Adult Protection Committee Biennial Reports 2012-14

Summary Report

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ADULT PROTECTION COMMITTEE BIENNIAL REPORTS 2012-14
SUMMARY REPORT

Background

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

2. Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Convenors of Adult Protection Committees (APCs) to produce a biennial report on the exercise of the Committee's functions in the preceding two years. This report summarises the findings from the reports covering the period 2012-2014.

Adult Protection Committees

3. All local authority areas continue to be represented by an Adult Protection Committee. There are twenty nine Committees and twenty five convenors. There are four Committees that are either joint Committees or are chaired by a single Convenor (Aberdeen, Aberdeenshire and Moray; Clackmannan and Stirling; East and Midlothian; and East Renfrewshire and North Ayrshire).

4. Convenors were asked to summarise the working of the Committee, including typical agendas/standing items, membership, frequency of meeting, subcommittees, support arrangements, and accountability/governance arrangements and responses indicated:

a) Typical standing items focussed on the sharing of knowledge between the agencies involved in adult support and protection and from linking groups.

b) Membership of committees were reported to involve a range of representatives, with every committee reported to include a range of council representatives as well as police and NHS representation. This not only reflects the multi-agency nature of adult support and protection work but also the legislative requirement for these bodies to co-operate with councils.

   Other bodies also under a duty to co-operate include the Care Inspectorate and they were reported to be a member of a small number of committees. Others under a similar duty but not represented on Committees were the Mental Welfare Commission for Scotland, Healthcare Improvement Scotland and the Office of the Public Guardian. The Mental Welfare Commission for Scotland and the Office of the Public Guardian were reported to have provided welcome support for seminars and workshops on individual topics.

   Some committees include other representatives such as those from voluntary, advocacy and carers organisations. Fire and rescue representatives, GP representatives, the Scottish Ambulance Service, a Learning Disability Forum and the Scottish Children's Reporter Administration were also reported to be involved in a small number of committees.

c) APCs typically meet 4-6 times a year with attendance and participation consistently reported to be good.

d) The operational responsibility for delivery of Adult Protection Services typically lies with the Head of Service in local authorities, Health and the Police. Accountability and governance was reported as typically being through a Chief Officers' Group or a similar named group.

5. Issues reported in the reports by some Convenors was the turnover of members as well as some difficulty involving GPs. Since the last biennial reports a small number of councils had, however, reported success in gaining GP membership on the Committee. A number of Convenors reported moves towards making or strengthening links with child protection and public protection more generally.

Users and Carers

6. Convenors were asked to describe the way in which user and carer interests are represented on the Committee and an evaluation of their effectiveness of the arrangements. The most important part of this section was expected to be feedback from users and carers on outcomes - how they perceive the adult protection policy and procedures to be improving their protection from harm; in other words, their response to questions such as 'do you feel safer as a result of the efforts of the adult protection arrangements?'

7. The Biennial reports indicated that there was unlikely to be any single user and carer group which could reasonably be asked to represent the totality of views and interests and membership of Committees was more likely to be extended to representatives for advocacy services, and/or a small number of voluntary sector representatives. One Convenor, however, reported the establishment of a Service Carer and User Group comprising representatives from a range of backgrounds with the views and opinions of this Group becoming part of every Adult Protection Committee agenda.

8. Convenors highlighted a wide range of good practice aimed at the inclusion of adults in the process and in decision making. This included council officers demonstrating sensitivity to the communication and support needs of adults with dementia and other support needs; positive evidence of engagement with, listening to and involving the adult and their family (where appropriate); as well as the respecting of adults' views and choices.

9. However, direct feedback from users and carers on their experience of Adult Support and Protection services and outcomes was less in evidence. Difficulties were reported in obtaining consent from adults to be interviewed. Where there was evidence it indicated that adults at risk often felt safer as a result of adult support and protection procedures although some were unclear what actions had taken place as a result of the adult support and protection referral and where actions by social work had taken place this could be seen as being unrelated to the referral.

10. The importance of advocacy services was mentioned in some reports, with recognition that local advocacy services are stretched and these agencies have to prioritise statutory mental health referrals. As a result, advocacy for adults at risk of harm continues to be identified as a gap in provision by the organisations themselves and by Adult Protection Committees. In one area, where advocacy services was proactively promoted there was an uptake in the use of such services.

11. The impact of Self Directed Support on Adult Support and Protection was also raised, with increasing choice and autonomy having the potential to increase the risks of harm and therefore having an impact on safeguarding adults at risk of harm.

Performance

12. Convenors were asked to include information on adult protection activity in the form of the emerging national dataset for adult support and protection (numbers of referrals, investigations, the characteristics of people offered protection, outputs such as numbers of assessment and protection orders). Convenors were also asked to offer some interpretation and analysis of trends, addressing the questions about why activity is happening and what it might all mean as well as what is happening, how often and to whom.

13. Data collection continues to be a challenge and not all Convenors were able to provide robust data making it difficult to assess the extent of adult protection activity as well as difficult for Convenors to offer interpretation and analysis of what adult support and protection activity might mean. Convenors referred to the national project to improve data collection at a national level which is on-going and should, over time, give Convenors a more consistent picture of activity.

14. Convenors reported a continued rise in adult support and protection referrals. It was felt that this demonstrated, among other things, the positive impact and penetration of increased awareness training on adult support and protection. The reports indicated that most referrals did not go on to become adult support and protection cases and that referrals acted as a catalyst for people accessing appropriate care and treatment from many different services. For example, one Report identified a number of trends in respect of referrals that did not go down the full adult support and protection route:

- Almost all were already known to services and several had been referred multiple times.
- Dementia, hallucinations, paranoia following a stroke and ‘acting strangely in a public place’ account for a number of cases. Concerns related to clients wandering and putting themselves at risk from traffic and potentially causing accidents that risked harm to others, or repeated calls to the police to investigate undefined hate crime or imagined thefts and burglaries. Callout to frequent falls was also an issue.
- Suicidal ideation, attempted suicide or self-harm accounted for some cases. These were frequently accompanied with intoxication or long-term social, emotional and behavioural problems. In at least a small number of cases the threat of suicide was to call attention to the need for support to deal with specific problems, e.g. housing issues; grief.

- Where cases were already open to Mental Health, Adults with Incapacity, Criminal Justice and other services there is evidence that support packages were reviewed and strengthened. This included increased home care and respite, reviewed guardianship powers or consideration of application for guardianship, placement in Care Home or sheltered accommodation.

15. Police referrals were reported as high in a number of reports. The introduction of Police Scotland's new Vulnerable Persons' Database involved a major training exercise for all staff across Scotland during 2013-14 and was considered to have had an impact on the level of adult support and protection referrals. A significant number of these were in relation to domestic violence or self-harm incidents in which alcohol misuse plays a considerable part, however, only a very small percentage were in fact eventually progressed through adult protection processes. In consultation with local Police Scotland practitioners and managers, a number of Convenors reported monitoring this area of practice to try to achieve a balance that is proportionate to the level of risk reported.

16. Convenors highlighted a focus on matters to do with people in distress; disability related harassment; as well as the prevalence of financial harm in all its forms, including scams and mail scams. However in many instances the people involved in individual cases could not be described as being adults at risk of harm. Convenors recognised that it was important to recognise that one of the perhaps unintended consequences of the implementation of the adult support and protection legislation has been to provide a means by which these matters could be discussed.

17. The use of protection orders is reported as being a very small part of the on-going work introduced by the Act, Although, protection orders were reported as being routinely considered when someone is at risk of serious harm, the principles of the legislation means that the number of applications for such orders is correspondingly low.

Public Information

18. Convenors were asked to summarise the work done within the area of the Committee to raise public awareness of the nature of adult protection, including any local media campaigns and any evaluation of its impact.

19. The Biennial reports provided evidence of activity to raise public awareness of adult support and protection, including use of posters, leaflets, banners, newsletters as well as use of websites and social media. Activity was often targeted at council offices, libraries, community venues, health services and police stations.

20. In general, there was less evaluation of the impact of such awareness activity. Where surveys had been undertaken there was a little improvement with regard to awareness raising. Surveys indicated that most people would tell the police or the council if they felt a vulnerable adult was at risk from harm.

21. In general, there was a sense from the reports that there is still work to be done to raise awareness of adult support and protection in the wider community.

Communication and Cooperation between Agencies

22. Convenors were asked to comment on any joint strategy for adult protection; on the joint procedures for adult protection, (including the extent to which these were developed jointly, are jointly owned, and adopted, and readily available to staff in all the agencies involved in the partnership); and the joint training strategy. Convenors were also asked to attempt an evaluation of the level of communication and cooperation in practice.

23. In some areas there was strong evidence of joint working, for example Aberdeen City, Aberdeenshire and Moray share a Convenor and a Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm under which the three councils, NHS Grampian, Police Scotland and other partners work together on a consistent Grampian approach. This is underpinned by the Grampian wide adult support and protection training programme.

24. Several reports drew attention to the fact that health and social care integration will change the way that Local Authorities and the NHS work together and will therefore have an impact for Adult Support and Protection Committees.

Training

25. Convenors were asked to include reference to the joint training strategy, and any evaluation that has been undertaken of this. It should include data on who has been trained, at what level; and what awareness raising activity for all staff has been undertaken. This section should identify both single agency and inter agency training.

26. Reports referred to a significant amount of training and development activity over the period covered by the report, including:

- delivery of training, often modular in make up or through e-learning, to council staff as well as to partners in the locality including service user representatives. Training frequently referred to as involving others such as the police to promote joint working
- there was evidence too of training in NHS settings and with the Scottish Ambulance Service, with a particular focus on staff groups who were most likely to be in contact with high risk patients/clients;
- training delivered as part of the training all officers receive when they first attend Scottish Police College, with existing staff receiving training through three e-learning modules;
- Conferences being used to bring together agencies working in partnership on adult support and protection;
- the involvement of academic institutions with inter-professional education events involving undergraduate medical, mental health nursing, pharmacy students and police. Training to medical students as part of a new public protection module; and
- The identification of crossover areas and their inclusion in generic training, including violence against women, drugs and alcohol and child protection, forced marriage, sexual exploitation and trafficking.

27. In light of the issues around GPs involvement in adult support and protection, some Convenors highlighted the need to revise and disseminate the existing guidance for GPs as a way of raising the profile of adult support and protection.

National Projects

28. During the period 2012-2014 a number of national projects were established and Convenor's were asked to report on activity related to these projects.

Financial Harm

29. Most Biennial Reports indicated this was a current and on-going priority for Committees, it was felt that a significant percentage of referrals tended to relate to this issue. Examples of activity were:

- Awareness raising campaigns, particularly focussed on the financial harm of older people;
- Hosting financial harm multi-agency events;
- Strengthening links with Police Scotland, Trading Standards, the Office of the Public Guardian and banks/other financial institutions; and
- Visiting/contacting individuals who were identified via the National Scam Hub as potentially being victims of scams.

Adult Protection in A&E Departments

30. Examples of activity given were:

- Piloting the bespoke training package developed by the national project group, resulting in an increase in referrals from A&E settings;
- Building the bespoke training package into induction training for A&E staff;
- Delivering a series of basic awareness face to face training sessions for staff in A&E;
- Distribution of Samaritans posters and contact cards;
- Developing multi-agency links with the Scottish Ambulance Service;
- Drawing up and disseminating specific guidance to GPs; and
- Work to identify frequent attenders to A&E and people who self-harm.

Adult Protection in Care Homes

31. Most Biennial Reports indicated this was also a priority for Committees, many areas reported that a large percentage of referrals relate to individuals in registered care settings. This level of referrals is seen as positive evidence of a significant level of awareness of adult protection in such settings. Examples of activity given were:

- Undertaken a survey to consider the knowledge and confidence of staff in registered care settings on adult support and protection;
- Development of a Large Scale Investigations Protocol;

- The establishment of a committee sub-group to review processes for managing harm that occurs in a registered care setting;
- Development of guidance to support service providers in recognising and reporting adult protection/welfare concern incidents to all the appropriate agencies;
- Taking a proactive approach to ensure that all care home staff have undertaken Adult Support and Protection basic awareness training; delivering a tailored programme to Care Home Managers; and extending training on adult support and protection to private sector care homes;
- Development of a training pack for staff trainers to deliver their own training in house. The training pack is entitled “Treat Us with Respect”, and comprises a Power Point DVD, group exercises, register, evaluations and an Information Booklet.
- Closer engagement with the Care Inspectorate to consider common areas of concern and their implications for referral;
- Development of a new contract management framework, contributing to the protection of adults in registered care settings through the sharing of information and establishing triggers for protection measures to occur; and
- Establishing a multiagency working group. The purpose of which involves key professionals from Social Services, Health and the Care Inspectorate to ensure quality of practice; consider early indicators of harm and improve standards of care provided to adults living in residential/nursing care homes in the area;

32. The high turnover of staff throughout the majority of the care homes was reported as an issue in a small number of reports as it created a challenge to sustain the level of input that is required to ensure the standards of care, dignity and respect are consistent and maintained.

33. Large Scale Investigations in care homes indicated issues around manual handling, management of medication, infection control, dignity and respect, poor staffing levels and high use of agency staff.

Service User and Carer Involvement

34. Most Biennial Reports indicated that work had been undertaken to enhance service user and carer involvement, such as:

- Independent advocates attending Adult Support and Protection training;
- Focus groups; and
- Lead officer involvement in a wide range of planning groups.

However, most reports also indicated that more engagement is required to increase service user and carer involvement.

Data Collection

35. Most Biennial Reports indicated that work was undertaken locally to enable information systems to be fully compliant with the national dataset.

Future Plans

36. The Biennial Reports covering the period 2012-14 indicated this period was a time of consolidation of practice. Priorities for the future tended to relate to the national priority projects, examples included:

Financial Harm
- Further initiatives to prevent financial harm will be taken forward in conjunction with the Community Safety Partnership.

Adult Protection in Care Homes
- Reviewing and amending adult protection practice in care homes; and
- The Quality and Development Partnership group will progress a whole systems approach to reducing harm in care settings with local providers.

Service User and Carer Involvement
- continuing to explore the appropriate means of engaging with service users and carers to hear and respond to their views;
- developing a network for Service Users to input into planning, etc., in a more user friendly way;
- increasing the membership of the Service User and Carer Group and for it to develop an awareness raising and training role;
- public awareness raising and engagement;
- training for staff and service users; and
- protection planning processes will be reviewed by Social Work in conjunction with the Consultation Group to make them outcome-focussed and more accessible to service users and carers.

37. Other priorities included:

Training
- practitioners having access to a progressive learning and development programme relevant to their agency and professional role;
- Develop and pilot bespoke training for A&E staff;
- Extend awareness training invitation, in relation to Adults at risk of Financial Harm, to Benefits Agency and CAB; and
- Implement training targeted at Care Home and Care at Home managers and staff.

Links with other policy initiatives
- taking an active role in the development of health and social care integration to ensure that adult support and protection services are integrated into the developing structures and processes;

- A joint methodology will be established to support partnership efforts to respond to harm and protection issues across the lifespan in the context of local adult health and social work integration;
- a joint task group will be established to develop effective and practical local approaches to responding to self-harm; and
- Plan joint awareness approach with Self Directed Support lead.

Collaboration between agencies

- promoting better links and developing more integrated working between adult protection, child protection and public protection;
- exploring the potential for direct signposting of adults from police reports to relevant third sector organisations (where they don't meet the criteria of adults at risk of harm);
- tackling remaining concerns about low level of referrals from health professionals
- improving GP engagement; and
- core agencies will implement the multi-agency audit action plan and develop meaningful single and multi-agency Adult Support and Protection performance indicators. A wider range of agencies will participate in future multi-agency case-file audits.

Mental Health and Protection of Rights Division

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