

**FALKIRK COUNCIL**

**SUBJECT: ADULT SUPPORT AND PROTECTION  
BIENNIAL REPORT 2012 - 2014**  
**MEETING: EXECUTIVE**  
**DATE: 24 FEBRUARY 2015**  
**AUTHOR: DIRECTOR OF SOCIAL WORK SERVICES**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to inform Members of the third Adult Support and Protection Biennial Report which has been prepared by the Independent Chairperson Mrs Helen Munro and submitted, as requested to the Scottish Government.

**2. BACKGROUND**

- 2.1 Members will be aware from the implementation of the Adult Support and Protection (Scotland) Act 2007 that there is a requirement for the Chair of the Adult Support and Protection Committee to provide a biennial report. This is the third such report. The report covers the work of the Forth Valley Adult Support and Protection Committee for the previous two years and an overview of Adult Support and Protection in Forth Valley covering the three local authorities, NHS Forth Valley and Central Scotland Police in Partnership.
- 2.2 The report highlights progress and developments over the two years and indicates future direction. The report is attached as **Appendix 1** and has been written by the independent Chairperson.
- 2.3 Falkirk Council Social Work Services is the lead for a number of the areas of the work of the Forth Valley Adult Support and Protection Committee i.e. the management of the Forth Valley Training Officer, the compilation of the statistical information and the Lead Officer/Coordinator works together with the other Councils' Lead Officers to support the Chairperson in a range of work.

**3 KEY AREAS OF THE REPORT**

**3.1 Outcomes for Services Users and Carers**

Section three of the report refers to the data collected on Adult Support and Protection activities which is discussed and analysed both at the Forth Valley Committee and at the local ASP Groups.

### **Key Messages for Adults at Risk of Harm**

- There has been a 68% rise in the number of referrals since 2012.
- More than 50% of referrals are for Older People, especially those aged 85+; there are more women than men referred.
- Physical and financial harm are the main types of harm reported.
- Harm is most likely to take place in someone's own home, or in a care home.
- Perpetrators of harm are, in the main, known to the adult at risk.
- Protection Plans are in place for proportionately more people under 65 than over 65.
- Use of Statutory Orders remains low.

The view of the Independent Chair is that the Act is increasingly providing support and protection for those most at risk of harm.

### **3.2 National Priorities**

Section four of the report refers to National Priorities which have been identified by the National ASP Policy Forum. This section provides an update on how the Forth Valley ASP Committee and the independent chair has contributed to the priorities of:-

- ASP in Emergency Services
- Financial Harm
- Harm in Care Homes
- Data Collections
- Communication with service users and carers

### **3.3 Performance**

Section five of the report provides detailed information on performance and of particular note is the rise in ASP referrals. Key messages in this section are that:-

- Regular statistical reports are provided to the Committee, providing opportunities for comparison and learning.
- Over the period all partners have taken part in two Multi-agency Audits, with helpful assistance from the Care Inspectorate.
- The Committee has an annual Review Day, to review progress and agree future priorities.
- A detailed Committee Plan is produced based on findings from statistical reports, audits and the Review Day and is regularly reviewed.

The view of the Independent Chair is that partner agencies have demonstrated a clear commitment to continuous improvement.

### **3.4 Training and Staff Development**

Section six of the report provides information on the levels of training and numbers who have attended. A large volume of people have now been through the various training courses which include not only those from Social Work Services but those from across the Council services and external and Independent Providers. This section of the report also highlighted some training priorities forthcoming two years including the development of joint public protection training. Key messages in this section of the report are:-

- There has been consistent delivery of a range of training courses, from basic awareness to courses helping ASP practitioners address complex issues.
- E-learning courses have also been developed.
- Sustained efforts have been made to engage Third Sector and private care providers in training and uptake has been good.
- The comprehensive report in Appendix 2 provides both contextual and statistical detail.

The view of the Independent Chair is that delivery of appropriate and accessible training to a wide range of agencies has continued to be a strength.

### 3.5 **Community Safety Partnership and Learning**

Section seven of the report provides an overview of the work that has been undertaken to strengthen partnership working in this area and key strengths have been:-

- The addition of new committee members from Fire and Rescue Service has been welcomed.
- The willingness of the Office of the Public Guardian and of local authority Trading Standards services to work closely with ASP staff has been beneficial.
- The Care Inspectorate has provided support with two multi agency audits during the period and with several large scale investigations. A Lead Inspector attends meetings of the Committee when possible.
- A key group of operational staff from the main partner agencies has worked well together:- for example, refining the IRD (Initial Referral Discussion) process; updating the Information Sharing Protocol; producing new protocols for Serious Case Reviews and large scale investigations; establishing topic task groups e.g. financial harm.
- Increasingly Lead Officers from separate Public Protection themes i.e. Child Protection; Violence against Women; MAPPA; Alcohol & Drug Partnerships are working together with Adult Support and Protection.

The view of the Independent Chair is that partnership working continues to be an area of strength despite organisational change.

- 3.6 The report concludes with a summary of the challenges which the Partners will continue to face and with a detailed work plan setting out priorities for the coming years.

## 4 **FUTURE DEVELOPMENTS**

- 4.1 The Independent Chair of the ASP Committee has highlighted the importance of this area of work being firmly embedded in Community Planning. With this in mind, over the course of the last year, Chief Officers across the Forth Valley have agreed that it is important to strengthen governance within local Community Planning Partnerships rather than continuing to support a Forth Valley model of governance of public protection. In response to this, the Independent Chair of the Adult Support & Protection Committee has recommended that consideration is given to developing local ASP committees, with one Committee covering the Falkirk area. She has also indicated her intention to step down as Independent Chair over the course of 2015, as soon as alternative arrangements can be put in place.

- 4.2 When considered together with the report on the work of the Child Protection Committee, also on today's agenda, there is now an opportunity for the Council and its partners to take a more co-ordinated approach to both of these protection agendas by appointing an Independent Chairperson who could chair both the Child Protection and the Adult Support and Protection Committees. At this point in time, with the development of the Integrated Children's Service and with the development of the Health & Social Care Partnership, this would have the added attraction of being able to mitigate against the risk of child and adult protection issues becoming disjointed.

## **5 CONCLUSION & RECOMMENDATIONS**

- 5.1 The Biennial report of the Adult Support and Protection Committee provides a comprehensive overview of the progress achieved to date in developing and strengthening our approach to Adult Support and Protection. The leadership and commitment of the Independent Chairperson, Helen Munro has been commendable in providing awareness of this important aspect of public protection. In looking forward there is now an opportunity to strengthen arrangements further with the development of a local ASP Committee and with the appointment of an Independent Chairperson who could also provide a similar leadership role for Child Protection.

### **5.2 Members are asked to**

- **Note the Biennial Report (2012 – 2014) of the Adult Support & Protection Committee and the plans contained therein.**
- **Agree to the establishment of a local Falkirk Adult Support & Protection Committee.**
- **Agree in principle to the recruitment of an Independent Chair for both the Adult Support & Protection and Child Protection Committees subject to the agreement of Community Planning partners.**
- **Express their appreciation of the leadership and commitment shown by the Independent Chair of the Adult Support & Protection Committee and wish her well in her retirement.**

.....  
Margaret Anderson  
Director Social Work Services  
Contact 4035  
Date: 2 February 2015

## **LIST OF BACKGROUND PAPERS**



**Forth Valley Adult Support and Protection Committee**

**BIENNIAL REPORT 2012 - 2014**



## **BIENNIAL REPORT**

April 2012 – March 2014

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## **FOREWORD**

This report contains a full account of the development of Adult Support and Protection in the Forth Valley area during the period April 2012 – March 2014.

The Executive Summary highlights main issues and my view, as Independent Chair, on progress.

Section 8 of the main report gives my views on future challenges.

I am very grateful for the information provided by staff from all the partner agencies in preparing this report. Special thanks are due to Bridget Stone, ASP Coordinator for Stirling/Clacks Joint Social Work Service for all her support in finalising this report.

Helen Munro Independent Chair

October 2014

## **1. EXECUTIVE SUMMARY**

This is a summary of key issues during the period April 2012 – March 2014.

### **1.1. Adults at risk of harm**

- There has been a 68% rise in the number of referrals since 2012.
- More than 50% of referrals are for Older People, especially those aged 85+; there are more women than men referred
- Physical and financial harm are the main types of harm reported
- Harm is most likely to take place in someone's own home, or in a care home
- Perpetrators of harm are, in the main, known to the adult at risk
- Protection Plans are in place for proportionately more people under 65 than over 65
- Use of Statutory Orders remains low.

**The Act is increasingly providing support and protection for those most at risk of harm**

### **1.2. Partnership working**

- The addition of new committee members from Fire and Rescue Service has been welcomed.
- The willingness of the Office of the Public Guardian and of local authority Trading Standards services to work closely with ASP staff has been beneficial
- The Care Inspectorate has provided support with two multi-agency audits during the period and with several large scale investigations. A Lead Inspector attends meetings of the Committee when possible.
- A key group of operational staff from the main partner agencies has worked well together:- for example, refining the IRD (Initial Referral Discussion) process; updating the Information Sharing Protocol; producing new protocols for Serious Case Reviews and Large Scale Investigations; establishing topic task groups e.g. financial harm.
- Increasingly Lead Officers from separate Public Protection themes i.e. Child Protection; Violence against Women; MAPPA; Alcohol and Drug Partnerships are working together with Adult Support and Protection

**Partnership working continues to be an area of strength despite organisational change**



### **1.3. Support for service users**

- All service users can access Independent Advocacy services, though take up has not been as high as expected.
- The joint funded Appropriate Adult service has seen a 21% rise in referrals
- There has been joint work with service user groups to produce information materials e.g. on Case Conferences
- A questionnaire to gather service user views is being piloted by Forth Valley Advocacy.
- The increase in referrals is placing increasing strain on adult care social work teams.

**This is an area which must be further developed- in partnership with service users.**

### **1.4. Performance and Audit**

- Regular statistical reports are provided to the Committee, providing opportunities for comparison and learning
- Over the period all partners have taken part in two Multi-Agency Audits, with helpful assistance from the Care Inspectorate
- The Committee has an annual Review Day, to review progress and agree future priorities
- A detailed Committee Plan is produced based on findings from statistical reports, audits and the Review Day and is regularly reviewed.

**Partner agencies have demonstrated a clear commitment to continuous improvement**

### **1.5. Training and staff development**

- There has been consistent delivery of a range of training courses, from basic awareness to courses helping ASP practitioners address complex issues.
- E-learning courses have also been developed
- Sustained efforts have been made to engage Third Sector and private care providers in training and uptake has been good
- The comprehensive report in Appendix 2 provides both contextual and statistical detail.

**Delivery of appropriate and accessible training to a wide range of agencies has continued to be a strength**

### **1.6. National Priority Projects**

The Forth Valley involvement in these projects is outlined in section 4 of the main report. The importance of **public awareness of ASP** and associated issues has always been a challenge locally and it is hoped that a national approach eg on Financial Harm can be reinforced with local publicity.

### **1.7. Future Challenges**

Organisational change in the partner agencies and new legislative requirements continue to pose challenges for the future. These are highlighted in section 8 of the main report.

## **2. FORTH VALLEY CONTEXT**

### **2.1. The Forth Valley Committee**

The Forth Valley Adult Support and Protection Committee has core membership from the three Local Authorities in the area: - Clackmannanshire, Falkirk and Stirling; Police Scotland Forth Valley Division and NHS Forth Valley.

Third sector representation is through Forth Valley Advocacy and Falkirk CVS. The partnership has strengthened over the last two years and now includes Scottish Fire and Rescue, along with a commitment to regular attendance from the Care Inspectorate.

The Committee meets six times per annum, with one of these meetings being devoted to a review of the year's developments. There has been a consistently good attendance from all partners. Due to all the organisational change within the public sector there have been many changes of representation, but with a consistent Chair and some other members, the business of the Committee has not been adversely affected by the changing membership.

The core business of the Committee is the monitoring of the implementation of the Committee Plan(developed from the Multi-Agency Audits and Annual Committee Review Days); regular review and development of Forth Valley Protocols and Procedures; regular reports on Statistics, Training, and Local Operational issues.

More recently the Committee has had themed meetings corresponding with the national priorities. Relevant agency representatives have been invited to attend. Recent themes have included financial harm and harm in care homes and participating agencies have included the Care Inspectorate, the Office of the Public Guardian and the councils' Trading Standards Departments.

### **2.2. Sub Groups**

#### **Local Operational Groups**

The governance arrangements for ASP in Forth Valley include two Local Operational Groups, one for Falkirk Council and one for Stirling/Clackmannanshire Council. The main task for these groups is to focus on local operational issues on a multi-agency basis, including problem solving.

The groups report to the Forth Valley Committee on issues and learning that would be of benefit to the whole area. Their meetings are timed so that any issues arising can be reported to the subsequent Forth Valley Committee. Their agendas involve learning and reflection e.g. on issues arising from complex cases, including the effect on staff involved.

### **2.3. Training Group**

The group is led by the Workforce Development Manager for Falkirk Council, and has multi-agency membership. Undoubtedly, the decision by the three Local Authorities to fund a Training Coordinator and Administrator has enabled action to be relatively easily taken on its decisions.

As can be seen in Section 6 and Appendix 2 of this report, training at different levels has been consistently delivered. This group has always been open to learning, developing new courses and new formats as circumstances have demanded. There has been a consistent delivery of high quality courses which are responsive to changing requirement.

### **2.4. Topic Specific Groups**

Establishing a range of standing sub-groups on various topics in the traditional manner is not necessarily an appropriate response to the current exigencies of depleted staffing and resources. The establishment of time-limited, task specific groups is felt to be a more appropriate way ahead. One group was established to plan and carry out a Multi-Agency Audit. This task group operated very successfully. Another group met to develop a Large Scale Investigation Protocol.

A working group to improve the response to the Prevention of Financial Harm has been established. This is described more fully in section 3 below.

### **2.5. Staffing**

Forth Valley Committee is supported by an operational Lead Officer in Stirling/Clacks and in June 2013 an ASP Coordinator was recruited to Stirling/Clacks in a strategic role. Falkirk Council combines both roles in the ASP Lead Officer/ Coordinator. Team Managers take a lead role, operationally, in chairing of case conferences. Due to the absence of the Lead Officer alternative arrangements were made to cover her duties. Falkirk Council has now appointed to the post, on an interim basis, since March 2014.

In Falkirk Adult Support and Protection work is integral to the work of the Assessment and Care Management Teams. All 9 teams have Council Officers located within the teams, who carry out the full spectrum of Adult Support and Protection work. In Clacks/Stirling shared service there is a small Adult Support and Protection Team which provides support and advice to other adult care workers involved in adult protection work and takes on more complex cases.

As stated earlier in the report a Training Coordinator and an Administrator are jointly funded by the three councils and are based in Falkirk. The Service Manager-Performance and Information at Falkirk Council provides the collation and analysis of management information for all three Councils. The Committee receives regular reports on statistics and trends.

## **2.6. Governance**

When the ASP legislation came into force in late 2008, the Chief Officers Group in Forth Valley (known as the G5) established an ASP Committee on a Forth Valley basis, in order to minimise local variations in procedures and protocols given that NHS Forth Valley and Central Scotland Police provided services throughout the area. Over the last five years, this approach has worked well, giving a consistency of approach.

Major changes over the last two years have led to new organisational configurations for partners:- Stirling and Clackmannanshire Councils have come together to provide a shared Social Work Service; Police Scotland has come into being, with the former Central Scotland Police area now becoming the Forth Valley Division of Police Scotland; NHS Forth Valley has a new Chief Executive and Chair; Falkirk Council has new Committee arrangements and has a new configuration for adult Assessment and Care Management teams.

Major policy changes are currently underway :- the Integration of Health and Social Care, with the imminent formation of new governance arrangements; increased emphasis on Community Planning Partnerships jointly funding and driving policy developments.

The G5 Chief Officers Group has always acknowledged the importance of Adult and Child Protection issues. Given the current major legislative and organisational changes highlighted above, the Group is now reflecting on the best way ahead for the governance of a range of Public Protection issues in Forth Valley, including ASP. The Independent Chair has been fully involved in these discussions. A decision is expected in the autumn of 2014.

### **3. OUTCOMES FOR SERVICE USERS AND CARERS**

#### **3.1. Who did we support and protect?**

Adult Support and Protection is as much about providing help and support to people to reduce risk as it is about taking direct action to protect. Often people feel unable to ask for help but their situation comes to light when the situation is referred to as Adult Support and Protection. When this occurs there is an opportunity to help. The case example below illustrates such a situation.

##### **Case Example - afraid to ask for help**

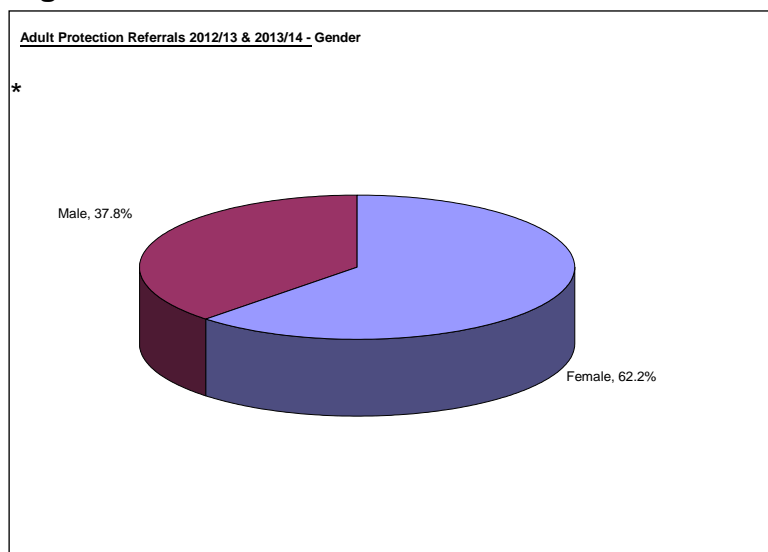
A concerned neighbour refers Jean aged 82 who lived with her daughter Pamela. The neighbour reported that Jean was found wandering in the street saying she was looking for Pamela and was quite distressed and unkempt.

A visit was attempted but there was no access gained. With the help of police who persuaded Pamela to open the door, social workers managed to enter the house which was very dirty and untidy. Pamela and Jean were both very angry as they felt their privacy was invaded but as the visit progressed both expressed unhappiness with their current situation and agreed they needed help.

Pamela told the Social Workers that she had a long standing problem with alcohol misuse which was being treated. Jean's mental and physical health was deteriorating and both were finding this distressing. However both were devoted to each other and had been afraid that if they asked for help they would be separated.

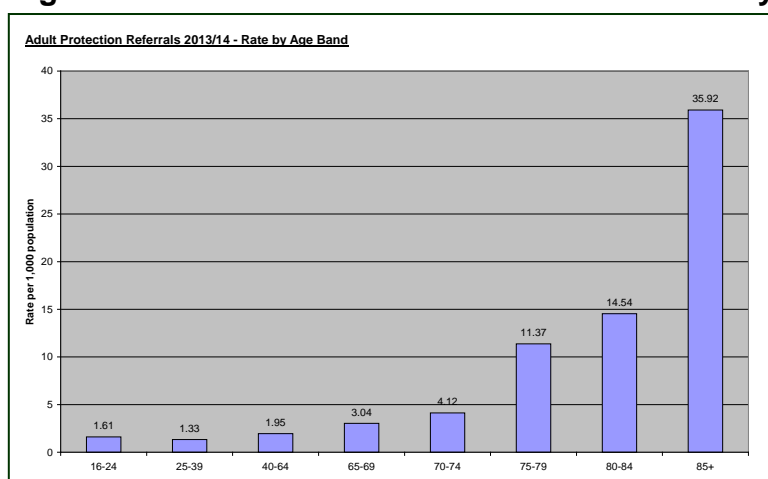
With help of Housing the house was cleaned and equipment provided to help Jean be physically independent. Both Pamela and Jean agreed to ongoing support to maintain a better quality of life that they had achieved and intervention through Adult Support and Protection was no longer necessary.

**Fig 1 Adult Protection Referrals 2012/13 & 2013/14 – Gender**



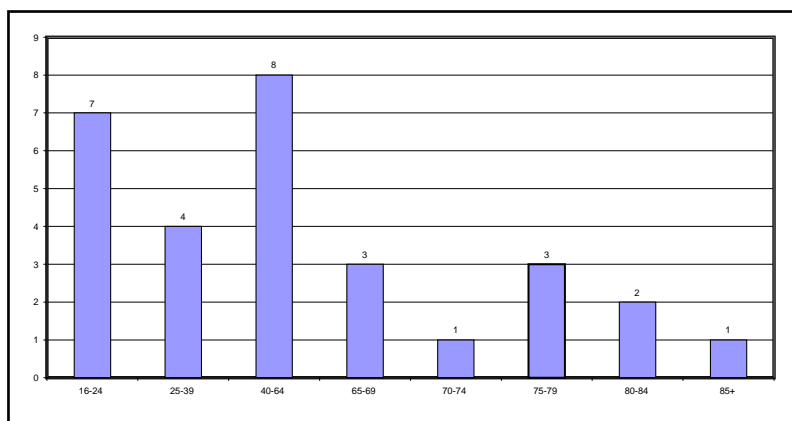
**More women than men were reported as adults at risk.**

**Fig 2 Adult Protection Referrals 2013/14 – Rate by Age Band.**



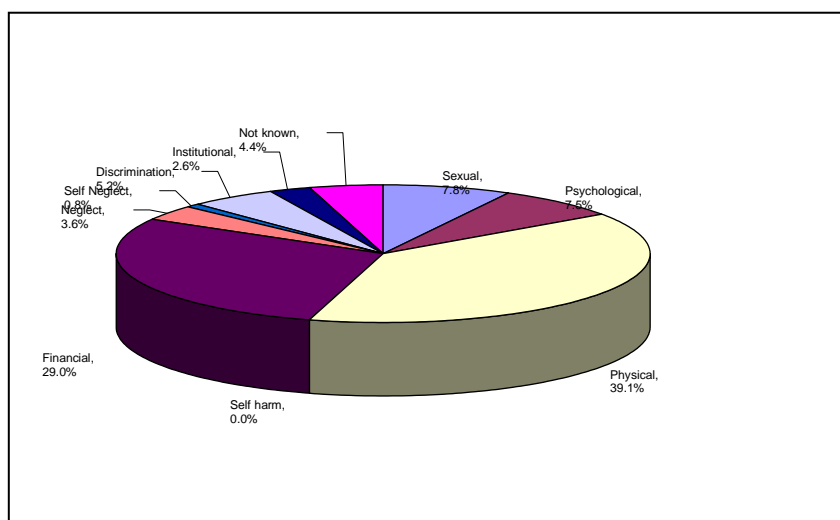
**Older people, especially the very old, accounted for the vast majority of referrals.**

**Fig 3 Adult Protection Plans at 31/03/2014 – Age Band.**



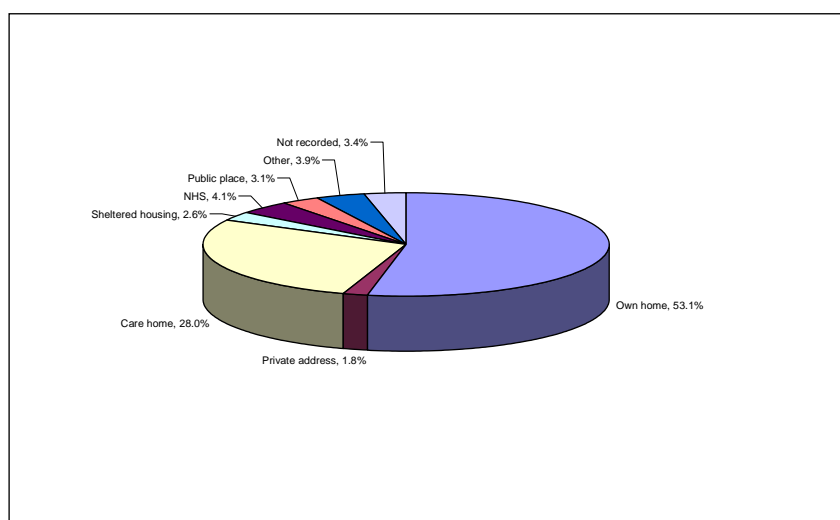
**People protected by protection plans were more likely to be aged under 65, with 42% aged under 40.**

**Fig 4 Adult Protection Investigations 2012/13 & 2013/14 – Type of Harm**



**Of those cases that were investigated physical harm was the most prevalent type of harm followed closely by financial harm.**

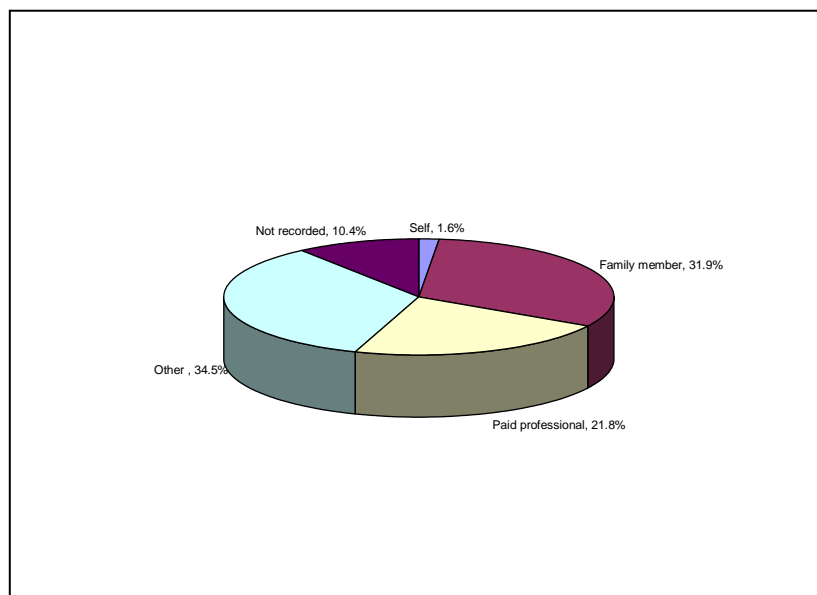
**Fig 5 Adult Protection Investigations 2012/13 & 2013/14 – Location of Harm**



**Harm mainly occurred at home, or in a care home setting.**

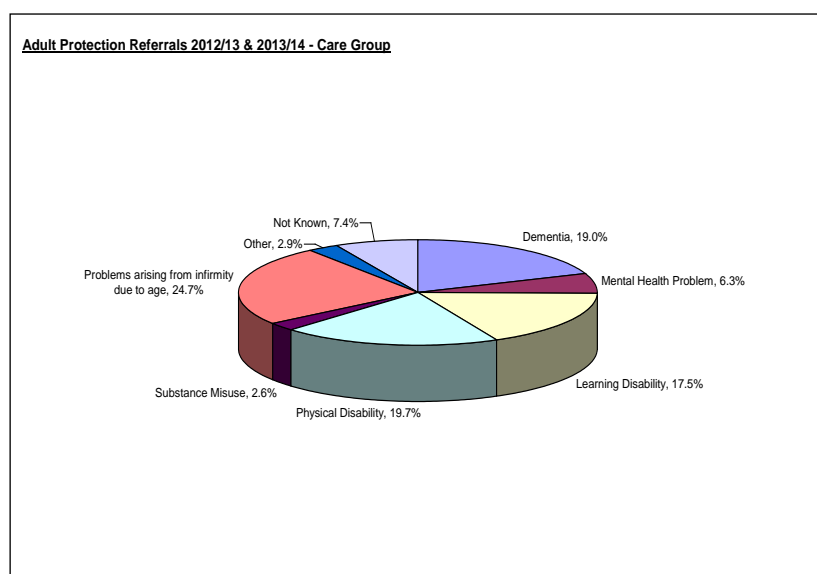


**Fig 6 Adult Protection Investigations 2012/13& 2013/14 – Alleged Source of Harm.**



Perpetrators were in the main known to victims, being either a family member or a paid carer. The “other” category may refer to friends and associates.

**Fig 7 Adult Protection Referrals 2012/13 & 2013/14 – Care Group**



Most referrals related to people with infirmity due to age followed by physical disability and dementia.

Since Forth Valley Biennial Report 2012:-

- The gender balance has shifted slightly towards females (59%-62.2%)
- Referrals concerning people with mental health problems remain low
- Concerns about older people have continued to generate most of the referrals.

## **3.2. Support for Service Users**

### **3.2.1. Advocacy Services**

Excellent and consistent ASP services are provided by Forth Valley Advocacy, which is jointly funded by Forth Valley partners to provide advocacy for adults subject to interventions under Mental Health Care and Treatment (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

However, the use of advocacy for ASP cases remains low despite efforts to increase the referral rates to independent advocacy through direct training input to Council Officer Training. Statistical information is provided by Forth Valley Advocacy at six monthly intervals and reported to Committee

### **3.2.2. Service User Questionnaire**

A service user questionnaire has been developed and is currently being piloted via Forth Valley Advocacy (see 3.1 above). When the final version has been approved it will be used by practitioners at time of case closure.

Service users will be able to feed back whether they feel safer, whether their life has improved, whether they felt respected, and listened to. This information will help the Committee to develop its policy, training and practice to improve service user experience

### **3.2.3. Were adults at risk safer?**

The multi-agency audit described in section 5 looked at whether the adult at risk was safer as a result of ASP intervention.

The 2013 case file audit found that generally adults at risk were safer if they accepted help to make them safer. In a few cases despite best efforts adults at risk were not safer because they chose to remain in a situation of risk. In higher risk cases arrangements were made to monitor the situation and provide a service to reduce future risk. Where service users chose to remain in a situation of risk, auditors considered it would have been helpful to hold a case conference to bring together information from all partner agencies and agree a way forward.

In a few cases it was not so clear whether the adult at risk was safer. Risk assessment and risk management requires some improvement which will be addressed in local areas.

### **3.2.4. Appropriate Adult service**

The Committee recognised early on that an efficient and effective Appropriate Adult service would be beneficial to adults, mainly those with a learning disability or a mental health problem and would be complementary to ASP procedures. The Appropriate Adult Co-ordinator is jointly funded to recruit, train and deploy Appropriate Adults as required. Use of the service saw an increase since the last reporting period, 357 callouts in 2011/2012 and 477 callouts in 2013/2014. To meet demand more Appropriate Adults have been recruited to ensure that adults with a mental disorder making a statement or being

interviewed by the police are afforded their rights. The Co-ordinator prepares a report annually for the Committee.

### **3.2.5. What we have done to facilitate service user involvement in decisions**

The audit held in January 2014 found that the main strength of most cases was the lengths social care workers went to in order to involve service users in decisions and find solutions that were most acceptable to the service user even if the service user chose to continue to live with a degree of risk in their life. The case study below illustrates a case where a service user was very much at the centre of the solution.

#### **Case example - service user involvement**

Ann is a 55 year old woman who experienced a stroke 10 years ago. As a result of the stroke Ann is a wheelchair user, has communication challenges and relies on her husband and paid carers for assistance with all personal care.

The paid carers expressed concerns to Ann's social worker that Ann's husband sometimes shouted at her and appeared to physically handle Ann quite roughly. He seemed to become frustrated by Ann's communication challenges because it can take Ann a while to verbally respond and when she does it can be difficult to understand what she is saying. The carers were particularly concerned when they noticed some bruising on Ann's arms. Ann could not explain what had happened and was visibly upset when the carers asked her about it.

Adult Support and Protection procedures provided a framework to look into the care and support that Ann was receiving from her husband.

A day centre officer from the resource centre which Ann attends was able to help Ann to express her views by using a communication board that Ann uses when she attends the centre. This allowed Ann, over time, to tell the multi-agency team that although her husband had a temper, she did not feel afraid of him. Rather, she was worried about him, thinking that he needed more support in his caring role. As a result of the ASP process Ann's care package was increased to cover all personal care tasks and Ann's husband now attends a carers' support group. The ASP process was de-escalated at Ann's request, although her social worker still visits the couple regularly.

#### **4. NATIONAL PRIORITIES**

During the period a national ASP Policy Forum was brought into being by Scottish Government. This Forum has representation from a wide range of agencies and is well placed to highlight ASP issues.

In 2013 the Forum decided on 5 National Priorities and formed Task Groups to investigate and report on issues to be addressed.

##### **a) ASP in EMERGENCY SERVICES – A+E**

NHS Forth Valley did not participate in the National Pilot Project due to staffing constraints, but showed locally a real willingness to improve.

A bespoke training course has been devised and will be rolled out from autumn 2014. There are now better liaison arrangements with Police in the A+E Dept at Forth Valley Royal Hospital; Falkirk Women's Aid has worked closely with the A+E Team, and had a presence on site during the Christmas and New Year period in late 2013; all staff have been involved in dementia awareness sessions; a multi-agency protocol has been implemented for 'frequent attendees' suffering from complex Mental Health issues. Contact has been made with the local Ambulance Service and developments are actively being pursued.

##### **b) FINANCIAL HARM**

Financial harm is consistently the second most prevalent type of harm investigated in Forth Valley. Due to the prevalence a financial harm working group has been established to learn from good practice in some areas of Forth Valley and to develop stronger links with financial institutions, to respond in a more joined up way to scams, and to raise public awareness about financial harm. The group's core membership will expand to include representatives from the financial sector, the office of the Public Guardian. Multi-agency Financial Harm training has been developed and now includes input from Trading Standards Departments who are active members of the Financial Harm group.

A **financial harm strategy** has been developed and actions relating to the strategy have been included in the action plan for 2014-2016.

##### **c) HARM in CARE HOMES**

There are good reporting rates generally from care homes in Forth Valley (as reflected in the source of harm data in section 3 ). Reporting harm by care providers has increased. Nevertheless some care providers do not report harm and we should not be complacent.

Over the last two years much effort has gone into encouraging local care providers to access the Training for Trainers course- 'Tell Someone' which has been provided free of charge. There has been a good uptake from local providers. Managers and their senior staff have been encouraged to attend and thereafter train their staff in situ.

The Stirling ASP team has forged good relationships with care home managers in order to engage them around adult support and protection. In Falkirk, Team Managers and the Service Development officer- Contracts and Commissioning have worked closely with care homes to engage them around ASP reporting. The ASP Lead officer and Contracts Officer also meet regularly to scrutinise the ASP referral data from care homes.

Liaison with Planning and Commissioning /Contracts teams is vital. There was good practice in Stirling/Clacks when the ASP coordinator was involved with the selection of care providers in Clacks/Stirling by reviewing their ASP and Whistleblowing policies.

#### **Case Study- Harm in Care Homes**

In many cases, once a referral has been investigated, often on a multi-agency basis, no formal further action is taken. Despite this, positive outcomes can follow from ASP investigation.

Care Home A reported that their involvement in such an investigation prompted them to reflect on their ASP training in general and to support staff more actively in terms of dealing with challenging behaviour.

Care Home B offered an ASP Awareness session for relatives which was well received.

- i. The role of the Care Inspectorate is very important in respect of this priority. The FV Committee has welcomed the decision of the Care Inspectorate to re-engage with ASP Committees. There are good working relationships between the local authorities and local staff from the Care Inspectorate.
- ii. 'Thresholds' have been a challenging issue for the FV Committee over this last period. Early work on the Welsh Government 'checklist' was not successful, in that partners came to realise that a simplistic checklist, while enticing, would not reflect the complex issues which are the hallmark of ASP. Although practitioners would have liked the certainty of a thresholds guide they also felt that each case had its own set of circumstances and the response could not be prescribed.

This led to a series of discussion workshops led by the Training Coordinator in Falkirk Council, which then informed development of professional decision making training. This is described below in section 6.

Over the period several **large scale investigations** were carried out. The Forth Valley Large Scale Investigation protocol was informed by actual large scale inquiries. The protocol makes clear the responsibilities of partners and sets out a clear agreement on how LSIs are conducted in Forth Valley.

#### **d) DATA COLLECTION**

Since 2008 there had been no standard national format for ASP data collection and this Task Group was established to remedy this situation.

In Forth Valley the Service Manager- Performance and Information based in Falkirk provides the data collation and analysis which informs practice improvement . He was invited to be a member of the group which developed the national dataset.

Changes to the IT modules to capture new information were made in good time for the start of the collection of data. Forth Valley is therefore well placed to implement the agreed data collection format.

#### **e) SERVICE USERS and CARERS**

The Independent Chair of the Forth Valley was a member of this Task Group.

In Stirling/Clacks efforts have been made to link up with service user groups to inform service users about adult support and protection and involve service users in consultation work on information leaflets. A mental health user group took part in a short discussion and presentation and commented on a case conference leaflet for service users. Another group for people with learning disabilities in Falkirk Council area is developing an easy read version of the leaflet with the support of resource centre staff. More service user information needs to be developed in partnership with service users.

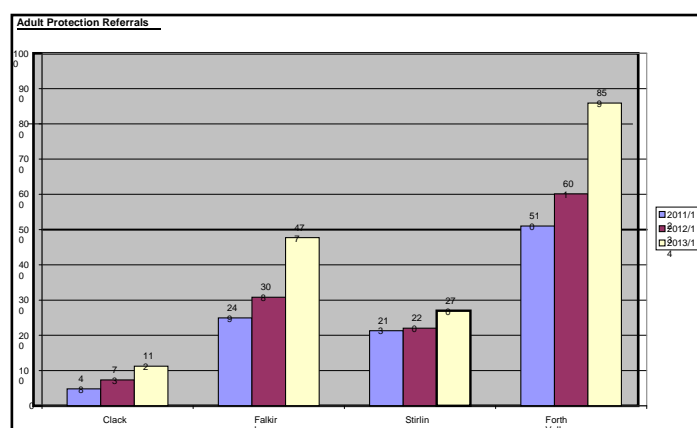
Plans to reach more service users through third sector organisations and community groups in the coming two years will see better links and greater awareness about the help that is available if required. This is an area for further development in Forth Valley.

## 5 PERFORMANCE

- 5.1** Between April 2012 and April 2013 the number of referrals increased by 43%. There has been an overall increase in referrals of 68% since 2012.

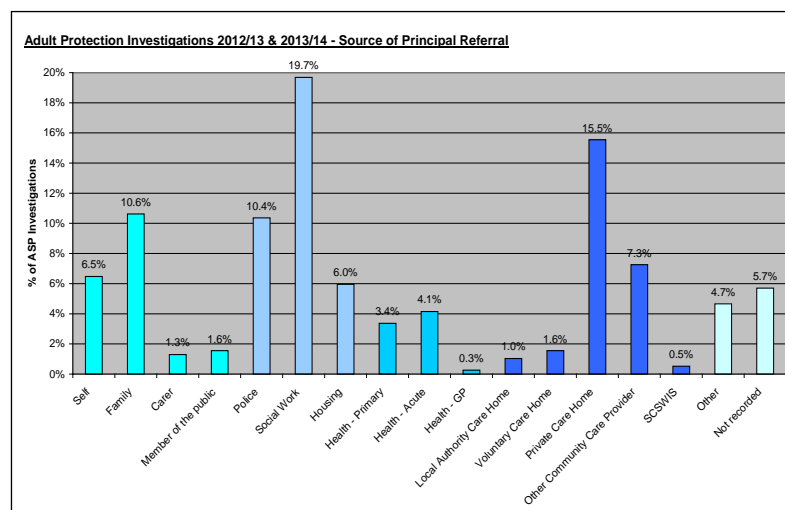
While this increase could be seen as alarming, it is considered to be positive in that it indicates increased awareness amongst referrers, including the general public. Once inquiries were made between the partner agencies, it could be seen that more support might be needed for a carer, or that the perceived harm did not in fact constitute a risk to the service user.

**Fig 8 Adult Protection Referrals**



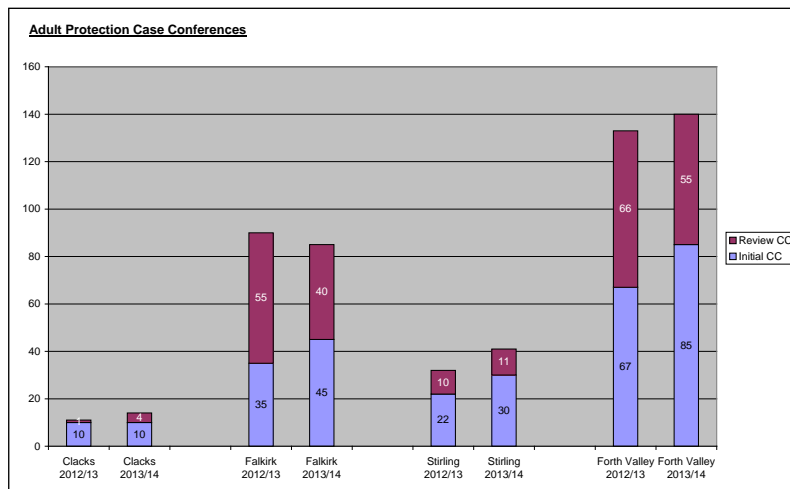
**There is no doubt that the increase in referrals has impacted on the staff resources available.**

**Fig 9 - Adult Protection Investigations 2012/13 & 2013/14 – Source of Principal Referral**



**The agency which referred most was social work. Private care homes were the next biggest referrer and followed by family and police. There continues to be low levels of reporting by health professionals.**

**Fig 10 Adult Protection Case Conferences**



Between the two reporting years the number of case conferences increased by 27% overall.

**Fig 11 Case Conferences/Referrals 2012/13 & 2013/14**

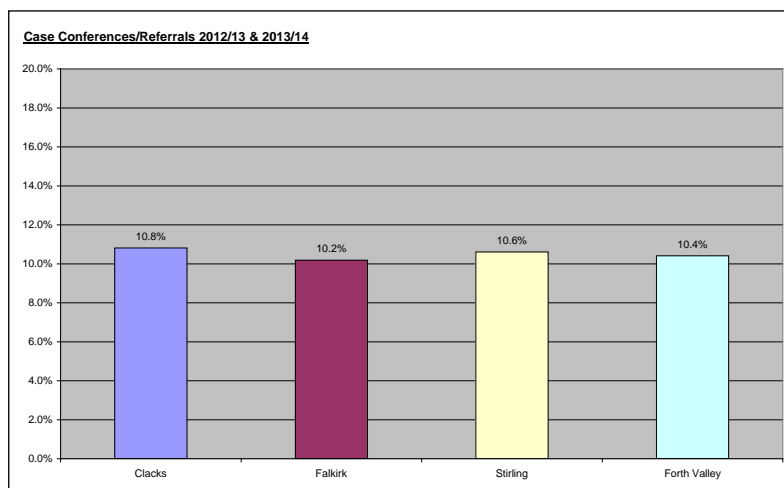


Fig 11 shows a very similar rate of referrals proceeding to case conference showing a consistency of practice.

## 5.2 Protection Plans

Protection Plans are detailed and often multi-agency in nature. They provide a structured pathway for those adults most at risk of further harm.

There were 20 Adult Protection Plans in place at 31 March 2013 and 29 in place at 31 March 2014.

Protection Plans were more often in place for adults <65 and particularly adults with a learning disability. They were most used for protection against financial and physical harm.



### 5.3 Protection Orders

The use of protection orders remains low. In Forth Valley 2 Banning orders and 2 Temporary Banning Orders were applied for and granted in 2012/2013 and in 2013/2014 2 Banning orders were applied for and granted. At the end of this reporting period there were 3 Banning Orders in place.

#### **Case Example - Protection Order**

Mr K is a 68 year old man who has anxiety and depression, and regularly attends the day hospital for support and to have his mental health monitored. His nephew, Joe, has lived on and off with Mr K for the past 10 years due to his own mother, Mr K's niece, having significant health problems and being unable to cope with her son.

Mr K visited his local social work office and spoke with the duty worker. He was feeling very upset and anxious, saying he was at "the end of his tether". He explained to the duty worker that he had recently been discharged from hospital following a short admission due to acute anxiety and depression. Mr K told the duty worker that over the past year his nephew had been physically and verbally threatening towards him, and making demands for money. Mr K felt unable to say "no" to Joe and had parted with about £5000 over the past year. He felt unable to ask Joe to leave his home because Joe had nowhere to go. Unfortunately Joe had developed a problem with drug use and had become dependent on Mr K for money. Mr K was reluctant to involve the police.

The Adult Support and Protection process enabled the professionals that knew Mr K well to work with him to plan the best way forward. Joe moved out of the house and into homeless accommodation. Unfortunately he kept coming back to Mr K's home demanding money. Through the Adult Support and Protection Act a banning order was successfully applied for. This meant that if Joe came to Mr K's house he would be arrested. Whilst this was a difficult dilemma for Mr K he also felt safer in his own home and did not need to worry about his savings dwindling any more. His mental health also improved. Social Work Services were also able to offer some support to Joe, which gave Mr K some peace of mind. He hopes, over time, he will be able to re-establish some contact with his nephew as he misses his company.

#### **5.4 Multi-Agency Audit**

During this reporting period Forth Valley Adult Support and Protection Committee undertook two multi-agency file audits as part of self-evaluation activity. The audits were of case files from the three local authority areas and totalled 38 cases (17 cases per audit).

Auditors from the three local authorities, Police Scotland, and NHS Forth Valley, were identified to read the files. Forth Valley Advocacy were also included in the pool of auditors. Senior Inspectors from the Care Inspectorate also contributed alongside the local agency representatives by participating in the discussion and providing support and advice.

The audit tool used was drawn from the resource handbook developed by Professor James Hogg and Dr David May from the University of Dundee.

The 2012 audit looked at ASP cases in general and in 2014 cases which did not proceed to case conference were audited and therefore the two audits can not be directly compared.

##### Findings from the 2012 audit

Strengths included:

- A prompt recognition of risk and a proportionate response
- A broader consideration of the adult at risk's health and social care needs
- The capacity of the adult at risk was considered
- There was purposeful engagement with them and their family.
- Cases were well led, with procedures being followed.
- Agencies communicated effectively to make and deliver clear plans.

##### Findings from the 2014 audit

Strengths included:

- Cases had focus and had a clear outcome
- Council Officers respected service users and their views and gave them choices
- They involved carers and other significant contacts
- Generally people were made safer when they wished to be
- Generally the response was timely and proportionate
- Least restrictive interventions were offered or implemented
- Good partnership working was evident
- Service users' wider needs were met, appropriate supports were put in place
- Staff felt supported to undertake ASP work by their local authority and felt supported by the multi-agency team

Areas for improvement include:

- Professional decision making
- Risk assessment and risk management
- Analysis and transparency in case recording
- Independent Advocacy referrals
- Capacity recording
- Consideration of risks to others
- Chronology recording

Social Work managers reviewed individual cases with the Team Manager and case worker and improvement steps have been implemented through local action plans. Actions to support improvements were also included in the Committee Action Plan 2012-2014 (Appendix 1).

## **5.5 Significant Case Review**

The Forth Valley Significant Case Review Protocol was developed and agreed during this reporting period. The SCR protocol also allows for learning reviews of cases that were complex or involved "near misses". There have been no serious case reviews during the period of this report but a case in Falkirk Council area will be reviewed to identify and implement learning.

## **6 TRAINING AND STAFF DEVELOPMENT**

### **6.1 Forth Valley Training Group**

The Training Group is a formal sub-group of the Committee and provides reports and representation at every meeting of the Committee and the Local Operational Groups to review training already delivered and plan for future needs. The Training Group has membership from each of the three Local Authorities, NHS Forth Valley and Police Scotland.

The three Councils agreed to continue to jointly fund a Training Coordinator and a Training Administrator for a further two-year period from May 2013. The posts are hosted by Falkirk Council Social Work Services Training section and are managed by the Workforce Development Manager.

Having this training resource has enabled the Committee to develop commission and deliver considerable training and development opportunities across the Forth Valley partners and has also included local Independent and Voluntary Sector care providers. The following tables indicate the volume of direct training that has been delivered across the partnership.

A “Guidance Matrix” was developed and circulated to partner agencies to assist in this process in 2013 and this was further updated in early 2014. This guidance matrix assists managers within agencies to identify and prioritise which staff require to undertake training and at which level.

**In 2012-2014, 2515 members of staff from all partner agencies attended Adult Support and Protection training at various levels. In addition, 1023 members of staff completed an on-line training package.**

A full report giving a breakdown of attendance of the different levels of training is detailed in (Appendix 2)

The priorities over the last two years have been as follows:-

#### **6.1.1 Adult Support and Protection Awareness Training (Level 1)**

Each partner agency takes responsibility for ensuring all of their employees are aware of their responsibilities within the Adult Support and Protection legislation, and are aware of the procedures within their own service and organisation in terms of reporting matters of concern.

The development of e-learning packages has facilitated the dissemination of this information. With multiagency representation in the ASP Training Group, and the role of the Forth Valley ASP Training Co-ordinator, there is a very high level of correlation and consistency across all of the existing e-learning packages currently in use.

### **6.1.2 Level 2a/2b Adult Support and Protection Training**

A rolling programme of half-day(Level 2a) and full-day(Level 2b) training has been delivered consistently across the Forth Valley, with materials being updated and amended to reflect any organisational, policy and procedural changes as they occur.

Tailored courses and events have been developed for specific staff groups or service settings for example, a programme of events was delivered to Home Care staff in 2011; a Level 2 programme, in line with the Scottish Government's priority for ASP training for care home staff; and a Level 2 course was developed for staff within accident and emergency departments.

Specific training in Financial Harm is delivered on a multiagency basis across Forth Valley. The course was developed and is co-presented by the FV ASP Training Coordinator and a Trading Standards Officer.

Places on both Level 2a and 2b courses are offered to staff within the voluntary and private sector providers across Forth Valley at no direct cost to these organisations. As new courses such as "Three Act" and Financial Harm training have been developed the appropriate inclusion of voluntary and private sector staff has taken place.

### **6.1.3 Level 3 Adult Support and Protection Training**

Participants within level 3 Adult Support and Protection reflect the staff groups identified in the Scottish Government learning frame work. Wherever possible senior managers across all agencies and bodies with statutory powers and duties under the Act have been and will continue to be included.

Within Forth Valley a "Three Act" training course was developed focusing on the "crossover" between the Adult Support and Protection (Scotland) Act 2007, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. Initially focused on Council Officers, the target audience has been widened out to include other staff from a range of settings and services who may be involved in protecting adults who lack capacity or who are affected by mental disorder. The Forth Valley template for this course has been adopted by a number of local authorities across Scotland.

In collaboration with the Adult Support and Protection Coordinator Clacks/Stirling a series of tailored training events are being planned that will focus in more detail on the issues of capacity and consent in adult protection practice and will link to the "Three Act" training.

The FVASP training coordinator will continue to review and update these existing Level 3 materials responding to the identified issues arising from identified need.

#### **6.1.4 Progressive Structure**

The training programme will continue to be developed, providing a “Learning Pathway” or developmental approach for staff.

This approach has already resulted in the purchase of Investigative Interviewing and the initial purchase and more recently in-house development of a Court Witness Skills Training for those police and social care staff involved in formal Adult Support and Protection inquiries and investigations. During previous delivery of Investigative Interview training, some police officers from the PPU were participants with positive feedback being reported. It had been previously commented on by social work staff attending the Investigative Interviewing Training that it would have been beneficial to have had joint training with the police.

#### **6.1.5 Future Developments**

Whilst the main focus of training will continue to be on Levels 2a and 2b, work will continue in further developing a range of training which will permit staff to build on their knowledge and skills, particularly at Level 3.

This will include training in the area of professional decision making; working with victims and perpetrators of harm; working with services/settings that have caused harm; working with complexity and risk. It is acknowledged that future learning and development materials must take account of legislative change and policy development for example in the area of Self Directed Support, Forced Marriage etc as well as encompassing issues arising from multi-agency audits.

#### **6.1.6 Joint Public Protection Training**

It is recognised that work in respect of Adult Support and Protection does not exist in a vacuum and will often have implications for practice and procedures within other areas. This can be the case when working with people where addiction is a major factor, or when working with people subject to domestic abuse or with young people.

It may be appropriate to consider the development of joint training in respect of:

- Adult Support and Protection and Substance Misuse
- Adult Support and Protection and Domestic Violence
- Adult Support and Protection and young people in transition

Development of awareness training in public protection is being considered which would encompass an overview of all aspects of protection across the ages and circumstances. This will include the relevant statutory duties, recognition of harm and when and how to report concerns.

## **7 COMMUNITY SAFETY, PARTNERSHIP AND LEARNING**

The Forth Valley Adult Support and Protection partnership remains strong with real commitment to improving the response to adults at risk of harm.

### **7.1 Collaboration between agencies**

#### **7.1.1 Statutory Partners**

**Police Scotland** - despite the organisational change joint working arrangements with the three Local Authorities have remained very positive. The fortnightly IRD meetings continue to provide partners an opportunity to review recent cases and pick up on any outstanding issues. The implementation of the Vulnerable Person's Database has been implemented at the end of this reporting period and the Committee will continue to monitor its effect.

The Police Scotland Adult Support and Protection team based at the Public Protection Unit deal with the more complex investigations. A member of the Stirling/Clacks ASP team will be based part time in the PPU to provide a social work perspective in regard to ASP cases and to assist with decision making over whether cases are potentially adult support and protection.

**NHS Forth Valley** - Over the last two years, NHS FV has made a clear commitment to ensuring that awareness of ASP legislation encompasses all parts of this complex organisation. The Medical Director is the executive lead and a senior consultant also chairs an internal group which has clear terms of reference applicable to all areas in Primary Care, Acute Care and Specialist Services. Involvement from an NHS representative at the fortnightly IRD review discussions has been very beneficial.

Training/awareness in ASP is mandatory for staff in all sectors. Since 2008, 1005 members of NHS staff have taken part in participatory ASP training, and an additional 285 have completed Adult Protection LearnPro e-learning materials

There have been challenges in engaging Primary Care in training and although sessions are delivered to individual GP practices when requested, the inclusion in their Protected Learning programme would be beneficial. This is particularly in light of the national distribution of guidance for GP involvement in Adult Support and Protection work. In general terms there is good collaboration and co-operation in terms of individual cases, with a long history of good joint working in Integrated Learning Disability and Mental Health teams.

Policies for addressing harm in NHS settings have been developed. These include The Forth Valley Large Scale Inquiry Protocol (also relating to care homes) and Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff. The respective leads are currently involved in discussions about a shared understanding on what would necessitate a referral.

### 7.1.2 Other Public Sector Agencies

**Scottish Fire and Rescue** have joined as full members of Committee and a commitment to providing ASP training to Fire Officers has been made.

Attempts to engage the **Scottish Ambulance Service** have yielded promising response and it is hoped that the Service will become more aware of ASP when the training developed as part of the national pilot is delivered to paramedics and technicians

Over the last two years, the complexity of some of the cooperation required with a wide range of Public Agencies has become a reality e.g. **Office of the Public Guardian; Procurator Fiscal Service; Care Inspectorate; Scottish Prison Service; Mental Welfare Commission; Dept for Work and Pensions, Scottish Fire and Rescue**. There has been a good spirit of cooperation

Previously an officer from the former **Care Commission** was a member of the Committee and was always available for discussion with the Chair. Various changes in the new Care Inspectorate put paid to this arrangement. However the recent encouragement by the Care Inspectorate for their staff to attend ASP Committee is a positive step. One of the local Link Inspectors will now attend the ASP Committee as often as possible. Care Inspectorate staff have readily taken part in the last two multi-agency audits, which has been welcomed. This approach is very helpful and can only serve to strengthen relationships.

There are three large **national prisons** in Forth Valley. Now that NHS Forth Valley has the responsibility for the provision of health services within these establishments, staff have raised questions over the application of the ASP Act in Scottish Prison Service establishments. It is welcome that the SPS are addressing this issue and we look forward to responding to consultation on the draft protocol.

## 7.2 Information sharing

The 2014 audit found excellent multi-agency working, information sharing and joint working. A review of the Forth Valley Information Sharing Protocol has made the document more explicit about sharing concerns and assisting with inquiries. The original protocol covered the three main statutory partners but this reviewed protocol will allow for other partners to sign up. These will include Forth valley Advocacy, Scottish Fire and Rescue, Office of the Public Guardian.



### **7.3 The General Public**

Public awareness is a priority for 2014-2016. The national awareness campaign planned for November will provide an opportunity to raise awareness locally.

In 2013 Forth Valley Committee published a short version 2012 Biennial Report for dissemination to community groups, churches and third sector groups to raise awareness of adult support and protection and more importantly the processes that aim to support adults at risk of harm.

The financial harm group is currently designing information leaflets and publicity materials on financial harm for distribution locally. These will be backed up by awareness raising sessions and information stalls in local communities.

It is worth noting that referrals from adults at risk, carers, member of the family and members of the public made up 20% of the total referrals that proceeded as far as investigation. However it is also important to remember that people who work in services are also members of the public and awareness raising among staff groups is also important.

### **7.4 Public Protection- cooperation between partnerships**

A Public Protection group has formed in Forth Valley which encompasses the strategic leads from Alcohol and Drugs Partnerships, MAPPA, Child Protection Committees, Violence against Women Partnerships and Adult Support and Protection Committee.

The aim is to work together to identify overlapping areas of work and to address these areas more efficiently. It also aims to reduce some of the silo thinking around protection and to enable a more joined up approach to protecting and supporting people throughout the lifespan. Thus far the group has had a rotating chair but the Chief Social Work Officer Stirling/Clackmannanshire will take over the chair from autumn 2014. This will give the group greater influence and is hoped to strengthen the public protection links coming into health and social care integration shadow year.

Work in progress includes the development of a protecting people awareness training module; the review of a public protection communications strategy; the planning of a Protecting People conference supported by WithScotland, which will take place in September 2014; and a public protection newsletter.

**Case Example - family stress**

Tim is a 35 year old man with learning disabilities who until recently lived with his aunt and uncle. Tim had a good relationship with his aunt but his uncle sometimes shouted at him and called him names, and this was much worse when his uncle had been drinking. When Tim's uncle had been drinking the atmosphere was very tense at home and one night Tim slept overnight in the park to avoid going home. Tim's aunt mentioned this to Tim's community nurse, who then discussed it with his social worker.

The Adult Support and Protection process enabled the multi-agency team to put a plan in place to change Tim's home situation. An Independent Advocacy Worker became involved with Tim to help him to express his views and to work out what he wanted to do. Tim was very clear that he wanted to move out of the house, and become more independent. The ASP process began an assessment which led to Tim moving into supported accommodation. His advocacy worker helped Tim throughout the move including helping Tim tell the housing provider what support he needed. When Tim moved it was no longer necessary for him to be supported via ASP.

Through the ASP process it came to light that Tim's aunt was also subject to shouting and name calling from Tim's uncle. The social worker gave her information about Women's Aid should she wish to have some support for herself.

## **8 CONCLUSION, RECOMMENDATIONS & FUTURE PLANS**

### **Views of the Independent Chair**

I am confident that, in the Forth Valley area, ASP procedures and practice are now well embedded in all partner agencies; that partnership working including information sharing is strong; that there is a commitment to continuous improvement and that the comprehensive training programme continues to meet current needs.

#### **8.1 The 2014-2016 Committee Plan (see Appendix 1) covers 5 priorities for the coming years:-**

- Improved Support for Service Users.
- Improving Public Awareness.
- Continuous Improvement of Practice and Procedures.
- Improving skills and knowledge.
- Better Integration throughout Public Protection.

There is a commitment to report to each meeting of the ASP Committee on progress made.

#### **8.2 However, challenges continue to present themselves and may constitute risk.**

##### **a) Scarce staff resources**

As the number of referrals continues to grow, there is increasing strain on staff resources, both in the field and at managerial level.

As the demand for budget savings continues, decision makers must be reminded of their statutory duty to support adults at risk of harm and allocate resources accordingly.

##### **b) Change and reorganisation**

The last two years have seen unprecedented change in some of the Forth Valley partner agencies e.g. formation of Police Scotland; formation of Joint Social Work Service for Stirling and Clackmannanshire.

In the main ASP has been given due priority, which is welcome but there is a need to ensure that priority continues to be given. ASP must not be sidelined.

**c) New legislation**

The implementation of the Public Bodies (Joint Working)(Scotland) Act - **Health and Social Care Integration** by April 2015 presents **either** an opportunity for ASP arrangements to be firmly embedded with a suitable profile in the new arrangements **or** a threat, if ASP becomes sidelined as major organisational and budgetary change takes place. It is hoped that proposed National Outcome 7 will ensure clear articulation with ASP arrangements.

**Self Directed Support** is being implemented on an incremental basis in each of the three authorities. Over the coming period the ASP Committee will receive regular reports on SDS implementation and monitor any additional risks which may occur.

**d) Community Planning Partnerships**

In the main ASP has been given due priority by the Chief Officers Group, which is welcome, but there is a need to ensure that priority continues to be given.

Much more needs to be done to ensure that the three Community Planning Partnerships (CPP) in Forth Valley engage with Public Protection issues in general, and ASP in particular. At present issues for adults at risk of harm are not specifically considered by CPPs. Some individual involvement e.g. by Trading Standards has been welcomed but a much more integrated approach is required.

The Chief Officers Group in Forth Valley has made ensuring closer links between Public Protection issues like ASP and the Community Planning Partnerships a priority.

**e) Public Awareness**

It is encouraging to note that 20% of referrals which proceed to investigation were made by either family members or members of the public. The high percentage of older people referred makes clear that the public recognises the risk of harm to older people. It remains unclear if there is a similar awareness of adults at potential risk of harm in the younger age groups.

There has not been an integrated public awareness campaign in Forth Valley. The intention is to reinforce the forthcoming national awareness raising campaign with locally targeted publicity.

**f) Scottish Government Priorities**

The 5 National Priority projects which reported in spring 2014 have produced useful reports. It is important that time be allowed for the findings of these reports to be put into practice before any new 'national priorities' appear.

Increasingly the National ASP Forum and local ASP Committees are being asked to consider an ever wider range of issues which concern what might be termed '**Adults in Distress**'. These are people who do not meet the 3-Point test, but are undoubtedly in need of some support. It is quite simply not feasible for Social Work Services or the NHS alone to provide for these needs. A much wider range of partners, including Third Sector services needs to be involved in these wider Public Protection issues.

Locally we will pursue this through stronger links with Community Planning Partnerships. It is hoped that there will be a similar synergy of approach by the Scottish Government.

**Helen Munro**  
**Independent Chair**

**October 2014**

## **Appendix I Action Plan**



**FORTH VALLEY  
ADULT SUPPORT AND PROTECTION  
COMMITTEE**

**ACTION PLAN 2014 - 2016**

**EFFECTIVE FROM 1 April 2014**

**FORTH VALLEY ADULT SUPPORT AND PROTECTION COMMITTEE  
STRATEGIC PRIORITIES**

1. **Improved support for service users** (*actions 1-17*)
2. **Continuous Improvement of Practice and Procedures** (*actions 18- 33*)
3. **Improving Skills and Knowledge** (*actions 33 - 42*)
4. **Widening the Horizon- better integration throughout Public Protection** (*actions 43 - 47*)
5. **Improving Public Awareness** (*actions 48 - 53*)

The actions detailed in this action plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below:

Key	On target	Progress delayed	Outwith deadline- revision required	Complete
	(G)	(A)	(R)	(P)

Exceptions report



**STRATEGIC PRIORITY 1: Improved Support for Service Users**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>LEAD PERSON</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS REPORT</b>
<b>OUTCOME: Improved involvement of adults at risk in the ASP decision making process</b>					
To improve consistency of uptake in independent advocacy	1. Monitor offer and take-up of Advocacy services	Team Managers Council Officers Lead Officers FVAS	Report from FV Advocacy Service to FV Committee  Case audit	Biannually until March 2016	(G)
	2. FVAS to attend practitioner forums/team meetings	Team Managers Council Officers Lead Officers FVAS	Report from Advocacy Services to FV Committee	Report biannually to Committee	(G)
	3. Review of FV ASP Procedures to emphasise involvement of Independent Advocacy at point of investigation	Lead Officers	ASP procedures reviewed and published	March 2015	(G)
To improve consistency of uptake in independent advocacy (cont)	4. Inclusion of prompt in ASP IT modules to assist staff to record consideration of advocacy	Lead Officers	Report to local groups and FV Committee	October 2014	(G)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>LEAD PERSON</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS REPORT</b>
<b>OUTCOME: <i>Improved involvement of adults at risk in the ASP decision making process</i></b>					
To provide adults at risk with the necessary support and information to fully involve them in the case conference process	5. Complete consultation re service user leaflet which explains the purpose of a case conference and how service users can make their wishes known	Adult Support and Protection Coordinators	Leaflet completed and presented to FV committee.	October 2014	(G)
To provide adults at risk with the necessary support and information to fully involve them in the case conference process (cont)	6. Complete easy read version of service user leaflet which explains the purpose of a case conference and how service users can make their wishes known	Adult Support and Protection Coordinators	Leaflet completed and presented to FV committee.	December 2014	(G)
	7. Include how service users will be informed about the outcome of case conference in the minute of case conference.	Case conference chairs	Audit Case conference minutes	March 2015	(G)

**STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>LEAD PERSON</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS REPORT</b>
<b>OUTCOME: <i>Family members of adults subject to ASP procedures are fully involved in line within the principles of the legislation and the needs of the individual</i></b>					
Family members and carers of adults subject to ASP have information available to them.	8. Provide information leaflet for families and carers of adults subject to ASP	ASP Coordinator Clacks/Stirling and Lead Officers	Leaflet developed for families and carers of adults subject to ASP who are attending case conference.	December 2014	(G)
Any decision not to involve family members is clearly recorded.	9. Develop professional decision making module to cover recording of decisions	Training Officer FV	Training report to Committee	October 2014	(G)
	10. Review case conference chair arrangements	Clacks/Stirling Managers/lead officers	Report to Local Operational Group	June 2014	(G)

**STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: There is an enhanced approach to the management of risk for adults at risk of harm</b>					
To improve recording and analysis of risk as an integral part of an ASP investigation.	11. Professional Decision Making module developed to include transparency of decision making around risk and recording of risk analysis	Training Officer, Adult Support and Protection Coordinator	Training report	October 2014	(G)
	12. Guidance issued in use of chronologies	Lead Officers and Team managers	Audit	October 2015	(G)
To improve use of and recording of protection plans.	13. Development work with council officers around use and recording of protection plans	Lead Officers	Statistical report to FV Committee Audit	December 2014	(G)

## STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: The Committee learns from and with service users about the operation of the legislation and procedures</i></b>					
To establish routes for service user feedback	14. Make links with service user groups via 3rd sector	Lead Officers	FV Committee to receive reports on progress at 6 monthly intervals	Biannually until March 2016	(G)
	15. Pilot the service user feedback form with Forth Valley Advocacy and adapt as required	FVAS, ASP Coordinator	Report to FV Committee	April 2014 - December 2014	(G)
	16. Develop an easy read version of the service user feedback form	FVAS/ASP Coordinator	Leaflet to FV Committee	October 2014	(G)
To establish routes for service user feedback (cont)	17. Integrate the Service user feedback form into closure procedures	Lead Officers Council Officers	Audit Report to Committee	March 2015	(G)

## STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Staff in partner agencies have access to policy and guidance which is up to date and fit for purpose</i></b>					
To review/develop Forth Valley Policies and Procedures and ensure they are up to date	18. Review Information Sharing Protocol as per National Guidelines	Partner Leads	Reports to FV ASP Committee	October 2014	(G)
	19. Review FV Guidance.	Lead Officers	FV Guidance is reviewed and published	December 2014	(G)
	20. Develop Large Scale Investigation Protocol	Lead Officers	Large Scale Investigation Protocol agreed by FV Committee	August 2014	(G)

**STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: There is a more consistent approach to referral and response to ASP cases within partner agencies</i></b>					
To improve the consistency, transparency and recording of professional decision making in relation to ASP cases	21. Provision of training module Professional Decision Making	Training Officer and lead officers	Training Report. Audit	October 2014	(G)

**STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Improved understanding and accurate and full recording of Capacity and Consent issues across all partner agencies</i></b>					
To improve establishment and recording of Capacity, including mens rea	22. Revise FV ASP Guidelines	Partner Leads	Procedures re-issued	March 2015	(G)
	23. Capacity and Consent training delivered to partner agencies	FV Training Officer and ASP Coordinator Clacks/Stirling	Training report	March 2015	(G)
To improve clinical assessment of Capacity and Consent.	24. Training for clinical staff and GPs to include awareness of the 3 Acts	NHS leads and Training Officer	Multi-agency audit	March 2016	(G)



## STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: VPD procedures are used effectively and efficiently to meet the needs of adults at risk of harm</b>					
To monitor the effectiveness and efficiency of the new VPD system in identifying adults at risk of harm	25. Briefing of Committee on VPD procedures	Police Scotland	Presentation to Committee October 2014 and biannually	October 2014 and 6 monthly thereafter	(G)
	26. Analyse VPD data & consider implications for wider public protection agenda	Police Scotland	VPD referral statistics	Presentation to Committee October 2014 and biannually until March 2016	(G)

## STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: More consistent recording and reporting under ASP procedures</b>					
To improve recording of professional decisions taken in ASP cases.	27. Case file sampling to monitor improvement.	Council Officers Team Managers Service Managers	LOG reports.	March 2015	(G)
	28. Develop IT modules to prompt recording reasons for decisions re case conference.	Lead Officers	Audit	October 2014	(G)
	29. Develop training module for Professional Decision Making which includes recording around decision making.	ASP Coordinators/Lead officer and Training Officer	Training report	October 2014	(G)

## STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Practice development is informed by analysis of statistics</i></b>					
To achieve accurate collection of data	30. Support the accurate collection and timely reporting of data	Team Managers Lead Officers Senior Managers, all partners	Regular reports to FV Committee	Quarterly until March 2016	(G)
	31. Collate data on Forth Valley basis	Roger Morden	Report to Forth Valley Committee	Quarterly until March 2016	(G)
	32. Learn from analysis of data & adjust practice as required	All partners	FV Committee Follow-up of any action required	Quarterly until March 2016	(G)

### STRATEGIC PRIORITY 3. Improving Skills and Knowledge

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Staff in all partner agencies are equipped with the necessary skills and knowledge to undertake their roles and responsibilities in relation to adults at risk of harm</i></b>					
To equip staff in partner agencies with the skills and knowledge to undertake their ASP responsibilities through e-learning and face to face training	33. Training Officer & admin support funded on FV basis	Senior Managers	Training report to Committee	5 times annually to March 2016	(G)
	34. Delivery of range of courses and e-learning based on present and future need	FV ASP training group	Training report to Committee	5 times annually to March 2016	(G)
To equip staff in partner agencies with the skills and knowledge to undertake their ASP responsibilities	35. Monitor roll out of mandatory e-learning ASP module in NHS Forth Valley	NHS FV Group	Biannual Reports to FV Committee	Biannually until March 2016	(G)
					(G)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: Staff in all partner agencies are equipped with the necessary skills and knowledge to undertake their roles and responsibilities in relation to adults at risk of harm</b>					
through e-learning and face to face training (cont)	36. Deliver ASP training to A&E and other medical staff	NHS FV Group	ASP training developed and delivered Training report	5 times annually to March 2015	
	37. Deliver ASP training to GPs	NHS FV Group	Report to Committee	March 2016	(G)

**STRATEGIC PRIORITY 3. Improving Skills and Knowledge (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Improved awareness and knowledge amongst FV third sector care providers</i></b>					
To equip third sector staff with the skills and knowledge to recognise and report adult support and protection concerns	38. Engage with Care Providers in FV to facilitate the continued improvement of knowledge and awareness of ASP	Lead Officers	Reports to FV Committee	Biannually until 2016	(G)
	39. Regular "Tell Someone" training offered to care providers	Training Officer	Training report	5 times annually until March 2016	(G)

### STRATEGIC PRIORITY 3. Improving Skills and Knowledge (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<b>OUTCOME: Improved learning through sharing of practice across partner agencies</b>					
To learn from discussion of current case(s) across partner agencies to inform practice governance	40. Discussion of cases at Local Operational Groups & reporting of any learning points and good practice to FV Committee	Local Operational Group, Lead Officers	Local Operational Group Chairs to feedback to each FV Committee	5 times annually until March 2016	(G)
	41. Practitioner forums held regularly to discuss ASP practice issues	Lead Officers, Council Officers	Local Operational Groups	5 times annually until March 2016	(G)
	42. Disseminate to frontline staff findings from multi-agency audits	Lead Officers Training Officer	Report to Committee	October 2014 and in training until 2016. (Training report 5 times annually)	(G)

#### STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: A more holistic approach to Public Protection is evident across Forth Valley</b>					
To develop a more integrated approach to public protection in Forth Valley	43. Lead Officers of public protection partnerships meet at least biannually to identify shared issues and agree joint work.	Lead Officers	Reports and proposals to FV Committee	Biannually until March 2016	(G)
	44. Embed adult support and protection in Community Planning Partnerships	Senior Managers; All partners	Report to FV Committee	March 2016	(G)
	45. Work in partnership to improve response to financial harm	Lead Officers Financial harm group	Report to FV Committee	Report to committee June 2014 and biannually	(G)



**STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Adult Support and Protection requirements are fully addressed and considered in the development of models for Health and Social Care Integration</i></b>					
To embed Adult Support and Protection within any new integrated arrangements	46. Agree actions when integration process is sufficiently progressed	Senior Managers; All partners	Report to FV Committee	April 2015	(G)

**STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection (cont)**

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b><i>OUTCOME: Strategic development is informed by an understanding of current national developments</i></b>					
The impact of Self Directed Support (SDS) on referrals are known	47. Monitor the impact of SDS on ASP referrals	Team Managers Service Managers	Reports to Operational Groups and FV Committee	Statistical reports April 2015 and annually	(G)

## STRATEGIC PRIORITY 5. Improving Public Awareness

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<b>OUTCOME: There is evidence of an improved understanding of ASP amongst the wider public</b>					
To improve public awareness about protecting people and how to make a referral	48. Review the public protection communications strategy with lead officers of other public protection partnerships	Lead Officers	Referral rates and Sources	October 2014	(G)
	49. Disseminate information about ASP among the general public	Lead Officers	Biannual report to FV Committee	Biannual reports until March 2016	(G)
	50. Make use of local press and staff newsletters to disseminate information about ASP	Lead Officers	Reports to Committee	Biannual report until March 2016	(G)
To improve public awareness about protecting people and how to make a referral (cont)	51. Develop relationships with financial sector to raise awareness of ASP among bank employees and their	Financial harm group	Ongoing	Biannual report to ASP Committee	(G)

<b>OBJECTIVE</b>	<b>ACTION REQUIRED</b>	<b>PEOPLE INVOLVED</b>	<b>EVIDENCE/ REVIEW ARRANGEMENT</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>OUTCOME: There is evidence of an improved understanding of ASP amongst the wider public</b>					
	customers				
	52. Develop publicity materials on financial harm	Financial harm group	Materials developed and published	December 2014	(G)
	53. In partnership with the third sector raise awareness of ASP with service user and carers groups	Lead Officers	Awareness raising activity	Biannual Report to Committee	(G)

## **Appendix II Training Report**



**Multi Agency Learning and Development Report**  
**2011-2014**

**July 2014**

# **FORTH VALLEY ADULT SUPPORT & PROTECTION COMMITTEE**

## **Multi Agency Learning and Development Report 2011 - 2014**

### **Introduction**

This Multi Agency Learning and Development Report aims to set out the position of Adult Support and Protection training thus far within the Forth Valley.

The document will also set out the priorities in terms of learning and development for the remains of the year April 2014 to March 2015, as well as beginning to outline aspirations for the year April 2015 to March 2016.

### **Role of the Adult Support and Protection Committee and the AP Training Group**

It may be helpful to contextualise the learning and development activities that have occurred hitherto within the Forth Valley area, as well as revisiting the policy, procedural and legislative framework in which these activities have taken place.

The Guidance for Adult Protection Committees (APCs) (Scottish Government 2009) issued by The Scottish Government and effective from October 2008 makes it explicit that APCs:

*“have a duty to make or assist with arrangements for improving the skills and knowledge of the public bodies and office-holders that have responsibilities relating to the safeguarding of adults at risk in their area” (page 5).*

The Guidance continues, advising that APCs should aim to produce a local training strategy which should address amongst other things:

- Staff being aware of the need to recognise the signs or harm, neglect or exploitation and know when and how to respond;
- Communications, assessment (of risk, capacity and consent), recording, decision-making and implementation of protection plans, and legal processes.
- Training for staff managing services who will be supervising others in contact with service users.

Forth Valley Adult Support and Protection Committee established an Adult Support and Protection Training Group, which is comprised of representatives from across the partner agencies and which has effectively driven the training agenda for staff across the Forth Valley area. This Training Group has been instrumental in delivering on the multi agency training agenda while facilitating the development of a full range of learning and development programmes. These programmes have been tailored to the needs of partner organisations, and are in line with the Scottish Government's five key priorities: financial harm, adult protection in accident and

emergency departments, adult protection in nursing and care homes, service user and carer involvement and data collection.

- Since August 2013, a learning and development programme has been offered to staff focusing on issues of Financial Harm.
- A nursing and care home specific ASP Level 2 course has been developed and piloted and will be rolled out across the Forth Valley from the autumn of 2014.
- In collaboration with NHS Forth Valley colleagues a programme has been proposed for staff working within accident and emergency departments and dates for delivery of this programme will be agreed during the autumn of 2014.
- ASP related information brochures and leaflets are being developed in conjunction with Forth Valley Advocacy to ensure the accessibility of information for users and carers.
- Learning and development opportunities are currently under development in the area of recording, defensible decision making and chronologies reinforcing the importance of accurate data collection and use of electronic information systems.

### **Training Needs Analysis**

To inform and support the development of the existing learning and development programmes established systems for Training Needs Analysis were utilised. This process has and will continue to help inform future planning and development of Adult Support and Protection training materials to meet the identified learning and development needs of staff within all of the partner agencies.

The ongoing strategic overview of the multiagency learning and development agenda will be informed in the first instance by partner organisations' identifying their own respective training or learning and development needs, and ensuring that such information is shared with the ASP Training Group and the wider APC. This will ensure that the development and targeting of training and development activities meets the identified needs of staff and wider organisations across the Forth Valley.

### **Training Standards and Evaluation**

In continuing to grow Adult Support and Protection learning and development programmes, a feedback process is in place that gauges the response to the training received. The current evaluation pro forma attempts to measure the impact of training on the attendees' practice by seeking a response to a self evaluation question. It is also important to seek to identify both the relevance of the training provided and that it ensures, enables and facilitates the development of appropriate knowledge, skills and practice within adult support and protection work while linking to CPD systems in place across the agencies.



## **Single agency -v- multi agency training**

The Adult Support and Protection legislation is predicated on the importance of all agencies working together to ensure both the wellbeing of adults at risk and a common approach to intervening in their lives.

This multi agency approach reflects a familiar theme in recent legislative change and policy initiatives in social care, health and the criminal justice system.

Good practice in joint working between disciplines and agencies can be supported by managers and practitioners having a common dialogue and a shared understanding of their individual and mutual roles and responsibilities.

To this end then, training and development initiatives in respect of Adult Support and Protection will continue to be better taken forward on a multi agency basis. This will require that all partner agencies continue to prioritise and facilitate the attendance of key staff at an appropriate range of training currently being delivered or under development. Any priority for attendance has to be set in the context of each partner agency's operational requirements and priorities.

While acknowledging the efficacy and benefits of a multi agency approach to learning and development, there may be areas of practice, policy or procedure that may require a singly agency approach, and within Forth Valley there is a recognition of the need for this level of flexibility.

## **Adult Support and Protection Training Programme**

### **(a) Conceptual framework**

As the roles and responsibilities contained within the Adult Support and Protection legislation have implications for all staff within the public bodies, a core training structure was identified based on the common tasks and roles.

Any continuing training programme(s) should therefore be:

- as far as possible, common to all the partner agencies, and relevant in the course of their duties, and
- practice based and relevant to the roles of individuals within agencies, ensuring that learning is directly related to the responsibilities of different managers and staff.

Additionally any training programme(s) should take the form of a progressive structure, acknowledging not only the role and responsibilities of participants, but also the logical acquisition of skills and knowledge. Building in different levels of Adult Support and Protection training will enable practitioners to build on their learning and progress through subsequent levels of training as appropriate to their roles and responsibilities.

## (b) Scottish Government National Training Materials

Prior to the implementation of the Adult Support and Protection legislation, the Scottish Government produced national training materials. The Adult Protection Training Framework (figure 1, below) sought to identify different levels of training, which would be appropriate to different staff members, depending on their role and responsibility.

### Adult Protection Learning Framework



**Figure 1**

Within the Forth Valley, in line with most other Councils in Scotland, these Scottish Government materials have been updated and adapted in order to ensure relevance to local issues and priorities. Most council areas have developed variations on a theme with regard to Level 2 training, again within the guidance offered by the Scottish Government. This has lead to training

courses identified as for example, Level 2, ranging in the depth and detail of content as well as duration (i.e. 1.5hrs; 2hrs; 3hrs; half-day and full day).

### **(c) Strategy for delivery of Forth Valley Learning and Development Programme**

#### **i) Adult Support and Protection Awareness Training (Level 1)**

Adult Support and Protection Awareness training should be mandatory for all employees within the public bodies. Each partner agency should take responsibility for ensuring all of their employees are aware of their responsibilities within the Adult Support and Protection legislation, and are aware of the procedures within their own service and organisation in terms of reporting matters of concern.

The development of e-learning packages has facilitated the dissemination of this information and while a common package would ensure consistency of message across all agencies and services, it is recognised that differing ITC systems operated within the range of partner agencies render this aspiration unlikely in the immediate short to medium term. However, with multiagency representation in the ASP Training Group, and the role of the Forth Valley ASP Training Co-ordinator, there is a very high level of correlation and consistency across all of the existing e-learning packages currently in use.

#### **ii) Level 2a/2b Adult Support and Protection Training**

A rolling programme of half-day(Level 2a) and full-day(Level 2b) training has been delivered consistently across the Forth Valley and this will continue to be the case during the remainder of 2014-15, with materials being updated and amended to reflect any organisational, policy and procedural changes as they occur.

Tailored courses and events have been developed for specific staff groups or service settings for example, a programme of events was delivered to Home Care staff in 2011; a Level 2 programme, in line with the Scottish Government's priority for ASP training for nursing and care home staff; and a Level 2 course aimed at staff within accident and emergency departments.

Specific training in the area of Financial Harm is in place and delivered on a multiagency basis across the Forth Valley. Initially piloted in June of 2013, this has been delivered at least monthly since August 2013. The course was developed in conjunction with Trading Standards staff, and is co-presented by the FV ASP Training Coordinator and a Trading Standards Officer.

Partner agencies need to identify which level of training is the most suitable for their staff to attend and, where operationally possible, ensure their attendance. While reference to the Scottish Government's Adult Protection Learning Framework (Figure 1) should have helped inform this process, a "Guidance Matrix" was developed and circulated to partner agencies to assist in this process in 2013 and this was further updated in early 2014. This guidance matrix will assist managers within agencies to identify and prioritise which staff require to undertake training and at which level.

### iii) Level 3 Adult Support and Protection Training

Participants within level 3 Adult Support and Protection Training generally should reflect the staff groups identified in the Scottish Government learning frame work (Figure 1). Wherever and whenever possible senior managers across all agencies and bodies with statutory powers and duties under the Act have been and will continue to be included.

Historically this training was presented by a variety of training providers, however, since June 2012, the FVASP training coordinator has been delivering this course on a twice yearly basis to maintain Council Officer numbers across the three councils that comprise Forth Valley. It is anticipated that future delivery will continue at this level of frequency if demand/need remains at current levels. The content of the course has been updated to reflect recent changes to the ASP Code of Practice (issued May 2014), and to keep abreast of practice developments and policy or procedural changes within Forth Valley. Future delivery will include direct inputs from Police Scotland PPU staff and Forth Valley Advocacy.

Within Forth Valley a “Three Act” training course was developed focusing on the “crossover” between the Adult Support and Protection (Scotland) Act 2007, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The course was piloted in November 2011 and has been delivered monthly since that time. Initially focused on Council Officers from across the Forth Valley, the target audience has been widened out to include other staff from a range of settings and services who may be involved in protecting adults who lack capacity or who are affected by mental disorder.

In collaboration with an Adult Protection lead officer a series of tailored training events are being planned that will focus in more details on the issues of capacity and consent in adult protection practice and will link to the “Three Act” training. Dates for these events are likely to be in October/November 2014. The Forth Valley template for this course has been adopted by a number of Local Authorities across Scotland.

The FVASP training coordinator will continue to review and update these existing Level 3 materials responding to the identified issues arising from ongoing Training Needs Analysis within this area of practice.

### **(d) Progressive Structure**

As stated earlier, the training programme will continue to be developed within a progressive structure, providing a “Learning Pathway” or developmental approach for staff.

This approach has already been taken forward by the purchase of Investigative Interviewing and the initial purchase and more recently in-house development of a Court Witness Skills Training for those police and social care staff involved in formal Adult Support and Protection enquiries and investigations. During previous delivery of Investigative Interview training, some police officers from the PPU were participants with positive feedback being reported. It had been previously commented on by social work staff attending the Adult Support and Protection

investigative interviewing training that it would have been beneficial to have had joint training with the police.

Whilst the main focus of training during 2014-15 will continue to be on Levels 2a and 2b, work will continue in further developing a range of training which will permit staff to build on their knowledge and skills, particularly at Level 3.

This will include training in the area of defensible decision making in Adult Protection Practice (Autumn 2014 and beyond); working with victims and perpetrators of harm (Piloted in March/ April 2014); working with services/settings that have caused harm (Autumn 2014); working with complexity and risk, etc. It is acknowledged that future learning and development materials must take account of legislative change and policy development for example in the area of Self Directed Support, Forced Marriage etc as well as encompassing issues around recording practice and use of chronologies etc.

### **(e) Joint Training**

It is recognised that work in respect of Adult Support and Protection does not exist in a vacuum and will often have implications for practice and procedures within other areas. This can most notably be the case when working with people where addiction is a major factor, or when working with people subject to domestic abuse.

It may be appropriate to consider the development of Joint training in respect of:

- i Adult Support and Protection and Substance Misuse
- ii Adult Support and Protection and Domestic Violence
- iii Adult Support and Protection and Young people in transition

A cautionary note should be made here in order to avoid the potential assumption that all service users who are victims of domestic abuse or who have problematic substance use issues are adults at risk of harm as defined within the Act.

### **(f) Multi Agency Working**

It may be appropriate to consider the development of Multi agency fora focusing on operational staff across the public bodies involved directly in Adult Support and Protection work. Such fora would build on local practitioner fora that already exist and which have been used to good affect in the past. The aims of such fora could include:

- To bring together operational staff from Police, NHS and Councils who have responsibility for Adult Support and Protection across the Forth Valley locality by locality;
- To share relevant information and practice developments;
- To provide opportunities for best practice to be disseminated across and between all of the partnership agencies;
- To provide opportunities for communication both within and across agencies;
- To create links with operational staff and the Adult Support and Protection Committee.

## **Developments for the Future**

### **i) Private and Voluntary Providers**

This document has focused on the statutory agencies in recognition of the need to develop and extend partnership working across the statutory sector involved in Adult Support and Protection work. This is not to neglect the important role private and voluntary providers play, both in ensuring the prevention of harm and in recognising and reporting situations where an adult is seen to be at risk of harm.

Places on both Level 2a and 2b courses are offered to staff within the voluntary and private sector providers across the Forth Valley at no direct cost to these organisations. As new courses such as “Three Act” and Financial Harm training have been developed the appropriate inclusion of voluntary and private sector staff has taken place.

### **ii) Service User and Carers**

Within the APC and the ASP Training Group there is a recognition of the important contribution that can be made by Users and Carers to the development of services, policy and training in the protection of adults at risk of harm. The “Easy Read” Leaflet produced by service users and Central Advocacy Partners in 2012 and the more recent involvement of service users and Forth Valley Advocacy in developing ASP information leaflets have been and remain important opportunities for user and carer involvement. However, additional opportunities need to be identified for user and carer involvement, particularly in the area of learning and development activities.

During the remainder of 2014/15 it may be appropriate to scope out the need or likely demand for training/briefing events targeted on users and carers and that build on any Scottish Government public education campaigns and TV advertising. Ongoing discussion on how this can be taken forward need to be established and progressed with the service user and carer representative organisations.

### **iii) Cross Boundary Training**

Over the most recent 12 to 18 months and facilitated by the National Adult Protection Coordinator, discussion has progressed across agencies within different Local Authority areas of the benefits of sharing resources and experiences and providing training across boundaries.

The FV ASP training coordinator has maintained links with trainers within the West of Scotland area as well as developing links with staff within the North and East of Scotland. This has enabled the sharing of information and training resources, and to some extent ensures a level of consistency in terms of the content and quality of ASP Training across the public sector.

#### iv) Other Training Development

As indicated previously the FV ASP training co-ordinator in consultation with the ASP Lead Officers and Learning and Development managers within the Councils of the Forth Valley and key managers within NHS Forth Valley and Police Scotland will continue to review and update existing Adult Support and Protection Training, while seeking to identify opportunities to develop or commission appropriate new training in this area. Areas for development have been identified throughout this report and include Defensible Decision-Making; Managing Complexity and Risk; Protection Planning; Recording and Chronologies: as well as developing materials that can assist staff in “skills rehearsal” and knowledge refresher where appropriate.

**Harry Brown**  
**Forth Valley Adult Support and Protection Training Co-ordinator**

**July 2014**

### **ASP Training Activity within Forth Valley to 30<sup>th</sup> June 2014**

As at 30<sup>th</sup> June 2014, a total of 3638 training places have been taken up by staff across statutory (2650 training places including the Public Guardian and 17 of her staff ; 18 Scottish Prison Service staff, 8 Care Inspectorate staff, and 40 Fire and Rescue staff) and non statutory services (987 training places) within the Forth Valley area. This training has either been delivered or commissioned by the FV ASP Training Coordinator. In terms of a “rolling total” of training places taken up, the following tables show the numbers of places utilised on Adult Support and Protection Levels 2a, 2b, Training for Trainers, “Three Act” , and Financial Harm training since commencement of FV ASP Training Co-ordinator on 16<sup>th</sup> May 2011. Table 5 includes total numbers of training places taken up on Investigative Interview Training, Court Skills Training; and Council Officer Training.

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
15	707	19	86	1	99	583	245	947	2702
0.56%	26.17%	0.70%	3.18%	0.04%	3.66%	21.58%	9.07%	35.05%	100.00%
Total non Council Staff									1775
% of non Council Staff									65.69%
Total Council Staff									927
% of Council Staff									34.31%

**Table 1:** June 2011 – 30<sup>th</sup> June 2014 Total numbers attending Adult Support & Protection Training (level 2a and 2b & “Tell Someone” T4T)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
36	132	6	1	0	104	374	163	88	904
3.98%	14.60%	0.66%	0.11%	0.00%	11.50%	41.37%	18.03%	9.73%	100.00%
Total non Council Staff									263
% of non Council Staff									29.09%
Total Council Staff									641
% of Council Staff									70.91%

**Table 2:** June 2011 – 30<sup>th</sup> June 2014 Total numbers attending ASP Training (All level3 Courses including Financial Harm Training)



Police	NHS FV	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
14	89	46	165	67	52	433
3.23%	20.55%	10.62%	38.11%	15.47%	12.01%	100.00%
Total non Council Staff						155
% of non Council Staff						35.80%
Total Council Staff						278
% of Council Staff						64.20%

**Table 3:** June 2011 – 30<sup>th</sup> June 2014 Total numbers attending ASP Three Act Training only (Level 3)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
2	16	6	1	0	31	78	35	44	213
0.94%	7.51%	2.82%	0.47%	0.00%	14.55%	36.62%	16.43%	20.66%	100.00%
Total non Council Staff									68
% of non Council Staff									31.92%
Total Council Staff									145
% of Council Staff									68.08%

**Table 4:** June 2011 – 30<sup>th</sup> June 2014 Total numbers attending ASP Financial Harm Training (Level2/3) Financial Harm Training)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
52	842	25	87	1	210	965	410	1046	3638
1.43%	23.14%	0.69%	2.39%	0.03%	5.77%	26.53%	11.27%	28.75%	100.00%
Total non Council Staff									1940
% of non Council Staff									53.33%
Total Council Staff									1698
% of Council Staff									46.67%
Total attendance all agencies									3638

**Table 5:** June 2011 – 30<sup>th</sup> June 2014 Total numbers attending all ASP Training (Including Homecare staff)

	Police	NHS FV	Housin g Clack s	Housi ng Falkir k	Housin g Stirlin g	SW Clack s	SW Falkir k	SW Stirling	Third Secto r	Total Staff
Nos trained Nov '08 - Sept '10	103	172	11	7	12	127	954	178	179	1743
Nos trained from 16.5.11 to present	52	842	25	87	1	210	965	410	1046	3638
Cumulative totals Trained to date	155	1014	36	94	13	337	1919	588	1225	5381

**Table 6:** Cumulative totals across partner and 3<sup>rd</sup> sector agencies - all ASP training Nov '08 – 30<sup>th</sup> June 2014

Table 6 shows totals of staff who have undertaken some form of ASP training since activity in this area commenced within The Forth Valley in November 2008.

These figures do not take into account the numbers of staff undertaking any single agency e-learning programmes currently in place. To date 620 police officers have completed a Police computer based e-learning package. In addition 118 (86 non social work services staff) Falkirk Council Staff have completed the Protection – Basic Awareness, Brightwave e-learning package. NHS Forth Valley reports that to date 285 NHS staff have accessed the LearnPro materials, with 229 staff successfully completing the full course. This totals an additional 1023 staff across the three main public bodies that have completed some form of ASP e-learning, bringing the cumulative total to 6404 staff.

Harry Brown  
Forth Valley ASP Training Coordinator  
July 2014

### **Appendix III Statistical Information**

## Population Estimates (age 16+)

	2011	2012	2013
Clacks	41,159	41,353	42,107
Falkirk	124,944	126,014	128,830
Stirling	73,607	74,622	75,617
Forth Valley	239,710	241,989	246,554

## Referrals

	2011/12	2012/13	2013/14	
Clacks	48	73	112	
Falkirk	249	308	477	
Stirling	213	220	270	
Forth Valley	510	601	859	

## Rate per 1,000 pop 16+

	2011/12	2012/13	2013/14	
Clacks	1.17	1.77	2.66	
Falkirk	1.99	2.44	3.70	
Stirling	2.89	2.95	3.57	
Forth Valley	2.13	2.48	3.48	

## Gender

	2012/13	2013/14	Total	%
Female	389	519	908	62.2%
Male	212	340	552	37.8%

## Age Band

	2013/14	%	Pop	Rate per 1,000 pop
16-24	56	6.5%	34,693	1.61
25-39	70	8.1%	52,690	1.33
40-64	207	24.1%	106,376	1.95
65-69	52	6.1%	17,119	3.04
70-74	53	6.2%	12,857	4.12
75-79	117	13.6%	10,289	11.37
80-84	100	11.6%	6,878	14.54
85+	203	23.6%	5,652	35.92
Not known	1	0.1%		
Total	859	100.0%	246,554	3.48

**Care Group**

	<b>2012/13</b>	<b>2013/14</b>	<b>Total</b>	<b>%</b>
Dementia	103	175	278	19.0%
Mental Health Problem	39	53	92	6.3%
Learning Disability	92	163	255	17.5%
Physical Disability	113	174	287	19.7%
Substance Misuse	14	24	38	2.6%
Problems arising from infirmity due to age	171	189	360	24.7%
Other	20	22	42	2.9%
Not Known	49	59	108	7.4%

**Ethnicity**

	<b>2012/13</b>	<b>2013/14</b>	<b>Total</b>	<b>%</b>
White	524	735	1,259	86.2%
Mixed or Multiple Ethnic Groups	1	0	1	0.1%
Asian, Asian Scottish or Asian British	2	2	4	0.3%
African, Carribean or Black	0	0	0	0.0%
Other Ethnic Group	1	4	5	0.3%
Not Known	73	118	191	13.1%

## **Investigations**

	2011/12	2012/13	2013/14	
Clacks	31	18	14	
Falkirk	195	106	114	
Stirling	54	77	57	
Forth Valley	280	201	185	

### ***Rate per 1,000 pop 16+***

	2011/12	2012/13	2013/14	
Clacks	0.75	0.44	0.33	
Falkirk	1.56	0.84	0.88	
Stirling	0.73	1.03	0.75	
Forth Valley	1.17	0.83	0.75	

### ***Type of harm***

	2012/13	2013/14	Total	%
Sexual	15	15	30	7.8%
Psychological	14	15	29	7.5%
Physical	79	72	151	39.1%
Self harm	0	0	0	0.0%
Financial	54	58	112	29.0%
Neglect	5	9	14	3.6%
Self Neglect	1	2	3	0.8%
Discrimination	16	4	20	5.2%
Institutional	3	7	10	2.6%
Not known	14	3	17	4.4%
Total	201	185	386	100.0%

### ***Location of harm***

	2012/13	2013/14	Total	%
Own home	96	109	205	53.1%
Private address	5	2	7	1.8%
Care home	61	47	108	28.0%
Sheltered housing	7	3	10	2.6%
NHS	11	5	16	4.1%
Public place	5	7	12	3.1%
Other	6	9	15	3.9%
Not recorded	10	3	13	3.4%
Total	201	185	386	100.0%

### ***Source of harm***

	<b>2012/13</b>	<b>2013/14</b>	<b>Total</b>	<b>%</b>
Self	4	2	6	1.6%
Family member	55	68	123	31.9%
Paid professional	49	35	84	21.8%
Other	66	67	133	34.5%
Not recorded	27	13	40	10.4%
Total	201	185	386	100.0%

### ***Source of principal referral leading to investigation***

	<b>2012/13</b>	<b>2013/14</b>	<b>Total</b>	<b>%</b>
Self	7	18	25	6.5%
Family	24	17	41	10.6%
Carer	3	2	5	1.3%
Member of the public	4	2	6	1.6%
Police	22	18	40	10.4%
Social Work	51	25	76	19.7%
Housing	10	13	23	6.0%
Health - Primary	5	8	13	3.4%
Health - Acute	9	7	16	4.1%
Health - GP	0	1	1	0.3%
Local Authority Care Home	3	1	4	1.0%
Voluntary Care Home	2	4	6	1.6%
Private Care Home	30	30	60	15.5%
Other Community Care Provider	17	11	28	7.3%
SCSWIS	2	0	2	0.5%
Other	4	14	18	4.7%
Not recorded	8	14	22	5.7%
Total	201	185	386	100.0%

### **Case Conferences**

	Clacks 2012/13	Clacks 2013/14		Falkirk 2012/13	Falkirk 2013/14		Stirling 2012/13	Stirling 2013/14		Forth Valley 2012/13	Forth Valley 2013/14
Initial CC	10	10		35	45		22	30		67	85
Review CC	1	4		55	40		10	11		66	55

## **Process Rates**

*A crude measure of the percentage activity from one stage in process to another; it simply divides the number of activity occurrences during the period. It is NOT a tracking of individual cases.*

	<b>Clacks</b>	<b>Falkirk</b>	<b>Stirling</b>	<b>Forth Valley</b>
Inquiries/Referrals	86.5%	51.2%	100.0%	72.1%
IRDs/Referrals	32.4%	72.2%	22.9%	50.6%
Investigations/Referrals	17.3%	28.0%	27.3%	26.4%
Case Conferences/Referrals	10.8%	10.2%	10.6%	10.4%
Case Conferences/Investigations	62.5%	36.4%	38.8%	39.4%

## **Adult Protection Plans**

	<b>@31/03/13</b>	<b>@31/03/14</b>
Clacks	2	1
Falkirk	16	17
Stirling	2	11
Forth Valley	20	29

## ***Principal Harm***

	<b>@31/03/13</b>	<b>@31/03/14</b>	<b>%</b>
Sexual	0	0	0.0%
Psychological	0	4	8.2%
Physical	12	11	46.9%
Self harm	0	1	2.0%
Financial	7	11	36.7%
Neglect	1	0	2.0%
Self Neglect	0	2	4.1%
Discrimination	0	0	0.0%
Institutional	0	0	0.0%



**Care Group**

	@31/03/13	@31/03/14	%
Dementia	1	2	6.1%
Mental Health Problem	6	5	22.4%
Learning Disability	6	11	34.7%
Physical Disability	5	3	16.3%
Substance Misuse	1	1	4.1%
Problems arising from infirmity due to age	1	4	10.2%
Other	0	3	6.1%

**Age Band**

	@31/03/13	@31/03/14	%
16-24	7	7	28.6%
25-39	3	4	14.3%
40-64	3	8	22.4%
65-69	2	3	10.2%
70-74	1	1	4.1%
75-79	1	3	8.2%
80-84	1	2	6.1%
85+	2	1	6.1%

**Ethnicity**

	@31/03/13	@31/03/14	%
White	20	26	93.9%
Mixed or Multiple Ethnic Groups	0	0	0.0%
Asian, Asian Scottish or Asian British	0	0	0.0%
African, Carribean or Black	0	0	0.0%
Other Ethnic Group	0	1	2.0%
Not Known	0	2	4.1%

## **Statutory Orders**

### **ASP STATUTORY ORDERS**

	2012/13	2013/14
<b>Warrant for entry</b>		
No. applied for	0	0
No, granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

<b>Assessment Order</b>	2012/13	2013/14
No. applied for	0	0
No, granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

<b>Removal order</b>	2012/13	2013/14
No. applied for	0	0
No, granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

<b>Banning order</b>	2012/13	2013/14
No. applied for	2	2
No, granted	2	2
No. refused	0	0
Total in place at end of reporting period	3	3

<b>Temporary banning order</b>	2012/13	2013/14
No. applied for	2	0
No, granted	2	0
No. refused	0	0
Total in place at end of reporting period	2	0

<b>Total orders</b>	2012/13	2013/14
No. applied for	4	2
No, granted	4	2
No. refused	0	0
Total in place at end of reporting period	6	3