



# ASP Biennial Report 2020 - 2022



**POLICE  
SCOTLAND**

## Contents

	Page No.
1. Introduction	
1.1 Foreword from the Chair of Adult Protection Committee	4
1.2 Background	6
1.3 Our Structure	7
1.4 Our Introduction to the report	7
1.5 ASP Summary	8
2. Local and National Context to Adult Support and Protection	
2.1 Perth and Kinross	9
2.2 ASP Vision and Purpose	9
2.3 ASP National Context	10
3. Statutory Requirements	
3.1 Statutory adult protection work seen as an organisational priority	11
3.2 Public Protection seen as a priority	12
3.3 APC and APC Sub Groups remained a priority area	12
3.4 The importance of sustaining our Tayside collaboration of Independent Chairs and Lead officers	13
4. Analysis of Harm	
4.1 Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals	13
4.2 Referrals Screened within 24 hours	13
4.3 ASP Inquiry and ASP Investigations	14
4.4 Adult Protection Case Conference	15
4.5 Protection Orders	16
4.6 Large Scale Inquiry	17
5. ASP Activity and service Improvements between 2020 and 2022	
5.1 Establishing an NHS Tayside Adult Protection Team and the publication of the NHS Tayside AP Team Annual Report 2020 & 21	18
5.2 Establishing a Care Home Oversight Group	18
5.3 Investment in the Access Team in the last two years	19
5.4 ASP supporting those who experience gender-based violence	20
5.5 Rise in Financial Harm and re-establishing an APC Financial Harm Subgroup	20
5.6 Improving our use of service user feedback	20
5.7 Improving the transitions from Child Care Services into Adult Care Services	21
5.8 The APC has developed an ASP Learning Pathway	21
5.9 Improving the use of chronologies to support better assessment of risk	22
5.10 Commitment to better and consistent recording of strategic Discussions	22
5.11 The introduction and implementation of Initial Referral Discussion (IRDs) into practice in 2021	22
5.12 Our commitment to qualitative and quantitative audits to inform our work	23
5.13 Strengthening the Public Protection (strategic) Group, Public Protection Workforce Development and the use of a public protection Risk Register to assess and mitigate organisational risk	24
5.14 Sharing the APC Annual Report 2021/22 with P&K Elected Members and the Integrated Joint Board	24

6. Training Learning and Development	
6.1 Overview	24
6.2 Remodelled Council Officer training programme	25
6.3 Learning leading to establishing a Capacity Assessment pathway	26
6.4 APCs commitment to Trauma Informed Practice and a Trauma Informed workforce	26
6.5 NHS E-learning Adult Support and Protection Learn Pro Module	26
6.6 APC supporting ASP Matters (peer led support)	26
6.7 Serious Case Review (SCR) - MR A	27
6.8 In this two-year period, the APC has established a multi-agency thematic learning review group	28
6.9 ASP Learning Pathway	28
7. Engagement, Involvement and Communication	28
7.1 Feedback from service users and unpaid carers	29
7.2 Communication and Public Awareness	29
7.3 The importance of sustaining close safeguarding relationships with wider organisations	30
8. Looking Forward	30
9. Our response to Covid-19	31
10. Summary	32
APPENDIX A – Infographic summary	33
APPENDIX B – Good Practice Examples	34

## **1. Introduction**

### **1.1 Foreword by the Chair of the Adult Protection Committee**

I am pleased to present the Perth and Kinross APC Biennial Report 2020-22 which provides an overview of the activity of the Perth and Kinross APC over the last two years. It identifies strengths and areas of achievement and areas for improvement for the coming period. Providing an APC biennial report is a statutory requirement. In terms of providing sufficient governance, scrutiny and quality assurance, the P&K APC has valued the benefit of providing annual APC reports to coincide and compliment with the required biennial reports. An APC report was prepared for the period 2020/21. Therefore, some will be familiar with some aspects of this biennial report.

For the first part of this reporting period, Adult Support and Protection work, like all aspects of society, was dominated by the Covid pandemic as vulnerable adults experienced social isolation, shielding, more limited and restricted opportunities for community support resulting in increases in mental health issues, domestic violence, and pressures on the care home and care at home sector. Services had to respond to this challenge by adapting through the greater use of digital technology and redeploying staff to times and areas of greatest need. A collaborative partnership approach was required at leadership, management and practitioner level. This led to a further strengthening of the strong partnership working that has existed in P&K for many years.

At leadership level, for example, regular senior operational meetings were developed into a Public Protection Coordinating Group, led by the CSWO and reporting formally to the Chief Officers Group. At management level, greater use of data and a common risk register were important tools in assessing organizational risk and deploying and increasing resources where necessary. The creation of the Care Home Oversight Group ensured a coordinated, effective, response in an area of great risk. At practitioner level, too, incorporation, where appropriate, of new ways of working introduced during the Pandemic has led to a strengthening of partnership working across the public protection area. Through this approach, performance in adult protection work was maintained, or improved, despite the steady increase in referrals which has continued throughout the reporting period.

P&K APC 's commitment to self-evaluation and improvement work has existed for many years and although both locally and nationally, this was paused at the start of the pandemic, over this reporting period there has been significant work undertaken in different ways to assess the strengths and areas for improvement required for the APC. There have, for example, been several consultation events for practitioners to be engaged with improvement work of the APC and along with the ongoing work to engage with service users and their unpaid carers. This has been a priority for the APC. There has also been several audits and reviews of key processes, such as chronologies and Initial Referral Discussions, to ensure that guidance and training is informing practice in assessing risk. An ASP Learning Pathway has also recently been developed to assist practitioners to tailor training and development opportunities to their needs. Another important source of learning and improvement for the APC is through conducting Initial Case Reviews and Significant Case Reviews (now named Learning reviews) and learning from

those undertaken across Tayside and nationally. This has been a growth area for the APC over the last two years both in terms of the numbers but also in terms of the complexity of some of the cases.

Whilst this Biennial report evaluates progress over the last two years in adult support and protection work, it also focuses on what and where are our priorities for improvement are for the coming years. This includes our collaborative work across public protection to tackle issues for young people in transition and support adults experiencing gender-based violence. As an APC, we will continue to improve our engagement with service users and carers in the delivery and design of their services and develop improvements on key processes that ensure high standards of assessment of risk.

Lastly, whilst there have been some changes in membership of key strategic groups that support Adult Support and Protection work over the last two years, the standard of service and commitment to improve has been maintained for two reasons. Firstly, there has been, for a long time, a strong history of commitment and support for adult supporting protection work, as part of public protection, by elected members, IJB members, and Chief Officer Group. Secondly, high standards of ASP work have been maintained because of the consistent support from the CSWO and the effective management of the transition between the retiring and new lead officer for Adult Support and Protection. I would like to acknowledge and thank these individuals and members for their help and support



## 1.2 Background

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

Section 46 of the Act requires the Convenors of Adult Protection Committees (APC) to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years. However, it is our position that an annual standard and quality report is also produced to give an overview of the key activities and work of the APC to safeguard adults from harm.

An APC Annual Report covering the reporting period 2020/21 was published in 2021. This is available at: [Adult Support and Protection Committee - Perth & Kinross Council \(pkc.gov.uk\)](https://www.pkc.gov.uk) Therefore, this 2020 – 2022 Biennial report can be read in conjunction with this 2020/21 annual report.

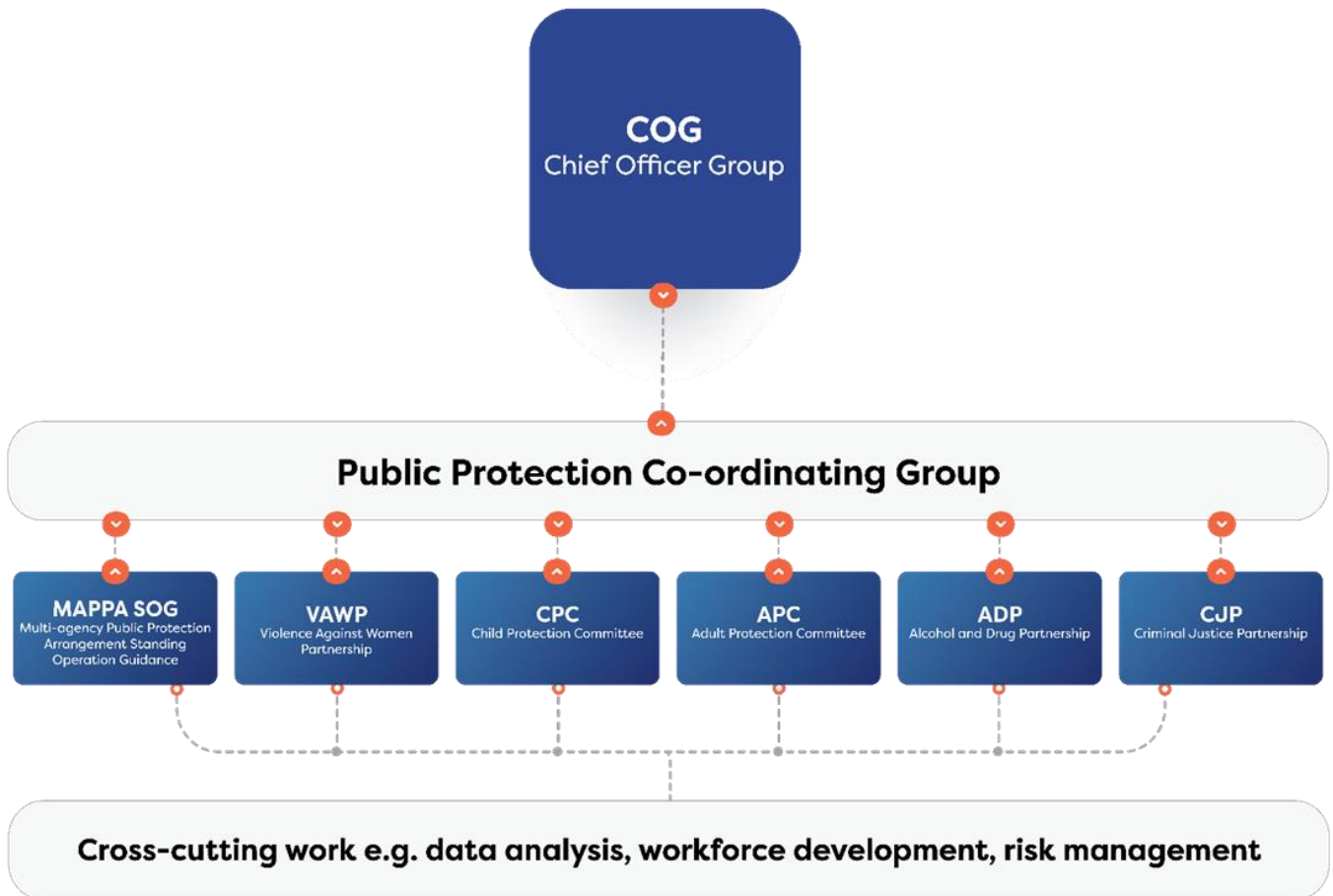
This APC biennial report identifies achievements, key strengths, the impact of the COVID-19 pandemic and areas for further improvement. It also sets out the APC's programme of improvement work from 2020 and beyond.

The format of this report has changed from previous annual reports. The Scottish Government has been working in collaboration with IRISS (<https://www.iriss.org.uk/>) to develop a consistent biennial reporting template for all APCs (Adult Protection Committee) to use to help focus on key areas of adult protection work (AP) activity and give the opportunity for committees to compare AP activity nationally.

This report is therefore formatted in a way to meet new Scottish Government ASP (Adult Support & Protection) Biennial reporting requirements over 8 key areas:

1. Statutory Requirements
2. Analysis of Harm
3. Activity and Service Improvements
4. Training, learning and Development
5. Engagement, Involvement and Communication
6. Challenges and Areas for Improvement.
7. Looking Forward
8. Covid-19

### 1.3 How we see ourselves structured



### 1.4 Our Introduction to the APC Biennial Report 2020-2022.

This Perth & Kinross APC Biennial Report (2020-2022) reflects upon several audits and improvement areas in this last two-year period. The Perth and Kinross Adult Protection Committee has built upon a long history of audit and self-evaluation to embed continuous assessment of the effectiveness of our multi-agency adult support and protection arrangements (ASP) involving frontline practitioners, operational managers, and strategic leaders in a continuous cycle of self-reflective activity.

The APC commissioned several focus groups to carry out a self-evaluation using the published quality indicator frameworks by the Care Inspectorate in 2018/19 and this formed part of a programme of audit activity and case review. It can demonstrate that self-evaluation activity over several years has been improved and informs the content of our annual performance reports and improvement planning. Adult Support and Protection has been a top priority for the Chief Officers Group for many years and we can show that our governance and reporting has improved over the last 2-3 years. The APC has a strong commitment to self-evaluation, quality assurance and improvement work across the partnership in Perth & Kinross at all levels and the APC, elected members and Integrated Joint Board all receive regular reports and actively seek assurance on performance and the impact of multi-agency partnership working on vulnerable adults who need support and protection.

## 1.5 ASP Summary 2020 –2022 .<sup>1</sup>

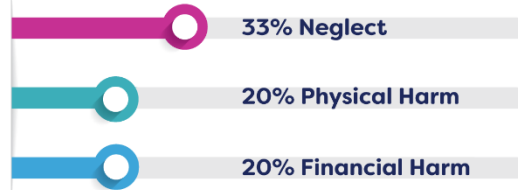
### What we found

4350 total referrals  
(increase of 43%)

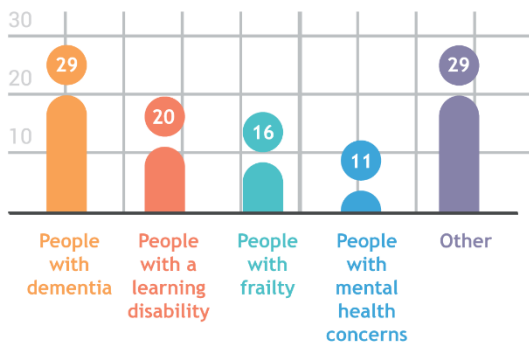
568 ASP cases  
(increase of 46%)



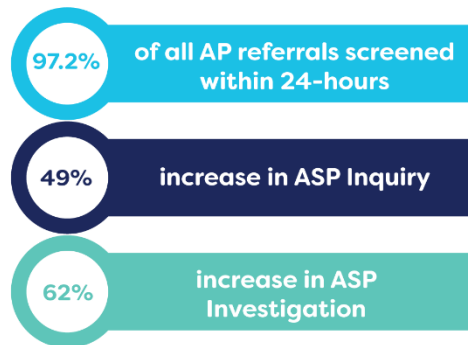
### ASP Investigations



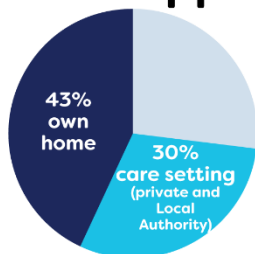
### Who is receiving support?



### What was the impact on adults at risk?

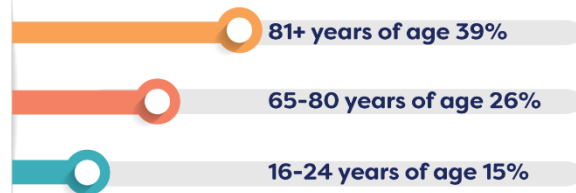


### Where does harm happen?



### What age group is most at risk?

Those over the age of 81 are more likely to be considered at risk, followed by those within the 65-80 age group than those aged 16-24



### What we did in 2020/22



### Other information



### What are our priorities?

Increased engagement with adults, families and carers. Engaging better with VAW, young adults and transitions.

Better connections with other protection services.

Improving practice and service improvement by better use of data.

<sup>1</sup> A textual version of this summary is provided in Appendix A for those who require assistive technology



## **2. Local and National context to Adult Support & Protection**

### **2.1 Perth & Kinross**

Perth and Kinross cover an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. As of 2021, it had a population of 153,810<sup>[1]</sup>; which has grown 14.3% since 1998, compared to 7.9% for the whole of Scotland: It is the 8<sup>th</sup> fastest growing population in Scotland. The number of people resident in Perth & Kinross who are over 65 years old accounts for 24.1% of the population, compared to 19.6% for the whole of Scotland. The age group 75 and over has increased by 55.8% since 1998, whilst its younger age cohort (25-44 years) decreased by 6.3%.

The older age profile is reflected in that the average age of the population in Perth and Kinross which is 45 years, slightly higher than the national average age of 42 years.

The population of Perth and Kinross is made up of 75,701 males and 78,109 females<sup>1</sup>.

- There are 24,218 (15.7% of population) children (aged 15 and under)
- There are 92,594 (60.2%) people of working age (aged 16-64)
- There are 36,998 (24.1%) older people (aged 65 and over)

The geographical distribution of the population across urban, rural, and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are seven Local Action Partnerships:

- Eastern Perthshire Action Partnership (Council Wards 1, 2 and 3)
- Highland Action Partnership (Council Ward 4)
- Strathtay Action Partnership (Council Ward 5)
- Strathearn and Strathallan Action Partnership (Council Wards 6 and 7)
- Kinross-shire Action Partnership (Council Ward 8)
- Almond and Earn Action Partnership (Council Ward 9)
- Perth City Action Partnership (Council Wards 10, 11 and 12)

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 417,650 based on mid-year 2021 population estimates published by National Records of Scotland.

### **2.2 ASP Vision & Purpose**

It is our vision that 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.

---

<sup>[1]</sup> Mid-2021 population estimates: [https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population\\_estimates](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population_estimates)

In this last year, we have been actively promoting and testing the awareness of ASP vision and purpose with practitioners and the extent to which the ASP vision and practice is embedded in practice.

### **2.3 ASP National Context**

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

<https://www2.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection>

#### **The National ASP 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 Coordinator – 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

The Perth & Kinross APC Improvement plan is framed round these 6 key strategic areas.

The Perth & Kinross APC Independent Chair, the Strategic Lead for the NHS AP team, the Detective Inspector, Tayside Division Risk and Concern Hub and the P&K ASP multi-agency coordinator are all engaged in several Tayside and National ASP strategic longstanding and short life working groups. The work stemming from these groups influences and informs the P&K APC Improvement Plan.

### **3. Statutory Requirements**

The following is an overview of the pressures, developments, complexities, and challenges in delivering the range of statutory ASP activity within this reporting two-year period and the AP governance arrangements that oversees this work.

#### **3.1 Statutory adult protection work seen as an organisational priority**

The impact of service delivery because of Covid has dominated the last two years. Consequently, Covid has brought significant impact in how all services have been delivered since 1 April 2020. As will be discussed elsewhere within this report, Council Officers are needed to carry out the more complex ASP inquiries and investigations. Throughout this reporting period, it has been seen as a service priority that Perth & Kinross had sufficient and available Council Officers to carry out ASP work.

In the early to mid-phase of Covid, data on council officer availability and data on ongoing ASP work was reported to senior governance groups daily to give the assurances that P&K was able to meet the changing demands of all ASP activity. These arrangements were re-established when services felt the impact of the Omicron variant.

Throughout this reporting two-year period, there is no evidence that Perth & Kinross was unable to fulfil its statutory role in delivering ASP work. Evidence does show from within our data that despite the pressures, complexities, and challenges practitioners faced to fulfil statutory ASP responsibilities, timelines and quality standards across all ASP activity has been sustained.

In the early phase of the pandemic in 2020, social workers moved into a more flexible 7-day working pattern to support any influx of concerns or referrals as a direct or indirect consequence of Covid. This arrangement also supported our existing out of hours social work service. After close monitoring and analysis of the ASP concerns received, this arrangement was later stood down following review and Social Workers and Council Officers returned to normal working patterns.

Our data shows that there has been no single spike or a series of spikes in adult protection (AP) concerns received across the range of all ASP activity since 1 April 2020, despite the impact of Covid, and this seems to be a trend and theme experienced nationally. The data on AP concerns received throughout this reporting year does show that there has been a gradual incremental increase in the numbers of AP concerns received. Some analysis will be given to this later within this report.

The number of Large-Scale Investigations (LSIs) concluded in this reporting period has not increased at the same rate as other ASP activity. It is considered that the early supporting role of the Care Home Oversight Group (CHOG) and the Enhanced Care Home Team (ECHT) has supported the care home sector in way that has prevented the need to conduct an LSI.

In summary, despite the challenges faced by services and practitioners in this two-year reporting period, analysis of wider AP work and formal ASP work has identified that:

- Partnership working is stronger
- Services have managed a significant increase in ASP work in several areas. Nevertheless, our data supports that a high standard of work across all ASP and AP areas has been sustained.
- Evidenced supports that in this last year, we have stepped up and strengthened our connections with the care home sector and the support given to it.

- Continued commitment to a cycle of evaluation, quality assurance and improvement including early preparation for pending joint ASP Inspection

### **3.2 Public Protection seen as a priority**

Between 2020 and 2022, a greater focus was given to the wider public protection agenda. P&K has experienced a number of changes at strategic leadership level in this two-year reporting period. Nevertheless, we can evidence a continued collective leadership of public protection in Perth and Kinross ensuring that the focus on public protection has been unhindered and adult protection is afforded high priority.

Statutory partners strengthened the role of the Chief Officers Group (COG) and the underpinning structures to ensure that public protection was prioritised during the pandemic and closely linked to Gold Command Structures. The Perth and Kinross Interim COVID-19 Public Protection Chief Officer's Group and Adult & Child Protection Executive Group were established in response to the COVID-19 pandemic, to ensure business continuity and delivery of frontline services. Initially, meetings were held twice weekly, reducing to weekly and fortnightly up to 31 July 2020, a total of nineteen meetings were held. Membership included representatives from all the public protection partnerships and key representatives from education, health, police, social work, children's services, and adult services. Much of the work focussed on ensuring the continued effective delivery of frontline services informed by weekly local data and risk management planning. This ensured visible and collective leadership which actively monitored demand pressures, ensuring adequate resourcing and responses to the challenges of community restrictions and the opportunity to quickly identify emerging and new risks to public safety. The Terms of Reference for the COG was updated and a new cross cutting Public Protection Coordinating Group was established in January 2021.

### **3.3 Adult Protection Committee (APC) and APC Subgroups remained a priority area**

The Adult Protection Committee (APC) has continued to meet throughout this last two-year period. In 2020/21, the APC met quarterly, but increased meetings to five per year in 2021/22 to reflect the increase and complexity in ASP business. It also increased the frequency of meetings to seek ongoing assurances that ASP work remained a priority. The APC continues to have wide representation to give a more diverse range of agencies and to reflect the broader public protection agenda and the views of the public.

Annually, the APC compares national data with local data and investigates any differences. In these last two years, particular attention has understandably been given to:

- the impact of Covid and the correlation with AP concerns
- Reviewing our conversion rate from ASP investigation to Adult Protection Case Conference.
- Understanding the impact of Covid within our care home sector

The APC continues to report regularly to the Public Protection Group (PPG) Chief Officer Group (COG) and to the Integration Joint Board (IJB). The annual performance report for 2020/21, the AP contribution to the PKC (Perth and Kinross Council) Annual Performance Report and Chief Social Work Officer have all been presented to IJB and the equivalent Boards in Police and NHS Tayside. Within these contributions, focus remained on progress relating to the various ASP activity, and any subsequent ASP related improvement plans.

### 3.4 The importance of sustaining our Tayside collaboration of Independent Chairs and Lead officers

This has been challenging, but the Independent Chairs, Lead Officers, Police Scotland, and NHS Tayside have continued to meet in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work. Where this has happened, it has been done virtually via MS teams.

Work ongoing includes:

- A short life multi-agency working group to scope out the delivery of a Tayside wide 'Inter-agency Referral Discussion' (IRD) process.
- A working group across adult and child protection to provide an analysis of adverse events.
- The development of a shared protocol for the implementation of learning reviews.
- The collection of a consistent data set

## 4. Analysis of harm

The following gives an overview and some analysis of the ASP activity throughout 2020 – 2022.

### 4.1 Vulnerable Persons Reports (VPRs) & Adult Protection (AP) Concern Referrals<sup>2</sup>

	2017/18	2018/19	2019/20	2020/21	2021/22
Police Vulnerable Person Report	826	1,136	1,284	1,515	1,755
Adult Protection Concerns	354	237	218	269	589
Oohs - Adult Protection	67	54	21	35	32
<b>Total</b>	<b>1,247</b>	<b>1,427</b>	<b>1,523</b>	<b>1,819</b>	<b>2,376</b>

#### Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
Police Vulnerable Person Report	N/A	38%	13%	18%	16%
Adult Protection Concerns	N/A	-33%	-8%	23%	119%
Oohs - Adult Protection	N/A	-19%	-61%	67%	-9%
<b>Total</b>	<b>N/A</b>	<b>14%</b>	<b>7%</b>	<b>19%</b>	<b>31%</b>

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

### 4.2 Total number of referrals screened within 24 hours

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	1172	1396	1560	1847	2377
No	87	50	32	40	86
<b>Total</b>	<b>1259</b>	<b>1446</b>	<b>1592</b>	<b>1887</b>	<b>2463</b>

Source: BMIP & Performance Indicators > JSC Weekly Report Raw Data

#### Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	N/A	16%	11%	16%	22%
No	N/A	-74%	-56%	20%	53%
<b>Total</b>	<b>N/A</b>	<b>13%</b>	<b>9%</b>	<b>16%</b>	<b>23%</b>

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes percentage of total	93.1%	96.5%	98.0%	97.9%	96.5%
No percentage of total	6.9%	3.5%	2.0%	2.1%	3.5%

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes percentage of total	N/A	4%	1%	0%	-1%
No percentage of total	N/A	-100%	-72%	5%	39%

Our data shows a 43% increase in the total number of adult protection concerns received between April 2020 and March 2022 in comparison to previous reporting years. Our data also supports that this increase has been incremental rather than any evidence of a spike or a series of spikes since 1 April 2020. What we have done with this data and how it has been used to shape services to meet growing demand will be discussed later within this biennial report.

<sup>2</sup> A VPR is a report submitted by Police Scotland. An AP Concern is any other AP concern submitted by health, family, other support agency etc.

	2017/18	2018/19	2019/20	2020/21	2021/22
People with Physical Disabilities Including Frailty Due to Old Age	116	106	73	97	140
Learning Disabilities	115	82	142	150	213
Frailty/Illness	180	172	161	162	251
Mental Health	171	259	317	339	404
Dementia	175	147	121	133	172
ECS	96	134	115	191	249
Other	131	188	193	208	280
Substance Misuse	67	94	135	145	122
CJS	49	76	90	166	185
Not Recorded	147	169	176	228	360
<b>Total</b>	<b>1,247</b>	<b>1,427</b>	<b>1,523</b>	<b>1,819</b>	<b>2,376</b>

Not Recorded % of total 11.79% 11.84% 11.56% 12.53% 15.15%

	2017/18	2018/19	2019/20	2020/21	2021/22
	N/A	-9%	-31%	33%	44%
	N/A	-29%	73%	6%	42%
	N/A	-4%	-6%	1%	55%
	N/A	51%	22%	7%	19%
	N/A	-16%	-18%	10%	29%
	N/A	40%	-14%	66%	30%
	N/A	44%	3%	8%	35%
	N/A	40%	44%	7%	-16%
	N/A	55%	18%	84%	11%
	N/A	15%	4%	30%	58%
	N/A	14%	7%	19%	31%

This data tells us that:

- There appears to be a proportionate incremental increase across all client categories.
- The number of AP concerns being submitted where mental health features continue to dominate
- The data shows an increase in AP concerns being submitted by health, giving some suggestion that the work of the NHS AP Team is encouraging colleagues in Health to report harm.
- Early reporting of harm is critical in terms of being able to minimise and mitigate harm. Our comprehensive management information reports on screening performance monthly. This shows that reliably, 97.2% of all AP concerns and VPRs within this reporting two-year period have been screened within 24-hours, despite the significant increase in AP concerns submitted.
- The APC Audit “**no protection without support**” (March 2022) mapped the pathway of all VPRs received in a week. This audit found that in all VPRs received, the adult considered to be at risk received appropriate and proportionate statutory or informal support.
- We are confident that high priority is given to all ASP referrals in line with local guidance. Our audit work into the screening and triaging of ASP concerns and VPRs continues to give some scrutiny and assurance to the APC that front line services respond appropriately and proportionately. This key performance indicator is scrutinised by the Integrated Management Team, Public Protection Group, Chief Officers Group, and the APC at each of the respective meetings and is reported within the Annual APC Report.

#### 4.3 Adult Support and Protection Inquiry and ASP Investigations

	2017/18	2018/19	2019/20	2020/21	2021/22
Progressed to ASP	226	186	203	250	318
Inquiry	156	121	142	180	212
Investigation	69	65	63	69	106
<b>Total</b>	<b>225</b>	<b>186</b>	<b>205</b>	<b>249</b>	<b>318</b>

Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
	N/A	-18%	9%	23%	27%
	N/A	-22%	17%	27%	18%
	N/A	-6%	-3%	10%	54%
	N/A	-17%	10%	21%	28%

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

The increase in AP concerns received throughout this reporting two-year period has been mirrored in the numbers of ASP inquiries and investigations completed. Our data shows a 46% increase on the numbers of AP Concerns that progressed to formal ASP inquiry or ASP Investigation in 2021/22 compared to 2019/20.

Despite this increase in activity and the challenges and complexities in working within the Covid restrictions, the data also shows that timelines for competing the work remains high. We understand the balance to be had in sustaining and reporting timelines, but also understand that timelines may need to be extended to support a better assessment of risk. This reflects the complexities in reporting on and understanding data related to statutory ASP work.

The percentage of AP concerns progressing to ASP investigation has also increased significantly within this reporting two-year period. Data shows that ASP Investigations conducted has increased by 62 % in comparison to 2019/20. Analysis of this shows that this increase reflects the increased complexity of risk that has emerged from the Covid pandemic including the formal restriction and isolation arrangements compounded by people being more vulnerable to breakdown of relationships and from targeted local and national financial frauds.

Our data sees a marked increase in the AP referral from both health and police leading to investigation. As noted earlier, there is also a marked increase in ASP investigations completed in the age group 16-24, and where an investigation has been completed, our data shows that in this last two-year period, there has been a 200% increase in ASP Investigations completed where mental health is the predominant feature. As will be discussed elsewhere, although it is difficult to link this change to Covid, it supports the early research that the mental health of those who live in societies subject to lockdown and restrictions is likely to deteriorate.

This data, has, in part, led to funding for an additional seven social workers to reflect the increase ASP work. The data has also informed the risk register that is overseen by both the Public Protection Coordinators Group and the Chief Officers Group. The importance of a Public Protection Risk Register will be discussed elsewhere in this report

#### 4.4 Adult Protection Case Conferences (APCC)

Year	Type	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2020	Initial	0	0	3	0	2	1	5	0	1	0	3	2	17
	Review	0	1	0	2	2	5	3	6	7	2	2	2	32
2021	Initial	2	3	0	1	2	3	1	1	3	3	1	1	21
	Review	5	2	4	2	4	5	4	2	5	2	3	3	41
2022	Initial	1	1	2	1	2	2	1	1					11
	Review	7	6	4	3	4	4	2	2					32

An ASP Case conference is held when the ASP Investigation concludes at a multi-agency Case Conference is required to identify and establish a multi-agency protection plan. ASP Case Conferences are held when risk is more complex.

The table of ASP Case Conference shows a year-on-year increase in both initial ASP Case Conferences and where ongoing case conferences are required to monitor and review the multi-agency protection plans (known as review case conferences). The increase in ASP Case Conferences in this reporting two-year period reflects the increase in ASP in all areas, but also supports the view that managing risk in this last two-year period has become more complex, thus requiring a greater need for a multi-agency approach to safeguarding.

The early data for 2022/23 shows a continued upward trend in the use of ASP Case Conferences in comparison to the data for 2021/22.

The rise in ASP Case Conferences is seen across all areas of harm and age groups, but the biggest increase relates to review case conferences being used to monitor the risk and the plan for those adults, mainly middle-aged females with complex and co-morbid learning disability, drug/alcohol use and mental ill-health.

In 2020, the APC asked two other local authority areas to audit the P&K decision making at ASP Investigation stage because the rates of case conferences held were disproportionately

lower than the number of investigations completed. This audit work supported that decision making to not progress to case conference was commensurate with the risk presented. It was this audit that advised P&K APC to implement IRDs as an early and multi-agency means to assess and mitigate risk.

Our use of IRDs and how these have evolved in time to assess and mitigate harm is discussed in more detail in the service improvement section of this APC Biennial Report. The multi-agency audits in 2021 and again in 2022 found decision making to progress (or not) to ASP Case Conference to be appropriate.

It is difficult to compare current data on ASP Case Conferences with past data. Previous data on ASP Case Conferences was drawn direct from AIS and tended to get confused with Case Conferences linked to Large Scale Investigations. Therefore, it is not reliable. The data presented in this report has been taken from a separate, reliable data source. As we move to using MOSIAC<sup>3</sup>, we have been working with the Swift replacement team to ensure that the MOSIAC programme is able to provide relevant, reliable data across all ASP areas.

#### **4.5 Protection Orders**

In 2021, 4 applications for protection orders were granted in Court:

- A banning order was granted to protect a father from a son where it was considered the son was exploiting his father emotionally and financially
- A banning order was granted to protect a mother from emotional and physical harm from her son
- A banning order was granted against a man who was a sexual risk to a vulnerable female member of his extended family.
- A banning order was granted against a man considered to be a financial, physical and emotional risk to a vulnerable female (and to a number of vulnerable females)

It is difficult to draw any conclusion as to the reasons why the need for formal legal protective measures were required more in 2021 than any other year or draw any correlation or commonality to each of the applications submitted. It is also difficult to determine whether some or all the applications are directly or indirectly related to the impact of Covid. However, one proposed school of thought is that the legal need for a banning order may have felt necessary where there is less likely to be a multi-agency face to face support and supervision across several disciplines because of Covid.

We continue to explore this trend with ASP colleagues across Scotland to see if this is a similar trend experienced in other authorities, and from the feedback received, the national picture in the use of banning orders is mixed. Some authorities see a similar trend to our own position, some authorities have seen a reduction in the use of banning orders in this last reporting period and some continue to see no reasons to seek to use a formal protection order as a means of safeguarding. Some authorities propose that the increase in their own use of banning orders relates to practitioners growing confidence and expertise in considering and understanding protection orders. One authority reports an increase in the use of banning orders where substance use has been the main area of risk.

As we come out of Covid, we will continue to monitor if this trend in our use of Protection Orders continues.

---

<sup>3</sup> The Council has invested £2.7M in procuring a bespoke replacement for the current SWIFT system. The CSWO has chaired the SWIFT Replacement Programme BOARD and successfully procured a new case management system called MOSAIC and supplied by SERVELEC in 2021. ASP requirements have been built into the specification of this new system and work is underway to implement the new system over 2022.



## 4.6 Large Scale Inquiry

Year	Type	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2020	Initial	0	0	0	0	1	0	2	0	0	0	0	0	3
	Review	0	0	0	0	0	0	0	3	3	2	1	1	10
2021	Initial	0	0	0	0	1	2	0	0	2	0	2	0	7
	Review	0	0	0	0	2	1	1	2	1	1	1	2	11
2022	Initial	0	0	0	2	1	1	1						5
	Review	1	0	1	1	1	3	0	2					9

The Act makes no reference to Large Scale Investigations (LSIs), but these have become increasingly prevalent across Scotland since the implementation of the Act. An LSI may be required where there is reason to believe that adults who are service users of a care home, supported accommodation, an NHS hospital or other facility, or who receive services in their own home, may be at risk of harm due to another service user, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service. An LSI may also be indicated by the need to address structures or systems that lead to possible harm for all those under such structures. In such circumstances, this means that there is a belief that a particular service may be placing some or all of its residents or service users at risk of harm.

In the last two years, in P&K, 8 LSIs have been conducted in care home settings and 2 LSIs conducted on care at home provision. In the 8 LSIs conducted in a Care Home Setting, 2 LSIs were conducted within this 2-year period on the same care home. Despite the increase in ASP concerns and ASP activity in this reporting two-year period, our numbers of LSIs conducted has remained stable. We are of the view that establishing the Care Home Oversight Group and the Enhanced Care Home team, both of which are multi-agency in nature, and both with whom have a focus of supporting the care home as soon as concerns emerge has been successful in supporting early enough in a range of different ways to prevent care home or care at home providers fall into need where an LSI (underpinned by a Protection Plan) is required.

The importance of the Care Home Oversight Group and the Enhanced Care Home team in supporting this fragile sector throughout this last two-year period will be discussed later in this report.

Some of previous referrals in past reporting years suggested a growing trend in AP referrals relating to care homes supporting those with advanced dementia, aggressive behaviour, and incidents of errors in adults receiving wrong medication. In 2021, funding was secured to support this area, and a health practitioner was successfully recruited to the care home sector to support in these areas.

Data on LSIs and its analysis is collected monthly and presented to the HSCP Care and Clinical Governance Forum, APC, PPCG (Protecting People Coordination Group), the NHS Tayside Public Protection Executive Group (PPEG) and COG. These governance groups have oversight of the AP work and give scrutiny to emerging patterns of risk. For example, analysis of the data in relation to LSIs found that one 'national' care home group featured in several the LSIs conducted within Perth & Kinross, and that the areas of concern raised as part of the LSI (Large Scale Investigations) from within this group were similar in nature. This allowed the opportunity for senior managers across the HSCP and other scrutiny groups to seek robust and sustained improvements at a strategic level. This also demonstrates a clear

connection between practice and strategic leadership and illustrates close working relationships with the Care Inspectorate and the Mental Welfare Commission.

## 5. ASP activity and Service Improvements between 2020 and 2022

This section gives attention to what has been done to reduce harm and improve outcomes for adults at risk of harm.

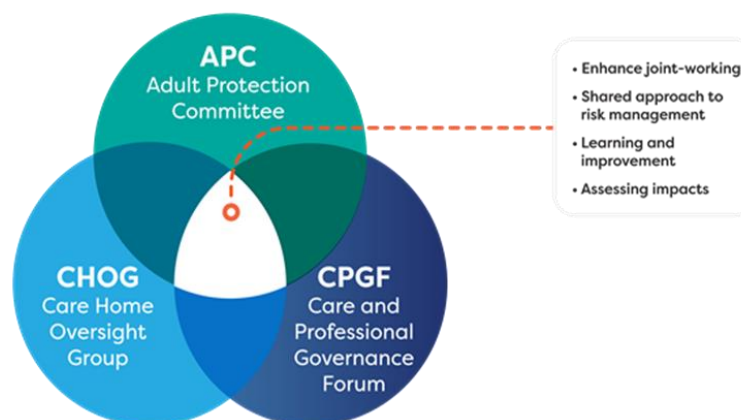
### 5.1 Establishing an NHS Tayside Adult Protection Team and the publication of the NHS Tayside AP Team Annual Report 2020 & 2021

Over the last 2 years, NHS Tayside has strengthened the Public Protection support within the organisation to ensure all staff are able to understand their role in recognising and respond appropriately and effectively to the relevant legislative requirements. This has been through the development of a fully funded Adult Protection Team that now provides 3 Adult Protection Advisors, AP Advisor for Care Home Oversight, a Violence Against Women Advisor and a MAPPA Health Liaison Officer. The Adult Protection team are able to provide additional support to NHS Tayside and its multi-agency partners across all aspects of Adult Protection and provide assurance to appropriate oversight groups and bodies that NHS Tayside is fulfilling its statutory duties.

NHS Tayside have developed and implemented a 'Decision-Specific Screening Tool' for use by a range of multiagency partners to gather information to inform whether a capacity assessment is required and was as a result of learning from a SCR. This tool provides clear information and clarity on the referral from those making a request for capacity assessment under the Adults with Incapacity (Scotland) Act 2000 (AWI).

The NHST AP annual report sets out the position of NHS Tayside in relation to its role in AP activity and the key priorities for 2021/2022.

### 5.2 Establishing a Care Home Oversight Group



From the outset of the COVID-19 pandemic, the Health and Social Care Partnership (HSCP) has ensured regular oversight and maintained regular contact with 42 local care homes. There was an identified risk that the vulnerability of care home residents and the restrictions placed on external visits to care homes could increase the likelihood of harm. The Care Home Oversight Group quickly arranged regular online communication with managers across the care home sector, prioritising those care homes in Perth & Kinross which experienced a Covid 19 outbreak; these homes were contacted daily. The approach ensured that there was close monitoring and scrutiny of the sector and, at the same time, prioritised advice, guidance, and support. This support has come from a variety of sources in a coordinated and collaborative

manner to help address the extreme challenges being faced. This included advice on infection prevention and control, coordinating staff testing, providing PPE, financial support, any adult support and protection concerns, staff shortages, and support for staff wellbeing.

*See good practice example of how the P&K CHOG supports the Care Home Sector*

The HSCP also recognised the need for a strengthened and integrated approach for support to the Care Home sector and established an Enhanced Care Home Team, managed by the Commissioning Team, thus ensuring the link between established relationships and monitoring activity. The team is comprised of three locality-based nurses and a dedicated Social Worker focussed on supporting Care Homes early on and throughout any protection issues that arise within the sector. Both bring a particular AP focus ensuring that adult protection remains central and pivotal to the support to this sector. The Council Officer and NHST (NHS Tayside) Advisor aligned to CHOG lead on ASP across the Care Home sector ensuring continuity and expertise within the care home sector. A live LSI 'dashboard' is being trialled to provide a 'live' tracking of all active LSIs in P&K.

### **5.3 Investment in the Access Team in the last two years**

As the first point of contact for social work services, the Access Team screen most of the AP concerns and VPRs received. The Access Team comprises of a large multi-disciplinary team and has social workers, social care officers, Council Officers, and Mental Health Nurses. Funding for two registered Mental Health nursing posts was secured in 2020/21 because of the increased prevalence of adults who experienced mental ill health being referred into the Access Team. These posts give a more clinical perspective to understanding risk and harm relating to mental distress and mental ill-health and enhance the Access Team's multi-agency response to safeguarding.

The VPR audit in 2021 and the VPR Pathway Audit "*No Protection Without Support*" in 2022 set out areas of strength and areas for improvement in triaging ASP concerns. This supports our collective commitment to early intervention and prevention and in seeking to mitigate harm at its earliest point. It is also evidence of our commitment to a multi-agency response and support when the adult does not require formal ASP processes to mitigate harm.

The APCs 2022 VPR audit refers to how our ASP data and its analysis led to the implementation of multi-agency triage system. A multi-agency triage approach involves Mental Health practitioners and support services from across statutory and voluntary sectors. Where ASP is not required but the concern has a mental health feature, the referral is diverted to a multi-agency triage group which will decide collectively on the best support for the adult. This approach embraces early intervention and prevention and is based on a 'no referral, no waiting list' premise and to determine the right supports, at the right time and from the right people.

As a key area for improvement, funding in 2021 was secured for two Suicide Prevention Coordinator posts covering the lifespan from children, young people, families, and adults. P&K HSCP also invested in seven social prescriber posts covering both urban and rural localities.

The introduction of these new posts acknowledges the importance of acting early and to a preventative approach to signposting people to more community based/non-clinical services. Social prescribers and the Suicide Prevention Coordinator posts identify risk of harm and escalate adults at risk appropriately.

Throughout this report, reference is made to examples of good practice. These illustrations of our good practice have been drawn from specific cases or examples in this last two-year period where ASP has been used or considered to support and safeguard an adult or adults.

#### **5.4 ASP supporting those who experience gender-based violence.**

In 2021, the APC management information flagged that ASP was rarely used to safeguard an adult where domestic violence or domestic abuse featured, yet the data held by Police Scotland showed high numbers of weekly reports where adults were at risk of domestic abuse/harm.

The ASP Coordinator, the VAW coordinator and a social worker/Council Officer with a key interest in VAW met with Police Scotland colleagues to review the existing MARAC pathway. We explored practice in another LA area where ASP is being widely used to safeguard victims of domestic violence. A multi-agency VAW Development session investigated the ASP/VAW 'blockages' in our ASP/VAW process.

The analysis of data and management information will lead to a deeper consideration of the use of ASP to safeguard victims of domestic violence and gender-based violence. A series of ASP/VAW development sessions will continue to take forward changes and improvements to practices.

#### **5.5 Rise in Financial Harm and re-establishing an APC Financial Harm Subgroup**

Our data supported that that financial harm is a prevalent area of risk for vulnerable adults in Perth and Kinross. Page 22 of the APC Annual report for 2020/21 states:

*“Financial harm remains dominant as a type of harm within this reporting year. Research supports that this is anticipated with a significant rise in online fraud.”*

Therefore, within this last year, the P&K multi-agency financial harm APC subgroup was re-established. Membership of this group includes Police, Trading Standards, Community Safety, Social Work, Health, and invites extended to Welfare Rights, to Citizens Advice; the banking/financial sector in P&K; and to Angus APC

This is work in progress. The group was re-established in February 2022 to offer a better, earlier, coordinated, multi-agency and targeted approach to supporting those at risk from financial harm.

*See illustration of good practice: P&K Trading standards preventing financial harm*

#### **5.6 Improving our use of service user feedback**

We recognised the importance of hearing the voices of people with lived experience of ASP and their families and carers to inform changes and improvement. The APC Improvement plan 2021/22 highlights the importance of gathering meaningful, consistent feedback from those who have lived experience of being supported through an ASP episode.

As part of the commitment to improving this area of work, an audit into the use of questionnaires was conducted (titled: *ASP Questionnaire Audit – 6 December 2021*). The Perth & Kinross APC had already identified the need to better understand the experiences and outcomes for adults at risk of harm. We recognised that this is an area of national improvement. We are actively pursuing several options

- *Option 1: Independent Advocacy to be commissioned to gather this*
- *Option 2: Making use of Care Opinion (<https://www.careopinion.org.uk/info/care-opinion-scotland>), which has been commissioned by the HSCP and the development of stories to illustrate experiences and to inform practice learning and development.*

- *Option 3: The secondment of a graduate trainee to develop a toolbox of resources to support best practice in meaningful participation and involvement.*

This is work in progress and we are confident that we will enhance the meaningful participation and involvement of vulnerable adults in our ASP processes and gather rich data to inform our improvement plans.

## **5.7 Improving the transitions from Child Care Services into Adult Care Services**

Within this last two-year period, the APC has been committed to establishing a coordinated transition pathway for young people as they move into adulthood. There is a well-established transitions pathway in P&K for young people who experience complex and enduring disabilities. The commitment is to extend this further to ensure a coordinated pathway for all young people transition between childcare services and adult care services.

This P&K commitment coincided with a similar commitment to establish National Transition guidelines. A request was sent to each LA area to invite representation into a Transitions Short Life Working Group (SLWG) to frame national guidance. The APC coordinator and the CPC Coordinator for P&K are both taking part in this National SLWG and will lead on the application of the guidance locally.

In September 2021, The P&K ASP Coordinator met 160 Education Child Protection Officers from early years, primary and secondary schools over two sessions. Each session raised awareness of the ASP Act, and how to respond to and report concerns raised from pupils and/or parents where evidence exists that an adult is at risk of harm.

This led to a separate session with all P&K Secondary School Guidance Teachers to consider where the ASP Act can be used to support their more senior pupil group.

Social Work has already seen an increase in referrals from school for the older school student and a separate referral for a parent where school are concerned that she is experiencing undue pressure preventing her from safeguarding her welfare and her property.

## **5.8 The APC has developed an ASP Learning Pathway**

The APC is committed to learning from practice reviews and to continuously improving our approach to case review. This ASP Learning pathway was established in 2022 to support learners and managers across services who have a direct and indirect role in supporting adults who are or might be likely to be at risk. Across the three levels of training, it is intended that this pathway delivers learning opportunities to support those practitioners to be more competent and confident in how to recognise and respond to adults at risk of harm. We believe that the pathway has been developed in a way that supports the multi-agency approach to safeguarding in Perth & Kinross.

This is evidence of the wider multi-agency commitment to bringing the different learning reviews that exist across different areas together.

An ASP Learning Pathway has been developed to underpin this work. This can be found at: [Adult Support and Protection \(sharepoint.com\)](#)

- We hope learning across all areas is coordinated and shared to support improvements in practice.

The ASP Learning Pathway plan supports learning themes which emerge from our learning reviews.

## **5.9 Improving the use of chronologies to support better assessment of risk**

Our multi-agency audit work 2021 noted that our use of chronologies was not always consistent, not always up-to-date and not always relevant.

Following the 2021 multi-agency audit, a test of change was used within one of the social work teams to bring more consistency to the use of chronologies and allow these to be better shared across health and Police. The multi-agency audit 2022 found that this test of change did not bring about the changes to chronologies intended. MOSIAC (the new SW database) will offer some support in this area. A multi-agency chronology focused SLWG has been established.

NHS Tayside has developed guidance on the use of chronologies within health as a single agency which aims to ensure a consistent approach to chronologies within the workforce and reflects the national adult protection legislation and policy context.

It is our view that this work will bring a more consistent use of chronologies and will better inform assessments of risk.

## **5.10 Commitment to better and consistent recording of strategic discussions**

The multi-agency audit 2022 found that a strategic discussion was not always evident. The ASP Coordinator met with all social work Team Leaders (TLs) to review the ASP recording process on AIS. The process was updated following feedback and subsequently shared.

Furthermore, following the recent multi-agency audit, TLs are using these findings within social work supervision to bring better consistency to how chronologies and strategic discussions are being used and recorded

We hope to see more consistency in the recording of a strategic discussion within AIS to identify when formal ASP processes are engaged and the reasons for this.

## **5.11 The introduction and implementation of Initial Referral Discussion (IRDs) into practice in 2021**

Initial or Interagency Referral Discussions (IRD) were introduced into ASP practice in this last reporting year. In September 2020 and at the request of the APC, colleagues from Angus and East Ayrshire concluded an audit into some of our ASP investigations that did not proceed to case conference. As part of this audit, it was recommended as a service improvement that adult services:

*“Consider introducing IRD to involve different agencies in decision making process and the recording of information that partner agencies share”*

P&K IRD guidance is contained within the ASP intranet page and has been reviewed regularly since its introduction to take account of feedback from frontline staff and managers. Police routinely audit IRDs. The Risk & Concern Hub Manager (Police) undertakes a review of ASP IRD monthly providing quality assurance and governance. A strength of this approach is that there is a continuous feedback loop and areas for improvement are highlighted to relevant staff and partner agencies.

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
20-21									2	3	3	6	14
21-22	10	14	5	7	10	4	5	9	5	8	4	11	92
22-23	5	5	1										27

This table reflects how the use of IRDs has grown significantly. A multi-agency IRD development session was held in April 2022. Participants indicated that IRDs were a valued means to support a proportionate and coordinated multi-agency response to adults at risk. IRDs are a cornerstone of safeguarding people from harm in P&K. We are committed to carrying out a multi-agency audit into IRDs in October 2022. This forms part of our 2022/23 APC Improvement Plan.

*See a good practice example of how an IRD was used to support the transition from hospital to home.*

### 5.12 Our commitment to qualitative and quantitative audits to inform our work

The APC and HSCP are fully committed to self-evaluation, audit, quality assurance and review as means to delivering confident, competent, and best practice. This informs the P&K APC Improvement plan for 2022/23.

This self-evaluation and quality assurance work ranges from the commitment to annual reporting, to a range of audit and self-evaluation.

We use a detailed and relevant data set and suite of performance indicators to understand emerging trends and themes. This data and the analysis that is generated is shared across practice and strategic/leadership groups. Where emerging themes and trends present an organisational risk, this is addressed via the public protection risk register. The data set measures the number of VPRs, and AP concerns screened within 24-hours. This allows for performance monitoring and quality assurance, and where pressures may arise, it is possible to have prompt strategic discussion and decisions about mitigations and resourcing. As we move towards a new recording system, the ASP Coordinator has been working with the MOSIAC Project Management Team to ensure that the new system is able to produce robust data that allows for more rigorous analysis.

In the last two-year period, the APC has conducted the following audits:

- I. P&K APC Annual Report 2020/21
- II. Audit into the pathway of VPRs submitted in one week (March 2022)
- III. Multi-agency audit of 35 ASP Investigations (Feb 2022)
- IV. Audit into the use of ASP questionnaires (Dec 2021)
- V. Multi-agency case file & Large-Scale Investigation audit completed (May 2021)
- VI. Police Vulnerable Police Reports (VPRs) and AP Concerns Received (June 2021)
- VII. Conversion of AP investigation to AS case conferencing (Dec 2020)
- VIII. NHS Tayside AP case File Audit (focus on MH&LD) (Oct 2021)
- IX. NHS Tayside AP Annual Report 2020 and 2021
- X. NHS Tayside Quality Assurance Framework

### **5.13 Strengthening the Public Protection (strategic) Group, Public Protection Workforce Development and the use of a public protection Risk Register to assess and mitigate organisational risk**

Within this reporting period, a multi-agency Public Protecting Group was established and led by our CSWO (Chief Social Work Officer) with membership from all agencies with a responsibility for protection of those considered to be at risk or are considered a risk. This group extends to membership from Child Protection, Adult Protection, Violence Against Women Partnership, Alcohol and Drug Partnership, Community Justice Partnership, MAPPA (Multi Agency Public Protection Arrangements), and Safer Communities.

The P&K COG meets six-weekly and offers support and challenge to the APC alongside other public protection partnerships. The independent APC chair reports to the COG detailing the work of the APC and key issues and risks by exception. The ASP data set is scrutinised routinely at each meeting of the COG. The dynamic Public Protection Risk Register is maintained and considered by the COG at each meeting. This allows the opportunity to understand changes in strategic and operational risk and a swift ability to commit resources where required. A good example of this is the identification of anti-social behaviour and youth issues as the restrictions eased. The evidence behind this and the clear audit trail of risk through the Public Protection Risk Register enabled a partnership response and the use of COVID funding to deploy community safety officers and detached youth workers to work proactively in evenings and weekends averting the risk of youth crime, anti-social behaviour, and child and adult protection concerns. The Youth Engagement Team has been funded into 2023 to address this.

### **5.14 Sharing the APC Annual Report 2021/22 with P&K Elected Members and the Integrated Joint Board**

Elected members across the Council exercise leadership and scrutiny of adult protection by receiving an annual report each year on the work of the APC. Elected members and Integrated Joint Board Members understand their roles and responsibilities in relation to statutory functions and in relation to adult protection. The APC Annual Report was shared with Elected members in December 2021 and with IJB in February 2022. This IJB session led to a dedicated ASP/Public Protection Development session delivered to IJB members in April 2022.

## **6. Training, Learning and Development**

### **6.1 Overview**

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 and having a positive impact on practice. The content of these learning and development opportunities takes account of changing legislative, policy and practice developments and local challenges.

Throughout the reporting years 2020 to 2022, P&K strategic and governance groups has supported continued learning and development identified from within a cycle of audit and self-evaluation that informs learning and development. The APC Improvement Plan 2021/22 and 2022/23 prioritises learning and development across several AP areas. Part of this



improvement work involved identifying an ASP Learning Pathway. This was completed in 2022.

The VPR Pathway audit 2022 and the VAW Development session demonstrates a commitment from the APC to draw on contemporary research to evaluate practice. This is framed within the ASP Learning Pathway.

There is growing momentum in taking forward shared learning needs and opportunities across the Public Protection agenda, and the Public Protection Workforce Development Group is taking this work forward. For example, partners are learning from the Tayside Regional Improvement Collaborative Priority Group 5 research and learning and development framework recognising that there is application and relevance across sectors.

The APC Annual Report 2020/21 and the current ASP Learning Plan gives reference to the jointly commissioned commitment between the APC and Child Protection Committee to having a trauma informed workforce.

## **6.2 Remodelled Council Officer training programme**

A social worker is not able to carry out formal ASP work until such times as they have completed the Council Officer training programme. P&K is fully committed to supporting social workers to participate in this.

As stated above, within this reporting period, the Council Officer training has been redesigned to be delivered in partnership with colleagues from Dundee and Angus. This new comprehensive programme model supports practitioners with the knowledge, skills, and experience to enable them to lead on adult support and protection investigations and undertake all aspects of the ASP Council Officer functions competently and confidently.

This programme was piloted in January 2021 with the first Tayside wide cohort being delivered in August 2021 and two further cohorts in 2022. The programme runs over 9 workshop sessions alongside an online resource and supported learning tool. The learning tool enables practitioners to develop individual learning plans to facilitate and evidence their learning throughout and beyond the programme.

This remodelled training programme has been recognised locally as a model of excellence.

## **6.3 Learning leading to establishing a Capacity Assessment pathway**

The APC is committed to learning from external sources. For example, learning has been achieved from SCRs published by neighbouring APCs, particularly where leadership of the NHST Adult Protection lead was lead reviewer for the O18 and P19 SCRs conducted by Angus APC. This provided opportunities for sharing of learning in P&K, but also progressing improvement work on a Tayside basis, recognising that there are similar priorities and themes in other localities. An example of this would be the development of a Tayside Capacity Assessment Pathway. Assessing capacity was highlighted within the P19 SCR as an area for improvement. It was recognised that this was an area for improvement across the three Tayside APCs. This Tayside work around capacity that stemmed from the P19 SCR has influenced practice in P&K to better safeguard the welfare of those not able to do so themselves.

## 6.4 APCs commitment to Trauma Informed Practice and a Trauma Informed workforce

Since 2018, commitment has been given across both the ASP and CPC agenda to have a trauma informed workforce and is an example of jointly commissioned training between the APC and the CPC. We have:

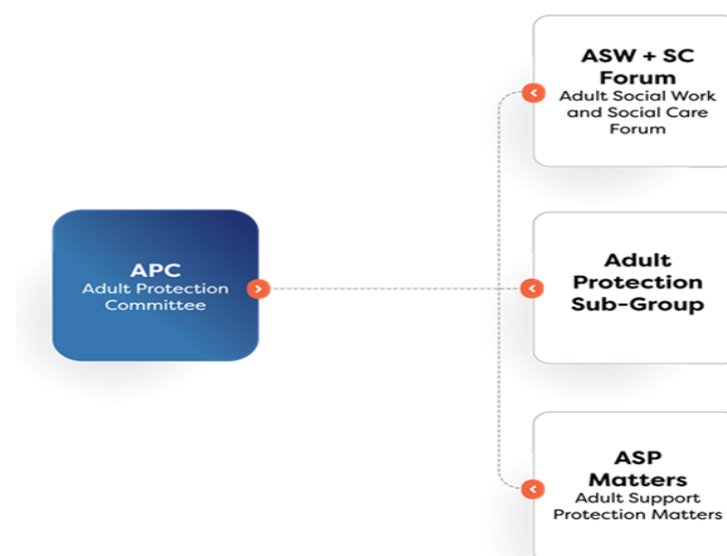
- Published and disseminated P&K Trauma Informed Practice Guidance for practitioners working with children, young people, and adult survivors of CSA / CSE.
- Commissioned two multi-agency Trauma Informed Managers Briefings: three multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.
- In 2021, commitment was given to the commissioning of further trauma informed managers briefings and a series of training on trauma informed practice for practitioners across child and adult protection and other supporting/safeguarding roles. Extending this training for a further year indicates that the delivery of this is a considered a positive piece of work in terms of collaborative working between the two committees.

## 6.5 NHS E-learning Adult Support and Protection Learn Pro Module

In order to develop a competent and confident workforce, all NHS Tayside staff have access to a range of appropriate training, learning opportunities and support to undertake their roles and responsibilities. A core for all e-learning ASP module is available along with a range of e-learning and face to face opportunities across a broad range of topics which have included:

- Cuckooing and County Lines
- POA/Guardianship
- Defensible Decision Making
- Safeguarding and Fire Fatalities
- Learning from SCRs
- Crossing the Acts

## 6.6 APC supporting ASP Matters (peer led support)



In this reporting two-year period, *ASP Matters* has been established. *ASP matters* is a practitioner led peer support network for those who practice in and/or are involved in AP work. Supported by our colleagues from learning and development, it is an open forum for practitioners to discuss practice and use the experience from within the peer group to share and learn from each other.

The practitioner lead for *ASP Matters* sits on the APC sub-group and provides a link from *ASP matters* into ASP practice. *ASP matters* meets monthly via MS Teams. It is not exclusive to Council Officers, but an offer of a safe, learning space for those who have a vested interest in AP work.

## **6.7 Serious Case Review (SCR) - MR A**

The APC recognises that member agencies and organisations have their own internal governance and learning structures. A multi-agency approach for Significant Case Reviews; Learning from Experience to Improve Practice builds on single agency arrangements by adding a multi-agency approach to enable partner agencies to work collaboratively to learn lessons from cases where there may have been multi agency failings and to use this learning to improve future joint working. This framework is designed to support decision making regarding the use of multi-agency review processes and outlines the governance arrangements underpinning these. There are clear and established governance arrangements for ICRs and SCRs with the COG receiving recommendations from the APC and close oversight of the review process, review findings, publications and communications and scrutiny of progress of improvement plans.

As per guidance, an Initial Multi-Agency Case Review Panel (ICRP) is formed when a notification is received indicating that the criteria for a learning review may have been met. It is the recommendation from the ICRP to the APC if a learning review is required, and if so, what the scope of this learning review should be.

The ICRP has reviewed three ICRs in this last two-year period and in March 2021, concluded its first SCR. This SCR is published on the PKC webpage [Adult support and protection resource library - Perth & Kinross Council \(pkc.gov.uk\)](https://www.pkc.gov.uk/adult-support-and-protection-resource-library-perth-kinross-council)

The APC approved a SCR Improvement plan based on the learning points concluded in the SCR. A multi-agency short life working group was established to take each of the 24 recommendations forward. The family of Mr A (the gentleman upon which the SCR is based) was involved throughout. The APC wrote to the family on two further occasions with assurances that progress continued to be made in relation to the recommendations that informed the SCR plan and to offer the opportunity to meet again to give further update. A SCR communication plan was identified prior to publishing the SCR. The progress of the Mr A SCR Improvement plans was shared with the APC, Care and Professional Governance Forum and COG where assurances were given about how each of the recommendations informed a change to practice.

As stated earlier, the APC is committed to sharing the learning from learning reviews. Following the completion of the Mr A SCR and as part of a targeted approach to embedding the learning in practice, ASP leads across services delivered a series of 7-minute briefings to various Tayside and national partnership services on the lessons learned from the review.

## **6.8 In this two-year period, the APC has established a multi-agency thematic learning review group**

Two recent ICRs recommended that the most appropriate approach to extracting learning would be through a wider multi-agency thematic review group. The APC and the COG both approved this recommendation.

Consequently, this review group has been established to evaluate the common themes emerging from the Mr A SCR, the ICRs, LSIs and from the different health-based learning reviews that exist. This review group is based upon a similar thematic review group established in Dundee in 2021 that reviewed the circumstances of several adults who died following a house fire. It was considered that widening the scope of the review allowed for better opportunity to look at emerging themes across several activities rather than focussing on the circumstances for one adult. This group is multi-agency in nature and is led by the ASP strategic lead for NHS Tayside, supported by the P&K ASP Coordinator, Police Scotland colleagues, colleagues from HSCP Learning and Development, the Clinical Governance Coordinator (HSCP), the Team Leader for the CHOG and the Care Inspectorate will act as a critical friend.

## **6.9 ASP Learning Pathway**

This new development is discussed in more detail on page 19 of this report. This pathway was established in 2022 to support learners and managers across services who have a direct and indirect role in supporting adults who are or might be likely to be at risk. Across the three levels of training, it is intended that this pathway delivers learning opportunities to support those practitioners to be more competent and confident in how to recognise and respond to adults at risk of harm. We believe that the pathway has been developed in a way that supports the multi-agency approach to safeguarding in Perth & Kinross.

## **7. Engagement, Involvement and Communication**

We understand the benefits of independent support for adults at risk of harm and are deeply committed to the use of advocacy throughout ASP processes in a person-centred approach and to elevate the voice of the adult and to keep their wishes central to decisions and actions. The role of advocacy is underpinned by section 6 of the ASP Act and is clearly embedded within our P&K ASP multi agency guidelines. Advocacy (instructed and non-instructed) within Perth & Kinross is commissioned and provided by Independent Advocacy Perth and Kinross (IAPK)<sup>4</sup>. It is our view that non-instructed advocacy is crucial for those who may lack capacity or have communication difficulties.

The APC Advocacy Plan 2022 sets out the relationship that IAPK shares with the APC, the extent to which advocacy is provided and how IAPK is enabling improvements, particularly in gathering feedback on the experiences of vulnerable adults. In 2021/22, there was a 145% rise in referrals to IAPK from ASP work in P&K.

Julie Hutton, CEO at IAPK<sup>4</sup> states:

*“Increasingly positive working practices between Perth & Kinross Council and Independent Advocacy Perth & Kinross embed independent advocacy in Adult Support & Protection practices in PKC by recognising that people subject to ASP processes must have their voices heard to address imbalances of power and support robust decision making. This commitment is demonstrated with a 145% increase in referrals for 2021/22 in comparison to the referral rate for 2020/21.*

---

<sup>4</sup> Independent Advocacy Perth & Kinross (<https://www.iapk.org.uk>)

Advocacy for adults being supported throughout the ASP investigation, initial case conference, review case conference process as well as using advocacy for adults implicated in LSIs is embedded into the P&K ASP Multi-Guidelines.

*“Independent advocacy should be offered to all service users who progress to ASP investigation regardless of whether there are legal powers in place and should be considered for all other appropriate cases”*

In terms of the APCs commitment to self-evaluation and quality assurance, the annual multi-agency audit 2021 asked participants to comment if there is evidence from the case file reading that advocacy has been offered to the adult. The findings noted that in 76% of the case files audited, it was clear that advocacy as either involved in supporting the adult or had been considered.

This has informed our APC Improvement 2022/23 plan in two key areas:

- The Chief Executive for IAPK attended a ‘meet the APC’ Development session in 2022. This encouraged discussion about the role of advocacy in ASP and a further Advocacy Development Session for front line practitioners is now planned to promote the benefits and take-up of advocacy support. This will also support our commitment to self-evaluation and improvement.
- The second area for improvement following this audit work relates to our use of well-articulated, defensible, and defensible recording. Where advocacy has been considered but not required, and legitimate reasons exist for advocacy not being used, this needs to be recorded. This is also reflected in the APC Improvement Plan

*See good practice example of how an IAPK supported an adult with communication difficulties through an ASP episode*

## **7.1 Feedback from service users and unpaid carers**

Research supports the value in engaging service users in designing, co-producing, and implementing policy and procedure. 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. 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. How the APC is taking this area of work forward has been discussed elsewhere in this report.

## **7.2 Communication and Public Awareness**

We continue to review and develop the P&K APC webpage which provides public information about adult protection in P&K, including our use of ASP as a means to safeguard harm, how to recognise harm and where to report it. Annual reports, learning reviews and APC minutes are shared publicly on this site.

The APC has publicly available and accessible APC/ASP webpages ([Perth & Kinross Council - Adult support and protection \(pkc.gov.uk\)](http://Perth & Kinross Council - Adult support and protection (pkc.gov.uk))). Mary Willis is a PKC Communications Officer who is aligned to the work of the APC and ASP in Perth & Kinross. She states:

*“During the past two years we have supported national social media campaigns either directly relating to adult support & protection, or allied to this area of care and support:*

- *National ASP Day (Feb 2022)*
- *National Elder Awareness Day 2021 (February)*
- *#ShutOutScammers (joint Police Scotland and Trading Standards)*
- *Domestic violence and forced marriage*

*We also undertook local campaigns on social media to share information around how people can report concerns about adults at risk of harm during the initial stages of the pandemic, in a similar way to those done for child protection.”*

### **7.3 The importance of sustaining close safeguarding relationships with wider organisations**

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 and those with whom have disclosed a mental health support need. Retaining this close working relationship, particularly during the challenges posed by Covid has been key to ensuring that those who are considered vulnerable, at risk or in need of support from wider agencies are able to access this. This has included more recently a series of meetings where evidence suggested that some students from Perth College were vulnerable to cuckooing.

In 2021, several meetings took place with community and faith groups and the wider public protection groups to work jointly and communicate a shared ‘safeguarding’ vision. Because of this, it was agreed that a ‘safeguarding’ leaflet was produced across several different languages to reach out to those with whom English is not their preferred language. This has been done in partnership with our third sector colleagues from PKAVS.

## **8. Looking Forward**

This report has identified key areas for our programme of work over this next year. We continue to focus on understanding the impact of Covid 19 and the subsequent lockdown on AP activity within P&K as well as understanding the impact on AP activity nationally. This includes a particular focus on our continued use of banning or other legal protection orders as a multi-agency and coordinated means to safeguard.

We will give a focus on key issues such as violence against women, financial harm, understanding the AP impact on those where drug and alcohol features, mental health, and suicide prevention.

Priority will also be given to supporting the emerging prevalence in ASP activity around the young adult and those young people and adults in transition between services. This has been highlighted within this report as an area of priority across the wider public protection agenda and an area that requires a multi-agency, coordinated response.

In this coming year, we are keen to explore how we can engage service users in a more meaningful way and developing an ASP specific communications strategy would help promote the importance and relevance of adult support and protection.

This report has highlighted the need for a robust, reliable data set from across all partner agencies to inform planning, manage workload efficiently, target resources on key issues, to inform improvements to practice, and to demonstrate outcomes. As we continue to move towards implementing a new social work database, it is intended that this new system and the data produced from it will help better understand and improve performance and outcomes. This will also be informed by any plans to implement a national data set.

Capturing learning from adverse events and different learning reviews has been identified as important and work with partner agencies across Tayside.

We acknowledge the importance of chronologies to identifying patterns of behaviour, escalating risks, strengths, and weaknesses of the adult. Our audit into some of our own ASP work identified that work needs to be done in this reporting year to ensure that our multi-agency chronologies are available, up to date, focus on key life events and the implications of these on risk, risk assessments, risk management plans, and chronologies are consistently shared among all our adult protection partners.

## **9. Our response to Covid-19**

Much has been referred to within this report about how our Adult Protection activity and our practice has been impacted or indeed influenced by the coronavirus pandemic, not only in the way we practice but how Covid and the restrictions therein have impacted on those who require support. COVID-19 undoubtedly created a global health and social care crisis that significantly impacted on adult safeguarding practice. We know from research that the impact of self-isolation, those who required to shield for periods, social distancing and limited and restricted community resources placed additional pressures on the most vulnerable in our community.

In summary:

- Despite the complexities that existed because of practicing within the layers of restriction, ASP remained a key priority across partners.
- Social work services moved to 7-day operations covering out of office hours to respond to an anticipated increase in volume of ASP activity.
- Data in relation to ASP and the adequacy of staff resources to respond to demand was monitored weekly by Gold Command.
- During Covid-19 lockdown, processes were amended enabling calls to be handled more efficiently and appropriately, whilst implementing a blended approach of home and office-based working. Additional technology such as laptops and specialised phones enabled this.
- Staff across the partnership were able to activate MS Teams to ensure that multi-agency processes could continue unaffected. This had the added benefit of greater participation as travel was not required.
- ASP concerns and VPRs increased, and the timeliness and effectiveness of screening improved in comparison to previous years
- Relationships across wider public protection and safeguarding agendas were either forged or strengthened
- The Access Team focused on team development, upskilling staff, and maintaining a broad skill level. During 2020 a Mental Health Nurse Practitioner was appointed to complement the expertise within the Access Team and to enable a more holistic response to people with mental health needs in line with the Mental Health and

Wellbeing Strategy. HSCP invested further and added a second post in 2021 in line with the growing prevalence of MH referrals. Both posts proved invaluable during this Covid-19 lockdown period.

- The Access Team remained the largest referrer to the Social Prescribing service. Social Prescribers work closely with the Access Team enhancing the choice for clients and reducing the demand on statutory services.
- At a practitioner level, a Public Protection Group was established by partners across different agencies, who came together to provide a coordinated support for other (traditionally not public facing) services to support those who were in need or at risk.
- Our analysis of changing trends in AP activity allowed the opportunity within a public protection agenda to shape services within a wider public protection Coordination Group to target these at-risk areas.
- The CHOG (multi-agency in nature with a key focus on AP) was established to provide a multi-agency and coordinated support to address the risks and challenges experienced across the care home sector.

## **10. Summary**

This Biennial report seeks to give analysis to the adult protection activity and its impact between 1 April 2020 and 31 March 2022. It highlights several key areas where our multi-agency adult protection activity within Perth & Kinross is strong, and it identifies areas in which we seek to improve. The improvements identified within this report are framed within the APC Improvement Plan 2022/23.

Iain Wilkie  
Adult Protection Coordinator



## Appendix A

Page 8 of this report is an infographic summary of the ASP activity in Perth & Kinross from 1 April 2020 through to 31 March 2022. In order to make this APC Biennial Report more accessible to more people online, this appendix is a written summary of this infographic page.

The first infographic tells us that in this reporting two-year period, Perth & Kinross has received a total of 4350 Adult Protection referrals, which is an increase of 43% in comparison to the previous reporting two-year period. This infographic also tells us that in this same period, we have seen 568 formal ASP episodes, which relates to an increase of 46%

The second infographic tells us that out of all the ASP investigations conducted in this two-year period, 33% were conducted where neglect featured, 20% of all ASP investigations occurred where physical harm was present and 20% of ASP investigations were conducted where there was evidence of financial harm

The third infographic relates to who is receiving support. The data tells us that 29% of all ASP work conducted related to those with dementia, 20% of those who have a diagnosis of learning disability, 16% were with those who were considered frail, and 11% were completed for those who experienced issues around mental ill-health.

The fourth infographic tells us about the impact of the adult at risk. It tells us that between 1 April 2020 and 31 March 2022, 97.2% of all AP concerns received were screened within 24-hour hours of being received. Our data tells us the within this reporting period, we saw a 49% of ASP Inquiries being conducted and a 62% of ASP investigations completed. The full APC Biennial report gives more analysis to this.

The fifth infographic relates to where harm happens. The data tells us that 43% of harm occurs in the adult's own home, 30% occurs in a care home setting and 37% happens elsewhere

The next infographic tells us what age group is most at risk. 39% of all ASP activity relates to those aged 81 and over. 26% relates to those who are aged between 65 and 80 and 15% of ASP activity is concluded on those aged between 16 and 24.

The seventh infographic gives us a very short summary of what the APC did between 2020 and 2022. It tells us that we made progress with the APC improvement plan, we implemented an IRD process, we strengthened relationships across all public protection partners, and we implemented better arrangements for protecting residents in care home settings.

The next infographic tells us that in this reporting two-year period, we secured four formal protection orders. More is discussed about this in the main report.

The last infographic tells us what our priorities are going forward. We see the need to improve our engagement in the ASP episode with adults, families and carers. We want to engage better with those who work within the violence against women sector and strengthen our relationship with those who work with young adults and who work in the transition between child and adult protection. We want to make better connections with other protection services, and we want to improve on how we improve our practice with the better use and analysis of ASP data.

## APPENDIX B – Good Practice Examples



### GOOD PRACTICE EXAMPLE

#### Initial Referral Discussions (IRDs) to support the transition from hospital to home

Written by Team  
Leader, Hospital  
Discharge Team

**The Hospital Discharge Team (HDT) covers all in patient areas that support Perth and Kinross residents. Information gathering across disciplines and sites can often be challenging. Prior to the introduction of IRDs, gathering the multi-agency information would have been completed by a Council officer and taken significant time.**

Earlier this year we received a referral regarding Mr S, a gentleman who had a significant history of self-neglect and alcohol misuse. He was admitted to hospital and in reviewing the criteria for IRD it was clear that he may be an adult at risk of harm and that there had been multiple previous referrals to Social Work.

As Lead for the HDT team, I arranged an IRD meeting on the Wednesday of that week for the Friday. We had around twenty professionals attend this IRD from multiple agencies – including agencies who had not previously been involved for support.

Everyone around the table came from a supportive viewpoint and we were able to discuss within two hours the complex needs of this gentleman, arriving at agreement that at present we did not need to take further action under ASP as long as the agreed risk management was put in place.

This gentleman was subsequently assessed as lacking capacity under the AWIA Act, and we used this legislation to support discharge planning. He subsequently regained capacity and was discharged with a successful risk management plan in place that enabled the professionals involved to highlight quickly if the risks to be mitigated were becoming unsafe for this gentleman.

As a professional, I found facilitating an IRD to be a positive experience which enabled a much faster round-table discussion and enabling this gentleman's safe discharge from hospital. We were able to consider multiple pieces of legislation to support this gentleman and the priority given by all professionals around the table enabled quick action to be taken to gather the information required, for example capacity assessment that may have taken much longer in the past. Considering the principles of minimum intervention and maximum benefit this was a much better outcome for the gentleman where in the past he may have either been discharged from hospital without a full picture of the risks involved or remained in hospital far longer than necessary.



## GOOD PRACTICE EXAMPLE

### Advocacy and ASP

Written by  
Independent  
Advocacy Perth &  
Kinross (IAPK)

**Formal Adult Support and Protection concerns were raised about advocacy partner DP. DP is a young man with a learning disability. DP resides with his brother. Social work have concerns that the brother is too controlling and often makes choices which are not in DP's best interests.**

Using talking mats, DP was asked a variety of questions pertaining to his home life, attendance at a community centre, family, health, well-being, and safety, with particular reference to covid as the centre staff wanted to know how DP feels about the vaccination and other safety measures independently from his brother's views.

As evidenced from the Talking Mat done with DP, he feels safe, is happy, likes attending the centre and would like to attend more often. He is in favour of wearing a mask and hand sanitising though his brother is not.

DP repeatedly said no to vaccination followed by his brother's name, as his brother has expressed that he is against the vaccination programme.

The independent advocate asked several times: "What does DP want?" but he just said "No, (brother's name)."

When asked about his general health, he expressed that it was not good (thumbs down) and when asked why, he pointed to his heart.

DP does not have any worries, does not have any bad memories, and does not feel lonely or worried about anything and does not feel any pain. He does not like going to the doctors. He does not like social distancing.

Following this interaction with DP, he was referred to independent advocacy again some months later as he had recently been prescribed glasses by the optician. The centre that he attends said as a result, he could see more clearly and could participate in more activities. However, his brother had taken his glasses from him and would not let him wear them. DP does not like to go against his brother, but the advocate was asked to find out how DP felt about his glasses. The centre and the social worker were delighted that she was able to get DP's true feelings using pictures and symbols, rather than those of his brother.

The Adult Protection Committee considers this to be a really good example where IAPK supported an adult where concerns existed about his welfare and his wellbeing. Despite DP's communication difficulties, it is clear that IAPK were able to use really creative, innovative ways and means to make sure DP's voice, his past and his present wishes were central to any decisions made for or on behalf of him.



## GOOD PRACTICE EXAMPLE

### Social prescribing – early intervention and prevention

Written by the Social Prescriber supporting Sarah

**Sarah (not real name) is 27 years old. She has a mild learning difficulty. She left school at 15 years old. She has not worked or been involved in local community activities. Sarah was living at home with her mother. She had recently separated from what she describes as a coercive, controlling relationship. Her mood was low, suffering from feelings of anxiety, low self-worth and feeling socially isolated.**

Sarah's mother contacted the Council's Early Intervention & Prevention Team for advice and support for Sarah. She was concerned for Sarah, her mood and worried that if unsupported, her mood and her mental health would deteriorate. She considered Sarah to be vulnerable. After a multi-agency triage, it was considered that support from the social prescribing service might be the appropriate and proportionate support for Sarah at this time.

Each locality in Perth and Kinross has a social prescriber. Each social prescriber has established links and connections with the community-based supports in that locality.

Sarah's local community café runs every week. This community café is supported by various community groups. Sarah expressed an interest in attending the café and the social prescriber arranged this.

At her request, Sarah was accompanied to the group by the social prescriber on four occasions. The experienced volunteers also supported Sarah to help in the café. Her tasks and responsibilities have increased on a weekly basis. She has grown in confidence.

This early support into the right supported environment was enough for Sarah to gain the confidence to slowly take control over doing this herself. She continues to attend the café, gain vital pre-employment experience, establish positive peer relationships and friendships and benefit from having some structure. The early intervention with the right support from the right people prevented further deterioration in the circumstances and thus avoided unnecessary re-referral to social work and possibly other statutory mental health services.

As a consequence of this referral Sarah benefited from a partnership approach to retaining control and independence about what she wanted and how she wanted to get this. Her mood, her mental and physical health and her wellbeing has improved. It has increased her social contact and employment opportunities for the future. It has also increased her knowledge about what social supports exist in her area.

Sarah's views on the support from her social prescriber: *"It is the people that make the café. The volunteers are so friendly someone made me tea when I arrived, and we got chatting straight away. Since joining I've made the coffees and teas, cleared up, joined in an armchair exercise, and helped make 4,000 memorial poppies for the local church. I did not know about this group and now look forward to Mondays and I feel happier."*



## GOOD PRACTICE EXAMPLE

### Perth & Kinross Trading Standards preventing financial harm

Written by Trading Standards Officer and member of the ASP Financial Harm Sub-group

**Mrs Smith was referred to Perth & Kinross Trading Standards Team by the National Trading Standards Scam Team in Surrey. They raised concerns that Mrs Smith was engaged in an online conversation and was at risk of financial exploitation. Their intelligence is sourced from various agencies including UK Police, Trading Standards, and other law enforcement agencies (including international sources) who come across this information as part of ongoing criminal fraud investigations.**

Trading Standards were able to ask partner agencies if Mrs Smith was known to services. On this occasion, Mrs Smith was not known. Trading Standards arranged to visit her at home. During this visit, Trading Standards were able to give Mrs Smith advice about how to protect and safeguard her finances. Perth & Kinross has bought a number of TrueCall units, a telephone blocker to help filter out unwanted and unknown callers where adults are vulnerable to financial exploitation. She was also offered ongoing assistance with the removal of fraud mail and referral to other agencies if other vulnerabilities are found.

As part of the Adult Support & Protection Financial Harm subgroup, Trading Standard Officers have completed the Adult Support & Protection basic awareness courses, so are familiar with the reporting harm arrangements where they are concerned harm exists.

Some of our work has led to adults being part of formal adult protection work, led to financial guardianships or benefit appointeeships being arranged. Our connection with this National Scams hub is crucial to help us identify those in Perth and Kinross who are being exploited or are at risk of being financially exploited. Perth & Kinross Council has signed a data sharing agreement with the Scams Hub.



## GOOD PRACTICE EXAMPLE

### Large scale investigation

Written by the Team  
Leader for the Care  
Home Oversight  
Group

Since the start of the pandemic, the incredible challenges the care home sector has faced are well documented and widely publicised and the delivery model within care homes is more multi-faceted than it was pre-Covid. In the latter half of 2021, coronavirus was still very much prevalent in care homes across Perth and Kinross and the large-scale investigation that this case study refers to was conducted in the complex landscape of ongoing change and uncertainty.

Primary Care colleagues submitted concerns regarding the overall standard of care for one of the residents of a care home. Social work followed up with a visit to the care home. From this visit, sufficient concerns remained about the quality of care for all of the residents that an Initial Referral Discussion (IRD) was called. The IRD led to a large scale investigation (LSI) being instigated and the same LSI led to an Initial Case Review (ICR) notification being submitted for a resident who had recently died.

Sufficient concerns existed about the quality of care delivered by the care home, and whilst the LSI and ICR were running concurrently with each other, frequent Multi-Disciplinary Team (MDT) meetings were arranged to seek the assurances that progress was being made in each of the areas considered raised. Initially, these MDT meetings with the care home and their senior management team were daily, before moving to weekly until sufficient assurances were given that these meetings formed part of the wider LSI Case Conferences.

The comprehensive structure, cohesion, and ongoing management of the LSI process from initial enquiry stage onwards demonstrated effective, efficient, inclusive multi-agency working.

Due to the number of concerns and the level of information that required to be gathered. It is my view that if the flexibility and responsiveness of that multi-agency group involvement had not been there, then the LSI may have lost focus and been overwhelming for those conducting the investigation as well as for the care home personnel, residents and their families.

The multi-agency Care Home Oversight Group continued to offer support to the care home after the LSI concluded to ensure that the quality of care and the improvements that were required as part of the LSI and Protection Plan were sustained.

As a core member of this MDT team and LSI, the Care Inspectorate also conducted an unannounced visit to the care home to seek further assurances that improvements identified as part of this LSI had been sustained.

This LSI demonstrated Perth & Kinross's ability to respond immediately to support a care home and the residents with it to ensure that they receive an excellent quality of care and support. There is no doubt that the scrutiny and the assurances that this LSI required, our commitment to working in alongside and in partnership with the care home to bring about change and improvement and the multi-agency support that also underpinned this led to a positive outcome for the care home and the resident who continue to be supported and cared for by it.



## GOOD PRACTICE EXAMPLE

### Care Home Oversight Activity

Written by Head of  
Service, Policy &  
Commissioning, P&K  
HSCP

Perth and Kinross HSCP established a Care Home Oversight Group and developed an overarching framework which clearly outlined the requirements to assess and determine the levels of support, guidance and expertise required to each care home to support them to manage the extreme challenges presented by Covid-19.

Daily safety huddles were convened and reporting data reviewed, with an exception report being submitted daily to the Tayside Care Home Clinical and Care Professional Oversight Team, now on a weekly/fortnightly basis. Closer involvement with the Care Inspectorate, Scottish Care and Public Health teams further strengthened existing well-established assurance/ support processes.

The CHOG had become increasingly aware of the emotional and psychological impact that the pandemic was having on staff working in care homes and how this could impact on their ability to deliver care and support. The CHOG in collaboration with Specialist Palliative Care Service arranged for comprehensive support for the sector including:

- A booklet outlining self-help and online resources and the pathway to psychological services if required
- A web page within the PKC L&D website signposting resources
- A series of four ECHO sessions
- Individual care home reflective sessions
- Care Home Manager reflective session (posters highlighting some of the engaging Care Home Activity in 2021 can be found on the next two pages)

All Care Homes in Perth and Kinross continue to receive Assurance visits, the first tranche from June to August 2020 and the second in February and March 2021, with a programme of visits planned through to 2023. The visits have provided care assurance on standards of care, infection prevention and control and professional practice. The plan is for the clinical additionality to merge with the existing Care Home monitoring activity.

# Enabling Emotional and Psychological Wellbeing in Care Home Staff in Perth & Kinross

## Introduction

Working alongside frontline care home staff, we witnessed first-hand the stress, worry, anxiety, fear and trauma experienced with Covid-19. It matters to us that we support our colleagues. Therefore we co-created an emotional and psychological support pathway and resources to enable recovery, healing and improve the lives of staff and residents.

## What We Did

We identified the need and formed a multi-agency partnership group. We listened and used a collaborative, inclusive and participatory approach to effect change. By co-designing with staff, a range of supportive resources and reflective spaces were developed to meet a diverse range of experiences and emotions. These included:

### Psychological Wellbeing Poster



Postcards With Kind Caring Messages

### Project ECHO

Project ECHO facilitated an online community of practice for care homes. Resilience and recovery were supported by informative presentations and facilitated discussion. 24 staff from 9 care homes attended.



### Manager Reflective Sessions

Care home managers faced an unprecedented burden of responsibility. Co-designed facilitated sessions enabled a safe place for reflection, sharing and supporting. 2 sessions held and 11 managers attended.

### Care Home Reflective Sessions

Tailored to meet the needs of individual care homes exposed to significant trauma. Offered a safe space for staff to reflect, share thoughts, experiences and gain support from each other.

### Pathway to Psychological Services (fast track)

A fast track pathway to psychological services developed for care home staff struggling emotionally for more than 3 months.

### P&K Spaces for Listening now available

Creates a space where everyone has an opportunity to share their thoughts and feelings and experience an equality of listening.

### Psychological Wellbeing Information Booklet for Staff



### Website



This poem was created by participants of the Project ECHO group

## Conclusion

Feedback demonstrated that staff felt involved and valued. Through reflection on shared experience and feelings, they better understood how to navigate the effects as individuals. As teams they felt stronger and more resilient. Connections with other care homes and HSCP partners raised awareness that they were not alone and connected them meaningfully in taking steps forward. We believe we are in this together and to navigate post Covid it's all our responsibility to ensure we can reflect, learn and move forward.

Authors: Moyra Gill, Leigh Must & Carolyn Wilson (Perth & Kinross Health & Social Care Partnership), Jane Andrew, Anne Kelly & Alison Rowlands (NHS Tayside), Lynn Blair (Scottish Care).

As a team we have grown together and learned better coping mechanisms

When we spoke about person centred care I always focussed on the residents needs but it made me realise the importance of thinking about myself and looking after myself

Great to have a session for me. I found it calming as I have tried to be everything to everyone. Made me reflect on my own needs

It has been great to connect and realise that we all feel the same and that we are not alone in feeling this way





# Perth & Kinross Care Home Residents 'Go 4 Gold' virtually in 2021

## Introduction

Starting in 2012, the Perth & Kinross Health & Social Care Partnership arranged an annual care home games challenge event called Go4Gold where 120 residents from 40 care homes competed in a large sports centre. The aim of Go4Gold is to improve the physical and mental health & wellbeing of trailer older people.

Due to Covid-19 the 2020 event was cancelled, in 2021 despite Covid-19 we successfully co-created an even larger virtual Go4Gold event where the games were delivered in a fun, sporty and meaningful way.

## Virtual Go4Gold Games



Skittles



Picking up Objects of Nature



Golf Putting



Beer Ping Pong



Football Goal



- Hosted within each care home
- All equipment sanitised
- Teams of 3 for social distancing
- Activity rules and instructions created
- Score cards for fairness
- Winning team scores submitted for entry

## Award 'Olympic' studio style Ceremony relayed into the care homes



Our wonderful hosts of the event  
Colin Paton,  
Carolyn Wilson &  
Jacquie Pepper



John Swinney  
made an  
appearance

World famous  
actor Brian  
Cox opened  
the event



## Theme for 2021 Go4Gold 'Walking With Nature'

### Best Team Name - Old Blossoms

Best dressed  
team



Best team  
poster

Our overall  
Winners



## Conclusion and Results

- Hosting a virtual event enabled over 3 times the amount of residents to increase their physical activity and actively compete and experience Go4Gold (600 instead of 120)
- The event offered something positive at a time of great stress and distress.
- Request for both live and virtual events for future Go4Gold competitions.

"The residents could all get involved and the staff with it being held in the home. Great atmosphere created by excitement of events" - Carer

Authors: Robin Kinneer, Colin Paton, Carolyn Wilson (Perth & Kinross Health & Social Care Partnership), Carl Greenwood, Kayleigh Lytham (Paths for All), Lynn Blair (Scottish Care), Ian Hutton (Live Active Leisure), Wikki Urquhart (Kinross Care Home).