

## PERTH AND KINROSS COUNCIL

Council – 19 December 2012

PERTH AND KINROSS ADULT PROTECTION COMMITTEE BIENNIAL REPORT  
2010-2012

## Report by Executive Director (Housing and Community Care)

**ABSTRACT**

This report advises Council of the Adult Protection Committee Biennial Report on Adult Support and Protection activities within Perth and Kinross, as required by the Scottish Government of all Adult Protection Committees in Scotland.

**1. RECOMMENDATIONS**

It is recommended that Council:

- 1.1 Affirms the Biennial Report on behalf of the Perth and Kinross Adult Protection Committee.
- 1.2 Refers the Biennial Report to the Community Planning Partnership for its interest.

**2. BACKGROUND**

The Adult Support and Protection (Scotland) Act 2007 requires the Adult Protection Committees across Scotland to produce reports biennially, providing details on activity and performance.

This second report from Perth and Kinross provides an insight into the nature of harm suffered together with profile information concerning victims. In this context, it will be noted that the analysis of data contained within section 3 of the report illustrates a range of interesting trends, including:

- The significant role played by Tayside Police as the highest referring agency
- The significant increase in referrals for self harming behaviour
- The increasing evidence that certain adults with distinctive behavioural or visual presentation may be at increased risk of harm
- The continuing trend of the 40-64 age groups as the largest single referral group. By contrast, the increasing variety of age groups among those deemed at sufficient risk to warrant the convening of a Case Conference
- The emergence of service users with mental health needs as a significant referral group – accounting for 22% of all referrals over the two year period of this report
- The number of referrals concerning people who may not be ‘adults at risk’ in terms of the Act, but whose circumstances still require assessment and whose needs may require services from Community Care

- The increasing number of adult males at risk who were the subject of a Case Conference

The Adult Protection Committee now has an Improvement Plan in place which is taken forward both by sub-groups of the Committee and by individual agencies. Progress is reviewed regularly at meetings of the Adult Protection Committee when there is also the opportunity to address emerging issues of both local and national significance.

One particular improvement action with local resonance has been the development of Adult Protection Liaison arrangements with Perth Prison. Initial meetings between the Perth & Kinross AP Co-ordinator and managers within Perth Prison have been replaced by a series of national meetings to determine how best to progress the establishment of 'Adult Care and Protection' within a prison setting.

In the year which lies ahead we will seek to address some of the trends observed within the Biennial Report through:

- Liaison with the Mental Health Strategy Group
- Development of closer ties with Tayside Police in relation to Adult Concern Reports
- Building on recent work with the Community Health Partnership on the identification and reporting of harm
- Liaison with Scottish Care in relation to Care Home enquiries.

Finally, our efforts to improve the safety of adults at risk is being taken forward locally, both through specific actions within the Improvement Plan and through continuing audits and Self Evaluations, the most recent of which was completed in the late spring of this year. We remain committed to this journey of continuous improvement.

### **3. CONSULTATION**

Tayside Police, Tayside Health Board, Perth and Kinross Community Health Partnership, the Adult Protection Committee and Perth and Kinross Association of Voluntary Services and Scottish Care have all been consulted in the preparation of this report.

### **4. RESOURCE IMPLICATIONS**

There are no immediate financial or resource implications arising from this paper.

### **5. COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012**

The Council's Corporate Plan 2009-2012 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The relevant objectives are as follows:-

- (i) Healthy, Caring Communities
- (ii) A Safe, Secure and Welcoming Environment
- (v) Confident, Active and Inclusive Communities

## **6. EQUALITIES IMPACT ASSESSMENT (EqIA)**

An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new and existing policies.

The Biennial Report and the SWIA Inspection Report on Prison Social Work functions raise particular issues with regard to the protection of certain adults within:

- The Prison System
- Drug and Alcohol Services
- Mental Health Services

Work in these areas will be taken forward under the auspices of the Adult Protection Committee's Improvement Plan.

## **7. STRATEGIC ENVIRONMENTAL ASSESSMENT**

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).

However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

## **8. CONCLUSION**

Council will note from the content of this report that cases investigated under the Adult Protection Protocol continue to be referred from a wide range of sources, reflecting growing awareness on the part of agencies of their responsibilities under the Act. The report also notes that, in relation to gender and age groups, referral trends within Perth and Kinross are in line with National trends. The place and function of the Adult Protection Protocol is now clearly embedded in relation to Older Peoples' Services, Learning Disabilities and those affected by Physical Disability, while the range of persons considered as potentially in need of protection is now expanding beyond the narrow confines of 'adults at risk of harm' as defined by the 2007 Act.

Key challenges for Committee over the next 2 years will involve the delivery of Adult Protection into a prison environment; similar development in the field of Drug & Alcohol Services; and the integration of key principles from the 2007 Act into the practice of a wide range of staff involved in the delivery of Mental Health Services.

**DAVID BURKE**  
**Executive Director (Housing and Community Care)**

**Note:** The following background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (and not containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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# **Perth and Kinross Adult Protection Committee**

## **Biennial Report 2010 -2012**



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In preparing the second bi-ennial report for the Perth and Kinross Adult Support and Protection Committee, I am conscious of the continuing reporting of abuse and harm on a regular basis in the media, through the work of regulatory bodies, and by family carers and service users. Sadly, much of this arises from poorly commissioned, resourced and regulated care, and often to those least able to protect themselves.

This year also saw the publication by the Equality and Human Rights Commission of “Hidden in Plain Sight”, their Inquiry into disability- related harassment, which registered the nature of harassment that is the daily experience of many of our fellow citizens. This includes continuing unequal access to mainstream services in health, housing and social care and employment, policing, benefits, and legal remedies. Some of these will be compounded by the impact of reductions in benefits and supports, arising from the financial situation.

It is, therefore, vitally important that we continue to resource family carers and those who use services to recognise, identify and report abuse, and pursue remedies. Equally, front line practitioners must incorporate risk enablement into their practice when supporting people through person-centred approaches focussing on outcomes desired by people who use services.

Adult Support and Protection is now a mainstream element of the work of public agencies in Scotland and a body of research and analysis is beginning to emerge around practice in Scotland. Perth and Kinross has been in the vanguard of development, both before and after implementation of the Act we have also been involved in two early pieces of research into practice and have facilitated well received national and local conferences on developments.

The Christie Commission recognised that prevention, integration and partnership, workforce development, assets based activity, person centred outcomes and continuous performance improvement were central to public sector reform. The work of Adult Protection Committees reflects this agenda, bringing together agencies in common purpose and working through real issues. The Perth and Kinross Committee has been hearing practitioner case studies at meetings throughout the year, and hearing evidence of the challenges both for those who we work with and staff involved in protection activity in this multi-agency context. We have become aware of the challenges of self harm and suicide, of issues at transition points in care services, issues on alcohol and substance misuse, domestic violence and the challenge of working with hard to reach groups.

Increasingly, agencies have been required to come to terms with the role of ‘managing risk’ as a key element of Adult Protection practice. The committee has also recognised the adult protection relationship to other public protection issues including child protection, MAPPA, and Mental Health and the agencies’ understanding of the impact of incapacity. The committee is still looking for ways to engage fully with users and carers, and practice is being tested to gain feedback from service users and carers on their experience of services. The committee has invested in publicity through various media, and is considering how to further invest

in prevention activity, particularly in relation to crimes in the community, financial harm and predatory crime. Work continues with the Care Inspectorate to respond to issues of care and protection in regulated care services.

The Committee has taken time out to look at current practice and has developed an Improvement Plan to enable committee and partners to progress issues and assist our sub-committees to support good practice. A number of key themes will be developed over the next two years, including proposals to address the rise in referrals which do not meet statutory adult protection criteria, but do require further support from agencies, through multi-agency approaches.

The introduction of Self Directed Support and the development of person centred approaches, particularly for people who live alone, bring further challenges to the Adult Protection agenda.

Training has continued as a high priority area, from induction of new staff to specialist developments. New areas, such as work in Prison settings, have been identified, and development of tools in recording and decision making, work on self harm, and use of new technology/e-learning are being taken forward.

Recent multi-agency examination of case studies reveals a number of key themes including capacity and capacity assessment; challenging family relationships; and the overlap between the different legal options (Adult Support and Protection Act, Mental Health (Care and Treatment) Act, Adults with Incapacity Act); Intervention levels and thresholds; and the use of criminal justice measures.

Colleagues in Tayside Police continue to provide valued support to the adult protection committee and, during the last year, NHS Tayside have established a Tayside Officers group which is assisting in developing further engagement with health services in both acute and primary care services. Activity is further described in the report. The Tayside Adult Protection group, which co-ordinates activity across agencies, has developed an action plan for Tayside which seeks to support consistency across the three local authority areas with Tayside Police and NHS Tayside. Perth and Kinross hosted the Tayside Conference in 2011, focussing on practitioner activity, capacity, significant case reviews and the interface between legislative options.

The Committee is aware that problems remain in relation to data collection and analysis. Nonetheless, some trends are beginning to emerge which will assist in refining intervention and strategy over the coming years. These trends extend to self harm, suicide, financial harm and exploitation, use of chronologies, and community based preventative activity with service users and carers.

The following report provides detail on the activities of the committee, management and service user and carer information, case reviews, training and workforce issues. The main activities for committee over the next two years are outlined in the Improvement Plan (attached) and provide the detailed strategic issues to be addressed by the Perth and Kinross Adult Support and Protection Committee.



Finally, I would, as Independent Convenor, wish to thank my colleagues on the Committee for their dedication and support, the staff across agencies for their commitment; colleagues in the other Tayside agencies and local authority areas; and, in particular, Mary Notman, Kathleen Frew and John Gilruth for their continuing support.

Alex Davidson  
Independent Convenor, Perth and Kinross Adult Protection Committee.  
August 2012

## **1. Introduction**

### **1.1 The local context**

Perth and Kinross is centrally located within Scotland covering a diverse area of 5,286 sq km, making it the fifth largest local authority area in Scotland. Its geography extends from the central belt commuter corridor to the rural aspects of Highland Perthshire. It lies adjacent to 8 other authorities and has 12 electoral wards.

Perth and Kinross has a population of 147,780 ranking it 14th highest, by population, in Scotland. A third of the population is located in Perth. There are also smaller, but rapidly growing communities, around Crieff, Kinross, Pitlochry, Blairgowrie and Auchterarder. Between 2001 and 2006, the population increased by 3.9 per cent, with a further predicted increase of 22.2 per cent expected between 2006 and 2031 – the second highest predicted population growth in Scotland.

There is a significant Older People's population. The 65+ age group is expected to increase by 74% by 2031, significantly higher than the national estimate of 61%. It is also estimated that there will be a 28% increase in the migrant population. The area has the third highest number of migrant workers of all Scottish authorities, behind Glasgow and Edinburgh. There are estimated to be around 6,000 migrant people living in the area, this figure increasing over the summer months. These changes will place increasing demands on council services.

<b>Total population of P&amp;K</b>	<b>Population 16+</b>
147,780	122,882

### **1.2 Adult Protection Committee (APC)**

The APC is a multi-agency committee, presided over by an Independent Chair, which meets every 3 months to promote effective joint working for adults at risk in Perth & Kinross. The Independent Vice Chairperson supports the chair, deputising at meetings when required and contributing actively to inter-agency case reviews. We are fortunate to have Susan Hunter, a well respected academic with a long standing interest in adult protection and social care issues, as our Vice Chairperson.

The APC reports to the Perth & Kinross Community Planning Partnership which has both inter-agency and elected member representation. The reporting arrangements are principally through minutes and annual reports, but the independent convenor meets with both the Director of Housing and Community Care and the Chief Executive of the Council.

The APC recognises that adult support and protection requires multi-agency information sharing, co-operation and joint decision making, and is currently considering the expansion of the APC membership beyond its current membership of 20.

A case is presented by a council officer at every APC meeting to increase awareness of the challenges facing different client groups and the varying types and locations of harm.

The APC has actively sought to improve multi-agency understanding and working through a series of learning and development opportunities, including:-

1. April 2011 - ½ day workshop for the APC to discuss key objectives/challenges. The recommendations made resulted in amendments to the Improvement Plan.
2. Annual multi-agency case file audits including council, NHS and police staff.
3. Multi-agency self evaluation in March 2012 to identify areas of strength and weaknesses and remedial action
4. Multi-agency case reviews undertaken in relation to 3 cases and implementation of improvement plans
5. Attendance and agreement at Tayside Steering Group on matters requiring a consistent approach
6. Development of a definition of 'threshold of harm'.
7. Development of a significant case review and large scale inquiry process.

### **Sub-Committees**

There are three sub committees which report back to committee on distinct aspects of its business. These groups, in their turn, however can remit matters to the full committee for consideration. The relevant sub committees are:-

- a) **Operational sub group**  
Core membership of 13 with average attendance of 9
- b) **Learning and development sub group**  
Core membership of 11 with average attendance of 7
- c) **Information and audit sub group**  
Core membership of 10 with average attendance of 5

The Adult Protection Committee is supported by an Inter-agency Adult Protection Co-ordinator who is a member of the APC and all the Sub-Committees and is assigned work through the present Committee.

## **2 Adults at risk and carers**

The involvement of adults at risk and carers is central to all areas of adult support and protection - from awareness raising to active involvement in cases. Ascertainment of their views is also important in order to inform future strategy.

## **3 Awareness raising**

**A service user training event** was held in April 2010 when 67 people attended to receive information and have the opportunity to ask questions.

The adult protection coordinator attends such events and meets with client and carer groups within care settings and in the community. This has proved very informative in highlighting specific issues for the different client groups.

The NHS Healthy Community Collaborative offer a range of group activities across Perth & Kinross for people over the age of 65 years e.g. luncheon clubs, exercises, games. The ASP coordinator has provided relevant information to the majority of these groups.

Recent activity by the APC has identified that further work with certain service users, focusing on their safety, would be beneficial.

## **Public Information**

Raising awareness of adult support and protection requires on going planning and the use of various communication media:-

- In August 2010 a poster campaign was used to disseminate information on local buses, public places and in partner agencies' premises
- Participation in the national advertising campaign "Act against harm"
- A report on webpage activity showed there were 10,798 page views in 2011/12
- Development of information leaflets with use of pictorial signs
- Articles in local newspaper and attendance at local events
- Supermarket campaign – adult protection information on till receipts

## **4 Service User & carer involvement in cases**

- Involvement of adults at risk and their carers in adult protection case conferences. Adults at risk were invited to 54% of case conferences with an attendance rate of 74% while relatives were invited to 75% of conferences with an attendance rate of 84%.
- An audit of police adult concerns reports demonstrated clear evidence that adults' views were taken into account in all cases (100%)
- In 2010/11 independent advocacy supported 13 people and in 2011/12 they supported 23 people. Advocates were invited to 38% of adult protection case conference with an attendance rate of 91%. The APC is keen to explore further work around advocacy and are working with Stirling University on research to this end.

- A joint research project between Stirling University, East Dunbartonshire, Falkirk and Perth & Kinross Councils. The aim was to explore assessment and intervention under the statute, from the perspective of practitioners and the people who use services.

Summary of recommendations included:-

1. Working with the adult at risk of harm:

- Continue support for relationship- based work
- Address losses as well as gains for the person
- Promote choice and self-determination as the adult grows in confidence
- Consider different forms of case conferences
- Explore alternative methods of communication to help people verbalise their thoughts and feelings.
- Consider how to build up practitioners' confidence, in the knowledge that the majority of investigations and inquiries are conducted by a small number of staff.

2. Promoting evidence informed practice:

- Provide opportunities for practitioners within their teams and across the agency to share learning about thresholds of harm, inquiries, investigations and protection plans
- Set up ways of comparing similar situations to establish a research base
- Encourage practitioners to engage in research

3. Addressing the issues beyond social work:

- Work with NHS agencies and staff to improve understanding of harm and legal duties
- Work with Procurators Fiscal and police to increase chances of conviction in cases where prosecution is considered.
- Development of questionnaires to gain information on outcomes. These are completed at all initial and review case conferences to monitor progress over time, reflect risk level and gauge the person's quality and control of life. As this view reflects professionals' as well as the adult's view, a separate questionnaire has been developed with advocacy to ascertain an independent view where opinions can be stated anonymously, if desired.

Evaluating outcomes for adults at risk, taking into account the complex nature of harm and subjective opinions of people involved, has been challenging. Measuring personal safety in itself has proved problematic, particularly where the subject does not appreciate the extent of risk to which they have been exposed. The APC will continue to focus on how best to monitor outcomes.

## **Strategic level**

In the Minister's letter of March 2011 concerning the first bi-ennial report, a question was raised concerning demographic information about adults who had been in contact with the Perth & Kinross adult support and protection process. Consideration of this matter through analysis of statistical data on adult support and protection has resulted in a clearer focus on older people, dementia, capacity issues and large scale inquiries.

Further key elements of activity emerging from analysis of data include self harm and transition.

Involvement of adults at risk and carers has been a regular item of discussion at the APC. There is a nominated carer representative, nominated by the Carers Forum, who attends regularly. The issue of client representation has been more challenging and although discussions have been held with client groups, this matter has not yet been resolved. There is clearly a need to have the broad spectrum of client user views represented, but the APC needs to find an effective way of achieving this end. We are working on ways of engaging service users with a variety of needs, communication, capacity and sensory impairments. We continue to meet with local groups to discuss ways of engaging them effectively and providing necessary support.

### **Case Example**

Mrs Z, aged 79 was living at home in poor physical and mental health and was socially isolated. Her diabetes was not well controlled and there were concerns about her level of capacity. There were some self neglect issues which led to an inquiry under the ASP process. Efforts to support and maintain her at home were unsuccessful and she was admitted to a Care Home. She was distressed on admission and attempts to maintain contact with acquaintances were unsuccessful. There was a history of institutionalised care in her younger years within learning disability units and she served a prison sentence for abusing her own children. She continues to fluctuate between being distressed and unhappy while at other times appearing to be settled and relatively content. This case highlights the complex balance between the duty of care, enabling people to safeguard themselves and identifying suitable quality of life indicators.

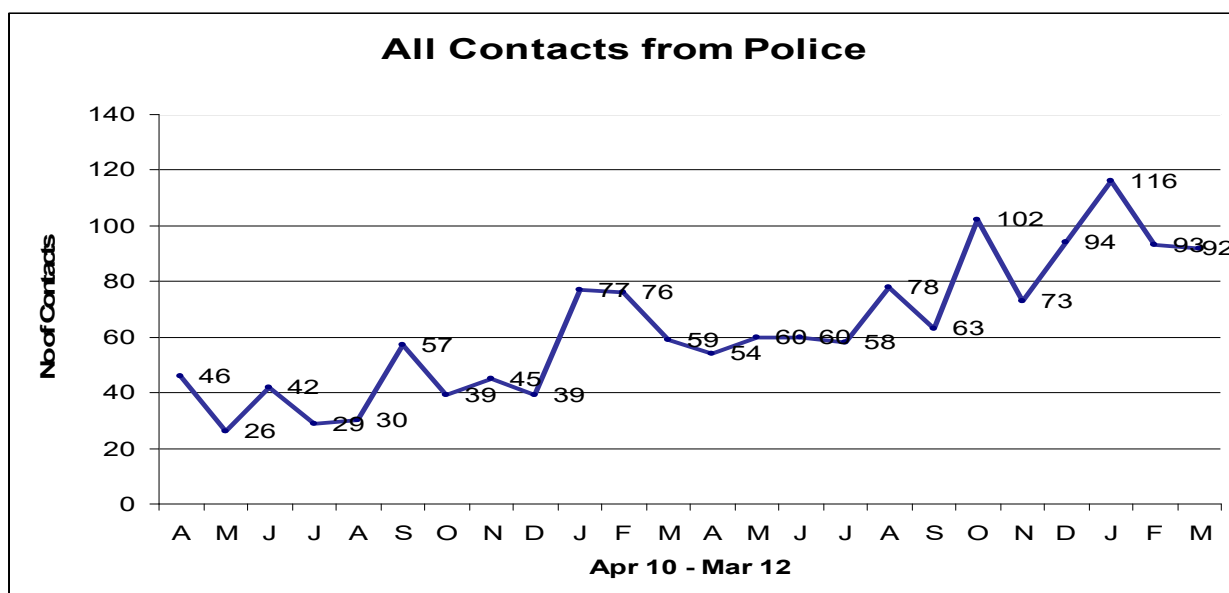
## **3 Management Information**

### **3.1 Analysis of adult protection activity: referral information**

#### **3.1.1 Police Adult Concern Reports**

There has been a large increase in adult concerns reported from all sources, rising from 565 in 2010/11 to 1162 in 2011/12.

Police Adult Concern Reports have increased from 565 in 2011 to 943 in 2012.



The increase in referrals from the police has resulted in increased demand for assessment in adult support and protection and also in provision of community care services. Only 14% of cases resulted in advice and information only or 'No further action required'. There was an increased demand for adult community care services for a number of individuals who previously may not have been known to social work and partner agencies.

Of the Police Concern reports received in 2011/12:-

- 38% progressed to ASP inquiry
- 3% progressed to ASP investigation
- 23% of cases were open cases and were passed to key worker,
- 21% were forwarded for community care assessment
- 8% resulted in no further action
- 6% were for information only and no further action required
- 1% not recorded

### 3.1.2 Adults at Risk

In addition to the Police Adult Concern Reports, adult protection concern referrals are also received from other sources. The information which follows relates to all those who progressed to the adult support and protection process.

During the present reporting period there have been changes made to information systems to improve data collection. A new process commenced in May 2012 which allowed more details and options to be recorded making direct comparisons with previous data difficult.

In 2010/11, there were 186 people who progressed through the adult support and protection process.

In 2011/12 there were 471 people who progressed through the adult support and protection process comprising 439 ASP Inquiries and 32 ASP investigations

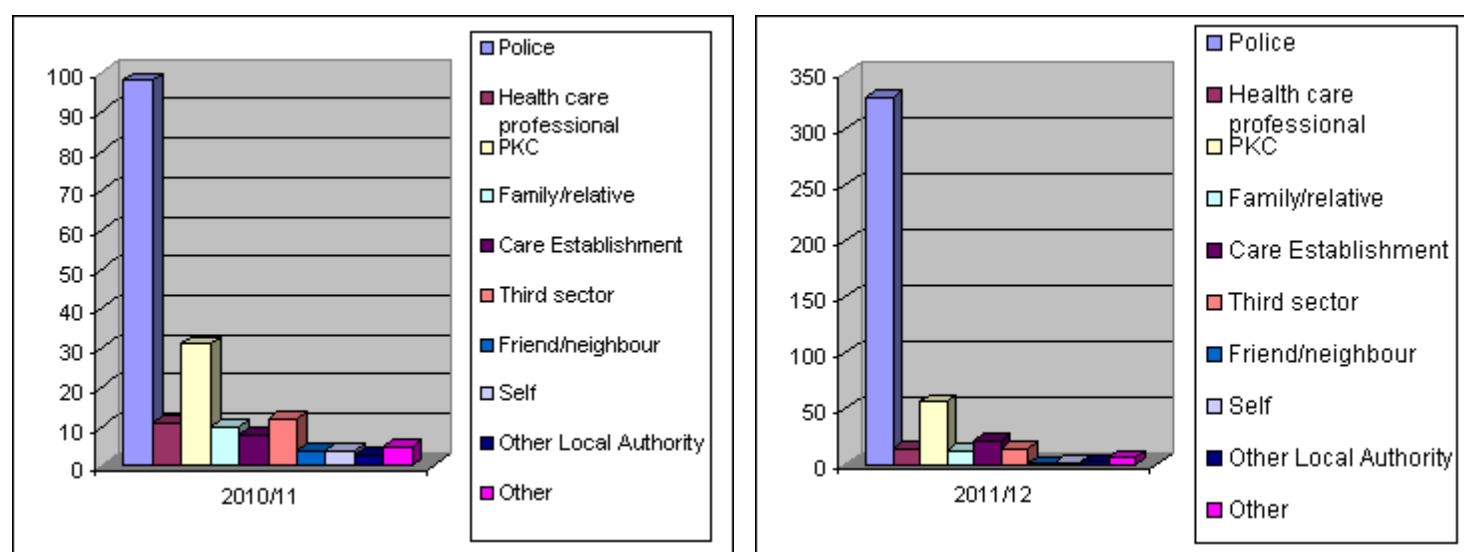
Key characteristics pertaining to adults at risk in 2011/12 were:

- Mental illness including dementia 65%
- Lives alone 47%
- In receipt of services 47%
- People whose behaviour and visual presentation may suggest they are at risk 47%
- Physical health problems 41%

In 2010/11, key characteristics were:-

- People whose behaviour and visual presentation may suggest they are at risk 50%
- Social isolation 31%
- Unemployment 42%
- Communication difficulties 31%

### 3.1.3 Referral Source



The police remain the primary source of referrals, accounting for 81% of all referrals. The council accounted for 13% of all referrals with 10% coming from internal social work teams in relation to open cases. The remaining 3% were from housing and other council colleagues.

NHS referrals appeared to have decreased from 5.9% in 2011 to 3.3% in 2012. However the figures show that numbers of NHS referrals actually increased from 11 to 14 but represented a smaller proportion of overall referrals.

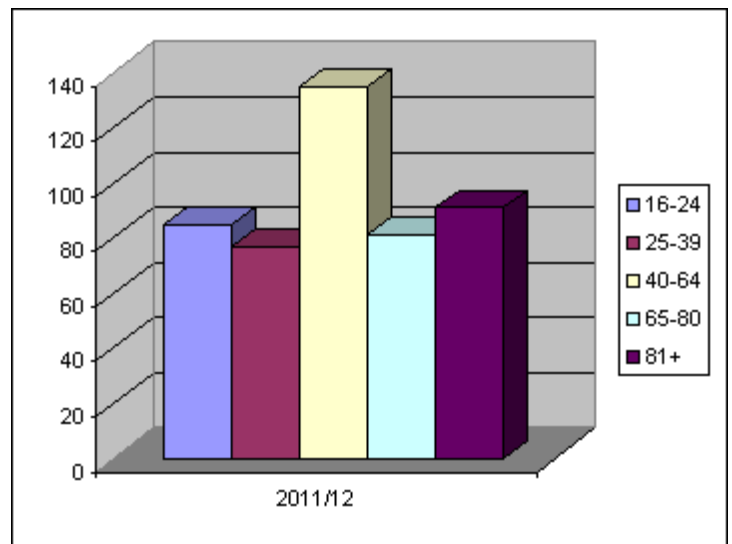
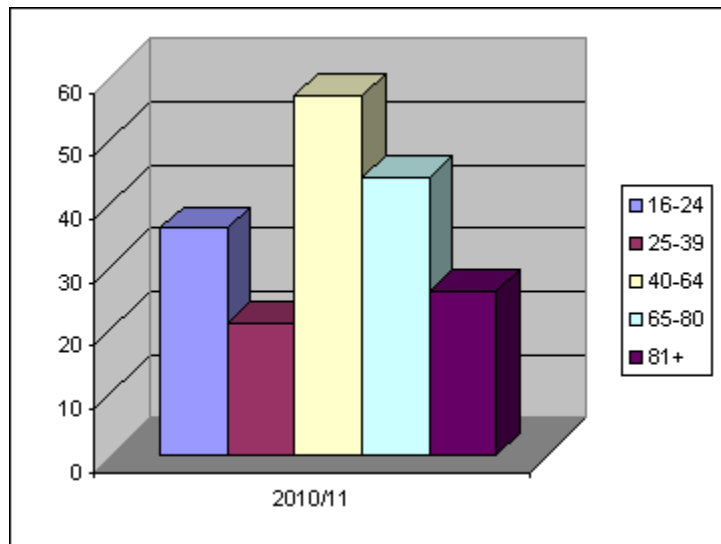
4% of referrals came from Care establishments and 3% from family and friends.

It is worth noting that 6 referrals (1%) came from other local authorities where there were concerns raised for people placed in care homes in Perth & Kinross.



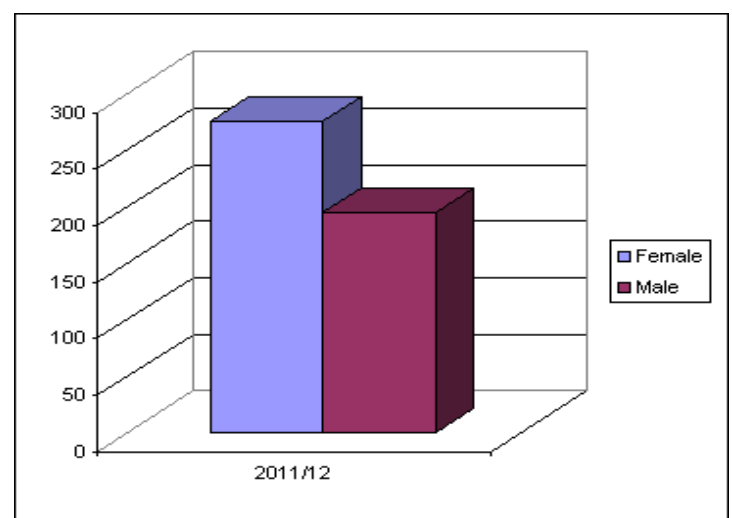
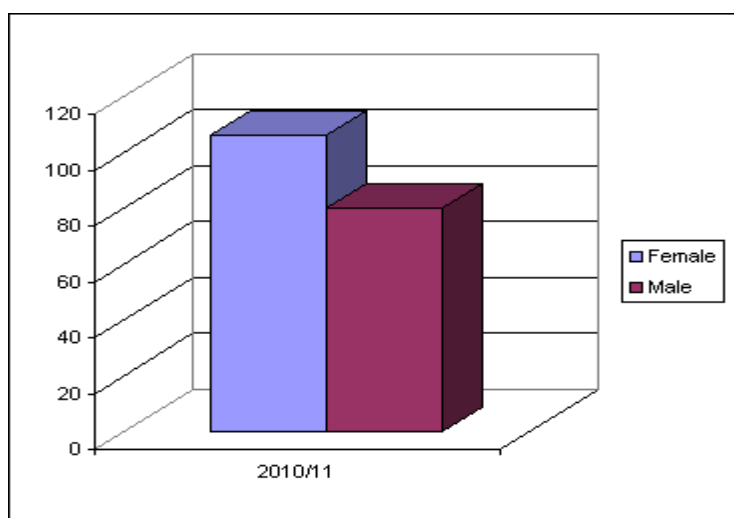
### 3.1.4 Age and gender of adults at risk

#### Age



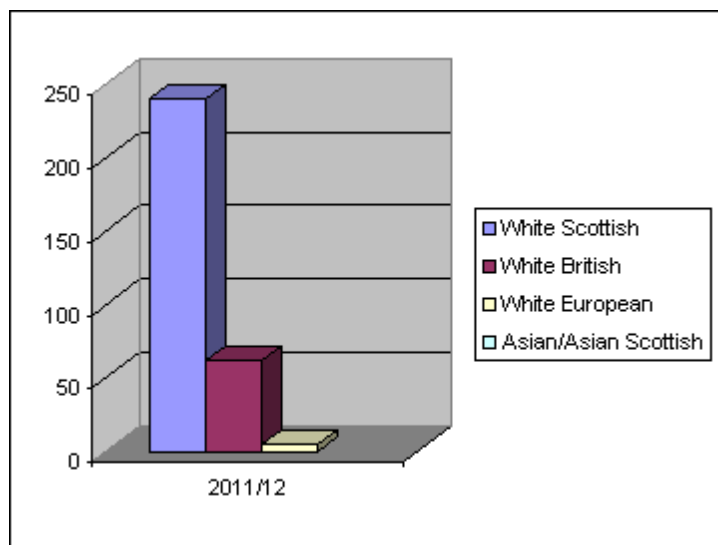
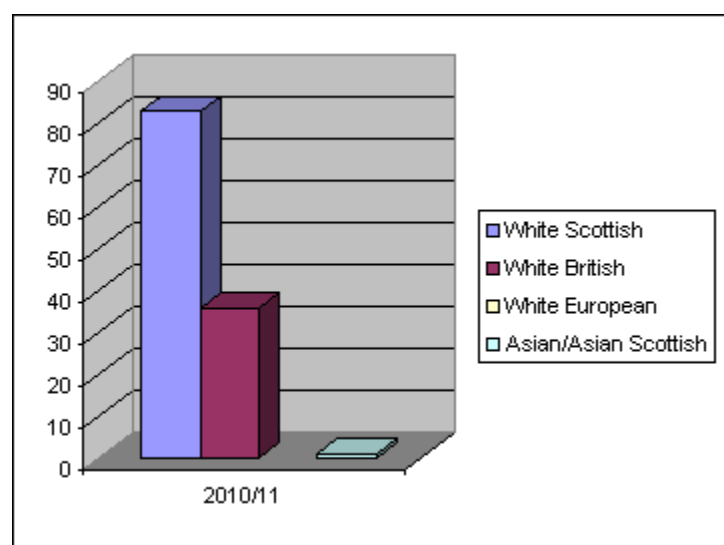
The 40-64 age group remains the most prevalent across the 2 year span but there were large increases in all age groups in 2011/12.

#### Gender



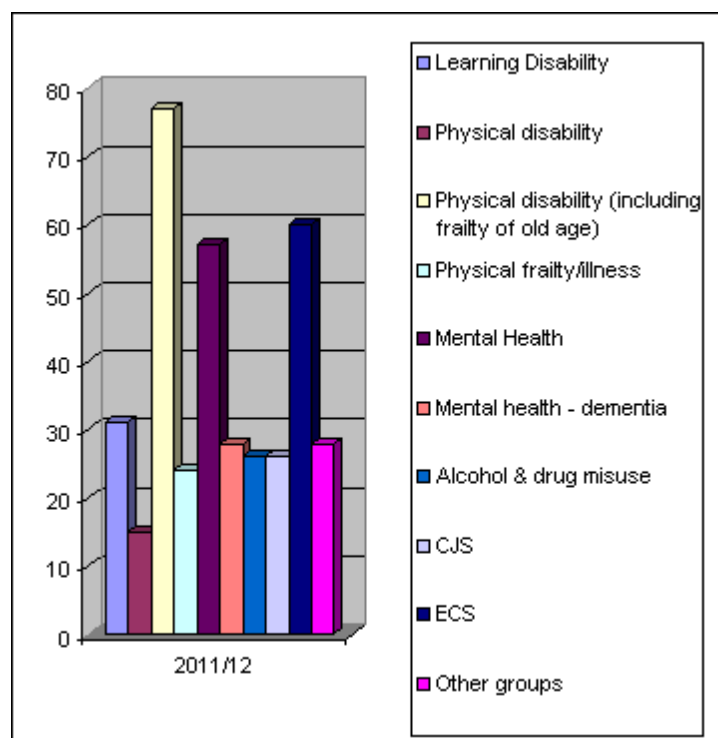
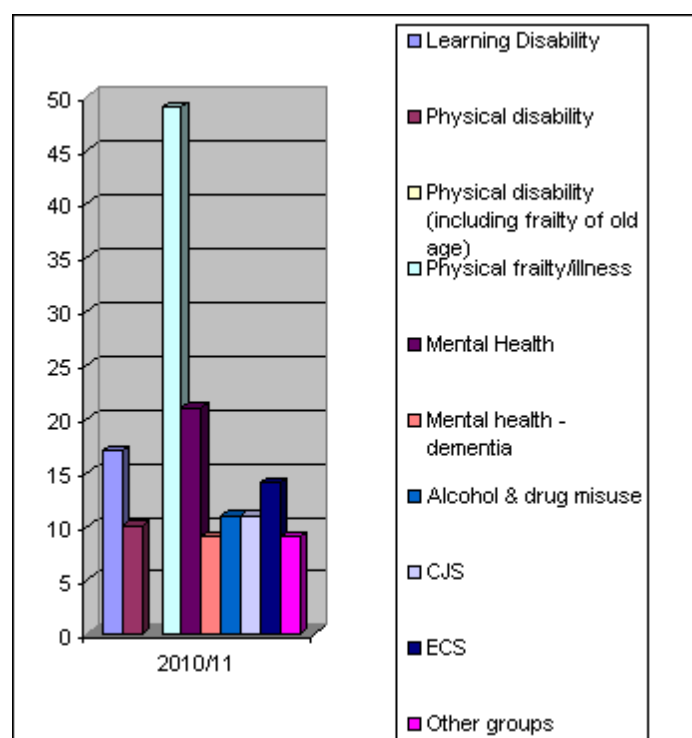
Females remain the most prevalent group and account for 58% of all ASP cases.

### 3.1.5 Ethnicity



White Scottish (76%) remains the largest ethnic group referred, while White British accounted for a further 23%.

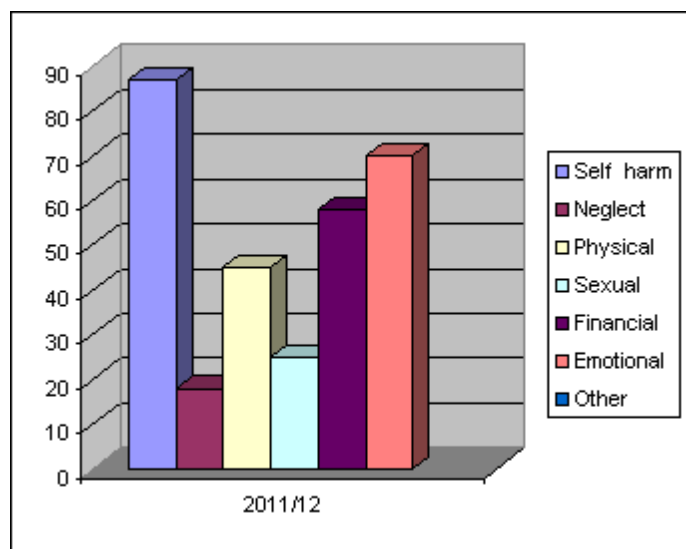
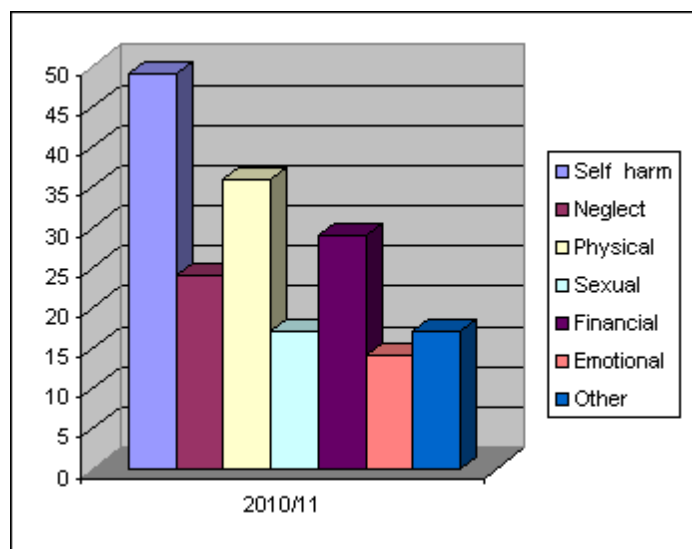
### 3.1.6 Client group



Mental health emerges as the largest consistent client group over the 2 years accounting for 22% of all cases. 7% of this figure, however, comprises people affected by dementia.

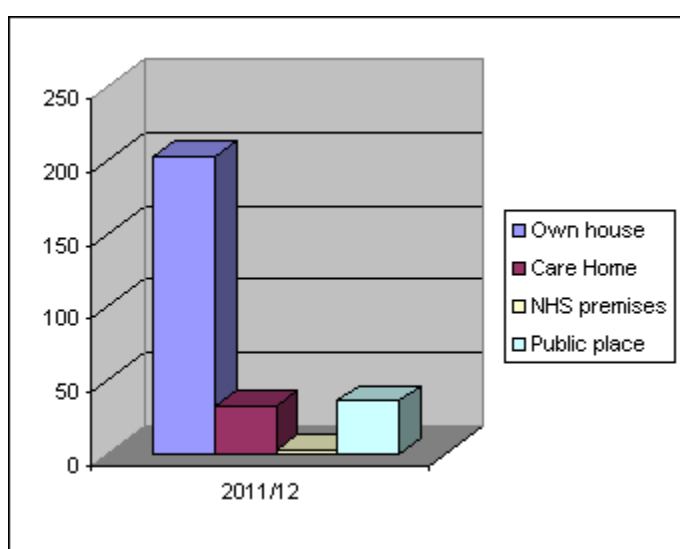
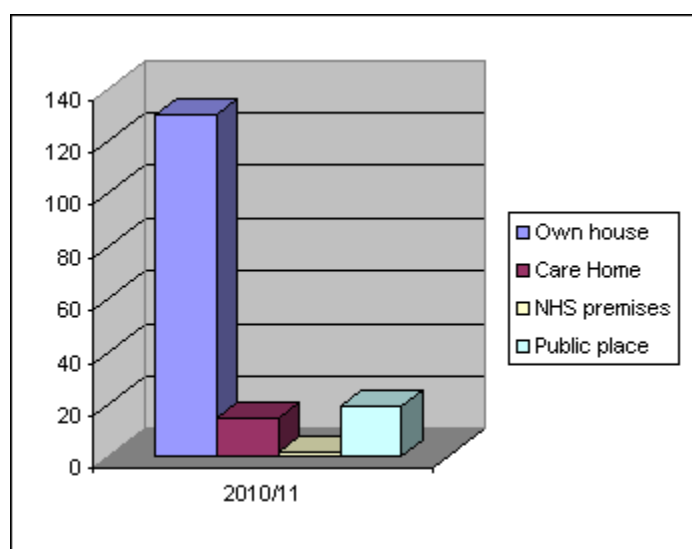
Behind the sharp increase of self harm, emotional and financial harm, referrals are sharp increases in mental health and alcohol related needs. The numbers 'Previously known to childcare' had increased from 14 in the first year to 60 in the second year.

### 3.1.7 Category of harm



Self harm has consistently been the single highest harm factor over the 2 years accounting for 28% of all cases. This contrasts with financial harm (18%), emotional harm (17%) and physical harm (17%)

### 3.1.7 Location of harm



Harm occurs in a person's own home in the majority of cases (67%) followed by a public place (11%) and care homes (10%)

When harm occurs at the home address, it is more likely to be financial harm and family members are more likely to be the source of harm.

Self harm is the most prevalent harm occurring in public places.

In care homes, the harm is more likely to be physical (33%) and paid carers are more likely to be the alleged instigators of harm (29%). Families and other service users each account for 18% of harm. Of the harm by other service users sexual harm (3 cases) and physical harm (1 case) present as most frequent.

### **3.1.9 Team receiving referral**

The Access Team is the single point of referral for all police adult concern reports (ACR) and received 73% of all Adult Protection Concerns. The percentage of police ACR, which progressed to the formal APS process increased from 17% in 2010/11 to 41% in 2011/12. Actual numbers increased from 98 to 471.

### **3.1.10 People who cause harm**

Self harm accounted for 45% of all inquiries and investigations. (The Tayside multi-agency guidance on supporting children and young people at risk of self harm and suicide was updated in November 2010). The largest area of support and protection needed was within families (36%). Significantly there is often a history of previous offending or aggression. Some of the support needs were in respect of the caring role and in relation to shared accommodation.

The majority of perpetrators were male with the most prevalent age group being 40-64 years.

## **3.2 Outcome for those referred for adult protection**

The outcome achieved from the client perspective is central to the adult support and protection process and any impact assessment should take account of real outcomes for adults at risk. The areas we considered important to measure were

- Improved safety
- Improved quality of life
- Improved well-being
- Improved health
- Improved responsibility and independence
- Improved social inclusion

Outcomes for adults at risk and carers are monitored at initial and review adult protection case conferences. Information is also recorded in relation to level of capacity to appreciate risk and extent to which the adult knowingly places themselves at risk

Lack or impairment of mental capacity is present in over 70% of cases which progressed to Adult Protection Case Conference. The majority of cases showed reduced risks and improvements in other outcomes, but it was clear that capacity impacted on outcomes as many adults lacked the capacity to perceive either the risk or any subsequent reduction in risk.

In relation to the impact on carers, broadly speaking most carers felt supported, but not all carers noted a positive outcome.

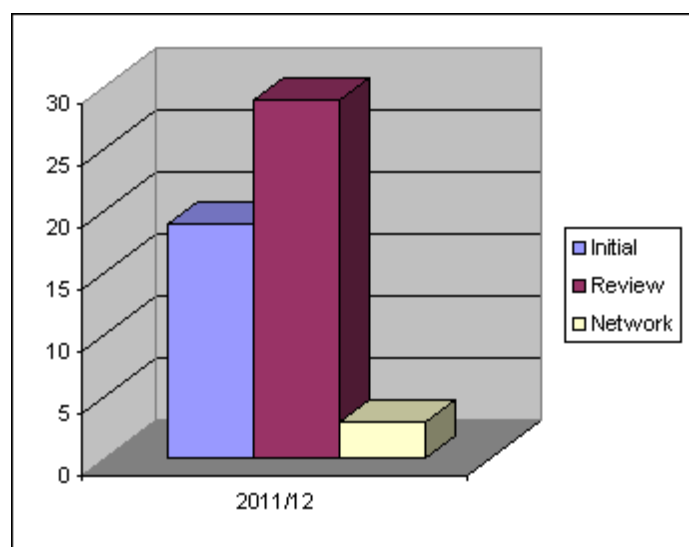
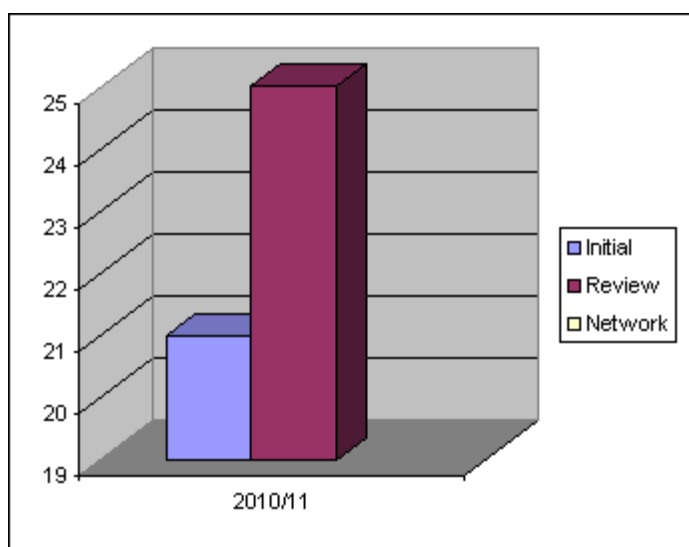
There were further incidents of harm in 4 cases while the adult was involved in the ASP process. In 3 cases there were issues of impaired capacity where the adults continued to place themselves at risk and lacked the cognitive ability to understand and change their actions. In 1 case the alleged perpetrator was under 16 and there were conflict issues within the household.

### 3.3 Adult Support and Protection Case Conferences

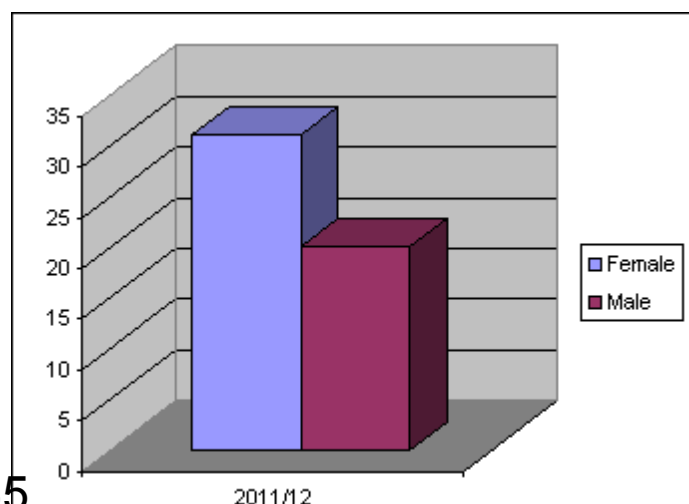
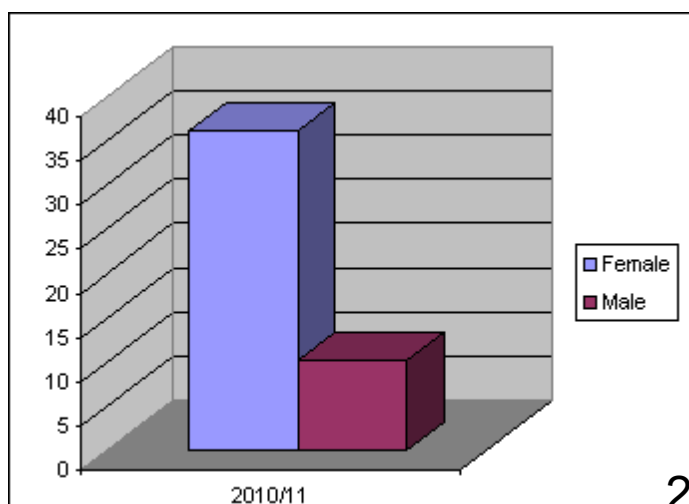
Between April 2010 - March 2012, there were a total of 97 adult protection case conferences consisting of 40 initial, 54 review and 3 network meetings. A network meeting is a multi-agency meeting held when there is uncertainty about whether circumstances require intervention through adult support and protection.

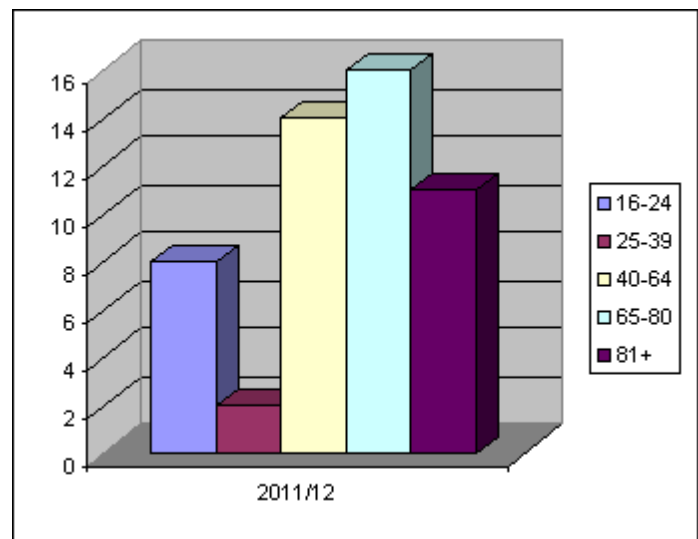
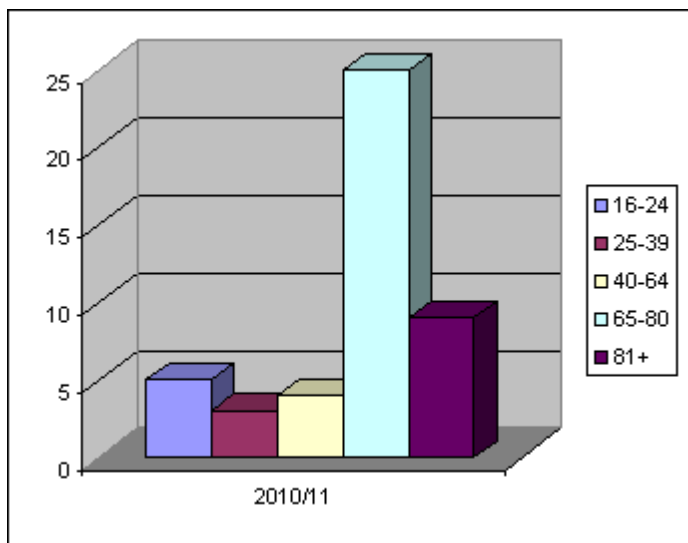
The number has remained relatively stable over the 2 year period with 46 Case Conferences in 2010/11 consisting of 21 initial and 25 reviews. In 2011/12 there were a total of 51 Case Conferences comprising 19 initial, 29 reviews and 3 network meetings.

#### Case Conference



Females were twice as likely to be involved in case conferences.





Harm was more likely to have occurred at the home address (74%) while the incidence of harm in care homes was 12%.

50% of all Adult Protection Case Conferences involved Financial (25%) and Sexual Harm (25%). The main client groups were Physical Disability, including frailty of old age (31%), Learning Disability (26%) and Mental Health including Dementia (23%).

### 3.4 Large Scale Investigations

Over the 2 year period there have been 13 large scale inquiries in Care Homes and 5 into Care at Home services. A large scale inquiry is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a care setting.

The outcomes have included:

- Carers suspended/ dismissed
- Training plans implemented
- Joint monitoring with Care Inspectorate
- New business suspended pending improvements
- Notification to police – local Scottish Intelligence Database process for recording alleged perpetrators

The APC will continue to monitor this area given the rise in the number of referrals of harm in care settings.

### 3.5 Critical case reviews/Multi-agency case reviews

There have been no Significant or critical case reviews, but there have been 3 multi-agency Case Reviews conducted by the Operation Sub-group. These have been led by members from all statutory partners. Improvement plans were then implemented by the Adult Protection Committee.

#### **4. Management of services and staff**

There is no dedicated Adult Protection Unit in Perth and Kinross. Rather, Adult Protection forms part of the every day work of all experienced, qualified Social Workers. Social Workers must have had at least 12 months experience and have undertaken AP awareness and enhanced training. The Access team does receive all police adult concern reports, but these are passed on to other teams when the person referred is an open case.

In the last 12 months, there have been 2 audits conducted on police adult concern reports which showed a range of practice from 'excellent' to 'requires improvement'. This has resulted in changes to process and practice.

#### **5. Communication and Cooperation between agencies**

The APC acknowledges the importance of effective information sharing and multi-agency working and has provided opportunities to explore issues and challenges. There is ample evidence of positive inter-agency working, extending to:

- In Perth & Kinross, all partners have signed up to the "*Perth & Kinross Multi-Agency Guidelines*" which were updated in March 2012
- A range of Public Protection Coordinators, covering Child Protection, Adult Support and Protection, Youth Justice, Violence against Women, Alcohol and Drug Partnership and Community Safety. These coordinators meet quarterly.

Police engagement is pro-active and continues to generate numbers of adult concern reports. There is increasing engagement with the NHS, but challenges exist due the complexity of organisational structure. More work needs to be done in this area, especially in relation to GP involvement, before ASP is effectively embedded within our health services.

The APC enjoys third sector membership covering care settings and care at home organisations as well as informal networks in relation to training and access to appropriate information.

At an operational level, all relevant agencies are involved in ASP inquiries, investigations and protection case conferences, but consistent multi-agency representation remains a challenge.

The development of a single police force and fire service across Scotland may bring challenges as changes are made to accommodate the new structure. These may carry implications for local multi-agency working.

#### **Audits and quality assurance**

There is an annual multi-agency case file audit conducted by a multi-agency team where files from Health, Police and Council are considered.

There are challenges around the sharing of information such as sharing files for the purpose of audits. Interagency protocols are required to facilitate such processes.

Other work achieved to date includes agreement with the Care Inspectorate on joint working when harm occurs in a registered setting and development of a process with Tayside police, Western Division on the reporting of issues where alleged perpetrators are paid carers or members of staff.

## **5.1 Tayside Governance Arrangements**

Across Tayside the three local authorities have each established a local multi-agency Adult Protection Committee and a Tayside Adult Protection Steering Group has been established to coordinate activity across the three areas as noted earlier. This is a multi-agency group and executive decision-making powers remain with individual agencies and within established local structures. The steering group does not replace any locally established structures or arrangements, but seeks to ensure the co-ordination of key practice and policy developments across the three local authority areas with key partners in NHS Tayside, and Tayside Police.

The benefits of joint working across the three local authority boundary areas are evidenced by:

### **The Multi-Agency Adult Support and Protection Protocol**

This multi-agency protocol was updated by the three Tayside Local Authorities, Tayside Police and NHS Tayside in November 2010. It applies across all three areas, but each area has developed operational guidance which allows for some local variation in relation to process and timescales.

### **Working together to improve adult protection**

As Tayside covers three local authority areas, but only one Police and Health agency, it is important that key processes are consistent across the region.

The Tayside Steering group has collaborated to produce a range of work in support of consistent working practices, including:-

#### **Areas of work at Tayside level**

- Outcomes framework
- Standards
- Adult protection messaging
- Risk assessment and risk management
- Capacity and consent
- Significant case reviews
- Large scale inquiries
- Threshold of harm definition

There is an annual multi-agency case review involving staff across Tayside which involves presentation of ASP cases to share experiences and learning.



## **Annual Adult Protection Conference**

In Tayside an annual adult protection conference is hosted, in turn, by each of the three local authority areas. The conference includes presentations by speakers with expertise in specific areas and workshops on local issues.

Dundee hosted the conference in 2010 and areas covered were:

- Ensuring effective partnership – Bridget Penhale
- Context for adult protection initiatives – legislation, regulation and care considerations – Professor Hilary Brown
- Workshop sessions on thresholds and risk assessments

Perth & Kinross. hosted the conference in 2011 and areas covered were:

- Presentation of protection orders in Tayside
- Mental Welfare Commission reports – Dr Donald Lyons
- Significant Case Review – Val de Souza
- Research in Adult Protection – Kathryn McKay, Stirling University

### **Case Example**

Mr F, aged 58, who has a physical disability and capacity issues lives with his family supported by a care package from a private organisation. A relationship developed between Mr F and the paid carer, Mrs W, which resulted in Mrs W leaving her post and continuing the relationship. When Mr F chose to end the relationship, Mrs W refused to accept the situation and continued to try to see Mr F by trying to force entry to the house and bombarding him with e-mails and telephone calls. At that time Mr F was assessed as lacking capacity to understand the full implications of intimate relationships. Intervention by local authority and police to support Mr F were successful. Mrs W continues to make complaint to formal agencies about the intervention of the council and the family's care of Mr F.

## **5.4 Partner agencies reports**

### **5.4.1 NHS Tayside**

#### **NHS Tayside Adult Support and Protection Implementation Group**

##### **Management of Staff, Communication and Co-operation between agencies**

The NHS Tayside Adult Support and Protection Implementation Group was established in September 2011. The purpose of the group is to provide NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of, effective adult support and protection arrangements throughout NHS Tayside in accordance with the Adult Support & Protection (Scotland) Act 2007. The group reports to the Improvement and Quality Committee as a sub Committee of NHS Tayside Board via the Clinical Quality Forum.

The Adult Support and Protection Implementation Group will take responsibility for the development of key critical relationships with the three Multi-agency Adult Support and Protection Committees in Tayside and ensure that NHS Tayside fulfils its statutory duty to co-operate when an adult is known or believed to be “at risk”. The membership includes the Medical Director, Nurse Director and Employee Director and representatives of all three CHPs, Acute Services, Allied Health Professions, Workforce - Knowledge & Skills, Primary Care and Safety, Governance & Risk.

The Adult Support and Protection Implementation Group acts as the steering group for effective adult support and protection arrangements within NHS Tayside and takes responsibility for development and implementation of an improvement plan. It influences, controls and is accountable for the plan and ensures successful delivery of the agreed whole system changes and benefits. The remit of the group includes Continuous Improvement, Policies, Procedures and Protocols, Management Information, Quality Assurance, Practice, Training and Development and Strategic Planning.

The diagram in Appendix 3 demonstrates the relationship of this group with other AS&P Groups in Tayside.

The work plan that is the focus of the group’s work brings together a number of areas that require action to be taken:

- A review of risk management for Adult Support and Protection has led to an operational risk being recorded in NHS Tayside’s SMART (Risk Management) system as part of NHS Tayside’s safety, governance and risk arrangements.
- The group have agreed a set of information requirements to facilitate information sharing alongside sharing relevant papers and minutes with APC Convenors and the National AS&P Network.
- Arrangements for medical examinations have been agreed and implemented. GP information packs were developed in Angus and have been distributed throughout Tayside. The packs include information about the legislation and local contact details and the adult protection CD-ROM. Adult protection has also been part of a GP protected learning time event. Adult support and protection has been introduced into junior doctors’ core induction training. The Mental Health Specialty Board in Scotland has now included adult protection as mandatory training for higher trainees in psychiatry.

NHS Tayside staff have followed, and continue to follow, due process within the AS&P agenda and it is worth noting that although numbers of referrals from NHS Tayside appear low this is possibly due to referrals from integrated health and social work teams being channelled through social work in line with the agreed procedure.

NHS Tayside continues to play an active role within each of the three Adult Protection Committees in Tayside and has done since their inception, with representatives engaging in core activities and structures of each committee.

A self-assessment has been undertaken of Older People in Acute Care following the standard statements outlined by Healthcare Improvement Scotland and the Healthcare Environment Inspectorate.

#### **Case Example**

Mrs M, aged 50 who has a physical disability lives with her step son, 14. The stepson had been physically assaulting Mrs M who called the police for help on a number of occasions. Intervention by both child and adult care has resulted in a temporary foster placement for the step son with steps being taken to maintain contact and efforts to develop new positive relationship between Mrs M and her stepson.

#### **5.4.2 Tayside Police**

Perth and Kinross, NHS Tayside, Tayside Police and Tayside Fire and Rescue have continued to develop interagency collaboration as required under the primary legislation in order to meet the needs of adults who may be at risk of harm or otherwise considered vulnerable.

Police are represented at the Perth and Kinross Adult Support and Protection committee and associated working groups.

Tayside Police continue to have a key role to play in identifying adults who may require support and protection. Professional relationships have continued to develop in the Perth and Kinross area between police officers and partners, involving not only specialist officers working from the Public Protection Unit but also community based officers. The ethos of community-based policing, where each geographical area has an identifiable local community officer, has seen these officers become more involved in case conferences and the on-going monitoring and facilitation of support to adults at risk in their respective beat areas.

As the force prepares itself to join the seven other Scottish Forces as a national service, this community-focused approach will continue and strengthen.

At a strategic level, we have maintained regular attendance at the Adult Protection Committee although there has not always been consistent representation. This will be addressed under the new structure.

At an operational level, the Perth based Public Protection Unit Detective Inspector has chaired 2 multi-agency case reviews, where action plans were developed to address areas of practice highlighted.

The processes for referring individual cases to the social work assessment team are regarded by all as efficient and a clear demonstration of effective interagency working. A joint initial assessment process has been developed to monitor and screen referrals from a multi-agency perspective.

Tayside Police are working with partners in both statutory and voluntary sectors to gather, monitor and share information about people who may be at risk of any type of harm. This process has seen a significant rise in the number of referrals of people

in mental health crisis, in particular, those who attempt suicide or commit acts of self harm.

Along with partners, the force is striving to identify and fill current gaps in service provision and provide appropriate support to individuals.

In January 2012, Tayside Police in the Perth and Kinross area instigated a Repeat Caller Initiative where further investigations are carried out when a caller is identified as having contacted the police 5 or more times within the preceding 12 months. Since January 2012, this initiative has identified a number of callers who were identified as vulnerable adults and who had not previously come to the attention of the police in terms of additional support or Adult Support and Protection legislation. A significant number of these assessments result in Adult Concern Reports being generated.

It is anticipated that future work within Tayside Police will concentrate on providing a consistent presence at committee meetings as well as appropriate levels of attendance at working groups. Although Tayside Police will be subsumed into the National Police Force in April 2013, there is a strong commitment to maintain and strength the existing local working relationships, whilst taking every opportunity to learn from other forces - all with a view to the sharing of good practice and embedding Adult Support and Protection into normal day to day business.

## **6. Training**

The training sub-group has developed a programme based on the training strategy (appendix 2). The programme includes awareness of other issues such as child protection, violence against women, carer's stress and self harm. All courses are open to all partner agencies, but are usually facilitated by the training officer. The courses are evaluated and additional training needs are identified and addressed.

The best attended course is the ½ day awareness training which is open to all care staff across Perth & Kinross. Other initiatives to support and cascade training include:-

- An e-learning tool currently being developed
- Training for trainers course – which has been delivered to NHS staff who are now delivering the training

One of the key challenges in awareness training within care settings and care at home is the high turnover of staff and employment of staff for whom English is not their first language.

The specialist training is aimed at council officers and multi-agency staff who have involvement in adult support and protection cases and covers

- Enhanced Practitioner training
- Court skills
- Adult Protection Case Conferences
- Training on chronologies
- Professional record keeping
- Training on screening for capacity

- Working with risk, including positive risk taking
- Investigative interviewing course
- On line exploitation training

Training session	Numbers attended
Multi-agency awareness training -1/2 day	1680
Multi-agency awareness training – 1 day	114
Specialist training	160
Presentations to professional groups	146
Presentations to client/carer groups	197
<b>Overall total</b>	<b>2297</b>

The benefit of joint training with other public protection colleagues has been progressed with the development of a protecting people course aimed at all staff who work within the council. It is envisaged that this training will be disseminated across all partner agencies.

In relation to service user awareness training, some staff have attended the training for trainers programme developed by the national speech and language therapists and targeted at service user understanding of adult support and protection. This has now been included in individual care plans.

## NHS Training

There is a significant focus on education and training in NHS Tayside with a number of development programmes being delivered in partnership with our local authority and voluntary partners.

Several e-learning programmes are available on the LearnPro e-learning system and accessible to all staff groups to complete.

These modules include “Caring for People with Learning Disabilities” and information about Adult Support and Protection.

During our corporate Induction programmes, all new employees are informed about this important agenda and signposted through NHS Tayside’s Staffnet site to a 20 minute DVD and to other educational training resource materials.

For staff who identify a need for a more in-depth level of knowledge in this area, regular workshops are available across Tayside, as shown in the table below:

<b>Level 1</b>			
LearnPro e-learning	Accessible by all staff via LearnPro e-learning site.	Target of an average 600 staff per month	The module has been piloted in a number of areas and will be fully available from August 2012.
Respecting and Protecting Adults at	Highlighted to all new staff at	Average of 60-70 new	Weekly induction programmes delivered

Risk in Scotland – legislation and practice. An Educational resource (NES)	corporate induction and available to all via Staffnet	employees on a monthly basis. During January – June 2012 436 staff completed the DVD session.	through the year.
<b>Level 2</b>			
General Awareness Workshops	For staff who work with vulnerable groups and who require knowledge / skills in relation to implementation of this Act. Identified through eKSF / PDP core dimension under Diversity and Equality.	eKSF covers 87% of staff in NHS Tayside.	Workshops delivered throughout the year in all three localities.
Half day AS&P events	Multi-agency staff group	Staff have attended from: Angus – 69 Dundee – 75 Perth & Kinross – 112	Workshop programmes throughout the year.
NES Knowledge into Action “Test of Change” project – Learning Disabilities e-learning toolkit	Test of change within Ward 26, Ninewells. Accessed via LearnPro.	31 staff	LearnPro module due for full release July 2012
<b>Level 3</b>			
Capacity to Consent Training	For staff working in specialist areas, as identified through PDP processes.	Training programme in development by Angus Council & NHS Tayside.	Dates to be confirmed.

## 7 Workforce Issues

- Adult support and protection is a core duty and work is disseminated across all teams. The Access team is the single point of contact for Police Adult Concern Reports which have increased by 75%. Their capacity to continue to deliver a safe service is currently under review, but is supported by streamlining of other aspects of their work.

- The number of workers involved in adult support and protection has implications for induction, maintaining a level of expertise, training requirements and on going support and management.
- There has been a rise in the number of people taking up independent advocacy. The Perth & Kinross APC will seek to support the provision of independent advocacy on a principled basis to those who require it.
- The only dedicated worker is the ASP coordinator who combines training, strategic and statistical roles. It is our practice to incorporate adult support and protection into all service development such as transition planning, self directed support and personalisation.

## **8 Conclusion, Recommendations and future plans**

This second bi-ennial report shows that the APC continues to strive to achieve the objectives of the legislation. The engagement of partner agencies continues to improve but challenges remain in areas of collaboration, information sharing and attendance at multi-agency meetings and case conferences.

Our Governance arrangements support a high level multi-agency strategic overview and quality assurance.

Raising public awareness will remain a key issue and one of the priorities for the APC is the effective engagement of service users and monitoring of outcomes. We will seek to find effective ways to engage with and support service users, families and carers in a protective environment.

The effective collection analysis, and presentation of data still presents some challenges, but improvements are being made which will identify trends and provide information to improve practice. Learning and action points highlighted in cases have been disseminated to multi-agency staff through local and regional case reviews, meetings and professional development.

The move towards national Police and Fire Service bodies and the enactment of new legislation/Scottish Government policy such as the Integration of Adult Health and Social Care in Scotland will present new challenges and opportunities to embed adult support and protection in the policies and practice of both agencies.

Further areas will be added to our Improvement Plan as our knowledge and understanding of this complex area of activity continues to evolve.





## PERTH & KINROSS ADULT SUPPORT AND PROTECTION IMPROVEMENT PLAN 2012/13

Of Concern/No Progress	
Work in Progress	
Completed	

### Appendix 1

Objective	Specific issue	Action needed	Person responsible	Timescale	Comments
Strategic framework & Governance – Perth & Kinross	Reporting structure in Perth & Kinross Communication Strategy	Determine circulation list for Committee meeting minutes within Community Planning Structure			September 2012 Agreed
Leadership issues in promoting ASP issues	Variance in engagement across agencies	Identified officers/champions to take lead in ASP in partner agencies	LA NHS Police	Revised December 2012	Clarity re sub-group membership 15/8/12

### Referred to Tayside Steering Group to agree Tayside approach/procedure

Objective	Specific issue	Action needed	Person responsible	Timescale	Comments
Policy Development Tayside	Develop policy in - Large scale inquiry - Information sharing with Police - Information sharing with Health - Number, content and screening of Police ACR	Develop Tayside policy  Revisit work done with K Keay & S Bissett  Written guidance jointly developed and distributed	Tayside ASP officers Police  Police LA	March 2013	P&K draft approved Awaiting agreement across Tayside December 2012  To be discussed meeting Sept 2012

### Referred to Operational sub-group

Objective	Specific issue	Action needed	Person responsible	Timescale	Comments
Ensure adults have capacity to make decisions in specific areas	Improved access to capacity assessment	Develop Process needed to ensure formal written request of situation specific capacity assessment or reassessment with agreed timescales including how to explore differing inter agency views on capacity	LA NHS	Revised March 2013	Meeting re-scheduled October 2012
Thresholds for police involvement in financial matters	Inquiries into alleged or suspected financial misappropriation	Development of protocol to support the conduct of financial inquiries where the subject of an adult concern report may not fully satisfy 3 point test, but there are grounds to believe there is impaired decision making due to <ul style="list-style-type: none"> <li>• Fluctuating capacity</li> <li>• Undue pressure</li> <li>• Deceptive practice</li> </ul> Part 2 -Liaison with local financial institutions	Police	September 2012	Revised March 2013
Adult protection framework is clearly specified and integrated	Ensure all procedures link with Tayside protocol and local operational guidance	Individuals organisations to review current ASP guidance to ensure adherence	LA Police NHS	December 2012	To be discussed at next meeting

Implement clear processes in community care	Matters pertaining to practice and procedures in Community Care	<p>Ensure there is clear guidance on</p> <ul style="list-style-type: none"> <li>• Changes of key workers</li> <li>• Transfer of ASP cases</li> <li>• Regular communication between Team Leader and Service Managers</li> <li>• Clear, detailed recording of key events, strategic discussions, chronologies.</li> <li>• Guardianship case conference where there have been previous ASP concerns (6-12months) must be chaired by Service Manager</li> <li>• Management of cases where staff member is not available/absent.</li> </ul>	LA	September 2012	Completed meeting 18 April 2012
Improve risk assessment and management	Develop effective risk assessment and management forms	Forms to be revised to ensure a more focused approach to identification of risk and enhance subsequent risk management	LA ASP coordinator	September 2012	ASP inquiry recording tool completed January ASP investigation recording tool completed July 2012
Develop single & multiple agency chronology	Development of inter- agency chronologies	Improvement of documentation of chronological information	LA NHS Police	March 2013	Working group to be convened

Personalisation & SDS	To ensure there are safeguards in place to limit exploitation & harm.	ASP links need to be included in the policy development for SDS.	LA NHS Police	December 2012	Completed June 2012
Risks to the adult are recognised and responded to and reduced	Organisations need to be confident that their staff can recognise harm and follow ASP procedures	Internal audits in all organisations to ascertain staff level of awareness & knowledge of ASP processes & initiate action if required		December 2012	Review of recommendations of audit carried out in 2012 to monitor progress

#### Referred to Information and Audit sub-group

Objective	Specific issue	Action needed	Person responsible	Timescale	Comments
Community engagement in adult protection Public awareness	Raising public awareness	Local radio campaign Supermarket participation Information in council and in house magazine Posters in public places Ensure ASP material at all stakeholder forums	ASP coordinator Communications Team	December 2012	Development of public communication strategy Good progress in all areas
Adults at risk and families contribute to developing policies & services	Capturing experience of at risk adult	Development of questionnaire Increased use of advocacy	ASP coordinator	September 2012	Completed Increased uptake of advocacy services

### Referred to Training sub-group

Objective	Specific issue	Action needed	Person responsible	Timescale	Comments
Workforce Training and Development	Delivery of training <ul style="list-style-type: none"> <li>- Development of on-line /CD training tool</li> <li>- Awareness of ASP implications within Prison settings</li> <li>- Investigative interview</li> <li>- Self Harm</li> <li>- Protecting people</li> <li>- recording of professional decision making</li> </ul>	Development and implementation of training material and courses	ASP coordinator NHS Police  ASP coordinator Senior practitioner ASP coordinator External trainer  CP training officer ASP coordinator Legal / ASP coordinator	September 2012	<div>Final version being processed Awaiting national stance from SPS</div> <div>Implemented July 12 40 staff trained by external trainer – course being developed in house Course developed and implemented in Sept 12 4 sessions completed January 2012</div>

**Appendix 2**  
**Perth and Kinross Council Housing & Community Care Service**  
**Learning and Development Service Action Plan**  
**Adult Support and Protection 2012/13**

	Standard/Objective/ Legislation	Staff Targeted	Capacity (How many/when?)	Lead	Action Required or Activity	Outcome	Resources to be Provided (i.e. which training staff or what costs)	Timescale
1.	To increase knowledge of types, prevalence and detection of harm. To inform of Tayside protocol and Perth & Kinross operational procedures	Social workers, SCO,O/T, CPN, DN, Managers of services All staff from all agencies that have direct contact with service users – housing, social care, health, ECS, police, private and voluntary agencies	20-40 per session	Mary Notman	Awareness training  1 day – 4 times per year  ½ day – 4 times per year	Increased knowledge and awareness of abuse and how to report	Inter-agency Adult Protection Coordinator	Annually  Full day 4 courses  ½ day – 4 courses
2.	To equip staff with the knowledge and info to enhance effectiveness in case conferences	Social workers, MHO, managers from H&CC and ECS	10-15 per session	Mary Notman	Protection Case Conference  1 per year 1 day	Increased knowledge to participate in case conferences	Inter-agency Adult Protection Coordinator	2 planned in 2012
3.	Increase knowledge of court procedures and the role of the witness	All investigative staff and operational managers in Social Services, Health & ECS	10-15 per session	Mary Notman	Court Skills  1 per year  ½ day	Increased knowledge and confidence in court procedures and giving evidence	Inter-agency Adult Protection Coordinator	May 2012

	Standard/Objective/ Legislation	Staff Targeted	Capacity (How many/when ?)	Lead	Action Required or Activity	Outcome	Resources to be Provided (i.e. which training staff or what costs)	Timescale
4	To equip staff with knowledge of investigative interviewing principles and techniques	All SW who are designated council officers	12-20 per session	Mary Notman Jim Smith	Investigative interview training Initially 1 /month	Increased knowledge of investigative interviewing	Inter-agency Adult Protection Coordinator	From June 2012
5	Enhanced practitioner training that will equip staff with knowledge to be council officers under the ASPA	All SW with 12 months experience	6-10 per session	Mary Notman	Enhanced practitioner training Once a year or as needed	Increased knowledge of ASPA and duties and responsibilities	Inter-agency Adult Protection Coordinator	As required
6	To increase knowledge of capacity issues generally	All SW and social care staff and health staff	12-16 per session	Valerie Nelson Jackie Daly	Assessing capacity and the AWI Act Once every 2 months	Increased knowledge of capacity issues	Training officer CPN	From September 2011
7	To increase knowledge of capacity issues in relation to sexual relationships	All SW and social care staff and health staff	12-16 per session	Valerie Nelson	Capacity and sexual relationships	Increased knowledge of understanding capacity in relation to relationships		From June 2012
8.	Professional development of practitioners to improve evidence for practice	All front line social workers, para professionals, care managers and line managers	20-40	Mary Notman/Lead Officer	Professional Development Forum for ASP. To discuss cases, impact, and explore new research 4 per year	To increase understanding and knowledge, share/evaluate current/good practice and improve practice	Inter-agency Adult Protection Coordinator	Last Wednesday in February, May, August and November

10.	Elected members information session & training	Community Safety Partnership	30	Mary Notman	Ensure elected member awareness  1 per year ½ day	Awareness of policies and the complexities involved	Inter-agency Adult Protection Coordinator	TBC for 2012
11.	Generic Risk management.	All social services staff involved in assessing Risks	10-20	Geoffrey Seaman	Currently subject to multi-agency agreement on model and procedures of risk assessment	Staff effective in identifying and managing risk & reward	Senior L+DO (GS)  Inter-agency AP coordinator	By request as required in 2012
12.	A range of violence against women training available to a broad range of staff will have relevance to those working in AS+P	All social service, health, police and independent sector staff		Mary Notman	To understand and promote the reduction and management of violence against women	To be regularly promoted throughout 2012. to all staff	Inter-agency Adult Protection Coordinator	As available and required
13	Forced Marriage Act	All SW staff		Mary Notman	Awareness of new legislation - Team meetings and DOO times.	Understanding of the Act	Inter-agency Adult Protection Coordinator	As required in 2012
14	On line ASP training CD	All social work staff and service users	30-40	Geoffrey Seaman	Initial monthly then every 3 months as requested	Staff support service users and carers to better manage on-line harm.	Senior L+DO	March 28,29 August & September dates
15	Protecting people training	All LA staff		Mary Notman ECS staff	Understanding of public protection agenda	Know when and how to report concerns	Inter-agency Adult Protection Coordinator	From October 2012
16	Self harm training	All SW staff	20	Mary Notman Harmless psychotherapy	Understanding self harm	Know why and how to respond	Harmless psychotherapy	From July 2012



## Appendix 3 – Adult Support and Protection Groups

