

## **DUNDEE CITY COUNCIL**

**REPORT TO:** SOCIAL WORK AND HEALTH COMMITTEE – 28 OCTOBER 2013

**REPORT ON:** ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S FIFTH YEAR REPORT

**REPORT BY:** DIRECTOR OF SOCIAL WORK

**REPORT NO:** 418 – 2013

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Social Work and Health Committee that the Independent Convenor of the Adult Support and Protection Committee has produced his Fifth Year Report April 2012 –September 2013, and to inform Committee Members of the key progress and ongoing issues from the recommendations highlighted in the last Biennial Report.

### **2.0 RECOMMENDATIONS**

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

- 2.1 Note the contents of the Independent Convenor's Fifth Year Report which is attached to this report as an appendix.
- 2.2 Note the progress that has been made since the Biennial Report in 2012 in developing an effective partnership response to adult support and protection issues in the city.
- 2.3 Note the Independent Convenor's recommendations as outlined in Section 10 of the Report and paragraph 4.5 below.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 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, with Professor James Hogg appointed as the Committee's Independent Convenor.
- 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 including the progress made in Dundee in protecting adults at-risk of harm and two such biennial reports have been submitted to date. In between Biennial Reports, as agreed, the Independent Convenor produces a report for the Social Work and Health Committee. This 'Fifth Year' report is organised around the themes and recommendations from the last Biennial Report 2012.
- 4.3 The Adult Support and Protection Committee has continued to make progress over this period, developing both local and national policy and practice. While maintaining its local focus, its activities are increasingly being conducted with reference to the Scottish Government's national framework and priorities, and the public protection strategy initiated by Dundee Chief Officer Group (Care & Protection).
- 4.4 Areas specifically updated in the Fifth Year Report are adults at risk, their carers and representatives, management information, significant case reviews, public information, management of services and staff, communication and cooperation between agencies, training and staff development and formal evaluation.

4.5 The report emphasises the substantial progress made over the past five years in implementing the requirements of the *Adult Support and Protection (Scotland) Act 2007*. This progress is ongoing, and recent developments since the Independent Convenor's Second Biennial Report to the Scottish Government (2012) are reviewed in detail. Recommendations made in that report are reiterated and significant progress in their implementation reported. Key challenges are noted, particularly in relation to increasing the involvement of those at risk of harm, their carers and representatives in adult protection in the city, increasing public awareness of adult protection issues, preventing financial harm and improving data collection and evaluation. Attention is drawn to the very positive response of the Minister for Public Health to progress in Dundee as reported in the Second Biennial Report to the Scottish Government.

## **5.0 POLICY IMPLICATIONS**

5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty and Equality Impact Assessment.

5.2 An Equality Impact Assessment is attached to this report.

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

**Jennifer G Tocher**  
**Director of Social Work**

**DATE: 16<sup>TH</sup> OCTOBER 2013**

## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

<b>Is this a Rapid Equality Impact Assessment (RIAT)?</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Is this a Full Equality Impact Assessment (EQIA)?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Date of Assessment:</b>	23/09/13	<b>Committee Report Number:</b>	418-2013
<b>Title of document being assessed:</b>		ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S FIFTH YEAR REPORT	
<b>1. This is a new policy, procedure, strategy or practice being assessed</b> (If yes please check box) <input type="checkbox"/>		<b>This is an existing policy, procedure, strategy or practice being assessed?</b> (If yes please check box) <input checked="" type="checkbox"/>	
<b>2. Please give a brief description of the policy, procedure, strategy or practice being assessed.</b>		Update by the Independent Convenor of the work of the Adult Support and Protection Committee.	
<b>3. What is the intended outcome of this policy, procedure, strategy or practice?</b>		To ensure the work of the Committee is progressing their action plan and recommendations from the previous Biennial Report (2012)	
<b>4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.</b>		Fifth year report by Convenor	
<b>5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.</b>		All the task groups and the Committee itself are multi agency and have service user/carer involvement..	
<b>6. Please give details of council officer involvement in this assessment.</b>  (e.g. names of officers consulted, dates of meetings etc)		Committee meetings across the year	

<p><b>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</b></p> <p>(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?)</p>	<p>Not at this time.</p>
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**Part 2: Protected Characteristics**

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

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

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

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

### Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></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><b>2. Have any negative impacts been identified?</b></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><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>n/a</p>
<p><b>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?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>n/a</p>
<p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></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><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Task groups report to every committee. Reports are completed annually and biennial reports go to Scottish Government.</p>

**Part 4: Contact Information**

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

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<b>Signature of author of the policy:</b>	Katrina Finnon	<b>Date:</b> 23/09/13
<b>Signature of Director/Head of Service:</b>	Laura Bannerman	<b>Date:</b> 23/09/13
<b>Name of Director/Head of Service:</b>	Jenni Tocher	
<b>Date of Next Policy Review:</b>	September 2014	

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

## **Independent Convenor's Fifth Year Report to the Dundee City Council Social Work and Health Committee**

**April 2012-September 2013**



**Prepared by Professor James Hogg**

**Independent Convenor**

**September 2013**

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As Independent Convenor of the *City of Dundee Adult Support and Protection Committee*, I would like to express my gratitude to all colleagues in all the agencies involved in this enterprise to ensure that adults at-risk of harm in the city are fully supported and protected. Their commitment, thoughtfulness and hard work have been highly impressive, and my role would be a very difficult one without their input. However, the use I have made of their material and the judgements arrived at in this report are entirely my responsibility.

Professor James Hogg

Independent Convenor

City of Dundee Adult Support and Protection Committee

September 2013



## **1. Introduction and context**

The context in which Dundee protects and supports its citizens who are at risk of harm has developed significantly over the five years since the committee was established in July 2008. The work of the committee has been described in the two biennial reports required under the *Adult Support and Protection (Scotland) Act 2007* (the Act). The ministerial response to both reports was highly positive and the relevant letters have been communicated to the *City of Dundee Social Work Committee* and partner agencies. The ministerial response to the 2010-2012 biennial report is presented in Appendix A.

At national level, the work of the *Scottish Government*, the *National Adult Protection Convenors Committee* and more recently, the *Adult Support and Protection Forum*, has placed local practice more clearly within a national framework leading to greater consistency across the country. Those working in Dundee have contributed actively to the identification of key issues and participated fully in this process. Within the city the *Chief Officer Group (Care and Protection)* has initiated a public protection policy aimed at greater integration of the protection of children and young people and adults at risk of harm, as well as the prevention of violence against women and the work of the Multi Agency Public Protection Arrangements . This initiative increases the efficiency of adult protection interventions but, importantly, places the work in a more integrated framework.

Within these wider frameworks, the *Dundee Adult Support and Protection Committee (DASPC)* and the *Adult Support and Protection Team* have continued to meet the requirements of the Act, improving practice and advancing the service. Four task groups work to the DASPC dealing with *Self Evaluation, Learning & Workforce Development, Policy, Practice and Procedures* and *Communication*. All continue to make significant contributions to realising local and national policy.

A review of the work of the committee and its task groups has been initiated and will be considered in coming meetings.

## **2. Adults at risk, their carers and representatives**

In the 2012 Independent Convenor's Biennial report we drew attention to the fact that carers and those protected under the Act were at the heart of the city's adult protection activity. However, it was also noted that much fuller involvement in this activity was called for, and a recommendation was made to increase the active engagement of stakeholders:

### **2012 Biennial Report Recommendation 1:**

An adult support and protection stakeholder group should be formed, properly prepared and with a clear remit as to its role and relationship to the *DASPC*.

**Aim:** To ensure improved participation by relevant stakeholders in adult support and protection in the city leading to improved policy and practice in this area in the city.

**Action:** The *Policy, Practice and Procedures Task Group* should identify relevant stakeholder groups, develop the group's remit and prepare an induction programme for the group.

Consideration has been given to stakeholder involvement in the period following the second biennial report. The first meeting of stakeholders was held on 14<sup>th</sup> August 2013 with a range of different individuals and agencies who work with or have access to service users across the city represented. Following the work done in that meeting, a 'map' was produced and consulted on to ensure all relevant sections of the population were represented. A second meeting is planned for 4<sup>th</sup> October 2013 to further progress and draft the group's role, remit and relationship to the *ASPC*. This will be presented to the committee on 17<sup>th</sup> October 2013.

### **3. Management information**

Referrals of cases of alleged harm that are assumed to fall within the terms of the Act have increased significantly over the past three years. The range of sources of referrals includes nursing and care homes, relatives and friends and social workers. As noted in our 2012 biennial report, however, the increase arose principally from a more than doubling of referrals from *Tayside Police* (now *Police Scotland (Tayside Division)*). We drew attention to the need for more effective filtering of cases that do not meet the required criteria set out in the Act. In line with national observations, *NHS Tayside* made a low number of referrals, a state of affairs also requiring fuller consideration. Recommendations were made with respect to both referral issues:

**2012 Biennial Report Recommendation 2:**

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

**Aim:** To ensure that the response to referrals of adult protection cases is not impeded by time consuming filtering of cases requiring other support.

**Action:** *Tayside Police* and *Dundee Social Work Department* should develop a mutually agreed referral process that ensures filtering of cases that meet or do not meet adult support and protection criteria.

Following discussions in August 2013, a process is being piloted over a three months period initially to consider *Adult Concern Reports (ACR)* which are not already open cases in a multi-agency setting at a weekly meeting. At the end of the pilot period, a report will go to the ASP Committee in December 2013 with proposals for improvement.

**2012 Biennial Report Recommendation 3:** *NHS Tayside* should review the extent to which frontline staff understand their responsibilities under the Act and are clear on the obligation to refer cases in which alleged or actual harm has been observed, and understand the process by which this should be undertaken.

**Aim:** To ensure *NHS Tayside* frontline staff of all grades identify and respond appropriately to incidents, alleged and actual, of harm to adults at risk.

**Action:** *NHS Tayside Adult Support and Protection Implementation Group* to review the knowledge and procedural understanding of NHS staff's responsibilities under the Act and take additional action to increase referral activity.

With respect to collaboration with *NHS Tayside*, joint meetings between the three Tayside independent convenors (Angus, City of Dundee and Perth & Kinross) have continued on a biannual basis. The specific recommendation regarding NHS referrals and hence fuller participation in multi-agency collaboration was as follows:

The recommended activity has been undertaken through *NHS Tayside's LearnPro* training with 500 staff trained to date. Updated copy of the future training plan with projected dates for further training in all areas of Angus, Dundee and Perth & Kinross has been made available to the independent convenors. In addition, a *Safe & Sound* DVD is now available to all staff to access on *Staffnet*.

An issue of direct concern to stakeholders is the assessment of risk as individual choice becomes more of a reality as the *Self-Directed Support (Scotland) Act 2013* is implemented. This issue has been discussed by the *ASPC* and will be progressed through a presentation on the issue to the *ASPC* in October 2013 by Avril Smith-Hope (Service Manager, Community Care)..

#### 4 Significant Case Reviews

Protocols for convening and conducting a *Significant Case Review (SRC)* and *Practice Review* are in place. Over this period, there was one Initial Case Review discussion held with the decision taken that an *SCR* was not merited as the case did not fit the necessary criteria. A *Protecting People Protocol for Conducting a Significant Case Review* has been agreed also which covers adult protection cases.

## 5 Public information

The importance of public awareness and action in response to harm to adults at risk is fully acknowledged by the ASPC and the *Communications Task Group* has continued to develop a wide range of initiatives to ensure the citizens of Dundee become as acquainted with adult protection issues as they are with child protection. Of particular note was the involvement of committee members and professional staff in bringing the *International Elder Abuse Day* (June 15 2012) to the attention of Dundonians. This was undertaken in collaboration with a range of organisations concerned with older people. On the day 41 members of the public took part in a survey on their understanding of adult protection in terms of older people, and what action they would take if they had a concern.

Two questions were also placed in the *Dundee Citizen Survey 2012* concerning knowledge of Council procedures regarding adult protection and whom to contact if there was a concern. The report on the survey noted: “*Respondents were asked for their opinions on a couple of statements regarding vulnerable adults. 36% were aware that the Council had procedures in place to respond to situations where vulnerable adults might be at risk of harm. Four in 10 respondents (40%) said they would now who to contact if they had concerns that a vulnerable adult was at risk of being abused. Analysis by age reveals that respondents aged 35 to 64 were significantly more likely to be aware of the Council’s procedures in responding to situations where vulnerable adults may be at risk of harm (44%). This age group was also the most likely to know who to contact should they have any concerns about a vulnerable adult (47%).*”<sup>1</sup> (p.63). These data are important as they give us a baseline against which to measure the effectiveness at a future date (2014) of the adult support and protection communication strategy.

Adult Protection information was also provided at the *Dundee Flower and Fruit Festival* in both 2012 and 2013, as part of the *Protecting People* stand. Over 700 adults and children were seen over the 2013 three day event. This will continue to be an annual commitment.

An area of particular concern locally and in terms of national priorities set by the *Adult Support and Protection Forum* is that of financial exploitation of vulnerable individuals. In our 2012 biennial report we made the following recommendation:

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<sup>1</sup> Dundee City Council (2012) Citizen Survey 2012. Dundee: Dundee City Council.

**2012 Biennial Report Recommendation 4:** A strategy should be developed to involve all relevant financial and related institutions in Dundee in order to enable them to identify examples of financial exploitation of adults at risk and take appropriate action when such exploitation is suspected.

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

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

Financial Harm has been identified national as the single biggest risk to adults at risk of harm, with the most significant factor in this a failure to share information. Initial work was started on developing this strategy with a national initiative being undertaken in parallel. Locally, the focus has been on raising awareness and building capacity in adults to protect themselves. This has included an initiative on 'see off scams' linked to the *Community Safety Partnership*, and an older people's drama production launched in Mid Craigie which included a scenario on financial harm. The group now plan to present the drama to local sheltered housing, lunch clubs and other facilities. A DVD is being developed from the production which can be used with older people on a one-to-one basis.

Introductory letters were sent to all Post Offices and an awareness raising workshop was run for staff in the Ward Road Post Office. In addition, financial harm is included in the Basic Awareness Level training for multi-agency staff.

Focus groups have been held with staff members in the *Dundee Social Work Department*. The findings from these indicate that:

- more guidance is needed for practitioners, including a flowchart on the sequence of actions to be followed
- the *Department of Work and Pensions* should identify a named person with good knowledge of the ASP legislation to whom staff can direct enquiries
- work needs to be done to reduce the length of time that capacity assessments take
- financial institutions need to accept their responsibilities and ensure their staff are trained.

These findings were reflected more broadly in a *Scottish Government* event held on 20<sup>th</sup> September 2013 which brought together public and private sector managers, and from which a national strategy will be developed. Locally, a small group, involving staff from *Trading Standards*, the *Police* and the Lead officer for ASP will meet in October 2013 to develop further the local strategy for consultation with the *ASPC* and the *Community Safety Partnership*.

## 6. Management of services and staff

As noted in the previous biennial report, the delivery of adult support and protection processes in Dundee is administered by a team of three staff who arrange adult support and protection meetings, administer referrals, minute meetings and collate performance data. This team has been fully staffed for the duration of the period covered by this report and has worked efficiently, flexibly and effectively in delivering these key supporting tasks. A Lead Officer for the ASP Committee came into post in July 2013.

A review of adult support and protection procedures informed by experience of operating these procedures over a four year period has been completed. At present the implications of the recent *Scottish Government* revision of the *Adult Support and Protection Code of Practice* are being considered by the ASPC and professional staff and may also impact on our own revision of the operating procedures.

## 7. Communication and cooperation between agencies

A central provision of the Act is the obligation of named statutory agencies to collaborate in adult support and protection activity. Interagency collaboration can be considered at a number of levels of this activity. In terms of practice, the contribution of key agencies to the work of the four task groups is essential, and has been demonstrated in large measure in Dundee. With respect to individual cases, good cooperation has been reported, supported by data on attendance at Initial Referral Discussion (IRD) or Case Conferences.

Positive partnership working has been demonstrated between a range of agencies and sectors in Dundee. Attendance of healthcare staff at adult protection meetings has been encouraging, as was that of staff from care homes and care at home providers from the independent sector, which recognised the contribution that it can make to meetings. Similarly, the level of specialist input from legal services, Mental Health Officers and specialist doctors and consultants is positive and welcome.

An initial meeting was held with the *Scottish Ambulance Service* on 22<sup>nd</sup> August 2013 with a follow up planned for 25<sup>th</sup> November looking at awareness raising and training for their staff, and clarifying referral routes.

GP attendance at adult protection meetings was extremely poor. This reflects the national situation with respect to such attendance, an issue on which the *Scottish Government* is at present consulting. In the report's recommendations, the need for support for GPs to contribute more fully to adult support and protection is advised. In contrast to most GPs, *Tayside Police Public Protection Unit* when unable to



attend meetings provided a verbal or written report when they have information that is relevant to the discussions.

In the light of this situation the following recommendations was made:

**2012 Biennial Report Recommendation 5:**

**Aim:** To provide support to engage GPs more fully in safeguarding adults at risk of harm enabling their important contribution to be realised.

**Action:** As part of its ongoing commitment to developing the contribution of health services to adult safeguarding, *NHS Tayside Adult Support and Protection Implementation Group* should undertake this work in the framework of existing agreements.

As elsewhere in Scotland, progress in this area is limited. At present discussions are underway with *NHS Tayside* to facilitate GP representation on the *ASPC*.

It is important to note that all four ASP task groups have multi-agency representation and provide important forums for multi-agency communication and collaboration. In addition, we would draw attention to the excellent multi-agency working taking place in relation to staff learning and development (section 8, below) and self evaluation (section 9, below).

## **8. Training and staff development**

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

The task group continues to be responsive to and deliver on recommendations and requests from a range of sources. Examples of these are:

- Almost all Council Officers have now undergone Investigative Interviewing Training and we are looking to provide annual refresher course for them.
- Chairing Adult Support and Protection Conferences Training will be taking place in October 2013.
- In response to the recommendation from the 2012 self evaluation exercise and in collaboration with *Dundee Independent Advocacy Service*, which delivers the Briefing on the Role of Advocacy in ASP, changes were made which were aimed at increasing further the use of advocacy services to support adults at risk throughout the ASP processes.

Table 1 gives an overview of some ASP Learning and Development for the period of this report.

**Table 1: Overview of adult support and protection learning development April 2012-September 2013**

Learning & Development Activity	Level	Multi Agency	Method of Delivery	Number of Participants
Protecting People Awareness Training	2	yes	1 day training	168
Roles and Responsibilities (ASP)	2	yes	90 minute briefing	109
Role of Advocacy in ASP	3	yes	2 hour workshop	82
Chairing ASP Case Conferences	3	No	3 hour workshop	6 ( October 2013)
Human Rights approach to ASP	3	yes	3 hour workshop	111
Dementia awareness	2	yes	1 day training	62
ASP Investigative Interviewing	3	no	2 days training	74
Protecting People Awareness (Induction SW)	1	no	90 minute briefing	56
ASP Post Graduate Course	3	yes	1 year distance learning	6
Post Graduate (MHO Award	3	no	10 months Unit study & placements	2

**Multi-Agency Initiatives:** Unless the learning and development activity is role specific (e.g. chairing case conferences), they are open to all partner agencies. Staff from different agencies are attending these activities. The ASP Roles and Responsibilities training is a joint initiative with *Police Scotland* and the *Social Work Department* and has good multi-agency attendance. Another joint initiative is having an impact on practice in terms of a significant increase in referrals to the *Fire and Rescue Service* for home

fire safety checks. This is the 90 minute briefing delivered to multi-agency staff by *Fire and Rescue Service* staff. Meetings have recently taken place with *Tayside Ambulance Service* and this may lead to further joint initiatives in multi-agency ASP learning and development. However on-going work by the Task Group and the Committee is needed to identify ways within their own agencies to improve attendance figures for most of the learning and development activities.

The identified national priorities of addressing financial and institutional harm, although included in induction material and protecting people awareness session, will need further attention once the national strategies become available. It is expected that any initiatives in response to these priorities will involve considerable multi-agency collaboration.

**Evaluation:** Self evaluation at the end of all of the learning and development activities records a perceived increase in knowledge and confidence by a significant majority of participants. However being able to evaluate and report on the impact of such activity on practice is the task group's aim and should be incorporated into the overall self evaluation of ASP. We are currently organising sending a *Survey Monkey Questionnaire* to everyone who has attended the ASP role of advocacy briefing to find out if they have involved advocacy services in ASP cases since attending the briefing. The resource and capacity issues to enable the regular evaluation of the impact on practice of ASP learning and development activity has been communicated to the ASP Committee for consideration.

**Protecting People Learning and Development Framework:** Much of the focus of work over the period of this report has been the development of a protecting people learning and development framework. In the *Social Work Department* we have been mapping current learning and development activities for Child Care & Protection, Adult Support & Protection, Violence Against Woman and Multi Agency Public Protection Arrangements to this framework. Work is also underway to develop a web based resource on the *Dundee Protects* website with access for all agencies. This will enable managers and staff to identify the learning and development they require to meet their responsibilities within their role for protecting people. The launch of this framework is taking place at a multi-agency event on the October 18 2013. All agencies representatives will be also be expected to map their protecting people learning and development activity to the framework and develop an action plan as to how they will promote and implement the framework within their own agencies, reviews, *Mental Welfare Commission* reports and current research. *NHS Tayside* has collaborated in, and contributed to, adult support and protection training in relation to both *NHS* staff and partner agencies.

The range and quality of training and staff development continues to be impressive. As with publicity campaigns described in section 5, however, there remains a real need to evaluate thoroughly the outcome of such work, a development which as shown above has already started..

## 9. Formal evaluation

Over the period of implementation of the Act in Dundee evidence has accumulated of considerable success in responding to cases of alleged harm to individuals at risk. The evaluation information,

however, needs to be integrated into a more coherent strategy. In the light of this situation, therefore, the following recommendation was made.

**2012 Biennial Report Recommendation 6:**

That a comprehensive approach to the evaluation of adult support and protection activity should be developed and implemented.

**Aim:** Current practice is progressively improved and individual at risk of harm are better safeguarded.

**Action:** The *Self-evaluation Task Group* formulate the evaluative strategy in collaboration with the other three task groups and report on its implementation and progress to the *DASPC*.

In September 2012, the partnership carried out an Adult Support and Protection, Self-Evaluation Exercise using the "*Self-Evaluation of Adult Support and Protection Activity in Scotland; Resource Handbook*" developed for the *Scottish Government* by the *University of Dundee*.

The exercise benefitted from the participation of representatives from the *Social Work Department*, *NHS Tayside*, *Tayside Police*, *Tayside Fire and Rescue Service*, the *Housing Department* and voluntary sector, including advocacy services. ASP interventions were reviewed in relation to 11 adults who had been deemed '*at risk of harm*' and the process involved evaluation of a range of agencies' case files, as well as focus groups and interviews with some of the adults concerned.

The self-evaluation exercise focussed on four quality indicators from the '*Resource Handbook*', relating to;

- 'Is the adult safer as a result of our activity?'
- 'How well do we meet the needs of the adult and their carer/family'
- 'How good is service delivery for adults and their families'
- 'Quality of policy, service development, planning and performance management'

The evaluation evidenced effective ASP practice in Dundee. It confirmed that appropriate, timely and proportionate interventions were taking place, delivering positive outcomes for adults at risk. It demonstrated a strong commitment to collaborative working across the partner agencies, with evidence of accountability and shared decision-making. In addition, some areas for improvement were identified with respect to:

- recording practices
- the use of chronologies

- adherence to procedural timescales
- the need for more explicit risk assessments and protection plans.

It was also evident that staff in some agencies could develop a better understanding of the processes, their role in reporting risk and their contribution to formal ASP meetings. A range of actions are being advanced to achieve improvements in these areas.

A further self evaluation exercise is being planned for the end of November 2013 and this will consider the same four quality indicators and identify whether improvements can be evidenced.

Closely related to comprehensive evaluation is the need for an approach to data collection and report generation that is considerably more organised than at present. For this reason a further recommendation was made as follows:

#### **2012 Biennial Report Recommendation 7:**

An appraisal of the feasibility of developing a system of recording and report generation for adult support and protection data should be undertaken.

**Aim:** To ensure that monitoring of the effectiveness of adult support and protection activity and its outcomes can be undertaken economically and reports to the *DASPC* and to the *COG* provided in the most economical way.

**Action:** The *Self-evaluation Task Group* consult with local colleagues on the availability of data collection and report generation software and expertise and assess the feasibility of employing such a system in relation to adult support and protection information.

This recommendation has yet to be implemented. However, specification of an adequate dataset continues to be reviewed influenced by requirements at a national level emanating from the *Scottish Government*.

## 10. Conclusions, recommendations and future plans

The considerable progress between July 2008 and April 2012 in adult support and protection in Dundee is reviewed in the 2012 biennial report. In relation to the recommendations made in that report we have evidence of good progress made since the latter date. However, it is clear that considerable work still needs to be undertaken to realise them fully, and a concerted effort is needed in the period up to the production of the third biennial report for October 2014.



**Appendix A: Ministerial letter in response to Independent  
Convenor's Second Biennial Report**

29 MAR 2013

Minister for Public Health  
Michael Matheson MSP

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James Hogg  
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Our Ref: Biennial Reports 2012

13 March 2013

Dear Mr James Hogg,

Thank you for submitting the report of Dundee Adult Support and Protection Committee (APC). The role of the APC is vital in ensuring the effective delivery of adult protection activity across Scotland and I am very grateful to you and your fellow committee members for all the hard work and commitment you have contributed to enable the adult support and protection work to move forward significantly over the past 2 years.

As you know, reflecting its ongoing role in strategic adult protection, the Scottish Government has agreed with the Adult Protection Forum five priority workstreams that will form the focus of work going forward for both the forum and the APCs. These priorities are: financial harm, adult protection in accident and emergency departments, adult protection in nursing and care homes, service user and carer involvement and data collection. In analysing the reports from all the APCs it has been gratifying to see the progress that has been made already in these areas, which in turn has been making a positive impact on adults in Scotland that are at risk of harm and in need of support.

In your own area, it is encouraging to see the good level of communication and cooperation between agencies working in the field of adult protection. And a very welcome development is the expertise of the APC benefitting the development of a protocol for adult victims of human trafficking.

The progress made in training in your area is significant. I was pleased to see that adult support and protection training and awareness raising is becoming embedded within staff inductions, which is an excellent way to spread knowledge of this important work. I was also particularly pleased to note that service users have been involved in the development and delivery of training materials which is clearly of benefit to all concerned.

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On financial harm I look forward to learning how the proposed strategy has assisted in making progress on this matter and I would hope that the work with local financial services will prove useful.

The work on awareness raising of adult protection issues in the Dundee area is to be highly commended. A diverse and imaginative approach, from television adverts to a play touring community venues, specific groups being targeted to receive awareness raising and a question in the next Dundee citizen survey can all only be of benefit to the community we are all seeking to protect.

There is much to be commended in the work of your committee over the past couple of years but as I would expect you are keen to ensure ongoing improvement and I am encouraged to read of the progress you are aiming to achieve over the coming months.

Thank you again for your hard work and my best wishes to you and your committee as you continue to face the challenges in adult support and protection work over the next couple of years.

Yours sincerely,



**Michael Matheson**