



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

07/02/2024

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chambers (Hybrid)** on **Wednesday, 14 February 2024** at **13:00**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible following the meeting.

Voting Members

Councillor Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Chair)
Bob Benson, Tayside NHS Board
Martin Black, Tayside NHS Board
Beth Hamilton, Tayside NHS Board
Jacqui Jensen, Tayside NHS Board (Vice-Chair)

Non-Voting Members

Jacquie Pepper, Chief Officer- Health and Social Care Partnership
Donna Mitchell, Chief Financial Officer/Head of Governance and Performance, Perth and Kinross Integration Joint Board
Arun Singh, Chief Social Work Officer, Perth and Kinross Council
Dr Emma Fletcher, NHS Tayside
Suzie Flower, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside

Stakeholder Members

Sandra Auld, Service User Public Partner
Bernie Campbell, Carer Public Partner
Dave Henderson, Scottish Care
Stuart Hope, Staff Representative, Perth and Kinross Council
Lyndsay Hunter, Staff Representative, NHS Tayside
Ian McCartney, Service User Public Partner
Maureen Summers, Carer Public Partner
Sandy Watts, Third Sector Forum

Perth and Kinross Integration Joint Board

Wednesday, 14 February 2024

AGENDA

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTES**
- 3.1 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 29 NOVEMBER 2023 FOR APPROVAL** **5 - 12**
(copy herewith)
- 4 ACTION POINTS UPDATE** **13 - 14**
(copy herewith G/24/3)
- 5 MEMBERSHIP UPDATE**
Update by Clerk to Board
- 6 MATTERS ARISING**
- 7 DELIVERING ON STRATEGIC OBJECTIVES**
- 7.1 CHIEF OFFICER STRATEGIC UPDATE**
Verbal Report by Chief Officer
- 7.2 TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE** **15 - 24**
Report by Chief Officer (copy herewith G/24/7)
- 7.3 ADULT PROTECTION COMMITTEE ANNUAL REPORT 2022/23** **25 - 66**
Report by Chief Officer (copy herewith G/24/4)
- 7.4 STRATEGIC PLANNING GROUP UPDATE AND DRAFT MINUTE OF MEETING OF 28 NOVEMBER 2023** **67 - 72**
Update by Chief Officer (copy of minute herewith)

7.5	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23 Report by Chief Social Work Officer (copy herewith G/24/5)	73 - 134
8	FINANCE/AUDIT AND PERFORMANCE	
8.1	AUDIT AND PERFORMANCE COMMITTEE UPDATE Verbal update by Chair of Audit and Performance Committee	
9	FOR INFORMATION	
9.1	WORK PLAN 2024/25 (copy herewith G/24/6)	135 - 136
9.2	FUTURE MEETING DATES 2023/24 (Council Chambers - 1.00pm-4.00pm) Wednesday 20 March 2024	
9.3	FUTURE IJB DEVELOPMENT SESSIONS 2023/24 (10.00am - 1.00pm) Friday 23 February 2024 Friday 15 March 2024	

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 29 November 2023 at 1.00pm.

Present: Voting Members:

Mr B Benson, Tayside NHS Board (up to and including Item 6.7)
 Mr M Black, Tayside NHS Board
 Ms B Hamilton, Tayside NHS Board
 Ms J Jensen, Tayside NHS Board (Vice-Chair)
 Councillor C Stewart, Perth and Kinross Council (Chair)
 Councillor D Illingworth, Perth and Kinross Council
 Councillor S McCole, Perth and Kinross Council
 Councillor M Frampton, Perth and Kinross Council

Non-Voting Members

Ms J Pepper, Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council
 Ms D Mitchell, Interim Chief Financial Officer, Perth and Kinross Health and Social Care Partnership (left during Item 6.7)
 Dr E Fletcher, NHS Tayside
 Ms V Davis (substituting for Ms S Flower), NHS Tayside
 Dr S Peterson, NHS Tayside

Stakeholder Members

Ms B Campbell, Carer Public Partner
 Ms M Summers, Carer Public Partner (left during Item 6.3)
 Ms S Watts, Third Sector Forum (up to and including Item 6.4)
 Ms L Hunter, Staff Representative, NHS Tayside

In Attendance:

S Hendry, Adam Taylor, P Johnstone, A Brown and M Pasternak (all Perth and Kinross Council); K Ogilvy, Z Robertson, E Devine, H Dougall, C Jolly, A McManus, Amanda Taylor, D Huband, C Lamont and P Jerrard (all Perth and Kinross Health and Social Care Partnership); W Given and S Stoddart (both the Neuk) (up to and including Item 6.4), S Wilson, D McGill, D Shaw and L Milligan (all NHS Tayside).

Apologies:

Ms S Auld, Service User Public Partner
 Ms S Flower, NHS Tayside
 Mr D Henderson (Scottish Care Sector)
 Mr I McCartney, Service User Public Partner

The Chair led discussion on Items 1-6.4 and 6.8-8.5 with the Vice-Chair on Items 6.5, 6.6 and 6.7.

1. WELCOME AND APOLOGIES

Councillor C Stewart, Chair, welcomed all those present to the meeting and apologies were noted above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTES

3.1 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION BOARD OF 20 SEPTEMBER 2023

The minute of the meeting of the Perth and Kinross Integration Board of 20 September 2023 was submitted and approved as a correct record.

3.2 MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION BOARD OF 27 OCTOBER 2023

The minute of the special meeting of the Perth and Kinross Integration Board of 27 October 2023 was submitted and approved as a correct record, subject to the following revisions being made:

- (i) Under Item 3 - Perth and Kinross Health and Social Care Partnership Winter Plan For 2023/24 – Councillor Illingworth commented on the amount of money currently being spent on 2C Practice cover not being used in Perth and Kinross and queried whether anything could be done to remove this expense. He requested that this comment be included in the minute.
- (ii) Include L Hunter under apologies for absence.

4. ACTIONS POINT UPDATE

The Chief Officer provided a verbal update on the status of the one action point listed.

Resolved:

The action points update (G/23/152) was submitted and noted.

5. MATTERS ARISING

There were no other matters arising.

6. DELIVERING ON STRATEGIC OBJECTIVES

6.1 CHIEF OFFICER STRATEGIC UPDATE

The Chief Officer provided a verbal update covering (1) an update on the latest position with the application seeking accreditation with the World Health Organisation to join the global network for Age Friendly Cities and Communities; (2) details of the challenges currently around the continuing ability to secure capacity and flow across the health and care systems which impact on delayed discharges in Perth and Kinross; and (3) an update on Rural Community Funding.

Resolved:

The Board noted the update.

6.2 TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/23/153) providing an update from the Chief Officer as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, in relation to the 'Whole System Mental Health and Learning Disabilities Change Programme' approved in June 2023.

Resolved:

- (i) The updated position and the high-level progress updated as detailed in Report G/23/153, be noted.
- (ii) It be noted that there will be circulated a report of the joint development session for Perth and Kinross Integration Joint Board Members along with members of NHS Tayside Board, Angus and Dundee Integration Joint Boards, held on 26 October 2023.
- (iii) The schedule of detailed progress reports for 2024 be agreed.

6.3 ANNUAL UPDATE ON PERTH AND KINROSS HSCP COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY

There was submitted a report by the Chief Officer (G/23/154) providing an update on progress over the last twelve months of the Perth and Kinross' Community Mental Health and Wellbeing Strategy, specific to Adult Mental Health services.

Chris Lamont, the Senior Service Manager for Mental Health provided the Board with a [slide-based presentation](#) on the Community Mental Health and Wellbeing Strategy Annual Update and answered members questions thereon.

J Jensen referred to the high wait times being experienced for ADHD assessment by a Consultant Psychiatrist and queried whether we are seeing young people moving into adulthood without having received an assessment. In response, C Lamont confirmed that this was the case with the current waiting list sitting at around 350-400 people waiting on an ADHD assessment and there were discussions currently ongoing about the best course of action to get on top of these waiting times.

Councillor McCole referred to the continuation of the £400k for the Community Mental Health and Wellbeing Fund and queried whether there is any link-up with Perth and Kinross Council's recently established Anti-Poverty Taskforce to make sure any activities or initiatives are aligned. In response, C Lamont confirmed that he has recently been approached by the Anti-Poverty Taskforce and he plans to start regular meetings with them soon.

Resolved:

- (i) the local and pan Tayside developments that are being progressed in accordance with the community Mental Health and Wellbeing Strategy be noted and the continuation and direction be approved for 3 years.
- (ii) the numerous and complex factors influencing this work be acknowledged.

6.4 THE NEUK

The Board heard a [slide-based presentation](#) from Wendy Given, Chief Operational Officer with The Neuk, Mental Health and Suicide Prevention Centre on the extensive work that they do.

The Board also heard a presentation from Shirley Stoddard, a Service User and Ambassador for The Neuk in which she shared with the Board her own personal story and the support she has received from the staff at The Neuk.

Councillor Stewart, the Chief Officer and other Board members thanked Wendy and Shirley for sharing with the Group their very inspirational and thought-provoking presentations.

THERE WAS A SHORT RECESS AND THE MEETING RECONVENED AT 3.32PM.

6.5 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

There was submitted a report by the Chief Officer (G/23/155) presenting the Director of Public Health Annual Report 2023 which provides an overview of key health and ill-health metrics and risk factors that can be influenced to determine the likelihood and course of disease.

Dr Emma Fletcher, Director of Public Health with NHS Tayside also provided the Board with a [slide-based presentation](#) on the Public Health Annual Report for 2023 and answered questions thereon.

Councillor Illingworth referred to the figures contained within the report and suggested that obesity was the main driving force in the decline of life-expectancy and queried whether this was the case. In response, Dr Fletcher confirmed that currently the main factor in the decline was substance abuse and mental health.

Resolved:

The contents of the Director of Public Health Annual Report 2023, as attached at Appendix 1 to Report G/23/155, be noted and considered to inform future strategic planning and work.

6.6 STRATEGIC COMMISSIONING PLAN UPDATE

There was submitted a report by the Chief Officer (G/23/156) providing an update on progress of the development of the refreshed Strategic Commissioning Plan.

Zoe Robertson, Interim Head of Services / Commissioning also provided the Board with a [slide-based presentation](#) on the Joint Strategic Needs Assessment and Strategic Commissioning Plan Consultation and answered questions thereon.

Councillor McCole referred to the role that Local Authorities have and queried what engagement there had been with service areas within the Local Authority. In response, Z Robertson confirmed that the invite to attend the consultation was extended to all partners. She also confirmed that there will be certain initiatives and opportunities where there will be a lot of engagement with partners, and it is hoped the Strategic Commissioning Plan will identify key areas where joint working will be essential. J Pepper also confirmed that the new Strategic Leads within the Local Authority will also be heavily involved.

M Black referred to Item 3.5 – Key Themes, specifically around the 20% of people that said transport was a challenge for them and queried whether this was 20% of people in areas of deprivation or rural areas. In response, Z Robertson confirmed this was a percentage of the people who responded to the survey rather than a percentage of the entire population.

Resolved:

- (i) The progress to date and update provided in Report G/23/156 be noted.
- (ii) It be noted that the first draft of the Strategic Commissioning Plan will be presented to the Board on 14 February 2024.

6.7 TAYSIDE PRIMARY CARE STRATEGY 2024-2029 PROGRESS UPDATE

There was submitted a report by the Chief Officer (G/23/157) providing an update on the progress made to develop the Tayside Primary Care Strategy.

D Shaw (Medical Director for Primary Care) and S Wilson (Integration Services Manager) from NHS Tayside introduced the report.

In the absence of I McCartney, Service User Public Partner, Z Robertson provided detailed feedback on the Strategy from the Carer Representatives on the Strategic Planning Group which had recently met.

S Peterson referred to stakeholders and queried whether front-line staff have been included and how collaboration with them has been carried out. In response, S Wilson confirmed that there has been some initial feedback from front-line staff through a stakeholder meeting but confirmed that there was a lot more engagement work required which will be done with the support of the NHS Tayside Communication Team.

Councillors McCole and Stewart both expressed some concerns at the lack of timelines contained within the report. Councillor Stewart also commented that he would like to see some performance measures included in the report along with details recognising the geographical differences between Dundee City and Perth and Kinross. In response, S Wilson confirmed that reference to the different populations, demographics and ruralities of all the different areas in Tayside would be included in the final strategy. She also confirmed that detailed timelines are in the process of being developed and the report will include these.

Resolved:

- (i) the progress made to date to prepare the Tayside Primary Care Strategy, as outlined in Report G/23/157, be noted.
- (ii) It be agreed that the final version of the Tayside Primary Care Strategy be brought to the Board on 14 February 2024 for approval.

6.8 NOTICE BY VICTORIA PRACTICE, GLOVER STREET MEDICAL CENTRE, PERTH TO CEASE THEIR METHVEN BRANCH SURGERY CONTACT

There was submitted a report by the Chief Officer (G/23/157) (1) informing of the intention of Victoria Practice at Glover Street Medical Centre in Perth to cease their Methven Branch Surgery contract from 1 January 2024; and (2) setting out the findings of the consultation and engagement exercise along with proposals by the Perth and Kinross Health and Social Care Partnership to mitigate the impact of the proposed changes.

J Pepper, Chief Officer, D Shaw (Medical Director for Primary Care) and D McGill (Primary Care Services Manager) at NHS Tayside all introduced the report.

Councillor Stewart referred to the reduction of the fee paid to the surgery as they were no longer providing a branch service and queried how much resource would be freed up and whether this could be used to support a Community Transport Initiative.

Councillor Frampton expressed her disappointment for the patients of Methven and the surrounding area who attended the Branch Surgery. She also referred to a community led transport initiative but stated that currently there seemed to be very little local interest for individuals in Methven to take on this responsibility but hoped a solution could be found.

Resolved

- (i) It be acknowledged that Victoria Practice at Glover Street Medical Centre has given notice to close their branch surgery premises in Methven and to provide all General Medical Services (GMS) for their registered patients from Perth.
- (ii) The work carried out by NHS Tayside Primary Care Services to consider possible options to support continuation of General Medical Services (GMS) in the Branch surgery and the outcome that this application cannot be declined, be noted.
- (iii) The outcomes of the consultation carried out by the Victoria Practice, Glover Street Medical Centre which was supported by the Perth and Kinross HSCP and the outcomes of the Equality & Fairness Impact Assessment, be noted.

- (iv) The mitigations proposed by Perth and Kinross HSCP to support/fund a community transport solution to assist patients to travel from Methven to Perth for GP appointments be approved.

Following a proposal by Councillor Stewart, the Board agreed to an additional resolution as follows:

- (v) A follow-up lessons learned meeting on the process followed in this and previous branch closures to be arranged.

7. GOVERNANCE

7.1 APPOINTMENT OF CHIEF FINANCE OFFICER FOR PERTH & KINROSS INTEGRATION JOINT BOARD

There was submitted a report by the Chief Officer (G/23/159) proposing the recruitment of a permanent Chief Finance Officer role and seeking agreement from the Board to proceed to secure this within a new role of Chief Finance Officer/Head of Governance and Performance.

Resolved:

The commencement of the recruitment and appointment process for the Chief Finance Officer/Head of Governance and Performance post, as set out in the report, be approved.

8. FOR INFORMATION

8.1 AUDITED ACCOUNTS 2022/23

Resolved:

The contents of Report G/23/160, be noted.

8.2 NHS TAYSIDE WINTER RESILIENCE PLAN 2023/24

Resolved:

The contents of Report G/23/161, be noted.

8.3 WORKPLAN 2023/24

Resolved:

- (i) The contents of Report G/23/162, be noted.
- (ii) It was agreed that due to the number of items planned for the February meeting, some of these be moved to be presented at the March meeting.

8.4 FUTURE IJB MEETING DATES 2023/24

Wednesday 14 February 2024 at 1.00pm
Wednesday 20 March 2024 at 1.00pm

8.5 FUTURE IJB DEVELOPMENT SESSIONS 2023/24

Friday 15 December 2023 at 10.00am

Friday 26 January 2024 at 10.00am

Friday 23 February 2024 at 10.00am

Friday 15 March 2024 at 10.00am

DRAFT



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
14 February 2024
(Report No. G/24/3)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
142	20 Jun 2023	6.4	Primary Care Strategic Delivery Plan	IJB Development Session on Primary Care Strategies to be considered.	Chief Officer	29 Nov 2023	Complete. This is arranged for 15 March 2024.
143	20 Sep 2023	7.3	Progress Against Older People's Strategic Delivery Plan	IJB visit to Frailty Unit, PRI to be arranged.	Chief Officer	29 Nov 2023	Complete. This visit has been arranged for 24 April 2024.
144	20 Sep 2023	10.1	Annual Performance Report	IJB Member visit to Public Dental Services to be arranged.	Chief Officer	29 Nov 2023	Complete. This visit has been arranged for 13 March 2024.
146	29 Nov 2023	TBC	Notice By Victoria Practice, Glover Street Medical Centre, Perth to Cease Their Methven Branch Surgery Contract	Additional recommendation to be added to paper for a session to be held on lessons learnt regarding protecting the sustainability of Primary Care Services moving forward.	Chief Officer	29 Mar 2023	Complete. This will be noted in minute of meeting.



PERTH & KINROSS INTEGRATION JOINT BOARD

14 FEBRUARY 2024

TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE

Report by Chief Officer

PURPOSE OF REPORT

This report provides the IJB with an update from the Chief Officer, as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, in relation to the *Whole System Mental Health and Learning Disabilities Change Programme* approved in June 2023. This report updates the IJB on work taken forward since the last report on 29 November 2023. The next update report will be provided to the IJB at its meeting on 5 June 2024.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board (IJB):

- Notes the updated position and the high-level progress update;
- Notes the significant improvement in addressing delayed discharges in in-patient general adult psychiatry for Perth & Kinross patients; and
- Approves the release of reserves to support the overall financial position for In Patient Mental Health Services in Tayside.

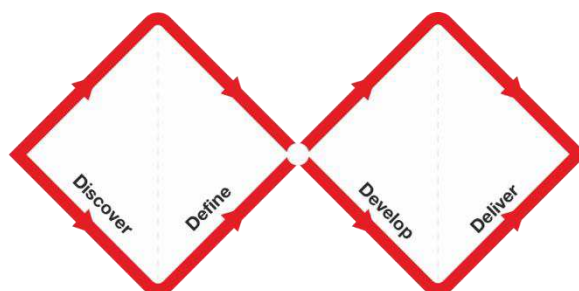
2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The *Whole System Mental Health and Learning Disabilities Change Programme* was approved by the three Tayside Integration Joint Boards and NHS Tayside Board at the end of June 2023. This report provides an update to the IJB since 20 September on recent activity.
- 2.2 The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy.
- 2.3 The Executive Leadership Group and the Programme Board have continued to provide collaborative leadership for the whole system change programme.

Since the last update to the IJB, the Executive Leadership group met on 6 December 2023 and 24 January 2023 and the Programme Board met on 15 November 2023 and 17 January 2024.

- 2.4 The Programme Board received progress reports across the whole programme along with exceptions to the delivery of milestones. The risks to the delivery of the programme were considered and reviewed and will be included in all future meetings. A detailed presentation and discussion on the draft Model of Care for mental health was the substantive item for the agenda. From this it was agreed that there would be a Steering Group established to lead the work going forward across the whole system and that a detailed engagement plan would be developed to ensure that the draft model is shaped by as wide a range of stakeholders as possible. The steering group will ensure stakeholder representation and ensure a co-production approach is taken forward to finalising the model of care. Engagement with each of the three Integration Joint Board's Strategic Planning Groups.
- 2.5 In summary, the early draft model of care was developed by Dr Peter Le Fevre, Operational Medical Director for General Adult Psychiatry and Learning Disability and presented to the Programme Board and key workstreams in November 2023. The paper was issued for comment and feedback to all members of the Programme Board, Executive Leadership Group, all contributors to the Crisis & Urgent Care, Inpatient Redesign and Community Mental Health workstreams with early feedback received in December 2023. The feedback was analysed, and a summary of key themes shared with the Programme Board in January 2024.
- 2.6 As a result of this work it was agreed that there was a requirement to re-prioritise and condense the current workstreams for Crisis & urgent Care, Specialist Community Mental Health, Personality Disorder and Adult Neurodevelopmental Disorders.
- 2.7 The timeframe for finalising the model of care was agreed using the Double Diamond approach with Phase 1 – Discover and Define completing by May 2024, and, Phase 2 – Develop and Deliver by September 2024. Phase 2 will result in an agreed model of care, including service specification and clarity around the contribution of community mental health and wellbeing strategies in each of the three HSCPs and third sector provision. The V&A has agreed to support this second phase with a series of design accelerator events.

Double Diamond design model



- 2.8 The key themes and concerns which were raised within the feedback regarding the Model of Care paper relate to ensuring the level of engagement and co-production required. The Programme Board agreed to take forward the 'Care and Share Together' proposal developed at the V&A session to implement an approach which ensure sustainable and meaningful engagement. In addition, Healthcare Improvement Scotland's Community Engagement team have agreed to assist with this work and to help us build a best practice model for engagement.

3. PROPOSALS

- 3.1 The Mental Health and Learning Disability Whole System Change Programme Board will receive detailed progress reports across the whole programme at its next meeting on 13 March 2024. Highlight reports were considered by the Executive Leadership Group on 24 January 2024 noting the following in relation to improvement and redesign:

Tayside Mental Health and Learning Disability Whole System Change Programme November 2023		
Priority	Description	Update
Priority 1 Adult Inpatient Redesign	Redesign Links to priorities 3,11,12	Phase 1 reported to Programme Board with recommendations to focus on whole system model. Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. Early draft <i>model of care</i> shared with the Programme Board on 15 November 2023. Initial whole system feedback received and a plan for development through co-production agreed – completion September 2024. Priorities 1, 11 & 12 are to be consolidated. Phase 2 commenced. Workshop planned to consider the future demand analysis for Perth & Kinross to underpin a financial framework & commissioning model – completion April 2024. Mostly on track with one milestone date revision
Priority 2 Strathmartine Physical Environment	Improvement	Analysis of current environment completed & programme of environmental improvements commenced. Re-evaluation involving

		views of residents/patients underway. No further update.
Priority 3 Addressing Significant Delayed discharges	Improvement Links to 1,11 &12	Mental health delays are monitored weekly within HSCPs and improving steadily NHS Tayside Executive Leadership Team. Each HSCP has completed the Dynamic Support Register relating to the aims of the Coming Home Report. Significant improvement in delays within GAP and 60% reduction April 2023-Dec 2024 across Tayside. For Perth & Kinross this was an 80% reduction in the same period. As at end of January 2024 there was 0 P&K delayed discharges within GAP. Milestone 4 on track but may require revision of some later milestones.
Priority 9 Integrated Substance Use and Mental Health	Redesign	On track – CORRA funding has been continued. In P&K the IDART will be relocated to a purpose build centre in Murray Royal Hospital providing a much improved environment for drug & alcohol services and a mental health nurse has been deployed into the team.
Priority 10 Whole System Redesign of Learning Disabilities Services	Redesign	This will be the focus of the second of four design thinking workshops facilitated by the V&A. Dates in first quarter of the year being arranged. Membership of the workstream being revisited. Requires revision of milestones.
Priority 11 Crisis and Urgent Care	Redesign Links to Priorities 1,3, & 12	Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. An early draft of a single model of care will be shared with the Programme Board on 15 November 2023. See Priority 1.

		Some completed milestones. Several milestone date revisions requested.
Priority 12 Specialist Community Mental Health Services	Redesign Links to priorities 1,3, & 11	Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. An early draft of a single model of care will be shared with the Programme Board on 15 November 2023. See Priority 1. Milestone date revision requested.

- 3.2 The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance has been commenced. The three Chief Officers for the IJBs and Director of Finance for NHS Tayside have agreed to work collaboratively on a financial framework which will deliver on the new model of care across the continuum of need. The timeline for bringing forward a recovery plan for inpatient mental health services to address ongoing financial pressures into 2024/25 will be agreed by 16 February 2024.
- 3.3 In-Patient Mental Health, Learning Disability Services are delegated to the three Tayside IJBs, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the three Tayside Integration Joint Boards as per the revised Integration Scheme approved in June 2022. Currently, there is no budget delegated to the IJBs for 2023/24 and the service is projecting an overspend of around £5.6m across Tayside. However, given the IJB's have strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the governance position whereby there is a separation between strategic planning and operational delivery of the service, discussions have been ongoing to agree financial risk sharing arrangements amongst the three IJBs and NHS Tayside for the current financial year. Agreement has been reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities and NHS Tayside and NHS Tayside's Director of Finance for a funding solution for 2023/24. This requires a financial contribution being sought from the three IJB's and NHS Tayside. This would require the permission of the IJB to release funding held in earmarked reserves of £0.650m, originally provided by NHS Tayside, to contribute to the overall service shortfall.
- 3.4 This funding will support the financial stabilisation of the service in 2023/24 as work progresses to develop a deliverable financial recovery plan and future financial framework over 2024/25 and beyond, reflecting a shift in the balance of care from inpatient services to community based provision. A potential

additional funding commitment up to £0.125m may also be required should In Patient Mental Health Services be unable to reduce spend over the remainder of the financial year. This will be reflected in the year end financial position.

4. CONCLUSION

This report provides the Integration Joint Board with a brief update on the work associated with the Mental Health and Learning Disability Whole System Change Programme.

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer, Perth and Kinross Health and Social Care Partnership	jpepper@pkc.gov.uk

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	None
Transformation Programme	None
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	None
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	None
Directions	None
Communication	
Communications Plan	Yes

1. Strategic Implications

- 1.1 Strategic Commissioning Plan
- 1.2 n/a
- 1.3 Transformation
- 1.4 n/a

2. Resource Implications

2.1 Financial

The Mental Health and Learning Disability Whole System Change Programme requires a financial framework to be developed to support the delivery of a new model of care.

Presently there is a persistent overspend in inpatient mental health services and as at end December 2023, this is forecasted to be £5.6m by end of March 2024. An agreement has been reached by the three Chief Finance Officers for the Tayside IJBs and Director of Finance for NHS Tayside to contribute to this and the IJB is asked to approve the allocation of up to £775k of reserves to contribute towards this overspend.

2.2 Workforce

The Mental Health and Learning Disability Whole System Change Programme includes provision for staff engagement throughout the workstreams and there are arrangements in place to ensure robust staff-side representation and to meet the NHS Staff Governance Standards.

3. **Assessments**

3.1 Equality Impact Assessment

Assessed as **relevant** for the purposes of EqIA at this stage. The EqIA for the commencement of the programme is reproduced at Appendix 2 and will be further supplemented by individual assessments for each of the workstreams.

The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a different way to those without. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service.

3.2 Risk

The strategic risks associated with the delivery of the Mental Health and Learning Disability Whole System Change Programme have been identified and managed within the programme and reported to the Executive Leadership Group and Programme Board. These risks will also feature in the strategic risk registers for the three IJBs and NHS Tayside.

3.3 Other assessments

4. **Consultation – Patient/Service User first priority**

4.1 External

A wide range of stakeholders are involved within the programme and consulted in its development.

4.2 Internal

The Executive Leadership Group has been consulted in the preparation of this report.

4.3 Impact of Recommendation

N/A

5. Legal and Governance

5.1 N/A

6. Directions

N/A at this stage.

7. Communication

7.1 NHS Tayside Communications team are supporting a communications plan associated with the programme.

2. BACKGROUND PAPERS/REFERENCES

3. APPENDICES

None



PERTH & KINROSS INTEGRATION JOINT BOARD

14 FEBRUARY 2023

ADULT PROTECTION COMMITTEE ANNUAL REPORT 2022/23

**Report by Chief Officer
(Report No. G/24/4)**

PURPOSE OF REPORT

This annual report for 2022/23 provides an overview of the key activities and work of the Adult Protection Committee (APC) and its partners to safeguard the welfare and the interests of adults who are at risk from harm.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- Notes the wide range of work being carried out by Perth and Kinross APC and partner agencies throughout this reporting year to safeguard adults considered to be at risk of harm.
- Endorses the contents of this APC Annual Report 2022/23

2. SITUATION/BACKGROUND/MAIN ISSUES

Perth and Kinross Adult Protection Committee (APC), in compliance with Scottish Government guidance, publishes biennial reports. The APC Biennial Report covering the period 2020-2022 was shared with Elected Members, the Integrated Joint Board (IJB) and the Protecting People Chief Officers Group (COG) in 2022/2023. It was also shared with different strategic Health and Social Care Partnership (HSCP) and health governance groups.

- 2.1 As part of the APCs ongoing commitment to a cycle of quality assurance and improvement, annual reports rather than biennial reports are prepared. Therefore, this APC Annual Report for the year April 2022 through to March 2023 provides an overview of the key activities and work of the APC and its partners to safeguard adults considered to be at risk of harm.
- 2.2 This report describes the APC's achievements within this reporting year. It highlights key strengths and areas for improvement. It confirms that the APC continues to place a strong emphasis on self-evaluation, audit and improvement and has prepared a programme of evidence-based improvement work for 2023/2024 and beyond.

PERFORMANCE

- 2.3 Page 7 of the report provides a summary infographic of adult protection activity throughout 2022/2023. It identifies the key changes in the volume and activity of key multi-agency adult protection processes.
- 2.4 The data shows an incremental growth in the number of adult protection (AP) concerns. 3081 adult protection concerns were received in 2022/23. This represents a further 30% increase in this reporting year in comparison to 2021/22. This increase would appear to be consistent with the national picture. The APC takes the view that an increase in reporting of AP concerns is positive and reflects an increase in our public campaigns raising awareness of how to recognise and report harm.
- 2.5 Adult protection referrals were received from a wide range of sources. The main three sources of referrals come from Police, Health, and social work & social care. Our data shows that Scottish Fire & Rescue, Scottish Ambulance Services, care homes, care at home providers and the general public have also referred. This indicates a growing awareness of adult protection, and a confidence in the reporting of concerns.
- 2.6 The profile of people referred to adult support and protection processes shows that the older adult is most likely to give cause for concern. As with previous years, vulnerability factors include infirmity due to old age, mental health, physical disability, and learning disability.
- 2.7 There has also been an increase in adult support and protection activity for younger adults, and in particular younger adults affected by learning disability, mental ill-health, and substance use. This is an encouraging sign that partners have an increased awareness of vulnerability and risk. Younger adults are more likely to be the subject of repeat referrals, typically featuring diagnoses of personality disorder, alcohol/substance misuse, and self-harming behaviour.
- 2.8 Harm is most likely to occur within a home setting, either a person's own home or within a care home. Incidents of harm in care home settings are often found to relate to harm between care home residents, at the low end of severity.
- 2.9 The most prevalent types of harm remain relatively consistent, with physical harm, financial harm, neglect, self-harm, and psychological harm the most reported. It should be noted that many investigations involve multiple types of harm.
- 2.10 Page 15 of the APC Annual Report refers to our use of Large-Scale Investigations (LSI) to mitigate harm in a regulated service (care home, care at home, hospital setting). A thematic review of LSIs in this reporting year has led to a more integrated, multiagency and coordinated approach to how key partners support this work.

KEY THEMES AND ASSURANCES

Adult Support & Protection Joint Inspection 2022

- 2.11 The Care Inspectorate, Her Majesty's Inspectorate of Constabulary, and Healthcare Improvement Scotland carried out an inspection of our multi-agency adult support and protection services during June and July 2022. This is part of the Scottish Government's improvement programme for adult support and protection. The [final report of the joint inspection in Perth and Kinross](#) was published on Tuesday 23 August 2022.
- 2.12 Page 17 of the APC Annual Report 2022/23 refers to the findings from the joint inspection. In summary, the inspection findings are positive and recognise the hard work and determination of staff across the partnership to safeguard adults at risk of harm. The inspection report shows that we have strong multi-agency adult protection arrangements in Perth and Kinross, keeping adults who are at risk of harm safe and protected. The inspection report concluded that:
"The partnership demonstrated it was committed to achieving excellence in matters pertaining to adult support and protection practice and improvement."
- 2.13 Page 19 refers to how we continue to strengthen our support to the care home sector and where the interface between the APC, the Care Home Operational Group and the strategic leadership from the Health and Social care Partnership (HSCP) exists.
- 2.14 The APC Annual Report highlights the importance of data to inform service redesign. Page 20 refers to how the principles of early intervention and prevention has led to the implementation of a mental health triage pathway. This also embraces the principles of getting the right support from the right people at the right time (GIRFE/Getting it Right for Everyone)¹. GIRFE is about providing a more personalised way to access help and support when it is needed.

CONTINUOUS IMPROVMENT

- 2.15 The APC and HSCP are fully committed to self-evaluation, audit, quality assurance and review as a means to delivering confident and competent support to those adults considered to be at risk. The findings from this work informs the Perth & Kinross APC Improvement plan for 2023/24 and beyond. Page 24 of the APC annual report refers to our commitment to qualitative and quantitative audits to inform our improvement work. In this reporting year, the APC has conducted the following audits:
- I. Multi-agency audit 2022.
 - II. Multi-agency IRD audit 2022
 - III. Thematic review of LSIs 2023
 - IV. Review of AP -Telephone inquiries (2022)

¹ <https://www.gov.scot/publications/getting-it-right-for-everyone-girfe/#:~:text=GIRFE%20is%20about%20providing%20a,at%20any%20stage%20of%20life.>

- V. NHS Tayside AP Annual Report 2022/23
- VI. NHS Tayside Quality Assurance Framework
- VII. Significant multi-agency self-evaluation and position statements supporting ASP Inspection 2022

2.16 On 17 November 2023, the APC approved the APC Improvement Plan for 2024 and beyond, giving a particular focus on:

- Strengthening a public partnership approach to safeguarding including violence against women, financial harm, those who experience addiction, mental ill-health, and suicide prevention;
- In 2024, we will continue to take a leading role in reshaping how we support those who experience self-neglect and hoarding;
- We will continue to give priority focus on young people and adults in transition between services and securing improvements in the multi-agency, coordinated response;
- We look to improve independent support through advocacy and the direct involvement of adults in need of protection in key ASP processes including case conferences.
- We will develop a robust multi-agency data set to inform planning, manage workload efficiently, target resources on key issues, to inform improvements to practice, and to demonstrate outcomes;
- We will improve how we capture learning from adverse events and learning reviews with partner agencies across Tayside;
- Improve our use of chronologies to identify patterns of behaviour and escalating risks;
- Continue to improve our integrated and coordinated approach to supporting a Large Scale Investigation.

3. PROPOSALS

None

4. FINANCIAL IMPLICATIONS

None

5. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Perth & Kinross Council, NHS Tayside or Both	Direction to:
No Direction Required	X
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

6. CONCLUSION

The Perth and Kinross APC Annual Report provides a comprehensive overview and analysis of Adult Support & Protection activity in the reporting year 2022/23. It provides assurance that the protection and welfare of vulnerable and at-risk adults remains a strategic and operational priority.

The report clearly shows the pressures arising from increasing and changing demand. It also demonstrates that this has been managed effectively by prioritising resources and ensuring that there are sufficient skilled social workers to respond timeously and effectively. This will continue to be monitored closely.

As we move towards the end of the 2023/24 reporting year, our cycle of audit work demonstrates that we continue to make key improvements and that our multi-agency arrangements continue to be effective in safeguarding adults considered to be at risk of harm.

Author(s)

Name	Designation	Contact Details
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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	n/a
Workforce	n/a
Assessments	
Equality Impact Assessment	n/a
Risk	n/a
Other assessments (enter here from para 3.3)	n/a
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	Yes
Directions	No
Communication	No
Communications Plan	

1. Strategic Implications

1.1 Strategic Commissioning Plan

This section should set out how the proposals relate to the delivery of the Perth and Kinross Strategic Commissioning Plan

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living
- 5 best use of facilities, people and resources

This report relates to numbers 1, 2, 3 & 4 of the strategic commissioning plan

2. Resource Implications

2.1 Financial

There are no known financial resource implications at this time

2.2 Workforce

There are no known workforce implications at this time.

3. Assessments

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA

3.2 Risk

There are no associated risks at this time.

3.3 Other assessments

None known.

4. Consultation – Patient/Service User first priority

4.1 External & Internal

The APC and its external and internal partners have been consulted and approved this annual report.

4.3 Impact of Recommendation

No adverse impact considered.

5. Legal and Governance

5.1 *There are no known legal implications.*

5.2 *Approval is sought from the APC before seeking endorsement from the Chief Officers Group, the IJB and from Elected Members.*

6. Directions

There are no known directions upon which this report highlights that the IJB needs to consider.

7. Communication

7.1 *There are no communication issues at this time.*

2. BACKGROUND PAPERS/REFERENCES

No background papers

3. APPENDICES

Appendix 1: The APC Annual Report 2022-23



APC Annual Report

2022 - 2023



POLICE
SCOTLAND

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1. Introduction

1.1 Foreword by the Chair of the Adult Protection Committee

I am pleased to present the Annual Report of the Adult Support and Protection Committee (ASPC) in Perth & Kinross for the financial year 2022/23. The ASPC has a statutory responsibility to provide a biannual report for Scottish Ministers but for many years the ASPC in Perth & Kinross has produced an annual report for the years which are not covered by a biannual Report. This provides scrutiny and governance of the work undertaken in Perth & Kinross to support vulnerable adults and their families and also covers plans for improvements for the coming year

The trend in the last few years has continued to be one of rising cause for concern reports for vulnerable adults and an increase in the number of referrals for consideration by statutory agencies. Whilst the majority of concerns involve those over 65 years there has been a continued rise also in those facing mental health issues. Despite the rise in concerns being submitted, over 90% of these have been appropriately considered by Social Work Teams within the agreed timescales. The ASPC considers the rise in referrals a reflection of the work done to heighten awareness of vulnerable adults amongst professionals and the public and this is evident in health services where an investment by NHS Tayside in specialist adult protection staff and training for all staff has seen an increase referrals coming from that agency.

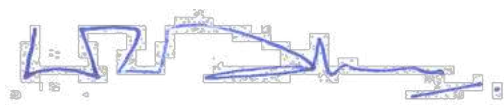
The ASPC has built up over the last few years a variety of self-evaluation and improvement activity including audit, data analysis and learning from cases, using Learning Reviews. However of particular importance this year has been the formal inspection of Adult Support and Protection arrangements in Perth & Kinross by the Care Inspectorate (CI); HMIC and Health Improvement Scotland (HIS) which was published in August 2022'. This inspection evaluated key processes to support and protect adults as effective and strategic leadership for adult support and protection as very effective and a very recent care inspectorate summary report of all 25 inspections placed Perth & Kinross within the top group nationally for strategic leadership and close to the top for key processes. This provides external assurance not only that arrangements in Perth & Kinross are of a high quality but also that there is a commitment to continue to develop this further through the Improvement Plan

Supporting vulnerable adults in Perth & Kinross is not the sole responsibility of the ASPC and this year there has been a strong focus on strengthening public protection arrangements across Perth & Kinross under the leadership of the Chief Officer Group via the Public Protection Coordinating Group. There are clearly significant advantages in improving cooperation and collaboration across issues of common interest including transitions; training and development; violence against women and girls; and substance misuse. Partnership working by the ASPC is not only evident in public protection but also in the work undertaken to strengthen pan Tayside work in adult support and protection and in the active participation and leadership in the national Adult Protection Improvement Programme.

Whilst the improvement work of the ASPC has been effective in driving up standards over the years the ASPC is however mindful in this complex area of work ultimately it is the quality of the practitioners that ensure vulnerable adults, and their families get the help they need when they need it and for that reason training and development; support and engagement of practitioners particularly by the lead officer has been a major priority and will continue to be so over the next year.

For a number of years now, this report has highlighted the importance of involving vulnerable adults and their families in the services and progress has been made in the advocacy support available to vulnerable adults in adult support and protection processes but despite efforts work needs to continue to ensure meaningful engagement and genuine involvement of families in service development as well as service delivery

In conclusion there has been progress in a number of areas of adult support and protection work over the last year in Perth & Kinross, but much work remains to be done in this area as workloads continue to rise and the complexity of cases that staff are involved become more challenging but hopefully through the work identified in the improvement plan I will be able , on behalf of the ASPC, to report on further progress next year.



Bill Atkinson, Independent Chair of the Perth & Kinross Adult Protection Committee

1.2 Introduction to the APC Annual Report 2022/23

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

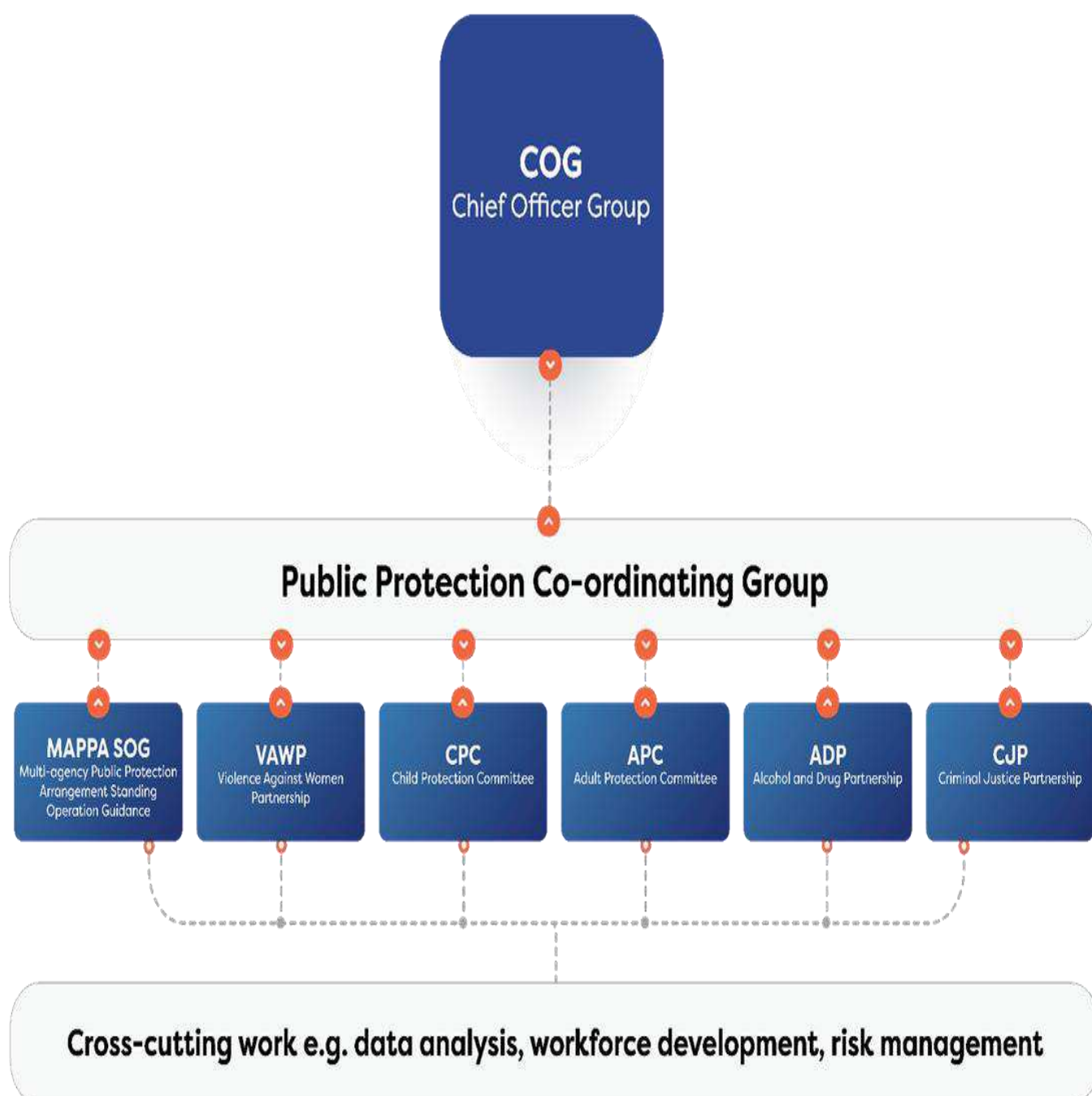
Section 46 of the Act requires the Convenors of Adult Protection Committees (APC) to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years. An APC Biennial Report covering the reporting period 2020 – 2022 was shared with the Scottish Government in September 2022 and later published on the PKC Adult Support & Protection website at the same time. This biennial report and previous APC annual reports are available at: [Adult Support and Protection Committee - Perth & Kinross Council \(pkc.gov.uk\)](https://pkc.gov.uk)

The APC has a strong commitment to self-evaluation, quality assurance and improvement work across the partnership in Perth & Kinross at all levels. The APC, elected members and members of the Integrated Joint Board all receive regular reports on performance and the impact of multi-agency partnership working with vulnerable adults who need support and protection. As part of this assurance, the APC produces an annual performance report rather than biennial reporting. Therefore, this Perth & Kinross APC Annual Report (2022/23) summarises the work of the APC within this reporting year. It reflects upon a continued cycle of self-evaluation and audit, highlighting strengths and identifies areas for improvement. This report also reflects the findings from our ASP joint inspection in June and July 2022.

The format of this report uses the Scottish Government's template for APC Biennial reporting over 6 key areas:

1. Statutory Requirements
2. Analysis of Harm
3. Activity and Service Improvements
4. Training, Learning and Development
5. Engagement, Involvement and Communication
6. Looking Forward

1.3 How we see ourselves structured



1.4 ASP Summary 2022-23 ¹

What we found

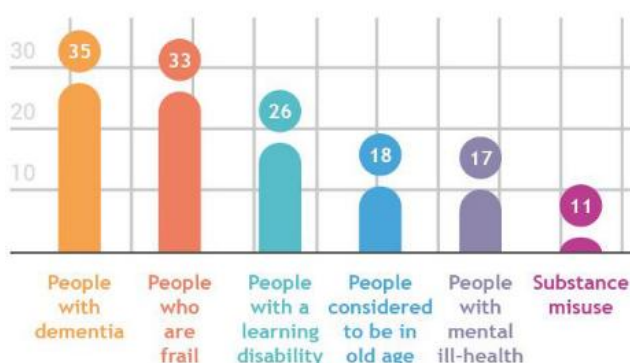
In this reporting year, we received **3,081** ASP referrals. This is an increase of **30%**.



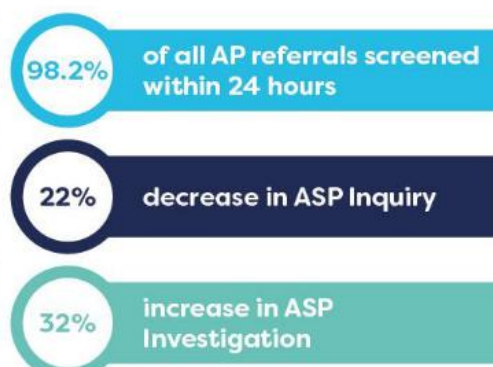
ASP Investigations



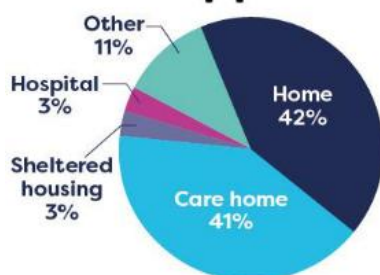
Who is receiving support?



What was the impact on adults at risk?



Where does harm happen?



What age group is most at risk?

Those over the age of 81 are more likely to be considered at risk, followed by those within the 65-80 age group than those aged 16-24.



What we did in 2022/23



Other information



What are our priorities?

Increased engagement with adults, families and carers in ASP work.

Better connections with other protection services.

Improving practice and service improvement by better use of outcome-focussed data.

¹ A textual version of this summary is provided in Appendix A for those who require assistive technology

2. Local and National context to Adult Support & Protection

2.1 Perth & Kinross

Perth & Kinross covers an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. As of 2022, it had a population of 153,810^[1]; which has grown 14.3% since 1998, compared to 7.9% for the whole of Scotland. It is the 8th fastest growing population in Scotland. The number of people resident in Perth & Kinross who are over 65 years old accounts for 24.1% of the population, compared to 19.6% for the whole of Scotland. The age group 75 and over has increased by 55.8% since 1998, whilst its younger age cohort (25-44 years) decreased by 6.3%.

The population of Perth & Kinross is made up of 75,701 males and 78,109 females¹.

- There are 24,218 (15.7% of population) children (aged 15 and under)
- There are 92,594 (60.2%) people of working age (aged 16-64)
- There are 36,998 (24.1%) older people (aged 65 and over)

The geographical distribution of the population across urban, rural, and remote areas poses challenges for the planning and delivery of services.

In Perth & Kinross, there are seven Local Action Partnerships:

- Eastern Perthshire Action Partnership (Council Wards 1, 2 and 3)
- Highland Action Partnership (Council Ward 4)
- Strathtay Action Partnership (Council Ward 5)
- Strathearn and Strathallan Action Partnership (Council Wards 6 and 7)
- Kinross-shire Action Partnership (Council Ward 8)
- Almond and Earn Action Partnership (Council Ward 9)
- Perth City Action Partnership (Council Wards 10, 11 and 12)

These localities each have a local action partnership made up of elected members, communities, and public services.

Through the local action partnerships, the community planning partnership identifies their particular needs and challenges. Perth & Kinross council has 40 councillors in 12 electoral wards.

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 417,650 based on mid-year 2021 population estimates published by National Records of Scotland.

2.2 ASP Vision & Purpose

It is our vision that people have the right to live as independently as possible in a safe environment, free from harm, to have their wishes and feelings considered and to have the minimal amount of intervention into their personal lives.

^[1] Mid-2021 population estimates: https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population_estimates

In this last year, we have been actively promoting and testing the awareness of ASP vision and purpose with practitioners and the extent to which the ASP vision and practice is embedded in practice.

2.3 ASP National Context

Adult Support and Protection in Perth & Kinross is set within the wider policy in Scotland and the National Policy Forum.

<https://www.gov.scot/groups/adult-support-and-protection-national-strategic-forum>

The National ASP Strategic Forum

The National Forum provides a strategic and cross sectoral view of what is needed to improve the delivery of Adult Support and Protection across Scotland. The forum assists Scottish Government and delivery partners in identifying the workstreams required to improve the assurance and operation of Adult Support and Protection and its interface with existing and developing legislative and policy areas.

The Scottish Government also supports the role of the National Adult Protection Coordinator. This role involves making connections to build stronger local networks and to improve the co-ordination, development, and dissemination of best practice, as well as promoting joint working between Adult Protection Committees.

The National Improvement Plan has identified 6 main ASP areas:

- Assurance and Inspection
- Governance and Leadership
- Data and outcomes
- Policy
- Practice Improvement
- Prevention

The Perth & Kinross Adult Protection Committee Improvement plan is aligned with these 6 key strategic areas.

The Perth & Kinross APC Independent Chair, the Chief Nurse for the NHS Tayside Public Protection team, the Detective Inspector, Tayside Division Risk and Concern Hub and the Perth & Kinross ASP coordinator are all engaged in several Tayside and National ASP strategic longstanding and short life working groups. The work stemming from these groups influences and informs the Perth & Kinross APC Improvement Plan.

3. Safeguards for adults at risk of harm.

The following is an overview of the pressures, developments, complexities, and challenges in delivering the range of statutory Adult Support & Protection (ASP) activity within this reporting 12-month period and the adult protection governance arrangements that oversees this work.

Safeguarding adults at risk of harm is an organisational priority in Perth & Kinross. A council officer is required to undertake ASP work. A council officer is a qualified social worker who has successfully completed the council officer training programme. Throughout this last year, council officer availability has remained on different organisational risk registers to ensure that Perth & Kinross has enough council officers to manage current ASP workload. The ASP data is also used to predict future workforce requirements to ensure that we continue to have sufficient council officer availability to meet growing demands. As part of our commitment to council officer availability, we deliver two council officer training programmes each calendar year. Therefore, we are now confident we have sufficient number Council Officers to ensure a resilient service going forward.

Our data shows a year-on-year incremental increase in adult protection concerns received as well as a year-on-year increase in ASP work across most areas. This is a position that is consistent with other 'like for like' APCs, and it reflects a number of societal challenges, including the long-lasting impact of COVID in its various strains, an associated increase in concerns relating to deteriorating mental ill-health and more recently, concerns directly and indirectly relating to the increasing cost of living crisis. This increased trend in reporting concerns can also be attributed to an increase in our adult protection 'raising awareness' campaigns.

Adult Support & Protection is a multi-agency approach to safeguarding harm, and throughout this report, reference will be made to how we have strengthened these partnerships. This includes our multi-agency response to supporting the care home sector and those vulnerable adults who are resident within them.

3.1 Adult Support & Protection leadership and governance

A continued focus has also been given to the wider public protection agenda throughout 2022/23. There is collective leadership of public protection in Perth & Kinross, and this ensures that there is a focus on public protection, and it is prioritised. The Perth & Kinross Chief Officers' Group (COG) meets six-weekly and offers support, scrutiny and challenge to the APC alongside other public protection partnerships. The independent APC chair reports to the COG detailing the work of the APC and key issues and risks by exception. The dynamic public protection risk register is maintained and considered by the COG at each meeting. This allows the opportunity to understand changes in strategic and operational risk and a swift ability to commit resources where required.

The APC continues to have wide representation from a diverse range of agencies which reflects the broader public protection agenda and the views of the public. In this last year, particular attention has been given to:

- Ongoing commitment to a cycle of self-evaluation and audit and overseeing any improvement work
- Better understanding of our response to Large-Scale Investigations
- Supporting improvement work in relation to financial harm, hoarding and engaging adults and their unpaid carer throughout the ASP episode.

To ensure governance and strategic scrutiny, the APC continues to report each year to the Integration Joint Board. The APCs annual performance reports and the Scottish Government

APC biennial reports, the adult protection contribution to the Perth & Kinross Council Annual Performance Report and Chief Social Work Officer report have all been presented to the IJB and the equivalent Boards in Police and NHS Tayside. Within these contributions, focus remained on progress relating to the various ASP activity and any subsequent ASP related improvement plans. The APC Biennial Report 2020-2022 was shared with Elected Members and the IJB in this reporting year. A dedicated ASP/Public Protection Development session was delivered to IJB members in April 2022.

Tayside ASP Lead Officers, Police Scotland, and NHS Tayside have continued to meet to coordinate work that provides consistency for regional partners and identifies common areas of ASP work.

Work ongoing includes:

- A short life multi-agency working group to scope out the delivery of a Tayside wide 'Inter-agency Referral Discussion' (IRD) process.
- Initial development work to create Tayside guidance on medical examinations
- A review and refresh of the Tayside Multi-Agency ASP guidance
- Review of Tayside guidance relating to:
 - Chronologies
 - Professional Curiosity
 - Information sharing
 - Escalation
 - Tayside approach to supporting those who hoard

In summary, despite the challenges faced by services and practitioners in this reporting period, we can evidence that:

- Partnership working is stronger at both front-line practitioner and at governance levels.
- Services have managed a continued increase in ASP work. Our self-evaluation and audit work highlights that despite this continued increase, a high standard of work across all ASP has been sustained.
- we have stepped strengthened our multi-agency early intervention and prevention approach with the care home sector.
- There has been an ongoing cycle of evaluation, quality assurance and improvement.

4. Analysis of harm

The following gives an overview and some analysis of the ASP activity throughout 2022-23.

4.1 Vulnerable Persons Reports (VPRs) & Adult Protection (AP) Concern Referrals²

	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23		2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23
Police Vulnerable Person Report	1,136	1,284	1,515	1,755	2,254		N/A	13%	18%	16%	28%
Adult Protection Concerns	237	218	269	589	783		N/A	-8%	23%	119%	33%
Oohs - Adult Protection	54	21	35	32	44		N/A	-61%	67%	-9%	38%
Total	1,427	1,523	1,819	2,376	3,081		N/A	7%	19%	31%	30%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA

Our data shows a further 30% increase in the total number of adult protection concerns received between April 2022 and March 2023 in comparison to the previous reporting year. It also constitutes another significant year on year increase in referrals received.

The increasing numbers may reflect increasing risk to vulnerable people, but it may also reflect increased awareness of ASP procedures. As stated, there have been a number of campaigns raising awareness in how to recognise an adult at risk of harm, where an adult is considered to be at harm and how to report this. The APC takes the view that more people now know how to recognise where an adult might be at risk of harm and respond to it. Raising awareness when an adult might be at risk of harm continues to be seen as a key priority area for the APC.

Whilst encouraging the early reporting of harm is critical in safeguarding those considered to be at risk, responding appropriately and proportionately to these referrals and concerns is also crucial. Despite the year-on-year increase in referrals received, data tells us that 98.2% of all adult concern referrals received in this reporting year were screened by a social work team leader or a social work assistant team leader within 24-hours of receiving it. Early screening by a team leader allows the opportunity to determine how best to support the adult considered to be at risk. An audit of the 59 referrals that were not screened within 24 hours found that 50 out of 59 were screened within 4 working days, and 9 were screened out with this. Crucially, this audit found that no adults were left at any additional harm as a consequence of the referral not being screened within 24-hours. Sharing this analysis informs our workforce planning.

In summary, this data tells us that:

- There is a continued incremental increase in all concerns received across all client categories.
- There is an increase in adult protection concerns being submitted by colleagues from health, giving some suggestion that the work of the NHS Tayside adult and public protection team is supporting colleagues in all health sectors to recognise and report harm.

² A VPR is a report submitted by Police Scotland. An AP Concern is any other AP concern submitted by health, family, other support agency etc.

- The overwhelming majority of concerns are being responded to within timescales. 98.2% of all adult protection concerns received within this reporting period have been screened within 24-hours, despite the significant increase in adult protection concerns submitted.
-
- Adults at Risk received appropriate and proportionate multiagency support, both statutory and informal. This was found when the APC audited “**no protection without support**” (April 2022) Police concern reports received in a week.
- high priority is given to all adult concern referrals in line with local guidance. Our audit work into the screening and triaging of adult concern referrals continues to give some scrutiny and assurance to the APC that front line services respond to harm and to risk appropriately and proportionately. This key performance indicator is scrutinised by the HSCP Integrated Management Team.

4.2 Inter-agency referral discussions

Interagency Referral Discussions (IRD) were introduced into Perth & Kinross ASP practice in 2021/22. They provide an opportunity for a multi-agency approach to deciding how an adult at risk can be safeguarded. In September 2020 and at the request of the APC, colleagues from Angus and East Ayrshire concluded an audit into some of our ASP investigations that did not proceed to case conference. As part of this audit, it was recommended as a service improvement that adult services:

“Consider introducing IRD to involve different agencies in decision making process and the recording of information that partner agencies share”

The following table highlights their use since their introduction into adult protection work in Perth & Kinross

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2020												2	2
2021	3	3	6	10	14	5	7	10	4	5	9	5	81
2022	8	4	12	5	5	9	8	6	12	9	8	2	88
2023	2	6	5	6	3	6							

Perth & Kinross IRD guidance is contained within the Perth & Kinross Council ASP intranet page and has been reviewed regularly since its introduction to take account of feedback from frontline staff and managers. The risk & concern hub manager (Police) undertakes a review of ASP IRD monthly providing quality assurance and governance. An IRD multi-agency audit in 2022 highlighted that IRDs are considered to be a multi-agency cornerstone of safeguarding people from harm in Perth & Kinross. It also highlighted areas of learning, including their overuse and where these were attended by many different professions, they ran the risk of being considered mini-ASP case conferences where the opportunity for the adult to participate did not exist.

From this IRD audit in 2022, we begin to see a slowing in the use of IRDs in comparison to 2021/22. Therefore, this is a reduction that was anticipated and a shift in practice that is considered to be more in line with the person-centred principles of the ASP Act. Another multi-agency IRD audit is planned for August 2023. This forms part of our 2022/23 APC Improvement Plan and annual cycle of self-evaluation and quality assurance.

Our use of IRDs as a means to respond to adults considered at risk of harm is seen by the joint inspection team as an example of sound adult safeguarding practice.

4.3 Adult Support and Protection Inquiry and Investigations

	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23
Progressed to ASP	186	203	250	318	305	N/A	9%	23%	27%	-4%
Inquiry	121	142	180	212	166	N/A	17%	27%	18%	-22%
Investigation	65	63	69	106	140	N/A	-3%	10%	54%	32%
Total	186	205	249	318	306	N/A	10%	21%	28%	-4%

An ASP inquiry is used by a council officer where it is considered an adult might be at risk of harm. The council officer would inquire if risk exists. If risk exists, a more detailed, thorough ASP investigation would be used to investigate what the risk is and from whom. A protection plan is used to identify what needs to be done and by whom to mitigate and safeguard any harm that exists.

Our data shows that for the first year, the number of ASP Inquiries conducted in Perth & Kinross has fallen. However, the number of Investigations has increased quite significantly. A number of reasons account for this:

- IRDs are now used more as a multi-agency means to consider risk. Information shared during an IRD is more likely to prevent the need to inquire whether risk exists, but to proceed directly to carrying out an investigation.
- ASP investigations can be multi-agency. In this last year, more colleagues from health have trained to be second worker as part of a formal ASP investigation. Therefore, practitioners are becoming more confident in proceeding directly to an ASP Investigation.

Our data shared in our infographics page on page 6 gives some insight into who it is that is supported by our ASP work. Our data tells us that we are more likely to use the ASP Act to safeguard older adults and where safeguarding is required, it is more likely to be required where neglect exists. Our data also tells us that we are more likely to use the ASP Act to support those who have dementia and are frail. Where our ASP work relates to younger adults, this is more likely to involve mental health issues. Harm tends to happen either at home or in a care home.

This data is consistent with data produced in previous reporting years, albeit with some minimal variation. As stated throughout this report, the use of this data has allowed us to invest in how we support those considered to be at risk. For example, greater investment in mental health support in our access team, reviewing our multi-agency support to the care home sector, challenging our own approach to supporting those where neglect and self-neglect exists and resurrecting an increased focus on how we support those who experience financial harm.

4.4 Adult Support & Protection Case Conferences (ASPPC)

An ASP case conference is held when the ASP investigation concludes that a multi-agency case conference is required to identify and establish a multi-agency protection plan. ASP case conferences are held when risk is more complex.

Whilst the number of initial Adult Support & Protection case conferences increased by 15% in 2022/23 in comparison to 2021/22, the number of adults who went on to require recurring ASP

case conferences reduced by 6%. Analysis of this suggests a further strengthening of a multi-agency approach to safeguarding and the right support from the right people at this initial case conference stage prevented the need for ongoing case conferences to mitigate and manage harm.

The increase in initial ASP case conferences in this reporting year period reflects the increase in ASP investigations, but also supports the view that managing risk in this reporting year as well as preceding years has become more complex, therefore requiring a greater need for a multi-agency approach to safeguarding. The rise in initial ASP Case Conferences is seen across all areas of harm and age groups. The biggest increase relates to case conferences being used to manage the risk for younger, mainly female adults with complex needs and co-morbid learning disability, drug/alcohol use and/or mental health issues.

4.5 Protection Orders

In 2022/23, 4 protection orders were used. Three related to initial applications that were granted in Court in 2021/22 but were still in use for part of 2022/23 and 1 new application was granted in 2022/23.

- A banning order was granted to protect a father from a son where it was considered the son was exploiting his father emotionally and financially
- A banning order was granted to protect a mother from emotional and physical harm from her son
- A banning order was granted against a man who was a sexual risk to a vulnerable female member of his extended family.
- A banning order was granted against a man considered to be a financial, physical and emotional risk to a vulnerable female (and to a number of vulnerable females)

Data shows our use of Banning Order is more likely for safeguarding younger female adults with a dual diagnosis of learning disability and poor mental health, with some alcohol and/or drug use and who are in relationships with a partner who are considered to be a risk to her emotionally, financially, physically and/or sexually. This analysis also suggests that practitioners are growing more confident and competent about using a formal protection order to safeguard.

Although this is a relatively recent emerging trend in Perth & Kinross, we continue to explore our use of protection orders with ASP colleagues across Scotland to see if this is a similar trend experienced in other authorities. Initial feedback suggests that there is a mixed use of protection orders across each APC area.

4.6 Large Scale Investigations

The ASP Act makes no reference to Large Scale Investigations (LSIs), but these have become increasingly prevalent across Scotland since the implementation of the Act. An LSI may be required where there is reason to believe that adults who are service users of a care home, supported accommodation, an NHS hospital or other facility, or who receive services in their own home, may be at risk of harm due to another service user, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service. An LSI may also be indicated by the need to address structures or systems that lead to possible harm for all those under such structures. In such circumstances, this means that there is a belief that a particular service may be placing some or all of its residents or service users at risk of harm.

In 2022/23, 7 new LSIs were opened in Perth & Kinross. This supports a continued trend in our use of LSIs. Although Perth & Kinross hosts more care homes and a growing older adult

population than many other local authority areas, national LSI data supports that Perth & Kinross is more likely to use an LSI to safeguard than any other local authority area.

A thematic review of our use of LSIs was completed after Perth & Kinross was found to be an outlier with a far higher number than other areas nationally. This review highlighted a number of emerging themes that led to an LSI being instigated, including staff shortages, medication being wrongly administered, lack of leadership and poor moving and handling practices. Understanding these themes has allowed the provision of more targeted support to the care home sector from the multi-agency care home oversight group. The number of LSIs used to safeguard adults within care homes has since reduced and more informal, targeted, early intervention and preventative support from the right people at the right time has obviated the need to use a formal LSI to safeguard. This is in keeping with the principles of the ASP Act. The APC has a further LSI audit planned for the reporting year 2023/24.

4.7 Large Scale Investigation strategic governance arrangements

Data on LSIs and its analysis is collected monthly and presented to the HSCP Care and Professional Governance Forum, APC, Protecting People Coordination Group and the NHS Tayside Public Protection Executive Group. These governance groups have oversight of the adult protection work and give scrutiny to emerging patterns of risk. For example, analysis of the data in relation to LSIs found that one 'national' care home group featured in several the LSIs conducted within Perth & Kinross, and that the areas of concern raised as part of the LSI from within this group were similar in nature. This allowed the opportunity for senior managers across the HSCP and other scrutiny groups to seek robust and sustained improvements at a strategic level from that particular care home group. This also demonstrates a clear connection between practice and strategic leadership and illustrates close working relationships with the Care Inspectorate.

5. ASP activity and Service Improvements within this reporting year

5.1 Adult Support and Protection inspection

The Care Inspectorate, Her Majesty's Inspectorate of Constabulary, and Healthcare Improvement Scotland carried out a formal inspection of our multi-agency adult support and protection services during June and July 2022. This was part of the Scottish Government's improvement programme for adult support and protection. The final report of the joint inspection for Perth & Kinross was published on Tuesday 23 August 2022.

<https://www.careinspectorate.com/images/documents/6794/Perth%20&%20Kinross%20adult%20support%20and%20protection%20report.pdf>

The inspection findings are positive and shows strong multi-agency arrangements in Perth & Kinross, keeping adults who are at risk of harm safe and protected. Alongside this, our key strengths are leading to positive outcomes for vulnerable adults in Perth & Kinross.

The joint inspection report includes a statement about the partnership's progress in relation to two key questions:

1. How good were our key processes for adult support and protection?

The inspectors concluded that our key processes for adult support and protection were effective. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which as a whole outweighed the areas for improvement.

2. How good was our strategic leadership for adult support and protection?

The inspectors considered that our strategic leadership for adult support and protection was very effective and demonstrated major strengths, supporting positive experiences and outcomes for adults at risk of harm.

The inspection was based on scrutiny of five key areas:

- Analysis of supporting documentary evidence and a position statement that we submitted.
- Staff survey of 346 staff from across the partnership responded to our adult support and protection staff survey.
- Review of social work records of 40 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.
- Scrutiny of health, police, and social work records of 50 adults at risk of harm, where their adult protection journey progressed to at least the investigation stage.
- Staff focus groups: two focus groups were held with frontline practitioners and strategic leadership where the inspectors met with 24 members of staff from across services.

Summary of findings from the ASP Inspection

Strengths

- We have strong self-evaluation and quality assurance processes.
- We are providing opportunities for collaboration and information sharing between partners (screening and triage arrangements and IRDs were particularly highlighted).
- IRDs had improved the quality of inquiries and outcomes for people
- Perth & Kinross Council had put in place an electronic case management system to enhance current methods of recording social work and social care information.

- We have very effective leadership and oversight of adult support and protection arrangements. We are promoting community engagement to take forward our vision and improvement plan.
- The Care Home Operational Group has supported large scale investigations and provided guidance and support to staff in care homes.

Key areas for improvement.

- We need to improve independent support through advocacy and the direct involvement of adults in need of protection in key processes including case conferences
- We need to be more consistent in considering the need for medical examinations
- We need to improve our recording of assessments of risk, and actions to support people at risk of financial harm.

This improvement work has informed the APC Improvement Plan for 2022/23 and into 2023/24.

In August 2023, the joint inspection team published a summary of key findings, key themes, and key messages from the joint inspection of 25 adult protection partnerships, and 25 published reports. As part of this summary report, it points to our use of interagency referral discussions (IRDs) as an example of best practice in responding to adults considered at risk of harm:

“SOUND PRACTICE: FIFE AND PERTH & KINROSS PARTNERSHIPS:

IRD discussions held productively at the initial inquiry stage. Good participation by core partners social work health and police. They supported the right outcome for the adult at risk of harm.”

5.2 The APC involved in national ASP improvement work

Throughout 2022/23, various members of the APC were actively involved in different national ASP and ASP related workstreams including:

- National ASP learning & development workstream
- Better use of chronologies in ASP work to inform risk assessments
- Self-evaluation
- Service user engagement and involvement
- Developing national guidance to support transition between children’s services and adult services.
- Developing a national ASP data set

The Perth & Kinross ASP independent chair and lead officers also remain actively involved in the national ASP independent chair and lead officer group. The NHST Public Protection Chief Nurse is also chair of the ASP National Strategic Forum.

5.3 Further investment in the NHS Tayside Public Protection Team

NHS Tayside has continued to strengthen its commitment to safeguarding people with a move to a Public Protection approach, bringing together the child and adult protection advisory teams under shared management and developing a shared vision. For example, the appointment of a Public Protection Learning and Development Co-ordinator evidences the

commitment NHS Tayside have made to ensure all staff are appropriately trained and supported to understand their role in recognising harm and responding appropriately in context of legislative requirements. The leadership of the Chief Nurse in Public Protection provides clear and explicit recognition of the importance of this agenda, which must be at the roots of all of our clinical pathways.

Particularly from an adult protection perspective, further growth in the team enables improved engagement in key processes in protecting adults and/or facilitates clinical colleagues to be supported to engage in these. The increase in number of calls to the NHS Tayside Adult Protection Advice Line evidence the growing knowledge and awareness of adult protection amongst clinical teams, where a same-day response to inquiries guides the clinical response to complex case scenarios. The Adult Protection Team will be taking pre-registration nurses on placement from Autumn 2023, further evidencing the commitment of NHS Tayside to embed safeguarding knowledge and skills from the earliest point.

5.4 Update from Police Scotland

Graeme Templar, Detective Inspector, Tayside Division Risk and Concern Hub, Police Scotland writes:

“The dedicated Police Adult Protection Coordinator for Perth & Kinross continues to support partners through information sharing, participation and contribution to ASP IRDs, including associated risk management and case conferences. The co-ordinator has been integral to the delivery of adult protection across Perth & Kinross.

They have also developed and led training for the HSCP, focusing on Police response to incidents in a care establishment/hospital setting following on from concerns raised regarding roles and responsibilities and escalation protocol from the Large-Scale Investigation. This work is overseen by the Detective Inspector for the Tayside Division Risk and Concern Hub, as a core participant to the Perth & Kinross APC.

The national ASP Policy team continues to review findings and amend policy and processes as required. Many of the improvement areas have already been identified as part of the ‘reporting harm’ continuous programme of development.

Development continues with Tier 2 adult protection training. Discussions have been held with national detective training and a template of topics for inclusion devised”

5.5 Strengthening the multi-agency support to the care home sector



Background to the Care Home Operational Group

From the outset of the COVID-19 pandemic, the Health and Social Care Partnership has ensured regular oversight and maintained regular contact with 42 local care homes. There was an identified risk that the vulnerability of care home residents and the restrictions placed on external visits to care homes could increase the likelihood of harm. The Care Home Operational Group quickly arranged regular online communication with managers across the care home sector, prioritising those care homes in Perth & Kinross which experienced a Covid 19 outbreak; these homes were contacted daily. The approach ensured that there was close monitoring and scrutiny of the sector and, at the same time, prioritised advice, guidance, and support. This support has come from a variety of sources in a coordinated and collaborative manner to help address the extreme challenges being faced.

The benefits of this collaborative approach to supporting care homes and the adult's resident within them post COVID has continued. The multi-agency team is comprised of different health disciplines and specialisms, social work, HSCP policy and commissioning, third sector representation and input from the care inspectorate. All have a joined-up focus on supporting the care home sector and report on any protection issues that arise. This team brings a particular adult protection focus ensuring that adult protection remains central and pivotal to the support to care homes. The council officer and NHS Tayside adult protection advisor aligned to Care Home Operational Group lead on adult protection work ensuring continuity and expertise within the care home sector.

In this reporting year, we can begin to see evidence in how this partnership working is more able to provide the care home sector with better informed and targeted support. It is this approach to providing the care homes with a consistent multi-agency support that is obviating the need to use a formal LSI to safeguard and mitigate harm.

5.6 Using data to redesign of the Access Team

The access team is the first point of contact for most adult protection concerns. It is based upon a multi-agency early intervention and prevention model of support and service delivery. The adult concern pathway audit "*No Protection Without Support*" in 2022 set out areas of strength and areas for improvement in triaging adult protection concerns. This supports our collective commitment to early intervention and prevention and in seeking to mitigate harm at its earliest point.

The audit also refers to how the analysis of our adult protection data led to a redesign of the Access Team with greater focus on early intervention and prevention, better response to crisis including using the ASP Act to safeguard. The audit work has also led planning a multi-agency mental health triage system. A multi-agency triage approach would involve mental health practitioners and support services from across statutory and voluntary sectors. Where an adult concern is received, but a formal ASP approach is not required, the referral is diverted to a multi-agency mental health triage group which will decide collectively on the best support for the adult.

This approach embraces the benefits and principles of early intervention and prevention and is based on a 'no referral, no waiting list' premise and to determine the right supports, at the right time and from the right people.

5.7 The ASP Act supporting those who experience gender-based violence.

In 2021, the APC management information flagged that the ASP Act was rarely used to safeguard an adult where domestic violence or domestic abuse featured, yet the data held by

Police Scotland showed high numbers of weekly reports where adults were at risk of domestic abuse/harm.

The ASP Coordinator, the Violence Against Woman (VAW) coordinator and a social worker/council officer with a key interest in supporting those where gender-based violence exists met with Police Scotland colleagues to review the existing MARAC pathway. MARAC is an acronym used for a multi-agency risk assessment conference to support those where gender-based violence exists. As part of this improvement work, this short life working group explored practice in another APC area where the ASP Act was being widely used to safeguard victims of domestic violence. A multi-agency VAW development session investigated the ASP/VAW 'blockages' in our Perth & Kinross ASP/VAW shared process.

This continues to be a key area for improvement for the APC. In 2022/23, further work was undertaken to ensure that the ASP Act was at least being considered for each and every MARAC referral as a means to safeguard. The ASP Coordinator led a number of development sessions with third sector colleagues who support this work within Perth & Kinross, highlighting how the ASP Act could be used alongside other existing safeguarding measures and using these sessions to raise awareness about how the ASP Act can be used to apply to Court to ban an adult from another where evidence supports that the adult is at risk. Awareness sessions have also been delivered to social work to raise awareness about how the impact of trauma can lead to an inability to safeguard which could render the ASP Act applicable. Using the ASP Act to support those where trauma exists is reflected in the revised ASP codes of practice.

The ASP Coordinator is an active member of the Perth & Kinross VAW partnership to ensure that this cross-cutting work remains coordinated.

5.8 Re-establishing an increased focus on financial harm.

Analysis of our 2022 data revealed that financial harm re-emerged as a prevalent area of risk for vulnerable adults in Perth & Kinross. Therefore, within this last year, the Perth & Kinross multi-agency Financial Harm APC subgroup was re-established. Membership of this group includes Police, Trading Standards, Community Safety, Social Work, Health, and invites extended to Welfare Rights, to Citizens Advice and the banking/financial sector in Perth & Kinross. In December 2022, this subgroup merged with the wider APC subgroup so that both groups could benefit from the learning.

In March 2023, the APC held an 'in-person' conference on financial harm. Dr Melanie Durowse, lecturer at Dundee University and author of a thesis on financial harm was a keynote speaker. This was arranged as part of the APCs commitment to addressing financial harm in Perth & Kinross. 45 delegates from different agencies and disciplines attended.

Dr Melanie Durowse will return to deliver another financial harm session in October 2023, and she has also agreed to be the APCs critical friend during any learning reviews that exist where financial harm features. She is also keen to be a part of some of the wider audit work completed by Perth & Kinross APC.



5.9 Improving our use of service user feedback

We recognised the importance of hearing the voices of people with lived experience of ASP and their families and carers to inform changes and improvement. The APC improvement plan 2022/23 highlighted the importance of gathering meaningful, consistent feedback from those who have lived experience of being supported through an ASP episode. The ASP joint inspection supported this position and considered this to be an area for improvement for the APC.

In 2022/23, the APC was presented with a number of options in how this could be improved. Using the Care Opinion digital framework was considered the best option to take forward. Care Opinion (<https://www.careopinion.org.uk/info/care-opinion-scotland>) is a digital feedback platform which has been commissioned by the HSCP and develops stories to illustrate experiences and to inform practice learning and development. Using Care Opinion to gather ASP stories and feedback is due to go live in August 2023.



5.10 Improving the transition from Child Care Services into Adult Care Services

Within this reporting year, the APC and the Child Protection Committee continues to be committed to establishing a coordinated transition pathway for young people as they move into adulthood. There is a well-established transitions pathway in Perth & Kinross for young people who experience complex and enduring disabilities. The commitment is to extend this pathway further to ensure a coordinated pathway for all young people transitioning between childcare services and adult care services.

This commitment coincided with a similar commitment to establish national transition guidance. A request was sent to each APC and CPC area to invite representation in a transitions short life working group to develop this national guidance. The APC coordinator and the CPC Coordinator for Perth & Kinross are both taking part in this national work and will lead on the application of the guidance locally. Perth & Kinross is the only local authority area

to have both the CPC and the APC represented in this national working group. This reflects and highlights the importance Perth & Kinross is giving to this work.

This work has also been informed by the publication of revised child protection guidance for those aged 16 to 18.

5.11 Reviewing and refreshing the ASP Learning Pathway

An ASP Learning pathway was established in 2022 to support learners and managers across services who have a direct and indirect role in supporting adults at risk. Across the three levels of training, this pathway delivers learning opportunities to support those practitioners to be more competent and confident in how to recognise and respond to adults at risk of harm. We believe that the pathway has been developed in a way that supports a multi-agency approach to safeguarding in Perth & Kinross.

The Perth & Kinross ASP Coordinator is part of the national ASP Learning & Development network

5.12 The APC taking a lead in reviewing how services support those who experience self-neglect and hoarding.

The APC led a multi-agency short life working group into how support is delivered to those who experience self-neglect and hoarding. This short life working group was established in 2022 following the Angus APC publication of the P19 significant case review. This review found that services failed P19 in a number of key areas, particularly around their approach to him and his self-neglect.

This short life working group met on 4 occasions to review the learning from P19 and to challenge the existing Perth & Kinross and Tayside practice guides in their effectiveness to support this complex work.

The workshops were co-chaired by the ASP Coordinator and Turning Point Scotland (one of Perth & Kinross' 3rd sector support providers). The sessions were attended by colleagues from housing, housing support providers from the 3rd sector, social work, mental health social work, Scottish Fire and Rescue, health, psychology and environmental health services. The extent to which these workshops were attended, and the range of practitioners involved reflects the ethical and practical challenges, complexities and the difficulties that practitioners from all sectors face when seeking to support someone who experiences self-neglect and/or hoarding. The discussion within these 4 workshops led to a draft proposal to change the existing self-neglect and hoarding pathway into one that is considered more trauma informed, person centred and better fits with contemporary research about what is considered best practice.

This work is ongoing and although out with this reporting period, an APC 'in person' hoarding conference was held in May 2023. Keynote speakers included Scottish Fire and Rescue, Turning Point Scotland and Social Work.

5.13 Our commitment to qualitative and quantitative audits to inform our improvement work

The APC and HSCP are fully committed to self-evaluation, audit, quality assurance and review as a means to delivering confident and competent support to those adults considered to be at risk. The findings from this work informs the Perth & Kinross APC Improvement plan for 2023/24.

This self-evaluation and quality assurance work extends from the commitment to annual rather than biennial reporting, to a range of qualitative and quantitative audits and self-evaluation. Many are framed around the care inspectorate quality assurance framework. We use a detailed and relevant data set and suite of performance indicators to understand emerging trends and themes. This data and the analysis that is generated is shared across practice and strategic/leadership groups. Where emerging themes and trends present an organisational risk, this is addressed via the public protection risk register. The data set measures the number of adult concerns referrals screened within 24-hours. This allows for performance monitoring and quality assurance, and where pressures may arise, it is possible to have prompt strategic discussion and decisions about mitigations and resourcing. As we move towards a new recording system, the ASP Coordinator has been working closely with the MOSAIC Project Management Team to ensure that the new system is able to produce robust data that allows for more rigorous analysis.

In this reporting year, the APC has conducted the following audits:

- I. Multi-agency audit 2022.
- II. Multi-agency IRD audit 2022
- III. Thematic review of LSIs 2023
- IV. Review of AP -Telephone inquiries (2022)
- V. NHS Tayside AP Annual Report 2022/23
- VI. NHS Tayside Quality Assurance Framework
- VII. Significant multi-agency self-evaluation and position statements supporting ASP Inspection 2022

5.14 APC as part of a wider Public protection approach to protecting people.

Within this reporting period, the multi-agency Public Protecting Group continued with membership from all agencies with a responsibility for protection of those considered to be at risk or are considered a risk. This group extends to membership from Child Protection, Adult Protection, Violence Against Women Partnership, Alcohol and Drug Partnership, Community Justice Partnership, MAPPA (Multi Agency Public Protection Arrangements), Suicide Prevention and Safer Communities.

The Perth & Kinross COG meets six-weekly and offers support and challenge to the APC alongside other public protection partnerships. The independent APC chair reports to the COG detailing the work of the APC and key issues and risks by exception. The dynamic Public Protection Risk Register is maintained and considered by the COG at each meeting. This allows the opportunity to understand changes in strategic and operational risk and a swift ability to commit resources where required. A good example of this is using the public protection risk register throughout the COVID period and beyond to monitor any risk related to continued year on year increase in ASP work and the numbers of available council officers to meet this demand. In early 2022, 7 additional social worker posts were funded, partly in response to a proactive workforce analysis based on a continued year on year increase in ASP work.

Examples of ASP/public protection cross cutting themes:

- The ASP Act being used to support those where gender-based violence exists
- Using the ASP Act to safeguard those considered at risk of suicide
- Using the AS Act to support those who experience addiction.
- The APC and CPC has always retained strong partnership working with many cross-cutting themes including delivering a trauma informed approach, transition work and shared learning reviews.

6. Training, Learning and Development

6.1 Overview

We are committed to developing a competent, confident, and skilful workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated and having a positive impact on practice. The content of these learning and development opportunities takes account of changing legislative, policy and practice developments and local challenges.

Throughout this reporting year, our strategic and governance groups have supported continued learning and development identified from within a cycle of audit and self-evaluation that informs learning and development. The APC Improvement Plan 2023/24 continues to prioritise learning and development across several adult protection areas. The APCs learning and development framework was developed in 2022 and remains under regular review to ensure its relevance to current practice. The learning plan also reflects findings from recent audits and learning reviews.

6.2 Council Officer training programme

A social worker is not able to carry out formal ASP work until such times as they have completed the council officer training programme. We remain fully committed to supporting social workers to participate in this.

In 2021, the council officer training programme was remodelled and refreshed and delivered on a Tayside basis in partnership with colleagues from Dundee and Angus. Since then, two cohorts are delivered each year. This also allows for continued upskilling of social workers to become qualified and competent council officers, able to carry out formal ASP work.

The council officer training programme runs over 9 workshop sessions alongside an online resource and supported learning tool. The learning tool enables practitioners to develop individual learning plans with their direct line managers to facilitate and evidence their learning throughout and beyond the programme.

In 2022, a rolling programme of additional ASP specific training was established, again delivered on a Tayside wide basis. This includes:

- Council Officer refresher training (for those who may need to revisit the training).
- ASP 2nd worker training. Aimed at a range of professionals who will carry out the second worker role in investigations and/or LSIs.
- Defensible decision making. This is an improvement area for all three Tayside APC areas.

In June 2022, the Tayside Council Officer Programme won an award for excellence and innovation from Dundee City Council. It is also held up as a model of excellence by the National ASP Lead Officer's Group and the programme often attracts invites from other APC areas to have their social workers participate in the learning.

6.3 APC Learning Exchange

Following inspection, multi-agency practitioner learning exchanges were facilitated as part of a rolling programme of learning, development and improvement. Rather than implementing formal trainer led learning, learning exchanges offer an opportunity for group involvement and discussion. The theme for each session is based directly on findings from local and national

learning reviews, self-evaluation, audit and inspection work. These development sessions are part of the APC Learning & Development Plan 2023/2024

- **Meet the Perth & Kinross Adult Protection Committee**

The inspection survey found that some practitioners didn't feel connected to the work of the APC. We facilitated 'meet the APC' sessions in 2022 and continued these into 2023. These sessions continue to offer practitioners the opportunity to meet some of the APC and hear more about the role of the APC and how the work of the APC influences practice, and vice versa.

- **Revised ASP Codes of Practice**

In 2022, the Scottish Government published a revised code of practice for the ASP Act. Whilst the codes do not change the Act itself, they challenge us to think differently about how and to whom the Act applies. This learning exchange offered those practitioners in Perth & Kinross who are involved in working within the ASP Act an opportunity to hear a brief update about the revised codes and to use this space to discuss its impact in practice.

- **The role of advocacy in ASP work**

This is an area for improvement. Supporting an adult and their unpaid carer to contribute as fully as possible in their ASP episode is key. Our colleagues from Independent Advocacy Perth & Kinross (<https://www.iapk.org.uk/>) provide advocacy services where ASP is used to safeguard an adult or adults. Colleagues from IAPK shared a brief summary of their role in ASP and an opportunity existed to discuss and debate the benefits and the challenges that exist in using advocacy

- **How can we better involve practitioners in Adult Protection Committee improvement work**

The APC has produced several self-evaluation and audits in recent years, covering different aspects of ASP work. Many have led to improvement work in different areas. Sometimes, we run the risk of not including practitioners enough in this work, either at audit stage or indeed when the audit has been done and improvement plans have been created. This learning exchange offered the opportunity for those who are directly involved in ASP work to hear how practitioners can be more involved in the improvement work of the APC.

- **How Adult Support & Protection learning reviews conducted in Perth & Kinross should lead to improvement work**

The guidance around APC learning reviews has changed. These are now more streamlined and more consistent with learning reviews conducted by the Child Protection Committee. This session offered the opportunity to discuss and debate how and where learning reviews are used in our practice and what is done with their findings once the learning review has been completed.

- **Hear about how the Tayside Capacity Assessment Pathway applies in Perth & Kinross**

Capacity can still be key to determining how we seek to safeguard adults. A capacity assessment pathway was established following some improvement work identified from the P19 significant case review. This learning offered participants some insight why the pathway is important, how and where it is used and how it can support the work to safeguard adults.

- **How we are using the Care Opinion approach to gather feedback in Adult Protection work in Perth & Kinross**

The APC has tried different ways to gather feedback from adults and their unpaid carers involved in ASP. Our own audit work in 2022 found that this is not always easy to gather and the way that we did this did not always give us the meaningful information we needed to change how we practice. Care Opinion is a more digital means to gather this feedback. This learning exchange informed participants about how we propose to use Care Opinion to gather this information and to share what it is we plan to do with it when we get it.

- **How should we be using medical examinations in Adult Support and Protection work in Perth & Kinross**

Section 9 of the ASP Act allows a health professional to conduct a medical examination of an adult thought to be at risk of harm. Our ASP inspection found that we did not always use medical examinations where they thought one was considered relevant or appropriate. This learning exchange offered participants the opportunity to hear more about these and where and when medical examinations could and should be used as a means to safeguard adults.

- **How the principles of the Adult Support and Protection Act apply in Perth & Kinross**

This learning offered the participants the opportunity to explore and unpick how the principles that underpin the ASP Act should be considered when using the ASP Act and the 3-point test.

- **How should chronologies support our adult protection work in Perth & Kinross**

Uptodate, relevant and shared chronologies are key to assessing risk, but our own audit work and the recent ASP inspection found our use of chronologies to be inconsistent. This is not an issue that is exclusive to Perth & Kinross, but a national issue that all APCs seem to be grappling with. The aim of this session was to help practitioners understand the importance of chronologies, challenge the existing chronology guidance and explore how the use of chronologies can be better used throughout all ASP work.

- **The importance of understanding escalation in adult protection work in Perth & Kinross**

When you have concerns, knowing who to go to and when is key to safeguarding an adult or adults at risk. Escalation (and the lack of) is a recurring theme emerging from learning reviews. This session offered participants the opportunity to explore what the escalation guidance tells us and offers the space to discuss what escalation means in practice.

- **Why is it crucial that harm is reported early in Perth & Kinross**

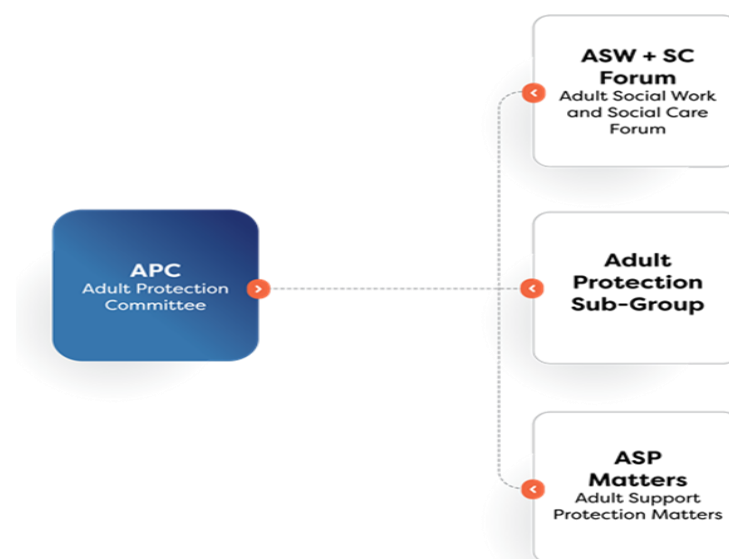
We know that the sooner services hear about an adult at risk, the quicker services can intervene to safeguard the adult or adults. This learning revisited our reporting harm arrangements here in Perth & Kinross, who does what when harm is reported and revisiting why it is crucial that any harm or concerns about harm are reported early as possible.

6.4 APCs commitment to Trauma Informed Practice and a Trauma Informed workforce

Since 2018, ongoing commitment has been given across both the ASP and CPC agenda to have a trauma informed workforce and is an example of jointly commissioned training between the APC and the CPC. We have:

- Published and disseminated Perth & Kinross trauma informed practice guidance for practitioners working with children, young people, and adult survivors of trauma.
- Commissioned two multi-agency trauma informed managers briefings: three multi-agency trauma informed practice training sessions and two multi-agency trauma informed practice resourcing workshops.
- In 2021, commitment was given to the commissioning of further trauma informed managers briefings and a series of training on trauma informed practice for practitioners across child and adult protection and other supporting/safeguarding roles. Extending this training throughout 2022 indicated that the delivery of this was a considered a positive piece of work in terms of collaborative working between the two committees.
- In 2022, Perth & Kinross Council appointed a full time Trauma Approach Coordinator. The ASP Coordinator is part of the trauma informed steering group to ensure that ASP work remains trauma informed, particularly with the publication of the revised codes of practices paying particular attention to the need for the ASP Act to extend to those who might be unable to safeguard as a consequence of trauma.

6.5 APC supporting ASP Matters (peer led support)



ASP matters is a practitioner led peer support network for those who practice in and/or are involved in adult protection work. Supported by our colleagues from learning and development, it is an open forum for practitioners to discuss practice and use the experience from within the peer group to share and learn from each other.

The practitioner lead for *ASP Matters* sits on the APC sub-group and provides a link from *ASP matters* into ASP practice. *ASP matters* meets monthly. It is not exclusive to council officers, and offers a safe, learning space for those who have a vested interest in adult protection work.

6.6 Learning reviews conducted throughout 2022/23

Within this reporting year, the APC approved two learning reviews.

a) A22 (November 2022)

This was a request to hold an informal review of the circumstances for A22 following a series of crisis meetings that led to his hospital admission on 24 December 2021.

A number of themes emerged from this review, including challenges around escalation, when to escalate and to whom, and where existing escalations processes do not exist, where practitioners raise concerns about adults and children considered to be at risk.

The review also highlighted the complexity in trying to support an adult considered to be at risk who continues to refuse to engage, particularly where capacity and choice exists.

b) L22 Learning Review (January 2023)

This informal learning review came from the 2022 ASP joint inspection. A formal escalation was raised on the basis of a number of concerns found following the joint review of L22's case file.

The joint inspection team noted that although they did not find L22 to be an adult left at risk as a consequence of the multi-agency intervention, they did find a number of areas of practice that they considered required escalating.

The L22 learning review panel acknowledged the concerns raised as part of the inspection escalation. The panel universally agreed that at the time L22's case file was inspected, she was experiencing regular period of extreme distress, resulting in risky behaviours. The multi-agencies supporting L22 used the learning review to share the challenges and complexities in trying to support L22 throughout periods of crisis, in a way that was person centred, trauma informed but also kept her safe. The review panel heard that being able to keep her safe whilst promoting choice and autonomy, rights and responsibilities, all in a climate of fluctuating capacity and consent was not easy.

This review found a number of improvement areas, some of which formed part of an improvement plan prior to inspection, and others that were identified as part of this learning review following escalation.

The learning from both reviews informed the ASP learning and development framework and the APC Improvement plan 2022/23 and into 2023/24. The focus of the different ASP related learning exchanges highlighted on page 25 of this report reflects the findings from the learning reviews of A22 and L22.

7. Engagement, Involvement and Communication

The APC understands the benefits of independent support for adults at risk of harm and are deeply committed to the use of advocacy throughout ASP processes in a person-centred approach and to elevate the voice of the adult and to keep their wishes central to decisions and actions.

The role of advocacy is underpinned by section 6 of the ASP Act and is clearly embedded within our Perth & Kinross ASP multi agency guidelines. Advocacy (instructed and non-instructed) within Perth & Kinross is commissioned and provided by Independent Advocacy

Perth & Kinross (IAPK)^[1]. It is our view that non-instructed advocacy is crucial for those who may lack capacity or have communication difficulties.

The APC Advocacy Plan 2022/23 sets out the relationship that IAPK shares with the APC, the extent to which advocacy is provided and how IAPK is enabling improvements.

Andy Park, Operations Manager at IAPK states:

“Positive working practices between Perth & Kinross Council and Independent Advocacy Perth & Kinross continue to embed independent advocacy in Adult Support & Protection practices by recognising that people subject to ASP processes must have their voices heard to address imbalances of power and support robust decision making. This commitment was demonstrated with a 145% increase in referrals for 2021/22 and a further 112% increase in referrals in 2022/23.

Over the last two years, IAPK has been increasingly involved in supporting Perth & Kinross Council in their work around Large-Scale Investigations. This year saw some increased funding being made available by our commissioners to allow us to compensate for the significant increase in referrals and this has allowed IAPK to employ a dedicated ASP/LSI Independent Advocacy Worker.

IAPK are a very active 3rd Sector organisation in Perth & Kinross, participating and contributing to strategic meetings and helping to develop the understanding of independent advocacy”.

The annual multi-agency audit 2022 asked participants to comment if there is evidence from the case file reading that advocacy has been offered to the adult. The findings noted that in 76% of the case files audited, it was clear that advocacy as either involved in supporting the adult or had been considered.

This was also confirmed in the 2022 ASP inspection. The inspection found that:

“Overall, the involvement of independent advocacy was mixed. Some files lacked information about independent advocacy involvement when we would have expected to see this. When advocacy workers were involved in key stages of the adult protection process, such as case conference, their contribution benefitted the adult at risk of harm. In a few cases, the adult at risk of harm was not offered advocacy when they should have been. Even when advocacy was offered, it was not accepted by most adults. The partnership needed to ensure support and input from independent advocacy was arranged and clearly documented when requested.”

The APC sees this as a key improvement area for 2022/3 and into 2023/24. This has informed our APC Improvement plan in four key areas:

- I. The Chief Executive for IAPK attended a ‘meet the APC’ Development session in 2022/23. This encouraged discussion about the role of advocacy in ASP and a further advocacy development session for front line practitioners is offered to promote the benefits and take-up of advocacy support.
- II. A series of practitioner ‘learning exchanges’ were developed and, including one session titled ‘the importance of advocacy in ASP work.’ The ASP coordinator and colleagues from IAPK take a joint lead in this.
- III. The third area for improvement following this audit work relates to our use of well-articulated, defensible, and defensible recording. Where advocacy has been considered but not required, and legitimate reasons exist for advocacy not being used, this needs to be recorded. This learning is also reflected in the APC Improvement Plan as well as the APC learning pathway.

- IV. Lastly, it is a key service priority to ensure that adults remain involved in the ASP episode. The feedback that we hope to get from Care Opinion will hopefully help us to better understand how adults and their unpaid carers can remain involved, with or without the support of advocacy

7.1 Communication and Public Awareness

We continue to review and develop the Perth & Kinross APC webpage which provides public information about adult protection in Perth & Kinross, including our use of ASP as a means to safeguard harm, how to recognise harm and where to report it. Annual reports, learning reviews and APC minutes are shared publicly on this site.

([Perth & Kinross Council - Adult support and protection \(pkc.gov.uk\)](http://Perth & Kinross Council - Adult support and protection (pkc.gov.uk))).

Mary Willis is a Perth & Kinross Council Communications Officer who is aligned to the work of the APC. She states:

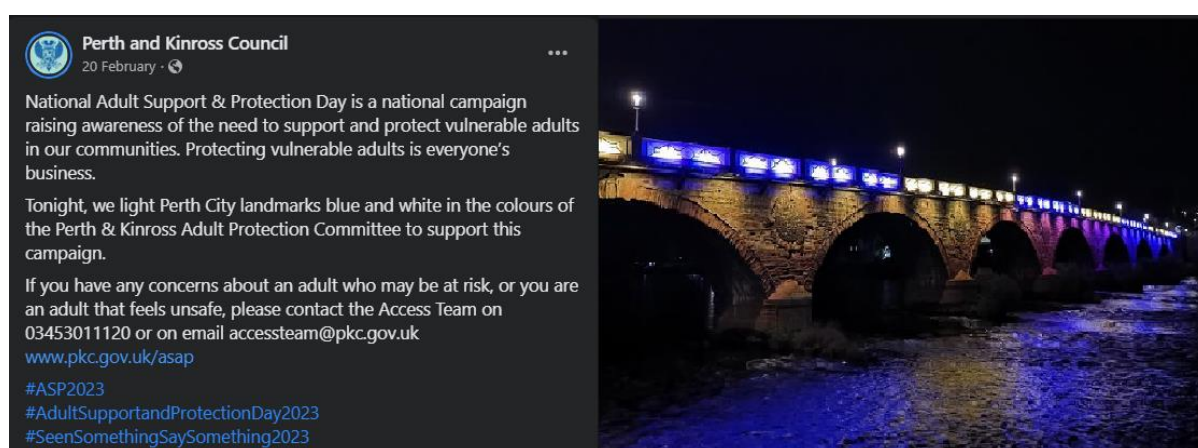
“We continue to support national social media campaigns either directly relating to adult support & protection, or allied to this area of care and support, including the campaign supporting national ASP day.”

7.2 National ASP Day on 20 February 2023

February 20 each year marks the start of an annual Scottish Government campaign to raise awareness about adult support and adult protection.

On 20 February 2023, the APC hosted an online event to share the work of the APC and used this session to understand how the APC can be better connected with the work of front-line practitioners. This also launched our own campaign about the importance of recognising where an adult might be at risk as a consequence of neglect and/or self-neglect.

On 20 February 2023, the lights on Smeaton’s Bridge were blue and white to reflect the APC logo colours. Social media was used to highlight this and publicly share the message about protecting adults with links to how to report concerns where an adult might be at risk of harm.



A press statement was prepared about the importance of recognising and reporting harm, with comments from Bill Atkinson and from Kenny Ogilvie (Interim Head of Service, Social Work).

Between 20 February and 24 February 2023, different adult protection and adult safeguarding messages were shared on PKC social media platforms. The following video clip ([Seen](#)

[something? Say something: help keep people safe from neglect on Vimeo](#)) was used throughout the week to raise awareness of the need to report concerns, who to report these to and to direct viewers to the dedicated PKC Adult Support & Protection Website www.pkc.gov.uk/asap.

Between 20 February 2023 and 24 February 2023, in conjunction with ASP leads from Dundee and Angus, as well as lead officers from Health, Police and Scottish Fire and Rescue, several Tayside wide training and learning events were delivered on supporting adults at risk of neglect and self-neglect.

7.3 The importance of sustaining close safeguarding relationships with wider organisations

Protecting adults is everyone's business. Therefore, the APC acknowledges the value of a wide APC membership including a representative from University of the Highlands and Islands (Perth College campus). The campus has students with a range of physical and learning disabilities and those with whom have disclosed a mental health support need. Retaining this close working relationship, particularly during the challenges posed by Covid has been key to ensuring that those who are considered vulnerable, at risk or in need of support from wider agencies are able to access this. This has included taking a joined-up approach with UHI more recently where evidence suggested that some students from Perth College were vulnerable to cuckooing. Taking the name from cuckoos who take over the nests of other birds, cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation, including dealing, storing or using drugs and using the property for sex work.

The 3rd sector also play a growing and integral part of the APC and APC subgroups. Scottish Care is represented in the APC and colleagues from Hourglass, PKAVS and Turning Point Scotland sit as part of the APC subgroup membership. DWP is also represented in the APC subgroup. Colleagues from Turning Point Scotland co-lead the self-neglect and hoarding improvement work and in 2023, the ASP Coordinator held a safeguarding development session with PKAVS. He continues to support PKAVS develop a 'safeguarding board.'

8. Looking Forward

This report has identified key areas for our programme of work over this next year. The findings from inspection identify areas which, if consistently embedded into ASP work, will elevate us from having effective policies and processes into what should be considered very effective.

We will give a continued focus on key issues such as violence against women, financial harm, understanding the adult protection impact on those where drug and alcohol features, mental health, and suicide prevention.

Priority will also be given to supporting the emerging prevalence in ASP activity around the young adults and those young people in transition between services. This ties in with the joint improvement work between the CPC and APC about establishing a supported transition pathway between services for young people. This has also been highlighted within this report as an area of priority across the wider public protection agenda and an area that requires a multi-agency, coordinated response.

Supporting adults and their unpaid carers to better engage in the ASP episode in a more meaningful way is also seen as a key area for improvement.

This report has highlighted the need for a robust, reliable quantitative and qualitative data set from across all partner agencies to inform planning, manage workload efficiently, target

resources on key issues, inform improvements to practice, and to demonstrate outcomes. As we continue to move towards implementing a new social work recording system, it is intended that this new system and the data produced from it will help better understand and improve performance and outcomes.

Capturing learning from adverse events and different learning reviews has been identified as important and work with partner agencies across Tayside.

We acknowledge the importance of chronologies to help identify patterns of behaviour. Our audit into some of our own ASP work identified that work needs to be done in this reporting year to ensure that our multi-agency chronologies are available, up to date, focus on key life events and the implications on risk. Furthermore, our risk assessments, risk management plans, and chronologies are consistently shared among all our adult protection partners to ensure a coordinated and joined up approach to safeguarding.

9. Summary

This annual report seeks to give analysis to the adult protection activity and its impact between 1 April 2022 and 31 March 2023. It summarises the positive ASP joint inspection in the summer of 2022 that highlights several key areas where multi-agency adult protection activity within Perth & Kinross is strong, and it identifies areas in which we seek to improve. The improvements identified within this report are framed within the APC Improvement Plan for 2023/24.

Iain Wilkie
Adult Protection Coordinator

Appendix A

Page 6 of this report is an infographic summary of the ASP activity in Perth & Kinross from 1 April 2022 through to 31 March 2023. In order to make this APC annual Report more accessible to more people online, this appendix is a written summary of this infographic page.

The first infographic tells us that in this reporting year, Perth & Kinross has received a total of 3081 Adult Protection referrals, which is an increase of 30% in comparison to the previous reporting year.

The second infographic tells us that out of all the ASP investigations conducted in this reporting year, 34% were conducted where neglect featured, 26% of all ASP investigations occurred where physical harm was present, 23% of ASP investigations were conducted where there was evidence of financial harm and 17% related to emotional harm.

The third infographic relates to who is receiving support. The data tells us that 35% of all ASP investigations conducted 35 related to those with dementia and 33 related to those considered to be frail. 26 investigations were used for those with a diagnosis of learning disability, 18 were used for those considered to be in old age. A further 17 were completed with those with mental ill health and 1 used here substance use was prevalent.

The fourth infographic tells us about the impact of the adult at risk. It tells us that between 1 April 2022 and 31 March 2023, 98.2% of all AP concerns received were screened within 24-hour hours of being received. Our data tells us the within this reporting period, we saw a 22% reduction in the use of an ASP inquiry, but a 32% increase in the use of an ASP investigation. The full APC Biennial report gives more analysis to this.

The fifth infographic relates to where harm happens. The data tells us that 42% of harm occurs in the adult's own home, 41% occurs in a care home setting and 17% happens elsewhere

The next infographic tells us what age group is most at risk. 33% of all ASP activity relates to those aged 81 and over. 22% relates to those who are aged between 65 and 80.

The seventh infographic gives us a very short summary of what the APC did between 2022 and 2023. It tells us that we made progress with the APC improvement plan, we had our joint ASP inspection, we strengthened relationships across all public protection partners, and we implemented better arrangements for protecting residents in care home settings.

The next infographic tells us that in this reporting two-year period, we secured four formal protection orders. More is discussed about this in the main report.

The last infographic tells us what our priorities are going forward. We see the need to improve our engagement in the ASP episode with adults, families and carers. We want to engage better with those who work within the violence against women sector and strengthen our relationship with those who work with young adults and who work in the transition between child and adult protection. We want to make better connections with other protection services, and we want to improve on how we improve our practice with the better use and analysis of ASP data.

Minute

Perth & Kinross Health & Social Care Partnership

P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on 28 November 2023 at 1pm via

Microsoft Teams

(Recorded for Minute purposes only)



Present

Ian McCartney	Service User Representative (Chair)
Jacquie Pepper	Chief Officer, P&K Health & Social Care Partnership
Zoe Robertson	Interim Head of ASWSC/Commissioning (Vice Chair)
Kenny Ogilvy	Interim Head of ASWSC/Operations
Evelyn Devine	Head of Health
Lisa Milligan	Service Manager, Primary Care
Julie Hutton	Chief Executive of Independent Advocacy
Angie McManus	AHP Lead
Melvyn Gibson	Carers' Representative
Donna Mitchell	Interim Chief Finance Officer
Tia Dixon	Locality Manager
Rhona Pollok	Team Leader, Planning & Commissioning
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Christopher Lamont	Senior Service Manager - Mental Health services
Maureen Summers	Chair of Carers' Voice & Carers'
Angie Ferguson	Perth Autism Support CEO/Autism Rep
Valerie Davis	Lead Nurse
Jonathon Cobbald	
Shara Lumsden	(Minutes)

Apologies

David Stokoe	CPP
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Anna Cunningham	Locality Integration Programme Manager
Sandra Auld	Service User Representative
Amanda Taylor	Senior Service Manager for Older People, Palliative and Urgent Care
Raymond Jamieson	Young Carers' Rep (PKAVS)
Alison Fairlie	Service Manager
Danny Smith	GP Clinical Lead
Christopher Jolly	Service Manager Business Planning & Performance
Angela Milne	North Locality Manager
Karyn Sharp	Service Manager
Bernie Campbell	Carer Representative
Dave Henderson	Scottish Care – Independent Sector Lead
Maureen Taggart	Alzheimer Scotland/Older People
Ingrid Hainey	Hillcrest Futures/Substance Use Rep
Phil Jerrard	Business Support, HSCP
Bill Wood	Sense Scotland/Learning Disability Rep

1. WELCOME AND APOLOGIES

IM welcomed everyone to the meeting.

2. Community Mental Health and Wellbeing Strategy

CL provided an overview of a recent Mental Health Symposium held at the Gannochy and an annual update on Community Mental Health & Wellbeing Strategy (CMHWB).

Key Themes:

- Good Mental health for all – Prevention and Early Intervention.
- Access to Mental Health Services and Support.
- Co-ordinated Working and Person-centred support.
- Participation and Engagement to ensure everyone's voice is being heard.
- Review of workforce requirements on a continuing basis.

Mental Health statutory services currently have a total of 4,835 people involved with various services (not including Third Sector).

Perth and Kinross Burden of Disease Mental Health Data showed the highest population are suffering from Alzheimer's and other Dementias.

ECT and Therapeutics Service based on the Murray Royal site has recently been awarded Excellent Accreditation from a national perspective.

System wide Collegiate working and support: Mindspace, the Neuk and the Lighthouse. Consistently looking at improving pathways and discussing what services could be aligned in a productive manner. Meeting was held to discuss developing a Mental Health Conference in 2024.

Key Challenges:

- Recruitment and Retention of Staff – although there is improvement there is significant issues around recruitment of medical staffing and AHPs which is the same at national level.
- Winter Pressures and Increase demand – outbreaks of flu, bed pressures etc.
- Tackling Suicide rates.
- Future Financial Challenges.

Discussion around Dementia which is covered in the Older Peoples Strategy. Dementia Transformation Programme which will look at how services will be delivered over the next 5 – 10 years.

Suicide figures in 2022 were higher than Dundee. CL confirmed the suicide rates were the highest in Scotland last year but by head of population.

Delayed Discharges query was raised – although performing well in relation to discharges, the admissions rate was the highest in Scotland.

In relation to the new Health Hub in Murray Royal, the last sentence is confusing. What it is going to be delivering physical health, wellbeing advice for patients/carers, opportunity to signpost to other services, undertaking basic health screening such as BP monitoring. Then it states, 'This service is staffed by volunteers with lived experience'. Is it only going to be effective if it is only volunteers that are going to be there. CL confirmed that it is in conjunction with the Move Ahead with qualified nurses who do the physical health checks. There are people that work there on voluntary basis which was the driver behind it. Additional monies were secured which was used to purchase better equipment, signage, leaflets, and information. It is accessible 24-7 but it is manned 4 full days per week.

Developing the thinking around the new model of care that looks at the whole journey. Peter Le Fevre to be invited to a future agenda.

CL

Update on Suicide Prevention work – JM advised that a campaign would target areas or places where men might be or professions where men are more likely to be exposed in terms of loneliness or jobs where they are isolated. There are community services available but there is no handover when people are discharged from hospital. The staffing levels are not there for people to be brought down to other services. Barriers working with the wards and staff changing regularly, unable to develop a working pattern.

AF to discuss the Mental Health Triage Model at a future meeting.

AF

When looking at the spike for rise in suicides, IM suggested looking at the Estate and Farm workers especially around working conditions

The **STRATEGIC PLANNING GROUP:**

- Noted the local and pan Tayside developments that are being progressed in accordance with the CMHWB Strategy and approve its continuation and direction for year 3.
- Acknowledge the numerous and complex factors influencing this work.

3. Tayside Primary Care Strategy

Setting out the vision of Primary Care Services over the next 5 years and the aims that they will be delivering the proactive and community-based health and wellbeing. Engagement with a wide range of groups and identified key priorities for prevention and proactive care, reducing inequalities and delivering care closer to people.

Perth and Kinross are the only partnership which has 5 branch GP surgeries. Branch surgeries have closed in Luncarty/Bankfoot. The people in Luncarty now need to go to the GP Surgery in Stanley. This causes issues for our older people population, having to travel longer distances to see a doctor. Transport issues raised, intermittent buses and regularly late therefore people missing their appointments. Rurality an issue particularly when accessing Ninewells, Dundee to see a consultant.

Members of the Strategic Planning Group suggested consultants should have days in Perth to see patients who live in Perth and Kinross. The group highlighted the differences in Perth and Kinross to Dundee for people to see a GP given these factors.

Public Partner and Carer representatives felt that the plan, which has some positive and nice statements, didn't reflect reality. That the section describing to care closer home wherever possible and working with partners was right but not what they or the groups they represent experience.

There was concern that the Primary Care Strategy and others are setting high expectations and that we are not always able to meet those. There was an ask for more realistic statements that reflect ambition but tempered by the reality of funding available and our ability to deliver.

The **STRATEGIC PLANNING GROUP** asked for further opportunities to engage with the production of this strategy.

4. Strategic Commissioning Plan Progress Update

ZR discussed the Joint Strategic Needs Assessment (JSNA) and Strategic Commissioning Plan Consultation which will go the IJB tomorrow.

An Integration Authority is required to review its Strategic Commissioning Plan at least every three years and may carry out additional reviews from time to time. Then following must be considered:

- The national health and wellbeing outcomes.
- The indicators associated with the national outcomes.
- The integration delivery principles.
- The views of the Strategic Planning Group.

Aims of the Consultation:

To involve people in shaping the future of health and social care services.

To develop a better understanding of what matters to people.

To inform people of the challenges facing the HSCP and seek their views on:

- What did they feel, think, and want?
- What needs to be changed or improved?
- How could things be done differently?
- Provide a range of opportunities for people to engage with the consultation on the development of the strategic plan.

The first draft will go to the IJB in February 2024.

The Carer representative on the group felt that we should have a Dementia Strategy. The group discussed population migration, particularly those of retirement age and the popularity of Perth and Kinross compounding our ageing population issues and demands for services.

The group agreed that there should be a Dementia Strategy or to be a fundamental part of the Older Peoples Strategy. There needs to be a specific focus around Dementia.

5. A.O.C.B.

The Strategic Planning Group will be more active in discussing reports prior to reports going to the IJB in 2024.

There is a review being discussed by the Scottish Parliament on rural health and social care will have an impact on Perth and Kinross and the Highlands/Islands. Need to think about whether the experiences in Perth and Kinross should go as a submission to that committee about how the provision of health and social care in Scotland is organised and funded differently.

Date of Next Meeting: 6 February 2024 1-4pm

DRAFT



PERTH & KINROSS INTEGRATION JOINT BOARD

14 FEBRUARY 2024

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

**Report by Chief Officer
(Report No. G/24/5)**

PURPOSE OF REPORT

This report provides the Chief Social Work Officer's overview of social work services in Perth and Kinross during 2022/23. It sets out how social care, social work, and criminal justice social work services, have been delivered up until end of March 2023, and in some instances up to end of July 2023. It covers the key challenges that have continued, many associated with Covid-19 and outlines the additional needs and demands that were managed over the year for our most vulnerable and at-risk citizens. The report also details the arrangements to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board (IJB):

- Notes that this report will be submitted to Perth & Kinross Council for approval on 6 March 2023; and
- Notes the content of the report as it pertains to services delegated to the Integration Joint Board.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).
- 2.2 Scottish Ministers published statutory guidance in 2016 on the role of the CSWO for local authorities and partnerships which have certain social work functions delegated to them. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and the updated guidance sets out the importance of the CSWO role within Integrated Joint Boards.

- 2.3 The CSWO is accountable to elected members of the Council and must be:
- a qualified social worker, registered with the Scottish Social Services Council;
 - designated as a 'proper officer' of the local authority;
 - of sufficient seniority and experience in both the operational and strategic management of social work services; and
 - a non-voting member of the integration authority.
- 2.4 The CSWO is a role and function, rather than a specific job description and is therefore distinct from the post holder's operational management responsibilities and from the role of the chief officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:
- professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
 - strategic and professional leadership in the delivery of social work services;
 - assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
 - support for performance management and the management of corporate risk.
- 2.6 Together with the CSWO, elected members have duties to oversee effective, professional, and high-quality social work and social care services are delivered to professional standards. The annual CSWO report and its consideration by Perth and Kinross Council and the Perth and Kinross Integrated Joint Board is one important way to accomplish this. The CSWO annual report is an opportunity to gauge the quality of performance of social work and social care services and to identify the challenges for continuing to meet the needs of local people and communities into the future. The Office of the Chief Social Work Adviser (CSWA) uses all 32 CSWO Reports to produce a national summary report, and this provides an opportunity to set our local social care and social work services in the wider national context.
- 2.7 Over 2022/23 the CSWO role was carried out by Jacquie Pepper alongside her responsibilities as Chief Officer for the Health and Social Care Partnership. The Interim Head of Adult Social Work and the Head of Services for Children, Young People and Families deputised and provided cover when required.
- 2.8 Perth & Kinross Council approved a new Executive and Strategic Leadership Structure in June 2023. This will result in a reduction in the numbers of officers at strategic leadership level and reflects an ongoing focus on efficiency, better integration of service functions and the prioritisation of frontline services. The statutory role of the Chief Social Work Officer will now

be aligned to the Strategic Lead for Children, Families and Justice and the job profile ensures that the statutory qualifications and experience are met by the new postholder. Transitional arrangements are in place and the new Strategic Lead took up post on 29 January in 2024. The current Chief Social Work Officer will continue in the role of Chief Officer for Health and Social Care.

3. PROPOSALS

- 3.1 The report considers how social work and social care services have been delivered over the last financial year (1 April 2022 to 31 March 2023). It identifies the challenges which have faced social work and social care services. There continues to be a significantly higher workload at our “front door” services however, the Council’s social work services are performing very effectively to fulfil statutory responsibilities and address this increased demand. Our social work services can demonstrate notable successes in redesigning services, providing earlier intervention, and successful efforts to achieve continuous improvement in key areas.
- 3.2 The report highlights the challenges associated with delivering highly effective services in the face of increased levels of need for support and protection. The data and information in this report shows that our social work and social care services are intervening earlier and preventing escalation of difficulties within families and vulnerable adults. Increasing numbers of concerns are being reported for both children and vulnerable adults and social work staff are addressing these at an early stage. The effectiveness of this earlier intervention has reduced the number of children and young people for whom formal child protection measures are required.
- 3.3 The Perth and Kinross Child Protection Committee in compliance with Scottish Government guidance, publishes an annual Standards and Quality (S&Q) report. This report is routinely presented to Perth and Kinross Council annually and is usually considered alongside the CSWO annual report. The Child Protection Committee concluded that improved multi-agency partnership working (in particular with the third sector), recent service re-design, a shift towards much earlier intervention, with support being provided at a much earlier stage have all had a bearing on the effectiveness of interventions and keeping children out of the child protection system. Effective use of multi-agency child or young person’s plans co-ordinated by social workers as lead professionals is also reducing the need for formal multi-agency child protection procedures.
- 3.4 Over the last few years new processes and an emphasis on a multiagency response for vulnerable adults has ensured more people are protected through protection plans. Over 2022/23, a 30% increase in adult protection concerns was received by adult social work teams. This coincides with increased publicity to raise awareness about adults at risk of harm. Notwithstanding this steep increase in the numbers of adult protection concerns, almost all (98.2%), were screened by social workers within 24-hours. This is notable performance in the face of increased demand. The number of initial Adult Support & Protection case conferences increased by

15% in 2022/23 which demonstrates the increased use of multi-agency assessment and protection planning.

- 3.5 A joint inspection of Adult Protection in Perth & Kinross led by the Care Inspectorate reported in August 2022. This was part of the Scottish Government's improvement programme for adult support and protection. The inspection findings were positive and identified strong multi-agency adult support and protection arrangements in Perth and Kinross. Key strengths included leadership and governance, multiagency arrangements and policies and processes. Areas for improvement included engagement of adults in ASP process and use of medical examinations and these actions are set out in the Adult Protection Committee's Improvement Plan.
- 3.6 There was a reduction in the overall number of looked after children and this is most notable in the number of children looked after at home which has reduced by 58%. This demonstrates the effectiveness of voluntary support and intervention with families and reducing the need for compulsory measures.
- 3.7 The number of children looked after away from home in all settings has slightly increased and this is placing pressure on the associated budgets for looked after children, particularly residential placements. The Council provided additional non-recurring funding of £1.952k in March 2023 to offset budget pressures for looked after children & young people in residential placements. Prior to the pandemic there had been significant impact through the implementation of REACH which introduced a successful team to prevent the need for residential care for young people in crisis. During 2022-23, young people with complex behavioural problems post Covid, struggled to manage in the community and the number requiring specialist residential care increased. The increase in numbers is small but these specialist placements come at a high unit cost.
- 3.8.1 The key challenges going into 2023/24 will be:
- pressing ahead with review and transformation to secure earlier intervention and prevention in the context of demand pressures and considerable budget constraints;
 - continuing to meet our corporate parenting responsibilities through the corporate parenting plan, Our Promise to You;
 - continuing the support for care home and care at home services to manage the ongoing impact of COVID-19 and to reduce levels of unmet need for care at home;
 - implementation of MOSAIC by June 2024 to create a fit for purpose social work and social care IT system and associated staff development;
 - managing the financial pressures and increasing demands across all sectors;
 - responding to workforce pressures and recruitment challenges in social care services;

- working in partnership with key third sector organisations to deliver a range of essential services and continuing to explore areas for collaboration and jointly commissioning services with partners;
- developing and implementing new workforce development programmes in trauma-informed practices, public protection and disseminating learning from case reviews; and
- prepare for the establishment of the National Care Service and National Social Work Agency.

4. CONCLUSION AND RECOMMENDATION

- 4.1 The CSWO's assessment of performance over 2022/23 is that overall performance in securing high quality experiences for people who use social work and social care services has remained positive overall despite major challenges. The demand for social work and social care services has continued to increase in almost all areas.
- 4.2 Determined and committed staff are delivering a high quality of service to our citizens and continuing to innovate, improve and adapt practices. That is a huge achievement and demonstration of the contribution our social care and social work staff can make to the experience of our most vulnerable citizens. There is a need to ensure that this staff receive support for their health and wellbeing to stay well and to continue to provide essential and critical services in the longer term.
- 4.3 The Council and the Integrated Joint Board must work with the new Chief Social Work Officer to keep under review the adequacy of social work and social care staffing to meet the increased level of needs and demands and ensure statutory responsibilities are met.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	Yes
Resource Implications	
Financial	None
Workforce	Yes
Assessments	
Equality Impact Assessment	None
Risk	Yes
Other assessments (enter here from para 3.3)	None
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	None
Directions	None
Communication	
Communications Plan	None

1. Strategic Implications

- 1.1 Strategic Commissioning Plan The information and assessment of performance has implications for the IJB Strategic Commissioning Plan.
- 1.2 n/a
- 1.3 Transformation The information and assessment of performance has implications for the HSCP Transformation Programme.
- 1.4 n/a

2. Resource Implications

2.1 Financial

There are no financial implications arising from this report for the IJB however, the content in relation to social work services for adults should assist the IJB in its budget setting.

2.2 Workforce

The HSCP 3-year workforce plan identifies actions to ensure that there is an adequate workforce in social work and social care.

3. Assessments

3.1 Equality Impact Assessment

Assessed as **not relevant** for the purposes of EqIA at this stage. T

3.2 Risk

There is a risk that the adequacy of social work and social care staffing is insufficient to meet the increased level of needs and demands and ensure statutory responsibilities are met. This should be kept under review by the IJB.

3.3 Other assessments

4. Consultation – Patient/Service User first priority

4.1 External

The Annual Chief Social Work Officer report is shared with Scottish Government.

4.2 Internal

The Council's Executive Leadership Team has been consulted on this report.

4.3 Impact of Recommendation

N/A

5. Legal and Governance

5.1 N/A

6. Directions

N/A at this stage.

7. Communication

7.1 N/A

2. BACKGROUND PAPERS/REFERENCES

9. APPENDICES

Chief Social Work Officer Annual Report 2022/23



Chief Social Work Officer Annual Report 2022-2023

A Perth and Kinross where everyone can live life well, free from poverty and inequalities.

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Introduction

The national context for social work and social care in 2022-23 was characterised by significant policy and legislative change including the proposals for a new National Care Service and to #Keep the Promise. This report references the continued commitment and dedication of the social work and social care workforce across the Council as we continue to recover from the pandemic phase of Covid-19. The impact of the pandemic on our communities, services, and staff, however, has continued alongside the cost-of-living crisis and its significant, adverse effect on communities already struggling. This alongside our demographic challenges translates into more people reaching a point where they require social care and/or social work support and intervention.

We have maintained a focus on delivering social work and social care services that address risks in a context of continuous improvement. Our staff are highly committed and dedicated to serving the needs of our population and this report demonstrates that early intervention and prevention is having a positive impact.

During 2022-23, the Perth and Kinross multi-agency partnership was subject to a joint inspection of adult protection arrangements led by the Care Inspectorate. The findings were very positive concluding that the leadership for protecting people was very effective with major strengths. This was supporting positive experiences and outcomes for adults at risk of harm. The inspection also validated a number of areas of good practice in our work to protect vulnerable adults.

Work to support care homes for older people established early on in the pandemic has continued to be a key focus providing enhanced support through our local Care Home Oversight Group. A pan-Tayside Care Home website was launched in early 2023 to make it easy for professionals to access key information and guidance. This includes training and development opportunities for the care home sector in important areas such as supporting nutrition.

This report provides detail and assurance on how statutory social work responsibilities are being delivered. The report gives an overview for 2022- 2023 and highlights some key achievements and challenges for services over the reporting year and priorities for the period ahead. I hope it is a helpful insight into social work activity in Perth & Kinross over the past year and how we will continue to work with our communities to improve lives with compassion and kindness in the year ahead.

Jacquie Pepper

1 Governance, Accountability and Statutory Functions

The role of Chief Social Work Officer (CSWO) is a statutory requirement, and the functions include providing professional governance, leadership, and accountability for the delivery of social work and social care services. The CSWO reports to the Chief Executive, Elected Members, and provides professional advice to the Integration Joint Board. The current CSWO has held the statutory role for the Council since 2017 and has continued to fulfil the responsibilities of CSWO on behalf of the Council after being appointed to the role of Chief Officer, Health & Social Care Partnership in May 2022.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers, and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues.

During 2022/23, the CSWO discharged the requirements of the role on behalf of the Council as follows:

- Oversight of a range of reports relating to social work and social care to Perth and Kinross Council committees.
- Member of the Council's Executive Leadership Team.
- Access to elected members, Chief Executive and Chief Officers as required.
- Member of the Perth and Kinross Chief Officers Group for Public Protection.
- Corresponding member of the Adult and Child Protection Committees.
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB) recognising that this was performed alongside the Chief Officer role.
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee.
- Oversight of the Health and Social Care Partnership's Care and Professional Governance Forum with delegation of the Co-chairing role to the Interim Head of Adult Social Work during the year.
- Oversight of the Tayside-wide COVID-19 Enhanced Professional Clinical and Care Strategic Oversight of Care Homes Group (SOCHG) and the local Perth & Kinross Care Home Oversight Group.
- Decisions in relation to the implementation of secure care orders for young people.
- Overseeing Guardianship Orders on behalf of the Council.
- Accrediting and validating Mental Health Officer training and practice requirements.
- Leading on the submissions to the Scottish Child Abuse Inquiry and providing evidence to the Inquiry in December 2022.
- Leading the PVG Panel for the Council to support safe recruitment.

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at-risk groups needs are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment, ensuring proportionate decision making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families, as senior social work leaders, supported the CSWO to have oversight of key local, regional, and national developments and considering the most appropriate local response. Hazel Robertson, Head of Services for Children, Young People and Families and Kenny Ogilvy, Interim Head of Adult Social Work deputised for the CSWO providing full-time cover for key decisions that cannot be delegated.

Nationally, the CSWO deputies take part in meetings of all 32 CSWOs supported by Social Work Scotland.

Changes in Strategic Leadership and Chief Social Work Officer in 2024.

Perth & Kinross Council approved a new Executive and Strategic Leadership Structure in June 2023. This will result in a reduction in the numbers of officers at strategic leadership level and reflects an ongoing focus on efficiency, better integration of service functions and the prioritisation of frontline services. The statutory role of the Chief Social Work Officer will now be aligned to the Strategic Lead for Children, Families and Justice and the job profile ensures that the statutory qualifications and experience are met by the new postholder. Transitional arrangements are in place and the new Strategic Lead will take up post early in 2024. The current Chief Social Work Officer will continue in the role of Chief Officer for Health and Social Care.

2 Service Quality and Performance

2.1 Child Protection

Protecting children and young people from harm, abuse, neglect, and exploitation is a key priority for the Council reflected in the Council's Corporate Plan with actions to ensure we quickly identify children, young people, and adults at risk of harm and abuse and take the necessary actions to keep them safe.

This report highlights the challenges associated with delivering highly effective services in the face of increased levels of need for support and protection. The data and information in this report shows that our social work and social care services are intervening earlier and preventing escalation of difficulties within families. Increasing numbers of concerns are being reported about children and young people and staff are addressing these at an early stage. The effectiveness of this earlier intervention has reduced the number of children and young people for whom formal child protection measures are required.

The number of Child Concern Reports received by the Council's Child Protection Duty Team in 2022/3 increased by 967 which is a 14% increase on 2021/22. This is placing increasing pressure on front line social work teams as all of these concerns are screened to ensure that those children at risk of abuse, neglect and harm receive prompt help.

Positively, we can see from the data that there are fewer numbers of children progressing through child protection processes such as Initial Referral Discussions, Child Protection Investigations and Child Protection Meetings. However, it does mean that valuable expertise and resource is being used to assess children whose wellbeing is giving some cause for concern and who are not likely to require ongoing social work intervention.

The number of children and young people whose names have been placed on the child protection register has reduced since 2020 and at 31 July 2023 had fallen to 49 from 97 in 2020. This is the lowest number since 2013.

There is evidence that children and young people continue to receive high quality care, support, and protection. Increasingly, multi-agency child protection plans are effective in reducing risk and improving family circumstances. This is demonstrated by data that shows that children and young people are managed via the Child Protection Register for shorter periods, with sustained progress and positive longer-term outcomes evidenced.

Most child protection registrations last less than a year and the number of children and young people who remain on the child protection register for 12 months or more has continued to show a reduction over the year. The length of registration peaked in 2020/21 due to the impact of Covid-19. Re-registration has returned to previous levels following a sharp decrease in 2020/21.

The preventative work by social work teams to reduce risks and improve outcomes for children outside of the child protection process cannot be underestimated. Social workers are carrying out the role of lead professional with families supporting change and improvement.

Key processes and performance data

There are agreed timescales for holding Child Protection Case Conferences and **85% of Initial CPCCs and 95% of Pre-Birth Case Conferences met agreed timescales**. This is an area of continuous monitoring as it is a strong indicator of quick and effective action to ensure that children who may be at risk are protected via multi-agency protection plans.

An Inter-Agency Referral Discussion (IRD) is the start of the formal inter-agency process of information sharing, assessment, analysis and decision-making about the abuse or neglect of a child or young person up to the age of 18 years. **The number of Inter-Agency Referral Discussions (IRDs) has fallen by 16%**. This reduction can be attributed to a number of factors, including recent and ongoing service re-designs, and improved multi-agency working arrangements; which encourage identification, intervention, help and support at a much earlier stage; thus, preventing the need for IRDs.

The number of Child Protection Investigations reduced by 10% in line with the reduction in the number of IRDs being carried out. Conversely, the number of children and young people being considered at a multi-agency Initial Child Protection Case Conferences (ICPCCs) has remained relatively steady over the last three years.

The number of new registrations on the Child Protection Register has remained steady, with no change this year. Of the 67 children and young people being considered at an Initial CPCC, 58 (87%) had their names placed on the Child Protection Register. This is a high rate of conversion indicating that the right children were considered at multi-agency child protection case conferences. All children and young people whose names were recorded on the Child Protection Register went on to be safeguarded via a multi-agency Child Protection Plan, coordinated by a Lead Professional Social Worker.

Unborn babies and young children under 5 years made up the majority of children whose names were recorded on the Child Protection Register reflecting their vulnerability.

Quality Assurance and improving practices in protecting children and young people.

The self-evaluation plan for 2022/23 included a multi-agency audit/review of IRDs. Between October and November 2022, a multi-agency team of reviewers with representation from Social Work, Police, Health, and Education reviewed and examined 10 IRDs retrospectively.

These related to 10 children and young people, aged 0 – 16. This was a small-scale sample study and was carried out as a proof-of-concept exercise. The methodology has now been implemented across Tayside. Our established approach to IRDs is in keeping with practice outlined in the National Guidance for Child Protection in Scotland.

Services for Children, Young People and Families appointed a Child Protection Case Conference (CPCC) Coordinator, which represented a significant investment into multi-agency child protection arrangements. The purpose was to improve performance and the experience of children, young people and their families and the following improvements are evidenced:

- the coordinator chairs all CPCCs (Pre-Birth; Initial and Reviews) providing independence and consistency;
- quality of assessments, chronologies and reports has improved with the coordinator providing feedback to improve quality and practice;
- improved relationships and participation of children, young people and their families;
- feedback from parents and carers has been overwhelmingly positive [*“I now know the situation and people and I am more comfortable as I find new people challenging”* and *“it’s been consistent, that’s a good thing, you don’t have to keep going over everything again and again”*]; and
- fewer cancellations of meetings through use of new technology.

The Perth and Kinross Child Protection Committee in compliance with Scottish Government guidance, publishes an annual Standards and Quality (S&Q) report. This report is routinely presented to Perth and Kinross Council annually and is usually considered alongside the CSWO annual report. The Child Protection Committee concluded that **improved multi-agency partnership working (in particular with the third sector), recent service re-design, a shift towards much earlier intervention, with support being provided at a much earlier stage have all had a bearing on the effectiveness of interventions and keeping children out of the child protection system.** Effective use of multi-agency child or young person’s plans co-ordinated by social workers as lead professionals is also reducing the need for formal multi-agency child protection procedures. A high-level infographic produced by the CPC is set out below.

CPC Standards & Quality Report 2022/23 Summary

Numbers Increasing:



Child Concern Reports (14% increase)
Initial CPCCs (14% increase)
Re-registrations on the CPR (21% increase)
Unborn baby referrals (1% increase)
Medical Examinations (22% increase)

changes compared with 2021/22

Numbers Decreasing:



Inter-Agency Referral Discussions (16% decrease)
Child Protection Investigations (10% decrease)
Children on CPR at July 23 (11% decrease)
Referrals to Children's Reporter (11% decrease)
Child Protection Orders (8% decrease)
Joint Investigative Interviews (32% decrease)

changes compared with 2021/22

Nature of concerns



30% of all CCRs relate to a **trilogy** of complex vulnerabilities and/or variations thereof
18% domestic abuse
7% parental mental ill-health
5% problematic parental drug and/or alcohol use



Improvements seen in:



Updated inter-agency practice guidance



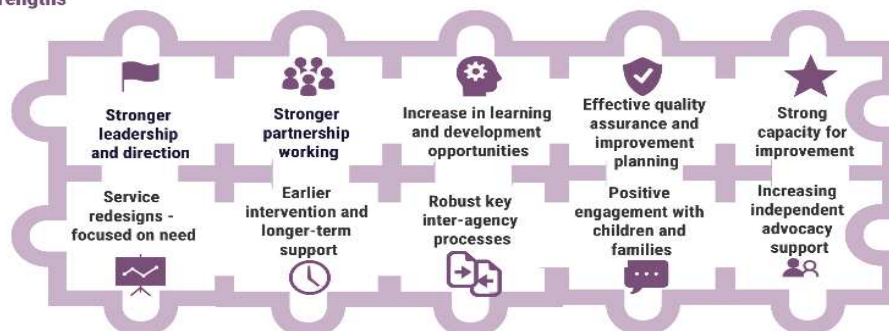
Inter-agency key decision making processes



Use of data to inform the work of the CPC

Public-facing website and training offer uptake

Strengths



Better Outcomes for Children and Families

2.2 Out of Hours Social Work Service (OOHS)

A generic out of hours social work service is provided by the Council which operates evenings, weekends, and throughout public holidays. This ensures that the statutory social work functions can be carried out by qualified and experienced practitioners at all times. The OOHS was managed by Services for Children Young People and Families during 2022/23.

The work carried out by out of hours social workers includes child or adult protection and mental health officer responsibilities, and this service is fundamental to fulfilling our statutory duties.

Performance data shows a 50/50 split in contacts for adults and children/young people. **Almost all of the individuals referred have had prior involvement with social work services and just over half had a current involvement.**

The team has experienced **a growth in the workload since 2020 of just over 30%** indicating the importance of the work that is carried out outside of office hours.

2.3 Children and Families Social Work Services

Child Protection & Duty Team

A Multi-Agency Screening Hub (MASH) was introduced in July 2022. Weekly MASH meetings bring together Social Work, Health, Education and Third Sector partners to review children and families that have been referred to the [Child Protection Duty Team](#) that are assessed as not requiring an immediate or child protection response. This allows appropriate responses to the identified needs of the child/family and allocation to the service best suited to meet those needs. The MASH promotes a whole family approach and ensures an early and non-statutory response wherever possible. **Between July 2022 and April 2023, 192 children were discussed and offered a service.** The impact of the MASH is being seen in the reduction of the numbers of children experiencing child protection processes.

The infographic below shows the impact the introduction of the MASH has had on staff across services.



2.4 Looked After Services

There were 250 Looked After Children as at the end of July 2023.

- 82% (207 children) were looked after away from home in a community setting (which means they were living in foster care or with kinship families);
- 11% (29 children) were looked after at home (which means they were living at home with their parents/families and the subject of compulsory supervision via the Children's Hearing); and
- 5.6% (14 children) were looked after in a residential setting.

It is helpful to compare the position with pre-Covid-19 levels and 2019 data and in July 2019 there were 282 Looked After Children.

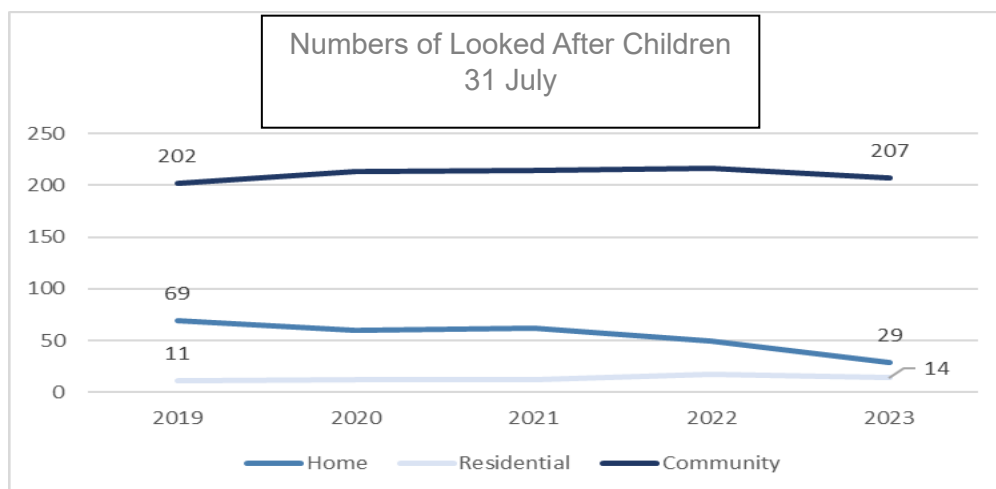
- 72% (202 children) were looked after away from home in a community setting;
- 24% (69 children) were looked after at home; and
- 4% (11 children) were looked after in a residential setting.

There has been a reduction in the overall number of looked after children and this is most notable in the number of children looked after at home which has reduced by 58%. This demonstrates the effectiveness of voluntary support and intervention with families and reducing the need for compulsory measures.

The number of children looked after away from home in all settings has slightly increased and this is placing pressure on the associated budgets for looked after children, particularly residential placements. Prior to the pandemic there had been significant impact through the implementation of REACH which introduced a successful team focused on preventing the need for residential care for young people in crisis. The increase in numbers is small but these specialist placements come at a high unit cost. During 2022-23, young people with complex behavioural problems post Covid, struggled to manage in the community. An additional one-off funding allocation of £1.952k was agreed by Council on 1 March 2023 to offset this.

We know that the social and emotional impact of Covid-19 has had a major impact on risk taking behaviour amongst young people which has resulted in an increased requirement for residential placements as the most suitable care option for older young people. **The highly effective impact of the REACH team is continuing keep the numbers of children and young people requiring residential placements down.** This situation is being monitored closely with a strong emphasis on enabling the young people to return home and community.

Table 1 Numbers of Looked After Children 31 July 2023



Stability and maintaining family relationships is also an important aspect of providing high quality care. Performance has improved over the year **with 81% of children and young people experiencing a single placement.** It is a priority to ensure that brothers and sisters can remain together in care placements whenever possible. This can be a challenge for large family groups. As of March 2023, **78% of brother and sister groups were either all placed together, or, had two or more brothers and sisters in the same placement** evidencing a commitment to achieving a key outcome within the Promise.

The Family Focus Team is responsible for the coordination of supervised and unsupervised contact arrangements between parents and their children who are looked after. The frequency, duration and nature of these contacts are often specified by the Court or Children's Hearing and must be adhered to. Over 2022/23, **1612 contact sessions were supervised involving 42 families.** 198 contacts had been cancelled due to: illness (children and also parents), non-participation of parents (failing to attend or attending under the influence of substances etc). This data shows the significant role of this team in

maintaining relationships between parents and children and ensuring the best conditions for a return home or for retaining meaningful links with their families if that is not possible.

Young Carers

As part of the Scottish Government's commitment to recognising the contributions of young carers across Scotland, a [Young Carers Package](#) has been introduced. This includes digital vouchers, subscriptions, and exclusive opportunities available to young carers aged 11 to 18 years old to help them make the most of their free time and provide support in their caring role. **Through the YoungScot portal 96 young carers in Perth and Kinross have signed up for the Young Carers Package and claimed 1266 entitlements.**

2.5 Criminal Justice

Community Justice and Safety Partnership

The Community Justice and Safety Partnership (CJ&SP) undertook several focused Strategic Needs and Strengths Assessments (SNSA) during the reporting period, in preparation for a new [Community Justice Outcome Improvement Plan](#) which was launched in July 2023.

Several tests of change were initiated in collaboration with Alcohol and Drug Partnership including:

- Arrest Referral (July 2022)
- Complex Needs Co-Ordinator (September 2022)
- Voluntary Throughcare (March 2023)
- Specified Worker (January 2023).

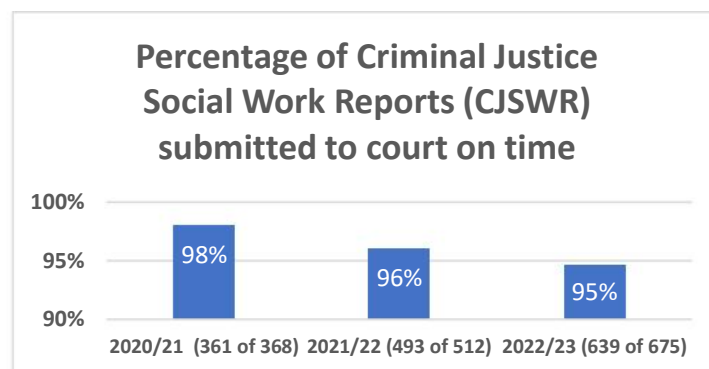
Learning highlighted the need for co-ordinated / collaborative working and the criminal justice Third Sector Forum was re-established in August 2022. The Community Safety Third Sector Collaborative has an expanded membership. An infographic created by the group and a list of participants can be viewed in Appendix 1. The Collaborative now routinely meets ahead of CJ&SP meetings, improving participation and supporting a more collaborative approach.

Performance Data for Criminal Justice Social Work Services

The Criminal Justice Social Work Service monitors the volume of reports provided to Court. **Average report volume during 2022-23 was 56 reports per month.** An increase in volume was anticipated to clear the COVID-19 backlog but this has not yet transpired and will continue to be monitored during 2023-24.

There has been an 83% increase in the number of reports requested by the Courts over the last 3 years. This has had an associated impact on the level of performance in providing reports to the Court on time which has reduced by 3% over that period. This is notable performance by the service in the face of increased demand.

Table 2 Percentage of Criminal Justice Social Work Reports submitted to Court on time.

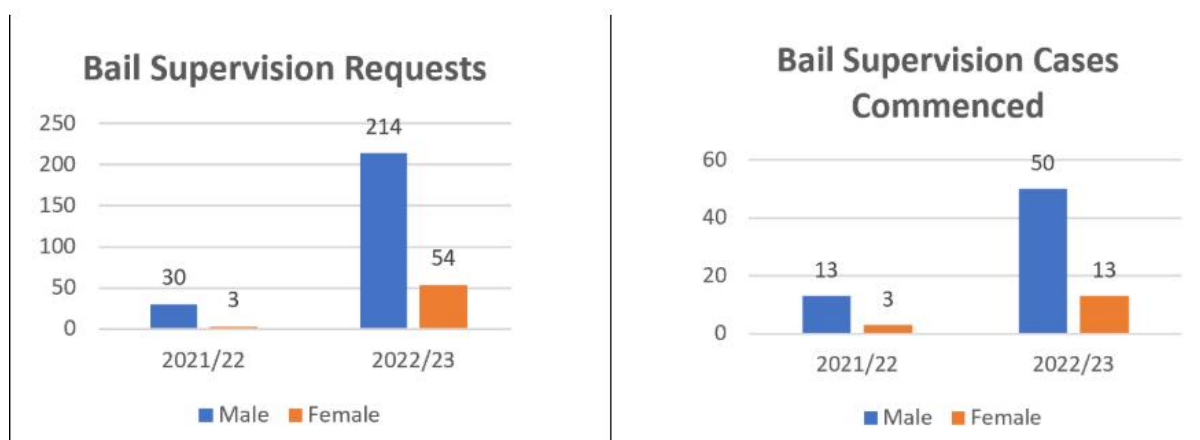


The Scottish Government notified stakeholders in March 2022 about risk and scoring issues with the Level of Service/Case Management Inventory (LS/CMI) IT system, and the system was suspended. This system is used universally across criminal justice social work services to support risk assessment in justice social work. Workers were instructed to undertake manual assessments. Phase one (completion of initial assessment) was not reinstated until March 2023, with a full return (1-8 assessment) later in the year. This has been challenging and time consuming for staff.

A Strategic Needs Self-Assessment was completed for **Diversion from Prosecution (DfP)** in June 2022. A joint training session was delivered by Community Justice Scotland (CJS) and Families Outside to Police and criminal justice social work staff. During the reporting period **there was a 53% increase in the number of people referred for DfP (68 referrals in 21/22 compared to 104 in 22/23)**. Of the 104 referrals received, 78 were suitable for DfP, with only 4 failing to complete the process. **Young people under 18 were the highest grouping referred and this measure is successfully keeping young people out of the justice system.**

Bail Supervision continued to be available to people aged 16 and over, in partnership with Services for Children and Young People and offered as an alternative to remand. **The number of people receiving Bail Supervision increased with 268 requests were received during the 2022-23 period compared to 33 requests during 2021-22.**

Tables 3 and 4 Bail Supervision Requests and Cases Commenced



Electronic Monitoring (EM) commenced in Perth and Kinross in May 2022 complimenting Bail Supervision. Between May 2022 and 31 March 2023, EM was imposed on one person

and a further three assessments undertaken. Bail supervision with EM is expected to increase as a result of the Bail and Release from Custody Bill.

The **Right Track** service uses a trauma informed approach designed to stabilise disordered lives of young people. The service supports 25 to 27 young people at any given time with 34 young people referred over the year. Numbers reduced during COVID-19 but have now returned to pre-pandemic levels. Court outcomes during the reporting period include a further period on Right Track (18), admonished (9), Community Payback Order supervision (6), custodial sentence (2), monetary penalty (1). Sheriffs from Perth Sheriff Court attended the Right Track Kabin in March 2023, to find out more about the project. **The Sheriffs shared how valuable they find the Right Track project as a sentencing option and its effectiveness for young people undertaking practical outdoor tasks and learning new skills.**

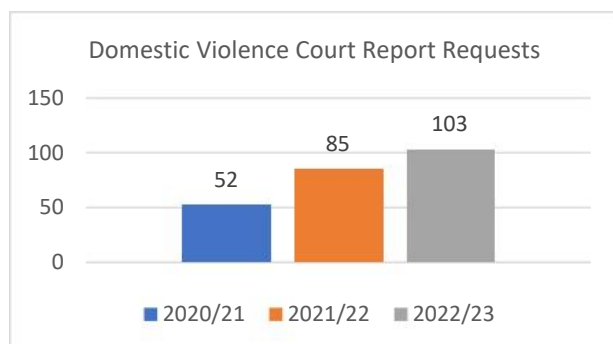
The **One-Stop Women's Learning Service (OWLS)** continues to offer women a safe space where they can access services, improve their mental health, and address offending behaviour. This takes place in a trauma informed environment to help empower women in their life choices. Although OWLS was initially established to work with women on Community Payback Orders, it has expanded to include those on a Throughcare Licence; Supervised Release Order; Bail Supervision; DfP; Voluntary Throughcare and women who occasionally need support after completing their statutory order. **OWLS supported 99 women across the year.**

The **Evolve** men's project is currently considering the learning from a pilot phase and exploring ways to expand into a resource that can be accessed by all male justice clients. This will be rolled out for all men completing Community Payback Orders. A modular groupwork calendar will include core modules on subjects like problem solving and conflict resolution, addiction, and healthy relationship skills. Social groups are also being scheduled to help men develop interpersonal skills and make connections and positive use of their time.

All Criminal Justice Social Work staff were trained in the Caledonian Programme or Spousal Assault Risk Assessment. The roll out of the above training has had multiple benefits – upskilling staff, increasing team resilience and a shared understanding of the aims of case management between staff and other agencies. Some staff at HMP Castle Huntly were also trained in providing Caledonian preparatory sessions with a view to these being completed prior to release. A pilot and subsequent report was completed. Feedback is awaited from SPS regarding next steps.

Domestic Violence Court Report requests have almost doubled between 2020 and 2023.

Table 5 Domestic Violence Court Report Requests



The **Unpaid Work Team (UPW)** continued to explore opportunities to develop partnerships to promote outcomes. Planning took place

between UPW and HMP Perth, to support a Men's Shed in HMP Perth making benches etc with the UPW team supporting the delivery and installation. Full details of UPW activity during 2022-23 is available in the Community Payback Order Annual Report.

Prison Based Social Work (PBSW) at Castle Huntly introduced a Drop-In session (December 2022) for prisoners to raise any issues of concern. This new initiative aimed to offer support and advice to prisoners in a more informal setting whilst building relationships with the PBSW team.

Trauma Informed/Responsive Approach

Clinical supervision, introduced during the last reporting period for staff within the Public Protection Team, was extended to Prison Based Social Work (PBSW) staff at HMP Perth and Castle Huntly in recognition of the impact of vicarious trauma. The Public Protection Team continued to develop Trauma Informed / Responsive Practice following the Epione Training staff received during the last reporting period.



Work has taken place to make meeting rooms at St Martin's House more trauma informed. The unpaid work team decorated the office spaces and built furniture. Work will continue in 2023-24 to develop further Trauma Informed spaces at Westbank (where the unpaid work team and Right Track services are delivered).

Training opportunities are being explored for PBSW staff at HMP Perth and Castle Huntly, and the teams are working with the Scottish Prison Service to develop Trauma Informed interview facilities within these establishments.

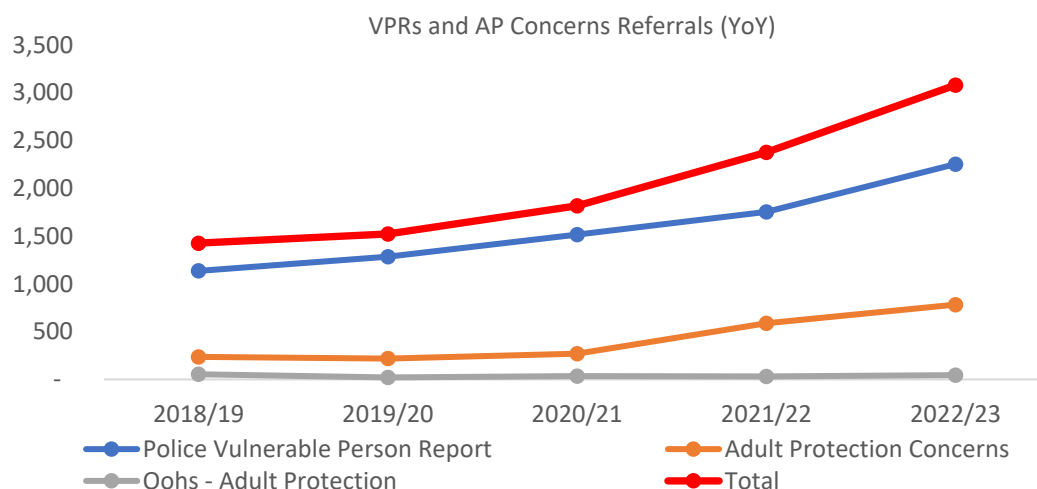
Violence Against Women Partnership (VAWP)

Violence Against Women and Girls is a key priority for **Community Justice** and is a priority for the Perth and Kinross CJ&SP. In the reporting period, the VAWP invited the Improvement Service to undertake some work to consider progress against the principles in Equally Safe.

2.6 Adult Support & Protection

Over 2022/23, a 30% increase in adult protection concerns was received by adult social work teams. This coincides with increased publicity to raise awareness about adults at risk of harm (see Table 8). There has been a year-on-year increase since 2018/19 and the table below shows that this is most acute in a higher level of police Vulnerable Persons Reports.

Table 6 Number of Vulnerable Person Reports and Adult Protection Concerns.



Notwithstanding this **steep increase in the numbers of adult protection concerns, almost all (98.2%), were screened by social workers within 24-hours. This is notable performance in the face of increased demand.**

77 Initial Referral Discussions (IRDs) were held for adults who may be at risk of harm. This is a reduction of 17% in comparison to 2021. A multi-agency audit of IRDs in 2022 highlighted that IRDs in Perth & Kinross were, in some cases, being overused. This led to some improvement work, and this is a desirable reduction.

The number of initial Adult Support & Protection case conferences increased by 15% in 2022/23 which demonstrates the increased use of multi-agency assessment and protection planning.

There were four (4) formal protection orders granted in Court. All four resulted in a Banning Order to prevent the vulnerable adult from coming into contact with another person who places them at risk.

There were seven (7) Large-Scale Investigations commenced in 2022/23 (an investigation when two or more people may be at risk – almost all taking place in relation to a care setting). This represents a reduction of four (4) from the previous year. The Care Home Oversight Group and the Enhanced Care Home Team has continued to provide support to care homes and provide a more preventative approach to addressing emerging concerns.

A joint inspection of Adult Protection in Perth & Kinross led by the Care Inspectorate reported in August 2022. This was part of the Scottish Government's improvement programme for adult support and protection. The inspection findings were positive and identified strong multi-agency adult support and protection arrangements in Perth and Kinross. Key strengths included leadership and governance, multiagency arrangements and policies and processes. Areas for improvement included engagement of adults in ASP process and use of medical examinations and these actions are set out in the Adult Protection Committee's Improvement Plan.

2.7 Adult Social Work Services

Social work and social care services for adults are delegated to the IJB for strategic planning. These services are managed by the Health and Social Care Partnership on behalf of the Council.

Over the year, adult social work and social care services have experienced high levels of demand without exception. This is set out in the HSCP [Annual Performance Report 2022/23](#). Perth & Kinross is experiencing an increasing number of frail older people with long term conditions living at home (see tables 7 and 8) and more people with profound and multiple disabilities. We have also experienced significant increases in the number of people seeking support for their mental health.

Table 7 Projected changes in population

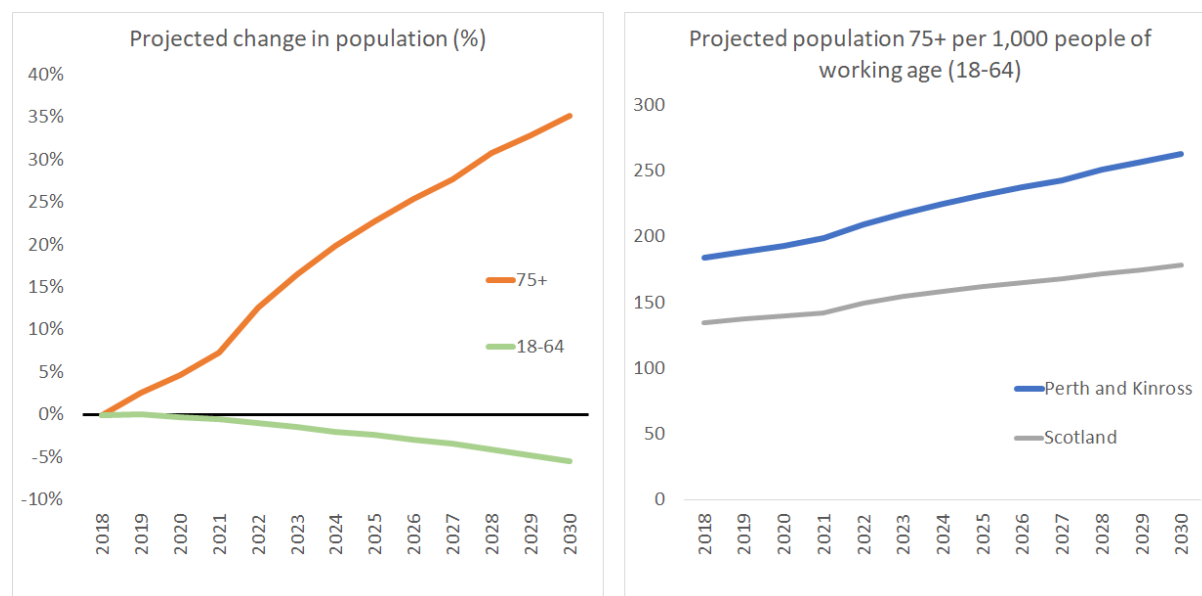
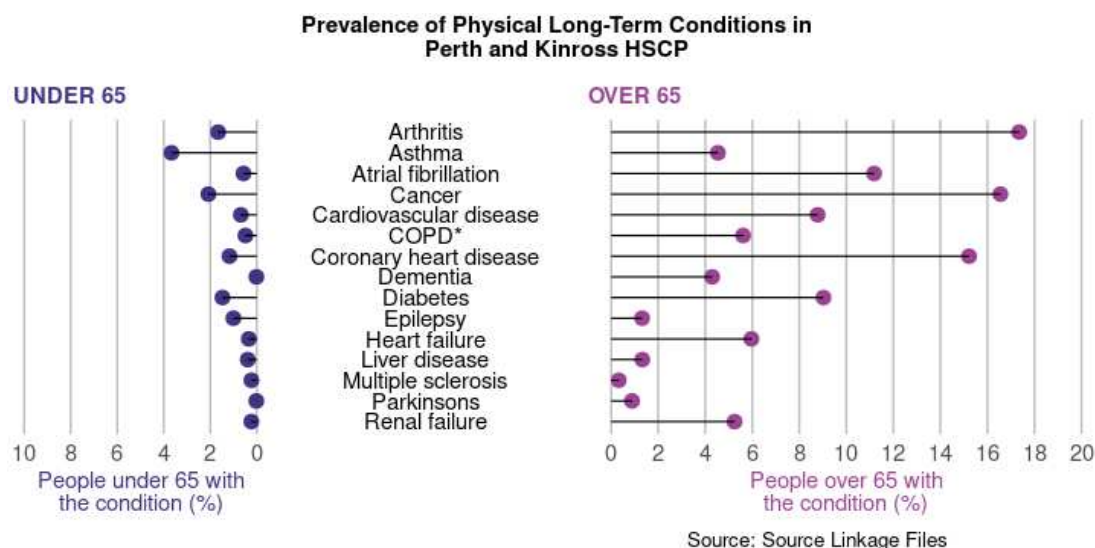


Table 8 Prevalence of long-term health conditions



To meet this increased demand and improve the quality of support available a number of service improvements have been carried out over the year using integration and locality working as key drivers. These include:

Social Work and Social Care Access Team redesign. The team provided a single point of contact and crisis response for all new referrals and short-term social work interventions up

to 12 weeks. The team experienced significant increased demand and long waiting lists had built up post COVID. Direct Access to HART/Reablement and community alarm was introduced, and short-term work referred directly to locality teams. The Access Team continues to be a single point of contact for referrals and responds to crisis situations where there is no key worker from a Locality Team. **As a result of the redesign the Access Team no longer has a waiting list and is able to provide a more effective support to people in crisis.**

Integrated Drug and Alcohol Team (IDART). The number of people seeking support with alcohol use has fallen slightly from 395 in 2021-22 to 368 in 2022-23. There has also been a decrease in the number of people requesting support with drug use from 313 in 2021-22 to 211 in 2022-23. **The IDART is working with approximately 670 people at any one time and there is an increasing number of people with complex needs including polydrug use and physical health issues.** Work to integrate community-based substance use services in Perth and Kinross has continued during 2022-23. The aim is to improve the effectiveness and efficiency of support for people with substance use issues and their families through interventions ranging from Residential Rehabilitation to Recovery Cafes.

Key developments include:

- an integrated management structure for health, social work and social care;
- a new social work role with specialist mental health experience to provide support people experiencing mental ill-health and substance use;
- a justice pathway for people who are at risk as a result of offending;
- expanding social work support for families affected by substance use; and
- implementing of the Medication-Assisted Treatment (MAT) Standards 1-5.

There has been a reduction in the number of suspected drug deaths, from 19 in 2021-22 to 12 in 2022-23; a slight reduction in the number of non-fatal overdose incidents, from 98 in 2021-22 to 93 in 2022-23.

Thirteen (13) people attended a new same day prescribing drop-in clinic.
Fourteen (14) people were supported to attend the new community alcohol detox service.
Thirteen (13) people benefited from residential rehabilitation.

Support for Unpaid Carers

There continued to be a high level of requests for support for unpaid carers during 2022/23. **There were 1,213 referrals for carer support, an increase of 16% from the previous year.** Carers Support Workers have been added to the three locality Adult Social Work Teams, Autism/Learning Disability Team, and Substance Use Team. **A specialist support worker has also been recruited to provide prompt assistance to those who are caring for a person who is identified as requiring palliative and end of life care.**

The Carers Strategy has been updated for 2023-2026 and a report to the Integrated Joint Board in June 2023 highlighted progress from the 2019-2022 Strategy, highlights included:

- 2,887 Carer Referrals resulting in 1,649 Adult Carer Support Plans
- a rise in the number of registered carers to 2470 in 2022
- doubling of the number of Emergency Care Plans from 332 in 2020 increasing to 788 in 2022
- the percentage of people admitted to permanent care due to carer breakdown has reduced from 36% in 2019 to 16% as of December 2022
- a network of 15 support groups for carers
- 3,512 respite bed nights in Care Homes and 41,806 hours of Home Respite

Case Study – Carer Support

Karen and her husband, who she cares for, recently moved to Perth and Kinross to be nearer family. Karen had never been recognised as a carer and didn't have support before the move. Karen finds caring exhausting. Karen was advised to attend the Crieff Carers' Café which is supported by a local Carer Support Worker and a Carers' Hub Support Worker. Karen now has a personal Adult Carer Support Plan and she is supported to attend a painting class knowing her husband is looked after. Her husband occasionally stays in a local care home so she can get longer breaks and she was recently able to attend a funeral. Karen also gets support from PKAVS Carers' Hub and finds caring for her husband with this support easier.

Hospital Discharge Team

The Hospital Discharge Team (HDT) is responsible for the safe and timely discharge of people from hospital. Over the year, the team has integrated with health colleagues into what is now called the discharge hub. An integrated management structure has been introduced along with an integrated model to ensure discharge without delay and to ensure people receive efficient and effective support to return home after a period in hospital. A Performance Management Framework has been developed to monitor this work closely. Together with the improvements in Reablement and Care at Home this is expected to increase flow and reduce the number of people delayed in hospital significantly.

SCOPE (Learning Disability and Autism Team)

The redesigned multidisciplinary team to support people with a learning disability and/or autism, called SCOPE, has continued to develop. An integrated approach brings together Allied Health Professionals, learning disability nurses, psychologist, social workers, and outreach workers. The social workers in the team play an integral part in assessing and supporting clients. Outreach Workers work directly with clients and their families to enable independence and assist families through Behaviour Support plans.

SCOPE also works with young people and their families to help them negotiate the transition into adulthood. Social work support for transitions is provided for as long as is necessary to ensure the correct support is in place to meet outcomes and that this can be maintained.

More recently, a Family Group Decision-making approach has been introduced to take a whole family and person-centred approach to decisions about future care and support for people with complex needs.

In 2022/23 the SCOPE team supported 320 people. To ensure staff have the appropriate skills and knowledge a robust Learning Framework has been produced. It includes training in CALM, First Aid, Moving and Handling, Infection control, Physical Intervention, MIDAS, Talking Mats, Autism, Positive Behavioural Support, and Makaton.

Case Study

L was referred to the SCOPE for transition planning. L has a diagnosed Learning Disability and other complex diagnoses relating to early childhood trauma. L had disengaged from education and there were Adult Protection concerns. The relationship with L's parents broke down and L was 'sofa surfing' and engaging with other young people that were not always a positive influence.

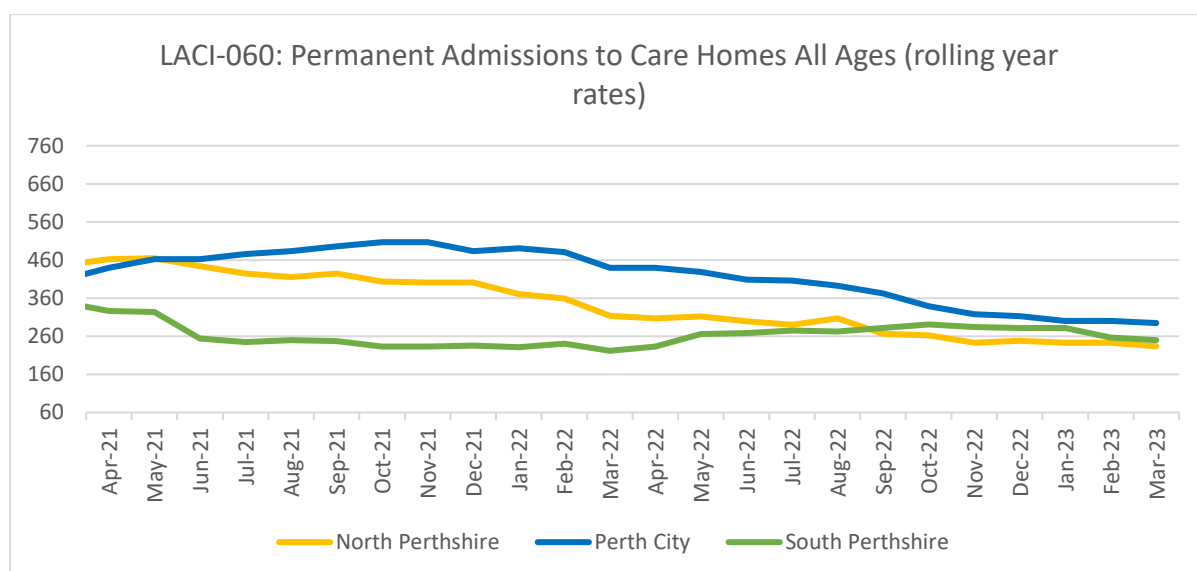
Through intervention from the multi-disciplinary team in SCOPE, including family group decision-making, social work, psychology and support from an Outreach Worker, L has been provided with a holistic assessment and guidance around independent living skills. She has now successfully moved into her own tenancy with a very small package of care. It is anticipated this will reduce further. There are no current concerns or risk-taking behaviour and relations with family are improving. L has also been able to find employment and is thriving within the workplace.

Locality Adult Social Work Teams (North, South & Perth City)

The locality adult social work teams work with individuals with long term and complex care needs who are over the age of 16 who do not meet criteria for support from the mental health, autism/learning disability or substance use teams. The teams also support families and carers. The majority of service users are older people. The teams undertake a variety of roles including Outcome Focussed Assessments, reviews, and statutory responsibilities in relation to Adults with Incapacity and Adult Support and Protection.

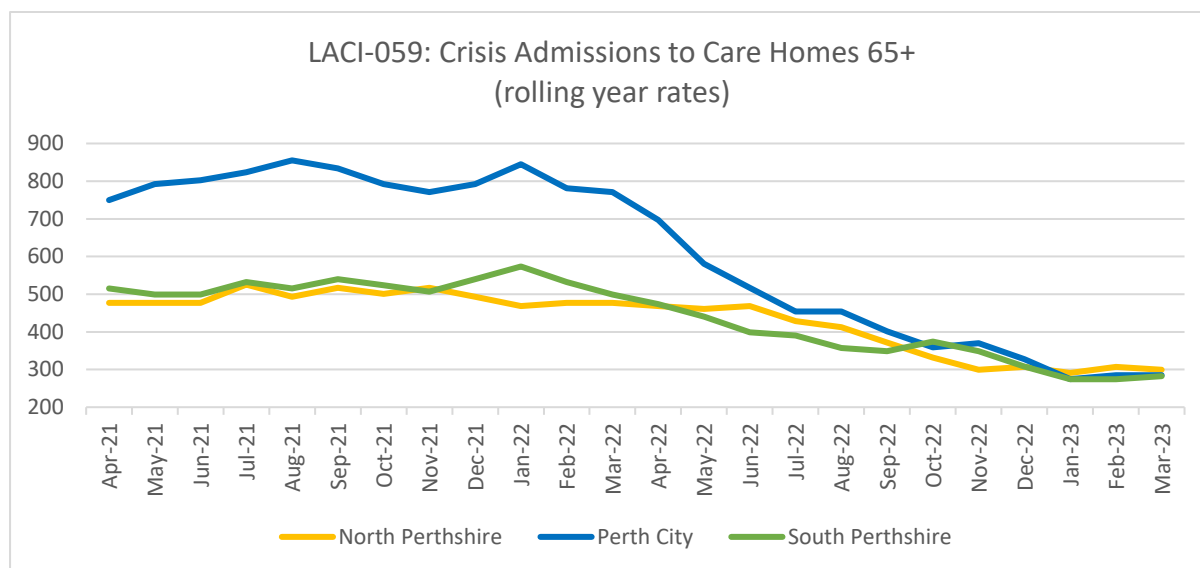
Over 2022-2023, the locality teams have responded to continuing high levels of demand, nevertheless we can see the impact of their work in shifting in the balance of care. When demographics are allowed for, **permanent admissions to care homes for older people are reducing overall with more people being supported to remain independently at home** (see Table 9).

Table 9 Permanent admissions to care homes.



The Locality Adult Social Work Teams have been integral to the LInCS model which is an integrated multi-agency approach to supporting individuals with deteriorating conditions to function in their own home. This model is aimed at increasing the range and accessibility of supports locally, ensuring coordinated, multi-disciplinary support is available when required and reducing the number of crisis admissions to hospital or care homes. Table 10 shows the **significant reduction in crisis admissions as more people are supported to live at home independently and greater reach and support for unpaid carers through the Carers Strategy.**

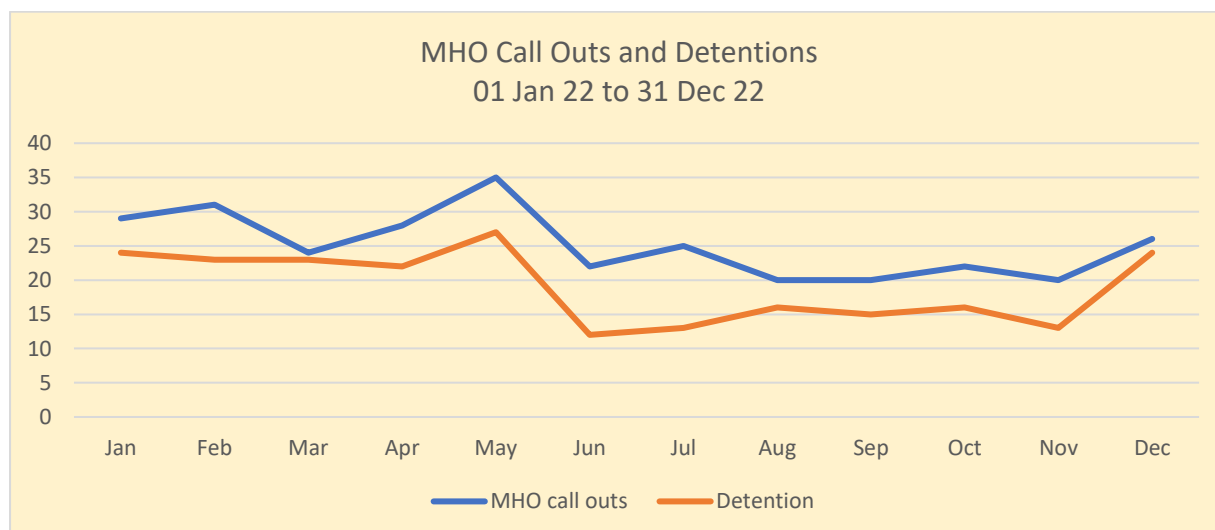
Table 10 Crisis Admissions to Care Homes for people 65 years and over



Mental Health Team

The Mental Health Team consists of Mental Health Officers and social workers. It continues to deliver on all MHO duties as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The Chief Social Work Officer retains responsibility for professional leadership and standards of MHOs and has responsibility for annual accreditation. The team also provides social work support for people with mental health issues. Demand remains high (see Table 11).

Table 11 Mental health callouts and detentions



The Mental Health Team is involved in the redesign of mental health services in Perth & Kinross and across Tayside including the redesign of CMHTs and redesign of the crisis response pathway. The team has also led the implementation of a multidisciplinary triage which helps ensure people are referred timeously to the most appropriate resource.

The Mental Health Team includes the Wellbeing Support Team who provide personalised, recovery focussed support to adults with low/moderate mental health issues in rural Perth &

Kinross. This team is included in the Primary Care Mental Health redesign which will bring all supports for people with low/moderate mental health issues into a coordinated and clear pathway.

Reablement and Care at Home

Care at Home is an essential service in supporting people to remain living in the community. The majority of Care at Home in Perth & Kinross is commissioned by the Health & Social Care Partnership on behalf of the Council from a network of independent providers. The Council provides HART/Reablement services.

Providing Care at Home has been a challenge for several years, especially in the rural areas of Perth & Kinross, with an historical level of unmet need of between 1,200 and 1,500 hours per week. In 2023, a Transformation Project was established to drive greater efficiency, improve recruitment, and introduce alternatives to Care at Home such as Technology Enabled Care. A dedicated service from an Independent Provider has been established in the Frailty Unit at Perth Royal Infirmary. Both of these developments have contributed to a significant reduction in people delayed in hospital.

Self-Directed Support

The four Self Directed Support (SDS) options are now embedded in all the major care pathways in Perth and Kinross. Over the past year we have funded a Test of Change project, offering Community Brokerage to adults across Perth and Kinross. Community Brokerage supports people to identify the social care support which is right for them and assists them to put that support in place. Trained and accredited Community Brokers help prepare people for assessments, support the development of agreed support plans and understanding budgets, as well as helping people to access local support and activities in the community. Funding has been secured to continue and expand this project.

Case Study

Mrs B is the main carer for Mr B who has Parkinson's Disease and dementia. Mrs B was struggling with her caring role and it was impacting on her mental health. She had requested support previously but was confused by the initial response and the overall process. With support from a Social Worker and a Community Broker both Mr and Mrs B were able to identify appropriate help for both of them. This process involved a number of visits and discussions to clarify any issues and explain the various options of addressing them. A flexible package of support was arranged using Personal Assistants to meet both Mr and Mrs B's needs.

Social Prescribers

Social Prescribing within Perth and Kinross is well established with 7 social prescriber posts. The staff work in defined geographical areas and are linked with GP Practices. Social Prescribers can work with anyone over 16 years and accept referrals from a range of sources including GPs, statutory services, third sector organisations and self-referral. The Social Prescribers support people to access a wide range of community-based activities. This helps people improve their wellbeing without resorting to medication. During the year a single management structure was implemented for the Social Prescribers which has improved consistency of service across Perth & Kinross and strengthened the professional support for the team.

Supported Living Services (Learning Disabilities, Autism and Mental Health)

Perth and Kinross HSCP and Perth & Kinross Council work with a number of local and national organisations to secure quality support and care provision for vulnerable adults who may be living with enduring Mental Health needs, an Autism Spectrum Condition, a range of mild to complex learning disabilities, associated distressed behaviour, forensic needs, physical disabilities, and complex care needs.

In the past year a Core and Cluster development in Rattray has been opened to support people with Autism and/or a Learning Disability. This project enables people to have their own tenancy whilst being able to access the specialist support they require. This enables people to return to the community from long stay hospitals.

3 Scrutiny

Overview of complaints

Table 14 overview of complaints

	Number of complaints			Number of complaints acknowledged on target		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Adult Services	11	17	13	10	16	12
Services for Children, Young People & Families and Criminal Justice Services	9	9	18	8	7	14

Key learning arising from specific complaints over 2022/23 include:

- Improvements in recording – This related to a failure to include relevant information in social assessments. an improvement plan was put in place to ensure the correct completion of hand-held records ensuring all entries were dated, factual and no gaps were left between entries to ensure all relevant information is included in social work assessments.
- Addressing delay in relaying outcomes of decisions relating to financial assessment – This related to the Discretion Panel which is a management approach to consistency in decision-making for large/costly care packages for adults. Arrangements put in place to ensure that notifications are systematically and timeously communicated.

Inspections

The Council's [Report of 29 August 2022](#) highlights the inspections of Services for Children and Young People by the Care Inspectorate. The [Fostering Service](#), [Adoption Service](#) and [Supported Lodgings](#) were all inspected (short notice announcement) on 31 May 2022. Table 15 shows the gradings awarded by the Care Inspectorate and indicates continuing good quality in regulated care services.

Table 15

	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our Leadership?	How good is our staff team?
Fostering Services	Good	Good	-	-

Adoption	Very Good	Good	-	-
Supported Lodgings	Good	Good	Good	Very Good

4 Challenges and Improvements

Support for Kinship and Foster Carers

As the cost-of-living crisis mounted there were concerns that kinship and foster carers may require additional funds to ensure that the 'heating and eating' costs of Looked After children were met. This was reflected in rising numbers of kinship carers being supported by the Welfare Rights Team. The [Child Poverty Delivery Plan 2022 to 2023](#) contained an action to deliver a Cost-of-Living Crisis Support programme aimed at mitigating the impact on struggling families. As part of a whole-Council approach, kinship and foster carers were identified as a key group requiring support. A [report](#) was brought to Council in September 2022, in which funding was requested for allocation to actions that would help with tackling the ongoing challenges for those most in need over the upcoming winter period. This included a request for a non-recurring cost of living crisis payment to kinship and foster carers to the amount of £120,000, which equated to £500 for each Looked After child. This request was approved, and payments were made in January 2023.

Feedback from kinship and foster carers highlighted that the additional financial help was very welcome, much needed and much appreciated. It enabled them to heat their homes to an acceptable standard. In 2022/23 the number of families receiving social work support and who were supported to maximise their income through help from the Welfare Rights Team almost doubled from the previous year, from 33 to 59.

In March 2023, as part of the 2023/24 budget, an additional £600,000 was committed over the next 3 years to increase the foster carer and kinship carer fee. It is anticipated that this will reduce some of the cost-of-living related pressures for foster and kinship carers in the current and future years.

We will continue to take a cross-Council approach to ensure that all kinship carers have access to appropriate benefits advice and support so they can receive all applicable financial entitlements. We will also use our experiences and the feedback received to further develop partnership working across the Council to tackle poverty and respond to needs in a timely and effective manner.

Independent Living Panel

The Independent Living Panel was created to provide an integrated approach to meeting the housing, health, and social care needs of some of our most vulnerable people. It is intended to enable them to live well and as independently as possible, either in their own home or within a specialist provision.

Prior to the development of the Panel in 2019 there was no recognisable pathway for people with independent living needs to access both accommodation and support. While agencies did collaborate, it was in an ad hoc way and there was limited planning for future provision.

The Independent Living Panel meets monthly and has a core membership of representatives from the Council, the Perth and Kinross Health and Social Care Partnership and third sector partners. Where appropriate, key workers or the client and/or the parent/guardian are also invited to the meeting to contribute.

The Independent Living Panel has considered around 200 referrals since 2019 and has allocated around 30 pre-existing supported accommodation vacancies and enabled approximately 20 people to move into mainstream housing in the community with an appropriate package of support.

As well as providing a fair and transparent way to allocate supported accommodation vacancies the Panel also assesses future independent living needs to inform the Strategic Housing Investment Programme.

A survey of people who had been referred to the Panel and their parents/guardians/key workers showed that the Panel has been successful in achieving its original objects to enable people with complex needs as independently as possible. For more information on our approach to helping people live independently in Perth and Kinross can be found on the [Independent Living pages](#) of our website.

Over the past year there has been significant service development in Adult Care. As stated, the key drivers have been integration and locality focus. There is evidence this is improving outcomes for people across all client groups for example fewer older people admitted to care homes permanently, a reduction in the number of people delayed in hospital, fewer people dying because of drugs and people with autism and/or a learning disability being supported in the community rather than admitted to a long stay hospital bed.

5 Resources

Table 16

Net Recurring Expenditure	2020/21 £m	2021/22 £m	2022/23 £m
Services for Children, Young People & Families	18.40	20.25	22.63
Criminal Justice Services¹	2.153	2.186	2.417
Adult Social Work and Social Care	54.56	62.87	77.06

Services for Children, Young People and Families

During financial year 2022-23, Services for Children, Young People and Families experienced significant financial pressures as a result of COVID-19; these are detailed in the report submitted to the Council's Learning and Families Committee on 3 May 2023 ([Report No.23/131](#) and [Appendix](#)). Additional one-off funding was agreed by Council to meet financial pressures in 2023/24 and 2024/25.

These financial pressures are directly related to the rising complexity of families who require social work intervention; the limited availability of care places across the sector (i.e. Residential, Foster and Kinship) and higher levels of staff turnover since the pandemic. Economic factors, which are being experienced nationally, such as inflation, is also impacting on the purchasing power of the available budgets for services such as residential care, client travel etc. Competitiveness of salaries is also impacting on recruitment and retention of staff.

The Whole Family Wellbeing Funding is being used to introduce transformational ways of working to improve the support provided to families. The four-year timescale for such

¹ Criminal Justice Services is funded by Perth & Kinross Council and Scottish Government grant fund

transformational changes to be realised and feed through to front line service delivery is ambitious, nevertheless it is fundamental to earlier intervention and improving children's life chances within their own families and communities.

Adult Services

Additional funding was received from the Scottish Government in 2022-23 to assist with the ongoing recovery from the pandemic and recognising that social care is experiencing huge challenges nationally. This non-recurring funding was targeted at Care at Home Capacity, Adult Social Work Capacity, and support for Multi-Disciplinary Team Working. This led to a significant increase in spending from expenditure reported at 2021-22 as did the significant pay awards for Social Care staff across all commissioned services and rate uplifts for care providers. This funding was passed through to providers in line with Government policy and guidance.

Expenditure of £1.7m was incurred on COVID related activities and provider sustainability claims in 2022-23.

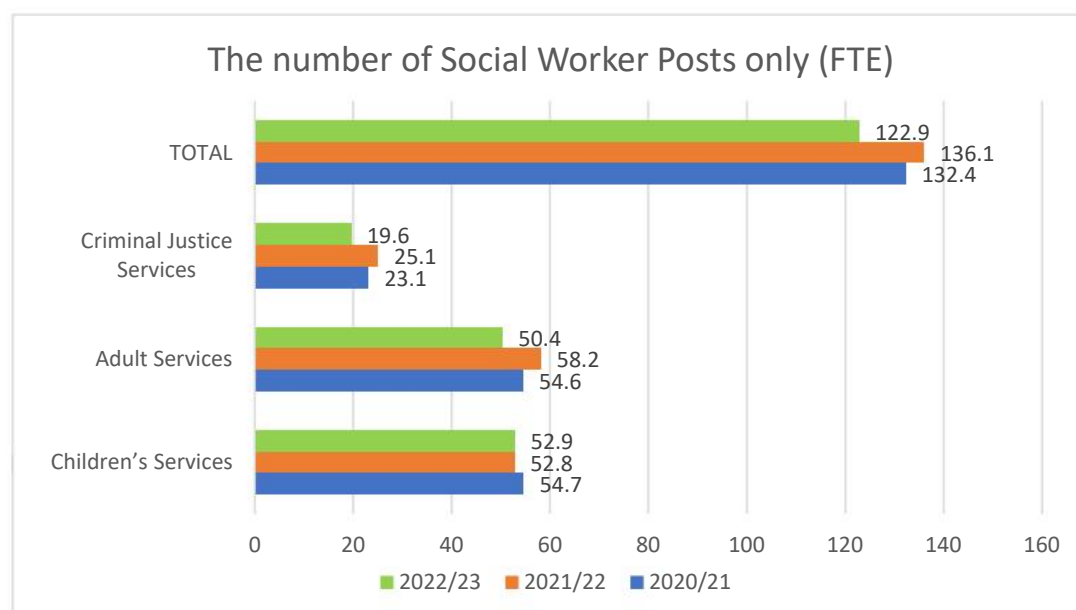
6 Workforce

Perth & Kinross Council's [Community Plan](#) (Local Outcomes Improvement Plan) 2022-2032 sets out key objects for the council's workforce. The Perth and Kinross Offer reflects the Community Planning Partnership's (CPP) commitment to empowering frontline staff to 'think yes' and take the action they judge is needed to make positive change happen on a day-to-day basis. This report reflects the [commitment](#) of social work and social care staff in that regard.



Meeting rising demand is an ongoing issue across adult care, as is workforce planning. Social care is a particular challenge. Redesigning services helps meet rising demand by improving effectiveness and efficiency. A Health & Social Care Workforce Plan was developed for 2022-5 and a range of actions are being taken to mitigate the risk associated with a lack of social care staff. This plan is organised five pillars of workforce, plan, attract, train, employ, and nurture. The workforce plan for health and social care was approved by the Integration Joint Board in June 2022 and progress reported six monthly.

Table 17 the number of qualified social workers



The number of qualified social work posts has decreased over all over the last three years (7% / 9.5 WTE posts) with an increase in 2021/22 which is related to non-recurring resources available in order to address pressures associated with the pandemic. This change is driven by the integration of teams and the emphasis on multi-disciplinary working.

Workforce continues to be one of our most significant challenges, especially in relation to social care. To determine current requirements, scope future demand and identify actions required Perth & Kinross HSCP developed a three year Workforce Plan. ([IJB Report 27 June 2022](#); [3-year Workforce Plan](#), [Autism & Learning Disability Strategic Delivery Plan](#)).

Perth & Kinross faces particular challenges due to demographics and geography. We have a higher proportion of older people than the national average and this will increase significantly in coming years. Perth & Kinross has an urban centre and a large rural and remote rural hinterland. This poses a considerable challenge in relation to staff recruitment, deployment, and delivery of services.

Central to the plan is ensuring Perth & Kinross is an attractive place to work, by offering attractive terms and conditions, clear career pathways, a culture of compassion and learning in which developmental opportunities, skilled supervision, and support for wellbeing.

The number of vacancies across health and social work/social care is gathered monthly and monitored regularly. A Workforce Plan Steering Group has been established and a programme manager will be recruited.

A Reablement/Care at Home Transformation Programme has also been initiated by the HSCP with a workstream focussing on recruitment and retention for social care. Over 100 WTE social carer posts are required to meet current levels of unmet need for social care. Funding has been provided for additional capacity in Perth and Kinross Council's Communications Team. This post supported a successful recruitment campaign which resulted in a net increase of 22 social carers in 5 months. These campaigns are being continued on a rolling basis. As well as the domestic market we are also recruiting from overseas as one of two local authorities selected to be part of the social care international recruitment work led by Scottish Government.

Actions are being developed and implemented to target specific potential workforce populations such as schools and colleges, long term unemployed, ex armed forces and people who have recently been made redundant or retired.

Alternatives to Care at Home provision including increased use of TEC, enhanced Sheltered Housing, Community Circles and community led Social Care Cooperatives are being explored as part of the Programme.

Flexible working, compressed hours and hybrid working are made available where possible to make Perth & Kinross an attractive place to work along with ensuring workers have access to regular formal and informal supervision and workload management.

Staff wellbeing is a top priority. There is a wealth of evidence that supports the link between staff wellbeing and the quality of care and experience for people who rely on health and care services. We recognise that psychological safety, autonomy and choice, and health and wellbeing are fundamental needs of our staff. The Workforce Plan recognises that compassionate leadership and a culture which places staff engagement at its heart is the best predictor of staff wellbeing and quality in care outcomes.

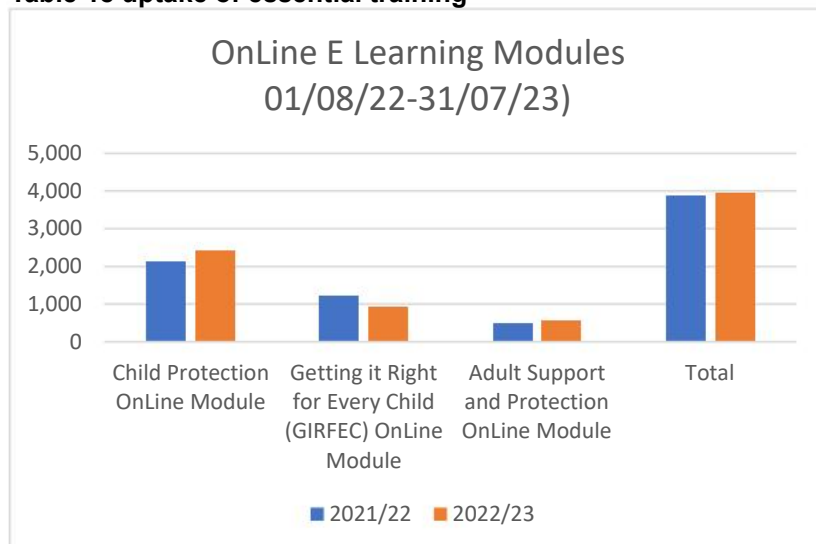
Over the past year we have consulted and worked with staff to develop our 'wellbeing offer.' This combines a values-based approach, emphasising compassion and kindness and creating an environment where staff feel cared for at work with practical supports to help

people enhance their wellbeing. Support includes psychological services virtual and face to face, spiritual care services and the creation of Wellbeing Champions. 30 day passes to local gyms and leisure centres were also made available to staff free of charge.

7 Training, Learning and Development

All CPC inter-agency child protection staff learning and development opportunities continue to be compliant with [National Guidance](#), which we have translated into our robust and dynamic [CPC Inter-Agency Child Protection Learning and Development Framework](#).

Table 18 uptake of essential training



We have delivered live webinars and expanded our range of interactive OnLine Learning Resources; allowing busy practitioners to learn at a time, pace and place convenient to them; whilst ensuring relevance to the general contact workforce; specific contact workforce and the intensive contact workforce and in compliance with [National Guidance](#).

Learning and Development has been reviewed to ensure training is available to ensure workers have the appropriate skills and knowledge to fulfil their roles. This has also helped clarify career pathways. For example, we are currently funding four staff to obtain their professional Social Work qualification through distance learning. We also have a rolling programme for MHO training maintaining a positive position nationally.



Trauma Informed Practice

Since 2018, the CPC and the APC have continued their partnership work with RASAC PK and commissioned them annually

to deliver multi-agency Trauma Informed Practice learning and development opportunities as we continue to strive to develop a critical mass of trauma informed and aware practitioners across Perth and Kinross.

Between October 2022 and April 2023, RASAC PK delivered a total of 11 multi-agency trauma informed practice workshops (both in-person and online). A total of 206 multi-agency staff attended these workshops, which were evaluated very highly.

In addition, two follow-on multi-agency next steps trauma informed workshops were delivered (one in-person and one online) and a total of 36 multi-agency staff attended these follow-on next steps workshops, which again, were evaluated very highly.



Safe and Together Training

Last year, we reported on the continued roll-out and implementation of the Safe & Together Practice Model (aimed at tackling Domestic Abuse) across Services for Children, Young People and Families (SCYPF). Safe and Together is predicated on partnering with the non-abusive parent to keep them safely with their children wherever possible and, through intervention with the abusive parent, it aims to reduce risk of harm to the other parent, children, and young people.

To date, 135 practitioners and managers from SCYPF and from Criminal Justice Services have been trained in the full model and over 240 staff from across partner services and agencies have been trained in the overview model. In addition, the Perth and Kinross GIRFEC Coordinator, within Education Services, has now undertaken this training and is now acting as a point-of-contact for advice and guidance which all Child Protection Officers in our Schools can rely on.

Implementing Safe & Together, within and across Perth and Kinross has promoted additional levels of co-working and co-production and is allowing us to grow the model and establish a critical mass of those trained. It is also ensuring that fathers and male carers are included in the day-to-day lives of their children and in key child protection assessment, planning, and key decision-making processes.

From Services for Young People the Youth Engagement Team (YET) was developed. Using the detached youth work approach, it aimed to build working relationships with the young people who were out and about on a Friday and Saturday evening. It was made clear that the team was there to listen, support and make the young people feel safer.

All staff are trained in detached youth work which includes drug education. The workers have completed naloxone training and have knowledge of Trauma Informed Practice. The YET ran from 2021 and concluded on 31 March 2023.

Glossary

AAASG	All Age Autism Strategy Group
ADP	Alcohol & Drugs Partnership
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
ASC	Autism Spectrum Condition
ASD	Autistic Spectrum Disorder
ASP	Adult Support and Protection
ASIST	Applied Suicide Intervention Skills Training
AWI	Adults with Incapacity
BAAF	British Association for Adoption and Fostering
BMIP	Business Management & Improvement Plan
BPD	Borderline Personality Disorder
CAB	(Perth) Citizen Advice Bureau
CAMH	Children and Adolescent Mental Health
CASA	Children Alone Seeking Asylum
CCR	Child Concern Reports
CELCIS	Centre for Excellence for Children's Care and Protection
CHD	Chronic Heart Disease
CHP	Child Health Partnership
CJA	Criminal Justice Authority
CJOIP	Community Justice Outcomes and Improvement Plan
CJS	Criminal Justice Service
CJSW	Criminal Justice Social Work
CLD	Community Learning & Development
CMHT	Community Mental Health Team
COG	Chief Officer Group
COPD	Chronic Obstructive Pulmonary Disease
COPE	Children and families who are Open to social work services for Planned interventions in the Evenings and weekends
CPO	Child Protection Order
CPCC	Child Protection Case Conference
CPP	Community Planning Partnerships
CPO	Community Payback Order
CPR	Child Protection Registration
CREST	Connecting Relationships Empowering Supporting Together
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSP	Children's Services Plan
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYP&FP	Children, Young People and Families' Partnership
CYRO	Children and Youth Rights Officer
ECS	Education & Children's Services
EDC	Emergency Detention Certificate
EFQM	European Foundation for Quality Management
ESF	European Social Fund
FYI	Fun Young Individuals
FLR	Front Line Resolution
GP	General Practitioner
GDPR	General Data Protection Regulations
GIRFEC	Getting It Right for Every Child
H&SCI	Health and Social Care Integration
H&SP	Health & Social Care Partnership
HART	Home Assessment and Recovery Team
HDT	Hospitality Discharge Team
HEAT	Health Improvement Efficiency Access to services and Treatment
HMP	Her Majesty's Prison

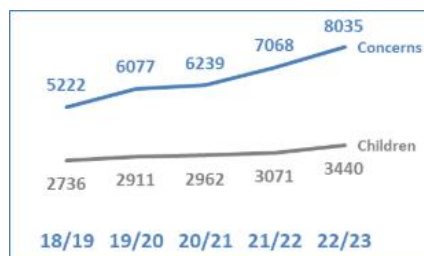
HRARG	High Risk Adult Referral Group
IAPK	Independent Advocacy Perth & Kinross
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IDART	Integrated Drugs and Recovery Team
IJB	Integrated Joint Board (for Health and Social Care)
ILG	Independent Living Group
IRD	Inter-Agency Referral Discussion
IRF	Integrated Resource Framework
IRISS	Institute for Research and Innovation in Social Services
ITT	Independent Travel Training
LAC	Looked After Children
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
LinCS	Locality Integrated Care Service
LSI	Large Scale Investigations
MA	Modern Apprentice
MAP	Multi-Agency Plan
MAPPA	Multi Agency Public Protection Arrangements
MASG	Multi Agency Screening Group
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers Of People Project
MHO	Mental Health Officer
NHS	National Health Service
NPS	New Psychoactive Substances
NRS	National Records of Scotland
OT	Occupational Therapy
OWLS	One-Stop Women's Learning Service
PAN Tayside	Perth, Angus, and Dundee Councils across Tayside
PB	Participatory Budgeting
PG5	Priority Group 5, Tayside Regional Improvement Collaborative
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PRTL	Post Registration Training and Learning
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy
ROSC	Recovery Oriented Systems of Care
SCOPE	Supporting young people and adults with complex needs; Community based approach/assessment; Offering young people and adults' choice in their care packages; Person-centre planning; Enriching people's lives
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SCYP&F	Services for Children, Young People & Families
SIMD	Scottish Index of Multiple Deprivation
SDS	Self Directed Support
SLA	Service Level Agreement
SLT	Speech and Language Therapist
SMHFA	Scotland's Mental Health First Aid
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SMT	Senior Management Team
SOHCG	Strategic Oversight of Care Homes Group
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
SSCO	Senior Social Care Officer
START-AV	Short-Term Assessment of Risk and Treatability: Adolescent Version
STDC	Short-Term Detention Certificate
SUSE	Scottish Union for Supported Employment
SVQ	Scottish Vocational Qualification
TCA	Tayside Council on Alcohol
TCAC	Throughcare Aftercare

TCJA	Tayside Criminal Justice Authority
TEC	Technology Enabled Care
TISS	Tayside Intensive Support Service
TRIC	Tayside Regional Improvement Collaborative
TSMS	Tayside Substance Misuse Services
UBB	Unborn Baby
VPR	Vulnerable Person Reports
VPD	Vulnerable Person's Database
VTO	Volunteer Tutors Organisation
YET	Youth Employment Team
YTS	Young Carer Statement

Appendix to CSWO Annual Report 2022/23

CHILD PROTECTION

Figure 1: Child Concern Reports (CCRs)^{2 3}

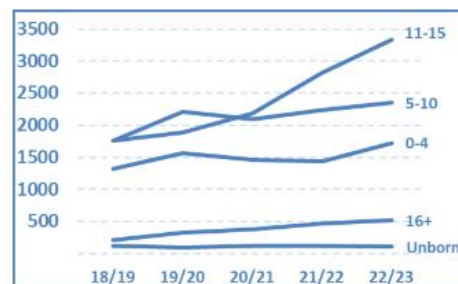


The total number of Child Concern Reports (CCRs) shows a continued increase over the last five years, with an increase of 967 (14%) CCRs this year (13% increase last year); whilst the number of children and young people subject to a CCR has also risen by 12% this year, more than in previous years. Many of these CCRs relate to concerns which are both multiple and complex in their nature.

By far the majority of CCRs do not relate to child protection, but to wider wellbeing concerns. However, all require to be screened and investigated further by multi-agency partners. This longitudinal increasing trend continues to place additional pressures on our existing single and multi-agency screening and child protection arrangements. CCRs can relate to the same child or young person, particularly where there are multiple or repeated concerns about the same child or young person. CCRs are all subject to multi-agency screening arrangements and shared proportionately with key partners. Within police and social work services, escalation and trigger mechanisms are in place to monitor and review multiple and / or recurring CCRs. Following multi-agency screening arrangements there are a number of possible outcomes. For example, where the child or young person is known to social work and / or an open case to social work, the CCR is shared with the Lead Professional (almost always the Social Worker) for further investigation, assessment and follow-up; or for single or multi-agency assessment and support; or referral to The Reporter (Scottish Children's Reporter Administration – SCRA) for compulsory measures of care; or referral to a Third Sector organisation for help and support; and referral to the Named Person (Education and Health) for a single service / agency response and offer of support. CCRs which are clearly of a child protection nature and / or which after multi-agency screening indicate the need for a child protection investigation are immediately fast-tracked, without delay, for an Inter-Agency Referral Discussion (IRD).

Figure 2: Child Concern Reports by Age

The number of children and young people with a CCR in most age groups has remained relatively steady; with the number in the 5-10 and 11-15 age groups again being the largest groups. Of particular note is the children and young people in the 11-15 age group, which continues to increase and feature more prominently over the last two years.



² Note: A Child Concern Report (CCR) is a mechanism by which any practitioner or manager across the public, private or third sector, or indeed, any member of the public, can raise any worry or concern they may have about a child or young person's health and / or wellbeing.

³ Note: Figures are accurate as at 31 July 2023, however, they may be updated in subsequent reporting periods due to retrospective data validation and quality assurance processes.

Figure 3: Child Concern Reports by Source



The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these three source groups account for over 86% of all CCRs submitted.

The number of CCRs submitted by Police Scotland has been continually increasing over the last 5 years. Any Police Officer can raise a CCR, and these are coordinated and quality assured, prior to sharing, by Police Scotland's Tayside Division's Risk and Concern Hub.

Figure 3a: Child Concern Reports by Source – 2022/23

The originating source of all CCRs continues to be monitored by the CPC. This TreeMap diagram shows the % of CCRs from Police Scotland (66% this year, last year 67%); Education Services (13% this year, last year 12%) and Health Services (7% this year, last year 6%) during the last year; which account for over 86% of all CCRs submitted.

CCRs relate to a wide range of child welfare, child care and protection concerns and are all subject to multi-agency screening, initial assessment and decision-making arrangements.

Overall, 30% of all CCRs relate to a trilogy of complex vulnerabilities and / or variations thereof, i.e. Domestic Abuse 18%; Parental Mental Ill-Health 7%; Problematic Alcohol and Drug Use 5%.

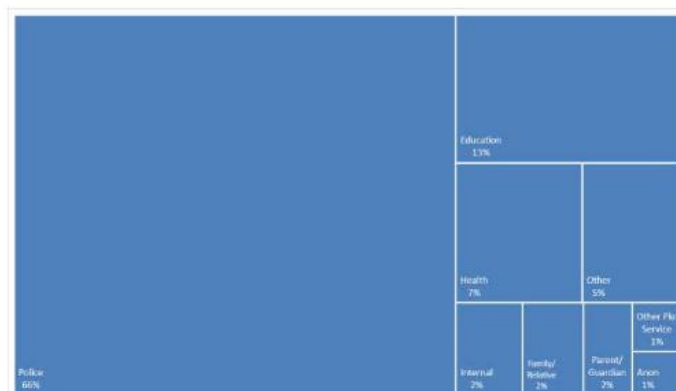


Figure 4: Inter-Agency Referral Discussions (IRDs) ^{4 5}



The number of Inter-Agency Referral Discussions (IRDs) taking place (which may involve more than one child or young person) and the number of children and young people subject to an IRD, has fallen (by 16% and 12% respectively) for the first time in several years.

This reduction can be attributed to a number of factors, including recent and ongoing service re-designs and improved multi-agency working arrangements; which encourage identification, intervention, help and support at a much earlier stage; thus, preventing the need for IRDs.

In addition, we are continuing to make increasing and effective use of multi-agency Child or Young Person's Plans, which, via a Lead Professional (Social Worker), coordinate single and multi-agency help and support to vulnerable children, young people and their families.

Following an IRD there are a number of possible outcomes; including the need for a joint child protection investigation (social work and police); a joint investigative interview (social work and police); a medical examination; referral to SCRA; further emergency legal measures and orders; or a single service or agency intervention and support; including the offer of help and support from Named Persons (Education and Health).

⁴ Note: An Inter-Agency Referral Discussion (IRD) is the start of the formal inter-agency process of information sharing, assessment, analysis and decision-making, following a reported concern about the abuse or neglect of a child or young person up to the age of 18 years; in relation to familial and non-familial concerns; and of siblings or other children within the same context. This includes any concern about an unborn baby that may be exposed to current or future risk.

⁵ Note: Extract from the [CPC Inter-Agency Child Protection Guidelines 2023](#).

IRDs are recognised as good multi-agency child protection working practice and may be repeated a number of times for the same child or young person.

Locally, following a recent CPC led quality assurance and review of IRDs in Perth and Kinross, a significant amount of improvement work has taken place and will continue to take place, to ensure our IRDs are robust, and our interim safety planning is effective. This is a positive and improving practice position.

Our established approach to IRDs is in keeping with the shift expected and with the good practice outlined in the National Guidance for Child Protection in Scotland 2021 – updated 2023 (Scottish Government: 2021 and 2023).

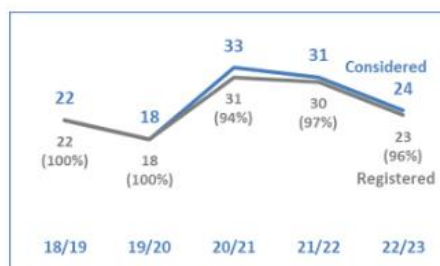
Figure 5: Child Protection Investigations ^{6 7}

The number of Child Protection Investigations and the number of children and young people subject to an investigation has fallen (by 10% and 6% respectively) for the first time in several years. This is directly attributed to this year's reduction in the number of IRDs being held / taking place.



These are joint investigations between social work and police, decided upon and agreed at the IRD stage and carried out by specially trained joint investigative interviewers who are trauma aware.

Figure 6a: Pre-Birth Child Protection Case Conferences (Pre-Birth CPCCs)



Of the 127 unborn baby referrals (see Figure 15) received this year, after multi-agency screening and assessment, 24 unborn babies were the subject of a multi-agency Pre-Birth CPCC. At the Pre-Birth CPCC, 23 out of the 24 (96% - very high conversion rate) unborn babies considered were registered on the Child Protection Register (CPR). All unborn babies registered on the CPR are subject to a multi-agency Child Protection Plan. These cases tend to be complex, and have multi-faceted areas of concern, vulnerability and needs.

This continued high level of pre-birth registrations has also significantly changed the age profile of those placed on the CPR. Overall, unborn babies and young children under 5 now make up the majority of those currently registered on the CPR.

The remaining unborn baby referrals, which did not proceed to a Pre-Birth CPCC, all received a variety of other supportive interventions and responses, having been screened at the Unborn Baby Multi-Agency Screening Group (UBB MASG), i.e. single service or agency support; multi-agency support; the pregnancy did not continue, or the mother moved out with the local authority area, with information being shared proportionately with the new local authority area.

⁶ Note: A Child Protection Investigation is carried out jointly by specially trained police officers and social workers. Such investigations are carried out where a Child Concern Report, including an Unborn Baby Referral, indicates that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse, neglect or exploitation.

⁷ Note: Extract from the [CPC Inter-Agency Child Protection Guidelines 2023](#).

Figure 6b: Initial Child Protection Case Conferences (Initial CPCCs)

The number of children and young people being considered at a multi-agency Initial Child Protection Case Conferences (ICPCCs) has remained relatively steady over the last three years; albeit there has been a slight increase of 8 (14%) this year.

Of the 67 children and young people being considered at an Initial CPCC, 58 (87%) had their names placed on the Child Protection Register (CPR). All were the subject of a multi-agency Child Protection Plan, coordinated by a Lead Professional (Social Worker).

Those children and young people whose names were not placed on the CPR will also have benefited from ongoing support via a multi-agency Child or Young Person's Plan. Multi-agency Child or Young Person's Plans, which if agreed early; provide much needed supports and help build positive relationships with the family. They are coordinated by a Lead Professional (Social Worker) and in many cases, this has negated the need for an Initial CPCC, having effectively reduced risks.

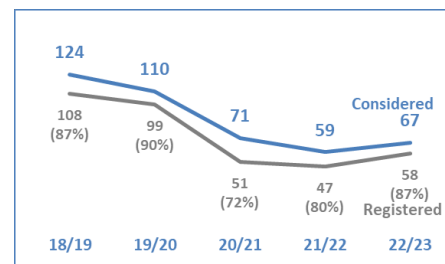
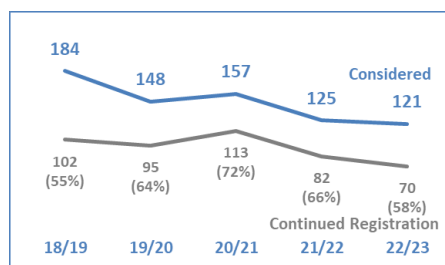


Figure 7: Review Child Protection Case Conferences (Review CPCCs)



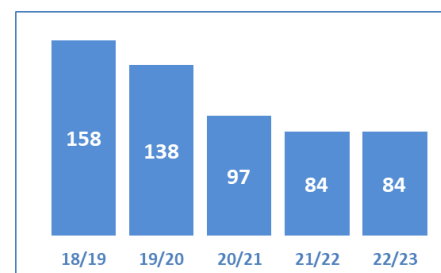
Multi-Agency Review CPCCs reconsider the decision to place and / or retain a child or young person's name on the CPR. These child protection meetings take place within standard timescales to monitor changes in circumstances and progress made to reduce and eliminate risk. Where sufficient progress has been made, the Review CPCC can make a decision to remove (de-register) an unborn baby, child or young person from the CPR or to continue that registration. This is always a multi-agency decision.

The number of children and young people considered at a multi-agency Review CPCC shows a general downward trend over the last four years, consistent with the reducing rate of conferences and registrations; while the proportion of continued registrations has remained relatively steady.

Figure 8: New Registrations on the Child Protection Register (CPR)

The number of new registrations on the Child Protection Register (CPR) has remained steady, with no change this year. The number of children and young people's names placed (new registrations) on the CPR has been decreasing for the last three years, following a sharp increase in 2018/19.

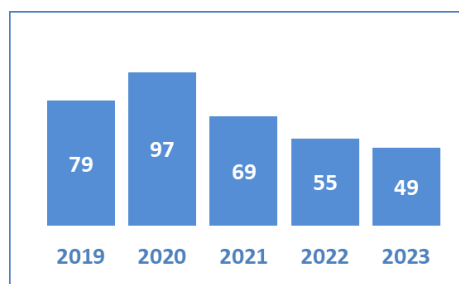
This reduction since 2018/19 is a consequence of a significant investment made to secure consistent Chairing of CPCCs; recent and ongoing service re-designs, which encourage identification, intervention, help and support at a much earlier stage and in our increasing early use of multi-agency Child and Young Person's Plans, thus, reducing the need to go to CPCC and for CPR Registrations.



New registrations include unborn babies (23), registrations following an ICPCC (58) and temporary registrations (3) (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc). These figures routinely include large family sibling groups of 3 (or 4) and more.

As previously described, this year the age profile of those placed on the CPR has significantly changed. Unborn babies and younger children currently make up the majority of those whose names have been placed (registered) on the CPR.

Figure 9: Children on the Child Protection Register as @ 31 July 2023



Following the previously described approach to early identification, intervention and single and multi-agency support arrangements being in place, this year there has been a further reduction (11%) in the number of unborn babies, children and young people's names placed on the CPR @ 31 July 2023.

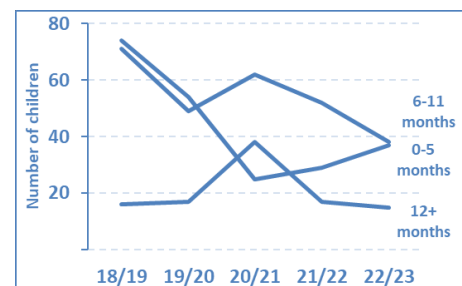
This reduction is also a consequence of the significant investment made to secure consistent Chairing of CPCCs (described further on pages 19 to 21 of this report) and

increasing use of multi-agency Child and Young People's Plans at a much earlier stage; thus, reducing the need to go to CPCC and CPR Registrations.

The number of children and young people, whose names were on the CPR @ 31 July 2023 has decreased to the lowest level since 2013, from a relatively high figure of 97 in 2020 (COVID-19 related).

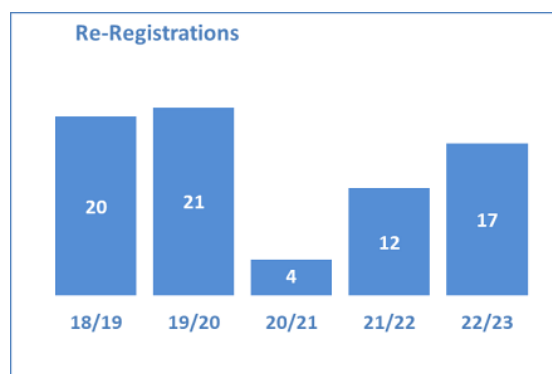
Figure 10: Length of CPR Registration

Most CPR registrations last less than a year, and the number of children and young people's names, which remain on the CPR for 12 months or more, remains low following an increase in 2020/21. Many of these children and young people have multiple and / or complex needs which require coordinated support. The number of children and young people whose names are included on the CPR for a period of less than 5 months can demonstrate that decisions are being made on the evidence of sustained progress and a greater likelihood that the changes made will lead to positive longer-term outcomes.



The CPC closely monitors registration rates and in particular de-registrations, re-registrations and length of time children and young people remain on the CPR as part of its quality assurance work.

Figure 11: CPR Re-Registrations



The number of children and young people that are re-registered (names re-placed) on the CPR, having been previously removed from the CPR, has returned to previous levels, following a sharp decrease in 2020/2021.

Most of these children and young people had last been removed (de-registered) from the CPR more than two years previously, following a multi-agency robust assessment and review conference meeting agreement.

Re-Registrations take place where the previous improvements in the child or young person's circumstances have not been sustained and the risk of significant harm has returned.

Areas of Concern ⁸

Whilst recognising that the number of new registrations on the CPR has remained the same this year; albeit it had been steadily decreasing over the last few years; the number of unborn babies, children and young people whose names are included on the CPR and who are affected by a complex combination of either parental mental ill-health, domestic abuse, problematic parental drug and / or alcohol use, remains significant, and in many such cases, there is an element of parental non-engagement. We continue to recognise that in the majority, if not all of these cases, there will be an element of emotional abuse and neglect. The CPC continues to monitor these trends closely and also concerns relating to neglect and poverty.

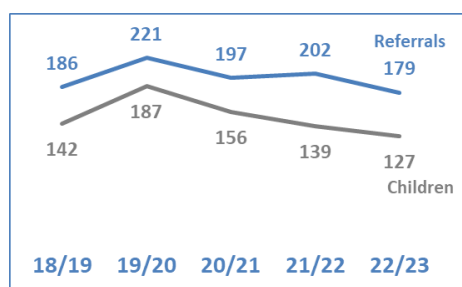
⁸ Note: Areas of Concern are the registration categories for placing a unborn baby, child or young person's name on the CPR and these have been specified by Scottish Government. Unborn babies, children and young people can have more than one area of concern recorded. These are decided upon at the multi-agency CPCC and recorded by the Chair, after the CPCC has been concluded.

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION (SCRA) (figures based on Financial Years (01 Apr – 31 Mar))

During 2022 / 2023, SCRA in Perth and Kinross, has seen a return to normal activity that pre-dated the COVID-19 pandemic.

This could be attributed to recent service and agency re-designs in Perth and Kinross, where there is a strong practice shift towards early identification, intervention, new support services for vulnerable children and families and early and effective use being made of multi-agency Child or Young Person's Plans to manage needs and risks.

Figure 12: Referrals to SCRA (figures based on Financial Years (01 Apr – 31 Mar))



This year, the number of referrals to SCRA, from Perth and Kinross, has shown an 11% reduction; with a corresponding 9% reduction in the number of individual children being referred to SCRA.

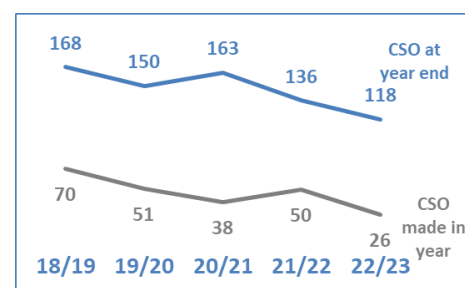
However, during this reporting period, Non-Offence Referral rates have risen, and peaked at 105. The primary reason for referral was due to children and young people experiencing a lack of parental care (59 cases), the secondary reason was the child or young person had failed to attend school

regularly without excuse (12 cases).

Over 49% of the children and young people referred to the Reporter were brought to a Children's Hearing. This conversion rate of referral to Hearings continues to mirror previous years in Perth and Kinross and is twice that of the national average. This confirms that the children and young people who need to be referred, are being referred to the Reporter. During this reporting period, Hearings in Perth and Kinross totalled 400, this was slightly down on the previous year which saw 417. There were 144 Court callings for 38 Court Applications in relation to denied or not understood grounds of referral. The Reporter successfully established 35 cases which equated to a 92% success rate. 14 appeals were lodged at Court in the past year. Of these 14 appeals, 2 Hearings decisions were not found justified.

Figure 13: Compulsory Supervision Orders (figures based on Financial Years (01 Apr – 31 Mar))

The number of children and young people placed on Compulsory Supervision Orders (CSOs) and the number of children and young people who remained on a CSO at the year end, has continued to display a general downward trend over the last five years. This year, there has been a significant decrease of 48% of children and young people being made subject to a new CSO during the year, following grounds of referral being established and numbers remain small.

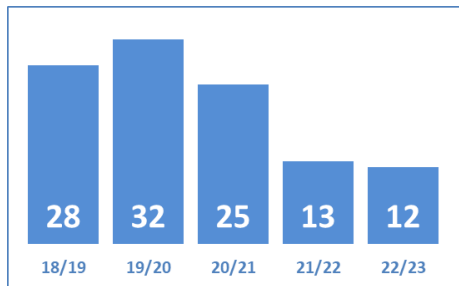


Children and young people who are placed on a CSO are looked-after, either at home or away from home in another placement and subject to regular supervision visits and contacts by a social worker.

Figure 14: Child Protection Orders (CPOs) (figures based on Financial Years (01 Apr – 31 Mar))

The number of children and young people placed on Child Protection Orders (CPOs) has remained low, having reduced by one (1). These figures, which regularly include large sibling groups, are closely monitored by SCRA and the CPC.

Whilst the Reporter considers these reductions to be positive trends, the CPC is continuing to explore them further to determine their origins



UNBORN BABY REFERRALS

Figure 15: Unborn Baby Referrals ⁹

The number of Unborn Baby referrals received this year has remained relatively steady, following a significant increase in 2020/2021. By far the majority of Unborn Baby referrals continue to come from NHS Tayside; albeit any practitioner, service or agency can raise such a referral.



The number of Unborn Baby referrals, when measured against the number of women booking for pregnancy care, equates to around 11.9%, which is a very slight increase from 11.4% last year.

The areas of Unborn Baby vulnerability continue to be similar to the areas of concern for registration on the CPR, in particular those relating to complex combinations of either parental mental ill-health, domestic abuse, problematic parental drug and / or alcohol use.

The impact on our single and multi-agency screening and assessment processes for these referrals remains very challenging; resource intensive and the level of child protection activity, in relation to vulnerable pregnant women and unborn babies remains high (see Figure 6a). Nevertheless, the CPC and partner agencies will continue to promote further awareness and understanding of the needs of vulnerable pregnant women and their unborn babies. The CPC also plans to further promote the Tayside Multi-Agency Practitioner's Guide: Concern for Unborn Babies across all services and agencies within Perth and Kinross.

Figure 16: Joint Investigative Interviews (JIs)

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, consideration will be given to the need for a Joint Investigative Interview (JII); carried out jointly by fully trained, trauma informed police and social work interviewers. The number of children and young people who have had a JII carried out has fallen from 272 to 186 (32%) compared to last year, which was the highest level in recent years. This is in keeping with this year's reduction in the number of IRDs and child protection investigations. JII remain a key component part of our multi-agency child protection services.

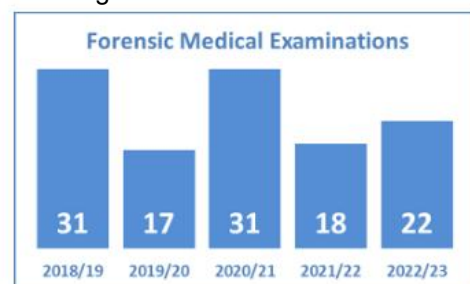


Figure 17: Joint Paediatric / Forensic Medical Examinations (JPFME)

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, depending on the nature of the concern, consideration may also be given to the need for a JPFME.

JPFME as are specialist examinations carried out in compliance with national and local guidance.

The number of children and young people who have had a JPFME carried out shows considerable variation from year to year and has risen slightly this year from 18 to 22 (22%).



⁹ Note: Currently an Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors, can raise any worry or concern they may have about an unborn baby's health and / or wellbeing; or in relation to whether or not that baby will be safe and / or in need of care and protection, pre-birth and / or after birth.

- Women received Reiki as a way to relax and take time for themselves, some were apprehensive having never tried alternative therapies.

“WOW I did not totally believe, this would let me relax, I felt I was floating and so peaceful.”

- Women attended a nature trail walk to The Hermitage, this was an educational day, finding out more about local area and the history as this was once the grounds for the Duke of Atholl.

“Walking with my worker in such a lovely place, I felt myself talking about my trauma, it was so healthy for me to be so relaxed, my new motto is Walk & Talk”.

- A social day at the centre. Women prepared lunch. The day gave them the opportunity to meet other women, gain peer support, and hear each other's laughter. Women created memory boxes using the arts & crafts.

“Making lunch for others and eating with others makes me feel part of a family.

- External service ADHD came in for several weeks using a video and materials to educate women who have ADHD or family members. Some women felt they finally could relate to their or their families' behaviours due to having informal education sessions.

Grace Chocolates gave the opportunity for a woman to complete Peer Mentor Training online and face to face. This provided a gateway to securing a full-time paid job in a service where she had received support.

“I cannot believe the support I received during my CPO and Voluntary Supervision. I am finally in a better place, my dreams are all coming true, I completed my training, I applied for a job and guess what, I got it, thank you OWLS”.

Reclaim the night March on 1 December 2022, as part of 16 days of Activism, 6 women created a banner: “Survivor”, with buttons and fabric and took part in the March organized by RASAC & PKC Violence Against Women Partnership.



One woman wrote her words and thoughts:

“Darkness is the female curfew”.

This was a very powerful story from a woman about how she felt, this was used during the march and was projected onto the wall at St Pauls Church.

During 2022, OWLS began a new partnership with a local business, The Bike Station. This Community Enterprise invited OWLS to participate in their 'Shifting Gears' programme which aims to get people using bicycles more. This has personal benefits to the cyclist but also environmental benefits to the wider community. Four women participated in the programme. They each received bicycle maintenance lessons, general bicycle tutoring, a bike as well as safety equipment such as helmet, lights and lock. One woman went on to gain part time employment with The Bike Station having completed her bike maintenance course through the Bike Station.

“I cycle every day, my bike has gave me so much freedom, fitness and work, I could not have even dreamt about this”.

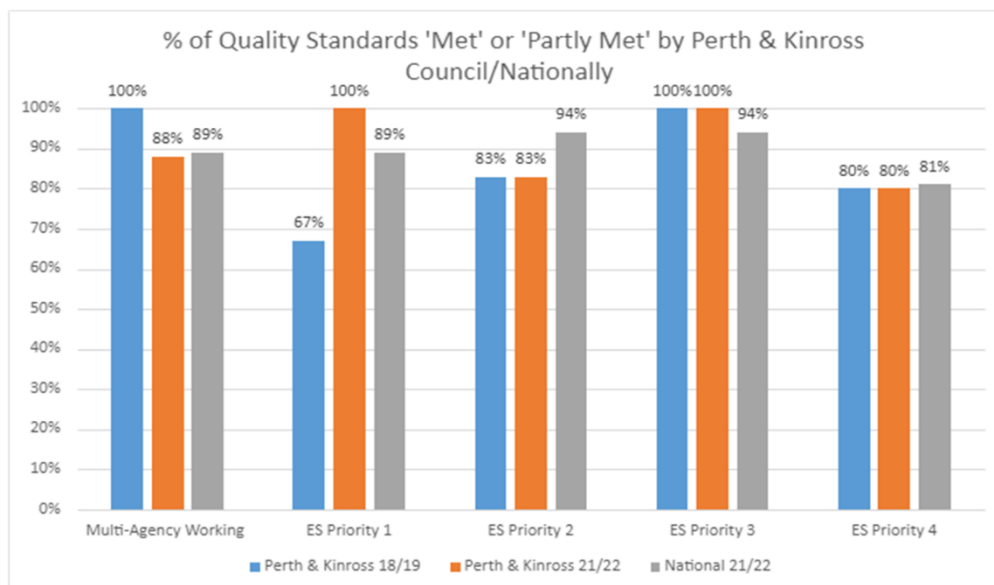
VIOLENCE AGAINST WOMEN

Improvement Activity

The outcomes were as follows against the Equally Safe (ES) priorities:

- ES 1 – Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls.
- ES 2 – Women and girls thrive as equal citizens: socially, culturally, economically, and politically.
- ES 3 – Interventions are early and effective, preventing violence and maximising safety and wellbeing of women, girls and children.
- ES 4 – Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

Figure 18



A Development Day identified the Partnership were performing well across a range of measures but there were areas for improvement. An Improvement Plan has been agreed which will inform activity in 2023-24 under the following broad themes:

- Raising awareness in schools and through youth organisations
- Review of workplace policies
- Increased training provision
- Raising awareness of services and better provision for hard-to-reach groups
- Improved services for perpetrators
- Improved collaboration with other Public Protection specialisms
- Undertake a Partnership Self-Assessment with Improvement Service support.

All this activity will be carried out within the context provided by the recently published Independent Strategic Review of Funding and Commissioning of Violence Against Women and Girls Services.

LOOKED AFTER CHILDREN

Figure 19

Looked After Children

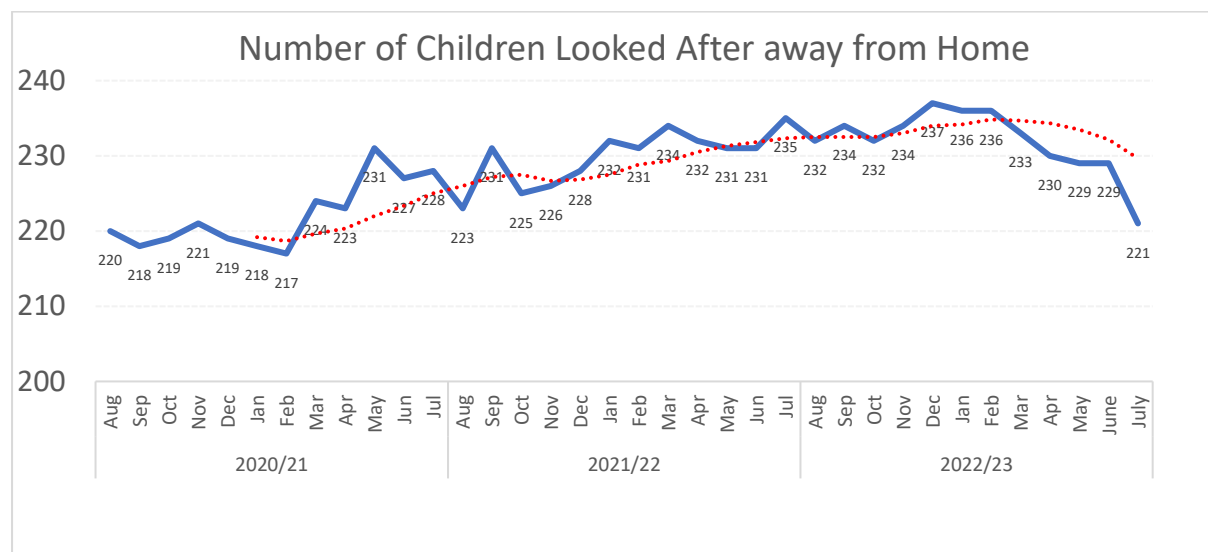


Figure 20

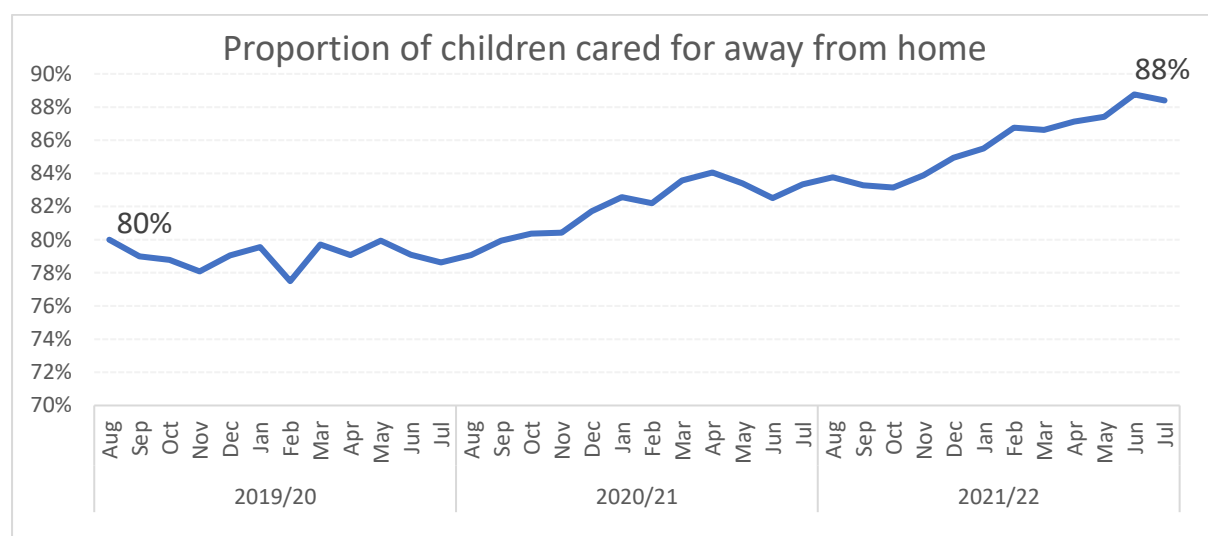


Figure 21

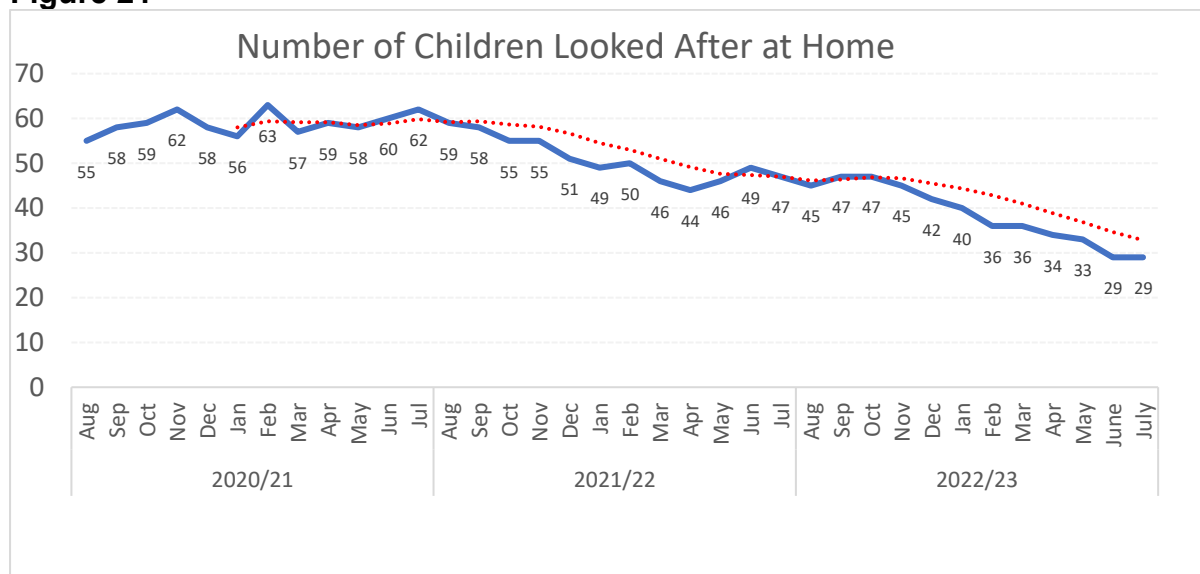
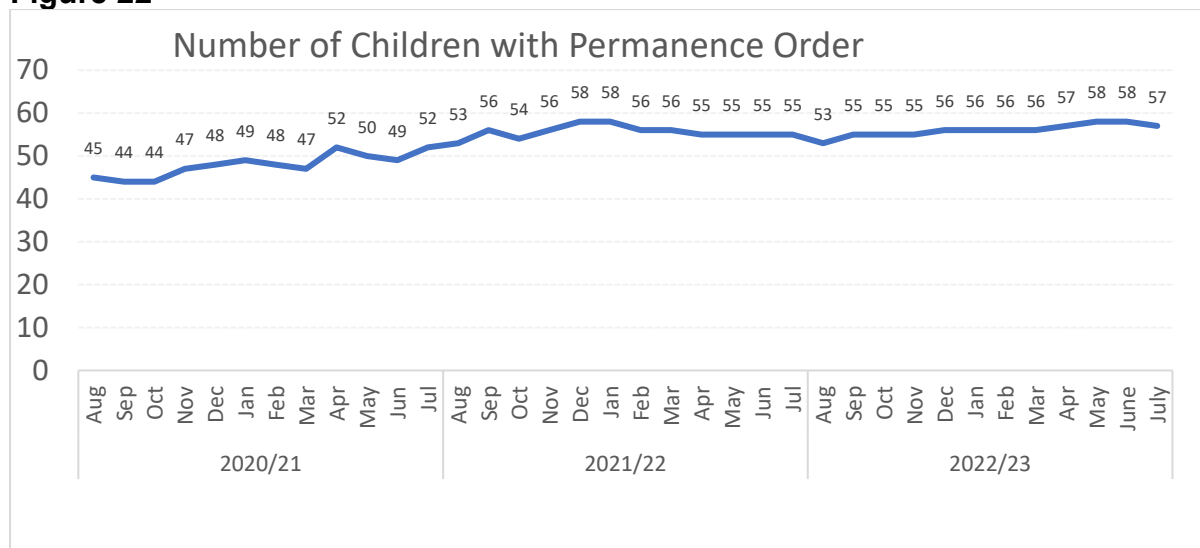


Figure 22



FOSTER CARE

As of the 31 March 2023, there were 76 children/young people in either interim/long term or permanent placements within 49 fostering households.

Additionally, there were 5 continuing care young people within these fostering households. We also provide an additional 9 short break placements for children who are in either kinship placements or at home with their parent(s) where an identified need for short break support has been made to prevent a disruption in that placement.

External foster care provision:

20 external foster care placements as of 31-03-23 compared to 22 at the same time 2022.

KINSHIP CARE

Kinship carers groups were identified as being a crucial part of our team plan for this year. They were reintroduced in March 2022 following the relaxation of COVID restrictions. They take place once a month.

The themes this year have been:

- Difficult conversations
- Self-harm and suicide
- Internet safety
- Grief and loss
- LGBTQ+
- Trauma informed care
- Christmas crafts
- Mindfulness – this session was led by one of our carers.

These sessions have opened up discussion that have led to adaptations within our own practice about how we approach certain topics with our carers. All kinship care team members are now trained using the Talking Mats training. This was identified as an area of development last year and has been fully achieved. As of the 31 March 2023 there were 91 kinship carers being supported to care for looked after children with 88 informal carers being offered support (204 children).

ADOPTION

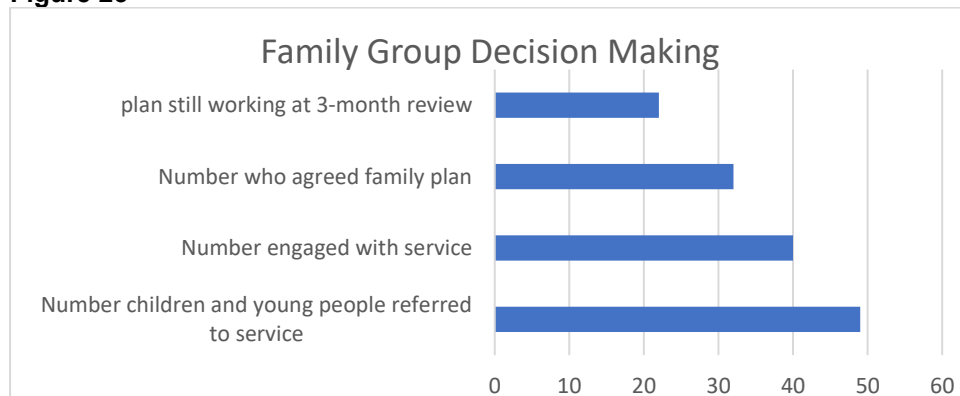
The Care Inspectorate inspected the service in May 2022 and commented that child and carer assessments were completed timeously and were good quality with the views of others being sought and recorded. They recognised a “*culture of ambition for children, carers and staff*” and that “*staff go above and beyond what would be expected of them in terms of care and support*” (verbal feedback). They also commented on the high quality of Life Story books and the consistent use of Adoption Support Plans for every child. Inspectors noted, “*Perth & Kinross Adoption Agency has developed a unique and supportive team structure, specialising in permanency and adoption work. They work closely with other P & K teams and take a multiagency approach to assessing and meeting the needs of children in their care.*”

CREST

CREST is a team of independent Family Group Decision Making (FGDM) and Lifelong Links (LL) Coordinators. The teamwork in partnership with children, young people, their families, and the professionals who support them to promote an innovative way of working that is inclusive, rights based and future focused.

Family Group Decision Making (FGDM) is a strength-based approach which is designed to empower families to make a safe plan when there are concerns about a child or young person. It is a structured process that leads to a family group meeting, helping families to identify their own strengths and solutions, and mobilising resources and alliances in their identified network. FGDM is recommended as an early intervention where statutory processes may be required.

Figure 23



Lifelong Links - despite all the hard work and commitment from professionals, we know that when children and young people enter the care system, they can lose touch with the people who mean the most to them. Lifelong Links supports children and young people, who are looked after away from

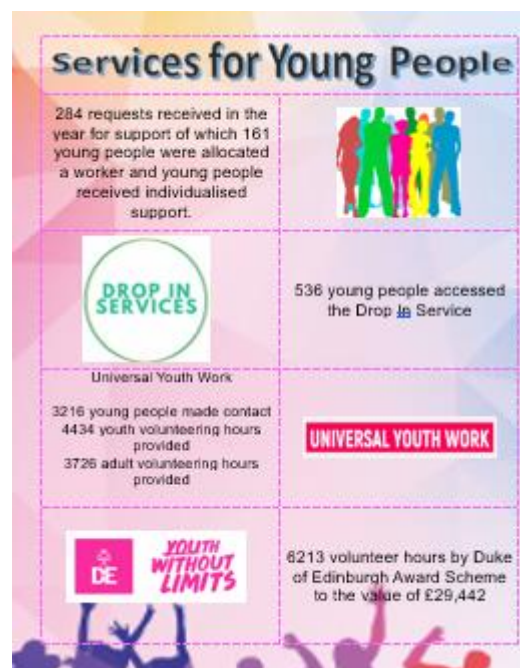
home, to stay connected to, or reconnect with, people that are important to them in a planned, structured, and safe way.

SERVICES FOR YOUNG PEOPLE

During 2022/23 through Services for Young Peoples Lifelong Learning approach 1,249 young people were supported to achieve [Duke of Edinburgh Awards](#). Included in this number are 214 young people who required additional supports to complete their achievements.

Through partnership working with [Universal Youthwork providers](#), young people in Perth and Kinross have achieved the following:

- 4 participants achieved silver awards in [SQA Youth Achievement](#)
- 63 participants achieved a [Youth Scotland Dynamic Youth Award](#)
- 49 participants achieved a [Saltire Award](#)
- 1 participant achieved a [John Muir Award](#)
- 3 participants achieved a [Dynamic Youth award](#)
- 57 participants achieved a [Hi5 award](#)



On the last voyage with [Ocean Youth Trust](#), 7 young people received SQA Core Skills qualifications at Level 3 in Communication in Listening, Speaking, Reading & Writing and Numeracy.

Locality Youth Workers - in August 22 this approach was strengthened by allocating a school to each youth worker. The team had 5.5FTE staff members and 11 secondary schools but this increased by two Community learning workers in 2023 to increase capacity and target two more schools. We attached the two new team members to two schools that have high numbers of looked after young people.

The Young Persons Guarantee (YPG) aligns with No-one left behind (NOLB) and aims to give all young people in Scotland a better chance of success following the devastating impact of coronavirus. The guarantee is aimed at young people aged 16 to 24 and up to age 26 if care experienced. The commitment is that all young people will have the opportunity of work, be in education, training or take part in a formal volunteering programme. YPG has been created by the Scottish Government in response to covid-19 and the realisation that our young people, particularly those that are most vulnerable need extra support to avoid the lifelong impact of the pandemic.

Specialist support

The Independent Living Panel ensures people with particular housing and support needs have their needs assessed through a multi-agency approach. The right solutions enable them to live independently within their own community in locations they know and have networks in. The panel also ensures that future accommodation needs are factored into the Strategic Housing Investment Plan.

Services have continued to support over 450 people from Ukraine to settle into accommodation and continue to work with the third sector and community groups to provide support to these and the 109 people seeking asylum. This has seen us undertaking a range of activities, including:

- Carrying out property and disclosure checks to ensure that appropriate hosting arrangements are in place.
- Working closely with the Home Office to ensure appropriate support and assistance is in place for people seeking asylum.

- Expanding provision of English for Speakers of Other Languages (ESOL) to provide additional capacity to meet growing demand and support the 116 children who have enrolled in our local schools.
- Setting up a dedicated [webpage](#) containing information on support for Ukrainians

Throughcare and After Care

In our ongoing commitment towards the National Transfer Scheme, which was made mandatory across Scotland in October 2021, we continue to receive referrals from COSLA to support unaccompanied asylum-seeking young people to settle into the local community. Due to the age of the young people on arrival, they have looked after status and afforded the same rights and supports as other looked after and care experienced (18 years+) young people open to the Team. As such, it is logical for this service to be facilitated as a part of the Throughcare and Aftercare Team, however with an increase in referrals it has been necessary to expand this service including recruiting further staff to support young people and host families. This part of the service has been given the title CASA (children alone and seeking asylum).

There has also been a noted increase in young people presenting to the Throughcare/ Aftercare team with varying degrees of complexity, whether this is ASN, mental health or behaviours which presents a risk to themselves or others in the community. This has created a challenge for the whole Team in terms of increased levels of support.

Grandmentor scheme - This is a 2-year partnership agreement Oct 2022-2024 with Volunteering Matters to deliver an intergenerational mentoring programme for young people who are care experienced or have faced childhood adverse experiences (ACEs). Predominantly focused on young people who live on their own. Through the skill of mentoring, these young people are supported to be autonomous, capable, and empowered adults.

Initially, referrals had been slow to start with limited engagement from TCAC young people, but there has been reenergised interest in this scheme for the remaining period. Young people have loved meeting their mentors and enjoy spending time together.

Cost of living crisis - Covid and the cost-of-living crisis have increased the number of calls from young people in the 19 + age group. All have been living independently for years but had become isolated, lonely and struggling to cope with increasing financial costs and stress as to how to cope with the financial pressure on them. This has increased demands on staff time to respond to calls and if necessary, establish regular contact with these young people, offer access to supports and process referrals to support services (for action taken please refer to quicker responses to young people).

Children Alone Seeking Asylum (CASA)

We continue to participate in the National Transfer Scheme (NTS) and since April 2022 to date we have accommodated 13 CASA young people, 9 of which were referred directly through this scheme. Placements were also offered out with the NTS rota when available and also in response to specific requests e.g., for a young person to be nearer to adult relatives who were housed in a local hotel or to allow a young person to remain in Scotland or transferring from another Scottish LA. In total, we support 34 young people, and it is anticipated that the number of unaccompanied asylum-seeking children arriving via small boat crossings over the coming year will increase.

We continue to support young people once they turn 18 and there is a high engagement with college. One of our young people was Perth College's overall Student of the Year and he attended the graduation ceremony in Perth Concert Hall to be presented with his award, he also received Perth College Citizenship Award. This year another young person has received a Personal Endeavour Award from his NC Sound Engineering course.

Continuing Care

Following the care inspectorate inspection in 2022 registration for continuing care has been acknowledged as a part of the adult placement service. The decision was made for continuing care to remain with the TCAC Team rather than with the Family Based Care Team as it was recognised that

this was the best fit in terms of existing processes including assessment and review as well as adapting and formalising the existing panel process. This will include the role of a reviewing officer to ensure that timescales are met for reviewing both the placement and the young people concerned.

Throughcare Aftercare Workers work closely with the Family Based Care Team regarding foster and kinship carers being considered for conversion to a continuing care arrangement to enable young people in their care to remain in a caring and supportive environment which enables them to have a graduated transition from care. This joined up approach has seen a further 6 young people moving into this type of arrangement following the carers successful approval through panel. It has also allowed staff to have access to appropriate training and support groups facilitated by FBCT. d intervention has continued with plan partners with the YP beginning to identify the serious

"Thank you so much for all the help you have given me. Out of all the social workers I have had, you have been the one that has helped me the most and reminded me that I have self-worth. The counselling, the driving lessons, support, and my tribunal wouldn't have been possible without you. Thank you for always being there for me and I wish there were more people like you in the system and in general because you turn a bad life into a good one. To help is your job but your kindness is a gift."

"Thank you so much for always going above and beyond for the young people under your care and guidance. You are a credit to your field, and truly the most incredible social care officer I have come across during my decade in the system. I'm incredibly grateful that I have been able to access your continuous support. Never doubt the endlessly positive, lasting impact you have on the lives of young people you interact with. I desperately hope that more people follow in your footsteps. Thank you for all you have done for myself and my daughter and countless other young, vulnerable people in need of support."

Youth Engagement Team (YET)

During the summer of 2021 in Perth – particularly in the City Centre, on the Inches and at Moncrieff Island It was reported that hundreds of young people had been involved in drinking and 'rowdy' behaviour, which was alarming for residents and people passing by. Further reports indicated an escalation to violence, and evidence that weapons were being carried and used. Young people were found so drunk they were unable to protect themselves and were vulnerable to abuse, violence, and further risk-taking behaviours. These concerns were also raised at a senior council level and funds were allocated from budget motion monies to provide support towards a partnership initiative. The Partnership of Services for Young People, Police Scotland, Safer Communities, and the 3rd Sector then launched 'Operation Stung'. This was aimed at reducing incidents of violence and anti-social behaviour, while also protecting those in the wider community who had been affected by this behaviour.

Using the detached youth work approach, the team aimed to build working relationships with the young people who were out and about on a Friday and Saturday evening. It was made clear that the team was there to listen, support and make the young people feel safer. Milestones:

- YET only missed two days (Christmas) of detached work since the inception of the project in May 2021.
- 196 detached sessions delivered by the YET, 98 follow up visits, 44 weekend awareness sessions in school.
- 4,252 contacts made during Detached work.
- Geographical approach to detached youthwork in various communities. This includes, Perth city centre, Bridge of Earn, Letham, Craigie, Scone, Crieff, Aberfeldy, Pitlochry, and Stanley.
- Worked in Partnership with the Police to locate two missing young people.
- A flexible service example is highlighted by the quick response to work in Crieff following violent and anti-social incidents involving young people.

- Responding to the issues raised by the young people through the detached work led to the delivery of a school programme to inform young people about drugs, alcohol, sexual health, consent and mental health. 44 sessions delivered to 752 fourth year pupils in 5 secondary schools.
- Follow up work carried out when required in relation to concerns about young people identified over the weekends by themselves or partners. This led to 37 home/school visits (98 sessions due to more than one visit per child).
- Through their weekend work the team have also signposted 30 young people to a variety of appropriate agencies.
- Development of various projects to deal with a variety of issues that the young people we work with experience such as the weekend awareness sessions in school and the diversionary project in Crieff.

Drug Ambassador Group – young people are involved in creating, planning and delivering a project around the needs and issues they feel strongly about. Young people have access to information with a means to keeping young people informed and safe.

Young Person K does not engage in any service and does not like working with others, they find people annoying and groups can be boring. Young person K likes to "get on it at the weekend", Young person K can now identify ways to keep themselves safe and when they are more at risk. Young person K has attended every group and loves it, they miss it when it is not on and "they need it in their life" the group is the thing they look forward to the most in their week. Young person K when first starting the group said they would never talk to other young people, they would be behind the scenes making things for people to use and designing. Young person K is now interested in delivering sessions to young people in the primary School.

FAMILY CHANGE

Family Change is a specialist therapeutic social work service, set up to support children and their families who have experienced significant trauma. We accept referrals for direct therapeutic services from all Perth and Kinross Services for Children, Young People and Families Teams and all the children who use the service have experienced significant trauma, such as maltreatment and developmental trauma, traumatic loss or bereavement.

This year the team has been approached and asked to provide creative therapy to young people who are in Scotland unaccompanied and seeking asylum. We are pleased to have this opportunity to support some of the most vulnerable young people in our community and are in the early stages of establishing this part of our service. We have also been asked, as part of the counselling in schools service, to offer support, alongside our colleagues in Education Psychology, to Ukrainian families displaced by war. A new development over the last year has been the introduction of creative supervision groups to support our fieldwork colleagues who are working directly with children and young people. Feedback about the benefits of the group supervision have been:

"I was really surprised at how focused the group was on the group and how we were doing as individuals";

"I think that I certainly really feel listened to and feel a little lighter when I come out of the group supervision".

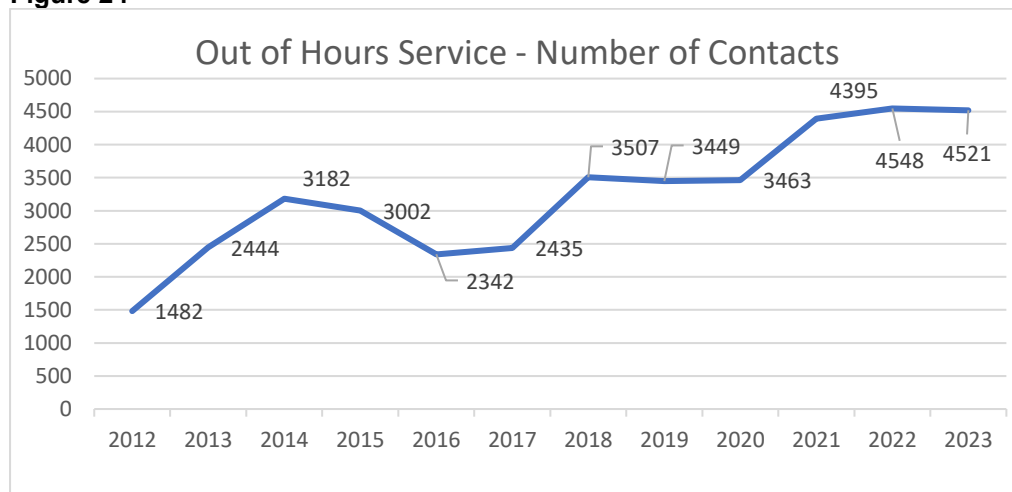
"I have found these sessions a huge support It has been a safe space to talk about how I feel and to not have my opinions judged."

The team was delighted to have been selected to present at this year's Pride in Practice Annual Children and Families Social Work Gathering. They presented the work they do through the consultation service and the creative supervision groups, focussing on relationship-based and trauma informed practice.

OUT OF HOURS SERVICE

The contact information reflects a constant demand for OOHS over the year. The generic nature of OOHS is reflected in the figures with an almost 50/50 split in adults and children's age groups. 99% of service users were already known to PKC and 51% were open referrals. In terms of the spread of work, weekdays account for 69.3% of the OOHS contacts but it is noted Friday, Saturday and Sunday accounts for 30.7% of OOHS contacts. Contacts after 23.00 hrs when the OOHS on call system is available accounted for 14% of contacts.

Figure 24



SHINE – Supported, Healthy, Included, Nurtured, Empowered

The SHINE Outreach Team was formed on the 1 April 2022 as part of a transformation project to further enhance support for children and young people who have a diagnosis or are awaiting assessment of autism spectrum disorder and/or other complex or additional support needs.

SHINE offer planned focused support which involves looking at the social, emotional, and physical needs of the child/young person, the factors that are impacting them and their family and identify support and strategies to help address such needs to enhance the quality of life for the child and their family. Outcomes are agreed with the young person, parents/carer, and any other relevant person or professional.

The team promote the rights of the child as outlined in UNCRC. They treat everyone with dignity and respect, promote the voice and views of the child/young person. Some of the children referred can experience added challenges due to their additional needs and the team aim to break down any barriers that they may face to enable them to achieve the same outcomes as their peers in relation to their wellbeing, health and educational outcomes.

SHINE has received 217 referrals.

Feedback

<p>"They have listened and taken into consideration our family views and lifestyle and helped us in a way that works for us as a family. They provided visuals for our child which has been a huge success in our house. We would definitely recommend to others who are in need of the same help. SHINE is a great service that we never knew about until our support worker referred us" (parent).</p> <p>"Staff understood my daughter very well and we would have loved to have worked with them longer but we understand the demands of the service. Fantastic girls who need an award" (parent).</p>	<p>"The SHINE team endeavour to support families in a way that includes and empowers the young person benefit from having structure and routine, which they may fight against initially but usually come round to knowing it makes life easier. I think the service you provide is unvaluable to parents and families, but also to other professionals. Working as a team offers the best possible outcome for families. I just wish that there was more of you!" (family support worker).</p>
<p>"Staff understood my daughter very well and we would have loved to have worked with them longer but we understand the demands of the service. Fantastic girls who need an award" (parent).</p>	

FIELDWORK SERVICES – Children and families social work

Perth City South Fieldwork Team

Case Example: Two siblings (4 and 7 years old) of Eastern European heritage placed in a foster placement in Scotland and a request from the family to consider moving them to a kinship carer abroad. This case required intensive and close co-operation with the Authorities in the home country of the parents with close links to the Central Authority for Scotland and the Consulate in Edinburgh. In this specific case parallel assessments in Scotland and the parent's country of origin were undertaken on the proposed kinship carer to determine if it was in the children's best interest to transfer them. This process created many challenges in regard to legal requirements for assessments and decision making, cultural differences and language barriers. Regular professional meetings between the Scottish services involved but also with the international colleagues allowed good information sharing and learning along the way about the requirements of the 1996 Hague Convention on the Protection of Children. It was necessary for the proposed kinship carer to visit Scotland in order to be assessed by the colleagues from the kinship team and also to allow them to meet the children. In addition to these two staff members travelled abroad to meet the family and communicate with colleagues locally.

Strathearn and Kinross Team

Use of the Safe and Together approach

Formal training has taken place to support the team to be able to practice in a way that reflects the Safe and Together approach. Staff have been able to discuss where there are difficulties in working with this model, as well as seeing benefits in how this approach can support families in other circumstances. An example of this includes recognising the role of the father, as well as recognising the gendered expectations that professionals can hold.

The non-abusing parent has felt able to disclose to social work a large extent of what has happened, further to their initial position of denying any concerns. We have been able to support the parent to make decisions for themselves rather than being put under pressure to take certain actions such as calling the police. We have also ensured that the perpetrator has been held to account and made aware that his actions are being seen as parenting choices. In the past, this is a case where the children may have been accommodated into care as a result of the non-abusing parent not taking actions such as calling the police; instead, the children remain at home with their mother and are thriving. We have assessed that the non-abusing parent has been able to keep their children safe, and we know that the parent has felt supported and empowered in this process.

Children and Disabilities Team

Workers have used Talking Mats in school situations where the teacher did not think the child would be able to participate and has been surprised. This has led to the teacher to then continue to use this method to obtain the child's views.

Self Directed Support –

Following a request from a young person with Autism and diabetes, an assessment resulted in the provision of a Medical Detection dog. Flash supports the young person by alerting him as to when his blood sugars are low. The parent has advised that the: *'relationship with the dog and the child and the effort he had to put in to train the dog had a profound effect on him'*.

SDS has being used by a parent to set up a Dance Group for Disabled Children in Blairgowrie

Funding towards a mobility car so that the family could get a car that would meet the whole family's needs not just the disabled child.

Change Is A Must / First Steps Team

The remit of the team is to provide a high-quality response to address unmet needs of pregnant mothers, fathers and parents of young children pre and post birth, through proportionate intervention as early as possible in the pregnancy and/or the child's infancy.

The addition of a Specialist Mental Health Practitioner has been enormously beneficial and she has worked with 18 parents to date. Of these parents, 33% were male, 56% had experienced domestic abuse and 33% had a dual diagnosis (substance or alcohol dependency and mental health) and were open to drug and/or alcohol service. Fathers are not currently able to access the PNMHT during pregnancy and are not currently a priority due to pregnancy.

The use of Easy Read documents for parents is now used as standard with parents who require this support. These are used with parents to improve their understanding of information in relation to assessments, social work processes, risk and parenting advice. One worker in the team who helped develop the documents alongside the Speech and Language worker from REACH, is now able to train and support other workers to use the Easy Read documents.

Family Group Decision Making is now considered in all cases allocated within the First Steps Team. Uptake of this service by parents has depended on whether they feel there is a need, whether they feel they have family support in place already and their willingness to work with Social Work pre-birth. The team has increased the number of unborn babies being referred for Family Group Decisions Making (FGDM) which has enabled babies to remain within their own families after birth.

I have been involved with the children and family services since late 2017. I must say I have had an up and down experience since working with the Change is a Must Team, all the way though to working with the Adoption Team. I just really want to highlight the support and dedication to keeping my family together. Some of the people I have worked with, have shaped me into the mum I always wanted to be. There were just a few people [edited] I really wanted to thank and let you know they are a credit to the Perth a Kinross Children, Young People and Families Service. If it wasn't for them taking a massive chance and having my parent capacity reassessed, I don't think my child would ever have come home. I had endless amount of support available to me, weekly sessions focused on me and my parenting and how I can see where things weren't good before and how I can make positive changes to impact my parenting. I was given contacts throughout lockdown and was given the best opportunity possible to have my child home. The Family Focus Team (I know it's no longer that called that anymore) - I honestly don't know if I have the words to describe how amazing the worker was. She has been 100% dedicated to me and my family from the second she started working with us, I couldn't and wouldn't trust anyone more than I trusted her. She's been a shoulder to cry on, the stern words I've needed a few times and best of all, she was non-judgemental. I will be so sad when we are no longer working together anymore in the late summer. But I do have to add, she has put things in place, where if I did ever need her, I can always call her. I just want to say a massive thank you to everyone involved with myself over the years, you've shaped me as a mum and a person in some ways. I am really grateful for the time and effort to keep me and my child together. We have three years of time to make up on and we are over a year and half in now, I couldn't be happier and part of that is down to the individuals who have been there for me.

COPE C – Children and young people who are **O** – Open cases to Social Work and need **P** – Planned interventions at **E** – Evening and Weekends

COPE is an intensive family support model and works alongside children, young people, and their families to reduce risks and promote positive change. In line with The Promise, Services for Children, Young People and Families want to ensure that support for children, young people and their families is available at the times when they most need it and where they most need it. COPE deliver support and assistance weekdays from early afternoon to evenings and from mid-morning through to evenings at weekends, providing a mix of planned intervention and response to crises.

"Thank you so much for everything you have done for me. You have made such a positive impact on me, and my family's life and I will be forever grateful for that. You have helped me when I have been at my lowest and helped me see the positives in life and that is something I will never forget, thank you again."

"You've been such a massive part of our lives and our family and I'm going to miss you so much as is X, you've held me up so many times when I just wanted to crumble, you've always listened when no one else could hear, you've always been there for my girl and I can't thank you enough for that, for always being consistent when I couldn't be there for her and for teaching me so many things, I'm so sorry being so nasty to you when X had been away, it's been the most torrid time of my life and to think I might not even have been here to see my child grow up..... but I really do wish you all the best in your new chapter of life and I hope you're really happy, you've worked so hard to get here, you really are one in a million!!!! Gonna miss you so much 'Worker' Poppins but I guess the wind had to change one day"



PERTH & KINROSS INTEGRATION JOINT BOARD (Report No. G/24/6)
WORKPLAN 2024-25

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	14 Feb 2024	20 Mar 2024	5 June 2024	25 Sep 2024	11 Dec 2024	19 Mar 2025	Comments
Minute of Meeting	✓		Chief Officer	✓	✓	✓	✓	✓	✓	
Action Points Update	✓		Chief Officer	✓	✓	✓	✓	✓	✓	
Matters Arising	✓		All	✓	✓	✓	✓	✓	✓	
Membership Update		✓	Clerk to the Board	✓						
Delivering on Strategic Objectives										
Chief Officer Strategic Update	✓		Chief Officer	✓	✓	✓	✓	✓	✓	
Tayside Mental Health Services: Strategic Update		✓	Chief Officer	✓		✓	✓		✓	
Tayside Mental Health Services: Strategic Update Verbal		✓	Chief Officer		✓		✓			
Perth & Kinross Older People's Strategic Delivery Plan		✓	Head of Health				✓			Annual Update
Perth & Kinross Autism / Learning Disabilities Strategic Delivery Plan		✓	Head of Adult Social Work Operations		✓				✓	Update on SDP
Perth & Kinross Primary Care Strategic Delivery Plan		✓	Associate Medical Director			✓				Annual Update
Perth & Kinross Primary Care Premises Strategy		✓	Associate Medical Director			✓				Annual Update
Tayside Primary Care Strategy 2024-2029		✓	Chief Officer		✓				✓	For approval March 2024. Update in March 2025
Perth & Kinross Carers Strategy		✓	Chief Officer				✓			Annual Update
Participation & Engagement Strategy		✓	Chief Officer				✓			For approval
3 Year Workforce Plan		✓	Head of Adult Social Work Operations			✓				Annual Update
Alcohol & Drug Partnership Strategic Delivery Plan 2024-2027		✓	Head of Adult Social Work Operations			✓				
Strategic Planning Group Update	✓		Head of Adult Social Work Commissioning	✓		✓	✓	✓		
Strategic Planning Group Minutes	✓		Head of Adult Social Work Commissioning	✓		✓	✓	✓		
Community Adult Mental Health Services in Perth & Kinross		✓	Senior Service Manager					✓		
Perth & Kinross IJB Strategic Commissioning Plan		✓	Head of Adult Social Work Commissioning		✓					For approval March 2024
Chief Social Work Officer Annual Report		✓	Chief Social Work Officer	✓					✓	For noting
Winter Planning Across Perth & Kinross 2024-25		✓	Chief Officer				✓			For approval
NHS Tayside Director of Public Health Annual Report 2024		✓	Chief Officer						✓	
Perth & Kinross Adult Protection Committee Annual Report		✓	Chief Officer	✓					✓	Report and Presentation
Perth & Kinross Adult Support & Protection Biennial Report 2022-24		✓	Interagency Adult Protection Coordinator				✓			For noting & endorsement
Finance / Audit and Performance										
Budget Setting		✓	Chief Finance Officer		✓				✓	For approval
Audit and Performance Committee Update		✓	Chair of A&PC	✓	✓	✓	✓	✓	✓	
Audit and Performance Committee Annual Report		✓	Chair of A&PC				✓			
Governance										
Strategic Risk Management Annual Report 2023-24		✓	Chief Officer				✓			
Review of Standing Orders		✓	Clerk to the Board			✓				
Reserve Policy		✓	Chief Finance Officer		✓					
Financial Regulations		✓	Chief Finance Officer		✓					
For Information										
Future Meeting Dates	✓		For information	✓	✓	✓	✓	✓	✓	
Future Development Sessions	✓		For information	✓	✓	✓	✓	✓	✓	
Work Plan	✓		For information	✓	✓					
Annual Performance Report		✓	For information				✓			
Tayside Winter Planning Report 2024-25		✓	Chief Officer					✓		
Audited Annual Accounts		✓	For information					✓		

