

DUNDEE CITY COUNCIL

REPORT TO: POLICY AND RESOURCES COMMITTEE – 25th AUGUST 2014

REPORT ON: ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S BIENNIAL REPORT TO THE SCOTTISH GOVERNMENT

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 307-2014

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Policy and Resources Committee that the Independent Convenor of the Adult Support and Protection Committee has produced his Biennial Report for the Scottish Government for the period April 2012 - March 2014, and to inform Committee Members of the key considerations highlighted in the Biennial Report.

2.0 RECOMMENDATIONS

It is recommended that members of the Policy and Resources Committee:

- 2.1 Note the contents of the Independent Convenor's Biennial Report.
- 2.2 Note the progress that has been made in developing an effective partnership response to Adult Support and Protection issues in the city.
- 2.3 Note the Independent Convenor's recommendations for 2014 – 16 outlined in paragraph 4.4 below.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs to Dundee City Council of developing the services and infrastructure necessary to implement the Adult Support and Protection (Scotland) Act 2007 are met from the Social Work Department's revenue budget.

4.0 MAIN TEXT

- 4.1 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, with Professor James Hogg appointed as the Committee's Independent Convenor until November 2013 when Colin McCashey was appointed.
- 4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. This report is based on the information and recommendations from Professor Hogg as reported to the Policy and Resources Committee in September 2012. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice

(Revised April 2014) and the following section of this Committee Report summarise its main points.

4.3 **Progress on Previous Recommendations in Biennial Report 2012-14**

There has been good progress in implementing the recommendations of the last Biennial Report. From the previous seven recommendations, three have been fully completed and four have made good progress with some follow up work still required.

4.3.1 Recommendation 1

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 Adult Support and Protection Committee.

This recommendation was fully completed.

4.3.2 Recommendation 2

Tayside Police and Dundee Social Work Department should agree a process of referral and receipt of referrals that clearly differentiates cases that meet the three criteria defining an adult at risk of harm under the terms of the Act, from those involving other adult concerns.

This recommendation has been progressed well in terms of the setting up of the Multi-agency Early Screening Group, but more work is needed.

4.3.3 Recommendation 3

NHS Tayside should review the extent to which frontline staff understand their responsibilities under the Act and are clear on the obligation to refer cases in which alleged or actual harm has been observed, and staff should understand the process by which this should be undertaken.

This recommendation has been progressed however more work is needed.

4.3.4 Recommendation 4

A strategy should be developed to involve all relevant financial institutions in Dundee in order to enable them to identify examples of financial exploitation of adults at risk and take appropriate action when such exploitation is suspected.

This recommendation was fully completed with a Financial Harm Strategy and Action Plan now in place.

4.3.5 Recommendation 5

Support should be provided to enable GPs to engage in and become more fully involved in safeguarding adults at risk of harm.

While there has been some progress made in this area, more work is needed.

4.3.6 Recommendation 6

A comprehensive approach to the evaluation of Adult Support and Protection activity should be developed and implemented.

This has been completed within the Protecting People Self Evaluation Framework.

4.3.7 Recommendation 7

The feasibility of developing an adult support and protection data collection and report generation system be explored.

This area of work has been progressed, but more work is needed.

4.3.8 Taking into account the progress already made, where further progress is required, this is reflected in the recommendations for the next two years.

4.4 **Areas for Further Improvement and Recommendations**

4.4.1 In deciding on the Priority areas for the next two years, the Independent Convenor has reviewed the work already undertaken, the work of the Task Groups and Adult Support and Protection Committee over the two year period, the recommendations from the Case Based Self Evaluation and National Priorities work. The nine recommendations for 2014 - 16 are listed below.

4.4.2 Financial Harm

There has been considerable progress made in Dundee in terms of Financial Harm but there is much more to be done in this area.

The National Project is recommending a National Strategy and a national multi agency 'Financial Harm Co-ordination Group, which is supported by the Independent Convenor.

The local Financial Harm Strategy and Action Plan will work on the ground to complement the National work.

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

Aim: To ensure adults at risk of financial harm, their families and carers, are aware of the risks of financial harm and scams, and how to reduce these.

Actions: The Financial Harm Strategy Group in Dundee to work on fulfilling the Strategy and Action Plan developed in 2014.

4.4.3 Use of Advocacy

Use of Advocacy has been an ongoing issue in Dundee, as elsewhere. There is a need to scope the current services in Dundee including: Independent Advocacy and support offered by other services, what services/age groups they cover and whether there is duplication or any gaps. The numbers of service users with an advocate in meetings is low. Staff training on the role of advocacy does not appear to have had a long term effect on this number.

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

Aim: To clarify current Independent and other advocacy services for adults in Dundee, identifying any gaps or duplication.

Actions: Scoping to be done on the range of local advocacy services and a report submitted to the Adult Support and Protection Committee regarding services in Dundee.

4.4.4 Enhancing Effective Partnership Working with Health Services

There has been some progress in the last two years in terms of working more closely with Health services, including Scottish Ambulance Service. However, there are still some areas where improvements could be made and these are supported by the findings of the National Project looking at NHS Accident and Emergency Settings.

Health is a large and complex entity and there is support in Dundee for the recommendation of the National project group in considering a 'Champions model' to enhance effective partnership working across the Local Authority and NHS Tayside.

Recommendation 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee.

Aim: To ensure sustainable and effective ways of maintaining clear lines of communication within Adult Support and Protection in terms of referrals, information sharing and shared ways of working

Actions: To explore models which will support this and report to the Adult Support and Protection Committee.

Continuing on from the previous Biennial Report (2012) given the lack of progress in this area to date:

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

Aim: To ensure that adults at risk of harm benefit from the expertise and knowledge of GPs and are more fully safeguarded.

Action: To consult with GPs on how they can be more engaged and influence this area of work and to implement any agreed strategies.

4.4.5 Abuse in Care

There has been considerable work undertaken in Dundee over the past few years in terms of the prevention of abuse in Care Home settings which is to be commended. This work should continue to be built upon, moving out from social work to the care home settings/group care settings and also become a central part of staff recruitment and contractual arrangements with these services.

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

Aims: To improve preventative actions and reduce abuse in care home settings.

Actions: To work with local providers to consider how to embed Early Indicators of Concern work into staff recruitment processes, training for care home managers and staff and influence contractual arrangements with care homes/group care settings.

4.4.6 Service User and Carer Engagement

Following on from the work of the National project group, in Dundee we will take this forward in terms of gathering local information of service user's experience of the Adult Support and Protection process, including a review of the Case Conference model.

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

Aims: To improve the experience of service users and carers when involved in the Adult Support and Protection process.

Actions: A scoping to be undertaken of service users views on the Adult Support and Protection process including feedback from individuals regarding Case Conferences and information from the Case Based Self Evaluation interviews. The findings to be used to inform a report to the Adult Support and Protection Committee on how to improve the experience for service users.

4.4.7 Evaluation of Learning and Workforce Development Work

The range of learning opportunities available to staff on a single and multi agency basis is wide-ranging and impressive. However, there is recognition that there is a gap in terms of evaluating the effectiveness of the learning in terms of changing and improving practice.

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

Aims: To ensure training/learning opportunities are relevant and that staff members have the right skills, knowledge and capacity to practice effectively

Actions: Evaluation process on key Adult Support and Protection training courses to be developed and undertaken and reported to the Adult Support and Protection Committee.

4.4.8 Police Scotland Adult Support and Protection Referrals to the Social Work Department

There has been a considerable increase in Police referrals to the Social Work Department over the past two year period, reflecting the broader police involvement in community safety, the vulnerable adults process, and the work done locally on identifying 'people in distress'.

However, there is a concern that the increased (almost doubled) workload of referrals, the majority of which do not meet the Adult Support and Protection criteria, could result in an Adult Support and Protection referral being missed.

D Division of Police Scotland are planning to introduce a central referrals hub which will strive to achieve consistency across the three local authority areas in Tayside about how they identify and refer Adult Protection and Adult Concern Reports. This structure will be designed to ensure staff are provided with all necessary training in terms of identification of

risk and understanding of partners needs to ensure escalating vulnerability is identified amongst all vulnerable groups.

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. .

Aims: To ensure police referrals are filtered/screened so that Adult Support and Protection referrals which meet the “three point test”, can be clearly ‘flagged up’ by Police as a priority, ensuring an immediate response from the Social Work Department.

Actions: The Committee and Convenor will support the Police to use the three point test as detailed in the legislation within their screening process of the Police Adult Concern/Vulnerable Adult Referrals.

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

Aims; To ensure that the work of the Early Screening Group can be maintained across the partnership agencies of Social Work, Police and Health.

Actions: The Early Screening Group ‘steering group’, which has already been set up, to complete an Options paper for the Adult Support and Protection Committee/Chief Officer’s (Care and Protection) Group on how the work of the Early Screening Group can be maintained and supported across all relevant partnership agencies.

5.0 POLICY IMPLICATIONS

5.1 This Report has been screened for any policy implications in respect of 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, Director of Corporate Services, Head of Democratic and Legal Services and members of the Adult Support and Protection Committee have been consulted in 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.

Jennifer G Tocher
Director of Social Work

30 July 2014

**City of Dundee Adult Support & Protection
Committee**

**Independent Convenor's Biennial Report to the
Dundee City Council Policy and Resources Committee**

April 2012- March 2014



Prepared by Colin McCashey

Independent Convenor

Contents

1. INTRODUCTION	9
1.1 National Priorities	9
1.2 Local Priorities.....	9
1.3 Adult Support and Protection Team	9
2. PROGRESS ON PREVIOUS RECOMMENDATIONS IN BIENNIAL REPORT 2012-14	10
3. IMPACT ON PEOPLE	15
4. MANAGEMENT INFORMATION.....	18
5. LEARNING FROM SELF EVALUATION	25
5.1 Self Evaluation Framework	25
5.2 Multi-agency Case Based Self Evaluation 2013/14.....	25
5.3 Significant Case Reviews (SCR).....	26
5.4 External Reports.....	26
5.5 Practice Review Group (PRG).....	26
5.6 The Purpose of Self Evaluation	26
6. PUBLIC INFORMATION	26
6.1 Raising Public Awareness.....	26
6.2 Surveys	27
7. COMMUNICATION AND COOPERATION BETWEEN AGENCIES	28
8. TRAINING AND STAFF DEVELOPMENT.....	29
9. CONCLUSION, RECOMMENDATIONS AND FUTURE PLANS	32

Appendix 1 Updates from Groups

Appendix 2 Case Based Self Evaluation

Appendix 3 Dundee Financial Harm Strategy April 2014

Appendix 4 Abuse in Care - Early Indicators of Concern

Appendix 5 Data Activity Flow

1. INTRODUCTION

1.1 National Priorities

In August 2012, the National Adult Protection Coordinator delivered a report on emerging issues and themes. This report contributed to the setting of the five National Adult Support & Protection priorities as agreed by the Adult Protection Policy Forum: Adults at Risk of Financial Harm, Adult Support and Protection in Care Home Settings, Adult Support and Protection in Accident and Emergency Settings, Service User and Carer involvement, and National Data Collection.

The Scottish Government has worked with the Adult Protection Policy Forum and stakeholders to ensure the delivery of these priorities which were the main focus of the work of the Scottish Government for 2013/early 2014. Reports on all the findings and recommendations for the future are available on the WithScotland website. Potential areas of priority focus for the Scottish Government over the short (12 months), medium (2 years) and long term (3-5 years) are being considered and these are also reflected in the work of the Dundee Adult Support and Protection Committee.

1.2 Local Priorities

Local priorities for Adult Support and Protection sit under the Dundee Partnership Single Outcome Agreement: Outcome 6: Our communities will be safe and feel safe.

The Chief Officers of Dundee City Council, NHS Tayside and Police Scotland 'D' Division, individually and collectively, lead and are accountable for, the development of work in the area in relation to Protecting People Services: adult protection, child protection, violence against women and MAPPA. This includes ensuring the effectiveness of each of the component committees/partnerships. This initiative increases the efficiency of protection interventions but, importantly, places the work in a more holistic framework in which protection is undertaken in an integrated fashion. The Alcohol and Drug Partnership has recently been included in this grouping.

Self evaluation, Communication and Learning and Workforce Development work is now done under the Protecting People umbrella rather than in separate task groups as many of the issues are cross cutting across the Committees/Partnership. This arrangement still allows for the prioritisation of Adult Support and Protection work.

Local priorities are raised through the work of the Scottish Government, the Adult Support and Protection Committee and its task groups such as the Stakeholder's Group or Financial Harm Group, as well as from Self Evaluation work including the multi agency Case based Self Evaluation or learning from significant cases locally and elsewhere. All such sources have assisted the Independent Convenor to decide on the areas to be prioritised, as detailed at the end of this report.

1.3 Adult Support and Protection Team

The delivery of Adult Support and Protection processes in Dundee is administered by a team of three staff who arrange Adult Support and Protection meetings, administer referrals, minute meetings and collate performance data. This team has been fully staffed for the duration of the period covered by this report and has worked efficiently, flexibly and effectively in delivering these key supporting tasks. A new role of Lead Officer to the Adult Support and Protection Committee was set up in July 2013 and sits within the 'Protecting People' Team focusing on progressing the work of the Committee. The Lead Officer Post is pivotal to the continuity and success of Adult Support and Protection work in Dundee and provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor.

2. PROGRESS ON PREVIOUS RECOMMENDATIONS IN BIENNIAL REPORT 2012-14

There has been considerable work undertaken on the recommendations in the previous Biennial Report, resulting in three being completed, and four others showing good progress but with more work required. These are reflected in the Recommendations for 2014-16.

RECOMMENDATION 1:

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 Adult Support and Protection Committee. (Also National Priority 4)

Completed.

The Stakeholder's Group first met on 14th August 2013 with a range of different non-statutory stakeholders who work with or have access to service users across the city. Further meetings were held to agree the group's role, remit and relationship to the Committee. This was presented to the Committee on 17th October 2013. Following this there have also been changes in the service user representation on the Committee.

At the Stakeholder's Group meeting on 31st January 2014 the group identified three areas of concern they wished to focus on: hate crime; financial harm; and concerns around the unregulated workforce for self directed support. There is an effective link between the Adult Support and Protection Committee and the Stakeholder's Group via a regular report.

Members of the Stakeholder's Group have also been involved in 'trailing' various leaflets for service users, the questionnaire for the Protecting People Communication Group and in seeking service user feedback on the Financial Harm leaflet.

The representative from Dundee Carer's Centre now chairs the group and it is intended to rotate the Chair annually.

Recommendations from the National Service User and Carer Project will be used to consider how the Adult Support and Protection process can be made more person-centred and meaningful for the service user and this work will be informed by the Stakeholder's Group and their service users. (See 2014 Recommendation 6)

RECOMMENDATION 2:

Tayside Police and Dundee Social Work Department should agree a process of referral and receipt of referrals that clearly differentiates cases that meet the three criteria defining an adult at risk of harm under the terms of the Act, from those involving other adult concerns.

Progressed but more work needed.

Following initial discussions in August 2013, an Early Screening Group process was piloted over a three month period (September to November 2013). This multi-agency group (Social Work, Police and Health) considers Adult Concern Reports (ACR), which are not already open cases, at a weekly

meeting. After the end of the pilot period, a report with presentation was provided to the Committee in April 2014.

Comparing the statistics between 2012/2013 and 2013/2014 there has been an almost doubling in the number of Adult Concern referrals going to Social Work, but only 6% of the referrals have met the Adult Support and Protection “three point test”: People aged 16 years or over who “are unable to safeguard their own well-being, property, rights or other interests and are at risk of harm and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more likely to being harmed than adults who are not so affected”.

The reason for this are the changes to Police Scotland procedures which link to adult protection and wider community safety initiatives (such as the Vulnerable Person’s Database, Suicide Prevention and Repeat Callers) which have resulted in a significant increase in the numbers of referrals that do not meet the criteria as defined within the Adult Protection Legislation.

Consideration requires to be given to how to manage/more effectively screen the rise in Police referrals to the Early Screening Group, to ensure that appropriate Adult Support and Protection referrals are not missed. Work on this will require to be undertaken collectively by the Social Work Department, NHS Tayside and Police Scotland. (See 2014 Recommendations 8 & 9)

RECOMMENDATION 3:

NHS Tayside should review the extent to which frontline staff understand their responsibilities under the Act and are clear on the obligation to refer cases in which alleged or actual harm has been observed, and staff should understand the process by which this should be undertaken. (Also National Priority 3)

Progressed but more work needed

The NHS Tayside Adult Support and Protection Implementation Group, established in September 2011, continues its work under the chairmanship of the Board’s Medical Director, in his capacity as NHS Tayside Executive Lead for Adult Support and Protection. This group provides the NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of effective Adult Support and Protection arrangements throughout NHS Tayside. The group reports to the Improvement and Quality Committee as a sub-Committee of NHS Tayside Board via the Clinical Quality Forum. The Group’s work plan is regularly reviewed and focuses on key areas such as: risk management, information sharing, quality assurance and education and training. The group links to the Adult Support and Protection Committee through regular meetings with the Independent Convenors in Tayside.

There is a significant focus on education and training in NHS Tayside, with a number of development programmes being delivered in partnership with the local authorities and the voluntary sector. One specific e-learning programme for Adult Support and Protection is available to all health staff (13,887) and since it started in March 2013, 5020 staff have completed it, around 3000 of these in Dundee. On average the uptake is 300-350 staff per month. NHS Tayside continues to highlight this as key training agenda for all their employees. In addition, prior to the introduction of the LEARNPRO module, a number of staff attended direct delivery training programmes that were delivered across the 3 Tayside localities.

To date this awareness raising/training has not translated into increased Adult at Risk referrals from NHS Tayside in Dundee, with numbers remaining relatively low (moving from 18 in 2012/13 to 31 in 2013/14).

Under the National Priority 'Adult Support and Protection in Accident and Emergency Settings', ten Health Boards and the Scottish Ambulance Service provided evidence on their staff awareness raising work and this was reported in June 2014.

In NHS Tayside an Adult Support and Protection lead was appointed for a period of 6 months to undertake a scoping exercise measuring Perth & Kinross Community Health Partnership (P&K CHP) staff compliance with Adult Support and Protection training. The findings of the National group include: low number of Adult Support and Protection referrals from Accident and Emergency, a reasonable level of awareness of Adult Support and Protection in Community settings which gets lower in the more acute settings, less staff training in acute settings, and no clear planned Adult Protection involvement from NHS staff in Initial Referral Discussion or Case conferences (in comparison with Child Protection). NHS Tayside is having preliminary discussions about how to take this work, and the recommendations from the National Project forward. (See 2014 Recommendation 3)

Since the beginning of 2014 the Adult Support and Protection Committee has two health representatives.

RECOMMENDATION 4:

A strategy should be developed to involve all relevant financial institutions in Dundee in order to enable them to identify examples of financial exploitation of adults at risk and take appropriate action when such exploitation is suspected. (Also National Priority 1 – Adults at risk of Financial Harm)

Completed

Early work in the area of Financial Harm included an initiative on 'See Off Scams' linked to the Community Safety Partnership, and an older people's drama production launched in Mid Craigie, Dundee which included a scenario on financial harm. The drama group has presented the drama to others in local sheltered housing, lunch clubs and other facilities. A DVD has also been developed from the production which can be used with older people on a one-to-one basis.

Staff focus groups were held in 2013 within the Dundee Social Work Department. The findings were reflected more broadly in a Scottish Government event held on 20th September 2013 which brought together public and private sector managers, and from which a national strategy is being developed.

Locally in Dundee, an awareness raising workshop was run for staff in the Ward Road Post Office and additionally there have been two meetings with The Independent Convenor and banking representatives in 2014. From the initial meeting with banks in January 2014, it was clear that there was a low level of understanding of Adult Support and Protection legislation (in terms of their statutory requirement to share information as requested) and also the actions to be taken where banking workers have a concern about possible financial harm. The banks have agreed to meet again at a later date.

The Financial Harm Adult Support and Protection Strategy Group was set up in November 2013, with the Strategy developed and approved by Adult Support and Protection Committee in April 2014. The Group, which includes Police, Trading Standards, Communities, Social Work, Citizen's Advice Bureau and the Lead officer for the Adult Support and Protection Committee, has produced an action plan for 2014 which pulls together all existing and new strands of financial harm work across the city. Activities for awareness raising, plus regular media information are a clear part of the strategy and therefore there is a strong link with the Protecting People Communication Group.

Recommendations from the National Financial Harm Group, which reported in April 2014, include the development of a national strategy to protect vulnerable adults from financial harm which recognises the unique challenges and nature of this type of harm, encourages a shared responsibility across the public, private and third sectors in tackling this harm and places victims needs at the centre of all considerations. The Group also recommends the introduction of a national multi-agency 'Financial Harm Co-ordination Group', responsible for the achievement of defined targets or long term goals specified within the proposed national strategy and with a membership appropriate to ensure an effective and efficient response to the complex and diverse nature of financial harm. It is clear that the local Financial Harm Strategy Group will need effective links with the National group.

Following information received from the National Scam Hub, Dundee was given an initial list of names of people who may be vulnerable to exploitation often referred to as scamming. All of the people on the list (225) were contacted by letter and visits will be undertaken as a follow up. This work is still ongoing and appropriate interventions will be put in place to reduce harm from further financial exploitation.

RECOMMENDATION 5:

Support should be provided to enable GPs to engage in and become more fully involved in safeguarding adults at risk of harm.

Progressed but more work needed.

This recommendation was intended to result General Practitioners (GP's), or a GP representative being directly involved in the work of the Dundee Adult Support and Protection Committee. This has not been achieved and to date there has been no GP representation on the Adult Support and Protection Committee. The Independent Convenor continues to engage with NHS Tayside and is now also engaging with GP's but progress has been limited to date.

GP's will be aware of the Adult Support and Protection Legislation and there are communication structures in place via local partnerships. It is difficult to assess the effectiveness of these structures, however, local pathways do exist for access to Primary Care by vulnerable adults.

Adult Support and Protection is discussed by the GP Sub Committee and the NHS Tayside Medical Committee, but these discussions, whilst raising awareness, do not extend to other agencies or groups involved in Adult Protection.

It is assessed that further progress can be made supported by an appropriate recommendation. (See 2014 Recommendation 4)

RECOMMENDATION 6:

A comprehensive approach to the evaluation of Adult Support and Protection activity should be developed and implemented.

Completed

Self evaluation for Adult Protection now sits within the Protecting People Self Evaluation Strategy, which details the single agency and multi agency work in Dundee. This strategy was agreed by the Adult Support and Protection Committee in April 2014 and the first Protecting People Self Evaluation Group took place on 21st April 2014.

In terms of multi agency work, self evaluation includes the Practice Review Group, Significant Case Reviews and reports from the Care Inspectorate or the Mental Welfare Commission among others. In terms of single agency work, this includes any improvement work, or self evaluation such as surveys/focus groups about services undertaken by the services themselves.

The first multi-agency Adult Support and Protection Case Based Self Evaluation exercise took place in 2012 and the second took place at the end of November, beginning of December 2013. Both included representatives from Police, NHS Tayside, Social Work, Housing, the Voluntary Sector and Advocacy services. The learning from each Case Based Self Evaluation was reported to Adult Support and Protection Committee and Chief Officer's (Care and Protection) Group and the agreed recommendations were developed into an Improvement Plan with clear timescales for the Committee's Task Groups to complete.

The next Case Based Self Evaluation is planned for September 2014. As one or two services have expressed concerns about releasing staff members for the necessary two week period for the exercise, the Committee, after discussion, has agreed to continue to use the current model meantime but to consider whether there is an alternative model which fulfils the need for information about good practice, and areas for improvement which are not currently gathered effectively elsewhere. A proposal has been developed which, if agreed, would reduce the time from ten days to six by condensing the work and focus groups.

In January 2014, the Lead Officer for the Adult Support and Protection Committee completed an audit of the Minutes of Adult Support and Protection meetings (5 cases, 17 minutes – Initial Referral Discussions, Initial and Review Case Conferences) which has been reported to the Head of Community Care, Social Work with recommendations for improving practice. Further audits of minutes will take place and any themes/recommendations from this work will be added to the Improvement Plan.

RECOMMENDATION 7:

The feasibility of developing an Adult Support and Protection data collection and report generation system be explored. (Also National Priority 5)
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Progressed but more work needed

Work has been done in this area nationally and a pilot core data set is being piloted in 2014.

Alongside this pilot, the Chief Officer's (Care and Protection) Group and the Committees which report to it (Child Care and Protection Committee, Violence against Women Partnership, Adult Support and Protection Committee, MAPPA) are working on developing their Strategy Map and Performance Indicators within the format of a Balanced Scorecard.

The National data set, alongside the Chief Officer's Group identification of their priorities in terms of Adult Support and Protection within Protecting People, will shape the data collection and reporting systems to the Adult Support and Protection Committee. The Adult Support and Protection Committee will agree what extra data they wish reported to give them a fuller local picture.

3. IMPACT ON PEOPLE

3.1 Legislation

Practitioners are given a mandate to practice by Law and effective practice and decision making is informed by knowledge of the law and application of values and standards. In the context of Adult Support and Protection practitioners are statutory agents with duties and responsibilities to protect the public, uphold the law and promote individuals rights, responsibilities, choices and welfare.

Knowledge of the law provides practitioners with understanding as to what statutory duties are conferred, the legal basis of intervention and how the law can be used to protect and promote individuals welfare. It also enables practitioners to understand both the responsibility and accountability which is embedded in practice. When approaching the identification, assessment and management of risk, knowledge of key legal principles and legislation assists practitioners to make informed decisions and promote best practice.

In this context, the interface between Adult Support and Protection (Scotland) Act 2007 and Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003, Human Rights Act 1998; Scottish Commission for Human Rights Act 2006 and the Equality Act (2010) are considered in practice to ensure that the law is used to both protect and promote and individuals rights, choices and welfare.

3.2 Outcomes Focus

Community Care Services recently implemented a new Outcome Focused Assessment Framework. This framework has been developed around the notion that each individual in life should have best Health and Wellbeing that they can and they should be supported to live independently for as long as possible in their own home and be able to engage in the community. It also recognises that people need to have meaningful things to do without any barriers to doing them and that people should have positive relationships in their lives both with their family and friends and carers both paid and unpaid.

The Talking Points Approach which has been promoted as best practice by the Joint Improvement Team has been embedded into the new Assessment and Review tools, where the focus, when undertaking Assessments and Reviews should be on having conversations with people around the things that are important to them in their lives in order to determine what their personal outcomes are and subsequently, how the person needs to be supported to achieve these outcomes.

A 'My Life' web has been designed to capture the personal outcomes using a Likert scale at the point of Assessment and Review. It is expected to be owned, and signed by each service user, however if a lack of capacity has been diagnosed or if mental capacity is in question then the carers can complete the 'My life Web' with personal outcomes on behalf of the person mapping. If however the person lacks capacity or this is in question and has no significant others to speak to then the web cannot be done and the worker can then only undertake an Assessment and state in their opinion of what the outcomes should be for an individual.

It is recognised that keeping someone 'Safe' is paramount to Adult Support and Protection interventions and therefore, if it is suspected that a person meets the 3 point test under Adult Support and Protection then it is the Safety of the individual which takes precedence over the

personal outcomes of an individual. This does not mean that people undergoing Adult Support and Protection procedures cannot voice their personal outcomes. If any of the personal outcomes put the person at risk then the reason for not progressing these outcomes is recorded in the practitioner's professional Assessment.

Outcomes specifically in relation to Adult Support and Protection will now be monitored on a case by case basis and in the next Biennial report there will be more information around the impact on service users experiencing Adult Support and Protection Processes. There is also a commitment, as part of the self evaluation process, to take a sample of cases, examine the outcomes achieved to try and gain and insight into whether appropriate intervention was made and if anything could have been done differently. This information will help to inform 2014 Recommendation 6.

3.3 Audit of Minutes

A first audit of Adult Support and Protection minutes was reported to the Social Work Community Care Management Team in March 2014. There was clear evidence of the involvement of all service users in the assessment and planning for their care. Where there was disagreement about the way forward, as there was in two of the cases, the professionals/service user/family member/carer's views were clearly and separately recorded. Recommendations from the audit included: a referral for Advocacy should be considered in the early stages of all cases and the uptake or reasons for not following up noted within the minutes; a column for timescales for actions to be added to the Case Conference Minute proforma and chairs must ensure specific timescales are allotted to actions; not using terms such as ongoing or asap; in an Initial Referral Discussion minute the person chairing should have (CHAIR) next to their name in the 'Present' Section and the outcome of an Assessment of Capacity needs to be clearly minuted.

3.4 Independent Advocacy

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information, explore and understand the options available to them. Independent advocacy is provided by specialist organisations which do not provide any other services. It is however recognised that some organisations, who may provide (non-independent) advocacy, may also provide housing, financial advice and support services.

The majority of Independent Advocacy is delivered by DIAS – Dundee Independent Advocacy Support. Based on their figures, the number of Adult Support and Protection Meetings DIAS staff attended in 2013-2014 was 28, the same as in 2012-2013. Figures show that there has been no significant increase in attendance at Case Conferences, or in Core Group Meetings, from year to year. Attendance at Case Conference Review has significantly reduced, and there is a slight reduction in Initial Referral Discussion attendance.

These figures do not reflect the number of clients DIAS has supported through the Adult Support and Protection process, but rather the quantity and type of meetings attended (Note: they may have supported the same individual at Initial Referral Discussion and Case Conference or Case Conference Review).

There were fifteen new Adult Support and Protection referrals to DIAS in 2012/13 and nineteen in 2013/14 (total 34).

In addition to the provision of one-to-one independent advocacy in Dundee, individuals are supported to have a voice and to speak up for themselves through a number of capacity building

agencies, including the independent advocacy organisation Advocating Together (Dundee) which benefits people with a Learning Disabilities and/or Autistic Spectrum Disorder.

Dundee Community Safety Partnership has formed a partnership arrangement with Advocating Together (Dundee) to provide a 'safety calendar' which is delivered as a series of workshop activities over a 12 month period. The aim of the workshops is to help self-advocates stay safe both at home and in their local community. Topics include safety at home, mobile phone safety, personal safety, internet safety, adult support and protection, hate crime, fire safety and protecting people. After the first series of workshops, the 24 self-advocates took part in a quiz to re-enforce what they had learned and received achievement certificates. The Community Safety Partnership is considering delivering this type of 'Safety Calendar' more widely, as the workshops would benefit people from other vulnerable groups.

Given the number of referrals which went to Initial and/or Review Case Conferences (2012/14 - 146) it is clear that the use of Independent Advocacy support within the Adult Support and Protection process is still under utilised in Dundee. This is also evidenced in the Audit of Minutes and the annual Case Based Self Evaluations. Therefore consideration of the role of Advocacy, in its broadest sense, merits a more detailed consideration over the next two years. (See 2014 Recommendation 2)

3.5 Assessing Risk

A considerable amount of work has been undertaken in the work stream relating to 'Abuse in Care' in Dundee over the past 5 years, and this is continuing. (Adult Support and Protection in Care Home settings National Priority 2). Early Indicators of Concern Procedures have already been developed for Social Work staff members (See Appendix 4). From January to March 2014 a multi agency group oversaw the writing of Best Practice Guidance for Multi Agency Staff (under this National Priority) which was made available to the Scottish Government at the end of March 2014. This work will be ongoing over the next two years where the Early Indicators of Concern training will be rolled out to Managers in residential units and share care settings within the Independent and Voluntary Sectors.

In 2011, the Care Inspectorate, Scrutiny Report recommended that the Social Work Department should develop and implement frameworks for assessment and care planning which identify personalised outcomes for all Service Users and make sure staff are trained and competent in producing these to a good standard.

Dundee City Council Social Work Department has developed and implemented (June 2014) a new Outcome Focused Risk Assessment and Risk Management Framework. Training has been given to relevant staff. This should ensure a more consistent approach to risk assessment and protection plans across the Social Work Department. Evidence will be sought in the Case Based Self Evaluation exercises over the next two years.

4. MANAGEMENT INFORMATION

Information about processes and outcomes of each Adult Support and Protection referral has been recorded, collated and analysed. This section reports on referral trends, including outcomes and sources, type of alleged harm, location where the harm allegedly took place and the use of orders available under the Act to prevent further harm. One area where more information is required is the analysis of timescales across the whole Adult Support and Protection process which will be the focus of work in 2014-16.

4.1 Referrals: Disposal and trends

The Adult Support and Protection Team continue to be responsible for collating statistical and operational activity information. Activity is discussed quarterly by the Adult Support and Protection Committee. Additional systems are currently being developed to ensure that personal outcome information is recorded and monitored.

Each local authority recently submitted an annual statistical return to the Scottish Government. The source of the data used for the annual return and this section is the same and where possible the same data fields and groupings have been used in each analysis.

Between 1 April 2012 and 31 March 2014, 1,457 Adult Protection Concerns were reported to Dundee City Council Social Work Department. This represents a substantial increase in the number of referrals year on year:

- 125 in 2009/10
- 368 in 2010/11
- 584 in 2011/12
- 562 in 2012/13
- 895 in 2013/14

4.2 Sources of Referrals

The source of each of the 1,457 referrals received in the period covered by this report is presented in Table 1, which also indicates the percentage of these referrals from different sources that resulted in an Initial Referral Discussion or Case Conference. The table shows that referrals to the Social Work Department continue to be received from a range of sources however the vast majority come from Police Scotland (Tayside).

Table 1: Source of referral by year and % resulting in Adult Support and Protection Activity

Source of Referral	Years	% Resulting in Adult Support and Protection Activity	Years	% Resulting in Adult Support and Protection Activity
	10-12		12-14	
Anonymous	0	0%	1	100%
Other Organisation (Financial)	1	100%	1	100%
NHS GP	1	100%	4	75%
Dundee City Council	129	71%	93	65%
NHS	18	44%	31	55%
Other Organisation	34	71%	59	53%
Other Local Authority	0	0%	2	50%
Member of the Public	34	65%	34	50%
Nursing / Care Home	95	41%	53	42%
Self Referral	7	71%	4	25%
Scotland Fire and Rescue	39	8%	16	0%
TOTAL exc. Police Scotland	358		296	
Police Scotland	594	15%	1161	6%
GRAND TOTAL	952		1457	

4.3 Pattern of referrals

There has been a significant change in the pattern of referrals since 2010/12.

It would be fair to say that the level of referrals from Police Scotland impacts on the overall picture of referrals and therefore merits separate consideration.

Since 2010/12 the number of referrals from sources other than Police have reduced by 18%. This reduction is largely from referrals from Dundee City Council, Nursing Homes and Scottish Fire and Rescue. It is not possible to establish why referrals have dropped but there is not any indication that this should be of particular concern. Numbers from nursing homes and shared care settings may increase in the next period of the Biennial report when Adult Support and Protection partners will be proactive in increasing awareness of Adult Support and Protection issues with managers and staff.

There has been a very slight numeric increase in referrals from NHS by health professionals including Community Nursing, Consultant Psychiatrist, Clinical Psychologist, NHS 24, Diabetes Nurse and Tayside Alcohol Problem Service. Whilst it is encouraging that there have been referrals from a broader spectrum of NHS professionals, the increase represents only 13 cases.

In February 2014 Police Scotland introduced the Interim Vulnerable Persons Database (iVPD) in Tayside Division. This provides Police Scotland with a nationwide database of all vulnerable persons including adults, children, domestic abuse victims and victims of hate crime. It allows Police Scotland to monitor and manage people who may be transient in nature and ensure that the Division in which they reside has a full history and background of that vulnerable person. Previously such information was held in eight legacy force systems which did not talk to each other.

The iVPD also has a chronology tool which allows Police Scotland to identify significant life events and any escalation in vulnerability. Police Scotland continues to work with partners including Dundee City Council in relation to the Adult Protection Early Screening Group. There is further work to be done within this group to develop consistent thresholds and identify appropriate and alternative referral routes for cases that do not fall under the Adult Support and Protection (Scotland) Act 2005.

In respect of Police Scotland there has been a 91% increase in referrals, with numbers rising from 594 in 2010/12 to 1161 in 2012/14. Of the referrals in 2012/14 only 6% resulted in Adult Support and Protection activity (compared to 15% 2010/12). This would indicate that many referrals are being made which do not fit within the Adult Support and Protection legislation and that the 'three point test' is not being applied. Furthermore, many of the referrals concern suicide prevention and repeat callers to Police. This level of referral is not sustainable over the longer period, despite the interim introduction and piloting of the Early Screening Group.

4.4 Patterns of Activity

1,457 Adult Concern Reports were received in the two years covered by this report. Information on how these reports have been responded to is detailed in Appendix 5.

206 referrals required no further action. 201 (77%) of these referrals were from Police Scotland (Tayside). Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three point test' and proceeded under the Adult Support and Protection legislation, directly to Initial Referral Discussion and Case Conference, has reduced.

- 2010/11 – 136 referrals (37%), 2011/12 – 149 referrals (26%)
- 2012/13 – 116 referrals (21%), 2013/14 – 90 referrals (10%)

The types of harm which were most likely to result in 'no further action' under the Adult Support and Protection legislation were:

Suicide Attempt or Ideation – 74 (28%)

Emotional or Psychological – 61(23%)

Welfare Concern Issues – 51(20%)

In the main, these referrals related to people who did not meet the "three-point test" for an adult at risk, who had threatened to harm themselves while under the influence of alcohol or drugs and who had either indicated afterwards that they would not welcome any support, or who had previously not engaged in services.

420 (29%) of all referrals were retained within Community Care as people who were in need of care and support or already receiving Social Work Services and support. This number is encouraging as it indicates that staff from a range of agencies have identified possible risk factors impacting on service users and that many of these individuals were already known to the Social Work Department.

The previous Biennial Report indicated concerns regarding the increasing number and proportion of referrals received regarding a person with drug and/or alcohol misuse problems. The number of referrals regarding this group of people was at an all time high during 2011/12 when there were 107 individuals (18%) referred. Referrals in 12/13 were 78 (14%) and in 13/14, 98 (11%).

These figures relate to the prevalence of this group amongst the increased referrals from Police Scotland, as many of the people reported for self-harm or threatened suicide have difficulties with alcohol or drugs. It is hoped that improved links with the Alcohol and Drug Partnership (ADP) moving under the Protecting People umbrella, planned for August 2014, and ongoing work around Police screening of referrals and the Early Screening Group, will assist in more effective joint working in this area.

Within the Adult Support and Protection Procedures there is a requirement to convene a Case Conference if three concerns are received about an individual. This was the case in respect of 11 (50%) of the 22 cases that went straight to a Case Conference.

Age was a significant factor in referrals and Adult Protection Concerns in relation to older people aged 75+ are much more likely to progress to a Case Conference. This pattern confirms a body of wider information and research indicating particular concerns regarding the risk of harm to older people.

4.5 Types of Harm

Table 3 shows the type of harm recorded for each referral and the percentage of each type of harm that proceeded to Initial Referral Discussion or Case Conference from 2010/11 to 2013/14.

Table 3: Types of Harm

	2010/11		2011/12		2012/13		2013/14	
	No.	%	No.	%	No.	%	No.	%
Discrimination	0	-	3	100%	12	50%	17	41%
Neglect	1	100%	4	67%	25	68%	15	40%
Sexual	14	48%	29	64%	21	90%	33	24%
Other*	6	18%	9	27%	174	27%	435	17%
Financial	56	65%	43	52%	77	47%	82	45%
Self Neglect	16	46%	15	48%	37	16%	43	23%
Physical	55	64%	53	43%	72	47%	56	34%
Psychological	37	46%	71	21%	163	27%	141	15%
Self Harm	14	10%	30	8%	212	8%	275	2%
Fire Safety	n/a	n/a	n/a	n/a	23	17%	10	30%
Domestic Abuse	n/a	n/a	n/a	n/a	3	33%	13	23%
Suicide Attempt/Ideation	n/a	n/a	n/a	n/a	144	10%	158	4%

Other* includes welfare concerns, drug misuse, inappropriate boundaries, missing person, victim of crime, youth offending

The data shows a changing trend in the types of harm which are most likely to proceed to Initial Referral Discussion or a Case Conference. In 2012/13 the type of harm most likely to proceed to Initial Referral Discussion or Case Conference was Sexual abuse (90% of the 21 referral received proceeded to an Initial Referral Discussion/Case Conference), with Neglect next (68% of the 25 referrals proceeded to a meeting) and Discrimination – 50% of the 12 referrals proceeded.

In 2013/14 Financial Harm was the type of harm most likely to proceed to Initial Referral Discussion or Case Conference (45% of the 82 referrals) and Sexual Abuse had dropped to 24% of 33 referrals which proceeded to a meeting.

The prevalence of Financial Harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from

research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee, through its Financial Harm Group, has a clear strategy and action plan to reduce financial exploitation.

4.6 Location of Harm

Location of harm has been grouped into three categories – home setting, institutional setting (which includes hospitals and care homes) and in public (which also includes social networking)

Table 6: Location of Harm

	2012/13		2013/14	
	No.	%	No.	%
Home setting	299	53%	550	61%
Institutional setting	75	13%	46	5%
In public	187	33%	298	33%
Not known	1	<1%	1	<1%
Total	562	100%	895	100%

The percentage of alleged harm taking place in public remained the same between 2012/13 and 2013/14, however it has increased compared with 2010/11 (53 and 14%) and 2011/12 (139 and 24%). This again reflects the increase in the number of referrals from Police Scotland in relation to people who have threatened self-harm or suicide in their own homes, or out in the community, often on the Tay Road Bridge.

There has been an increase in alleged harm in home settings and a decrease in alleged harm in institutional settings.

4.7 Sources of harm

Table 7 shows the relationship of the person causing harm to the individual at risk. As may be seen, harm can be caused to the individual by a wide range of individuals as well as by the person him or herself. The information in relation to other alleged sources of harm is broadly consistent with the figures in the previous Biennial Report, and with wider prevalence surveys. If the first four categories are combined, then 209 (14%) referrals relate to individuals at risk of harm from individuals in a position of trust.

There has been a decrease in alleged harm from employed carers, in comparison to the previous Biennial Report where there was total of 74 referrals, however the number of referrals that proceeded to Initial Referral Discussion or Case Conference has remained constant (42 from 2010-12 and 43 from 2012-14).

Table 7: Relationship of alleged source of harm to individual

	2012/13		2013/14	
	No. referrals	No. referrals proceeding to Initial Referral Discussion or Case Conference	No. referrals	No. referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	17	8	14	4
Parent	5	2	7	3
Other Family Member	38	23	54	28
A Friend / Associate	29	16	45	10
Employed Carer	28	28	30	15
Self	373	32	687	31
Stranger to Client	20	12	8	0
Other Resident	17	5	11	1
Neighbour	5	2	2	1
Other	0	0	3	1
Not Known	30	0	34	6
Total	562	128	895	100

4.8 Protection Orders

The Adult Support and Protection (Scotland) Act makes provision for a number of protection orders. In the two years covered by this report the Social Work Department has taken out 19 Banning Orders to protect 8 individuals.

Each of the individuals who were protected had a learning disability, mental illness or acquired brain injury and in every case but one, the main type of harm was financial. One case related to welfare concern. Every type of harm occurred at home and the perpetrator was a family member, friend or associate.

5. LEARNING FROM SELF EVALUATION

5.1 Self Evaluation Framework

The Self Evaluation Framework adopted by the Chief Officers is one that is applied across the Protecting People Committees/Partnerships, encompassing Child Care & Protection and the Adult Support & Protection Committees, and also the Violence Against Women Partnership and MAPPA . The Adult Support and Protection Committee approved the framework in April 2014.

The Framework embraces all aspects of those services and does not place Protecting People work outwith or separate from, the wider activities in relation to services. There are 3 key layers of activity within the framework:

- ongoing multi-agency activity;
- a Self-Evaluation Reference Group; and,
- single agency activity.



01 PP Multi Agency
SE Protocols v2.doc

For full details please see embedded protocol.

Procedures for Practice Review, Significant Case Review and External Report Review procedures have been agreed by the Protecting People Committees/Partnerships. These provide for a single, shared system across Child Protection, Adult Protection and Violence Against Women. Multi-agency Case Based Evaluation will continue as an integral part of the self-evaluation regime.

Single agency self evaluation groups will lead and support self-evaluation activity within the respective agencies. Findings will serve the purpose of both informing the agency as to its performance and also feed in to the overall picture at the multi-agency/partnership level.

5.2 Multi-agency Case Based Self Evaluation 2013/14

Multi-agency Case Based Self Evaluation for Adult Protection cases was started in Dundee in 2012 and is completed annually. The model includes the reading of 10 case files from Police, Health and Social Work, meeting with a focus group of staff working on each case, and, where permission has been given, meeting with the service user and their family/carer.

In the first year there were 10 staff members from a variety of agencies/services involved, but in 2013, for a variety of reasons, it proved more difficult to release staff and the exercise was completed by 7 staff members. The 2014 Case Based Self Evaluation will take place in September 2014.

The findings from the evaluation are reported to the Committee and the Chief Officers (Care and Protection) Group, along with an Improvement Plan which is regularly reviewed.

For the full 2013 report, see Appendix 2

5.3 Significant Case Reviews (SCR)

There have been no Adult Protection significant case reviews in Dundee over the two year period of the last Biennial Report.

5.4 External Reports

All reports from the Mental Welfare Commission are reported on to the Adult Support and Protection Committee, who consider the recommendations against local practice and procedures to consider how Dundee stands against the recommendations made. If there are areas for improvement noted, these are incorporated into the Improvement Plan.

5.5 Practice Review Group (PRG)

Since the decision to broaden out the existing Practice Review Group remit to consider cases other than Child Protection, there have been no cases of Adult Protection considered by the Group as yet.

5.6 The Purpose of Self Evaluation

The purpose of all Self Evaluation activity is to build on the previous work and learning, evaluate the quality of services to protect adults in Dundee, to identify good practice and plan for further improvement.

6. PUBLIC INFORMATION

6.1 Raising Public Awareness

Every opportunity is taken to ensure the messages about Adult Protection are shared with the general public, with specific at risk groups and with staff members working with adults across the city. This is now coordinated by the Protecting People Communications Group to ensure that public information is spread across the year and the 'badging' of Protecting People is used wherever possible.

The importance of public awareness and action in response to harm to adults at risk is fully acknowledged by the Adult Support and Protection Committee and the Communications Task Group has continued to develop a wide range of initiatives to ensure the citizens of Dundee become as acquainted with Adult Protection issues as they are with Child Protection.

Of particular note was the involvement of committee members, professional staff and volunteers in bringing the International Elder Abuse Awareness Day (June 15) to the attention of Dundonians in both 2013 and 2014. This was undertaken in collaboration with the Dundee Celebrate Age Network and the Dundee Pensioner's Forum who supported a stall at the Farmer's Market in Dundee city centre.

Adult Protection information was also provided at the Dundee Flower and Fruit Festival in both 2012 and 2013, as part of the Protecting People stand. Over 700 adults and children were seen over the 2013 three day event.

In terms of public awareness there have been specific Adult Protection campaigns across the two year period for Financial Harm (Scams and Rogue traders – April), and Dundee Adult Support and Protection Committee will be working in partnership with Fife and Perth and Kinross for joint work in

this area in Autumn 2014. Leaflets have been developed and included in 'Scams Packs' given out at events in the Wellgate Shopping Centre, a local B&Q store and Ninewells Hospital, as well as being displayed in a variety of settings, including banks, GP surgeries and dental surgeries – Help us tackle Financial Harm in Dundee, Be aware of Scams and Bogus Traders.

Protecting People has sponsored the Dundee Sport Awards for the past three years allowing the wider messages about protection of children, adults, older people and those at risk from domestic violence to be highlighted in this arena. Awareness raising of Adult Support and Protection issues extends beyond the actual award ceremony by the dissemination of information and leaflets within sports centres and during other events such as dance and family sports days over the following year.

Regular inputs to local newspapers, newsletters, and group talks are planned across each year, as are talks to Sheltered Housing Complexes at the time of the Scams/Rogue Traders work in April.

6.2 Surveys

Two questions were placed in the Dundee Citizen Survey 2012 to determine Dundee citizen's knowledge of the procedures regarding Adult Protection and whom to contact if there was a concern. The report on the survey noted:

"Respondents were asked for their opinions on two statements regarding vulnerable adults. 36% were aware that the Council had procedures in place to respond to situations where vulnerable adults might be at risk of harm. Four in 10 respondents (40%) said they would know who to contact if they had concerns that a vulnerable adult was at risk of being abused. Analysis by age reveals that respondents aged 35 to 64 were significantly more likely to be aware of the Council's procedures in responding to situations where vulnerable adults may be at risk of harm (44%). This age group was also the most likely to know who to contact should they have any concerns about a vulnerable adult (47%)."

This data is important as it gave a baseline against which to measure the effectiveness at a future date of the Adult Support and Protection Communication Strategy.

In 2014 a further survey was completed by the Communication Task Group and from the 45 returns (38 individual ones and 7 group responses covering a wide range of age groups) 100% of the responders knew what to do if they felt a child was at risk, and 88.8% (40) knew what to do if they felt an adult was at risk, or they felt someone was at risk of domestic violence.

The survey responders also suggested the 'best way to pass on information' which included, from most popular: face to face talks, posters, social media, training courses, websites, newspapers, leaflets and TV advertising, to least popular: school/community newsletters, local radio, an App for mobile phones, Bluetooth messaging, School TV, and Post office TV screens.

This information is being used to inform the Protecting People Communication Group strategy and Action Plan.

7. COMMUNICATION AND COOPERATION BETWEEN AGENCIES

7.1 Multi-agency Involvement in Groups

A central provision of the Act is the obligation of named statutory agencies to collaborate in Adult Support and Protection activity. Interagency collaboration can be considered at a number of levels of this activity. In terms of practice, the contribution of key agencies to the work of the original four task groups is essential, and has been demonstrated in large measure in Dundee.

In 2013 it was agreed that three of the task groups would combine into Protecting People groups bringing together Child Protection, Violence against Women, Multi Agency Public Protection Arrangements (MAPPA) and Adult Support and Protection for Self Evaluation, Learning and Workforce Development and Communications. Many of the tasks being undertaken by the separate groups were found to be common across all of the Protecting People work and thus bringing them together has rationalised the time and focus of this work. Where separate pieces of work are required, which are specific to the Adult Support and Protection Committee, short term working groups will be set up to do this. The reduction in the number of groups has also assisted continuing multi-agency representation.

The Committee has maintained its multi-agency Policy, Practices and Procedures Task Group, and gets regular updates from the Stakeholder's Group, the Harmful Practices Group (Tayside wide), the Suicide Prevention Collaborative and the Financial Harm Strategy Group. These updates help to maintain an effective two-way link between the groups and the Committee and Independent Convenor.

7.2 Working in Partnership

Regular 'Protecting People' meetings are now held with Scottish Ambulance Service (Tayside) which include Child Protection and Violence Against Women colleagues. A representative from the Alcohol and Drug Partnership will also be joining. These meetings have considered training needs and practice improvements.

As noted in the Management Information, with the introduction of the Interim Vulnerable Person's Database (iVPD) Police Scotland (Tayside) Report there is an increase in referrals to partners with the greatest pressure on the Social Work Department. This is due partly to all frontline Police Officers receiving training in relation to identifying vulnerability and to the widening of the Adult Concern Reports to include those who are vulnerable but who do not necessarily come within the Adult Support and Protection legislation.

A great deal of work, with Police as a major partner, is ongoing in other areas including financial harm/rogue traders, suicide intervention and alcohol/drugs misuse.

With respect to individual cases, positive partnerships and good cooperation has been reported. This is supported by data, on attendance at Initial Referral Discussion or Case Conferences. Attendance of police and healthcare staff at Adult Protection meetings has been encouraging, as was that of staff from Care Homes and Care at Home providers from the Independent sector.

GP attendance at Adult Protection meetings continues to be poor, which is reflected nationally. Work will be undertaken to ensure that GP's are aware of issues arising in Adult Support and Protection and their important role in this area. (See 2014 Recommendation 4)

The progress over the last two years from all of the groups is detailed in Appendix 1

8. TRAINING AND STAFF DEVELOPMENT

Adult Support and Protection Committees are responsible for improving the skills and knowledge of those with a responsibility for the protection of adults at risk. This is an area of particular strength in Dundee with many opportunities to raise awareness and provide information and advice to multi-agency professionals through training and development activities, coordinated by the Learning and Workforce Development Task Group. However there is still some work to be done around improved targeting of specific agencies within the Voluntary Sector and training with GP's.

8.1 Staff Development Opportunities

Staff members can attend a variety of general Protecting People awareness raising training, as well as more specialised training for staff groups working directly in Adult Support and Protection in their day-to-day practice.

The Chief Officer (Care and Protection) Group holds two multi-agency events for staff members each year which focus on some aspect of Protecting People work. In 2013 there was a good practice event focused on a child care case, and in 2014 there is an event planned on Female Genital Mutilation.

In addition, on 11th September 2013, one hundred workers from a wide range of agencies and groups congregated in West Park Conference Centre in Dundee for a Suicide Prevention Conference. The focus of the event was 'working with people in distress'. There was a wide range of speakers and workshops available covering issues for service users, carers and workers in this field.

Unless the learning and development activity is role specific, for example, Chairing Case Conferences, the training opportunities are open to all partner agencies. Staff from different agencies are attending these activities and the Adult Support and Protection Roles and Responsibilities, which is a joint initiative with Police and Social Work, has good multi agency attendance.

ADULT SUPPORT AND PROTECTION Roles and Responsibilities	3 Sessions were held	4 sessions were held
	2012	2013
DCC other Departments	2	24
DCC Social work Department	54	55
NHS Tayside	95	28
Police Scotland	0	0
Scotland Fire & Rescue	0	6
Other Agencies	12	12
Total	163	125

'Other agencies' include a variety of Voluntary Sector staff working in areas such as Victim Support, Drug and Alcohol services, Children and Families Services, Services working with the deaf community, Housing Associations, the Prison Service, and services supporting those with a mental illness or learning disability.

The Adult Support and Protection Review Officer also undertakes training on request from services, community groups and more recently, care homes. This work will be more fully reflected in the next Biennial Report.

Another joint initiative which appears to be having an impact on practice, in terms of a significant increase in referrals to the Fire and Rescue Service for home fire safety checks, is the 90 minute briefing delivered to multi agency staff by Fire and Rescue Service staff.

Meetings take place regularly with Tayside Ambulance Service and this may lead to further joint initiatives in multi- agency Adult Support and Protection Learning and Development.

8.2 Evaluation of Training

Self evaluation is completed at the end of all of the Learning and Development activities and records a perceived increase in knowledge and confidence by the vast majority of participants. Being able to evaluate and report on the impact of the Learning and Development Activity on practice is recognised as an important element of self evaluation however resource and capacity issues have made it very difficult to robustly evaluate the impact on Practice of Adult Support and Protection Learning and Development Activity especially on a Multi Agency basis.

A small qualitative evaluation exercise on Adult Support and Protection Roles & Responsibilities training (15 respondents from NHS & Social Work) was carried out which showed that participants felt that the Learning and Development Activity had had a positive impact on their practice more than six months after attending the event. However this was based on self reporting and if there had been more resources the Task Group would have liked to have followed this up with the respondent's managers for collaborative data.

Improving the evaluation of the impact on practice of Adult Support and Protection Learning and Development Activity remains high on our agenda. It has been agreed that questions about the impact on practice of Learning and Development will be incorporated into this year's multi agency Case Based Self Evaluation Focus Groups with staff. A more extensive evaluation exercise of the new Effective Practice in the use of the Early Indicators of Concern Tool is planned at a Care Setting Workshop later this year.

(See 2014 Recommendation 7)

8.3 Protecting People Learning and Development Framework

Much of the focus of work over the period of this report has been the development of a Protecting People Learning and Development Framework. The Framework has been adapted from the National Child Protection Learning & Development Framework to incorporate Adult Support and Protection, Violence Against Women and MAPPAs competencies, knowledge and skills requirements. The Framework has been designed with a view to equipping the workforce in all agencies with the competence, knowledge and skills, applicable to their role, for the protection of people.

From this a web based resource has been developed which will be available on the Dundee Protects web site with access for all agencies. Any future learning and development opportunity can be reviewed and/or designed to ensure it meets some of the competencies, knowledge and/or skills

required. All agencies will be expected to match any in house learning and development opportunities offered to staff with the requirements.

Staff members and their managers/supervisors, or carers, identifying gaps in their Protecting People competencies, knowledge or skills, can then select Learning and Development activities that will specifically address these gaps.

It is intended that this tool will encourage and support staff, managers, supervisors and carers to think beyond formal training courses to meet their Protecting People learning and development requirements, for example, structured reading, shadowing, reflective discussions and e-learning.

A Multi Agency Protecting People Learning and Workforce Development Group has been set up and is responsible for fully implementing the Protecting People Learning and Developing Framework within their agencies and the development of the web based resource.

8.4 Future Learning and Workforce Developments

Work is underway to develop a locally relevant Protecting People Awareness e-learning module which will be hosted on the Dundee Protects web site and therefore be accessible to staff from outside the Council/Health Board.

In response to the identified National priorities a review of our Protecting People Awareness sessions has ensured that the prevalence of financial abuse against adults at risk of harm is highlighted. Any necessary learning and development activity which is required in relation to Financial Harm will be developed and delivered.

Workshops are being delivered to Social Work Staff in Care and Assessment Teams on the Effective Use of the Early Indicators of Concern Tool in a Care Setting. This is a first phase and it is planned to expand the use of this 'tool' out to a wider group of staff and in particular staff who work in or visit Care Settings.

The new Protecting People Learning and Workforce Development Group will have representatives from the field of Adult Support and Protection who will work within this forum to ensure that group continues to be responsive to and deliver on recommendations/ requests from a range of sources in relation to Adult Support and Protection Learning and Development needs.

9. CONCLUSION, RECOMMENDATIONS AND FUTURE PLANS

9.1 Financial Harm

There has been considerable progress made in Dundee in terms of Financial Harm but there is much more to be done in this area.

The National Project is recommending a National Strategy and a national multi agency 'Financial Harm Co-ordination Group, which is supported by the Independent Convenor.

The local Financial Harm Strategy and Action Plan will work on the ground to complement the National work.

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

Aim: To ensure adults at risk of financial harm, their families and carers, are aware of the risks of financial harm and scams, and how to reduce these.

Actions: The Financial Harm Group in Dundee to work on fulfilling the Strategy and Action Plan developed in 2014.

9.2 Use of Advocacy

Use of advocacy has been an ongoing issue in Dundee, as elsewhere. There is a need to scope the current services in Dundee including: Independent Advocacy and support offered by other services, what services/age groups they cover and whether there is duplication or any gaps. The numbers of service users with an advocate in meetings is low. Staff training on the role of advocacy does not appear to have had a long term effect on this number.

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

Aim: To clarify current Independent and other advocacy services for adults in Dundee, identifying any gaps or duplication.

Actions: Scoping to be done on the range of local advocacy services and a report submitted to the Adult Support and Protection Committee regarding services in Dundee.

9.3 Enhancing Effective Partnership Working with Health Services

There has been some progress in the last two years in terms of working more closely with Health services, including Scottish Ambulance Service. However, there are still some areas where improvements could be made and these are supported by the findings of the National Project looking at NHS Accident and Emergency Settings.

Health is a large and complex entity and there is support in Dundee for the recommendation of the National project group in considering a 'Champions model' to enhance effective partnership working across the Local Authority and NHS Tayside.

Recommendation 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee.

Aim: To ensure sustainable and effective ways of maintaining clear lines of communication within Adult Support and Protection in terms of referrals, information sharing and shared ways of working

Actions: To explore models which will support this and report to the Adult Support and Protection Committee

Continuing on from the previous Biennial Report (2012) given the lack of progress in this area to date:

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

Aim: To ensure that adults at risk of harm benefit from the expertise and knowledge of GPs and are more fully safeguarded.

Action: To consult with GPs on how they can be more engaged and influence this area of work and to implement any agreed strategies.

9.4 Abuse in Care

There has been considerable work undertaken in Dundee over the past few years in terms of the prevention of abuse in Care Home settings which is to be commended. This work should continue to be built upon, moving out from social work to the care home settings/group care settings and to also become a central part of staff recruitment and contractual arrangements with these services.

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

Aims: To improve preventative actions and reduce abuse in care home settings

Actions: To work with local providers to consider how to embed Early Indicators of Concern work into staff recruitment processes, training for care home managers and staff and influence contractual arrangements with care homes/group care settings.

9.5 Service User and Carer Engagement

Following on from the work of the National project group, in Dundee we will take this forward in terms of gathering local information of service user's experience of the Adult Support and Protection process, including a review of the Case Conference model.

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

Aims: To improve the experience of service users and carers when involved in the Adult Support and Protection process

Actions: A scoping to be undertaken of service users views on the Adult Support and Protection process including feedback from individuals regarding case conferences and information from the Case Based Self Evaluation interviews. The findings to be used to inform a report to the Adult Support and Protection Committee on how to improve the experience for service users.

9.6 Evaluation of Learning and Workforce Development Work

The range of learning opportunities available to staff on a single and multi agency basis is wide-ranging and impressive. However, there is recognition that there is a gap in terms of evaluating the effectiveness of the learning in terms of changing and improving practice.

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

Aims: To ensure training/learning opportunities are relevant and that staff members have the right skills, knowledge and capacity to practice effectively.

Actions: Evaluation process on key Adult Support and Protection training courses to be developed and undertaken and reported to the Adult Support and Protection Committee.

9.7 Police Scotland Adult Support and Protection Referrals to the Social Work Department

There has been a considerable increase in Police referrals to the Social Work Department over the past two year period, reflecting the broader police involvement in community safety, the vulnerable adults process, and the work done locally on identifying ‘people in distress’. However, there is a concern that the increased (almost doubled) workload of referrals, the majority of which do not meet the legislative criteria, could result in an Adult Support and Protection referral being missed.

D Division of Police Scotland is planning to introduce a central referrals hub which will strive to achieve consistency across the three local authority areas in Tayside as to how they identify and refer Adult Protection and Adult Concern Reports. This structure will be designed to ensure staff are provided with all necessary training in terms of identification of risk and understanding of partners needs to ensure escalating vulnerability is identified amongst all vulnerable groups.

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.

Aims: To ensure police referrals are filtered/screened so that Adult Support and Protection referrals, which meet ‘the three point test’, can be clearly ‘flagged up’ by Police as a priority, ensuring an immediate response from the Social Work Department.

Actions: The Committee and Convenor will support the Police to use the three point test as detailed in the legislation within their screening process of the Police Adult Concern/Vulnerable Adult Referrals.

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

Aims; To ensure that the work of the Early Screening Group can be maintained across the partnership agencies of Social Work, Police and Health.

Actions: The Early Screening Group ‘steering group’, which has already been set up, to complete an Options paper for the Adult Support and Protection Committee/Chief Officer’s (Care and Protection) Group on how the work of the Early Screening Group can be maintained and supported across all relevant partnership agencies.

HARMFUL PRACTICES GROUP – TAYSIDE

The Adult Support and Protection Committee is an active participant in the Tayside-wide Harmful Practices Working Group. This working group is a joint venture between the Adult Support and Protection Committees, Child Protection Committees and Violence Against Women Partnerships from Angus, Dundee City and Perth & Kinross. The group was established to develop and implement good practice responses to people affected by harmful practices, such as forced marriage, 'honour'-based violence and female genital mutilation. Addressing harmful practices is an important part of strategies to protect children, young people and adults in affected communities. Whilst numbers of identified cases remain low the potential harm (both physical and mental) to victims is significant, including risk of fatality, and therefore multi-agency responses require to be comprehensive and consistent in every case.

The Working Group has developed a work programme with 3 key areas of activity: policy and procedures; staff development; and, public communications. The initial focus of the group over the past 18 months has been on developing a set of comprehensive multi-agency procedures and guidance to support staff to identify and respond to the issues of forced marriage, 'honour'-based violence and female genital mutilation. This activity will be followed in future years by tiered staff training and public communications activity that will ensure that staff are able to respond in line with procedures and that members of the public know where they can go to seek help and what they can expect to happen.

THE STAKEHOLDER'S GROUP

Set up in response to Recommendation 1 (2012-14), this group first met on 14th August 2013 with a range of different non-statutory stakeholders who work with or have access to service users across the city. Having agreed the group's role, remit and relationship to the Adult Support and Protection Committee, this was approved by the Committee on 17th October 2013. Following this there were also changes in the service user representation on the Committee.

At the Stakeholder's Group meeting on 31st January 2014 the group identified three areas of concern they wished to focus on over the year: Hate Crime, Financial Harm and concerns around the unregulated workforce for self directed support.

The Chair of the group is now the representative from Dundee Carer's Centre but it is hoped to rotate the Chair annually.

Members of the Stakeholder's Group are consulted on a variety of issues including 'trailing' various leaflets for service users such as the Financial Harm leaflet and the service user questionnaire for the Protecting People Communication Group.

FINANCIAL HARM STRATEGY GROUP

The Financial Harm Strategy Group was set up at the end of 2013, pulling together all existing and new strands of work across the city into a single strategy, which was approved by Committee in April 2014. (See Appendix 3)

The Financial Harm Strategy Group, which includes Police, Trading Standards, Communities, Environment, Social Work, Citizen's Advice Bureau and the Lead officer for the Adult Support and Protection Committee, has gone on to produce an action plan for 2014. Activities for awareness raising, plus regular media information are a clear part of the strategy. Clear links between this group, the Adult Support and Protection Committee and the Community Safety Partnership have now been put in place.

COMMUNICATIONS TASK GROUP (now within the Protecting People Communication Group)

Previously single Committee task groups have been brought together into the Protecting People Communication Group.

The main purpose of the Joint Group is to create an appropriate framework within which it sets a strategic direction and develops and delivers an implementation plan for communication and awareness raising activity and practice in relation to helping keep people safe, free from the risk of abuse or neglect and ensuring people know what to do when they have concerns about themselves or another person being at risk.

The first action of the Joint Group was to conduct a survey of service users across the city asking whether they knew what to do if someone was being abused (child, adult and victim of domestic violence) and about their preferred method of communication.

There were 45 responses, (38 individual ones and 7 group responses). It was positive to note that 100% (45) of the responders knew what to do if they felt a child was at risk, and 88.8% (40) knew what to do if they felt an adult was at risk, or they felt someone was at risk of domestic violence.

The results about the most preferred methods for getting our message will be used by the Protecting People Communication Group to set out an action plan for their work across the year.

POLICY, PRACTICE AND PROCEDURES TASK GROUP

The remit of this task group is to regularly develop, disseminate and review inter-agency policies and procedures, ensure protocols are developed around key issues and to ensure constituent inter-agency procedures are vital to the support and protection of adults.

In 2013/14 the group has developed/been consulted on a variety of policies and procedures including Early Indicators of Concern (Social Work procedures), Large Scale Investigations, and the draft Tayside Health Board Adult Support and Protection Procedures for staff in addition to the Scottish Government consultations on Forced Marriage and the new National Adult Support and Protection Code of Practice. The group will also be consulted on the revised Multi Agency Procedures for staff in Dundee which are being redrafted at present.

Where there are actions arising from self evaluation work, these will usually be remitted to this task group within the Improvement Plan.

LEARNING AND WORKFORCE DEVELOPMENT TASK GROUP

The period covered by this report has seen Adult Support and Protection Learning and Workforce Development activity become well established and the work of the multi- agency task group has played a central role in this. Essential training, briefings and workshops covering a whole range of staff's Adult Support and Protection Learning and Development requirements across all three levels of the national Adult Support and Protection Framework are now embedded and being delivered on a single and multi agency basis.

This table gives an overview of some Adult Support and Protection Learning and Development for the period of this report.

Learning & Development Activity	Level	Multi Agency	Method of Delivery	Number of Participants
Protecting People Awareness Training	2	Yes	1 day training	128
Roles and Responsibilities (Adult Support and Protection)	2	Yes	90 minute briefing	53
Role of Advocacy in Adult Support and Protection	3	Yes	2hour workshop	59
Chairing Adult Support and Protection Case Conferences	3	No	3 hour workshop	5
Human Rights approach to Adult Support and Protection	3	Yes	3 hour workshop	75
Dementia awareness	2	Yes	1 day training	49
Adult Support and Protection Investigative Interviewing	3	No	2 days training	92
Protecting People Awareness (Induction SW)	1	No	90 minute briefing	pending
Adult Support and Protection Post Graduate Course	3	Yes	1 year distance learning	6
Post Graduate (MHO Award)	3	No	10 months University study & placements	4
Substance Misuse Awareness		No		18
Older People and Substance Misuse		No		25
Adult Support and Protection Fire Safety		Yes		83

The task group has throughout the last two years been responsive to and delivered on recommendations/ requests from a range of sources. Examples of this are:

- Almost all Council Officers have now undergone Investigative Interviewing Training and we are looking to provide annual refresher course for them.
- Chairing Adult Support and Protection Conferences Training for Service Managers has been delivered. There is a proposal that Team Managers will Chair Initial Referral Discussions. Should this become practice then an adapted version of the Chairing Case Conferences will be provided for managers.

- The 2012 Self Evaluation exercise identified that work was still required to further increase the involvement of Advocacy for Service Users involved in the Adult Support and Protection process. In response to this recommendation and in collaboration with Dundee Independent Advocacy Service changes were made to the Briefing they deliver on the Role of Advocacy in Adult Support and Protection. The changes were designed to emphasize the Service User perspective and encourage staff to promote the use of Advocacy to support adults at risk, early in and throughout the Adult Support and Protection processes.
- In September 2013 the Independent Chair of the Adult Support and Protection Committee reported that Tayside Police and Dundee Social Work Department should agree a process of referral and receipt of referrals that clearly differentiates cases that meet the three criteria defining an adult at risk of harm and adults under the Act from those involving other adult concerns. In response to this the Adult Support and Protection Roles and Responsibilities Briefing, which is jointly delivered by Police Scotland and the Social Work Department, was reviewed. The Briefing now ensures that it clearly differentiates cases that meet the “three point test” criteria defining an adult at risk of harm and adults under the Act from those involving other adult concerns.

CASE BASED SELF EVALUATION

Case based self evaluation (CBSE) is one part of Dundee Adult Support and Protection Committee's self evaluation strategy, which also includes single agency case audits, the Practice Review Group, learning from Significant Case Reviews, and any reports from relevant bodies such as the Care Inspectorate and the Mental Welfare Commission.

Multi-agency case based self evaluation for Adult Protection cases started in Dundee in 2012. It is based on the model used by the Child Care and Protection Committee. This includes the reading of case files from Police, Health and Social Work, focus groups with staff working on each case and where permission has been given, meeting with the service user and their family/carer. The purpose of this self evaluation is to evaluate the quality of the services that combine to protect adults in Dundee, to identify existing good practice and plan for improvement.

The exercise looks at service provision, systems, processes and outcomes for the individual adult. Two formal multi-agency case based self-evaluation exercises have been undertaken since the last biennial report. The exercises took place in September 2012 and December 2013. Representatives from Police Scotland, NHS Tayside, Dundee City Council Social Work Department, Dundee City Council Housing Department and the voluntary sector formed the evaluation teams. In the first year there were 10 staff members from a variety of agencies/services involved, but in 2013, for a variety of reasons, it proved more difficult to release staff and the exercise was completed by 7 staff members. Consideration is being given to how we can improve on this for 2014.

In both exercises the cases were randomly selected but purposely sampled to ensure the cases chosen ranged across client groups and periods of time. Both exercises evaluated 10 cases and took place over a two week period. The model of self evaluation used for the exercises was based on the Resource Handbook developed by Professor James Hogg and Dr David May, Dundee University. In each evaluation exercise all files held by various agencies were examined along with focus groups with staff and key stakeholders. Interviews were also conducted with the service-user and family, where applicable.

The purpose of both self-evaluation exercises was to assess the following quality indicators and to make comparison between years 2012 and 2013 in order to assess improvement:

Quality Indicator 1	Is the at risk adult safer as a result of our activity?
Quality Indicator 2	How well do we meet the needs of the adult at risk and their carer/family?
Quality Indicator 3	How well do we meet the needs of Stakeholders – Staff?
Quality Indicator 5	How good is service delivery for at-risk adults and their families?
Quality Indicator 6	Policy and Practice – Are local procedures adhered to?
Quality Indicator 7	How well do we meet the needs of Stakeholders – employee support?

In 2012 the main areas for improvement were identified as:

- Recording
- Involving Individuals, Families and Carers
- Risk Assessment/Risk Management
- Workforce Development
- The use of advocacy

The above areas for improvement were highlighted to the Adult Support and Protection Committee and work was undertaken by each of the Adult Support and Protection task groups throughout 2012/2013 to address the above. In 2013 the evaluation exercise focussed on the above areas for improvement. There were many strengths identified within this exercise and some improvement in areas highlighted from the previous year including better recording of information meetings/action plans, clearer links evidenced between meetings and review of actions, improved recording of service users being advised of their rights under Adult Support and Protection and evidence to demonstrate service users being more fully involved in the whole process. This was supported by information from the files, verbal evidence from focus groups of staff members and the service users themselves.

Staff members overwhelmingly reported feeling supported within the process by their immediate managers and effective collaborative, multi agency working was evident in the majority of cases.

From the 2013 case based evaluation, two main areas for improvement were identified. One is the need for a clear 'dispute resolution' process where there are differing views of the way forward between single agency managers, as already exists where there are disputes across the different services/agencies. The second area for improvement is around 'assessment of capacity'. This process worked effectively in some cases, but in two cases there was an unacceptable time lag in the assessment being completed and in one further case, an assessment was not requested when it would have assisted in the assessment and care planning. A more consistent approach to this important aspect of Adult Support and Protection is required. Work is currently being undertaken by the Adult Support and Protection Committee to improve on these areas. Again, as in previous years, these areas for improvement will be highlighted for evaluation in the next multi-agency Case Based Self Evaluation which is arranged to take place in September 2014.

The Policy, Procedures and Practice (PPP) Task Group are currently working to address the overall recommendations from the 2013 CBSE and the multi-agency Adult Support and Protection procedures are being reviewed to reflect required practice changes. A briefing on the changes to the Multi Agency Procedures will be developed and circulated to agencies/services to update their workers.

DUNDEE FINANACIAL HARM STRATEGY – APRIL 2014

INTRODUCTION

In the 2012 Dundee Adult Support and Protection Committee's Biennial Report one of the recommendations from the Independent Convenor was: "A strategy should be developed to involve all relevant financial and related institutions in Dundee in order to enable them to identify examples of financial exploitation of adults at risk and take appropriate action when such exploitation is suspected.

Aim: To reduce the prevalence of financial exploitation of adults in Dundee.

Action: The strategic plan to be developed by the Policy, Practice and Procedures Task Group. This work to be undertaken in the context of the Scottish Government's developing national plan on financial harm".

Reduction of Financial Harm also fits within the Dundee Single Outcome Agreement: 'Our communities will be safe and feel safe', the Chief Officer (Care and Protection) Group vision - 'Dundee's future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm', and is one of the Scottish Government's National Priorities in terms of Adult Protection.

DEFINITION OF FINANCIAL HARM

Financial harm is recognised as a category of harm under the Adult Support and Protection Act which exists to help support and protect adults at risk. It is defined as:

'Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. ('No Secrets', DH/Home Office, 2000)'

In its broadest sense financial harm includes:

- feeling under pressure to hand over money or possessions
- misuse of property or welfare benefits
- stopping someone getting their money or possessions
- stealing
- cheating, fraud or 'scams'
- misuse of bankcards
- putting someone under pressure to re-write a will or take out a loan
- withholding information about entitlements

Financial Harm crimes target people thought to be more vulnerable. Sometimes people are deliberately and systematically targeted. Sometimes the crime is more opportunistic but made easier to commit due the individual being vulnerable due to their age, illness or disability. The crimes are committed by a wide range of perpetrators in a variety of setting, including family, friends, carers, neighbours, strangers and professional including solicitors, accountants, social and health care workers, bank staff, police officers and church ministers.

LEGISLATION

This strategy operates under the terms of:-

- Section 20 of the Local Government in Scotland Act 2003 which enables “a local authority to do anything it considers likely to promote or improve the well-being of its area, persons in that area, or both of these”.
- Sections 4 and 5 of The Adult Support and Protection (Scotland) Act 2007 which requires local authorities in co-operation with partners to inquire into the circumstances of an adult at risk of harm (including financial harm) and to decide whether action is needed to protect them.
- Consumer Protection from Unfair Trading Regulations 2008 which makes trading standards the enforcement authority when people are harassed or coerced into receiving a service or signing a contract.

FINANCIAL HARM – THE NEED FOR ACTION IN DUNDEE

Partners working in Dundee recognise that its citizens, especially its more vulnerable citizens are at risk of financial harm.

In order to prevent or reduce the instances of financial harm all partners require to work together, specifically 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, including a communication strategy to raise public awareness of financial harm.

The strategy focuses on:

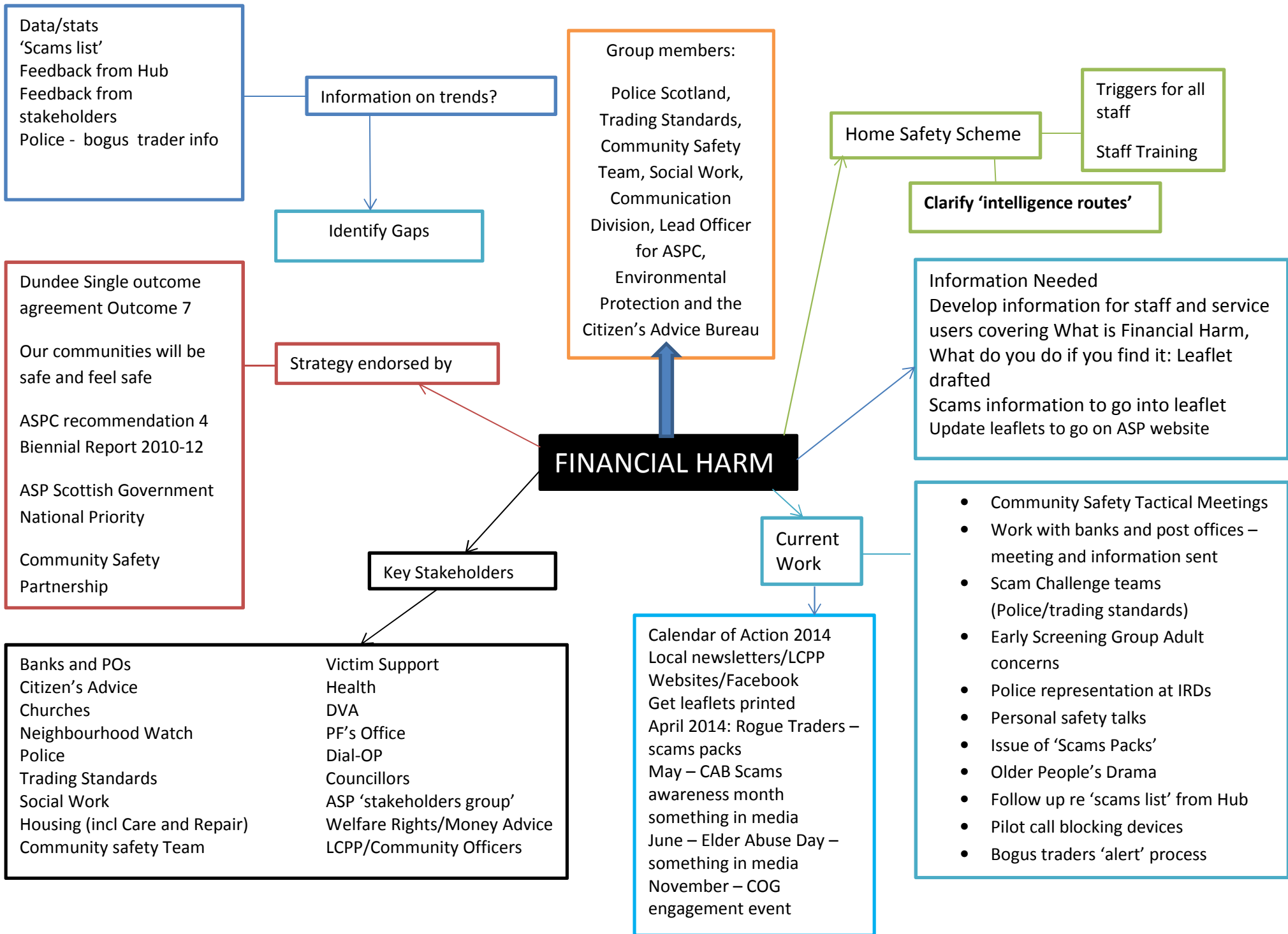
- Ensuring the closeness and effectiveness of the ongoing partnership between all partner agencies to prevent any adult in Dundee slipping through gaps in the services provided by different teams, departments, organisations – it’s everyone’s job to protect Dundee people from financial harm;
- Taking 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; and
- Providing an effective response service to anyone referred as a victim of financial harm and ongoing support if this is needed.

ACTION PLAN

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 will meet six times per year.

This group will develop and implement an action plan based on the attached ‘map’ already agreed by the group members.

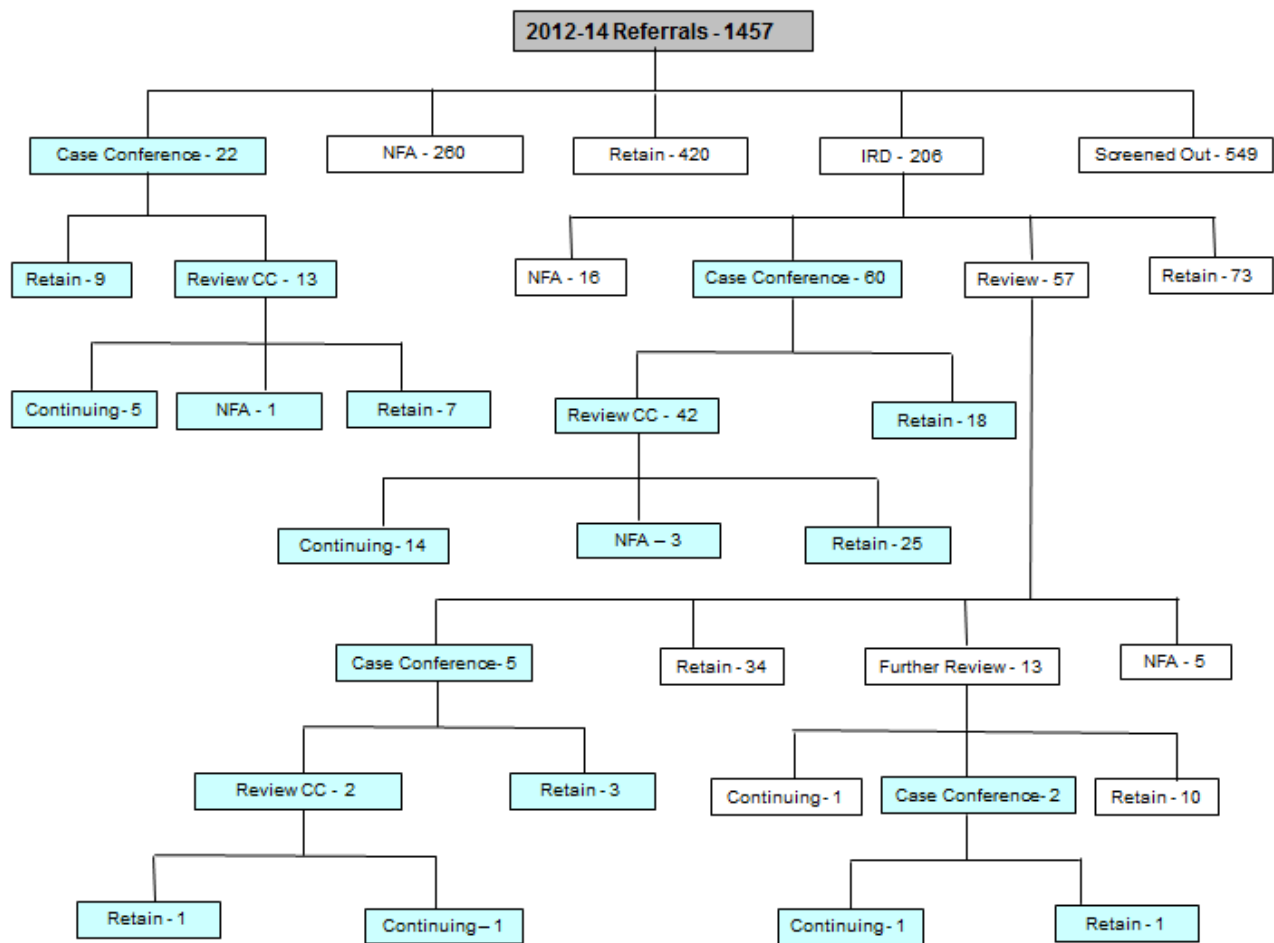
The Financial Harm Group will become a ‘time limited’ working group of the Adult Support and Protection Committee and report to that Committee and to the Community Safety Partnership in Dundee.



EARLY INDICATORS OF CONCERN

<p>1. Concerns about management, leadership and organisation</p> <ul style="list-style-type: none"> • There is a lack of leadership by managers, for example managers do not make decisions, set priorities or ensure staff doing job properly. • The service/home is not being managed in a planned way, but reacts to problems or crises. • Managers appear unaware of serious problems in the service. • The manager is new and doesn't appear to understand what the service is set up to do. • A responsible manager is not apparent or available within the service. • There is a high turnover of staff or shortage of staff. • The manager does not inform Social Work that they are unable to meet the needs of specific individuals. 	<p>2. Concerns about staff skills, knowledge and practice</p> <ul style="list-style-type: none"> • Staff appear to lack the information, skills and knowledge to support people with specific needs e.g. dementia, profound and multiple disabilities, mental health etc. • Staff appear challenged by some individuals' behaviours and do not know how to support them effectively. • Members of staff use negative or judgmental language when talking about individuals. • Record keeping by staff is poor. • Communication across staff team is poor.
<p>3. Concerns about the behaviours, interactions and well-being of individuals</p> <p>One or more of the individuals:</p> <ul style="list-style-type: none"> • Show signs of injury through lack of care or attention. • Appear frightened or show signs of fear. • Behaviours have changed. • Moods or psychological presentation have changed. • Behaviours potentially put themselves and others at risk. 	<p>4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of open-ness</p> <ul style="list-style-type: none"> • Managers/staff do not respond to advice or guidance from practitioners and families who visit the service. • The service is not reporting concerns or serious incidents to families, external practitioners or agencies. • Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families.
<p>5. Concerns about the way services are planned and the delivery of commissioned support</p> <ul style="list-style-type: none"> • There is a lack of clarity about the purpose and nature of the service. • The service is accepting individuals whose needs they appear unable to meet. • Individuals' needs as identified in assessments, care plans or risk assessments are not being met. • The layout of the building does not easily allow individuals to be supervised and adequately supported to socialise and engage safely with others. • Agreed staffing levels are not being provided. • Staff do not carry out actions recommended by external professionals. • The service is "unsuitable" but no better option is available. • The collective needs of individuals/service user group appears to be incompatible. 	<p>6. Concerns about the quality of basic care and the environment</p> <ul style="list-style-type: none"> • The service is not providing a safe environment. • There is a lack of activities or social opportunities for individuals. • Individuals do not have as much money as would be expected. • Equipment is not being used or is being used incorrectly. • The home is dirty and shows signs of poor hygiene. • There is a lack of care of personal possessions. • Support for individuals to maintain personal hygiene is poor. • Essential records are not kept effectively. • Individuals' dignity is not being promoted and supported.

Adult Protection Flow of Activity April 2012-March 2014



Key and Definitions	
IRD	Initial Referral Discussion
NFA	No Further Action
Review CC	Review Case Conference
Retain	Retain within Existing Services

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:	25/07/2014	Committee Report Number: 307-2014
Title of document being assessed:	ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S BIENNIAL REPORT 2014-16	
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 (2012)	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	Biennial Report 2010 – 12 and Fifth year report by Convenor 2013	
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. The Committee also has a Stakeholder's Group which is made up of services working with a wide range of service users across the city.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Committee meetings every two months 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	Not at this time.	

known what will you do to gather the information needed and when will you do this?)	
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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>Not applicable</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>Not applicable</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. Committee reports to Chief Officer's Group (Care and Protection).</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 checked="" type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input type="checkbox"/>

Manager Responsible	Author Responsible
Name: Laura Bannerman	Name: Katrina Finnon
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Signature of author of the policy:	Katrina Finnon	Date: 25/07/14
Signature of Director/Head of Service:	Laura Bannerman	Date: 25/07/14
Name of Director/Head of Service:	Jenni Tocher	
Date of Next Policy Review:	September 2015	