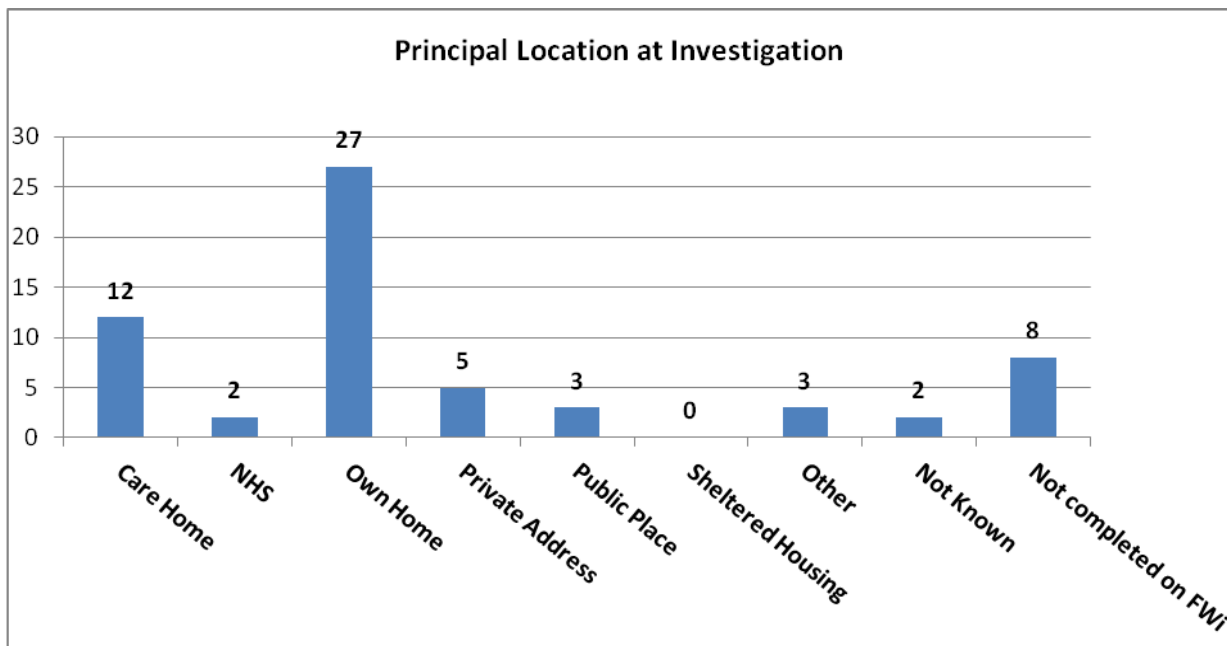


The table above highlights the type of Principal Harm, in the 62 cases we have now established, are Adult at Risk cases. This is the first year we have collated this specific data, so we are unable to compare any of the Investigation charts against previous years, however the commentary will help explain the trends.

The Scottish Government have requested that, we collect data at this point and that we record Principal Harm only. This is all part of a National Data Set which hopes to standardise all AP statistics over Scotland. It is important to note that Psychological and Emotional Harm and other types of harm can be present alongside Principal Harm. These factors will always be recorded and taken into consideration by the local authority, but for the purpose of this report Principal Harm only will be listed.

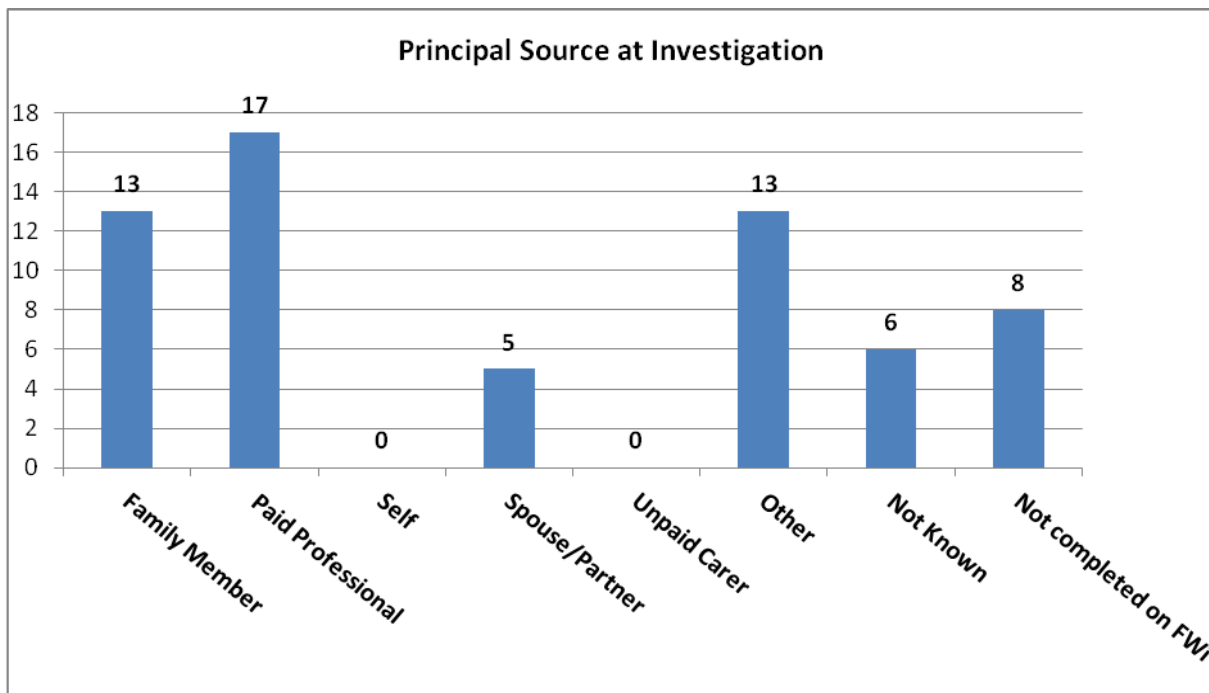
Financial Harm and Physical Harm continue to be our most prominent types of harm here in SBC, followed by Neglect /Acts of Omission. The last type of harm mentioned tends to feature heavily in Care Home settings, this is an area SBC and NHS Borders are looking to tackle through bespoke training into all 22 Care homes. Financial Harm and Physical Harm will be part of a larger Public Awareness media campaign to happen in late 2014 or early in 2015.

Location of Harm at Investigation (Table 17)



From the Location of Harm at Investigation, we see a continued theme from Location of Harm at AP Concern. Adults Own Homes continue to be the highest reported grouping, closely followed by adults in Care Home Settings, as mentioned above robust steps to address these issues, and close multi-agency monitoring procedures are in place.

Principal Source of Harm at Investigation (Table 18)



Of the cases that preceded to full investigation the above chart highlights the range of Principal Source of Harm. In relation to the column Paid Professional, this reflects the number of Concerns and investigations undertaken in privately owned Care Homes, not SBC or NHS Borders settings.

Research indicates that harm occurs from many sources including the Paid Professionals who look after them. Lack of management, poor supervision and staff culture often lead to Neglect or Acts of Omission. It is therefore more important than ever, to have robust arrangements in place, to deal with harm and to monitor and review progress. This includes working very closely with NHS Borders, Police Scotland, The Care Inspectorate and the Care Provider in question. As mentioned previously AP in Care Homes will be an SBC priority going into next year.

To help clarify the area of Other, this is made up from reported friends, acquaintances, other services users / housemates. There is one case of a volunteer and one case of a sex worker reported as harmers in the field of Other, demonstrating relationships are complex and that harm can come from many different sources.

Advocacy and Rights - From Investigation (Table 19)

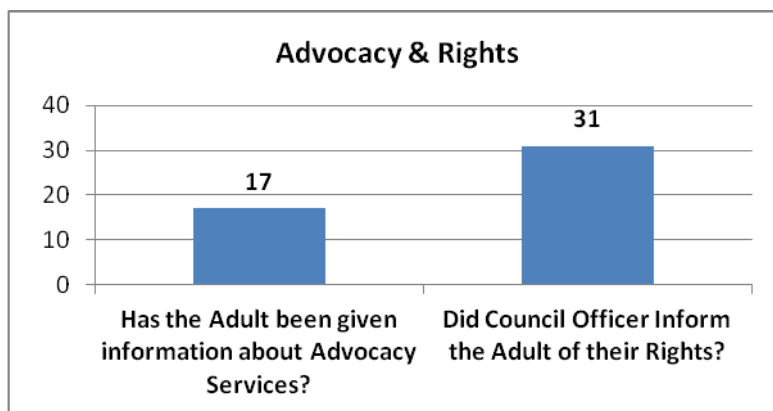


Table 19 highlights the number of adults who were given information about Advocacy Services. It is important to note that some clients have very active carers and family or legal representatives such as Power of Attorney or Welfare Guardianship where they lack Capacity. The 17 cases highlighted in the chart above were cases that social work services felt advocacy would be helpful, in that situation. Client and Carer involvement and use of advocacy has been built into the new local AP Policy and Procedure, both are areas for improvement into 2014/2015.

Outcome of the Adult Protection Investigation (Table 20)

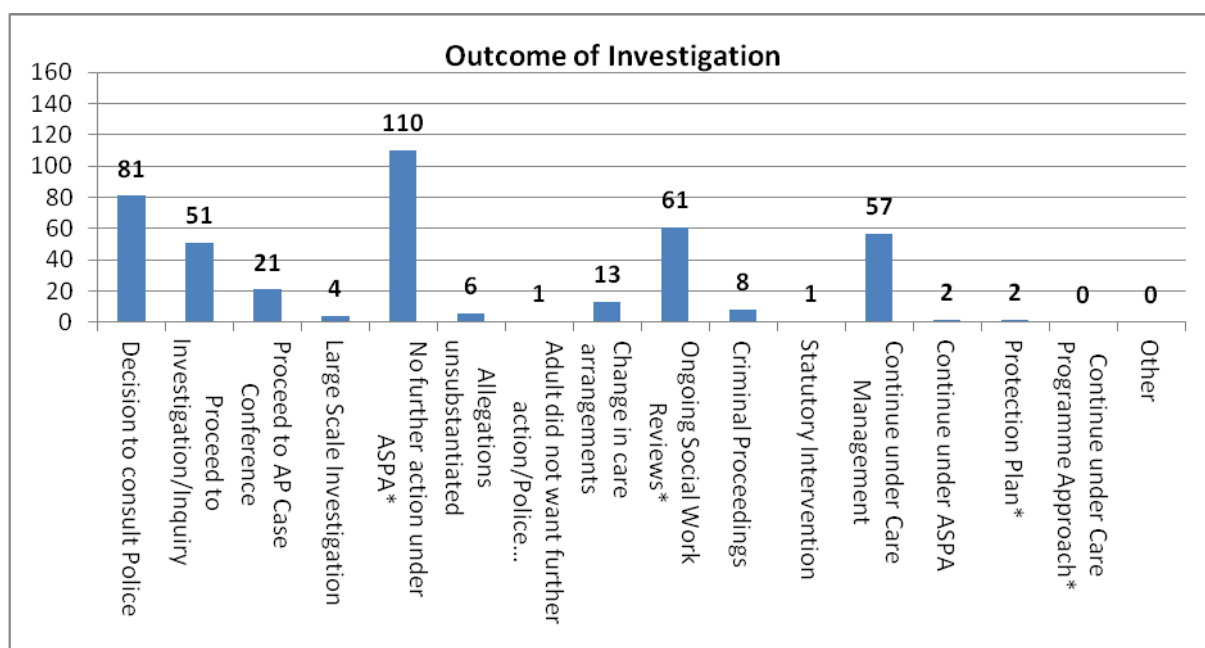


Table 20 above is drawn from the current AP process which has Inquiry and Investigation together, separating the data we need, will be in place for next year's annual report.

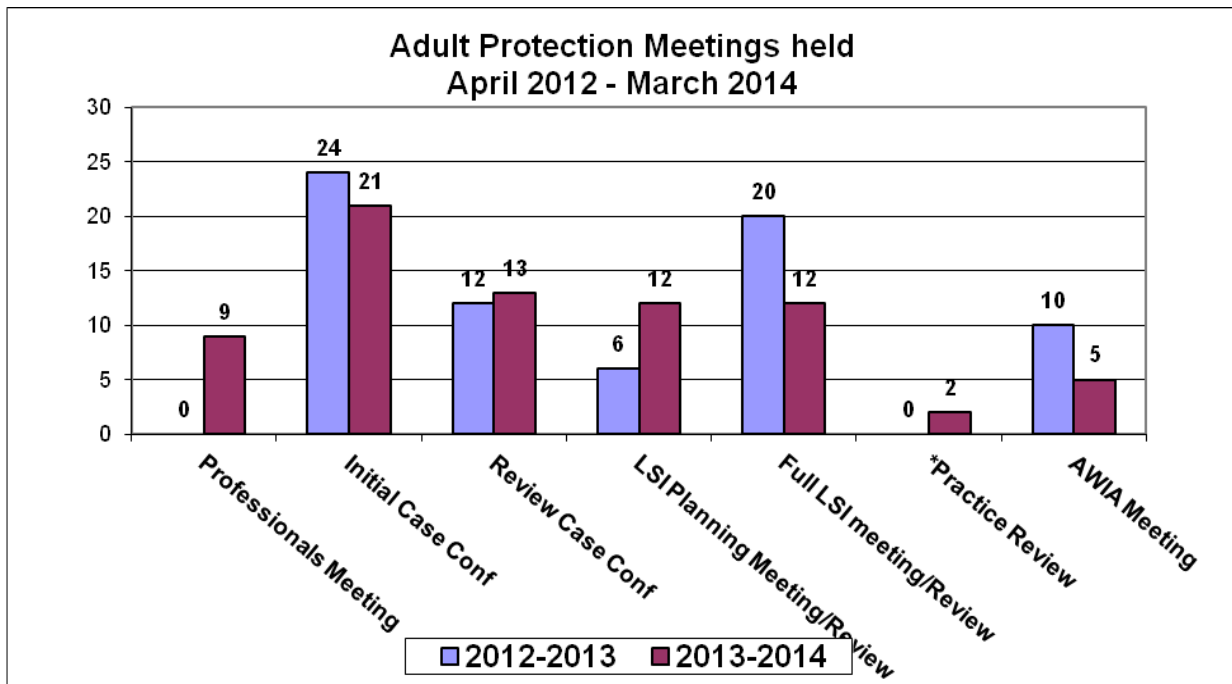
We must also note that any AP case may have multiple outcomes. For example at the end of an Investigation there may be consultation with Police, No Further Action under AP, and Continue to Review under Social Work Case Management.

The important data to draw from the above chart is that out of 62 cases which were known or believed to be Adult at Risk cases, the majority of these cases were dealt with through support or protection arrangements at the Inquiry/Investigation stage and that no further action was required under Adult Protection beyond this point.

However 21 cases did proceed to individual AP Case Conference and four situations led into the new LSI process, where multiple harm was evident, specifically in Care Homes.

5. Case Conferences and Meetings

Adult Protection Case Conferences Held (Table 21)



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, 21 cases, which required an AP Case Conference.

As seen in the table above, which compares last year's figures, to this years, we see that Scottish Borders have a range of meeting options, very specific to any situation. For example Professional meetings have always been held below the AP threshold, but where serious risk, gave reason for professionals to meet, discuss and address issues of risk.

There were nine Professional meetings in this annual report period. The new local AP Procedures will rename the Professional meeting to Risk Management meeting, and be flexible enough to involve Clients and Carers, where they fall below the AP threshold, but where there is still a need, to meet discuss and plan, to reduce significant risk to an identified adult.

Large Scale Investigations

The LSI process is designed to meet larger issues of harm in any care settings. Within this annual report period this type of harm has been specific to Care Home settings. The important figure is the number of Full LSI's, this number has reduced by 40%, this is due to changes and criteria for entering the LSI process. This decision is now made by the Chief Social Work Officer in SBC. The frequency and number of Review LSI's are dependent on each individual setting, and dependent on Care Inspectorate and review progress.

Scottish Borders Council embarked on two practice reviews in this period, one was a review of multi-agency involvement in a care setting and one involved a case which was in transition from Children Services to Adult Services and the interplay and crossover between these services and Police Scotland. Both reviews were attended by the necessary people and discussion around the issues and clarity of roles and responsibilities was explored. The learning from the reviews passed to the relevant people, so that learning could be disseminated to all staff.

Attendance at Meetings listed in Table 21 (Table 22)

Meeting Attendance 2013-2014	TOTALS			
WORKERS	Present	Apologies	Absent	Invited
SBC	283	59	5	347
Adult Protection Coordinator/Officer	62	5	0	67
Child Protection	1	0	1	2
Community Care Assessor	25	5	0	30
Home Care	5	0	0	5
Homelessness Services	0	0	0	0
Mental Health Officer	9	4	0	13
Occupational Therapist	3	0	0	3
Residential Home Manager	14	0	0	14
SBC Other	51	16	0	67
Social Worker	29	5	0	34
Social Work Manager	84	24	4	112
NHS	138	63	4	205
Clinical Psychologist	10	1	0	11
Community Psychiatric Nurse	6	1	0	7
General Practitioner	7	13	0	20
NHS Manager	30	18	2	50
NHS Other	6	3	1	10
NHS Support Worker	4	3	0	7
Nurse	7	0	0	7
Nurse - Discharge	0	0	0	0
Nurse - Specialist	15	5	0	20
Physiotherapist	0	1	0	1
Psychiatrist	15	4	0	19
Therapist	38	14	1	53
OTHER AGENCIES	268	85	7	360
Advisory Agency	5	2	0	7
Care Inspectorate	22	9	1	32
Client	10	4	0	14
Family Member or Friend	11	4	1	16
Housing Agency	3	0	0	3
Independent Advocate	13	2	0	15
Independent Agency Manager	35	6	0	41
Independent Agency Support Worker	13	0	0	13
Observer	13	4	0	17
Police	17	9	0	26
Solicitor	0	1	0	1
Specialist Substance Abuse Agency	2	4	1	7
Other	124	40	4	168
TOTALS	689	207	16	912

Significant Case & Incident Reviews (Table 23)

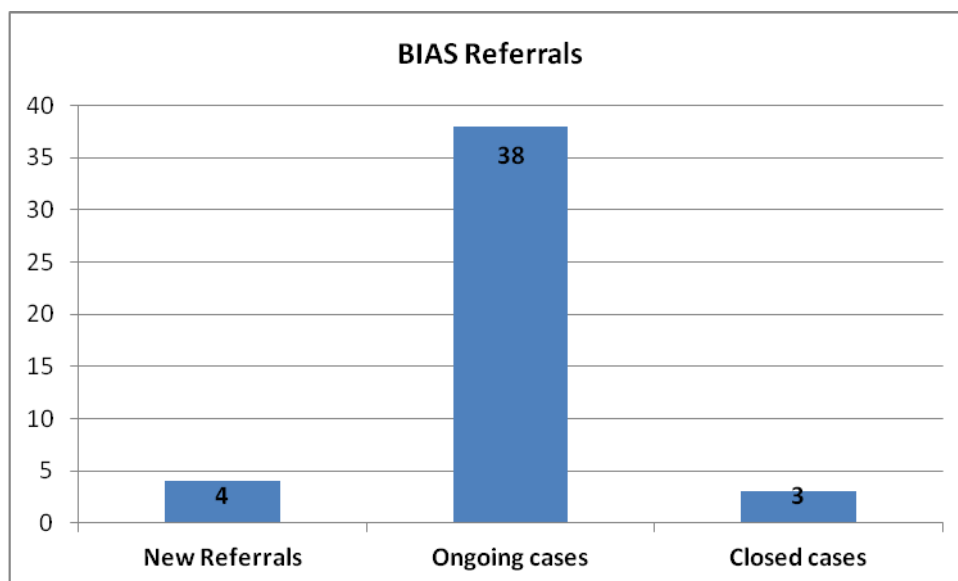
SCR's in this period -	0
Practice Reviews in this period -	2

Warrants and Protection Orders under Adult Support and Protection Act (Table 24)

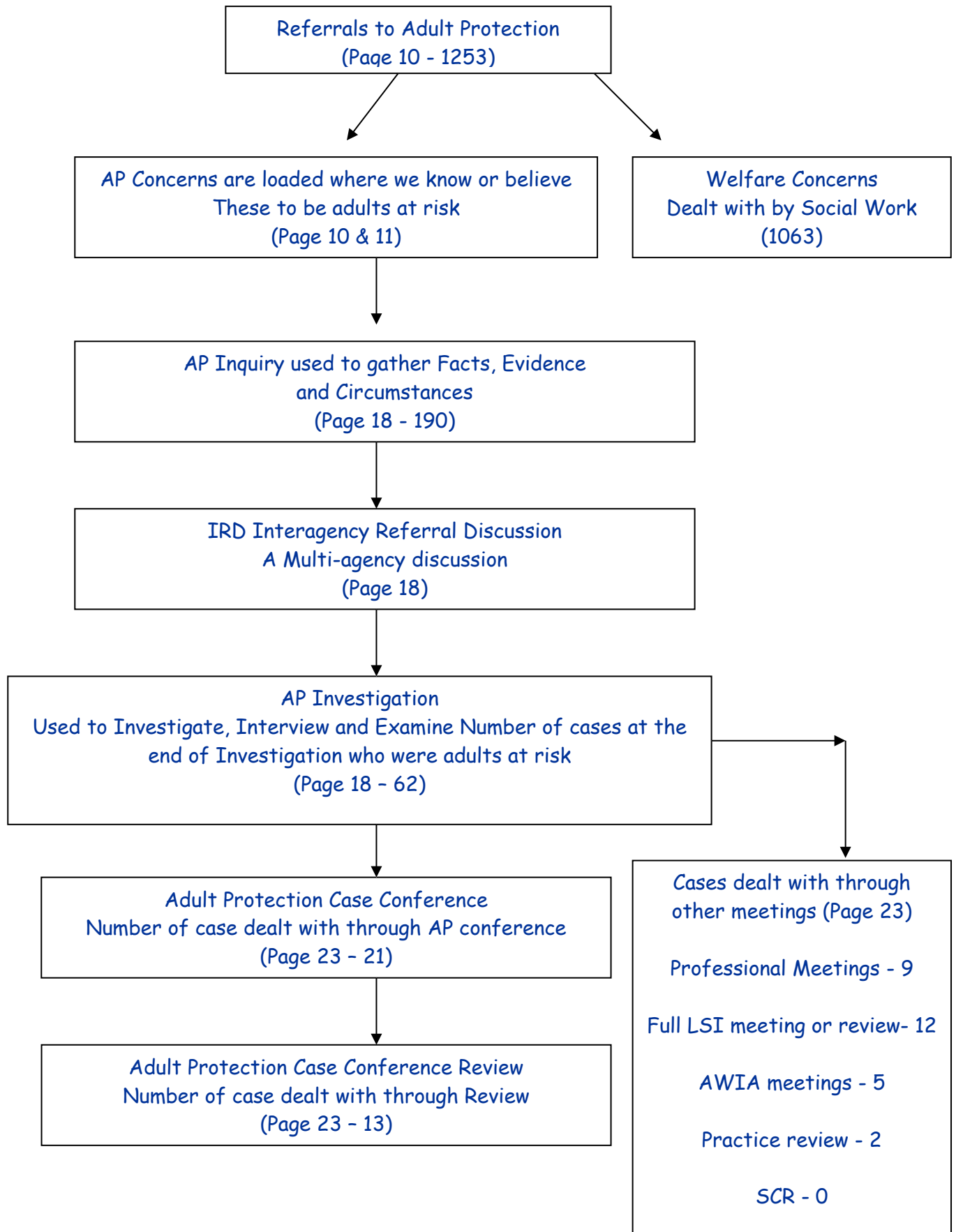
Removal Order -	0
Assessment Order -	0
Banning Order -	0

6. Advocacy (Table 25)

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. In the future BIAS will be involved in evaluating service users' experience of the AP process.



7. Schematic Diagram demonstrating Adult Protection activity through the process (Table 26)



8. Commentary on Annual Activity

This Annual report period, from start of April 2013 to the end of March 2014, has been a busy period. However this has not stopped SBC and its partners reflect and measure our progress to date. The AP self-evaluation and subsequent action plan saw the local authority and partners, highlight and address areas for improvement. As a follow up to this exercise and to ensure we have fully met the areas highlighted in the self-evaluation action plan, a follow up self-evaluation day will happen in November 2014.

Financial harm has once again been our greatest type of reported harm; phone and internet Scams, bogus callers, and financial theft, continue to be challenge here in Scottish Borders but also nationally over Scotland. Work has begun with Trading Standards and Police Scotland Safer Communities' Teams to tackle these issues. As an example locally, we identified a number of victims of Financial Harm in our area, and between Trading Standards and Social Work, these adults were contacted with support and advice around keeping themselves safe.

In general, older adults 71 years and over, account for half of all AP referrals to Scottish Borders, however this figure is echoed nationally. The other important point to highlight is that adult females beyond the age of 71 years become at greater risk of harm than males, this tends happen because, more females are living alone and tend to live longer than males, beyond 71 years of age the gap between genders begins to widen.

In terms of areas in Scottish Borders where harm occurs, the highest levels of harm remain in the largest population areas of Hawick, Galashiels and Central Borders. Pebbles has had a particular busy year, probably explained by a higher than usual number of Older Adults in the town and area. The Learning Disability Service continues to be a very busy team; this is a specialist service which covers the whole of Scottish Borders, relationships, boundaries and internet and phone harm have featured here.

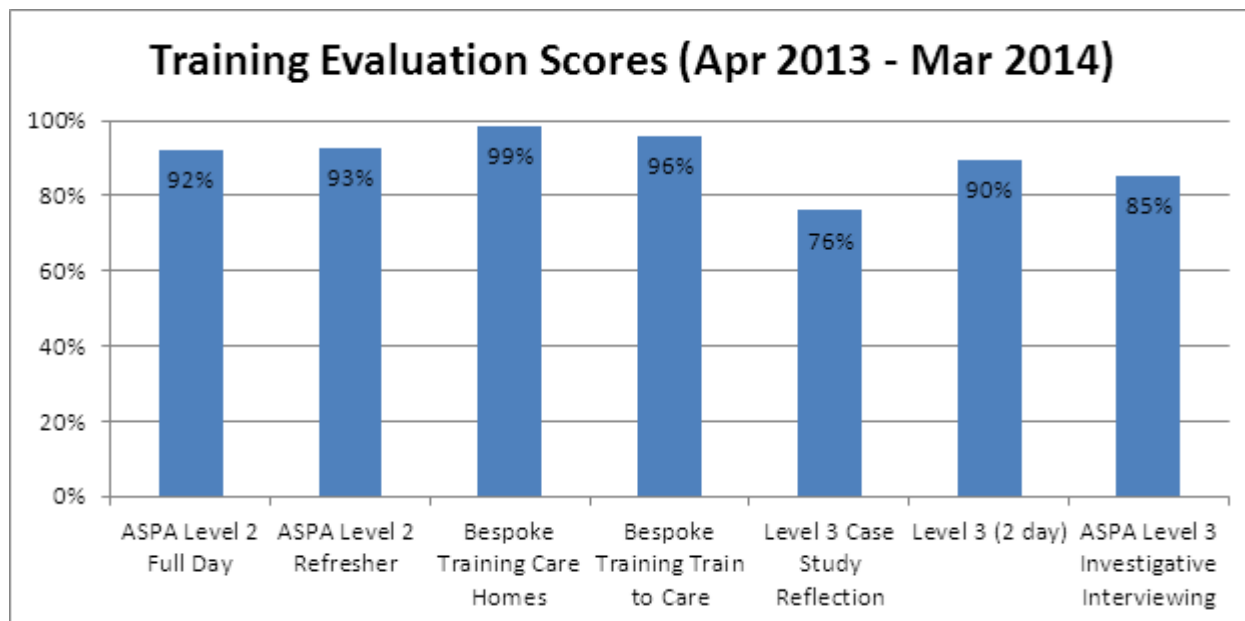
AP in Care Homes continues to be a local and national issue. Neglect/Acts of Omission, alongside some care home cultures, and poor management, compound the problem. On a positive note, Scottish Borders and partners have robust review arrangements and do work in partnership with providers and the regulator the Care Inspectorate. We hope to address some of these challenges and reduce harm in care homes, via a bespoke training package into all 22 Care Homes within Scottish Borders. Progress will continue to be monitored through our CCRT, LSI process, and through quarterly AP reports.

9. Learning & Development Programme (2013-2014) (Table 27)

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.

Session & Number of times delivered 2013-2014		Numbers of People Attended by Sector					
		SBC	NHS	Police Fire	Independent/ Voluntary	Housing	Other/ Unknown
Level 1: Basic Knowledge & Understanding	NHS Borders 'Protecting People' Corporate Induction (Apr-Jul 2013)		49				
	Adult Support & Protection (ASP)		*1209				
	NHS Borders ASP e-learning (12) (*Includes NHS inductions from August 13)						
	Police Scotland ASP e- learning Module			26			
Level 2: Knowledge & Understanding	'Supporting & Protecting Adults at Risk' Full Day Awareness Raising (14)	49	28	1	222	25	
	'Supporting & Protecting Adults at Risk' Half Day Refresher (7)	62	2	2	83	4	
Level 3: Detailed Knowledge, Understanding & Skills	'Supporting & Protecting Adults at Risk' 2 Day Detailed Knowledge (1)	16			8	3	
	Skills based Workshop for Council Officers (5)	69	16	2	25	2	1
Bespoke Training	Healthcare Support Workers Programme; Public Protection Session (5)		61				
	Train to Care sessions (2)	4	2		7		
	Support Worker Healthcare training (1)		17				
	Care Home Training (2)				33		
	GP Training (1)		3				
Total number of People attended, for all Adult Protection sessions:		200	1387	31	378	34	1
Total people trained		2031					

Training Evaluation Scores (Table 28)



Meeting the training needs of multi-agency partners and the third sector is something we do really well in Scottish Borders. The training is free to access and is delivered and rated to a very high standard. The Learning and Development group have overseen key training in NHS Borders Accident and Emergency settings, and have been pivotal in commissioning a bespoke training package to tackle harm in care homes. This key work will be delivered into the next annual report period, and is hoped to reduce harm in Care Home settings.

10. Closing Statement

This year has seen many changes in Adult Protection Policy and direction.

Locally ELBEG produced their latest AP guidelines and Scottish Government then produced a revised Adult Support and Protection Codes of Practice. These new codes incorporate transition arrangements and Self-Directed Support, the latter being a major policy shift in the way care is assessed and delivered. These developments prompted both NHS Borders and SBC to produce and refresh our local AP arrangements. These changes bring both processes up to date, to meet the evolving policy and challenges, we face in Scottish Borders.

The National Data set will allow all 32 local authorities in time to bench mark Scottish Borders, against other rural areas, up until this point, this was impossible as all local authorities collated information in different ways. AP is evolving and Scottish Borders is at the forefront. This should leave us well placed, as the integration of Health and Social Care Services approaches.

I would like to close this annual report by thanking SBC staff, NHS Borders, Police Scotland colleagues and our partners in the third sector. Without their continued support, commitment and cooperation, the support and protection of Adults at Risk would be challenging. The primary prevention work, close cooperation and commitment of all partners, and our Interagency Strategy ensure our vision; energy and resources are best utilised to target local and national objectives.

David Powell
Adult Protection Coordinator