

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 28 SEPTEMBER 2015

**REPORT ON: ADULT SUPPORT AND PROTECTION COMMITTEE -
INDEPENDENT CONVENOR'S ANNUAL REPORT 2015**

**REPORT BY: HEAD OF SERVICE STRATEGY, INTEGRATION, PERFORMANCE
AND SUPPORT SERVICES**

REPORT NO: 333-2015

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Social Work and Health Committee that the Independent Convenor of the Adult Support and Protection Committee has produced his Annual Report, April 2014 – March 2015, and to inform Committee Members of the key progress and ongoing challenges from the recommendations highlighted in the last Biennial Report.

2.0 RECOMMENDATIONS

It is recommended that members of the Social Work and Health Committee:

- 2.1 Note the contents of the Independent Convenor's Annual Report.
- 2.2 Note the progress that has been made in developing an effective partnership response to adult support and protection issues in Dundee (as outlined in Sections 5 and 6).
- 2.3 Note the identified challenges which will be tackled over the next twelve months prior to the next Biennial Report (as outlined in Section 7).

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications.

4.0 MAIN TEXT

4.1 Context

- 4.1.1 In response to serious shortcomings in the protection and safeguarding of adults at-risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Since 1 November 2013 the Committee's Independent Convenor has been Colin McCashey.

4.1.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee including the progress made in Dundee in protecting adults at-risk of harm and three such biennial reports have been submitted to date. The Biennial Report documents progress to the Scottish Government. This Annual Interim report is organised around the themes and recommendations from the last Biennial Report of 2014.

4.2 **Progress to date**

4.2.1 The Adult Support and Protection Committee has continued to make progress over the last year, developing both local and national policy and practice. While maintaining its local focus, its activities are also conducted with reference to the Scottish Government's national framework and priorities, updates of which are pending, and the Protecting People priorities of the Dundee Chief Officer (Care and Protection) Group.

4.2.2 Presentations to the Committee over the last year included:

- The Learning and Workforce Development Framework
- The Role of the Public Guardian
- Early Indicators of Concern (in residential care)
- Hate Crime
- Scams
- Self Evaluation
- Care Inspectorate: Local and National statistics, Roles and Responsibilities

4.2.3 Areas specifically covered in this Annual Report include progress on the nine recommendations from the Biennial Report, updates on the work of the sub-groups, on the Financial Harm Action plan, the Stakeholders Group and Policy, Procedures and Practice. The report also updates on the three Protecting People Groups which are also tasked by and report to the Adult Support and Protection Committee: Self Evaluation, Communication and Awareness Raising and Learning and Workforce Development.

4.2.4 The report emphasises the substantial progress made over the past seven years in implementing the requirements of the Adult Support and Protection (Scotland) Act 2007. This progress is continuing, and the 9 recommendations agreed in the Independent Convenor's Third Biennial Report to the Scottish Government (2014) are reviewed.

4.2.5 In relation to the recommendations made in the last Biennial report there is evidence of good progress made in some areas but some progress still needs to be made in the following areas:

- Financial harm remains a priority and there continues to be significant evidence, sadly, that there are individuals who are only too willing to take advantage of the most vulnerable in our society;
- In terms of Advocacy, there is still room for improvement from the 68% offer up rate;
- GP involvement has been slow to progress however there are signs and opportunities for future progress;

- The previous work undertaken on Early Indicators of Concern has moved forward in terms of training for social work staff, but now needs to be rolled out into residential and supported care environments to take us on to the next level; and
- The work of the Police Hub and Early Screening group is ongoing and these groups will be asked to report on progress to the Committee.

4.2.6 The Social Work Department is in the process of developing new single agency procedures and it will be instructive to note any practice improvements evidenced through the case based self evaluation process and single agency case file audits.

4.3 **Key challenges**

4.3.1 One of the key challenges over the next twelve months will be to enhance and embed partnership working and service integration between the Local Authority and NHS Tayside. This will be influenced substantially by the work being undertaken to integrate these services.

4.3.2 Work is ongoing to inform and engage GPs across the city, and the results of a recent survey will inform this work.

4.3.3 Further challenges include gathering qualitative data about the ASP process for individuals and their families/carers, in order to improve the process, by making it more 'user focused'.

4.3.4 There will also be evaluation of key pieces of training for staff in terms of the difference it has made to the practice of workers on the ground.

5.0 **POLICY IMPLICATIONS**

5.1 This report has been screened for any policy implications in respect on Sustainability Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

5.2 An Equality Impact Assessment is attached to this report.

6.0 **CONSULTATIONS**

6.1 The Chief Executive, Executive Director of Corporate Services and Head of Democratic and Legal Services were consulted in the preparation of this report.

7.0 **BACKGROUND PAPERS**

7.1 Dundee City Council, Adult Support and Protection Committee, Independent Convenor's Biennial Report to the Scottish Government 2014.

LAURA BANNERMAN
HEAD OF SERVICE
STRATEGY, INTEGRATION, PERFORMANCE AND SUPPORT SERVICES

DATE: 30 JULY 2015

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	28/08/15	Committee Report Number:	333-2015
Title of document being assessed:		ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S ANNUAL REPORT 2015	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		Update by the Independent Convenor of the work of the Adult Support and Protection Committee.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To ensure the work of the Committee is progressing their action plan and recommendations from the previous Biennial Report (2014)	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		Biennial report to the Scottish Government 2014 by Convenor	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		All the task groups and the Committee itself are multi agency and the Committee has service user/carer involvement.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)		Committee meetings across the year	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)		Not at this time.	

Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socio-economic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>It is clear that people who are at risk of experiencing discrimination may be further disadvantaged because of adult support and protection issues. The business plan seeks to address this and the audit requirement will allow exploration of which groups of people will be most affected and may require additional strategies.</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/a</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/a</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Task groups report to every committee. Reports are completed annually and biennial reports go to Scottish Government. The Independent Convenor is part of the Chief Officer's (Care and Protection) Group and submits a quarterly balanced scorecard.</p>

Part 4: Contact Information

Name of Department or Partnership	Adult Support and Protection Committee
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Manager Responsible	Author Responsible
Name: Laura Bannerman	Name: Katrina Finnon
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Signature of author of the policy:	Colin McCashey	Date: 28/08/15
Signature of Director/Head of Service:	Laura Bannerman	Date: 28/08/15
Name of Director/Head of Service:	Laura Bannerman	
Date of Next Policy Review:	September 2016	

City of Dundee Adult Support & Protection Committee

Independent Convenor's Report to the Dundee City Council Social Work Committee

April 2014- March 2015



**Prepared by Colin McCashey
Independent Convenor
August 2015**

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With thanks.

As Independent Convenor of the Dundee Adult Support and Protection Committee, I am pleased to present my report for the period 2014/15 to the Dundee Social Work and Health Committee. This report provides continuity between my statutory Biennial Reports and also updates progress on an annual basis.

I would like to express my gratitude to members of the Committee, and to individuals within the Agencies with whom I work, for the support they have provided to me, and for their demonstration of exceptional levels of professionalism and commitment. I think it would be fair to say that collectively we have worked hard to support and protect adults at risk of harm in Dundee.

Furthermore, there is clear evidence that the work of the agencies go far beyond the statutory definition of vulnerable people, and this I welcome.

Colin McCashey
Independent Convenor
City of Dundee Adult Support and Protection Committee

August 2015



1. INTRODUCTION AND CONTEXT

There have been significant developments in the work which Dundee undertakes to protect and support its citizens who are at risk of harm since the Adult Support and Protection Committee was established in July 2008. The ongoing work of the committee has been described in biennial reports required under the Adult Support and Protection (Scotland) Act 2007, and the annual reports to the Dundee City Council Social Work and Health Committee.

At a national level, the work of the Scottish Government, the National Adult Protection Convenors Committee and the Adult Support and Protection Forum, has placed local practice more clearly within a national framework leading to greater consistency across the country. Those working in Dundee have contributed actively to the identification of key issues and participated fully in this process most specifically within the Abuse in Care and Financial Harm National groups. Furthermore, financial harm is a good example of where national work, including engagement at strategic corporate level with financial institutions, and local work and liaison at a local level, is necessary, complimentary and very effective.

The decision of the Chief Officer Group (Care and Protection) in Dundee to set up a co-located Protecting People Team, which better integrates the protection of children and young people and adults at risk of harm, as well as the prevention of violence against women and girls, the Alcohol and Drug Partnership, and the work of the Multi Agency Public Protection Arrangements has successfully placed the work of Adult Protection into a more integrated framework. This also allows sharing and learning at Chief Officer Group (strategic) level. Additionally, Protecting People groups have been brought together to work on common issues including Self Evaluation, Learning and Workforce Development and Communication.

The Dundee Adult Support and Protection Committee (ASPC) has specific sub-groups covering Stakeholders, Financial Harm and Policy, Practice and Procedures. All continue to make significant contributions to realising local and national policy. There are also effective lines of two way communication between Committee and sub-group.

Over the year 2014-15 the Committee has continued to meet every two months. Presentations to the Committee over this time included:

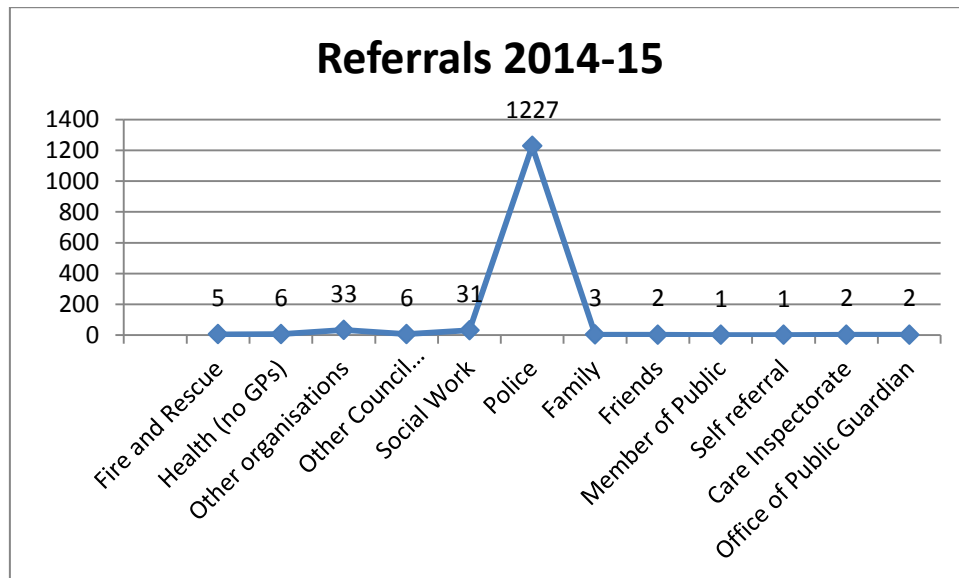
- The Learning and Workforce Development Framework
- The role of the Public Guardian
- Early Indicators of Concern (in residential care)
- Hate Crime
- Scams
- Self Evaluation
- Care Inspectorate: Local and National statistics, Roles and Responsibilities

Representation has remained consistent across the core agencies and services with good service user/carer attendance.

2. ANNUAL DATA

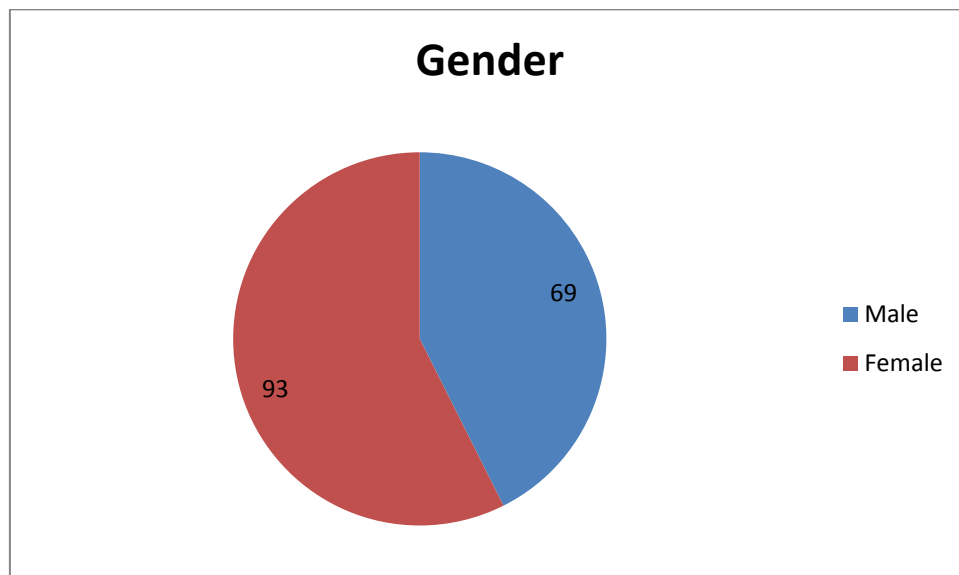
Referrals

The total number of Adult Protection referrals in 2014/15 was 1319. Of these, 1227 came from Police Scotland, 31 from Social Work plus 6 others from other council departments, 33 from 'other organisation' with 6 from NHS (though none from GPs) and 5 from Scottish Fire and Rescue. Others, in small numbers, came from family (3), friends (2), member of the public (1) and a self referral (1) plus the Care Inspectorate (2) and the Office of the Public Guardian (2).



Investigations

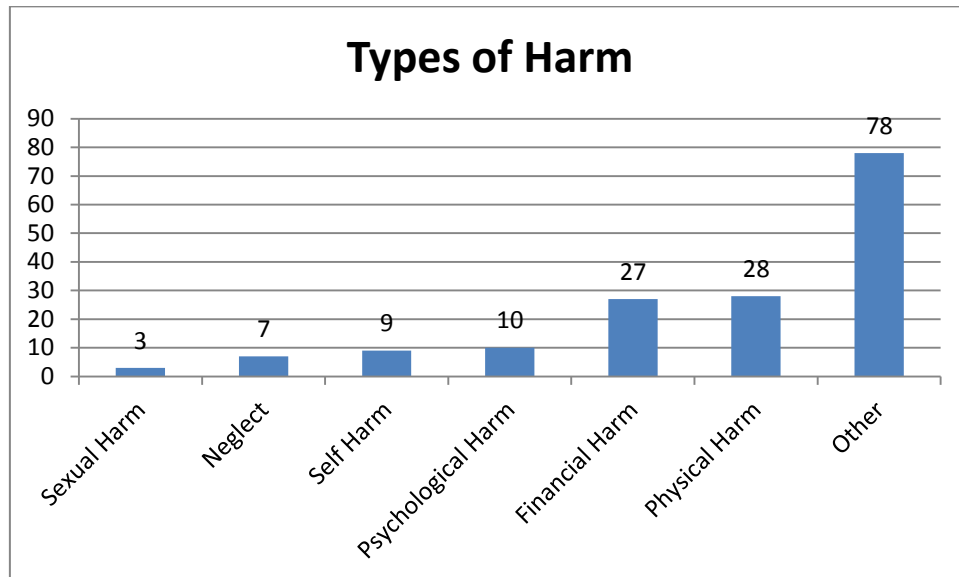
From these referrals there were 162 investigations (12.28%) under Adult Support and Protection procedures (69 males and 93 females)



Types of Harm

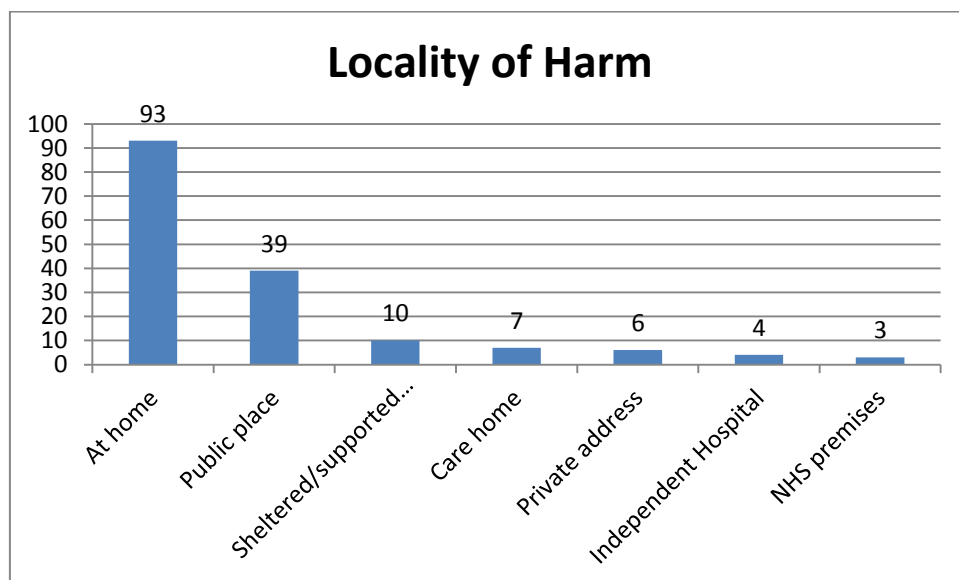
In terms of harm 78 were described as 'other', physical (28) and financial harm (27). Others included psychological harm (10), self harm (9), neglect (7) and sexual harm (3)

Other: 1 Harassment, 6 Domestic Abuse, 3 Fire Safety Risk, 6 Suicide Ideation - 3 MH issues and 3 Alcohol Misuse issues, 36 Welfare Concerns Adults (3 Alcohol Misuse, 1 D&A Misuse, 1 Drugs Misuse, 6 General Welfare Concerns, 12 LD Issues, 13 MH Issues), 26 Welfare Concerns Older People (1 Alcohol Misuse, 12 MH Issues of which 9 were Dementia and 1 Alzheimer's, 13 Older Person Frail due to age)



Location of Harm

In 93 of the investigations, the harm took place at home, 39 in a public place, 10 in sheltered or supported accommodation, 7 in a care home, 6 at a private address, 4 in an independent hospital and 3 in NHS premises.



Following the 162 investigations, 60 case conferences were held. (37% of investigations resulted in case conferences)

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	36
Review ASP case conference	24
Total	60

One large scale inquiry was completed in this time.

3. PROGRESS IN RECOMMENDATIONS FROM BIENNIAL REPORT 2014

The 2014 Independent Convenor's Biennial report made nine recommendations to be completed by 2016. Progress on these is reported below.

3.1 Recommendation 1 – To build on work already done to raise public awareness and reduce the risk of Financial Harm in Dundee.

Financial harm remains a priority and there remains significant evidence, sadly, that there are individuals who are only too willing to take advantage of the most vulnerable in our society

In order to prevent or reduce the instances of financial harm Dundee Community Safety Partnership and Dundee Adult Support and Protection Committee, Police Scotland, Dundee City Council Social Work and Trading Standards working alongside local businesses, voluntary organisations, church groups, NHS Tayside, post offices, Royal Mail, banks, building societies, community councils, and other local groups.

Partners from these main groups have developed and implemented a Financial Harm strategy, and raising public awareness of financial harm and scams is a core part of the group's work.

The strategy focuses on:

- Ensuring the closeness and effectiveness of the ongoing partnership between all partner agencies to prevent any adult in Dundee slipping through gaps in the services provided by different teams, departments, organisations – it's everyone's job to protect Dundee people from financial harm;
- Taking every opportunity to raise awareness and publicise the nature and scale of the problem and the help available to support victims;
- Working with stakeholders across the city to raise awareness of financial harm and how to report it;
- Providing an effective response service to anyone referred as a victim of financial harm and ongoing support if this is needed.

This work is covered within the Financial Harm Subgroup. More detail of the work of this group can be found in Section 5.1

The Lead Officer for the Committee sits on the National Financial Harm group which is developing a National Strategy. Future work will be directed, in part, by this.

3.2 Recommendation 2 – To gain a clearer picture of Advocacy in Dundee with a view to increasing its availability and use.

A previous review was undertaken of advocacy and services commissioned as a result. Two Social Work Service Managers have reviewed the position and found no evidence of any gaps in the provision of advocacy.

The use of advocacy has been actively promoted over the past year and there has been an increase in the offering of Advocacy from 22 individuals -52% in 2013-14 to 27 individuals – 68% in 2014-15 There has also been a small increase in attendance at case conferences from 15 – 36% to 16 - 40% over the same timescales. However, in terms of Advocacy, there is still considerable room for improvement.

The Case-based Self Evaluation which took place in September 2014 noted that the use of advocacy is vital to ensure the independent representation and support of the service user in the ASP process

where necessary. It was unclear from the file reading whether advocacy is routinely explained and encouraged. The report recommended that this practice needs to be in place in every case.

New Social Work procedures have been developed and when these are put in place information regarding advocacy will be collected on the AP1. The issue of advocacy has also been added to the Case Conference 'agenda' for SM's. Both should improve the collection of advocacy data.

Further improvement in the offer, and increase in uptake, of advocacy is required and it is hoped that the biennial report will be able to reflect this.

<p>3.3 Recommendation 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee.</p>

The NHS has a vital role to play in adult protection. The Adult Support & Protection in NHS Accident & Emergency Settings Project was a national priority agreed in response to a lack of knowledge on how well Adult Support and Protection (ASP) was being delivered in A&E settings. There were concerns about the engagement of the NHS in adult protection in general and the small number of NHS adult protection referrals in many parts of Scotland and specifically from A&E settings.

A number of NHS Boards took part in a pilot with the overall aim to improve policy and practice in A&E settings so staff understand adult support and protection. NHS Tayside did some work in Perth Royal Infirmary. One of the recommendations from this piece of work was 'to ensure sustainable and effective ways of maintaining awareness on Adult Support and Protection legal duties NHS Boards are recommended to explore models that will support this e.g. Adult Protection Champions'.

There were also 4 Adult Protection Committee (APC) recommendations:

- APCs are recommended to work with partners to review adult protection reporting forms to agree core essential information.
- To enhance effective partnership working APCs are asked to consider inviting SAS representation onto APCs to ensure effective communication and links with a service that has significant contact with adults potentially at risk of harm.
- To enhance effective partnership working APCs are asked to ensure effective communication and links with NHS Board Emergency Care services and consider representation on APCs.
- To enhance effective partnership working APCs are recommended to work collaboratively with A&E services to learn lessons from adult protection cases including large scale investigations and significant case reviews where the adult at risk of harm was in contact with an A&E service.

The National Adult Support & Protection in NHS Accident & Emergency Settings Project report ends with "It is important that work continues as set out in the recommendations and that Boards who did not participate in this project utilise the tools now available to them to increase the awareness and understanding of their staff on the ASP legislation in all A&E settings and support identification and reporting to the local Adult Protection services adults that have been harmed or are believed to be an adult at risk of harm".

In order to take this recommendation forward, health staff are being identified to attend key subgroups, and the Early Screening Group, and consideration is being given for a representative from A&E to sit on the ASP Committee. The Directors of Medicine and Acute Care are looking into the outcomes and recommendations of the Perth and Kinross A&E pilot and these will be presented to the Committee. From the CHP perspective, a Specialty Manager position in Psychiatry of Old Age (POA) services is being recruited and the job description includes a lead role for ASP.

3.4 Recommendation 4: To develop an effective model of engaging GPs more fully in the Adult Support and Protection agenda in Dundee.

Improving GP engagement and involvement has been slow to progress, however there are good signs and opportunities for progress.

In order to consult with GPs and Practice Nurses, a survey was completed in early 2015, which reported to the April Committee. Actions from this survey were:

- Information and education regarding the Point of contact and referral for ASP concerns will be circulated. This could be managed through the Protecting People Communications Group who are looking at plasma screen information
- Increase the percentage of staff in Primary Care who know how to refer with ease into the ASP framework if they feel an adult may be at risk, and understand their essential role in identifying adults at risk.
- It appears from this survey that general practice staff would welcome information in what the Dundee ASP Committee does.
- Attendance at Case conferences is a national problem and there is a need for a national solution.

The analysis and recommendations of this survey will be taken forward and reported on in the Biennial Report due in 2016.

The four 'Cluster' GP's and clear points of contact with our GP colleagues have been identified and the Independent Convenor is forging links with the Local Medical Committee.

Progress in this area has been slow across Scotland, and whilst it is a priority, there is a very mixed picture. The Independent Convenor now sits on a national group charged with progressing GP engagement and involvement.

3.5 Recommendation 5 – To use the Early Indicators of Concern work to improve care home settings

Procedures for Social Work staff on the Early Indicators of Concern Tool were completed in March 2014. A three hour Workshop was developed and has since been delivered to 79 Social Work staff. An evaluation of the impact of this training on practice is planned and the intention is to deliver this workshop to a wider relevant staff group, including residential care staff, when there is the capacity to do so.

While the previous work undertaken on Early Indicators of Concern has moved forward in terms of training for social work staff, it needs to be rolled out into residential and supported care environments now to take it on to the next level.

This is an excellent piece of work but progress appears to have stalled, particularly in respect of training residential care staff where a significant impact is possible.

3.6 Recommendation 6 – Consider different models of service user and carer involvement in the Adult Support and Protection Process.

There has been little progress in this recommendation to date. Information from the Case based self evaluation held in September 2014 was shared with the Community Care management team for their action. A further 105 Social Work case files were audited in May 2014. The learning from these pieces of work, and the planned Service user survey will inform the work in this area. Proposed actions will be presented to the Committee by the end of 2015.

3.7 Recommendation 7 – Implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice.

Information on available training is now in the Framework on the Protecting People website and accessible to all agencies.

Information on training courses is also circulated to a wider group by email (Celebrate age network email list and Stakeholder's Group).

Evaluation of two courses will be undertaken: Roles and responsibilities and Early Indicators of Concern. For the Roles and Responsibilities training consideration will be taken of feedback from staff in terms of a survey and previous evaluation sheets from the training day.

For the Early Indicators of Concern the evaluation sheets from the training day will be taken into account and then some short focus groups of staff and managers (separately) will be completed. A report on both courses will be presented to the Committee before March 2016.

3.8 Recommendation 8 – To review the Adult Concerns Screening Process and support Police Scotland plans to establish a referrals hub to ensure the most effective response to Adult Support and Protection referrals.

The Referrals Hub within Tayside Division, located at Bell Street in Dundee, started on 1st December 2014. The aim of the Hub is to bring some consistency to the way Police are responding to Adult Concern Reports from the Vulnerable Persons Database, requests for information from partners, and to coordinate attendance at Case Conferences and other partnership meetings.

There is a clear process for any concern report which meets the three point test for Adult Protection to go, either straight to the caseworker if the person is open to one, or to the First Contact Team, who act upon it without delay. Few concern reports meet the Adult Protection threshold and these are considered for other supports and services as required.

An update on the work of the Hub and Early Screening group will be requested by the Committee to help members better understand the very high numbers of referrals from the Police.

3.9 Recommendation 9 – To formalise the work of the Early Screening Group

A protocol to formalise the work of the Early Screening Group has been produced by a multi-agency group comprising of representatives from Social Work, Police Scotland, NHS Tayside, Housing and the Adult Support and Protection Committee.

The purpose of the Early Screening Group is to contribute to the protection of adults at risk of harm by identifying people who meet the three point test and those who have other adult concerns. Through this pro-active, multi-agency approach the agencies are committed to supporting the protection of adults in Dundee by sharing relevant information swiftly; Making an initial screening assessment of the adults needs; Ensuring decisions are appropriate and effective, and relevant supports are identified and provided.

The group responds to recommendation 2 of the 2012 Biennial report and recommendations 3 and 9 of the 2014 Biennial Report.

A report will be submitted to the August 2015 Adult Support and Protection Committee seeking ratification of the protocol.

4 SIGNIFICANT CASE REVIEWS

Protocols for convening and conducting a *Significant Case Review (SRC)* and *Practice Review* are in place. A *Protecting People Protocol for Conducting a Significant Case Review* has been agreed also which covers adult protection cases. Over this period, there have been no Significant Case Reviews or Practice Reviews.

5 ADULT SUPPORT AND PROTECTION SUB GROUPS

5.1 Financial Harm Group

The group consisting of representatives from Police Scotland, Trading Standards, Community Safety Team, Social Work, Communication Division, the Lead Officer for the Adult Support and Protection Committee, Environmental Protection and the Citizen's Advice Bureau meet six times per year.

This group has developed and implemented an action plan.

In conjunction with the Protecting People Communication Group, a Calendar of Action for 2015 has been set up which includes regular inputs on scams and rogue traders in local newsletters/LCPP, on the joint Facebook page with the Community Safety Partnership which was launched in April 2015 and on the ASP website <http://www.dundeeprotects.co.uk/>

Leaflets, one on financial harm and one specifically on scams, were developed and distributed at events such as in March and November 2014 Police Doorstep Crime/Rogue Traders/National Consumer Week, scams packs given out in a local shopping centre, Citizen's Advice Bureau Scams awareness month in May 2014, Elder Abuse Day in June 2014 and 2015 at the Farmer's Market and a Financial Harm 'Think Jessica' event, was held in September 2014. The Chief Officer's (Care and Protection) Group event in November 2015 will have a focus on Scams.

An initial meeting with local banks was held in 2014 and this work is ongoing with some bank branches and post offices involved in the Police Doorstep crime information stalls. A further meeting with local bank managers/staff will be held with the Dundee Financial Harm group.

As in other areas, Dundee received a list of people who had possibly been scammed and Trading Standards completed the follow ups to the majority on the list who weren't open cases to the Social Work Department or known to Police. Trading standards has also had a role in speaking to local postal workers, who are in a good position to identify excessive scam mail.

The group has also been active in identifying vulnerable people who may be helped by the installation of a 'call blocker'.

In terms of the National Adult Protection Campaign which started in February 2015, the ASPC agreed that, in Dundee, we would focus on Financial Harm and leaflets and posters were circulated widely across the city around this topic.

5.2 Stakeholder's Group

Recommendation 1 of the 2012 Biennial Report stated that "an adult support and protection stakeholder group should be formed, properly prepared and with a clear remit as to its role and relationship to the ASP Committee".

The Stakeholder's Group was set up in October 2013 and is made up of representatives from services for adults across the city including: BME groups, Older People, Advocacy, Mental Health, Sensory, Learning Disability and Autism, Physical Disability, Carers, Hate Crime, Violence Against Women.

The original chair was from Dundee Carer's Centre and after the first year this was changed to the Advocating Together. Meetings have taken place regularly across 2014/15 and the main focus of the

work of the group has been their three priority areas: Self Directed Support, Hate Crime and Financial Harm.

Members have been active in helping with the events arranged by the Protecting People Communication and Awareness raising group including the Self Directed Support Carer's event and Elder Abuse Farmer's Market stall.

The group is currently running a survey on Dundee's progress in terms of the 2011 'Hidden in Plain Sight' report on the harassment of disabled people. A report will go to the ASP Committee in due course.

5.3 Policy, Procedures and Practice Task Group

This task group is arranged as and when needed to consider any new policies, both single and multi agency, and how these might impact on existing policies and practice. In the past year the group have considered the multi agency Harmful Practices Protocols on Forced Marriage, Female Genital Mutilation and Honour base violence, and the single agency procedures from Health.

The Tayside-wide Adult Support and Protection Guidance is being reviewed following a Tayside wide event early in 2015. Additionally, the Social Work Department has produced its own single agency procedures plus guidance for staff outwith Social Work. These will be considered by the PPP Task Group when finalised.

6. PROTECTING PEOPLE GROUPS

All three Protecting People groups serve the Adult Support and Protection Committee, Child Care and Protection Committee and the Dundee Violence Against Women Partnership. The three groups, Self Evaluation, Communication and Learning and Workforce Development, are designed to reduce duplication and bring about a more joined-up and consistent multi agency approach across the Protecting People areas of Child Protection, Adult Support and Protection, Violence Against Women Alcohol and Drug Partnership and Multi-Agency Public Protection Arrangements (MAPPA).

6.1 Protecting People Self Evaluation Group

The Protecting People Self-Evaluation Reference Group is concerned with the coordination of self-evaluation of activity. The group has a key role in the leadership and coordination of multi and single agency activity across the statutory and third sectors, reporting to the COG and respective Committees. This encourages a focused approach, involving the reference group overseeing and reporting on:

- Planned self-evaluation activity informed by past findings
- Targeted self-evaluation activity on a single quality indicator, process or area of concern
- Themed self-evaluation activity covering shared aspects of each of the 4 groups
- Areas of focus to be determined by the relevant Committee

The main focus of self-evaluation activity will be at a single agency level, including the continued internal coordination of case file audits by members of the reference group. It encourages the involvement of practitioners in carrying out self-evaluations and for the findings of all activity to be cascaded to relevant staff in order to promote learning and continuous improvement. One-off, multi-agency activities, including case based evaluation, practice reviews and significant case reviews, will continue at a multi-agency level and focus on multi-agency aspects of practice, such as information sharing.

The Chief Officers Group has endorsed a Balanced Scorecard approach towards organisational

development and performance improvement. The Balanced Scorecard was designed to align strategic direction with current and future internal and external processes and communications, in order to more efficiently, effectively and continuously improve performance and outcomes. The model offers opportunities for the COG to;

- Communicate its vision and intended destination for Protecting People
- Be very clear and consistent about what it considers to be the key strategic priorities
- Help translate plans into day-to-day measurable activities within services
- Drive integration between partnerships with shared or inter-related objectives
- Promote continuous learning and improvements in systems, practice and outcomes
- Involve all stakeholders in the ongoing development and implementation of strategy

The first quarter of data was presented to the Chief Officers in April 2015, covering January to March 2015. The second quarter, March to June 2015 will be presented at the August 2015 COG meeting and ASPC.

6.2 Protecting People Communication Group

Before the setting up of the Protecting People Communication Group in 2013, various activities had been carried out to raise awareness of protecting people issues and of the role of the respective strategic, multi-agency fora. However, in the main, these activities had been done on a 'stand alone' basis and were not part of a coordinated campaign or programme developed as part of an overall plan.

The communications strategy aims to address these issues as well as achieving the aims set by the Scottish Government. It therefore seeks to:

- emphasise the importance of reporting concerns;
- clarify and simplify, as far as possible, the channels for reporting concerns; and
- reassure the public about confidentiality, anonymity and that concerns are always treated seriously.

To this end, the Communication group have concentrated on raising public awareness through attendance at public events, such as the Dundee Carer's Self Directed Support event in May, Dundee Farmer's Market in June, and the Dundee Flower and Food Festival every year.

Partners from the Celebrate Age Network and Dundee Pensioner's Forum work with the Committee on the Elder Abuse Awareness event each June. 2015 also saw the involvement of Police Scotland Youth Volunteers at events.



Celebrate Age and Pensioner's Forum



Police Scotland volunteers with Convenor and Councillor Lynn

The Communication group has also joined with Dundee Community Safety Partnership to set up a Facebook page since June 2015 and initiatives and information are posted there.

A survey has been completed with GP's/Practice nurses to ask about their level of awareness around Adult Protection. Actions have been agreed to take the findings forward.

Chief Officer events, which are held twice per year, are open to all agencies to attend. The two in the last year have covered Female Genital Mutilation and Child Sexual Exploitation. The event being planned for November 2015 will focus on Financial harm. This will build on a Think Jessica event held in September 2014.



The group were involved in cascading information to services and offices for the National ASP campaign 'Seen Something? Say Something' launched in February 2015. In Dundee this focused mainly on Financial abuse and continues to be built on.

A short 'graphic' advert containing the contact numbers for Adults and Child concerns has also been commissioned and is due for completion by the end of 2015.

More generally, the PP Communication Group is currently looking at how communication relating to Protecting People can be improved in ethnic minority communities, using existing groups and workers.

Meetings have been held with Protecting People Lead Officers and Councillor Lynn and consideration is being given to a wider meeting with councillors.

6.3 Protecting People Learning and Workforce Development Group



This group started work under the auspices of Protecting People in August 2014 although considerable work had already been progressed by the Social Work Learning and Workforce Development team and the three Learning and Workforce Development task groups which existed previously.

The Learning and Workforce Development Framework is now on the Dundee Protects website available and accessible to all managers and staff. They can use this interactive tool to identify which of the contact groups they belong to and what core competencies, knowledge and skills they require to meet their responsibilities to Protect People. The three levels as detailed in the Framework are; General contact workforce; Specific contact workforce; Intensive contact workforce.

Through the Framework staff can access information about Learning and Development Opportunities (e.g. training, workshops, e learning, post graduate courses, self directed reading), the expected outcomes and how they can book/access these opportunities.

The Learning and Workforce Development Task Group has a good multi agency representation although further appropriate representative/s from health are still being pursued and nominations are currently being considered.

Each Agency was asked to identify a site administrator for the Framework to date have received training on up loading information and maintaining the site. These site administrators represent housing, children and families, Fire and rescue Service, Social Care Services, Violence Against Women, MAPPA, Drug and Alcohol Partnership. The Voluntary Sector Representatives are taking this forward. An administrator from health has yet to be identified.

The next stage will be to offer training to the representatives on the group who are responsible for identifying learning and development opportunities provided by their Agencies on what information they need to provide to their site administrators for uploading.

For the Framework to continue to progress it is essential that all Agencies contribute to its development and maintenance.

Along side the improvement and development of the site the task group are also planning a formal launch event to publicise and promote the Framework, followed by a number of roadshows at a range of venues across the City.

Table 1: Overview of adult support and protection Courses April 2014-March 2015

Learning & Development Activity	Workforce Contact Group	Multi Agency	Method of Delivery	Number of Participants
Protecting People Awareness	General	Yes	Workshop	60
Protecting Adults at Risk in Relation to Fire Safety.	General	Yes	Briefing	19
ASP Roles and Responsibilities	Specific	Yes	Briefing	309

ASP The Role of Advocacy	Specific	Yes	Briefing	21
ASP A Human Rights Approach	Specific/Intensive	Yes	Workshop	24
Early Indicators of Concern Tool	Specific/Intensive	Currently Social Care and Health	Workshop	79

7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

In relation to the recommendations made in the last Biennial report there is evidence of good progress in some areas but it would be fair to say that some progress still needs to be made in the following areas:

- Financial harm remains a priority and there remains significant evidence, sadly, that there are individuals who are only too willing to take advantage of the most vulnerable in our society
- In terms of Advocacy, there is still room for improvement from the 68% offer up rate.
- GP involvement has been slow to progress. This is a personal disappointment for me. There are however good signs and opportunities for progress.
- The previous work undertaken on Early Indicators of Concern has moved forward in terms of training for social work staff, but needs to be rolled out into residential and supported care environments now to take us on to the next level.
- The Hub and Early Screening group have not yet allowed the Committee to better understand the very high numbers of referrals from the Police.

Full progress will be detailed in the fifth Biennial Report covering 2014-16.



