Borders NHS Board

SCOTTISH BORDERS ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2016-2018

Aim

This report informs the Board of the activities of the Adult Protection Committee during 2016 - 2018 aimed at protecting vulnerable adults in the Scottish Borders,

Background

Scottish Borders Adult Protection Committee (SBAPC) is an inter-agency group of senior staff which provides leadership in promoting the continual improvement of services in this area of work. This entails ensuring that there is an efficient and effective multi–agency response to reports of abuse through, for instance, reviewing and revising practice guidelines, joint training and reviewing of individual cases – all conducted within a culture of continuous learning. In addition, the Committee has a role to promote the safety of vulnerable adults through raising awareness in communities across the Scottish Borders of the key role which members of the public play.

The Adult Protection Committee reports directly to the Critical Services Oversight Group (CSOG) consisting of Chief Executive (SBC), Chief Executive (NHS Borders) and Divisional Commander Police Scotland (Police).

Summary

The work of the Committee is detailed in the Biennial Report.

Recommendation

The Board is asked to **note** the Scottish Borders Adult Protection Committee Biennial Report 2016-2018

Policy/Strategy Implications	Adult Support and Protection Policy
Consultation	-
Consultation with Professional Committees	Report and business plan which has been approved by the membership of the Adult Protection Committee.
Risk Assessment	In line with National Guidance for Adult Protection Committees
Compliance with Board Policy requirements on Equality and Diversity	It is anticipated that there are no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising

	from the proposals in this report.
Resource/Staffing Implications	No additional implications. Met within current resources

Approved by

Name	Designation	Name	Designation
Claire Pearce	Director of Nursing, Midwifery & Acute Services		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Scottish Borders Adult Protection Committee

Biennial Report 2016 - 2018

Scottish Borders COUNCIL

POLICE SCOTLAND
Keeping people safe

NHS Borders

Chap.	Contents	Page.

Acknowledgements

This is my third biennial report since taking over as Convenor of the Adult Protection Committee in Scottish Borders in March 2013.

I would like to express my thanks and appreciation to Chief Officers and members of staff, at all levels, across the partnership agencies for their support over the past five years.

I am grateful to all members of the Adult Protection Committee and Sub Committees for their focussed determination and commitment to developing services to protect adults at risk in Scottish Borders.

Finally I would like to thank members of the Adult Protection Unit, the Adult Protection Co-ordinator and the administrative team who have provided invaluable support to the running of the Adult Protection Committee, Sub Committees and associated business.

Jim Wilson
Convenor, Adult Protection Committee

1. Executive Summary

This is the fifth biennial report from Scottish Borders, as required under Section 46 of the Adult Support and Protection (Scotland) Act 2007 (ASPA). The report provides an evaluation of the Adult Protection Committee's activity over the past two years and of Adult Protection in Scottish Borders. It follows the revised guidance on content provided by Scottish Government. A draft of the report was presented to both the Adult Protection Committee and Chief Officers for approval prior to submission.

In 2005 Scottish Borders established a multi-agency Adult Protection Committee (APC) prior to this becoming a national requirement. The APC meets bi-monthly and has three sub-committees namely, the Interagency Operational Group (APIOG), the Audit Subgroup and the Learning and Development Subgroup. These sub committees report on progress at each meeting of the APC. The Independent Chair of the APC reports to the Critical Services Oversight Group (CSOG) on a quarterly basis.

A review of adult protection activity once again shows that the majority of concerns relate to older people and those adults who have a learning disability. As previously the majority of referrals relate to females as opposed to males. Financial harm and physical harm are the highest types of harm reported.

During the course of this period bespoke training has been undertaken with private home care managers and front line staff to address the level of referrals from this sector. Training has focussed on dementia awareness, recognition of abuse and reporting responsibilities.

A number of audits have been undertaken over the past two years with the findings reported through the Audit Subgroup to the APC and CSOG. These audits have identified areas of good practice as well as areas requiring to be addressed for improvement, particularly with regard to compliance and quality assurance to demonstrate performance and outcome.

In the course of the past two years CSOG commissioned an independent report into the work of the Adult Protection Unit. The findings of this report were considered by the APC and CSOG alongside the findings of the Inspection of Adult Services in Scottish Borders by the Care Inspectorate. Ahead of the above partner agencies had identified areas for development and, reinforced by the above findings, a Public Protection Executive Group has been established to develop a public protection model, as a means of managing risk to vulnerable children, young people and adults. As outlined in this report this group are progressing a public protection model which will promote a shared understanding of risk with shared expectations of roles and responsibilities across agencies and professionals.

2. Challenges and actions taken by partner agencies over the last two years to address the risk of harm

The following information was provided by each key partner agency highlighting work undertaken over the past two years and some of the challenges that are being addressed.

Scottish Borders Council

In recognition of the rise in financial harm, SBC and partners hosted a financial harm event in May of 2017. This event involved local banks, Social Work, Police Scotland, NHS Borders, third sector representatives, Scottish Resilience centre and the Office of the Public Guardian. This event was very informative, with positive comments from the 70 delegates who attended. Scottish Borders is one of 5 areas in Scotland where The Distress Brief Intervention project (DBI) has been a piloted. This project aims to support adults in emotional crisis or trauma as well as help support some adults experiencing distress before they escalate to crisis and require potential transport to the Borders General Hospital for more detailed mental health assessment. The project report from DBI is not available just now but we can evidence a 30 % reduction in police concern forms where police felt the adult was an adult at risk of harm.

Specific support continues to be offered to adults at risk of harm in Care Home settings. All Care homes have signed up and been added to a list of mandatory adult protection training. We have trained over 620 care home staff. This support has happened via bespoke Adult Protection training by the Adult Protection Unit and Community Care Review team and will be evaluated to ensure we are improving outcomes and reducing the potential for adults being at risk in care home settings.

Specific support and advice has been offered to some service users under 65 who have been targeted and harmed through internet, social media or smart phones. This support has involved use of national materials to help service users change privacy settings and keep safe from phishing and scams. As technology advances there are opportunities to combat social isolation through technology, however this same technology can be used by some harmers to scam and exploit some of our most vulnerable people in the Borders.

Adult Protection Case Conferences have steadily increased over the last 2 years; we have seen more AP Referrals and Interagency Referral Discussions (IRD's) some of which have required multiagency discussion at Case Conference. Some of the harm has been particularly complex which has also led to more Case Conference Reviews and close working with Police Scotland and NHS Borders to address this harm. Harmers with addiction targeting multiple adults with support needs being a prime example.

Following the financial harm event in May of 2017, financial harm referrals have increased by 10% – the increase is attributed to the raised awareness of the nature of financial harm which featured as part of the event.

Following work with NHS Borders regarding DBI interventions, service users are supported more quickly with distress or trauma, this has subsequently led in some situations to a reduction in attendance at A&E.

Following some adult protection investigations and subsequent case conferences, harmful behaviour has been disrupted or stopped. This has left to adults feeling safer which is captured through client and carer feedback, advocacy or client and carer attendance at Case Conference. There are good examples of harmers with addiction issues or domestic violence being moved and the healthy balance being restored.

- Alcohol and Substance misuse remains a significant challenge. Some adults who have substance misuse issues have befriended adults who are at risk of harm. Scottish Borders Council continue to tackle harm thorough a tiered approach, we will formally request that the harmer stays away from the adult through a formal letter. This gives the harmer the opportunity to change their behaviour or have the consequences escalated where further harm occurs, to potentially a banning order with power of arrest.

- In Scottish Borders, we are developing a Public Protection approach to encourage a safeguarding culture that focuses on the personalised outcomes for people with care and support needs who may have been subject to harm is a key operational and strategic goal. The Committee therefore, will play a critical role in embedding a broader 'Public Protection Approach' across agencies by establishing and developing:

- a broader participation strategy
- accessible information to support the participation of people within public protection services
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy services
- person-centred approaches to working with risk
- promotion of outcome focused interventions
- policies and procedures that are in line with an outcome focused Public Protection approach.

The review of Public Protection services will be a significant undertaking in Scottish Borders. A multi-agency Executive Group has been established to oversee the review of Public Protection services and following a recent scoping workshop, six key themes / work streams have been identified. These work streams will give a platform for managers and practitioners from Adult Protection, Child Protection and Violence Against Women, to work together and recommend ways in which outcomes for those in need of protection can be improved.

In order to improve the quality of risk assessments and risk management planning in Scottish Borders, two specific workshops were held with operational Team Leaders / Managers across adult services. These workshops established a clear practice standard for all adult service teams, a clear agreement on the threshold for assessing risk as well as agreement on the need for training for all staff. Crucially, this will be implemented within an accelerated timescale to ensure that any case which requires a risk assessment will have one within a short period.

A whole service audit tool and methodology is being developed to ensure that we will be able to note the increased number (quantitative measure) of risk assessments being completed and importantly, ensure that the quality of risk assessments is being improved by building in line management oversight as well as qualitative measures within the tool itself. It is envisaged that the outcomes of audits will be discussed with the practitioner and their manager to ensure that we continue to learn and develop our risk assessments going forward.

We will also be looking to pilot a multi-agency auditing process where we plan to have all agencies involved in a case, coming together to audit activity and focus on multi-agency collaboration to improve outcomes.

In 2018 we aim to improve client and carer feedback in the strategic adult protection planning. We aim to do this through a survey monkey and by linking in through the borders carer centre.

NHS Borders

NHS Borders remains committed to the principles and requirements of the Adult Support and Protection (Scotland) Act 2007 and the associated Code of Practice. Over the past two years we have addressed the risk of harm in the following ways:

- Distress Brief Intervention project (DBI) funded by Scottish Government with the aim of supporting people in distress or trauma before this escalates to harm and attendance at ED.
- NHS Borders have provided ongoing expertise and support to private care homes that are in the large scale investigation process. Some of this support

has included tissue viability, food and fluid intake, medication management and infection control.

- The Mental Health Older adult's team continue to work with adults who have dementia and decision making impaired through capacity. NHS Borders continue to work alongside social care to support these patients to remain supported and in the community for as long as possible.
- CAMHS continue to work with children and young people to the age of 18 years. This specialised service assesses and supports complex mental health including psychiatric illness, self-harm and eating disorders. The CAMHS team continue to support Adult Protection and Vulnerable Young Persons meetings as part of a coordinated approach to reduce or remove harm.
- Multi-agency Financial Harm seminar was held in May 2017 to explore how professionals across the area could work together in partnership to prevent and respond to financial harm. Over 70 attendees included key representatives from Scottish Borders Council, NHS Borders, Police Scotland and third sector agencies with a range of existing knowledge and skills. Key speakers spoke on the national perspective and gave an overview of local issues, including scams.
- Adult Support and Protection Procedures for leading and managing Adult Protection investigations have been updated to reflect changes to practice as a result Health and Social Care integration.
- Preparation for Health professionals taking on Adult Protection investigation co-ordination, specific training was requested and delivered in 2017.
- The Scottish Borders Adult Support & Protection training matrix was aligned to national guidance published by the Scottish Government Adult Support & Protection Implementation group. The job families have been identified and the numbers of staff within each job family will enable robust training requirements to be obtained, modelled, scheduled and reported on.
- Adult Protection training in ED and receiving wards at BGH which helps promote understanding and responses to adults at risk of harm who come through NHS Borders.
- Regional Education & Workforce Development across NHS Fife, Lothian and Borders aims to implement a single shared learning resource approach across 9 mandatory subjects. NHS Borders reviewed Adult & Child Protection eLearning introductory modules, updated the content and combined the learning into one Public Protection module. This has now been adopted by NHS Lothian and is being reviewed by NHS Fife.
- Adapting supervision arrangements to ensure Joint Training Co-ordinator access to appropriate NHS supervision relevant to post.

The outcome of activity undertaken:

- Ongoing NHS staff training and development will ensure NHS Borders have a skilled competent workforce who can spot and respond to harm quickly and appropriately.
- NHS Borders staff engagement and partnership in Adult Protection process.
- The work of the Distress Brief Intervention program and the work of NHS Borders Mental Health teams should supports patients with more effective coping strategies and hopefully reduce self-harm attendance at NHS Borders A&E.
- NHS Borders input into private Care Homes has reduced risk to service users and helped to address issues of skills gaps and neglect.

We continue to face challenges as below:

- Predatory individuals including service users befriending and harming adults with Mental health and Learning Disability issues.
- Private nursing homes deregistering their nursing care provision, which puts additional pressure on remaining nursing home placements and additional pressure on NHS staff and district nurses to take on nursing related need.
- The need to move towards a public protection approach to risk. Some families have a complex set of circumstances, which may include alcohol and substance misuse, children and adults, criminal activity and domestic violence. The challenge to services is not to view these complex scenarios through a single agency lens but to see the family situation holistically.
- Aspirations for wider quality improvement themes raised in the Financial Harm seminar will be captured in updated policies developed by the new Public Protection Unit.
- Historically 3rd sector staff members have been given free access to Adult Support & Protection training within the Scottish Borders. This format has proven unsustainable. The third sector will be offered a Train the Trainer Model package of education to deliver Essential Roles, Duties & Responsibilities within their own organisation.
    - To support quality assurance, 3rd sector Trainers will be offered a mandatory skill update within an agreed timeframe. This approach aims to build resilience within the 3rd sector and support the Forum to be creative on a potential collective approach to training delivery.

Over the next two years NHS will focus on:

- The development of a Public Protection framework to strengthen Adult and Child Protection networks across the Borders.
- Supporting the private and 3rd sector to deliver the adapted training matrix without a loss of standard.
- Co-ordination responsibilities transferring to relevant Team Managers in the Community Mental Health Teams.

Police Scotland

Police Scotland is an integral part of the Adult Protection response in the Scottish Borders with officers co-located with the Adult Protection Unit and Mental Health services. Police are a key part in all Adult Protection enquiries through multi-agency discussion during the Inter-Agency Referral Discussion (IRD) process, professionals meetings and case conferences. Police inform the assessment of risk through specialist officers conducting the IRD process as well as Uniformed Officers attending incidents involving adults and submitting the relevant Adult Concern Forms.

Being within a co-located office allows for the immediate sharing of information between agencies ensuring where necessary a quick multi-agency response to incidents.

Over the past two years Police Scotland has addressed the risk of harm by: Distress Briefing Intervention (DBI), generated by NHS Mental Health to target persons in trauma where not Mental Health and more likely linked to personality disorders etc.

Increased awareness of Vulnerable Adults and Mental Health by Police Officers following the delivery of Police Scotland Moodle Training and other multi-agency training events in the Scottish Borders has led to a rise in Vulnerable Persons Database Concerns Forms being submitted.

DBI has only recently commenced and early indications are that this will promote improved working arrangements by delivering effective and focussed solutions to persons affected by trauma. This should increase capacity and capability to allow multi-agency resources to work more effectively with the most vulnerable in society.

We continue to face challenges:

Adult IRDs are increasing year on year which is a trend that continues. This is due to a number of factors including greater awareness of Vulnerable Adults and the need to IRD, as well as a longer living population leading to increase in Mental Health issues

including dementia. Financial harm is a concern that also appears to be on the rise, more so with family members who have access or even power of attorney with Finances.

In comparison to Child Protection which is directed from a central co-located Unit, the Adult Protection IRDs are discussed with locality teams usually via phone call. There is strength to IRDs happening from a co-located central point, as face to face conversations and thresholds can be managed efficiently. This is a matter subject to on-going review as part of the recently convened Public Protection Executive Group work.

A new Public Protection model is currently being considered to bring Adult Protection into a similar set up as Child Protection. Doing so would improve collaborative working, improve communication and enhance partnership working practices across the Scottish Borders.

Third Sector

As in previous years, on behalf of the Committee, Borders Care Voice issued an invitation to third sector organisations to submit a brief summary giving examples of the work they have undertaken in this period relevant to adult protection. The following examples were received:

Advocacy, Advice and Information Services: BIAS, Ability Borders

Advocacy helps ensure that individuals who may be at risk of harm are provided with information to help them understand what is happening, what their rights and options are; and to give individuals all the information necessary to help them make informed decisions. Advocacy workers make sure that someone's views are put forward at meetings and that they are heard and respected, especially where decisions are being taken which affect their life.

Staff at BIAS requiring it have completed an AP training level 3 refresher in 2018. We have delivered AP and Advocacy training and there is a standing slot on advocacy in the Level 2 training. BIAS have a Protection of Vulnerable Groups policy covering both adult and child protection. They support local initiatives and campaigns on adult protection and avoidance of harm.

Through a variety of roadshows, events and newsletters Ability Borders are starting to address the significant gap in knowledge with respect to help, support, services, rights and entitlements for those with physical disabilities and long-term conditions.

Through their work they have gained significant insight into the picture of disability in the Borders, its links to mental health and the gaps in services. Ability Borders are also gathering increasing evidence of serious issues affecting their service users and developing ways in which these can be taken forward and addressed. Not least of these are issues with respect to financial difficulties relating to PIP claims, healthcare and a lack of support.

Emotional and Mental Health Support Services: Borderline
We have regular contact with adults with emotional distress and who often have a history of living with mental health issues. We speak with many individuals whose circumstances present significant risks.
Our in-house training programme for workers or volunteers takes around three months to complete and includes a half day Adults at Risk training element.
In reality, a great deal of the time spent working with service users focuses on exploring safe and healthy ways in which they may manage their situation and minimise any immediate risks. Empowering individuals to live a safe and fulfilling life lies at the heart of our service.

Adult Care and Support Services: Brothers of Charity Services (Scotland)

All staff were issued with the revised 'Act Against Harm' wallet cards and we run the 'Act Against Harm' campaign information regularly on our public screen at reception. Members of our Checking It Out quality group gave feedback to ARC Scotland on how the Charter for Involvement helps them assert their rights and give their views on how they wish to be supported. Our Support and Protection full day and Refresher courses have been updated to embed the new Health and Social Care national standards and legislative changes. Our adult protection and child protection policies have also been reviewed. Earlier this year we carried out training for managers on Duty of Candour, developed a Duty of Candour policy and embedded understanding of the duty in the content of our courses. Managers attended an in-house workshop on Equality and Diversity, which also considered protection and rights. Staff attended the recently launched Learning Disabilities specific multi-agency protection course and we participated in the Scottish Parliament's consultation workshop on equalities and human rights held locally in May.

3. Outcomes

The following are three examples of AP intervention and outcomes:

Scenario 1

Sean is a young man with mental health issues who recently moved to a small Borders town. He has been befriended by young adults in the community who have drug and alcohol dependence. These adults have been visiting Sean, particularly on his benefits day and Sean has seen money and some DVDs stolen. Sean does not want to make a fuss, he sees these young people as friends however social work and NHS Staff have seen deterioration in the state of his home and his ability to pay bills and buy food.

AP Intervention

NHS Borders and Scottish Borders Council visited Sean at home as part of an AP Investigation and names of alleged harmers and incidents were collated and recorded. Information was passed to Police Scotland and a criminal investigation began. A risk assessment and risk management was put in place and a chronology to track further incidents.

Outcome

The Alleged harmers were warned off and no longer visit Sean. Social care support is now working with Sean on housekeeping skills and managing his money and shopping more effectively. Sean is now exploring other social activities and would like to attend college in the near future. The intervention in this case has been successful in moving harmers on.

Scenario 2

Kevin is a 54 year old wheelchair bound gentleman following a motorbike accident he sustained a head injury and now has communication difficulties. He was only 18 years of age when he had the accident. He still lives with his mother and has been known to adult services for a number of years. He has a care manager, OT and his support is delivered via a social work managed package alongside a direct payment and ILF funding.

Kevin has voiced for some time that he wishes to consider independent living and would like to consider a flat within the local extra care housing complex. Following discussions with his family and an application being made on his behalf, Kevin was offered a number of flats but although he was voicing that he wanted the flat, his mother was advising that the time wasn't right and she couldn't afford it as a result she declined the offers on his behalf.

After a review meeting at the day services he attends daily, he advised again that he wished to take up the tenancy of the flat offered but when his mother joined the meeting his demeanour changed alongside his original request and the flat was

declined .It was during this meeting that Kevin appeared to be under duress and the query of whether he was being forced to make this decision by his family especially his mother was raised.

AP Intervention

Following the meeting the concerns were raised by the care manager and the team leader from day services to the locality team leader .It was decided to raise an AP referral and commence investigation.

The care manager/council officer met with Kevin and discussed the following:

- Advocacy –he confirmed that he no longer wished to remain working with his existing advocate.
- Flat -discussed his decision to decline the recent vacancy. Asked Kevin if he felt pressured by his family especially his mother to decline this offer. He claimed to feel a little pressured although she has never discussed the matter recently.
- Financial implications-Advised Kevin that his mother had claimed that financially she would struggle if he took a flat. He was asked if he was aware of his finances at all. He was able to say that his father dealt with all financial matters up until his death 6 months before but he was aware of a sum left to him by his father and that he had some stock and shares. But he was unaware of having any property.

A case conference was held and an action plan devised to seek more information and evidence chronologically situations where the service provider felt the client had been under duress .Most importantly though was to establish Kevin's capacity.

Outcome

It was established the client indeed had capacity to make his own decisions .He had also decided to wait for another complex to be built nearer his home in the next 12 months and has engaged with the provider about this matter.

However outstanding is the financial implications and we await the information in regards to the section 10 letter sent to the client's solicitor.

Kevin now knows that he has support in voicing his future plans and if he wishes to bring up any difficult subjects to his family his care manager and or advocate will assist in facilitating this. Another advocacy referral has been submitted for consideration from the service. A risk assessment has been completed.

All professionals involved in this case became aware of each other's concerns and now that a full investigation / case conference has been facilitated all feel better equipped in how to deal with similar situations going forward with peer support and an agreed risk assessment completed.

Scenario 3

Carole is a recently widowed 86 year old lady who is well known to adult services .She has a care manager who has assisted her to move from her daughter's house into extra care housing locally .There have been ongoing issues within the family and as a result there has been a breakdown in some relationships which had left Carole in a very difficult position. A fairly independent woman with a small package of support, it was she that noticed that some of her Diazepam was missing following a visit from her granddaughter .She reported this incident to her grandson's wife who is also her power of attorney a few days later, but had claimed to have confronted her granddaughter the day after the incident which subsequently caused a further argument. It was the grandson's wife who made the referral.

AP Intervention

The care manager / council officer following the referral ,spoke with the POA and asked that a locked box be sought for all medication to be stored .The care provider was alerted to the incident and support package was amended whereby the client's medication would be stored within the locked box and her meds would be given via this box at the prescribed times .As for the Diazepam script that she took when required it too was locked within the box and she was advised to alert staff when she felt she required the meds and then the amount could be monitored. The combination lock number for the box was only given to staff members and POA .The flat key safe number was also changed and only staff and POAs were made aware of this number.

Team Leader undertook IRD with police. It was felt after the information was shared that there was no role for the police at this time and an investigation should be undertaken and risk assessment.

During the investigation, Carole appeared to be well aware of the severity of the missing medication but she was clear that she wished the matter to be laid to rest as she was able to advise of the interventions put in place to avert this happening again.

Outcome

Carole remained under care management and her care was amended to provide a reduction in the risk of further incidents reoccurring.

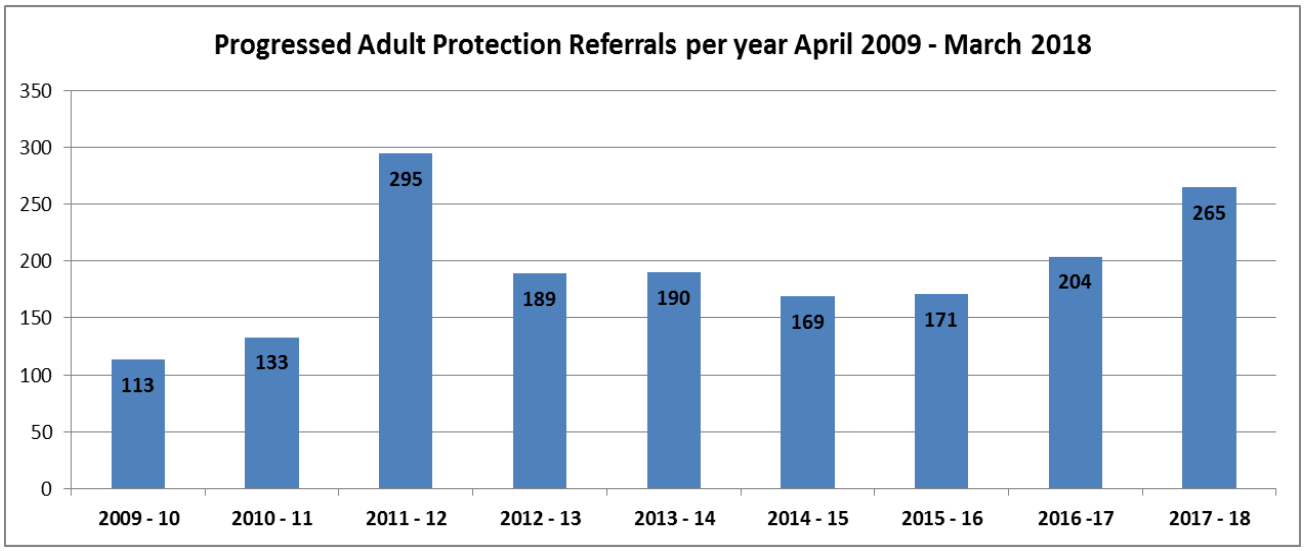
Carole was made aware that she no longer had to hide the difficulties she has with her family ,and by being honest about her relationships made her feel much better mentally. Referral to advocacy and CRUSE was offered and information given.

Risk assessment completed and protective actions implemented to reduce further incidents of the same nature.

4. Performance Data

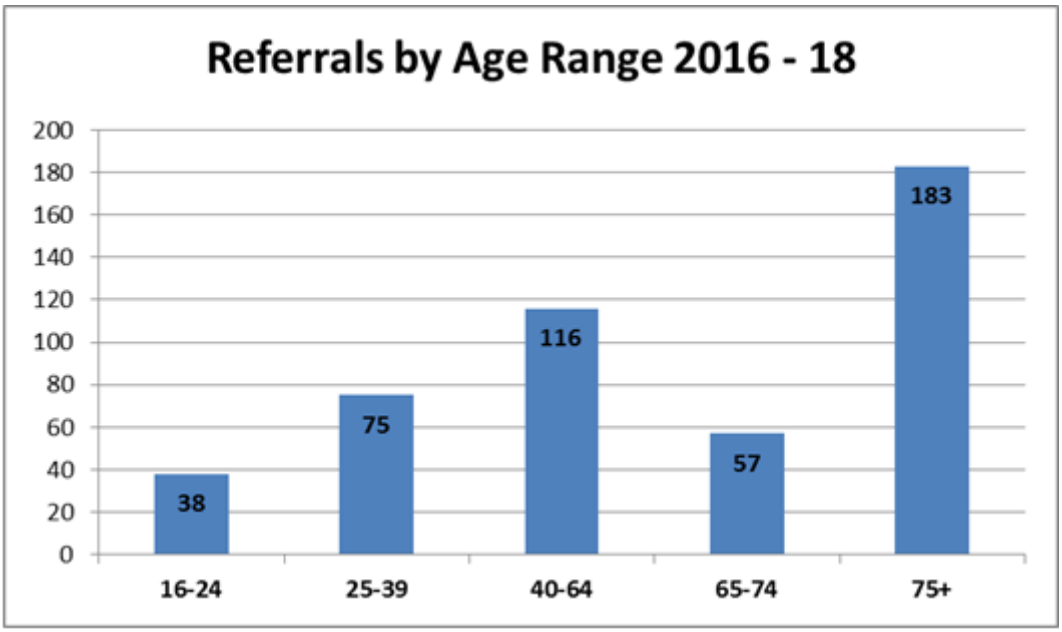
The APC received quarterly activity reports and an annual report on all adult protection activity. These reports provide the opportunity for the APC, and its sub committees, to analysis trends in the statistical information provided. These reports are used to inform and evaluate the effectiveness of adult protection and the procedures in place to manage this information. All reports are drawn for social work information management system (Frameworki) which has been in place since 2005.

Total number of Adult Protection Referrals from April 2009 to March 2018 is 1729.



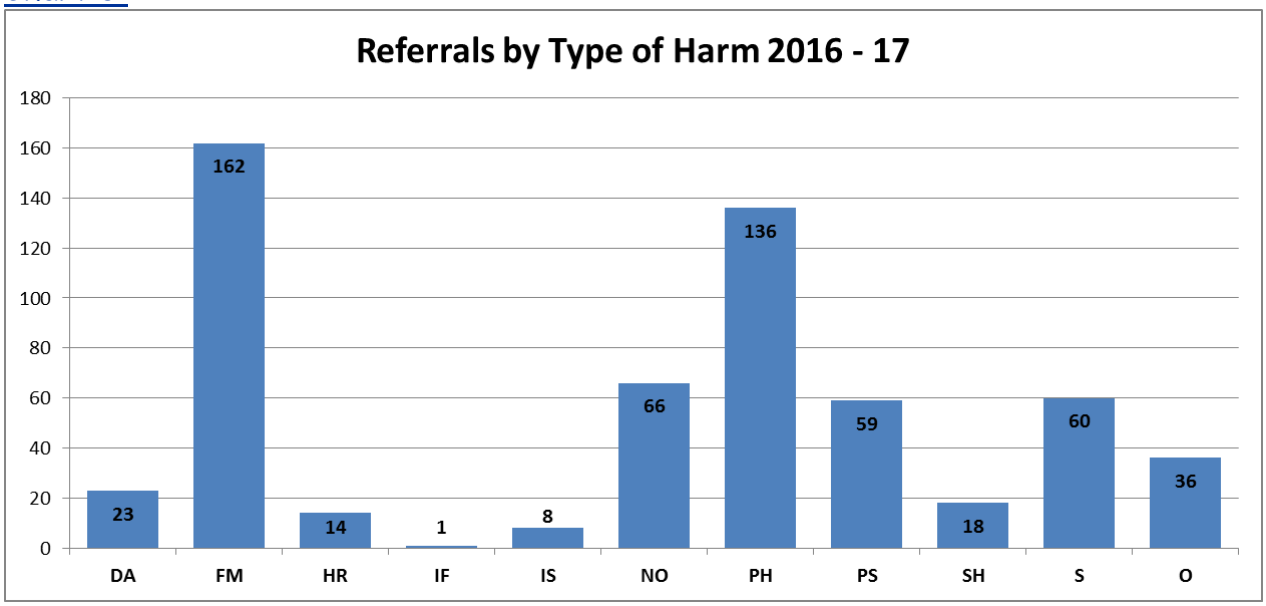
An Adult Protection Concern in the Scottish Borders is recorded, when information received indicates that, the adult is known or believed, to be an adult at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007. Scottish Borders receive referrals and information from many sources, some of this information may not be recorded as an Adult Protection Concern, but, may well be screened and signposted to more appropriate services. An example of this would be Adult Concern forms, which are more concerns around general welfare or care issues, and more appropriate to be dealt with through the social care route, and not through Adult Protection.

Chart 2



Once again older adults particularly in the 75+ range are the client group reported to be at the greatest risk of harm, this is followed by the 40 – 64 age range. Financial harm has been particularly evident explained through the rise of scams, bogus callers, and financial harm from someone known to the adult. We have noticed a steady increase in younger adults at risk, particularly with the rise of social media and internet enabled technology, this has thrown up new challenges around relationships and around the issue of setting safe appropriate boundaries. This is being addressed on an individual basis with a range of service users.

Chart 3



Domestic Abuse	DA
Financial/Material	FM
Human Rights	HR
Information	IF

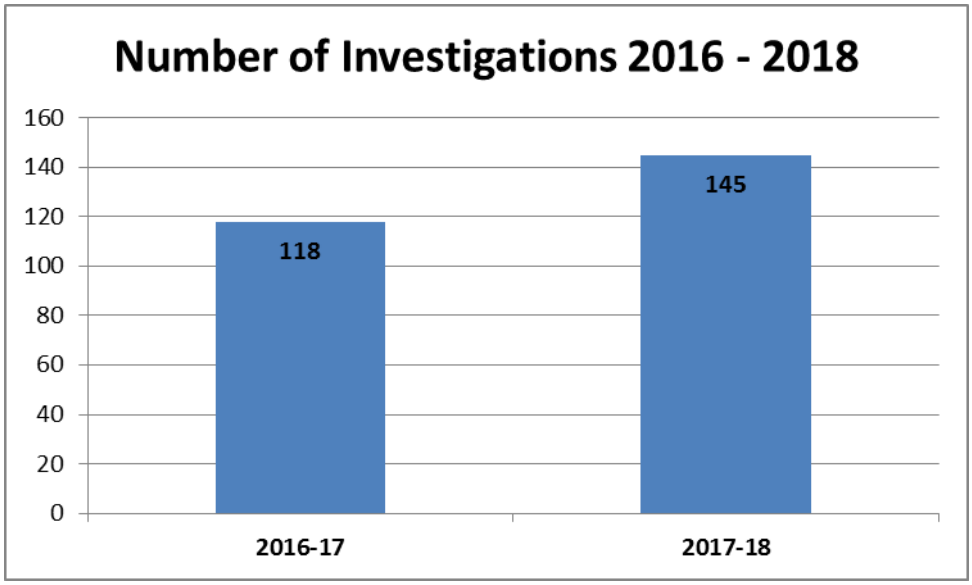
Institutional	IS
Neglect/Act of Omission	NO
Physical	PH

Psychological	PS
Self-Harm	SH
Sexual	S
Other	O

It is evident from the above that the majority of cases involve Financial/Material Harm followed by Physical Harm.

As indicated earlier the increase in social media and internet dating sites has seen more adults with support needs becoming involved with relationship and boundary issues. Whilst technology provides the opportunity to reduce social isolation, particularly in a rural setting such as Scottish Borders, assisting adults to keep safe as technology develops remains an ongoing challenge.

Chart 4



Within this reporting period inquiry and investigations have been separated, as per the Scottish Government data set. The above highlights an increase in investigations i.e. cases that involve a visit or interview with the adult at risk.

Multi-agency Training (Chart 5)

Training	SBC	NHS	Police/ Fire	Housing	Independent	Voluntary	Other/ Unknown
NHS induction		505					
NHS Borders e-Learning module (Includes above)		3133					
SBC e-Learning Module	63						
Police e-Learning Module							
L1 - Public Protection Briefing Session					32	22	
L2 - Full Day	181	75	6	24	129	6	
L2 - Half Day Refresher	106		1	30	100	6	
L3 - Two Day	48	28	8		14		
L3 - Council Officer Forum	38						
L3 - Council Officer Refresher Training	23						
L3 - Crash Course Refresher	3						
L3 - Integrated Mental Health Managers	7	6					
Bespoke Training - Borders College (CP/ASP/VYP)					19		
Bespoke - WI/Adults at Risk	33						
Bespoke Level 2 Autism Initiatives					21		
Bespoke - Emergency Duty Team							
Bespoke Care Home Training Programme ASP DIP NCS (National Priority)	49				39		
ASAP Supporting and Protecting People with LD	7				13		
ASAP Senior & Specialist Roles, Duties & Resp	32	23	7	1	20		
Bespoke ASP Process Training	7						

Bespoke Customer Services Team	5						
ASAP Ensuring Rights & Preventing Harm in Care Home Settings	10				5		
Totals	**612**	**3770**	**22**	**55**	**392**	**34**	**0**
Overall total	**4885**						

The commitment to ongoing training and development is evidenced in the above highlighting both the range of training provided and the level of uptake across partner agencies. Of particular note is the bespoke training to both managers and front line staff within Care Homes which has been organised in response to both demand and level of referrals from this area.

5. Conclusion

During the course of the past two years Scottish Borders has experienced a continued increase in referral numbers and subsequent investigations, particularly relating to financial and physical harm. As previously, older adults are the client group reported to be at greatest risk of harm with continued action being taken to address the risk of bogus callers and scams. For younger adults the challenge has often been to support those who have been targeted through social media and associated technology.

Once again the range and level of training available in Scottish Borders reflects a commitment to ongoing training and development.

Scottish Borders have undergone a period of significant change over the past two years, with a number of changes to senior personnel across partner agencies and subsequent changes to committee membership. In all cases however replacement representatives have been identified with no impact on continuity of involvement.

The embedded culture of self-evaluation continues with regular practice audits and bi-annual evaluation of adult protection practice on a multi-agency basis.

The current review of Public Protection services across Scottish Borders, with key work-streams seeks to ensure improved outcomes for children and all adults in need of protection. This is a major undertaking and reflects the sound working relationship that exists across partner agencies and the commitment to continued improvement of services and outcomes for those at risk in Scottish Borders.