



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 FEBRUARY 2023

REPORT ON: PROTECTING PEOPLE COMMITTEE ANNUAL REPORTS 2021/22

REPORT BY: PROTECTING PEOPLE COMMITTEE INDEPENDENT CHAIRS

REPORT NO: DIJB3-2023

1.0 PURPOSE OF REPORT

To present to the Integration Joint Board the annual reports published by the Protecting People Committees for the period 2021/22.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of each of the annual reports (attached as appendices 1 to 4).
- 2.2 Note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2021/22 (section 4.2).
- 2.3 Note the challenges and priority areas for action identified across the annual reports for focus during 2022/23 and beyond (section 4.3).
- 2.4 Note the intention to produce a single, integrated annual report for all Dundee Protecting People Committees for the reporting year 2022/23 (section 4.4).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 All agencies, professional bodies and services that deliver child and / or adult services or otherwise work with members of the public have a responsibility to recognise and actively consider potential risks to the safety and wellbeing of the people they come into contact with. Dundee Health and Social Care Partnership therefore has an important role to play in local arrangements, both at an operational and strategic level, in relation to child protection, adult support and protection, violence against women and the management of high-risk offenders.
- 4.1.2 The Dundee Child Protection Committee, Dundee Adult Support and Protection Committee, Dundee Violence Against Women Partnership and Tayside MAPPA Strategic Oversight Group have overall strategic responsibility for the continuous improvement of protecting people policy and practice in the local area. These partnerships consist of representatives from a range of backgrounds including the police, health services, local authority, health and social care, prison service, fire and rescue service, community planning and the third sector.

4.1.3 Requirements relating to the production and publication of annual reports vary, having been set out in legislation and national guidance for each specific group. Current arrangements can be summarised as follows:

- Dundee Child Protection Committee (attached as appendix 1) – no requirement to publish an annual report, however most Committees across Scotland do. The Child Protection Committee currently reports by academic year and therefore the report for this year covers the period from 1 August 2021 to 31 July 2022.
- Dundee Adult Support and Protection Committee (attached as appendix 2) – Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Committee and progress made in protecting adults at-risk of harm. The Independent Convenor's report was submitted to the Scottish Government by the deadline of 31 October 2022.
- Tayside MAPPA Strategic Oversight Group (attached as appendix 3) – national guidance sets out the requirement for each MAPPA Strategic Oversight Group to publish an annual report by a specified deadline every year. The report for MAPPA in Tayside was published in late October 2022, later being endorsed by the Dundee Chief Officers Group at their meeting on 22 December 2022.
- Dundee Violence Against Women Partnership (attached as appendix 4) – no requirement to publish an annual report, however this year the Partnership in consultation with Dundee Chief Officers Group agreed an annual report should be published. This reflects the equal status given to the work of the Violence Against Women Partnership within local integrated protecting people governance and strategic planning arrangements for Dundee.

Following approval / endorsement by the Chief Officers Group in December 2022 all of the annual reports, with the exception of MAPPA report, were published on 7 February 2023.

4.1.4 The annual reports for child protection, adult support and protection, and violence against women have been aligned in terms of their content and format for the 2021/22 reporting year. This has been influenced by national guidance issued to Adult Support and Protection Committees regarding report content, with a localised approach being used to ensure that reports are suitable for publication and designed in a way that makes them more accessible to members of the public. An aligned approach is in keeping with the local commitment to a whole system, protecting people approach that recognises and responds to the linkages between different forms of risk and harm experienced by people both at a single point in time and over their lifetime.

4.2 Areas of Progress

4.2.1 During 2021/22 significant progress has been made in improving services and supports in a range of areas that are relevant across all the Protecting People Committees. This includes:

- The development of a local implementation plan for trauma-informed practice. This has included tests of change in a range of service settings to support the workforce to develop and implement trauma informed approaches in their own service areas. There has also been a focus on providing learning and development opportunities for staff and supporting leaders to prioritise trauma-informed approaches within the service areas that they manage.
- Incorporating learning from modified governance arrangements during the COVID-19 pandemic into business as usual approaches for the Protecting People Committees. This has included continuing to make use of virtual meeting platforms, fully embedding the use of strategic risk registers to support strategic planning and prioritisation and a continued focus on workforce communication and support.

- Continued work to strengthen approaches to data analysis and quality assurance. Across the Protecting People Committees work has been undertaken to further improve datasets that are regularly reported at committee meetings. A range of committee sub-groups are now also in place to support data analysis, quality assurance and self-evaluation. This is leading to the committee risk registers and strategic plans being better informed by up-to-date data and intelligence and an enhanced focus on service and outcome improvement. For example, in the Adult Protection Committee data analysis has been central to assessing emerging risks of increased financial harm associated with the pandemic and informing service improvements in initial screening pathways. The Child Protection Committee has been one of two early adopters of the recently expanded national minimum dataset. In the Violence Against Women Partnership a Scrutiny Group has been established and in MAPPA a multi-agency dataset has been established.
- Case Review activity continued across all committees. In adult protection 7 initial case reviews were undertaken, with 1 progressing to a Significant Case Review (due to report in early 2023) and a thematic review of fire deaths being completed. In child protection 2 cases were considered, with none progressing to a Significant Case Review. Key learning themes from review activity that has taken place over recent years has been collated to identify the most significant areas for improvement and inform committee delivery plans. Partnering with Angus Protecting People, work has also been undertaken to refresh and align local case review protocols with national guidance.
- Further work to develop guidance and tools focused on chronologies and risk assessment and to implement these in practice. This has included adult services learning from previous improvement work undertaken in children's services during the pandemic. In children's services there has been a focus, through case file auditing, on evaluating the impact of this historic improvement activity. Audits have demonstrated incremental progress in improving the quality of chronologies, risk assessments and plans.
- Learning and development activities have continued to adapt to post pandemic models of working, with a greater emphasis on remote and flexible learning opportunities alongside the return to some face-to-face delivery. Evaluation of training has highlighted a positive impact on knowledge, confidence, capacity for reflection and perceived improvement in some core practice skills.
- A greater focus on meaningful involvement of people with lived / living experience (both members of the public and the workforce) in the work of the Protecting People Committees. The Chief Officers Group has partnered with Authentic Voice Project (a collaboration between the Improvement Service, Safer Lives and Resilience Learning Partnership) to undertake a sector leading project to explore options for people with lived experience to have significantly increased voice and influence in multi-agency strategic and governance structures.

4.2.2 With individual committee remits there have also been some significant positive developments throughout the year:

Adult Support and Protection

- Improved arrangements for providing an initial response to vulnerable adults, particularly in response to rising referral levels following the pandemic period. This has included work to improve the consistent use and quality of chronologies and risk assessments.
- Increased adult protection referral activity from NHS Tayside following focused work to improve awareness and understanding of adult protection matters.

- Completion of a thematic review of 3 cases in which adults at risk died as the result of a fire.
- Case review activity identified hospital discharge as an area for particular development in terms of adult support and protection practice and subsequently specific training and development opportunities were provided.

Child Protection

- Multi-agency partners were subject to a Joint Inspection of Services for Children and Young People at Risk of Harm, where overall the local multi-agency responses was evaluated as 'Good'. Overall, the inspection report reflected very positively on partnership responses to at risk children and families throughout the pandemic period, the ability of frontline practitioners to build and sustain positive relationships with children and families on the commitment, the timeliness and effectiveness of identification and initial response to concerns and the dedication and expertise of the workforce. Areas for improvement were incorporated into the committee's delivery plan.
- The Council's Children and Families Service has fully implemented a regular and structured approach to quality assurance audits, evidencing improvement in quality of assessments, chronologies and plans.
- A collaborative review of services for adolescents has been led by the Children and Families Social Work Service and, as a more immediate measure, a multi-agency senior manager oversight meeting has been established to co-ordinate support for the 'critical few' young people at the highest risk of significant harm.
- A dedicated Team Manager has been appointed to lead development of workforce capacity to respond effectively to both victims and perpetrators of domestic abuse within child protection processes and practice.
- There has also been a focus on supporting Kinship carers, many of whom are providing care for children and young people impacted by parental drug and alcohol use, with a dedicated Kinship Care Team established working in partnership with Tayside Council on Alcohol.

Multi-Agency Public Protection Arrangements (MAPPA)

- Development of training programmes for operational staff, aligned to revised national guidance with an initial focus on training for people who Chair MAPPA meetings.
- Embedding routine auditing across core MAPPA agencies with findings shared to inform learning and improvement across all agencies.
- Following national collaboration with Police Scotland, the Council confirmed that existing information sharing requirements in relation to the Violent and Sexual Offender Register (ViSOR) would be maintained at a high level. Going forwards, local authorities will inform developments in respect of a new information sharing tool scheduled to be implemented in 2024.

Violence Against Women Partnership

- Police Scotland has significantly increased their Domestic Abuse Liaison Officer capacity focused on risk assessment and implementation of effective safety planning for victims and robust onward referral to advocacy and support services.

- Continued, sector leading approach to implementation of gendered services including development of service directories, provision of training, further development of specific services such as the successful bid to support the development of a women's hub and meaningful involvement and influence across all aspects of this work from women with lived / living experience.
- Developing a collaborative approach to addressing unmet need and challenges in resourcing of services and improvements, which has attracted new funding into the city whilst also making better use of existing resource.
- Partnering with Learning and Organisational Development and the third sector to appoint a Gender-based Violence Advisor to co-ordinate learning, training and development with a specific focus on trauma-informed, survivor focused, gendered approaches.

4.3 Challenges and Future Priorities

4.3.1 All of the Protecting People Committees have experienced and responded to a challenging landscape over the last reporting year. The continued impact of the pandemic on the health and wellbeing of the local population has been reflected in increasing demand for services and supports, with data and intelligence also indicating increased levels and complexity of risk for many vulnerable people. More recently, this has been further compounded by the impact of the cost of living crisis. Challenges in maintaining full workforce capacity have also been experienced across the multi-agency partnership, with staff turnover and recruitment challenges impacting through the year. This in turn has meant the prioritisation of staff capacity towards maintaining frontline services and consequently reduced capacity to focus on areas for development and improvement.

4.3.2 Moving into 2022/23 the Protecting People Committees will continue to be driven by their agreed delivery plans, with regular progress reporting to the Chief Officers Group. Each committee's plan is tailored to local data and intelligence, learning from case reviews and other quality assurance activity and national guidance and policy. However, some common areas of focus include:

- Continued activity to build on progress made to date in improving data analysis and quality assurance as part of an overall process of continuous improvement.
- Continued focus on addressing improvement priorities arising from internal quality assurance activity and external scrutiny reports. This includes evaluating the impact of improvement activity.
- Updating of local multi-agency procedures and guidance to fully incorporate practice changes and learning from the pandemic period, as well as the requirements of a range of recently issued national guidance.
- A significantly enhanced focus on consistent, high-quality communications activity both for the public and the multi-agency workforce.
- Continued work with national partners to ensure that governance and strategic planning arrangements adapt to accommodate more meaningful involvement of people with lived / living experience.
- Further developing connections between the individual Protecting People Committees to enable more joint working on cross-cutting areas of risk and need, including domestic abuse, drug and alcohol use, prevention activity, lived experience involvement and trauma-informed approaches.

4.4 Future Arrangements for Annual Reports

- 4.4.1 Although some progress has been made in the 2021/22 annual reporting year to modernise and align the local approach to reporting across the Protecting People Committees, there are plans to further improve this approach from 2022/23 onwards. For the next reporting year, a single integrated report will be produced for publication rather than individual committee reports. This integrated report will be developed in such a way as to ensure that statutory annual reporting requirements (described at section 4.1.3) continue to be met in full. From 2022/23 the integrated annual report will include content for the Dundee Alcohol and Drug Partnership. Given the Tayside wide remit of the MAPPAs Strategic Oversight Group it may not be possible to fully integrate their annual report, however options for a streamlined approach will continue to be explored. It is envisaged that a single, public facing report will be more accessible to members of the public as well as making better use of resources required to develop and format individual reports. The timeline for publication of the single, integrated report will also be brought forward with a target date of the end of October 2023.
- 4.4.2 For the 2022/23 reporting year work will also continue to further develop the format of the report, with a focus on enhancing public accessibility. This will include developing more interactive content, such as utilising video and audio clips, and moving away from reliance on written narrative to communicate key messages.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Dundee Child Protection Committee, members of the Dundee Adult Support and Protection Committee, Members of the Dundee Violence Against Women Partnership, members of the Tayside MAPPAs Strategic Oversight Group, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care, the Chief Social Work Officer and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Elaine Torrance
Independent Convenor, Dundee Adult Support and Protection Committee
/ Independent Chair, Dundee Child Protection Committee

DATE: 24 January 2023

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Independent Chair, Dundee Violence Against Women Partnership

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**Dundee
Child Protection
Committee**



If not
you?
...**who?**

**ANNUAL
REPORT
2022**



**Dundee
Child Protection
Committee**

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Introduction

This annual report of Child Protection Activity covers the period August 21 to August 22 to coincide with the school year and sets out the achievements and areas of improvement for the coming year.

This year has been a year of recovery following the COVID-19 pandemic during which all partners and staff responded and flexibly to keep children and young people safe especially when schools and other supports were closed. However, we acknowledge that this continues to have a significant impact on staff, families and children and young people themselves which is reflected in this report and future priorities.

During the period of the report Dundee Child Protection arrangements were subject to an independent Care Inspection and I was pleased that the result of this confirmed that the arrangements in Dundee were good - meaning that strengths clearly outweighed areas for improvement. In their conclusions, the Care Inspectorate noted the strong culture of collaborative working throughout Dundee and the commitment of staff and senior leaders to improve supports for children, young people and their families. They also commented that levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection report also identified a number of areas that could work better including support for older children who were facing a number of challenges including mental health and substance misuse. This had already been identified as a key priority for the committee moving forward and already there have been a number of improvement actions and changes made to strengthen our response.

This annual report also sets out the work for the next year continuing to strengthen the voice of children and young people in strategic developments, supporting the workforce, using data effectively to underpin a culture of quality assurance as well as the continuing development and delivery of collaborative leadership.

The Committee are very aware of the additional national challenges facing many families over the coming year including supporting families displaced from the Ukraine and the additional stresses that many families face with the increased costs of living. This requires all partners to continue to work together to collectively provide the right advice and support.

I would like to thank all the members of the Committee for their continuing support and commitment to this work and to express a huge thanks to all staff across all agencies who work so hard to protect our children and young people every day. I also recognise the key role that everyone in our communities in Dundee play in supporting children, young people and their families to keep them safe and protected and I look forward to continue our work together in the coming year.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee



1. Protecting People



“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.”

Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

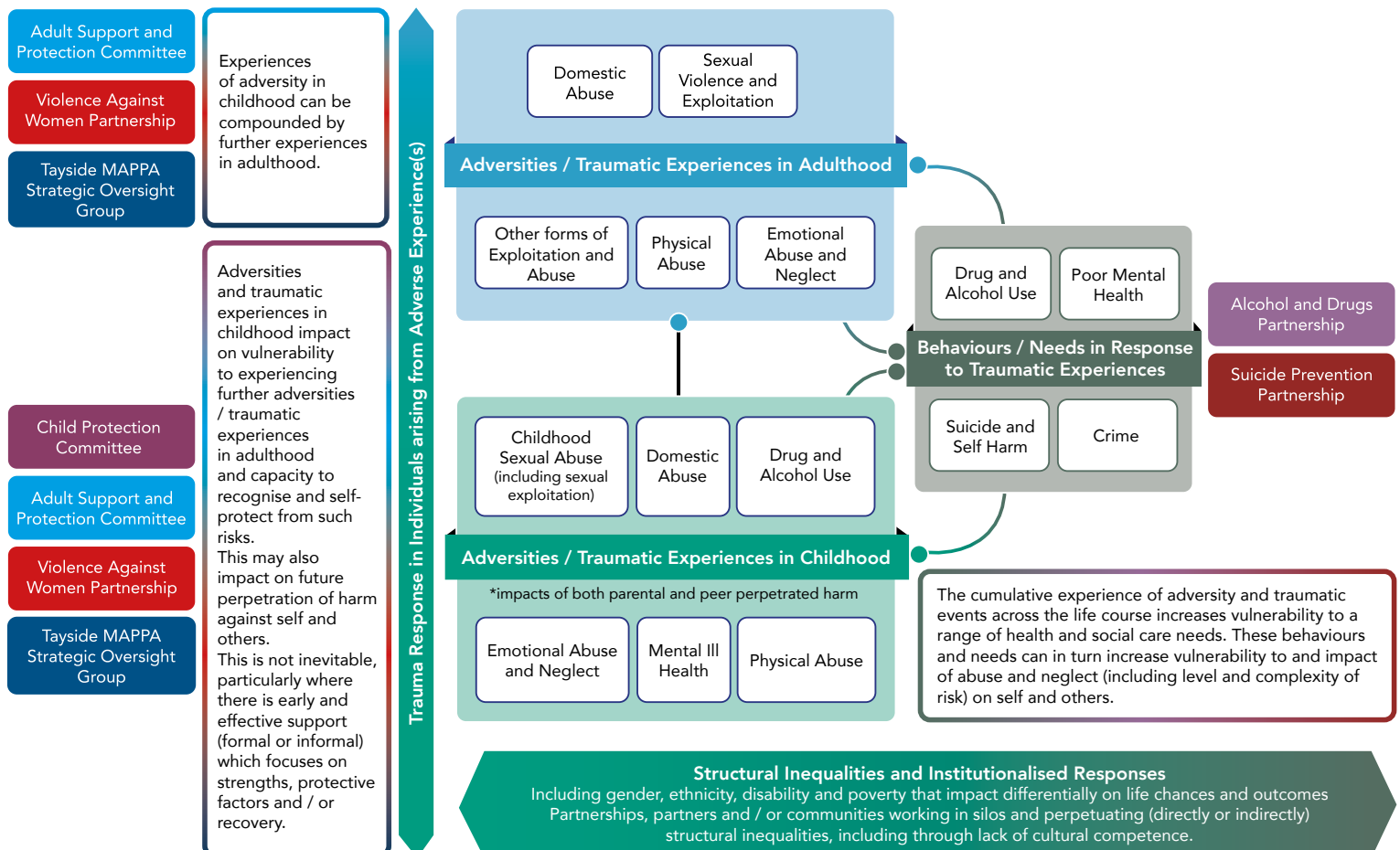
The COG is the strategic forum for public protection in Dundee with responsibility for setting the strategic direction for the improvement public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and senior officers who play a key coordinating role. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



Integrated Public Protection Approach

In Dundee an integrated protecting people approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the protecting people committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.





Dundee Child Protection Committee

The Child Protection Committee (CPC) is the lead multi-agency body responsible for delivering the core functions of continuous improvement, public engagement and communication, strategic planning, assurance, oversight of strategic risk and leadership in relation to child protection.

The work of the Committee takes place within a framework on both a local and national level. The committee is represented in a Tayside Regional Improvement Collaborative as well as the Central and North Scotland Child Protection Committee Consortium and Scottish National Chairs and Lead Officers group. This provides an opportunity to share learning and experiences and develop areas for joint working in an effort to further develop continuous improvement of child protection policy and practice.

The Committee is Chaired by an Independent Chairperson contracted to fulfil this role by Dundee City Council on behalf of the Committee. The Committee is attended by all representatives of key partner services, including the Chief Social Work Officer for Dundee City Council. It also has a number of members who receive minutes but who are not required to attend every meeting. The Protecting People Strategic Support Team provides the necessary coordination and support for the committee. Membership is illustrated in the table below and full details can be found in Appendix 2 of this report.

2. Dundee at a Glance

Snapshot of Dundee

4th

highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee². Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

23,958

children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

HIGHEST

of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)⁴.

5th

highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

36.6%

prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland³.

1 National Records of Scotland, Mid-year Population Estimates 2020

2 Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.

3 Domestic abuse: statistics recorded by the police in Scotland 2019/20

4 Scottish Index of Multiple Deprivation, 2020

DUNDEE

1/4
in
POVERTY
2nd highest in Scotland

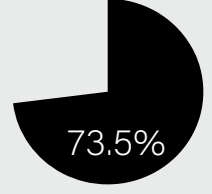
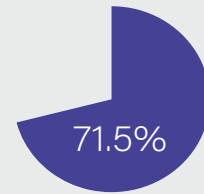


is **Scotland's**
fourth largest city

Dun dee

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



Dundee

Scotland

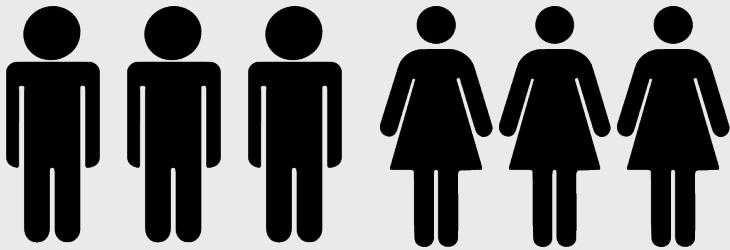
147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate

ALCOHOL DEATHS

27.04 per **100,000**

5th highest in Scotland



71,220

76,500

73.8

 Male life expectancy

79.4

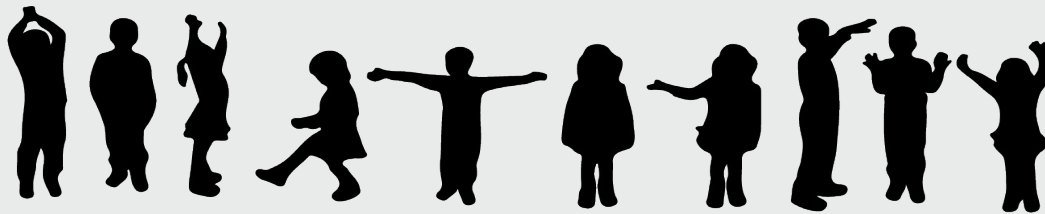
 Female life expectancy

0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS **2.2** per **1000**
1st highest in Scotland

64 / 10000

16-64
living with mental health conditions
5th highest in Scotland

177 / 100000

DOMESTIC ABUSE

(5year average) 1st highest in Scotland



SUICIDE **22 PER 100,000**

1st highest in Scotland

Trauma Informed Implementation

The Dundee Trauma Steering Group have recently launched a local implementation plan for trauma informed practice across the workforce in Dundee.

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

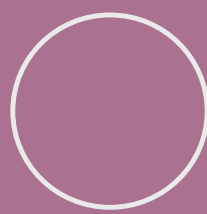
Our commitment to tackling the challenges that children, young people and families face is reflected in the activity undertaken by multi-agency partners across the city to tackle issues such as parental drug and alcohol use, parental mental health, domestic abuse and neglect at the earliest possible stage.

Getting it Right for Every Child

All children and young people will, at various stages, receive support from health or education professionals, who are often the first point of contact to respond to any issues of concern. In Police Scotland, a "Risk and Concern Hub" is operated to ensure that all concerns raised are assessed appropriately and where wellbeing concerns are identified, Child Concern Reports are shared with partners to enable support. This often involves voluntary Team Around the Child Meetings, to coordinate relevant support.

For only a small number of children and young people it may be necessary to address the identified risk by way of statutory child protection procedures. This involves a referral to the Multi-Agency Screening Hub (MASH) for initial assessment. If it is then considered that there is a risk of significant harm, further investigations will be carried out and families may receive either voluntary or statutory but targeted Social Work support. In a very small minority of cases, this may involve emergency legal measures.

The formal Child Protection process is therefore one end of a spectrum of staged interventions applied across the partnership to identify, understand and proportionately address concerns about the health and wellbeing of children and young people. This emphasises the importance of identifying and responding to concerns as soon as possible and of the importance of engaging with families.



If not

you?

...who!

3. Response to COVID-19 Pandemic



Our partnership had already embarked upon an ambitious programme of improvement activity across the Getting It Right For Every Child (GIRFEC) pathway (including protection stages) prior to the pandemic and consequently was in a strong position to respond to government guidance and local needs. This included the use of an expanded national child protection minimum dataset that was invaluable in informing the initial prioritisation of responses.

The CPC met more frequently and introduced new evaluation and monitoring systems with a focus on keeping children and young people safe and responding to their needs. As restrictions eased and the partnership became more mobilised the need for such interim meetings was reduced. The initial phase of the pandemic (March and July 2020) involved building on strong relationships

between make sure the most vulnerable and at risk children, young people and families continued to receive the support they needed. Partners worked together to people most at risk of harm. Some key developments included:

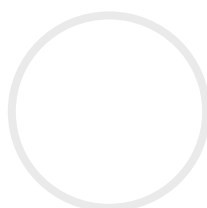
- Health Visiting, Family Nurse Partnership and Early Learning and Childcare working more closely to support 0-5-year olds;
 - Community Support Centres established to support jointly identified vulnerable nursery and school aged children and young people (both face-to-face and through digital means to respond to different needs);
 - In order to sustain multi-agency information sharing, assessments, planning and reviews for children and families at greatest risk all child protection case conferences, initial referral discussions, Multi-Agency Risk Assessment Conference (MARAC) and Multi-agency public protection arrangements (MAPPA) meetings were maintained on a digital basis;
 - Staff across the partnership were proactive in utilising technology for support meetings with children and families;
 - Minimum Practice Requirements introduced to promote proportionate levels of face-to-face and/or digital Social Work support; and,
 - Monitoring and oversight through a risk register, real time data and regular audit activity which allowed support to be adapted in real-time.
 - To encourage early identification of concerns and access to support, targeted public and workforce communication made use of a variety of media with physical bag drops at community support centres, extensive use of social media, video and radio campaigns.
 - To mitigate risk of infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period). It was clear that children were safer as a direct result of their collective efforts.
 - A strategic risk register was established informed by multi-agency operational challenges. The introduction of COG and CPC Executive Groups initially monitored and coordinated mitigating activity and latterly monitored the impact of those activities and identify any new risks.
 - The creation of a new Cross-Sector Alliance Group co-ordinated early support, including through the accelerated implementation of the Fast-Online Tracking System (FORT) to enable children and families to receive crucial financial and practical support, including more the £500k of welfare funds. The creation of a new Hidden Harm Group brought partners together to share information on possible concerns and identify and coordinate support to potentially vulnerable children and young people, including in relation to summer activities.
-



Although the use of technology contributed greatly to the development and continuity of services this also presented challenges of access for the workforce and for children and families.

We believe that our responses to COVID-19 significantly increased the speed and impact of responses across the partnership to vulnerable groups.

Moving forward the partnership has reflected upon what improvements have been necessitated by the challenges of the pandemic and that learning identified from this has informed our delivery plans for the future.



The image features a teal background with three overlapping circles: a large purple circle at the top right, a smaller dark teal circle at the top left, and a small white outline circle in the center. A large, faint circular graphic in the bottom left contains the text "If not you? ...who!".

If not
you?
...who!

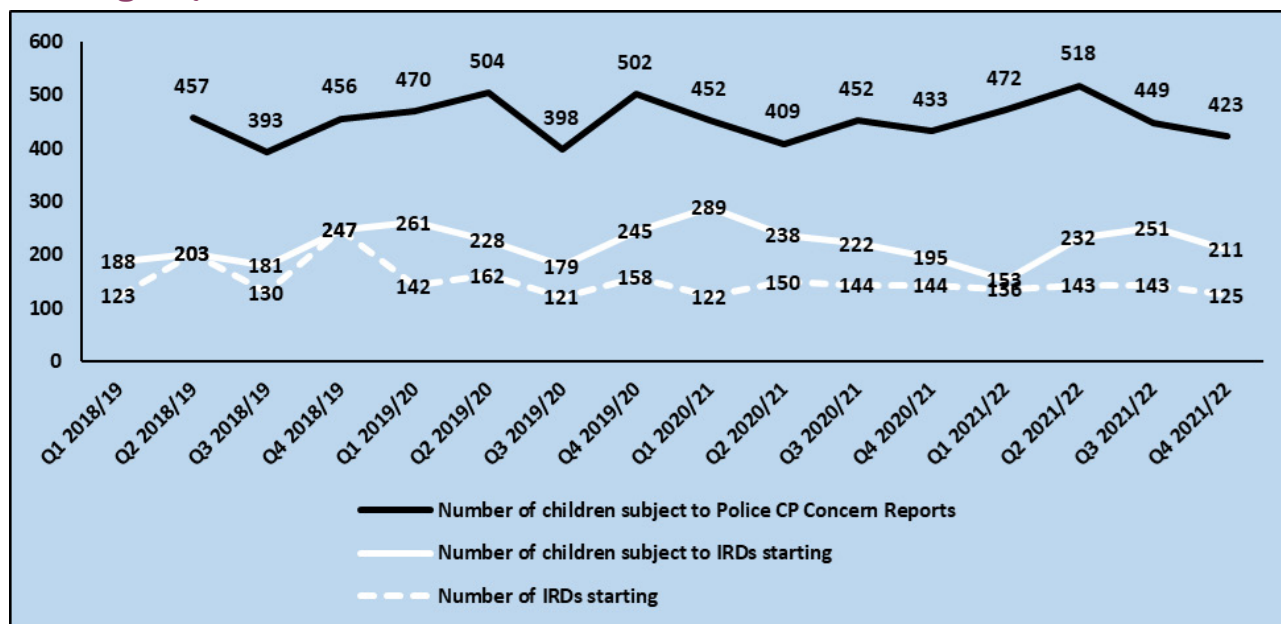
4. What Our Data is Telling Us



The CPC, supported by the Data Sub-Group has continued to maintain and further develop the use of the national minimum dataset at a local level. Dundee has also been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police, Health and Scottish Children’s Reporter Administration), and focuses more on earlier processes pre-registration. The CPC receives regular reports from the Sub-group presenting key data and accompanying analysis. During 2021/22 some of the key matters considered by the group and subsequently presented to the CPC were:

- Stabilising trends after some more extreme data points during the pandemic.
- Continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse.
- Continued high figures around mental health, both for parents and also for school aged children and young people where anxiety can impact on school attendance.
- The impact of staff sickness absence (incl. COVID) and staff turnover on meeting timescales and having time for tasks such as data quality, training and self-evaluation by operational staff.
- Increased focus on older young people, who may be affected by sexual abuse, exploitation or physical abuse (including historic abuse) but where registration is not the most effective way of keeping them safe and supported.
- Increased focus on earlier processes, including inter-agency referral discussions, and on what supports are in place for children and young people who do not progress through child protection processes, or following de-registration.

Table 1: Number of Police Scotland-recorded Child Protection Concern Reports and Inter-agency Referral Discussions



The above table reflects the number of CP concerns received from Police Scotland as well as the number of children subject to IRD and the number of IRD meetings convened. A further area for development relates to how many concerns are raised from health, education and other sources. This is difficult to establish as concerns may be recorded by MASH but also by other social work teams, where data isn't easily collated.

37 (17%) of the 211 children who had IRDS in the last quarter, also had at least one other IRD in the preceding 12 months.

Table 2: Analysis of IRDs and MASH data

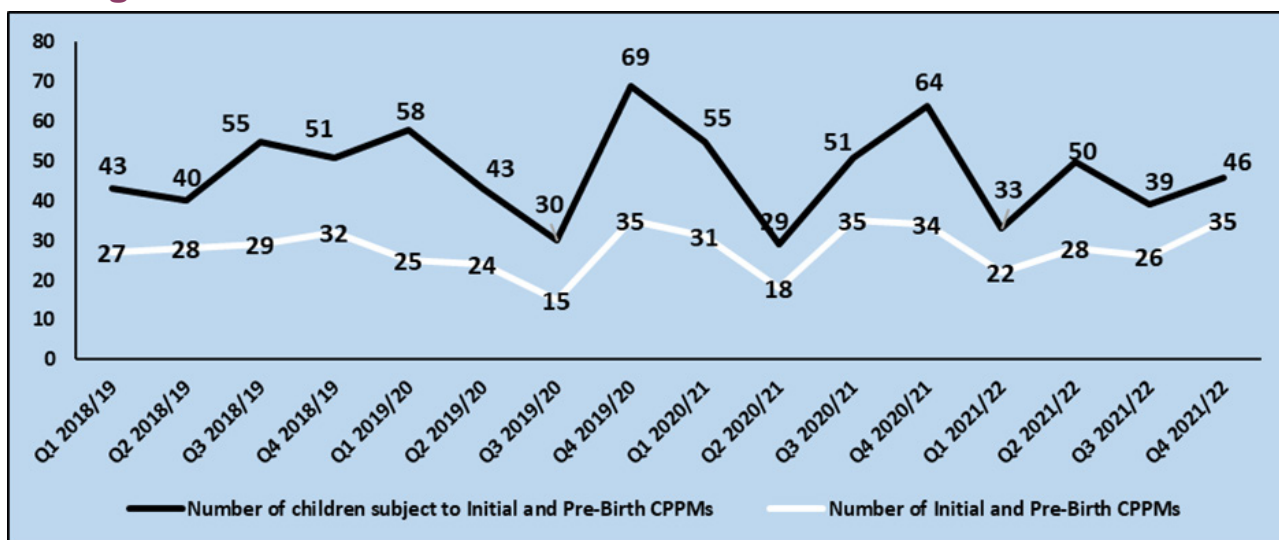
Agency contacting MASH	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Average previous 4 quarts
	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	
3rd Sector	44	54	44	30	48	43
Education	258	369	367	401	289	349
Health	204	215	224	289	281	233
Local Authority	283	343	355	344	320	331
Police	564	568	593	550	515	569
Public	249	257	225	237	282	242
Total	1602	1806	1808	1851	1735	1767

⁶ Solace is the leading members' network for local government and public sector professionals throughout the UK

This table reflects early concerns and early interventions, only some of which proceed to further child protection enquiries. A snapshot check of a month of MASH data confirmed that the majority of MASH activity is about information sharing and screening, advice and guidance (to members of the public as well as other agencies) so supporting early intervention and decision making.

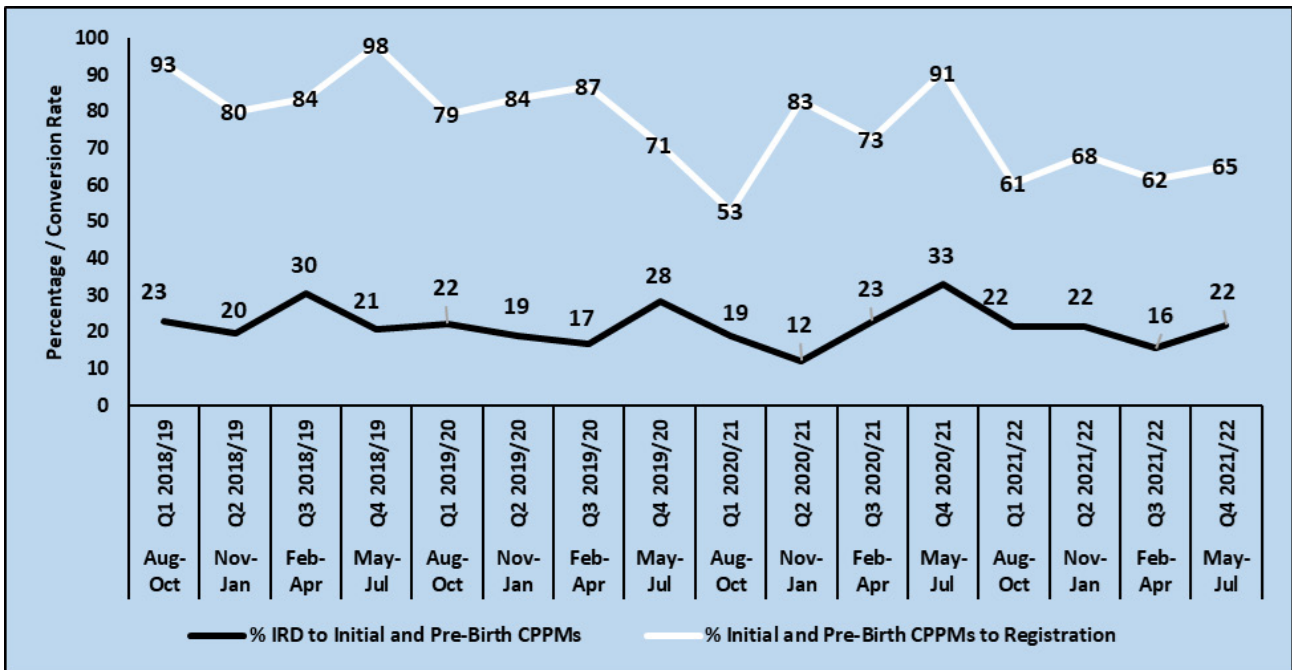
- The last quarter saw 125 children at 211 IRDs: The number of IRDs and children at IRD has reduced similarly to last year in summer
- The number of children recorded by MASH have also reduced, largely due to a reduction of contacts from school; health contacts have remained high
- Police concerns (as recorded by social work) and contacts with MASH reduced compared to the previous two quarters but again within range for summer holiday time.

Table 3: Number of children subject to Initial and Pre-birth Child Protection Planning Meetings



The above table reflects how the proportion of meetings for sibling groups can be seen by the size of the gap between the two graphs; in the last quarter, with 46 children at 35 meetings, the figures include an average mix of single children and sibling groups, the largest of which with four children.

Table 4 : Conversion Rates (%) - IRD to CPPMs; CPPMs to Registration

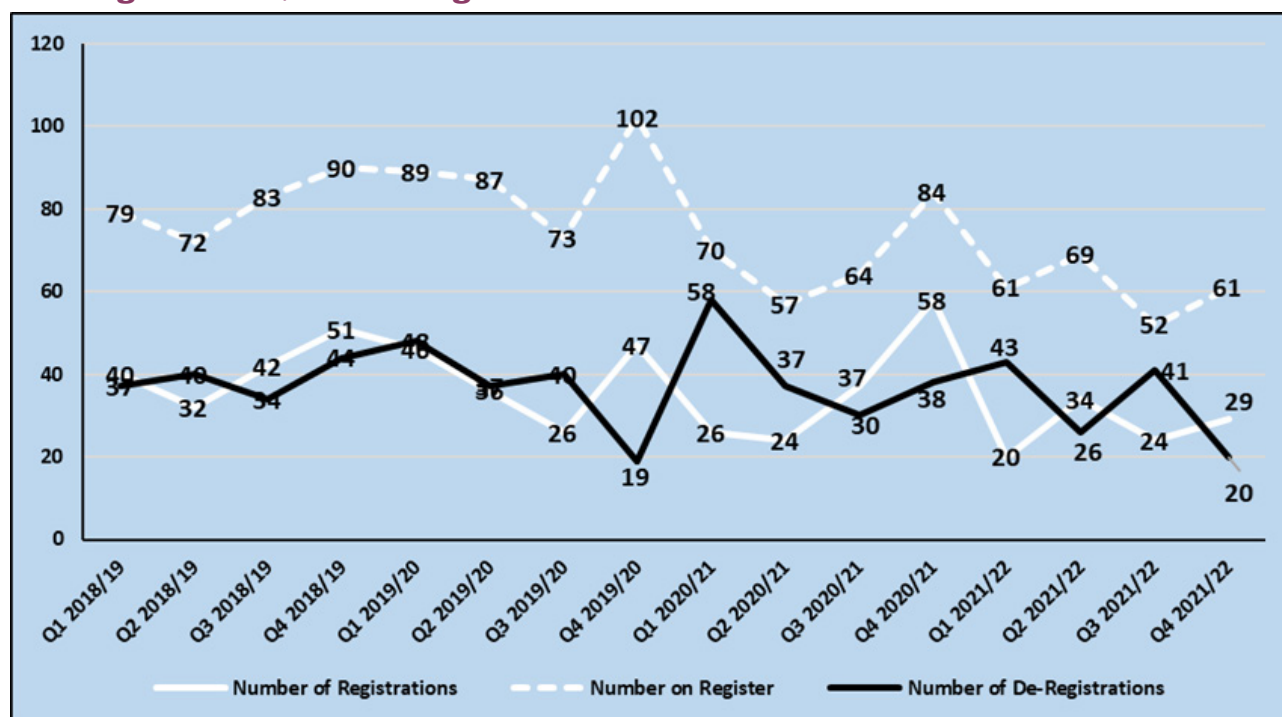


The white graph shows conversion rates at case conference, around 2 in 3 children were registered over the past four quarters.

The black graph above shows the % proceeding from IRD to Child protection Planning Meeting – this is fairly stable at around 15%, which means that 5 out of 6 children at IRD do not proceed any further, which suggests a high level of screening at IRD stage.

This raises questions for the partnership relating to thresholds. What reasons/factors led to children not progressing to further child protection processes; and are the needs of these children being met? This is identified as an area for scrutiny over the next 12months.

Table 5: Number of children (including pre-birth) on the Child Protection Register, new Registrations, and De-Registrations

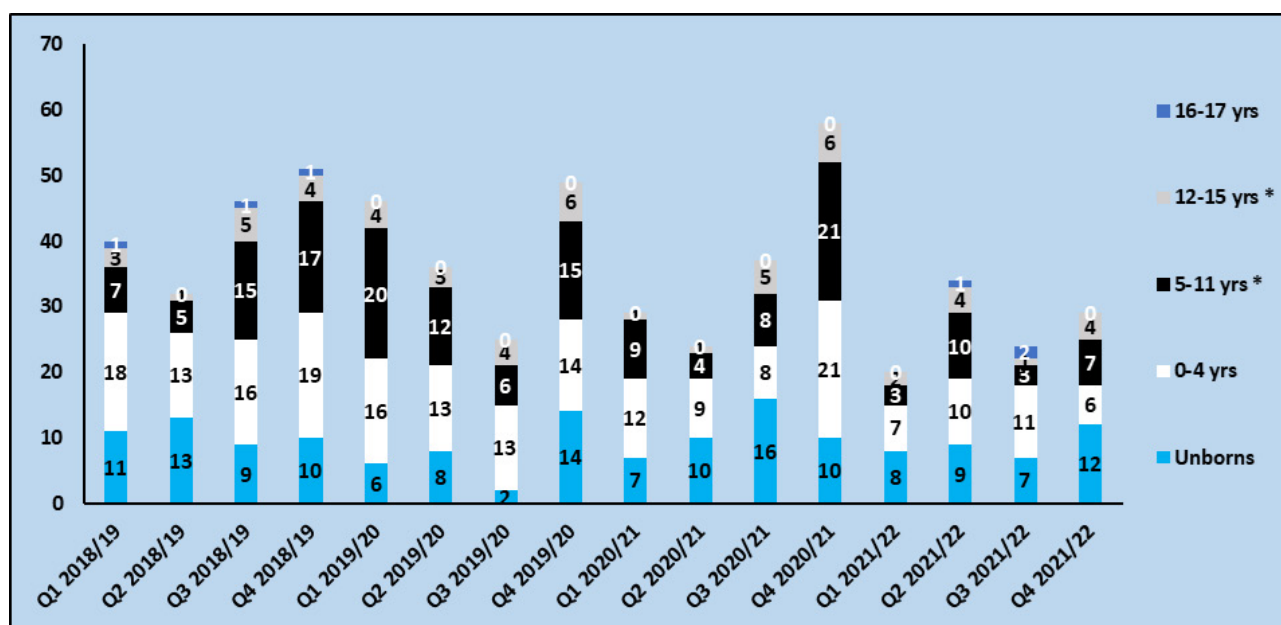


The length of time children were supported on the Child Protection Register (CPR) returned to pre-pandemic level, with 95% de-registered after less than 12 months (same as 2019-20 and higher than 2020-21: 84%). During the pandemic, children had been on the CPR longer to retain oversight of risks during the more challenging circumstances. The increase in the proportion de-registered within 12 months indicates that support was effective in keeping children safe from harm.

Table 6: Number of Re-Registrations within 3, 6, 12 and 24 months of De-Registration

	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
3 months	0	0	0	0	0	0	0	0
6 months	0	0	0	4	0	0	0	0
12 months	0	0	4	10	0	1	1	4
24 months	0	0	4	10	0	6	3	7

Table 7: Age of children and young people at Registration



Dundee has not seen any major changes in age profile for a significant period of time; the younger the child when they come to services attention, the more likely they are to be registered to keep them safe. Whereas for older age groups, other solutions are more commonly sought, especially where risks originate in the wider community rather than family members. However, recent case reviews and inspection recommendations have prompted service development in these areas. See next section for further details.

Table 8: Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting (numbers of new Registrations in quarters and % for annually for national comparisons and broader trends)

Key concerns over time and compared to last national figures (academic year 2020/21)	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	% May-Jul Dundee	LAST 4 QUARTERS Dundee	% LAST 4 QUARTERS Dundee	% LAST Scottish Scotland
	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22				
Services finding it hard to engage	3	2	6	3	4	14%	15	15%	22%
Child affected by Parent/Carer Mental Ill-Health	14	12	21	8	14	48%	55	54%	44%
Domestic Abuse	23	15	18	11	16	55%	60	59%	47%
Parental Alcohol Use	10	8	5	3	5	17%	21	21%	11%
Parental Drug Use	6	9	17	7	12	41%	45	44%	19%
Physical Abuse	8	8	6	1	2	7%	17	17%	24%
Emotional Abuse	10	4	2	1	5	17%	12	12%	38%
Sexual Abuse	3	4	3	1	3	10%	11	11%	7%
Neglect	14	4	6	7	8	28%	25	25%	42%
Child Sexual Exploitation	0	0	0	1	1	3%	2	2%	4%
Other Concern(s)	2	0	1	1	4	14%	6	6%	19%
TOTAL NUMBER OF REGISTRATIONS	37	29	24	20	29	100%	102	100%	100%

In summary, Comparison to Scottish Average

Dundee MORE consistently much higher for parental drug use, and also for domestic abuse, alcohol abuse and parental mental health.

Dundee LESS: consistently lower for engagement, emotional abuse, and neglect

Questions raised by the data

How does the concerns profile at registration compare with the concerns profile at earlier stages of the child protection process (e.g. IRD)? We cannot easily compile data on concerns at IRD stage; however, given the age differentiation described above, the main concerns for unborn babies and children aged under 4 remain domestic abuse, parental mental health, and parental substance misuse (drugs and alcohol); concerns for older children, such as risk of sexual exploitation, are less visible on the register as the young people can often be better supported without registration.

What factors explain any change(s) in the concerns profile? For example, genuine emergent concerns, training on specific concern(s) leading to increased identification, changes in how concerns are recorded, or impact of a recent Learning Review?

How do the concerns interact with wider Public Protection (e.g. Adult Support and Protection) concerns? The Protecting People Team commented very positively on the new concern categories, and would welcome further cross-referencing and more detailed analysis regarding both parents and older young people.

To what extent are parental concerns (e.g. domestic abuse; parental drug or alcohol use) shared with other Public Protection groupings to inform wider service planning? As above, further cross-working across Protecting People would be welcome.

The number of Child Protection Orders (CPOs) remains relatively high at 36 but again is the same as 2019-20 and lower than the height of the pandemic in 2020-21 (44). Regular updates are provided to the CPC on the number of CPOs and quality assurance activity has confirmed that they have all been a proportionate response to the nature and level of immediate risk. Whilst also emphasising the importance of continuing to work with partners to strengthen preventative support.

The number of children experiencing care at home or away from home has reduced from around 480 in 2020 and 2021 to 435 in 2022. This corresponds with the development of wider preventative support developed in partnership with other services, including the Third Sector. However, it is also subject to several nuances within this cohort of care experienced children and young people, such as the number at home with parents reducing; the numbers in kinship care increasing; and limited changes to the numbers in internal and external foster care.

School Attendance for care experienced pupils has also returned to pre-pandemic levels with 87.7% attendance in 2021-22 and 87.6% in 2018-19 (academic years). Compared to the average of all pupils (88.8%) the gap has narrowed. For children and young people in foster care attendance is on average better than for their peers. Going forwards, the service is focused on further improvements as a key priority, with a recent Zero-based Design project leading to the implementation of 10 further improvement actions.

There are currently 144 young people receiving aftercare support from the Throughcare and Aftercare Team (very close to last year's 148), including 28 in Continuing Care. This equates to 79% of all young people eligible (young people are under no obligation to continue receiving support from the team) and compares well to the national rate of 67%.



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5. Outcomes, Achievements and Service Improvements



Joint inspection of services for children and young people at risk of harm

The Council's Children and Families Social Work service was one of the core agencies praised by Inspectors in their recent "Joint Inspection of Services for Children at Risk of Harm", which was published in January 2022. The Inspectors reviewed 60 files relating to vulnerable children, all of whom had been supported by Children's Social Work teams. In addition, they also undertook various scrutiny activities, including staff focus groups, staff surveys, consideration of our supporting quality assurance evidence and interviews with Chief Officers. Much of the supporting evidence was provided by Social Work and other Council staff.

The overall finding of the Joint Inspection related to the impact of support and concluded that services were "Good", meaning that strengths clearly outweigh areas for improvement. In their conclusions they noted the strong culture of collaborative working throughout Dundee, with partners demonstrating that they can work together to make improvements to services. They also noted the commitment of staff and senior leaders to improve supports for children, young people and their families. Levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection team also commented on significant investment in Children’s Social Work improvement activity and concluded that capacity for further improvement was good. They identified four areas for improvement in support for older young people at risk of harm; accessibility of supports for children and young people with mental and emotional wellbeing needs; participation of children, young people, parents and carers in child protection processes and service planning; and measurement of outcomes and impacts. As a key member of the CPC, the service is progressing these in partnership with others.

Quality assurance – Transforming Public Protection Audits (TPP)

The TPP audits, which focus on the quality of chronologies, assessments, plans and support, have now been completed over several cycles and are fully embedded as normal practice. The audits are undertaken by pairs of managers in the service focussing on key areas of practice and development to ensure appropriate service provision. Reports are completed on a quarterly basis highlighting themes and trends across these key areas.

It was reassuring to note that the strengths and areas for improvement identified in these internal audits were consistent with those of the Joint Inspection team. Considerable progress has been made in the quality of assessments and the workforce reported that they felt confident in this area. Whilst chronologies and plans were also improving, there was a shared recognition that they could improve further alongside an acknowledgement that systems are now in place to make progress here as well.

Review of adolescent service

The Joint Inspection similarly reinforced concerns identified through internal self-evaluation and the findings of Initial and Significant Case Reviews in relation to older young people aged 13-17 years. Whilst a number of improvement actions were already being progressed, it cemented a partnership commitment to review multi-agency support. The Children’s Social Work service has therefore since coordinated a collaborative review of approaches, which has highlighted a requirement to:

- reduce the number of case handover points
- maximise available resources within and between services
- target services to a high priority group of vulnerable young people
- develop consistent multi-agency approaches towards thresholds and proportionate support
- continue to develop highly skilled workforce, using a co-located/integrated model as far as possible
- promote improved outcomes for young people and young adults including employability

Proposals to deliver adolescent services within the context of an “integrated young people’s service”, with a core remit of “Young People at Risk of Harm” aged 14-21 years are being progressed through relevant channels with oversight from both the Children and Young People Executive Board and the CPC.

Adolescent multi-agency senior manager oversight meeting

As a more immediate measure in response to ICR/SCR findings and the areas for improvement confirmed in the Joint Inspection, Children’s Social Work has coordinated high-level meetings on

the 'critical few' young people considered by partners to present high risks of significant harm to themselves and/or others. This work has been particularly important in the post-pandemic period and includes a focus on young people in or at risk of entering secure care. It has proved to be extremely effective in the risk assessment and care planning of some of our most vulnerable young people.

Domestic abuse test of change

As over 50% of children on the Child Protection Register have experienced domestic abuse, the service is piloting a domestic abuse test of change. This involves a dedicated Team Manager appointed to lead on workforce capacity building in the field of Domestic Abuse, in order to enhance the service's ability to respond effectively to both perpetrators and victims. The post has initially focused on consistent cascading of the Safe and Together model, specialist risk assessment training, improvement to multi-agency risk management processes and full alignment with wider perpetrator programmes and victim support initiatives being progressed across the city.

Prevent multi-agency panel (PMAP)

PMAP is underpinned by UK legislation, the Counter Terrorism and Security Act 2015, in particular and other elements of legislation have a significant impact on PMAP delivery. The first Scottish PMAP duty guidance was published in February 2021 and sets out a comprehensive framework for PMAP delivery. In Dundee we have developed systems and processes to ensure we are well positioned to respond as and when required.

Development of a kinship care team

A dedicated team has been established to provide targeted support to kinship carers. These include not only carers for the 105 children looked after but also those carers with whom an additional 300 children are living with but are no longer on statutory orders or require direct social work support. Research shows that children who are unable to remain with their birth parents, benefit greatly when cared for by a family member or a close family friend.

This team therefore has a clear focus on all aspects of care-planning related to carers and children's journeys, including assessment; preparation; training; and ongoing support. This team are working in partnership with TCA Kith n Kin Kinship family service through a co-location model and with a focus on enhancing and developing the role of a Kinship Hub. There is a particular focus on separation, loss and other forms of trauma across the extended family, including the impact of substance use.

Children with disabilities

The conversion of Gillburn House from a short-break facility accessed by around 17 families progressed well, with the house presently caring for four young people who were at risk of or returned from external residential care. Whilst alternative short-breaks were disrupted during the pandemic, which had a particular impact of children with disabilities due to their increased vulnerability, home based support was provided and community-based support for around 140 families has now also resumed. For children with a disability at risk of harm, a dedicated team coordinates support.

⁷ Safe and Together is a model approach to domestic abuse and child welfare/protection. The key principles include keeping the child safe and together with the non-abusing parent, partnering with the non-abusing parent and holding perpetrators to account.

Secure care

Six young people required support in secure care during the reporting period which is the same as 2020/21. We have undertaken an internal audit of all secure care cases in order to apply best practice and Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

Going forwards, other activity in relation to secure care involves participation in a national Care Inspectorate Thematic Review of the secure care pathway. We have submitted details of seven young people for possible deeper dive by inspectors, with five of these having been in secure care at some point between March and July 2022 and two where secure care had been considered. The inspection will last for a year into summer 2023 and the findings will inform further developments both nationally and locally.

Permanent alternative care and adoption

In respect of care experienced children and young people who cannot return to their birth parents/carers and require permanent alternative care or adoption, there was an increase from 14 to 22 new Permanence Orders in 2021-22, 10 of which included authority to adopt. This is again a return to pre-pandemic levels and is associated with the Children's Hearings returning to normal business and able to make decisions on more cases. In total, 110 children and young people were on Permanence Orders on 31st March 2021. It represents 27% of all care experienced children and young people.

Permanence and care excellence (PACE)

To promote appropriate and timely decision making in relation to care experienced children and young people, the PACE project continues into the fourth year with the focus of 2022-23 being the improvement of timescales for obtaining Court Orders to secure children in their permanent homes. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has now been extended to children who are placed in kinship care with improvement work being undertaken alongside the development of the new Kinship Care Team

Unaccompanied Asylum Seeking Children/Ukraine response

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine.

In this context, Dundee was well positioned to take the first slot on the new NTS rota in October 2021. Since then, we have welcomed six young people through the scheme and accommodated another two young people over and above our requirement in order to assist other local authorities. We have also supported another young person who arrived through the spontaneous arrival route.

As all the young people are classed as looked after, they are allocated a case responsible Social Worker to coordinate their assessment and support. As this represents a significant additional requirement, a dedicated Social Worker and Support Worker model is currently being progressed to support individual young people and continue to strengthen the Council response to UASC overall.

Regarding our wider humanitarian support activities based around our temporary hotel accommodation for families, we are cognisant of the need to support and protect all children and young people, including those who are accompanied. If additional need is identified, staff will follow established processes. We are also developing opportunities for these children and young people, with a member of staff dedicating time to developing a programme of activities which reflect their needs.

The service has also worked in partnership with colleagues from the HSCP to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process.

Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

Case review developments

Over the time period covered by this report Dundee CPC published a Significant Case Review relating to the death of Young Person K. The executive summary of this can be found [here](#). The learning from this review has informed single and multiagency improvement activity summarised in the report. Monitoring of this activity has continued to be provided to the CPC by way of the Case Review Oversight Group.

In addition, during the period covered by this report a further two cases were considered for review. Although these did not progress to a Learning Review a number of recommendations were made.

During 2021/22 the CPC's Case Review Oversight Group has continued to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated learning tracker format has been finalised and has been implemented from 1 April 2022 onwards. The Sub-group has also completed work to identify key themes from historic reviews (those undertaken from 2019/20 through to the end of 2021/22): quality of assessment and planning (12 findings), information sharing (9 findings), adverse experiences and trauma-informed responses (previously hostile and non-engaging families) (7 findings), Responses to young people (16+) (6 findings), lack of professional curiosity (5 findings). The next steps are to support partners to evidence improvement activity undertaken and the impact this has had.

We have also continued joint work with partners across Tayside throughout 2021/22 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews. The revised local documents are now being shared with local stakeholders for further refinement before being ratified through local Chief Officer Groups.

NHS Tayside Child Protection Team

Over the past year, NHS Tayside's Child Protection (CP) Service continued to build on new ways of working and adapting service delivery to support the CP work of NHS staff and multi-agency partners. While as a service we remained vigilant in response to the COVID-19 pandemic and recovery phases, we also focused on improving CP practice through a culture of learning and self-evaluation. Core CP activities over the past year included: CP training and supervision; manning the CP Advice Line; supporting the Dundee Multi-Agency

Screening Hub (MASH) and coordinating and supporting the health contribution to multi-agency Inter-Agency Referral Discussions (IRDs).

Child Protection Learning and Development

A NHS Tayside CP Training Strategy is in place (established in 2010) for all NHS Tayside staff, including medical staff. The Strategy was updated in May 2020 and alongside its associated CP training programme supports workforce readiness, new ways of working and procedures following full implementation of the Children and Young People (Scotland) Act 2014. The CP Training Programme supports CP training at Level 1, which is mandatory for all staff and Levels 2 and 3 for staff identified by their area of practice; training content focuses on recognising and responding to CP in all levels of CP training delivered.

Face to face training from March 2020 onwards was suspended due to the COVID-19 situation. Level 1 training remained available to staff via an online module, while Levels 2 and 3 training continued to be delivered via Microsoft Teams in line with COVID-19 restrictions.

Over the past year, the following training was developed:

- A refreshed online module for mandatory Level 1 CP training was launched.
- In response to the COVID-19 situation, a Level 3 CP training resource was developed for staff to undertake training during 2020/21.
- In response to ICR/SCR findings, a new Level 3 module was developed on Chronologies: Supporting Assessment, Decision Making and Planning in Child Protection, which commenced in November 2020.

In partnership with Angus, Dundee and Perth and Kinross CPC colleagues, NHS Tayside shared and disseminated all ICR/SCR learning/findings to NHS Tayside staff via staff briefing events using, for example, the 7 Minute Briefings tool. ICR/SCR learning specifically for health services has been incorporated in the training content of the CP Training Programme.

Child Protection Supervision

CP case supervision remained a priority for NHS Tayside over the past year; all eligible Health Visitors and Family Nurses were offered a minimum of four CP supervision sessions per annum. In response to COVID-19, 1:1 supervision was delivered via telephone rather than face to face. Services in receipt of group supervision were advised to contact the CP Advice Line for support.

Child Protection Advice Line

NHS Tayside's CP Advice Line is available to all NHS Tayside staff and was manned by Nurse Advisors/Advisors Child Protection (NACP/ACPs), Monday to Friday from 09:00 to 16:30 hours (except public holidays) over the past year. A wide range of services contacted the Advice Line for CP advice and support; the most frequent contacts were with Health Visiting, Mental Health Services, Child and Adolescent Mental Health Services (CAMHS) and Maternity Services. Key themes of calls during 2020/21 related to mental health, domestic abuse, information sharing, substance use, neglect and physical abuse.

Dundee Multi-Agency Screening Hub (MASH)

The CP Nursing Service continued to support MASH regarding health information requests to share relevant and proportionate information and also to identify relevant health professionals such as Health Visitor/Family Nurse to support risk assessments for children/young people. Nurse Advisor Child Protection worked in partnership with MASH colleagues and played an important role in receiving Unborn Baby (UBB) Referrals, ensuring that these were actioned in an appropriate and timely manner.

Inter-Agency Referral Discussions (IRDs)

The CP Service continued to work closely with Police and Local Authority CP Duty Teams and CP Paediatric colleagues to ensure appropriate and timely health representation at IRD meetings. In response to COVID-19, IRDs were held via teleconference with key health professionals continuing to engage in the process. The majority of children and young people discussed at an IRD were known to NHS Tayside services. NHS Tayside continues to work in partnership with CPC colleagues across Tayside on a Tayside wide IRD model.

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7. The Way Forward

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.

Inputs

- Activity of partners within:
 - Dundee Child Protection Committee; and associated sub groups
 - Transforming Public Protection Programme
 - Tayside Regional Improvement Collaborative
 - GIRFEC delivery group;
 - Chief Officers Group (Care and Protection)
 - Dundee ADP, VAWP and ASPC
 - Our Promise Partnership
 - The Alliance
- Multi-agency funding
- Staff (Lead Officers and wider Protecting People Team)
- Intelligence/research base
- Legal / policy context

Sub groups

- Trauma Steering Group
- CPC Case Review Group
- CPC Quality Assurance Group
- CPC CYP Involvement Group
- CPC Data/Scrutiny Group
- CPC/VAWP CYPEDA working group
- ADP CYP working group

Outputs

- Strategic Leadership
- Strategic Planning and Improvement
- Delivery of Key Processes

A clear vision, commitment and direction provided by leaders is communicated regularly and effectively to a range of stakeholders

Increased Public Awareness of child protection and Community

Robust business processes in place to support the committee in scrutiny of key processes including QA, self evaluation, learning reviews and audits on both a single and multi-agency basis

A consistent understanding and approach to the use of improvement methodology is established for the committee

Local implementation of national CP guidance

Development of guidance, policies, tools, resources and learning and development opportunities

Meaningful involvement of young people in operational services, strategic planning and quality assurance is in place

Delivery and improvement of **key processes**

Year 1 Actions

Induction resource developed for CPC members

Develop workforce communication strategy

Development session/Input to committee on use of improvement methodology

Public communication strategy developed

Develop reporting schedule for CPC sub groups including Q&A, learning reviews and identified risks

Refined and develop dataset indicators including contribution from all partner agencies and with a focus on outcomes for young people

Update existing Protecting People Q&A Framework

Agree and implement revised local procedures for conducting learning reviews and implement learning review tracker

Complete retrospective review of findings and improvement actions / impact from learning reviews held since 2020/21

Review of partnership services for young people and Multi-agency senior operational management oversight group for high-risk, complex cases in place

Joint infrastructure and working groups under the CPC, ADP and VAWP developed to improve responses to CYP affected by parental substance use and domestic abuse

Tayside

- Tayside Regional Improvement Collaborative
- Tayside Plan for Children, Young People and Families
- Living Life Well
- CAMHS Continuous Improvement Plan
- Parenting Strategy
- Child Healthy Weight Strategy

Year 2/3 Actions

New indicators are developed that focus on interventions and impacts

Full implementation of national CP guidance

Approaches to workforce engagement that support dissemination of findings and identification of improvement actions are in place

Meaningful involvement of young people in operational services, strategic planning and improvement activities and quality assurance processes

Further enhanced use of follow-up in-depth data analysis to explore in greater detail exceptions / risks highlighted through the core dataset.

Transforming Public Protection Programme

- Specific focus on needs of young people in ongoing review of multi-agency screening processes across protecting people functions.
- Develop a partnership wide approach to the lead professional model for young people and adults.
- Develop a strategic framework and supporting resources /infrastructure to support the involvement of people with lived experience across the protecting people strategic and governance structure.
- Develop a strategic framework for the commissioning and provision of advocacy services to people at risk of harm (all ages), including planned work by Children and Families Service within Dundee City Council to review core, commissioned and non-commissioned advocacy provision.
- Enhance workforce understanding of independent advocacy provision through learning and development activities.
- Strengthening of quality assurance and improvement functions through revised Protecting People Strategic and Governance structure, including enhanced capacity within structures for triangulation of themes from data and quality assurance.
- Review of governance arrangements for Public Protection

Inspection Improvement Areas

- Inspection Improvement Areas
- Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.
- Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met
- Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service deliver were limited.
- The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.

Risk Register

- Operational business continuity is impacted (Covid and non-Covid related impacts)
- Adequate training and development opportunities/policies and procedures relating to CP are impacted
- CPC facing challenges in effectively planning and responding to CYP and parent's needs due to the unknown long term impact (trauma) of Covid-19 lockdown on CYP and parents/carers Impact of Poverty (actual and digital) on children and vulnerable families



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...who!



What I
need!
from you!

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**Dundee
Child Protection
Committee**



Dundee
Adult Support &
Protection Committee



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**BIENNIAL
REPORT
2022**



Adult Support
& Protection
Committee Dundee

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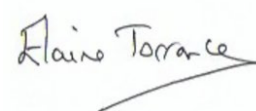
Introduction

Welcome to the Dundee Adult Support and Protection Committee Bi-annual report which covers the period April 2020 to April 2022. I hope you find the information in the report interesting and helpful. The report covers a range of areas including local data and trends relating to Adult Support and Protection, learning and development opportunities for staff, outcomes and improvements made during this period and future plans.

The report covers the period when all agencies were having to adapt their responses to deal with the COVID-19 pandemic. This was a particular concern to ensure support was provided to vulnerable people and their families when traditional support services such as local community lunch clubs or day centres were closed and social distancing was required. The Committee met more frequently during this time to share information and provide a joined up, partnership response. In my role as Independent Convenor I was impressed by the adaptability of all the agencies and the flexibility and commitment of all staff who worked together to offer ongoing support and keep people safe during the pandemic.

This work continues and the report sets out the achievements over the last 2 years as well as some areas identified where we are able to improve processes and practice, including learning from case reviews and implementation of new national guidance which has recently been published.

I would like to take this opportunity to thank all members of the Committee for their ongoing support and dedication and recognise the ongoing work and commitment of all staff across all the agencies – health, social care, police and the voluntary sector. Finally, thanks go to the people and communities of Dundee who look out for their families and neighbours and continue to provide support to keep adults safe and supported in the City.



Elaine Torrance
Independent Chair

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1. Protecting People



“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.”

Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

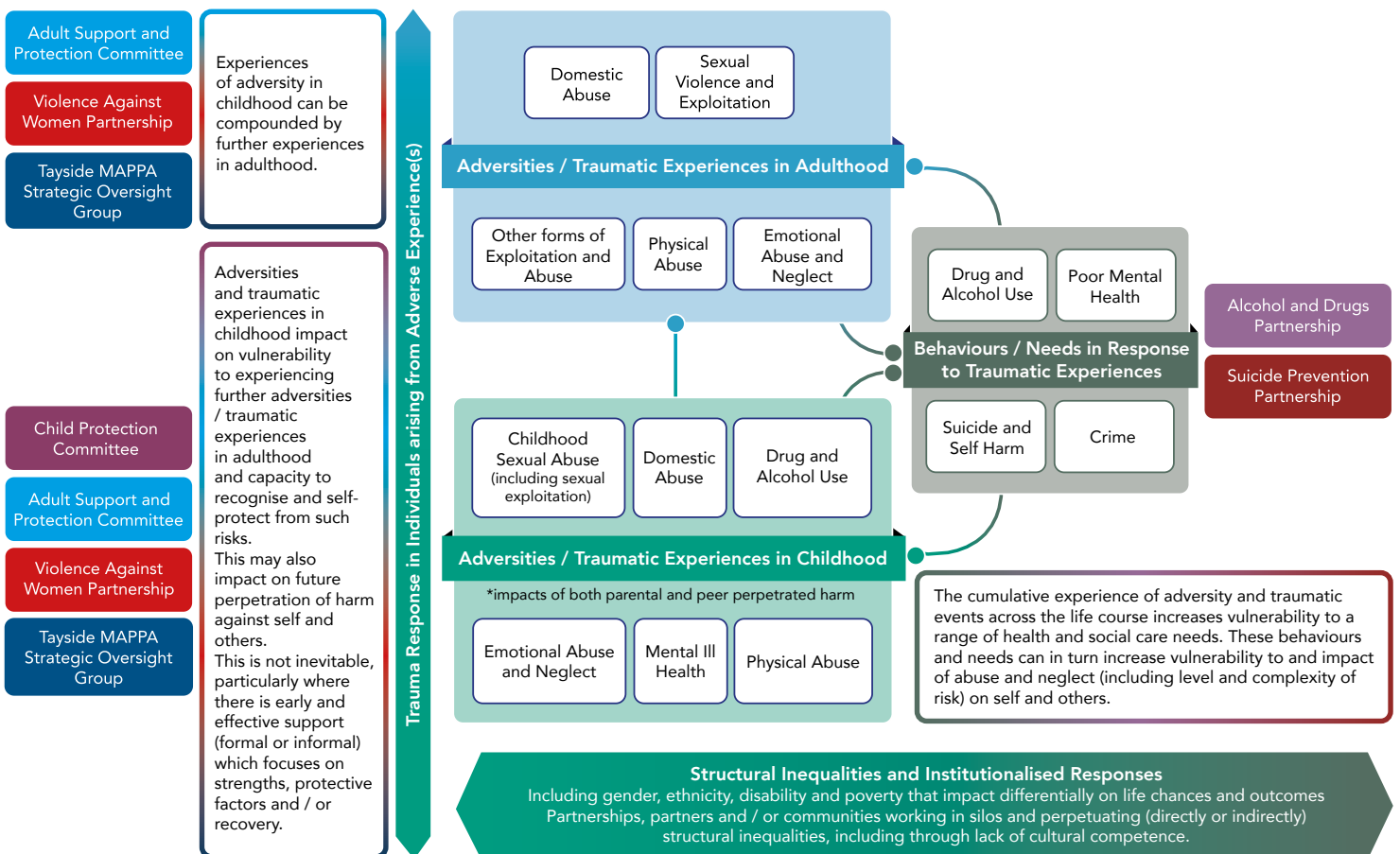
The COG oversees the strategic direction for overall public protection and seeks assurance from the ASP Committee. The COG is also helpful in providing solutions and resources if needed to improve local arrangements.



Integrated Public Protection Approach

In Dundee an integrated protecting people approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the protecting people committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.





Dundee Adult Support & Protection Committee

Dundee Adult Support and Protection Committee (ASPC) is responsible for monitoring and advising on adult protection procedures and practice, for ensuring appropriate cooperation between agencies and for improving the skills and knowledge of those with a responsibility for the protection of adults at risk.

In the light of the Adult Support and Protection (Scotland) Act 2007 (Section 44), the 2008 Scottish Government Guidance for Adult Protection Committees, and the revised Code of Practice, 2014, the Committee will establish and regulate its own procedures.

The ASPC is a body required by statute, locally, this reports to the COG which promotes clear lines of accountability between the Committee and local council, health board and police.

The functions of the Dundee Adult Support & Protection Committee as specified under the Adult Support & Protection (Scotland) Act 2007 (Section 42) are:

- To keep under review the procedures and practices of the Council, the Care Commission, NHS Tayside, Police Scotland which relate to the safeguarding of adults at-risk present in the Council's area (including, in particular, any such procedures and practices which involve co-operation between them);
- To give information or advice, or make proposals, to the Council, the Care Commission, NHS Tayside, Police Scotland on the exercise of functions which relate to the safeguarding of adults at-risk present in the Council's area;
- To make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the Council, the Care Commission, NHS Tayside, and Police Scotland who have responsibilities relating to the safeguarding of adults at-risk present in the Council's area;

This includes:

- Developing and introducing arrangements and protocols for interagency working, and auditing and evaluating the effectiveness of these arrangements;
 - Developing procedures, policies and strategies for protecting adults at risk and reviewing these;
 - Developing and introducing arrangements to monitor, review, disseminate and report activity data in relation to the protection of adults at risk;
 - Raising awareness and providing information and advice to the wider community and to professionals;
 - Training and development activities;
 - Improving local ways of working in light of knowledge gained through local and national experience, case review and research;
 - Publication of a strategic and business plan and the monitoring of its implementation;
 - Improving co-operation between each of the relevant public bodies and office holders, and
 - Undertaking any other functions relating to the safeguarding of individuals as the Scottish Ministers may specify by order.
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2. Dundee at a Glance

Snapshot of Dundee

4th

highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee². Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

23,958

children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

HIGHEST

of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)⁴.

5th

highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

36.6%

prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland³.

¹ National Records of Scotland, Mid-year Population Estimates 2020

² Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.

³ Domestic abuse: statistics recorded by the police in Scotland 2019/20

⁴ Scottish Index of Multiple Deprivation, 2020

DUNDEE

1/4
in
POVERTY
2nd highest in Scotland

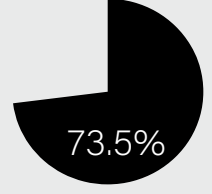
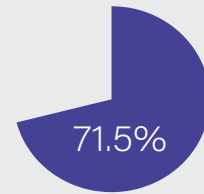


is **Scotland's**
fourth largest city

Dun dee

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



Dundee

Scotland

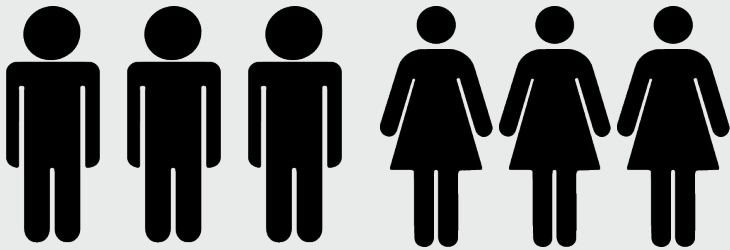
147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate

ALCOHOL DEATHS

27.04 per **100,000**

5th highest in Scotland



71,220

76,500

73.8

 Male life expectancy

79.4

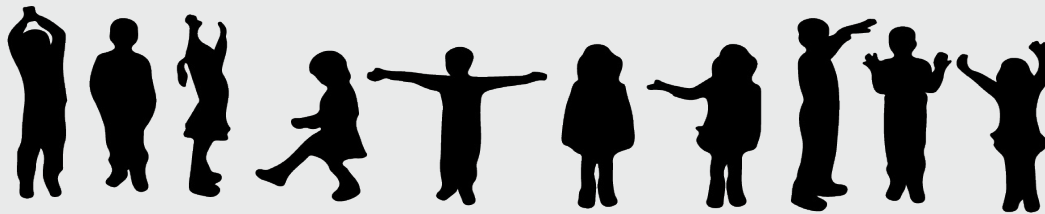
 Female life expectancy

0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS **2.2** per **1000**
1st highest in Scotland

64 / 10000

16-64
living with mental health conditions
5th highest in Scotland

177 / 100000

DOMESTIC ABUSE

(5year average) 1st highest in Scotland



SUICIDE **22 PER 100,000**

1st highest in Scotland

Trauma Informed Implementation

The Dundee Trauma Steering Group have recently launched a local implementation plan for trauma informed practice across the workforce in Dundee.

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced Violence Against Women are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

Our commitment to tackling the challenges that people and families face is reflected in the activity undertaken by multi-agency partners across the city to tackle issues such as drug and alcohol use, mental health, domestic abuse and neglect at the earliest possible stage.



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3. Response to COVID-19 Pandemic



The following summarises the impact of and response to COVID-19 on Adult Support and Protection Activity in Dundee during the period covered by this report. These have been broken down into strategic and governance functions, core statutory functions, prevention and communication and remobilisation. Much of this information has previously been provided to both the Scottish Government and Care Inspectorate in greater detail, at various times throughout the pandemic.

Strategic and Governance Functions

The frequency, duration and content of both the ASPC and COG (Protecting People) was adapted to better address both the strategic and operational risks identified. These took the form of fortnightly on line Conference Calls with the primary focus being a focus on hidden harm whilst support services such as day services were closed. The Committee focused on multi-agency partnership working and the Protecting People Risk Register was helpful in identifying risks but also mitigating actions that were being taken by partners. In addition, operational data was been made available relating to key processes on a weekly basis. Queries and good practice examples from both the national group and other local authority areas were considered and applied in a Dundee context.

A strategic risk register was already being developed prior to the pandemic, informed by multi-agency operational challenges. The introduction of COG and ASPC Executive Groups initially monitored and coordinated mitigating activity and latterly maintained the risk register as a current, relevant means of strategic overview.

Regular reporting was made to the Dundee COG enabling scrutiny of the risk register and mitigating actions. In addition, regular updates were provided to the Operational Leadership Team within NHS Tayside.

Whilst the frequency and duration of core strategic forums have returned to pre-COVID patterns, the content and supporting infrastructure has been informed by learning and improvement activity identified during the pandemic. Specifically, the ASPC Executive Group continues to meet to scrutinise risk and prioritise the committee agenda complimented by the Self Evaluation and Continuous Improvement subgroup which oversees many of the actions arising from the ASP business plan.

An example of this included oversight of the developing situation in Care Homes, the provision and use of Personal Protection Equipment and communication across this sector.

Core Statutory Functions

To mitigate risk of cross infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period; this has been acknowledged by the COG and ASPC.

Although the use of technology contributed greatly to the development and continuity of services this also presented challenges of access for the workforce. In addition, the pace of change and increase in evaluation activity, albeit understandable in response to pandemic risks, was identified as an issue for many staff.

The leadership and workforce responses to COVID-19 significantly increased the flexibility, speed, and impact of responses across the partnership to vulnerable groups. Informed by reflective sessions and workforce and community consultations. This approach was built upon and strengthened the ASPC Delivery Plan.

The ASPC was assured that actions around adults known to services and known to be vulnerable to harm were robust and defensible. Data was used extensively to benchmark against practice pre-pandemic. Some examples of this are explored in the next section of this report.

All adults identified as most vulnerable were Red, Amber, Green (RAG) rated, triaged / prioritised and their support packages reviewed.

Additional staff were re-deployed to support the First Contact Team at the commencement of the COVID response in anticipation of an increase in the reporting of risk. Initially concern reports decreased but subsequently rose to levels higher than that for the same period in previous years. This was mitigated somewhat by dedicated COVID services provided elsewhere across the partnership.

Personnel shortages across key partners due to sickness, self-isolation or the need to provide childcare / carer provision did not manifest as initially anticipated. However, post pandemic these have had an impact on staffing levels with additional support being offered to our First Contact service from elsewhere in the partnership.

Initially, The Early Screening Group, met virtually. This was latterly replaced by a new screening protocol, piloted in March 2021 and adopted more widely by October the same year.

Greater emphasis was placed upon reflective learning and scrutiny, evidenced by the increase in case reviews during this period.

Prevention and Communication

In addition to the platforms used by Police Scotland, Scottish Fire & Rescue, NHS Tayside, Dundee City Council and the Health and Social Care Partnership, the Protecting People Team developed and delivered a public awareness raising strategy targeting the recognition and reporting of people at risk in the wider community.

Each single agency utilised its own resources and networks to communicate operational and strategic messages to its workforce.

Where appropriate, single agency updates were shared both publicly and across the partnership by way of the ASP committee. Key national messages, questions, and best practice examples were also shared in this manner. Similarly, the Tayside ASP Lead Officers group have shared resources and expertise.

Local complimentary procedures based on updated national guidance for Adult Protection during the pandemic published by the Scottish Government were developed for staff in Dundee and distributed in the form of revised ASP protocols. This is explored in greater detail in subsequent sections of this report.

Remobilisation

Moving forward from the pandemic, the partnership has continued to build upon strategic and practice improvements developed as part of the COVID response. An example of this being, much of the infrastructure developed to deliver on the challenges of COVID have remained, strategic sub groups and interim meetings of the ASPC executive have continued as well as increasing use of the corporate risk register.

Many changes were accelerated and prioritised as a result of COVID and these have laid the foundation for the Dundee ASP delivery plan as well as single agency remobilisation activity. However, we also recognise the challenges facing the multi-agency workforce. Dundee HSCP is part way through a restructuring process and NHS Tayside continue to enhance and further develop their Protecting People provision to better address the challenges identified in the final sections of this report.

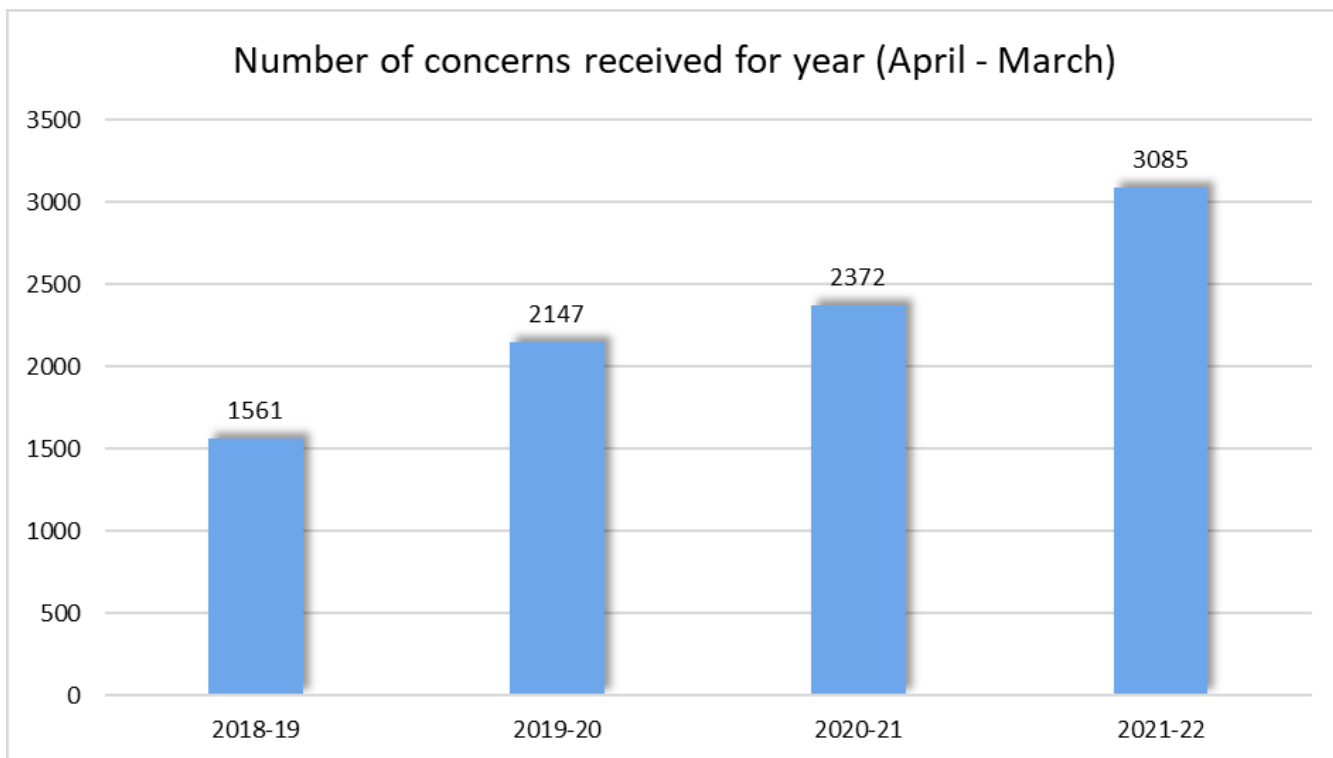
4. What Our Data is Telling Us



Improving the use of qualitative and quantitative multi-agency data to inform strategic decision making and the development and delivery of person-centred approaches to improving safety and well-being was identified as a priority for the partnership in the previous ASP delivery plan. Since then, the focus has shifted from the collation of single agency indicators to the synthesis of a wide variety of data inputs to better understand collective impact on outcomes for individuals and communities at risk.

Core data is shared across the partnership on a weekly basis. This is analysed in terms of operational practice and reporting exceptions escalated for further scrutiny. Data reports are presented quarterly to the committee with accompanying analysis, interpretation and recommendations. Most recently the Self Evaluation and Continuous Improvement sub group has offered wider interpretation of this data, generating further study, explanation and identifying both further areas for development, scrutiny and assurance.

What follows is a brief summary of key ASP data as well as examples of where this has been applied to multi-agency practice.



The number of adult concerns received have continued the recent year on year rise increasing by 47% during the period covered by this report. Dundee continues to be a national outlier in terms of the levels of adult concern reports that are recorded as being received by the HSCP from other partner agencies largely as a result of the current data recording processes.

Dundee has consistently been more than double the national average for Adult Concerns received but is significantly below average for those proceeding to investigation.

Whilst there is no evidence to suggest that adults in Dundee are at any greater risk than they would be across Scotland it has to be recognised that there are some key challenges including higher rates of drug deaths, mental health concerns and completed suicides. The high number of Adult Concerns recorded are reflective of how agencies in Dundee carries out and record their statutory duties and this is under review to try to bring this in line with other areas.

The vast majority of these adult concerns originate from Police Scotland Vulnerable Person Database reports and do not appear to meet the threshold (three-point test) to warrant a statutory response in respect of ASP processes. However, they do relate to adults who have a wider variety of needs and vulnerabilities. How we are improving our screening processes and how the Adult Support and Protection Committee is assured of the quality of screening activity is explored later in this report.

Detailed multi-agency analysis is regularly undertaken into how concerns are reported, screened, assessed and progressed. This is benchmarked against the other Tayside authority areas. Analysis was also completed into what happens to individuals who present concern but do not progress in respect of statutory intervention. The Committee were reassured that the majority of people referred were offered support in other ways than through the adult protection process.

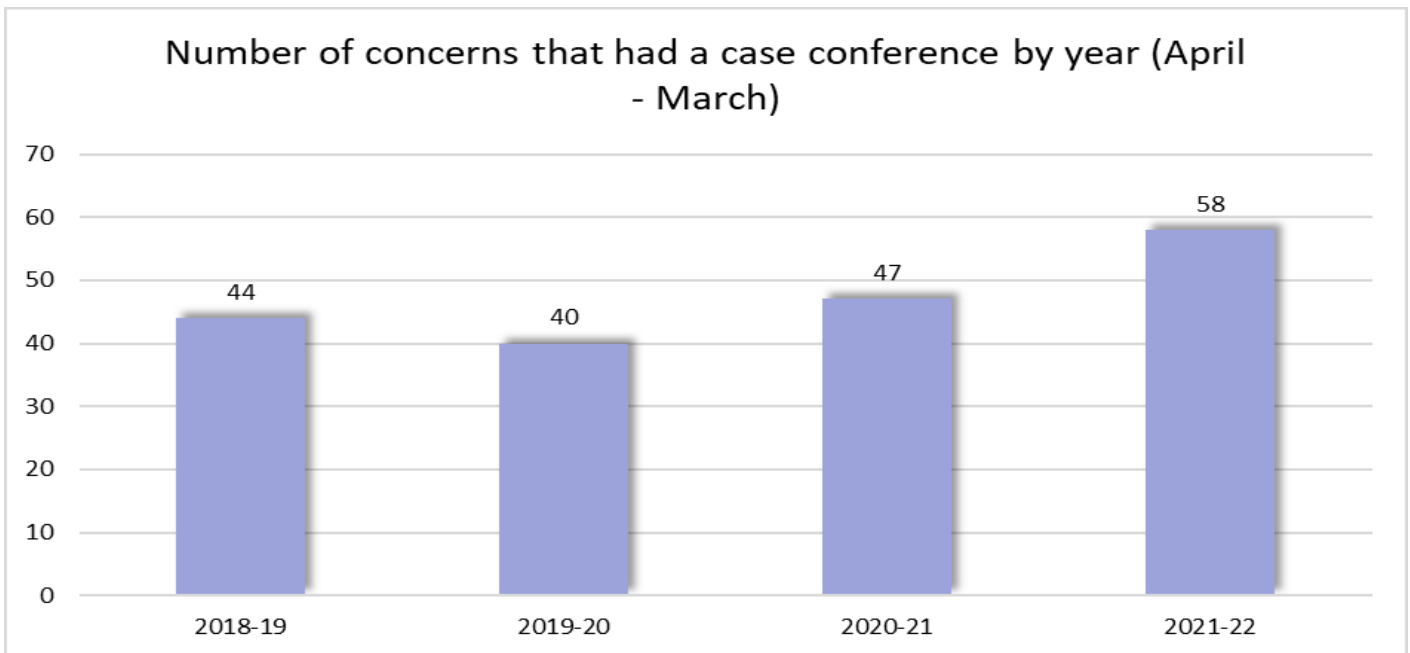
A pilot screening of Adult Concerns commenced in March 2021 resulting in a 61% reduction in recorded adult concern reports, which brings Dundee more in line with other areas. This was subsequently adopted across the partnership six months later. The primary reason given for not progressing with a statutory response is "Existing support services have been informed of the concern and will manage appropriately (least restrictive approach.)"

Although Police Scotland continue to be the major source of adult concern referrals, the past two years has seen a significant rise in concerns raised by staff in NHS Tayside. This is attributed largely to the effective work of our colleagues in the NHS Tayside Adult Protection Team in raising awareness and identifying areas for development across the NHS. Awareness raising and training has been a key factor in this increase.

Following the completion of a thematic review into fire deaths, concerns raised by Scottish Fire and Rescue Service doubled during the period covered by this report. This is reflective of focused work undertaken in respect of this particular risk factor as a result of the review and improvements made in communication and referral pathways.

Similarly, an Initial Case Review undertaken in 2021 raised issues relating to the Scottish Ambulance Service (SAS.) Assurances were received from the service that developments would continue in this area and subsequently, there was a tenfold increase in concerns raised by SAS from one during the previous year to ten in the next.

The number of Interagency referral discussions has increased by 26% over the past two years. In the year 2020/21 numbers actually decreased but it was recognised the consistent application and recording of IRD processes was an area for development and numbers have increased over the past year. Standardisation of IRD processes on a Tayside basis features in the current ASP delivery plan as a further area for development.



The number of concerns resulting in a Case Conference also increased by 22% during this period from 47 to 58 (See Table Two). Again, although the numbers are small it is significant to note that many conferences were convened without an IRD taking place. This is keeping with local guidance in so far as, in cases where initial information raises significant protection concerns, –“The IRD stage is escalated to conference where the nature and level of risk considers this to be necessary. During the pandemic period, both IRD’s and Case Conferences shifted to a virtual setting rather than face to face, which may have contributed to this increase.

Of the investigations undertaken 51 (44%) related to males and 65 (56%) concerned females. We have seen a significant decrease in the number of younger females being investigated. This had previously been an area of concern scrutinized by the committee which had sought assurance in relation to assessment of risk and provision for vulnerable young women. This has contributed to developments progressed by the Dundee VAWP relating to multi-agency trauma informed approaches to women and risk of harm.

Mental Health and Substance use feature as the primary causes of concern with most incidents of harm occurring in the individual’s home or a public place. Again, most of these referrals originate from police officers attending incidents in the community. The vast majority of these do not proceed beyond initial screening and are often referred to a service or team with whom there is an existing relationship.



The ASP committee sought assurances that these individuals were being protected from further incidents of abuse, harm and neglect and this has resulted in a number of practice improvements, for example the development of the non-fatal overdose pathway and the development of NHS Tayside Capacity Assessment pathway, both of which are explored in greater detail in the next section of this report.

Data was used extensively to help inform responses to risks identified by both the ASPC Executive Group and, latterly, the Self Evaluation and Continuous Improvement Group. Examples of these are provided as follows;

Care Homes

When benchmarking against national ASP data, Dundee City has been an outlier when it comes to “locations of harm” in so far as care homes and supported accommodation are significantly underrepresented in respect of progressing Adult Support and Protection Investigations. See Appendix One Chart 10.

This had been accounted for by the HSCP adopting a preventative rather than reactive approach to risk in a group care setting. Dundee maintains an early indicator of concern database (see next section), a care home team with dedicated key practitioners overseeing public protection responsibilities as well as robust contract monitoring and a providers' forum.

However, during the first lockdown periods, many of these preventative factors were unable to operate effectively due to the restrictions on visiting group care settings.

During the period March 2020 to April 2021 although 51 duty to enquires were undertaken in a care home setting only one progressed to an IRD and none to Case Conference. Whilst some of these concerns were subject to a Large-Scale Investigation the ASP executive group sought assurances from partners that such risks were being effectively recognised and responded to and individuals kept safe from abuse and harm. Multi-agency partners including NHS Tayside, Police Scotland Division D and Dundee Health and Social care Partnership were able to evidence that, in addition to risks arising from COVID issues, there were robust multi-agency risk management plans in place for risks identified of which the Care Inspectorate were aware of and contributed to response.

During the next period (March 2021 to April 2022) there were 66 reported Adult Concerns raised in a Care Home setting resulting in 63 Duty to Inquires, seven Investigations and four Case Conferences.

As a result of learning identified from case reviews, engagement with care homes and both residential and homecare providers is an identified area for development in the ASP delivery plan.

Financial Harm

The ASP committee sought assurances following Police and Trading standards colleagues raising concerns about an increase in targeted scam and financial harm activity during the pandemic. This was also being reported nationally. Consequently, current and historical data was scrutinised. In 2020/21 financial harm was the 6th most common principal type of harm record for all referrals. In 2021/22 it was the 7th most common. The percentage of referrals due to financial harm have remained stable during the majority of the period covered by this report. In terms of ASP statutory activity, Dundee was not experiencing such a significant increase in numbers of referrals compared to those reported by Trading Standards and Police Scotland. However, the two most recent quarters have shown an increase which will continue to be monitored to determine the significance of this.

As a result the Dundee partnership is developing a multi-agency financial abuse response to better recognise and respond to individuals at risk of financial harm who may not progress down a statutory ASP route.



5. Outcomes, Achievements and Service Improvements



Although the past two years have been challenging for all partners concerned with public protection it has also been an opportunity for innovation and improvement.

This section summarises some of the key achievements developed and delivered during the period covered by this report.

“Hidden Harm” during pandemic

During the Coronavirus pandemic, there was a recognition across all partners of the importance to help keep adults at risk safe from harm and neglect by sharing up to date information with the public and across the multiagency partnership. Throughout this time, there was an emerging picture from elsewhere of a number of potential safeguarding issues and areas of exploitation directly related to the pandemic.

A significant concern within the Dundee ASPC was that much of this harm may be hidden, particularly with people living in isolation, perhaps with perpetrators of abuse, those identified as 'shielding' and with the additional issue that professionals were not able to visit clients or patients as frequently or face to face. There was also recognition that individuals may be vulnerable to harm as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

Such concerns and risks were identified as high in the Protecting People Risk Register across all areas regarding hidden harm for a number of reasons. These include the reduced ability across all agencies to carry out face to face contact with individuals and families due to staff absence and social distancing requirements, the impact of the closure of some support and care services, reduced operations of some community and third sector provisions and the potential for particular forms of harm to escalate during the current crisis e.g. domestic abuse and substance use. Early monitoring showed a drop in the number of referrals to First Contact Team, similar trends were reported by Police and third sector agencies across protecting people areas.

Between April and June 2020, Dundee ASPC completed a comprehensive "hidden harm" review which would go on to form the basis of much of it's work during the first full year of the pandemic and replacing the previous ASP development plan. Broadly, this covered;

- Governance and strategic planning
- Public communication
- Communication across the partnership
- Approach taken towards adults currently supported by Dundee health & social care partnership
- Approach taken towards new risks reported Dundee HSCP
- Response to COVID in care homes
- Approach taken to people affected by substance misuse
- Approach taken to refine work including provision & interrogation of data
- Approach taken towards the wider population not already supported or known
- Approach taken to hidden harm relating to violence against women issues

Subsequently, these areas were integrated into the ASP delivery plan which currently informs the work of the committee and broader partnership underpinned by closer working with other committees.

Committee processes and membership

The committee has taken the opportunity to develop new terms of reference and an induction pack for new members. Following a number of committee development events, membership has also been expanded in an effort to broaden the knowledge, skills and experience available across the partnership. In addition, the role, responsibilities and expectations of members is also clearly outlined.



Audit Activity

Dundee ASP committee completed a multi-agency case file audit in February 2020 and the learning from this informed our (then) ASP improvement plan. The onset of COVID impacted on the scope and pace of some of these changes as we adjusted to a COVID footing, specifically relating to the development of chronologies and risk assessment which were revisited as part of our post pandemic mobilisation. This is expanded on later in this section.

In addition, the Dundee HSCP were recently subject to an internal audit of progress of actions arising from the joint inspection undertaken in 2017. A separate single agency plan has been developed in response to this with regular updates provided to the committee alongside the Asp delivery plan

NHS Tayside Adult Protection Team

The Dundee partnership is fortunate to benefit from a dedicated Adult Protection Team within NHS Tayside. In addition to improving practice across the NHS, the team also contributes to core statutory ASP duties with the nurse advisors providing an invaluable service across a wide variety of protecting people fora. Key achievements delivered by the team have included.

- Developing NHS Chronology framework for use in adult services
- Focused work around Safeguarding with the NHS Tayside Forensic Service
- Developing guidance to support clinical teams around patients who have difficulty engaging with services and who may be vulnerable/at risk.
- Drafted NHS Tayside VAW/GBV Workplan for 2022 and presented this at NHS Tayside Public Protection Executive Group
- Progressing Values Based Reflective Practice within team to provide additional supervision support to staff who may be involved in adult protection work with a patient/family.
- Self-Evaluation and Continuous Improvement (SECI)

As part of activity designed to improve committee governance and oversight the Dundee partnership has developed a Self-Evaluation and Continuous Improvement sub group.

The purpose and priorities of the group are;

- Inspection preparation and follow up
- Performance data
- Improvement Plan monitoring and progress following ICRs/SCRs
- Self-Evaluation Activity

The SECI is the primary means by which the committee monitors progress of activities arising from the delivery plan and is proving to be effective with engagement and support from all key partners.

Case Review Activity

Dundee was already operating a Protecting People Case review protocol prior to the publication of the national interim framework for conducting Significant Case Reviews in November 2019. During the period covered by this report seven Initial Case Reviews were undertaken in relation to adults at risk of abuse and harm. One of these has progressed to a Significant Case Review which is due to report in early 2023.

In addition, one Significant Case Review was published in respect of the death of a care experienced young adult and two further Initial Case Reviews were undertaken in partnership with Dundee Child Protection Committee concerning the deaths of two further young adults.

The multi-agency learning identified from this activity has informed single and multi-agency improvement plans broadly themed under the following areas.

**Information
Sharing**

**Professional
Curiosity**

Escalation

**Risk
Assessment
and Risk
Management**

**Transitions
from
Childhood to
Adulthood**

Capacity

Screening of initial concerns and responses to individuals potentially at risk who do not meet the three-point test were also identified as areas for development together with responses to mental health and substance use.

These themes run throughout our planned improvement activity and progress is monitored by way of the SECI sub group reporting to the ASP committee and COG respectively.

To help support staff with the increase in Case Review Activity, communities of practice and development sessions were delivered to a number of multi-agency practitioners and first line managers to raise awareness of the review process.

In addition, during the Autumn of 2021, four development sessions were delivered to groups of multi-agency managers entitled, "Embedding and Sharing Learning from Case Reviews in Dundee."

These specifically addressed:

- Introduction of a tool to help managers share and embed learning from case reviews within their teams and service
- Exploring existing learning identified from case reviews
- Find out how you can influence change and contribute to service improvement and development
- Further learning opportunities and engagement work with your workforce

Although well attended it became apparent that the capacity to implement some of the changes identified required significant investment in and development of redesigned workflows in order to embed and evaluate the impact of the learning identified. This, in turn, has informed various actions detailed in the ASP delivery plan, SECI, Transforming Public Protection (TPP) and HSCP Protecting People Oversight Group.

Thematic Fire Death Review

Following discussion with Chief Officers and as a result of three Initial Case Reviews undertaken in early 2021, the ASPC agreed that as an extension to the Learning Review process, a Thematic Case Review should be undertaken with a clear and focussed remit to consider the three cases simultaneously.

Andrew Beckett (ASP Lead Officer), Grace Gilling (NHS Tayside) and Graham Smart (Scottish Fire and Rescue Service) along with Paul Comely, National Adult Protection Co-Ordinator acting as a critical friend, were identified as the Lead Reviewers and were tasked with delivering a report in respect of the following themes as part of the remit;

1. Multiagency Risk Assessment and management of risk
2. Adult Support and Protection- processes and procedures
3. Co-operation, Co-ordination and Leadership
4. Professional involvement and relationships
5. Accommodation/ Housing issues
6. Hospital Discharge processes
7. Impact of COVID-19
8. Home Care Services

The thematic review was completed in early Summer 2021 and concluded with thirteen key recommendations. Partner agencies were requested to consider the final report and identify opportunities for learning within single agencies/services as well as undertake improvement actions in respect of these recommendations, with the ASP Self Evaluation and Continuous Improvement sub group seeking reassurance from partner agencies in relation to actions progressed. A briefing was provided for COG members on 28 October 2021 outlining elements of good practice identified within the review as well as opportunities for further learning. Improvement activity has continued in respect of the recommendations identified. A review of progress is scheduled for the Summer of 2022.

Early indicators of Concern in a residential setting

Part of the response to protecting people in Care Homes relied upon the consistent application of operational guidance relating to early indicators of concern. Although these have been in operation across Dundee for a number of years, the onset of COVID restrictions placed greater emphasis on their importance in safeguarding vulnerable adults.

There are six early indicators of concern which all staff members visiting/attending/working in care homes were required to consider:

1. Concerns about management, leadership and organisation
2. Concerns about staff skills, knowledge and practice
3. Behaviours, Interactions and Wellbeing of Residents
4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of openness.
5. Concerns about the way services are planned and the delivery of commissioned support
6. Concerns about the quality of basic care and the environment.

The guidance and tool are designed to support, and not replace, professional judgement. Its use is expected to assist staff members to organise their thoughts so that they can act more confidently, consistently and effectively within the wider care context. This proved invaluable during the periods of limited access in assuring vulnerable adults in a residential setting were safeguarded from abuse and neglect.

Cumulative concerns recorded in the Early Indicator database contributed to preventative early intervention and identified both individuals for further investigation which in turn led to Large Scale Investigations involving multiple individuals in a group care setting in keeping with local protocols and procedures.

Hospital Discharge Management

Case Review Activity Identified Hospital Discharge as an area for particular development in terms of ASP. There was some evidence to suggest that protection from harm was not consistently applied as part of discharge planning and that multi-agency staff would benefit from specific training and development opportunities. This was delivered and subsequently evaluated and evidence identified which indicates improvement in the recognition of and response to risk.

Under the banner of “Home First”, the Partnership has developed a single point of referral for Enhanced Community Support and Dundee Enhanced Community Support Acute and are working to develop an Urgent Care Triage tool and common assessment documentation with Scottish Ambulance Service and advanced paramedics to contribute to avoidable admissions.

The redesign of urgent care and the implementation of the Flow and Navigation Centre (FNC) Model has improved decision making support from the Scottish Ambulance Service, Primary Care, Out-Of-Hours, NHS24 and other partners including ASP activity. This is increasingly ensuring that the most appropriate source of care, in the most appropriate place is used to respond to people's needs or that an appropriate digital solution, such as NearMe, is provided.

During 2021/22 all social care packages that were adjusted due to the COVID-19 response were re-started or adjusted back to normal arrangements. Work has progressed to remobilise both day support and respite services and a variety of short-break arrangements have been used in Community Mental Health and Learning Disability Services.

Supporting drug and alcohol recovery

Drug and alcohol issues continue to feature prominently as a risk factor in Adult Concern Reports but are also one of the client groups most likely to be “screened out” of statutory procedures. Consequently, harm reduction and recovery has been a focus of improvement activity.

During 2021/22 the HSCP Clinical, Care and Professional Governance Group has continued to maintain oversight of a range of risks associated with the Dundee Drug and Alcohol Recovery Service. Whilst some of these risks relate to clinical functions within the service others include demand in excess of resource and insufficient funding to undertake the redesign of Dundee Drug and Alcohol Recovery Service (DDARS) services. Staff recruitment and retention challenges have also had a significant impact on the service throughout the year.

Over the last two years considerable progress that has been made in key areas to reduce harm associated with drug use, including drug deaths. This has included:

- Development and evaluation of a multi-agency, rapid response to non-fatal overdose (recently recognised as a sector leading approach in the COSAL Excellence Awards 2022);
- Enhanced capacity to delivery assertive outreach services through collaboration with third sector services, DDARS and the SafeZone Bus;
- Establishing the Navigator Programme based in Ninewells Accident and Emergency to work alongside medical and nursing teams to offer support to people who have multiple and complex needs, including drug and alcohol use;

Community mental health services and supports

Mental health concerns and suicide ideation also feature highly in Adult Concern Reports received and investigations undertaken. Although more of these risks are managed by a statutory response there remains a significant number of adults at risk with mental health and wellbeing challenges supported in the community.

Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges. During 2021/22 work began with stakeholders, including people with lived experience on mental health challenges, to develop the city centre Community Wellbeing Centre that is planned to open in Autumn 2022. This has included workstreams focused on developing pathways and connections, the building facilities and aesthetics and communications and engagement. Since November 2021 a Stakeholder Group has been in operation and has been fully involved in co-producing the service specification

for the Centre; with tendering activity to secure a suitable service provider commencing in 2022/23. Alongside the development of the Centre progress has been made in other areas to enhance supports that will ultimately be linked to the Centre once it is operational. This includes developments with the Scottish Ambulance Centre and the appointment of a manager within Penumbra for the distress brief intervention service.

A successful pilot has been undertaken with Scottish Ambulance Service (SAS) and Dundee HSCP to establish a Paramedic Mental Health Response Vehicle (PMHRV). The PMHRV is jointly staffed by a paramedic and an experienced mental health nurse meaning that they can attend to aspects of physical healthcare as well as conducting a specialist mental health assessment. Following the pilot period, the service is now operating seven nights a week and during weekend days. Early outcomes indicate that most people have been successfully helped in their own home environment without the need for more intensive mental health assistance. Data from the first few months shows that the number of mental health emergency admissions fell by 51%.

Advanced Nurse Prescribers and Specialist Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental healthcare, which supports resources within General Practice. Mental Health and Learning Disability Teams have also benefitted from increased numbers of Social Workers and Support Workers. There are now also General Practitioner Leads for Mental Health in place for each of the three Tayside Partnerships with a role in ensuring that all mental health developments are 'whole system' and cognisant of the specific needs of, and contributions that can be made from, primary care and to contribute to primary care development work and more specialist mental health redesign work. A plan has been submitted to the Scottish Government describing how a share of the national pandemic recovery funding totalling £120m will be used to strengthen mental health and wellbeing responses across primary care.

Mental Health Act work has continued to be a priority for the Mental Health Officer (MHO) Service during the pandemic. The service has continued to undertake all assessments and provide applications in line with legislative requirements. There has been the occasional assessment that has been provided without direct contact with the person concerned. On these occasions, this has been determined by COVID-positive situations and governed by safe practice. The situations have been clarified from other professionals directly involved in the person's care and we have also sought advice and liaised with the Mental Welfare Commission. The service has coped well with the demands generally during the pandemic, however capacity was an issue during the Festive Period 20/21 and a sessional worker was employed by the service. Although the service has coped with the Mental Health Act demands, there is an overall reduction in the numbers of MHO's undertaking the role within Dundee. This has been for a number of reasons and is under review to consider the options we have for addressing this and ensuring the MHO service is sustainable.

Trauma informed practice

A significant amount of work has been undertaken around 'trauma informed practice' including a test of change in care homes, a test of change focused on embedding trauma informed principles, tools and models to existing learning and development activity across the city and a test of change focused on enhancing responses to domestic abuse. The Care Home Team test of change had a focus on trauma principles and aimed to collate stories on the impact of COVID for care homes, residents, next of kin and staff across the city. This work was underpinned by a request from the Care Home Safety Huddle and findings from a National Trauma Deep Dive event for Health and Social Care. A stakeholder engagement and feedback session took place in October 2021 with care homes across the city, followed by an accessible trauma informed survey. Survey data, stories and experiences were then analysed and findings shared with HSCP and the Care Home Safety Huddle. A Care Home Trauma Deep Dive learning exchange event was used to share local findings, stories, next steps, national and local trauma developments, improvements and resources as well as available supports and offers to the workforce.

Carers

Direct work has been undertaken with carers to raise awareness of Public protection in general and Adult Support and Protection specifically. Throughout 2021/22 the HSCP, working alongside Dundee Carers Partnership, has continued to prioritise services and supports to meet the needs of unpaid carers. Carers engagement activities have reinforced the significant impact the pandemic has had on the health and wellbeing of many unpaid carers, who have also been further affected by the cost of living crisis. Multi-agency work to understand these needs and reflect these in an updated Carers Strategy is described earlier in this report. The HSCP has continued to focus on enhance capacity to fully implement the duties contained within the Carers (Scotland) Act, including a focus on identification and assessment of unpaid carers and the use of Adult Carers Support Plans across Partnership services. The recently agreed Carers Investment Plan includes significant additional resource to support enhanced capacity across Care Management Teams to implement carers assessment and support planning duties. It is anticipated that this additional capacity will be recruited during 2022/23.

Chronologies

In response to learning identified through the case review process and earlier actions from the Care Inspection process in 2018, Dundee ASPC "Practitioner's Guidance: Chronologies" was developed to provide Health and Social Care practitioners involved with vulnerable adults, their families and carers across Dundee, with clear practice guidance on the effective use of Chronologies. It is complimented by a revised workflow on the MOSAIC computer system. The guidance provides minimum standards aimed at ensuring a consistent practice approach to Chronologies and is compatible with the Tayside Multi-Agency Adult Support and Protection Protocols.

Risk Assessment

In response to learning identified through the case review process, Dundee ASPC developed a safeguarding risk assessment tool and threshold matrix. This was designed to ensure that across the partnership a consistent and proportionate response is delivered, that safeguarding from risk of harm responses are proportionate to the abuse/neglect, and that formal ASP procedures are not the only way of addressing issues that arise. Actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Partners and professional need to use their professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis. The document consists of two parts;

Part one: Offers a risk assessment tool and threshold matrix to support anyone working with adults across Dundee to identify the level of risk and proportionality of response in respect of potential harm, abuse or neglect.

Part two: Introduces a risk assessment workflow to MOSAIC to support managers and council officers in evidencing defensible decision making and the consistent application of Adult Support & Protection processes.

The chronology and risk assessment guidance were developed in Dundee as part of the Transforming Public Protection Programme in Dundee and informed by improvement methodology and guidance from the Care Inspectorate. An evaluation of the uptake and impact of this will be completed towards the end of 2022.

6. Training and Workforce Development



Dundee’s social work and social care workforce, alongside other public, third and private sector services have continued to respond to the unprecedented impact of the COVID-19 pandemic. Social work and social care employees have undertaken an invaluable role to deliver critical services to individuals, families, and communities across the city.

While responding to the COVID-19 pandemic, we have continued our commitment to ensure social work values and standards are promoted while maintaining safe practice within a challenging and changing context.

Protection

Delivering on programmes relating to the protection of children and adults has remained a priority as in previous years. The delivery of learning and training opportunities was significantly impacted by the COVID-19 pandemic. We have adapted, innovated and where appropriate developed interim digital resources to mitigate workforce risks, upskill and enhance protection learning and development activity throughout cross cutting protection themes.

Our enhanced and intensive multi-agency programme in ASP (Defensible Decision-making) was adapted to meet the complex challenges of remote delivery within the context of the COVID-19 Pandemic.

This programme was tested, thoroughly evaluated, and improved over three programme cohorts throughout 2020/21. This programme is now delivered on a Tayside wide multi-agency basis. Delivering the programme and best use of technology, has enabled us to increase capacity and accessibility of the programme to a much wider audience. The 2020/21 cohorts included social work and social care practitioners and managers from Perth and Kinross, Dundee and Angus as well as NHS Tayside employees. Participants have ranged from GP, nurses in various community and clinical settings, OT, Clinical Psychiatrist. Our enhanced multi-agency programme is innovative, engaging, interactive and underpinned by:

- A reflective and practical phased programme approach to embed and enhance learning
- Using best evidence and research, underpinned by learning from national and local case reviews
- Promoting ethically literate, critical practice in multi-agency adult support and protection while working with adults and young people
- Risk assessment and management (including chronologies) – challenging assumptions, thresholds, and best evidence
- A space to explore and share existing practice dilemmas and group case discussion
- Self-directed learning

"My practice has been enlightened! I have shared the learning in my team and commit to using the 6 hat approach for complex case discussions and supervision"

(Senior Manager, ASP DD,
16 March 2021)

"This programme raised essential considerations for my practice, I liked and got of learning participants. It has helped to improve my confidence in SW role"

(Care Manager, ASP DD Cohort,
16 March 2021)

"The training was valuable in giving me an opportunity to refocus on issues/challenges inherent in ASP work. Brilliant course, I would like to explore things further"

March 2021 ASP DD

Council Officer Programme and Forum

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. The ASP forum was relaunched using digital tools and access via MS Teams August 2020 and continues to be a forum for practitioners and managers.

The Adult Support and Protection Council Officer training programme was redesigned and adapted. This statutory programme was co-created and tested with 16 practitioners from Dundee and Angus. Learning from this programme pilot, tools and resources were shared Nationally, with a dedicated development session delivered by Dundee to the ASP National Leads Meeting, L&D Network and ASP convenors. Our model to ASP Council Officer Training has been commended nationally as a best practice approach. Our programme has been endorsed and agreed delivery for a shared Tayside approach. Key elements of the programme include:

What difference has this made to your practice so far?

Thinking differently about risk and risk assessment

Knowledge and confidence boost

They will understand the pathway

Can offer a more person-centered and rights based response to concerns

Increased confidence and understanding of the role and responsibilities

More knowledge about the legislation

Enabled greater reflection on the term capacity when thinking about what skills means and opportunity

More knowledge built on skills

Giving background and knowledge to process

Increased confidence

It has made me feel more self assured and that everyone works to their own styles

Increasing confidence in recognising and responding to ASP concerns

What difference has this made to your practice so far?

More confident in undertaking my role and where it sits in wider processes

Things are clearer

How to ask the right questions

Enhanced knowledge and confidence

Adult Protection Awareness Day, 20 February 2022

Dundee ASPC hosted a series of workshops and events running across two weeks to raise awareness of National Adult Support and Protection Day. A range of opportunities were available for the multi-agency and Tayside workforce with all workshops well attended. Workshops and training included topics such as self-neglect and hoarding, manager briefings hosted by Mental Health Officers around safeguarding, Adults with Incapacity and Mental Health Care and Treatment legislation, workshop on financial harm and scams, learning from case reviews and a workshop on trauma informed practice and adult protection. A full list of calendar events is available on the following link [HERE](#).

TURASLearn

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS which focuses on protection resources.

The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers’ access to a range of protection learning resources previously unavailable to them.

TURASLearn has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee HSCP. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing and safety.

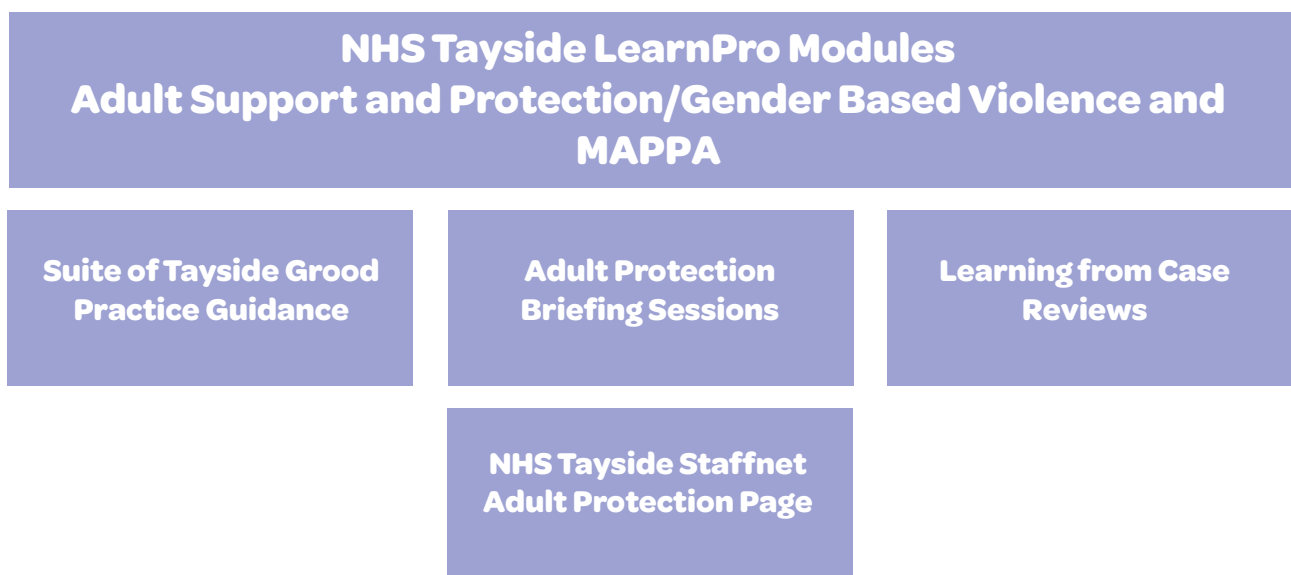
NHS Tayside Training

NHS Tayside requires its workforce to be competent, knowledgeable and have the required skills to actively recognise and respond to protect vulnerable adults at risk of harm.

In order to develop a competent and confident workforce, all NHS Tayside staff must have access to appropriate training, learning opportunities and support, to enable staff can execute their roles and responsibilities.

Online training is available for staff via Learn-Pro, however this should be supplemented by face to face training particularly for staff with specific roles such as those staff working in Acute and Mental Health services who require increased knowledge and competence in Adult/Public Protection issues.

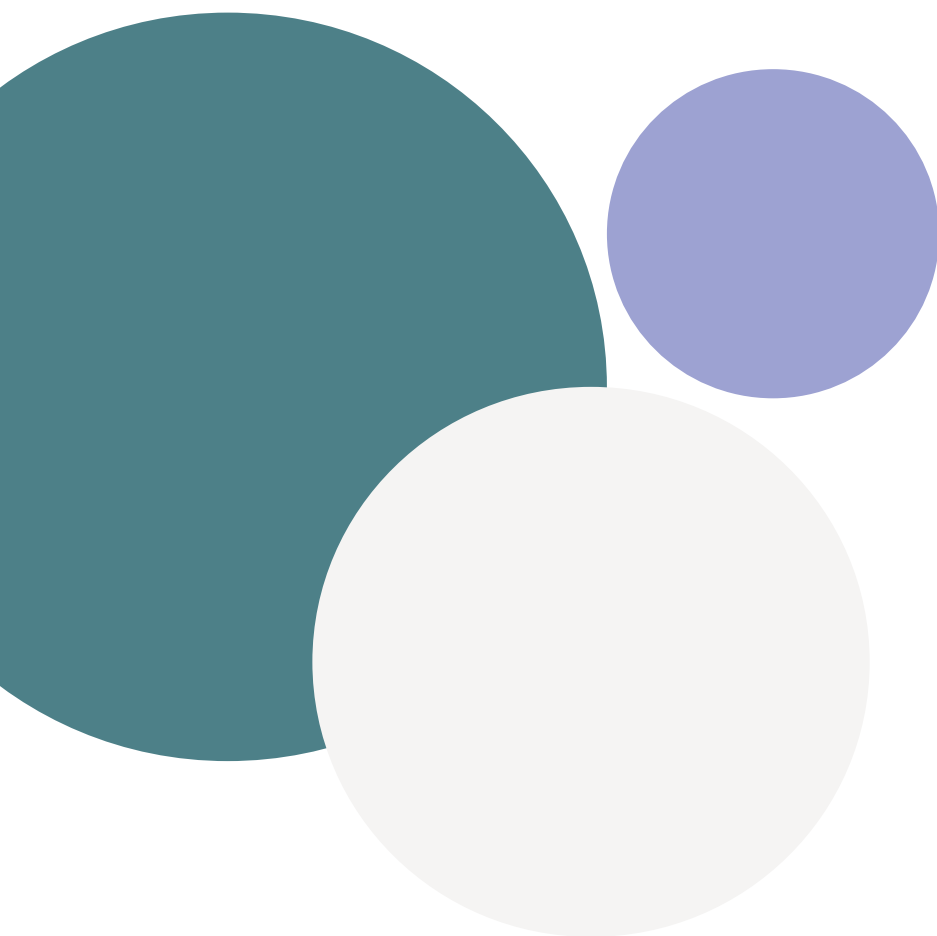
A range of learning opportunities are available and include:



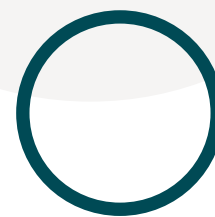
Key deliverables achieved during the period covered by this report include;

- NHS Staff Attending sessions on: Defensible Decision Making, Power of Attorney & Learning from case reviews.
- 16 Face to face ASP Briefing Sessions delivered between Aug-Dec 2021
- 11852 NHS Staff have completed Adult Support & Protection eLearning

As we move forward from the pandemic, Face to Face Briefing sessions are increasing. Training requests are tailored to the individual services where possible, though a core message runs throughout in terms of the legislation and responsibilities within health.



7. Engagement, Involvement & Communication



Engagement, involvement and communication has evolved throughout the period covered in this report moving from an initial COVID response focus to wider lived experience engagement.

Public communication activity arising from hidden harm report

During the first year of the pandemic and in addition to the platforms used by Police Scotland, Scottish Fire & Rescue, NHS Tayside, Dundee City Council and the HSCP, the Protecting People Team developed and delivered a public awareness raising strategy targeting the recognition and reporting of people at risk in the wider community.

- Key information providing details of how to raise concerns was widely distributed across social media by all partners as well as a focus on specific campaigns such as potential scams and fraud.
- 10,000 hard copy leaflets were distributed to households across Dundee to highlight how to report concerns about vulnerable adults.
- Local press have ran a number of articles raising public awareness.
- Information was also made available in BSL, easy read and video formats to ensure accessibility.
- A radio campaign ran throughout May 2020 on Wave 102 specifically focused on mental wellbeing.
- A public facing bulletin focussing specifically on Protecting People issues was regularly published throughout the period of COVID response.
- Specific support was provided for carers with a newsletter developed and distributed in association with Dundee Carers Centre.

Raising public awareness of how to recognize and respond to adults at risk was considered to mitigate somewhat against the risks posed by the potential gaps in the usual network of support and communication as a result of the COVID situation. The initial drop in adult protection referrals quickly increased back to the usual rates reassuring the Committee that concerns were being identified and reported. Additional support was provided where carer stress was identified. The take up of advocacy increased ensuring that people who need support and protection are able to access independent support.

As circumstances changed it became necessary to target specific groups and convey particular pieces of information. The ASP committee and Protecting People Team continued to develop and deliver this as well as monitoring the impact by way of performance data and regular updates from partners.

Partnership Communication arising from hidden harm report

Guidance and training for staff within Dundee Council, Dundee HSCP and NHS Tayside who were redeployed and volunteers was produced regarding Adult Support and Protection. This conveyed the message that staff require to remain vigilant in recognising and responding to potential additional safeguarding concerns and in particular, those arising as a result of the COVID-19 situation.

Guidance was also provided to the Community Support Centres and wider partnership outlining how to recognise and respond to people at risk.

An online module “COVID-19: Information to Support Those Temporarily Working in Health & Social Care Settings” was developed and delivered by Dundee City Learning and Workforce Development.

A dedicated email address was set up for HSCP providers with a regular bulletin distributed. This contained subjects such as national information sources, key messages, and actions for providers to consider, emerging risks and issues and key public health issues. Whilst this did not remove or replace the responsibility of individual providers to pro-actively seek out relevant information about the developing situation and to take action in response to this; it provided regular communication that summarised and signposted to official information and guidance that supported providers to undertake these responsibilities.

Ensuring that all partners were kept up to date with the development and delivery of services helped to ensure the recognition of and proportionate response to risk of harm. Clear, concise lines of communication contributed to informed and timeous assessment, best value and delivery of support and services.

There were early examples of conflicting information being provided from both the Scottish and UK governments and this together with the pace of change led to challenges in developing a local response which was mitigated somewhat by joint ventures such as the Tayside Oversight Group.

Engagement with People with Lived Experience

In Dundee we have been fortunate enough to have had lived experience representation on the committee for a number of years. Pre-COVID there were three lived experience committee members representing different groups, specifically older people, mental health and learning disabilities. Where required, these members were supported to actively participate in committee business in a variety of ways including;

- Direct input from advocacy services
- Provision of “easy read” executive summaries
- Pre-meetings with lead officer and independent convenor

Lived experience committee members have contributed to agenda setting, the development of public facing materials and the recruitment and selection of the independent convenor.

Unfortunately, following the pandemic, lived experience representation has reduced with one current member on the committee. This individual has been supported directly by Advocating Together to attend meetings virtually by way of MS Teams. More recently, this member has met with the Lead Officer, Protecting People, in person and been supported to participate in committee procedures in a hybrid manner.

Dundee ASP Citizen Engagement & Involvement Group

In late 2021 Dundee ASP convened a Citizen Engagement & Involvement sub Group. Fundamentally the purpose of the group was to support Dundee Public Protection partners to work towards the engagement of people with experience, and their inclusion in the strategic decision-making processes and linked strategic planning, improvement and development programmes and activities.

- Developing Citizen Led Approaches
- Creation of Citizen Led Practice Guidance
- Support for Citizen Led Ambassadors

An engagement and involvement plan was initially drafted based on 5 principles:

- Safety
- Trust
- Collaboration
- Empowerment
- Choice

Mapping activity commenced in March 2022, however, more recently Protecting People Dundee have partnered with the Authentic Voice Project and the work of the sub group is now linked to deliver on the following outcomes.

- **Professionals working across a wide range of policy areas are supported to embed survivor voice and lived experience into system and service design processes in a high quality, sustainable and trauma-informed way.**
- **Decision-makers are supported to see how meaningful change can be achieved, and compelled to act, through seeing living examples, having access to evidence & hearing diverse voices of people with lived experience.**

Project Background

In Dundee, we recognise we need to develop a robust approach to ensure lived experience has a meaningful contribution and influence within local multi-agency governance and strategic planning arrangements across our Public Protection Partnerships. We sought to review our inclusion of people with lived experience in strategic forums that led to the opportunity to work with the Authentic Voice Project. We have taken this opportunity to partner with Authentic Voice as the pilot area for their leadership workstream focused on embedding lived experience into strategic forums across Scotland. Authentic Voice is a national project aiming to support local authorities and other community planning organisations to develop the knowledge, confidence, and tools they need to embed survivor voices and lived experience into local systems and service design processes. They do this in a robust, trauma-informed and meaningful way. This project is in partnership with SafeLives UK, Improvement Service, Resilience Learning Partnership, and locally the Protecting People Strategic Support Team. Dundee Chief Officers Group (COG) have endorsed this with senior leadership and is committed to engaging in key activities with the Authentic Voice Project in Dundee as a priority to ensure locally we embed lived experience in our public protection strategic forums. While this review process is carried out in partnership with the Authentic Voice Project (which includes the Resilience Learning Partnership and the Authentic Voice Panel), it is led in collaboration with people who have lived experience and will very much be at the heart of the project.

Project Aims and Outcomes

Develop a better understanding of the lived experience strand of work across the public protection partners.

Gather and analyse current practices across the public protection partnerships regarding engagement with people with lived experience. Identify areas of good practice around co-production and engagement and areas for improvement to generate reflective leadership discussions on co-production, decision making and planning culture to develop a shared understanding of meaningful engagement and create positive change.

Professionals working across a wide range of policy areas are supported to embed survivors' voices and lived experiences into system and service design processes in a high-quality, sustainable and trauma-informed way.

Decision-makers are supported to see how meaningful change is achievable and compelled to act; through discussions, seeing living examples, having access to evidence & hearing diverse voices of people with lived experience.

This project will progress over the next twelve months.

8 Challenges & Areas for Improvement



Dundee ASPC has developed a three year delivery plan informed by self-evaluation and quality assurance activity, audits, learning identified from case reviews and national changes in guidance and protocols. It details our identified challenges and areas for improvement and is explored in greater detail in the last section of this report.

Our overarching challenges are detailed as part of the Protecting People Strategic Risk Register. This changes over time in response to the efforts of the ASPC and wider partnership. Recommendations are made to the COG in respect of Risk, Mitigating Controls, Planned Actions and the probability and impact of the identified risk.

At present, there are three identified risks associated with Adult Support and Protection.

Risk: Management & Leadership: Current infrastructure insufficient to lead, support, develop and implement practice consistently.

Risk: Workforce and core processes: Limited partnership ability to respond to changes of need post COVID / remobilization as services restart due to workforce capacity issues.

Risk: Current Recognition of and Response to individuals identified as vulnerable but who do not meet threshold for statutory intervention (3-point test) is not consistent enough to effectively respond to current individual and community needs.

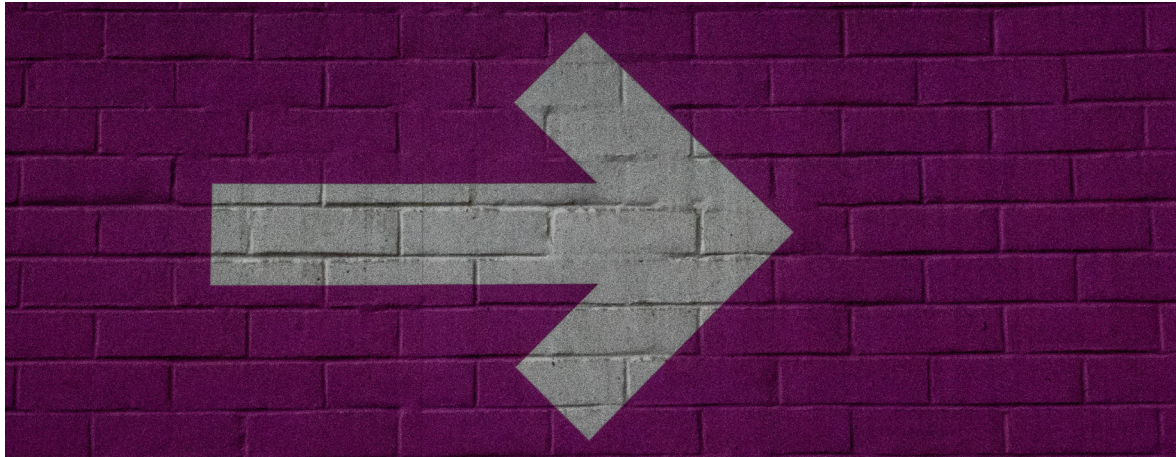
Adults with Incapacity and Welfare Guardianship

The requests for assessment of guardianship applications has not diminished due to the pandemic. The mental health officer (MHO) service has continued to allocate Court reports into MHO workloads, however the demand was restricted until the Courts re-opened following the first lockdown. Unfortunately, it is in this area that demand is not able to be met by the current capacity. Following the initial lockdown and the increase in the waiting list for Court reports, we provided the opportunity for MHO colleagues to undertake this work out with their contracted hours for additional payment to increase the number of reports being completed, however there was only a limited uptake of this. The waiting list continues to be high and we are actively seeking an increase in MHO capacity, both temporarily and permanently in order to address this statutory requirement.

Impact of National Care Service

At present, there are a significant number of unknown factors associated with the National Care Service proposals. It is unclear the extent to which this will impact upon Public Protection activity in general and ASP activity specifically.

9. The Way Forward



As mentioned throughout this document, Dundee ASPC has developed a three-year delivery plan (concluding March 2024.) The plan sets out a range of specific actions including reviewing the membership of the committee, developing an induction pack for new members, cross cutting work with the CP committee working with young people at risk of harm and developing the use of chronologies and risk assessments . A copy of this is available on request, however, it is summarised as follows with actions identified in each area.

Key Outcomes

- All adults are kept safe from harm and have improved wellbeing across a range of indicators
- Dundee has a confident and supported workforce delivering best practice to all adults in need of support and protection.
- The Dundee ASPC is assured and can provide assurance that key processes are delivered effectively and services are operating in line with up to date policies, procedures and guidance.

Key Actions

- Maintain focus on local, regional and national interfaces and how these inform all areas of our work
- Ensure provision of clear and up to date guidance, policies, procedures and learning opportunities
- Increase public awareness and stakeholder engagement through clear communication and participation processes
- Develop and improve scrutiny and assurance processes
- Develop and improve the use of the protecting people corporate risk register

Strategic Leadership

- There is a clear vision, commitment and direction provided by leaders which is communicated regularly and effectively to a range of stakeholders
- Increase Public Awareness of ASP and Community Engagement
- Maintain robust business processes to support the committee in scrutiny of key processes (both multi and single agency operations) and provide oversight of strategic risk for adult protection
- Ensure a consistent understanding and approach to the use of improvement methodology and develop committee capacity to support the use of this approach
- Participate in the transformative re-design of protection processes

Strategic Planning and Improvement

Drive Continuous Improvement of key processes and practice through:

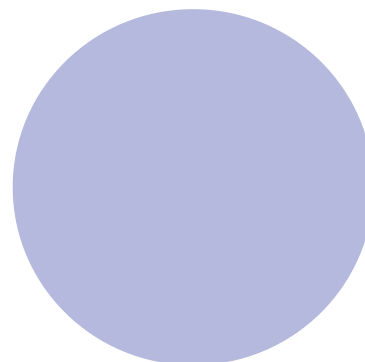
- Scrutiny of dataset
- Quality assurance processes
- Audit cycle and case review (both local and national)
- Increase the involvement of citizens in work of ASPC
- Delivery of Key Processes



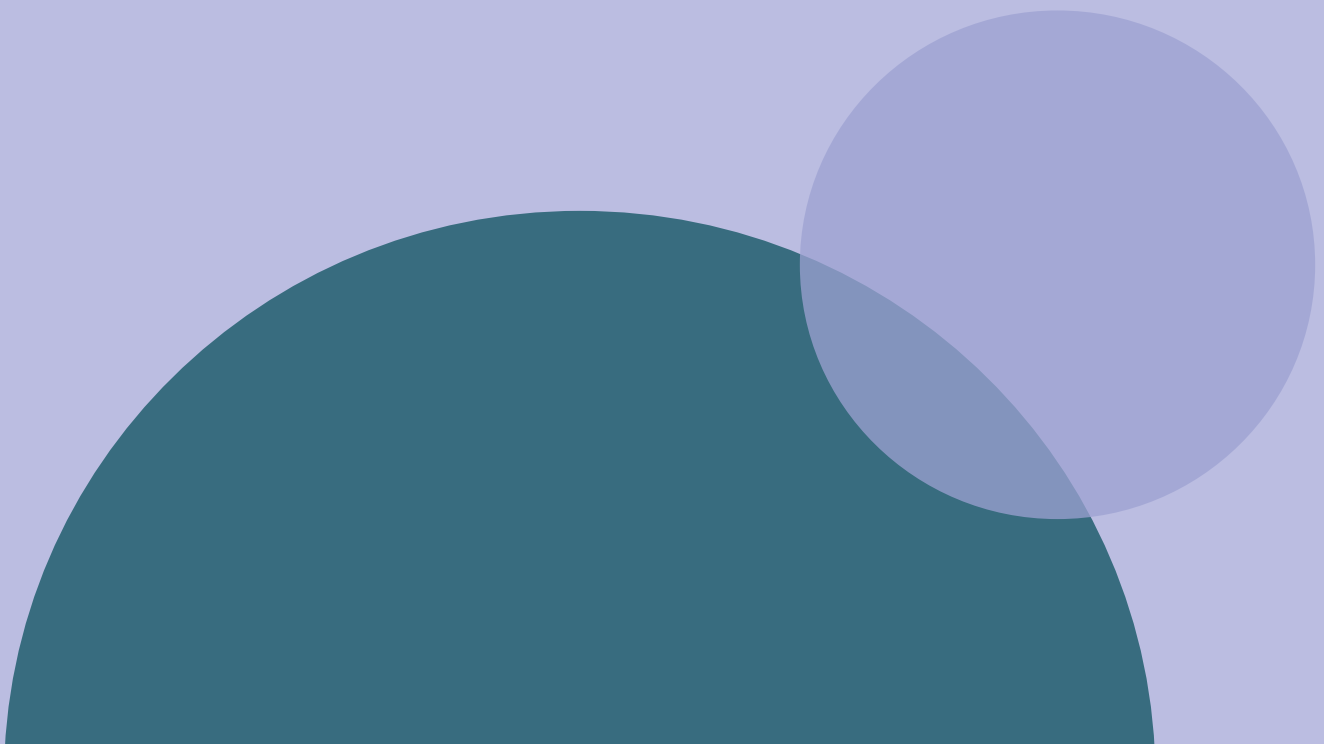
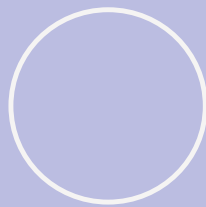
Development of guidance, policies, tools, resources and learning and development opportunities is focused on:

Delivery and improvement of key processes are focused on:

- Identified key risks in the risk register
- Learning from scrutiny/review activity
- Identified priorities at national and regional level.
- New national guidance for ASP
- Horizon scanning for new national care service.



If not
you?
...who!



What I
need!
from you!

Dundee Support and Protection Committee
c/o Andrew Beckett, Lead Officer
Protecting People Team
Floor 2
5 City Square
Dundee
DD1 3BA
t: 01382 436264
www.dundeeprotects.co.uk



**Adult Support
& Protection**
Committee Dundee



MAPPA

Tayside Multi Agency
Public Protection Arrangements

Annual Report

2021-2022





INTRODUCTION

I am pleased to introduce the Tayside Multi Agency Public Protection Arrangements (MAPPA) Annual Report on behalf of the Tayside MAPPA Strategic Oversight Group (SOG).

The purpose of MAPPA is public protection and reducing the risk of serious harm. MAPPA brings together key partners to provide an integrated way of working and the SOG provides leadership of multi-agency arrangements across the region.

Our SOG has membership from Dundee City, Perth and Kinross and Angus Council Social Work and housing departments, NHS Tayside, Police Scotland and The Scottish Prison Service.

It is supported by an Operations Group which concentrates on operational delivery, training, development, self-evaluation, data analysis and continuous improvement. Members routinely reflect on arrangements with a focus on ensuring public safety is paramount.

Over the coming year the SOG will work with partners to formulate a communications and engagement strategy. The strategy will cover all forms of communication but in particular seek to improve the knowledge of MAPPA and its effectiveness across all sections of society. The management of sex offenders in the community relies on services being able to monitor offenders through effective engagement, visits and supports. MAPPA services risk assess offenders housing and their contacts with the community so that the risk to the public is minimised.



Alan Small

Tayside MAPPA SOG Independent Chair

TAYSIDE MAPPA

Multi Agency Public Protection Arrangements (MAPPA) are a set of arrangements to manage the risk posed by the most dangerous offenders under the provision of the Management of Offenders etc (Scotland) Act 2005.

In Tayside the Responsible Authorities continue to be committed to work together to prevent the public, residing in our communities becoming victims of serious harm.

The responsible authorities of Tayside are:

- Dundee City Council
- Perth & Kinross Council
- Angus Council
- Police Scotland
- Scottish Prison Service
- NHS Tayside

MAPPA

MAPPA is the process in which those who pose a significant risk are managed and it brings agencies together to help manage that risk.

To be managed under the auspices of MAPPA a person must be

- Registered Sex Offenders (RSOs) - are those individuals who are required to comply with the sex offender notification requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003.
- Restricted Patients, - are patients subject to a compulsion order with restriction order, a hospital direction or a transfer for treatment direction; that is patients who are subject to special restrictions under the Mental Health (Care and Treatment) (Scotland) Act 2003.
- Other Risk of Serious Harm Individuals - these are individuals who are not required to comply with the SONR or who are not Restricted Patients; but who by reason of their conviction; are considered by the Responsible Authorities to be
- persons who may cause serious harm to the public at large. These individuals are known as Category 3 offenders.



When a person becomes subject to MAPPA they will be managed within one of 3 levels,

- Level 1: Routine Risk Management; used in cases where the risk posed by the offender can be managed by one agency without actively or significantly involving other agencies,
- Level 2: Multi-Agency Risk Management; used where the active involvement of more than one agency is required to manage the offender and their risk is deemed high or very high.
- Level 3: Multi Agency Public Protection Panels (MAPPP); used for the management of the critical few where the plan requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitment it requires, or the case is exceptional because of the likelihood of media scrutiny and/or public interest in the management of the case is high.

Cases should be managed based on the most current risk assessment, analysis of risk of serious harm and the Risk Management Plan (RMP). Risk assessments and Risk Management Plans are crucial to ensuring offenders are supervised effectively with the appropriate measures in place to manage the risk they pose.

More information on the management levels can be found in the MAPPA Guidance 2022.



During the pandemic in Dundee Friarfield House remained open with continued implementation of safe systems of work. Client interviews remained by appointment only with all clients seen on a face-to-face basis in accordance with National Outcomes and Standards and locally implemented Minimum Practice Requirements.

All people subject to MAPPA were supervised and supported through a combination of office appointments and announced and unannounced home visits. PPE was used as required and telephone contact was made with anyone testing positive and in isolation. In crisis situations, people were given an immediate appointment to attend the office.

Through the MAPPA case review process, monthly audits and monthly staff supervision, it has shown all people were supervised appropriately. In addition, all accredited programme work continued to be delivered without any extensions to Orders being required. The team worked creatively with other services to promote a holistic approach.

Compliance levels continued to be high, with people mostly attending appointments where required and few instances of re-offending. Breach reports are submitted promptly to allow the Parole Board to consider revocation of Licence.

Alongside staff supervision (both formal and informal), staff in the Public Protection Team also have the opportunity on a 3 monthly basis to attend supervision with an external counsellor. They can also take cases to the Complex Case Discussion with David Briggs, Forensic Clinical Psychologist.

Case Study

Peter was released on licence in Nov 2019. At that time, he was initially managed at MAPPA Level 3. Despite the pandemic, he was seen on a weekly basis for office appointments and home visits and engaged positively with his supervising officer and his Sex Offender Policing Unit officer. Through his engagement he evidenced his learning from the programmes completed in custody and continued to engage in an open and honest manner with the professionals involved.

In 2020 he secured his own tenancy, strengthened family relationships and got himself a dog. In 2021 he secured training through the Jobcentre and has accessed various temporary jobs in construction. He remains motivated to avoid offending and is now managed by MAPPA at Level 1.



Moving forward, all clients are now able to attend Friarfield House both with and without appointment. Following the introduction of hybrid working arrangements, staff work in the co-located office to promote an integrated approach with Police Scotland and NHST, whilst also carrying out key roles at home. Accredited groupwork programmes have also resumed with 5 people in each group.

PERTH & KINROSS COUNCIL

Access to services continued to be curtailed for clients during 2021/2022 because of the restrictions brought about by COVID-19. During 2021/2022 staff gradually returned to office working on certain days of the week. This was on a rota basis as we still had to ensure physical distancing measures and comply with other covid restrictions within the workplace. This did allow workers to gradually increase the frequency of face to face meetings with clients and we did also arrange office based appointments for some clients with the social worker in attendance "virtually" over a Microsoft Teams call. This was particularly useful when providing Tay Project or MFMC sessions whereby we did not have to have multiple workers in a room with a client. The service slowly transitioned to face to face appointments between lockdowns but had to be flexible and revert to more restrictive contact as guidance fluctuated and further restrictions were imposed. The final restrictions were lifted towards the end of the reporting year 2021/2022 and a greater proportion of appointments with clients resumed as face to face.

Microsoft Teams has proved to be a preferred method for facilitating meetings including Multi-Agency Public Protection Meetings (MAPPA) even after the end of the pandemic as it allows more effective use of resources in terms of staff time and travel.

Case Study

During this year we had a MAPPA level 3 offender released into the community at the end of his sentence and subject to an extended sentence supervision period. An Intensive Support Package was put in place with 24-hour monitoring and supervision. This arrangement worked well from the release date in November 2021 until the end of the reporting year. The arrangement demonstrated good interagency working and communication. The outcome was disappointing in that the offender breached his licence conditions in May 2022 and was recalled to custody but this also proved that the package was necessary for public protection and did serve that purpose and minimise the effect and nature of the breach.



ANGUS COUNCIL

This past year has seen on-going challenges due to COVID, however all service users were seen on a face to face basis as per their risk management plans. COVID saw MAPPA meetings being held online and new processes were established and embedded very quickly. All involved have found this a much more efficient and effective way (reduction in travel and time) of carrying out such meetings and all parties seem keen for this to continue. MAPPA partnerships remain strong in Angus with all agencies working well together. Four workers from the Public Protection Team have undertaken and passed the CPORT training for men who commit indecent images offences. Initial thoughts are this may lead to a more proportionate response. Partners have attempted to streamline ERA processes and this appears to be working well. We will continue to monitor this and Housing, Police and Justice services will continue to meet to review this.

TAY PROJECT

The Tay Project is made up of specially trained Social Workers who are responsible for the delivery of assessments and interventions for men who commit sexual offences and are subject to a Community Payback Order or License Conditions across Tayside.

The interventions are delivered through an accredited programme called Moving Forward Making Changes (MFMC). MFMC is designed to meet the treatment needs of male sexual offenders who have committed either sexual offences, or offences with a clear sexual element. The programme is for medium to very high risk offenders over the age of 18 years.

The MFMC programme is a cognitive behavioural programme that utilises an integrated theory of change approach. The aim of the programme is to reduce reoffending of men convicted of sexual/sexual motivated offences. The length of time an offender will spend in treatment will depend upon their risk and needs which will inform the treatment formulation. This will be individualised for each offender. The programme is delivered in a group setting or on a 2:1 with the individual requiring treatment.



HOUSING

Housing partners have continued to operate effectively and continued to secure housing when needed despite pressures experienced as a result of the pandemic, workforce issues, increasing costs and material shortages impacting on repairs services and increasing void and turnover times. However identifying suitable accommodation is likely to become increasingly more challenging in a context of the cost of living crisis, constrained resources, the humanitarian efforts to accommodate refugees and deliver the more recent Ukrainian schemes, as well as the risks surrounding the potential increase in homelessness presentations when the schemes come to an end.

New statutory requirements are also expected to be implemented in 2023 on all public bodies and landlords to prevent homelessness, particularly by asking and acting on a risk of homelessness, as well as responsibilities relating to strategic and joint planning. The proposed Prevention of Homelessness duties are based on the following overarching 'foundational principles':

- Responsibility to prevent homelessness should be a shared public responsibility and not rely solely or primarily on the homelessness service.
- Intervention to prevent homelessness should start as early as possible. In many cases this will be before issues have escalated to a point where homelessness appears imminent.
- People facing homelessness should have choice in where they live and access to the same range of housing outcomes as members of the general public, with appropriate protections to mitigate further risk of homelessness. Housing outcomes should be comparable across the prevention and homelessness duties.

The MOG and SOG will respond to any requirements arising from the implementation of the new Housing Bill and potential pressures arising from the cost of living crisis and humanitarian schemes and respond appropriately to mitigate any risks that arise.



POLICE SCOTLAND

During the reporting period, the impact of the pandemic continued to be felt, however face to face offender home visits continued, with appropriate Covid 19 risk assessment.

Professional meetings were held almost exclusively online. This process was embedded quickly and worked well with the positive outcome of eradicating travelling and freeing up valuable time.

We are aware that online crime increased during the pandemic and with that, online sexual abuse and cases involving the possession of indecent images of children. It is anticipated that demand on policing will continue to increase in complexity in terms of cyber enabled crime, however our cyber strategy aims to ensure specialist officers and staff have the skills, tools and support to respond to this threat.

The Criminal Justice System slowed, with courts unable to operate at normal capacity, however other measures are available to mitigate risk prior to sentencing including remand, bail conditions and civil orders.

Protecting vulnerable people from harm and the management of registered sex offenders continues to be a national policing priority. Police Scotland will closely monitor this critical area of business to ensure that resourcing levels are maintained in accordance with the nationally recognised Lead Investigator / Offender ratios.

NHS TAYSIDE

As with all organisations that are within the MAPPA portfolio, this has remained a challenging year due to the ongoing COVID-19 pandemic and remobilisation of services as a result of this.

NHS Tayside has been at the forefront of care delivery locally and the Public Protection agenda has remained a priority for the organisation. Over the last year, NHS Tayside has continued to build on the foundations laid in the previous year in relation to the Public Protection framework which has seen all aspects of this business progress and prioritised with the ongoing strengthening of the Public Protection Executive Group which is chaired by the Executive Nurse Director. MAPPA falls within this framework and is part of the core public protection agenda within NHS Tayside.



NHS Tayside contributes to a range of oversight activities as a member of the MAPPA Strategic Oversight Group and continues to work with our partners to enhance the operation of MAPPA.

The MAPPA Health Liaison Officer (MHLO) role has remained an essential post throughout COVID-19 which has ensured that NHS Tayside has been able to support joint working with our key partners and fulfil our duty to co-operate with a focus on risk management and continued protection of the public.

The MHLO has continued to provide support and advice across NHS Tayside in relation to risk assessment and risk management of MAPPA clients as well as supporting learning and developing activities and the broader adult / public protection agenda within NHS Tayside as part of our multiagency responsibilities.

HMP CASTLE HUNTLY

HMP Castle Huntly was affected in many ways by the Covid pandemic. However, a recovery plan is in place and the prison is starting to make progress in ensuring opportunities are once again available for those in our care. This includes outside activities with the PEI's which include cycling and football in the community.

Although admissions ceased for a number of months, they have started to rise again slowly, and we are seeing the positive outcomes for people, such as the connections with the community, and the benefits this brings.

During 2020, normal monthly multi-disciplinary MAPPA meetings to oversee each case were suspended due to a lack of community access and movement, and Risk Management Team (RMT) meetings remained the platform to manage them.

The HMP Castle Huntly monthly MAPPA meeting recommenced in March 2021.

Meetings were held on 4 May and 2 August, 2022. This meeting remains a good practice piece of work to ensure HMP Castle Huntly manages and reviews all aspects of the MAPPA prisoners plan, and is not a decision-making forum.

This chart shows the total of MAPPA RSO's and Category 3 people within HMP Castle Huntly at present.





HMP PERTH

HMP Perth has continued to operate with very few interruptions to regular MAPPA business during the period of the pandemic and this has continued as we emerge from the COVID restrictions. The Integrated Case Management (ICM) team continue to enjoy regular correspondence and assistance from the MAPPA Co-ordinator, the local Sex Offender Policing Units (SOPU) and Community based Social Work within Tayside.

The introduction of MAPPA meetings by Teams continues to have a positive impact to the process. This has allowed senior staff at Unit Manager Level and above to attend meetings without any major disruption to their working day. The virtual platform has been positive and has not disrupted the ability of sharing information.

SOPU staff have continued to be involved in pre-release ICM case conferences and again the use of telephone case conferences has aided this process.

Numbers within custody from Tayside have remained relatively constant throughout the report year, between August 2021 and August 2022, the numbers have averaged between 54 and 64.

An emerging issue, which has brought some challenges, are individuals returning to the community when the court backdates their sentence due to time served on remand. There have been a number of instances recently where those individuals who have spent a longer than usual period on remand are released within days, weeks or even immediately on return from court.

This has proven to be challenging over this report year and in order to mitigate the associated risks this has posed, we have provided the proposed court dates to MAPPA administration for their information and action. The sharing of this information has worked well over the report period and has allowed the necessary planning to take place prior to release.

MAPPA CO-ORDINATION

As the challenges of Covid continued throughout 2021 and into 2022 MAPPA meetings remained to be held via MS Teams across the three local authorities. By using MS Teams members have been able to join meetings without travel and it has been excellent for time management. It has been noted that greater attendance of all agencies has occurred by using MS Teams. As we go forward MS Teams will continue to be utilised for future MAPPA meetings.

The MAPPA Co-ordinator and Chair of the Strategic Oversight Group (SOG) have continued to attend national meetings and each local authority Chief Officer Group meetings allowing for national themes to be shared locally.

The formation of SOG sub groups, Self-Evaluation Group, MOG and Training Group, SCR review group, has allowed for the examination of MAPPA activity throughout the year.



STATISTICAL INFORMATION

As of 31 March, 22, there were **356** Registered Sex Offenders managed in the community in Tayside, a decrease of **8** offenders on the previous year. Of the **356** there were **112 (31%)** subject to statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland, Sex Offender Policing Unit.

The number of offenders managed in each local authority area is detailed below;

ANGUS	95 (a decrease of 3 on the previous year)
DUNDEE	140 (the same as the previous year)
PERTH & KINROSS	121 (an decrease of 5 on the previous year)

In March 2016, MAPPAs were extended to include Category 3 offenders, who are considered to be High risk individuals subject to a statutory order and require multi-agency management. This year **3** individuals have been considered and managed under the Category 3 process.

In this reporting year there has been **75** new offenders convicted and made subject to MAPPAs managements. With Dundee seeing the biggest increase.

ANGUS	22
DUNDEE	32
PERTH & KINROSS	21

However, during the same reporting period there has been **64** offenders archived. Archiving occurs when an offender has reached the end of their term of registration or they have died.

ANGUS	17
DUNDEE	25
PERTH & KINROSS	22

Throughout this past year we have continued to utilise MS Teams for MAPPAs meetings **369** Level 1 meetings, **108** level 2 meetings and **6** Level 3 meetings were held, thus ensuring business as usual for the management of the offenders within our communities.



WHAT WE SAID WE WOULD DO IN 2021/2022

The following priorities were identified for 2021/2022:

Communication plan to be agreed and implemented

The Scottish Government has updated the MAPPA Engagement Strategy, the Tayside SOG will examine this to ensure that the strategies in Tayside match that designed by the Government.

Progression of training programme

A Training Group has been identified and are currently examining the revised MAPPA Guidance and putting together a training programme for the operational staff involved in MAPPA. Training events will occur across the three local authorities with the focus initially being on MAPPA Chair training

On publication of the reviewed MAPPA Guidance ensure local practice is up to date the Self Evaluation group will look to extend self-evaluation work, build a calendar and consider appropriate audits.

The Self Evaluation group continue to meet and the performance report has now become routine business and statistical information is produced monthly, the calendar of audits has also begun with each agency carrying out their respective audits with the results being shared to develop any learning outcome.

GOING FORWARD 2022/2023

The Tayside MAPPA SOG Strategic Plan 2020-2023 sets out that we will monitor and review the Tayside MAPPA Environmental Risk Assessment (ERA) process and ensure that risk assessments are completed within the Scottish Government's National Accommodation for Sex Offender's minimum standards. The Tayside MAPPA housing leads agreed a monitoring framework in April 2022 and will report to the Tayside MAPPA MOG and SOG at the end of each quarter on:

- a. Number of initial and renewal ERAs requested each month
 - b. % of ERAs completed in timescale
 - c. % of ERA's completed out with timescale
 - d. % of ERAs assessed as suitable
- Examine National communication strategy and develop a Tayside document
 - Maintain links with the National MAPPA groups ensuring that any new practice is delivered and embedded locally
 - Work with partners to agree a revised information sharing agreement following recent national discussions between the Responsible Authorities. This will include which systems and other means of information sharing are used and the potential to implement a new information management system MAPPS being developed by the Home Office.







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MAPPA
Tayside Multi Agency
Public Protection Arrangements



**Dundee
Violence Against Women
Partnership**



If not
you?
...who?

**ANNUAL
REPORT
2022**

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Introduction

I am very pleased, as Chair of the Dundee Violence Against Women Partnership to present this annual report which covers 2021-2022. There has been a large volume of work undertaken by our partners during this time and the commitment to closer multi-agency working and cooperation which arose during the height of COVID continues to be demonstrated and prioritised.

This report contains a large amount of data in regards to the prevalence of Violence Against Women and Girls, the demand on services and the complex nature of women's experience and needs. Services have reported women and children requiring longer periods of support in order for them to create and sustain positive changes and address the trauma experienced. Mental health, isolation, substance use and homelessness are commonly reported. I hope that the data is useful to all those involved in public protection work in Dundee and reflects our commitment to develop a more joined up approach to all aspects of public protection.

The report describes the approach and some of the work undertaken by partners including the development of our gendered services group and project. This has been hugely successful in terms of giving a voice to those with lived experience and thereby improving service responses for women and children. One of the main objectives is to make generic statutory services more aware of the needs of those who have experienced male violence and more able to provide the support required, thereby taking some of the pressure from the specialist services.

Funding and availability of resources remains a huge challenge. The nature of funding particularly of the specialist organisations is generally time limited, project based and comes from a range of sources creating an unhelpful administrative burden and duplication. We have committed time and effort to identifying the issues and highlighting these at both city level and nationally. We are actively looking to resolve these in the medium and long term.

Despite concerns regarding the core funding of specialist services we have made significant progress in attracting funding for new and exciting services to the city. Partners made successful bids for Children Experiencing Domestic Abuse Recovery (CEDAR), an integrated Specialised Domestic Abuse Court Advocacy Service (Dundee ASSIST), a Women's hub, Deaflinks domestic abuse project and a Learning and Organisational Development post to focus on Violence Against Women and Girls. We are also grateful that the ASPEN project has been mainstreamed by the Health and Social Care Partnership, a new psychologist service has been established at Dundee Women's Aid and a one-year extension to the Gendered Services project has been secured from the Alcohol and Drug Partnership.

Tackling all forms of violence against women requires the commitment and co-operation of a wide range of partner organisations from the statutory and voluntary sector. Our partners have demonstrated their dedication to tackling these issues and I know that they will continue to work with us in addressing our key agreed strategic priorities for the coming years

- **Increasing support for women with complex needs**
- **Increasing investment in prevention activities, particularly primary prevention**
- **Ensuring we are involved and influence the national review of VAW funding**

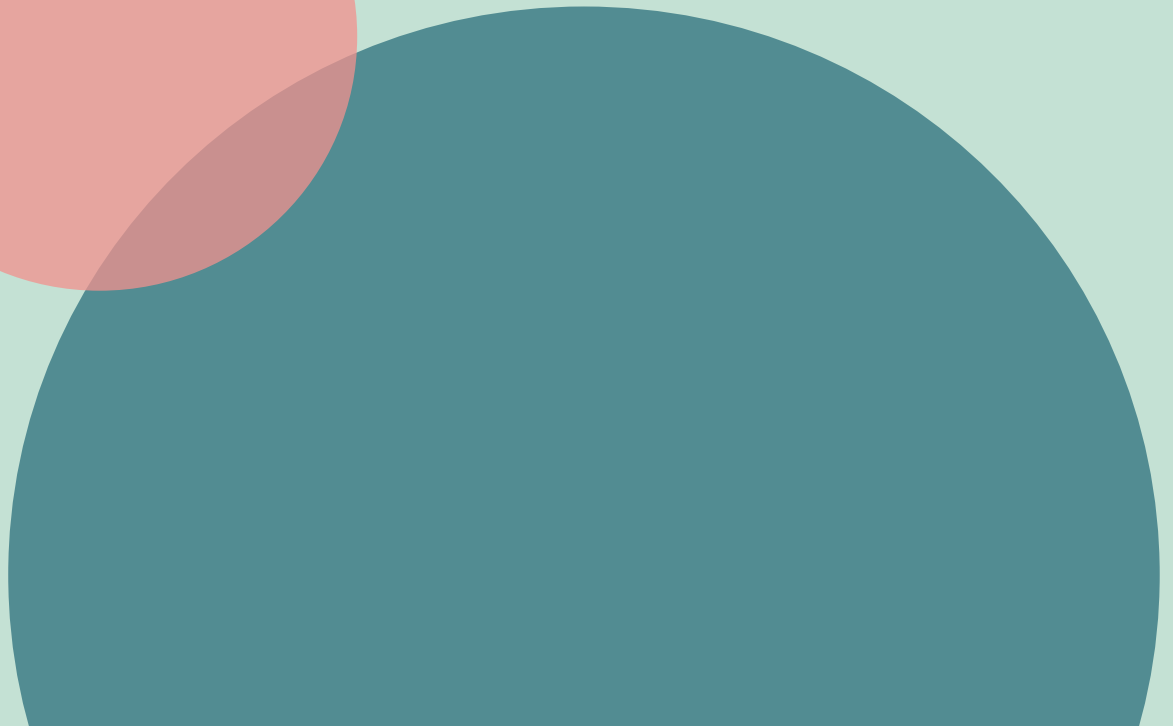
I want to acknowledge and thank all those who strive, particularly during the times of COVID, to ensure that women and children in Dundee are safe and supported. I also want to thank everyone involved in drawing up this important, informative and useful report.

Yours,
Ann Hamilton

Independent Chair Dundee Violence Against Women Partnership



If not
you?
...who!



1. Protecting People



“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.”

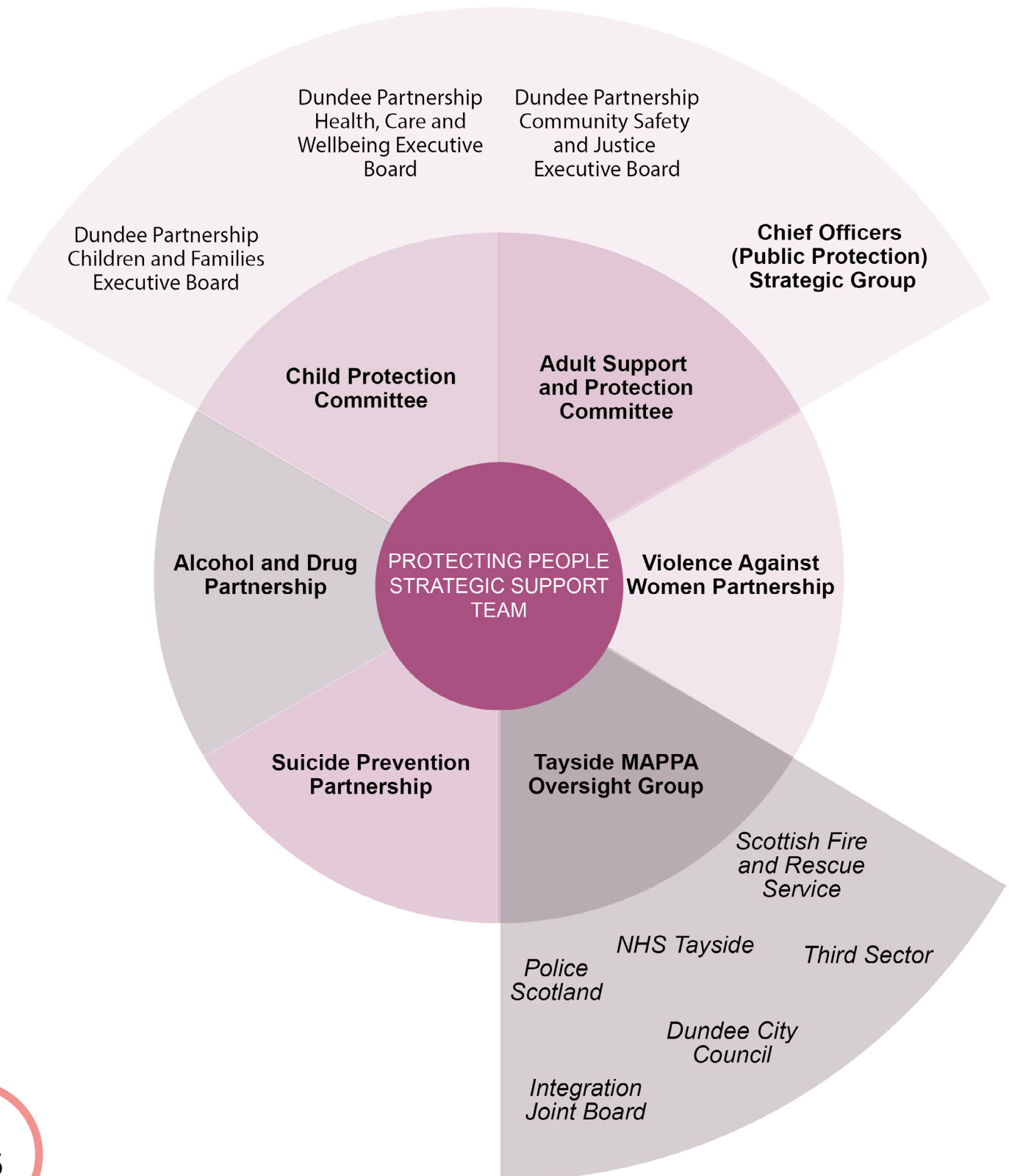
Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

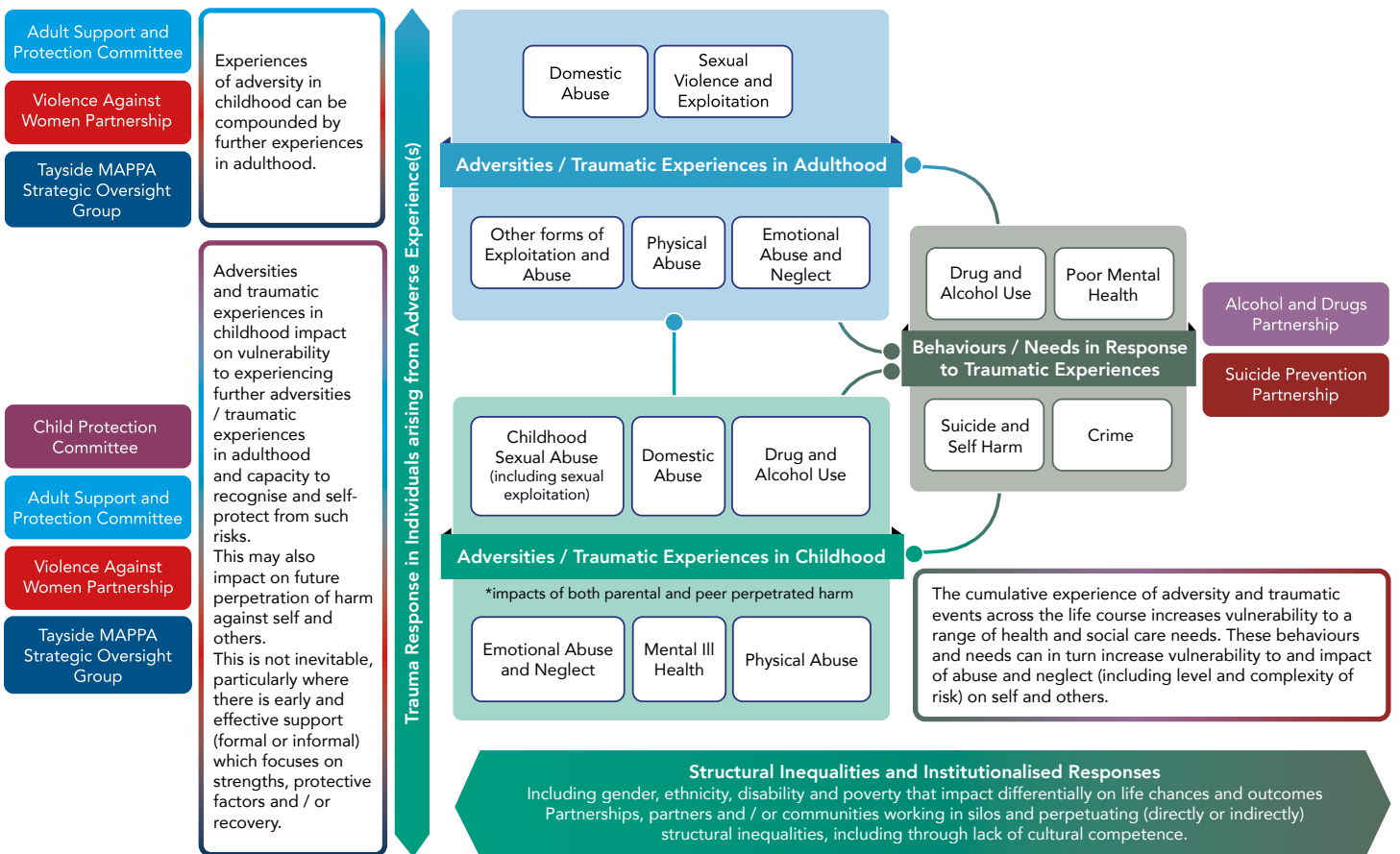
The COG is the strategic forum for public protection in Dundee with responsibility for setting the strategic direction for the improvement public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and senior officers who play a key coordinating role. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



Integrated Public Protection Approach

In Dundee an integrated Protecting People approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the Protecting People committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.



DUNDEE

1/4
in
POVERTY
2nd highest in Scotland

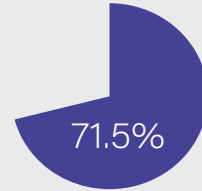


is **Scotland's**
fourth largest city

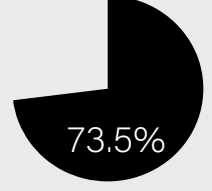
Dun dee

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



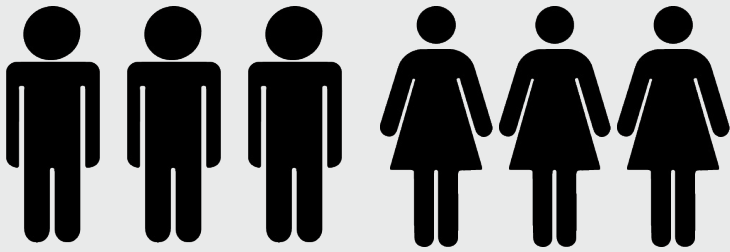
Dundee



Scotland

147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate



71,220

73.8

 Male life expectancy

76,500

79.4

 Female life expectancy

ALCOHOL DEATHS

27.04

 per **100,000**

5th highest in Scotland



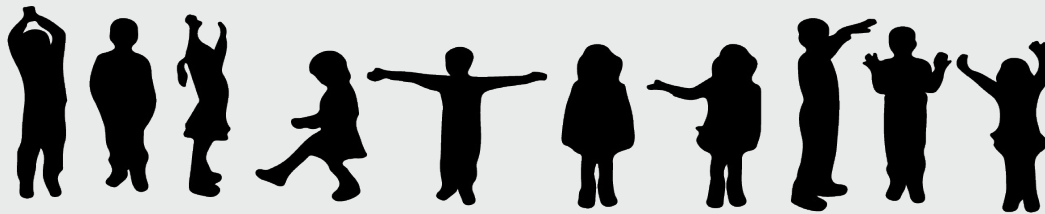
0.23%

Imprisonment rate
1st highest in Scotland

DRUG

 USE Est **2,300**
DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS 2.2

 per **1000**
1st highest in Scotland

64

 / **10000**

16-64
living with mental health conditions
5th highest in Scotland

177

 / **100000**

DOMESTIC ABUSE

(5year average) 1st highest in Scotland



SUICIDE **22 PER 100,000**

1st highest in Scotland



Equally Safe

In 2014 the Scottish Government published Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls. The national strategy was updated in 2016 and a framework providing guidance for implementation was included. Equally Safe provides strategic direction to tackle all forms of gender-based violence and abusive behaviour.

The aim of Equally Safe is: To work collaboratively with key partners in the public, private and third sectors to prevent and eradicate all forms of violence against women and girls.

Equally Safe has four key priorities, including:

- **Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls**
- **Women and girls thrive as equal citizens – socially, culturally, economically and politically**
- **Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people**
- **Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response**

Based on the United Nations Declaration on the Elimination of Violence Against Women, Equally Safe adopted the following definition of gender-based violence:

'Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.'

A gendered analysis does not exclude men, but rather recognises that women and girls are disproportionately affected by particular forms of violence that they experience because they are women and girls. Men, boys and non-binary individuals may also be victims of violence and abuse and the Dundee VAWP is committed to ensure there are appropriate services responding to the needs of all victims of such violence.

National Drivers

The national guidance developed in 2016 is designed to promote an effective and strategic approach to reducing violence against women and its negative impact on individuals and communities. It supports VAW Partnership chairs and supporting officers to promote this priority and integrate planning into broader multi-agency work at a local level. It also helps ensure that partnerships are working in line with the priorities set out in Equally Safe and help them to develop effective local strategies and activities to tackle violence against women and girls in all its forms.

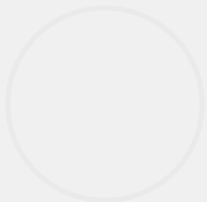
Specifically, the guidance introduces 6 'minimum standards' that the Scottish Government and COSLA expect VAW Partnerships to work towards and identifies the core activities that all VAW Partners will be expected to undertake.

Trauma Informed Implementation

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

Annual Report 2021/22

The 2021/22 Annual Report is the first to be published by the Violence Against Women Partnership. Through this report we aim to highlight key activity and achievements from the last year, whilst also identifying challenges we have encountered and priorities for the upcoming year. The Annual Report sits within the context of the VAWP Strategic Plan and we hope that through this report we can demonstrate our progress against our overarching strategic aims. Moving forward, we aim to undertake Annual Reports every year in order to update key stakeholders on the work the Partnership is undertaking to reduce GBV within our local community of Dundee.



3. COVID-19: Impact, Response and Recovery



With Scotland entering lockdown on the 23rd March 2020 due to COVID-19, and the pandemic persisting throughout 2020 and 2021, this undoubtedly had an impact on VAW services and vulnerable women in Dundee. When the pandemic began, domestic abuse was identified as a high concern across the Protecting People Risk Registers. Reasons for this included:

- the reduced ability to provide face-to-face contact with service users due to social distancing;
- the closure of some support services;
- and the potential for hidden harm to escalate.

It was anticipated that the government-imposed restrictions could potentially increase the perpetrators' ability to control and restrict their partners ability to access support, especially with the victim and children unable to leave the home for respite during lockdown. With these concerns raised, data was collated by the VAWP in order to understand the true impact of COVID-19 on vulnerable women and Dundee VAW services.

The following data is for financial years (April to March)

COVID 2020/21

- **In 2020/21 there were 1,437 referrals to Dundee VAW services. This was a 3% decrease compared to the previous year pre-COVID.**
- **Referrals to VAW services increased as Scotland entered the 'Phases' of restrictions easing following the first lockdown. Services attributed this to women no longer being confined to their homes and being able to seek support.**
- **Self-referrals and the Police were the most common sources of referrals to VAW services.**
- **Refuge requests increased dramatically compared to pre-COVID levels, following the first and second lockdown.**

COVID 2021/22

- **In 2021/22 there was a 33% increase in referrals to VAW services compared to the previous year.**
- **Referrals to VAW services were predominately through self-referrals. This was again attributed to women having the ability to now seek support. Services also believed that through high-profile cases of gender-based violence being covered by the media, this resulted in women feeling more confident to reach out to services for support.**
- **Refuge referrals also experienced a decrease of 31% compared to 2020/21. This was attributed to the pressures of COVID-19 reducing and life beginning to return to 'normal'.**

Women's Experience's During COVID-19

Throughout 2020/21 women with increased complexities presented to VAW services. This resulted in the women requiring support for extended periods of time, ultimately increasing demand on services. All services reported the pandemic's negative impact on women's mental health and wellbeing. Other complexities women presented with during this time were substance use and homelessness.

In 2021/22, VAW specialist services continued to report the complex cases presenting and as a consequence, women also continued to require longer periods of support in order for them to create and sustain positive changes. Women continued to report poor mental health and wellbeing attributed to isolation, reduction in social support and financial impacts as a consequence of the pandemic. Other commonly cited complexities that women reported for the financial year were substance use, homelessness and alcohol use as a means of self medicating to cope with abuse. Services also highlighted that during 2021/22 some women seeking support were reporting historic domestic abuse. This may have been attributable to the nature of the pandemic and being confined to their homes, thus wishing to leave abusive partners. Due to the media coverage of high-profile cases, some women may have also felt encouraged to seek support. Services also reported that overall, there was an intensification in the level of violence and abuse experienced during the pandemic.

Support Delivery During COVID-19

During the height of the pandemic in 2020/21, face-to-face support was halted with all services delivering support remotely via telephone or video call. This was difficult due to the living circumstances of some women seeking support, especially if the woman was still residing with their perpetrator. As restrictions eased, services were able to resume in-person support. Some women, however, appreciated the flexibility remote support offered as they were able to fit appointments around their personal schedules. As a result, some women opted to continue with this form of support delivery. Many services expressed this blended model of support delivery was also much more efficient in terms of maximising staff capacity and is a model that some services plan to continue operating.

Services Experiences During COVID-19

Staffing issues persisted throughout the pandemic with huge challenges presenting for services at operational level. Initially the impact of home working, COVID restrictions and health risk to staff were the main concerns. As the pandemic endured, services continued to be impacted by staff contracting COVID, infection control measures and isolation rules. This was especially the case during the outbreak of the Omicron variant (November 2021), with services experiencing high levels of staff absences. Although they were unable to deliver face-to-face support, most were well enough to continue working from home.

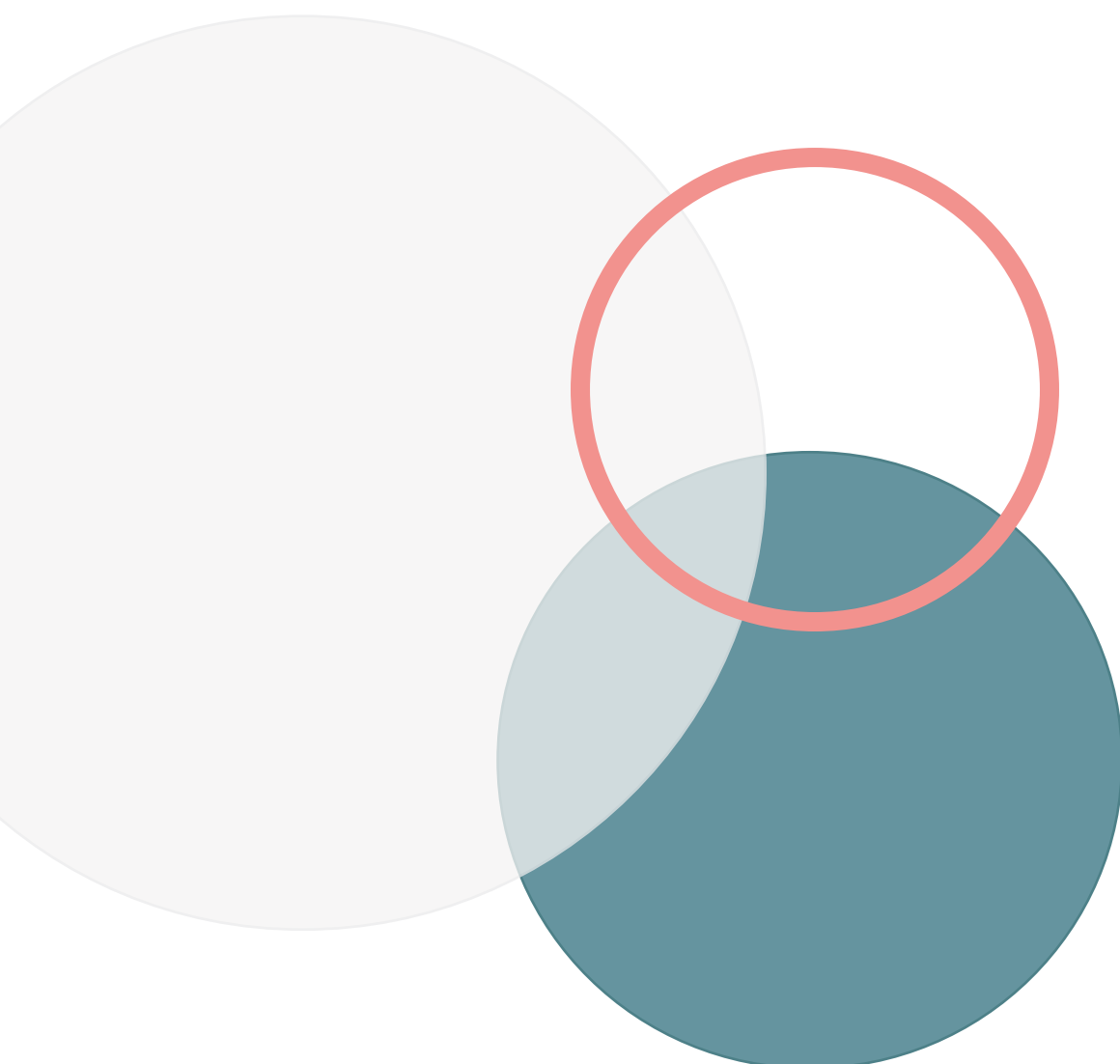
Most services throughout the pandemic, voiced concerns surrounding the negative impact on staff's wellbeing due to increased workload, complex cases and continued client safety risk. This was further compounded with recruitment problems due to the pandemic which further impacted service delivery and capacity of workers.

Positive Outcomes of COVID-19

One of the positive impacts of the pandemic was the increased focus on VAW both locally and nationally. There seemed to be a better recognition of issues and more cross-sector working e.g. child protection, housing etc and the use of the integrated risk register increased this recognition. Our 16 Days activities in 2021 saw engagement from varying sectors of the community and workforce on a previously unseen scale. We attribute this partly to the pandemic increasing the focus but also on high profile VAW cases which were reported in the mainstream media.

Lasting Impact of COVID-19

As a Partnership, we still do not know the long-term impact of COVID-19 will be in terms of VAW but we predict trauma related issues will become prevalent for both staff and service users. Some of the data we have seen around increase in levels of violence, complexity, coping strategies like alcohol consolidates this prediction.



MARAC

- In 2021/22 there were 202 cases discussed at Multi-Agency Risk Assessment Conference (MARAC).
- In Dundee we know we have a high level of domestic abuse cases with added complexity relating to alcohol and drug issues, homelessness, mental health and suicide risk.

In the past year Tayside Division has doubled its cadre of Domestic Abuse Liaison Officers who assess risk and implement effective safety planning/risk mitigation for all incidents of Domestic Abuse, ensuring victims are offered and fully understand access to advocacy services. All domestic crimes and incidents are subject to a robust quality assurance process to ensure that Domestic Abuse (Scotland) Act 2018 offences are correctly identified and robustly investigated in accordance with national standards.

In Tayside, Police Scotland resource the provision of a full-time Police Officer MARAC co-ordinator, and a Police Staff MARAC administrator while a Detective Inspector chairs the MARAC Steering Group.

All reports of potential Honour Based Violence result in an emergency stand-alone MARAC. Risk assessments and investigations are conducted in accordance with national Honour Based Abuse and Forced Marriage guidance.

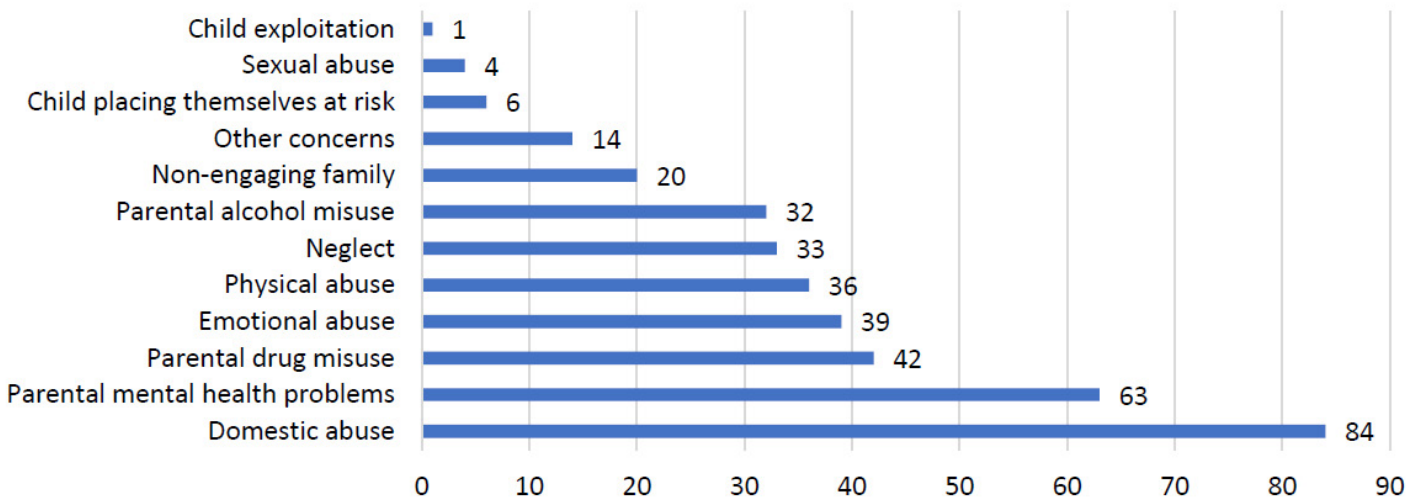
The Tayside MARAC Steering group has carried out many improvement activities over the past year including the development of a performance framework, MARAC Chair training and MARAC representative training. This has seen improvements in the functioning of MARAC meetings.



Dundee Child Protection Committee

The Dundee Child Protection Committee annual data also shows that domestic abuse has remained the most common concern with 56% of children registered under this heading during 2021-22 (financial year used).

Initial Harm category for children placed on the Child Protection Register in 2021/22 out of 149 Children





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where there was a history of concerns relating to domestic abuse or those which did not open to social work but were dealt with at Team Around the Child (TATC) level. This provided some assurance that potentially risky family circumstances were being monitored by professionals and the opportunities for hidden harm were reduced.

Key activity to try and address concerns around hidden harm were also focused around public communications both nationally and locally. The Protecting People team took a lead, with Dundee City Council communications team (alongside NHS and Police Scotland communications teams) to ensure key messages were reaching the public. National domestic abuse campaigns were shared widely and dedicated leaflets on a range of protection issues (including domestic abuse) were shared on social media and 1600 were distributed directly to families through 'lunch drops'.

Scrutiny Group

Following the establishment of the Hidden Harm approach described above, the VAWP in Dundee continued to gather and analyse data on a very regular basis and this has continued into the recovery phase.

The Scrutiny Group is in place to contribute to the delivery of continuous improvement of key processes and practice as outlined in the Dundee VAW Partnership Strategic Plan.

The group ensures the VAWP is able to monitor trends, characteristics and profiles of women, children and young people involved in VAW services and processes. Through this, the VAW Partnership is assured of the effective delivery of key processes. Its main activities are to:

- **Ensure sufficient representation on VAW Partnership from key partners –monitoring process for this action.**
- **Develop scrutiny and Quality Assurance processes for the following areas:**
 - **Collection and scrutiny of data**
 - **Map QA processes which are currently in place (single agency and multi-agency)**
 - **Consider case review opportunities (including Initial Case Reviews/Serious Case Reviews)**
 - **Assist with completion of annual return and Quality Standards Framework**
 - **Self -Assessments**

The data gathered and analysed by the group has played a key part in some of successful funding work we have done through the VAW Partnership and Chief Officer's Group. It has allowed us to target our approach and identify priorities. One direct action that has come from Scrutiny Group discussions has been addressing the lack of young women accessing services for support with domestic abuse within their own relationships. This was clear from few referrals being for women under 26. Through this the VAW Partnership now operates a Young People and VAW Intel Group to gather information on issues facing young people and how to appropriately address and support such concerns.

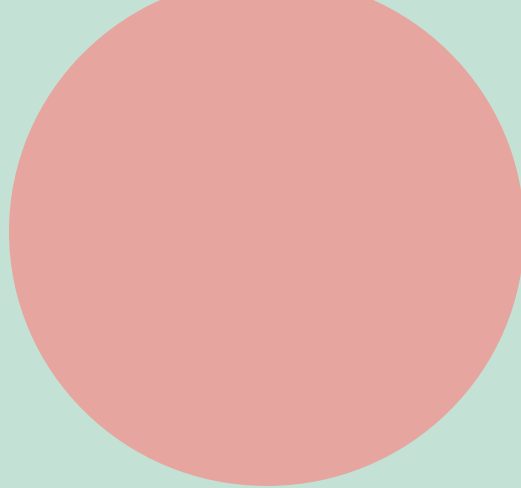
Protecting People Risk Register

During the pandemic, all Protecting People committees and partnerships developed a COVID-19 Strategic Risk Register and this will develop into a broader integrated strategic risk register to support business as usual activity across the protecting people structure.

This integrated risk register ensures we are focused on the key risks relating to VAW in Dundee and forms the basis for our VAW Partnership meeting agendas as well as our reporting into the Chief Officers Group.

Key risks identified currently are:

- **Operational capacity**
 - **MARAC Capacity**
 - **Funding for specialist services**
 - **Court delays/backlog**
 - **Equalities infrastructure**
 - **Staff wellbeing**
-



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6. Outcomes, Achievements and Service Improvements



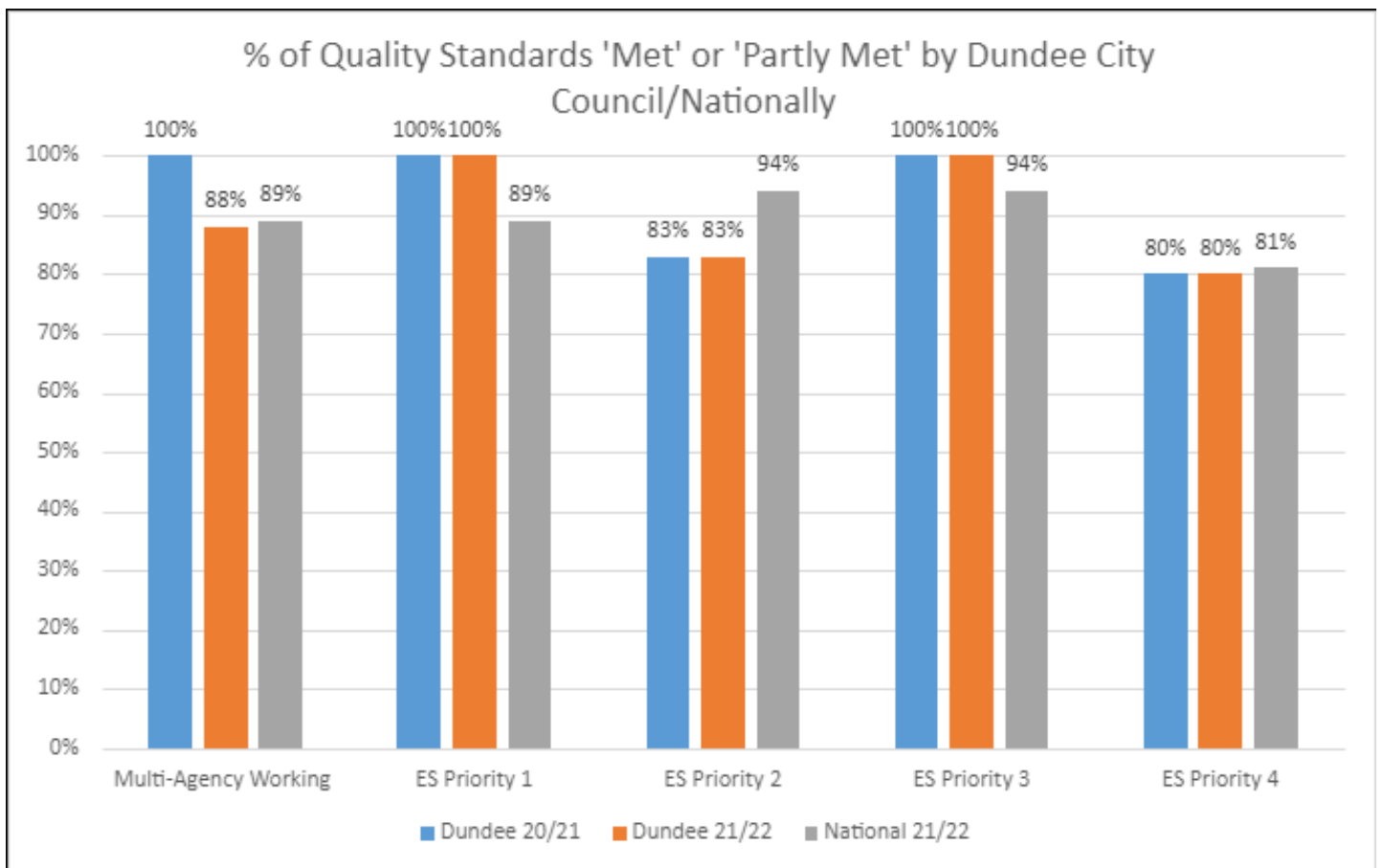
For the last 10 years in Dundee, we have been pursuing an integrated Protecting People approach that responds to the lived experience of people at risk of harm. Dundee were one of the first partnerships in Scotland to formally adopt this approach and only in recent years has this become a more common feature across Scotland. We believe this approach reflects the lived experience of children, young people and adults, responds to complexity of need and focuses on underpinning root causes rather than presenting issues alone. We take a whole systems response and that allows us to focus on smaller number of strategically important issues and make greater gains in these areas. This approach has allowed us to develop a collective leadership and shared responsibility for tackling the issues of VAWG. Several of our initiatives in Dundee have been identified as being shareable/transferable and we are regularly asked to present on the following key areas in different local authority areas and at national level:

Functioning of the Dundee VAW Partnership

The Equally Safe Quality Standards and Performance Framework respond to the expectations set out in Equally Safe and in the Violence Against Women Partnership Guidance, in relation to effective performance management.

The Quality Standards aim to raise awareness of the types of services, policies and processes that are most effective in tackling VAWG and capture data on the extent to which they are currently being delivered across Scotland. The Performance Framework aims to measure the impact that these services, policies and processes are having on the lives of people and communities affected by VAWG. Collectively, the two resources aim to support VAW Partnerships to capture key performance data and facilitate a consistent approach to measuring and reporting on the progress being made to achieve the ambitions set out in Equally Safe at a local level.

The graph below details how Dundee has performed against its own reported figures from 2021-22 and the national average. The figures show that Dundee meets or partly meets 100% in two of the Priority areas, and reports meeting or partly meeting at least 80% of Quality Standards in the other three Priority areas. Multi-Agency Working standard experienced a percentage decrease from the previous year due to the latest self-assessment now being over three old.



Gendered Services Group and Project

This area of development has been both deliberate and organic in its evolution. It was and still is a journey which is far from complete but hopefully demonstrates how collective leadership using a gendered approach can bring about huge benefits and positive change.

In 2018, Dundee Violence Against Women Partnership began to review pathways for women affected by violence and multiple disadvantage in the city from a 'whole systems perspective'. This focused on women affected by VAWG but also a wider focus on any woman who was vulnerable or disadvantaged in the city. The group undertook a review and redesign of existing pathways and a diagram which had been developed in 2011 to reflect the evolution of services and responses over that time period. Some of the key issues we identified were:

- a lack of resources to provide consultation for wider non-specialist services;
- difficulty meeting the needs of women with multiple and complex needs;
- lack of structured VAW training and workforce development opportunities;
- and all of these leading to increased pressure on specialist services and strain on their resources.

After lengthy discussions it was agreed that consultancy and capacity building in mainstream, statutory services were the areas of work which could bring about the most lasting and impactful change as well as reducing the pressure on specialist services.

At the same time as the review process was happening a number of other transformation activities were ongoing in Dundee (including substance use and homeless services) and a separate working group was set up under the ADP and the homelessness strategic planning groups to look at the needs of vulnerable women more broadly. Simultaneously, at the end of 2019 the Dundee Drug Commission was published. The Commission report gave a clear message and recommendations about the importance of gendered approaches.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

The action plan for change, Dundee's response to the commission contained clear actions and priorities in relation to this recommendation and these were then discussed with and delegated to a violence against women partnership sub group. Also, at this time, research was commissioned to look at the needs of women in Dundee. It was funded by the Scottish Government Challenge Fund, with the funding secured by Dundee Women's Aid.

Clear recommendations were made around services and responses to women and changes that needed to happen in order to meet their needs more effectively.

So, what we had at this point was the VAW Partnership pathways group identifying the need to upskill and build capacity in universal, mainstream, statutory and non-specialist services, the Alcohol and Drug Partnership and homelessness sector recognising the need to improve their response to women and the Commission and the research also making the same recommendations.

This all came together in the creation of the gendered services group which reports directly to the VAW Partnership and the ADP.

The collective leadership flowing from the VAWP and the ADP expanded our ability to tackle the issues faced by the most vulnerable women in our city and opened up huge possibilities for collaborative working at a strategic and operational level.

The main aim of the group is:

- 1. To Lead the strategic and operational planning for gender sensitive and trauma informed services in Dundee (e.g. for women experiencing VAW, substance use, homelessness and a range of other complex issues) and this involves a strong focus on women with lived experience directing our work.**

Some key achievements of the GSG to date:

- **Development of Women's Services directory (currently in review) – following a mapping of services - this includes all specialist services for women and also those which are not VAW specialist but have an element of women only service and who represent the gendered approach we hope to achieve**
- **Development of VAW Overview Training by a multi- agency consortium**
- **Successful funding bid to secure a 2-year post to develop a gendered approach across mainstream services in Dundee (see more info below)**
- **Gendered services communications for the workforce**
- **Inclusion of gendered approach in ADP Strategic Plan and Adult Support and Protection delivery Plan**
- **Strategic oversight of key gendered services in Dundee – Gendered Service Project, PAUSE, New Beginnings**
- **Successful funding bid for women's hub**
- **Collaborative approach to CORRA funding opportunities with a clear gendered approach**
- **Observations of the success of this group are around the bringing together of VAWG specialist agencies and those who have a broader remit or a different focus – for example substance use services. As we have worked together we have built a sense of team work and a shared vision. At times it could be that the VAWG world can feel like something of a scary and very specialised club which other services may not feel they have a place within. This group has seen that change and there is a strong motivation, commitment and drive to work together to improve the lives of the most vulnerable women in our city.**

The Gendered services project is aiming to improve services responses to women who experience gender-based violence (GBV), homelessness, substance use and other multiple complex needs that require support from a wide range of services. We aim for services to become more gendered in the design, delivery and ethos.

In Dundee there was an identified lack of understanding around gender and the specific needs that women may have that can prevent them from accessing appropriate care and support or where they do engage with services, engagement being successful. Consequently Dundee Women's Aid applied for funding from CORRA to research this and capture what training and support agencies require and what changes to services women would find useful. The research carried out in 2019 obtained the views of women who are service users in Dundee and the ideas of staff working in this sector about improving future service delivery.

Based on the research and the drugs commission an application was submitted to CORRA for the Gendered Services Project. The post has been in place since late 2020. The ADP has also funded the post for another year for 2023.

The project currently delivers training and support for services to embedded gendered approaches across Dundee. 7 key elements of gendered approach. Part of the project is also about engaging women with lived experience to ensure we are getting it right and they able to influence design and delivery.

Approach to Funding

The long standing VAW picture we operated within in Dundee included very high rates of domestic abuse and sexual crimes alongside many complexities such as:

- **substance use and deprivation;**
- **significant capacity versus demand issues for specialist services;**
- **over reliance on third sector specialist agencies and lack of capacity to upskill and provide consultancy to non-specialist services;**
- **a lack of learning and development opportunities relating to VAWG and;**
- **challenges meeting the needs of women with multiple and complex issues.**

The approach we have taken in recent years has tried to balance these issues by increasing the capacity of non-specialist services and addressing the needs of women with complex issues alongside a focus on capacity versus demand issues for specialist services. We took our focus away from just trying to sticking plaster on the gaps in specialist services (although always continuing to try and strengthen their capacity and funding arrangements) and focused instead on all services and how they could better share the load. This approach included the development of learning and development opportunities (see training section below) as well as an expanded focus on our response to women with complex issues.

The establishment of the Gendered Services Group and Project (described below) was one way we looked to increasing capacity of mainstream services and addressing the needs of women with complex needs.

In terms of capacity and demand issues, in mid-2021, for a woman to access outreach support at the main domestic abuse support service in Dundee they had to wait an average of 6 months. For a woman who had been raped or sexually assaulted either recently or historically the average wait to access specialist support was 2 months. We had several key funding streams coming to an end, clear gaps such as domestic abuse court advocacy and services for CYP and disjointed domestic abuse services. In light of these challenges The VAWP took a paper to the Chief Officers Group (COG) late 2020 which resulted in them making the commitment to the actions shown below:

- **Reallocating capacity within mainstream services and making a real and tangible commitment to upskilling mainstream services to effectively tackle VAW**
- **Progressing work through local strategic commissioning and procurement routes to enhance efficiency and sustainability within the third sector specialist services.**

A COG VAWG champions group was established with representatives nominated from within the council, Police, Health & Social Care Partnership (HSCP) and NHS and a real and tangible commitment to improving the situation around VAWG and the funding around it. We also took a partnership approach to DES bids and CORRA bids in recent applications and focused on capacity building as well as service provision.

The development of an integrated protecting people risk register enabled us to understand the shared risks across the protecting people committees and also work collectively on our responses to these risks. COVID-19 brought the risks around VAWG and particularly domestic abuse to the fore and this is reflected in the risk register with highlighted risks around DA in the CPC, VAWP, ADP and ASP sections of the document. This has assisted us greatly in how we approach VAWG and funding related to it.

The result of this approach, the work of the COG VAW group and the approach to DES funds we have been able to achieve the following:

- **We were able to secure COVID recovery funding for DWA and Women's Rape and Sexual Abuse Centre (WRASAC). Both services used the additional funds to address waiting times. The waiting time for DWA outreach is now 2 weeks. WRASAC saw a 70% reduction in waiting times and secured match funding for a further 12 months.**
- **The Assessing and Supporting Psychological and Emotional Needs of Women (ASPEN) project (Clinical Psychologist for VAW Services) has been mainstreamed – HSCP**
- **The Dundee Women's Aid Children and Young People Psychology Service was established through community mental health and wellbeing fund**
- **The ADP extended the lifespan of Gendered Services project by another year**
- **Social Work Children & Families have established a temporary Domestic Abuse Manager post through COVID-recovery funds**
- **The Victim Centred Approach fund has enabled us to develop Dundee ASSIST (domestic abuse court advocacy)**
- **Through Delivering Equally Safe fund we were successful with 3 partnership bids - bringing CEDAR to Dundee, establishing a GBV Learning and Organisational Development advisor post and the Deaflinks domestic abuse project.**
- **Recently we secured funding from CORRA to develop a Women's hub in Dundee for women with substance use and complex needs.**

Despite these successes the landscape of VAW funding is challenging and feeding into the National Strategic Review of VAWG funding is a priority action for the Dundee VAWP over the coming 2 years.

Lived Experience

The majority of the VAWP Lived Experience engagement activity comes through the Gendered Services Project. Lived experience has been a core element of the project from the very beginning and the coordinator regularly meets and engages with women in various services across Dundee. This has been successful due to a dynamic and flexible approach, dedicated funding/budget and constant feedback. Some of ways women have been involved are as follows:

- **Identifying Barriers to Access**
- **Visualise components of perfect service (which we use in the gendered services training)**
- **Self-Assessment Form**
- **Empathy Map**
- **Animation**
- **HIS Pathfinder lived experience**
- **Illustrate the experience of women in Dundee**
- **Chartermark Development**
- **VAW Summit**
- **Neuro Diversity Conference –walk through to ensure it was accessible.**
- **Women’s Hub**
- **Gendered Walkthrough**
- **Safe Space Cartoon**
- **Project feedback**
- **Champion Group**

A key element of our local trauma implementation plan is that as both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy.

From the start of our work around trauma we included a focus on lived experience and more specifically, professionals with lived experience. We know that the safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations. Traditionally we think of those with ‘lived experience’ or ‘experts by experience’ as being separate from us as professionals. By thinking in this way, we are missing the opportunity to utilise the knowledge and experience that exists within our own workforce and to validate this.

According to statistics we know that within a team of 10 staff at least 2 are highly likely to be professionals with lived experience. Within a staff group of 100 at least 20 will be professionals with lived experience. When we think about the broad range of experiences which can contribute to an individual experiencing trauma those figures are likely to be much higher. By becoming a trauma informed culture with trauma informed leaders, we were more likely to create a culture where this untapped professional resource is valued and can be utilised effectively. One area of interest with this strand of our work is that of post traumatic growth (PTG) - positive psychological change experienced as the result of the struggle with highly challenging life circumstances.

What we have done:

- **Secured leadership and manager buy-in**
- **Exploring safety – clinical psychology input, discussions with HR and Trade Unions**
- **Developed a process – initial interest, more detailed information, screening discussion and consent**
- **Launch event and manager briefings**

Trauma Implementation

In Dundee the Steering Group for Trauma Informed Practice Implementation has been firmly located alongside the VAWP. It is chaired by the VAWP lead officer and the links between VAW and Trauma are explicit. VAW specialist agencies have provided input around their trauma informed journey as it is recognised that they are at a more advanced stage and the gendered services project, model and training has trauma informed practice as a key element of a gendered service. The Steering Group is progressing a multi-agency approach to addressing trauma and held a launch event for our Implementation Plan on 30th March 2022 with 88 people in attendance. Feedback has been good and there have been notes of interest for all the ways to get involved. The event was recorded as a webinar, with 200+ people viewing this so far.

Since the launch we have run 4 Manager Briefings with a total of 141 attendees and positive feedback. Three new sessions are set for coming months.

In Dundee we have also pulled together and expanded several of the national resources developed by NHS Education Scotland into local toolkits. Within these toolkits we have tried to make it clear what resources are available to implement level 1 and 2 training.

We have designed a menu of ways that individuals or teams/services could get involved in the implementation of this approach to complement the training. This includes:

- **Becoming an ambassador**
- **Trying out a test of change and joining the trauma collaborative programme**
- **Getting involved with our workforce lived experience group**

7. Training, Learning and Development



The level of demand for training and information around VAW has increased dramatically since the beginning of the pandemic. The VAWP has a training consortium established and a VAW Overview training day which was rolled out online during 2020-2022.

A coordinated multi-level VAW training programme is a priority for the future.

GBV Advisor post

The project is a partnership with Dundee & Angus WRASAC, and Dundee City Council (DCC). The worker is employed by WRASAC with much of the work coming from DCC – namely Protecting People and L&OD.

The benefits of the partnership are that the worker has expert knowledge around GBV, and access to frontline knowledge through WRASAC colleagues, data and survivor testimony. It is vitally important that the worker of the project has in depth knowledge of the needs of survivors, as well as theoretical understanding of gender and GBV. Due to the nature of this work, passion for improving understanding and services for survivors is important. GBV is complex and intersects with all other social issues.

Overall aim of the project is to ensure a co-ordinated approach to GBV learning, training and development across Dundee City Council and their partners, and the multi-agency workforce in Dundee. By improving the understanding of GBV and practical application of trauma-informed, survivor focused, gendered approaches, we hope that survivors in Dundee will have consistently positive interactions with all services.

GBV is still misunderstood amongst many workforces and services, we aim to have long lasting cultural change whereby survivors (both employees and service users) feel heard, believed and supported. There are many misconceptions surrounding GBV due to millennia of misogyny and gender inequality. This project aims to support agencies and staff in learning and unlearning around these ingrained views surrounding GBV.

There are many exciting pieces of work going on in Dundee, and in general the workforce is keen to learn and improve their practice around GBV. However, a key issue has been the lack of co-ordination and capacity surrounding the VAWP Training Framework, and the individual pieces of GBV work going on in the city. This project will be a dedicated co-ordinating link for the VAWP and GBV work, allowing for oversight where previously there was none. In the past, good work has fallen away due to lack of co-ordination – this was a key reason for the funding bid.

Another key element of the role is capacity building, this is to increase longevity of the project and create a sustainable model of development.

To build capacity, without diluting the quality of delivery, the project hopes to build into the VAWP Training Framework a network of trainers that can deliver input to a high quality. A network of experts from different agencies, alongside a train the trainer model would help build capacity. GBV training benefits from in person delivery (rather than e-learning) due to the complexities surrounding it. Whilst e-learning modules have its place, the reality of engagement and retainment of information is low. It is essential that any GBV learning is not a tick-box exercise, as this does not improve services for survivors.

8 Challenges and Areas for Improvement



Opportunities

- There is an abundance of good work taking place in Dundee in relation to VAWG, however, this needs to be sustained in order for continued progression. A focus on embedding current practices across all policy areas and maintaining the current momentum is viewed as important.
- A focus on prevention work is necessary to ensure the VAWP continues to advance towards the ultimate goal of eradicating VAWG.
- With the Equally Safe funding stream potentially becoming more strategic and long-term, the Partnership will be able to utilise this to further current projects.
- With the development of a new action plan for Dundee, it can be ensured that intersectionality is explicitly incorporated throughout in order to better represent specific groups affected by VAWG.
- The additional funding that has been provided offers potential for increased work to tackle VAWG, however, this could create additional work for the VAWP where capacity is already limited. This needs to be considered when discussing what these additional resources will be used for.

Priority Areas for Improvement

1. Increase Support for Women with Complex Needs

The VAW Partnership has made much progress in this area but recognise the need to continue being more responsive to the support required for survivors with multiple and/or complex needs. It was noted that this approach could be incorporated throughout work across all areas of Dundee's Protecting People agenda in order to ensure that the needs of these women are considered in all relevant systems and services. Additionally, the need to promote an intersectional approach, that recognises the additional barriers that women with protected characteristics may face, was highlighted as an approach that needs to be explicitly referred to throughout the VAW Delivery Plan to ensure this is addressed.

2. Increase Investment in Prevention Activities

Early intervention/prevention activities need to be scaled up in order to assist the VAWG agenda. It was specified that this approach should be promoted in a variety of different settings, including schools, colleges, universities, and the wider community. To achieve this, it was noted that the Partnership needs to build a compelling case for increased investment in order to broaden the audience that participates in these activities. In addition, it was noted that the links between adopting a preventative approach and achieving other strategic priorities across Dundee should be highlighted to wider partners.

3. Ensure Dundee VAWP is Involved in the National Review of VAWG Funding

A priority is to ensure that future national funding streams to support the delivery of Equally Safe are fit for purpose and respond to the needs and priorities identified by Dundee VAW Partnership. It was noted that short-term, competitive funding cycles are not conducive to supporting a strategic, joined-up approach to be embedded to tackling VAWG in Dundee and there is an opportunity for Dundee VAW Partnership to use its learning about "what works" to help inform and improve future approaches to funding.

Other Potential Areas for Improvement

In addition to the above priority areas, the following areas of work have been identified and are in progress:

Protecting People Lived Experience Review

There have been a lot of different types of engagement across the PP partnerships with genuine effort. There is also pressure and a focus on the value of lived experience nationally. This is important but it needs the time and resource to make sure it's meaningful, which in the current systems can be difficult. There is a risk that the pressure on strategic forums to include lived experience lends itself to tokenism, only a single voice having a say, individuals feeling used or let down, people being retraumatized, and or an environment of 'us and them' if it is not done in a meaningful and trauma informed way.

We have recognised previous efforts within our partnerships that have not had the desired results to engage people with lived experience in the design and delivery of services on more strategic level. There can be a disconnect between good engagement and the voices reaching/having an influence on strategic decisions. This is why we are looking at addressing these barriers through working with leadership and developing a shared understanding of meaningful involvement and have established this review process.

Whole systems look at lived experience engagement, and their inclusion in the strategic decision-making processes and linked strategic planning, improvement and development programmes and activities.

- **Break down barriers / challenges to connecting lived experience voices with strategic planning and development**
- **Develop a shared understanding of meaningful involvement in a safe and trauma informed way.**

Social Media

Following the discussions on the development day, it was agreed that the VAW Partnership would launch a collective social media presence on Instagram. The aim of this account is to educate the public on aspects of gender-based violence (GBV) and to aid prevention of GBV. Through key themes being highlighted through the Scrutiny Group's data interrogation, the social media will also be reactive to issues impacting Dundee on a local level.

Engagement data can be collated from the social media account which will further inform the VAW Partnership on the ages and gender of individuals engaging with the account. Although this account is for everyone, we particularly hope to reach young women as they are currently underrepresented in referrals presenting to local VAW services.

This social media presence will not act as a support account, however information on local services will be clearly signposted.

Challenges: Cost of living

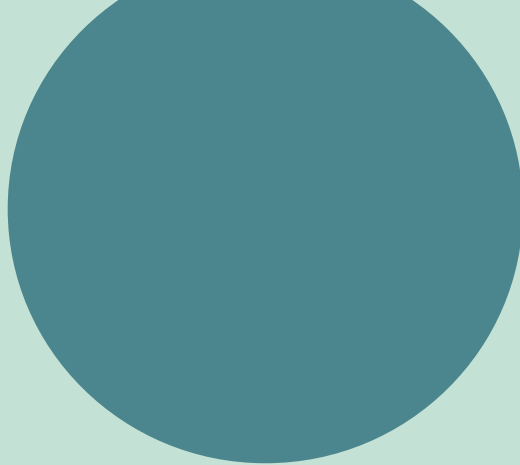
One of the key challenges and concerns for the VAWP looking forward, alongside all the PP committees, is the impact of the cost of living crisis. We know that poverty and gender-based violence are intrinsically linked, and in complex, far reaching ways and that poverty impacts both perpetration and victimhood, as well as barriers to leaving violent situations.

Whilst gender-based violence can impact all people in society, women in poverty are a group at much greater risk, and will experience specific risks and challenges related to GBV and accessing services.

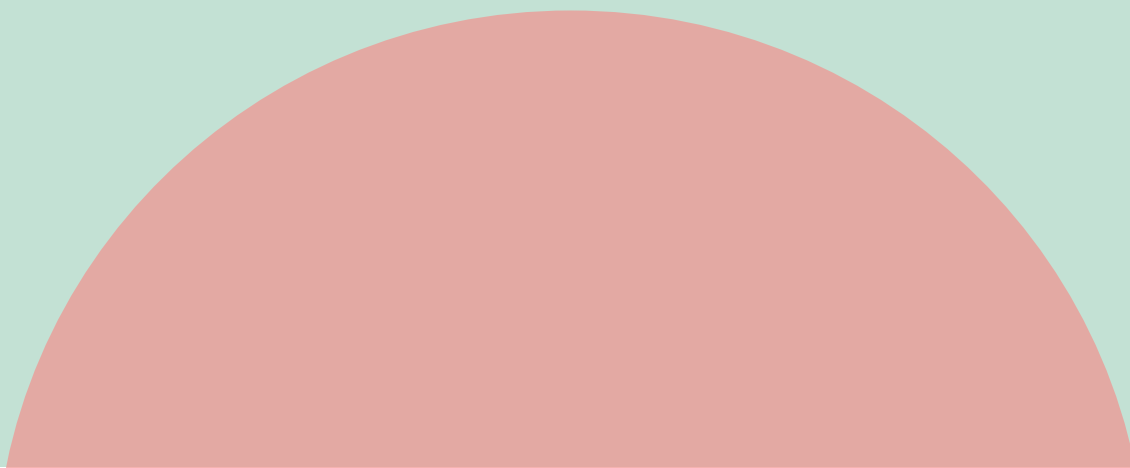
In Scotland, women are already more likely than men to be in poverty, to experience in-work poverty and to experience persistent poverty and more likely to be reliant on social security system. Women are more likely to be in low paid, insecure work – 62% of those earning less than the real living wage are women, more affected by household debt and have fewer savings.

The impact of this picture being exacerbated by the cost of living crisis is concerning. We have seen a growing number of women being pushed into selling sex as a result of the economic impact of COVID-19. Whilst the pandemic itself is coming to an end, the long-term economic impact is here to stay. In addition, from the extensive literature around domestic abuse we know that methods of coercive control often centre around money. We are likely to see the fuel crisis as a trend in experiences of domestic abuse. For example, women not being allowed access to the car with cost of petrol used as reasoning, women being blamed for increase in utility bills, women having to cut their personal spending (eating, toiletries etc) in order to pay for household. We also know that one of the biggest barriers to leave an abusive relationship is financial dependency on the perpetrator.

Alongside the other PP Committees, we have identified this as a high risk in our risk register and will be monitoring closely and developing mitigations to address issues wherever possible.



If not
you?
...who!





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**Violence Against
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