Perth and Kinross
Adult Protection Committee

AdultSupport
and Protection
Perth & Kinross

Biennial
Report
2018-2020

Contents

Contents

1 Introduction by the Chair of the Adult Protection Committee

I am pleased to present the Biennial Report of the work of Perth and Kinross Adult Protection Committee (APC) for 2018-2020 as a requirement of the Scottish Government. For some time, the APC has produced an Annual Report which is considered every year by Council, Integrated Joint Board (HSCP) and by the Community Planning Partnerships as well as this Biennial Report.

The report covers the period April 2018 - March 2020 and as such concerns only the very early days of the COVID-19 crisis, which has dominated the work of the APC, like all aspects of life, over the last number of months. Given the impact of COVID-19, it has been difficult not to stray into consideration of the effect on APC work which is not the focus of the report - however it may be worth noting that many of the improvement areas identified in the report including stronger partnership working, work with Care Homes, increased governance around more intelligent use of data, and risk management have required to progress at an accelerated pace to respond to COVID-19, as it affected APC work.

Over the period of the report one priority has been to strengthen partnership working in recognition that improving outcomes for vulnerable adults requires a whole family approach often involving a range of professionals, and this has been achieved locally, regionally and nationally in a number of ways. For example, the public protection approach in Perth and Kinross has progressed by initially focusing on strengthening connections between the Child and Adult Protection Committees, and more recently has developed to include the Alcohol and Drugs Partnership (ADP), Violence Against Women Partnership (VAWP), Multi-Agency Public Protection Arrangements (MAPPA) and other community safety groups. Regionally too partnerships have been strengthened through regular meetings across Tayside with joint work produced including operational guidance, a learning and development framework, a common data set, and a system for learning from significant case reviews. Nationally too, the APC has continued to develop constructive links with other authorities (eg North Ayrshire) and being involved in national work through the involvement of the lead officer and chair to contribute to and benefit from the National Improvement Programme for adult protection.

In the last two years the APC has continued to develop an approach to self-evaluation and improvement as a key component to improve outcomes for vulnerable adults in Perth and Kinross. A yearly programme of self-evaluation activities has been organised, including audit, review and analysis of key processes including referral, risk assessment and care planning on those who may be at risk. A more sophisticated use of data collection and analysis and a Risk Register approach has been other ways the APC has tried to improve its governance.

The APC, like many across Scotland, has been challenged by the effective involvement in care planning and service design of those who have experience as service users or Carers. Progress has been made over the period with, for example, much greater use of advocacy services which has been well-evaluated and attempts have been made to refresh the involvement of Carers and users on the APC. Recent work has also included involvement with ethnic minority groups and the local college to better understand the issues for these groups and how vulnerable members can be supported.

In conclusion there has been progress across APC work in Perth and Kinross over the last two years and there is, in my view, clarity about the areas for improvement for the future. Clearly these will need to be considered along with the learning from the COVID-19 crisis and will be consolidated into the improvement plan which will be measured and evaluated over the next year.
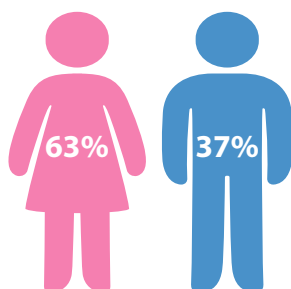
Bill Atkinson
Independent Convenor

2 ASP Summary 2018-2020

What We Found

3,039 total referrals

390 Adult Support and Protection Cases

63% / **37%**

32% Financial Harm • 24% Physical Harm
19% Neglect

Where does harm happen?

Own home
56%

Care setting
29%

What age group is most at risk?

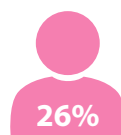**39%**   **29%**   **16%**
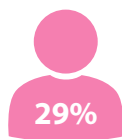
81+   65-80   40-64

What was the impact on adults at risk?

- *4% led to criminal proceedings*
- *68 people have been supported by Independent Advocacy*

What is receiving support?

26%	**27%**	**11%**	**7%**
People with frailty illness	People with dementia	People with a Learning Disability	People with Mental Health concerns
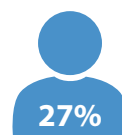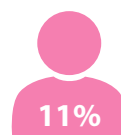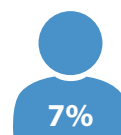
Other Information

- *No Protection Orders*
- *41 Case Conferences*
- *7 Large-Scale Investigations*

Multi-Agency Training

- *481 people have been trained face-to-face.*
- *9,270 E-learning sessions for health staff in Tayside.*
- *1,485 E-learning sessions for other staff in Perth and Kinross.*

What We Did 2018-2020

- *Responded effectively to COVID-19 across public protection.*
- *Increased referrals from health.*
- *2 new Carer reps and Elected Member on APC.*
- *Implemented better arrangements for protecting residents in care settings.*

What are our priorities?

- *Increased engagement with adults, families and carers, especially with college students, learning disability groups and faith leaders.*
- *Focussed audit on people with a learning disability.*
- *Develop practice standards for new ways of working.*

3 Context

3.1 Perth and Kinross

Perth and Kinross encompasses an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. It is the sixth fastest growing population in Scotland and adults account for 81% of residents. The past decade has seen an increase in the number of people in the older age group (65+) who are resident in Perth and Kinross which is currently 18.1% of the population compared with a national average of 10.6%.

The older age profile is reflected in that the average age of the population in Perth and Kinross is 43 years, slightly higher than the national average age of 40 years.

Perth and Kinross has a population of 151,100 as of 2017. This is made up of 74,187 males and 76,913 females.

- *There are 24,453 children (aged 15 and under), or 16.2% of the total population.*

- *There are 91,132 people of working age (aged 16-64), or 61.0% of total the population.*

- *There are 34,515 older people (aged 65 and over), or 22.8% of the total population.*

The geographical distribution of the population across urban, rural and remote areas poses challenges for the planning and delivery of services. The number of ASP cases do differ by locality and can be influenced by the location of key establishments and the rural/urban challenges.

In Perth and Kinross, there are five community planning partnerships:

- *Perth City*
- *Kinross-shire, Almond & Earn*
- *Strathearn*
- *Highland and Strathtay*
- *Strathmore*

These localities each have a local action partnership made up of Elected Members, communities and public services.

Through the local action partnerships, the community planning partnership identifies their particular needs and challenges. Perth & Kinross Council has 40 Councillors in 12 Electoral Wards.

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 416,090 based on mid-year 2017 population estimates published by National Records of Scotland. NHS Tayside's Governance includes three major hospitals, several community hospitals along with over 60 GP surgeries and a variety of health centres staffed by thousands of employees.

The Tayside Division of Police Scotland command the area of Angus, Dundee and Perth and Kinross.

3.2 Vision

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

3.3 Purpose

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

3.4 National Context

Adult Support and Protection in Perth and Kinross is set within the wider policy in Scotland and the National Policy Forum:

www2.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection 🔗

The National Strategic Forum

The National Forum provides a strategic and cross-sectoral view of what is needed to improve the delivery of Adult Support and Protection across Scotland. The Forum will assist Scottish Government and delivery partners in identifying the workstreams required to improve the assurance and operation of Adult Support and Protection and its interface with existing and developing legislative and policy areas.

The Scottish Government also supports the role of the National Adult Protection Co-ordinator - this role involves making connections to build stronger local networks and to improve the co-ordination, development and dissemination of best practice, as well as promoting joint working between Adult Protection Committees.

The National Improvement Plan has identified 6 main areas:

- *Assurance and Inspection*
- *Governance and Leadership*
- *Data and Outcomes*
- *Policy*
- *Practice Improvement*
- *Prevention*

3.5 Tayside Collaboration of Independent Chairs and Lead Officer

The Independent Chairs, Lead Officers, Police Scotland and NHS Tayside meet regularly in Tayside to co-ordinate work that provides consistency for regional partners and identifies common areas of ASP work.

Work ongoing includes:

- *completed update of Tayside Multi-Agency Operational Guidance (launched February 2020) which includes joint policies in relation to chronologies and information sharing;*
- *a short life working party led by NHS ASP Lead and Police Scotland was convened to look at the overlap of processes in relation to adverse incidents and a paper is being presented to all three Chief Officer Groups.*

- *Learning and Development Framework has been agreed and new courses have been developed that can be accessed by all staff across Tayside;*

- *work has commenced on developing a Tayside reporting template for ASP activities which will allow for benchmarking.*

3.6 Local Context

Safeguarding, supporting and promoting the welfare of adults at risk is a shared multi-agency responsibility across the public, private and third sectors.

Adult Protection Committee (APC)

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly. The Committee is chaired by an Independent Convener and has a range of statutory, private and voluntary organisations, Carers and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies and to reflect the broader public protection agenda and the views of the public. The addition of 2 new Carer representatives and an Elected Member will strengthen this voice. A new reporting framework has been introduced this year that is more outcome-focused.

The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.

Annually the APC compares national data with local data and investigates any differences. In the last 2 years the main areas have been:

- *number of referrals for people with learning disability have decreased over the past few years which has led to a focused audit;*

- *conversion rate from ASP investigation to Adult Protection Case Conference is low compared to national statistics and 20 cases are now being externally audited to ensure decision making is appropriate;*

- *number of referrals from Care Homes were high in relation to national average.*

National, regional and local Initial Case Reviews and Significant Case Reviews are presented, and learning is disseminated through changes to policies and practice and discussed at professional forums. This had led to the ongoing development of guidance on assessing capacity pathways and commissioning training on power of attorney for all staff including third sector organisations.

3 Context

There is one combined sub-committee that meets quarterly and reports back to each APC who are allocated any work identified. An improvement plan is updated following each APC with allocated actions and timescales.

The APC is supported by the ASP Co-ordinator.

The Adult Support and Protection Committee meets every year with public protection partners at a development day which evaluates progress over the past year and identifies priorities for the next year. New policies developed and disseminated in the last year are:

- *Escalation and Resolution*
- *Professional Curiosity*

An APC Risk Register was developed following a dedicated session in November 2018 and is subject to regular updating.

The APC reports regularly to the Chief Officer Group (COG), the Integration Joint Board and the Community Planning Partnership and produces an Annual Report which is scrutinised by Council, IJB and the equivalent Boards in Police and NHS Tayside.

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

4 Management Information and Performance Outcomes

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Evaluation:

We are committed to the improvement of multi-agency data that will identify areas for improvement to inform practice.

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This section covers the main findings from multi-agency management information and performance outcome framework (**Appendix 1**).

Interpretation and Trends

4.1 Adult Support and Protection (ASP) Activity

In the last 2 years we received a total of 3,039 referrals that comprised of 2,508 Vulnerable Person Report (VPR) and 531 Adult Protection (AP) concerns. There had been a continuing reduction in the number of VPR over the past few years, but this is now rising again to 390 cases progressed to ASP processes.

	2015-16	2016-17	2017-18	2018-19	2019-20
VPR	803	651	838	1,155	1,353
AP Concerns	424	553	421	291	240
Total	**1,227**	**1,204**	**1,259**	**1,446**	**1,593**

Referral Source

The two more prevalent referrers for cases that progress to ASP are internal PKC staff (28%) and care establishments (21%). Police, health and family/relatives account for 11% each.

Age

Older people, especially those over the age of 81, account for 39% (147) of all ASP cases and are disproportionately represented in relation to other age groups. The other most prevalent age groups are 29% (108) in 65-80 age range and 16% (62) aged 40-64. People over the age of 65 account for 68% of all cases.

In Perth and Kinross we have a relatively high number of Care Homes for older people (37). In 2018-20, Care Homes were the location for 29% of ASP investigations.

Females slightly more likely to be at risk

Females account for 63% (237) of ASP cases.

Ethnicity

Most people 85% (326) are of a white UK/Scottish background compared with 92% within the last report.

Client Group

Dementia and frailty are the most prevalent conditions. The percentage of clients with learning disabilities had fallen to 8% in 2018/19 but has increased to 14% in 2019/20 which is in line with the national average.

Types of Harm

Proportion of Investigations by Nature of Harm

Figure 1: *Investigations by Category of Harm as a % of Total Investigations*
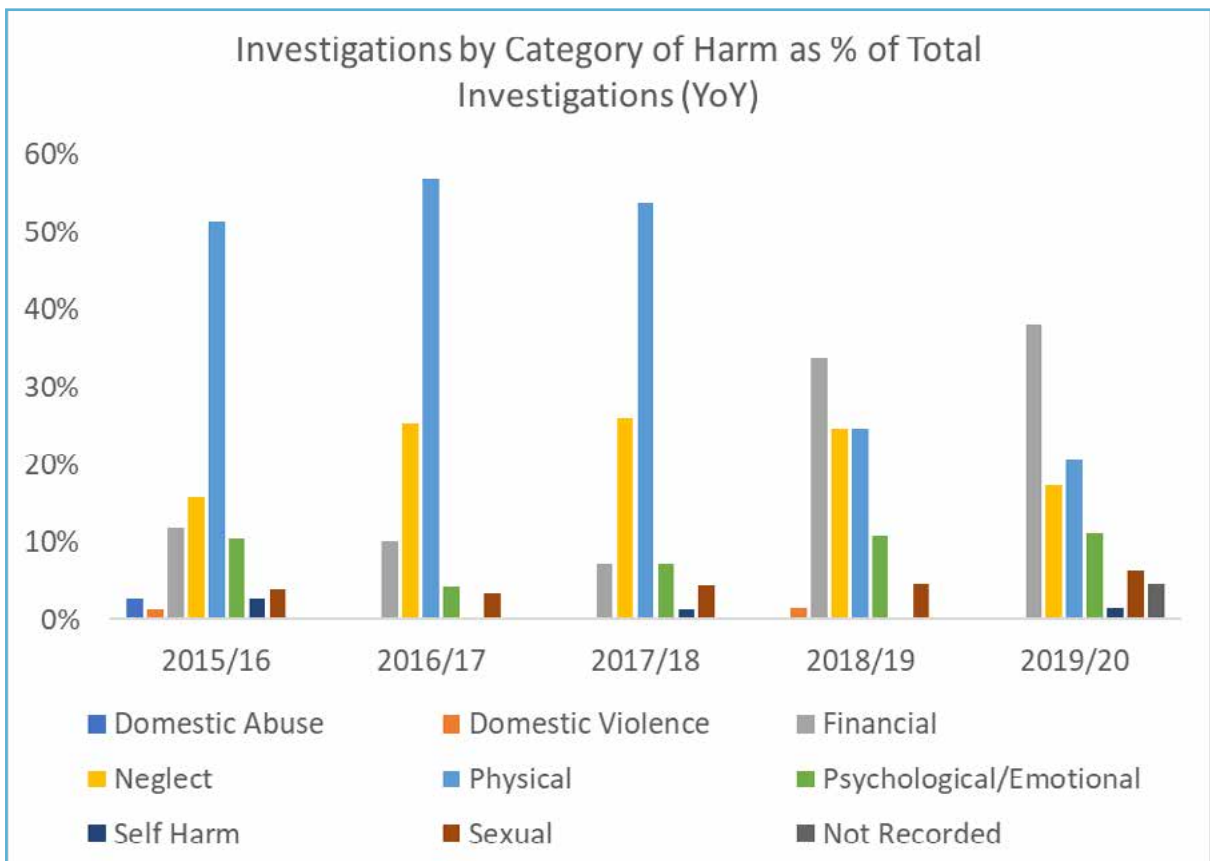
Financial harm cases have increased in the last 2 years and account for 32% (124) of all ASP cases followed by physical harm 24% (94) and neglect 19% (73).

Location of Harm

Figure 2: *Location of Harm as a % of Total Investigations*

Location of Harm as % of Total Investigations (YoY)

Legend: 2015/16, 2016/17, 2017/18, 2018/19, 2019/20
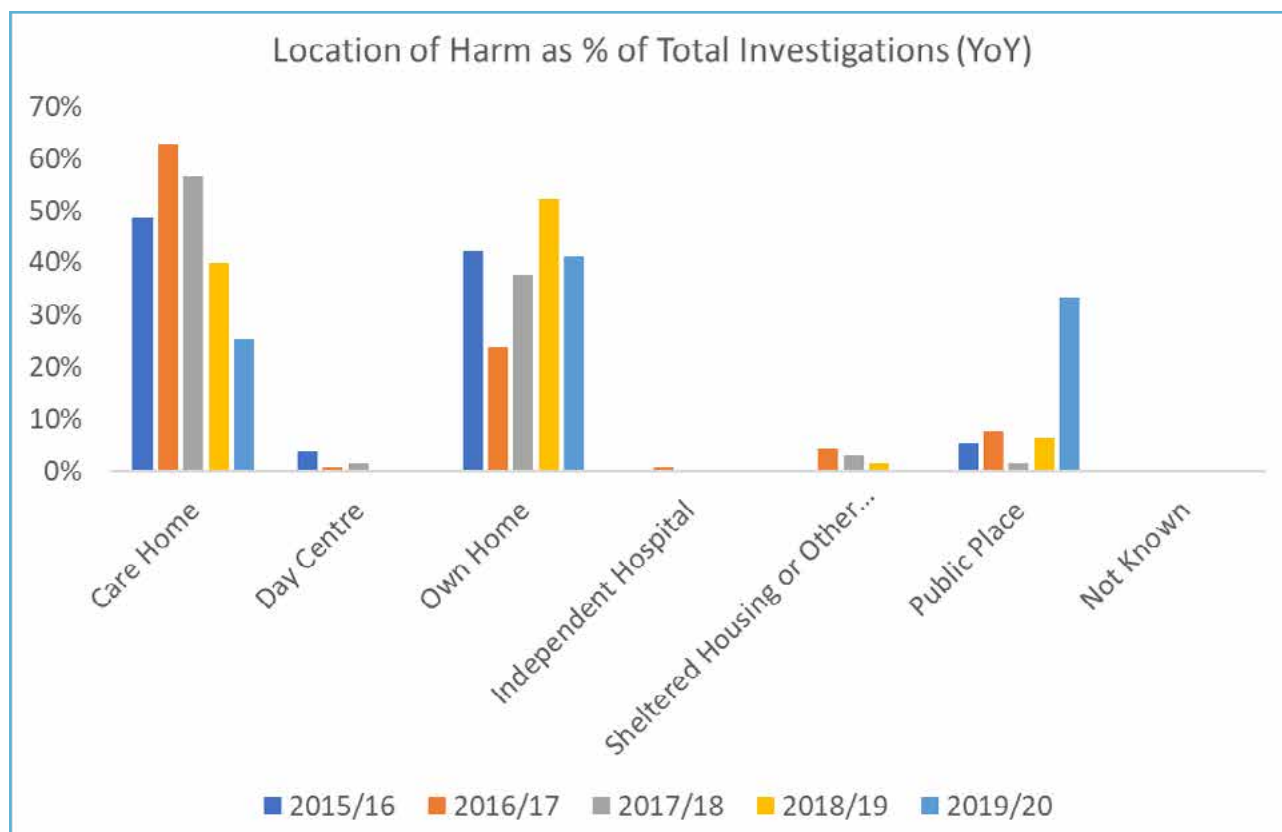
Over the last 2-year period the most prevalent location has changed from Care Homes 29% (110) to the home address 56% (214).

This may reflect the work that has been done with Care Homes, initially to heighten awareness of Adult Protection and more recently to offer support and advice to the sector in managing difficult situations.

Who Harms?

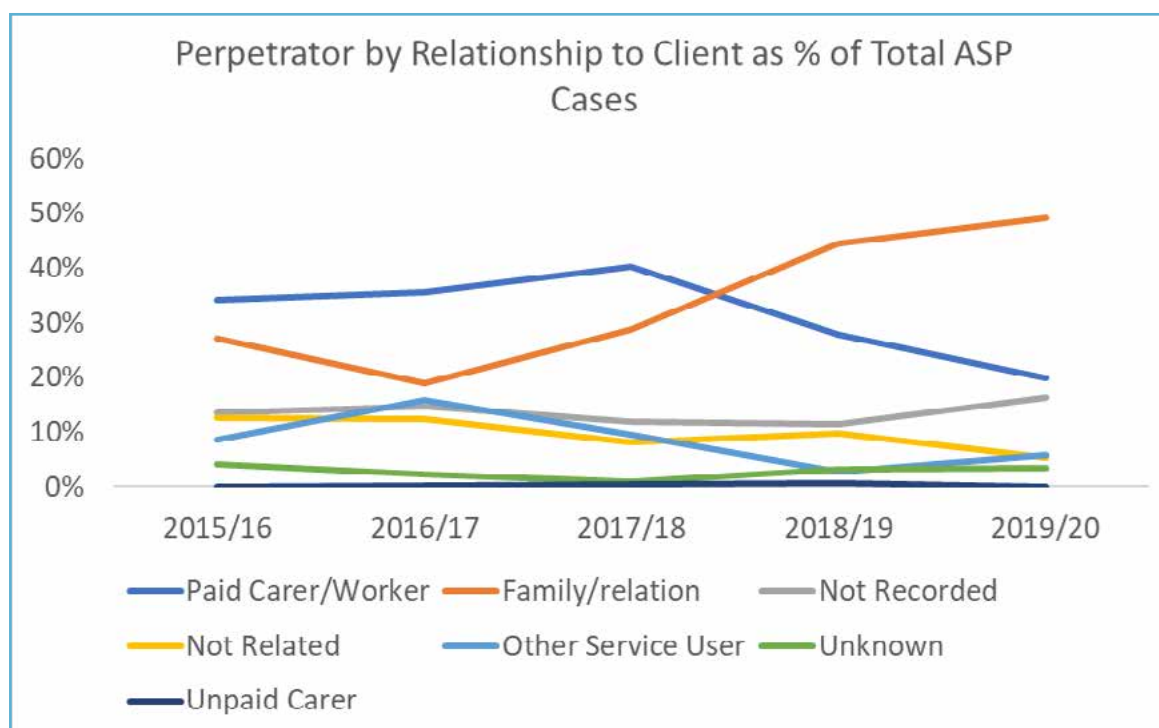**Figure 3:** *Perpetrator by Relationship to Client as % of Total*

Perpetrator by Relationship to Client as % of Total ASP Cases

Over the last 5 years, a quarter of alleged perpetrators were paid Carers/workers. In 2018/19 this was 23% and 20% in 2019/20.

Relatives were the second most common alleged perpetrator over the 5-year period but the highest in 2018/19 at 38% and rising to 49% in 2019/20.

4.2 Large-Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported Accommodation	Day Care
2014/15	22	18	1	3	0
2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0
2018/19	4	2	1	1 hospital	0
2019/20	3	3	0	0	0

Over the past 2 years the number of Large-Scale Investigations has reduced significantly from the previous years.

During this we have worked closely with partner agencies to:

- *complete regular audits;*
- *allocate nominated mental health staff for each care setting to help re-assess people whose behaviour is causing concern;*
- *introduce a new reporting system with clearly defined thresholds;*
- *identification of areas of concern and early input and support from the Care Inspectorate and Commissioning team to negate the need for Large-Scale Investigations.*

4.3 Protection Orders

There have been no protection orders in 2018-2020. There were 2 Case Conferences that have discussed if a protection order should be considered. Protection orders are only to be used if no other action could be taken that would result in the same outcome. In both cases other actions were taken under the Adults with Incapacity Act that safeguarded the adult at risk.

4.4 Initial Case Reviews (ICR) and Significant Case Reviews (SCR)

In the last year the APC have had the first ICR since the Act came in. There was 2 ICR reports that were presented to the Chief Officer Group. One progressed to SCR which is currently ongoing. The main issues identified were:

- *weight management;*
- *diabetic management;*
- *tissue viability;*
- *discharges between hospital and care settings.*

This has been a learning process and are now well placed for any future cases.

4.5 COVID-19 Response

The most recent part of the Biennial Report timeline was dominated by the response to the COVID-19 pandemic. Adult protection remained a high priority throughout this time and the actions taken were quick and effective.

In response to managing Adult Support and Protection the Chief Executive Group, along with Services within the community set up a multi-agency Public Protecting Group. This was developed

and established very quickly, led by both Chief Social Work Officer and independent Chair for Child Protection Committee (CPC) and Adult Protection Committee (APC). One of the main actions of the Group was the development of a Risk Register and a weekly data set of key information to address the changing landscape brought about by COVID-19. Communication has greatly improved due to the use of Microsoft Teams.

During this time the benefit of stronger links forged between leads from Adult Protection, Child Protection, Violence Against Woman and Alcohol and Drug Partnership, to aid the advancement of a protecting people ethos, has been felt and will be the basis of plans shortly to be presented to the Chief Officer Group.

A positive action has been the development of a protecting people weekly meeting with a wide representation of partner agencies that allows practitioners to present and discuss complex cases which impacts on the community and requires a multi-agency response.

Adult Support and Protection continues to be priority work. Vulnerable Person Reports being submitted by Police and adult concerns were still being screened within 24 hours although some of the work during COVID-19 has been carried out via telephone support. ASP cases and Large-Scale Investigations were risk assessed to determine if visits were required especially for those shielding and if so what PPE and precautions were needed. This was done to ensure the protection and wellbeing of both staff and clients.

To respond to the potential demand there was an increased number of employees within the Duty Access Team to meet the potential demand of legal aspects of protecting people but also the increased demand of supporting people with mental health and mental wellbeing and support needed for unpaid Carers. Since March 2020, there has been a slight ongoing increase in the weekly number of Police-generated adult concern reports. There is a clear COVID-related theme in these reports, particularly in relation to those self-harming or expressing suicidal ideation.

Whilst some NHS services were paused, many continued to be delivered and were informed by the clinical prioritisation of services and national guidance (such as PPE and social distancing).

Services, such as Community Mental Health Teams and Community LD services, developed and implemented plans to maintain and support safe and effective mental health care and support during the COVID-19 pandemic. COVID pathways within in-patient services were developed where required.

Although guidance for all staff has been adapted and revised considering the current situation to help protect staff and individuals/families, it is also recognised that there needs to be more work on processes like virtual case conferences and meetings to include all agencies and adults and their families.

4 Management Information and Performance Outcomes

Care Home meetings had always been in place, however with the use of video conferencing there has been an increase in attendance to the weekly Care Home meetings. There has been a welcomed strengthening between Public Health, the Care Inspectorate and Care Homes and this relationship has benefited the protecting of people and a better response to testing in relation to COVID-19.

Care at Home services implemented risk assessment and criteria to ascertain which clients needed to be visited and adjustments needed to safeguard both clients and staff. Information on COVID was sent to all groups in the community and clients.

5 How Well Do We Meet the Needs of Our Stakeholders?

This section describes the impact on adults at risk, their families, staff and the wider community.

5.1 Impact on Adult at Risk and Their Families

Evaluation:

We are confident that we listen to, understand and respect the rights of adults at risk and their families and that we are helping them to keep themselves safe.

- *Independent advocacy is an important consideration in ASP cases to ensure that the client views is represented. The support adults receive is well-evaluated and audits evidence that independent advocacy is offered to the majority of adults at risk.*

- *In 2018/19, there was 38 people supported which consisted of 1 open case from the previous year and 37 new referrals. This is a substantial increase from 14 in 2017/18 which was low but similar to 2016-/17 figures. Number of people receiving advocacy support have risen in 2019/20 to 74 although 44 were open cases.*

- *In relation to Adult Protection Case Conferences, independent advocates attended 100% of APCC they were invited to. Independent Advocacy Manager is an active member of the Adult Protection Committee (APC), teams receive regular updates on use of advocacy and there is an advocate that co presents on ASP courses.*

Year	Open at Year Start	New Referrals	Total for Year
2015-2016	15	21	36
2016-2017	13	20	33
2017-2018	8	6	14
2018-2019	1	37	38
2019-2020	44	30	74

Feedback from Service Users and Carers

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

- *questionnaires are completed at Adult Protection Case Conferences (APCC);*

- *participation in audits to give their views;*

- *the Committee has 2 Carer representatives;*

- *analysis of outcomes on all ASP forms. In order to capture impact of intervention for those cases which did not proceed to APCC, an outcome question was developed to be completed at end of the ASP case. The staff member completes the form with the input of client to check if the intervention has been helpful.*

Service user and Carers' views are at the centre of the work we do, and it remains a priority for the APC. The APC has taken a variety of steps to address this. However, this can be complicated because of:

- *levels of understanding;*

- *communication issues;*

- *conflict within families.*

Investigations - Has intervention been helpful?

	2015/16	2016/17	2017/18	2018/19	2019/20
Lacks ability to recall	55%	54%	48%	39%	48%
No	0%	1%	0%	2%	3%
Not recorded	12%	5%	0%	0%	11%
Yes	33%	45%	52%	59%	38%

Over 4 years we have seen an increase from 33% to 59% of adults who have found the intervention to be helpful, but this has fallen to 38% in the last year. Only 3% found it was not helpful while a further 48% lacked the ability to understand the event or to be able to give enough information. The reduction in number of helpful interventions and the increase in lack of recording has been noted and there will be further work undertaken in relation to these.

Outcomes of Referrals 2018-2020

In relation to outcomes of referrals and actions taken there are low numbers that progress to criminal charged or investigations. There are almost half of referrals where the allegation cannot be substantiated which can limit the effectiveness of actions taken although safeguards and supports (eg independent advocacy) can be put in place. Allegations not substantiated are usually because of lack of evidence or reliability of information coming from the adult.

Of those cases that were substantiated actions taken were:

- *49% resulted in changes to the care plan;*

- *17% extra Carer support was provided;*

- *14% resulted in new procedures being implemented;*

- *in relation to staff issues, 2% were dismissed, 6% were disciplined and 9% received additional training;*

- *legal powers were either removed or applied for in 3% of cases.*

In the unsubstantiated cases the issues related to:

- *financial concerns in 39% of cases;*

- *neglect in 12%;*

- *care concerns in 31%;*

- *paid Carer harm in 7%;*

- *in 11% of cases the client had no capacity to recall the event.*

Although allegations were not substantiated, all actions were taken in relation to risk assessment and management and care plans updated to ensure adults are safeguarded.

In relation to criminal proceedings 14 cases were investigated and the outcomes are:

Action Taken	2018/19	2019/20
Reported to the Procurator Fiscal	4	4
Not reported to the Procurator Fiscal	1	2
Ongoing investigation	3	0

Adult Protection Case Conferences

There was a **total of 41 Adult Protection Case Conferences**, 19 initial, 18 review, 2 network meeting and 2 Large-Scale Investigation meetings.

A protection plan is developed following all case conferences that is monitored by the adult social work team. The outcomes have included:

- *legal powers removed/changed or new application submitted;*

- *change of accommodation for adult at risk;*

- *changes to financial management;*

- *provision or increase of care packages;*

- *changes to care plans;*

- *reassessment of adult at risk including capacity assessment;*

- *staff training in specific areas such as restraint techniques.*

Attendance at Initial Case Conferences varied according to reason and location of residence and type of harm.

Person/Agency	Number Invited	Number Attended	% Attend	% All APCC
Adult at Risk	6	4	67%	32%
Families/Power of Attorney/Guardian	13	12	92%	68%
Carers	5	4	80%	50%
Friend/Power of Attorney	3	3	100%	16%
Police	13	11	85%	68%
Health	16	13	81%	84%
Independent Advocate	6	6	100%	60%
Legal	17	15	88%	89%
Mental Health Officer	8	7	88%	42%
Private Agency	7	7	100%	37%
Commissioning Team	5	5	100%	26%
Care Inspectorate	4	4	100%	21%
Housing	5	4	80%	26%

Others who attended included staff from other local authorities (funding authority), Children's Services, Mental Health Services (voluntary agency) and alleged perpetrators. Legal representatives (both private and Council) were invited to all initial APCC in 2019/20 which may indicate the overlap and complexities of legislation involved in addition to extent of powers under the Adult with Incapacity Act.

In relation to the adult at risk:

- *females accounted for 68% of cases (13/19);*

- *financial (26%) and neglect (37%) accounted for 63% of harm;*

- *the majority of harm occurred at the home address (53%);*

- *the most prevalent client group were people with dementia (32%);*

- *47% were in the 81+ age group followed by 26% in the 40-64 age;*

- *53% of alleged perpetrators were family members and 26% were paid Carers;*

- *53% of adults at risk had some impairment of capacity.*

5 How Well Do We Meet the Needs of Our Stakeholders?

Qualitative Audits

The APC continues to conduct 2 audits per year as a way of quality assurance and identifying strengths and areas for improvements.

1 - Multi-Agency case file & Large-Scale Investigation audit was combined for first time in 2019 and has continued but using different audit templates. The audit is held in January and the audit team consists of multi-agency colleagues.

Out of the 12 individual cases, 7 cases involved family members as the alleged perpetrators, 1 was self-harm, 1 involved a paid Carer and 3 involved friends.

In relation to individual cases, all areas rated over 67% with 9 out of the 15 areas scoring 100% which included initial response, risk assessment and management, human rights, information sharing and involvement of adult and family.

Some individual issues were raised in specific cases which was reported back to case holders and Managers.

The Large-Scale Investigations (LSI) covered 3 Care at Home organisations and 3 Care Homes. Most areas were rated highly at 100% in areas of strategic discussions, involvement of appropriate agencies including Manager of organisation and adherence to process.

The issues raised were:

    (a) *medication errors;*

    (b) *neglect/lack of care/hygiene issues/poor oral care;*

    (c) *poor documentation;*

    (d) *lack of leadership;*

    (e) *incident reporting;*

    (f) *staff training and induction especially in relation to ASP;*

    (g) *communication between staff;*

    (h) *staff shortages/lack of experience and knowledge, concern about recruitment;*

    (i) *staff culture;*

    (j) *missed visits/key safes.*

Improvement plans were developed following LSI and were monitored and reviewed by the Social Work team, Care Inspectorate and the Commissioning team.

Feedback from Clients

One client agreed to be interviewed as part of the audit and one of the audit team visited her at home.

The client stated that the support that she received at the time following her hospital admission, during her recovery and the support since discharge has been the right thing. She stated that she wouldn't change anything, and that the support she has right now appears both appropriate and proportionate to her leading a life that she chooses to take, albeit limited due to mobility issues.

Feedback from Organisations

Two Care Home Managers agreed to be interviewed as part of the audit process which were telephone interviews.

Both Managers who participated in the feedback, were not the Manager at the time of the LSI but had consulted staff who were involved.

Some areas of good practice identified included - clear outcomes, staff awareness of how to escalate concerns and the acting Manager at time spoke very positively of the LSI experience, putting aside the anxiety that is unavoidable when an external team is investigating your service.

Issues in relation to processes were identified and an improvement plan was developed to address the process issues.

2 - Vulnerable Person Reports (VPR)/Adult Protection concerns (AP) audit covered 32 cases consisting of 16 VPR and 16 AP concerns for each year. All of the AP concerns progressed to ASP Inquiry and none of the VPD progressed to ASP processes.

The results evidenced that the screening process appears to be working well and within timescales. Several referrals (50% in 2018/19 and 53% in 2019/20) were open cases. In general, most areas were well evaluated above 70% with 1 exception in 2018/19.

- *Chronologies had been completed in 87% of cases but only 25% were of an acceptable standard.*

The action recommended was for chronology training for all staff which was delivered in September and October in 2018, September 2019 and March 2020. In the audit report for 2019/20 chronologies were well rated above 80%.

In 2019/20 the majority of areas were well evaluated above 80% with 1 exception. Only 58% had clearly evidenced if the person was an adult at risk. The ASP co-ordinator is delivering training to all teams on completion of ASP forms.

5 How Well Do We Meet the Needs of Our Stakeholders?

NHS Tayside Audit

With the appointment of a dedicated Lead for Adult Protection within NHS Tayside and the introduction of an Adult Concern Referral Form and inclusion within Datix, a single agency audit was identified as good practice as well as providing a baseline by which future performance can be measured.

The audit took place on 30 August 2018 in Ninewells Hospital, Dundee which aimed to facilitate access to both paper-based and electronic files.

The audit team consisted of 3 multi-agency staff (2 NHS Tayside staff and 1 Adult Protection Lead Officer from Perth & Kinross Council).

There were 9 cases identified and 8 cases audited that covered referrals across all 3 local authority areas and cases were identified at random via the NHS Tayside Datix system between the period March 2018 - August 2018.

The audit focused on key areas such as how recording was completed, involvement of others and communication. As this was the first audit of adult protection within NHS Tayside, it was also an opportunity to test the audit tool and identify any amendments to this.

A number of key issues such as chronologies, lack of communication and record-keeping were highlighted during the audit which has formed the basis for an improvement plan.

A follow-up audit in 2019 has been deferred to spring of 2020.

Other Areas of Work

- *The Independent Chair and ASP Co-ordinator attended a meeting with learning disability 'Keys to Life' group to ascertain if current services and supports are effective in safeguarding adults and if there are any gaps. A questionnaire was formulated of 2-4 questions that could be raised at meeting with adults and their families and Carers to gain their views. Questions were agreed and an easy to read version of the questionnaires was disseminated to the group.*

- *During the 16 Days of Action for Violence Against Women in November 2018, an issue was raised in relation to expectations and attitudes within community and faith groups in relation to protection issues and respect within families. This led to PKAVS convening meetings with community and faith groups and the wider public protection groups to work jointly and communicate a shared vision. This work is ongoing, and a leaflet is being developed in 6 languages to give information to promote safety, security and respect within families and communities.*

- *The APC has a wide membership including a representative from University of the Highlands and Islands (Perth College Campus). The Campus has students with a range of physical and learning disabilities including eye, hearing and speech impairments, mental health issues, learning difficulties and disabilities and physical and mobility issues. It has been agreed to explore this in more detail with the support staff at the college.*

5.2 Impact on Staff

Evaluation:

We are confident that we are developing a competent, confident and skilful workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated highly and having a positive impact on practice. The content of these learning and development opportunities take account of changing legislative, policy and practice developments and local challenges.

Staff Learning and Development

Perth and Kinross continue to deliver awareness and specialist training to all partner agencies to ensure staff can recognise and respond to any identified or suspected harm. This can be online training accessible to all people in Perth and Kinross or face-to-face training. The online training is an introductory training course in raising awareness for all staff regardless of where they work to recognise and respond to harm.

In relation to online training offered:

- *NHS e-learning module - 8,411 members of staff have completed the module across Tayside during 2018/19, this is a significant increase from the previous years:*

Year	Number of Staff Completed E-Learning Module
2012/13	1,600
2013/14	3,751
2014/15	4,964
2015/16	5,473
2016/17	5,607
2017/18	5,521
2018/19	8,411 *(out of 14,871 registered users = 56%)*
2019/20	9,270 *(up to 31 March 2020, 58% of workforce)* *(15,787 registered users all required to complete ASP LearnPro every 2 years).* A new revised module was launched 2 weeks ago.

- *E-learning module hosted by the Local Authority - 1,485 Council staff members have completed the module 872 in 2018/19 and 613 in 2019/20.*

- *The e-learning module is also available on the PKC webpage for all partner agencies. While we are unable to monitor who has completed the course, the e-learning page has been accessed 1,383 in the last 2 years, 440 times in 2018/19 and 943 in 2019/20.*

- *Face-to-face training consists of awareness training for all staff and specialist training for those staff involved in ASP cases:*

Course	2018/19	2019/20
ASP Awareness	65	180
Chronology Training	56	19
Enhanced Practitioner	6	22
APCC	13	10
Investigative Interviewing	13	8
3 Act Training	38	51

Evaluation of Courses

All courses were positively evaluated with over 95% rated good or excellent. There were many comments relating to opportunities to participate in multi-agency discussions and the value of using case studies to consolidate learning and the application of learning to practice. Participants valued group discussions and sharing of case examples which allowed them to reflect on their own practice.

We have introduced open badges which are digital certificates recognising learning and achievement. By completing open badges staff recognise and evidence their learning, skills, attributes and experience. It was introduced in September 2018 and achievements to date are:

Level	Evidence Required	2018/19	2019/20
Bronze	Attended and participated in ASP awareness course.	17	22
Silver	Written a 200 word essay on how it may be implemented in their work.	9	17
Gold	Written a 200 word essay on how staff have implemented ASP in practice on cases they are currently working with.	3	8

Trauma Informed Practice

In March 2018 following a Joint Conference (192 multi-agency delegates), we reported upon our ongoing partnership work with RASAC P&K to develop a trauma informed workforce across Perth and Kinross.

Throughout 2018-2020 this work has continued, and we have:

- *published and disseminated Perth and Kinross Trauma Informed Practice Guidance for practitioners working with children, young people and adult survivors of CSA/CSE;*

- *held two multi-agency Trauma Informed Managers Briefings; three multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.*

In total, 99 multi-agency delegates have attended these partnership training events, which they evaluated very highly. Further partnership work is planned to significantly increase these training opportunities to establish a critical mass of trauma-informed and aware practitioners across Perth and Kinross.

Harmful Practices

A workshop was organised on Human Trafficking for staff in Tayside that was delivered by Hope for Justice on 18 March 2019 to raise awareness and inform practice and policies. The policy was updated following this event.

5.3 Impact on Community

> **Evaluation:**
>
> *We have developed the APC webpage which provides public information that is accurate and relevant. We are working with Community groups to address issues identified as areas that could impact on our ability to safeguard people.*

Public Awareness

In recent years we have tried to raise awareness in a variety of different ways and different formats, eg Facebook, Twitter. It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

APC Website Usage

Number of Unique Users	2016/17	2017/18	2018/19	2019/20
ASP Information Page	1,476	1,617	1,367	1,413
ASP Learning Zone	1,026	744	440	943
ASP Resource Library	106	124	158	1,426
Adult Protection Committee	190	124	99	284
Totals	**2,798**	**2,609**	**2,115**	**4,066**

6 How Good is the Delivery of Services for Adults at Risk, Their Families and Our Operational Management?

Evaluation:

We are confident that our adult protection services are robust, effective and focused on vulnerability, risk and need.

This section highlights how we are delivering our services to support adults at risk. In relation to the response to concerns raised performance indicators show:

- *97.3% of referrals are screened within 24 hours;*

- *73% of ASP inquiries, 84% of investigations and 75% of Large-Scale Investigations are completed within timescales;*

- *71% of initial Adult Protection Case Conferences, 94% of review APCC and 100% of LSI meetings were held within timescales.*

There has been significant groundwork already undertaken regarding Adult Support and Protection within NHS Tayside, however, there is also recognition of the ongoing need to ensure the further development, oversight and implementation of effective Adult Support and Protection arrangements across the organisation.

NHS Tayside

The appointment of an Interim Lead for Adult Protection in June 2017 has made a positive impact on developing a public protection approach within NHS Tayside and the links with our key partners, to continue to establish a safeguarding culture across NHS Tayside which supports all staff to be alert and responsive to the potential risks of harm for our patients. NHS Tayside is developing a public protection approach under the leadership of the Nurse Director and this will include developing the Adult Protection infrastructure whereby funding for 2 Adult Protection Advisors has been agreed. Over the last 2 years, areas of development have included:

- *An increase in both referrals and engagement across NHS services in relation to adult protection.*

- *The Lead role provides strategic, professional and clinical leadership across the organisation, working in collaboration with locality Leads on all aspects of NHS Tayside's contribution to protecting adults.*

- *Increase in completion of the NHST ASP Learnpro course as well as providing a regular programme of face-to-face briefing sessions along with advice and consultancy.*

- *First NHST single agency ASP audit undertaken with plans to undertake a further audit in 2020.*

- *This lead role supports adverse incident reporting in adult protection at all levels and in all areas across NHS Tayside and works with service leads to ensure appropriate action plans are developed to reduce reoccurrence and inform learning and best practice.*

- *The Lead for Adult Protection role supports the broader adult protection agenda including MAPPA, VAW, Human Trafficking, Missing Patients and Appropriate Adults.*

- *Review of NHS Tayside Missing Patient Policy completed and a range of improvement actions to support this including introduction of Return Discussions and briefing sessions within acute hospitals led by Police Scotland.*

- *Mrs Ash SCR Learning Opportunity was held on 25 January 2019.*

- *NHS ASP Leads network established across Scotland with the first meeting held on 29 November 2018 and the group has continued to develop and be represented at national meetings.*

- *In collaboration with Tayside Locality ASP Leads, a range of work to develop good practice guides, learning from ICRs and SCRs, Minimum Learning Standards for ASP, IRDs and Capacity Assessments have been progressed.*

- *Development of a Quality Assurance and performance framework for Adult Protection within NHST.*

7 How Good is Our Leadership?

Evaluation:

We are committed to a collective approach to leadership, direction, support, scrutiny and joint partnership working is effective and robust. We want to achieve better outcomes for adults at risk and their families by continuous improvement through self-evaluation.

There is a strong history of partnership working across community planning in Perth and Kinross and the APC is well embedded within that. Although there have been some changes in structure, the APC has maintained and developed its focus on improving outcomes for vulnerable people through the delivery of its vision, through embedding strong governance and leadership to ensure the collaborative conditions in which skilled and effective practitioners can work with families to reduce their vulnerability and risk.

The APC is part of a public protection approach being enhanced and developed by the Chief Officer Group and has progressed stronger working links and connections across public protection committees and partnerships in Perth and Kinross and with other APCs in Tayside as part of a regional collaborative and with some other APCs across Scotland. It has also improved its approach to self-evaluation, obtaining a greater and more intelligent use of data, whilst learning from other authorities, and most importantly from those with a lived experience of the services.

7.1 Annual Development Day 2018 and 2019

The APC holds an annual development day to take time out with the formal committee structure to examine current progress, challenges and planning priorities for the next year. These were held on 21 June 2018 and 7 May 2019.

In 2018 there was a presentation and comparison of national and local statistics that identified areas that required further explanation and action.

The workshops focused on 3 main areas:

- *What has been achieved in the previous 2 years?*
- *What are the current challenges in Perth and Kinross?*
- *What are the priorities for the next year?*

In 2019 there was 4 mains themes:

- *Sexual Exploitation and Trafficking*
- *Alcohol and Drugs in Tayside*
- *Initial Case Review (ICR)/Significant Case Review (SCR) Learning*
- *Professional Curiosity*

An action plan was created, and new processes were developed in response to the learning from SCR:

- *Professional Curiosity*
- *Resolution and Escalation*

7.2 Learning from Significant Case Reviews (SCR)

As part of continuous improvement, the APC receives reports on national SCR and any actions that can be taken locally from recommendations. As part of this ongoing process a workshop was held in Tayside on 25 January from Glasgow Council in relation to Mrs Ash and the learning that resulted. Workshop held on the day identified local actions which included developing guidance on assessment of capacity and commission training for AWI especially in relation to Power of Attorneys.

7.3 Learning From ASP Thematic Inspections

During 2017, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland inspected Adult Support and Protection services in several partnership areas across Scotland. This was the first time any of the Scottish inspection bodies had scrutinised Adult Support and Protection. The scrutiny focused on outcomes for adults at risk of harm, the partnership's actions to make sure adults at risk of harm are safe, protected, supported, involved, and consulted, as well as leadership for adult support and protection. The six adult protection partnerships inspected were selected to reflect the diverse geography and demography of Scotland.

After publication of the results and recommendations in July 2018, Tayside organised a visit to North Ayrshire on 12 December 2018 to discuss process, findings and ascertain the learning that could benefit our partnership. Some areas identified were:

- *Number of Initial Case Review (ICR)/Significant Case Reviews (SCR)*
- *Conversion rate from ASP investigations to Case Conference*
- *Initial Referral Discussion (IRD) process*

These areas have been added to the Improvement Plan and are being progressed by the APC Sub-Group.

7.4 APC Risk Workshop

As part of ongoing evaluation an APC workshop was held on 26 November 2018 to develop a strategic Risk Register. The 4 areas scrutinised were:

- *Adult receives a person-centred response to concerns about their safety.*

- *Adult receives an effective integrated response to address their needs for support and protection.*
- *Adult Protection Committee provides effective leadership.*
- *Adult Protection Committee works in partnership with service users and wider communities.*

Actions identified have been progressed and documented within the Improvement plan. The Risk Register has since been updated to include our COVID-19 response.

7.5 Information for Elected Members and Members of Integration Joint Board (IJB)

On 30 November 2018 a session was held for members of the IJB on protecting people that allowed for sharing and exchange of information.

7.6 GP Engagement

General practitioners are an essential partner in ASP as capacity remains a key issue. There was a meeting on 30 November 2018 with the GP forum to discuss referrals and ASP issues. It is recognised that we need to enable GPs to actively participate in ASP work given their key role but there are challenges in their workload as cover is needed if they attend meetings and the time of notice required. There is a GP representative on the APC who disseminates information through the GP information network.

Working in Partnership

Partner agencies in the private and third sector are an integral part of the safeguarding framework in Perth and Kinross.

There are representatives on the APC from:

- *Care Homes for elderly*
- *Care Home for people with learning disability*
- *Care at Home organisations*
- *Citizen Advice Bureau*
- *Independent Advocacy*
- *Perth & Kinross Voluntary Services (PKAVS)*

7 How Good is Our Leadership?

The input and joint working with partner agencies has resulted in:

- *new electronic reporting system for reporting of incidents from care agencies to ensure consistency across all areas;*

- *focus on referrals to Independent Advocacy;*

- *ongoing engagement with minority ethnic and religious groups;*

- *increased information provided, reporting, follow-up and information in relation to current SCAMS;*

- *ASP input into Missing People protocol;*

- *work with financial institutions;*

- *updating of the Perth & Kinross Adult Support and Protection operational guidance.*

8 What is Our Capacity for Improvement?

Perth & Kinross APC is committed to continuous improvement through quality assurance and self-evaluation ensuring that outcomes for adult at risk is the main priority.

Building on our self-evaluation, lessons from SCRs and ASP thematic inspections we have developed an Improvement Plan 2020-21 which will continue to deliver outcomes.

8.1 Summary of APC Priorities for 2020-21

- *Monitor progress and evaluate the multi-agency protecting people group that was formed to develop practice standards which changed due COVID-19 including virtual meetings and the involvement and engagement of adults at risk and their families.*

- *Continue to develop and widen the quantitative and qualitative data from all agencies to inform practice and improvements and identify areas for improvement but focused on outcomes for adults at risk.*

- *Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.*

- *Monitor the referrals to Independent Advocacy on a quarterly basis and by locality areas.*

- *Engage with our partner agencies in higher education to ensure all client groups receive the support they need to safeguard themselves.*

- *Build on the engagement work with ethnic minority and religious groups to promote respect and equality with communities.*

- *Collate questionnaire information in relation to people with learning disabilities to check that current service provision is meeting needs. Plan a focused audit for people with learning disabilities to ascertain if there is evidence of a robust decision-making process in relation to adult support and protection.*

Appendix 1

Adult Support and Protection Annual Report 1 April 2015 - 31 March 2020

Contents

Appendix 1

Executive Summary

In the last year the APC has been developing a new reporting framework that is more focused on outcomes for adults at risk. While the wider ASP activity is captured in figures 1-9, the rest of the statistics figures 10-26 relate to cases that have proceeded to ASP investigation after it has been assessed that the criteria for adult at risk has been met.

Since 2018/19, referrals to Perth & Kinross Council's Adult Support and Protection (ASP) team increased by 10%, driven by a 17% increase in Vulnerable Persons Reports (VPR). This follows a year-on-year increasing trend for overall referrals and VPRs specifically across the 5-year reporting period. The trend coincides with an increase in referrals that are resulting in No Further Action and an increase in referrals recorded with Mental Health and Substance Misuse as the main referral categories. This data suggests there may be a causal link to the increase in VPRs but this would have to be investigated further in conjunction with Police Scotland to understand fully.

A significant achievement from the team has been that, in the face of the high numbers of referrals during 2019/20, the ASP team screened 98% of referrals within 24 hours: the highest proportion screened within this timeframe in the 5-year period.

The inclusion of multi-agency data such as health DATIX reports and advocacy involvement will enrich the multi-agency approach to ASP and give the broader perspective.

An area identified as potentially beneficial is to explore the feasibility of expanding the Service's data and analysis to include locality and Scottish Index of Multiple Deprivation (SIMD) reporting with a view to offering targeted information for localities to progress any areas identified.

Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Police Vulnerable Person Report	803	650	838	1,155	1,353	N/A	-19%	29%	38%	17%
Adult Protection Concerns	370	478	354	237	218	N/A	29%	-26%	-33%	-8%
Oohs - Adult Protection	54	74	67	54	22	N/A	37%	-9%	-19%	-59%
Total	1,227	1,202	1,259	1,446	1,593	N/A	-2%	5%	15%	10%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA

Appendix 1

1 Total Number of Referrals: Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals

Over the 5-year reporting period, total referrals increased by 30%, from 1,227 to 1,593, driven by a 68% increase in VPRs.

Over the past year, total referrals increased by 10%: +17% increased in VPRs offset by an -8% reduction in AP Concerns.

1.1 VPRs by Main Client Category

The number of VPRs increased by 17% during 2019/20. This follows a year-on-year increasing trend across the 5-year period. Analysing VPRs further by the main client category, VPRs related to Mental Health concerns have grown by an average of 18% year-on-year, rising more significantly since 2017/18. Substance Misuse is also a category with significant year-on-year growth (average 11%). These two categories of concern may indicate a causal relationship to the increase in VPRs; however, further research will need to be conducted with Police Scotland to confirm the relationship and identify any actions to support these cohorts.
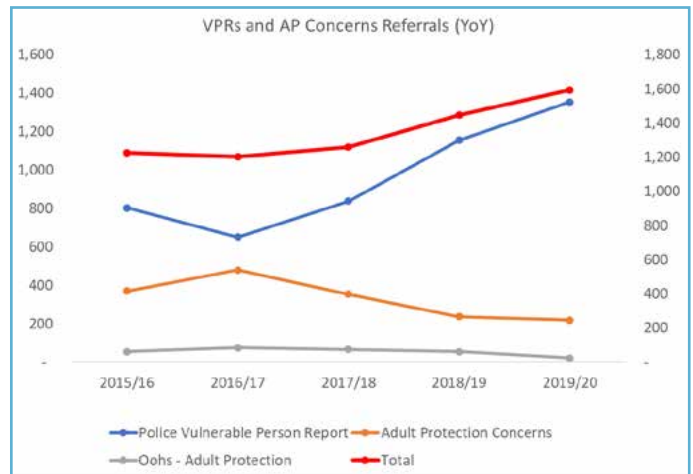
Figure 1: *VPRs and AP Concern Referrals (YoY)*
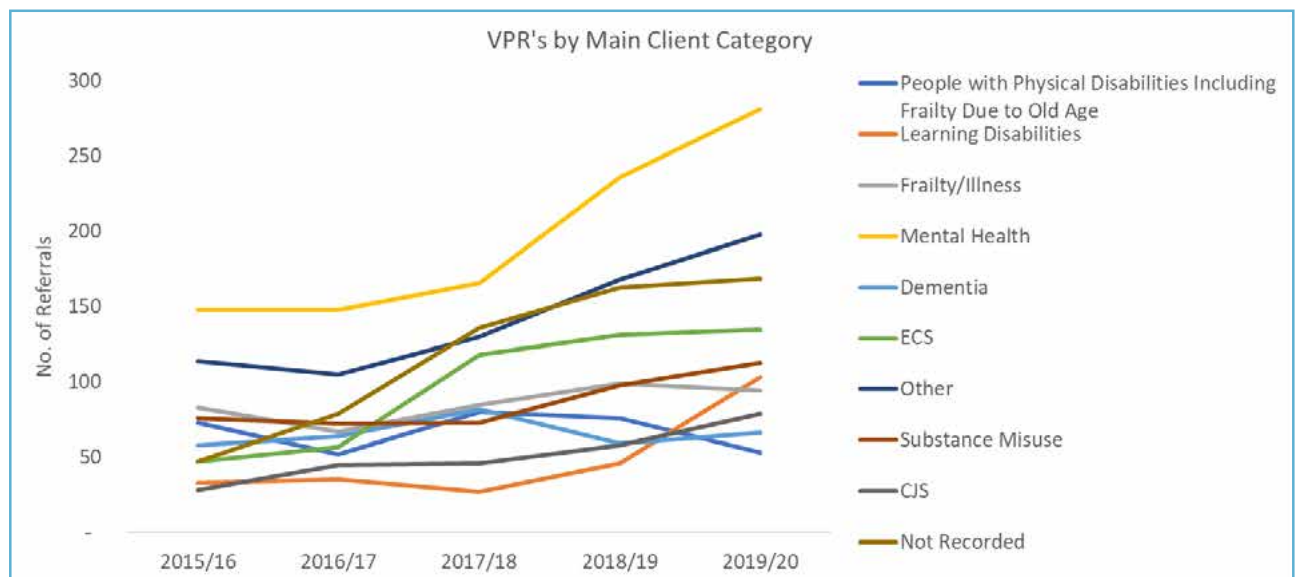
Figure 2: *VPRs by Main Client Category*

1.2 Total Number of Referrals Screened Within 24 Hours

Over the 5-year period, the service screened on average 95.6% of referrals within 24 hours, achieving 98% in 2019/20.

1.3 Total Number of DATIX Referrals

DATIX is a reporting system within NHS Tayside where staff must record any incident that may lead to an adverse effect on the person, eg medication errors. The category of adult protection was only added in March 2018.

Figure 3: *% of VPR and AP Concern Referrals Screened Within 24 Hours*

% of VPR and AP Concern Referrals Screened within 24 Hours (YoY)	2015/16	2016/17	2017/18	2018/19	2019/20
Yes percentage of total	94.9%	95.4%	93.1%	96.5%	98.0%
No percentage of total	5.1%	4.6%	6.9%	3.5%	2.0%

During 2018/19, there were 5 incidents recorded on the DATIX system for Perth and Kinross-shire. During 2019/20, there were 13 incidents recorded.

1.4 Total Number of Strategic Discussions

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Discussions	N/A	59	36	48	59		N/A	0%	-39%	33%	23%

A strategic discussion should take place for every ASP case; however, the above statistics highlight that this has occurred for an average of 21% of ASP cases since 2016/17. An action will be taken forward to investigate and improve the processes and procedures around strategic discussions.

1.5 Outcomes of Referrals (VPR and AP Concerns)

Year on Year Change (%)   *18*

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	299	339	226	186	204		N/A	13%	-33%	-18%	10%
Passed to Duty Worker	35	36	86	61	43		N/A	3%	139%	-29%	-30%
Passed to Team/Key Worker	467	513	494	488	543		N/A	10%	-4%	-1%	11%
Referral to other area/agency	-	1	3	2	1		N/A	0%	200%	-33%	-50%
Other	-	1	-	-	-		N/A	0%	-100%	0%	0%
NFA	426	312	450	709	802		N/A	-27%	44%	58%	13%
Total Referrals	1,227	1,202	1,259	1,446	1,593		N/A	-2%	5%	15%	10%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Referrals

Appendix 1

1.5.1 VPR Outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	19	16	13	14	17
Passed to Duty Worker	32	32	82	56	41
Passed to Team/Key Worker	360	308	325	394	498
Referral to other area/agency	-	1	1	1	1
Other	-	-	-	-	-
NFA	392	293	417	690	796
Total	803	650	838	1,155	1,353

The number of VPRs as a proportion of total VPRs that progress to ASP has declined year-on-year from 2.4% (19/803) to 1.3% (17/1,353) in 2019/20.

Over the 5-year period, an average of 52% of VPRs result in No Further Action. As a proportion of total VPRs, this figure is increasing year-on-year.
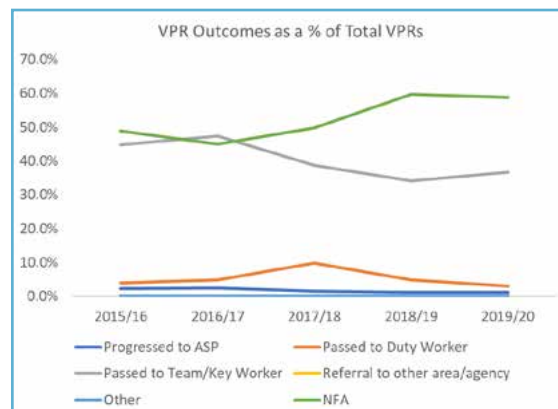
Figure 4: *VPR Outcomes as a % of Total VPRs*

1.5.2 AP Concern Outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	280	323	213	172	186
Passed to Duty Worker	3	4	4	5	2
Passed to Team/Key Worker	107	205	169	94	45
Referral to other area/agency	-	-	2	1	-
Other	-	1	-	-	-
NFA	34	19	33	19	7
Total	424	552	421	291	240

The number of AP Concerns that progress to ASP as a proportion of total AP Concerns has increased year-on-year from 50.6% (213/421) in 2017/18 to 77.5% in 2019/20.

The number of AP Concerns as a proportion of total AP Concerns that progress to a team or key worker has declined year-on-year over the same period from 40.1% (169/421) in 2017/18 to 18.8% (45/240) in 2019/20.
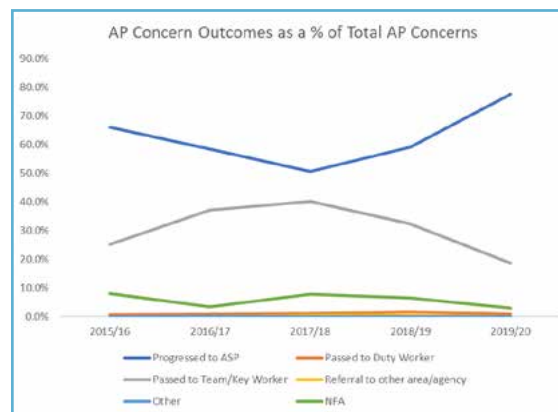

Figure 5: *AP Concern Outcomes as a % of Total AP Concerns*

Adult Support and Protection (ASP) Cases

An ASP *'case'* is a referral that has progressed to an ASP Inquiry or Investigation.

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	299	339	226	186	204		N/A	13%	-33%	-18%	10%
Inquiry	223	221	156	121	141		N/A	-1%	-29%	-22%	17%
Investigation	76	118	69	65	63		N/A	55%	-42%	-6%	-3%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA

2 Total Number of ASP Cases

As a proportion of total referrals, the number of referrals that progress to ASP decreased year-on-year from 18.4% in 2016/17 to 8.4% in 2018/19, increasing to 8.9% in 2019/20.

Of the referrals that progressed to ASP over the 5-year period, 69% progressed to inquiry and 31% to investigation.

The proportion of inquiries and investigations has remained relatively consistent across the 5-year period.
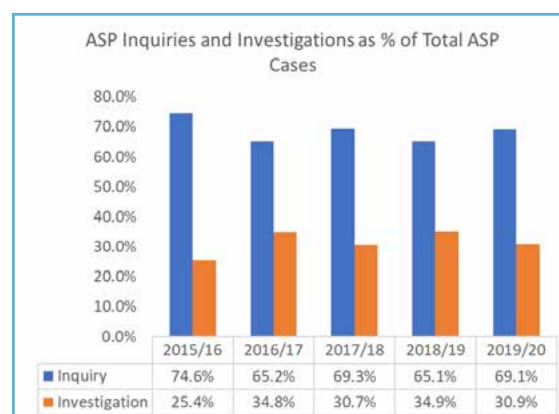
Figure 6: *ASP Inquiries and Investigation as a % of Total ASP Cases*

2.1 Large-Scale Investigations (LSI)

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Care Homes	18	18	12	4	3		N/A	0%	-33%	-67%	-25%
Care at Home	12	12	8	2	3		N/A	0%	-33%	-75%	50%
Supported Acc	4	3	4	1	0		N/A	-25%	33%	-75%	-100%
Daycare	1	0	0	0	0		N/A	-100%	0%	0%	0%
Total	35	33	24	7	6		N/A	-6%	-27%	-71%	-14%

Source: Mary Notman

Over the 5-year period, a total of 105 Large-Scale Investigations were conducted. The number of LSIs have decreased by 83% since 2015/16.

This has been achieved through close collaboration between the operational team and partner agencies to understand LSI root causes and put in place mitigation activities including:

- *conducting regular audits;*
- *putting in place nominated mental health staff for each care setting to help reassess people who behaviour is causing concern;*

- *introducing a new reporting system with clearly defined thresholds;*

- *early identification of areas of concerns and early input and support from the Care Inspectorate and Commissioning team to negate the need for LSIs.*

2.2   ASP Cases Completed in Timescales

ASP Inquiries are required to be completed within 14 days; Investigations and LSIs within 28 days.

The number of cases completed within timescale have remained within tolerance across the 5-year period with an average of 75.4% for Inquiries; 87.7% for Investigations and 78% for Large-Scale Investigations. The apparent decrease (50%) for Large-Scale Inquiries for 2018/19 is skewed due to the very small number of cases (4 in total).

% Cases Completed within Timescale

	2015/16	2016/17	2017/18	2018/19	2019/20
Inquiry within 14 days	80.9%	77.9%	72.2%	72.7%	73.1%
Investigation within 28 days	95.9%	88.7%	85.9%	88.3%	79.4%
Large Scale Investigation within 28 days	80.0%	90.0%	70.0%	50.0%	100.0%
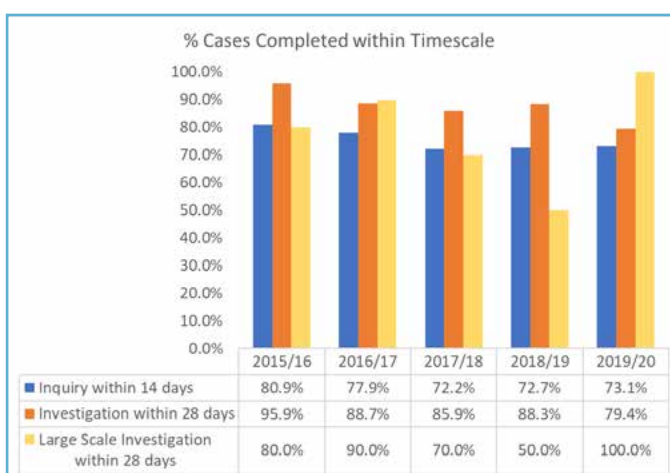
Figure 7: *% of Cases Completed Within Timescale*

2.3   Outcome of ASP Cases

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
							Year on Year Change (%)				
Alleged (Investigation Ongoing)	71	45	3	0	0		N/A	-37%	-93%	-100%	0%
Criminal Proceedings	3	9	3	8	6		N/A	200%	-67%	167%	-25%
FALSE	4	7	6	13	7		N/A	75%	-14%	117%	-46%
Not Recorded	40	31	52	0	42		N/A	-23%	68%	-100%	0%
Substantiated	77	124	79	89	55		N/A	61%	-36%	13%	-38%
Unsubstantiated	104	123	77	84	68		N/A	18%	-37%	9%	-19%
Other	0	0	5	0	26		N/A	0%	0%	-100%	0%
Total	299	339	225	194	204		N/A	13%	-34%	-14%	5%

Note: There should be no cases recorded for more than 28 days under the category Alleged (Investigations Ongoing): all cases should be completed within 28 days. Improvements in processes and ongoing work to cleanse and monitor data has resolved this since 2017/18.

As a proportion of total ASP cases (Figure 8), outcome categories have remained relatively consistent YoY with the exception of 2018/19 where there is an apparent spike in Substantiated and Unsubstantiated outcomes; however, this was driven by activity to resolve *'Not Recorded'* outcomes; which increased again during 2019/20. Each year approximately 15% of case outcomes are *'Not Recorded'*. A recommendation for the operation group will be to investigate the cause for this and put in place sustainable actions to resolve.
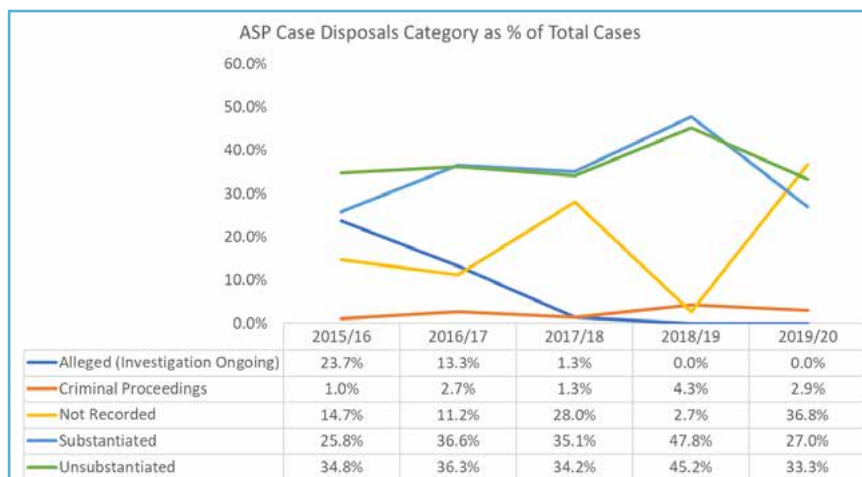
Figure 8: *ASP Case Disposal Categories as % of Total ASP Cases*

2.3.1 Breakdown of Substantiated Outcomes

There has been a drive from 2017/18 onwards to provide more detailed outcome information, therefore, this data shows a move from outcomes being described simply as "Substantiated" or "Unsubstantiated" (2015/16 and 2016/17) to more granular descriptions and this will continue to enhance reporting going forward.

	2015/16	2016/17	2017/18	2018/19	2019/20
Substantiated	77	122	7	-	-
Substantiated - care plan updated	-	1	23	44	27
Substantiated - carer support	0	-	-	13	4
Substantiated - legal powers applied/removed	-	-	6	3	3
Substantiated - new procedures implemented	-	1	15	11	8
Substantiated - perpetrator support/assessment	-	-	9	1	6
Substantiated - staff disciplined	-	-	6	6	3
Substantiated - staff dismissed	-	-	4	2	1
Substantiated - staff training	0	-	9	9	3
Total	77	124	79	89	55

2.3.2 Breakdown of Unsubstantiated Outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Unsubstantiated	104	123	35	-	-
Unsubstantiated - alleged harm by paid carer	-	-	3	3	8
Unsubstantiated - care concerns	-	-	11	28	20
Unsubstantiated - client has limited capacity/mem...	-	-	9	11	5
Unsubstantiated - financial conerns	-	-	16	34	26
Unsubstantiated - neglect concerns	0	-	3	8	9
Total	104	123	77	84	68

2.4 Referral to Independent Advocacy

Recorded new referrals to Independent Advocacy increased significantly from 2017/18 to 2018/19 (517%). This is due to the change to a new case management system and associated processes; which has enabled the team to improve their flexibility: reporting issues as they arise and develop into new referrals.
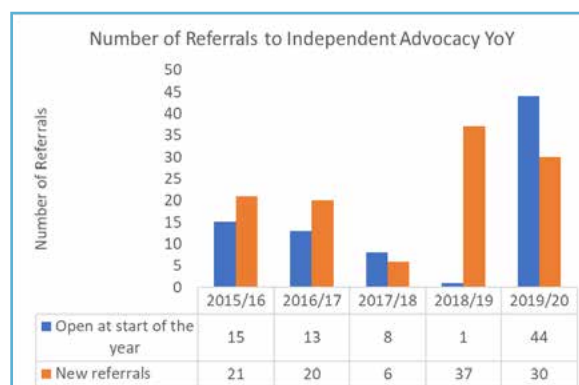

	2015/16	2016/17	2017/18	2018/19	2019/20
Open at start of the year	15	13	8	1	44
New referrals	21	20	6	37	30

Figure 9: *Number of Referrals to Independent Advocacy*

2.5 Alleged Perpetrators

Perpetrators by relationship to client

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Paid Carer/Worker	108	139	98	51	34		N/A	29%	-29%	-48%	-33%
Family/relation	86	74	70	82	84		N/A	-14%	-5%	17%	2%
Not Recorded	43	57	29	21	28		N/A	33%	-49%	-28%	33%
Not Related	40	48	20	18	9		N/A	20%	-58%	-10%	-50%
Other Service User	27	62	23	5	10		N/A	130%	-63%	-78%	100%
Unknown	13	9	2	6	6		N/A	-31%	-78%	200%	0%
Unpaid Carer	0	1	1	1	0		N/A	0%	0%	0%	-100%
Total	317	390	243	184	171		N/A	23%	-38%	-24%	-7%

Source: Adult Support and Protection Statistics - New Process - minus list of cotnacts v2 > Incidents (BO report)

Note: In some years there are more perpetrators recorded than the total number of ASP cases, this is because one case can include more than one perpetrator. However, the number of cases with perpetrators recorded has reduced year-on-year since 2016/17 to approximately 84% of the total ASP cases (204) in 2019/20.

Of those perpetrators recorded, as a percentage of total ASP cases, there has been a steady decline year-on-year (average -21%) in cases related to paid carers or workers, contrasted to a year-on-year increase (+35%) in the proportion of Family/relation perpetrators since 2016/17.
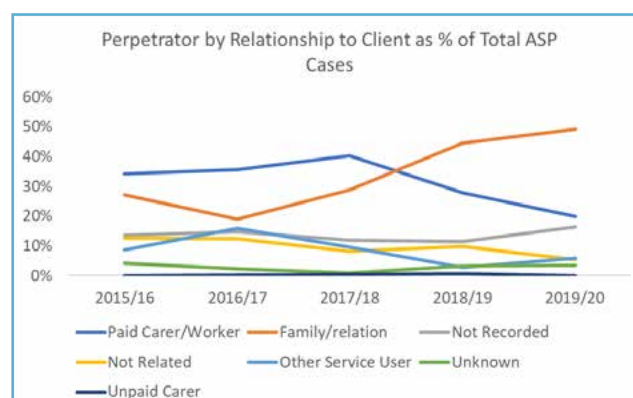

Figure 10: *Perpetrator by Relationship to Client as % of Total*

2.6 ASP Cases by Ethnicity

For the 5-year reporting period, 98% of ASP case clients identify as *'white'* ethnicity, with 72% of clients identifying specifically as White Scottish. There has been a year-on-year increase in clients who identify as *'Other'*.

An action that will be taken forward will be to enable more inclusive ethnicity classification in reporting.
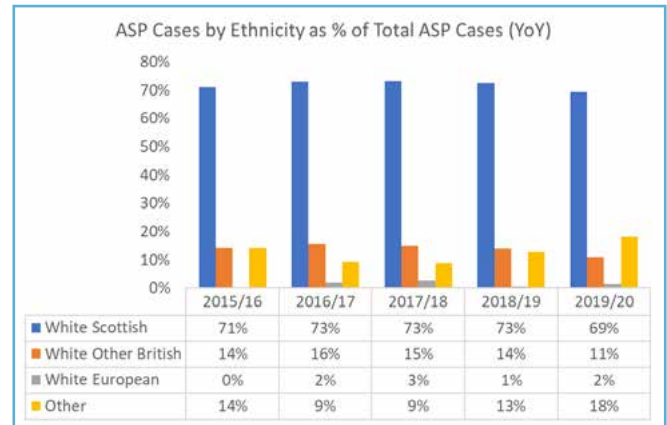

Figure 11: *ASP Cases by Ethnicity as % of Total ASP Cases (YoY)*

Adult Protection Investigations (APIs) Only

	2015/16	2016/17	2017/18	2018/19	2019/20
Total Referrals	1227	1202	1259	1446	1593
Progressed to ASP Cases (Inquiry & Investigations)	299	339	225	186	204
Inquiry	223	221	156	121	141
Investigation	76	118	69	65	63
Year on Year % Investigation variance	N/A	55%	-41.5%	-5.8%	-3.1%
Investigations as % of Total Referrals	6.2%	9.8%	5.5%	4.5%	4.0%
Investigations as % of ASP Cases	25.4%	34.8%	30.7%	34.9%	30.9%

Following an increase in the number of investigations during 2016/17 (+55%/+9.8% when normalised as a proportion of total referrals), the number and proportion of investigations has remained relatively constant for the remainder of the reporting period.
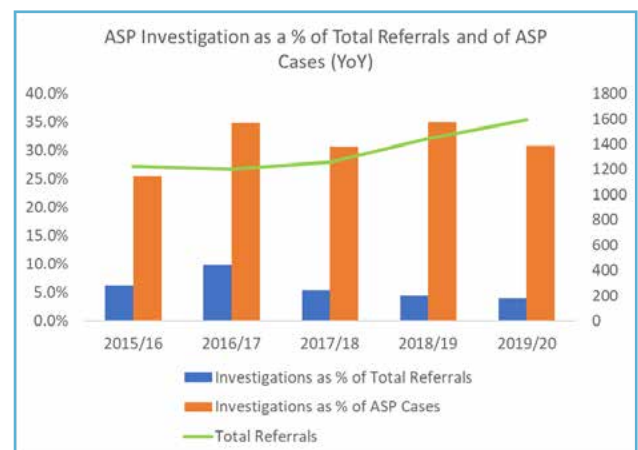

Figure 12: *ASP Investigations as % of Total Referrals and of ASP Cases*

3   API Cases by Referral Source

A pareto analysis (Figure 14) of the total number of investigations over the 5-year reporting period shows that 86.2% of investigations were from 5 sources: Care Establishment (39.4%); Internal PKC (25.1%); Family Relative (10%); the Police (7.2%) and Health Professionals (4.6%). Following a significant spike in investigations initiated from care establishments during 2016/17 (+175%/42 cases YoY), this cohort has decreased year-on-year due to the significant amount of work the operational team conducted in the care sector to raise awareness, provide support and introduce electronic reporting system with clear guidance.

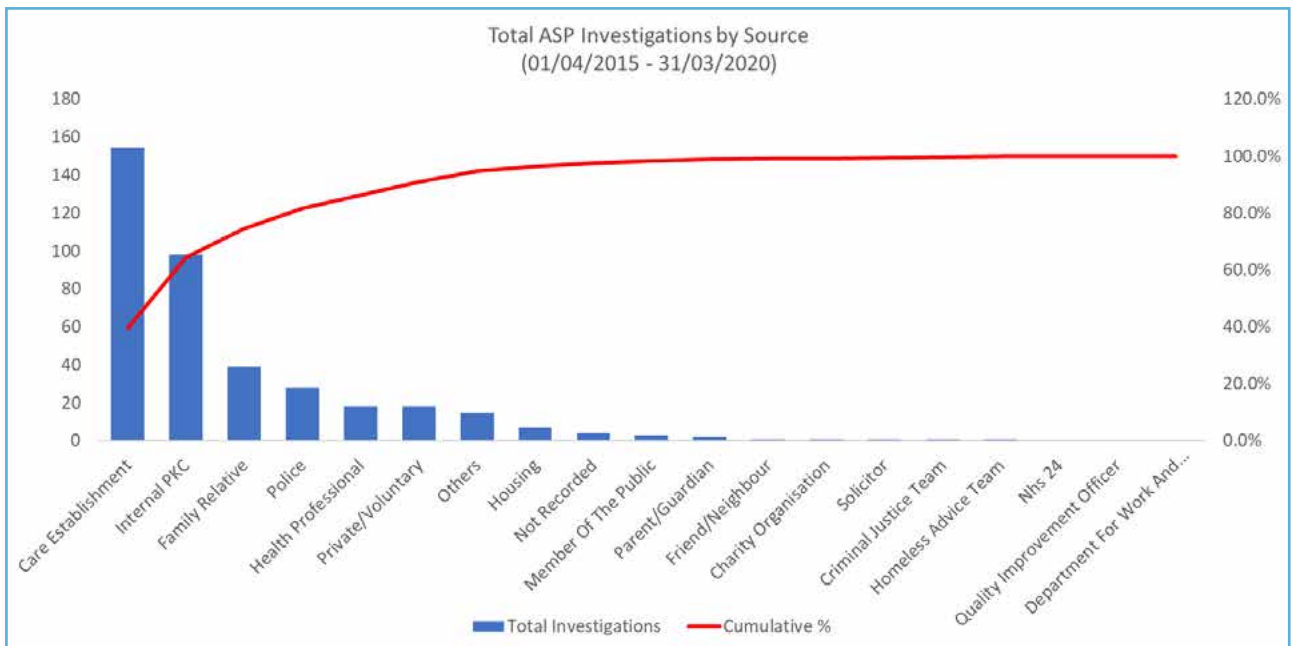**Figure 13:** *Investigations by Source: Top 5 Sources YoY*

Figure 14: *Total ASP Investigations by Source: Pareto Chart*

3.1 API Cases by Age Group

Across the 5-year period, the age group 81+ have been associated with a significantly higher proportion of investigations than any other age group (average 43%) (Figure 15).

The apparent increase in the 16-24 year old age group for 2019/20 is due to the very small number of cases involved (6 in 2019/20); which has skewed the % result.
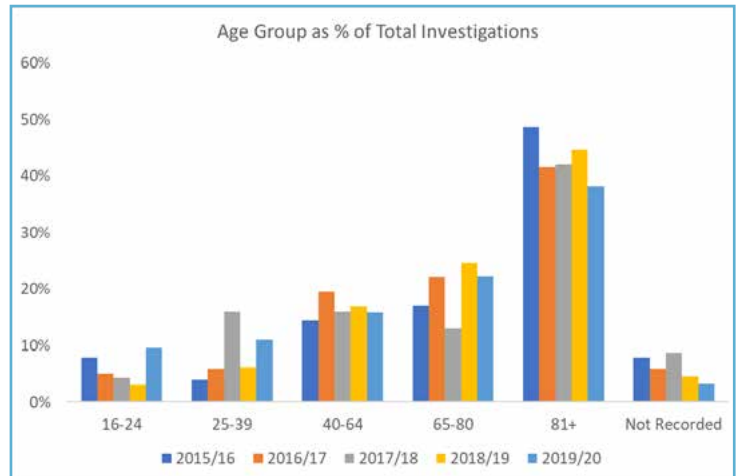

Figure 15: *Age Group as a % of Total Investigations*

3.2 API Cases by Gender

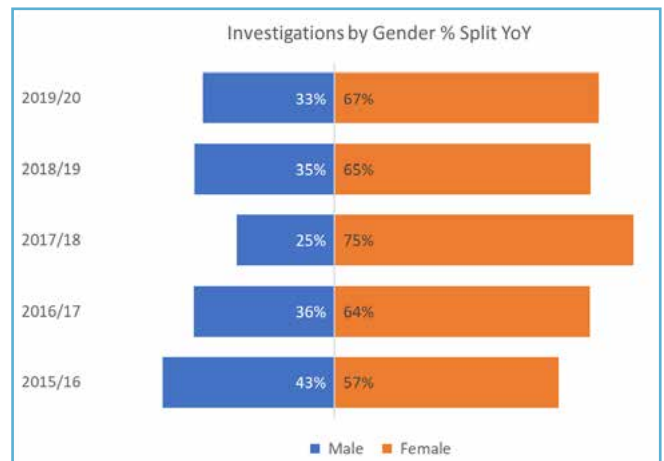Over the 5-year period, on average 66% of investigations each year relate to females.

Figure 16: *Investigations by Gender % Split YoY*

3.3 API Cases by Client Group

Across the 5-year period, 76% of investigations have involved clients with Dementia; Learning Disabilities or Frailty/Illness (Figure 17). There has been a year-on-year upwards trend in clients presenting with Frailty/Illness (Figure 18).
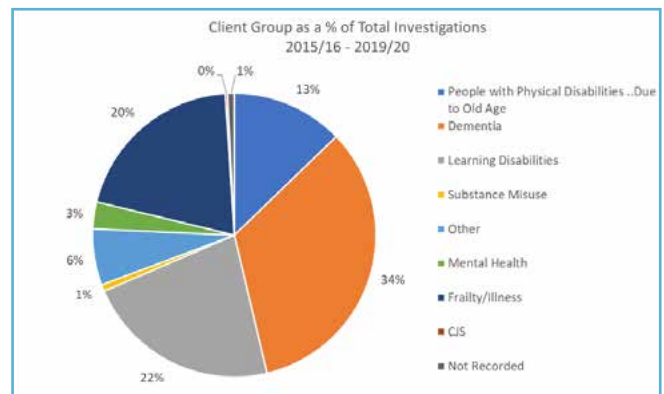

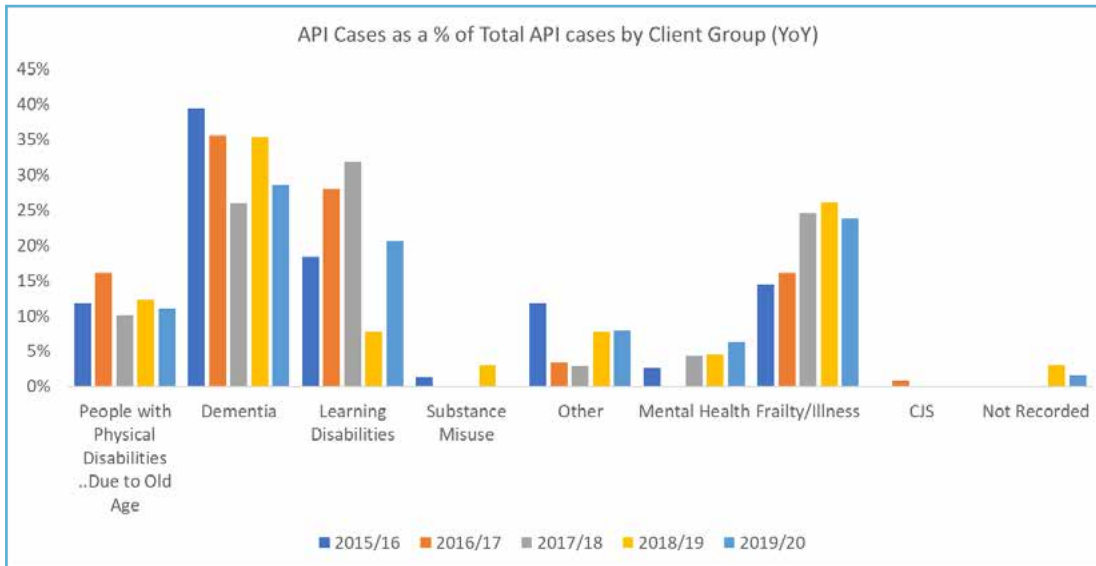**Figure 17:** *Client Group as a % of Total Investigations*

Figure 18: *API Cases as a % of Total API Cases by Client Group (YoY)*

3.4   Harm Type

Across the 5-year period, Physical Harm constituted 44% of all investigations (Figure 20). However, analysing year-on-year trends, the proportion of cases related to Physical Harm decreases significantly (57%) from 2017/18 to 2018/19 and again for 2019/20 (19%).

Financial Harm-related investigations; however, quadruple from 2017/18 to 2018/19 and increase again in 2019/20 (+9%) (Figure 19). The work done by Police Scotland with financial institutions, such as banks, to raise awareness and build relationships may have contributed to this rise.
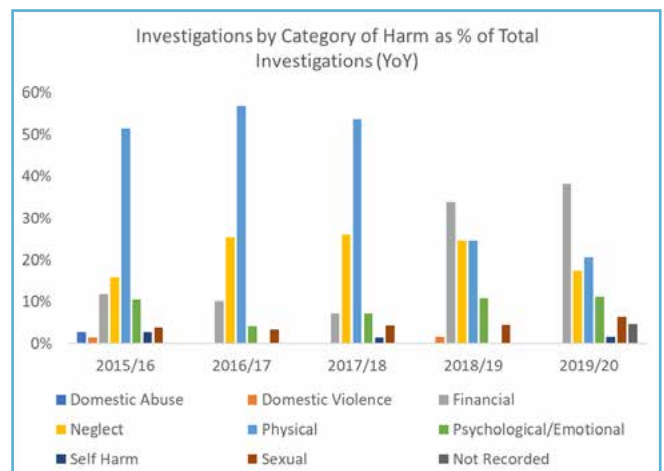

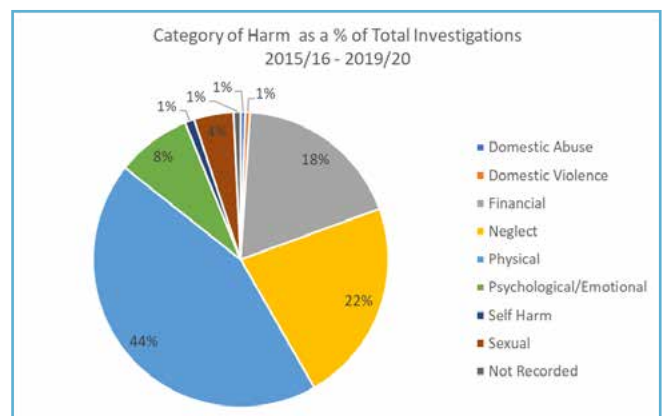**Figure 19:** *Investigations by Category of Harm as a % of Total Investigations*

Figure 20: *Category of Harm as a % of Total Investigations (5-Year Period)*

3.5 Location

From 2016/17, the percentage of investigations that took place in a care home setting has decreased consistently year-on-year (Figure 22). This has been achieved by the team through regular audits, implementing an initiative to attach a mental health nurse to each care home, developing aid memoires and changing the reporting system.

Investigations related to harm in public places increased 5-fold between 2018/19 and 2019/20: 4 out of 65 investigations during 2018/19, and 21 out of the 63 investigations in 2019/20.
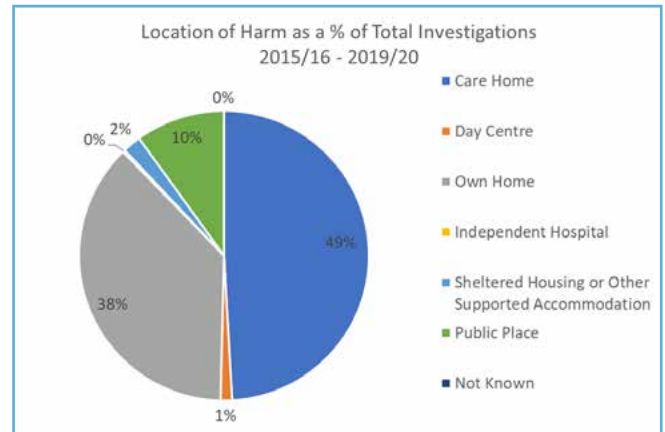

Figure 21: *Location of Harm as a % of Total Investigations (5-Year Period)*
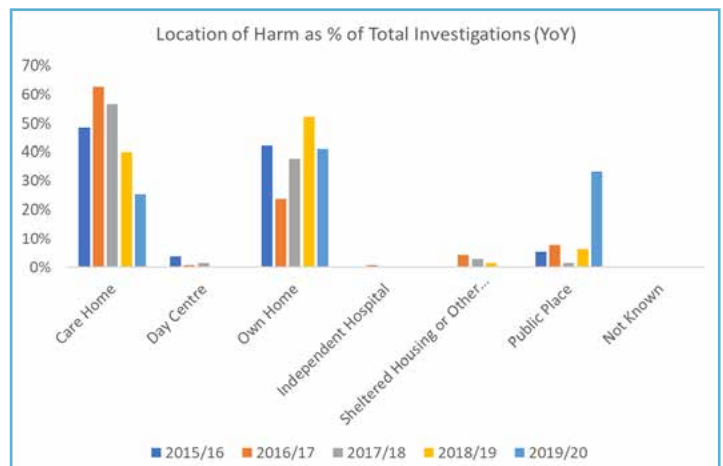

Figure 22: *Location of Harm as a % of Total Investigations (5-Year Period)*

3.6 Measure of Intervention Success

Responses to the questionnaire question: Has the intervention been helpful? (Adults at Risk only)

Across the 5-year period, 45% of all respondents confirmed that the intervention had been helpful and 45% lacked the capacity to understand sufficiently to answer to question.
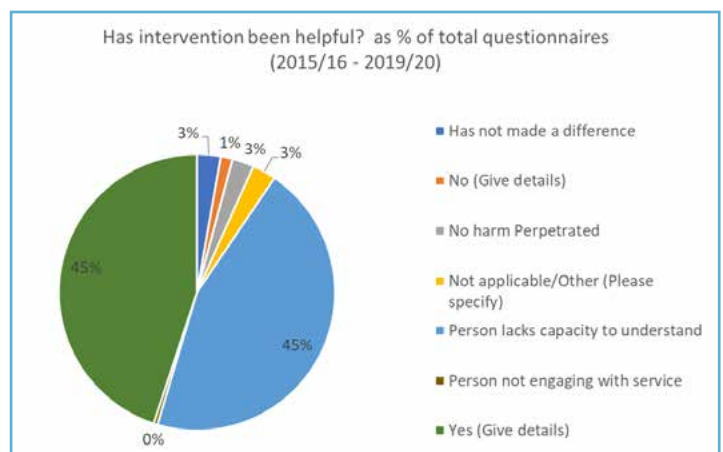

Figure 23: *Response to the Question: Has the Intervention Been Helpful? (5-Year Period)*

The number of clients who felt the intervention had been helpful, however, decreased from 51% in 2018/19 to 38% in 2019/20 and the number who lacked capacity to understand increased from 34% to 45% in the same period.
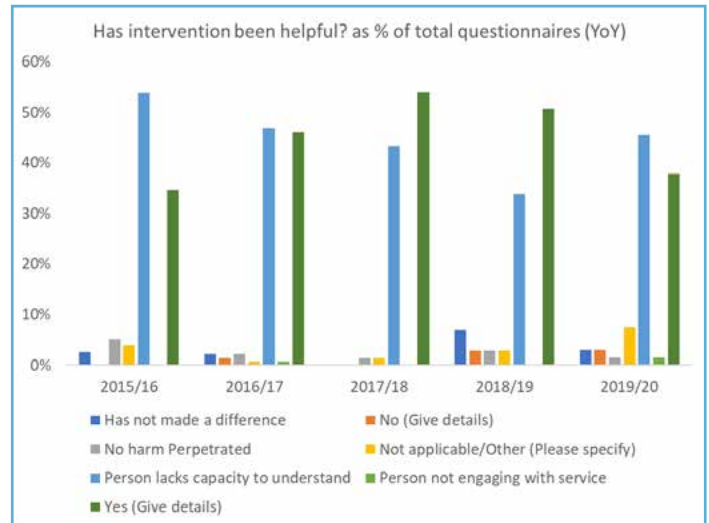

Figure 24: *Response to the Question: Has the Intervention Been Helpful? (YoY)*

Adult Protection Case Conferences (APCC)

						Year on Year Change (%)				
Source	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Initial	15	10	8	10	8	N/A	-33%	-20%	25%	-20%
Large Scale Inquiry - Initials	0	9	8	0	0	N/A	0%	-11%	-100%	0%
Large Scale Inquiry - Review	0	5	5	2	0	N/A	0%	0%	-60%	-100%
Network Meeting	1	1	0	2	0	N/A	0%	-100%	0%	-100%
Review	12	12	2	10	4	N/A	0%	-83%	400%	-60%
Total	28	37	23	24	12	N/A	32%	-38%	4%	-50%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Referrals

4   Total Number of Adult Protection Case Conferences (APCC) by Source

Over the 5-year period, 124 APCCs were conducted: 41% resulted from Initial Investigations; 32% from Reviews; 14% from Large-Scale Investigation (LSI) Initials; 10% from Large-Scale Investigation Reviews and 3% from Network Meetings.

Since 2016/17, the number of APCCs has decreased year-on-year. This area of work is currently undergoing an external audit.
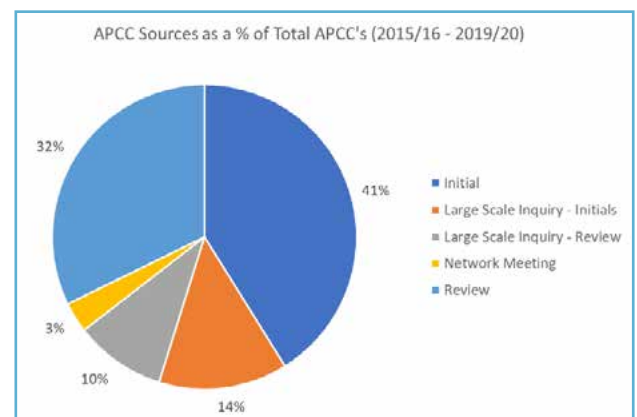

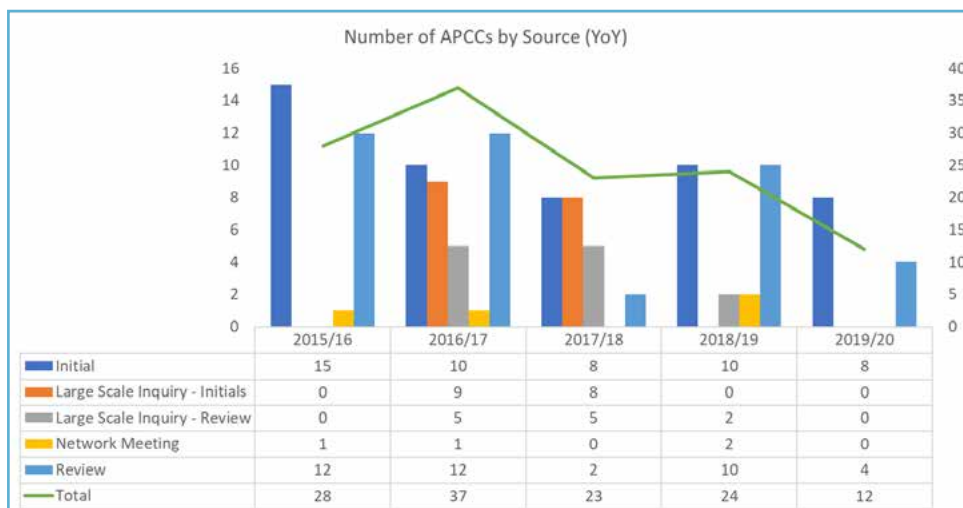**Figure 25:** *APCC Sources as a % of Total APCCs*

Figure 28: *Total Number of APCCs by Source (YoY)*

4.1 Outcome for Client of Adult Protection Case Conferences

During 2019/20 a drive was initiated to ensure all Outcomes were recorded.

4.2 Adult Protection Plans

Across the 5-year period, only 19 Adult Protection Plans were recorded; however, there should be at least one Protection Plan per case conference. An action will be taken forward to investigate the low numbers of Protection Plans.
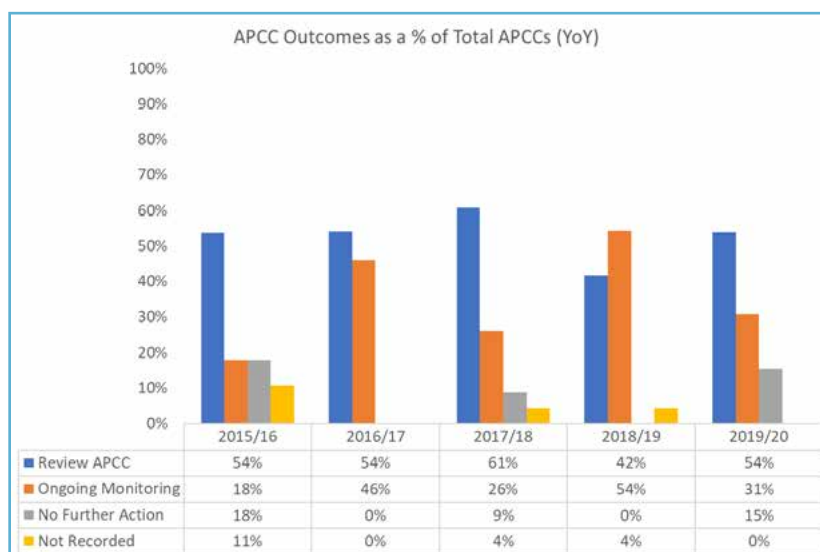
Figure 27: *APCC Outcomes as a % of Total APCCs*

	2015/16	2016/17	2017/18	2018/19	2019/20
Completed	0	2	2	3	9
Planner Ended	0	0	0	0	1
Ongoing	0	0	0	0	1
Not Recorded	0	0	1	0	0
Total	0	2	3	3	11

4.3   Protection Orders

May 2015: Banning order applied for and granted.
This order was requested to prevent a son visiting his 85-year-old mother who experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

August - September 2016: Banning order applied for and granted.
A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

May - July 2017: Banning order applied for and granted.
Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.

Adult Support and Protection Improvement Plan 2020-2021

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

Vision

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

Purpose

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

Local Context

Under the auspices of the **Community Planning Framework** 🔗 are the key strategic plans for all services in Perth and Kinross to improve the lives of vulnerable people by ensuring:

- *resilient, responsible and safe communities;*
- *people in vulnerable circumstances are protected;*
- *longer healthier lives for all.*

The Work of the Adult Protection Committee (APC)

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

The National Improvement Framework for Adult Support and Protection underpins the work of the APC.

Areas are:

1 *Assurance*

2 *Governance*

3 *Data and Information*

4 *Policy and Guidance*

5 *Practice Improvement*

6 *Prevention*

Appendix 2

Indicators for risk in the Improvement Plan:

RAG Legend - Red Amber Green

R	**Red:**	*There are **significant** issues and/or risks that are impacting on the action/task right now = we are not delivering the action/task on time/scope/budget*
A	**Amber:**	*There are **some** issues and/or risks that are impacting on the action/task if not fixed = we are at risk of not delivering the action/task on time/scope/budget*
G	**Green:**	*There are **no** issues and/or risks impacting on the action/task which is progressing according to plan = we are delivering the action/task on time/scope/budget*

Action/Task	Strategic Lead	Timescale		RAG
Areas Based on National ASP Improvement Plan				
1 Assurance				
1.1 Develop an effective multi-agency data framework that informs practice and identifies areas for improvements.	*Independent Chair*	September 2020	• *Tayside reporting framework draft developed and awaiting feedback from APCs.* • *Multi-agency data mapped across Perth and Kinross.*	**G**
1.2 Develop self-evaluation framework and embed national improvement plan indicators.	*APC and APC Sub-Group*	March 2020 Completed	• *Scottish Government published National Improvement Framework - plan adapted to reflect national areas.*	**G**
2 Governance				
2.1 Adult protection embedded in clinical and care governance framework.	*Independent Chair* *Chief Social Work Officer* *Head of Service* *ASP Co-ordinator*	Ongoing	• *Currently have indictors for ASP.* • *Part of reporting structure for Annual reports.* • *Quarterly updates on LSI and identified risks.*	**G**
2.2 Strategic linkage and support for adult protection through Chief Officers' programme.	*Independent Chair*	Ongoing	• *Chair of APC attends COG.* • *Chair of APC meets regularly with Chief SWO and CEO of Perth & Kinross Council.* • *Chair of APC reports to Council and IJB on ASP activity.*	**G**

Action/Task	Strategic Lead	Timescale		RAG
2 Governance *(continued)*				
2.3 Recruitment and retention of appropriately skilled and trained staff.	*Chief Social Worker* *Head of Social Work & Social Care* *Independent Chair*	Ongoing	• *Tabled at Care & Clinical Governance Group.* • *Tabled at senior management meetings.*	**A**
2.4 Make effective links and reporting structure with hosted services	*Chief Social Worker* *Head of Social Work & Social Care* *IJB Chief Executive* *Independent Chair*	Ongoing	• *Tabled at Care & Clinical Governance Group.* • *Tabled at senior management meetings.*	**A**
3 Data and Information				
3.1 Review and update the current adult protection performance outcome data set.	*Independent Chair* *APC* *APC Sub-Group*	Ongoing	• *Further outcome-focused indicators to be identified.* • *Measurement of service user and carer experience.*	**G**
4 Policy and Guidance				
4.1 IRD process.	*APC and APC Sub-Group*	December 2020	• *Paper presented at March APC.* • *Tayside meeting 27 May.* • *P7K to develop process for discussion.*	**G**
4.2 COVID-19 processes and operational guidance.	*APC and APC Sub-Group*	May 2020 Completed September 2020	• *ASP operational staff guidance developed.* • *Explore virtual platforms for APCC and develop guidance.*	**G**
4.3 Self-Neglect and Hoarding Tayside policy.	*APC and APC Sub-Group*	September 2020	• *Update existing policy to include updated research and training.*	**G**
5 Practice Improvement				
5.1 Review and strengthen referrals to Independent Advocacy.	*APC Sub-Group*	September 2020	• *To be included in reporting framework.* • *Inclusion in ASP training courses.*	**G**

Action/Task	Strategic Lead	Timescale		RAG
5 **Practice Improvement** *(continued)*				
5.2 **Engagement with adults at risk and carers/families.**	*Independent Chair* *ASP Co-ordinator*	September 2020	• Keys to life group. • PKAVS - Ethnic Minority Hub, meeting with religious leaders. • Perth College.	**G**
5.3 **Reviewing processes.**	*ASP Co-ordinator*	Completed 2018 December 2020	• Conversion rate from ASP investigations to APCC report. • Arrange external audit.	**G**
5.4 **Impact of COVID - disruption of key processes/increased demand for services.**	*Independent Chair* *ASP Co-ordinator* *Head of Adult Social Care & Social Work*	Ongoing	• Weekly monitoring of AS cases and referrals. • Update processes and operational guidance for visits etc.	**G**
6 **Prevention**				
6.1 **Learning from local and national adverse events.**	*APC Sub-Group* *Grace Gilling*	September 2020	• Presentation at APC in September on Tayside SCR. • Report to HSCP management teams and updated on adverse event register.	**G**
6.2 **Staff learning and development.**	*APC Sub-Group* *ASP Leads in Tayside*	Ongoing	• Develop a minimal learning standards framework across Tayside - draft completed to be tabled at APC March 2020. • Courses developed and delivered jointly - defensible decision-making, 3 Act training. • Provide access to more courses on trauma-informed practice.	**G**
6.3 **Links with relevant protecting people partners.**	*APC* *APC Sub-Groups*	Ongoing	• Regular review of APC membership. • ASP Co-ordinator member of Protecting People Co-ordinators' Group.	**G**

Action/Task	Strategic Lead	Timescale		RAG
7 COVID-19 Impact				
7.1 Care homes are under pressure to perform their normal duties and responsibilities because of pressures from COVID-19.	*APC*	Ongoing	• *Impact of reduced visits, external scrutiny and monitoring of quality of care provided.* • *Daily contact from contracts team.* • *Additional supports have been put in place by NHS Tayside and PKC.*	**R**
7.2 Withdrawal of external protective supports and home visits to vulnerable adults and families.	*APC* **Head of Service**	Ongoing	• *Staff are alert to individuals who are shielding/self-isolating.* • *Daily Contacts from Council.* • *Increased communications via Social Media.*	**R**

APC Self Evaluation Audit

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs	Target Date for APC
1	**16 May 2018**	VPR/AP Concern Audit	Ensuring effective decision-making	Tabled at APC September 2018
2	**30 August 2018**	NHS Audit *Grace Gilling/Mary Notman*	Involvement of key agencies	Tabled at APC December 2018
3	**30 July 2018**	Biennial Report completed *Mary Notman*	Evaluation Report	Tabled at APC meeting on 30 August 2019
4	**26 November 2018**	APC Risk Workshop	Risk profile	Tabled at APC March 2019
5	**30 November 2018**	Attended P&K GP Forum to discuss to involvement with ASP National meetings 26 September 2018 and 26 March 2019	Updated draft guidance on GP involvement	In progress nationally - final draft out for consultation
6	**11 December 2018**	Visit to North Ayrshire to discuss ASP Thematic Inspection	Paper produced on learning points	Tabled at APC March 2019
7	**25 January 2019**	Mrs Ellen Ash SCR Presentation	Paper produced on learning points	Tabled at APC on 8 March 2019

Appendix 2

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs	Target Date for APC
8	**30 January 2019**	Multi-Agency Audit at Highland House *Mary Notman*	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC on 8 March 2019
9	**15 May 2019**	VPD/AP Concern Audit *Mary Notman*	Audit to check recording, response, decision-making and adherence to processes	Tabled at APC September 2019
10	**16 January 2020**	Multi-Agency Case File Audit Pullar House	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC March 2020
11	**29 May 2020** ***Rearranged 25 June 2020***	VPR/AP Concern Audit	Internal audit on effectiveness of initial responses	Postponed due to COVID-19

Key ASP Dates

20 February   *National ASP Aay*

15 June   *Elder Abuse Awareness Day*

1 October   *International Older Person Day*

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب:
الاسم: Customer Service Centre
رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اس کا بندوبست سروس ڈیولپمنٹ Customer Service Centre سے فون نمبر 01738 475000 پر رابطہ کر کے کیا جا سکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式（某些時候，這些文件只會是概要式的翻譯），請聯絡 Customer Service Centre 01738 475000 來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Prosze kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Nam bu mhath leat fhèin no neach eile as aithne dhut lethbhreac den phàipear seo ann an cànan no ann an cruth eile (uaireannan cha bhi ach geàrr-iomradh den phàipear ri fhaotainn ann an eadar-theangachadh), gabhaidh seo a dhèanamh le fios a chur gu Ionad Sheirbheis Theachdaichean air 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

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