
Report to: Scrutiny Committee

Date of Meeting: 2 December 2010

Subject: Adult Support & Protection Committees - Biennial Report

Report by: Head of Social Policy

1.0 Purpose

- 1.1. The attached Biennial Report is the first produced by the Forth Valley Adult Support and Protection Committee. The Biennial report outlines ASP activity since the Adult Support and Protection (Scotland) Act 2007 was implemented across Forth Valley in October 2008.
- 1.2. ASP activity in Clackmannanshire is detailed within the Biennial Report.
- 1.3. To inform the scrutiny committee of the scope of the ASP Act, the proposed governance arrangements and the cost of implementation.

2.0 Recommendations

- 2.1. This report is produced by the independent chair and is for information and noting only.

3.0 Considerations

- 3.1 The Adult Support and Protection (Scotland) Act 2007 complements the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Scotland) Act 2003. The ASP Act seeks to protect adults at risk from harm.
- 3.2 An 'Adult at Risk' is legally defined by the ASP Act as a person aged 16 or over who is:
 - Unable to safeguard their own well-being, property, rights or other interests.
 - At risk of harm – that is, if another person's conduct is causing (or is likely to cause) the adult to be harmed or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause self-harm).
 - Affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

3.3 Adults can be at risk of one or more kinds of harm, including financial, material, sexual, institutional, neglectful, physical, psychological harm.

3.4 Under the ASP Act:

1. The Council has a duty to make inquiries where it knows or believes an adult may be at risk.
2. A Council Officer has a right to enter any place where the abuse of adult at risk is thought to be taking place.
3. Protection orders may be granted. These are removal, assessment and banning orders.
4. Partner agencies are required to cooperate, including the sharing of information and examination of records. These are the Mental Welfare Commission, The Care Commission, The Public Guardian, all Councils, Chief Constables of police forces, relevant Health Board and any other public body or office-holder as the Scottish Ministers may by order specify.
5. An Adult Support and Protection committee must be established.

3.5 Governance Arrangements

Following a review in 2010 we are establishing one Forth Valley Committee which will keep a strategic overview of arrangements, including commissioning serious case reviews. This is now a formal agreement. There will be no more than two members from each of the statutory partners and one representative each from the Care Commission, Procurator Fiscal Service, Advocacy Services and the local Third Sector Interface.

The work of this Committee will be informed by the work of 3 Sub-groups:-

- (i) Local Operational Groups x 2: one for Falkirk Council and one for Stirling/Clackmannanshire Councils.
- (ii) Training Group: This 3 Council group will continue its work on identifying training needs and assessing the effectiveness of training delivered.

3.6 There is an overarching Forth Valley Information Sharing Protocol which now includes a clear ASP procedure, including a short pro-forma to accompany Council Officer photographic ID when requesting medical information.

3.7 Adult Support and Protection Procedures: The old Forth Valley Vulnerable Adult Procedures were updated and local guidelines established.

3.8 Vulnerable Persons Reports: Are sent daily to Local Authorities by Central Scotland Police. More than 3000 VPRs are received each year in Forth Valley and of those received in Clackmannanshire only 12% met the 3-point test (3.2).

3.9 Clackmannanshire Activity

- There have been 535 Vulnerable Person Reports received from Central Scotland Police in the past year.
- We have inquired into the circumstances of 73 service users since the ASP Act was implemented.
- A small percentage of these inquiries have moved to Case Conference because most were resolved at the inquiry stage with additional support.
- Although consideration has been given to banning orders in a handful of cases, there have been no formal Orders in terms of the ASP Act.
- A large volume of training has been achieved, especially at levels 2 and 3 of the national training standards as well as more specialised investigative interviewing training.
- A consistent local approach to data collection has been implemented.

4.0 Sustainability Implications

To sustain the implementation of this Act requires the continued deployment of a part time Lead Officer, adequate numbers of Council Officers and adequate funding. Continuous training and updating of staff, legal consultation, publicity and joint funding of the Forth Valley Committee.

5.0 Resource Implications

5.1 Financial Details

5.2 No financial implications associated with this report.

5.3 Finance have been consulted and have agreed the financial implications as set out in the report. **Yes**

5.4 *Staffing* - There are no staffing implications associated with this report.

6.0 Exempt Reports

6.1 Is this report exempt? Yes (please detail the reasons for exemption below) No

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011** (Please double click on the check box)

- | | |
|--|-------------------------------------|
| The area has a positive image and attracts people and businesses | <input checked="" type="checkbox"/> |
| Our communities are more cohesive and inclusive | <input type="checkbox"/> |
| People are better skilled, trained and ready for learning and employment | <input type="checkbox"/> |
| Our communities are safer | <input checked="" type="checkbox"/> |
| Vulnerable people and families are supported | <input checked="" type="checkbox"/> |
| Substance misuse and its effects are reduced | <input type="checkbox"/> |
| Health is improving and health inequalities are reducing | <input type="checkbox"/> |
| The environment is protected and enhanced for all | <input type="checkbox"/> |
| The Council is effective, efficient and recognised for excellence | <input checked="" type="checkbox"/> |

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes No

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 - Forth Valley Adult Protection Committee Biennial Report and the Forth Valley Guidance and Procedures for the Support and Protection of Adults at Risk.

11.0 Background Papers



11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Joanne Aitken	Service Manager	452379
Miles Macfarlane	Lead Officer ASP	727013

Approved by

NAME	DESIGNATION	SIGNATURE
Deirdre Cilliers	Head of Social Policy	
Angela Leitch	Chief Executive	

Clackmannanshire, Falkirk and Stirling Adult Support & Protection Committees

BIENNIAL REPORT OCTOBER 2010



Forth Valley Adult Support and Protection Committee

BIENNIAL REPORT

CONTENTS

	PAGE
Foreword	2
1. Introduction	3
2. Governance	4
3. Collaboration and Co-operation between Agencies	11
4. Implementation of the Act – ASP Legislation in Practice	15
5. Management Information	22
6. Training	29
7. Performance and Audit	34
8. Public Information	38
9. User and Carer Feedback	42
10. Progress so far/Future Challenges	47

FOREWORD

This report was compiled by myself as Independent Chair of the Adult Support and Protection Committee in Forth Valley, comprising the Local Authority areas of Clackmannanshire, Falkirk and Stirling; Central Scotland Police and NHS Forth Valley.

I was greatly assisted by contributions from colleagues in all the partner agencies, but the views expressed, especially at the end of each section and section 10, are my own.

Helen Munro, Independent Chair,

12th October, 2010.

1.0 INTRODUCTION

- 1.1** The Forth Valley area consists of a wide range of communities, large and small, urban and rural, where there is a strong history of people looking out for each other, supported by hundreds of community, voluntary and faith groups.
- 1.2** There are three local authorities:-Clackmannanshire, Falkirk and Stirling. Central Scotland Police (CSP) and NHS Forth Valley (NHS Forth Valley) cover the whole area. Adults at risk of harm are best supported when the local communities and the statutory agencies work together and there is mutual understanding of roles and responsibilities.
- 1.3** The Adult Support and Protection (Scotland) Act 2007 became law in October 2008. This legislation has been described as ‘the missing piece of the jigsaw’, complementing the Adults with Incapacity Act and the Mental Health (Scotland) Act. Various legal actions are now available when required e.g. the power of right of entry to settings where abuse of adult(s) is thought to be taking place; the granting of banning orders so that perpetrators of abuse can be removed from these settings. It is clear from the first 15 months of operation that such sanctions will only be required rarely and most support will be provided by statutory agencies and communities working together with adults at risk of harm, and potentially, their carers/families.
- 1.4** Working together, cooperation and collaboration are considered to be so important in the safeguarding of adults at risk of harm that the legislation specifically requires that each Local Authority make arrangements for the establishment of a multi-agency Committee, chaired independently.
- 1.5** This first Biennial Report of Adult Support and Protection arrangements in Forth Valley outlines progress so far and future plans and challenges.

2.0 GOVERNANCE

2.1 Establishment of Committees

2.1.1 For several years before the coming into force of Adult Support and Protection legislation in Oct 2008, a multi-agency group had existed in Forth Valley to deal with issues around the care of Vulnerable Adults, but no formal committee had been established.

2.1.2 When the Adult Support and Protection (Scotland) Act 2007 came into force in October 2008, one of the requirements was the establishment of committees for each Local Authority, though "Local Authorities should adopt the model that is most appropriate for their area". [SG Guidance Oct 2008]. At all times each Local Authority would remain accountable for the activities in their own council area.

2.1.3 It was agreed that committees for Clackmannanshire, Falkirk and Stirling Council areas would be established within a single structure, and with a single Independent Chair. This arrangement would be subject to review after one year. (*The outcome of the review is detailed in 2.6 – 2.8 below*).

Though there was technically a Committee for each Local Authority, to all extents and purposes the three committees operated as one until the new arrangements were put into place in August 2010.

2.2 Meetings of the Committees

2.2.1 The first meeting was held in Nov 2008 with 10 subsequent meetings held during 2009. In 2010 meetings have been held every two months since January.

2.3 Membership

- 2.3.1** The core members are the Chief Social Work Officers from each of the three Local Authorities; Detective Chief Inspector from Central Scotland Police; CHP manager from NHS Forth Valley. There has been an Independent Chair from the outset.
- 2.3.2** An officer from the Care Commission is also a member. The Care Commission reviewed their attendance after the first six months and decided not to attend every meeting but recommenced regular attendance in 2010.
- 2.3.3** The Mental Welfare Commission, the Office of the Public Guardian Area will attend if requested. The OPG has requested that Minutes be sent for their records.
- 2.3.4** Initially the Area Procurator Fiscal would attend if requested e.g. a local Procurator Fiscal gave a presentation to the Committee in Feb 2010. . In summer 2010 a new Area Procurator Fiscal was appointed and he is keen to attend all meetings of the Forth Valley Committee, a welcome development
- 2.3.5** It was felt very important that there be representation from the Voluntary Sector, especially in terms of User and Carer groups. After discussion it was agreed to seek representation from Advocacy services, the local Carers Centres and Falkirk CVS. Representatives from these organisations have been in attendance since mid-2009.
- 2.3.6** There was a conscious decision **not** to invite a Care Provider to join the Committee as no one provider could represent the views of all others. Instead Adult Support and Protection issues are discussed at the regular Providers Forums which are held in each area; the Stirling Lead Officer produced Guidelines for providers and held some training sessions. There is specific reference to Adult Support and Protection requirements in the contract documentation of each LA.
- 2.3.7** There has been a good attendance at all meetings from all the partner agencies, though in some cases there has been inconsistent attendance by individual representatives, which has on some occasions slowed down decision making.

2.4 Work of the Committee 2009

During the first year of operation, the focus was on ensuring Forth Valley arrangements in a range of key areas:-

- 2.4.1 Forth Valley Procedures:** These were adapted from the existing Vulnerable Adult Procedures to include the requirements of the Adult Support and Protection legislation.
- 2.4.2 Information Sharing Protocol:** A specific information sharing protocol for the requirements of the Adult Support and Protection Act was developed and approved for implementation in accordance with the Forth Valley Info Sharing Agreement. This protocol concerns the sharing of medical information between the Local Authorities and NHS.
- 2.4.3 Data Collection:** In the absence of an agreed National Data-Set a format was agreed between the partners. An experienced Service Manager from Falkirk has led in the development of the data-set. *(Full details are reported in section 5 of this report.)*
- 2.4.4 Training:** A multi-disciplinary Training Group had been formed in anticipation of the implementation of the Act. This Group has provided the Committee with comprehensive data on the need and take-up of training. *(Full details are reported in section 6 of this report.)*
- 2.4.5 Publicity:** It was agreed to adopt a consistent approach throughout Forth Valley with the production of materials based on the national campaign. *(Full details are reported in section 8 of this report.)*

2.5 Work of the Committee 2010

During 2009 staff in all agencies became increasingly involved in the implementation of the legislation as the number of cases grew.

The focus of the Committee in 2010 now needed to move to performance management and ensuring continuous improvement. Were the original arrangements still fit for purpose?

2.6 Review of Governance Arrangements

- 2.6.1** As originally planned, there was a review of Governance arrangements after one year. The work, which began in early 2010, consisted of individual interviews between the Chair and each of the agencies and groups represented on the Committee; a briefing to the Chief Officers group, known as the G5, in February 2010; a Development Day in May 2010 attended by

all members of the Committee as well as practitioners from each of the statutory agencies. This event was externally facilitated.

- 2.6.2** There was a real commitment by all concerned to ensure the best possible outcomes for local service users by maximising opportunities for sharing good practice, practice informed by a sound knowledge of local issues in the very varied communities within Forth Valley.

2.7 Need for change

The key points arising from the consultations described in 2.6.1 were as follows:-

- 2.7.1** There is a need for forums to allow local issues to be discussed and any improvement actions promptly agreed by local practitioners from all agencies.
- 2.7.2** Members attending the Forth Valley Committee must be empowered to take decisions, including budget-sharing decisions
- 2.7.3** At all levels, both local and Forth Valley wide, there is a need to firm up on how key actions will be progressed, not merely discussed.
- 2.7.4** There now needs to be an emphasis on performance and learning from analysis of data; analysis of training effectiveness and needs; local practice audits and serious case reviews and most importantly, listening to service users and carers in terms of outcomes for them.
- 2.7.5** Improved arrangements for the administration of the Forth Valley Committee, with clarity on the input of the three Lead officers to Forth Valley wide issues.

2.8 Governance Arrangements from September 2010

2.8.1 There will be one Forth Valley Committee which will keep a strategic overview of arrangements and a focus on continuous improvement, including commissioning serious case reviews when required. This is now a formal agreement as opposed to the informal arrangement outlined in 2.1.3. There will be no more than two members from each of the statutory partners and one representative each from the Care Commission, PF Service, Advocacy Services and the local Third Sector Interface.


2.8.2 The work of this Committee will be informed by the work of 3 Sub-groups:-

(i) Local Operational Groups x 2: one for Falkirk Council and one for Stirling/Clackmannanshire Councils . Core membership will be from the statutory partners and the voluntary sector. The Groups will focus on ensuring that local operational practice is fit for purpose; identify and remedy any barriers to effective interagency working; audit local practice and take forward any learning or actions identified learning from any Serious Case reviews.

(ii) Training Group: This group will continue its work on identifying training needs and assessing the effectiveness of training delivered.

2.9 Future Focus

2.9.1 The Development Day led to the production of an Action plan for the short and medium term. The main short term goal was to revise the Governance Structure and this has been achieved.

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- 2.9.2** In the Committee Plan for the coming year, key areas to be addressed include adopting a performance management approach which leads to continuous improvement. Important components will include Service User feedback and learning from Practice Audits and Serious Case Reviews.
- 2.9.3** The Annual Plan will give a strategic focus to the work of the Forth Valley Committee and be the basis for the next Biennial Review in 2012.

3.0 COLLABORATION and CO-OPERATION

3.1 The Chief Officers Group in Forth Valley

3.1.1 There is a good record of collaborative working between the three local authorities, Central Scotland Police and NHS Forth Valley. The Chief Officers Group, known as the G5, meets at least quarterly to discuss strategic issues of Public Protection. The Independent Chair has been able to present issues concerning Adult Support and Protection to every meeting of the G5.

3.1.2 The overall approach is to encourage cooperation in areas of work where efficiency and effectiveness will be enhanced by working on a Forth Valley basis. Such an approach is even more important in times of financial stringency and depleted manpower. There has been a willingness to agree to changes when the need has been coherently demonstrated and a keen desire to get beyond bureaucracy to concentrate on effective performance.

3.2 The Forth Valley Adult Support and Protection Committees

3.2.1 From the outset, the committee has recognised that certain procedures and protocols were required to ensure that cooperation between agencies could run smoothly in practice. Section 3.3 below outlines developments so far.

3.2.2 All agencies have demonstrated a willingness to work together to develop protocols but allocating staff time has not always been easy due to other priorities. A Local Authorities/Police Liaison Group has existed since the early days of the Committees. An arrangement, which long pre-dates the Adult Support and Protection legislation between NHS Forth Valley and Central Scotland Police allows for the deployment of a Police Officer in NHS settings.

3.2.3 As Adult Support Protection work becomes embedded in the day-to-day practice of the agencies, the Committee now needs to consider the effectiveness of these protocols in practice i.e. how much they help-or not-practitioners in all the agencies to get the best outcomes for service users.

3.3 The development of Interagency Procedures

3.3.1 Information Sharing Protocol: There is an overarching Forth Valley Information Sharing Protocol but a specific protocol must be drawn up for new pieces of legislation.

Two members of staff, one from NHS and one from Social Services were given a tight timescale to draw up a draft protocol concerning the sharing of medical information with Council Officers. After consultation with committee members a final protocol was arrived at. The importance of sharing information to arrive at a full risk assessment was recognised by staff of all agencies. There is now a clear Forth Valley Information Sharing Procedure, including a short pro-forma to accompany Council Officer photographic ID when requesting medical information. Co-operation and joint-working between all the agencies involved enabled this essential piece of work to be completed.

3.3.2 Adult Support and Protection Procedures: The existing Forth Valley Vulnerable Adult Procedures were updated by one of the Lead Officers to incorporate the demands of the new legislation and the feedback from other agencies involved. A one-page flowchart gives practitioners easy access to the various procedures to be taken. Further revision may be required. The learning from Practice Audits and demands from SWIA will be incorporated into any revision.

Attention must now be paid to how much the format and volume of Procedures help or hinder practitioners from all agencies to get the best outcomes for service users.

3.3.3 Vulnerable Persons Reports-VPRs: Progress on inter-agency arrangements has not always been swift. Virtually since the first meeting of the Adult Support and Protection Committee there has been discussion about the volume and content of the Vulnerable Persons reports sent daily to Local Authorities by Central Scotland Police. This appears regularly on the Local Authorities/Police Liaison Group agenda.

There are more than 3000 VPRs each year in Forth Valley and processing these is felt by the local authorities to represent a significant drain on resources for a disproportionate return e.g. in Clackmannanshire only 12% of VPRs met the 3-point test. Local Authorities also have some concerns about information being passed to them without the adult's consent.

A small pilot study was carried out on an inter-agency basis in one part of the police force where a new procedure was adopted when Police Officers applied the 3-point test before submitting a VPR. This was well received by the practitioners involved and seems to offer financial savings.

No final decision has as yet been taken but discussion between agencies continues and because of good inter agency relationships it is hoped that a mutually agreed way ahead will soon be found.

3.4 Working Together to Find Solutions – Operational Practice

3.4.1 Managing Adult Support and Protection Referrals in Care Commission Registered Establishments and Services: Due to pressure of work the Care Commission representative on the Committee had to suspend attendance for several months, though he has now become able to attend again.

There have been several major investigations in residential care establishments in the Forth Valley area over the last year which have required collaboration between the Care Commission, the local authorities in terms of Adult Support and Protection matters and Central Scotland Police. In the interests of the best outcome for residents, the section in the Forth Valley Procedures needs to be further developed and clarified for all the agencies involved. This action was approved at the most recent meeting of the Committee.

3.4.2 Attendance at Case Conference – Police and NHS Staff: There are already Joint Learning Disability(ie NHS + Local Authority staff) Teams in the local authorities. Attendance at Case Conferences has generally been good from Police but more patchy from NHS staff not in Integrated Teams. GPs have not usually become directly involved.

3.4.3 Joint Action When Required: There has been good examples of swift joint action taken e.g. training for Accident and Emergency staff in one of the hospitals regarding Adult Support and Protection legislation and consent; new Central Scotland Police Operational procedures for their staff when alerted to a problem by the Emergency Duty Team or Social Services.

3.5 Future Focus

3.5.1 As Adult Support and Protection procedures are now becoming embedded in the day-to-day practice of the partner agencies, the Committee now needs to consider the effectiveness of procedures and protocols in practice. How much do they assist practitioners from all the agencies to get the best outcomes for service users?

3.5.2 There is undoubtedly a willingness at all levels in the partner agencies involved to work together. There is a well-grounded spirit of co-operation. However getting final agreement from all concerned has been and continues to be very time-consuming. The Committee now needs to focus on setting clear timescales for action, rather than discussion.

4.0 IMPLEMENTATION OF THE ACT – ASP LEGISLATION IN PRACTICE

4.1. While a Forth Valley wide approach is adopted whenever sensible, each of the statutory agencies involved has had to incorporate Adult Support and Protection into their own policies and procedures.

4.2 Local Authorities

Each local authority in Forth Valley i.e. Clackmannanshire, Falkirk and Stirling Councils has its own arrangements for the delivery of social services to adults, arrangements which are best suited to local circumstances.

4.2.1 Clackmannanshire Council: Clackmannanshire is the smallest mainland local authority with a population of c 50,000. They have seconded a Mental Health Officer to the post of Lead Officer for Adult Support and Protection. He also has responsibility for the Mental Health Officer service. All adult care staff are located in the one office, which is co-located with NHS staff in new, premises purpose built for healthcare. All Community Care staff have easy access to the Lead Officer, which has helped to build the confidence of staff in, what in is for them, a new area of work. The Adult Services manager regularly monitors practice and has a good knowledge of cases.

There is a clear system for receiving referrals, allocating cases and recording activities outcomes. All this is done electronically with no paper files. The existing IT system is being 'fine-tuned' to make retrieval easier. The duty senior screens all general referrals against the 3-point test before further decision-making and allocation. As part of this process the duty senior also screens all adult VPRs from Central Scotland Police against the 3-point test. In the last 18 months, 65/535 i.e. 12% of VPRs have met the 3-point test. The duty senior then reports to their Team Leader who may convene a meeting and/or allocate Council Officers for investigation. The Lead Officer may also be consulted at any stage and chairs any case conferences that arise.

The new legislation has been welcome, particularly in establishing inter-agency liaison and protocols, and in giving authority to investigations. In some cases the option of a Banning Order has been considered but there have been no applications made for a protection order. There has been good inter-agency cooperation with Central Scotland Police And with the NHS, with joint plans of support often being put in place. Many referrals are for service users, carers and families already known to Adult Care where the focus provided by the legislation enables issues to be looked at afresh.

The overall approach is one of support – for community care workers as well as service users – and early intervention. The current structure meets local needs and will continue.

4.2.2 Stirling Council: Stirling Council is a local authority of 88,740 inhabitants, which covers a large geographical area, virtually from the

suburbs of Glasgow to remote rural glens. This geographical complexity presents significant challenges to the delivery of services.

Most adult care staff, including social workers, OTs and Team Managers are located in one building and with the exception of Intake, Re-ablement and Joint Learning Disability Teams, operate in three Locality Teams. The Mental Health Team is based at Stirling Royal Infirmary. A Lead Officer was appointed in the spring of 2009 with a wide remit focussed on quality assurance becoming operationally involved to chair Case Conferences when convened and when significant inter-agency work was required. A Resource Worker provides valuable assistance.

Adult Support and Protection referrals are passed either to the allocated worker or, for those adults without an allocated worker to the Intake Workers on duty. For new referrals the duty senior practitioner applies the 3-point test. If the test is met, and depending on the information contained within the referral, the Intake Team manager may contact colleagues in Central Scotland Police for a discussion on the information contained in the referral. Following investigation with Police initial enquiries are carried out. Following on from these enquiries a decision will be made for a formal categorisation as an ASP referral, with clear procedures to follow, or for the case to be referred to one of the teams for support.

As part of Stirling Council's on-going quality assurance agenda and commitment to meeting the needs of service users in May 2010 the Service Manager commissioned an externally chaired Audit of **all** referrals classified as Adult Support and Protection during financial year 2009/2010 i.e. 87 referrals. The Audit findings are described in more detail in Section 7 of this report. The Lead Officer led on this audit process. The external consultant participated in the audit and compiled the detailed final report.

Amongst the learning gained from the Audit, new arrangements for dealing with Adult Support and Protection referrals are being implemented. The Lead Officer will now manage a small team who will deal directly with all cases referred by the Duty Intake Team as potential Adult Support and Protection cases for initial referral discussions/investigations.

It is expected that this new structure will offer better support and consistency of approach to service users, care managers and adult social care staff.

It is encouraging that the Council has been open to learning from the experience of implementing new legislation and has been willing to adapt the structure accordingly.

The formal powers of the legislation have been invoked once, in late 2009 when a temporary Banning Order with power of arrest was converted to a full Banning Order, also with power of arrest.

4.2.3 Falkirk Council: Falkirk Council has a population of c. 150,000 residents, more than the other two put together. It covers a relatively compact area right in the centre of Scotland. Adult Care staff are located in 7 Area Offices, spread throughout the area. There is a small Adult Support and Protection Team of two social workers, managed by a Lead Officer, who are supported by 2.5 admin. staff. There were unforeseen delays in appointing a Lead Officer until the post was filled in August 2010. In the absence of a Lead Officer, the Service Manager and Team Leaders have played an active role in embedding Adult Support and Protection into the work of the Adult Care Teams. There is close collaboration with the Housing Services and the Child Protection Lead Officer.

All calls to Social Services in Falkirk are routed by a Central Social Services call centre to the relevant locality team. There are clear protocols and procedures in place to decide if Adult Support and Protection procedures should be implemented. If these are required then an initial investigation, multi-agency if required, is carried out by the team managed by the Lead officer. Any subsequent Case Conferences are also arranged by this team.

As adult care staff have become more experienced in assessing situations in the more formal context of Adult Support and Protection protocols, the number of cases reaching the Case Conference stage has reduced. This is a very positive step, in keeping with the spirit of the Act as support and safeguards are being promoted at a very early stage of intervention. Community Care workers are now able to assess situations within a formal context and promote additional support to enable adults at risk to live more safely.

The formal powers of legislation have been invoked once, in March 2009 when a temporary Banning Order was followed by a full Banning Order. There was very good and timely inter-agency co-operation involving NHS, Police, Social Services and the Council's legal department.

4.3 Central Scotland Police

The strategic lead in the force for Adult Support and Protection is the Detective Chief Inspector in charge of the Public Protection Unit (PPU). The PPU is based at a new Police Office in Larbert where a range of services are co-located viz. Child Protection, Young Runaways, Specialist

Investigations e.g. on-line issues in relation to children, Offender Management (MAPP), Domestic Abuse. Co-location of these services provides opportunities for shared learning and good practice. Operational responsibility for Adult Support and Protection lies with the Area Commands, one for Clackmannanshire/Stirling and one for Falkirk.

The imminent appointment of the new Chief Superintendent (Crime and Specialist Services) and Area Command organisational changes **may** change the present arrangements which separate strategic and operational responsibility for Adult Support and Protection.

All Police Officers have been provided with a briefing document, highlighting the main Adult Support and Protection issues and the 3-point test. Proposals are being discussed for an on-line approach to basic Adult Support and Protection training.

Regular liaison meetings take place between Police and the Local Authorities. A major topic currently for consideration is the number of VPRs and their usefulness in terms of Adult Support and Protection legislation.

4.4 NHS Forth Valley

NHS Forth Valley has shown commitment to the implementation of the Act, with the CHP General Manager, Nurse Consultant (Older People) and Lead Nurse (Learning Disability) being involved from the start. In the revisited governance arrangements, the Nurse Consultant and the Lead Nurse will offer support to the Local Operational Groups and the Training Group. At the strategic level, the CHP General Manager will be joined by a senior NHS representative as yet to be agreed. There has been a relatively slow uptake of Adult Support and Protection training by NHS staff, although the Lead Nurse has organised effective sessions for Acute Sector medical and nursing staff. The transfer of services from Falkirk Royal and Stirling Royal Infirmaries to the new Forth Valley Royal Hospital has had an impact on the number of staff from the acute services available to undertake the Adult Support and Protection training. Information on Adult Support and Protection is being made available in information packs to be held at ward level in FVRH.

Liaison nurses in adult mental health, older people and learning disability additionally provide advice and support on appropriate use of legislation.

Significant numbers of staff working in Learning Disability and Adult Mental Health services, inpatient services and community teams, have undertaken Adult Support and Protection training. A number of District Nurses and Health Visitors across Community and Primary Care Services have undertaken level 2 training and junior staff level 1 training. Staff from the integrated mental health and learning disability teams has undertaken additional ASP training with local authority partners involving local procedures and more detailed understanding of the Act.

The inter-relationship of the Adults with Incapacity Act and Adult Support and Protection Act is a difficult area for NHS staff which has been recognised nationally, with the NHS currently commissioning a training CD rom. Additional consideration being given to using e-learning modules within NHS Forth Valley however NHS Education Scotland's commissioning of the AWI and Adult Support and Protection training programme from Edinburgh Napier University may prove a more efficient way forward.

The development of a clear Information Sharing Protocol on Access to Health Records, agreed by the three Local Authorities and NHS Forth Valley has been beneficial, highlighting staff roles and responsibilities to report, to act and to share information appropriately. A request for sharing information form was developed as part of the Information Sharing Protocol. No issues have been reported with regard to accessing information between the partners or around medical examination.

4.5 Care Commission

The Care Commission has been represented on the Committee virtually since its inception.

There were some early teething problems with respect to duties under the Act of both the Care Commission and Local Authorities. There is now better collaboration with Care Commission staff in terms of joint investigations into institutional abuse and on-going support of residents.

There have been several major investigations in Care Homes in the Forth Valley are where Adult Support and Protection legislation has been used alongside Care Commission procedures. This joint working, using various pieces of legislation, has helped to make adults at risk safer.

There is, however, no doubt that the complexities of, and inter-relationships between, different pieces of legislation can pose challenges for staff from all agencies.

4.6 Future Focus

As several practitioners have commented, translating theoretical training into practice can seem daunting. The Local Authorities play the lead role in implementing the legislation and all three in Forth Valley have approached this task assiduously. The Lead Officers have contributed helpfully to Forth Valley wide issues as well as to developing local practice. All the Local Authorities are well aware of the need to review their performance and practice on the ground, and have been open in sharing their experiences and learning.

Central Scotland Police and National Health Service have willingly embraced the concept of joint working but still have a way to go in awareness raising for all their staff.

There has been a steady start to implementing the legislation but the partners are not complacent. As learning from audits and field level experience is amassed this will be shared with all partners. As Service User feedback is gathered there must be an openness to adapting protocols and procedures as appropriate.

5.0 MANAGEMENT INFORMATION

5.1 Statistical Data on Adult Protection 2008 – 2010

Sections 5.1 - 5.3 outline the approach to data collection and the complexity of the task, given that three different local authorities with different thresholds, definitions and indeed IT systems are involved. Having three authorities to compare has, however, ensured that refinements to data collection have been made and continue to be made. Local comparisons can lead to learning for the Committee.

5.1.1 Figures have been collated from the three council areas since January 2008. Statistical reports are reported quarterly to the Forth Valley ASP Committee.

5.1.2 The table below shows the figures for two full reporting years: 2008/09 and 2009/10 and reports the number of Adult Protection activities carried out by each local authority in each year and the totals for Forth Valley as a whole.

5.1.3 We collect and report on a range of ASP activities quarterly, including adult protection referrals, investigations, planning meetings (for 2009/10), case conferences, reviews/review case conferences, together with the total adult protection activity during the period with the rate per 1000 adult population for each authority.

5.2 Complexity of collecting Data (e.g. definitions)

5.2.1 We set up a Forth Valley Information Working group to identify the key data to be collected and reported and to establish working definitions for the data collection process. The working group based our data collection items on the Scottish Government Guidance for ASP Committees (Annexes 2 and 3). However, we also based our original dataset on the original Forth Valley Guidance and Procedures for the Protection of Vulnerable Adults, for example adopting the adult abuse categories in use there, as opposed to the more limited categories that were included in the initial guidance to ASP Committees.

5.2.2 The Forth Valley ASP Committee decided to focus initially on establishing data collection systems to identify the quantitative volume of ASP activity. Once the Committee is satisfied that we have established a range of robust statistical data, we will develop more qualitative information on ASP activity and outcomes. The Information Working group continues to monitor Scottish Government guidance, including the recent consultation based on the Report of the Sub-Group on Information Sharing. The group also continues to meet to work on improvements to the consistency of data collection across Forth Valley.

5.3 TRENDS - 2008/09; 2009/2010.

Table 5.1: Forth Valley Adult Protection Activity in 2008/09 and 2009/10

		2008/09				2009/10			
		Clacks	Falkirk	Stirling	Forth Valley Total	Clacks	Falkirk	Stirling	Forth Valley Total
1	Referrals during period	255	167	40	462	52	105	117	274
2	<i>Referrals as rate per 1000 population (18+)</i>	6.54	1.41	0.58	2.02	1.32	0.88	1.69	1.20
3	Investigations during period	20	121	27	168	21	59	84	164
4	Case Conferences during period	3	53	15	71	2	22	29	53
5	Reviews/Review Case Conferences during period	0	22	9	31	2	23	9	34
6	Planning Meetings	Not available				0	19	105	124
7	Total Adult Protection activity during period (all above)	278	363	91	732	77	228	344	649
8	<i>Adult Protection activities as rate per 1000 population (18+)</i>	7.13	3.06	1.31	3.21	1.95	1.91	4.96	2.84
9	Number of People with ASP Alert/ Current Protection Plan at the end of the period	14	57	20	91	21	9	6	36
10	<i>Active ASP Alert/Current Prot. Plan cases as rate per 1000 pop. (18+)</i>	0.36	0.48	0.29	0.40	0.53	0.08	0.09	0.16
Source of Referrals (for new referrals only)									
11	Family	1	3	2	6	4	2	11	17
12	Friend Or Neighbour	0	0	0	0	0	1	2	3
13	Other Health Professional	0	4	2	6	4	2	5	11
14	Other Professional	0	4	5	9	4	3	16	23
15	Other Sw Team	0	11	8	19	1	3	29	33
16	Police	239	40	10	289	32	66	17	115
17	Other	13	2	13	28	6	1	37	44
18	Total new referrals	253	64	40	357	51	78	117	246
19	<i>New referrals as percentage of all referrals</i>	99%	38%	100%	77%	98%	74%	100%	90%

- Table 5.1 above shows that there was a decline in the total volume of adult protection activity recorded over the 2 year period shown above, except for in Stirling. The table also shows (in row 9) a decline in all three local authorities of the numbers of ASP Current Protection Plans in Place, from 91 at the end of 2008-09 to 36 at the end of the 2009-10 reporting year (on 31st March), We consider this is likely to be a result of increasingly effective operation of the ASP procedures as well as improvements in the consistency of recording data on ASP activities over this 2 year period.
- During 2008-09, Clacks recorded all police VPRs as referrals, while Stirling and Falkirk only included VPRs which met the 3-point test. By 2009/2010 the reporting criteria for all three authorities was the same. There was also agreement on definitions of 'investigations', 'case conferences' etc thus giving more consistent figures overall in rows 1-8 for 2009-10.
- Row 9 still shows some inconsistencies between the three authorities with regard to 'Adult protection alerts/current protection plans'. This inconsistency will be investigated by the Forth Valley Information Working Group and a solution will be identified.

5.4 Source of referrals

- Police are still the main source of initial referrals in Clacks and Falkirk.
- In Stirling, one large scale investigation(16 adults) in one care home and several other investigations related to another two care homes for the last quarter of 2009/10 affected the numbers in the referral sources 'other professionals'; other social work team. These sources included the Care Commission, staff in care homes, social workers from the Emergency Duty team, other local teams and from outwith the area. We will need further discussion on how to count such referrals as there is not consistency between the three local authorities.
- The number of referrals from NHS staff has been small, perhaps reflecting the amount of awareness raising still to be carried out for NHS staff. (see also section 6 - Training)

5.5 Trends and patterns of activity

5.5.1 Client Groups and Categories of Abuse

Table 5.2 below provides a breakdown by client group of Forth Valley Adult Protection cases with a Current Protection Plan at 31st March 2010. This shows that the largest client group is service users with Learning Disability (39%) followed by Physical Disability (22%) and Older People (17%).

Table 5.2:

ASP Cases with Current Protection Plan by Client Group as at 31/3/10

Client Group	Number	%
Learning Disability	14	39
Older People	6	17
Physical Disability	8	22
Dementia	4	11
Mental Health	2	6
Other/Not reported	2	6
Total	36	100*

* % adjustment due to rounding

Table 5.3 below shows that Physical Harm (34%) and Financial/Material abuse (21%) were the largest single categories of abuse in the Forth Valley area as at 31st March 2010. Sexual Abuse, and 'Multiple' reasons each constituted 16% of ASP cases. Eight percent of cases were in the Neglect category, and the remaining cases were in the Psychological Harm category (5%).

Table 5.3: ASP Abuse Categories for cases with Current Protection Plans as at 31st March 2010

ASP Abuse Categories	Number	%
Physical Harm	13	34
Psychological Harm	2	5
Self-Harm	0	0
Financial/Material abuse	8	21
Institutional abuse	0	0
Neglect	3	8

Sexual Abuse	6	16
Verbal and discriminatory abuse	0	0
Multiple	6	16
Total	38*	100

* Please note that 2 clients were counted in more than one category in this table.

5.5.2 Use of ASP Protection Orders - Nov 2008 – present

Table 5.4: Use of Statutory Orders in Each Local Authority

Local Authority	Statutory Orders	Dates
Clacks	0	
Falkirk	1 Banning Order	March 2009
Stirling	1 banning Order	December 2009

The formal powers in sections 7, 8,9,10 of the Adult Protection (Scotland) Act have been used regularly but in the case of Protection Orders rarely. Both of the cases above involved difficult family / relationship situations. The overall approach in Forth Valley has been one of early intervention and support, using a range of legislative and other powers combined with a sound care planning approach.

5.5.3 Use of other legislation and powers

- There have been very few mental health referrals. There is a very well established inter-agency Care Planning Approach (CPA) in Forth Valley. This approach plus use of powers under the Mental Health Act and the Adults with Incapacity Act has provided support and protection to service users with mental health problems.
- In some cases of financial abuse, the Office of the Public Guardian's powers have been used as has DWP appointeeship (see case study below).

5.5.4 Case Study Material

While the statistical data is reliable and valid, a valuable insight into patterns and trends can also be gained from an analysis of more local case study material from the three local authorities, which can give an insight into the procedures as they affect the various client groups.

Case Study 5.1

A middle-aged man with learning disabilities was living independently in his own flat. On the death of his father who had been his DWP appointee his sister and her husband took over. There began a period of financial exploitation, severely compromising the man's quality of life. After some very challenging discussions with the family it was decided not to use ASP legislation but for Social Services to become his appointee. This resolved the situation.

- 5.5.5 Of the original referrals, few resulted in 'no further action'. Service users already known to Social services could be referred to their Care Manager for further support

Case Study 5.2

A health worker referred a family where a mother was caring for a severely disabled adult daughter. She had concerns for the physical well-being of the daughter whose level of care seemed to have deteriorated and also for the mental well-being of the mother. A period of respite care and additional supports thereafter re-established the well-being of both. No formal ASP action in terms of Protection Orders was required as after a formal inter-agency Case conference actions could be put in place which did not require the powers of the Act to be invoked.

Case Study 5.3

An elderly woman was reported by a home carer to be in a very nervous state, weeping and not her usual cheerful self. She reported that her daughter who was her main carer was 'pushing her about' and that she was frightened. Her daughter had had mental health problems in the past. After an inter-agency Case Conference and discussion with the woman and her daughter, she was offered and accepted a place in a nearby care home and her daughter re-engaged with a range of mental health supports.

- 5.5.6 Domestic abuse was a factor in several of the referrals. There is a strong working relationship with the specialist domestic abuse staff of the Police.
- 5.5.7 In a few cases the initial referral led to a criminal prosecution as well as on-going support for the adult at risk

Case Study 5.4

A man with learning disabilities living independently, reported to his support worker that he thought he had been a bit 'silly' with his bank card. He had been 'befriended' by a younger woman who offered to go shopping and to the cashline with him. He had been handing over to her growing amounts of money on each trip to the bank. Joint work between Police and social work discovered that this was not an isolated incident by the perpetrator but that several vulnerable adults had been targeted by her. She was successfully prosecuted at the Sheriff Court.

- 5.5.7 The majority of referrals are for people under 65, with learning disabled service users in the majority. These initial referrals are more likely to be dealt with by the existing care manager, with a smaller number retaining an ASP alert on their case file. Financial and relationship problems are regularly flagged up.

5.6 Future Focus

Work on ensuring consistency of data collection between all the partners will continue.

There now needs to be an emphasis on interrogating the data from an audit and quality dimension. This will include work on the definition of thresholds.

6.0 TRAINING and STAFF DEVELOPMENT

6.1 Forth Valley Training Group

6.1.1 Well before the Adult Support and Protection legislation came into force, an Forth Valley Training Group had been established by senior officers to provide inter-agency training in the Protection of Vulnerable Adults (POVA) procedures. This group had membership from each of the three Local Authorities, NHS and Central Scotland Police. Early in 2008 this group began preparing for the introduction of the new Adult Support and Protection legislation and its associated training needs.

6.1.2 The Training Group is now a formal sub-group of the Forth Valley Adult Support and Protection Committee, and provides reports and representation at every meeting of the Committee. The Training Group itself meets on a regular basis to review training already delivered and plan for future needs. There is representation from the statutory partners although Central Scotland Police attendance has not been consistent, a situation being addressed by the Chief Inspector. A Planning and Review workshop will take place in autumn 2010 to evaluate progress so far, and plan for the next two years.

6.2 Training Statistics - Training Required, Training Delivered

6.2.1 After attending national 'training for trainers' events in the summer of 2008, the Training Group developed a Training Plan for the statutory partner agencies, based on the national Training Framework levels 1-3.

6.2.2 By spring 2009, the Adult Support and Protection Committee had at its disposal a Master list of training requirements by level and agency. It was calculated that 9,294 staff from the three Local Authorities, NHS and Central Scotland Police required training, or at least at a minimum awareness raising sessions regarding the legislation.

At each subsequent meeting of the Committee information has been provided on numbers who have attended training - **1,822 so far.**

- Very good progress has been made with level 3 training. 232 designated Council officers in each of the three Local Authorities have

received between 3 and 5 days of training so far, including Investigative Interview Skills. 10 Specialist NHS and Central Scotland Police staff have also taken part in some level 3 training events. Court Witness skills have been provided for Council Officers and others.

- Good progress has been made with level 2 training which has been attended by 1,168 staff so far. As a general rule this has been delivered to multi-agency groups, as the experience of staff from different agencies discussing their own perspectives and interacting with each other during the courses has been found to be almost as beneficial as the course content.
- The bulk of the unmet need so far has been for level 1 awareness raising, mainly for NHS and Central Scotland Police staff. Discussions are currently underway to explore the use of an on-line learning module for basic awareness raising delivery.

6.3 Independent and Voluntary Sector

6.3.1 Although funding was made available nationally to both the Independent and Voluntary Sectors to deliver training for their staff, with accompanying text and DVD materials, it was decided in Forth Valley to make places available to local providers at level 2 events. There has been a good take-up, with 117 representatives mainly at managerial and supervisory level attending so far. Feedback has been that they were keen to relate their training to **local** procedures and that the inter-agency discussion which ensued at the events was felt to be very beneficial.

6.3.2 In Stirling, the Lead Officer identified a clear need for training for local Care Provider managers and supervisory staff and delivered two events, backed up by a handout with detailed local procedures. These opportunities were welcomed by the participants.

6.4 NHS

6.4.1 The NHS representative on the Training Group, who is the Lead Nurse(Learning disability) has been very active in delivering awareness raising sessions on Adults with Incapacity and Adult Support and Protection legislation. 80 clinical staff from the acute sector and 87 nurses and AHPs from the community sector have so far attended level 2 training.

6.5 Feedback from Participants

- 6.5.1** Evaluation sheets are collated from all course participants, giving qualitative as well as quantitative feedback.
- 6.5.2** At level 3 the demand for training continues, as practitioners and managers identify new needs the more they deal with actual cases, as opposed to the theoretical knowledge gained initially.
There is good take-up of Investigative Interview Skills and Chairing Case Conference courses, with a further Court Witness Skills course soon to take place.
- 6.5.3** The distinction between theory and practice is even more apparent in the level 2 evaluations
“when I have used/been involved in using the Act it would be good to come back and discuss issues”
“until I have used the process I won’t be sure what more I need to know”

6.5.4 In general it is clear that level 2 participants valued:-

- *Learning the facts about the new legislation*
- *Having the opportunity to consider when an adult might be at risk of harm and relating this to their daily work*
- *Having the training set in the context of the local Forth Valley procedures and being able to clarify points of uncertainty.*

The value of inter-agency discussion during courses was highlighted regularly.

6.6 **Training Delivery**

6.6.1 The Training Group decided to make a one-year appointment of an Adult Support and Protection Training Officer to deliver level 2 courses. Due to several factors outwith the control of the Group, a post-holder was only in place for 6 months but during that time delivered a large volume of training, and regularly refined course content based on feedback from participants.

6.6.2 Otherwise training has been delivered by a range of practitioners:-local training officers; one of the Adult Support and Protection Lead Officers; external; consultants, especially for level3 and other specialist events; local operational managers including the Lead Nurse(Learning Disability)

6.7 **Future Focus**

6.7.1 It is recognised that Adult Support and Protection training is not a 'one-off, once and for all' activity but must be continued as new staff join and existing staff identify new needs based on their experience in implementing the Act.

6.7.2 The Local Authorities have agreed to pool funds to appoint a Lead ASP Training Coordinator initially on a two year contract. This post will be on the same grade as the Child Protection Training Coordinator post and it is expected that both post-holders will work closely together.

6.7.3 The Training Group recently conducted a Review of progress so far and identified both short and medium term goals.

Close attention is being given as to how best to ensure that staff within NHS and Central Scotland Police are informed about ASP legislation.

More collaborative work is planned for the future e.g. joint work with Speech and Language therapists in developing a Communication Skills course, including a toolkit.

7.0 PERFORMANCE AND AUDIT

7.1 While the Adult Support and Protection Act requires the establishment of a committee, this in itself is not sufficient to ensure the best outcomes for adults at risk of harm **unless** the members of the Committee actively adopt a commitment to learning and continuous improvement.

Such learning will come from a range of services:- feedback from service users and practitioners; formal audits of case files; collection and interrogation of reliable and valid data; reviews of structures; serious case reviews.

Another necessary component of continuous improvement is a willingness to share learning between the partners.

7.2 Review of Governance– Spring 2010

As detailed in section 2 of this report, the governance structures were reviewed in early 2010 culminating in an Inter-agency Development Day in May 2010.

The new structure gives the Forth Valley Committee the more strategic focus of monitoring activity and ensuring improvement. The two local Operational Groups and the Training Group will also have a focus on performance at a more local level.

There was a clear inter-agency decision that the setting up of a multiplicity of sub-groups, apart from those outlined above, was not feasible in the current climate of staff reductions.

There is a commitment to having a Development Day annually, to review activity from the previous year and consolidate the learning into new practice.

7.3 Formal Audit – Trialling the Proposed National Audit Tool in Stirling Council

7.3.1 Professor James Hogg did a presentation to the three Local Authorities on his proposed Audit Tool for Adult Support and Protection, based on a self-evaluation model. The Service Manager from Stirling decided to use the tool for an audit of **all** Adult Support and Protection cases from April 2009/April 2010, 87 referrals (84 people in total) from a social care

perspective. A future trial of the audit on an inter-agency basis with a much smaller number of cases is planned.

The experience of using the draft tool was very positive. The detailed format enables a thorough analysis of each case and the questions comprehensively cover all relevant areas for Adult Support and Protection worker. It was found that for case which do not go beyond the 'enquiry/initial investigation' stage, a simpler tool is required. Detailed comments have been sent to Professor Hogg.

7.3.2 Sharing the Learning

As well as a detailed report for internal use, the Service Manager in Stirling Council has produced a report on the overall findings of the audit to share with partners. This report will be presented at the next meeting of the Adult Support and Protection Committee, so that the learning can be shared.

Stirling Council has already made internal changes based on the findings of the audit (*as detailed in section 4 of this report*) which will impact on practice. A simple tool is being prepared for use when a case is concluded to capture learning points for future practice.

The report also highlights areas for improvement which have Forth Valley wide implications e.g.:-

- More consistent use of Advocacy Services and clarification of their expected role in relation to Adult Support and Protection.
- Inconsistent inter-agency approaches which require to be addressed through appropriate partnership forums.
- A shared strategic approach to cases involving domestic abuse and vulnerable adults.
- Clarity of understanding and use of external bodies such as the Care Commission, Mental Welfare Commission, Office of the Public Guardian.

7.4 Support for Practitioners

7.4.1 Feedback from practitioners at the Development Day in May was that there was much that they could share and learn from each other, but that existing

forums for doing so were somewhat ad hoc. They also wished to be better informed about the work of the Committee.

The research study being carried out by University of Stirling (*as detailed in Section 8*) will give an insight into the views of practitioners as they implement the Act in the field.

Learning about the ongoing needs of practitioners will be discussed by the Training Group and fed into their planning process (*as detailed in section 6*).

7.5 Better Use of Management Information

Section 5, Management Information, of this report has already flagged up the need to move from collecting data in agreed consistent manner i.e. quantitative information, to interrogating it from a qualitative point of view. For example, we need to look at thresholds and the level of consistency adopted across the three local areas.

The Stirling Council Audit Report (*see 7.3 above*) noted that “Practice often displays over-optimism about the living experience of the individual. Workers need to develop healthy scepticism and apply learning from previous adults protection enquiries”. This is the kind of challenging statement that needs to be confronted by a more qualitative approach to management information.

7.6 Future Focus

The main task for the Committee in the coming year will be to ensure that their stated aim of focussing on continuous improvement will be translated into action.

8.0 PUBLIC INFORMATION

8.1 General Public

8.1.1 National Campaign: It was decided to wait for the National Campaign in October 2009 before launching a local Forth Valley campaign. The national TV publicity resulted in very few local referrals to the national Help-line.

It was agreed to use the photographic materials used nationally in our local campaign to reinforce recognition of the Adult Support and Protection 'brand'. Scottish Government 'advertorials' appeared in all local newspapers in Forth Valley which have good local circulation.

It is regrettable that the Scottish Govt radio advert was not carried on Central FM, the popular local radio station, and that local Communication teams were not consulted.

8.1.2 Local Publicity: There was good advice and co-operation from the Communication Departments of the statutory partners. Each of the three Local Authorities produces a newspaper/magazine for local residents several times per year. These publications are distributed free to all local households and previous research has demonstrated a high percentage of readership. Articles on Adult Support and Protection were included in issues both before and after the national campaign and will appear regularly.

A Forth Valley leaflet was designed using photos from the national campaign along with local contact numbers. These were widely distributed in the public offices and venues of all the statutory partners early in 2010. The leaflets were also distributed with pay-slips to Local Authority staff, several thousand in number Clackmannanshire Council also used the national material for posters. Central Scotland Police also developed leaflets and posters which are available in all Police Offices visited by the public.

The web-sites of partners were up-dated with Adult Support and Protection information.

8.1.3 Evaluation of Public Awareness: No funds were available to conduct specific market research throughout Forth Valley but specific questions were asked in the May 2010 "Clacks 1000" survey. This is an externally organised reliable and valid survey of 1000 Clackmannanshire residents which is now in its 7th year of operation. The May 2010 survey focussed on 'Families and Lifestyles in Clackmannanshire'

71% said they would know what to do if they were concerned about the welfare or safety of a vulnerable adult in their area i.e. contact Central Scotland Police or Social Services or both. **Only 5% said they would not want to get involved**

8.2 Active Citizens

8.2.1 With the support of staff from NHS Forth Valley the Independent Chair delivered presentations to the Public Partnership Forums of the three Community Health Partnerships (Clackmannanshire Falkirk and Stirling) in Forth Valley and to the Patient Public Forum which represents the Acute Division.

8.2.2 Members of these groups could in the main be described as 'active citizens' in that they are very often also members of local voluntary organisations in the health/disability field; Community Councils; Residents Associations and similar. Overall they are influential in raising issues widely in their communities.

8.2.3 Audiences totalling c110 were reached with a presentation using anonymised case studies. The overall intent of the legislation was welcomed and well understood as could be seen from the lively questions which followed each presentation. There was however often scepticism raised about the potential for speedy responses from both Central Scotland Police and Social Services.

8.3 Voluntary Organisations

8.3.1 In August 2009 a presentation was made by the Independent Chair, Lead Officers and the Training Officer to 20+ representatives of Voluntary Organisations from Stirling and Clackmannanshire. Although many of those present had already attended nationally organised Adult Support and Protection training, they welcomed the encouragement by the Lead Officers to contact them on an informal basis, to have a discussion about issues which were concerning them, issues that they were not sure would 'fit' with the legislation. The process for making more formal referrals was also outlined.

8.3.2 Around the same time the Independent Chair met with the Community Care Forum in Falkirk and the local Health Group in Bo'ness. Information about the legislation and the Forth Valley Committee has also featured in the widely distributed Falkirk CVS Newsletter.

8.3.3 Having had representatives from Advocacy Services, Carers Centres and CVS on the Forth Valley Committee from summer 2009 has ensured that they are kept involved and informed.

8.4 **Future Focus**

8.4.1 **General Public:** A publicity and public information campaign is not a one-off event, but neither will there be any budget for on-going local campaigns. Full use will continue to be made of existing local publications like the Local Authority newspapers, NHS publications and CVS Newsletters. There are also good links with local commercial newspapers which will be exploited.

Consideration is actively being given to collaborating with a number of other Local Authorities in West/Central Scotland to produce another TV advert.

8.4.2 Local Faith Groups: Most congregations, of whatever faith, have regular contact with their housebound members, most of whom are frail elderly people. It is the intention of the Independent Chair to do a series of presentations over the next few months to local Church of Scotland Presbyteries; the RC and Episcopalian Dioceses; Muslim, Sikh and Chinese groups are to inform them of the Adult Support and Protection legislation and local arrangements.

8.4.3 More targeted information: We need to consider if our existing publicity is reaching/being understood by local residents who have a learning disability or have significant mental health problems and have a strategy to reach these potential user groups.

8.4.4 Keeping Practitioners in all Partner Agencies Informed

While many practitioners have accessed training (see 6 above) few will be aware of the Forth Valley Committee and its commitment to inter-agency working. This was confirmed by the – mainly senior – practitioners who attended the Development Day in May. The Forth Valley Committee needs to address this information deficit.

9.0 ADULT SUPPORT AND PROTECTION – WHAT DOES IT MEAN FOR SERVICE USERS AND/OR THEIR CARERS?

Procedures, protocols, governance, inter-agency working ... all are important but only if they ensure that adults at risk of harm are made safer. Do service users feel safer after involvement in Adult Support and Protection processes? Have they been safeguarded from harm? Do service users and carers receive the support they need?

In Forth Valley we are striving towards finding a way to answer these most fundamental questions in terms of the implementation of the Act. In this section details are given of how we are approaching this most important of questions but we are very aware that this is 'work in progress'.

9.1 Involvement of User and Carer Organisations in Governance

The Committee from its inception wished to have user and carer involvement in a meaningful way, so that views could be widely gathered and information fed widely back.

Advocacy Services, Carers Centres and the CVS in Falkirk have been members of the Committee since mid 2009. Along with all other aspects, this was reviewed at the Development Day in May 2010. The feeling from the organisations involved was that they found the complexity of the agendas and the inter-agency 'politics' somewhat bewildering. They very much want to remain involved in shaping Adult Support and Protection policy and practice, but in a more meaningful way.

Separate discussions were subsequently held with the Independent Chair to find the best way ahead. It was decided that the two Local Operational Groups would offer the best platform for user and carer organisations. They could then give feedback on more immediate local issues.

However, it was also felt important to retain a user and carer perspective at strategic level. The Forth Valley Committee will continue to have representation from Advocacy Services and Falkirk CVS which has a strong track record of involvement in care issues.

9.2 Service User and Carer Feedback

9.2.1 While the Committee realise the importance of this, they want to ensure that feedback is collected in the best possible way, which is independently.

It was agreed to seek information from the West Dunbarton Adult Support and Protection Committee on their experience of piloting the User and Carer feedback section of the National Audit Tool, using an independent organisation.

9.2.2 Falkirk Council –University of Stirling Study

Falkirk Council are taking part in a Research Study, led by Kathryn Mackay of Stirling University, on experiences and outcomes for service users of being involved in Adult Support and Protection procedures. The aim of the research is to gain the views of 30 practitioners who acted as Council Officer under the Adult Support and Protection (Scotland) Act **and** also gain the views of people who had been the subject of such work. There are three research sites: East Dunbartonshire, Falkirk and Perth and Kinross Councils. The aim is to interview in each Local Authority:-

- i) Ten Council Officers who can talk to one or two case they have been actively involved in.
- ii) Up to ten people who have actively been considered as an adult at risk of harm under the legislation.

The research will be undertaken in 2010/2011. The results of the study should provide an independently conducted review of service users' views. It has been agreed that the study outcomes will be presented to the Forth Valley Committee as part of the process of continuous improvement.

9.3 Provision of Advocacy Services

It is recognised by the Forth Valley Adult Strategy Group (Heads of Social Care from the 3 Local Authorities and NHS membership) that current arrangements for advocacy do not provide consistent and equal coverage throughout Forth Valley. These arrangements pre-date Adult Support and Protection legislation. At present, only adults with mental health problems are guaranteed a service wherever they live in Forth Valley. Arrangements are being made to re-specify the service needs, including the requirements of Adult Support and Protection legislation prior to an imminent tendering process. New arrangements will be in place from April 2011.

9.4 Informal Service User Feedback

Some themes are beginning to emerge from informal feedback from practitioners and advocacy services.

9.4.1 Consent: Even when the Adult Support and Protection process is specifically and sympathetically explained, many service users and cares are not willing to give consent for an Adult Support and Protection investigation e.g.

"I don't want any fuss" – daughter of an elderly Care Home resident.

"I just want it sorted out. I don't want to go to meetings and things like that"
– Mental Health Service User (financial abuse)

In other cases, consent has been given to make investigations when contacting Social Services and Police, but then is later withdrawn. This has been especially true of cases occurring in a family setting.

9.4.2 Communication and Corroboration

While there is not a large number of cases leading to criminal prosecution, it is clear that more work needs to be done with the Procurator Fiscal service to ensure better mutual understanding of the requirements in law of evidence and corroboration.

The willingness of the new Area Procurator Fiscal for his service to become more involved with the work of the Committee should prove beneficial. Similarly, the proposed training course being developed jointly by Speech and Language Therapists and Social Workers in terms of communication skills will also be of assistance.

9.4.3 Enabling Those at Risk of Harm to Protect Themselves Better

The advocacy services for adults with learning disabilities are identifying the need for facilitated peer learning sets on the theme of "Keeping Yourself Safe". Themes which are occurring including:- relationship advice and counselling for those in consenting relationships; managing money and financial affairs; being more aware of who to trust i.e. the characteristics of 'real friends'. Central Scotland Police have alerted the Committee to the potential harm for adults with learning disabilities signing up to certain internet sites.

9.5 Future Focus

9.5.1 An Ethos of Support

In Forth Valley, we have consistently used the terminology of adult **support** as well as protection. Now that the legislation is beginning to bed-in and is no longer considered quite so 'new' more attention will need to be given to ensuring early support for adults at risk of harm. As we gain information and feedback from service users we will be able to tailor any responses and support in the best possible way.

10.0 PROGRESS SO FAR AND FUTURE CHALLENGES

10.1 Putting the requirements of the Act into practice

- While there have been very few formal Orders in terms of the Act, the formal powers offered by the Act i.e. establishing who is an adult at risk of harm; carrying out investigations, interviews, medical examinations if required and sharing information between agencies are now well established in the Procedures and Protocols of the Adult Care Services of the three local authorities and statutory partners.
- A large volume of training has been achieved, especially at levels 2 and 3 of the national training standards. There is a clear commitment to on-going training as practice evolves.
- A consistent local approach to data collection has been implemented.
- A Committee which has appropriate multi-agency representation has met regularly. The Committee has an Independent Chair.
- The first Biennial Report has been produced.

The legislative requirements have been satisfied.

However, the **spirit** behind the legislation is equally important- have we enabled adults at risk of harm in the Forth Valley area to be safeguarded and feel safer? Is collaboration and cooperation between all the partner agencies as good as expected? ; is there a commitment by the Committee to continuous improvement?

Each section of this report has reported progress in the different work streams surrounding the implementation of the Act, and concludes with some pointers for future areas to be addressed.

This section gives an overview of the Independent Chair's assessment of progress so far and future challenges in terms of the main areas to be addressed in the coming years i.e. Collaboration and Cooperation; Service Users, Carers and their Communities; Learning and Continuous Improvement.

10.2 Collaboration and Cooperation

- At the **Chief Officer** level of the Forth Valley statutory partners, there is a commitment to collaboration between agencies when this is seen to benefit local residents and where it makes operational sense, especially in times of financial stringency.

In future, more consideration needs to be given to creating a joint budget with proportionate contributions from the statutory partners. This would allow plans to be taken ahead more swiftly and with less bureaucracy.

- At the level of **Operational Management**, while there is a stated desire for interagency approaches, there is still a tendency to approach issues from an agency viewpoint, rather than adopting a true interagency problem-solving approach.

In future, managers need to adopt a more collaborative approach to joint working, with a greater focus on outcomes for service users. Such an approach also needs to be demonstrated in the decision making of the Committee.

- At **Practitioner** level there have been many individual examples of good interagency working, with practitioners from different agencies working together to find the best outcome for a service user. At interagency training courses, participants have valued the discussions with colleagues from agencies other than their own and gaining a range of perspectives on an issue.

In future there needs to be a more consistent approach to interagency involvement, especially at the Initial referral discussions and subsequent investigation stages of all ASP cases.

10.3 Service Users, Carers and their Communities

- While the Act undoubtedly has the protection of adults at risk as its core aim, we cannot yet report, other than anecdotally, on what the perceived outcomes are for service users and their carers and how they have found the process. The provision of Independent Advocacy has not been consistent throughout the area, for all client groups.

In future, the provision of advocacy services needs to be addressed, as does an approach to getting the views of service users and their carers.

- In general public safety in the communities throughout Forth Valley is well safeguarded, but the abuse which can be suffered by the more vulnerable adults in communities can be more difficult for members of the public to recognise or appreciate. Public awareness is not achieved by one-off publicity campaigns

In future, we need to ensure on-going publicity in the most cost-effective ways possible. We need to make full use of the commitment and reach of Third Sector organisations throughout the area.

10.4 **Learning and Continuous Improvement**

Now that use of the Act is becoming an integral part of the statutory partners' approach to safeguarding adults at risk of harm, there are many opportunities to learn from experience and keep procedures and protocols under review. The opportunities for sharing and learning at all levels need to be harnessed.

- At **Scottish Government** level, the National Chairs Meetings have been useful forums for the sharing of information and mutual learning.

In future Scottish Government should adopt a more consistent approach to convening regular meetings for Lead Officers.

A consistent but not over-elaborate approach to agreeing a national data-set would be welcome.

- At **Chief Officer** level in Forth Valley, there has been some initial discussion about the value of sharing information and learning between the various Public Protection groupings which already exist i.e. Child Protection Committees; Adult Support and Protection Committee; MAPPA arrangements; Domestic Abuse forum; Drug and Alcohol Partnership but no decisions have been taken.

In future, given the predicted reductions in both budgets and personnel in all the partner agencies, more attention should be paid to opportunities for sharing learning among the different Public Protection groups.

- At **Operational Manager** level, the willingness of Stirling Council to share the learning from their recent practice audit with other members if the Committee has set a welcome precedent for others to follow.

In future, the members of the Committee need to embrace fully a willingness to share experience, both good and bad, and learn from each other.

- At **Practitioner** level, staff from different areas and agencies already share experience and learning but in an informal and ad hoc way. They are not well-informed about the work of the Committee.

In future there needs to be a more systematic approach to facilitating shared learning between practitioners and to informing them about the work of the Committee.

10.5 **Towards the next Biennial Report**

This first Biennial Report has outlined the arrangements for the implementation of the Adult Support and Protection Act in the Forth Valley and in doing so has used description rather more than analysis. One very experienced local member of the Procurator Fiscal Service remarked that in his experience, any new legislation took at least a year to 18 months to get fully integrated into the practice of the agencies involved. This has indeed been the case with the ASP legislation in Forth Valley.

We are now moving on to a different phase, beginning to do more analysis of effectiveness and 'what works'. I anticipate that the next Biennial Report will give a richer picture of the effectiveness of the legislation in ensuring that adults at risk of harm feel safer and more supported wherever they reside in the Forth Valley area.