East & Midlothian Adult Protection Committee

REPORT OF THE INDEPENDENT CHAIR OF THE ADULT PROTECTION COMMITTEE OF EAST AND MIDLOTHIAN 2010-12

CONTENTS

1.0 INTRODUCTION AND EXECUTIVE SUMMARY

1.1 This is my second biennial report as Chair of the Joint East and Midlothian Adult Protection Committee. This report builds on the first biennial report and reports on the continuing progress to provide services to improve the lives of people at risk of harm.

1.2 Within this report are chapters describing the changing profile of the communities living within the local authority areas of East and Midlothian. Details of the structures, governance and caseloads of adult protection services are also described as well as management information relevant to quality assurance. The areas of engagement with service users and carers, public engagement and communication, training and resources are also contained in this report.

The report ends with a description of outcomes and conclusions.

1.3 The context of this report is of continued progress and the ongoing development of adult protection services against a background of increasing workloads and the demands caused by the increased awareness of the needs of vulnerable adults.

1.4 In March 2011, feedback to the last biennial report made comment on our then unsuccessful attempts to engage meaningfully with service users and carers. Since then we have made determined efforts to address this area and I am pleased to report progress.

The most obvious and simplest way to address the issue of service users and carers' involvement is to appoint a service user/carer to the APC or one of its sub committees. The value of this approach is however questionable, as it is unlikely that any single service user, or group, could represent the wide range of service delivery across adult protection services.

Consequently a broader approach has been taken, engaging with service users and carers across a range of activities and services.

- The Lead Officer participates in Local Authority Planning Groups in both council areas. These groups bring together service users and other agency partners to plan the practical implementation of services.
- Since financial and hate harm is a growing problem, we have prioritised this area of work and focussed on these issues, directly with service users and through the planning groups previously mentioned.
- Lately we have actively supported a service user made DVD on hate crime in East Lothian.
- In particular reference to carers, we participate in Carers' Forums in both East and Midlothian. This involvement has included the design and launch of a carers' strategy with which we remain actively involved – ensuring the ongoing prioritisation of adult protection matters.

Throughout our work, service user and carer participation remains a high priority.

1.5 In my last report I spoke of the transition of Adult Protection Committees from the building of systems and partnerships to the delivery of outcomes over a range of activities designed to improve the lives of people at risk of harm. In this report I will describe these outcomes and the learning acquired over the last two years. Partnership work between two councils remains challenging and requires constant and careful attention.

This report concludes that steady progress continues against a background of increased demand caused by the increased profile of vulnerable adults together with the external training delivered to a wide group of agencies and employees.

As we progress we learn more about the complex needs of adults at risk of harm and in particular the relationships between adult protection services, child protection services, addiction services and services to act against violence in a domestic setting. There is now clear evidence of significant overlaps between these services.

In my conclusions I suggest that in order to achieve the kind of synergies we need to deliver efficient services across this wide and complex area we need to harmonise our services and bring together our systems to form a meaningful public protection framework underpinned by robust systems of performance management.

2.0 EAST AND MIDLOTHIAN COUNCIL AREAS

2.1 East and Midlothian local authority areas lie in East Central Scotland and both are a mix of rural and urban centres of population.

2.2 East Lothian is predominantly rural and its main industries are agriculture, tourism and fishing. Its population continues to show sustained growth; from nearly 79,000 in 1981 the population rose to 98,170 in 2011, around 1.9% of the total population of Scotland. East Lothian remains a highly desirable place to live and as a consequence is judged to be one of the local authority areas in Scotland that will continue to grow substantially. National Records of Scotland (2012) projects that in East Lothian there will be a 33% increase in population by 2035 in comparison to the projected increase in population of Scotland of 10.2%.

2.3 Midlothian's traditional industries were coal mining, and to a lesser extent paper and textile milling, and farming. It is a mixed rural and industrial area with a large number of former mining communities. Main industries now include agriculture, light industry and its immediate proximity to Edinburgh has led to a growing number of dormitory communities. Midlothian has one of the smallest populations of Scottish Mainland Authorities (82,370 in 2011) the General Registrar for Scotland estimates that the population will grow to c92,000 by 2035, a projected increase of 12.2%. (National Records of Scotland: 2012).

2.4 Both East and Midlothian are popular places to live, especially for older and retired people. As a consequence the average age of the population is higher than many other parts of Scotland and rising to the point that there are more people over 60 than there are children, in both areas. (National Records of Scotland: 2012). This trend is reflected in the number of Care Homes in the area, although the growing expectation is that more people will be supported to live at home, with maximum independence and social inclusion.

2.5 Both East and Midlothian have pockets of deprivation, increasing diagnosis of mental illnesses and their share of individuals and communities affected by alcohol, drugs and violence against women.

2.6 East and Midlothian councils continue to explore joint working, however the focus is moving from shared services towards working in partnership where there is evidence that this will improve outcomes for individuals. Whilst the Adult Protection Committee is one of the areas where partnership working is deemed successful, there continues to be challenges in developing a joint approach with sufficient flexibility to satisfy different structures as they have evolved in each council.

2.7 East and Midlothian are fortunate in the strength and cohesion of their communities, which for the most part have a tradition of town and village identity. This strength will be fundamental to the ongoing development of community capacity and indeed moving towards a co-production approach to preventative work. We continue to foster strong links between the Adult Protection Committee and Community Planning Partnerships in both Council areas through the Community Safety Partnerships in both council areas.

3.0 THE PROFILE OF ADULT PROTECTION IN EAST AND MIDLOTHIAN

3.1 Since the implementation of the Adult Support and Protection (Scotland) Act 2007 in October 2008, the duties, powers and measures to safeguard adults who may be at risk of harm have been embedded into practice and used to improve outcomes for people. Within the local authority areas of East Lothian and Midlothian the joint Adult Protection Committee, established in 2009, contributes to the protection and welfare of adults at risk of harm through collaboration between agencies, the government and the general public.

3.2 Under the Adult Support and Protection (Scotland) Act 2007 an adult at risk is someone aged sixteen and over who:

a) is unable to safeguard their own well-being, property rights or other interests;
b) is at risk of harm, and
c) because they are *affected* by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Most people affected by disability, mental disorder, illness, or physical or mental infirmity live their lives comfortably and securely, either independently or with the help of paid or unpaid carers. We know however, that not everyone affected in this way is able to safeguard themselves.

The support and protection of adults at risk of harm remains high priority for adult protection services, who offer such support in a way that promotes independence, choice and empowerment.

3.3 Older People

It is estimated that by 2019 30% of East Lothian's population will be over 65. In Midlothian the 60+ age groups are growing in comparison with the rest of the population and by 2018 the number of people aged over 75 is predicted to rise by more than 30%.

Data collected shows that of people aged 65 years and over, an average of 2% are victims of crime, largely crimes of dishonesty and vandalism. Notwithstanding this, research suggests that this age group are particularly at risk of harm, with crimes against elderly people well documented in the media. Crimes committed against this age group often have significantly damaging consequences in terms of fear and quality of life.

3.4 Learning Disabilities

The population of people with learning disabilities is changing, due in part, to an increase in life expectancy across all ages. Even though people with learning disabilities generally die earlier than the general population, people who have very complex health needs are also living longer. There are growing numbers of children and young people with more profound and complex needs, as many more children born preterm are surviving into adulthood. Increasing life expectancy is also impacting on the number of people with learning disabilities surviving into older age.

It is estimated that 20 people in every 1,000 have a mild or moderate learning disability and 3 – 4 people in every 1,000 have a severe or profound disability.

Latest figures show that there are approximately 620 adults within Midlothian who have learning disabilities and are known to social work. Midlothian has the highest percentage population of adults with a learning disability of all local authorities in Scotland. More males than females have learning disabilities, with the largest age grouping being 21-64 years.

In East Lothian The Same As You? Returns to Scottish Government in 2007 identified that 365 people with a learning disability over the age of 16 were known to the local authority.

One of the key findings of Hidden in Plain Sight Inquiry into disability-related harassment (EHRC 2011) was that for many disabled people, harassment is a commonplace experience which many come to accept as inevitable. Mencap's campaign on hate crime (Stand by me 2011) suggests that nine out of ten people with learning disabilities have experienced abuse or harassment, but recognises that there is significant under-reporting for people with learning disabilities.

3.5 Care Homes

Currently there are 920 Care Homes for Older People in Scotland. Of these 18 are in East Lothian and 12 in Midlothian Local Authority areas. Statistics in March 2011 show that the number of places per 1000 population for older people aged 75+ was 100 for Midlothian one of the highest in Scotland; and 80 in East Lothian which is the same as the average for Scotland.

There continues to be a significant number of concerns raised about standards of care and the observation of basic human rights accorded to residents of care homes, both locally and nationally. It is recognised that the role of care homes is changing; people are supported to live at home longer, so that by the time they move into a care home their needs are greater and they generally need a higher level of care.

Since the establishment of the Joint Adult Protection Committee issues around the quality of care provided in a number of care homes for older people across both local authority areas persist. Where the quality of care has the potential to place one or more adults at risk of harm we are clear that Adult Protection procedures should be considered, and our Large Scale Investigation protocol has been a helpful framework within which to do this. Robust systems have always been in place to investigate and monitor situations in reaction to concerns being raised, however a proactive approach to support sustained improvements has been developed and more will be said about this later in this report.

3.6 Care Home Adult Support and Protection Training Audit

3.6.1 Introduction

In order to comply with Service Level Agreements and National Care Home Standards, it is the responsibility of individual organisations to ensure all staff in care homes are trained to the appropriate level in Adult Support and Protection. Our training programme is available and accessible for all, however in reality, very few care home staff attend. Some care homes have English parent organisations and did provide some training, but this was not based on our legislation and did not meet ELBEG agreed minimum learning outcomes. It was decided to undertake an audit to establish the extent of Adult Support and Protection training needs in care homes in East and Midlothian since the introduction of the Adult Support and Protection (Scotland) Act 2007.

3.6.2 Methodology

A questionnaire was sent to all care home managers asking what Adult Support and Protection training had been undertaken since 2008 (when training about the 2007 Act started), who had provided this training and when.

3.6.3 Findings

The findings showed that 93% of staff (*which includes kitchen domestic & admin staff, handymen, volunteers as well as care staff*) had not undertaken Adult Support and Protection training since the introduction of the legislation. The audit also found that a high percentage of managers (72%) across both local authority areas required either to undertake or update the Basic Awareness (level 1) Adult Support and Protection training.

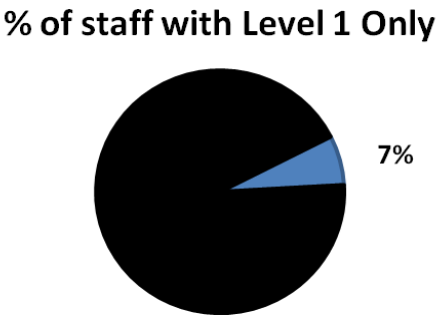


Figure 1. Result of audit of training needs in care homes

The findings of this audit clearly identified an urgent need to support care home staff in East and Midlothian to help develop their knowledge and skills in Adult Support and Protection. By doing this we aim to ensure that standards of care and support to the most vulnerable members of our communities continues to improve.

3.6.4 Outcome

The Committee has taken a proactive approach in supporting care homes, and has taken a two pronged approach by designing and developing courses for care home staff and specific to care home settings.

- In-house training for all care home staff, a two hour basic awareness session on Adult Support and Protection with an emphasis on Dignity in Care and safeguarding. It is currently being rolled out to all care homes across both council areas. We are on target for completion by early 2013.

- Care Home Managers Multi-agency Adult Support and Protection Training which gave managers an opportunity to discuss with the multi-agency panel some of the challenges they faced with thresholds and reporting. Feedback has been extremely positive and the managers felt supported and more confident with Adult Support and Protection processes. Follow up input is planned, which will focus on financial harm, and will also have input from the Fire and Rescue Service on the RosePark fatal fire inquiry. There is an expectation that Managers will feedback on the Dignity in Care action plan they developed following the initial training day.

3.6.5 Evaluation and Impact

To ensure the sustainability of this piece of work there is an expectation that Care Homes will continue this training and, to support this, an "accreditation scheme" for Care Homes who deliver in-house Adult Support and Protection training for their staff is being developed. This will ensure compliance with established minimum learning outcomes as agreed by ELBEG Learning and Development Sub Group.

This project has been a considerable undertaking and the overall programme is on target to be completed by Spring 2013. The impact of this project will be evaluated through the Quality Assurance sub group and will make use of a variety of methods in the evaluation process including a repeat audit undertaken on completion on this programme.

3.7 Voluntary Services

Both council areas have a wide variety of voluntary and community based groups. These groups are co-ordinated through Midlothian Voluntary Action and East Lothian Voluntary Organisations Network and have a long tradition of valuable service delivery in the care of people at risk of harm. Continued engagement and empowerment of these groups is critical in terms of both raising awareness and delivery of Adult Support and Protection services.

4.0 STRUCTURES – ACCOUNTABILITY AND GOVERNANCE

4.1 East and Midlothian Adult Protection Committee

From 2007-2009 the Adult Protection Committees of East and Midlothian operated separately and, chaired by officers of the council, reported to their respective Chief Officers Group. In 2009 the joint East and Midlothian Adult Protection Committee was formed and the Independent chair and single Lead Officer were appointed.

The Committee meets quarterly and its membership (Appendix1) has been enhanced over the past two years with representation from an Independent Advocacy organisation and Lothian and Borders Fire and Rescue Service. The Committee's statutory functions are carried out in the main, by its three sub-committees, namely:

- Quality Assurance (discrete to adult protection but covering both councils, with representation from social work, learning disability services, mental health services, and police)
- Learning and Practice Development (joint with Child Protection, Violence Against Women, Drugs and Alcohol Partnership, and Offender Management, with further representation from Social Work, Council Workforce Development, Health, Voluntary Sector Police and Fire and Rescue Service
- Engagement and Communications (joint with Child Protection, Violence Against Women, Drugs and Alcohol Partnership, and Offender Management with representation from media staff in all partnerships, Client Relations Officer and Voluntary Sector.)

Sub-committees meet at least quarterly, and more frequently as required.

4.1.1 The Independent Chair has been in post since 2009 and is responsible for the co-ordination and leadership of both the Joint Adult Protection Committee, and the Joint Child Protection Committee, thus giving a co-ordinated focus to cross-cutting issues. The role and remit of the Independent Chair is to provide effectiveness, efficiency and cohesion in providing the best possible quality of service to improve the lives of people at risk of harm. There is also a single Lead Officer who works across both councils to further promote joint working and synergy.

4.1.2 The operational responsibility for the delivery of Adult Protection Services lies with the Head of Service in both authorities, Health and Police. In both councils, an operational Adult Protection Officer has been appointed to bridge the gap between strategy and operational practice as relevant to each council. These officers are key members of the Adult Protection Committee and sub committees and provide regular operational updates on trends and patterns.

4.2 Critical Services Oversight Group (CSOG)

In 2009 a Joint Critical Services Oversight Group (CSOG) was formed by both Councils to oversee the range of critical Public Protection services. These include Adult and Child Protection services, Violence Against Women, Offender Management Committee and Midlothian and East Lothian Drugs and Alcohol Partnership.

The CSOG constitution and terms of reference has just been redrafted. Membership comprises Chief Executives of both councils and the other significant statutory partners i.e. Health and Police, together with Directors and Chief Social Work Officers from both councils, and Chairs of the various multi-agency partnerships.

The CSOG provides strategic leadership and scrutiny for all public protection business areas on behalf of their respective agencies and receives and approves reports from a multi-agency perspective from the various Public Protection Committees and Sub-committees.

The Committee is accountable to key partners via the CSOG, and the Independent Chair of the Adult Protection Committee reports and is accountable to CSOG via regular briefings and updates.

The CSOG is not a budget-holding body in its own right - budget control lies with individual services and reports relating to finances and expenditure for Adult Protection services are routed through the key partners. However the CSOG is provided with budget reports as necessary to enable a strategic overview of expenditure across all public protection areas.

4.3 Community Safety Partnerships

The Adult Protection Committee, along with other areas of Public Protection provides regular reports to the Community Safety Partnerships in both councils. Through these strategic groups effective links have been made with other partner agencies e.g. Fire and Rescue Service. The Community Safety Partnership in Midlothian has a multi-professional/multi-agency tactical delivery group on which the Adult Protection Committee is represented, which jointly assesses risk for specific issues in the area and agrees actions required to enhance peoples' safety.

4.4 Public Protection Team

From the outset it was recognised that the roles and responsibilities relating to Adult Protection, Child Protection, the Drugs and Alcohol Partnership, Violence against Women and Offender Management were linked by a number of shared objectives and work areas. Crucially, we know that many service users and families access services across a range of agencies and in order to provide these services efficiently and seamlessly, East and Midlothian have worked hard towards the establishment of an effective Public Protection Team.

By April 2010 both the Adult Protection Committee and Child Protection Committees were combined across the two local authority areas. In 2011 staff from Adult Protection, Violence against Women and Child Protection in Midlothian co-located. Close working relationships have continued both with co-located staff and with staff from the other Public Protection areas, although for a variety of reasons it has not yet been possible to co-locate the full team.

Parallel to this, in recognition of shared interests, the sub-committees responsible for Engagement and Communications, and Learning and Practice Development were amalgamated to include Adult and Child Protection as well as Drugs and Alcohol, Violence against Women and Offender Management services. The work of these committees is described elsewhere in this report. Throughout the sub-committee structure a strong representation of local voluntary services is prioritised, this in recognition of their value now and in the future.

As we continue to move forward, the different areas of Public Protection work are gaining cohesion and the team is making progress towards a common approach. Two examples of this is the aggregated quarterly report provided for CSOG and the recent publication of the first East and Midlothian Public Protection newsletter.

4.5 ELBEG

In addition to joint working across related services within East and Midlothian, the Adult Protection Committee works within the wider partnership of the Edinburgh, Lothian and Borders Executive Group (ELBEG). This group has recently been restructured with a view to improving efficiency of partnership working across the ELBEG area. The revised group known as the ELBEG Strategic Group comprises 12 representatives across the key agencies.

5.0 QUALITY ASSURANCE

5.1 The role of the Quality Assurance sub-committee is to ensure that all multi-agency mechanisms are in place to improve practice in adult support and protection work and to achieve better outcomes for adults who may be at risk of harm.

The sub-committee works closely with the Learning and Practice Development sub-committee to ensure training takes account of best practice locally and nationally, and ensures that these reflect the quality indicators produced by Scottish Government in line with their Guidance for Adult Protection Committees.

The Quality Assurance sub-committee has developed an action plan that takes into account recommendations from Mental Welfare Commission including Justice Denied. The sub-committee maintains an overview of Appropriate Adult work in both council areas.

The sub-committee were instrumental in the delivery of the Financial Harm seminar held at Queen Margaret University. This attracted interest from across Scotland from various organisations and is reported elsewhere in this report.

Self-evaluation remains a priority for the sub-committee and members have undertaken a case audit with a robust plan put into place to assess and identify learning. The most recent case file audit piloted the use of the Draft National Standards as a benchmark, and whilst it did not address all the Standards, it was useful overall. Each partner agency has been tasked with reviewing actions taken by their staff to ensure best practice.

The sub-committee are also in the process of reviewing Inter-Agency Referral Discussions taking place in both East and Midlothian to assess threshold levels and to ensure all adults who may be at risk of harm are receiving appropriate support and assistance.

5.2 <u>Large Scale Investigation Protocol</u>

Our multi-agency Large Scale Investigation Protocol, developed jointly with colleagues in Police, Health and the Care Inspectorate, has been in place since 2009 and has recently been reviewed and updated. (Appendix 2) This protocol is used on a regular basis as a framework for a robust multi-agency response to circumstances where there may be two or more adults at risk of harm within a care setting.

The benefit of such a protocol is to bring together senior managers from all agencies at an early stage in the process. They are then able to make joint decisions about safeguarding all adults who may be at risk of harm within that care setting, whether in a care home or in receipt of care in the community.

Experience shows that the ability to intervene quickly and cohesively is effective in safeguarding people at risk of harm.

5.3 Significant Case Reviews / Management Review

Since October 2010 there have been no Significant Case Reviews as such, however using the same principles, a Management Review was undertaken following a Large Scale Investigation into concerns of harm within a care home setting. This review was prompted by a number of complaints and concerns about the care and treatment of three individual residents of a Care Home which resulted in individual Adult Protection referrals over the period October 2010 – March 2011. Concerns included issues regarding general care; infection control; poor continence management; poor manual handling and lack of dignity and respect.

5.3.1 Methodology of Review

It was agreed that the review would be undertaken by conducting semi-structured interviews with managers from each of the principle agencies involved with the case, but who would have a sufficient degree of objectivity to ensure independence and transparency. The key agencies involved in the review were Health, Council, Police and Care Inspectorate and a total of six managers were interviewed. A chronology of significant events was compiled and circulated to interviewees together with a short questionnaire Interviewees were asked to review the chronology and consider the involvement of their service prior to the interview. The Lead Officer undertook the interviews which were digitally recorded and transcribed.

5.3.2 Findings

In this case serious concerns were raised over a period of eighteen months and any Adult Protection action taken in that time was in relation to specific incidents around individual residents. In the same period complaints were investigated; compliance with the National Care Home Contract was being monitored; individual care packages were being reviewed; GPs were providing healthcare and all were concerned and communicating with each other at some level about the overall quality of care in the home. When the large scale investigation protocol was initiated in this case, the multi-agency partnership response was very good. The challenge, however is to take a more consistent proactive approach and to be alert for areas where early intervention could improve the quality of care for vulnerable people in care homes and prevent the need for crisis intervention.

5.3.3 Conclusion

This Review has now concluded and an action plan, including the development of the multi-agency working group described in 5.4, has been implemented. This action plan has been approved by the committee and will be monitored by the Quality Assurance sub-committee to ensure that all relevant agencies engage with the recommendations as appropriate. A communications strategy is currently under consideration by the Engagement and Communications sub-committee so that learning from this review is appropriately disseminated.

5.4 Quality in Care Approach - Multi- Agency working Group

In response to the findings of the Management Review described in 5.3, the underlying principles of GIRFEC were adopted and applied to "The Quality in Care" model, and a multi-agency working group was formed. The purpose of this group which involves key professionals from Social Work, Health and the Care Inspectorate is to ensure the quality of practice and improve the standards of care provided to adults living in residential/nursing care homes in the area.

Key objectives are:

- To ensure a more co-ordinated and pro-active in the delivery of care
- To share information in relation to the standards and the delivery of care
- To identify any concerns that may impact on the standards of care.
- To pro-actively improve the standards of care
- To minimise identifiable risks.

5.5 **Adult Protection activity**

Definitions (as used in the National Dataset)

- **Referrals :** Any adult protection concern which has been reported to or witnessed by social work as defined by Adult Support and Protection (Scotland) Act 2007. The Act requires that the Council has a duty to inquire to ascertain if the adult is at risk and fulfils the three point test as the social work department may need to intervene to protect the adult's wellbeing property or financial affairs.

- **Inquiries:** An inquiry is the initial step on receiving a referral or a concern, of gathering information to confirm that the subject of the referral/concern is an adult at risk under the terms of the Act and that there may require to be action taken under the provisions of the Act. This may consist of seeking clarification or further information from the referrer, and checking departmental records.

- **Investigations:** An investigation is a formal investigation conducted and recorded by a council officer in order to establish whether an adult is at risk of harm; to assess the level of any risk and the nature of harm either suffered or anticipated; to decide whether any immediate or urgent action is required to protect the adult; and to recommend whether an adult protection case conference is required**.** An adult protection investigation will involve relevant professional staff from other agencies and, unless inappropriate, with the adult at risk and his/her family.

5.5.1 East Lothian area 2010-12

Measure	Short Term Trend	Long Term Trend	2010/11	2011/12
Referrals	↑	↑	835	941
Inquiries	↑	↑	140	306
Investigations/IRD	↑	↑	70	146
Case conference	↑	↑	46	95
Open cases (average)	↑	↑	29	56
LSI	↑	↑	4	5
Protection Orders	↓	↑	8	4

Adult protection referrals leading to a Duty to Inquire have increased significantly by 215% from 143 in 2010-11 to 307 in 2011-12, with 47% (145) progressing to Inter-agency Referral Discussion, and 65% (95) of those progressing to case conference. Although numbers have increased significantly it should be noted that the percentage of those progressing through Adult Protection and to case conference remains comparable. The average number of cases being managed under Adult Support and Protection procedures over the year increased from 29 in 2010/11 to 56 in 2011/12.

5.5.2 Protection orders

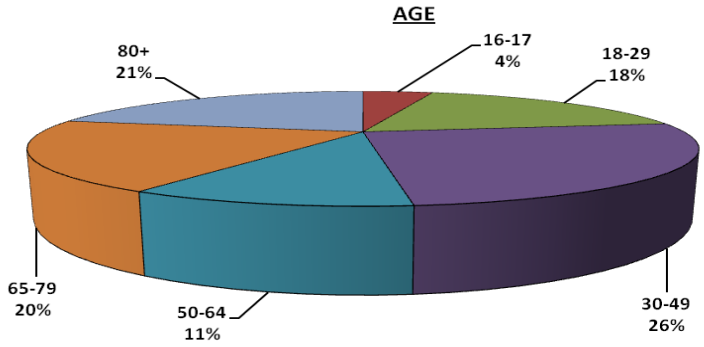
The use of protection orders is still a very small part of the work introduced by the Act, however a protection order is routinely considered when someone is at risk of serious harm. Having due regard to the principles of the legislation the number of applications is correspondingly low and for this reason detail about the individual orders is not given due to possible data protection issues.

In 2010/11 applications were granted for one Assessment order which resulted in no further action under the Act; one Removal Order to remove someone from a situation of serious harm to a suitable place and six Banning Orders, all with powers of arrest. In 2011/12 there were four Banning Orders again with powers of arrest. As expected, Banning Orders are the most commonly used of the protection orders available under the 2007 Act, and in East Lothian they have been used successfully in a variety of situations; in some cases where the subject is a family member or partner, and in others, an acquaintance who had befriended the adult and thereafter caused them serious harm.

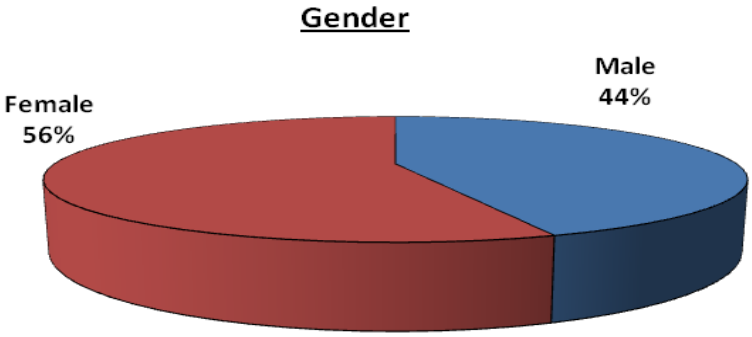
5.5.3 Large Scale Investigations

In total there have been nine large scale investigations in the last two years in the East Lothian council area. Four of these investigations related to three different care homes; and five related to three different care at home agencies. With the care homes, issues were around manual handling, infection control and dignity and respect, and with the Care at Home agencies, issues were mostly around physical and financial harm. These figures are not included in the number of referrals and inquiries quoted in above except where individual investigations have been required as well.

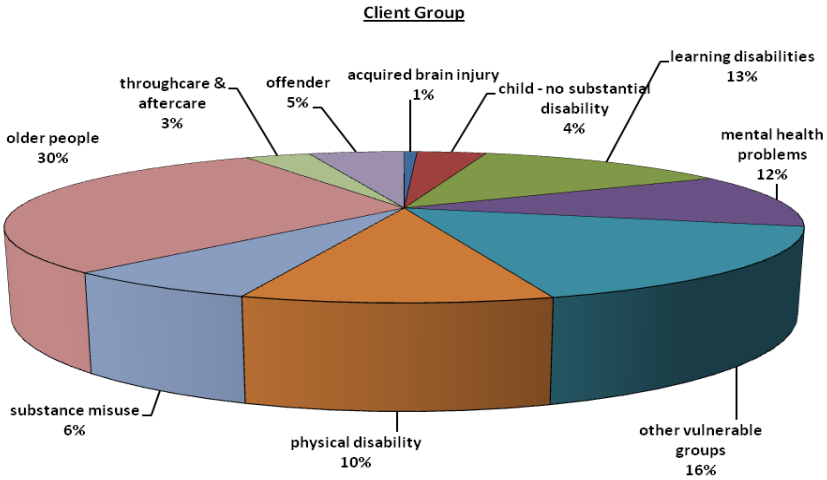
5.5.4 East Lothian Prevalence from 1st April 2010 – 31st March 2012



In East Lothian the majority of referrals (41%) in this period were for older people (over 65) with 21% for people aged 80+

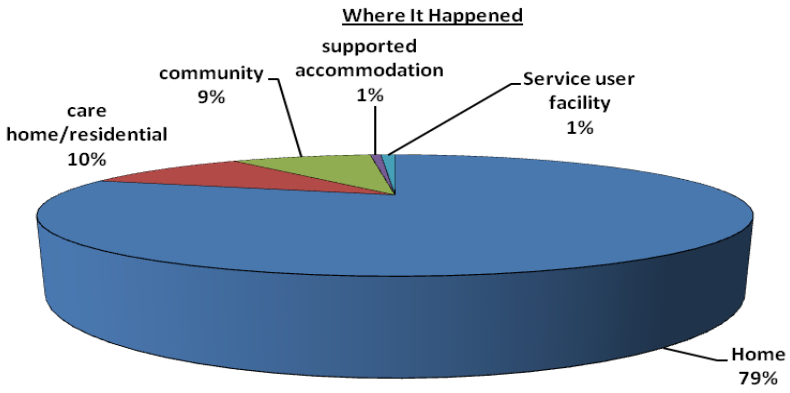


There is a higher percentage of referrals for females than males in East Lothian.

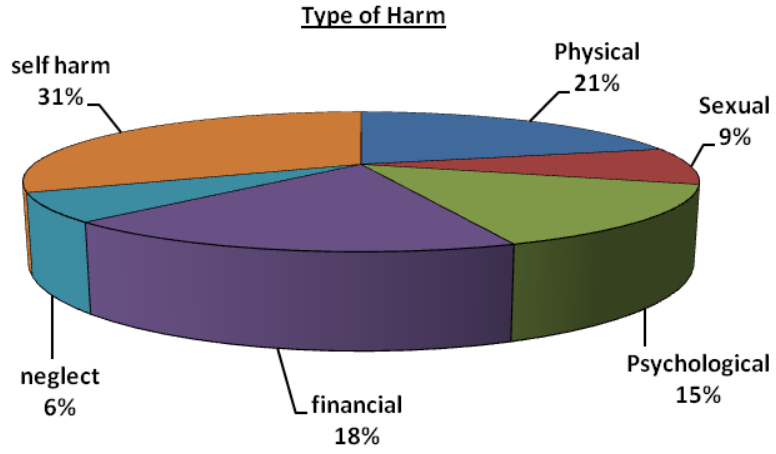


In East Lothian the highest percentage of referrals (30%) was for older people (including dementia) although a significant number (23%) are for other vulnerable and substance misuse.

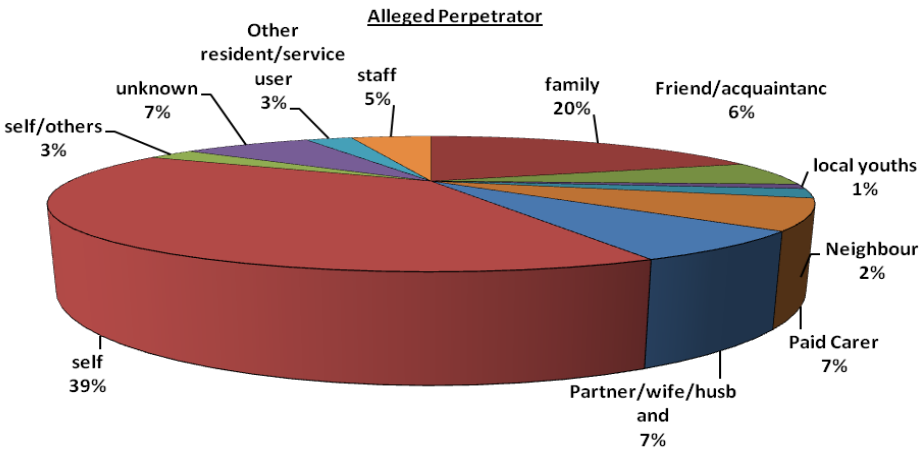
5.5.4 East Lothian Prevalence from 1st April 2010 – 31st March 2012



In East Lothian the vast majority of harm (79%) happens in the adult at risk's home.
The 10% occurrence in care home reflects the individual adult protection investigations in care home settings.



In East Lothian self harm was the prevalent type of harm (31%) with physical (21%), financial (18%) and psychological (15%)



In East Lothian a significant number of referrals investigated in this period the alleged perpetrator was known to the adult - partner/spouse (7%), family (20%), friend/acquaintance (6%).
However the largest number of referrals were about self harm (42%).

5.5.5 Midlothian area 2010-12

Measure	Short Term Trend	Long Term Trend	2010/11	2011/12
Referrals	↑	↑	699	802
Inquiries	↑	↑	112	126
Investigations/IRD	↑	↑	65	76
Case conference	↑	↑	37	59
Open cases (average)	↑	↑	27	34
LSI	↓	↑	2	4
Protection Orders	–	↑	0	2

The number of Referrals leading to a Duty to Inquire have increased slightly from 112 in 2010-11 to 126 in 2011-12 (13%) with 76 (39%) progressing to Inter-agency Referral Discussion, and 64 (84%) of those progressing to case conference / professionals meeting. The percentage of referrals progressing to Inquiry is comparable for both years but in 2011/12 a higher percentage progressed to case conference (84% this year, 53% in 2010-11). The average number of cases being managed under Adult Support and Protection Procedures over the year increased from 27 in 2010/11 to 34 in 2011/12

5.5.6 Protection orders

The use of protection orders is still a very small part of the ongoing work introduced by the Act, however as practice experience has grown; a protection order is routinely considered when someone is at risk of serious harm. Having due regard to the principles of the legislation the number of applications is correspondingly low and for this reason detail about individual orders is limited due to possible data protection issues.

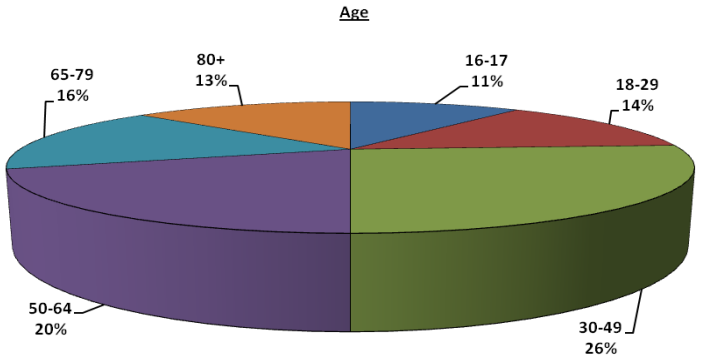
In Midlothian there were no protection orders in 2010/11 and two Banning Orders with powers of arrest in 2011/12. The subjects were acquaintances who had befriended the adult and caused serious psychological and financial harm. Following the granting of these orders the Sheriff concerned produced positive judicial guidance with regard to the application process in future cases from which a local practice protocol has been developed.

Anecdotal information seems to suggest that other mental health legislation has been used as an alternative to protection orders where appropriate, .e.g. in considering a Removal Order, where the adult had a mental disorder, a Removal Order under section 293 of the Mental Health Care and Treatment (Scotland) Act 2003 was deemed more appropriate, and an application was made for an Interim Guardianship Order under Adults with Incapacity (Scotland) Act 2000 at the same time.

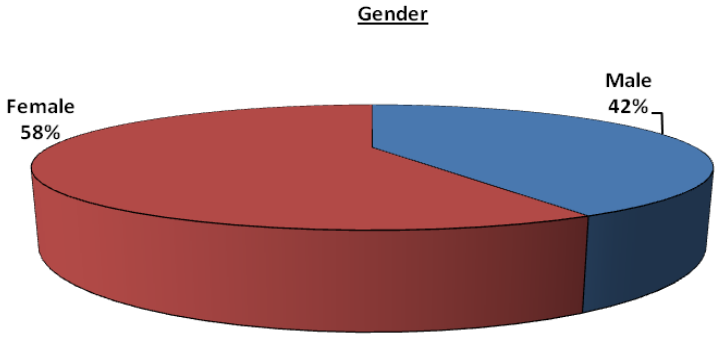
5.5.7 Large Scale Investigations

In total there have been six Large Scale Investigations in Midlothian in the last two years. Four were for Care Homes (three relating to the same care home) and two regarding care at home agencies. For Care Homes, issues were around management of medication, tissue viability, dignity and respect and poor standards of nursing care. Evidence shows that the significant multi-agency and cross council response has enabled considerable progress towards sustained improvements. For Care at Home agencies, issues were around financial harm, medication management and communication, and the response included routine consideration of Adults with Incapacity interventions.

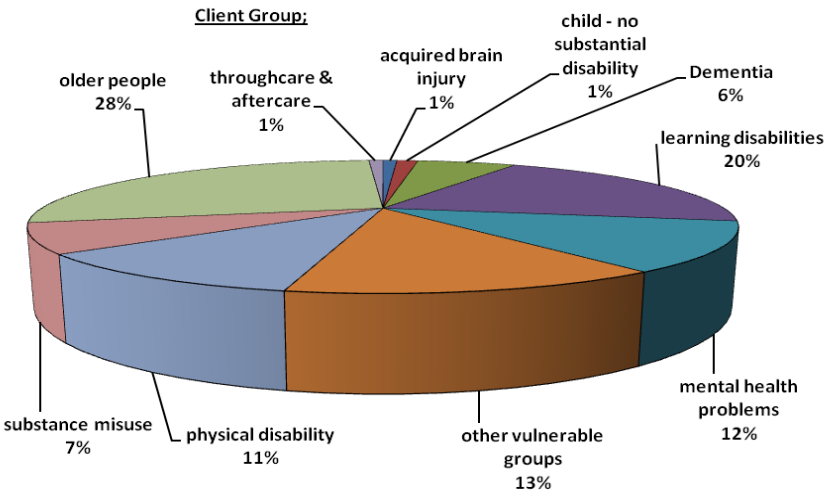
5.5.8 Midlothian Prevalence from 1st April 2010 – 31st March 2012



In Midlothian the highest % of referrals was for older people and dementia (34%). A significant number (20%) are for other vulnerable and substance misuse.



In Midlothian there were more referrals for females than males.



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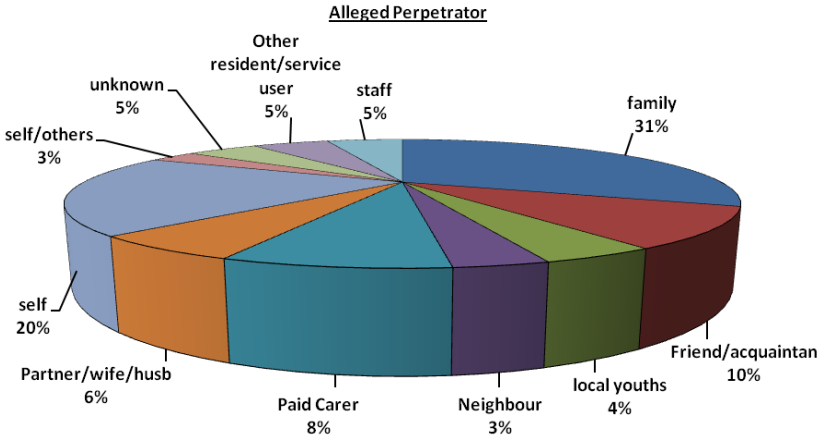
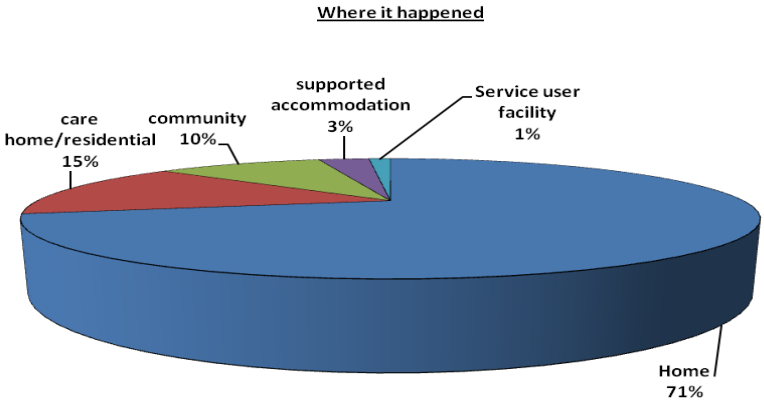
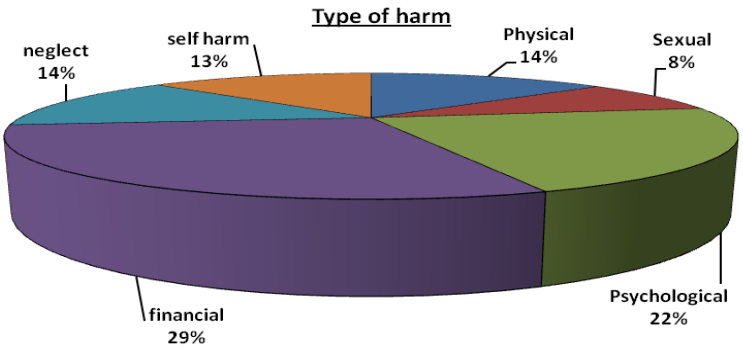


In most of the referrals investigated in Midlothian the alleged perpetrator was known to the adult – partner/spouse (6%), friend/acquaintance (10%), neighbour (3%).
Self harm features in 23% of referrals.



In Midlothian the vast majority of harm (71%) reported took place in the adult at risk's home.
The 15% occurrence in care homes reflects the individual ASP investigation in care home settings.



The primary type of harm reported in Midlothian was financial harm (29%) with psychological also featuring strongly (22%).

6.0 ENGAGEMENT WITH SERVICE USERS AND CARERS

6.1 Advocacy

The Adult Support and Protection (Scotland) Act requires councils to consider the importance of independent advocacy and other services, if intervention to support and protect an adult at risk of harm is required. While this is not a statutory requirement, it is a role which the Adult Protection Committee continues to stress as important. There are three advocacy organisations working with different client groups across both local authority areas and one solely in East Lothian. Frontline staff are clearly committed to the principles of advocacy, and have good working relationships with the advocacy organisations.

Representatives of advocacy organisations regularly participate in all levels of Adult Support and Protection training. Statistics show an increase in the attendance of advocates at case conference, however they still only attend a relatively small percentage of case conferences. This may be because a referral is not appropriate as the service user has capacity and does not wish an advocacy service; or it has been reported that in many cases advocacy organisations are unable to provide a service at short notice. It is recognised that local advocacy services are stretched and must prioritise statutory mental health referrals accordingly. Advocacy for adults at risk of harm continues to be identified as a gap in provision by the organisations themselves and by the Adult Protection Committee. In recognition of the value of advocacy services and the need for their enhancement, funding continues to be allocated to improve provision, and this situation is being monitored.

6.2 Data sharing Protocol

From the outset there was an awareness of the sensitivity of some of the information discussed at the Adult Protection Committee meetings. While there was a data sharing agreement in existence covering statutory agencies, this was deemed inadequate as some members of the Adult Protection Committee are not covered by this agreement. Accordingly the Adult Protection Committee has developed a data sharing agreement for our committee and sub committees, to sit alongside the existing partnership agreement thus ensuring that information is managed in line with the Data Protection Act and shared on a lawful, 'need to know' basis.

6.3 Engagement with Service Users and Carers

Engagement with our service users and carers is seen as central to the work of the Adult Protection Committee, although the difficulty in achieving this effectively is not to be underestimated. There is not service user representation on the Committee; rather, in both councils the Lead Officer has developed links with service user and carer representatives on all planning groups, on which she is a member. (viz: Learning Disability, Physical Disability, Mental Health and Older People). Adult Protection is a standing item on agendas which ensures that the principles are "knitted in" to all relevant strategies and included in the thinking of strategic development in all areas.

This approach has been shown to be effective and issues are brought back to the committee as necessary, for example a recent Hate Crime campaign, used an Adult Protection poster to promote the message. In recognition that financial harm is an area of concern raised by service users in several planning groups, a presentation is currently being rolled out to all service user groups.

Public information is presented at every opportunity, for example the launch of different strategies, consultations and events such as the recent White Ribbon youth football tournament, and the Older People's consultation with posters and leaflets available to the public.

Questions are included in the regular Citizens Panel survey about how safe people feel. Respondents indicated that they are most likely to feel safe "At home with friends/family at night" (100% very or fairly safe) or "At home alone during the day" (99% very or fairly safe). A similar number (99%) said they feel very safe or fairly safe walking outside alone during the day. However, fourteen percent of respondents said that they feel fairly or very unsafe walking outside with friends/family at night, this figure rises to 29% when walking outside alone at night. This feeling increases to 32% among female respondents.

Service user input to training helpfully gave a powerful message and was greatly valued by participants. Evidence would suggest however, that despite much planning, preparation and support, it unfortunately had a negative impact on their mental health.

The wishes and needs of the adult who may be at risk of harm is always central to the case conference process and there is good evidence to confirm that it is routine practice for service users to be invited to case conferences, and for their views to be taken into account. In approx 70% of cases there is a record of service user attendance at case conferences.

Good links have been established with the voluntary sector who are represented at the Adult Protection Committee and they frequently, disseminate information and facilitate engagement with service users and carers. In recognition of the growing phenomenon of social media, the Lead Officer has assisted with the development of a social media guidance document for use by the voluntary sector.

Initial consultations about the Act showed that service users were concerned about the legislation, fearing that it might be too paternalistic. As case examples have grown, people have been reassured that, in accordance with the General Principles of ASPA, any intervention must be the least restrictive option and must be of benefit to them. As case law has developed and people have experienced interventions under the legislation, there is evidence that views have changed. Our progress in this area is evidenced by the following quotations from service users / carers.

"I feel safer because the Banning Order has kept these people away from me."

"I feel much safer in my new flat than I did at home. I have friends now. I want to keep living in this area now."

"I couldn't make the decision to ask him to leave – I wanted it taken out of my hands. I feel much safer now that he can't come to the house and our relationship has improved as we are meeting in town."

"The supports I get now help me to feel more confident in standing up for myself and keeping myself safe."

"The support given to the adult buy the Council Officer was outstanding and really helped my client to take steps to safeguard herself." (carer)

6.4 Communication and Collaboration

The Lead Officer on behalf of the committee has been involved with relevant consultations with Scottish Government; two of particular interest are the Self Directed Support (Scotland) Bill and more recently the Guidance on the involvement of GPs in multi agency adult protection arrangements. The involvement of the Lead Officer has facilitated discussion and collated a response on behalf of the Committee. This has enabled a greater understanding of the impact the legislation will have on the work of the Adult Protection Committee.

There are well established links with the multi agency ELBEG Adult Protection Advisory Group, where there are opportunities to share with colleagues and collaborate to develop where appropriate, consistent practice across the ELBEG area.

This group has been established since 2003 and was closely involved in the implementation of the legislation. There is an ELBEG Strategic Development Officer who co-ordinates this work and disseminates communication around the group.

6.5 Self-harm Working Group

The ELBEG Strategic Development Officer was instrumental in the setting up of a group looking at issues around self-harm/attempt suicide particularly in terms of police response and subsequent referrals to social work. This group is working on a self-harm protocol designed to offer guidance to front line police officers who are the ones who deal with crisis situations. It is recognised that incidence of police referrals for self harm is an issue for both councils, but with a higher incidence in East Lothian. Both Adult Protection Officers are members of this working group.

7.0 ENGAGEMENT AND COMMUNICATIONS SUB-COMMITTEE

7.1 It is recognised that meaningful engagement with service users, providers and the general population is both an area of weakness and priority for Adult Protection services and that there are many cross cutting issues in public protection services and the joint Engagement and Communications sub-committee was therefore formed in December 2010.

7.2 We have twice participated in a Nationwide Adult Protection television campaign. On both these occasions, although the number of calls we could directly link to the TV campaign was small, evidence showed a significant increase in referrals in the weeks immediately following. We have used stills from the campaign in other awareness raising efforts, significantly for the Financial Harm event and the Hate Crime campaign.

7.3 A number of opportunities have been taken to have articles published both in internal communications and the local press, and information about Adult Support and Protection legislation continues to be presented on the Internet and Intranet pages of all partner agencies. These websites however require constant monitoring and updating which is resource intensive, therefore we have developed a discrete website in East and Midlothian which identifies and makes links across the different areas of Public Protection. This website is now in the final stage of development and we hope to "go live" by the end of this year. The facility is there for us to have a "Twitter" feed within the website and our aim is to develop this as a form of public engagement. We could then post training material and other information for wider public circulation.

7.4 A recent development is the introduction of a Public Protection newsletter which is distributed in both electronic and paper format. This was in response to a questionnaire about the usefulness of an existing Child Protection newsletter. Multi-agency feedback was that the inclusion of other areas of Public Protection would be welcome and the first issue was produced in Summer 2012.

7.5 As indicated in other areas of this report, the future service model for Adult Protection services must rest increasingly on community and neighbourhood awareness and actions, especially in the area of early intervention. For that reason, the area of engagement, communications and volunteer activity is of the utmost importance and priority. Presentations to Community Councils on Public Protection are being undertaken by Lead Officers and the impact of such awareness-raising will be monitored in the ongoing collection of referral data.

8.0 LEARNING AND PRACTICE DEVELOPMENT SUB-COMMITTEE

We remain convinced that Learning and Practice Development is at the heart of change and therefore central to a necessary shift in attitudes and beliefs. The multi agency model of delivery of training ensures a good understanding of the different roles and responsibilities of all key agencies and this is evidenced by improved communication and quality of joint working in complex situations. Through the Adult Protection Committee and the Learning and Practice Development sub-committee, progress continues to ensure that we have a multi agency workforce able to fulfil their responsibilities in supporting and protecting people who may be at risk of harm.

It is now two years since the joint Learning and Practice Development sub-committee was formed and we are increasingly aware of the crossovers with Adult Protection, Violence against Women, Drugs and Alcohol and Child Protection and are actively considering how all our training effectively reflects this dynamic.

As we progress the agenda with increased links across the wider Public Protection arena, advantages include a greater awareness of crossovers and what issues are current in other areas. This enables more detailed consideration about specifically what is useful to embed in wider agendas. A current example of this is the impact of the Welfare Reform Act.

It is clearly less resource intensive for people who otherwise would be attending several meetings, and in terms of wider workforce development there is huge potential to build further around co-ordination and the sharing of resources. We recognise the risk that specific work on training needs within individual agendas can be overlooked and work is ongoing to strengthen links with practitioners to address this.

The challenge of some areas (for example Violence Against Women) not having dedicated resources in terms of admin and training has been raised. This has been addressed in part by the sharing of staff time and funding for joint projects such as the implementation of the Forced Marriage legislation. In progressing the work of this joint sub-committee we plan to look further at the integration of the training agenda across the two councils and partner agencies.

8.1 Learning and Development Activity 2010 – 2012

The total number of attendees and a breakdown of the service areas represented is presented in Figure 1.

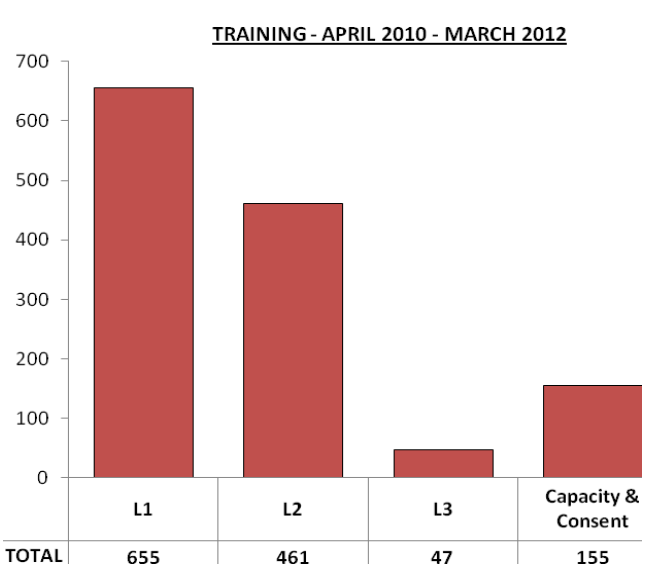
A rolling programme for all three levels of Adult Support and Protection training continues to be provided; Level 1 is targeted at all staff across the Council, Health, Police, Independent and Private Sector to raise basic awareness. Level 2 is for staff who hold management/supervisory positions and staff who may be involved in Adult Protection Case Conferences. Level 3 is for Council Officers and other professionals who have a role within the legislation. In response to training needs analysis, levels 1 and 2 have been scaled down to allow for the provision of more specialist training in Consent and Capacity, Council Officer skills and Financial Harm.

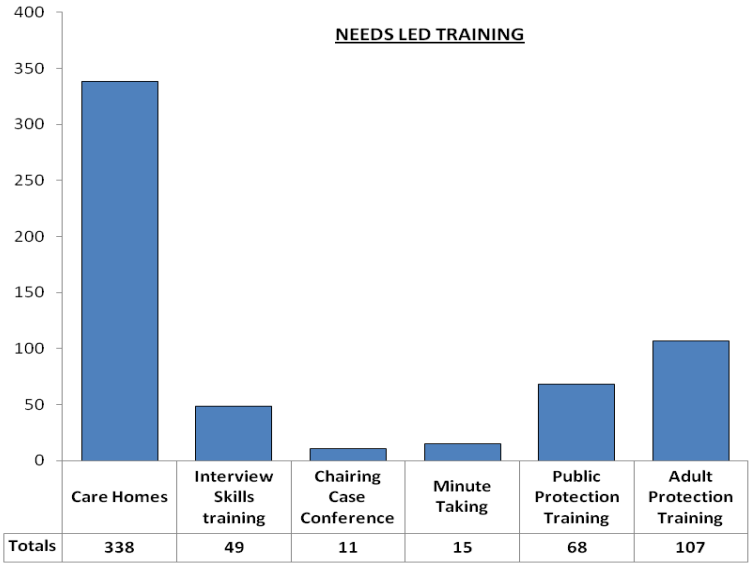
The numbers of staff requiring the two day prescribed Level 3 training has dropped considerably. The drop in numbers reflects the fact that most people for whom this training is relevant this have already attended, and there is now exploration around offering it together with neighbouring authorities within ELBEG to ensure a good multi-agency cohort. To complement this, multi-agency level 3 skills based training in Consent and Capacity has been provided and is well attended by multi-agency partners with significant representation from the voluntary sector.

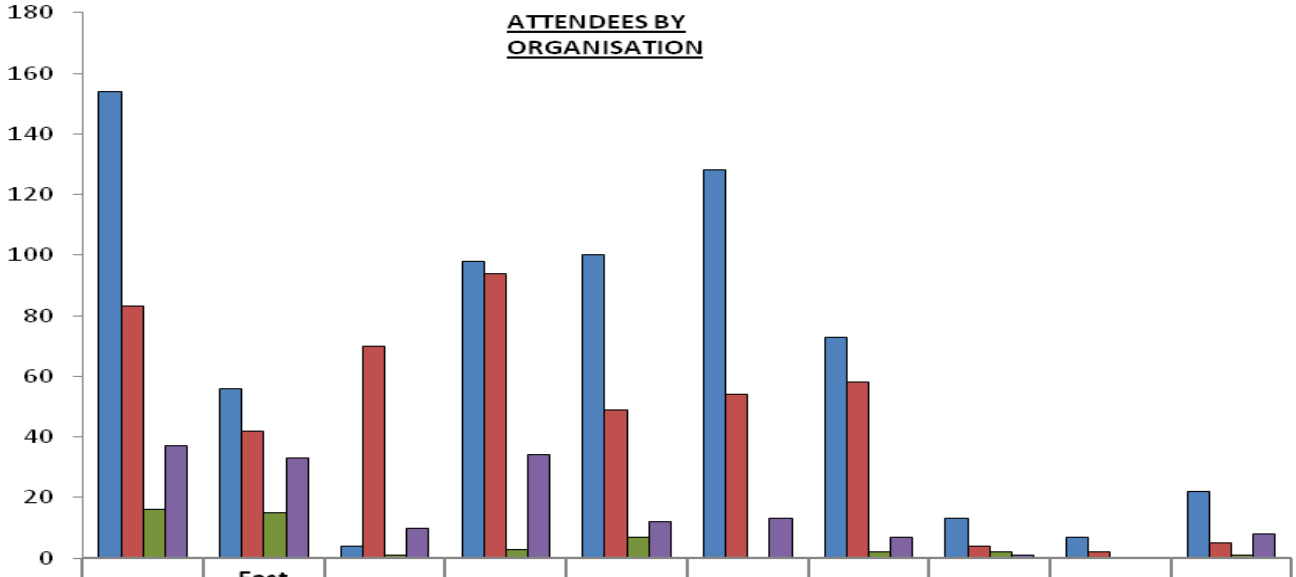
Across both councils nine members of staff have completed Post Graduate Certificates in Adult Protection, one has undertaken a course in training and evaluation, and one is currently undertaking a relevant MSc.

NHS Lothian use the e-learning module developed with ELBEG partner agencies to ensure all staff who have direct patient contact have access to level 1 training. In the past two years 17,340 staff have passed this across the whole of NHS Lothian.

The Training and Development Officer took a lead role in developing the multi-agency Consent and Capacity training which is now being rolled out across the ELBEG area and also has had wider distribution though national networks. As part of this she was actively involved in the development of a multi-agency capacity screening tool which is currently being piloted in one of the City of Edinburgh sectors.







	Mid Council & assoc. services	East Lothian Council & assoc. services	L&B Police	NHS Lothian	Vol Orgs	Care Home (ML)	Care Home (EL)	Housing (ML)	Housing (EL)	Other
Level 1	154	56	4	98	100	128	73	13	7	22
Level 2	83	42	70	94	49	54	58	4	2	5
Level 3	16	15	1	3	7	0	2	2	0	1
Cap & Cons	37	33	10	34	12	13	7	1	0	8

8.2 Developments

In the past two years significant progress has been made in Adult Support and Protection training programmes available across East and Midlothian. Developments have been based on identified needs as well as recommendations from Mental Welfare Commission Reports.

8.2.1 Consent and Capacity

Consent and Capacity is a level 3 multi agency training and has been developed in response to the recommendations from the Justice Denied report. It addresses the complexities of adults' capacity to consent to sexual relationships as well as looking at the challenges of capacity in relation to Alcohol Related Brain Disease. This course has proved to be extremely successful with excellent feedback and plans to extend it into the wider ELBEG area. There is multi agency delivery with input from police, health, SALT (Speech and Language Therapy) and Social Work and it is relevant to all agencies associated with the wider Public Protection Agenda.

8.2.2 Council Officer Skills Based Training

To promote learning from practice experience and build confidence and competence in the role, specialist skills development has been delivered to authorised Council Officers in Investigative Interviewing, Chairing Case Conferences and The Roles and Responsibilities of the Council Officer.

8.2.3 Violence Against Women and Adult Support and Protection Workshop

A workshop on Violence Against Women and Adult Support and Protection has been piloted to raise awareness on the links in which topics including forced marriage, human trafficking and honour based violence are covered. The feedback from the pilot was positive and it is anticipated this will be delivered as part of the 2013/14 programme.

8.2.4 Care Home Manager Multiagency Training

In response to the Care Home audit, specific multiagency training for Care Home managers was developed. This aimed to take a proactive approach giving a consistent message and some clarity around thresholds and reporting requirements. This multi-agency delivery had input from police, health, social work and the care inspectorate. Feedback from managers was extremely positive and a follow-up day is planned later this year.

8.2.5 Care Home Basic Awareness Training

Again in response to the same audit, Basic Awareness on Adult Support and Protection in Care Homes is being delivered to all Care Homes in East and Mid Lothian. This two hour session has been developed around issues specific to Care Homes and is relevant to all staff and volunteers.

8.2.6 Public Protection Foundation Workshop

This is a workshop that provides a very basic awareness and what to do if you suspect or know a child or an adult may be being harmed. Information on the wider Public Protection issues and keeping our communities safer is also provided. The workshops are ideal for any staff/contractors who do not work in direct care services but who do have contact with members of the public. This is also available as an eLearning module.

8.2.7 E Learning

A Public Protection eLearning module has been developed for staff who do not work in direct care services but who do have some contact with members of the public. The possibility of making it available online to external providers and linking it to Service Level Agreements is being explored.

8.3 EMAPC Development Day

The Adult Protection Committee have held development days that has enabled the APC to reflect on the achievements and challenges. The day also provided the opportunity to identify the priorities for the Committee and start to formulate the next stages of the Business Plan. Emerging / Ongoing Issues identified were:

- Growth and Demand
- Self-harm / attempt suicide
- Financial Harm
- Care Homes
- Consent and Capacity / Self-directed support

8.4 Financial Harm

Lothian and Borders Police in Partnership with the joint Adult Protection Committee for East and Midlothian held a Financial harm Seminar to raise awareness with external agencies such as financial institutions, legal services, trading standards and other agencies working within our local communities.

The event was held in the Queen Margaret University, Musselburgh and was attend by a wide range of professionals including police, social work, trading standards, crown prosecutions service, Scottish Government, banks, building societies and legal services. Although this event had a local target audience, participants came from across Scotland which highlights the need and demand that there is for this increasing area of concern.

Financial Harm is a complex and very challenging area with many strands that lead to financial harm. This seminar was the beginning in raising a basic awareness and making links into adult support and protection. The evaluations show a real need for information on this very complex subject particularly in relation to capacity, exploitation and fraud.

Presentations from the Office of the Public Guardian and the Mental Welfare Commission were well received. This event was a great success and initiated improved communication with staff working in health, police, social work, housing, trading standards, banks and legal services to name but a few. Financial Harm is one of the priorities for the Adult Protection Committee going forward. The challenge for us will be to find cost effective and meaningful ways to disseminate relevant information in a range of media appropriate to such a diverse group of stakeholders.

Key Learning Points:

- Financial Harm is a concern across Scotland
- Importance of networking and information sharing with other agencies particularly Trading Standards and DWP
- Awareness of roles and responsibilities across all sectors needs to be a priority

9.0 RESOURCES

9.1 Funding

Funding to local authorities to support ongoing work with the Adult Support and Protection (Scotland) Act 2007, and to police for their specific functions under the legislation has continued. In both councils much of that funding is used for staffing; additional social workers / review team staff, and the Independent Chair, Lead Officer, Training and Development Officer and Administrative support to support the Adult Protection Committee in its work.

Apart from staffing, training is the next biggest cost, and as awareness of the Act is raised so the demand has increased from both within and outwith the statutory agencies. External trainers have been used for specific specialist topics such as Chairing Case Conferences, Minute taking and Investigative Interview skills.

Costs are controlled where possible by the use of in house venues, and facilitators to assist the Training and Development Officer are provided by partner agencies, wherever possible.

Funding has been used to provide increased access to legal advice and has also been used to enhance advocacy services, particularly in the area of older people in care homes.

9.2 Workforce issues

9.2.1 Social Work

Adult Support and Protection Policy and Procedures were reviewed and implemented in July 2011, the main difference being the introduction of timescales throughout the process. Based on this a performance management framework has been developed which will give us more qualitative data against which to report.

However, practice has evolved differently in the two councils, due to their different structures, therefore direct comparison of data is not helpful. Rather, consideration needs to be given to the discrete contexts and approaches to adult protection practice taking place within each individual council area. Procedures are currently being reviewed again in each council which will align them more closely with their relevant structure and enable more qualitative interrogation of data.

Police Referrals to social work have increased considerably in the last year in both areas. A significant number of these are in relation to domestic violence or self-harm incidents in which alcohol misuse plays a considerable part however, only a very small percentage are in fact progressed through Adult Protection. In recognition of this the police referral form (which used to be headed Adult at Risk of Harm thus triggering the council's Duty to Inquire) has now been changed to Adult Concern form. Whilst this will not affect the overall referrals to Social Work, it is expected to reduce the number of Adult Protection referrals and it is hoped this will enable the response to be more appropriate and proportionate. This will require monitoring and analysis.

Having a named contact within NHS Lothian for strategic Adult Protection matters is helpful, however, appropriate Health contact in operational practice during the Inquiry process remains difficult within Adult Services, as there could be a number of different Health professional / teams involved with a single patient. Because of these difficulties there is not routinely health involvement in the Inter-agency Referral Discussion, as there is in Child Protection. This requires ongoing monitoring.

9.2.2 East Lothian

Since 2010 East Lothian has restructured its Adult Social Care Service (now Adult Wellbeing) which sits in the Services for People division. Overall management rests with the Senior Manager (Operations) for Adult Wellbeing, who is a member of the Adult Protection Committee as well as the Quality Assurance sub-committee. Operationally, there are three Area Managers and an Adult Protection Officer, three Assistant Area Managers and 12 Senior Practitioners, one of whom has a specific remit for Adult Support and Protection. The Senior Practitioners have responsibility for Inter-Agency Referral discussions and the management of the 40 or so council officers who undertake Adult Support and Protection inquiries and investigations on a rota basis.

The Adult Protection Officer oversees Adult Protection practice at the frontline and maintains an overview of all Adult Support and Protection work. A key part of this role is the chairing of Adult Protection Case conferences, and promoting effective communication and collaboration between agencies. Having a quality assurance focus, the Adult Protection Officer is responsible for supporting practitioners and managers in their decision making as well as ensuring that appropriate and effective support and protection plans arise from individual case conferences, thus improving outcomes for people who may be at risk of harm.

9.2.3 Midlothian

Adult Protection operational practice is managed overall by the Fieldwork Group manager for Adults and Community Care, who is a member of the Adult Protection Committee as well as the Quality Assurance sub-committee. There is also a Service Manager, an Adult Protection Operational Officer and 10 Team Leaders. The Team Leaders manage the 37 Council Officers who are appointed under the Act, and who undertake inquiries and investigations on a rota basis.

Governance structures are being put in place which will give the Adult Support and Protection Operational Officer responsibility for oversight of all Adult Protection work including ensuring a clear outcome focused approach to all interventions.

A key part of the role is quality assurance; promoting consistency of practice across the team; keeping thresholds under review and giving support and advice for frontline staff and managers. Support for ongoing development of professional practice, is given, for example, via regular Council Officer feedback meetings.

9.2.4 Police

E Division of Lothian and Borders police covers both East and Midlothian. The Public Protection Unit (PPU) is responsible for Adult and Child Protection, Offender Management, Domestic Abuse and Youth Justice. All Public Protection work is managed by a Detective Chief Inspector who is supported by a Detective Inspector, two Detective Sergeants, a uniformed Sergeant and six Detective Constables.

There are also three officers attached to the unit who investigate most reports of non-accidental injuries and who also undertake the majority of Joint Investigative Interviews in both East and Midlothian.

Within the unit there is also a Child Protection Manager, two Domestic Abuse Liaison Officers, a Case Conference Coordinator and an Early Intervention Officer who is responsible for screening all referrals to social work.

Three additional Detective Constables under line management of the uniformed Sergeant form the Offender Management Unit, and are responsible for monitoring all registered sex offenders in East and Midlothian.

A member of support staff coordinates all adult protection training and is responsible for ensuring that all officers receive the appropriate level of Adult Support and Protection training. There is also support staff to complete INFO (the information management system), chronologies and background research.

It is recognised that there is considerable crossover between the different areas of Public Protection and as PPU staff are located in one office they are able to share information on a daily basis.

Daily briefings for all staff are fundamental in making links and quickly identifying crossovers. PPU staff have an extremely good relationship with all multi agency partners.

9.2.5 Health

It is important to ascertain appropriate health involvement at the time of referral and it remains a challenge to identify the appropriate professional as there is not a single point of contact in Health. As far as possible this a routine part of the Interagency Referral Discussion and if no specific health team (e.g. Community Learning Disability Team / Community Mental Health Team) is involved then the GP is the obvious point of contact.

Whilst the time pressures for GPs are understood, there is clear evidence of the value of their input when appropriate, for example in large scale investigations. The Clinical Directors in both East Lothian and Midlothian are members of the Adult Protection Committee and they have helpfully liaised with GP services where necessary.
The Chief Nurse is another important contact; she attends the Adult Protection Committee and provides liaison with community nursing services across both council areas. Excellent multi agency collaboration has been established at senior level and this ensures good co-operation with investigations and evidences better outcomes for adults at risk of harm.

NHS Lothian Action Group - Adult Support & Protection

The Nurse Director for NHS Lothian has revised the Public Protection Arrangements for NHS Lothian. The new arrangements bring Adult Protection, Child Protection and MAPPA together under the management of Designated Nurse for Public Protection reporting to the Nurse Director. Additional resources include the creation of Clinical Nurse Manager post for Adult Support and Protection as well as one a Clinical Nurse Manager post for Child Protection.

There has been a recent revision of Public Protection Groups across NHS Lothian to improve efficiency and avoid where possible duplication of efforts.

A NHS Lothian Public Protection Framework and development of Public Protection Action Plan has been developed outlining seven key objectives: namely

- Staff Awareness Raising
- Staff Learning and Development at mandatory and specialist levels
- Reporting Concerns
- Specialist Advice and Support
- NHS Lothian Policy Framework
- Multiagency Working
- Governance Arrangements

While each area within Public Protection has particular issues and requirements there are also common themes and through the objectives the aim to integrate practice as much as possible. Progress against the action plan will be managed via the Adult Support and Protection Action Group (ASPAG), the Child Protection Action Group (CPAG), and the MAPPA Group.

The Executive Lead for Public Protection chairs each of these groups and reports to the Health Board via the Healthcare Governance and Risk Management Committee.

A draft NHS Lothian Public Protection Learning and Development Strategy 2011 – 2015 has been developed. Guidance is included on how often staff should update their knowledge, either as part of the Mandatory Update Programme, which is every 2 years and/or by a process of continuous learning as part of annual Professional Development Plans. An e-learning module on capacity and consent has been developed. It complements the face to face workshops that are being piloted by CEC.

Targeted work has been undertaken around dementia and delirium, particularly in acute wards with the development of a dementia toolkit which includes guidance on capacity and consent in the form of the Right to Treat document. The Older People in Acute Care inspection visits by Health Improvement Scotland have provided a spring board for significant amounts of work with staff. Health Improvement Scotland has been tasked with carrying out a programme of inspections of acute care across Scotland. The aim is to drive improvement in care of older people and provide public assurance that NHS Scotland is treating the elderly with respect, compassion, dignity and care that they deserved when they are in acute hospitals.

An awareness raising week for staff in NHS Lothian around adult protection is planned in November 2012, culminating in a conference.

The NHS Lothian representative on the ELBEG strategic group is Melanie Hornett Nurse Director and Executive lead for Public Protection.

9.3 Summary

The duties and powers introduced by the Act continue to have a significant impact on frontline practice in all statutory agencies. As they have been embedded in practice we have seen a steady increase in the number of Adult Support and Protection referrals to social work. As practice experience develops, there is growing evidence that where it works well, the Act gives a framework for improved multi agency collaboration which achieves better outcomes for adults at risk of harm.

10.0 CONCLUSIONS

10.1 In concluding my second report on the work of Adult Protection Services for East and Midlothian, I am pleased to record continued progress in the identification and management of services to protect adults at risk of harm.

10.2 In particular the co-location of the Joint East & Midlothian Lead Officer for Adult Protection together with the Lead Officer for Violence Against Women, Midlothian Child Protection, and training officers has brought real dividends. While more needs to be done in the development of a public protection approach, particularly, closer and more structured working with both the local Drugs and Alcohol Partnership and the Violence Against Women Partnership, the establishment of the Public Protection Team in East and Midlothian is a significant development and the leaders within the partnership should be congratulated for putting this structure in place, particularly in challenging financial times.

10.3 As the work of the Public Protection Team develops, the evidence to support this joint approach grows.

A survey of activity across the different areas of public protection over a year in both East and Midlothian shows a strong relationship between Child Protection and Substance Misuse (70% of cases), Domestic Violence and Neglect (50% of cases) and an equally strong relationship between Adult Protection with Substance Misuse, Domestic Violence and Mental Health issues. In addition the relationship between Adult and Child Protection is well established with service users and their families often requiring services in both categories.

10.4 In light of this evidence it seems clear that the present separate silos of governance and finance for these areas are not fit for purpose as they do not reflect the reality or needs of service users. These are big issues requiring action by government and statutory providers but at a local level a more robust business approach to partnership working will ensure a more consistent evidence based approach. This should include

- structured needs assessment
- joint planning
- joint commissioning services
- service level agreements between partners

While this may seem a highly structured approach to local partnerships, I believe it necessary to deliver evidenced outcomes. As resources get scarcer such evidence will be vital.

10.5 Since the implementation of the Act East and Midlothian have consistently used the resources made available to both build systems and deliver services to adults at risk of harm.

The Joint Adult Protection Committee continues to provide oversight via its main committee and its three sub group

- Quality Assurance
- Learning & Development (Joint with Child Protection and other partners)
- Engagement & Communications (Joint with Child Protection and other partners)

Credit is due to the officers from East and Midlothian who have taken the leadership role in bringing together the Joint Learning and Practice Development and Engagement and Communication sub-committees. This has been a difficult task but early signs of benefit reflect well on the commitment and leadership they have displayed.

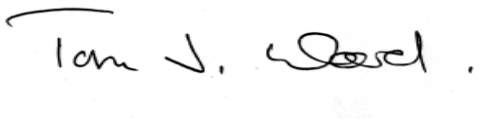
The Adult Protection Committee and the Independent Chair are accountable to the Critical Services Oversight Group, comprising the Chief Executives and Directors of partner agencies.

10.6 The adult protection services of East and Midlothian remain in good health and continue to deliver good outcomes for vulnerable people and to improve the lives of people at risk of harm. The continued rise in referral rates is evidence of the increased awareness of partner working and while greater workload inevitably places more pressure on services, this rise in reporting and awareness should be seen as an index of success.

10.7 In concluding my report on adult protection services in East and Midlothian (2010-2012) I consider that progress has been maintained and while the work to develop a thoroughly integrated Public Protection model has slowed, it too continues to progress.

Partnership working also remains healthy but as we face the financial pressures and restructures of the coming years maintaining meaningful partnerships will become more difficult and require a more focused and structured approach to the business of Adult Protection partnership working. We must be careful to preserve the small low cost neighbourhood based groups who do not enjoy a high profile, but who deliver a vast array of local services below the level of statutory intervention. As budgets are squeezed many are in danger of extinction and once gone, they will be lost forever. Above all we must guard against the fragmentation or devaluation of partnerships or the domination of the Adult Protection agenda by any single agency or discipline.

10.8 Finally, I would wish to thank the Lead Officer, all the partners and agencies as well as the local officials in the Scottish Government for the help and assistance in carrying out my role as Independent Chair of the East & Midlothian Adult Protection Committee.



Tom Wood
Independent Chair
East & Midlothian Adult Protection Committee

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APPENDIX 1

East & Midlothian Adult Protection Committee – Membership

Name	Title	Agency
Tom Wood (Chair)	Independent Chair	East & Midlothian Adult Protection Committee
Alison Jarvie	Clinical Nurse Manager Adult Protection	NHS Lothian
Alison Mcdonald	Chief Nurse East & Mid CHPs	NHS Lothian
Alison White	Acting Head Community Care	Midlothian Council
Anne Thompson	Lead Officer Adult Protection East & Midlothian	East & Midlothian Adult Protection
Anne Maire Burgess	Clinical Nurse Manager (Community Nursing)	NHS Lothian
Anne Neilson	Nurse Consultant Vulnerable Children	NHS Lothian
Cameron McKenzie	Community Safety Manager,	Lothian & Borders Fire & Rescue Service
David Heaney	Senior Manager	East Lothian Council
Denice Lilley	Adult Protection Officer	East Lothian Council
Don Ledingham	Acting Director	East & Midlothian Council
Douglas Watson	Strategic Development Officer	ELBEG
Eibhlin McHugh	Acting Director Communities & Wellbeing	Midlothian Council
George Wilson	District Manager	Midlothian Voluntary Action
Graham Fraser	Principal Procurator Fiscal Depute	COPFS
Hamish Reid	Acting Clinical Director for Midlothian CHP	NHS Lothian
Helen Skinner	Adult Protection Training Officer	East & Midlothian Adult Protection
Ian Binnie	Service Manager Business Support	East Lothian Council
Leo Lanahan	Lead Officer - Child Protection	Midlothian Council
Karen Gray	Adult Protection Officer	Midlothian Council
Kenny Gray	Detective Chief Inspector	Lothian & Borders Police
Kevin Anderson	Head of Housing & Community	Midlothian Council
Kirstie MacNeill	Corporate legal advisor	East Lothian Council
Linda Young	Service Manager Community Care	East Lothian Council
Lorna Wynn	Partners in Advocacy	Partners in Advocacy
Margaret Brewer	Service Manager Criminal Justice	Midlothian Council
Martin Bonnar	Manager	MELDAP
Melissa Goodbourn	Violence against women strategy coordinator	Mid & East Lothian VAW Partnership
Murray Leys	Head of Adult Social Care	East Lothian Council
Nina Lomas	Field Group Manager Community Care	Midlothian Council
Sheila Foggon	Child Protection Lead Officer	East Lothian Council
Tom Shearer	Head of Community Wellbeing	East Lothian Council
Tom Welsh	Joint Future Implementation Manager	Midlothian Council

East & Midlothian Adult Protection Committee

APPENDIX 2

LARGE SCALE INVESTIGATION PROTOCOL

Version 2 – August 2012

DEFINITION OF LARGE SCALE INVESTIGATION

A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a care setting (this may be either residential care, day care, home based care or a healthcare setting).

CRITERIA

A Large Scale Investigation should be considered when there is:

- Concerns raised about systemic failure in the delivery of services which is placing individuals at risk of harm.
- A report of harm to an individual which may affect a number of other individuals also in receipt of care.
- Where there are multiple victims not in one setting: for example a number of adults at risk in the community may be being systematically targeted by criminals. Although the police will have the lead responsibility to investigate, this approach would bring together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm.
- This approach may also be useful for example in cases where multiple allegations are received from service users against other service users. In these circumstances, it may be appropriate to conduct individual Adult Support and Protection Case Conferences, however experience indicates that taking a proactive approach which can address supervisory arrangements and/or the management of aggressive or sexualised behaviour, is potentially more effective.

PURPOSE

To:

- Provide a standardised approach to be implemented in all professions consistent with current evidence of best practice.
- Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- Facilitate a shared understanding of the purpose of the protocol among all staff working in East & Midlothian Council, East & Midlothian Community Health Partnership (CHP), E Division Lothian & Borders Police and the Care Inspectorate.
- Clarify responsibilities for following the protocol amongst partner agencies for overseeing Large Scale Investigations in East Lothian & Midlothian
- Ensure that ethical issues related to the protocol are recognised and handled appropriately.

SCOPE

All adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007, in regulated care settings within East Lothian & Midlothian.

LEGISLATION

- Adult Support and Protection (Scotland) Act 2007 and associated code of practice
- Adults with Incapacity (Scotland) Act 2000
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Public Services Reform (Scotland) Act 2010
- The Human Rights Act 1998

- The Sexual Offences (Scotland) Act 2009
- The Social Work (Scotland) Act 1968, section 12, section 6
- The National Assistance Act 1948, section 47
- Criminal Law

RELEVANT POLICY & PROCEDURES

- Agency Adult Support & Protection Procedures
- Edinburgh, Lothian & Border Inter-agency Adult Support and Protection Guidelines 2009 [internet] Available: http://www.midlothian.gov.uk/downloads/file/260/ensuring_rights_and_preventing_harm-multi-agency_guidelines_for_people_working_in_health_and_social_care
- Councils' contracting specifications
- Agency Disciplinary Procedures
- The Care Inspectorate Adult Support and Protection Policy and Procedure [internet] available: http://www.scswis.com/index.php?option=com_docman&task=doc_details&gid=336&Itemid=703

East Lothian Council	**Midlothian Council**
Director of Services for People	Director of Communities & Wellbeing
Head of Service, Adult Wellbeing	Head of Service, Adults and Community Care
Senior Manager Adult Wellbeing	Fieldwork Group Manager
Senior Manager Strategy and Policy / Senior Manager Resources	Resources Manager
Adult Protection Officer	Adult Protection Officer
Area Manager	Service Manager, Community Care
Assistant Area Manager / Review Team Manager	Team Leaders, Community Care
Council Officers as defined by the Adult Support and Protection (Scotland) Act 2007	

1.0 INTRODUCTION

Under the Adult Support & Protection (Scotland) Act 2007 (The Act) councils have a duty to make inquiries where it is known or believed that an adult may be an adult at risk of harm and that protective action may be required. The Act gives the Council the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings.

This protocol has been agreed by East Lothian Council Adult Wellbeing, Midlothian Council Adults and Community Care, East & Midlothian CHP and 'E' Division Lothian and Borders Police who will be the key agencies involved in any investigation process. It is designed to minimise risk to both residents and staff in any care setting. Managers of service providers are expected to have their own disciplinary procedures for staff within their organisations.

Concerns about an adult at risk being harmed in a care setting can be raised from many settings including:

- Family / friends making a complaint about standards of care
- Whistle blowing within an organisation
- Procurator fiscal investigating a death
- Client's admission to hospital
- Concerns highlighted via quality assurance/contract monitoring
- Concerns raised by the regulatory process

When a report is received about an adult at risk being harmed within a care setting, or potential systemic failure in the delivery of care services to adults at risk, there is a duty to make inquiries. These inquiries should consider whether there is potential that other adults are also experiencing harm or are at risk of harm, and include where relevant, an inter agency referral discussion (IRD) with both police and health. If this is suspected to be the case, following discussion with the relevant manager, a Large Scale Investigation should be recommended and in these circumstances, this protocol should be followed.

Head of Service / Resources manager/ Senior manager

Review team manager/team leader

Adult Protection Officer

2.0 INITIAL INQUIRIES

2.1 If there is evidence that allegations relate to a situation in a care setting that might warrant a Large Scale Investigation then the Review Team Manager / Team Leader will consult with the relevant Resource Manager / Senior Manager and the Adult Protection Officer.

Review team manager / Team Leader

Resource Manager

Contact should be made immediately with the Detective Inspector, Public Protection Unit, E Division L&B Police, and Chief Nurse, East / Midlothian CHP. This will be part of the inquiry / IRD process and will agree an initial action plan which will consider:

Adult Protection Officer

	• Whether any immediate protective action is required should individuals be at risk of imminent harm	DI Police PPU
	• An initial impact assessment [*Template]* (see section 6)	Chief Nurse
	• Whether a multi-agency strategy meeting should be convened to assess whether a Large Scale Investigation should be initiated.	Resources Manager /Senior Manager
	• The urgency of this and who will take responsibility for arranging.	
	• A media strategy [*Template*]	
	If the allegations relate to a registered service then the Care Inspectorate should be alerted.	Care Inspectorate
	At this stage the Lead Officer, Adult Protection should be alerted.	
	The Lead Officer and Adult Protection admin can provide support to the process	Lead Officer Adult Protection
	All decisions taken should be recorded.	
2.2	If a large number of adults could be at risk as a result of an emergency situation in a registered care home (such as failure of business or a situation requiring evacuation) then emergency planning arrangements should be agreed within the Council & NHS Lothian contingency plan.	Head of Service / Resource manager / Senior manager / Chief Nurse, East / Midlothian

3.0 MULTI-AGENCY STRATEGY MEETING

3.1	A Multi-agency Strategy meeting should be convened soon as practicable. The urgency of this, and who will take responsibility for arranging and minuting this will be decided during the initial intimation to agencies at the inquiry / IRD stage.	Head of Service / Resource manager / Senior manager /
	It should be chaired by a senior manager of one of the three key agencies and needs to take account of contract monitoring, quality assurance and commissioning as well as adult support and protection issues.	Chief Nurse
	This meeting is a continuation of the Inquiry / Inter-agency Referral Discussion (IRD) process and will decide whether an Investigation is necessary.	DCI Police PPU
3.2	The chair of the strategy meeting will identify the key agencies who require to attend meeting. The people attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.	Chairperson / Adult Protection Officer

3.0 MULTI-AGENCY STRATEGY MEETING
(Cont)

The following should routinely be considered for invitation

- Head of Service
- Senior Manager / Fieldwork Group manager
- Manager / Strategy & Policy / Resources Manager
- Lead Officer Adult Protection
- Adult Protection Officer
- Review Team Manager / Team Leader
- Council Communications Manager
- Chief Nurse, Midlothian CHP
- Detective Chief Inspector, Public Protection Unit
- Care Inspectorate Team Manager
- Representative(s) from any other local authorities who are funding service users within the service concerned.
- A relevant manager of the service concerned (This must first be checked with police in terms of potential compromise to any investigation)

Admin assistant

EMAPC office can provide support with the setting up of these meetings.

If senior managers are invited they may bring / delegate attendance to relevant managers involved in the investigation.

Attendees of this meeting will be referred to as the Strategy Group. As a minimum local authority, police and health should be represented and the care inspectorate where appropriate.

The role of GPs is seen as crucial to the process. GP attendance may be easier to facilitate where a particular practice has a contractual agreement to provide GP cover, as is the case for most care homes. Consideration should be given to holding the Strategy Meeting at a surgery if that would help facilitate GP and District Nurse attendance.

3.3 The Strategy Group will:

All attendees

- Share available information from all key agencies including police/health/council and care inspectorate.
- Identify and evaluate risks.
- Agree whether/how to progress the investigation
- Decide what further information is required and how that will be gained.
- Agree a risk management plan identifying key tasks to be undertaken, the persons responsible, and agreed timescales. This will include any immediate protective measure for individuals (where not already addressed).
- For a Care Home – decide whether there will be a moratorium on admission.
- Decide on the communications/media strategy including the provider/service users/carers/wider public/other placing local authorities/ (see section 6)

3.0 MULTI-AGENCY STRATEGY MEETING
(Cont)

- Consider the need for any individual Adult Protection case conference.
- Decide on provision for advocacy.
- Agree whether a review meeting is required and set a date if necessary.

3.4	Any staffing/resource issues to proceed with the investigation that cannot be immediately be resolved should be discussed with the Head of Service / Resources Manager / relevant Senior Manager, or the Chief Nurse.	Chairperson Head of Service / Resources manager relevant Senior Manager / Chief Nurse
3.5	Where the concerns relate to criminal activity (or possible criminal activity) the Strategy Meeting will need to ensure that: ▪ Any agreed action plan focuses on the immediate protective measures required, BUT ▪ The action plan will otherwise be primarily informed by the requirements of the Police to conduct a criminal investigation in liaison with the Procurator Fiscal	Police All attendees
3.6	The Strategy Meeting should be minuted and a copy of the minutes should be sent to all participants and those invited but were unable to attend. The minutes should also be retained by the EMAPC office. These should then provide the basis for any subsequent investigation and further Multi-Agency Meetings.	Chairperson Admin Assistant

4.0 INVESTIGATION

4.1	The Strategy Group will agree who will be appointed as Lead Council Officer. This officer should be an authorised Council Officer under the Act. The extent to which investigations / assessments should be conducted prior to holding a Multi-agency Strategy Meeting will be dictated by circumstances and agreed at the inquiry / IRD stage. If there is a criminal investigation then decisions regarding primary and parallel processes viz a viz criminal investigation / disciplinary investigation will be considered, however it remains the Council's duty to co-ordinate the Adult Protection process.	Chairperson Adult Protection Officer / Lead Council Officer All attendees
4.2	If the identified risks relate to the actions of a staff member (or staff members) within an organisation, then that organisation will be responsible for invoking its own disciplinary proceedings and ensuring that any immediate risks are removed or minimised.	Head of Service / Senior manager / Resources manager / Chief Nurse

4.0 INVESTIGATION (cont)

4.3	If there is a criminal investigation, this will take priority over any disciplinary proceedings and the organisation should be advised accordingly. Where the organisation concerned contracts with the Council to provide a service, then the Contracts Officer / Strategy Team should be advised of any indications that the provider may be in breach of contract.	Police Investigating Officer Mid Contracts Officer / EL Strategy team
4.4	Where possible it will be important to involve the relevant senior manager of the service under investigation throughout the process. If this does not seem appropriate e.g. potential compromise to the investigation, advice should be sought from the police. The Care Inspectorate may also have a role in keeping the manager appraised in terms of possible action under the Public Services Reform (Scotland) Act 2010.	Chairperson / Lead Council Officer Police Investigating Officer Resources manager / EL strategy team
4.5	If individual ASP Case Conferences are convened, then local Adult Support and Protection Procedures and ELBEG Guidance will be followed.	Adult Protection Officer / Team Leader / Council Officers
4.6	Obtaining consent from an adult(s), for sharing information and/or passing on concerns (to the police for example) is a key issue. Where an adult does not give consent consideration will need to be given to: • The possibility that they may be experiencing undue pressure • The risks to which other adults may be exposed by not sharing information • The adults capacity at the time to make informed decisions	Adult Protection Officer / Team Leader /Council Officers
4.7	Ensuring consent for medical examination is the responsibility of the examining medical officer.	Examining Health Professional

5.0 ADVOCACY

5.1	There is a duty under the Act to consider the importance of advocacy and other services. Service users, or their primary carer/nearest relative, should routinely be given information about an appropriate advocacy service in all cases.	Adult Protection Officer / Team Leader /Council Officers

6.0 CARE HOMES / REGISTERED CARE SERVICES/ HEALTHCARE SETTINGS

6.1	All allegations involving adults at risk of harm in care settings will be investigated.	
6.2	The strategy group will decide who will inform other Local Authorities funding residents within the care home (or supported living accommodation). Under the Act the host authority has responsibility for any Adult Support and Protection Investigation in its area, however representatives from each funding authority should be invited to the Strategy Meeting and all relevant documentation should be sent to them.	Lead Council Officer / Resources Manager / Senior Manager / Contracts / Strategy Officer Chairperson Admin Assistant

6.0 CARE HOMES / REGISTERED CARE SERVICES/ HEALTHCARE SETTINGS (cont)

6.3	If the Strategy group decides that all residents need to be reviewed the level and type of review will be clarified and the professionals who need to be involved will be identified. If a number of residents are funded by another authority it is usually negotiated for that authority to undertake its own reviews (see Appendix 6)	All
6.4	If it is decided that residents require an allocated worker as a matter of urgency consideration will be given to the most appropriate discipline. This may be a qualified Social Worker or Occupational Therapist or a Staff member with a nursing background.	
6.5	Specialist advice should be sought where necessary to assess the needs and delivery of practice to an individual. This may be in areas such as moving and handling, nutrition and medication management.	Head of Service / Senior Manager / Chief Nurse Clinical director CHP / Adult Protection Officer / Resources manager / Review team manager
6.6	Once assessments / reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Lead Council Officer / Adult Protection Officer and reported back to a Strategy Review Meeting (or Initial Strategy Meeting if assessments have been required urgently).	Allocated Workers

7.0 IMPACT ASSESSMENT *[Template]*

7.1	The Strategy group should consider the impact such an investigation will have. This will include consideration of and contingencies for: • How the service will be managed in the interim • Impact on service users, families and staff as a result of press interest • Processes undertaken in the review of service users / patients • How information should be disseminated to provide reassurance.	Chairperson / all attendees

8.0 MEDIA STRATEGY *[Template]* (cont)

8.1	Where any media interest is likely, the Chair of the Strategy Group and the appropriate communication officers from the relevant agencies should agree a joint media strategy. Chief Social Work Officers / Heads of Service will need to be appraised and may decide to direct / manage this process. The Critical Services Oversight Group (CSOG) may also need to be appraised.	Chairperson Press Officers Head of Service / CSWO
8.2	The Lead Officer, Adult Protection should inform the Chair of the Adult Protection Committee of any Large Scale Investigations, so this can be reported to CSOG.	Lead Officer, Adult Protection

9.0 MULTI-AGENCY STRATEGY REVIEW MEETING

9.1	A Review Meeting may need to be convened (and may have been scheduled at the Initial Strategy Meeting) in order to review progress or conclude the investigation.	Lead Council Officer Chairperson
9.2	The Strategy Review Meeting will: • Consider reports from investigating social workers, the police, the Care Commission and any other relevant information. • Ensure that appropriate Risk Assessments have been completed and Risk Management Plans are in place • Ensure that timescales are set for following up any outstanding concerns	All Attendees
9.3	A Strategy Review Meeting may not be required unless it is clear that this will be the most effective way of concluding the process, and appraising the attendees of the Initial Strategy Meeting of the final outcomes of any investigations.	

10.0 RECORDS

10.1	All decisions taken by the Strategy Group should be minuted and recorded as such**.**	
10.2	Minutes of Strategy meetings and review meetings will form the basis of the investigation record together with any reports which have been required to inform the investigation. Where investigations relate to an individual, case notes will be recorded on Frameworki.	Chairperson / Admin Assistant Lead Council Officer
10.3	The Lead Officer, Adult Protection and Adult Protection admin support may be able to support the Lead Council Officer by providing proforma letters and a tracking sheet for the Action Plan.	Lead Officer, Adult Protection / Adult Protection Officer Admin Assistant
10.4	The decision to end an investigation should be taken at a strategy meeting and minutes should be circulated to this effect to all invitees.	Chairperson / all attendees EMAPC Admin assistant

11.0 MONITORING

11.1	The Chairperson / Adult Protection officer must keep the Lead Officer, Adult Protection informed. The information will be included in the Report provided to EMAPC and CSOG	Chairperson / Lead Officer, Adult Protection
11.2	EMAPC office will maintain a central record for Large Scale Investigations under the name of each service.	EMAPC Admin

Appendix 1 Definitions

Adult at risk

Under the Adult Support and Protection (Scotland) Act 2007 an "adult at risk" means a person aged sixteen years or over who:

(a) is unable to safeguard their own well-being, property, rights or other interests;
(b) is at risk of harm, and
(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

All of above criteria must apply to class an individual as an *'adult at risk'*

The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being, property, rights or other interests; all three elements of this definition must be met. It is the entirety of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Who is "at risk of harm"?

An adult is at risk of harm if another person's conduct is causing or is likely to cause the adult to be harmed.

or

The adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

Harm?

In the Adult Support and Protection (Scotland) Act 2007, harm "includes all harmful conduct and, in particular, includes:-

(a) conduct which causes physical harm
(b) conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
(c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
(d) conduct which causes "self-harm"

Appendix 2 **Agency Responsibilities**

LOCAL AUTHORITY

Has a duty under the Adult Support and Protection (Scotland) Act 2007 to make inquiries about a person's well-being property or financial affairs if it knows or believes –

a) that the person is an adult at risk
b) that it might need to intervene in order to protect them

NHS LOTHIAN

Has overall responsibility for the healthcare of service users / patients. Under the Act they have a duty to co-operate with any inquiries about adults at risk of harm. Where required they will provide a nominated health professional to undertake any health assessments required

LOTHIAN AND BORDERS POLICE

Has responsibility to detect and investigate crime and subsequently report the facts and circumstances to the procurator fiscal. They have a duty to co-operate with any inquiries about adults at risk of harm.

CARE INSPECTORATE

Has a regulatory role in considering the safety of all service users in any registered care service and can take enforcement action under the Public Services Reform (Scotland) Act 2010. They have a duty to co-operate with any inquiries about adults at risk of harm.

Whilst responsibility for carrying out initial inquiries rests with the local authority, and the police (where a crime may have been committed), other agencies may be asked to assist. ASPA allows for other persons to accompany a council officer carrying out visits under the requirements of the Act. The policy position of the Care Commission is that this would only happen where it is considered there is a strong probability that action will be required under the Public Services Reform (Scotland) Act and that evidence gained will enable that to take place.

The Care Inspectorate may investigate complaints or inspect a service in parallel to other Adult Support and Protection investigations being carried out.

Appendix 3 Glossary of Terms

Appropriate Adult

Appropriate Adult Schemes are provided by the local authority to the police, to be utilised when the police are dealing with adults (those who have attained the age of 16 years) who suffer, or are suspected of suffering, from a "mental disorder".

The services of an Appropriate Adult are utilised to facilitate and ease communication with all categories of persons involved in the criminal justice system, i.e. victims, witnesses, suspects or accused persons.

Capacity

The ability to make an informed choice.

Care Inspectorate

The Care Inspectorate is the independent scrutiny and improvement body for care and children's services. They play a significant part in improving services for adults and children across Scotland by regulating and inspecting care services and carrying out social work and child protection inspections. Care Services are required to register with the Care Inspectorate and will be the subject of regular inspection. The Care Inspectorate takes an active role in encouraging improvement in the quality of services and making information available to the public about the quality of these services. The Care Inspectorate also has a responsibility to investigate complaints it receives concerning any care service. The Care Inspectorate can take enforcement action under the Public Services Reform (Scotland) Act 2010.

Council Officer

The Adult Support and Protection (Scotland) Act 2007 defines a "Council Officer" as an individual appointed by the Council under Section 64 of the Local Government (Scotland) Act 1973.

A person who is authorised to fulfil the functions under Sections 7,8, 9, 10,11, 14, 16 and 18 of the Adult Support and Protection (Scotland) Act 2007.

The person will need to be employed by the relevant Council and must be:

(a)
- Registered in the part of the register maintained by the Scottish Social Services Council (SSSC) in respect of Social Service Workers,
- Registered as an occupational therapist in the register maintained under Article 5(1) of the Health Professionals Order 2001, or
- a nurse, and

(b) Have at least 12 months post qualifying experience of identifying, assessing and managing adults at risk.

Health Professional	A "Health Professional" for the purposes of the Act are (a) a doctor, (b) a nurse, (c) a midwife, or (d) any other type of individual described (by reference to skills, qualifications, experience or other use) by an Order made by the Scottish Ministers. The definition of doctor, nurse and midwife is as specified under their respective professionals Acts, i.e. Medical Act 1983 and Nurses & Midwives Order 2001.
Health Records	These are any records, in any format, which relate to an individual's physical or mental health which have been made by or on behalf of health professionals in connection with the care of the individual.
Independent Advocate	A member of an advocacy service which operates independently of other service providers. Advocacy is about safeguarding individuals who are in situations where they are at risk of harm and who are not being heard. This often involves speaking up for them and helping them to express their views and assist them to make their own decisions and contributions. Contact with the appropriate advocacy service can be made through the local authority or NHS Lothian.
Mental Health Officer	A local authority social worker who has undergone specific post qualifying accredited training in mental health legislation. This person then has certain delegated powers under such legislation to act in conjunction with medical practitioners in the compulsory treatment of individuals with mental disorders.
Mental Disorder	The Mental Health (Care and Treatment) (Scotland) Act 2003 defines "Mental Disorder" as: Any mental illness, personality disorder or learning disability, however caused or manifested. For the purposes of Appropriate Adult guidance it shall include people with acquired brain injury, autistic spectrum disorder and people suffering from dementia. It does not include those temporarily impaired through alcohol or drugs.
Sub judice	Information subject to legal proceedings, the sharing of which may compromise those proceedings. A report to the Procurator Fiscal or Children's Reporter by any agency for the consideration of legal proceedings would class the information concerned as sub judice.
Undue Pressure	A Sheriff cannot make a Protection Order under the Act if he/she knows that the affected adult at risk has refused to the granting of the Order UNLESS the Sheriff reasonably believes that the adult has been "unduly pressurised" to refuse consent and there are no steps which could reasonably to taken with the adult's consent which would protect the adult from harm. Undue pressure is where it appears that harm is being, or is likely to be, inflicted by a person in whom the adult has confidence and trust and that the adult at risk would consent if they did not have confidence and trust in that person.

Undue pressure is also relevant where the adult at risk is afraid of or being threatened by another person. The likelihood of undue pressure being brought to bear should always be considered when the adult at risk refuses to give consent.

Vulnerable Witnesses

The Vulnerable Witnesses (Scotland) Act 2004 introduced a range of specific measures to provide improved support for child and adult vulnerable witnesses in the Justice System. The various sections of the Act were introduced in a staged process between 2006 and 2008. These measures which can be applied where there is a significant risk that the quality of their evidence may be diminished by reason of fear or distress in connection with giving evidence at a trial are all detailed within the Scottish Government Pack relating to the Act. The Code of Practice for Adult Vulnerable Witnesses encourages the delivery of therapeutic support to adult witnesses prior to and during court proceedings and to establish consistent best practice support which can be implemented across Scotland.

Whistle Blowing

A means by which staff can safely raise their concerns within their organisation about matters of suspected or actual malpractice. This allows an individual to by-pass the formal line management arrangements if necessary.

Appendix 4 **Contact Details**

LEAD OFFICER ADULT PROTECTION EAST & MIDLOTHIAN

20 Croft Street
Dalkeith
EH22 3BA
0131 271 6676

LOCAL AUTHORITY - EAST LOTHIAN COUNCIL

Head Office	**Senior Manager**	**Adult Protection Officer** **Area Manager** **Assistant Area Manager**
John Muir House	John Muir House	Randall House Macmerry
Haddington, EH41 3HA 01620 827827	Haddington EH41 3HA 08454 242 424	Haddington EH33 1RW 08454 242 424 adultprotection@eastlothian.gov.uk

Emergency Social Work Service (ESWS)
Out of Hours, Weekends and Public Holidays, Tel: 0800 731 6969/ Tel: 0131 553 8286

LOCAL AUTHORITY - MIDLOTHIAN COUNCIL

Head Office	**Resources Manager** **Fieldwork Group Manager**	**Adult Protection Officer** **Team Leader** **Service Manager**
Midlothian House Buccleuch Street Dalkeith EH22 1DN 0131 270 7500	Fairfield House 8 Lothian Road Dalkeith EH22 3ZH 0131 270 7500	Loanhead Social Work Centre 4 Clerk Street Loanhead EH20 9DR 0131 271 3900

Emergency Social Work Service (ESWS)
Out of Hours, Weekends and Public Holidays, Tel: 0800 731 6969/ Tel: 0131 553 8286

LOTHIAN & BORDERS POLICE - E DIVISION

Detective Chief Inspector
Public Protection Unit
Divisional Headquarters
Newbattle Road
Dalkeith
EH22 1DY
0131 654 5528

Force Communications Centre
Duty Inspector
0131 311 3131

Appendix 4 **Contact Details cont'd**

NHS LOTHIAN - EAST & MIDLOTHIAN COMMUNITY HEALTH PARTNERSHIP

Chief Nurse
East & Midlothian CHP
Edenhall Hospital
Musselburgh
EH21 7TZ
0131 536 8008
P.A. 0131 536 8173

Clinical Director
Midlothian CHP
Eastfield Medical Practice
Eastfield Farm Road
Penicuik
EH26 8EZ
01968 671343
P.A. 01968 671343

Clinical Director
East Lothian CHP
Edenhall Hospital
Musselburgh
EH21 7TZ
0131 536 8001
P.A. 0131 536 8198

Clinical Nurse Manager
East Lothian CHP
Edenhall Hospital
Musselburgh
EH21 7TZ
0131 536 8333
P.A. 0131 536 8306

THE CARE INSPECTORATE

Duty Team Manager
Stuart House
Eskmills
Musselburgh
EH21 7PB
0131 653 4100

Appendix 5 Protocol Flowchart

Concerns received about a number of Adults at Risk in a care setting

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Discuss with Senior Manager / Council / NHS Lothian / Adult Protection Officer / Lead Officer, Adult Protection

↓

Begin inter-agency referral discussion process with

- Team Leader / Assistant Area Manager
- DI - Public Protection Unit Dalkeith
- Chief Nurse, East/ Midlothian CHP

NB - alert Care Inspectorate if registered service

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This initial IRD discussion should consider:

- whether multi agency strategy meeting is required
- if so - agree responsibility for arranging / chairing / minuting
- if not - initiate any individual ASP process required
- any immediate measures required
- initial impact assessment including
  - processes for reviewing service users / patients
  - effect on service users family and staff as a result of heightened activity / possible press interest
  - initial media strategy
  - how information should be disseminated

↓

The Multi-agency Strategy meeting should:

- Decide whether a Large Scale Investigation should be initiated.
- Consider/discuss any assessments/investigations already conducted at this time (from Social Work, Health & Police)
- Consider information provided by the Care Inspectorate
- Consider / review media strategy
- Identify key tasks to be undertaken; who will undertake these tasks; and agreed timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).
- Consider the need for any individual ASP case conferences
- Consider staffing / resource issues
- Agree how the relevant senior manager of the care setting will be appraised and who is responsible for this
- Decide whether Business Support Unit / Contracts Officer / HR Manager need to be appraised of decisions
- Agree whether review meeting is necessary and set date

↓

Lead Council Officer should ensure the following are advised in writing of final outcome:

- Relevant senior manager in Council / NHS Lothian
- Individuals/Agencies who were invited to Multi–agency strategy meeting;
- Local Manager of Care Inspectorate (if appropriate).
- Lead Officer, Adult Protection who will report to Adult Protection Committee

Appendix 6

PROTOCOL FOR INTER-AUTHORITY ADULT SUPPORT AND PROTECTION INVESTIGATIONS

1.0 INTRODUCTION

1.1 These arrangements recognise the complexity for adults who may be at risk of harm whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding / commissioning responsibility lies with one local authority and where concerns about an adult at risk of harm subsequently arise in another. This would apply where the individual lives or otherwise receives services in another council area

2.0 AIMS

2.1 This protocol aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one council area, but for whom some responsibility remains with the council area from which they originated.

2.2 This protocol should be read in conjunction with section 53 of the Adult Support and Protection (Scotland) Act 2007 which defines:

- Council as "a council constituted under section 2 of the Local Government (Scotland) Act 1994 (c.39); and references to a council in relation to any person known or believed to be an adult at risk are references to the council for the area which the person is for the time being in."
- Care Inspectorate is the independent scrutiny and improvement body and has a regulatory role in considering the safety of all service users in any registered care service under the Public Services Reform (Scotland) Act 2010.

3.0 DEFINITIONS

- **Host Authority** - The council where the adult at risk is currently located
- **Placing Authority** - The council with funding responsibility

4.0 PRINCIPLES

- The host authority will have overall responsibility for co-ordinating the adult protection arrangements.
- The placing authority will have a continuing duty of care to the adult at risk of harm.
- The placing authority should ensure that the provider, in contractual specifications, has arrangements in place for protecting adults who may be at risk of harm and for managing concerns, which in turn link with local policy and procedures set out by the host authority.
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.
- The host authority will make provision in service level agreements, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any adult protection concerns.

5.0 RESPONSIBILITIES OF HOST AUTHORITIES

5.1 The authority where the harm occurs should always take the initial lead on investigation, following local procedures. This will include liaison with the police and co-ordinating immediate protective action, if appropriate.

5.2 The host authority will co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and all other relevant agencies.

5.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional harm. If the alleged harm took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

5.4 The Care Inspectorate should be included in investigations involving regulated care providers and enquiries should make reference to their guidance regarding arrangements for the protection of adults who may be at risk of harm.

5.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

6.0 RESPONSIBILITIES OF PLACING AUTHORITIES

6.1 The placing authority will be responsible for providing support to the adult at risk(s) and planning their future care needs. If a there are a number of residents funded by the placing authority it is usually negotiated for that authority to undertake any reviews.

6.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and / or may be required to submit a written report.

7.0 RESPONSIBILITIES OF PROVIDER AGENCIES

7.1 Provider agencies are responsible for ensuring all their staff can identify and respond appropriately to situations where harm is alleged.

7.2 Provider agencies should have in place suitable adult protection procedures to prevent and respond to harm which link with the local inter-agency policy and procedures set out by the host authority.

7.3 Providers should ensure that any allegation or complaint about harm is brought promptly to the attention of Social Work Services, the Police, and / or Care Inspectorate in accordance with local inter-agency policy and procedures.

7.4 Provider agencies will have responsibilities under the Regulation of Care (Scotland) Act 2001 to notify their local Care Inspectorate office of any allegations of abuse or any other significant incidents.

7.5 Provider agencies who have services registered in more than one local authority area will defer to the Care Inspectorate office relevant to the area in which the alleged harm took place.