

*The same as you?*

**Partnership in Practice Agreements 2004-2007**

**National Overview and Next Steps**

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## Introduction

One of the 29 recommendations of *The same as you?* was that local authorities and health boards should draw up Partnership in Practice agreements (PiPs). The Scottish Executive set out guidance on the content of the first PiPs (2001-2004) in circular [CCD 3/ 2001](#), and provided detailed feedback on each of these. Subsequent guidance for the 2004-2007 plans, in circular [CCD 4/ 2004](#), asked agencies to take account of a number of additional policy documents of relevance to achieving the goals of *The same as you?*

The aim of this national overview report is to provide feedback on the key messages that emerge from a review of all of the 2004-2007 PiPs, taking account of additional evidence from other sources. This includes the views of specialist practitioners on how well plans address autism spectrum disorders and meeting the general health needs of people with learning disabilities. These themes influence our national implementation strategy and our work with partners in local agencies.

This report therefore aims to highlight positive developments that can be shared to support improvement across Scotland, and to inform the next round of plans for 2007-2010. **No further guidance** will be issued on the content of these next PiPs, but local agencies and partners should consider the key themes in this report and how they sit with locally agreed priorities for future action. Although there are few recommendations with clear target dates, it was generally accepted that *The same as you?* set out a 10 year programme of change. PiPs should be living documents that inform all stakeholders at local level, and people with learning disabilities and family carers will expect evidence of significant change in these next plans.

Since *The same as you?* was published in 2000, information gathering has moved on in a number of ways that will provide evidence of progress with implementation at both local and national level. This includes the publication of [statistical bulletins](#) on *The same as you?* and on the use of Direct Payments, and the information gathered as part of the NHS QIS programme of work. PiPs and statistical information can only provide limited information about progress. Improvements in the quality of life of people with learning disabilities are what matters, and this requires qualitative evidence. A recent study carried out by the Scottish Consortium for Learning Disability on behalf of ENABLE investigated the effect of implementation of *The same as you?* on people's lives. Over 600 people with learning disabilities were surveyed and two thirds said their lives had changed for the better. However some people still do not have equal access to the things that are most important to them and others take for granted such as a home, independence, friends and relationships.

Current developments that will improve monitoring of progress include the *E-say* database led by SCLD, multi-agency inspections of learning disability services led by the Social Work Inspection Agency, and the development of Joint Future local improvements targets which will be required from 2007.

## **National support for implementation**

Three main groups meet regularly at national level, providing an opportunity to hear from those who use services, and those who are responsible for designing and delivering services. The Users and Carers Group was set up during the review, and the PiP Network evolved from a desire to share ideas on taking forward the agenda.

The Users and Carers group has been particularly influential in building on service user involvement, with some members involved in Scottish and UK wide work such as Care 21, QIS peer reviews, SWIA inspections, the Mental Welfare Commission for Scotland, and the Disability Rights Commission. Others have become involved in Community Planning and local transport forums.

Members of the PiP Network are mostly from local authority learning disability services, with some representation from NHS partners, and from Community Care Providers Scotland. The group plans to build on membership to address some of the more challenging issues that face local agencies in delivering services to an increasing number of people with learning disabilities and autism spectrum disorder.

The National Implementation Group includes representatives from the 2 other groups, and their work is summarised below. Further information about all of the groups can be found on the [Adult Support and Protection Unit](http://www.scotland.gov.uk/Topics/Health/care/VAUnit) website - <http://www.scotland.gov.uk/Topics/Health/care/VAUnit>.

The [Scottish Consortium for Learning Disability](http://www.sclد.org.uk) (<http://www.sclد.org.uk>) has a major role in supporting implementation locally and nationally. Their work includes training for a range of professionals and individuals, support for the progression of local area co-ordination, and the development of the e-say database.

### **The work of the National Implementation Group (SAYIG)**

In 2001, SAYIG agreed on priorities for action within the 29 recommendations, and focused on action that they considered would have the most significant impact on improving the lives of people with learning disabilities. Initial work focused on

- Hospital closures,
- Local area co-ordination, and
- Employment

The 2004-2007 PiPs were to take account of the findings of this work, including guidance on local area co-ordination and the recommendations of [Home at last?](#) and [Working for a change?](#) reports.

In April this year, SAYIG produced 3 further reports, which should be considered in the development of PiP agreements for 2007-2010. They focussed on:

- advocacy - [Having your say?](#)
- day services - [Make my day!](#) and
- children - [Changing childhoods?](#)

In addition to the work of sub groups, the main group has invited policy leads and practitioners to discuss relevant developments to implementation, such as the joint

future agenda, community health partnerships, and the role of allied health professionals. In response to a public petition to the Scottish Parliament's Public Petitions Committee, SAYIG invited family carers to discuss their concerns and to consider how Care 21 might assist. Through the work of the group, a recent discussion with policy leads in Children and Families Division in the Executive resulted in a focus on people with learning disabilities as parents, in an edition of the Surestart bulletin.

A number of issues of concern to SAYIG members are set out in the following sections of this report.

## Change Fund Expenditure

Local authorities receive £16m Change Fund per annum, as recommended in *The same as you?* to assist with implementation of the recommendations in the review. Additional resources of £4.2m in 2006-07 rising to £5m in 2007-08 have been allocated to local authorities for learning disability services.

In 2002-03, 92% of the Change Fund was spent on services for people with learning disabilities. The following table details change fund expenditure in 2004-05. From the figures provided by local authorities 96% of the change fund allocation has been identified as spend on learning disability services.

<b>Local Authority</b>	<b>Allocation</b>	<b>2004/5 SPEND</b>
Aberdeen City:	£684,000	£641,673
Aberdeenshire:	£715,000	£715,000*
Angus:	£335,000	£335,000
Argyll & Bute:	£275,000	£275,000
Clackmannanshire:	£151,000	£149,500
Comhairle Nan Eilean Siar:	£82,000	£82,000
Dumfries & Galloway:	£437,000	£434,149
Dundee Council:	£439,000	£439,000
East Ayrshire:	£371,000	£371,000
East Dunbartonshire:	£354,000	£300,774
East Lothian:	£276,000	£276,000*
East Renfrewshire:	£279,000	£279,000
Edinburgh:	£1,468,000	£1,467,999
Falkirk:	£455,000	£455,000*
Fife:	£1,078,000.00	£1,067,730
Glasgow:	£1,934,000	£1,934,000
Highland Council:	£638,000	£561,140
Inverclyde:	£260,000	£260,000*
Midlothian Council:	£260,000	£165,614
Moray:	£259,000	£147,329
North Ayrshire:	£431,000	£375,000
North Lanarkshire Council:	£1,035,000	£1,035,000*
Orkney Council:	£60,000	£60,000*
Perth & Kinross:	£403,000	£386,721
Renfrewshire:	£555,000	£555,000
Scottish Borders Council:	£318,000	£317,000
Shetland:	£70,000	£70,000
South Ayrshire	£346,000	£346,000*
South Lanarkshire:	£971,000	£971,000*
Stirling:	£267,000	£267,000*
West Dunbartonshire:	£291,000	£184,000
West Lothian Council:	£503,000	£503,000
<b>TOTAL:</b>	<b>£16,000,000</b>	<b>£15,426,629</b>

Table 1. Change fund allocation and expenditure in 2004-05

\*Some councils indicated they had spent a higher figure than their allocation. This has been adjusted to indicate Change Fund expenditure only.

## KEY THEMES

In addition to formally gathered evidence, information about implementation is raised with the Scottish Executive in a number of ways. Correspondence to Ministers, and Public Petitions raised with the Scottish Parliament have highlighted significant concerns about delays in closing **long-stay hospital** beds, and support for **older family carers**. A recurring theme in letters from families is a lack of appropriate support for people with **complex needs**, and **transitions** for young people moving to adult services.

Following the NHSQIS programme of work on hospital closures, monitoring is carried out quarterly to ensure the delivery of the revised targets the Scottish Executive agreed with 6 NHS Boards. Recognising the variation in the use of NHS beds, particularly around the definition of assessment and treatment beds, the Executive is holding a seminar for relevant professionals on 6 October to consider models of service provision. The NHSQIS [National Overview Report](#) published in February 2006 describes the performance across Scotland against the quality indicators and includes relevant examples of local initiatives.

The concerns of older family carers about support for their family members when they are no longer able to provide support are recognised as a key issue for all areas. South Lanarkshire Council conducted an in depth review of the needs of family carers, and the findings are set out in the report 'Older family carers and learning disabled adults: Cared for at home'. The Executive have funded Enable under Section 10 (£30,000) to take forward a project supporting older carers of people with learning disabilities. The project aims to provide advice on identifying and working with older carers, carers assessments, involving siblings, planning for emergencies, short breaks, financial planning and planning for a time when the parent is no longer able to care. It should also highlight the increasing amount of excellent work happening with older families around the country that is making a real difference locally.

SAYIG recognises that people with the most complex needs have perhaps benefited less from the improvements in services in response to *The same as you?* over the last 5 years. The group has therefore enhanced membership through PAMIS representation, and will ensure each topic addressed by the group will take account of the range of needs of people with learning disabilities. At local level, future PiPs should set out clearly how people with multiple and complex needs have been involved in agreeing local priorities, and how these will be addressed.

One area where there are considerable difficulties for individuals and those providing services is the transition from children's to adult services. The Additional Support for Learning (Scotland) Act 2005 is in the early stages of implementation, and sets out requirements for inter-agency working to support young people and their families at this time. However, there is little evidence as yet of partnership working between children's and adult services. Both children's services plans and future PiPs need to address how agencies will plan and provide for children leaving school.

## **Health Promotion and improving access to health**

The 2003 guidance asked local agencies to set out their plans for 2004-2007 to address health promotion, meeting health needs, and improving access to health services generally. Specific reference was to be made to meeting the recommendations of the [Learning Disability Health Needs Assessment](#) and [Promoting Health Supporting Inclusion](#).

Whilst most areas' plans had references to these recommendations, few had clear targets and timescales to deliver their proposals. There is clearly some good work in progress. However there is not an overall sense from PiPs of agreed timescales for implementation and resource availability. What is required is a clearer focus on the health agenda, identification of priority areas to be addressed and time frame for action.

However, there were some positive developments and the following may be useful for others to build on.

In *Aberdeen/Aberdeenshire*, the development of a specialist health promotion post for mental health and the plan to develop a local learning disability health improvement strategy is to be welcomed.

*Angus* set out encouraging plans to start nursing and AHP health shops. *Argyll and Bute* have set protocols for both in patients and out patients attending general hospital.

*Western Isles* have developments in community nursing and a Consultant Medical post which are to be welcomed and encouraged. There are good links with primary care and general practitioner services.

*Dumfries and Galloway* undertook local research in 2003, and a Health Promotion strategy was being developed for completion in March 2005, including screening.

*Dundee City* identified progress on healthy living and lifestyles materials in accessible format. There is a joint health improvement plan that includes the needs of people with learning disabilities, with specific health promotion initiatives targeted at this group.

*East Ayrshire* gave examples of current initiatives included CHIP Mobile healthy living centre which includes people with learning disabilities in its activities.

*East Lothian* makes reference to a comprehensive range of local initiatives in East Lothian and development of a 5 year strategic Health promotion plan for the Lothian's. *Fife* has a new hospital liaison nursing post funded from the change fund.

*East Renfrewshire* supported a research project – 'Exploring the service needs of individuals with a learning disability and dementia: a staff and organisational perspective' in 2003. They will build on the findings of the learning disability and dementia research project to promote early recognition, assessment and appropriate service responses.

*Forth Valley* priorities for service improvement focus on:

- Access to Acute General Hospital services – Development of a communications pathway and improved clinical practice.
- Access to primary care – provision of support and training to front line staff.
- Well man clinic.

*Highland* are partners in a 'Health and Happiness' initiative run by people with a learning disability to break down the barriers they face to achieving health and happiness. Through this initiative they work together to help people with a learning disability to speak up for what matters to them and find answers for the difficulties they face such as accessing sports and leisure or finding suitable jobs. The work they do helps them to take some control in their lives and changes things in the areas they live.

*Inverclyde* gives clear recognition to the development of health priorities including :

- Forensic LD Service
- Acute Hospital Liaison post
- Primary care liaison and support
- Health check projects

In relation to health promotion, they are reviewing resources and looking at information and training on sexual health and blood borne viruses

*Midlothian* outlines a whole range of excellent initiatives which have been taken in close collaboration with GP's and primary care and acute hospital services.

*Orkney* identify some of the key issues and priorities for action across the 5 tiers and health promotion over the period 2004 -2007 and is a good example of setting out the actions to be progressed during this period of the PiP.

*South Ayrshire* has a significant and impressive range of initiatives outlined and good progress being made in a number of areas such as the introduction of a fast track information scheme operating within the acute hospitals in Ayrshire to ensure people with a learning disability have a quicker, smoother admission. They are also piloting a Personal Health Record (PHR) to provide a user-friendly source of health information that clients/carers can take to appointments with GPs and other healthcare professionals.

*South Lanarkshire*

Health promotion and health needs agenda outlines achievements and aims for the period 2004–2007. A good range of initiatives and progress include the establishment of a managed network of Epilepsy Services with the aim to secure funding for a specialist epilepsy service across Lanarkshire.

## **Local Area Coordination**

Recommendation 2 of *The same as you?* stated that:

Health boards and local authorities should agree to appoint local area co-ordinators for learning disabilities from current resources used for managing care and co-ordinating services. Initial training for putting local area coordinators in place will begin in Autumn 2001.

In the 2003 PiP guidance local partnerships were asked to report on the number of local area co-ordinators in post and whether the service is available to children and adults with learning disabilities. They were also asked to outline their plans for the roll out and development of LACs over the next 3 years.

*The same as you?* stated “each local area coordinator will support about 50 people so that they can know them personally and respond to individual needs.” To provide this level of support only to those people known to services, 450 coordinators would be needed across Scotland - there are currently 56 local area coordinators in Scotland.

At a national level the Scottish Consortium for Learning Disability (SCLD) have commissioned a study to evaluate implementation of local area coordination across Scotland, which is due to report in Autumn 2006. There has already been anecdotal evidence of the difference local coordinators are making to people’s lives. To reflect this SCLD have published a book called “[Making Connections](#)”, which tells a number of stories about how local area coordinators have helped people with learning disabilities and autism spectrum disorders to access the right services at the right time. Copies of this book can be obtained from SCLD.

In their information sharing and training capacity SCLD run training and networking events specifically for local area coordinators to develop their skills and share their expertise. In order for local area coordinators to continue to improve the quality of life for the people they work with, it is important that they are supported to access these development opportunities.

## **Carers**

In the PiP guidance issued in 2003 the local partnerships were asked to provide details of the current provision for carers and plans for development of the next three years. Since this guidance was issued the Executive has consulted on Care 21 and issued its response: the Future of Unpaid Care in Scotland, identifying early priorities and outlining a ten year agenda to improve the lives of Scotland's 600,000 carers.

The Executive's response is at the following link:

<http://www.scotland.gov.uk/Resource/Doc/112273/0027313.pdf>

The Executive's priority actions, include the development of more personalised, preventive respite care which is a key priority for carers. In recognition of the health implications of caring on some carers, the Executive will engage with the NHS and general practitioners in identifying carers and prioritising their needs. It will also develop a consistent framework for carer training, to help carers, particularly new ones, to develop the necessary knowledge and skills to manage their caring roles.

Implementation of the priorities is underway and task groups have been set up to focus on actions for young carers and respite.

A number of local partnerships highlighted the importance of recognising and making use of the experience of carers within service provision. There was also recognition that the rights of carers to a care assessment should be promoted widely to ensure everyone gets the assessment they are entitled to. Supporting young carers was a recurring theme in a number of the partnership plans.

There were a number of positive initiatives in the plans including:

*North Lanarkshire Carers Together*, a carer led organisation, which formed to actively link carers and professionals and give carers a voice in decisions that affect their lives and the people they care for. A freephone Information Line has been set up, staffed by the Carer Support Workers, employed by the Princess Royal Trust Lanarkshire Carers Centre.

In Forth Valley a dedicated Learning Disability Carers Support Group has been established in partnership between the Local Authority and the Local Princess Royal Carers Centre.

A carer coordinator is in post at Monklands Hospital in *Lanarkshire* to assist carers whose relatives or friends have been admitted to hospital.

## **Short Breaks / Respite**

Recommendation 19 of *The same as you?* states:

Health Boards should contribute funding and resources (for example, training for residential and family carers) to developing community based short breaks alongside local authorities. Local authorities will also be able to bid for any 'change funds' which may be made available for developing short breaks for people with learning disabilities.

Local partnerships were asked to report the number of people with learning disabilities receiving community short breaks and outline their plans for development over the next three years.

There is a range of need for respite/short break services across a range of disabilities, and this needs to be reflected in the opportunities available. It is important that breaks should provide an opportunity to try out different things, give people a chance to be themselves, and be a real holiday.

For many a short break or holiday, whether taken independently or as a family, offers a flexible approach. A number of partnerships run or have plans to develop short term holiday accommodation for families to allow for a break in an inclusive setting. Outreach services and befriending are also used by a number of local partnerships as a way of providing breaks to people with learning disabilities and their carers. Family placement schemes were also available in some areas. In *Shetland*, for example, the "Hame fae hame" scheme provides children with learning disabilities short breaks in family homes.

At a national level there is an autism spectrum disorder respite steering group, who are working to build capacity with all potential stakeholders resulting in a growth in a range of respite services for people with ASD. The Steering Group consists of service users, family members, professionals and representatives of organisations delivering services. They aim to appoint a National Coordinator to facilitate the growth of nationwide respite and short break services for persons and families affected by ASD in Scotland.

### **Examples of good practice identified in the PiP**

*Midlothian* provide respite in the form of weekend or week breaks in specialist hostel provision and support by carers through the Adult Resource Team. People also have told us that Day Services and day support with carers provide an element of respite. Some of the activity holidays have been the most popular form of short break for people.

*Midlothian* has also been involved in the pilot scheme with The Thistle Foundation 'Smart Breaks', a short breaks brokerage service. This tested out a brokerage model as opposed to the more traditional form of respite in residential or nursing homes.

## **Smart breaks**

The Thistle Foundation set up Smart Breaks, a brokerage service for short breaks for disabled people and their families, in August 2002. It was clear when we set up Smart Breaks that traditional residential settings cannot offer breaks designed to meet individual needs.

For many families a “break” means getting away together for a weekend or longer to get away from normal routines and responsibilities. For those families where one family member provides support and personal care to another family member a “break” usually means that the carer has a break from the routine and the supported family member has to go to a residential or nursing home for a period of time. Smart Breaks’ aim is to be a distinctive service, more radical than the traditional way of organising respite service in residential or nursing home care. We use our commitment to person centred planning to help and support people who have care needs to plan a more meaningful break. We work together with the disabled person and their families in a planning process to design a break that meets the individual’s own interests and needs.

The process as well as helping to provide a valuable break has also enhanced the service users’ lives by bringing friendships, increased confidence and in one case a move from the family home in to their own home. Participants in the Smart Breaks service have gone on fishing, sight seeing and family holidays and all agree that they would choose to do something similar again.

*Midlothian* are looking for a change in attitude to respite and plan to achieve this in the following ways:

- a respite steering group is exploring ways of developing a respite co-ordination service across all community care groups
- by bringing more carers onto the respite steering group and continuing to work closely with Vocal
- by developing a systematic way of picking up on peoples’ needs thorough the Single Shared Assessment and Carers’ Assessment processes
- currently developing a Proposal for the recruitment of a Respite Care Development Worker.

In *East Dunbartonshire* a short break service is currently providing places via Outlook (a community based service operating 9 -5 Monday to Friday), and Outreach (a community based social opportunity service which operates evenings and weekends).

*West Lothian* will provide Respite/After school care for secondary age children with complex needs at Beatlie Campus. To provide parents and carers of children and young people with complex needs some respite/after school care in order that they are able to undertake some work training or study opportunities which should assist the health and wellbeing of the whole family unit.

*Renfrewshire* hope to develop a flexible short break at home service which would work in conjunction with residential and day services. The Best Value group is also looking at short break/holiday options in order to improve the range of opportunities available, for service users and their carers in the future.

### **Further proposed developments**

A joint proposal between *Falkirk Council, Forth Valley Primary Care Operating Division* and PSS is being explored with a view to developing increased choice in short breaks particularly for people who have behaviours which are challenging and who have not been able to experience a short break.

The overall objective for *West Dunbartonshire* is to break down the barriers to children with disabilities accessing mainstream activities. This will involve a range of specific developments including:

- The completion of a directory of leisure and respite resources;
- Allocation of funds from the £25,000 available from the Better Neighbourhood Services Fund by the Respite and Leisure Co-ordinator to improve opportunities.

### **Next Steps**

Community based short break services should promote choice, integration, inclusion, and to enhance people's opportunities to develop interests and relationships.

Some areas recognised a shortfall in provision of services for last minute or emergency breaks and others a lack of appropriate and flexible opportunities for people with complex and profound disabilities or challenging behaviour. There is a real need, as many partnerships have emphasised, for a focus on these more difficult provisions in future planning.

## **Autism Spectrum Disorders**

*The same as you?* definition of learning disability includes all children and adults with autism spectrum disorders (ASD), whether or not they have a coexisting learning disability. In 2003 the Health Department asked local health, education and social work agencies to conduct an audit of ASD services, to inform future planning. The PiPs for 2004-07 were asked to build on this audit to outline joint plans to develop such services and meet the needs of people with ASD.

As part of the implementation of the Public Health Institute of Scotland Needs Assessment Report for ASD (2001) the Executive have funded a number of pilot projects to demonstrate good practice in ASD service provision. These include:

- 2 one-stop-shops in Edinburgh and Glasgow, providing services to adults with ASD, including Asperger's syndrome who previously had no service.
- Autism co-ordinators in Highland and Borders, bringing about better inter-agency and inter-disciplinary working to address needs of families and those with ASD.
- A national Autism Service Network to support local and national networking and act as an information hub.
- Training projects in diagnosis to address waiting times and bring about uniformity in approach to diagnosis and assessment.
- A directory of diagnostic services, produced by NES, issued to every GP in Scotland.
- Information packs to be given to families at the time of ASD diagnosis.

Evaluation of these projects is ongoing and aims to inform service development across the country.

### **Examples of Good Practice identified in the PiPs.**

A number of areas of good practice in responding to the needs of people with ASD have emerged from the PiPs.

The regional NHS boards of *Lothian, Fife, Borders* and *Forth Valley* are developing a Managed Care Network for Autistic Spectrum Disorder. To date, the group, chaired by Lothian NHS, is developing the following initiatives:

- Databases of people with Asperger's Syndrome
- Diagnosis and needs assessment for people with ASD
- Piloting CANSAS (a diagnostic tool)
- A regional ASD service
- In-patient services

*Aberdeen* used the change fund to commission support and training services from the Scottish Society for Autism and to fund an advisory worker. They have also developed specific support living services to meet the needs of people with challenging behaviour and autism.

The involvement of service users and carers is essential in training and identifying the training needs of paid carers. *Aberdeen* has involved service users in delivering Aspergers and Autism training to care staff and in *Perth & Kinross* a carer led organisation has developed a range of services and supports including life skills, work experience and leisure activities in the local community.

*Dumfries and Galloway* obtained funding from the Special Innovations Grant for a Development Worker for children with autism spectrum disorders. This post was managed by the National Autistic Society, and proved effective in identifying, addressing and meeting the support needs of children and their families across the authority and across the statutory and independent support providers.

For teenagers with ASD, *East Dunbartonshire* funded a pilot project called Teenscene, to promote confidence and introduce the young people to new 'age appropriate' activities. This successful project has provided a significant service and funding is proposed to continue.

There have also been a number of developments in respect of education for children with ASD. *Dundee*, for example, provide outreach support to mainstream schools with pupils who are on the autism spectrum by two Deputy Head Teachers who have dedicated time set aside to provide such support through consultation and training. They also provide information and support to parents in the primary school sector through the Pathways Project, which delivers a series of organised workshops.

A Pan-*Lanarkshire* Autism Forum has been established for children with ASD, and a range of social clubs are available for children aged 8-14.

### **Further proposed developments**

- Conversion of areas within existing day services to accommodate the specific needs of people with autism.
- Development of specialist care pathways for people with ASD, which give particular attention to supporting transitions.
- Development of a respite/short breaks strategy for "autism friendly" specialist services.
- Learning disability nurses and Local Area Coordinator to work with Health, Social Work, Education and Autism Argyll to develop resources for children on the autistic spectrum and their families, including improved and accessible information; an after school care service; school holiday play scheme; specially trained support workers to deliver local family support and short-breaks for children on the spectrum.
- Better information produced for all families about services available and entitlements to benefits via leaflets in schools, nurseries, libraries, hospitals and service centres.

### **Next Steps**

The key role local authorities and health boards have, in continuing to develop ASD friendly services and ensuring mainstream services are suitable for people with ASD, must be recognised. The Scottish Executive published a report in late February

providing details of progress towards implementation of the Needs Assessment Report recommendations to date. It also identified priorities for further action at national and local level.

The report can be found at the following link:

<http://www.scotland.gov.uk/Resource/Doc/94715/0022799.pdf>

Local authorities need to continue to develop ASD friendly services and incorporate ASD awareness and accessibility into mainstream services such as leisure and recreation. Similarly mainstream health service providers need to ensure they are meeting the range of health needs of people with ASD. The roll-out of Joint Inspections needs to ensure that the requirements of people with ASD are being addressed across all services.

It is clear from the PiPs that the majority of local agencies appreciate the important role local networks can play in supporting and informing service delivery. The Scottish Executive would encourage individuals and organisations, both local and national, to proactively use the National Autism Service Network to build, support and raise awareness of local and national networks.

At local and national level, policy development and service commissioning needs to be informed by research. A subgroup of the National ASD Reference Group is currently considering the broad range of existing care standards and performance measures and identifying where further work and guidance is needed in relation to ASD. The work of the subgroup aims to ensure that commissioners and Service Managers understand the needs of people with ASD when commissioning and delivering services.

## **Direct Payments**

Recommendation 5 of *The same as you?* stated that:

By 2003, anyone who wants direct payments should be able to have them, and local authorities should be included in the list of possible providers.

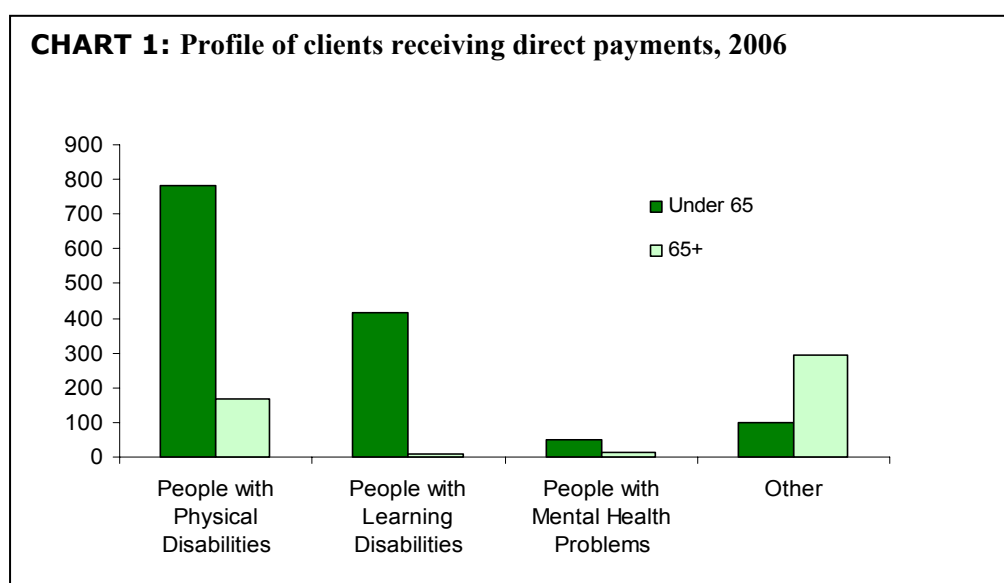
In the 2003 PiP guidance local authorities were asked to consider how well this recommendation had been implemented. There have been numerous developments since that date, most notably the Executive issued circular CCD 1/2005 direct payments policy and practice guidance update, which phased roll out of direct payments to new community care groups from April 2005. The circular recognised that:

“some users of service are reluctant to have direct payments because of the employer responsibilities they see themselves as carrying (disclosure checks, health and safety considerations, payroll etc).”

and that:

“Take-up of direct payments is improving but further work remains to be done to consolidate access to direct payments to the existing eligible groups before an extension to other community care users.”

In September 2006 the Executive published the Direct Payments Scotland 2006 statistical release. These statistics showed that number and value of Direct Payments had increased from 207 in 2001 to 1,829 in the year to 31 March 2006. In the 2004-07 PiPs most local authorities noted the problems that they had experienced in increasing uptake of direct payments and that the majority of recipients were not people with learning disabilities. However the number of people with learning disabilities in receipt of direct payments has increased steadily since 2004.



Many local authorities are promoting direct payments as an alternative option to service users and encourage people with learning disabilities to consider them as an option by providing accessible advice and publications and have provided training and guidance to assist operational staff. Many local authorities have undertaken research into uptake and have engaged with the voluntary sector to develop new ways to increase the use of direct payments amongst people with learning disabilities.

The following examples contain positive approaches and planning to increase the uptake of Direct Payments:

## **Fife**

### Where we were in 2001

The Same As You said that direct payments should be available to anyone who wanted this by 2003. Our action point was to look at how we might expand the Direct Payments Scheme so that more people with a learning disability can benefit from it. Another priority issue in Fife was simpler and easier information about sources of income which people could access.

### What we've done and where we are now

We did research into the take up of direct payments in Fife, and took part in a national project led by Direct Payments Scotland to look at ways in which further funding could be released to direct payments.

We promoted the take up of direct payments in Fife and provided 2 posts for the Direct Payments Team in Fife.

By March 2004, 41 people in Fife were using direct payments, totally £253,000 – 25% of the direct payments for people with learning disabilities throughout Scotland. The SAY Working Group on Finance and the Wake Up 2 Say project produced a video about direct payments. Copies were distributed across Fife to people with disabilities and families.

We have contacted the banks about the difficulties people experience, and are linking with other organisations across the UK which are working to influence banks' practices.

PAMIS, in conjunction with the Direct Payments Team, has run a workshop for family carers on direct payments.

### What we still need to do

1. Continue to fund a post within the Direct Payment Scheme to ensure that people with a learning disability receive an appropriate service.
2. Continue to promote Direct Payments for people with a learning disability.
3. Work with banks and building societies to raise awareness of the rights of people with a learning disability to improve facilities.
4. Target day centres to promote the Direct Payments scheme.

A Direct Payments scheme was introduced by *West Dunbartonshire* Council in June 2003. A support service is being provided by the Centre for Independent Living in Glasgow initially for a three year period. Further practitioner training and awareness training will be delivered and the focus on awareness training for service users and carers will be on young adults and their parents/carers particularly during the transition from children to adult services and adults with complex needs.

A Disability Development Worker was employed to research, set up and implement Direct Payments for all groups, and West Dunbartonshire Council also provided funding from the Learning Disability Change Fund for a support service that would support people around Direct Payments whilst developing a user led service. This support service is being provided by the Centre for Independent Living in Glasgow initially for a three year period.

### PIP Plan

- 1) Further awareness training, practitioner training will be delivered to approximately 100 social work field staff who will complete the Direct Payment application procedure with applicants. This is planned for February / March 2004.
- 2) With the legislation extending eligibility for Direct Payments beyond disabled people to all community care and children's services client groups in stages starting in 2004, some of the steps taken prior to the introduction of Direct Payments in June 2003 will require to be retraced with the new groups:
  - West Dunbartonshire Council's Direct Payment Policy and Procedural Guidance will require to be amended;
  - Publicity will be repeated in a similar way with updated information leaflets, informal presentations offered to groups/forums/organisations/staff teams and formal training events;
  - West Dunbartonshire Council's website will be updated with information on Direct Payments;
  - Support services will need to be reviewed to encompass these new client groups;
  - Staff involved with newly eligible client groups will require awareness and practitioner training.
- 3) Awareness training will be offered to voluntary organisations and relevant agencies to enable them to provide information and support on Direct Payments.
- 4) The focus on awareness training for service users and carers will be on young adults and their parents/carers particularly during the transition from children to adult services and adults with complex needs. These groups will be given information to make them more aware of the support options available to them and to help them make decisions about their future support and independent living.
- 5) Awareness training will become an annual event.

## **Next Steps**

Local authorities are committed to improving uptake of direct payments and have given detailed background information into the difficulties they have experienced in doing so. Most are engaging with service users, carers and the voluntary sector in a bid to work in a joined up way to promote direct payments and to support people who use them. Consideration should be given to using those who have successfully accessed direct payments to act as champions/examples/case studies to demonstrate the benefits of direct payments. Local authorities should continue to monitor the statistical returns on direct payments provided by the Executive and work towards increasing uptake.

The national guidance on Direct Payments is currently being updated for publication in late 2006.

The Executive remains committed to ensuring direct payments are available to those people who want them and has established working groups to advise and develop guidance on increasing uptake, one such group is currently considering direct payments for children with disabilities.

## **Day services; further education and employment**

Recommendations 15 and 16 of *The same as you?* stated that:

Local authorities and health boards should both examine what they provide and develop more modern, flexible and responsive services which support people in the community through employment, lifelong learning and getting them involved socially. Day healthcare services for people with learning disabilities should be mixed with those in the community.

Local authorities need to give much greater priority to developing a range of employment opportunities for people with learning disabilities. And, with health boards those authorities should lead by example in employing more people with learning disabilities.

In the 2003 PiP guidance, local authorities were asked to consider how well these recommendations had been implemented. Since then there have been numerous developments in Scottish Executive policies linked to the recommendations, most notably:

- *The Same as you?* Implementation group sub group report *Working for a change?* was published in December 2003. Recommendations from this report are now being taken forward as part of the Employability Framework.
- Follow up research into supported employment: "Go for it!": Supporting People with Learning Disabilities and/or Autistic Spectrum Disorders in Employment (May 2005)
- The Executive published *Partnership Matters: A Guide to Local Authorities, NHS Boards and Voluntary Organisations on Supporting Students with Additional Needs in Further Education* in January 2005. This guidance aims to clarify the roles and responsibilities of each agency and encourages partnership working to meet the needs of students with additional needs.
- The Executive launched the Finding Practical Solutions to Complex Needs Consultation on funding and provision of Further Education for young people with complex needs in Scotland in July 2005.
- *The Same as you?* Implementation Group Sub Group Report on Day Services – *Make my day!* – was published in April 2006. This report considers information collected from service users, family carers and service providers on the changes that have happened to day services and what are the opportunities and threats to developing modern, flexible services.

Much of this work supersedes what is contained in the 2004-07 PiPs in terms of taking forward the employment and further education agendas. The *Make my day!* report also demonstrates that many local authorities and voluntary sector service providers are already well on the way to redesigning services that are more community based and integrated within the community.

One of the main issues that causes concern is the idea that *The same as you?* recommends that all day centres should be closed. *Make my day!* does suggest that the day centre building can still be utilised as a base for service users to use while accessing alternative opportunities.

The following examples reflect one example of a council's proposal for each of the subject areas:

## **Glasgow City Council – Day Services**

### What we said we would do

The first PiP said that the aim was to:

- Develop nine Area Day Support Teams;
- Establish nine Resource Centres to support Area Day Support Teams and Area Learning Disability Teams;
- Develop a programme of training for all staff in all Area Day Support Teams to ensure that they achieve outcomes defined in the draft Care Standards Proposals;
- Establish specialist Day Support Teams with a particular focus on employment, education and leisure;
- Develop a range of individualised services for over 50% of current users of these services;
- Develop more effective partnership with the independent sector.

### What we have done

In November 2001 Glasgow City Council Social Work Committee agreed the Best Value Review of Day Services. The review outlined a range of proposals to modernise day services and to improve service delivery to over 1000 people who use local authority day services.

A range of significant recommendations have been achieved. The service has been reorganised on the basis of 9 'hubs' across Glasgow that are a locality base for day services, care management teams, and specialist health staff. The programme of improvement includes capital investment in the 9 hubs – to date 3 hubs have been completed and 3 are in progress and due for completion in 2004/5. Capital costs so far have been £1.9 million.

The Review implementation has delivered a modernised staff structure, with a rationalised management structure, re-grading of basic grade workers and deputies. A significant increase in support workers is underway. A specialist Employment Team has been introduced, which has been operating since 2003. The aim of this team is to target people of all abilities and find paid employment for them. In August 2004 there will be devolved responsibility to locality management and a new staffing structure to reflect local management of day services, and fieldwork.

An SVQ training programme has been put in place. By March 2004 96% of day services workers had achieved SVQ3. All managers are currently working towards a Management Award and SVQ4 and should have achieved this by the end of 2004. Deputies have now started SVQ4 programmes.

## What the PiP consultation said

People at the Consultation Events said that there had been improvements to day centres (especially physical improvements) and access to more facilities (aromatherapy, hydrotherapy pool, sensory room). Clients were consulted when discussing implementation of changes and feel involved in the process. However, service users at Day Centres dislike having to 'leave early' - would like the right to choose Centre staff - don't want to be forced to go places they don't want to go – should be chance for quality time, not just chance to get out for a couple of hours. More non-building based events and night time activities are needed. Weekend breaks are only positive if adequately staffed - service users also currently stuck indoors on breaks due to understaffing. People resent being sent to "special" place.

## What we will do

Continue improving day services by:

- Further increasing the number of support workers and increasing the number of 1:1 sessions in day opportunities to at least one day a week;
- Providing improved transition for children moving to adult services, with agreed care plans and resource implications at least a year before leaving school;
- Reducing the dependence on centre based activities, and encouraging meaningful community based services;
- Introducing clearer policies, including medication, improved assessment of people with complex needs, obtaining consent for the sharing of information, and communication strategies between staff and service users;
- Recruiting a further 70 support workers;
- Introducing SVQ2 for all support workers;
- Rebuilding or adapting the remaining 3 hubs by 2006/2007.

## **South Lanarkshire – Further Education**

### What We Have Achieved

- 204 adults supported in attending further education establishments
- Development of strong working links with Motherwell College, South Lanarkshire College, the Nautical College, Coatbridge College and John Wheatley College.
- Establishment of a multi-disciplinary Learning Disability Sub-group for the Council's Community Learning Plan.
- Funding secured from Adult Literacy to provide tuition linked to employment training projects within the Council.
- Appointment of a Transitions Worker who, as part of their work, will develop close links with Further Education to develop opportunities for young people.

## What We Are Aiming For

- The development of a clear strategy for learning disability, to sit within the Community Learning Plan, which will set out the main priorities for life-long learning.
- Continued development of good working links with local colleges with the emphasis on generating more socially inclusive opportunities.
- Generation of clear outcomes for service users vis-à-vis actual employment opportunities.
- Development of a corporate strategy with regard to Additional Support for Learning Act, and implementation of the same.

## **Fife Council – Employment**

At the time of the 2001 PiP, Fife Council operated the largest supported employment programme in Scotland. The priorities for development were making mainstream employers aware of the abilities and talents of people with learning disabilities, and easier access to information about employment training opportunities.

Our action points were:

- Develop a supported employment forum
- Mount a high profile Learning Disability Awareness campaign
- Find out how many people with a learning disability are employed by the Council, the Health Service, the voluntary and private sectors.
- Set up a three-year supported employment project.
- Identify opportunities for people to have work experience and possibly progress to paid employment.
- Identify the needs of people with autism and develop services to meet their needs.
- Provide support for people to access college or further education.

## What we've done and where we are now

We started 4 new projects through the Employability Team to help people get employment

**Impact** works with people attending day centres and provides opportunities for paid employment.

**Aspire** works with people who have a high functioning autistic disorder, including Asperger's Syndrome. Like other projects, it helps prepare people for employment and then supports them into work, to help them sustain their job.

**SAY It's Workable** is a marketing initiative which has produced a large range of publications aimed at raising awareness of the issues facing people with learning disabilities, especially around employment. The project provides employment for 8 people with learning disabilities and has supported a further 30 work placements.

The **One to One** project provides on-going practical support to individuals once a suitable employment opportunity has been identified. It works with people who require a significant level of one to one support to help them secure and sustain a job.

The Employability Team has received 167 referrals from people with learning disabilities over the past 2 years. During this time, the employment co-ordinators have noticed that employers are becoming more willing to consider offering employment opportunities to people with learning disabilities.

At July 2004, the Fife employability Team is working with 304 people who have learning disabilities:

- 217 people are in employment
- 161 of them are in paid employment, all earning the National Minimum Wage or above
- 100 of these people are earning above £50 a week, while 61 are earning less than £50 a week.
- 85 people are working over 16 hours a week
- the 55 people who are not in paid employment are doing voluntary and training work, which is intended to lead on to employment.

We have invested money from the Change Fund to help set up the FEAT Social Firm which will give people more opportunities to consider self-employment as an option.

### **What we still need to do**

Although we've made good progress, a lot of people in Fife who have learning disabilities still don't have real jobs.

All of the employment projects are planning to establish stronger links with the business community in Fife, to create more employment opportunities and raise awareness about the abilities and potential of people with learning disabilities.

Other gaps identified by people with learning disabilities and other stakeholders are:

- people looking for assistance with self-employment opportunities
- there needs to be better partnership working between schools and the careers services
- people are looking for information on direct payments and other ways of paying for support in relation to access to employment.

We will continue to work in partnership with employers. We will strengthen links between the employment projects, the Education Services, Careers Scotland and colleges.

We will build on the links with the Department of Work and Pensions so people can get reliable information about the ways in which benefits can help them get into employment.

We will look at ways to encourage referrals from people who have more profound disabilities, who may not have previously been considered as someone likely to achieve employment.

We will identify ways to increase inclusion within mainstream employment.

### **Next Steps**

The information contained in the publications produced by the Executive should inform the 2007-10 PiPs. There has been significant progress and joined up working to achieve the progress to date and this should continue to ensure people with learning disabilities have the opportunity to access further education and employment and reach their full potential as contributing members of their community.

## **Supported Living**

Recommendation 27 of *The same as you?* states that

Health boards and local authorities should make sure that there is appropriate specialist support such as additional support teams to improve services for people with learning disabilities who have challenging behaviour. The aim of the specialist services should be to support mainstream services and to help people stay in their own homes as far as possible.

The PiP guidance distributed in 2003 asked for the local partnerships to provide the numbers of people with learning disabilities living in their own tenancies or who are owner occupiers, and plans for developing this over the next three years. An individual assessment of need should be the basis of all service provision.

*The same as you?* also recommended that all long-stay learning disability hospitals should close by the end of December 2005. The deadline for the closure of long-stay hospitals has been delayed until December 2007. This was agreed through a programme of visits by the Executive and NHS QIS with the local authorities and NHS Boards that have hospitals remaining open. NHS QIS published its National Overview and local reports on how well NHS Boards are meeting the learning disability quality indicators in February 2006. These reports have a focus on the closure of long-stay hospitals and are available on the NHS QIS website.

It is clear from the partnership agreements that the Supporting People funding stream has played an important role in providing many people with learning disabilities the opportunity to live on their own or in shared tenancies. The Scottish Executive is evaluating the impact of the Supporting People programme as a whole. The findings of the evaluation will be shared as they become available and the Scottish Executive will consult further on any implications, initiatives and policies arising from the evaluation.

In recognition of the changes in Supporting People funding SAYIG set up a task group to look specifically at the impact of these changes on implementation of *The same as you?*. The task group reported their findings to SAYIG and the Deputy Minister for Health and Community Care. He gave a commitment that Executive Officials would undertake an assessment of the levels of need for supported living services across Scotland.

Projections of the number of people with learning disabilities likely to require supported accommodation over the coming years should inform the planning and commissioning of services.

### **Examples of good practice**

Independent service providers play an integral role in ensuring supported accommodation meets people's needs and the difference the right support services can make to people should not be underestimated. *East Dunbartonshire* recognised the contribution of a number of its services providers in the PiP agreement:

- Quarriers, for example, has enjoyed a very positive experience of work in East Dunbartonshire since the mid 1990s, at the start of the first phase of the closure programme for Lennox Castle, and now provide supports for 35 people with learning and physical disabilities. Quarriers provides this support in a variety of settings from registered care homes to shared tenancies and “supported living,” where support is provided in an individual’s own home. Quarriers works closely with service users and their families as well as with the Council and NHS to ensure that accommodation is suited to the lifestyle of the people Quarriers’ work with. This often entails collaborating with Housing Associations to adapt existing properties, for example to make them wheelchair accessible, or to develop a sensory room. Quarriers’ support provided to service users is intended to take account of all of their needs. This includes continuing involvement in support to people who have been admitted to hospital for treatment or investigations, and attempts to limit the anxiety people might feel with such an admission.
- Cornerstone Community Care is another example of an organisation, which provides a mix of housing support and care at home to thirty-two individuals living across East Dunbartonshire.... Cornerstone has strong links and works closely with the professionals from the Joint Learning Disability Team, in particular nursing and physiotherapy. Advice is sought from RNIB and RNID for service users with sensory impairments. Aids and adaptations are widely used where required. Cornerstone supports all of its service users with complex needs to access community resources, and all have access to wheelchair accessible transport, which they fund with DLA mobility money. Public transport can prove difficult however, with outlying areas such as Lennoxton not having accessible buses or taxis. Suitable activities are difficult to find within the area for customers with complex needs, but staff continue to support the service users to explore new activities. Whilst people are supported to live at home while unwell, staff have also stayed with individuals in hospital to provide emotional and physical support. All staff receive core training and further training in specialist areas, and are actively encouraged to seek out other training which is relevant to their post. Cornerstone plans to review the existing services to ensure they meet the present and future needs of its customers.

### **Further proposed developments**

Most young people when leaving the parental home for the first time move into a shared flat or house with others of a similar age. *Edinburgh* seek to develop such opportunities for people with learning disabilities. They recognised that single tenancies are not necessarily a good option for everyone. It can result in the only other people in their lives being professionals.

*West Dunbartonshire* will ensure Occupational Therapy services continue to work in partnership to provide support for environmental assessment and adaptations to housing suitable to individual needs. They will also agree the commissioning of new housing support services with the voluntary sector providers and develop an intervention strategy to support older people with learning disabilities that will enable them to be sustained in the community

In *Argyll and Bute* resource centres will cater for people's social, educational and leisure needs and provide a structured programme of activities and experiences for people by providing support to people who are living in supported living situations to enable them to maintain their tenancies and their independence. One resource centre will work towards offering Person Centred Planning through a training programme on PCP for all staff involved. This may lead to supporting some people into their own tenancies. Woodlands will also continue to work closely with people with complex needs and with carers offering information, support and access to relevant agencies.

*East Renfrewshire* We have further developed the range of supported living available for people who were previously living at home with their families. Around 70 people have moved to their own tenancies from their family home or small residential establishments.

We supported a research project – 'Exploring the service needs of individuals with a learning disability and dementia: a staff and organisational perspective' in 2003. We will build on the findings of the learning disability and dementia research project to promote early recognition, assessment and appropriate service responses.

## **Next Steps**

Getting the support needed to live as independently as possible is important in providing a person centred approach, whether this is living in single tenancies or in shared accommodation. Working closely with service providers and the voluntary sector is central to the delivery of appropriate support.

Supporting older people with learning disabilities in a community setting will be an increasing priority and consideration will need to be given at a local and national level to how this can best be achieved.

Following the work of the Supporting People Task Group of the national implementation group, the Scottish Executive aim to undertake work to assess the level of need across Scotland for supported accommodation and supported living services for people with learning disabilities. Service shortfall will need to be assessed locally to feed into this work.

## Vulnerable Adults

Recommendation 23 of *The same as you?* stated that:

All local authorities in association with health boards, NHS trusts and other agencies should develop policies and guidelines on protecting vulnerable adults. Social work departments should review their procedures on guardianship to include making a formal assessment of risk a normal part of deciding whether an application should be made. Local authorities and health boards should use the Care Programme Approach for people with learning disabilities who have complex needs whether these needs are caused by disability or vulnerability.

In the 2003 PiP guidance local authorities were asked to consider how well this recommendation had been implemented. There have been numerous policy developments at a national level since that date, most notably:

- The reports of the inspections into Scottish Borders Council Social Work Service and NHS Borders services for people affected by learning disability and the joint Statement from MWC and SWSI (both April 2004)
- *No fears as long as we work together*: the follow up joint inspection report (October 2005)
- the NHS QIS National Overview of performance of against the Quality Indicators for learning disability (February 2006)
- The proposed Adult Support and Protection (Scotland) Bill has been consulted on and was introduced to the Scottish Parliament in March 2006. The Bill is due to receive royal assent in 2008 at which time the implementation process begins, guidance will be issued that will inform local authorities and their partners of the new requirements.
- A consultation called *Protecting Vulnerable Groups: Scottish Vetting and Barring Scheme* was issued in February 2006 to begin the process of taking forward the Bichard recommendations in Scotland.

The NHS QIS National Overview stated that:

“Statutory policies on child protection are well developed and operational within NHS Boards, and progress has also been made in the protection of vulnerable adults, although three NHS Boards had only scarcely developed their policies and procedures in relation to this. In some cases, policies have been in draft format or out for consultation for over a year.”

And recommended that:

- NHS Boards should ensure that they have policies and procedures in place for the protection of vulnerable adults, including staff training and awareness sessions. (p. 13)

Local authority areas that are working in a joined-up way with NHS Boards and police forces appear to be leading in better protecting vulnerable adults. It remains that in many cases these frameworks and guidance have not been revisited since

the SWSI and MWC investigations in the Borders and there is a lack of specification about the timescale for action. Many local authorities indicated that plans were in place to develop joined up protocols and to develop strategies as a result of the SWSI and MWC Borders report, and it is assumed that this has been the case.

For example: Argyll and Bute Council set out clear information about the process that they planned to take following the publications of the SWSI and MWC reports and made the following proposals in the 2004-07 PiP:

- Argyll and Bute Council and NHS Argyll & Clyde will, in 2004, carry out an audit of all vulnerable adult cases in which there is evidence or risk of abuse to seek to ensure that any possible protections are in place, and that there is effective communication between agencies, and clear plans defining roles and responsibilities.
- Argyll and Bute Council and NHS Argyll & Clyde will establish a single and revised policy and procedures for vulnerable adults in 2004/05, which will take account of revised Guidance, issued by the Scottish Executive, and will deal with communications and the resolution of any disputes between agencies.
- A programme of staff training will be planned and delivered to all relevant staff on the new policy and procedures.
- Public information will be produced on the new policy and procedures.
- A system of audit will be introduced to provide quality assurance in the delivery of services and the performance of staff in responding to the needs of vulnerable people.

These proposals would have been strengthened if more detailed timescales and details of estimated numbers of staff who were likely to receive training etc had been included.

The joint Edinburgh and Lothian policy is also an example of good inter-agency co-operation. *Protecting Vulnerable Adults: ensuring rights and preventing abuse* has been adopted by 5 local authorities and 2 NHS Boards and covers the entire Lothian and Borders police area. The majority of the Council's involved submitted detailed of their proposals for implementing the interagency guidelines. The following example is from one of the Council's involved:

### **East Lothian**

To implement these guidelines we have taken the following actions:

- Multi-agency staff training for line-managers and qualified social work staff who will be investigating abuse: provided in March and April 2004, for staff from health, the independent sector and the Department of Community Support Services. Briefings about recognising and reporting abuse are

being provided for front line staff e.g. home helps, domiciliary care workers, day services staff etc.

- Monitoring: incidents of suspected, reported or witnessed abuse are monitored. The monitoring form reports service user group, type of reported abuse, actions taken and the outcome.
- Communication between all agencies responsible for protecting vulnerable adults is ensured by the joint implementation and training of staff about the guidelines.
- The Lothian Protection of Vulnerable Adults Steering Group has convened a special extended meeting to draw up:
  - A framework for a Lothian action plan in response to the Borders report
  - A proposal for a constitution and remit for a Lothian Adult protection committee.
- We are currently reviewing changes that need to be made to implement recommendations from the Scottish Borders' report.

Out of all the local authorities in Scotland, the Scottish Borders Council was clearly under the most scrutiny in terms of vulnerable adults. This Council is a partner in the Lothian and Borders interagency guidelines and as such has implemented many of the same processes as East Lothian.

## **Scottish Borders Council**

### Progress since the last PiP

- Guidelines for the protection of vulnerable adults have been established and implemented on a multi-agency basis.
- Action plans from the Social Work Services Inspectorate report and the Mental Welfare Commission Vulnerable Adult Enquiry report are detailed and have clear timescales monitored through the Wellbeing Partnership.
- A local Adult Protection Unit and An Adult Protection Committee have been established.
- A Critical Services Oversight Group of Chief Executives of the NHS Borders and SBC and the Chief Superintendent of Lothian & Borders Police oversees the functions of the Adult Protection Committee and Child Protection Committee.
- Safeguards to ensure communication between agencies are via such a multi-agency group, single shared assessment, the case conference process and the integrated team approach. The integrated learning disability service and adult protection units will progress this.
- Appointment of a senior social worker (adults with incapacity) to develop expertise amongst staff. Through the Adults with Incapacity Scotland 2000

pact, guardianship has been used to protect vulnerable adults where there is a need for protective measures (28 welfare guardianships to date); there has been substantial work on how to implement protective measures for financial matters.

- Over 1000 staff have received joint training in the vulnerable adults policy,
- A dispute resolution policy has been agreed and gives a mechanism for resolving disputes when there is a fundamental disagreement over the way to proceed in the management of individual cases between agencies.

A joint care programme approach will be used for people where there is a need for multi agency agreement on the support required because of the risks involved and their complex needs. This will be used for a minority of individuals at risk.

#### What is planned?

- Appoint an independent chair for the Critical Services Oversight Group in 2004
- Implement joint care programme approach in December 2004
- Set up an Adult Protection Unit in 2004/5 to provide specialist skills in protecting vulnerable adults
- Co-locate this unit so that it is jointly staffed.

The follow up joint inspection report *No fears as long as we work together* (October 2005) showed clear progress in the Scottish Borders, with improvements in procedures and in how safe people with learning disabilities felt and their confidence in knowing who to contact if they were scared.

#### **Next Steps**

There have been a number of developments since the last PiPs were submitted and many local authorities and their partners now have more robust policies and guidelines in place for adults at risk of abuse. The forthcoming Adult Support and Protection (Scotland) Bill aims to strengthen future developments, however in developing the PiP for 2007-2010 local authorities should:

- Have revisited/consulted on their local guidelines to ensure the information from the reports listed at the start of the chapter has been considered in developing their strategy.
- Ensure that strategic and 'hands-on' guidance is available so that social workers have clear instructions on dealing in cases where an adult may be at risk.
- Consider an interagency and joined up approach, involving NHS and police partners and other agencies that are likely to come into contact with adults who may be at risk.