

ITEM No ...3.....

REPORT TO: COMMUNITY SAFETY AND PUBLIC PROTECTION COMMITTEE –
7 JANUARY 2019

REPORT ON: DUNDEE ADULT SUPPORT AND PROTECTION COMMITTEE,
INDEPENDENT CONVENOR'S BIENNIAL REPORT 2016-2018

REPORT BY: CHIEF OFFICER, DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

REPORT NO: 8-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to present Members with the Independent Convenor of the Adult Support and Protection Committee's Biennial Report for the period April 2016 – March 2018, which includes a summary of the work undertaken and priorities identified for 2018 - 2020.

2.0 RECOMMENDATIONS

It is recommended that the Community Safety and Public Protection Committee:

- 2.1 Notes the content of the Independent Convenor's Report (attached as Appendix 1).
- 2.2 Notes the progress achieved in relation to the previous Independent Convenor's recommendations for 2016 – 2018 (section 4.5).
- 2.3 Notes the priorities identified by the current Independent Convenor for 2018 – 2020 (section 4.6).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 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. Ms Elaine Torrance was appointed as Independent Convenor in April 2018. The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as 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 vulnerable to being harmed than adults who are not so affected.

This is commonly known as the 3-point test. For an adult to be at risk in terms of the Adult Support and Protection (Scotland) Act 2007, the adult must meet all three points above.

- 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. 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). The last Biennial Report was published in 2016.

4.3 The report contains updates on the Dundee Health and Social Care Partnership's commitment to ensure that the protection of people of all ages is a key strategic priority, as well as wider developments to strengthen multi-agency responses to Protecting People concerns. It outlines how the Adult Support and Protection Committee has continued to work closely with all relevant partners, including the Council, Integration Joint Board, the Community Safety Partnership and relevant Strategic Planning Groups, to ensure our strategies and priorities are aligned and coordinated.

4.4 Although the period covered by this report relates to the tenure of the previous convenor, Mr Colin McCashey, it has been prepared by current convenor, Ms Torrance. Mr McCashey has contributed to and approved the content of the final document.

4.5 Progress on Previous Recommendations in Biennial Report 2016-2018

4.5.1 Progress made in relation to recommendations made in the previous Biennial Report is reported in detail in the full report. Of the 7 recommendations, 5 have been fully completed and 2 are partially complete. There has been progress in: ensuring an effective, proportionate and timeous response to adult concerns through the operation of the Police Scotland Risk and Concern Hub and the multi-agency Early Screening Group; increasing the proportion of adult concern referrals from agencies other than Police Scotland, including from members of the public; raising awareness of adult protection responsibilities amongst the General Practice workforce; enhancing operational and strategic responses to adults at risk across NHS Tayside; gathering qualitative information about the experiences that adults at risk have of protection processes and using this information to inform change and improvement in adult protection processes; and, implementation of the Early Indicators of Concern tool within care home settings.

4.5.2 One partially complete recommendation relates to how multi-agency partners ensure that improvement actions from self-evaluation activities are progressed and that subsequently desired practice improvements are achieved. Whilst some work has been progressed in this area the Biennial Report recognises that this was a significant area for improvement highlighted in the recent Joint Thematic Inspection of Adult Support and Protection and will require to be further addressed through the Transforming Public Protection Programme (Article VII of the Policy and Resources Committee of 20th August 2018 refers).

4.5.3 The other partially complete recommendation relates to the how partners record, report and take cognisance of the health and disability characteristics of adults at risk. Whilst some progress in relation to data collection, analysis and reporting has been made through the Health and Social Care Partnership's Quality Assurance Group this will be further progressed under the transformation programme. These developments will be aided by the additional investment recently made by the Council to enhance capacity to support the implementation of the Mosaic client records system.

4.6 Conclusions, Recommendations and Future Plans.

4.6.1 All Adult Support and Protection activity needs to be considered in the context of the strengths and areas for improvement identified by the recent thematic inspection and the developing Transforming Public Protection Programme.

4.6.2 The Independent Convenor has identified the following as priority areas recommended for development:

1. We will improve the integrity, collation and presentation of data to the Adult Support and Protection Committee and Chief Officers Group to better inform decision making and monitor progress. Work across the partnership to;
 - a) Revise Balanced Scorecard content for Chief Officers Group. (December 2018)
 - b) Revise Dataset to be tabled at each ASP meeting. (Commencing December 2018)

2. We will undertake a review of roles, core functions and membership of the Adult Support and Protection Committee. In partnership with the Improvement Service, Transformation, Performance and Improvement Team we will undertake self-evaluation activity of the core business of the Adult Support and Protection Committee and produce a Committee Improvement Plan. (Commencing October 2017 for completion March 2019)
 3. We will implement the Recommendations from the Thematic Joint Inspection of Adult Support and Protection through the Public Protection programme and monitor and evaluate progress with regular reports to the Committee.
 4. We will further develop effective ways to ensure that the views of supported people and their carers are collated and heard and contribute to the evaluation and development of core Adult Support and Protection processes.
 5. We will undertake a review of multi-agency Learning and Organisational Development activity relating to adult protection to ensure it meets the needs of the workforce and people in need of protection. Initial focus in respect of council officer role, broadening out to wider workforce.
 6. We will ensure that learning from Initial and Significant Case Reviews are applied in the context of Adult Support and Protection across Dundee.
 7. We will evaluate the impact of the Adult at Risk lead professional model on individuals who do not meet the three point test and ensure that learning from this contributes to the development and delivery of practice across the city.
 8. We will evaluate early Screening Activity across the partnership to be assured that the recognition of and response to adults at risk is consistent and proportionate.
- 4.6.3 Work has already begun to address a number of these recommendations, including through collaboration with the other Adult Support and Protection Committees across Tayside. The full participation of a range of Council departments in multi-agency working is critical to the full implementation of the Independent Convenor's recommendations over the forthcoming two-year period. Officers from the Council are active participants in multi-agency Adult Support and Protection governance and strategic planning structures and the Chief Social Work Officers provides professional oversight and advice regarding the protection of adults at risk.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. A copy of the Integrated Impact Assessment is available on the Council's website at www.dundee.gov.uk/jia.

6.0 CONSULTATIONS

Members of the Chief Officers (Public Protection) Strategic Group and Dundee Adult Support and Protection Committee have been consulted in the preparation of this report. The Council Management Team, the Chief Officer of the Integrated Joint Board and the Chief Social Work officer have also been consulted and are in agreement.

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer
Dundee Health and Social Care Partnership

DATE: 7 January 2019



Adult Support & Protection
Committee Dundee



Independent Convenor's Biennial Report

April 2016 - March 2018

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If not
you?

Convenor's Foreword

I am delighted to have recently taken on the role of Independent Convenor of the Adult Support and Protection Committee and would like to thank Colin McCashey, the previous Convenor, for his leadership and commitment to this agenda during the period covered by this bi-annual report.

This report details the work of the Adult Support and Protection Committee during the period April 2016-April 18 in Dundee City and as can be seen in the report there has been a lot of effective work to raise the profile of Adult Protection in Dundee across all agencies and improve processes. The report also contains data collected on the range of activity during this period as well as commentary on the priorities set for this period – the majority of which have been completed.

During this period the Adult Support and Protection arrangements in Dundee were inspected by the Care Inspectorate and the recently published report highlights some of the good work completed during this period as well as the challenges. Positive comment was made on the really good work to raise understanding of financial harm including the involvement of the banking sector and the work of the Scottish Fire and Rescue to introduce the Safe Places initiative in Dundee was also highlighted. The report also confirmed that despite identifying areas for improvement people in Dundee were safe and protected.

Recommendations for improvement from the report included more effective systems to identify outcomes and improvements in recording key processes including chronologies and risk assessments and the future actions for the coming two years detailed in this report are designed to address these areas as well as other challenges highlighted by the Committee.

I am very pleased that we will be supported through this journey by the work of the Public Protection Transformation programme which has been set up and resourced by the Chief Officers Group.

I can assure you that over the coming years the Committee and I will be working with all key stakeholders in Dundee to progress the actions in the report and ensure that people in Dundee continue to be safe and well supported.

Elaine Torrance
Independent Convenor,
Adult Support and Protection Committee
October 2018

Introduction and Context 1



What is Adult Protection

The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights:

The Adult Support and Protection (Scotland) Act 2007

It provides a range of measures which they can use. The public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

Adult Protection Committees

Under section 42 of the Adult Support and Protection (Scotland) Act 2007 each council must establish an Adult Protection Committee (APC). The membership of APCs is multi-agency and includes representatives of the council, the relevant NHS Board, the police and other organisations who have a role to play in adult protection.

APCs are chaired by independent convenors, who cannot be members or officers of the council. APCs have a central role to play in taking an overview of adult protection activity in each council area, and making recommendations to ensure that adult protection activity is effective. APCs have a range of duties, which include:

- Reviewing adult protection practices
- Improving co-operation
- Improving skills and knowledge
- Providing information and advice
- Promoting good communication

Adult Protection Committees are required to submit a report to Scottish Ministers every two years. During the period of this report Colin McCashey was the Independent Convenor but from April 2018 Elaine Torrance, a new independent convenor, has taken office.

Dundee Adult Support and Protection Committee

In Dundee these duties are delivered by the Adult Support and Protection Committee. (ASPC)

The ASPC core membership consists of representatives of key stakeholder agencies, namely...



The committee is chaired by an independent convenor contracted to fulfil this role by Dundee City Council on behalf of Dundee Adult Support and Protection Committee.

There may be more than one representative of a partnership agency, for example, The Chief Social Work Officer for Dundee City attends together with a Learning and Organisation Development Officer, Trading Standards, Neighbourhood Services and Legal Representation.

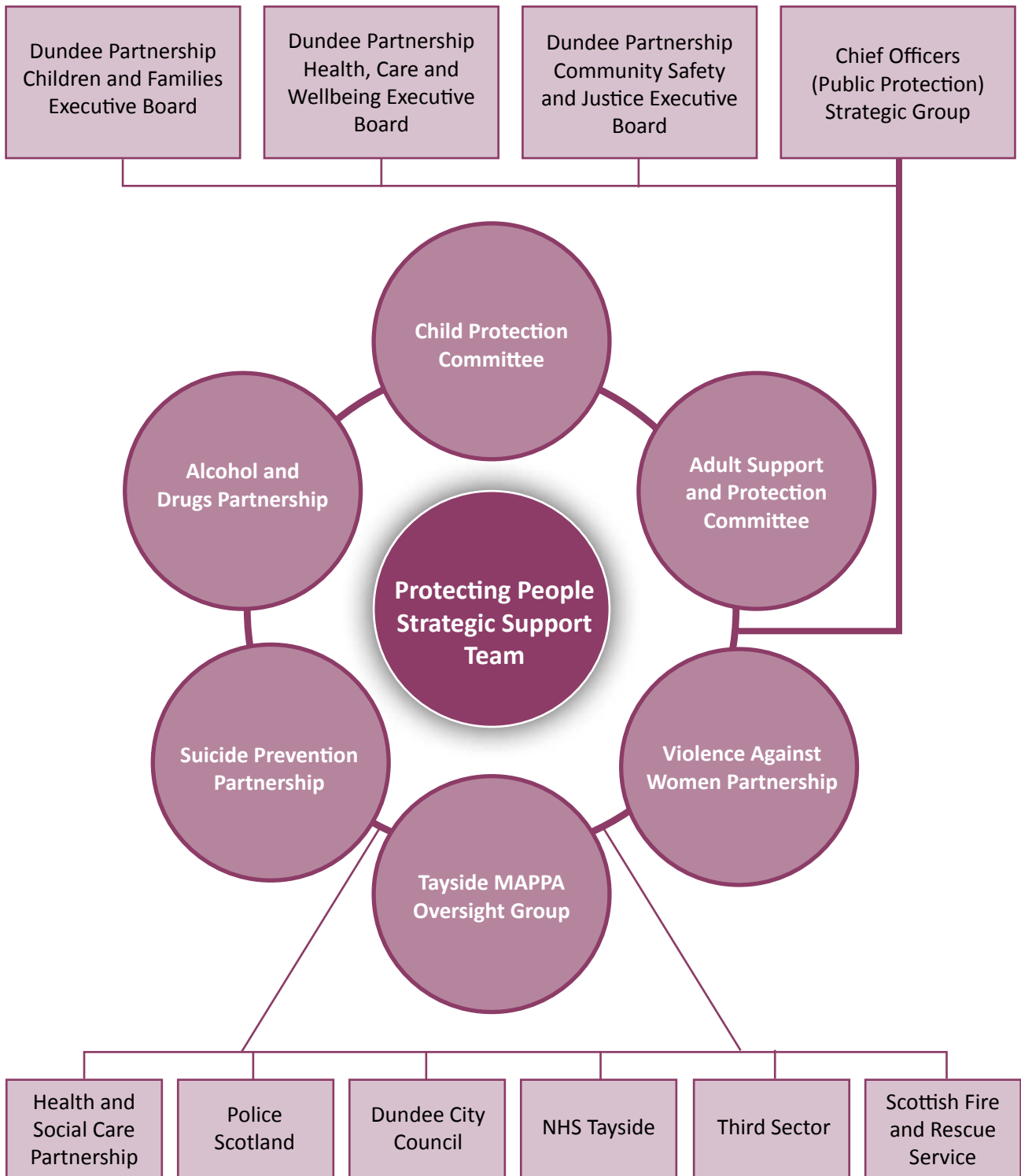
The committee also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee. Full details of the membership of Dundee Adult Support and Protection Committee can be found in **Appendix 1**.

The Adult Support and Protection Committee sits within the work of Protecting People which covers Adult Protection, Child Protection, Violence Against Women, Alcohol and Drugs and Multi Agency Public Protection Arrangements (MAPPA). There are three Protecting People groups which consider Self Evaluation, Communication and Learning and Workforce Development.

The Chief Officers of Dundee City Council, NHS Tayside and Police Scotland Tayside Division, individually and collectively, lead and are accountable for, the development of work in the area in relation to Protecting People Services. This includes ensuring the effectiveness of each of the component committees/partnerships. This places the work in a more holistic framework in which protection is undertaken in an integrated fashion.



The Chief Officer Group (Public Protection) is the strategic forum in Dundee with responsibility for shaping the operational development of the public protection arrangement. As such works through public safety and partnership committees statutory and otherwise to assess risk and to work to reduce it. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



The delivery of Adult Support and Protection processes in Dundee is administered by a team who arrange Adult Support and Protection meetings, manage referrals, minute meetings and collate performance data. This team continues to work efficiently, flexibly and effectively in delivering these key supporting tasks.

The role of Lead Officer to the Adult Support and Protection Committee was set up in July 2013 and focuses on progressing the work of the Committee through its subgroups and the Protecting People meetings. Now entitled “Lead Officer Protecting People” the post provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor.

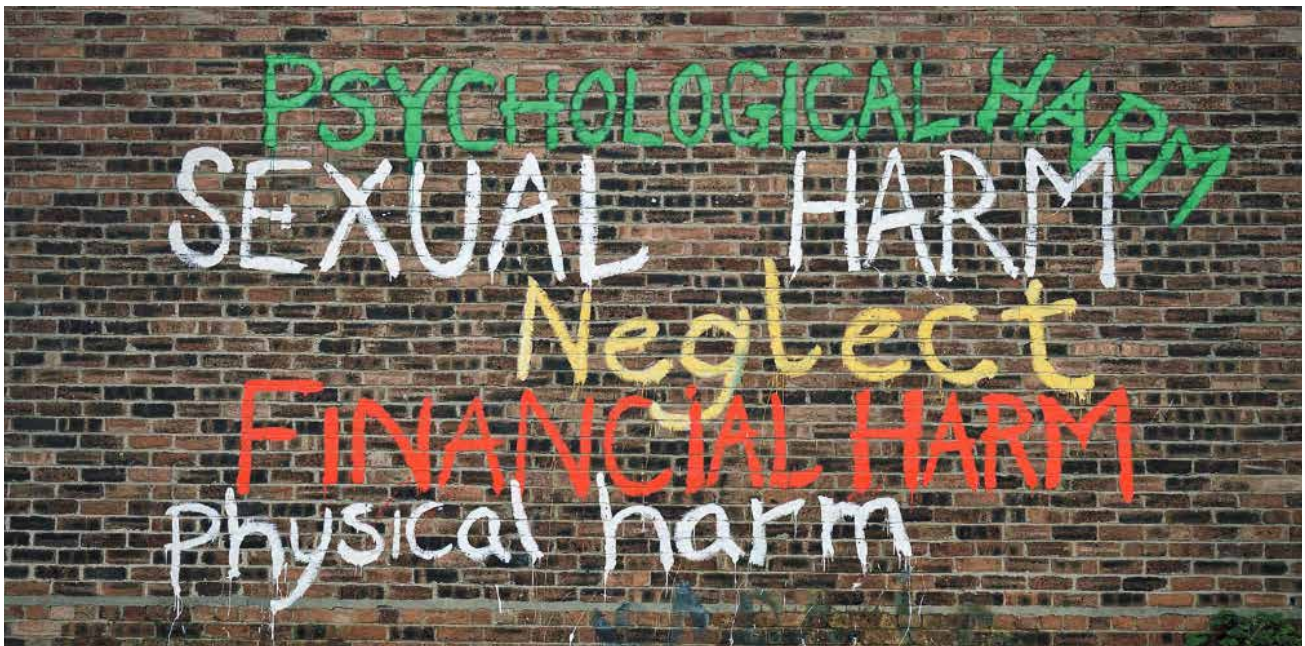
The period covered by this report has been one of considerable change in the landscape of the main statutory bodies for Adult Support and Protection: Councils, Health and Police.

This report covers the first full year of operation of the Dundee Health and Social Care Partnership (HSCP). Adult Support and Protection work is one of the areas where local authority functions are delegated to the HSCP and the Integrated Joint Board is ‘host agent’ for the Protecting People Team in Dundee.

The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services has been the focus of much work in respect of Adult Support and Protection with the Chief Officers Group committed to ensuring that the protection of people of all ages continues to be a key Strategic Priority.

The changes to Policing in Scotland in recent years has presented opportunities and challenges as eight forces have been united into one – Police Scotland.

Alongside the national changes there have been local changes with the development of the Risk and Concern Hub and the consolidation of the role of Police, Health and Social Work in the Early Screening Group. This has been managed positively locally, with good continuity of staffing, which has helped sustain this model of working. Adult Concern Reports are ‘triaged’ by a Detective Sergeant, before going forward to the Early Screening Group, and referral pathways, other than health and social work, this has led to a reduction in the number of adults being referred for statutory adult protection procedures such as Initial Referral Discussion but has contributed to others being proportionately supported by the right services at the right time.



Referrals

Between 1 April 2016 and 31 March 2018, 1,855 Adult Protection Concerns were reported to Dundee Health and Social Care Partnership. This is a reduction from the 2014-16 reporting period, however is greater than the numbers reported during 2010-12 and 2012-14.

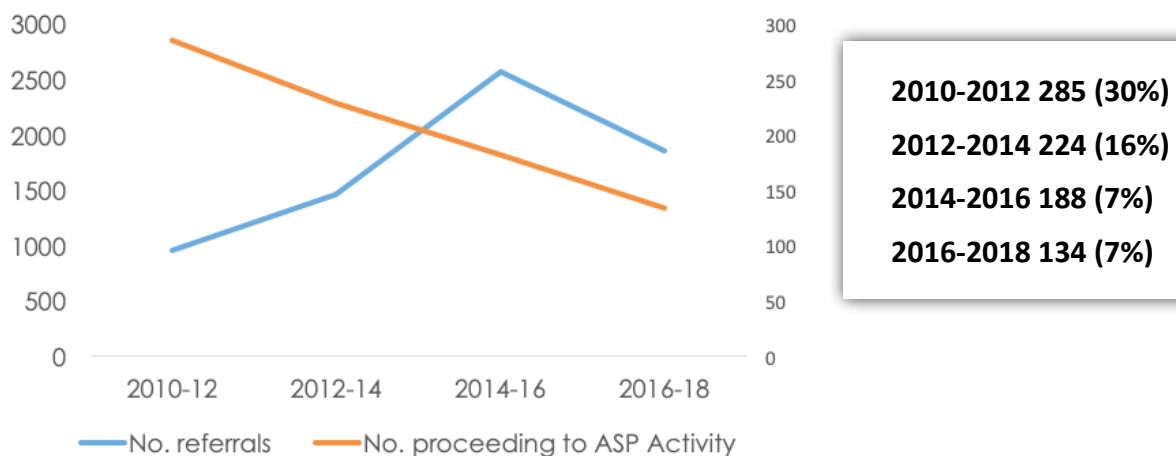
2010 – 2012 = 952 referrals

2012 – 2014 = 1,457 referrals

2014 – 2016 = 2,570 referrals

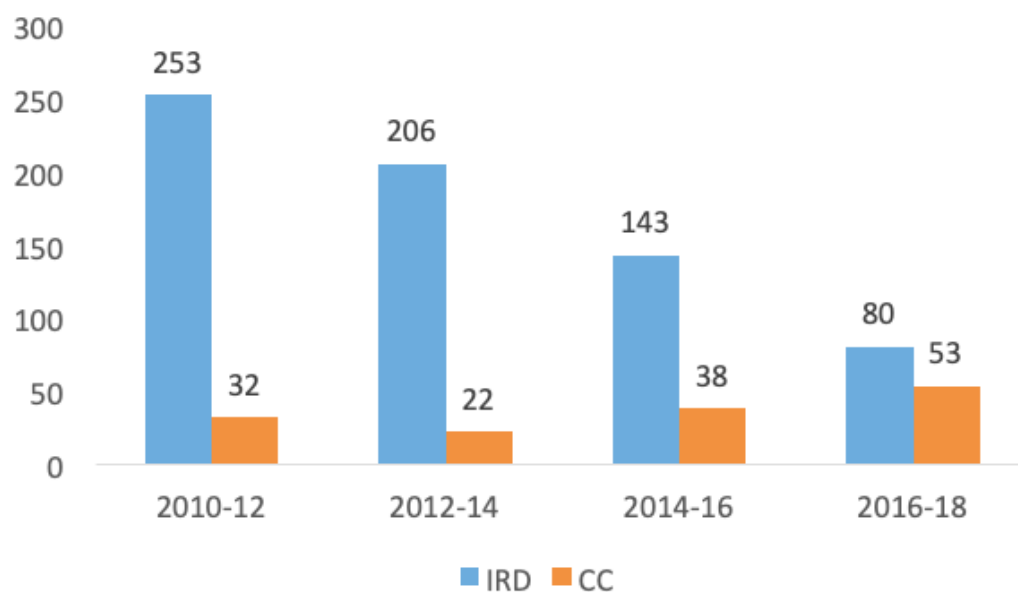
2016 – 2018 = 1,855 referrals

Chart 1: Number of Referrals and Number Proceeding to IRD or CC



Although the total number of referrals has decreased since the 2014-16 reporting period, 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 (IRD) and Case Conference (CC), has remained the same (7%). The development of both the risk and concern hub and early screening group have contributed to this trend, effectively ensuring a proportionate and timeous response.

Chart 2: Number of referrals which proceeded directly to IRD or Case Conference



Within 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 42 (79%) of the 53 cases that went straight to a Case Conference. This is substantially higher than the 47% and 18 cases which went straight to Case Conference and met the three point test during the 2014-16 reporting period. This can be accounted for by more robust screening, management discussions and decision making and better understanding of the three point test.

Age was a significant factor in referrals and Adult Protection Concerns in relation to older people (aged over 65) 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.

Source of Referrals

The source of each of the 1,855 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 continue to be received from a range of sources.

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

Source of Referral	Years 2012-14	% (No.) Resulting in Adult Support and Protection Activity	Years 2014-16	% (No.) Resulting in Adult Support and Protection Activity	Years 2016-18	% (No.) Resulting in Adult Support and Protection Activity
Anonymous	1	100% (1)	0	0% (0)	1	0% (0)
Other Organisation (Financial)	1	100% (1)	0	0% (0)	5	40% (2)
NHS GP	4	75% (3)	0	0% (0)	2	0% (0)
Dundee City Council	93	65% (60)	89	57% (51)	106	49% (52)
NHS	31	55% (17)	19	26% (5)	117	6% (7)
Other Organisation*	59	53% (31)	70	57% (40)	43	30% (13)
Other Local Authority	2	50% (1)	6	67% (4)	3	33% (1)
Member of the Public	34	50% (17)	16	75% (12)	57	14% (8)
Nursing / Care Home	53	42% (22)	13	15% (2)	52	15% (8)
Self Referral	4	25% (1)	4	75% (3)	6	33% (2)
Scotland Fire and Rescue	16	0% (0)	48	4% (2)	25	4% (1)
TOTAL exc. Police Scotland	296	52% (154)	265	45% (119)	414	23% (95)
Police Scotland	1161	6% (70)	2305	3% (69)	1438	3% (40)
GRAND TOTAL	1457	15% (224)	2570	7% (188)	1855	7% (134)

*Other Organisation; Care Inspectorate, Private care Providers, Sheltered Housing/Supported Accommodation, Independent Advocacy, Private Housing Associations, Independent Support Organisations

Pattern of referrals

Police Scotland

There has been a significant increase in the number of referrals which came from sources other than Police Scotland since 2014-2016. As in previous reporting years the majority of referrals came from Police Scotland, however a large proportion of these did not result in Adult Support and Protection activity. Although the proportion of referrals from Police Scotland which proceeded to Adult Support and Protection activity remains the same as the previous reporting period, the number of referrals has reduced. This reflects a large piece of work to improve referral processes and provide training regarding appropriate referrals.

Between 2014-16 and 2016-18:

- the overall number of referrals decreased by 28%, however the % of referrals that proceeded to Adult Support and Protection activity remained at 7% during 2016-18.
- the number of Police Scotland referrals decreased by 38% and the % of referrals that proceeded to Adult Support and Protection activity was 3% in 2014-16 and in 2016-18.
- there has been a 56% increase in the number of referrals from sources other than Police Scotland since 2014-16. This increase is largely from referrals from the NHS, other organisations (including the Care Inspectorate and Scottish Ambulance Service, other local authorities and members of the public.) This is reflective of awareness raising activity undertaken throughout this period.

NHS Tayside and NHS General Practice

It remains a concern that the number of referrals from NHS General Practitioners is extremely low. There were only 2 referrals for NHS Tayside General Practitioners between 2016-18. However the number of referrals from other specialties of the NHS increased considerably from 19 in 2014-16 to 117 in 2016-18. The % which proceeded to Adult Support and Protection activity dropped from 26% in 2014-16 to 6% in 2016-18. This can be accounted for by a combination of greater awareness amongst NHS staff to raise concerns (therefore increase in referrals) and improved understanding of the three point test, triaging and prioritising of referrals (leading to decrease in conversion rate.)

Members of the Public

The number of referrals from members of the public have increased by 100% from 16 in 2014-16 to 32 in 2016-18. This reflects the positive media campaign to inform the community about Adult Support and Protection and the advice provided regarding where to contact should they have any concerns.

Self Referrals

The number of self-referrals have increased by 50% from 4 in 2014-16 to 6 in 2016-18. Self-referrals made directly to the Health and Social Care Partnership are consistently low which reflects that many individuals would not recognise or report that they were potentially at risk. Many self-referrals are first identified by another partnership member, e.g. Police, who will identify concerns as part of their response to a reported incident.

Dundee City Council

Dundee City Council remains one of the largest referrers, with the number of referrals increasing from 89 in 2014-16 to 106 in 2016-18. However, the % of these referrals which proceeded to Adult Support and Protection activity dropped from 57% in 2014-16 to 49% in 2016-18. Analysis of this data indicates that this relates more to variation in recording of data rather than any significant change in operational practice. The development of Dundee Health and Social Care Partnership has impacted upon this with sources of referral being recorded differently to how they had previously been. Again the drop in conversion rate can be partially attributed to better screening and triaging.

Care Homes

Referrals from Care Homes increased considerably from 13 during 2014-2016 to 52 during 2016-2018. This can partly be attributed to multi agency early intervention and prevention training, policies and procedures, introduced during this period, particularly in institutional care settings which has resulted in concerns being identified as adult protection and progressed accordingly.

Fire and Rescue Service

The number of referrals from Scotland Fire and Rescue decreased from 48 during 2014-16 to 25 during 2016-18, however the % which proceeded to Adult Support and Protection activity remained at 4% in 2014-16 and 2016-18. This is reflective of better use of the Early Screening Group process. This can further be evidenced by a significant increase in joint visits with the fire and rescue service and as a consequence fewer referrals being made as Adult Support and Protection.

Other Organisations

The reported increase in referrals from 'other organisations' is broadly attributed to changes in how data is recorded and categorised. This category includes an increasingly growing range of organisations across the regulatory, private and voluntary sectors.

No Further Action

389 referrals required no further action under Adult Protection legislation. Only 17 (4%) of these referrals were from Police Scotland (Tayside), whereas during the 2014-16 reporting period, 84% were from Police Scotland (Tayside). The types of harm which were most likely to result in 'no further action' under the Adult Support and Protection legislation were:

Welfare Concern Issues 215 (55%), Financial Harm 63 (16%), Physical Abuse 31 (8%)
(There were an additional 80 referrals regarding other types of harm)

This is a “catch all” term that reflects a response in respect of Adult Protection legislation but does not necessarily mean that the individual was not signposted or supported by another partnership agency. As with many of the recorded indicators included in this report, further refinement is required in respect of what information is recorded and at what stage in the ASP process to better reflect the outcomes of the people involved.

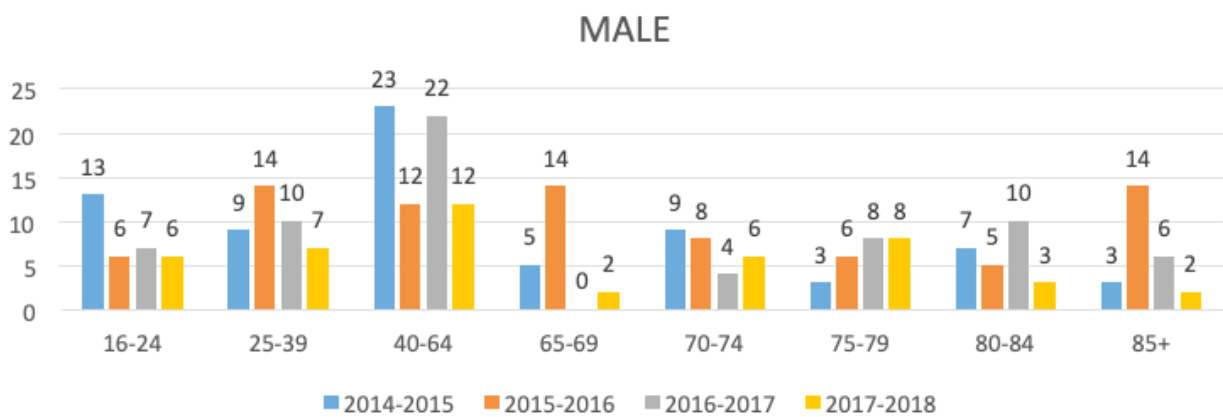
Retained by Community Care

385 (21%) 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.

Age and Gender

Of the 234 referrals received that proceeded to investigation during the time period covered by this report 113 (48%) related to males and 121 (52%) concerned females.

Chart 3(a) Referrals progressing to investigation by age and gender

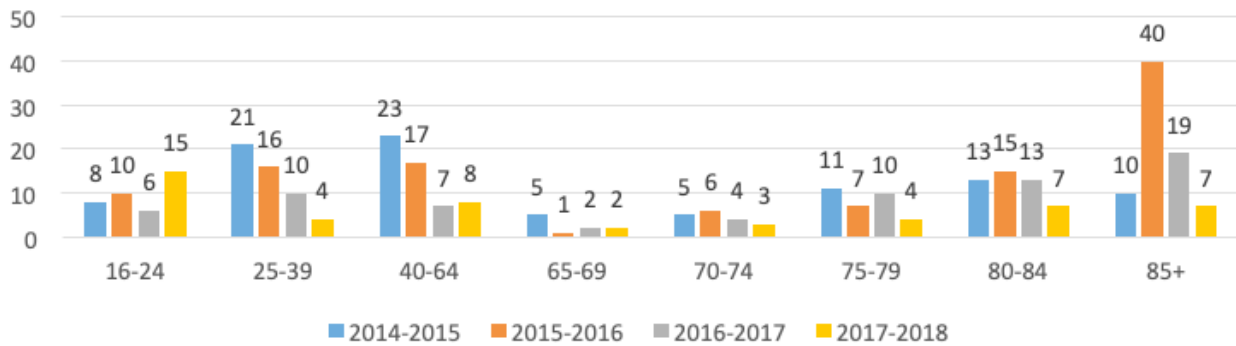


57% of males referred were under 65 with the remaining 63% aged 65 and above.

The age group of 40-64 has the highest number of referrals that proceed to investigation. 30% of male referrals were in this age group. Welfare and financial harm are identified as the two most prevalent types of harm for males in this age group.

Chart 3(b) Referrals progressing to investigation by age and gender

FEMALE



41% of females referred were under 65 with the remaining 59% aged 65 and above.

Those aged 85 and over represent 21 % of these referrals but there is a significant number of younger women aged 16-24 who make up 17%. Financial harm and welfare concerns are the two most prevalent types of harm identified across both these age groups.

Types of Harm

Table 2 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 during 2016-18.

Table 2 – Types of harm

	ADULTS (aged <65)				OLDER PEOPLE (aged 65+)			
	2016/17		2017/18		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%
Emotional	3	8%	2	6%	6	13%	0	0%
Financial	8	21%	10	29%	13	29%	6	40%
Self Neglect	0	0%	0	0%	0	0%	1	7%
Carer Neglect	3	8%	2	6%	8	10%	0	0%
Physical	3	8%	3	9%	4	9%	3	20%
Domestic	1	3%	0	0%	0	0%	0	0%
Fire Safety	1	3%	1	3%	0	0%	0	0%
Threat Self Harm	1	3%	0	0%	0	0%	0	0%
Actual Self Harm	0	0%	0	0%	1	2%	0	0%
Suicide Attempt / Ideation	2	5%	0	0%	0	0%	0	0%
Sexual	1	3%	4	12%	0	0%	1	7%
Discrimination	1	3%	0	0%	0	0%	0	0%
Welfare Concern	15	38%	12	35%	13	29%	5	27%
TOTAL	39	100%	34	100%	45	100%	16	100%

Adults aged under 65

For people who are aged under 65, the most prevalent types of harm which proceeded to IRD or Case Conference during 2016-2018 were regarding financial abuse (24%) and welfare concerns (36%).

Older People aged 65+

For people aged over 65, the most prevalent types of harm which proceeded to IRD or Case Conference during 2016-2018 were regarding financial abuse (34%) and welfare concerns (28%).

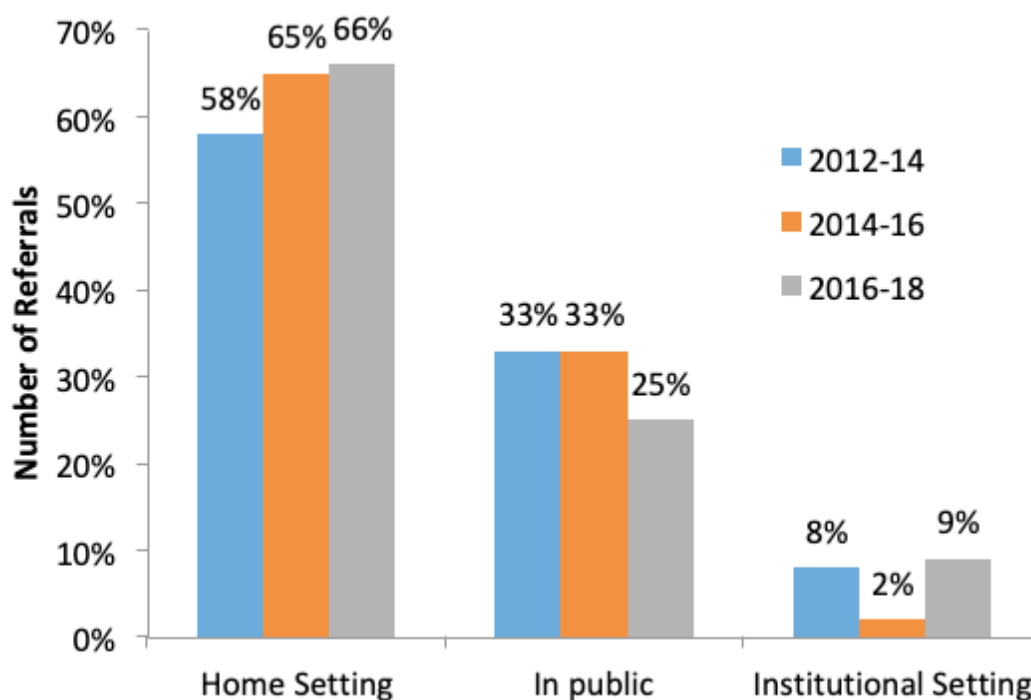
The prevalence of financial harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee continues to have an overview of activity undertaken to both prevent financial harm and identify those at risk.

There is work underway to further break down these categories – eg People with a Physical Disability, Learning Disability or dementia to help to target specific work where required.

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 is any location not covered by the other two (also includes the digital environment).

Chart 4 : Location of Harm



The percentage of harm which took place in a home setting increased between 2012-14 (58%) and 2016-18 (66%). The percentage of harm which took place in institutional settings decreased between 2012-14 (8%) and 2014-16 (2%), however increased to 9% in 2016-18. The percentage of harm that took place in public decreased between 2014-16 (33%) and 2016-18 (25%). Public Places Include refer to anywhere other than the persons home or an institutional setting. Examples of this include; Tay Road Bridge, Out in the street, On Public Transport, In shops/Public Houses/ Supermarkets, Leisure Centres/Public Buildings and Local Parks.

Sources of harm

Table 3 shows the relationship of the person causing harm to the individual at risk. 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.

There was a decrease in referrals where the alleged source of harm didn't involve an alleged perpetrator (the person was at risk from their own actions or environment) between 2014-2016 and 2016-18. During 2014-16 there were 1,492 referrals and during 2016-18 there were 842 referrals. The types of harm to self include for example suicide ideation, welfare concerns, drug or alcohol use, and self-neglect.

Table 3: Relationship of alleged source of harm to individual – Adults aged under 65

2016-18		
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	35	14%(5)
Parent	6	50%(3)
Other Family Member	42	26%(11)
A Friend / Associate	87	20%(17)
Employed Carer	31	23%(7)
Self	842	3%(22)
Stranger to Service User	38	7%(5)
Other Resident	5	40%(2)
Neighbour	10	10%(1)
Other	1	0%(0)
Total	1097	7%(73)

Most referrals regarding adults aged under 65 related to harm from themselves or their environment. A friend / associate, spouse / partner and other family were the most common alleged perpetrators. Referrals which were most likely to proceed to Adult Support and Protection activity were regarding alleged harm by a parent, followed by other resident then other family member.

If the first five categories are combined, then 201 (18%) referrals relate to individuals at risk of harm from individuals in a position of trust.

Table 4: Relationship of alleged source of harm to individual – Older People (65+)

2016-18		
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	16	25%(4)
Parent	0	0%(0)
Other Family Member	97	14%(14)
A Friend / Associate	45	18%(8)
Employed Carer	56	43%(24)
Self	459	2%(9)
Stranger to Service User	26	0%(0)
Other Resident	15	0%(0)
Neighbour	4	0%(0)
Other	0	0%(0)
Not Known	39	3%(1)
Total	757	8%(60)

Most referrals regarding adults aged 65+ relate to harm from themselves or their environment and again cover a wide variety of causes although incidents relating to cognitive impairment such as dementia feature more frequently in the 65+ age group. Other family member, a friend / associate and employed carer are the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection activity are regarding alleged harm by an employed carer, followed by other family member then stranger to service user.

If the first five categories are combined, then 214 (28%) referrals relate to individuals at risk of harm from individuals in a position of trust.

Use of Banning Orders

During the period from April 2016 - March 2018 legal services sought and obtained 7 banning orders. These relate to the protection of three individuals. Two of these individuals had learning disabilities and the third had physical disabilities and was considered to be an older person.



Earlier this year Dundee City played host to its 16th Corporate Leadership Conference the theme of which was “Leading Protection in Dundee.”

The programme provided the senior leadership group across the city with a range of information and perspectives to consider how leaders respond to the significant challenges of the complex protection agenda in the city and across the partnerships.

Protecting People Dundee have adopted the tag line “If not you...who?” as a means of both supporting the public to report concerns about children and adults at risk but also to encourage partners to reflect upon what they can do to help keep people safe.

Elaine Zwirlein, Executive Director, Neighbourhood Services presented a brief case study to illustrate this point.

Neighbourhood Services recently reviewed the role of Housing Officers and created Tenancy Sustainment Officers whose remit is to focus on the people aspect of the job.

This is Mr T's story whom I recently met when I was out and about Walking the Job.

Up until 5 years ago he was a health professional. Something catastrophic happened in his life and things began to spiral out of control.

Mr T started misusing alcohol, lost interest in his personal care and his living environment, became estranged from his family and began to demonstrate hoarding behaviour. He rarely went out for fear of bullying and as the physical conditions of his home deteriorated, he became increasingly embarrassed and unwilling to ask for help. For all intents and purposes he had given up on life.

Our Tenancy Sustainment Officer received a call from Scottish Fire and Rescue Service. Working together with the Housing Support Team we helped him turn the corner. He was supported to access the help he needed when he needed it, on his terms.

Now in a new flat, he told me how proud he was of it. He now re-engages with his sisters and, in his words, "feels at peace". He has lost weight, exercises regularly and is thinking about getting involved with the Sheltered Lounge.

This did not require Social Work. It just required someone not to walk on by and to ask what can I do to help?"

Given that only 7% of referrals made in relation to adults at risk in Dundee are progressed through statutory Adult Support and Protection activity it is recognised that it is everyone's responsibility to recognise and respond to people who might need help.

The example above helps demonstrate the difference this can make.

If not you.....who?



Between July and December 2017 the Care Inspectorate, working jointly with Her Majesty’s Inspectorate of Constabulary Scotland and Healthcare Improvement Scotland, undertook a joint thematic inspection of adult support and protection arrangements in six local community planning partnerships across Scotland, including the Dundee Community Planning Partnership.

This activity was focused on three quality indicators:

- Outcomes for adults at risk of harm and their unpaid carers.
- Key adult support and protection processes.
- Leadership for adult support and protection.

Inspection activity included two distinct phases; a range of pre-inspection self-assessment returns (including analysis of adult protection referrals) and an on-site activity (including case file reading and a series of interviews/focus groups with key stakeholders).

A report of the findings of the thematic inspection was published together with evaluations (using a six-point scale evaluation for each of the three quality indicators) on 3 July 2018. An assessment of each Community Planning Partnership inspected was included, alongside an overview chapter highlighting key themes from across Scotland. The inspection report can be read in full at:

www.careinspectorate.com/images/documents/4453/Review%20of%20adult%20support%20and%20protection%20report%20April%202018%20Interactive.pdf

Assessment of Adult Support and Protection Arrangements in Dundee

The Dundee Partnership was assessed as:

Outcomes for adults at risk of harm and their unpaid carers	ADEQUATE (strengths just outweigh weaknesses)
Key adult support and protection processes	WEAK (important weaknesses)
Leadership for adult support and protection	ADEQUATE (strengths just outweigh weaknesses)

The inspection report recognised that multi-agency partners work well together to deliver positive outcomes for adults at risk of harm and their carers. It acknowledged that as a Community Planning Partnership we respond timeously to adult protection referrals and adults at risk of harm; work hard to support all vulnerable people; carry out effective work on financial harm; and, support involvement and inclusion of adults at risk of harm and unpaid carers.

The involvement of the full range of Community Planning partners, including the third sector, fire and rescue service and banking sector in adult protection activity was recognised as an area of good practice by the inspection team. The inspection team were also supportive of programmes of improvement led by the Health and Social Care Partnership in areas such as the introduction of the 'lead professional' model, development of the Early Screening Group and Inter Agency Referral Discussions/case conference practice.

Whilst the report confirms that adults at risk in Dundee are safer, have enhanced wellbeing and an improved quality of life as a result of adult support and protection processes the inspection team found a number of areas of the Dundee Partnership's key processes that require significant improvement. On this basis the report makes three specific recommendations for improvement:

- The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.
- The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.
- The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

The report also highlights that whilst partnership leaders were aware of a number of these areas for improvement through recent self-evaluation activity that a sufficiently robust and timely drive for improvement had not been achieved by Community Planning partners.

Progress in Recommendations from Biennial Report 2016-2018

5



The previous convenor of Dundee Adult Support and Protection Committee made seven recommendations in the 2014-16 biennial report. Progress in respect of these is detailed as follows.

Recommendation 1

Ensure more effective linking and sharing information between the Committee and GPs as, despite more work having been undertaken with GPs over the past two years, this has not translated into increased referrals.

✓ COMPLETED

Whilst we have not seen a direct increase in referrals, the engagement with GPs around Adult Protection has increased and we are continuing to explore a number of routes to build on this engagement.

In early 2017 a number of medical students set for general practice participated in an awareness and training session for Adult Support and Protection. Feedback from this will inform future development opportunities.

GPs are undertaking LAERs where Adult Protection concerns have been raised or participating in LAERs, there is increased engagement between acute services and GPs in relation to Adult Protection concerns (and we have seen an increase in referrals from acute services).

Awareness raising materials have been circulated to GP practices.

GP's participated in the scrutiny sessions as part of the Thematic Inspection process.

NHS Tayside is progressing a Public Protection approach which will support GPs across the wider public protection agenda.

Recommendation 2

Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently.

✓ COMPLETED

NHS Medical Director chairs the NHS Trust Adult Protection Strategic Implementation Group and the work plan includes progressing work with GPs and other health professionals, to continue to identify a range of opportunities to improve knowledge around adult protection and their involvement in this.

Improvement work within acute services is having a positive impact with acute staff now routinely including adult protection concerns within discharge letters.

The appointment of a Strategic Lead for Adult Support and Protection supports the ongoing improvement work across all NHS areas/specialities and includes dissemination of information, policies, learning and improvement and developing relationships. GPs are also represented on the main Committees within NHST and receive regular updates on progress within the ASP agenda, as well as contributing to the direction/priorities as discussed.

Recommendation 3

Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. (This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations).

✓ COMPLETED

To understand the impact of Adult Support and Protection on Adults at Risk of Harm, Dundee Independent Advocacy Service (DIAS) agreed during 2016 to undertake independent interviews of Adults who had experienced Adult Support and Protection.

The interviews highlighted that Adults felt that the Adult Support and Protection intervention and experience has made a positive difference to their lives in that they feel safer and generally healthier, more settled, less worried, and three are looking to making plans for the future. All service users said they felt included, listened to and involved in decision-making.

Areas for improvement based on learning from the interviews were identified as...

- Organizing a method of gaining Adults and Carers who have experienced Adult Support and Protection interventions views on a systematic and regular basis so that their views and experience inform ongoing improvement activity.
- Ensuring that Adults are aware of the referral and ASP Meetings and have support and information to understand what this means and what supports are available through the process so that any response is personalized to the Adults circumstances.
- Ongoing promotion of independent advocacy as a means of supporting Adults to provide their views and participate in the decision making process in a meaningful way.

Building on this work, Dundee Voluntary Action were commissioned to review Professional Independent Advocacy in Dundee with a specific focus on Adult Support & Protection. A full report, presented to the ASPC in March 2018, made 8 recommendations which will inform the development of work in this area.

Recommendation 4

Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65<), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern:

- 4a Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee
- 4b Mental Health and;
- 4c Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.

 PARTIALLY COMPLETED

Links have been established with the various Strategic Planning Groups (SPG's) which were formed in response to the integration of Health and Social Care. The ASP convener has been invited to each SPG and, conversely, SPG members are now represented on the ASP committee.

Dundee Alcohol and Drug Partnership is developing a strategy that explicitly sets out how services are linked with the HSCP.

A frailty Strategic planning group has been established with a focus upon how local practice links to the National Strategies, and early intervention across Dundee.

In February 2017 work commenced on a Public Protection Quality Assurance Plan which resulted in the formation of a Health and Social Care Partnership Quality Assurance Group. Membership includes key representatives from a variety of stakeholder groups who will lead on the identified work streams and deliver on the relevant recommendations. Although governed through the Health and Social Care Partnership, the group reports directly to the Adult Support and Protection Committee. This, coupled with the changes planned in relation to the Adult Support and Protection reporting Framework will contribute to delivering on this recommendation.

The recent joint Inspection of Adult Support and Protection found a number of areas of the Dundee Partnership's key processes that require significant improvement and recommended that;

- The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.

Actions relating to this recommendation feature in the Public Protection Transformation Programme and will lead to improvements in the collation and analysis of data.

Recommendation 5

Ensure the recommendations from the thematic report – from past Case Based Self-Evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording:

- 5a Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users.
- 5b Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences.
- 5c Ensure training for wider services continues to be available, and is actively encouraged, for all services,
- 5d Review and improve recording of case information.

 PARTIALLY COMPLETED

The initial Adult Support and Protection Reporting Framework was approved by the Adult Support and Protection Committee in August 2015 until September 2017. It has undergone a period of review which is detailed as follows...

The initial framework sought to bring together the range of statistical information requested into one framework and to create a culture of openness and transparency in how data is used to inform improvements.

Since the initial framework was completed, significant learning has taken place about a systematic approach to reporting on:

Local and national required statistical data in a manner that enables identification of strengths and improvement actions.

- Outcomes from case conferences and IRD's
- The involvement of service users, family members, carers, advocacy and legal proxies in ASP Processes and an assurance that procedures are being followed.
- The impact of Adult Support and Protection on Adults at Risk of Harm and their experience of the process.
- Quality of our ASP processes including provision of required documents and adherence to timescales.

Alongside this, significant learning has taken place regarding means of recording and collecting data which both ensures best practice and accuracy of information recorded. This is so that valid and quality data is used to inform reporting and analysis of information.

In addition to this learning, local arrangements have changed with the integration of health and social care, introduction of mosaic (social work recording system), development of Local Outcome Improvement Plans and Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Forum and Group.

The ASP Reporting Framework has been updated to reflect this learning, new arrangements and to include a standard report template, frequency of reporting, reporting on outcome of audits and reporting on impact on service users, carers and communities.

There is further work to do as noted by the recent joint Inspection of Adult Support and Protection found a number of areas of the Dundee Partnership's key processes that require significant improvement and recommended that;

- The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.
- The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

Actions relating to these recommendations feature in the Public Protection Transformation Programme and will lead to improvements in chronologies, risk assessment plans and Adult Protection pathways.

Recommendation 6

The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.

✓ COMPLETED

Work has continued to progress in implementing and revamping current information in regards to the Early Indicator of Concern (EIC) tool and, as a Partnership how we can raise awareness of the EIC tool within Dundee Care Homes.

Following workshops convened in March, a scoping exercise was undertaken to explore how to raise awareness of the EIC tool in order for care homes to take a more proactive role in developing training materials which could be used in practice.

Two briefing sessions were arranged in June and July, managers from all care homes within Dundee were invited and a total of 12 care homes attended these sessions.

The main themes identified from the briefing sessions were:

- Larger care home companies had their own ASP training and were happy for EIC information to be emailed to them to incorporate information. There was a reluctance from these homes for co-production in developing updated training.
- These companies also felt information could be sent out as guidance with EIC tool attached and this then would be incorporated into practice within own homes through team meetings, CPD etc.
- Smaller standalone care homes with limited resources were more interest in working with Dundee Health and Social Care Partnership and being part of a co-produced training programme. This information could be delivered using train the trainer's format.

Following this, a number of visits were made to care home managers who were unable to attend the briefing sessions to raise awareness of the EIC tool and to encourage participation in the focus groups.

Focus groups convened in 2017 were not well supported by providers and in March the plan was revised to explore options and engagement of care homes.

Early Indicators of Concern Activity was identified as a strength in the recent thematic inspection of ASPC.

Recommendation 7

Due to the continuing rise in Police Scotland Adult Concern Reports in Dundee, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.

✓ COMPLETED

Dundee HSCP have provided an update on Benchmarking Activity and Police Scotland are progressing this agenda, It is recognised however that comparison with other areas is not without challenges due to differences in approach and practice. As part of the work of the Public Protection Quality Assurance Group, a strategic support officer will undertake a benchmarking exercise with other Partnerships to explore models of ASP Practice, Service Delivery and Strategic Support and in particular make recommendations for developments in Dundee based on learning elsewhere.

Within Dundee, to ensure an ongoing learning and improvement approach to the Early Screening Group an evaluation was undertaken during 2016 as a partnership with Police Scotland and Fire and Rescue. The purpose of the evaluation was to consider areas for further improvement and development in relation to the ESG and in doing so have a consistent focus on the support and protection of Adults.

The evaluation used feedback gained from case file audit, stakeholder discussion, review of statistical data, self-evaluation using Tayside Clinical, Care and Professional Governance Framework, reference to the ASP Biennial Report and consideration of the wider developments in relation to Public Protection and integration of health and social care.

An ESG improvement plan was implemented based on the evaluation.

It was identified that a key strength of the ESG is its multi-agency approach to screening of Adult Support and Protection referrals. Through this multi-agency approach it has enabled the development of positive working relationships between services involved.

This approach has supported a focus on responding to other forms of harm such as fire safety and scams and enabled development of and building links with substance misuse, mental health and neighbourhood services.

A multi-agency group consisting of representatives from Police Scotland, Fire and Rescue and Dundee Health and Social Care Partnership considered the current protocol and improvement areas to ensure that that Adults referred to the ESG are supported and protected.

The Early Screening Group procedures were subsequently revised so that:

- Adults are made aware of Adult Support and Protection concerns received by Dundee Health and Social Care Partnership and outcome of ESG discussions.
- All referrals received for Adult Support and Protection where the Adult is not active to any Health and Social Care Partnership Team will be referred to the Early Screening Group.
- Risk management arrangements or Adult Support and Protection procedures as appropriate will be implemented where a person is referred more than three occasions to the Early Screening Group and/or where there are concerns identified in order to proactively prevent harm and respond to risk.
- Appropriate recording and information sharing arrangements are in place so that decisions made at ESG are accurately recorded.
- There is systematic recording of Adults outcomes so that better understanding is gained about the impact of the ESG on Adults.

It is anticipated that by implementing this change of model that a shift towards preventative approaches, which reduce risk of harm and improve outcomes for individuals will be realised.

The inspection team who undertook the recent joint Inspection of Adult Support and Protection were supportive of programmes of improvement led by the Health and Social Care Partnership in areas such as the introduction of the 'lead professional' model, development of the Early Screening Group and Inter Agency Referral Discussions/case conference practice.

Adult Support and Protection Activity

7



Communication and Engagement has always featured as a priority for the different Protecting People work streams. In recognition that risk does not happen in isolation a group was formed in 2013 to develop a communications and engagement strategy and coordinate activity relating to this.

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

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

To this end, the Communication group have concentrated on raising public awareness through attendance at public events, such as the Dundee Farmer's Market in June, and the Dundee Flower and Food Festival in September.

Partners from the Celebrate Age Network and Dundee Pensioner's Forum work with the Committee on the Elder Abuse Awareness event each June. 2016 also saw the involvement of Police Scotland Youth Volunteers at events.



The Protecting People Team and Celebrate Age Network at this year's Farmers Market.

To mark ten years of the Adult Support and Protection (Scotland) Act the first national Adult Protection day took place in February 2018. As well as a national event in Edinburgh Dundee ASPC held it's own pop-up event at Ninewells Hospital.



Representatives of Protecting People, NHS Tayside and Older People at Ninewells Hospital.

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

Protecting People of All Ages in Dundee is a booklet which provides information for people who have concerns about harm and ensures they are directed to the right public protection agency. It was revised and published as an easy read version during the Summer of 2016. The booklet was put together with the involvement of community representatives of the 8 Local Community Planning Partnerships (LCPP's) in Dundee. It is supported by 4 key protecting people forums: Dundee Child Protection Committee (CPC), Dundee Adult Support & Protection Committee, Dundee Violence Against Women Partnership and Tayside Multi-Agency Public Protection Arrangements (MAPPA).

6.3 Chief Officers Engagement

Since 2014 the Chief Officers' (Public Protection) Group (COG) has held events focusing on different Protecting People (PP) issues. In recent years, the aim of these events has been to upskill those working in Dundee about different PP issues and to provide an opportunity to explore, discuss and consider solutions for such issues. In addition, the events provided the opportunity for a 'two-way' communications between the Chief Officers and the wider multi-agency workforce.

In May 2016 a Protecting People Conference was convened focussing on issues including sexual abuse, terrorism and extremism and vulnerable young women.

In November 2016, the subject of the engagement event was Tackling Stigma.
May 2017 hosted an event focussing on Neglect.

The event scheduled for November 2017 was carried forward into January 2018 when the subject under consideration was Transitions.

Throughout 2017 consultation was undertaken with a variety of stakeholders which resulted in proposals to test a different approach to COG events during 2018. The first of these took the form of breakfast sessions throughout February and March.



In February - March 2018 Chief Officers hosted a number of Breakfast sessions where a variety of Protecting People issues were discussed.



COG Transitions Conference January 2018



David Lynch, Chief Officer, Dundee Health and Social Care Partnership, Ann Hamilton, Independent Chair, Dundee Violence Against Women Partnership, David Martin, Chief Executive, Dundee City Council, Jane Martin, Chief Social Work Officer / Head of Integrated Children's Services and Community Justice. Made up the Dundee Protecting People Question Time panel.

Learning & Workforce Development Framework

6.4 Learning and Organisational Development

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

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

Last year 10 Protecting People Awareness Workshops were held across Dundee with 127 people participating.

Between 2017 and 2018 79 people were trained in ASP roles and Responsibilities.

13 completed ASP Investigative Interviewing.

In 2017 the Protecting People Virtual College E Learning modules were developed in partnership with Dundee City Council. The Dundee Chief Officer Group and partner agencies have given their commitment to continuous learning and development of all staff and volunteers working with the people of Dundee. Five E Learning courses are now available to those working with Children, Young people and adults. All courses are free and easy to access after a simple registration process.

Since launching the E-Learning modules in 2017 305 people have completed the Protection Awareness Module and 111 have completed the ASP Awareness Learning.

6.5 Financial Harm

Financial harm activity was identified as an area of strength across Dundee from the recent Thematic Inspection.

Throughout 2016-17 a 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 developed and implemented a financial harm action plan.

Leaflets relating to financial harm and scams have been developed and distributed at events such as Police Doorstep Crime/Rogue Traders/National Consumer Week, scams packs given out in a local shopping centre, Citizen's Advice Bureau Scams awareness month in May 2016, Elder Abuse Day in June 2016 / 17 at the Farmer's Market.

Work has continued with local banks with some bank branches and post offices involved in the Police Doorstep crime information stalls.

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

The remit and membership of the group has recently been reviewed in order to identify those most at risk and target information and resources more effectively. This will feature in development plans for the future.

6.6 Stakeholders Group

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

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

The original chair was from Dundee Carer's Centre and after the first year this was changed to Advocating Together. Meetings have taken place regularly across 2016/18.

The initial focus of the work of the group consisted of three priority areas: Self Directed Support, Hate Crime and Financial Harm. This now broadened to an increased focus upon advocacy and greater representation from and involvement of people with lived experience of risk and support.

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

In 2016 the group undertook a survey on Dundee's progress in terms of the 2011 'Hidden in Plain Sight' report on the harassment of disabled people and produced a report for the ASP Committee.

Three people with lived experience of Adult Support and Protection are now members of the ASP committee.

Conclusions, Recommendations and Future Plans



Progress in relation to recommendations made in the previous biennial report is detailed in Chapter 4. However, all Adult Support and Protection Activity needs to be considered in the context of the outcome of the recent thematic inspection.

Dundee Adult Support and Protection Committee has identified the following as priority areas recommended for development.

Recommendation 1

We will improve the integrity, collation and presentation of data to the Adult Support and Protection Committee and Chief Officers Group to better inform decision making and monitor progress.

Work across the partnership to;

- a) Revise Balanced Scorecard content for Chief Officers Group. (December 2018)
- b) Revise Dataset to be tabled at each ASP meeting. (Commencing December 2018)

Recommendation 2

We will undertake a review of roles, core functions and membership of the Adult Support and Protection Committee.

In partnership with the Improvement Service, Transformation, Performance and Improvement Team we will undertake self-evaluation activity of the core business of the Adult Support and Protection Committee and produce a Committee Improvement Plan. (Commencing October 2017 for completion March 2019)

Recommendation 3

We will implement the Recommendations from The Thematic Joint Inspection of Adult Support and Protection through the Public Protection programme and monitor and evaluate progress with regular reports to the Committee.

Specifically:

The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.

The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.

The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

Recommendation 4

We will further develop effective ways to ensure that the views of supported people and their carers are collated and heard and contribute to the evaluation and development of core Adult Support and Protection processes.

Recommendation 5

We will undertake a review of multi-agency Learning and Organisational Development activity relating to adult protection to ensure it meets the needs of the workforce and people in need of protection.

Initial focus in respect of council officer role, broadening out to wider workforce.

Recommendation 6

We will ensure that learning from Initial and Significant Case Reviews are applied in the context of Adult Support and Protection across Dundee.

Recommendation 7

We will evaluate the impact of the Adult at Risk lead professional model on individuals who do not meet the three point test and ensure that learning from this contributes to the development and delivery of practice across the city.

Recommendation 8

We will evaluate early Screening Activity across the partnership to be assured that the recognition of and response to adults at risk is consistent and proportionate.

Appendix 1

Agencies Represented on the Dundee Adult Support and Protection Committee.

Dundee Adult Support and Protection Committee (Independent Convenor)

Dundee Health and Social Care Partnership (Lead Officer, Adult Support and Protection)

Dundee Health and Social Care Partnership

Dundee City Council, Children and Families Service (Chief Social Work Officer)

NHS Tayside

Dundee City Council, Neighbourhood Services (Housing)

Dundee City Council, Corporate Services (Legal)

Dundee City Council, Neighbourhood Services (Trading Standards)

Care Inspectorate

Dundee Violence Against Women Partnership

Procurator Fiscal's Office

Police Scotland (Tayside Division)

Advocating Together (Dundee) SCIO

Scottish Fire and Rescue

Dundee Voluntary Action (Mental Health Services)

Royal Bank of Scotland

Celebrate Age Network



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