Scottish Borders Adult Protection Committee

Annual Report 2014 - 2015

1. Executive Summary

This is the tenth annual report of the Scottish Borders Adult Protection Committee covering the period from 1st April 2014 – 31st March 2015. The report provides a summary of the work undertaken during the period by the Committee, its Sub Committees and the Adult Protection Unit, with particular reference to the implementation of the Inter Agency Strategy 2012-2015 for the protection of adults at risk in Scottish Borders. There are three Sub Committees covering Audit, Operations, Learning and Development who report on progress at each meeting of the main Committee.

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

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

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

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

Referrals occur when any person knows or believes an adult is at risk of harm. During the course of 2014-2015 a total of 1432 referrals were received, this compared with a total of 1253 during the previous year 2013-2014.
The number of cases progressing to adult protection concerns, as defined by the Act, showed a slight decline on the previous year with 169 cases progressing in 2014-2015, compared to 190 progressing the previous period. For those cases that do not proceed as defined above, a significant number will be provided with support or referred to other services for support and guidance.

A review of Adult Protection activity during the period shows that the majority of concerns relate to older people and those adults who have a learning disability. Once again more than double the referrals relate to females as opposed to males, this may be explained, in part, due to the fact females tend to outlive males.
Financial Harm followed by Physical Harm are the highest types of harm reported. Older Adults are generally more at risk of financial or physical harm. As evidenced in the report very positive work was undertaken by Trading Standards to reduce harm by bogus callers and scams.

For people with a learning disability the area of social media and developing phone technology continue to present challenges to social work and support agencies seeking to protect them from harm.
As stated previously whilst most harm does occur in the adults own home we continue to record, in the second highest category, referrals from the private care home sector.

A robust monitoring process, in partnership with the Care Inspectorate, serves to closely monitor and support this service area. Additionally bespoke training has been provided to both managers and frontline staff across the care home sector.
During the course of this reporting period a further multi-agency Self-evaluation exercise was undertaken. This took the form of a full day in depth analysis of existing practice, processes and procedures. This was well attended by all partner agencies with external assistance and scrutiny through representation by the Care Inspectorate. As a result the findings have been incorporated into a 2 year business plan which will be implemented and monitored by the Committee and Sub Committees.

During the reporting period I was required, as Independent Convenor, to submit a Biennial Report (2012-2014) to Scottish Government on Adult Protection in Scottish Borders. I currently await the Ministers response to my report, however, given the positive nature of same, would anticipate recognition of the positive practice and commitment to self-development evident in Scottish Borders.

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

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

Jim Wilson
Independent Convenor Scottish Borders Adult Protection Committee

2. The Adult Protection 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.

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

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

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

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

The Committee has three standing 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 Adult Protection. The identified system to gain this information has not yielded the results we were expecting. Therefore further work is required through the Adult Protection Operational group, to improve evidence in this area. This work will continue into next year with evidence of improvement available in next year's annual report.

Last year saw closer working between adult protection and trading standards. This came about through the discovery of a criminal list of names, which was being sold onto criminals. This list was then being used to financially exploit or scam older adults and other vulnerable groups.
All identified individuals on this list who were living in Scottish Borders were contacted by trading standards or by social work for adults with support needs. The adults involved were given support and advice on keeping safe from scams and harm. This work links into the work of the AP Committee and learning and development subgroup that have responsibility for the local media campaign and public awareness materials.

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

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

The Adult Protection Interagency Operational Group

The Adult Protection Interagency Operational group acts as the operational arm of Adult Protection Committee. This is a multiagency group with good cross representation across service delivery areas, the key partners, SBC contracting and the third sector. As well as take 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 chair of the Operational group has changed within the last year and this has seen an opportunity to review the work of the Operational group. The group have moved to a more inclusive agenda, all multiagency partners now have much more opportunity to contribute, update and be more actively involved in the groups work. This has been a positive more inclusive change by the group.

Much of the work of the Operational group this year has been taken up in preparation for the Scottish Borders self-evaluation event in February 2014. The Operational group have been busy gathering the multiagency evidence and data necessary for this event. There has been a lot of planning time built in to organising this event to ensure each agency was represented across all areas of discussion.

Post self-evaluation event the multiagency Operational group has been working on a matrix to interpret the data coming from self-evaluation event. Key Performance Indicators (KPI's) are areas where practice can be measured, audited and benchmarked. These KPI's will be built into the AP process as part of quality assurance and audit, and should measure progress in some of the areas highlighted for improvement through self-evaluation.

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

The Learning and development Subgroup

Adult Support and Protection Training report:-31/3/14 to 1/4/15

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

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

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

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

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

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

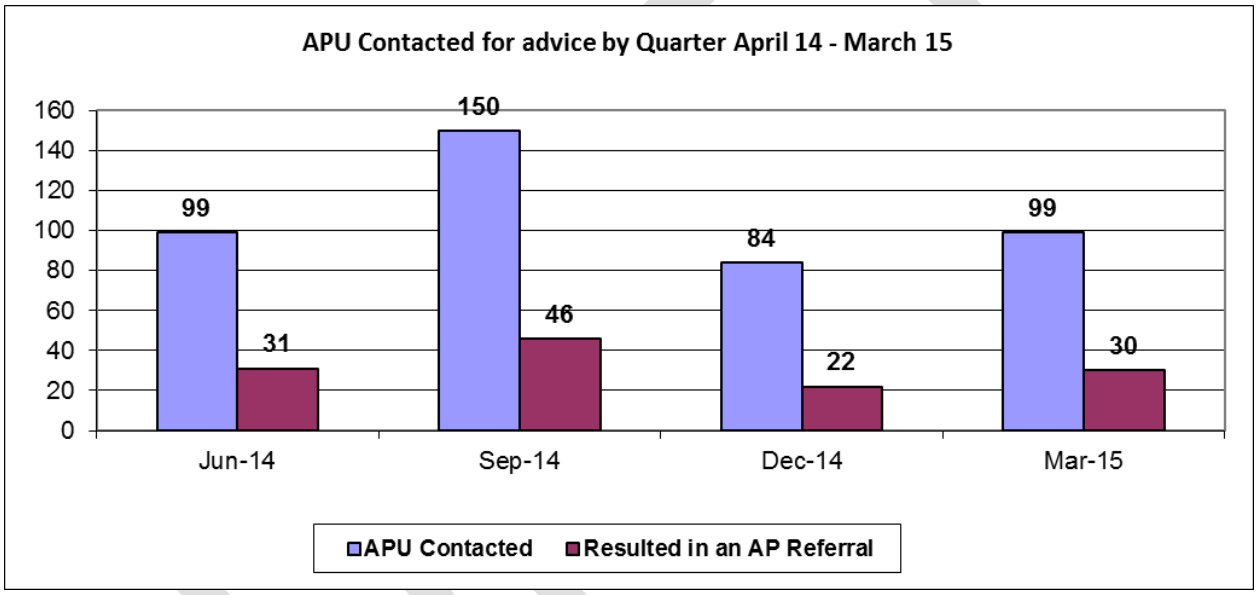
Adults with Incapacity training-Further training is being planned for delivery late 2015 & will be included in the next annual report.

Staff and Public Awareness-The updated wallet cards will be distributed widely across the multi-agency partnership to increase staff awareness of Adult Support and Protection.
The NHS Borders plasma screens within the BGH are well established and are being introduced to SBC premises to further raise Public awareness.

The Scottish Borders Adult Protection Unit (Table 1)

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

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



3. Adult Protection Activity (2014 – 2015)

The APU continue 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 2014 – 31st March 2015.

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

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

The APU is currently unable to collate full details of this data due to pending changes within the AP Framework episodes, however, the Unit can manually collate figures regarding initial Police and Fire Service Referrals. During the course of 2014 – 2015 the following numbers of referrals were received via the APU.

Total number of Initial Referrals coming through APU (Welfare & Adult Protection)
1432

Adult Protection Referrals (Table 3)

Here in Scottish Borders responsibility for screening initial referrals lies within social work practice teams. Referrals are separated into welfare and adult protection referrals and dealt with accordingly. The criteria for an Adult Protection Referral is drawn from the Adult at Risk of Harm definition laid out through the Adult Support and Protection (Scotland) 2007 Act. For those welfare referrals that do not proceed through Adult Protection, these are dealt with through a social work duty response or signposted to other services for support.
The chart below highlights the number of AP Referrals over the last 5 years.

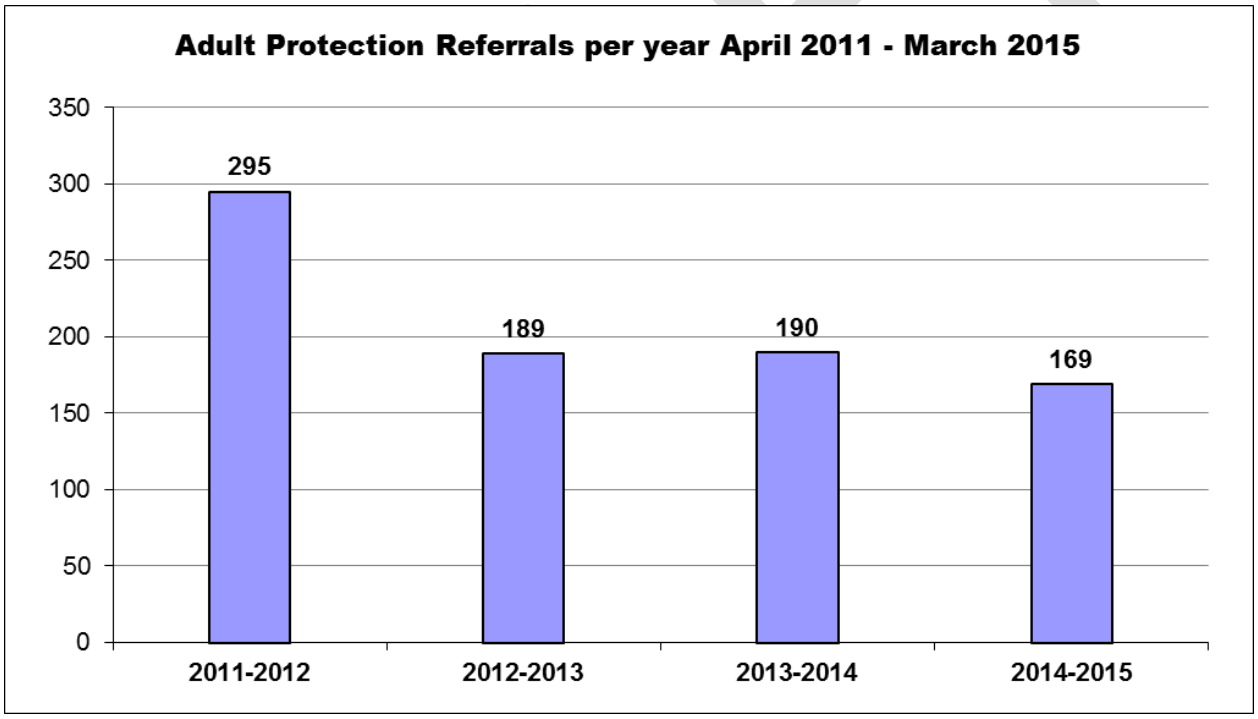


Table 3 - above demonstrates a gradual decline in adult protection referrals over the last 5 years. Back in 2011 – 2012 we had an unnaturally high number of referrals, because minor medication errors, were counted as adult protection issues. However following clearer guidance from the Care Inspectorate, these will now be reported to the Care Inspectorate, but not routinely counted as adult protection, unless there is evidence of deliberate harm. This year's figures have slightly reduced but this needs to be held in context against the introduction of the vulnerable young person's protocol and the risk management process, which sit below the Child or Adult Protection threshold. Scottish Borders now have a range of interventions to address risk and work is being diverted appropriately and supported through these routes.

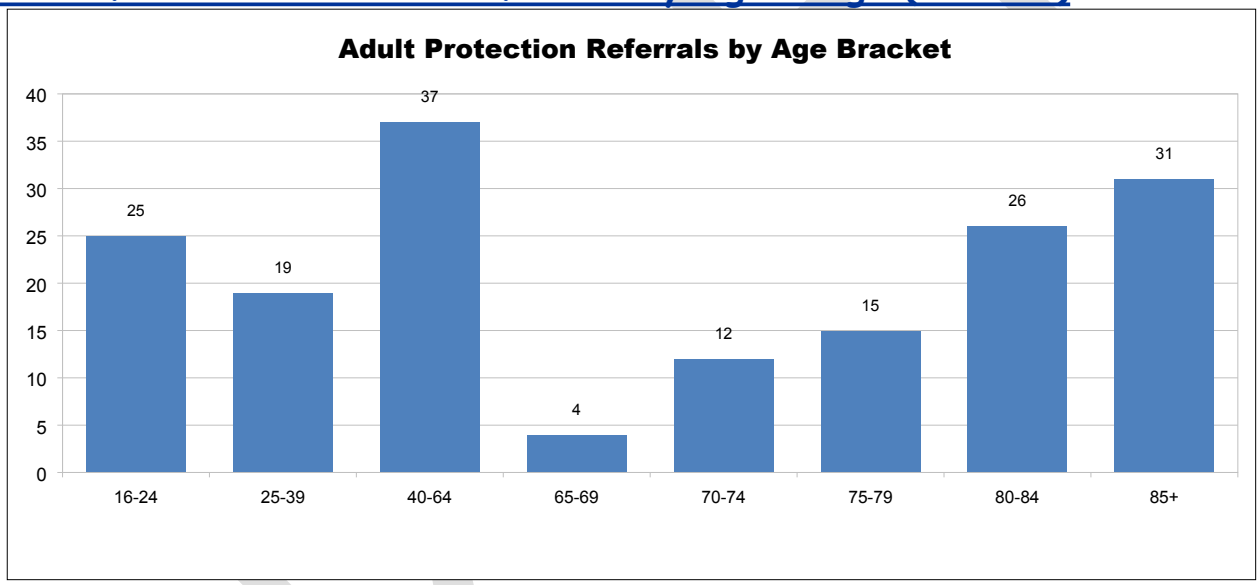
Both these routes are multiagency conferences and have risk management plans to address and reduce harm. These new processes meet the need of many high risk cases, which would have not previously met the three point test under the Adult Support and Protection (Scotland) 2007 Act.

The next table reflects the number of cases which were treated as an Adult Protection Referral in this reporting period of 2014 to 2015. **(Table 4)**

Total number of AP Referrals
169

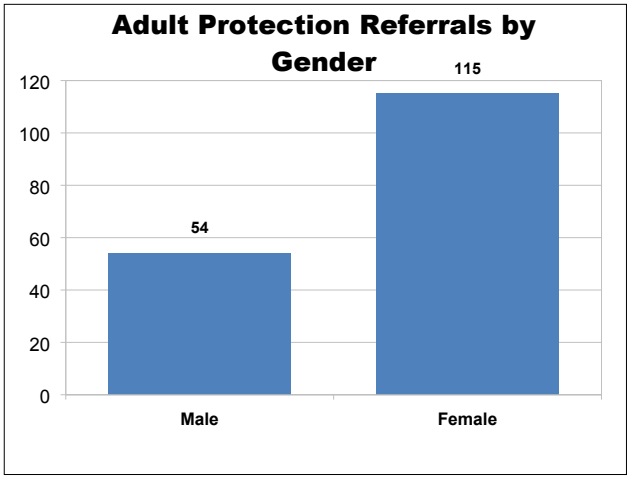
All the charts listed below, in the AP Referral section, are drawn from the front end of the adult protection process. This is before the formal Inquiry or Investigation has begun. Later in this report and at the end of the Investigation process, I will report on the number of agreed adults at risk of harm, the types of harm, and on the final outcome of the Adult Protection process. This is a new layout of statistics to previous annual reports, following set guidance from Scottish Government and to meet the National Data Set.

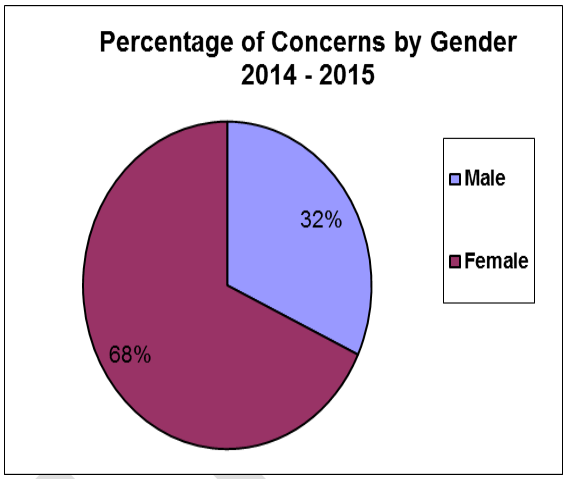
Number of Adult Protection Referrals by Age Range (Table 5)



From the 169 adult protection referrals loaded in this period, the above chart highlights the age range of those cases affected. On reviewing the 16 -39 age range, I can report that this year's figures have increased by 20 % on last year's figures. Clients with a learning disability or who have a mental health condition are the adults most affected. Rationale for this increase suggests that this group appears to be more involved in social media and smart phones technology and that an increased social circle leaves this group is more susceptible to harm from friends, relationships or acquaintances. The age range 40-64 is almost identical to last year's figure. However the 65 – 79 age range has seen a significant decrease of 33 % on last year's figures. Rationale for this decrease could include that adults in this age range are better prepared around financial harm and scams. This issue featured heavily last year, and work was carried out alongside trading standards, and citizen's advice to support adults keep safe from scams and financial harm. This work has had a more positive effect on the 65 -79 age range. Probably because some of these adults with retirement packages have become more aware of scams and secondly because capacity in this age range is not as affected as older adults with more advanced dementia. The age range 80 – 91 + remains stable on last year's figures.

Percentage of Referrals by Gender (Table 6 & 7)





In Scottish Borders females are at higher risk than males, this gender balance is a continued theme on last year, with little variation. I can report that this is a theme seen nationally over Scotland. This gender gap 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 more females appear to be living on their own. Secondly females tend to live longer than males and as there health deteriorates they can become at greater risk from harm.

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

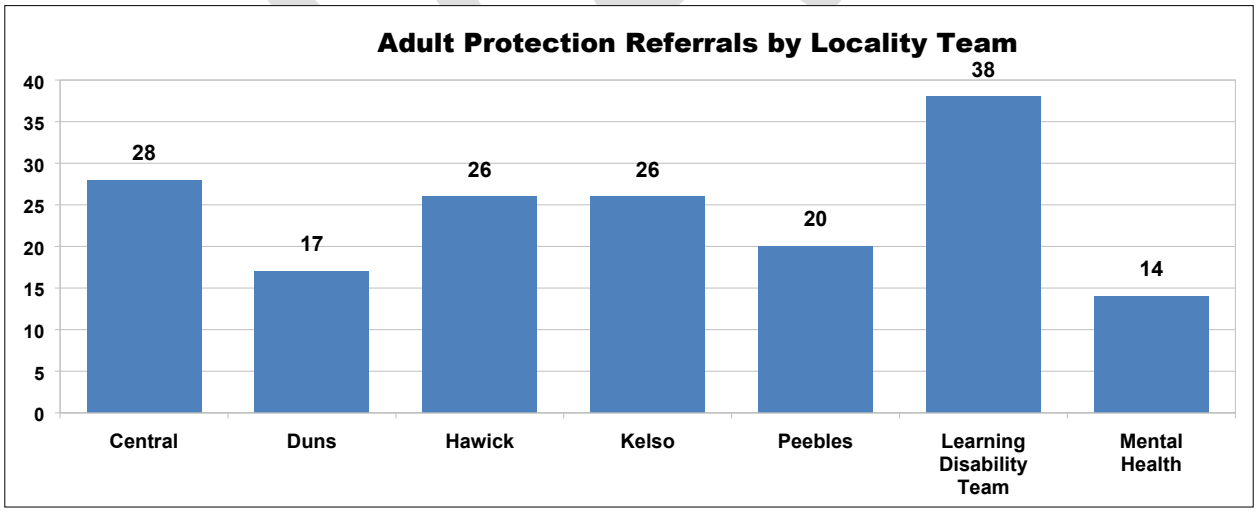


Table 8 - above highlights the spread of adult protection referrals across teams / areas of Scottish Borders. The team leader responsible for the Kelso and Duns area now has responsibility for Roxburghshire and Berwickshire districts; this covers a large area of rural Scottish Borders. The team leader covering both Duns and Kelso has the highest number of adult protection referrals to process. The next team with the greatest number of referrals is the learning disability service, who often deals with some of our most complex cases. Adult's cognitive functioning levels, their ability to understand and maintain relationships, often impact on their ability to protect themselves.

The learning disability service within Scottish Borders is a fully integrated social care and NHS model. The team remain proactive and intervene quickly and to stop harm from unnecessarily escalating.
The Central and Hawick teams have the largest urban towns and we would expect to see more adult protection work than some of the smaller rural towns. The mental health team is a smaller social work team; it only works with adults known and working with NHS Borders mental health services. Any mental health work not working with NHS Borders is managed through local social work teams where there is assessed need. There are 8 mental health cases in this category, the combined mental health numbers can be seen in table 10.

Referrals by Ethnicity (Table 9)

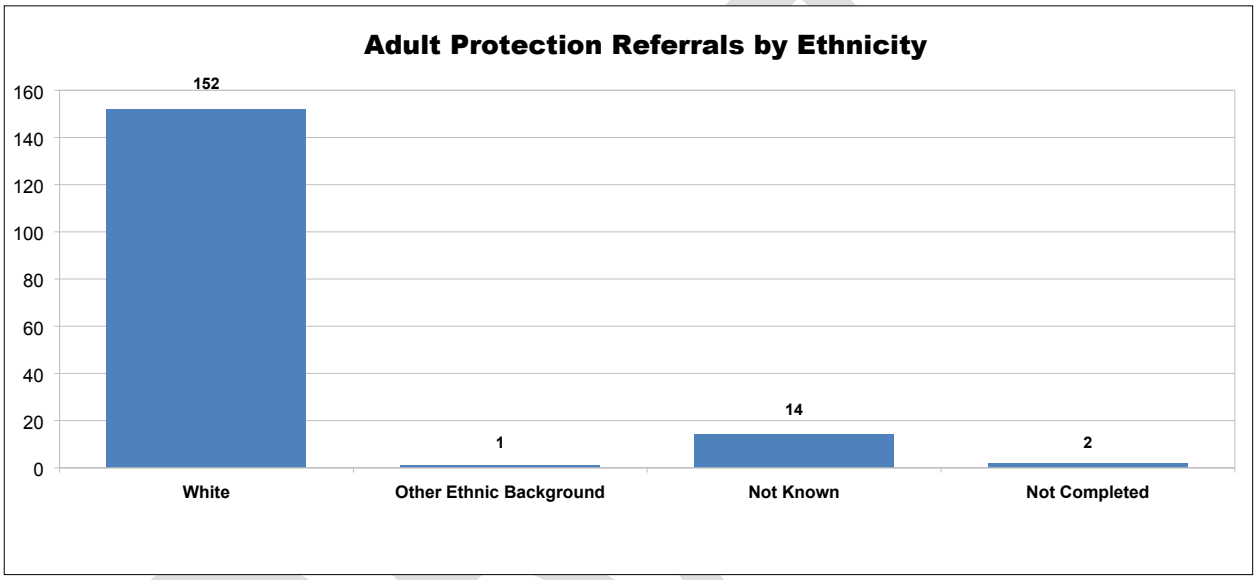
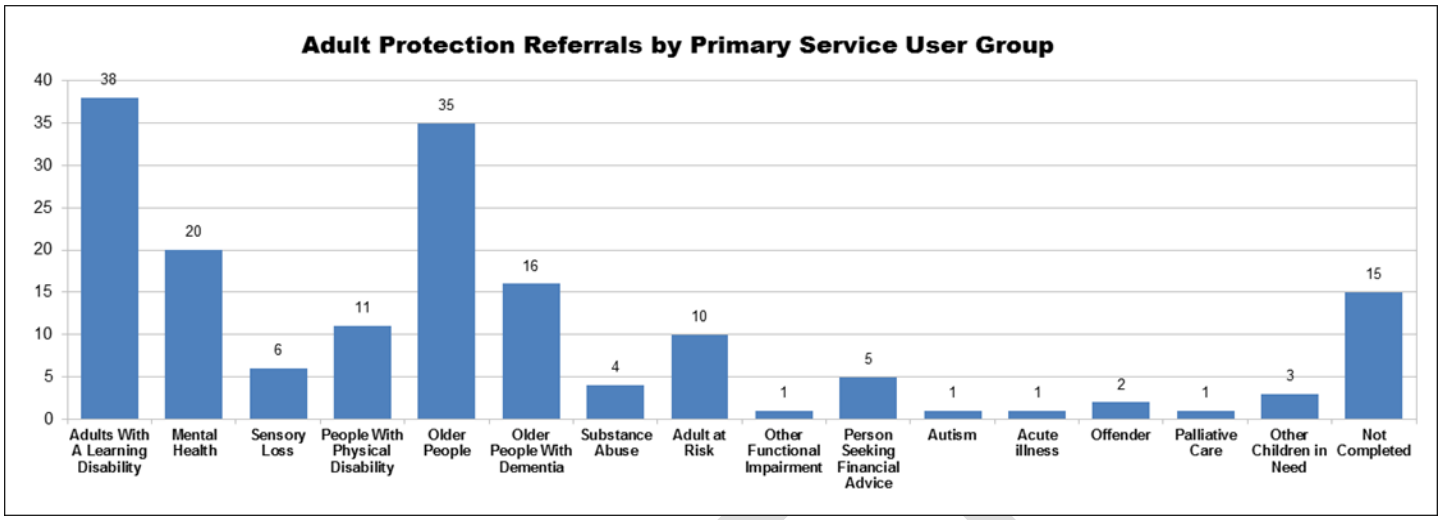


Table 9 - above highlights that the majority of adults at risk are of white Scottish ethnicity in Scottish Borders. To help understand with the context of these figures, the most recent population count highlighted an estimated 113,870 people lived in the area. From these figures I can report that only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

Referrals by Primary Service User Group (Table 10)

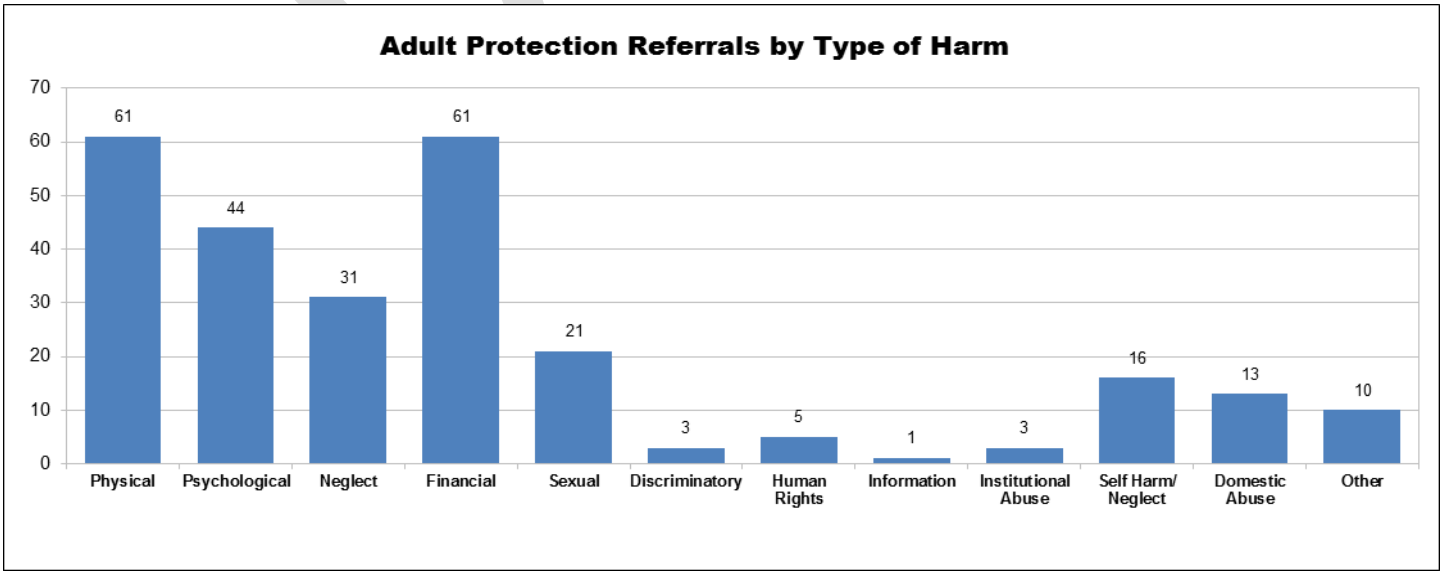


Clients with a Learning Disability and Older People (excluding people with dementia) are the largest client groups being referred, accounting for 23% and 21% respectively. When we add older adults with dementia (10%) to the above totals, we can demonstrate that learning disability and the combined older adult totals (all adults over 65 yrs old) equate to 54 % of all adult protection work in Scottish Borders. These figures are identical to last year's figures and a recurring trend.

Mental health is the next group of adults, most at risk of harm, with the figure a stable 12 % percent; again this is similar to last year's figure. Adults with a physical disability account for 7% of referrals; this is a small reduction from 10% last year. Adults with sensory loss account for 4 % of referrals this year, which is a small decrease of 5% from last year.

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

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



Specific Trends within service user groups

Table 11 - Older adults are generally, more at risk of financial or physical harm, both these sets of figures, are similar and have not dramatically fluctuated over a three timeframe. Both financial harm and physical harm are repeating themes from last year. To address these issues Scottish Government launched a national and local media campaigns to highlight and address harm and Scottish Borders plan to do a follow on local campaign post this annual report.

As mentioned previously, when reviewing the age range 65 – 79 there is a clear 33 % drop in referrals this year. This could be partially attributed to work carried out last year through trading standards, which focused heavily on reducing harm through bogus callers and scams. This age range is particularly vulnerable, to scams, due to retirement settlements or lump sums. This is encouraging progress the public awareness strategy and media campaigns should build on community awareness and help adults take appropriate steps in order to remain safe from harm.

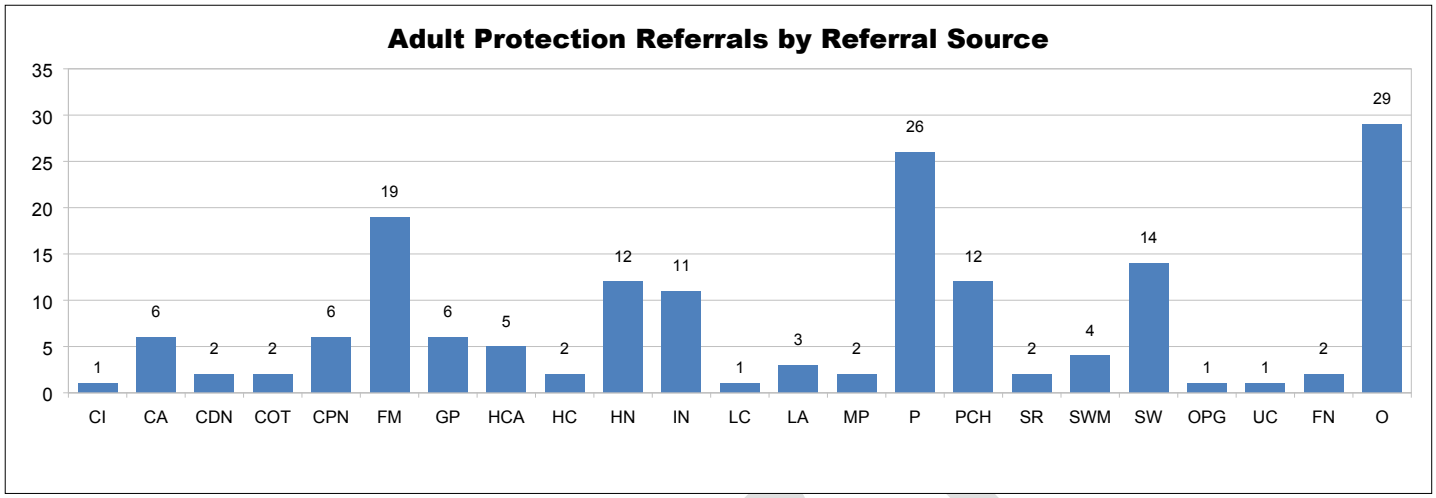
Older adults living in group living environments such as private care homes can also be at risk of harm. These types of harm tend to feature neglect or act of omission by private care staff or through poor practice and management oversight. Scottish Borders Council continue to work with care home providers, through our dedicated Community Care Review Team (CCRT), NHS Borders, contracting team and the care inspectorate to ensure appropriate standards are maintained.

The learning disability group have seen a different set of challenges to older adults, although financial harm happens too in learning disability. The area of relationships is a far greater challenge for some adults with a learning disability. Key issues within this area include, support with positive risk taking and assistance to set and keep safe or appropriate boundaries. Social media and mobile phone technology continue to be a challenge for social work and support agencies. Adults with a learning disability often come into contact with individuals, who pose a risk to them and who don't have their interests at heart. The need for multiagency communication and cooperation is often crucial to addressing harm at an early stage. On a positive note the learning disability team is a fully integrated health and social care team and there are many good examples of multiagency working and timely responses to support or reduce risk.

Adults with a physical disability have similar challenges to older adults and adults with a learning disability. Financial harm and harm through relationships or social media feature within this client group. Within mental health financial harm and physical harm are prevalent. The ability to form and keep positive relationships can be compromised in certain situations by fluctuation or a chronic mental health condition.

Sexual harm spans all client groups, referrals of sexual harm fell from 22 to 14 last year, but referrals have risen back to 21 this year. It is important to note that referrals around sexual harm are subject to Police and Social work Investigation. Sexual harm is often a very sensitive issue; each allegation must be treated with sensitivity & care then meticulous attention to detail and evidence. To help put the numbers in in context, at the end of investigation 5 cases over a year were genuine adult protection referrals specifically around sexual harm.

Source of AP Referral (Table 12)



See key code below

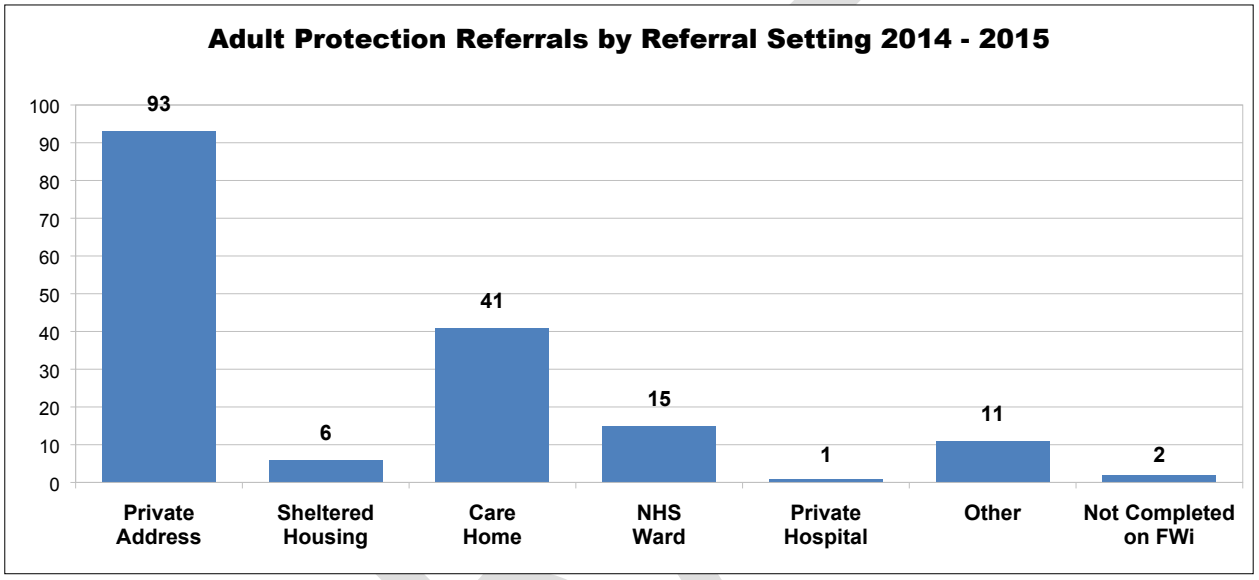
CI= CARE INSPECTORATE	LC= LOCAL AUTHORITY CARE HOME
CA= CARER	LA= LOCAL AUTHORITY
CDN= COMMUNITY DISTRICT NURSE	MP= MEMBER OF PUBLIC
COT= COMMUNITY OCCUPATIONAL THERAPIST	P= POLICE
CPN= COMMUNITY PSYCHIATRIC NURSE	PCH= PRIVATE CARE HOME
FM= FAMILY MEMBER	SR= SELF REFERRAL
GP= GENERAL PRACTITIONER	SWM= SOCIAL WORK MANAGER
HCA= HOME CARE AGENCY	SW= SOCIAL WORK
HC= HOSPITAL CONSULTANT	OPG= OFFICE OF PUBLIC GUARDIAN
HN= HOSPITAL NURSE OR ALLIED PROFESSIONAL	UC= UNPAID CARER
IN= INDEPENDENT AGENCY	FN= FRIEND OR NEIGHBOUR
0= OTHER this includes voluntary agency, banks, consultant psychiatrist, and addiction services	

As can be seen from table 12 above we receive AP referrals from many sources, this includes multi-agency partners, clients, carers and family members, and agencies in the third sector. The figures listed above are made of concerns which have been reviewed and were, known or believed to be adult at risk, concerns. It is important to note that Scottish Borders received 1432 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 are Police Scotland who are collocated within the Public Protection Unit. One of the key strengths of collocation is that, communication and cooperation happened quickly, particularly around child and adult protection, cases with crossover.

When we explore referrals by source I can report that the category of "Other", which includes the voluntary sector, banks and addiction services, is the highest reporter of adult protection work. Many staff working in the voluntary sector attends our Scottish Borders adult protection training. These staff go on to work on the frontline with service users, it is reassuring that this group are reporting harm.

Police Scotland is the next highest grouping, reporting genuine adults at risk of harm referrals, to Scottish Borders. Police Scotland have a well-established process for sharing both welfare and adult protection work, the collocated public protection unit ensures those at highest risk are prioritised. Police adult protection referrals have increased by 46 % this year. In order to understand this this it's important to highlight that nationally, Police Scotland introduced a new system, to specifically flag adults at risk of harm. This is the first year this information is counted in this way, future reports will give us information to benchmark against. The third highest group to refer adult protection work to Scottish Borders is from family members worried or concerned about one of their relatives. This figure remains similar to last year.

Setting at time of Referral (Table 13)



(Table 13a)

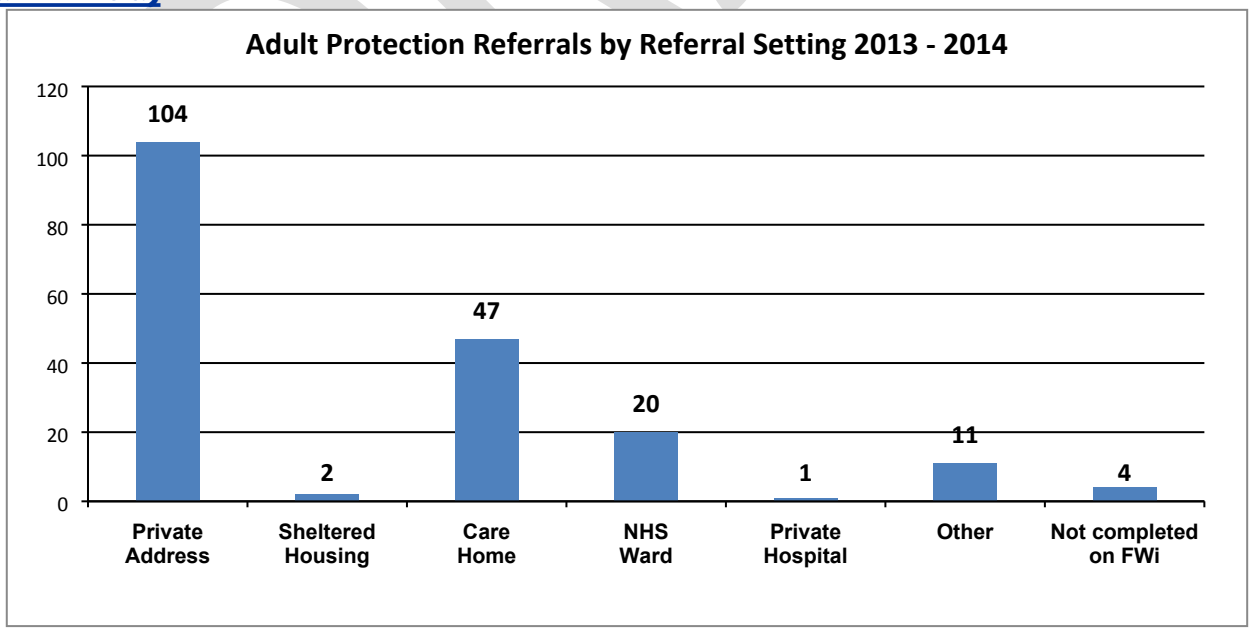


Table 13 & 13a above are two year figures for comparison - the majority of reported harm at the front end of the process takes place in Private Addresses, or, in other words someone's own home. This is a continued theme on last year, details of which can be seen in Table 13a, and with the majority of adults living in their Own Home, this will be a feature all over Scotland.

The second highest figure is adults within private Care Home settings. 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 or community 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 and delivered a bespoke training package. This package has now been rolled out to care home staff and to all care home managers. The training has covered the National Care Home Standards, and Adult Protection responsibility, recording and reporting harm. The full impact of this training may be seen in next year's care home statistics.

The Referrals reported from an NHS ward are cases which have come into the BGH and where NHS staff have been able to identify and report, a presenting situation as a possible adult at risk of harm, to the local authority. This is a good example of training and multiagency partners working effectively together to assess and address issues of harm.

Adult Protection Interagency Referral Discussions (IRD) (Table 14)

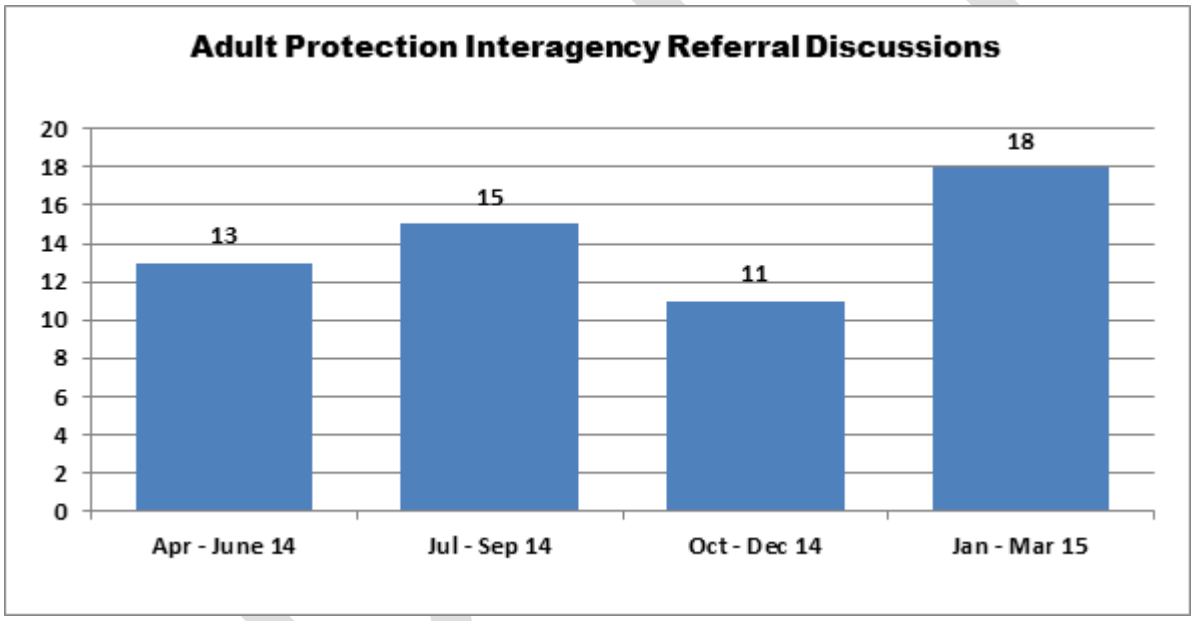


Table 14 - above highlights the number of Interagency Referral Discussions (IRD) held each quarter the total number of adult IRD's for the year is 57.
The Interagency Referral Discussion is a formal discussion between Social work, Police and NHS Borders where appropriate. This discussion can also involve agencies such as the Care Inspectorate or another appropriate service. The IRD involves a sharing of information a recorded record of risk and partner agencies involved will agree which agency leads on which component of an investigation and agree lines of feedback to an IRD conclusion.

4. Adult Protection Inquiries

Adult Protection Inquiry / Investigation (Table 15)

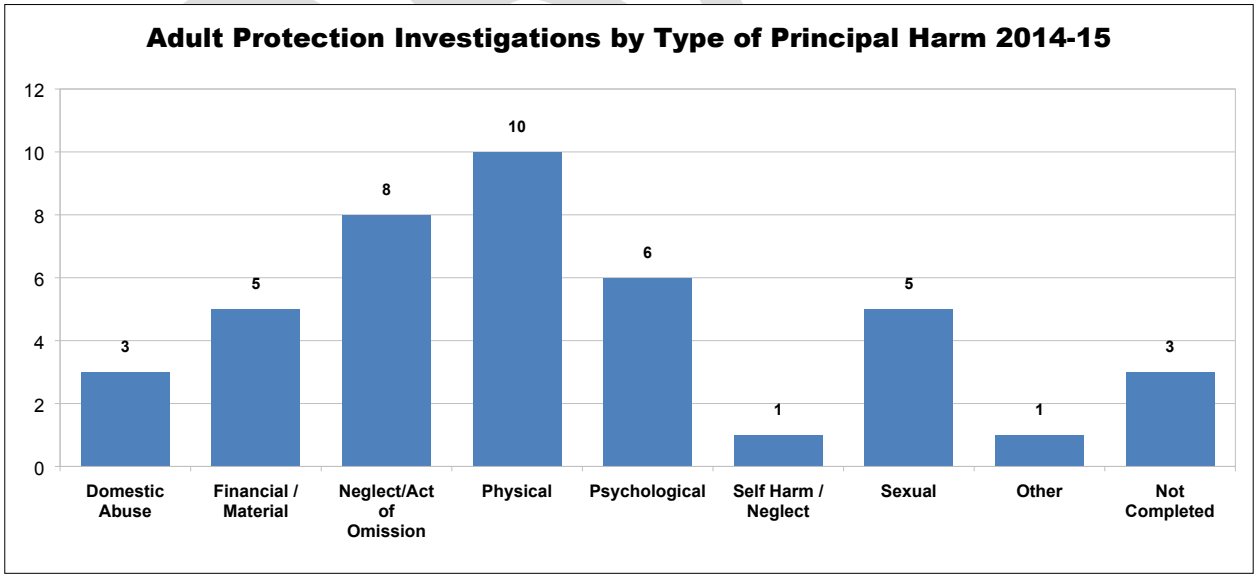
Following the loading of an AP Referral and an IRD cases proceed under this current process to AP Inquiry/Investigation. Of the 169 AP Referrals processed 42 reached the end of the Investigation process. We would expect to see the figure from Inquiry to Investigation reduce, as Inquiry is used to initially gather facts and evidence around a referral, and to establish whether the reported issues, have facts / evidence or grounds to give the local authority grounds for concern. Following Inquiry many cases leave the AP process and are signposted or met through care or alternative support arrangements.

Number of Adult Protection Referrals	**169**
Number of cases subject to AP Inquiry	**169**
Number of adult cases which required IRD	**57**
Adults at Risk at end of Investigation	**42**

At the end of the AP Inquiry (IRD) and Investigation process we were left with 42 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 42 cases into information and trends.

Note - Due to National Data requirements the Adult Protection process has been changed and the numbers next year will differ. For example all visits and interviews will be counted as an AP Investigation as per the Adult Support and Protection (Scotland) 2007 Act. The changes to the Data Set will ensure all 32 local authorities submit data in the same way.

Type of Principal Harm at Investigation (Table 16)



(Table 16a)

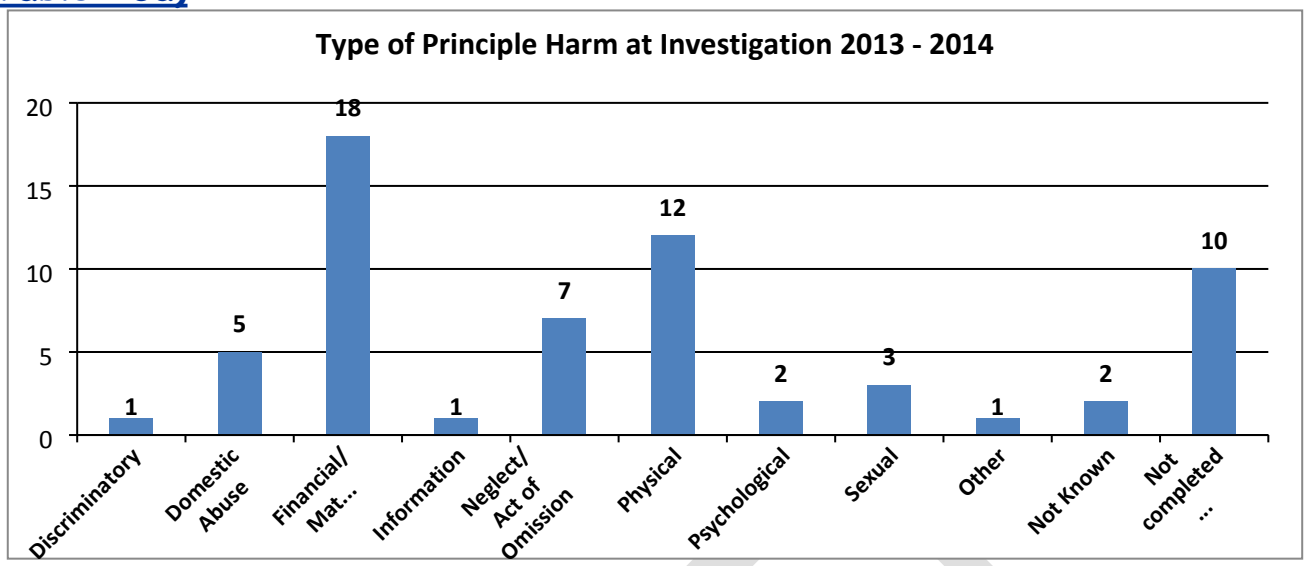


Table 16 and 16a above are two year figures for comparison – Tables 16 & 16a highlight the type of Principal Harm at the Adult Protection Investigation. At this point we have now established that 42 cases are Adults at Risk of harm.

Last year financial harm and physical harm were the two highest types of harm from AP Referral through the AP Investigation, details of which can be seen in Table 16a. As we review this year's annual figures against last year's annual report, I can confirm that physical harm statistics are consistent; however the number of financial harm allegations reaching the end of the investigation process has dropped significantly by 70%. Conclusions to be drawn from this decrease are that although AP Referrals around financial harm remain very high. Support and protection arrangements, following this AP Referral very often tackle or address the risk of harm. Therefore not all cases reaching AP Investigation under the current information system proceed any further. Those which do tend to progress are often complex in nature and proceed to Case conference or are dealt with through adults with incapacity arrangements.

It is important to note that due to the National Data Set for Adult Support and Protection that the annual report for next year (2016-2017) will reflect changes to AP Investigations as per national guidance, this should see an increase in cases recorded as AP Investigations.

Neglect or act of omission is a type of harm most often seen in private care homes, although this is not exclusive to private care homes, this regularly features in Scottish Borders private care settings. As mentioned previously work and training has now been delivered to these care homes, however it may take to next year to see improvement reflected through our annual report. However for the moment these figures are consistent with last year and there is capacity for improvement in this area.

Domestic abuse in adults at risk of harm, As defined under the adult support and protection (Scotland) 2007 Act have had a modest decrease on last year's figures. Multiagency Risk Assessment case conference (MARAC) is the domestic abuse forum; this forum is still relatively young. This forum is attended by the Adult Protection Coordinator, ensuring that adults at risk and others receive appropriate support and services.

Sexual harm has increased this year from 3 cases last year to 5 confirmed cases this year. These 5 cases are case sensitive and evidence of crime, ensure that police are able to pursue these cases criminally. Social care and health explore support and aftercare for these adults and refer to appropriate supports where required.

Investigation By Service User Group (Table 17)

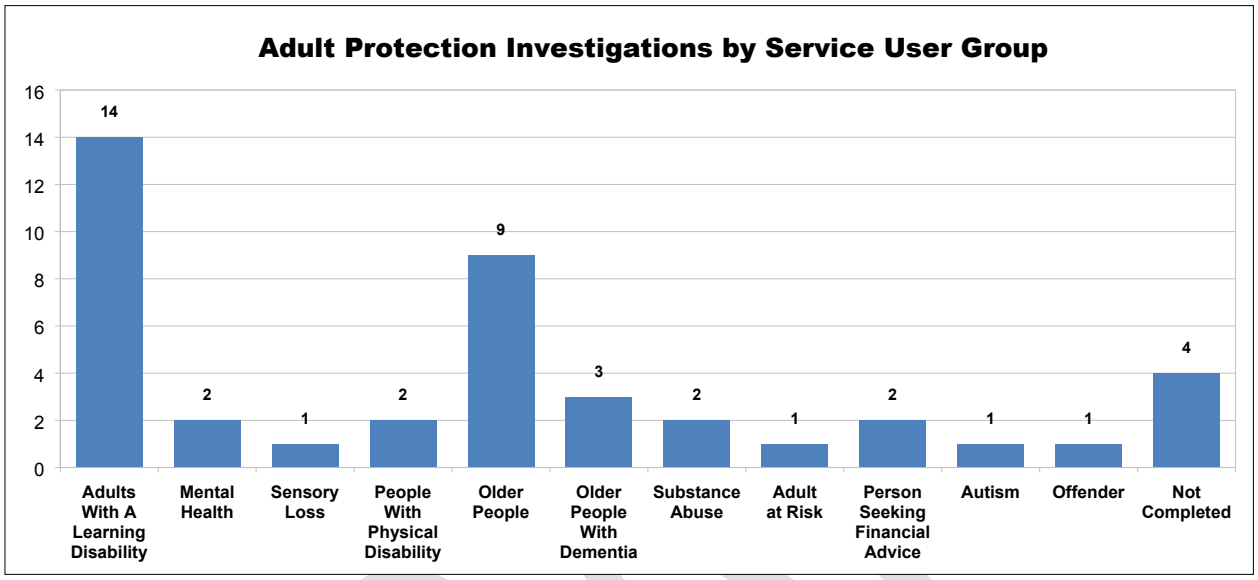


Table 17- is a new chart in the annual report and one requested by Scottish Government as part of national statistics. This graph lays out the service user numbers and groups which have progressed beyond Inquiry and IRD to Investigation. Adults with a learning disability are at greatest risk with older adults and older adults with dementia being the highest groupings. When we reviewed these figures earlier in the report adults with a learning disability and older adults combined accounted for half of all referrals, this theme continues, as we revisit the same statistics at the end of the process. See table 11 for rationale and themes.

Location of Harm at Investigation (Table 18)

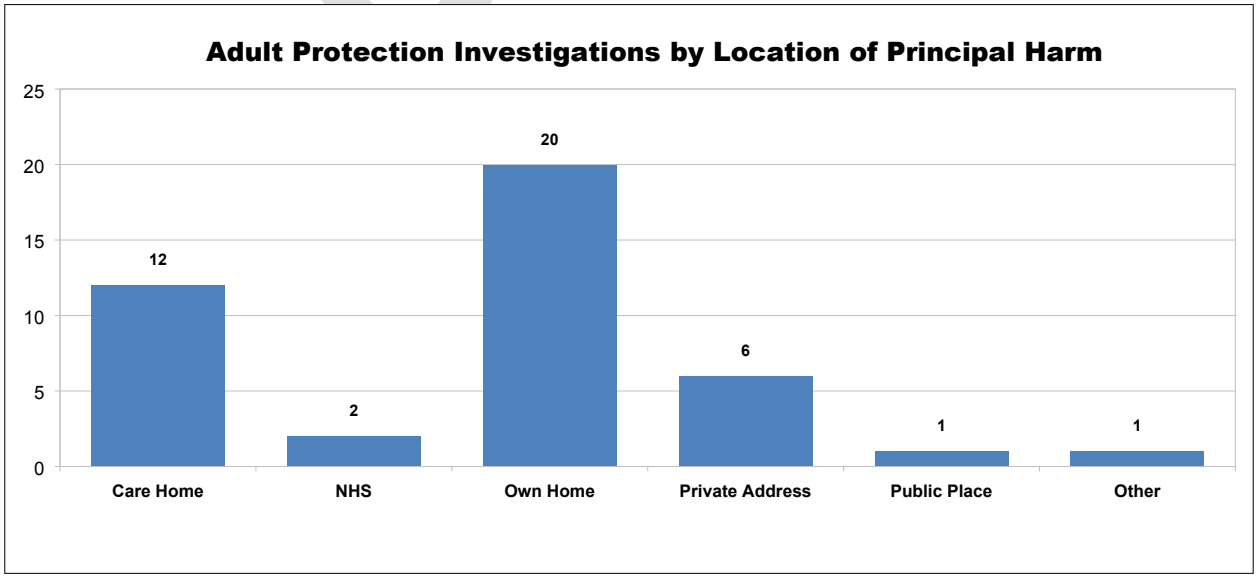


Table 18 - from the location of harm at Investigation, we see a continued theme from location of harm at AP referral. Harm within an adult's own home continues to be the highest reported grouping, closely followed by adults in private care home settings. As mentioned above robust steps to address these issues, and close multi-agency monitoring procedures are in place. Figures this year are very similar to last year and the care home training and work, should start to show progress by next year's annual report 2015 – 2016.

Principal Source of Harm at Investigation (Table 19)

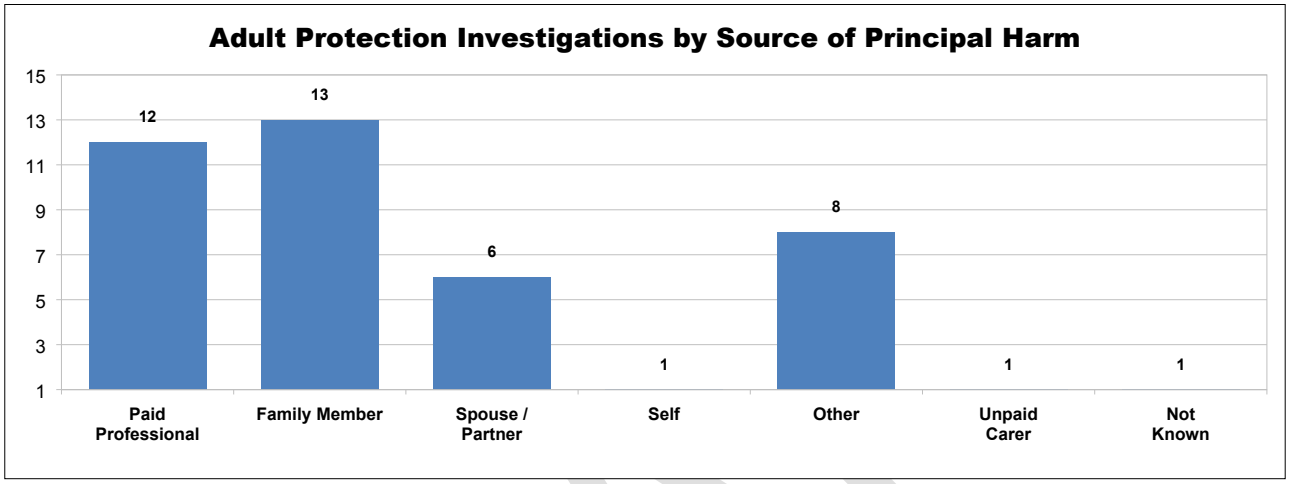


Table 19 - Of the cases that proceeded to full investigation, the above chart highlights the range of Principal Source of Harm. In relation to the column paid professional, this reflects the number of referrals and investigations undertaken in privately owned Care Homes, not within an SBC or NHS Borders setting.

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 Act 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 adult protection within Care Homes remains a priority, but the recent training in this area may take to the next annual report to yield significant improvement.

To help clarify the area of other, this is made up from reported friends, acquaintances, other services users / housemates.

Outcome of the Adult Protection Investigation (Table 20)

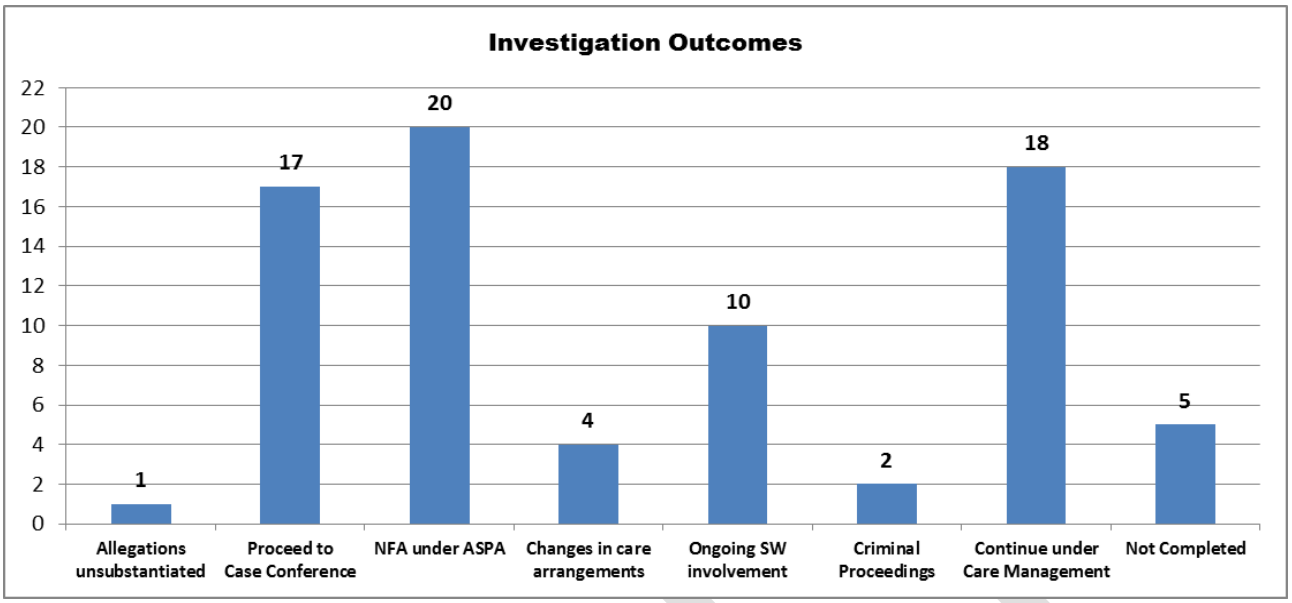


Table 20 - above helps understand the outcome of AP Investigations, it is important to note that cases may have multiple outcomes, such as no further action under adult protection, but continue under case management. Therefore the numbers above will not match 42.
The important data to draw from the above chart is that out of 42 cases which were known or believed to be Adult at Risk cases, the majority of these cases were dealt with through support arrangements at the Investigation stage and any ongoing work was carried out as part of case management arrangements. No further action was required under Adult Protection for a majority of these cases.

However 15 cases did proceed to individual AP Case Conference and two situations led into the large scale inquiry process. LSI cases happen where multiple cases of harm was evident, these were specifically in private Care Homes settings.

5. Case Conferences and Meetings

Adult Protection Case Conferences held (Table 21)

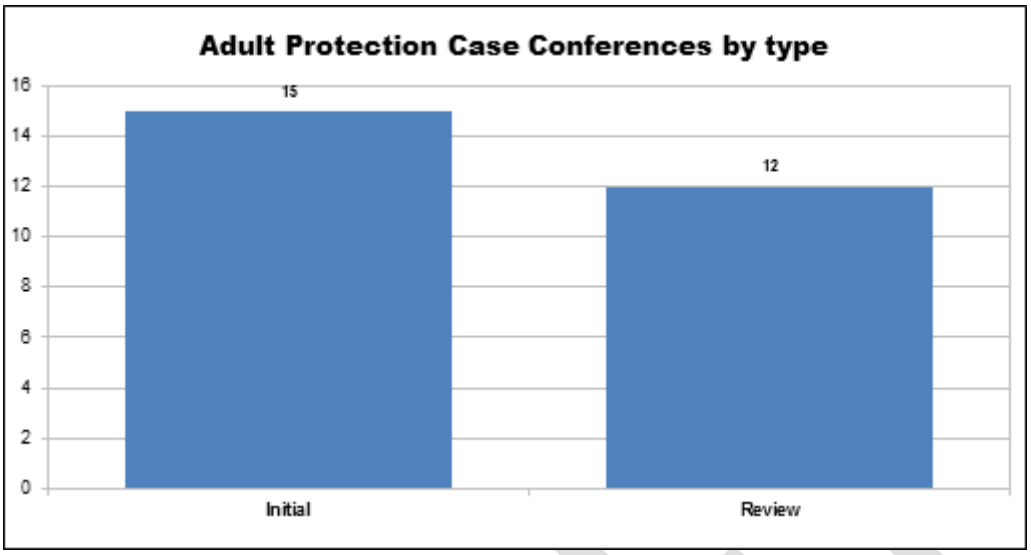


Table 21 - the majority of cases in Scottish Borders which come into the AP process do not reach AP Case Conference. The process has been designed to be proportionate and responsive to risk. On many occasions following intervention or supportive measures, we see the risk addressed or managed. There were however, 15 cases, which required an AP Case Conference and a further 12 cases proceeded to AP Case Conference Review.

Types of Meetings held (Table 22)

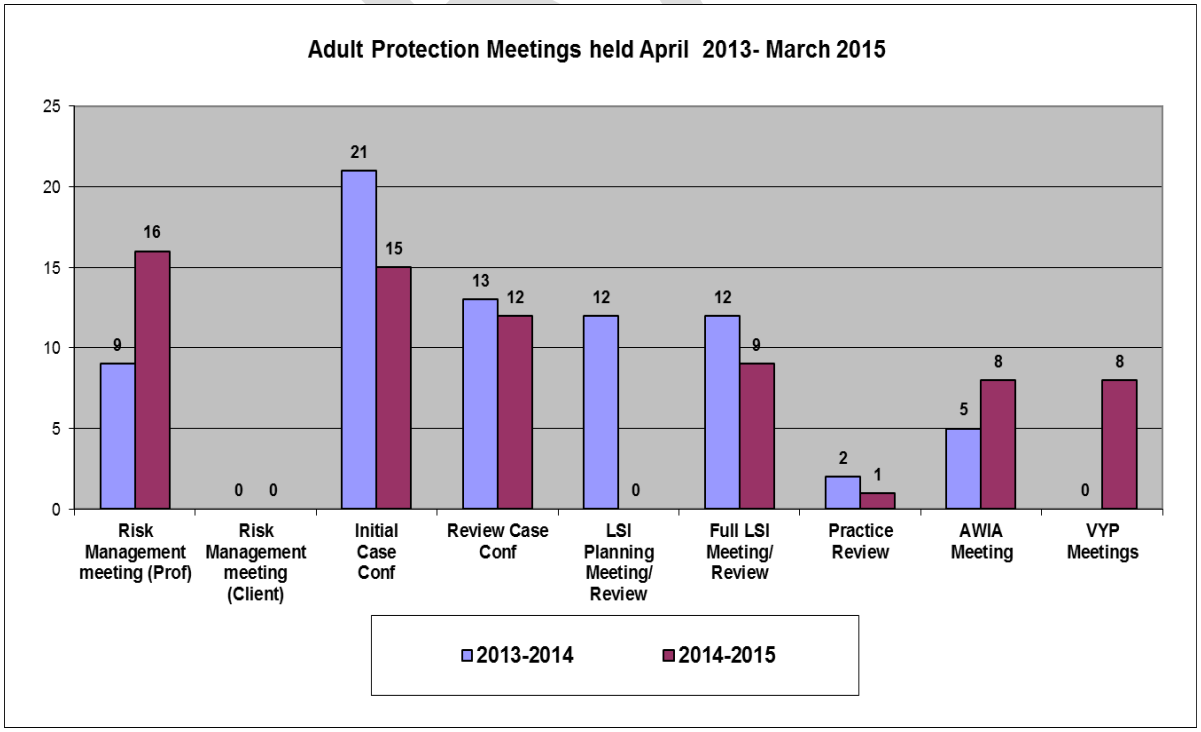


Table 22 - The majority of cases in Scottish Borders which come into the AP process do not reach AP Case Conference. The process has been designed to be proportionate and responsive to risk.

On many occasions following intervention or supportive measures, we see the risk addressed or managed. There were however, 15 cases, which required an AP Case Conference.

On comparing the table above, which compares against last year's figures, there is a reduction in AP Case Conferences. However when you compare this to the increase in Risk Management and VYP meetings we can clearly see, that cases are being managed through multiagency discussion, albeit below the adult protection threshold. The argument for this approach is that we need a range of meetings such as risk management and VYP, to enable professionals, to still have multiagency discussion and action plans. Particularly where the cases have significant risk, but do not meet the three point test. This approach is a far more tailored and proportionate approach to the risk and addresses the practice gap, left below the AP threshold. There have been 8 VYP meetings within this period and 16 Risk Management meetings.

Large Scale Investigations

The Large Scale Investigation (LSI) process is designed to meet larger issues of harm in any care settings. Within this reporting period, this type of harm has been specific to Care Home settings. The important figure is the number of Full LSI's, which is 2 Full LSI's within this period, both the same care home setting but at different points within the timescale of a year. There have been 3 subsequent LSI review meetings within this timeframe.

The current LSI process is under review, and a refreshed LSI process will happen over the next few months. At this point in time any decision to enter the LSI process is made by the Chief Social Work Officer within SBC, and on the presenting evidence. The frequency and number of Review LSI's are dependent on each setting, progress and improvement, and on Care Inspectorate and multiagency agreement.

Significant Case & Incident Reviews (Table 23)

SCR's in this period -	0
Practice Reviews in this period -	1 practice review of 2 individual SDS cases

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

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

There were no protection orders within this annual reporting period; however two cases were prepared as potential banning order applications. However multiagency working and protection planning reduced the risks to acceptable levels.

6. Advocacy (Table 25)

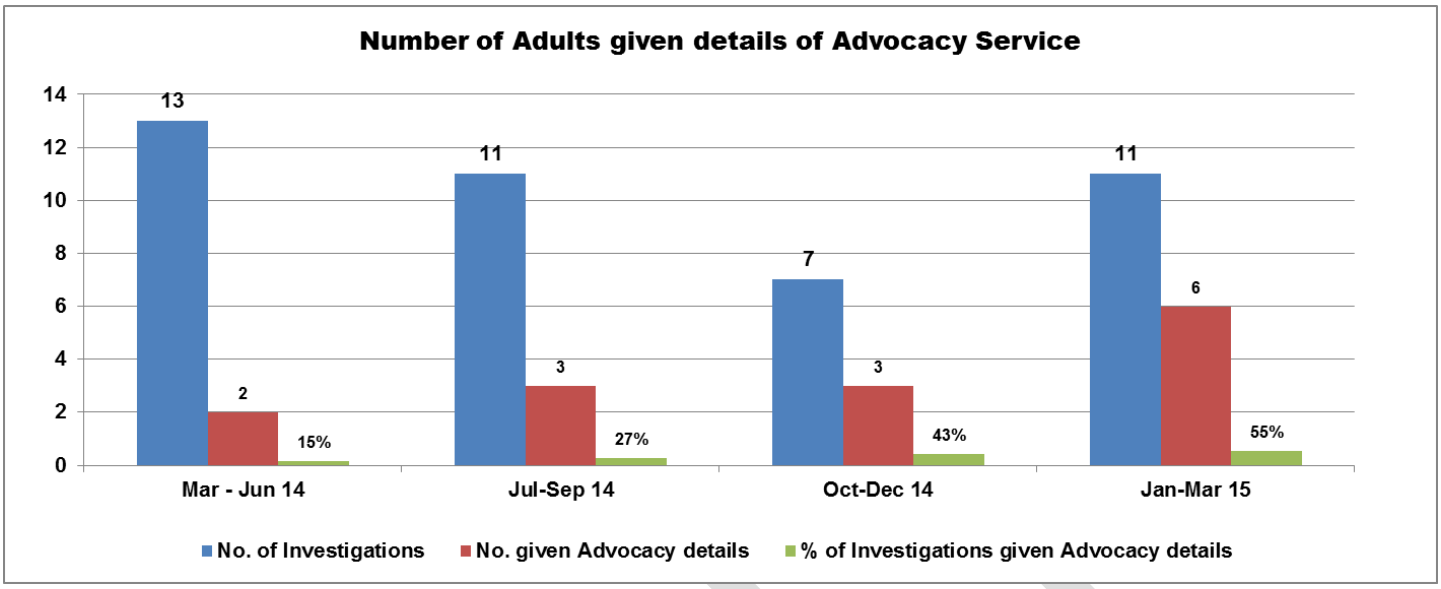
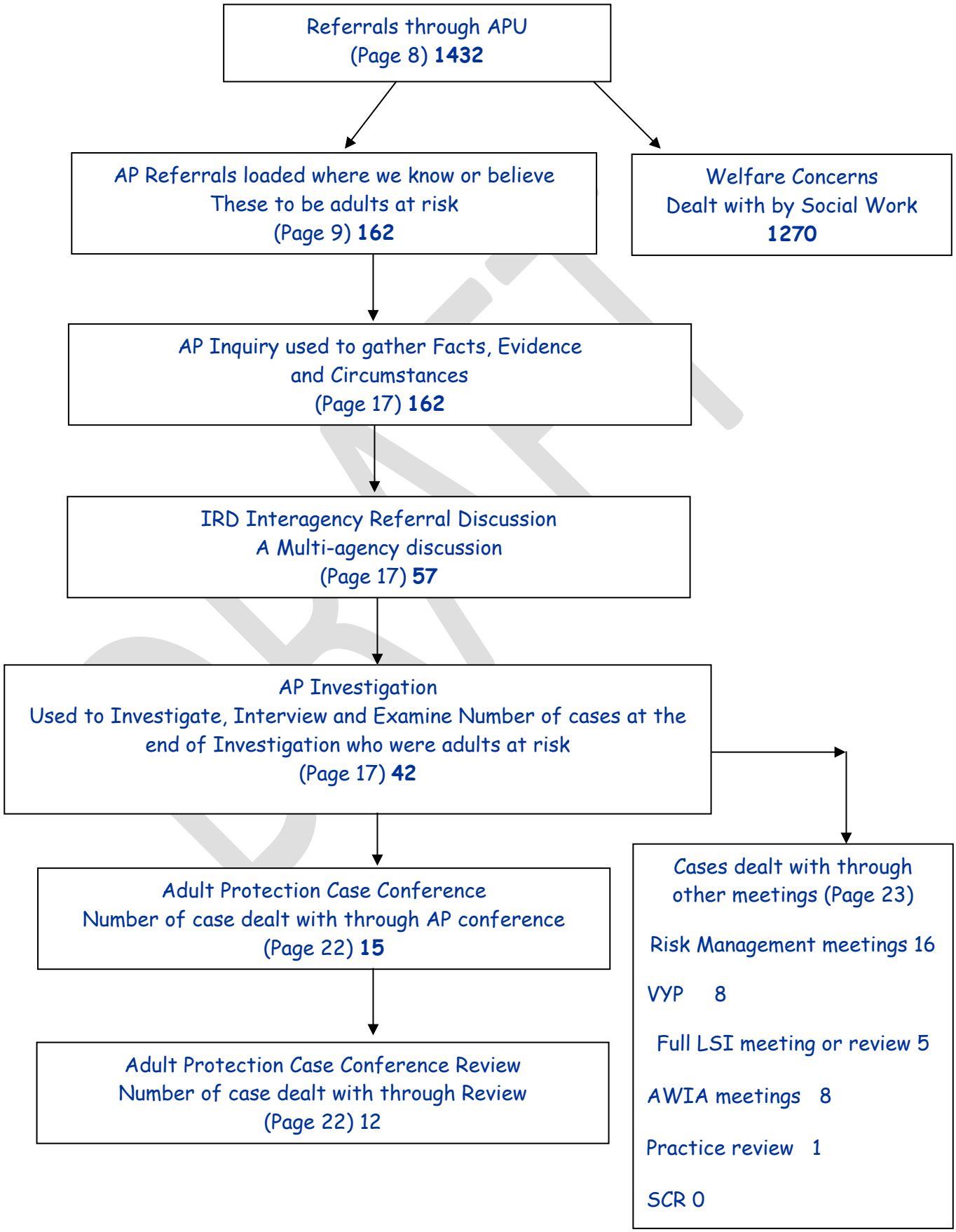


Table 25 - Borders Independent Advocacy Service (BIAS) reports to APC on a quarterly basis regarding service users involved in the AP process referred to them for support. During this period BIAS received a small number of new referrals, and continued to work with an existing client base. In the future 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

When we review the full amount of welfare and adult protection referrals to Scottish Borders we see a gradual increase. This is down to Police Scotland and the Fire Service being very proactive in highlighting welfare or protection issues in Scottish Borders. It is important to note that all these referrals are screened and dealt with appropriately and that there is independent overview of these to ensure critical cases are not missed. As we review the actual adult protection referrals this year we can see a slight decrease of around 10 % on the previous two years. The rationale for this slight decrease can be explained, through the introduction of the VYP protocol or the Risk Management meetings. These other meetings do not replace genuine adult protection cases, but do address a gap in practice for high risk cases, which do not meet all three points of the three point test. We will continue to monitor Adult Protection referrals closely through quarterly and annual reports and track emerging trends.

Financial and physical harm continue to be the most prominent types of harm reported in Scottish Borders. Following the successful work of last year by trading standards and social work I can report that financial harm in the 65 yrs to 79 yrs age range has reduced by 33 %. This is encouraging and positive progress within this age range. This data suggests that this age range is better placed, to take on the support and advice, and to protect themselves from financial harm. For adults over the age of 80 yrs power of attorney or financial guardianship are possible ways of nominating a family member or appropriate appointee to oversee arrangements. It is worthwhile mentioning that local banks and building societies are taking a more proactive role in reporting harm to customers, which further highlights that addressing harm is a collective responsibility. Raising public awareness both locally and nationally will continue to be a priority.

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

This annual reporting period has seen the introduction of the Vulnerable Young Persons Protocol (VYP), this is a creative policy, which spans children and young adults and addresses significant risk of harm for young people at 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 been steady and progressive and this process spans both child and adult services.

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

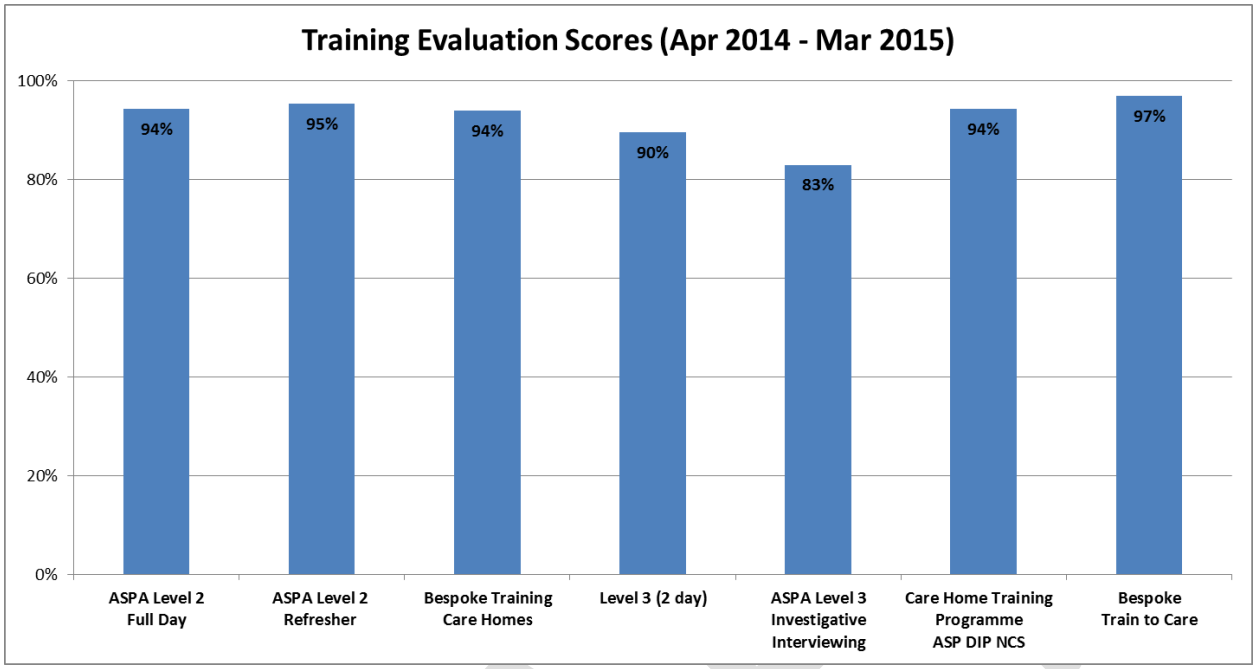
9. Learning & Development Programme (2013-2014) (Table 27)

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.

Training	SBC	NHS	Police/ Fire	Housing	Independent/Voluntary sector	Other/ Unknown
NHS e-learning induction		92				
NHS Borders e-learning module (Includes above)		1438				
Police e-learning Module			Not available			
L2 Full Day	171	116	3	45	179	5
L2 Half Day Refresher	146	3	0	28	109	1
L3 Two Day	21	10	2	4	14	
L3 - Chronology	88					
L3 - Investigative Interviewing	17	1				
Council Officers Workshop	19				1	
Bespoke AP in Care Homes					23	
Bespoke - Ark/NHS		6			20	
Bespoke A&E Briefing		32				
Bespoke - train to care/ Health Care Support worker		36				
Bespoke Care Home Training Programme ASP DIP NCS (National Priority)	81				97	
Totals	543	1734	5	77	443	6
Overall total	2808					

Footnote - Within the reporting period; NHS Borders are main users of the e-Learning module within Corporate Induction and for 18 month refreshers (1,438 completions). This will increase across the multi-agency partnership with the introduction of the e-Learning to SBC and the development of the Community Portal for the Voluntary sector. This will allow the L&D Group to re-direct resources and address necessary training identified in the annual Training Needs Analysis and bespoke training requests.

Training Evaluation Scores (Table 28)



10. Closing Statement

In February 2015 Scottish Borders undertook its follow up multiagency Self Evaluation event in Galashiels. This event built on the self-evaluation and action plan from 2013 / 2014 and multiagency partners, the third sector and Care Inspectorate came together to review progress. Improvement was noted from the first event and there was clear evidence of progress. The findings and themes from self-evaluation will be used to inform the 2015 / 2016 Interagency strategy and business plan.

Moving into 2015 /2016 we will see more focus on quality assurance and audit. We recognise that audits alone do not change practice, however measuring progress and benchmarking practice against key performance indicators, will help evidence progress from the self-evaluation event and promote a greater emphasis on client and carer involvement, quality assurance and outcomes.

Scottish Borders is a place where exciting initiatives, such as the Vulnerable Young Persons protocol, has been introduced to support children and young people up to the age of 21, who are at significant risk of harm, but who do not meet Child or Adult Protection thresholds. This is a creative and supportive process. Moving forward into 2016 we aim to bring more alignment between children and adult services, particularly for the 16 – 18 yrs age range. We hope to develop a policy for these transition cases and look towards utilising the full skills mix and resources available to lead to better service delivery and outcomes for our young people in Scottish Borders.

The Large Scale Inquiry policy will be refreshed end of 2015 and should take into account some of the challenges of working with harm, particularly in private care home settings.

2015 / 2016 will bring Social Care and Health and NHS Borders closer together through Integration, this is an exciting time and a period of transformation and change. Integration will feature in next year's annual report.

David Powell
Adult Protection Coordinator