

Biennial Report by Independent Chair 2016 -2018

Perth and Kinross Adult Protection Committee



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1. INTRODUCTION - INDEPENDENT CONVENER

I am pleased to present Perth and Kinross Adult Protection Committees' Biennial Report fulfilling the legal requirement to report to the Scottish Government on the effectiveness of the Committees' responsibilities and functions. Having only recently taken over as Independent Convenor of the Committee I need to acknowledge the significant contribution of my predecessor, Alex Davidson, not only over the period of this report but for the last 9 years as Independent Convenor of the Adult Protection Committee in Perth and Kinross. It is helpful that Alex will still continue to influence Adult Protection services locally through his role as Chair of the National Convenors Group. I am also grateful that Depute Chair, Susan Hunter, and lead officer, Mary Notman, will continue to provide continuity and expert support in the way they have done so effectively to the previous Convenor.

The last two years has been a very busy one for the Committee and this report tries not only to capture the main activity during this period but also the impact of the Committee's work on protecting vulnerable adults in Perth and Kinross. Progress has been made on the Committee becoming more focused on using data, gathered locally and nationally, to inform decision making, evaluating impact through self evaluation activity, including audits, as a tool for improvement and greater emphasis placed on the experience of service users and carers to inform service delivery and planning. The report, therefore, tries to acknowledge achievements, recognising improvements but also focuses on areas for development and improvement over the next two years. There has, for example, been considerable achievement around financial harm work with the introduction of a banking protocol and new processes implemented for financial harm by paid carers; work with care homes and care at home organisations to develop appropriate responses to adult protection issues within these settings; self neglect and hoarding protocols have been produced locally which are recognised as sector leading and a conference was held in March 2018, jointly with the Child Protection Committee, on the impact of early trauma throughout life which was very highly evaluated by those in attendance. However, further improvement areas have been identified including capturing more effectively service user and carer experiences; the continued development of key processes around the assessment and care planning of vulnerable adults including chronologies, care planning and recording; and learning through the experiences of other Committees through sharing self evaluation and benchmarking processes.

Lastly, it is important to recognise that that Adult Protection work will not be effective operating in isolation but positive outcomes for vulnerable adults can only be achieved through collaboration within the wider public protection arena and within the context of the changing local and national organisational structures and policy commitments. A further focus for the Committee over the next two years, therefore, will be to build on the recent success of the joint work with the Child Protection Committee and existing good relations with the Community Safety Partnership to strengthen the public protection approach locally and the Adult Protection work regionally. This will be done within the opportunities arising from the developing integrated structures such as the Health and Social Care Partnership.

Bill Atkinson

2. BACKGROUND

Vision

- 2.1 People have the right to live independently as possible in a safe environment, free from harm, to have their wishes and feelings taken into account and to have the minimal amount of intervention in to their personal lives

Purpose

- 2.2 To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

- 2.3 Who is an adult at risk?

An adult may be at risk if they are unable to safeguard their own wellbeing, property, rights or other interests; are at risk of harm; and Because they are affected by disability, mental disorder, or mental infirmity, are more vulnerable to being harmed than adults who are not so affected:

- 2.4 The Adult Support and Protection Committee

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly on the first Friday in March, June, September and December. The Committee is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies.

- 2.5 The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.
- 2.6 There is one combined sub-Committees that meet quarterly and report back to each APC and are allocated any work identified.
- 2.7 The APC is supported by the ASP co-ordinator.
- 2.8 Governance – The APC is accountable to the Executive Officer Group, the Integration Joint Board and the Community Planning Partnership and needs to reflect outcomes through Single Outcome Agreements and other related targets. (See Appendix 1)

- 2.9 The Adult Protection Committee is responsible for the ongoing improvement of work related to adult support and protection and monitoring of the improvement plan to ensure that actions are being progressed.

The 2014-16 Biennial report identified the following areas of work for 2016-18

- 2.10 The committee's achievements with our partners over the past 2 years include:

- Focus on **financial harm** has been continuing with a financial harm conference in October 2016 and ongoing financial harm sub-group. The introduction of the banking protocol has further strengthened the working relationships between police, trading standards, financial institutions and the protecting people agenda. Following a review of a case that involved a paid carer suspected of financial harm, there is now a process in place for arranging a meeting to discuss financial cases that require multi-agency input prior to any action being taken.
- The management information and performance outcome framework has been reviewed to streamline 6 monthly stats to focus on adults at risk and extend annual/bi-ennial statistics to cover a 4-5 year period to identify trends over time.
- Introduction of legislation and updated guidance
- The Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 has been fully implemented over the past year
- Part 3 – Wilful neglect and ill treatment was implemented 1 October 2017.
- Duty of candour was implemented on 1 April 2018

- 2.11 Policies have been developed and approved, information disseminated to staff and partner agencies and presentations given at appropriate forums. The change in processes for duty of candour incorporated learning for all adverse events in a central location to ensure appropriate action is taken as required.

- 2.12 Guidance was updated to include Human Trafficking & Exploitation (Scotland) Act 2015 (support for victims) Regulations 2018 which was implemented on January 31.

- The work with Care Homes has continued with survey results and feedback from representatives on the Adult Protection Committee showing improved relationships and more effective joint working. There is a named mental health nurse for each care Home so they know who to contact for support. An audit was conducted on the challenging behaviour policy and although feedback was very low, it appears to be working well. The criteria for Large Scale Investigations and repeated referrals were amended after feedback from audits and surveys.
- The APC hosted a workshop for Care at Home providers and partner agencies in November 2017 to explore current issues and develop an

action plan to address areas raised. Adult social work and social care and the Contracts and Commissioning teams are leading on this work.

- Health and social care integration has raised the profile of ASP in localities and at a strategic level. A survey was carried out for all NHS staff in May 2016 to check awareness of ASP. While the response was not as good as hoped, it highlighted the work that needed to be progressed. There is now an appointed lead for ASP in NHS Tayside who works across the 3 Health and Social Care partnerships. and work groups have been set up in acute health settings to raise awareness. ASP concerns are a reportable event under the NHS DATIX system and reports on adult protection activity are submitted to the joint care and governance group. There is more involvement in partner processes such as LAER (Local Adverse event review) and significant event analysis (SEA) but work needs to be progressed on joint processes to ensure all learning from events is shared across the partnerships.
- The Adult and Child Protection Committees and Violence against women hosted a conference in March 2018 addressing the effects of trauma throughout life. There is ongoing work in relation to adverse childhood experiences and vulnerabilities and there is planned working with trauma workshops for staff planned. There is ongoing work with childcare especially on transitions for those in the 16-18 year age bracket
- The APC Convenor and Co-ordinator attended the Minority Ethnic Hub meeting in August 2017 to gain more understanding of the challenges facing different ethnic groups in Perth & Kinross. It was agreed to do a scoping exercise of supports already in place and any gaps identified. This was followed up with a meeting with the manager of the Perth and Kinross Association of Voluntary agencies in December 2017 to discuss how to improve engagement.
- Independent Advocacy remains a supportive partner but referrals are reducing and this is an area that still requires more work.
- Police Scotland officers work closely with social work staff to identify repeat victims of harm and disability hate crimes to develop personal safety plans and identify other supports needed

3. OTHER CHALLENGES IDENTIFIED OVER THE LAST TWO YEARS

3.1 STRATEGIC

- Status of Adult Support and Protection at public protection and chief officer forums
- Health and social care partnership – overlap of processes for initial and serious case reviews
- Transitions especially for the 16-18yo old group
- Engagement with GP's and their role in process and impact of their

- involvement as capacity still a key issue
- In Tayside, there was a united approach to ASP since 2007 which was in abeyance for 18 months in 2016-17. This steering group was reconvened in October 2017 and continues to meet regularly to look at consistent approaches and joint working across the areas with police and health colleagues. This has resulted in regular meeting of the ASP coordinators and the formation of a learning and organisational group to develop ASP minimal learning standards across Tayside.
- Support for third sector partners especially in the care at home sector
- Learning from other areas and adverse events
- Better use of communication including social media to inform public
- Representation on the APC is reviewed regularly which includes non-attendance by key partners and identification of other appropriate agencies. This includes GP, Citizens Advice Bureau, Scottish Ambulance Services and financial institutions.
- Perth and Kinross was a pilot site for the national Missing person protocol from May 2016. The group had wide membership to cover all age groups and vulnerabilities and has been effective in a co-ordinated approach to identify and put plans in place to reduce re-occurrence.
- Increase in national profile for ASP in private/voluntary organisations as OSCAR, the National Charity Regulator has released ASP guidance. This has led to PKAVS supporting local private/voluntary sector organisations to develop their own policies.

3.2 OPERATIONAL

- **Service user and carer engagement-** Different ways have been tried to obtain feedback from adult at risk and carers but need to reassess how to capture information in best way. Over the past 5 years, service user and carer surveys with return stamped self addressed envelopes were posted to relevant people 2 weeks after ASP process has been completed. There was a very low return rate of 8 surveys which included 6 people who were supported by Independent advocacy to complete form. There has been 2 joint research projects with Stirling University focused on service user engagement that gave some feedback but was resource intensive.
Service users and carers involved are contacted during case file audits to ascertain if they would like to contribute and give their experience on being involved in the ASP process. This is limited to the case files that are selected.
- Increasing referrals are being received for **self-neglect and hoarding** which has resulted in specific policies and training in relation to dealing with these issues.
- Need to **review policies and procedures** to ensure they are updated to reflect current research and are making a difference to client outcomes.

- Develop processes for effective **transitions** and screening options. There are transition processes in place for young people with learning disabilities and accommodated children but need more effective processes for other young people.
- **ASP thresholds** and referrals workshops are being held to discuss differing interpretation and applications.

4. OUTCOME OF ACTIVITY

4.1 *Analysis and outcomes of adult protection activity*

	2014-15	2015-16	2016-17	2017-18
VPR	1523	803	651	838
AP concerns	536	424	553	421
Total	2068	1227	1204	1259

Over 2 years

	2016-17	2017-18
VPR	650	838
AP concerns	552	421
Total	1202	1259
ASP process	319	210
ASP inquiry	201	141
ASP investigation	118	66

In summary the main findings in relation to ASP activity in Perth and Kinross are:

- a) National dataset – In relation to adults at risk of harm the main areas were
- 48% of adults at risk are over 80 years old
 - People with a learning disability are the most prevalent group accounting for 30% of all investigations followed by infirmity of old age (27%) and dementia (21%). As almost half of adults at risk are over 80, people with learning disabilities appear over represented.
 - Physical harm (55%) and neglect (26%) account for 81% of all harm recorded
 - Care homes are the location of harm in 56% of investigations followed by home address (36%)
 - Low conversion rates of ASP investigations to Adult Protection Case Conferences (APCC)
 - Low referral rate from Ethnic minorities
 - ASP thresholds

b) Perth & Kinross ASP Statistics Report highlighted areas

- Only a small percentage of police VPR progress to ASP (2%) but 43% already known to social work services compared to 38% for adult protection concerns
- Low number of referrals to advocacy services
- More referrals related to females
- Decrease in the number of Large Scale Investigations
- 65% of individuals found the intervention to be helpful although just under half lacked the capacity to understand or perceive the impact of the intervention
- Over a quarter of alleged perpetrators were paid carers/workers with relatives the second most common

For further information and details the APC Bi-ennial Report Statistics is attached at Appendix 2.

4.2 **Adult Support and Protection Case Conferences (APCC)**

	2016/17	2017/18
Initial APCC	9	4
Review APCC	13	2
LSI initial	9	9
LSI review	7	2
Network meeting	1	

There was a **total of 56 Adult Protection Case Conferences (APCC)**, 31 initial, 24 reviews, and 1 network meeting. This included Large Scale Investigation meetings which accounted for 18 initial and 9 review AP Case Conferences.

Individually there were 13 initial case conferences, 1 network meeting and 15 reviews.

Attendance at Case Conferences varied according to reason and location of residence and type of harm. There were 13 initial APCC for 12 individuals. Four out of 12 clients (33%) and 8 family members attended (66%) the initial case conference.

Police Scotland were invited to 9/13 (69%). There was NHS and legal representation in 8/13 (62%) and private/voluntary staff attended 7/13 (54%) conferences. Independent Advocacy attended 100% of APCC they were invited to. Others who attended included GP, Psychiatrist, psychologist, Mental health officer, ECS social worker and staff from another local authority who were funding the client.

In relation to the adult at risk

- Females accounted for 75% of cases (9/12),

- 33% were in the 81+ age group (4/12)

4.3 Service user and carer involvement

There are different ways in which the APC gains feedback from service users and Carers:

- Questionnaires are completed at Adult Protection Case Conferences (APCC). The staff member completes the form with the input of client to check if the intervention has been helpful. Advocacy plays a significant role in supporting people. Engagement of users can be problematic due to cognitive and communication difficulties, the nature of involvement and the use of statutory powers, and perceived differences in the outcomes reached in terms of personal safety. Of the results recorded for initial APCC, 53% of people felt safer. While this appears low, just under half had significant cognitive impairment making it difficult to ascertain feelings of safety. The Adult Protection Committee recognise that the current uptake of advocacy is low, there is a lack of feedback from adults at risk and their families and the involvement of voluntary sector has not yet resulted in better engagement so there is more work to be done in this area.
- Participation in audits to give their views.

2 carers agreed to be interviewed in January 2017

1. Daughter felt listened to by the Council and found staff very supported. She was happy that the Chair gave her place as Mum's advocate but felt the chair did not have a good understanding of dementia. She states that Mum's overall care has improved and levels of personal hygiene have improved.

- Son contacted – said the process had a long term detrimental effect on his sister and mother's relationship and his mother has recently moved into a care home near him.

Following this case, a review was held with the team about how the process was implemented and the changes needed for future cases.

- The committee has a carer representative
- Analysis of outcomes on all ASP inquiry and investigation forms. In order to capture impact of intervention for adults at risk whose case did not proceed to APCC, an outcome question was developed to be completed at end of the investigation.
 - 47% felt intervention was helpful
 - 49% lacked the capacity to understand/perceived the impact of intervention.
 - 3% felt it made no difference or was not helpful
 - 1% of cases- no harm had been perpetrated

4.4 Independent advocacy

In 2016/17 Independent advocacy were offering ongoing support for 13 adults from the previous year, had 28 new referrals and supported 19 adults involved in a Large Scale Investigation.

In 2017/18 this had reduced to 4 new referrals and 8 receiving ongoing support from previous year.

The APS activity over the previous year was reduced from the previous year but does not explain the level of reduction in referrals. The audits have shown that advocacy has been considered in the majority of cases so the Adult Protection Sub-group will explore this with operational leads and Independent Advocacy.

4.5 Large Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported acc	Daycare
2014/15	22	18	1	3	0
2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0

There has been a reduction in LSI in the past year following review of the LSI policy which included feedback from managers of organisations, discussions with the Care Inspectorate and Contracts and Commissioning Team and amendment to the policy.

The main issues identified from the LSI audit were

- Mediation errors
- Neglect/lack of care/ hygiene issues
- Staff shortages/lack of experience and knowledge
- Poor communication /record keeping
- Failure to report /seek medication attention
- Aggression between residents

Improvements plans were put in place for individual agencies to address specific issues and were monitored by adult social work, contracts and commissioning team and the Care Inspectorate. Any issues that were across agencies such as aggression between residents led to a policy for dealing with behaviour that was challenging to services and other services users which resulted in a community mental health nurse being allocated to each organisations so they could be supported when required. General contractual issues such as failure to report were raised at the care home and care at home forums, included in newsletters and reminders sent to all service providers.

4.6 Protection Orders

Over the past 2 years there have been 4 protection orders granted which consisted of 2 temporary banning orders that were both converted to full banning orders. They were all for the same individual who was re targeted 6 months after the initial banning order had lapsed.

5 MANAGEMENT INFORMATION

The Adult Protection Committee oversees the ASP activity in Perth & Kinross and has a robust quality assurance remit. During the past 2 years the APC has ensured that audits have been completed, action plans implemented, policies and procedures updated and any new issues identified have been addressed

5.1 Processes practice and audits

a) Perth & Kinross Multi-agency operational guidance

Processes and audits

There is a multi-agency operational guidance in place which was updated in 2015 and is currently under review.

b) Audits

There are two audits held per year to ensure our policies are working well to identify and protection adults at risk of harm.

Multi-agency/Large Scale Investigation(LSI) audit

There is an annual multi-agency audit for 10 cases which either progressed to individual Adult Protection Case Conference or LSI meeting which involved partner agencies.

The following Tables provide an overview of the high-level findings:

Key Strengths

- .Involvement of relevant people and professionals
- Improvement plans in LSI

Areas for Further Development and/or Improvement

- ASP thresholds
- Protection plans on IT system and updating of plans to ensure actions completed

- Documentation of decision making, rationale and capacity
- Low number of Adult protection case conferences

An improvement plan was developed and shared with operational managers. The ASP coordinator will carry out an audit in June to ascertain if there are protection plans in place and actions updated, and if decision making is recorded for reason for not proceeding to APCC.

Adult protection and vulnerable person report audit

There is an annual case file audit for Police Scotland Vulnerable Person reports (VPR) and adult protection (AP) concerns from all other sources to check adherence to process and ensure decision making is robust.

Summary

The report shows (see Appendix 1) that the screening process appears to be working well and within timescales. A number of referrals (50%) are open cases compared to 60% last year. In general most areas were well evaluated above 70% with 2 exceptions.

In relation to the improvement actions from last year:

Key Strengths

- Increased documentation in relation to alleged perpetrator
- Increase in the number of ASP inquiries completed within timescales

Areas for Further Development and/or Improvement

- Chronologies
- Advocacy

An improvement plan has been developed to address issues raised that include

- Chronology training
- Sessions on ASP thresholds with Service Managers, team leaders and council officers:
- Audit of all ASP investigations, APCC and LSI to check if protection plans have been recorded and updated when actions completed or reason documented why it has not been achieved.

5.2 Information/advice to public bodies/office holder

a) Webpage

In terms of impact, the following Table provides some specific comparative performance management information on the adult protection website; showing single user and page activity. 14/16

APC website usage		
Page title	No of Unique Users 2016/17	No of Unique Users 2017/18
ASP information page	1476	1617
ASP learning zone	1026	744
ASP resource library	106	124
Adult Protection Committee	190	124
Totals	2849	2609

5.3 Improve skills and knowledge

The following Tables provide an analysis of the inter-agency adult protection learning and development opportunities we have provided throughout 2016 – 2018.

On Line Learning and Development Opportunities		
Title of Course	2016/17	2017/18
Adult Support and Protection On Line Module	552	756
NHS adult protection course	1068	1600
Totals		

APC Inter-Agency Learning and Development Opportunities		
Title of Course	No of Courses	No of Attendees
Basic Awareness Adult Protection (Half-Day)		
2016/17	7	83
2017/18	14	168
Protecting people course	1	15
Totals		

Specialist training		
Title of Course	No of Courses	No of Attendees
Enhanced practitioner training	3	43 (22 updates)
Adult Protection Case Conferences	1	13
Investigative interviewing	1	13

Impact of training

All the training has exit questionnaires evaluation which are consistently rated highly.

The following quotations provide a overview of what participants learned and the positive impact the training has had.

“Opens up a different view of ASP”

“Group exercises good and led to a lot of varied discussion and opinion from different perspectives”

“Good to have time and space to discuss and reflect ASP issues”

“Good opportunity to discuss and gain insight from other workers into ASP issues especially common challenges and dilemmas”

“Opportunity to apply learning to case examples and from other workers experiences”

“Developed skills in interviewing and discussions brought other practice issues to consider”

“I enjoyed the input from speech and language therapists and learning more about the best way to plan an interview for people with communication needs”

6. PARTNERSHIP WORKING

The APC hold a self-evaluation day every 12-18months to take time out with the Committee structure to take stock of the work of the Adult Protection Committee, to confirm the Action Plan, and to examine the issues in Adult Support and Protection in Perth and Kinross.

6.1 *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, the outcomes from the work plan and activity for the committee.

a) ***Perth and Kinross Protecting People Coordinator and Communication Group***

The protecting people group whose membership includes coordinators and lead officers from Adult Protection Committee; Alcohol and Drug Partnership; Child Protection Committee; Community Safety and Environment Outcome Delivery Group; Violence Against Women Partnership; Voluntary Sector Child Protection Forum and Suicide Prevention Steering Group meet quarterly to identify and agree joint areas of work and how to best support other projects. The Network reports to the Community Safety Outcome Delivery Group and the Perth and Kinross Chief Social Work Officer (CSWO).

7. APC DEVELOPMENTS AREA 2018 - 2020

The following activities will form the work plan for the committee and relevant agencies for the next two years.

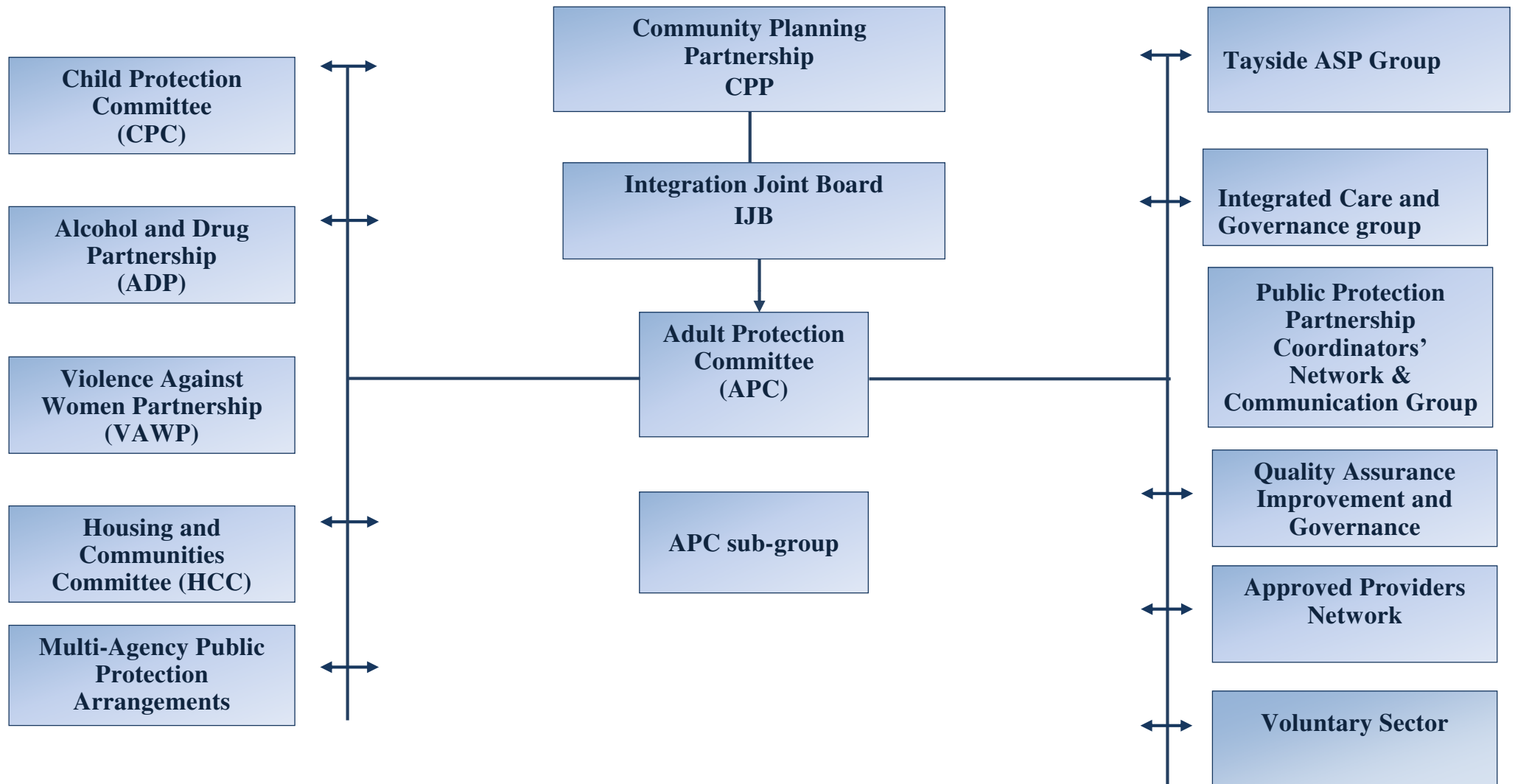
- Service user and carer experience. How to capture information in the best way to ensure views are heard and changes made if required
- Public protection forums – Leadership at Chief Officer Group to ensure ASP has equal status.
- Review policies and procedures to check if they are making a difference to practice and having a positive impact on adults at risk. Review joint policies with childcare especially in relation to transitions and re visit IRD and screening options.
- Update Perth & Kinross multi-agency operational guidance
- Review methods of communication with better use of social media and webpage and updated messages to members of the public
- Analyse the ASP thematic inspection results and carry out self evaluation in relation to the key messages for APC recorded in report
- Ensure actions from improvement plan developed following audits has been implemented and reported back to APC in relation to
 - Chronologies
 - Protection plans and recording of outcomes
 - Conversion rates from investigation to APCC
 - Low referral rates to advocacy
- Support frontline officers in Police Scotland understanding of capacity/ability to safeguard
- GP engagement, their role in process and impact of their involvement as capacity still a key issue
- Informed risk taking both for Practitioner empowerment and in regard to escalation process for other agencies if response not appropriate.
- Learning from other areas/ reviews/ SCR/ national inquiries- need for process in place to collect and disseminate learning and good practice

from other areas

- Health and social care partnership - Enhance learning and stream line processes across areas such as SEA (significant event analysis) and LAER (local adverse event review) and SCR (significant case review) and SCEA (Significant case event analysis)
- Tayside collaboration- Agree areas of joint working, key processes, learning and development, APCC, appropriate adults and harmful practices

For further details see Improvement plan at Appendix 3

Perth & Kinross APC Structure 2018



APPENDIX 2



Perth and Kinross Adult Protection Committee

Annual Report Statistics, covering period:

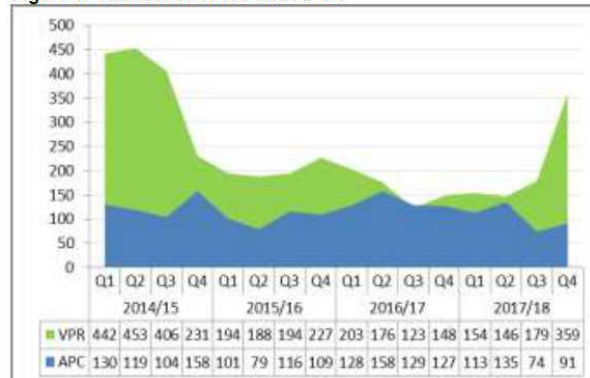
01 April 2014 - 31 March 2018

Housing and Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

Over the last four years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 39%. The number of Adult Protection Inquiries also fell by 54%. Females aged 81 and over account for the largest proportion of APC's received, inquiries and investigations held. Worries about individuals being physically, financially harmed or neglected were the most common reasons for inquiries/investigations taking place.

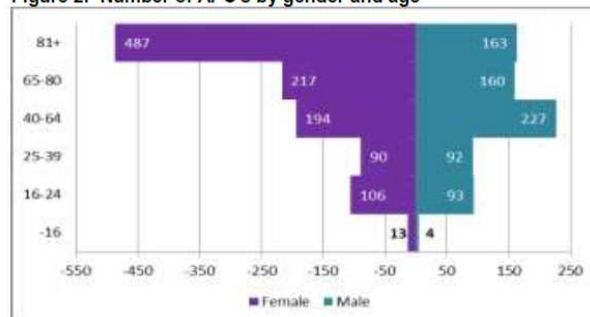
Figure 1: Number of VPR's and APC's



The total number of VPR's received in 2017/18 (838 reports) has increased compared to 2016/17 (650 reports) however this is still a reduction of the total number that were received in 2014/15 (1,532 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APC's received in 2017/18 (413 concerns) fell by 24% compared to the previous year.

Figure 2: Number of APC's by gender and age

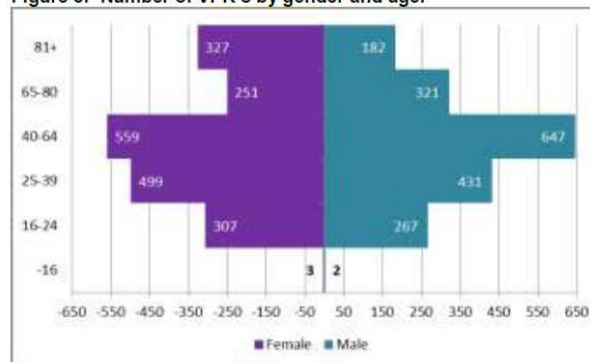


The total proportion of APC's by gender over the four year period was 59% female, 39% male and 1% not recorded.

Females over the age of 81 accounted for over a quarter, 26% of all APC's received.

There were 25 APC's where the age and/or gender of the person was not recorded.

Figure 3: Number of VPR's by gender and age.



The total proportion of VPR's by gender over the three year period was 51% female, 48% male.

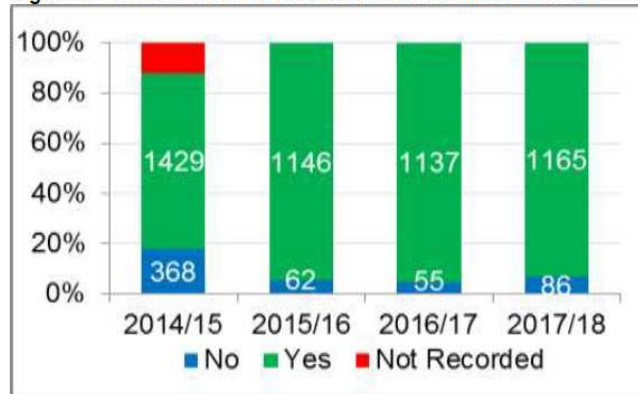
There were 27 VPR's where the age of the person was not recorded.

Males aged 40-64 accounted for 17% of the total VPR's received.

Housing and Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

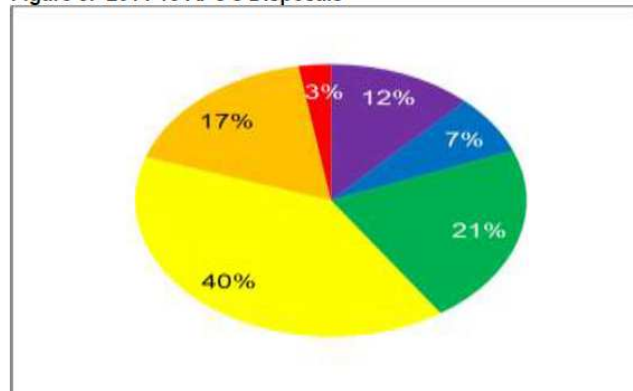
Figure 4: Number of APC's & VPR's screened within 24 hours



In 2017/18 100% of APC's and VPR's had a recorded outcome for screening, again this is an improvement on 2014/15 where 12% of APC's and VPR's were missing a recorded outcome.

During the same time period, 93% of all APC's and VPR's were screened within 24 hours, this is a fall of 2% from 2016/17. Although this is still an improvement on 2014/15 when 70% of all APC's and VPR's were screened within 24 hours.

Figure 5: 2014-18 APC's Disposals



The proportion of APC's progressed to an inquiry has fallen in 2017/18 to 31%, from 47% in 2014/15 and 45% in 2015/16 and 35% in 2016/17.

In 2017/18 the proportion of APC's where there was no further social work intervention rose to 14% from 8% in 2016/17.

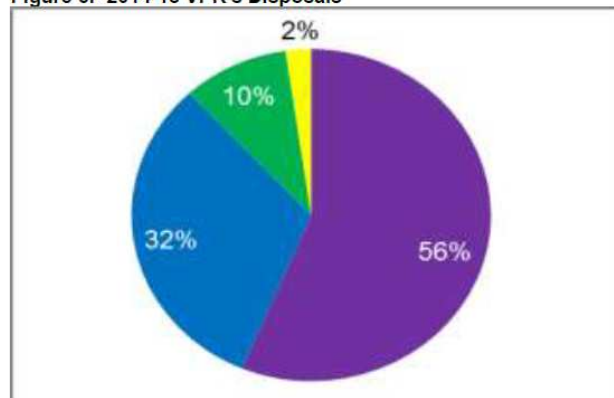
The proportion of APC's progressing to a large scale investigation also fell from

Legend

- No Further Social Work Intervention
- Passed to Key Worker
- Passed to Team

- Progressed to Ap Inquiry
- Progressed to Ap Investigation
- Progressed to Large Scale

Figure 6: 2014-18 VPR's Disposals



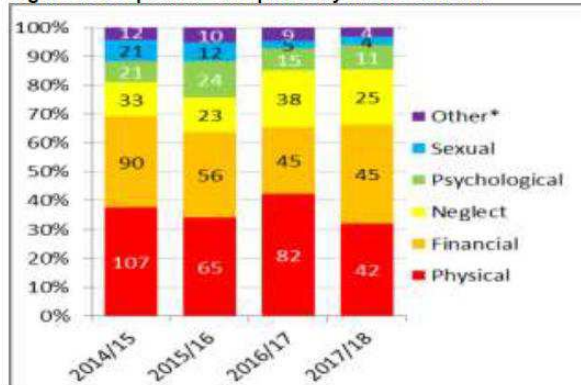
In 2017/18 the proportion of VPR's with no further social work intervention was 54% a slight rise from the previous year 51%. This resulted in a small proportional rise in those VPR's passed to key worker and passed to team.

Over the three year period there were fewer than fifteen VPR's progressed to an investigation or large scale investigation.

Housing and Community Care - Adult Support and Protection

Adult Protection Inquiries

Figure 7: Proportion of inquiries by nature of harm



In 2014/15 there were 284 adult protection inquiries, in 2017/18 this figure fell by 54% to 131. The most common nature of harm remains physical.

In 2017/18 there were two types of harm which increased by proportion of total inquiries, these were inquiries relating to financial harm and Domestic Abuse¹.

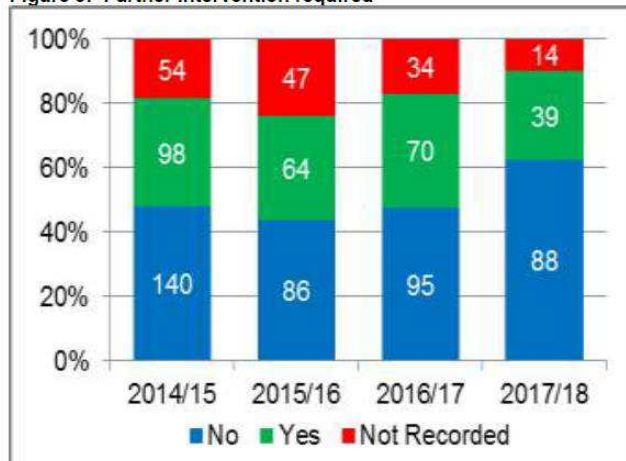
Figure 8: Proportion of inquiries by client group

Nature of Harm	2014/15	2015/16	2016/17	2017/18
Public Protection	0.7%	0.5%	1%	1%
Dementia	10%	17%	22%	16%
Education & Children's Services	0%	1%	3%	3%
Frailty or Illness	18%	16%	19%	29%
Learning Disabilities	33%	28%	24%	16%
Mental Health	3%	6%	5%	3%
Not recorded	6%	2%	1%	3%
Other (not further described)	4%	5%	6%	6%
Physical Disabilities Including Frailty Due to Old Age	22%	24%	18%	21%
Substance Misuse	3%	2%	3%	1%

Over the four years the most commonly reported client groups were individuals with learning disabilities, people with physical disabilities including frailty due to old age, or Frailty/Illness.

In 2017/18 there were 14 inquiries without a recorded outcome as to whether further intervention was required.

Figure 9: Further intervention required



In 2017/18 28% of inquiries required further intervention. This has fallen from 35% the year before.

Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 65% found the intervention had been helpful.

A further 18% of inquiries did not have response recorded to this question which is an improvement on 2014/15 where 28% were missing a response.

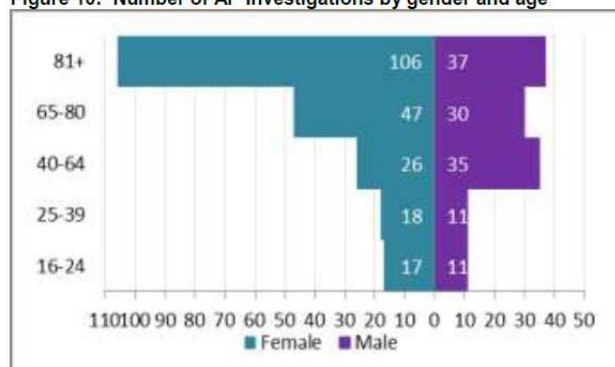
*Other category includes; domestic abuse, attempted suicide, family violence and self-harm.

¹ Family violence and domestic abuse are contained within the 'Other' category due to the very small numbers involved.

Housing and Community Care - Adult Support and Protection

Adult Protection Investigations

Figure 10: Number of AP Investigations by gender and age



Over four years there were a total of 338 Adult Protection Investigations. In 2017/18 there were 69 Investigations.

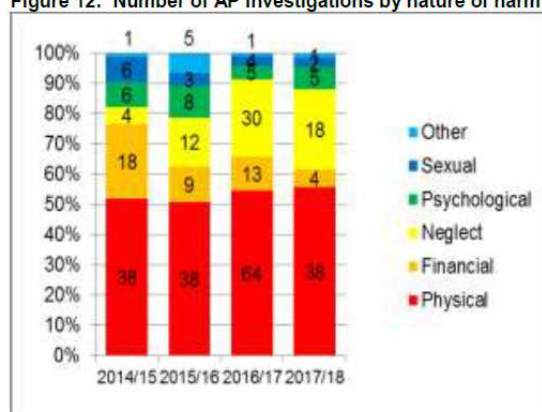
Just under a third of all investigations were for females aged 81 and over.

Figure 11: % of AP Investigations by client group

	2014/15	2015/16	2016/17	2017/18
Public Protection	0%	0%	1%	0%
Dementia	20%	39%	36%	25%
Education & Children's Services	0%	0%	0%	1%
Frailty or Illness	15%	13%	18%	28%
Learning Disabilities	33%	18%	27%	29%
Mental Health	4%	4%	0%	4%
Not Recorded	4%	0%	0%	0%
Other	1%	11%	1%	4%
Physical Disabilities Including Frailty Due to Old Age	21%	13%	18%	9%
Substance Misuse	1%	1%	0%	0%

In 2017/18 all investigations had a recorded client group. In 2017/18 The proportion of investigations where the client was Frail or Ill increased compared to previous years.

Figure 12: Number of AP Investigations by nature of harm



In 2017/18, the total number of Adult Protection Investigations (68 investigations) has fallen from the previous year (118 investigations)

The number of investigations relating to financial harm in 2017/18 (4 investigations) has fallen from 2014/15 (18 investigations)

Investigations due to domestic abuse, family violence and self-harm have increased although are aggregated within the 'other²' category as the numbers are very small.

² Other category includes domestic abuse, family violence and self-harm.

Housing and Community Care - Adult Support and Protection

Adult Protection Investigations Cont'd.

Figure 13: Investigations by Alleged Perpetrator



Over a quarter of alleged perpetrators were paid carers/workers.

Relatives were the second most common alleged perpetrator.

Over the four year period there were 5 investigations where the alleged perpetrator was unknown and 40 investigations where the client's relationship with the alleged perpetrator was not recorded.

Figure 14: % Investigations disposals

	2014/15	2015/16	2016/17	2017/18
Further SW Intervention (non AP action)	56%	82%	39%	25%
Progress to Case Conference	25%	14%	10%	8%
Not recorded	13%	4%	1%	0%
No Further SW Intervention	6%	0%	50%	24%

In 2014/15, 17 investigations progressed to a case conference, in 2017/18 this figure fell to 9 investigations progressed to a case conference.

In 2017/18 there were no investigations without a recorded outcome.

Figure 15: % Investigations - Has intervention has been helpful?

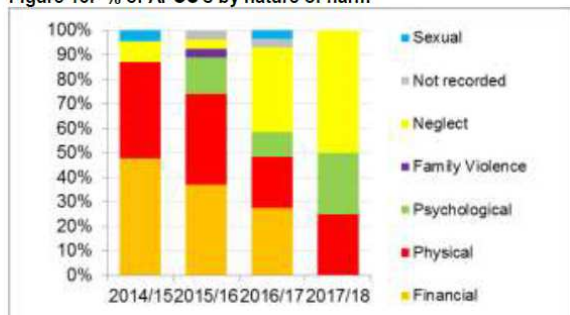
	2014/15	2015/16	2016/17	2017/18
Lacks capacity	49%	55%	54%	48%
No	0%	0%	1%	0%
Not recorded	13%	12%	5%	0%
Yes	38%	33%	45%	52%

In 2017/18, 33 clients perceived the intervention to be helpful. 31 people lacked the capacity to understand or perceive the impact that the intervention.

Housing and Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 16: % of APCC's by nature of harm



In 2017/18 there were 4 Adult Protection Case conferences. 50% of these conferences were in relation to alleged neglect.

Over the four years over a third (37%) of conferences were in relation to alleged financial harm.

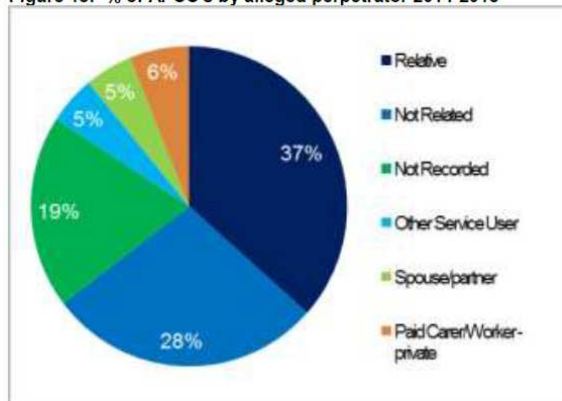
The location of harm cited in case conferences in 2017/18 was equally split between the clients care home or home address.

Figure 17: % of APCC's by client group

	2014/15	2015/16	2016/17	2017/18
Dementia	14%	22%	3%	50%
Frailty or Illness	0%	4%	10%	25%
Learning Disabilities	41%	26%	38%	25%
Mental Health	14%	19%	3%	0%
No Disability 16-64	9%	0%	3%	0%
Palliative Care	0%	4%	0%	0%
Physical Disabilities Including Frailty Due to Old Age	23%	26%	14%	0%

Over the past 4 years the most notable changes were the reduction in clients with mental health issues, No disabilities 16-64 and Physical Disabilities Including Frailty Due to Old age.

Figure 18: % of APCC's by alleged perpetrator 2014-2018



The most commonly cited alleged perpetrator is a relative to the client.

In 2017/18 there were no case conferences without a recorded alleged perpetrator, compared to 10 records having no recorded alleged perpetrators in 2016/17.

Housing and Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 19: % APCCs by disposals

	2014/15	2015/16	2016/17	2017/18
Adult Protection Plan	43%	56%	52%	0%
Ongoing Monitoring Through Mainstream Procedures	26%	19%	48%	50%
No Further Action	9%	19%	0%	50%
Not Recorded	22%	7%	0%	0%

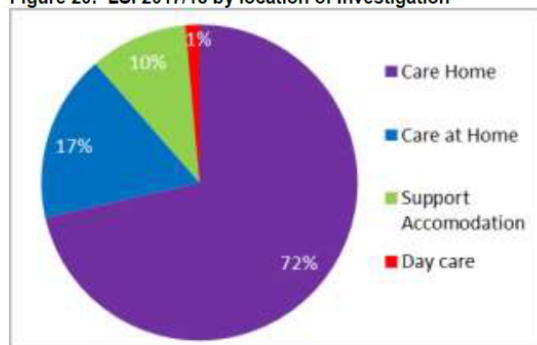
In 2017/18 half of the AP case conferences resulted in ongoing monitoring through mainstream procedures.

In 2016/17 and 2017/18 there were no case conferences without a recorded disposal this is an improvement on the previous years.

Housing and Community Care - Adult Support and Protection

Large Scale Investigations

Figure 20: LSI 2017/18 by location of Investigation



Over the four year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17 and 12 in 2017/18.

The majority of these investigations took place in care homes.

The issues identified from the Large Scale Investigation audit in 2017 were

- Medication errors
- Neglect/lack of care/hygiene issues
- Staff shortages/lack of experience and knowledge
- Poor communication/record keeping
- Failure to report/seek medication attention; and
- Aggression between residents

Housing and Community Care - Adult Support and Protection

Protection Orders

August 2014 - Removal order applied for and refused.

This order was requested to remove a son with a learning disability from the family home. The removal order was refused on the grounds that the harm was not serious enough.

May 2015 - Banning order applied for and granted.

This order was requested to prevent a son visiting his 85 year old mother who experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

August – September 2016 - Banning order applied for and granted.

A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

May – July 2017- Banning order applied for and granted.

Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.



ADULT SUPPORT AND PROTECTION IMPROVEMENT PLAN 2018-2020

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self evaluation and the work of the sub committee.

Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

Local Context

Under the auspices of the Community Planning Framework, <http://www.pkc.gov.uk/communityplanning> are the key strategic plans for all services in Perth and Kinross to improve the lives of vulnerable people by ensuring that:

- Resilient, responsible and safe communities
- People in vulnerable circumstances are protected
- Longer healthier lives for all

Our Local Outcomes: A Whole Life Approach¹



The Work of the Adult Protection Committee (APC)

The work of Perth and Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

Underpinning the work of the APC

Continuous Improvement

- Policies, Procedures and Protocols
- Self-Evaluation in Improving Services
- Promoting Good Practice
- Learning and Development

Strategic Planning

- Communication, Collaboration and Co-operation
- Making and Maintaining Links with Other Planning Fora

Public Information and Communication

- Raising Public Awareness
- Involving adults at risk and their Families

Monitoring, Evaluation, Outcomes and Impact

The Adult Protection Inter-Agency Coordinator will be responsible for coordinating the plan on behalf of the APC.

APC Improvement Plan 2015-16

	Outcome	Actions/Tasks	Strategic person responsible	Timescales	Monitoring and evaluation
1	Improved Service user and carer experience	How to capture information in the best way to ensure views are heard and changes made if required. More work with Perth & Kinross Voluntary Association of voluntary services and the client and carers groups	APC sub-group PKAVS Independent Advocacy		
2	Equal status at Public protection forums	Leadership at Chief Officer Group to ensure ASP has equal status	APC Convenor	Ongoing	
3.	Policies and procedures are effective in improving outcomes for adults at risk and their families and carers	Review policies and procedures to check if they are making a difference to practice and having a positive impact on adults at risk. Review joint policies with childcare especially in relation to transitions and re visit IRD and screening options.	APC and APC sub-group		Arrange meeting with childcare

4	Perth & Kinross Multi-agency Guidance is updated to reflect current issues and practice	Update Perth & Kinross multi-agency operational guidance	APC sub group Police Scotland NHS ASP lead	December 2018	
5	Effective communication with partners and members of the public	Review methods of communication with better use of social media and webpage and updated messages to members of the public	APC Sub-group and communications team		
6	Learning from ASP national thematic inspections	Analyse the ASP thematic inspection results and carry out self-evaluation in relation to the key messages for APC recorded in report	APC and APC sub-group	December 2018	Arrange Risk assessment workshop for September/October
7	Improved processes by implementing audit Improvement plan	<p>Ensure actions from improvement plan developed following audits has been implemented and reported back to AC in relation to</p> <p>Chronologies - training</p> <p>Protection plans and recording of outcomes- audit</p> <p>Conversion rates from investigation to APCC- audit</p> <p>Low referral rates to advocacy</p>	<p>ASP Coordinator</p> <p>ASP Coordinator</p> <p>ASP Coordinator</p> <p>ASP Coordinator</p>	<p>September 2018</p> <p>September 2018</p> <p>September 2018</p> <p>December 2018</p>	

8	Assist to improve knowledge of front line police officers	Support frontline officers in Police Scotland understanding of capacity/ability to safeguard	Police Scotland ASP Coordinator		Arrange meeting to discuss
9	Effective GP engagement	GP engagement, their role in process and impact of their involvement as capacity a key issue	APC and GP rep		
10.	Informed risk taking	Informed risk taking both for Practitioner empowerment and in regard to escalation process for other agencies if response not appropriate.	APC / HSCP APC sub-group		
11	Enhance learning and stream line processes in health and social care partnerships	Enhance learning and stream line processes across areas such as SEA (significant event analysis) and LAER (local adverse event review) and SCR (significant case review) and SCEA (Significant case event analysis)	APC/HSCP		
12	Effective Tayside Collaboration	Agree areas of joint working, key processes, learning and development, APCC, appropriate adults and harmful practices	APC independent Convenors, ASP leads, police Scotland, NHS	Ongoing	Next meeting 21 September
13	Dissemination of learning and good practice from other areas	Learning from other areas/ reviews/ SCR/ national inquiries- need for	ASP Coordinator	December 2018	

		process in place to collect and disseminate learning and good practice from other areas			
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