



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 AUGUST 2016

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

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB34-2016

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Dundee Health and Social Care Integration Joint Board that the Independent Convenor of the Adult Support and Protection Committee has produced his Biennial Report for the Scottish Government for the period April 2014 - March 2016, to inform members of the work undertaken in the last two years and the key priorities and recommendations for the next two year period.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of the Independent Convenor's Biennial Report (as at Appendix 2);
- 2.2 Notes the progress that has been made in developing an effective partnership response to Adult Support and Protection issues in the city;
- 2.3 Notes the Independent Convenor's recommendations for 2016 – 18 outlined in paragraph 4.5 below;
- 2.4 Request that the Chief Officer ensures that recommendations contained within the Biennial Report are taken forward by relevant groupings and individuals within the Health and Social Care Partnership under the advice and guidance of the Adult Support and Protection Committee.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Colin McCashey was appointed as Independent Convenor in November 2013.
- 4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014) and the following sections of this report summarise its main points, with the full report appended.

4.3 The Dundee Health and Social Care Partnership's commitment to ensure that the protection of people of all ages will continue to be a key strategic priority is welcomed, as are the Strategic Priorities all of which will strengthen multi-agency responses to Protecting People concerns. The Adult Support and Protection Committee will continue to work closely with all relevant partners, including the Integration Joint Board, the Community Safety Partnership and all relevant Strategic Planning Groups, to ensure our strategies and priorities are aligned and coordinated. A review of who represents services on the Adult Support and Protection Committee is ongoing.

4.4 Progress on Previous Recommendations in Biennial Report 2012-14

4.4.1 There has been some good progress in implementing the nine recommendations of the last Biennial Report (2014) which made recommendations for areas of work over the period 2014-16: five have been fully completed, one has made sufficient progress with three still requiring some follow up work (for details see Appendix 1). Taking into account the progress made, where further progress is required, this is reflected in the recommendations for the next two years.

4.5 Areas for Further Improvement and Recommendations

4.5.1 There are several areas which are especially challenging in Adult Support and Protection work. Balancing the protection work with important prevention and early intervention supports is crucial, but does not all fit neatly within the remit of the Adult Support and Protection Committee. Effective partnership with service users and carers, across a wide range of different services, from the private/voluntary/third sector, through to General Practitioners, and statutory partners such as health, social care and Police requires commitment and persistence. The links are stronger in some areas of work than others, but all are essential. It is vital that the evaluation work already undertaken is used to inform and improve the experience of service users. The recommendations for the next two years reflect this ongoing journey and are clearly linked to the Strategic Priorities laid out in the Health and Social Care Strategic and Commissioning Plan, 2016, noted in brackets.

4.5.2 Recommendation 1 - Ensure more effective linking and sharing of information between the Committee and GP's as, despite more work having been undertaken with GP's over the past two years, this has not translated into increased referrals. (Early Intervention/Prevention and Models of Support/Pathways of Care);

4.5.3 Recommendation 2 - Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently. (Early Intervention/Prevention and Models of Support/Pathways of Care);

4.5.4 Recommendation 3 - Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. (This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations). (Person Centred Care and Support);

4.5.5 Recommendation 4 - Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65+), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern:
4a – Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee
4b - Mental Health and;
4c – Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy. (Person Centred Care and Support, Models of Support/Pathways of Care, Health Inequalities);

4.5.6 Recommendation 5 - Ensure the recommendations from the Thematic report – based on past case based self-evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording;

5a - Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users.

5b - Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences.

5c - Ensure training for wider services continues to be available, and is actively encouraged, for all services,

5d - Review and improve recording of case information
(Person Centred Care and Support);

4.5.7 Recommendation 6 - The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.

(Person Centred Care and Support, Models of Support/Pathways of Care and Managing our Resources Effectively);

4.5.8 Recommendation 7 - Due to the rise in Police Scotland Adult Concern Reports in Dundee, the majority of which don't meet the ASP three point test, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.

(Models of Support/Pathways of Care and Managing our Resources Effectively).

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

6.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None

David W Lynch
Chief Officer

DATE: 22 July 2016

RECOMMENDATIONS FROM BIENNIAL REPORT 2014

RECOMMENDATION 1 – To build on work already done to raise public awareness and reduce the risk of Financial Harm in Dundee. COMPLETED (and will be ongoing)

RECOMMENDATION 2 – To gain a clearer picture of Advocacy in Dundee with a view to increasing its availability and use. COMPLETED (and will inform new Recommendation)

RECOMMENDATION 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee. This recommendation has been progressed however, more work is needed.

RECOMMENDATION 4: To develop an effective model of engaging GPs more fully in the Adult Support and Protection agenda in Dundee. This recommendation has been progressed however, more work is needed.

RECOMMENDATION 5 – To use the Early Indicators of Concern work to improve care home settings. ONGOING – looking to extend the use of the Early Indicators of Concern work to residential staff and consider its use in community settings.

RECOMMENDATION 6 – To consider different models of service user and carer involvement in the Adult Support and Protection Process. Also (Case Based Self Evaluation 2014 – Rec 8) Ensure that individuals, and their family/carers, are included and involved in all aspects of the ASP process and (Case Based Self Evaluation 2014 – Rec 9) Ensure minutes of meetings record the attendance of the service user/carer/advocate, or not, and if not, the reason for this. (Community Care management team) ONGOING – A pilot is being run from July 2016 and new Social Work procedures include recording the involvement and reasons for non-involvement of service users.

RECOMMENDATION 7 – To implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice. COMPLETED

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

RECOMMENDATION 9 – To formalise the work of the Early Screening Group. COMPLETED

City of Dundee
Adult Support & Protection Committee

Independent Convenor's Biennial Report
April 2014 - March 2016



Foreword

As Independent Convenor of the Dundee Adult Support and Protection Committee, I am pleased to present my Biennial Report for the period 2014-16 and recommendations for the next two years.

Work continues in a difficult organisational context. Many Committee partners have faced significant changes over the last two years including reduction in resources and organisational restructure. Budget restrictions across all agencies have meant role changes, increased areas of responsibility and challenges to workforce capacity. Nonetheless, partners have demonstrated continued commitment to adult protection and partnership through their achievements against the business plan 2014-16. Furthermore, there is clear evidence that the work of the agencies goes far beyond the statutory definition of adult protection, and this I welcome. Of particular note is the extension of Committee members to include the Care Inspectorate, financial services/ banks and Trading Standards.

There are several areas which remain especially challenging in Adult Support and Protection work. Balancing the protection work, with important prevention and early intervention supports is vital, but it does not all fit neatly within the remit of the Adult Support and Protection Committee. Early intervention is needed to support people who at that time do not necessarily meet the 3 point test, but professional judgements tells us that they may well meet such a test in the future. Effective early intervention could prevent such a situation developing.

In terms of the large increase of referrals from the Police, my professional judgement tells me that it would be unreasonable to conclude that police officers, in the normal course of their duty, are coming into contact with 99% more vulnerable people than was previously the case. I believe that it is more likely that Police are now referring cases which were previously not referred. It therefore follows that the big increase in referrals is more about process than people. That said, I would not wish to undermine the challenge faced by officers, often in very difficult circumstances, who simply seek the appropriate assistance from the relevant agencies for people who are assessed to be vulnerable in one way or another. While I would not set out to stifle referrals, I would wish to ensure that referrals are necessary and appropriate.

Maintaining effective partnership with service users and carers, a wide range of different services, from the private/voluntary/third sector, through to General Practitioners, and statutory partners such as health, social care and Police requires commitment and persistence. The links are stronger in some areas of work than others, but all are essential. It is vital that the evaluation work already undertaken across the Protecting People arena is used to inform and improve the experience of service users. The recommendations for the next two years reflect this ongoing journey.

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

Colin McCashey

Independent Convenor, City of Dundee Adult Support and Protection Committee

August 2016



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Appendix 1 2014-16 Adult Support and Protection Activity

1. INTRODUCTION AND CONTEXT

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

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



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

The role of Lead Officer to the Adult Support and Protection Committee was set up in July 2013 and focuses on progressing the work of the Committee through its subgroups and the Protecting People meetings. The Lead Officer post provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor. There are currently three subgroups: Financial Harm, Policy, Procedures and Practice Task Group and a Stakeholder's Group. The work undertaken by these groups is detailed in subsequent sections.

The past two years have been a period of considerable change in the landscape of the main statutory bodies for Adult Support and Protection: Councils, Health and Police.

In terms of the integration of Health and Social Care services, which covers adults and older people, there has been a year's 'run in' for the setting up of the Integrated Joint Board which went 'live' from 1st April 2016 as the Public Bodies (Joint Working) (Scotland) Act 2014 came into law. Adult Support and Protection work is one of the areas where local authority functions are delegated to the new Health and Social Care Partnership and the Integrated Joint Board is 'host agent' for the Protecting People Team in Dundee.

The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services will take time to settle and the impact on Adult Support and Protection work in the city is still unclear. However, the Health and Social Care Partnership's commitment to ensure that the protection of people of all ages will continue to be a key Strategic Priority is welcomed, as are the Strategic Priorities of Early Intervention/Prevention, Person Centred Care and Support, Models of Support, Pathways of Care, Health Inequalities and Managing our Resources Effectively, all of which will strengthen multi-agency responses to Protecting People concerns. The Adult Support and Protection Committee will continue work closely with all relevant partners to ensure our strategies and priorities are aligned and coordinated. A review of who represents these services on the Adult Support and Protection Committee is currently ongoing.

"At a local level the protection of the adult population in Dundee from financial harm, and from the many other forms of adult abuse, is one of the priority areas which the Health and Social Care Partnership, in support of the work of the Adult Support and Protection Committee, will increasingly require to address in the coming years". (Dundee Health and Social Care Strategic and Commissioning Plan, 2016)

Policing in Scotland has undergone huge change over the past two years as eight forces have been united into one – Police Scotland. Alongside the national changes there have been local changes with the setting up of a Risk and Concern Hub and the consolidation of the role of Police, Health and Social Work in the Early Screening Group. This has been managed positively locally, with good continuity of staffing, which has helped sustain this model of working. Adult Concern Reports are 'triaged' by a Detective Sergeant, before going forward to the Early Screening Group, and referral pathways, other than health and social work, are signposted where relevant. Numbers of Adult Concern reports from Police Scotland continue to be high, but there is a reasonably constant number of referrals (approximately 70 per year) which need further Adult Support and Protection activity.

While the Police involvement can be seen as a positive in general, in terms of early intervention and prevention of harm, it is unclear whether the referrals will continue to rise, and whether this can be managed within existing services.

Other areas of Scotland have different ways of managing Police Referrals, and it is hoped that best practice from others can inform the continuing work in Dundee.

2. MANAGEMENT INFORMATION

Information about processes and outcomes of each Adult Support and Protection referral has been recorded, collated and analysed. This section reports on referral trends, including outcomes and sources, type of alleged harm, location where the harm allegedly took place and the use of orders available under the Act to prevent further harm.

2.1 Referrals: Disposal and trends

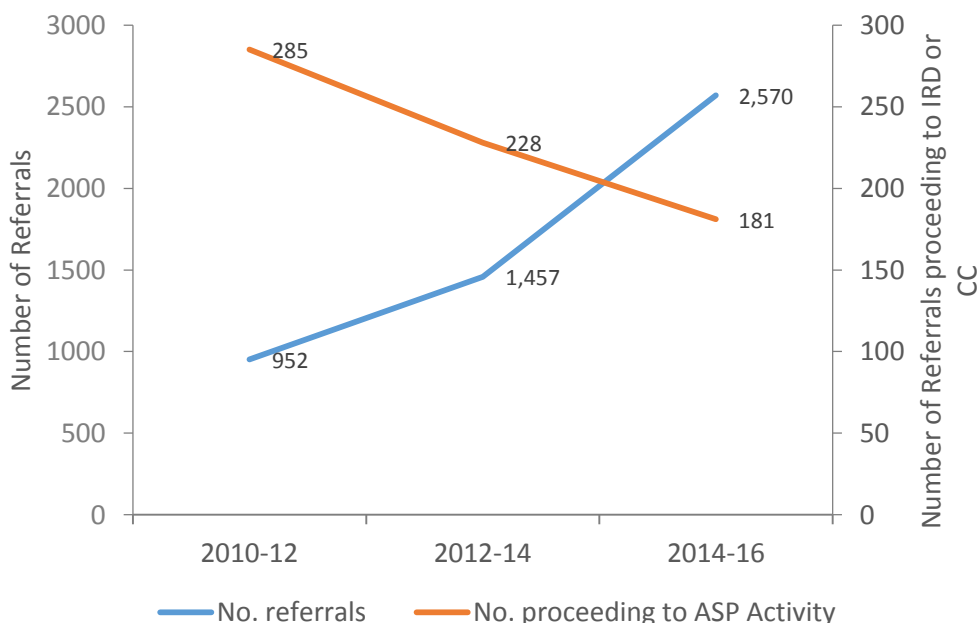
The Adult Support and Protection Team continue to be responsible for collating statistical and operational activity information. Activity is discussed quarterly by the Adult Support and Protection Committee. Additional systems are currently being developed to ensure that personal outcome information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

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

Between 1 April 2014 and 31 March 2016, 2,570 Adult Protection Concerns were reported to Dundee City Council Social Work Department. This represents a substantial increase in the number of referrals year on year, in fact there has been a 76% increase in the number reported between 2014 and 2016, compared with the previous 2 year period.

2010 – 2012 = 952 referrals
2012 – 2014 = 1,457 referrals
2014 – 2016 = 2,570 referrals

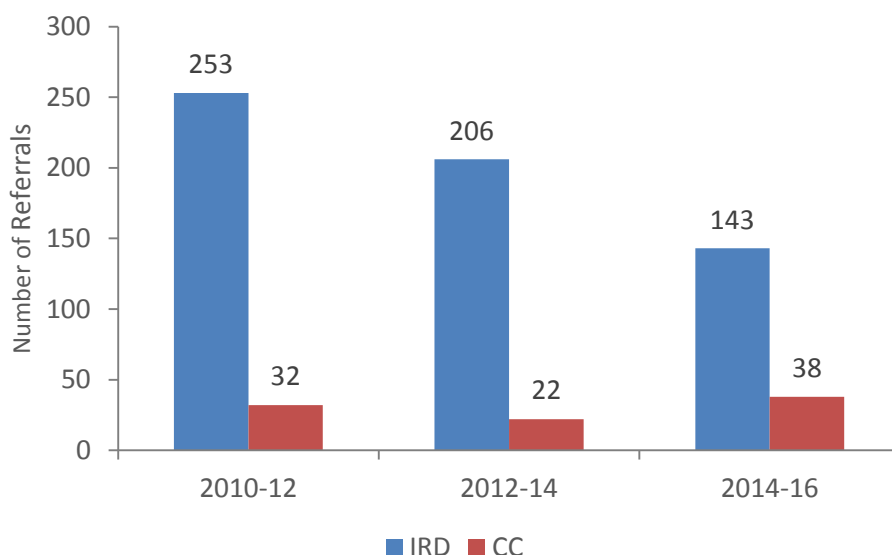
Chart 1: Number of Referrals and Number Proceeding to IRD or CC



Although the total number of referrals has increased considerably, the percentage of these referrals which met the ‘three-point test’ and proceeded under the Adult Support and Protection legislation, directly to Initial Referral Discussion (IRD) and Case Conference (CC), has reduced.

2010-2012 = 285 (30%)
 2012-2014 = 228 (16%)
 2014-2016 = 181 (7%)

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



Within Adult Support and Protection Procedures there is a requirement to convene a Case Conference if three concerns are received about an individual. This was the case in respect of 18 (47%) of the 38 cases that went straight to a Case Conference.

Age was a significant factor in referrals and Adult Protection Concerns in relation to older people (aged over 65) are much more likely to progress to a Case Conference. This pattern confirms a body of wider information and research indicating particular concerns regarding the risk of harm to older people.

2.2 Sources of Referrals

The source of each of the 2,570 referrals received in the period covered by this report is presented in Table 1, which also indicates the percentage of these referrals from different sources that resulted in an Initial Referral Discussion or Case Conference. The table shows that referrals to the Social Work Department continue to be received from a range of sources however, the vast majority come from Police Scotland (Tayside).

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

Source of Referral	Years	% (No.) Resulting in Adult Support and Protection Activity	Years	% (No.) Resulting in Adult Support and Protection Activity
	2012-14		2014-16	
Anonymous	1	100% (1)	0	0% (0)
Other Organisation (Financial)	1	100% (1)	0	0% (0)
NHS GP	4	75% (3)	0	0% (0)
Dundee City Council	93	65% (60)	89	57% (51)
NHS	31	55% (17)	19	26% (5)
Other Organisation	59	53% (31)	70	57% (40)
Other Local Authority	2	50% (1)	6	67% (4)
Members of the Public	34	50% (17)	16	75% (12)
Nursing / Care Home	53	42% (22)	13	15% (2)
Self Referral	4	25% (1)	4	75% (3)
Scotland Fire and Rescue	16	0% (0)	48	4% (2)
TOTAL excl. Police Scotland	296	52% (154)	265	45% (119)
Police Scotland	1,161	6% (70)	2,305	3% (69)
GRAND TOTAL	1,457	15% (224)	2,570	7% (188)

2.3 Pattern of referrals

Police Scotland

There has been a significant increase in the number of referrals since 2012-2014, especially from Police Scotland (Tayside). The pattern of referrals from Police Scotland differ from referrals from other sources, therefore these have been presented separately.

Between 2012-14 and 2014-16:

- the **overall** number of referrals increased by 76%, however the number of these referrals that proceeded to Adult Support and Protection Activity decreased from 224 to 188 referrals.
- the number of **Police Scotland** referrals increased by 99%, however the number of these referrals that proceeded to Adult Support and Protection Activity was 70 and 69 in each 2 year period.
- there has been a 10% reduction in the number of referrals from **sources other than Police Scotland** since 2012/14 and a reduction of 26% since 2010/12. This reduction is largely from referrals from the NHS, Dundee City Council, Members of the Public, Care Homes and Scotland Fire and Rescue.

NHS Tayside and NHS General Practice

It is concerning that the number of referrals from NHS Tayside and NHS General Practitioners is extremely low. There were no referrals for NHS Tayside General Practitioners between 2014-2016 and only 19 across other specialties of the NHS, of which only 5 (26%) proceeded to Adult Support and Protection Activity.

Dundee City Council

Dundee City Council is one of the largest referrers after Police Scotland. The number of referrals from Dundee City Council decreased slightly between 2012-2014 and 2014-2016, however the % of these referrals which proceeded to Adult Support and Protection Activity was 57% during 2014-16. In comparison to other referrers this is a very positive result which shows that employees are making many correct referrals each year.

Members of the Public

The number of referrals from Members of the Public almost halved between 2012-14 and 2014-16. Members of the Public made 16 referrals during 2014-16 and 12 of these (75%) resulted in Adult Support and Protection Activity.

Care Homes

Referrals from Care Homes reduced from 53 during 2012-2014 to 13 during 2014-2016. This can be attributed to multi agency early intervention and prevention training, policies and procedures, particularly in institutional care settings which has resulted in situations being dealt with as they arise. Many cases of harm have been prevented, which may otherwise escalate and be reported as an Adult Support and Protection concern.

Fire and Rescue

The number of referrals from Scotland Fire and Rescue have increased from 16 during 2012-14 to 48 during 2014-16 while the % resulting in ASP activity remains low (4% during 2014-16).

Other Organisations

There has been a very slight numeric increase in referrals from 'Other Organisations' and these include the Care Inspectorate, voluntary sector services, private hospitals and trading standards.

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

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

In respect of Police Scotland there has been a 99% increase in referrals in the last two years, with numbers rising from 594 in 2010/12 to 1,161 in 2012/14 to 2,305 in 2014/16. Of these referrals only 3% resulted in Adult Support and Protection activity. This would indicate that many referrals are being made which do not fit within the Adult Support and Protection legislation and that the ‘three point test’ is not being applied. Furthermore, many of the referrals concern mental health, suicide prevention and repeat callers to Police. This level of referral is unlikely to be sustainable over the longer period, despite the introduction of the Early Screening Group.

During 2014, Police Scotland began to review their screening processes by recording the outcome of referrals that were screened as either ‘at risk’ or ‘not at risk’. Charts 3 to 5 present data for a 1 year period, 2015/16 regarding this review process.

(ESG = Early Screening Group, CM = Care Management)

Chart 3: Outcomes of the Total Police Scotland Referrals received for 2015

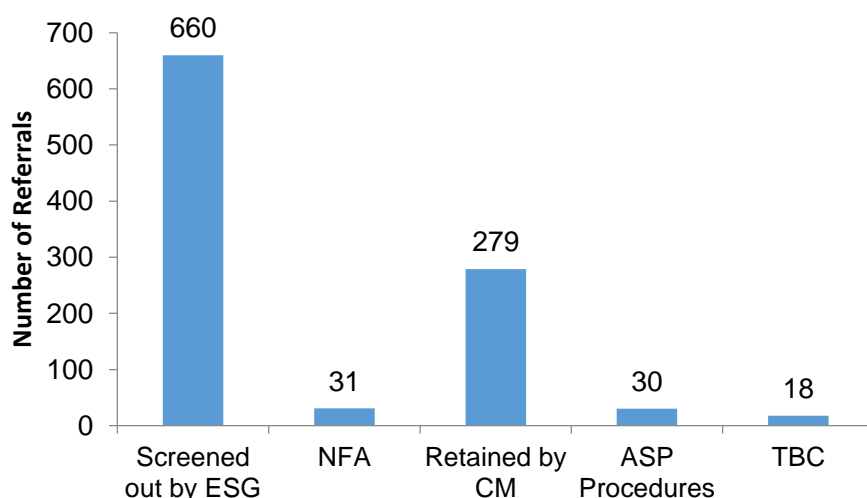
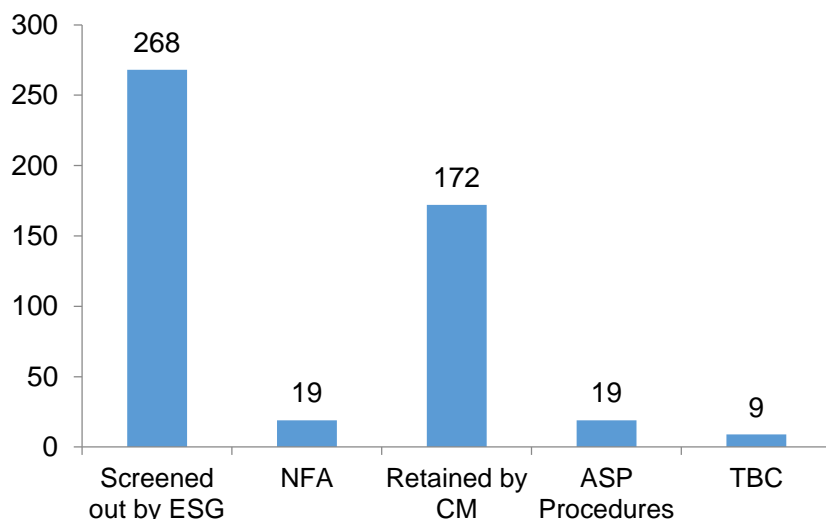


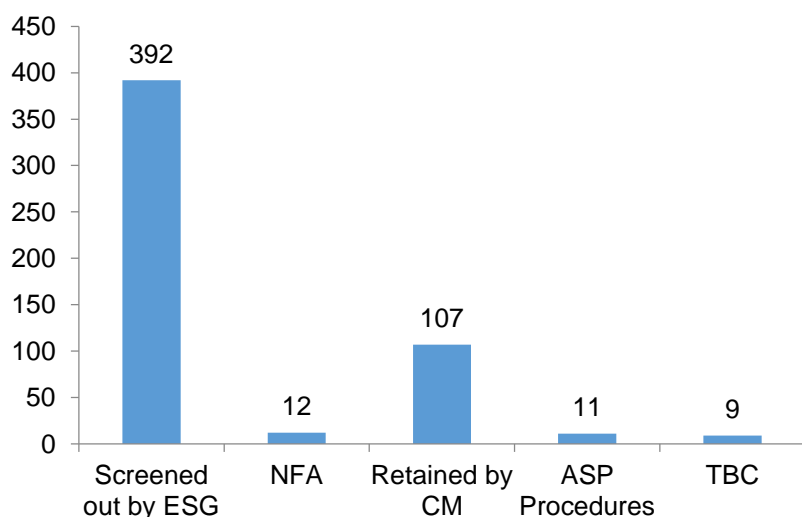
Chart 3 illustrates the outcomes of all police referrals during 2015. There were 1,018 referrals and only 30 (3%) proceeded to Adult Support and Protection Activity.

Chart 4: Outcomes of Police Scotland Referrals recorded 'At Risk' in 2015



Police Scotland recorded the outcomes of referrals which they assessed as being 'At Risk'. Of a total of 487 referrals assessed as 'At Risk', 10 (4%) proceeded to Adult Support and Protection Activity.

Chart 5: Outcomes of Police Scotland Referrals recorded 'Not at Risk' in 2015



Police Scotland also recorded the outcomes of referrals which they assessed as being 'Not at Risk'. Of a total of 531 referrals assessed as 'Not at Risk', 11 (2%) referrals proceeded to Adult Support and Protection Activity.

In total, 30 (2.9%) referrals proceeded to Adult Support and Protection Activity and if the referrals assessed by Police Scotland as being 'Not at Risk' were screened out then 11 (37%) would have been missed.

2.4 Adult Support and Protection Activity

This section has been presented illustratively in Appendix 1.

No Further Action

86 referrals required no further action under Adult Protection legislation. 72 (84%) of these referrals were from Police Scotland (Tayside). The types of harm which were most likely to result in 'no further action' under the Adult Support and Protection legislation were:

Welfare Concern Issues – 56 (65%)

Actual or Threat of Self Harm – 7 (8%)

Financial Harm – 5 (6%)

Suicide Attempt or Ideation – 4 (5%)

(There were an additional 14 referrals regarding other types of harm)

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

Retained by Community Care

744 (29%) of all referrals were retained within Community Care as people who were in need of care and support or already receiving Social Work Services and support. This number is encouraging as it indicates that staff from a range of agencies have identified possible risk factors impacting on service users and that many of these individuals were already known to the Social Work Department. One benefit of this is that their support can be reviewed and amended as required.

Large Scale Enquiries

There was a large scale enquiry regarding 8 residents of the same care home regarding alleged neglect by care home employees. The outcome of the IRD was that No Further Action would be taken.

Early Intervention/Prevention

Where a referral does not result in Adult Support and Protection activity, this does not mean that the individual, their family or carer are not offered other supports, services or signposted to these. Much preventative work and early intervention is done by services which means the individuals do not require more statutory interventions. This is in keeping with the principles of the legislation which requires that any intervention must benefit the adult, actions should be supportive and least restrictive; and have regard to the wishes of the adult and relevant others, while providing information and support to enable the adult to participate in the process.

2.5 Types of Harm

Table 2 shows the type of harm recorded for each referral and the percentage of each type of harm that proceeded to Initial Referral Discussion or Case Conference during 2014-16

Table 2: Types of Harm

	Adults (<65)		Older People (65>)	
	No.	% (no.)	No.	% (no.)
Emotional	49	22% (11)	30	30% (9)
Financial	7	29% (2)	19	42% (8)
Self Neglect	9	22% (2)	10	40% (4)
Carer Neglect	10	40% (4)	8	25% (2)
Physical Abuse	14	43% (6)	12	25% (3)
Domestic Abuse	8	25% (2)	2	50% (1)
Fire Safety	6	0% (0)	7	0% (0)
Threat Self-Harm	28	4% (1)	1	0% (0)
Actual Self-Harm	13	8% (1)	0	0% (0)
Suicide Attempt / Ideation	8	13% (1)	1	0% (0)
Sexual Abuse	9	22% (2)	1	100% (1)
Discrimination	31	23% (7)	16	44% (7)
Welfare Concern	438	7% (32)	112	29% (32)

The data in table 2 presents types of harm, by age group.

The trends described should be treated with caution due to the low numbers for some of the types of harm, which means that a small numerical variation can alter the % considerably.

When assessing type of harm in detail, it is evident that type of harm varies by whether the victim was aged under 65 or aged over 65.

Adults aged under 65

For people aged under 65, the most prevalent types of harm reported during 2014-2016 were regarding welfare concerns, emotional abuse, discrimination and threat of self-harm. The type of harm which was most likely to result in Adult Support and Protection Activity was physical abuse (43%), neglect by unpaid carer (40%) and financial abuse (29%).

Older People aged over 65

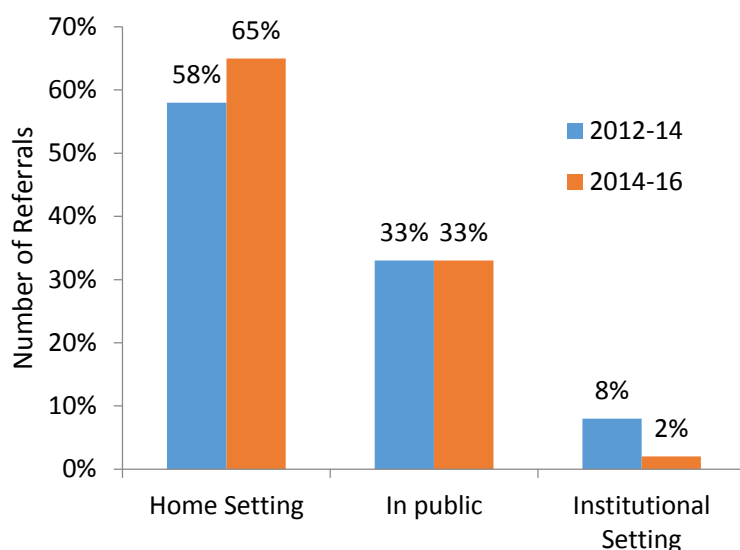
For people aged over 65, the most prevalent types of harm reported in 2014-16 were regarding welfare concerns, emotional abuse, financial abuse and discrimination. The types of harm most likely to result in Adult Support and Protection Activity were sexual and domestic abuse, however this data should be treated with caution as there was only 1 referral regarding each. As both referrals proceeded to ASP activity then the % was 100% for both. The types of abuse with the next highest % of referrals that proceeded to Adult Support and Protection were discrimination, financial abuse and self-neglect.

The prevalence of financial harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee, through its Financial Harm Group, has a clear strategy and action plan to reduce financial exploitation.

2.6 Location of Harm

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

Chart 6: Location of Harm



The percentage of harm which took place in a home setting increased between 2012-14 (58%) and 2014-16 (65%). The percentage of harm which took place in institutional settings decreased between 2012-14 (8%) and 2014-16 (2%). The percentage of harm that took place in public stayed the same between 2012-14 and 2014-16 (33%).

The increased number of referrals regarding harm in public and home settings reflects the increase in the number of referrals from Police Scotland in relation to people who have threatened self-harm or suicide in their own homes, or out in the community, often at a local location of concern.

2.7 Sources of harm

Table 3 shows the relationship of the person causing harm to the individual at risk. Harm can be caused to the individual by a wide range of individuals as well as by the person themselves. The information in relation to other alleged sources of harm is broadly consistent with the figures in the previous Biennial Report, and with wider prevalence surveys.

There was a decrease in alleged harm from employed carers between 2012-2014 and 2014-16. During 2012-14 there were 74 referrals and during 2014-16 there were 56 referrals.

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

	2014-16	
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	57	21% (12)
Parent	10	20% (2)
Other Family Member	47	32% (15)
A Friend / Associate	67	13% (9)
Employed Carer	31	52% (16)
Self	1492	2% (36)
Stranger to Service User	31	10% (3)
Other Resident	13	8% (1)
Neighbour	12	8% (1)
Other	1	0% (0)
Not Known	10	0% (0)
Total	1771	5% (95)

Most referrals regarding adults aged under 65 related to self-harm. A friend / associate, spouse / partner and other family were the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection Activity are regarding alleged harm by an employed carer, followed by other family member then spouse / partner.

If the first five categories are combined, then 212 (12%) referrals relate to individuals at risk of harm from individuals in a position of trust.

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

	2014-16	
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	10	20% (2)
Parent	0	0% (0)
Other Family Member	96	39% (37)
A Friend / Associate	29	24% (7)
Employed Carer	25	64% (16)
Self	563	4% (24)
Stranger to Service User	11	27% (3)
Other Resident	7	0% (0)
Neighbour	6	17% (1)
Other	0	0% (0)
Not Known	40	10% (4)
Total	797	12% (94)

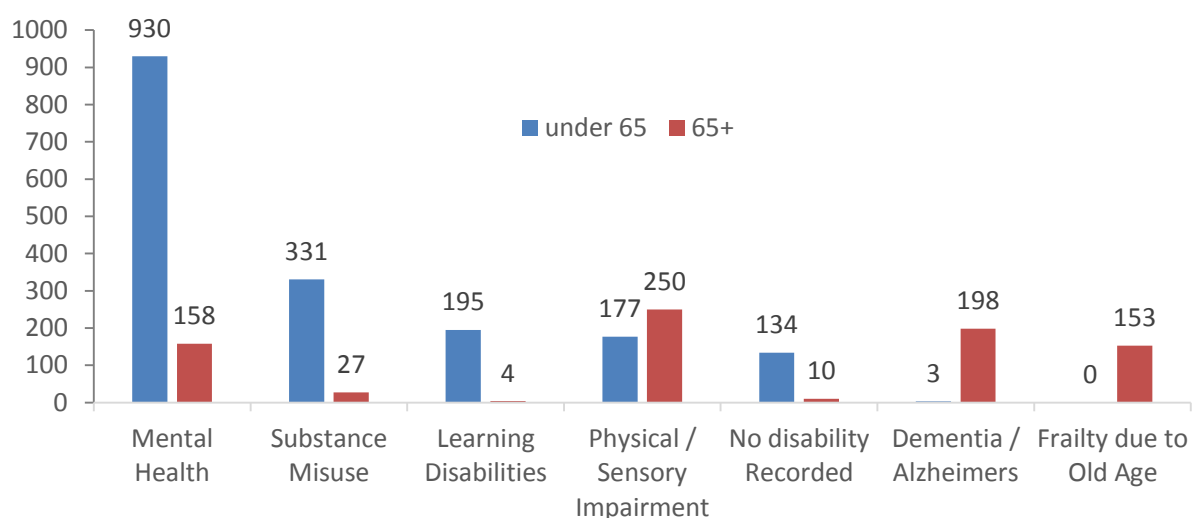
Most referrals regarding adults aged over 65 relate to self-harm. Other family member, a friend / associate and employed carer are the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection Activity are regarding alleged harm by an employed carer, followed by other family member then stranger to service user.

If the first five categories are combined, then 160 (20%) referrals relate to individuals at risk of harm from individuals in a position of trust.

2.8 Health and Disability Characteristics

Living with disabilities and illness can often increase levels of vulnerability and risk of harm. The health and disability characteristics of people who were referred to Adult Support and Protection were collated and they are presented in chart x. Not everyone referred will have a health and disability characteristic.

Chart 7: Health and Disability Characteristics by Age Group



The health and disability characteristics differ depending on age. People referred who are aged under 65 are most likely to have mental health problems or substance misuse problems. Whereas people referred who are aged over 65 are most likely to have a physical disability / sensory impairment or Dementia / Alzheimer's disease.

Alcohol and Drugs

Over the last three Biennial Reports the number of concerns received regarding people with drug and / or alcohol misuse problems has been tracked. The number of referrals regarding people with a drug and / or alcohol misuse problem increased between 2010-12 and 2014-16, however because the overall number of referrals increased considerably, the % of people actually decreased. During 2010-12 20% of referrals were regarding people with drug and / or alcohol misuse problems and this decreased to 14% of people during 2014-16.

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

2.8 Protection Orders

The Adult Support and Protection (Scotland) Act makes provision for a number of protection orders. In the two years covered by this report the Social Work Department has taken out 6 Banning Orders to protect 2 individuals. One of the individuals has a learning disability and they are being protected from physical abuse and the other individual has a physical disability and they are being protected from emotional / psychological harm. Both individuals are at risk from family members in their own homes.

The number has decreased from 19 Banning Orders to protect 8 individuals during 2012-14.

3. PROGRESS IN RECOMMENDATIONS FROM BIENNIAL REPORT 2014-16

Nine recommendations were included in the 2014–16 Biennial Report.

A lead person was identified for each recommendation and was responsible for bringing together the relevant people needed to undertake the work required, developing an action plan and giving an update on the progress of this work at each Committee meeting over the last two years.

PROGRESS ON RECOMMENDATIONS

Recommendation 1 – To build on work already done to raise public awareness and reduce the risk of Financial Harm in Dundee. COMPLETED (and will be ongoing)

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

Partners from the main groups developed and implemented a Financial Harm strategy, with raising public awareness of financial harm and scams as a primary part of the group's work over the life of this Biennial Report.

The strategy, developed at the end of 2013 focused on:

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

The Financial Harm Group has continued to meet regularly throughout the last two years, focused mainly on scams and rogue traders. To this end it has held specific awareness raising activities in a variety of areas: Public events such as the annual June Farmer's Market, a stall at the Celebrate Age Network event 2015 and another in the Overgate Shopping Centre on 29th April 2016, a Carer's event stall (2015), three days at the Dundee Flower and Food Festival September 2015, and also events for staff members including a 'Think Jessica' event in September 2014, a Chief Officer's Group event and a separate elected members' briefing both in November 2015.

This work is done in partnership with Trading Standards, Police, Community Safety and the local banks. It is noted that Trading Standards and a representative from the Royal Bank of Scotland now sit on the Adult Support and Protection Committee.

Whilst noted as ‘completed’ in terms of the setting up of the group and building on the previous work undertaken, the Financial Harm group, as a sub-group of the Committee, will continue with its work, broadening out to focus on Financial Harm by family members, partners, carers and others.

The group will also focus on implementing the Action Plan of the National Strategy which will be launched in **2016**.

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

This recommendation was raised due to the feedback from two Case Based Self-Evaluations (2013 and 2014) that independent advocacy use, and recording of use, could be improved in Dundee.

The use of advocacy has been actively promoted over the past two years within teams and there has been a small increase in the offering of Advocacy and in their attendance at case conferences.

Years	Offer of advocacy	Advocates attend case conferences
2013-14	22 (52%)	15 (36%)
2014-15	27 (68%)	16 (40%)

Dundee Independent Advocacy Service figures show some increase in new client referrals and client support but attendance at Adult Support and Protection meetings, especially Initial Referral Discussions (IRD) and Core Group meetings, is still low.

	Apr 13 to March 14	Apr 14 to March 15	Apr 15 to March 16
New Client Referrals	25	19	44
Client Support	24	38	59
IRD Meetings Attended	9	17	14
Case Conferences	9	22	29
Core Group Meetings	4	14	11
Review Case Conferences	6	24	29

The Advocacy Training available for all staff members has been reviewed and an information sheet covering the local advocacy services has been drawn up to complement the training. The revised Social Work single agency procedures, implemented in March 2016, also emphasise the important role of independent advocacy throughout the Adult Protection process: information will be required on the AP1, and also added to the Case Conference ‘agenda prompt’ for chairs and thus will be better reflected in the Minutes of meetings.

The Stakeholder’s Group feel it would be useful to pursue more consistency on how advocacy is explained and offered to service users, what information is available to them and how the uptake of advocacy can be increased across the city.

This area will continue to be monitored through single and multi-agency audits, and external ‘Minutes’ audits and reported to the Committee via the Balanced Scorecard.

Recommendation 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee. NOT COMPLETED.

The NHS has a vital role to play in adult protection however historically there were concerns about the engagement of the NHS in adult protection nationally and the small number of NHS adult protection referrals in many parts of Scotland and specifically from A&E settings. The Adult Support & Protection in NHS Accident & Emergency Settings Project was set up as a national priority.

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

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

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

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

In order to take this recommendation forward, health staff have been identified to attend key subgroups, the Early Screening Group, and the ASP Committee. Unfortunately the plan to replicate the work in Perth Royal Infirmary in Ninewells Hospital has not come to fruition as yet.

From the Community Health Partnership perspective, a Specialty Manager position in Psychiatry of Old Age (POA) services includes a lead role for ASP. They are also now a member of the Adult Support and Protection Committee.

It would be valuable to include a more overt link with Ninewells hospital and the Committee, and to re-establish the previously regular meetings with the Health Board and the Independent Convenors across Tayside in order to ensure issues in this area are fully prioritised.

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

Improving GP engagement and involvement has been slow to progress, however there are good signs and opportunities for improvements which will continue to be built on in the future.

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

- Information and education regarding the Point of contact and referral processes for ASP concerns was circulated to all GP surgeries. This was managed through the Protecting People Communications Group and included information regarding what the Dundee ASP Committee does.
- It was noted that lack of GP attendance at Case Conferences is a national problem and, given the difficulty in recruitment in this area, there does not appear to be a short or medium term solution. The National GP guidelines were reviewed in 2016.
- Locally, the four 'Cluster' GP's and clear points of contact with our GP colleagues have been identified and the Independent Convenor has established links with the Local Medical Committee. Awareness raising with Community Nurses and Midwives will also be undertaken.
- The Independent Convenor sits on a national group charged with progressing GP engagement and involvement.

The Policy, Practice and Procedures task group will be considering the current advice given to GP's Nationally and Locally to ensure these fit with the other Tayside-wide and local procedures.

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

ONGOING

Procedures for Social Work staff on the Early Indicators of Concern Tool were completed in March 2014. A three hour Workshop was developed and has since been delivered initially to 79 Social Work staff and this year two further sessions were delivered to 19 Social Work and 5 external members of staff.

An evaluation of the impact of this training on practice has been completed and the intention is to deliver this workshop to a wider relevant staff group, including residential care staff, when there is the capacity to do so. Work is currently under way beginning with consultation sessions with residential care Managers across the whole sector to look at how we can best roll this out to as wide an audience as possible.

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

also

(CBSE 2014 – Rec 8) Ensure that individuals, and their family/carers, are included and involved in all aspects of the ASP process and

(CBSE 2014 – Rec 9) Ensure minutes of meetings record the attendance of the service user/carers/advocate, or not, and if not, the reason for this. (CC management team)

ONGOING

New Social Work procedures are now in place, which cover all the recommendations from the Case Based Self-Evaluations from 2014/2015. Training for Team Managers on chairing Initial Review Discussions has been run and they are now undertaking this work.

An ASP audit format is also being developed in SW.

Previous work done on the Outcomes Framework, where the service user and their family/carers would be asked a set of questions at the end of their ASP involvement, has been reviewed. This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support.

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

Evaluation of the training ‘Roles and Responsibilities’ and ‘Early Indicators of Concern’ has been completed and the changes agreed will be incorporated into the next round of training.

The roll out of the Roles and Responsibilities training to individuals and groups outwith social work is being prioritised.

There has also been a review of the Adult Support and Protection and Advocacy training, with a new information sheet developed to use in this training.

A new framework to equip staff in key public protection partnerships with the right knowledge and skills for the protection of people in Dundee was launched on 8th December 2015. It is available to all staff and the public on www.dundeeprotects.com.

An ASP e-learning Basic Awareness course has been developed which sits within the Learning and Workforce Development framework on the website which makes it accessible to all staff members, volunteers and members of the public.

Training will continue to be evaluated on an ongoing basis.

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

The Police Risk and Concern Hub was set up in 2015 and now pre-screens Adult Concern Reports before passing to the Adult Protection/First Contact Team. Continuity of staff is helping this process consolidate and strengthen and referral pathways are being developed to assist Police personnel to signpost individuals on to relevant supports timeously where relevant.

Other concerns are discussed at the Early Screening Group on a Friday morning.

The Early Screening Protocol, which supports this process, has been completed and was ratified at ASP Committee on 24th August 2015.

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

COMPLETED

The purpose of the Early Screening Group (ESG) is to contribute to the protection of adults at risk of harm by identifying people who meet the three point test and those who have other adult concerns who are not already receiving support from community care social work services.

Where referrals relate to a person who is receiving support from community care social work services, the referral is passed to the person's active worker without waiting for the ESG, as are any clear ASP cases who are not active, which are sent directly to the First Contact Team.

Through this pro-active, multi-agency approach the agencies are committed to supporting the protection of adults in Dundee by sharing relevant information swiftly, making an initial screening assessment of the adults needs, ensuring decisions are appropriate and effective and ensuring relevant supports are identified and provided where required.

The ESG Protocol has been completed and ratified at ASP Committee on 24th August 2015. It lays out the remit and membership of the group, as well as the decision-making and recording processes.

4 SIGNIFICANT CASE REVIEWS

4.1 Significant Case Review

There have been no formal Significant Case Reviews during the last two years.

5 ADULT SUPPORT AND PROTECTION COMMITTEE SUB GROUPS

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

5.1 Financial Harm Group

The Financial Harm Group has continued to meet regularly throughout 2014-16 and has led on much of the Protecting People Communication activity with a financial harm/scams focus. To this end it has held specific awareness raising activities in a variety of areas: Public events such as the Annual June Farmer's Market Elder Abuse Awareness stall, a stall at the Celebrate Age Network event 2015 and another in the Overgate Shopping Centre on 29th April 2016, a Carer's event stall (2015), three days at the Dundee Flower and Food Festival September 2015, and also events for staff members including a 'Think Jessica' event in September 2014, a Chief Officer's Group event and a separate elected members' briefing both in November 2015.

Trading Standards has done considerable work with the local banks, creating good links for awareness raising and advice regarding financial harm. This has achieved positive outcomes, including an elderly vulnerable person not being defrauded of several thousand pounds and the apprehension of the rogue traders.

In the past six months in particular, the partners, alongside sheltered housing services, have been involved in key Police Scotland operations to disrupt financial harm crimes targeted at vulnerable older Dundee residents.

The work of this group will be ongoing and, alongside the considerable work done on scams and rogue traders, will also focus, in the next two years, on raising awareness in the community around financial harm by family members, friends, neighbours and carers.

A good case example

There was a spate of thefts and scams around specific areas of the city and the Financial Harm Group and Community Safety Partnership worked together with Trading Standards and Police to:

- Hold a meeting with Sheltered Housing Managers about the situation to discuss how to mitigate the risk
- Devise a sheet on common scams and rogue traders and share this in the area affected and then more broadly across the city at various events
- Send out a group message to all front line social care staff so they could reassure and reinforce the keep safe message to their service users
- Send information out, through the Contracts Section of the Local Authority, to all partnership agencies in the area, Day Care and Sheltered Housing complexes, which were also visited by the Community Safety Day Wardens and a worker to talk to residents about keeping safe

5.2 Stakeholder's Group

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

The first meeting was held on 14th August 2013 with a range of individuals and agencies who work with, or have access to, service users across the city. Following the work done in that meeting, a 'map' was produced and consulted on to ensure all relevant sections of the population were represented.

To ensure improved and meaningful participation by service users and carers in adult support and protection in the city through:

- Informing and raising the awareness of relevant service users and carers of the issues relating to adult protection in Dundee
- Consulting 'front-line' service users and carers on a range of topics focused on the priorities of the Committee and ensuring feedback to those giving their views
- Encouraging and facilitating service users and carers to bring relevant topics/issues to the Committee
- Influencing the work of the Committee and leading to improved policy and practice in this area
- Supporting other services by sharing good practice across the 'virtual' group

The group has met regularly over the past three years and has worked primarily with their agreed areas of concern: hate crime, self directed support and financial harm. They are also responsible for agreeing and supporting the service users who sit on the Committee.

The group devised and implemented a survey on where Dundee stands in terms of the report 'Hidden in Plain sight' which was reported to the Committee and the recommendations have been taken forward by the Hate Incident Multi Agency Partnership (HIMAP).

There was poorer attendance over 2015 and the first meeting of 2016 was a review of the group's Terms of Reference and Representation. Dates have been set across 2016.

5.3 Policy, Procedures and Practice Task Group

The Policy, Procedures and Practice Task Group met four times in the last two years and has considered the following new and revised protocols:

Scottish Fire and Rescue Protocol	Early Indicators of Concern Social Work Procedures
Large Scale Investigations	Financial Harm Strategy
Early Screening Group Protocol	Case Based Self-Evaluations 2014 and 2015
New Social Work Adult Support and Protection procedures	Biennial Report 2014-16
Revised Multi-Agency Tayside Adult Support and Protection protocol	Annual Report 2014-15
Draft NHS Tayside Adult Support and Protection Procedures.	Harmful Practices Protocols and Aide Memoirs – female genital mutilation, forced marriage, honour based violence.

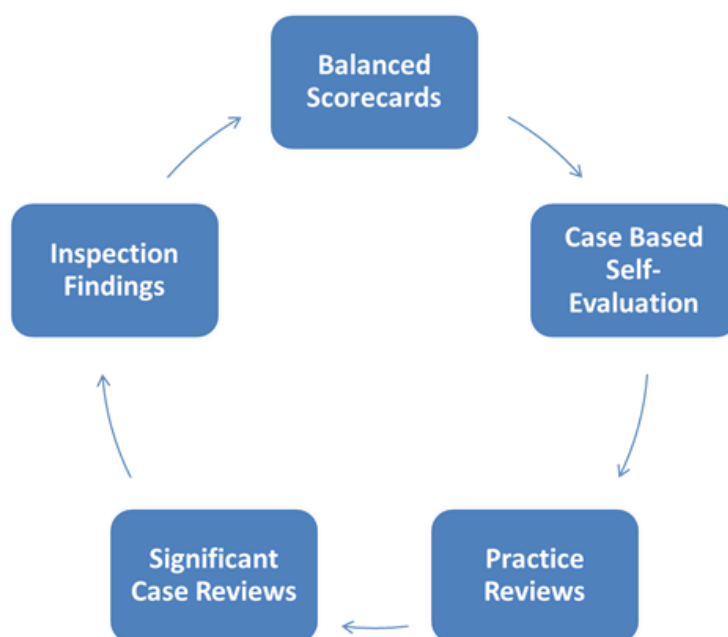
6. PROTECTING PEOPLE GROUPS

In 2013 it was agreed that three of the task groups would combine into Protecting People groups bringing together Child Protection, Violence Against Women, Multi Agency Public Protection Arrangements (MAPPA) and Adult Support and Protection for **Self Evaluation, Learning and Workforce Development and Communication and Awareness Raising**. Many of the tasks being undertaken by these previously separate groups were found to be common across all of the Protecting People work and bringing them together has rationalised staff time and focus of this work.

6.1 Protecting People Self Evaluation Group

The Protecting People Self Evaluation Reference Group (SERG) has coordinated the development of Balanced Scorecards for the 4 Protecting People partnerships of Child Protection, Adult Support and Protection, Violence Against Women and Multi Agency Public Protection Arrangements (MAPPA). These scorecards have been designed to provide the COG and respective Committees with an at-a-glance guide on strengths and areas for further enquiry or improvement in a range of key strategic themes which are common to each area.

Building on this, the group is also now focused on developing a wider Protecting People Performance Improvement Framework with underpinning documentation, processes and tools.



To date, the group has agreed an overarching framework for performance improvement activity across the 4 partnerships which extends beyond the Balanced Scorecards to include Case Based Self Evaluation, Practice Reviews, Significant Case Reviews, Reviews of External Reports, Specific Document/Process Audits and Inspection Findings/Recommendations. This will be followed by:

- A calendar of planned activities for 2016-17;
- Revised protocols and tools for conducting significant case reviews and practice reviews;
- An options paper on future approaches to multi-agency case-based self-evaluation activity.

These documents will be brought forward to the individual partnerships and the COG from June 2016 onwards. Further consideration requires to be given to the involvement of the Alcohol and Drug Partnership in the elements of the framework.

In parallel to these strategic developments the Adult Support and Protection Committee has supported two small Case Based Self-Evaluations (2014 and 2015), an audit of Social Work Minutes of IRDs and Case Conferences plus a large scale audit, some of which were Adult Protection cases.

There has been an Integrated Children's Services Inspection completed from which an Improvement Plan is being pursued, a review of Alcohol and Drugs supports undertaken and a domestic abuse/child protection case file audit is being planned for late summer / early autumn to support the introduction of the Safe & Together approach in Dundee.

Work is also progressing in relation to the balanced scorecards. Amendments have been made to the scorecards based on the feedback received at the last COG meeting. Exemplar narratives have also been developed for the scorecards focusing on areas where performance is below target / declining.

6.2 Protecting People Communication and Awareness Raising Group

The Protecting People Communication and Awareness Raising Group has continued working throughout the last two years to raise awareness of the Protecting People message in Dundee. The group seeks to:

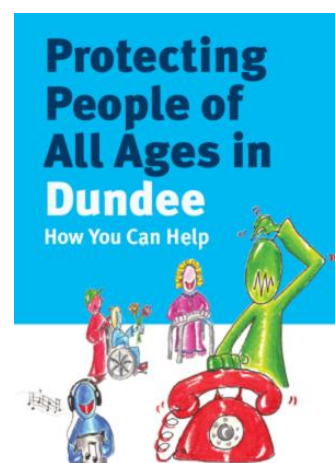
- emphasise the importance of reporting concerns;
- clarify and simplify, as far as possible, the channels for reporting concerns; and
- reassure the public about confidentiality, anonymity and that concerns are always treated seriously.



The group has a Calendar of Events across each year which includes the National and International 'Days', National and Local campaigns, and set annual events which are used to raise awareness such as the June Farmer's Market (above right) for Elder Abuse Day, and the Flower and Food Festival for the broader Protecting People message (above right). Partnerships are essential in this area and include the Celebrate Age Network, Dundee Pensioner's Forum and Police Scotland Youth Volunteers.

In October 2015 a graphic animation, which was devised from the work of the group, was circulated across Dundee and placed on websites such as Dundee Protects, NHS Tayside, Criminal Justice, Dundee City Council and others (see below). Information was sent specifically to GP surgeries in response to the survey undertaken with them.

The Protecting People of All Ages in Dundee booklet was updated in March 2016 (see below) using the same graphics.



OTHER AWARENESS RAISING/CHIEF OFFICER (COG) EVENTS

Group members were involved in the launch of the three Angus and Dundee Harmful Practices Protocols and Aide memoirs which cover Female Genital Mutilation, Forced Marriage and Honour Based Violence (see below).



In August 2015, Alexis Jay, OBE, presented two briefing sessions for Elected Members, Senior Managers and Team Managers on her Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013. As the author of the 'Jay Report', as it has become known, Alexis provided an extremely helpful summary of the main findings and recommendations. The report has informed a local action plan and the briefing sessions included an update on how this is being implemented in Dundee.

Other briefings for Elected Members have also been held covering Child Protection and Financial Harm in 2015 with two further set for 2016.

Eight Chief Officer Group briefings for staff have been produced over the last two years plus Chief Officer's Multi Agency Events for staff are held each year. In December 2014 the event was focused on Female Genital Mutilation, in May 2015, Child Sexual Exploitation, and in November 2015 the focus was Financial Harm. Each event has evaluated very favourably. The 2016 May event is a full day Protecting People Conference.

The group members have also been involved in getting the messages out about the two National Campaigns – Adult Protection 2014 and 2015, and Child Sexual Exploitation 2015.



In conjunction with Dundee Community Safety Partnership, the Protecting People Communication Group, since May 2015, has access to a Facebook page and information and messages regarding Protecting People are updated regularly.

The Chief Officers (Public Protection) Strategic Group staff briefing is also produced by the Lead Officer for the PP Communication and Awareness Raising group every two months following that meeting.

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

6.3 Protecting People Learning and Workforce Development Group



There is a strong ASP voice, knowledge and experience represented on the Protecting People Learning and Workforce Development Group and within that group we are continuing to deliver a vast range of ASP learning and development opportunities to multi-agency staff. Alongside e-learning and self-directed reading, we offer a range of face to face workshops and briefings across the whole workforce contact groups.

The Protecting People Learning and Workforce Development Group started work under the auspices of Protecting People in August 2014 although considerable work had already been progressed by the Social Work Learning and Workforce Development Team and the three Learning and Workforce Development task groups which existed previously. The Learning and Workforce Development Task Group has a good multi-agency representation although further appropriate representative/s from health, above the Alcohol and Drug Partnership attendance, are still being sought.

LEARNING AND WORKFORCE DEVELOPMENT FRAMEWORK

The Learning and Workforce Development Framework, launched on 8th December 2015, is now on the Dundee Protects website and is available and accessible to all managers and staff. The framework adapts the National Child Protection Learning and Development Framework to include competencies, knowledge and skills for adult support and protection, public protection, alcohol and drugs work and violence against women. The three levels as detailed in the Framework are: General contact workforce; Specific contact workforce; Intensive contact workforce. Through the Framework staff can access information about Learning and Development Opportunities (e.g. training, workshops, e learning, post graduate courses, self-directed reading), the expected outcomes and how they can book/access these opportunities.

All agencies involved in protecting people in the city are signed up to the new framework and will incorporate this in their own learning and development opportunities they offer to their staff. It is also available to members of the public.

A series of roadshows aimed at raising awareness were run December 2015/January 2016. Since then members of Dundee City Council Learning and Organisational Development Service have attended a range of forums within the city to promote the Framework and interactive web based tool. The Learning and Development Group will continue to lead on the development and promotion of these.

In terms of evidencing impact, it is still early days, however feedback during roadshows and presentations has been very promising, with this initiative being welcomed as a very practical innovation supporting staff and managers.

The impact the Framework and ASP learning and development is having on practice will be measured through case-based self-evaluation, case file audits, qualitative evaluations of specific learning and development opportunities and inspections. But the framework and tool is already promoting a consistency of approach to the issue of protecting people, both within and across agencies. By supporting access learning and development to meet the level of competency they need to carry out their responsibilities to protect people, it will have a positive impact upon practice and upon the lives of vulnerable people.

E-LEARNING – BASIC AWARENESS RAISING

An e-Learning Basic Awareness Raising Adult Support and Protection eLearning has been developed and is now available on the Learning and Development Framework on the www.dundeeprotects.co.uk website, which makes it accessible to all.

ROLES AND RESPONSIBILITIES BRIEFINGS

One of the priorities, emerging from the Case Based Self-Evaluation Staff Focus Groups over the previous two years, was the need to ensure external agencies had access to training, in the same way as Social Work staff. Specifically there has been a focus on ensuring the information on the Roles and Responsibilities Briefing has been widely circulated to external stakeholders.

In 2012-13 there were 163 staff briefed (109 of whom were external to Social Work) and 2013-14, 125 (70 of whom were external) making a total of 288 in that two year period.

In 2014-15 there were 113 staff briefed (82 of whom were external to Social Work) and in 2015 – 16, when the number of places was increased, there were 283 staff briefed (146 who were external) making a total of 396 staff briefed in that period. The higher number of sessions is continuing into the new Biennial period.

COURSE EVALUATIONS

Recommendation 7 of the Biennial Report 2012 – 14 was to ‘implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice’. Considerable work has been undertaken in evaluating the events and learning opportunities for staff over the last two years. This has included evaluation forms at the time of the event/training but also, using surveys and staff discussion, asking staff about changes in their practice. Two courses were evaluated in the last two years: Roles and Responsibilities and Early Indicators of Concern. Both evaluated very positively.

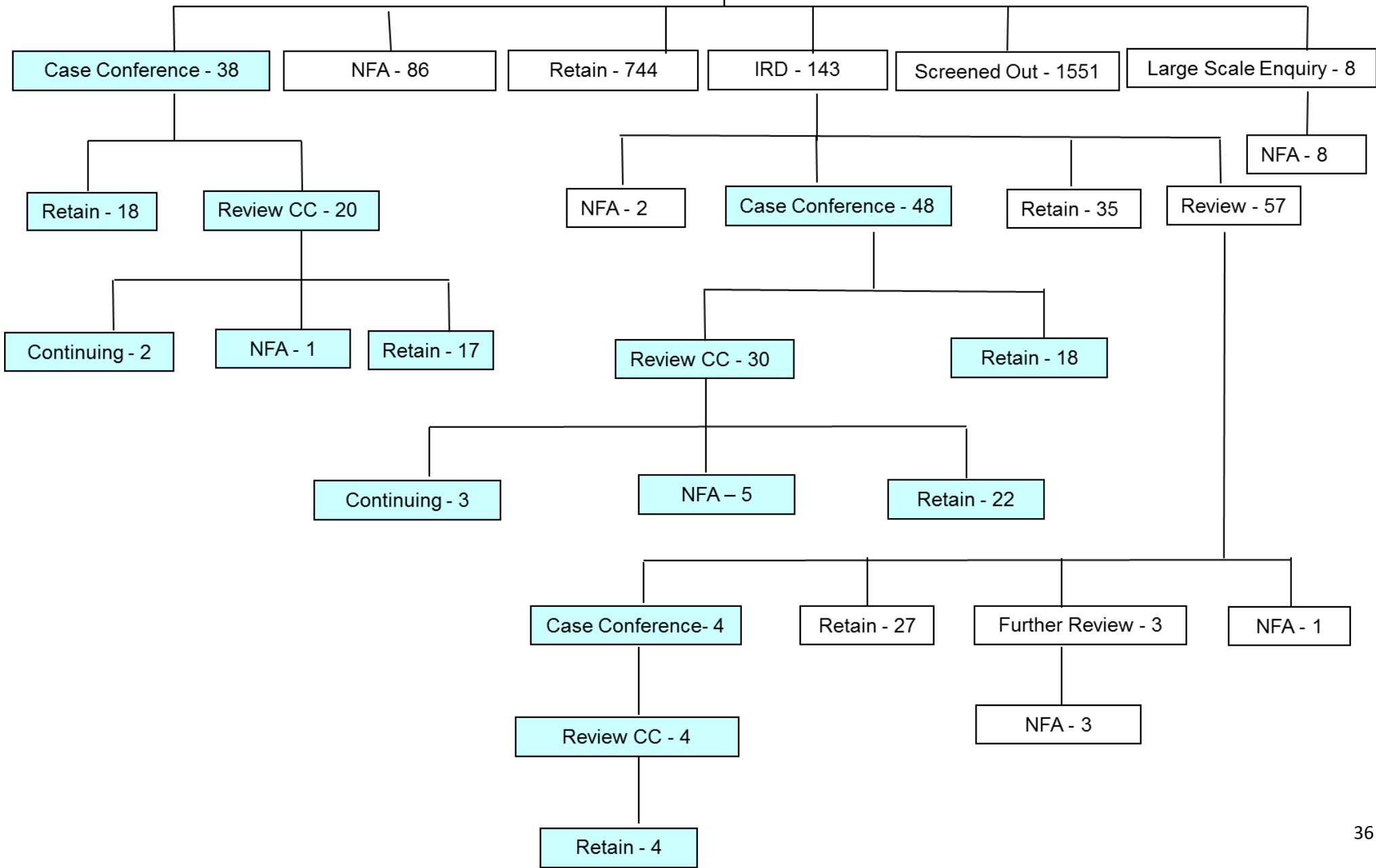
The five recommendations from the Evaluation report were agreed by the Adult Support and Protection Committee on 25th April 2016. These are to be actioned by the Protecting People Learning and Workforce Development Group.

Learning and Development Activity	Workforce Contact Group	Multi Agency	Method of Delivery	Number of participants 2014 -2015		Number of Participants 2015 -2016		Total
				Social Work Staff	External Staff	Social Work Staff	External Staff	
Protecting People Awareness	General	Yes	e-Learning	89 course available from January 2015	Not Available	205	Not Available	
ASP Awareness	General	Yes	e-learning	–	–	–	–	This course was only launched in May 2016.
Protecting People Awareness Raising	General	Yes	Workshop	60	12	91	0	163
Protecting Adults at Risk in Relation to Fire Safety	General	Yes	Briefing	31	54	41	57	183
ASP The Value of Advocacy	Specific	Yes	Workshop	21	34	31	40	126
ASP Roles and Responsibilities	Specific	Yes	Briefing	31	82	137	146	396
ASP A Human Rights Approach	Specific/Intensive	Yes	Workshop	24	20	44	47	135
Early Indicators of Concern Tool	Specific/Intensive	Yes	Workshop/ Briefing	79	3	19	5	106
ASP Investigative Interviewing	Intensive	No. (Designated Council Officers Only)	Workshop	4	Not Applicable	12	Not Applicable	16
ASP Chairing Initial Referral Discussions	Intensive	No (Social work managers only)	Workshop	–	–	13	Not applicable	13
ASP Post graduate	Post graduate	No		1	N/A	2	N/A	

7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

Recommendation 1	Ensure more effective linking and sharing information between the Committee and GP's as, despite more work having been undertaken with GP's over the past two years, this has not translated into increased referrals.
Recommendation 2	Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently.
Recommendation 3	Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. <i>(This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations).</i>
Recommendation 4	Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65<), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern: <ul style="list-style-type: none"> 4a – Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee 4b - Mental Health and; 4c – Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.
Recommendation 5	Ensure the recommendations from the Thematic report – from past Case Based Self-Evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording: <ul style="list-style-type: none"> 5a - Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users. 5b - Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences. 5c - Ensure training for wider services continues to be available, and is actively encouraged, for all services, 5d - Review and improve recording of case information
Recommendation 6	The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.
Recommendation 7	Due to the continuing rise in Police Scotland Adult Concern Reports in Dundee, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.

2014-16 Referrals - 2570



EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	18/07/2016	Committee Report Number: DIJB34-2016
Title of document being assessed:	ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S BIENNIAL REPORT 2014-16	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	Update by the Independent Convenor of the work of the Adult Support and Protection Committee.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To ensure the work of the Committee is progressing their action plan and recommendations from the previous Biennial Report (2014)	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	Biennial Report 2012 – 14 and Annual Report by Convenor 2015	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	All the task groups and the Committee itself are multi agency and the Committee has service user/carer involvement. The Committee also has a Stakeholder's Group which is made up of services working with a wide range of service users across the city.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Committee meetings every two months across the year	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Not at this time.	

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

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

Part 4: Contact Information

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

Manager Responsible	Author Responsible
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Designation: Chief Officer, Health and Social Care Partnership	Designation: Lead Officer, Adult Support and Protection Committee
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Email: david.lynch@nhs.net	Email: katrina.fannon@dundeecity.gov.uk

Signature of author of the policy: Katrina Fannon	Date: 18/07/2016
Signature of Director/Head of Service:	Date: 18/07/2016
Name of Director/Head of Service: David Lynch	
Date of Next Policy Review:	