

DUNDEE CITY COUNCIL

REPORT TO: POLICY AND RESOURCES COMMITTEE - 10TH SEPTEMBER 2012

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

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 324 - 2012

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Policy and Resources Committee that the Independent Convenor of the Adult Support and Protection Committee has produced his Biennial Report for the Scottish Government for the period April 2010 - March 2012, and to inform Committee Members of the key considerations highlighted in the Biennial Report.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of the Independent Convenor's Biennial Report.
- 2.2 Note the progress that has been made in developing an effective partnership response to adult support and protection issues in the city.
- 2.3 Note the Independent Convenor's recommendations as outlined in paragraph 4.2.12 below.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs to Dundee City Council of developing the services and infrastructure necessary to implement the Adult Support and Protection (Scotland) Act 2007 have been met from the Social Work Department's revenue budget which includes £438,000 for each of the two years covered by the Independent Convenor's Biennial Report.

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 and more widely the progress made in Dundee in protecting adults at-risk of harm. The Biennial Report is organised around a number of themes agreed by the National Adult Protection Convenors' Committee and the following section of this Committee Report summarise its main points.

4.2.1 *Introduction and Context*

The Adult Support and Protection Committee has made significant progress over this period, developing both policy and practice. While maintaining its local focus, its activities are increasingly being conducted with reference to the Scottish Government's national framework and the public protection strategy initiated by the Dundee Chief Officer Group (Care & Protection).

4.2.2 *Volume of Cases*

There has been a substantial increase in referrals between 2010-2011 and 2011-2012. These come from a variety of sources including service providers, family members, and in a small number of cases, members of the community. The most significant increase in the number of referrals come from Tayside Police. However, many of these do not meet the criteria for an adult at risk of harm as defined by the Act and the Police and Social Work Department are giving consideration to how such referrals can be filtered out of Adult Support and Protection processes, while still attracting an appropriate response. In contrast, the Convenor's view is that NHS Tayside is under-reporting alleged harm.

4.2.3 In both years covered by the report, cases progressing to a Case Conference increased with age with the largest proportion being 75+ years. The predominant types of harm recorded varied across the two years though, with financial, physical and psychological harm predominating. However, sexual harm, self-neglect and self-harm were all matters of concern.

4.2.4 Harm was perpetrated in the full range of care settings as well as in the community, including family homes. With respect to the source of harm, the largest single category was self-harm, though in line with other evidence, trusted people close to the individual constituted a significant source, i.e. the spouse or partner, a parent or other family member or friend or associate.

4.2.5 *Effectiveness*

Evaluations of the extent to which adults at risk of harm feel safer and have an improved quality of life as a result of adult protection support are very positive. However, as noted below, more thoroughgoing evaluation is called for.

4.2.6 *Protection Orders*

Three types of Protection Orders are available under the Act. Only Banning Orders were imposed, with Assessment and Removal Orders considered but not employed. Over the two years, nine Banning Orders were employed to protect six individuals. In general, these orders were effective in protection individuals by preventing the source of harm coming into contact with the individual. While Assessment Orders and Removal Orders were considered, these were not pursued.

4.2.7 *Independent Advocacy*

The availability of independent advocacy and representation during adult protection activity has increased four-fold over the two year period, a welcome development from the perspective of both stakeholders and professionals.

4.2.8 *Interagency Working*

A central requirement of the Act is that statutory agencies work together to protect adults at risk of harm. Such collaboration has, in large measure, been achieved in Dundee, and over the past two years has been evident in the work of the Adult Support and Protection Committee and in cases involving protection.

4.2.9 *Public Awareness*

Public awareness in relation to adult protection lags far behind that of child protection. Given that most harm occurs in the community, often by people in trusted relationships with the victim, or through self-harm, increasing such awareness is key element of the Adult Support and Protection Committee's strategy. Several active campaigns have been conducted in the city, and evaluation of outcomes is being explored.

4.2.6 *Training and Staff Development*

Initiatives to increase awareness and good practice in relation to adult support and protection have been highly impressive and demonstrate continuous improvement. Such initiatives are conducted by all agencies and on an interagency basis and key stakeholders have also contributed to training. Fuller evaluation of the effectiveness of this work is called for.

4.2.7 *Evaluation and Data Collection*

The Convenor highlights the need for more evaluation of adult protection activity and better integration of evaluation across the different areas noted above. Monitoring and reporting would both be improved by more sophisticated data collection and report generation.

4.2.8 *Recommendations*

The report concludes with seven recommendations aimed at improving the protection of adults at risk of harm in the city, as follows;

- **Recommendation 1:** An adult support and protection stakeholder group should be formed, properly prepared and with a clear remit as to its role and relationship to the Adult Support and Protection Committee.
- **Recommendation 2:** Tayside Police and Dundee Social Work Department should agree a process of referral and receipt of referrals that clearly differentiates cases that meet the three criteria defining an adult at risk of harm under the terms of the Act, from those involving other adult concerns.
- **Recommendation 3:** NHS Tayside should review the extent to which frontline staff understand their responsibilities under the Act and are clear on the obligation to refer cases in which alleged or actual harm has been observed, and staff should understand the process by which this should be undertaken.
- **Recommendation 4:** A strategy should be developed to involve all relevant financial institutions in Dundee in order to enable them to identify examples of financial exploitation of adults at risk and take appropriate action when such exploitation is suspected.
- **Recommendation 5:** Support should be provided to enable GPs to engage in and become more fully involved in safeguarding adults at risk of harm.
- **Recommendation 6:** A comprehensive approach to the evaluation of adult support and protection activity should be developed and implemented.
- **Recommendation 7:** The feasibility of developing an adult support and protection data collection and report generation system be explored.

5.0 **POLICY IMPLICATIONS**

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

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website www.dundee.gov.uk/equanddiv/equimpact/.

6.0 CONSULTATIONS

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

7.1 Dundee City Council, Adult Support and Protection Committee, Independent Convenor's Biennial Report to the Scottish Government.

7.2 Equality Impact Assessment.

Alan G Baird
Director of Social Work

DATE: 14th August 2012

City of Dundee Adult Support
& Protection Committee

Independent Convenor's Biennial Report to the Scottish Government

April 2010-March 2012



City of Dundee Adult Support &
Protection Committee

Independent Convenor's Biennial Report to the Scottish Government

April 2010-March 2012

This report has been prepared to meet the requirement
set out in Section 46 of the Adult Support and Protection
(Scotland) Act 2007



Prepared by Professor James Hogg
Independent Convenor

August 2012

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- * The appendices to this report are available as a separate document
On the Dundee Adult Support & Protection website:
<http://www.dundeeprotectsadults.co.uk/>

Acknowledgements

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

August 2012



Summary

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 past two years, from April 2010 to March 2012. At national level, the work of the *Scottish Government*, the *National Adult Protection Convenors Committee* and more recently, the *Adult Support and Protection Forum*, have placed local practice related to the *Adult Support and Protection (Scotland) Act 2007* (the Act) into a framework which is 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 with the protection of children and young people as well as the prevention of violence against women. This initiative increases the efficiency of adult protection interventions but, importantly, places the work in a more holistic framework in which protection is undertaken in an integrated fashion.

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 have made significant contributions, and their work is reported in the relevant sections of the report.

2. Adults at risk, their carers and representatives

Adults defined under the Act as being at risk of harm are at the centre of adult support and protection activity. Their satisfaction, and that of their carers, is an essential outcome of the work. To date information on how effectively they have been protected is limited, but that which has been collected, is very positive. Those individuals and their carers who have had the opportunity to express their satisfaction with the process generally judge that their lives have been made more secure. This is not universally the case, however, and far more work in this respect, at greater depth, is called for.

The Act makes provision for independent advocacy in adult protection cases. In relation to the 2010 Independent Convenor's Biennial Report, there has been a marked improvement in this respect. There is, however, a need to expand such support and to evaluate more fully its benefits.

3. Management information

Referrals of cases of alleged harm that are assumed to fall within the terms of the Act have increased significantly from 368 in 2010-2011 to 585 in 2011-2012. The range of sources of referrals includes nursing and care homes, relatives and friends and social

workers. The increase, however, arises principally from a more than doubling of referrals from *Tayside Police*, 74% of which in 2011-2012 did not proceed to adult support and protection activity. The need for more effective filtering of cases that do not meet the required criteria set out in the Act is acknowledged to present a problem that requires resolution. In contrast, but in line with national observations, *NHS Tayside* make a low number of referrals, a state of affairs also requiring fuller consideration. Recommendations are made with respect to both referral issues.

Referrals proceeding to adult support and protection activity decreased over the two one year periods, possibly because of increasing sophistication in identifying cases falling under the Act. A proportion of cases continue to receive support through continuing community care activity while some require no further action.

It is important to emphasise, that referral data by their very nature deal with cases that have, correctly or otherwise, been identified as meriting adult support and protection interventions. Prevalence studies undertaken elsewhere indicate that there will be adults who are being harmed but not identified or referred. Steps to increase identification have been undertaken through awareness raising activities (see section 5), steps to identify financial exploitation, and as part of training and staff development.

In both years covered by the report, cases coming to Case Conference increased with age with the largest proportion being 75+ years. The predominant types of harm recorded varied across the two years, though with financial, physical and psychological harm predominating. However, sexual harm, self-neglect and self-harm were all matters of concern. Harm was perpetrated in the full range of care settings as well as in the community, including family homes. With respect to the source of harm, the largest single category was self-harm, though in line with other evidence, trusted people close to the individual constituted a significant source, i.e. the spouse or partner, a parent or other family member or friend or associate.

Three types of Protection Orders are available under the Act. Only Banning Orders were imposed, with Assessment and Removal Orders considered but not employed. Over the two years, nine Banning Orders were employed to protect six individuals. In general, these orders were effective in protecting individuals by preventing the source of harm coming into contact with the individual.

4 Significant Case Reviews

Protocols for convening and conducting Significant Case Reviews and Practice Reviews were prepared. Over this period, however, it has not been necessary to conduct such reviews.

5 Public information

The concept of adult support and protection is not as familiar to the general public as that of children protection, or even domestic violence. Considerable efforts have been

taken through a variety of media to increase awareness of the nature and extent of harm perpetrated. The framework for these campaigns has been the *Scottish Government's Act Against Harm* material and advertising. In addition, publicity has been given to adult safeguarding through the joint communication strategy of public protection policy noted in "1", above. The issue of evaluation of the effectiveness of such campaigns remains to be addressed.

6. Management of services and staff

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 review of adult support and protection procedures is currently underway and this will be informed by experience of operating these procedures over the past four years.

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.

GP attendance at adult protection meetings was very low. 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.

8. Training and staff development

The Learning and Workforce Development Task Group has continued to strengthen multiagency collaborative working in Dundee and across Tayside. The three levels of the national *Adult Support and Protection Learning Framework* continues to provide a template for the development and the delivery of single and multiagency learning and training for staff. The *Adult Support Protection Policy and Procedural Guidance* continues to underpin all learning activity. There has been significant embedding of adult support and protection in induction and awareness for all staff across universal public services and the private and voluntary sector in Dundee. This includes the sharing of materials and the joint delivery of training e.g. adult support and protection roles and responsibilities, and multiagency briefing which is delivered jointly by *Tayside Police* and *Dundee City Council Social Work Department*. Learning and workforce development activity has increased in volume and broadened to incorporate locally identified training needs, case studies and case file audits, significant case 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.

9. Workforce issues

Workforce issues are dealt with in section 6 of the report.

10. Formal evaluation

A self-evaluation of cases indicated positive practice and outcomes. The issue of evaluation, however, recurs throughout the report in several other areas of activity. The need for a co-ordinated approach to more holistic evaluation is proposed, together with a data collection that permits report generation. Both these points are elaborated in subsequent recommendations.

11. Conclusions, recommendations and future plans

Considerable progress had been made in the period under consideration. A robust set of policies and operations have been put in place. There is initial evidence that adults at risk of harm are being effectively safeguarded.

There are however, areas of concern, notably how far individuals at risk are being identified and referred. In addition, against the background of extensive adult support and protection activity, there is a real need to determine more fully the effectiveness of such work across all part of the provision, from stakeholder satisfaction and involvement, to the success of awareness raising and training and staff development

outcomes. The report concludes with a series of explicit recommendations for improving the safeguarding of adults at risk of harm in the city.

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. The group will represent and promote the views and experiences of service users and carers.

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 and adults under the Act from those involving other adult concerns.

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

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

Recommendation 5: Support should be provided to enable GPs to engage in and become more fully involved in safeguarding adults at risk of harm.

Recommendation 6: A comprehensive approach to the evaluation of adult support and protection activity should be developed and implemented.

Recommendation 7: The feasibility of developing an adult support and protection data collection and report generation system be explored.

Looking to the future

The Adult Support and Protection (Scotland) Act 2007 and subsequent guidance and training provided a context in which significant improvements in supporting and protecting adults at risk of harm could be achieved. It offered ways by which past failings identified prior to the Act could be overcome. Among these were significant failures of interagency collaboration and barriers to reporting and responding adult protection concerns. The adult support and protection partnership in Dundee has responded positively to the opportunities presented and there is clear evidence of good practice across the various commitments mandated by the Act, complemented by some positive evaluations.

The provision developed in Dundee does not require any radical reconfiguration, but continuous improvement is called for and attention has been drawn to some key areas

in the present recommendations. Other developments are on on-going and will complement these specific initiatives.

It is important in considering the future to take into account national developments. The evolving Scottish Government framework for adult support and protection will have important implications for work in Dundee, and it is essential that work in the city keeps pace with and contribute to these developments. It is proposed, too, that the Care Inspectorate will turn its attention to adult protection services in 2013, though in the wider context of scrutiny of adult services generally. In such inspection, an emphasis will be placed on self-evaluation, adding emphasis to the theme of improved evaluation that runs through the present report. Wider legislative changes affecting policy also have significant implications for adult protection. In particular, the personalisation of services through Self Directed Support (SDS) in Scotland¹ is already being progressively implemented, with increased stakeholder choice and the need to consider the risks arising from such choices. A paper prepared for the National Adult Protection Committee Chairs Committee by the Dundee and Perth & Kinross convenors² has already been considered by the DASPC and will be the basis for future developments in the city.

The adult support and protection partners in Dundee are well placed to meet these challenges, working from the firm base established over the past four years.



¹ <http://www.scotland.gov.uk/Publications/2010/11/05120810/0>

² Hogg, J. & Davidson, A. (2012) *Adult Support and Protection (Safeguarding) in the Context of Personalisation Policy: Briefing paper prepared for the National Adult Protection Committee Chairs Group*. White Top Research Unit, University of Dundee: Dundee.

1 Introduction and Context

Adult support and protection activity undertaken over the past four years in the City of Dundee is the outcome of national legislation and policy, and should be seen in the wider national framework of developments in this area across Scotland. This is an important perspective, because many of the issues raised in this report, though related specifically to this city, have also been identified across the country. Almost invariably, they are not unique to Dundee. In the recently appointed National Adult Support and Protection Co-ordinator's report³, a wide range of issues of concern are noted, most of which are referred to in this report in the local context. These issues are at present being prioritised by the Scottish Government and will receive detailed attention in the national context. With respect to the issues noted in this report, then, they will be approached in coming years not in isolation, but in the framework of major national developments.

The Independent Convenor of the *Dundee Adult Support and Protection Committee (DASPC)* maintains contact with and contributes to these initiatives through attendance at the *National Adult Protection Convenors Group* which meet quarterly, and the related convenors' meeting with the *Scottish Government*.

However, the *DASPC* and the *Adult Support and Protection Team* also contribute to these developments and work to ensure ever improving protection of its citizens at local level here in the city.

1.1 The public protection framework

The *DASPC* has over the two year period covered by this report (April 2010-March 2012) continued to fulfil the requirements set out in the *Adult Support & Protection (Scotland) Act 2007* ('the Act'). At the outset, however, it is important to describe the way in which this work has been contextualised in the wider framework of public protection. The impetus to the development of an integrated public protection policy in Dundee came from the *Chief Officer Group (COG) (Care & Protection)* in 2011 as a means of realising the Group's vision for protecting the people of Dundee:

"Dundee's future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm."

In initiating this policy, the *COG* has moved from a principal focus on child support and protection to one in which the safety of a wide range of individuals is given full consideration. Specifically, the extended grouping now includes: (i) *Adult Support and Protection Committee*; (ii) *Child Care and Protection Committee*; (iii) *Violence Against Women Partnership*; (iv) *The Tayside Multiagency Public Protection Arrangements*. At

³ Comley, P. (2012) *Adult Support and Protection: A report to the Scottish Government around emerging themes*. Edinburgh: *Scottish Government*.

present the implications of the consequences of drug and alcohol abuse for safeguarding across all areas of protection are being reviewed with the aim of developing policy and practice in a co-ordinated way. Together the protecting people grouping seeks to develop and deliver efficient, effective and consistent protecting people services so that the people of Dundee:

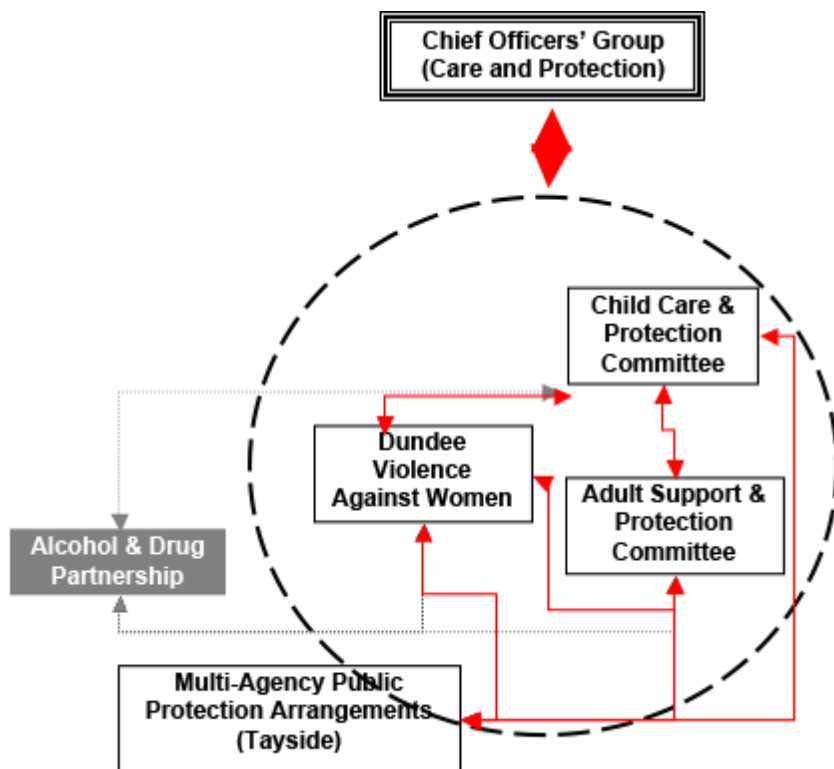
- * ***receive the services they need when they need them regardless of their age, ethnicity, religious beliefs, sexual orientation, gender and gender identity or any disability they may have***
- * ***have been fully involved in making decisions that affect them, and in every case understand decisions that have been made***
- * ***have been involved in the planning and development of services that protect people***
- * ***experience services that communicate with one another, share information as necessary and co-ordinate their actions***
- * ***receive services at an appropriately early stage so as to prevent the escalation of need.***

The Chief Officers of *Dundee City Council*, *NHS Tayside* and *Tayside Police*, individually and collectively, lead and are accountable for the development of work in relation to adult protection, child protection, violence against women. This includes ensuring the effectiveness of each of the component committees/partnerships. The organisation of the public protection group is diagrammed in figure 1.

Within this framework the DASPC retains its statutory responsibilities under the Act while at the same time developing closer policy and practice links with the other areas of protection. The DASPC also remains responsible to the COG.

During 2011/12 the staff support teams associated with each of the protecting people elements became co-located in a Protecting People Unit. This unit is hosted on behalf of each committee/partnership by *Dundee City Council Social Work Department*. The integration of the various aspects of protecting people reflects the overlaps that exist between each of the target populations. For example, the needs of a woman who has a learning disability, is being supported through adult support and protection processes due to her experience of domestic abuse, and whose children are subject to child protection procedures in response to the risks posed to them by this abuse, requires a range of overlapping protection measures. Much of 2011/12 has been spent developing this new structure and identifying how best to integrate activity while maintaining a focused specialism on the various areas of the agenda. Initial activity has been concerned heavily with a joint communications strategy and on revising the links between key protection processes to ensure consistent and co-ordinated responses to individuals and families.

Figure 1: Public protection organisation in the City of Dundee



While the development of the protecting people grouping is at an early stage, a number of key areas have been identified for future development:

- i self-evaluation
- ii learning and workforce development
- iii communications
- iv stakeholder engagement
- v data collection and management information.

It should be noted that all of these areas have already been identified as key in the development of adult safeguarding. In addition, the strategic implications of public protection policy for staff training and development have been addressed and are described below in Section 8.2: *Training and staff development in the context of protecting people*.

The focus over the next two-year period will be on further integration of structures and activity in each of the areas highlighted above, while maintaining the appropriate level of single issue activity required under each part of the protecting people grouping. In order to deliver this more integrated approach, lead staff members have been identified from within the protecting people grouping to develop individual areas of work across all elements of the protecting people agenda. For example, the Lead Officer for *Violence*

Against Women will contribute to the development of self-evaluation activity across all four component areas of work.

1.3 Committee activity

The committee meets six times a year, with each meeting preceded by a pre-agenda meeting to determine agenda items and invite presentations on topics relevant to the work of the committee. Membership of the committee is presented in Appendix 1.1.

In the 2010 biennial report the convenor made the following recommendation:

2010 Recommendation 1: The committee should review the way in which its activities can best be informed by relevant voluntary sector agencies and other non-statutory stakeholders who may be at-risk of harm or who represent those at-risk of harm. The issue of representation on the committee and relevant Task Groups should be reviewed and an explicit policy developed.

Aim: To ensure that those with a legitimate concern in issues to do with safeguarding adults at-risk of harm in Dundee contribute effectively to the protection of such adults in the city by informing the work of the committee and relevant agencies.

Action: The committee to request the Policies, Practice and Procedures Task Group to review how best a valid and informed input by stakeholders to the committee's work can be achieved, and develop a strategy to consult with existing representatives on the committee and relevant stakeholders in the community.

As recommended, the task group has continued to review the position while consultation meetings have been carried out through the period of this report. At present the proposal to establish a stakeholders' group which would report to the *DASPC* and raise issues of concern is still being considered. It is clear, however, that stakeholder involvement in the development of adult support and protection activity requires more decisive action, as is recommended in section 11, **Recommendation 1**.

Specific topics are included on the agenda as policy changes or events require. For example, growing concern regarding the implications of the introduction of self-directed support for the safety of individuals at risk of harm has twice been considered by the committee. A range of standing items are included, notably financial and administrative issues, the work of national committees such as the lead officers' and convenors' meetings, violence against women and relevant reports, e.g. those of the *Mental Welfare Commission* (See sections 1.4 & 4).

1.3 Governance

Governance arrangements were put in place during the first two-year cycle of the *DASPC* and were presented in Appendix 3 of the 2010 biennial report. A governance document had been prepared and accepted by both the committee and the COG. This covers functions, membership, authority and accountability as well as collaborative working. Governance arrangements are kept under review and have been strengthened through the development of the COG's public protection initiative.

2010 Recommendation 2: A formal process of review of the business and strategy plan should be put in place by the committee ensuring that all areas are considered in the course of one year.

Aim: To enable formative evaluation of the effectiveness of the strategy as relevant information from evaluation initiatives are undertaken and the experience of practitioners across the agencies is provided to the committee.

Action: The committee itself should put this process into place, delegating to Task Groups where relevant.

This process has been put in place through review of the work of the four task groups at each meeting, complemented by a detailed presentation by the task group chair of one task group on a cyclic basis. This input is complemented by regular reports of all areas of evaluation as this information becomes available.

1.4 Task group activity

Four interagency task groups undertake detailed development work on behalf of the committee. These are the: *Self-evaluation, Learning & Workforce Development, Policy, Practice and Procedures* and *Communication Task Groups*. The chairs of the four groups constitute an *Implementation Group* which ensures coordination of task group activity. The committee's task groups have been rigorous in meeting most of their respective remits. All four task groups meet on a regular basis, and as noted above, and report to the *DASPC*.

Each of the task groups has formulated an action plan. The format of each plan allows for progress to be identified and it is this that will be discussed at the meeting of the *Implementation Group* and informs the report that will be provided to the committee. The action plan for each task group sets out all actions relevant to the purposes of that group and is informed from the actions and recommendations as set out in the business plan and the Independent Convenor's biennial report. In addition, these action plans will continue to develop taking account of any findings from reports such as self-evaluation activity, any significant case reviews, and *Mental Welfare Commission* and other reports.

2 Adults at risk, their carers and representatives

2.1 Effective interventions: the views of those safeguarded and their representatives

Throughout the adult support and protection process, actions are taken to support the involvement of service users and their carers. When a concern arises, the procedures that are in place require that the service user's consent is sought before information is shared between agencies. When enquiries are being made, service users are given information on the purpose of the intervention and their rights in this regard. Service users are also invited to attend and participate in Initial Referral Discussion (IRD) meetings and to Case Conferences.

The impact of Dundee adult support and protection interventions from the point of view of individuals' at risk and their representatives was explored in a postgraduate dissertation undertaken in the city. Six participants (ages ranging 17 - 85) were asked to respond to a series of questions relating to their experiences of the adult support and protection process. Each met the criteria stated in the Act as *adults at risk of harm*, i.e. adults who:

- * are unable to safeguard their own well-being, property, rights or other interests
- * are at-risk of harm, and
- * because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

They were therefore considered to be in need of support and protection. All were clients of *Dundee City Council Social Work Department*.

They had been referred from a variety of sources: sheltered housing wardens, family members, neighbours, care managers, key workers, etc. All were interviewed either in their own homes or in a venue they felt comfortable with and where confidence could be respected. In each case, time was taken to explain the purpose of the research to allow for informed consent for participation and to allow for the respondent to withdraw if necessary.

All adults interviewed were positive about the impact the ASP arrangements had made to the quality of their lives. For two who lacked capacity or were unable to take part, it was the family member or representative who responded on their behalf. The following are some of the comments from the respondents:

One sister commented:

"I was telephoned as soon as the incident happened. The person was removed to make sure A was okay".

For this person it was about being reassured about the care her sister was receiving and the speed with which protective measures were put in place. For some a major improvement in their lives was being able to take charge of their finances again. The key worker in one case stated:

"Suddenly she had money in her bank account again and was able to go on holiday and buy new clothes".

In another case, most benefit from the adult support and protection arrangements was achieved through the ability to deliver a properly joined-up approach. This meant a range of measures both to support and protect. She said:

"I told them I didn't feel safe in my flat, I thought he might come back....I said I was happy if they kept him away".

A Banning Order (see section 3.6) was taken against the perpetrator and the victim was given a police, domestic abuse alert 'phone should he defy it. The bank account card being kept by her key worker and daily contact meant she felt much better protected. The key worker stated:

"When it was going on (she) became really withdrawn and quiet....something wasn't right. Now he's banned, she's back to her old self".

As with other cases, it was clear a range of other measures had been tried prior to a banning order being imposed, reflecting the overarching principles in the legislation of least restriction and benefit to the adult.

In some cases the relationship between the adult and their social worker or representative was absolutely vital. As the key worker stated in a further case:

"(He) was asked to go the meeting, but he didn't want to go. He chose that. He has speech difficulties; people find it hard to understand him. He asked me to go in his place. We did his support plan (protection plan) in pictures so he could understand. (He) can't read.....He never knew what his rights were, he didn't know he had any. Just getting the chance to have a say was greatly appreciated, he felt listened to. Nobody had ever asked what he wanted before let alone tell him what was happening".

In a further case C she stated:

"The social worker told me one of the neighbours had 'phoned the police telling them they (youths) were stealing from me. I was glad because I was scared of them. They stole my keys and money and just came to the house when they wanted. They (multiagency meeting) got me another house in a different area."

Despite these positive outcomes, there is a need to learn why failings occurred. For

example, in one case the key worker spoke of:

"K being abandoned by social work after his mother died. The case was closed....the abuser allowed to rule his life and finances for 15 years. It was the worst case of neglect I've ever seen. He took all K's money leaving him £20 a week to live on."

In order more systematically and regularly to gather feedback from service users, carers and advocates on their experience of adult support and protection, further development work is underway in relation to measuring outcomes.

While all interventions aim to make individuals *safer and feel safer* and this is often achieved, the evidence to support this is sometimes limited to anecdote and to the feedback that is recorded in the minutes of IRDs or Case Conferences. To address this, a more systematic approach to measuring outcomes is being developed. This procedure will gather information on service users' and carers' desired outcomes and will record the extent to which interventions improve outcomes and reduce different types of harm for each service user.

2.2 Independent advocacy

DASPC sees independent advocacy as a key element of the Act and access to advocacy as an essential component of safeguarding adults at risk of harm. From its inception, there has been representation on the committee by a self-advocate with appropriate support.

A key recommendation in the first Dundee biennial report (2010) related to the development and inclusion of independent advocacy.

2010 Recommendation 3: A clear policy on the involvement of independent advocates in adult support and protection cases should be developed and the resource implications of implementing the policy determined.

Aim: To ensure that where the individual who has allegedly been harmed or the alleged perpetrator lacks support from family or friends, such support is forthcoming during and after the case has been dealt with.

Action: The Policies, Practice and Procedures Task Group should review the position with respect to the situations in which independent advocacy would be essential to the support of alleged victims and perpetrators and determine both the resource and training implications.

This recommendation has been implemented and progress made. The *Social Work Department* and partner agencies recognise that the provision of independent advocacy support helps to protect service users' interests and to promote their views. Consequently, additional advocacy support has been commissioned for adults involved

in protection processes. An Advocacy Protocol has been developed by the *Policy, Practice and Procedures Task Group* of the *DASPC*, and prepared by Maggi Fenwick, Mental Health Advocacy Worker, *Dundee Independent Advocacy Support*. The protocol has been approved by the *DASPC* (see Appendix 2). The protocol provides operational guidance and support to *Dundee City Council* social work staff on the involvement of independent advocacy support in adult support and protection, the intention being to promote good joint working and a quality service for adults at risk within the city.

Table 1 provides information on the numbers of service users who have attended Initial Referral Discussions and Case Conferences, as well as the number of occasions when independent advocates have been involved.

Table 1 : Involvement of independent advocates and representatives in IRD and Case Conference adult protection meetings

	April 2010 - March 2011	April 2011 - March 2012
Advocacy attended	10	38
Individual at risk attended	7	32
Family member attended with or represented adult	11	54
Total representation	28	124

These figures highlight a significant and positive increase in the number of meetings in which independent advocates, the individual at risk, and family members attended IRDs and Case Conferences. Overall there has been a four-fold increase in representation at adult support and protection meetings. It is anticipated that with the introduction of the independent advocacy protocol further increases will be possible.

In the small scale study noted in section 2.1, above, only one of the respondents was offered the support of an independent advocate (case G). However, all the other respondents had someone available to provide the information they needed to make choices and make their views known.

Evaluation remains a key issue. Steps have been taken to develop an *Outcome Focused Questionnaire* for families, carers and service users, as well as agencies, to be used in the self-evaluation exercise proposed for later in the year (see section 10). It is important to involve those providing advocacy services in such evaluation as they can convey the adult's perspective on experience of the protection process.

2.3 Contributions to training and staff development

There is service user representation on the training task group, but more fundamentally in Dundee, there has been a commitment to significant consultation and involvement of service users in the development and delivery of training materials for staff. Between 2010 and March 2012, digital stories on human rights have been developed, while workshops on audio and video presentations have been undertaken; workshops in partnership with the *Altrum Risk Research Project* to establish service user views on how their experience of involvement in adult support and protection interventions and procedures should be improved. This was delivered by service users to a multiagency audience. In addition, advocacy groups developed and delivered seminars to front-line staff to encourage greater use of advocacy in adult support and protection at the earliest stage on the support.

2.4 Assessing risk

In the 2010 biennial report the following recommendation regarding risk assessment was made:

2010 Recommendation 4: An approach to risk assessment should be developed that is consistent with the process elsewhere in the *Social Work Department* and in partner agencies.

Aim: To ensure that where an adult is at-risk of harm assessment of that risk is consistent, reliable and valid enabling the person to be safeguarded more effectively.

Action: The Policies, Practice and Procedures Task Group continue its review of risk assessment procedures and develop procedural guidance that takes account of the *Social Work Department's* own recommendations and which links to the *Multiagency Procedural Guidelines*.

The risk assessment process currently in use in adult support and protection activity, is based on the resource developed by the Joint Improvement Team (JIT). This was developed collaboratively between the *Social Work Departments*, health agencies, the police, the voluntary sector, service users, carers and service providers. It prescribes in detail what risk assessments and protection plans should include, while recognising professional opinion and judgement are fundamental to the process. The JIT format has been adopted across Tayside. In Dundee, the JIT Risk Assessment has been incorporated into the revised local operational procedures.

At the same time, in response to the *Social Work Inspection Agency's* recommendations, *Dundee City Council Social Work Department* has developed *Practice Guidance on Risk Assessment*. This aims to promote a shared understanding and language of risk assessment and risk management and outlines requirements for all assessments and care and/or supervision plans, across community care, children's

services and the *Criminal Justice Department*. This *Risk Assessment and Risk Management Practice Guidance* is currently being examined by *NHS Tayside* and *Tayside Police* to determine the fit with their services.

Tayside Police has also undertaken risk mapping exercises in relation to adult protection, to determine whether reported protection concerns feature more prominently in areas of deprivation within the city. The results indicate that this was not the case, risk to adults who come under the Act being evenly spread throughout the city.

With respect to the 2010 Recommendation 4, the process of implementation has been progressed well and a coherent approach to assessing the risk of harm should be in place in the next 12 months.

2.4.1 *Risk and prevention*

The prevention of harm *before* it occurs through observation of risk factors has been a focus of adult support and protection activity in Dundee over the past two years. An important element of preventative action is the ability of staff to sense something is wrong, make decisions regarding the seriousness of the risk and then to take appropriate action. The development of a procedure to ensure that this sequence is undertaken thoroughly and systematically⁴ has been explored in Dundee in a collaborative project with the *University of Hull*. The research-based approach has been explored with practitioners in learning disability and older people services reporting observation of early indicators of potential harm. It is hoped that evidence gathered in this project will enable the development of new processes or collaborative ways of working, which will make better and timelier use of the observations that are made by experienced and skilled professionals. Such applications and developments should seek to build on and learn from existing monitoring initiatives such as the service monitoring records (nursing homes) kept by the Review Team in Dundee.

2.4.2 *Emergency planning at risk of harm*

An area of support and protection widely neglected in the recent legislative and policy developments relates to individuals at risk of harm in emergencies caused by natural disasters or other untoward incidents. The *DASPC* raised the question as to whether individuals covered by the Act would be safeguarded in the event of such occurrences. Responsibility for safeguarding rests with *Dundee City Council*. The Council's *Emergency Planning Unit* whose role is to ensure that the City of Dundee can respond effectively to any major incident and recover from it as quickly as possible is responsible in this regard. The Council has produced and maintains a *Generic Emergency Plan* that is designed to co-ordinate the response to any incident. This work is undertaken in conjunction with the emergency services and neighbouring councils, through the

⁴ Marsland, D., Oakes, P., Tweddell, I. & White, C. (2006) *Abuse in Care? A practical guide to protecting people with learning disabilities from abuse in residential services*. Hull: University of Hull.

Tayside Strategic Co-ordinating Group multiagency and recovery plans. Vulnerable people have been identified as part of this planning which is undertaken in the context of the *Civil Contingencies Act 2004* and *Contingency Planning (Scotland) Regulations 2005*, and in accordance with national guidance for identifying people who are vulnerable in a crisis: <http://www.cabinetoffice.gov.uk/resource-library/identifying-people-who-are-vulnerable-crisis-guidance-emergency-planners-and-respon>. The *Emergency Planning Unit* will discuss its work with the *DASPC* at a future date.

3 Management Information

Information covering the processes by which referrals of cases involving harm to adults at risk has been recorded, collated and analysed for purposes of service development and this report. Here the disposal and trends in referrals are described, their sources, how the cases were dealt with, the types of harm, where it allegedly took place, and use of orders available under the Act to prevent further harm.

3.1 Referrals: Disposal and trends

Since January 2010, the *Adult Support and Protection Team* has been responsible for collating statistical and operational activity information. The Administrative Assistant, Adult Support and Protection, is responsible for maintaining this information. Activity is discussed quarterly by *DASPC*. 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. The dataset returned to the *Scottish Government* is presented in Appendix 3.1.

Between 1 April 2010 and 31 March 2012, 952 Adult Protection Concerns were reported to Dundee City Council *Social Work Department*. This represents a steady increase in the number of referrals year on year:

- I. 125 in 2009/10
- II. 368 in 2010/11
- III. 584 in 2011/12

3.2 Sources of Referrals

The increase in the number of referrals since 2009/10 reflects a growing awareness of adult protection among agencies and the general public. However, some caution must be exercised on the scale of the increase with respect to the nature of referrals from *Tayside Police* which is discussed below. The source of each of the 952 referrals received in the period covered by this report is presented in table 2, which also indicates the percentage of these referrals from different sources that resulted in an Initial Referral Discussion or Case Conference. The table shows that referrals continue to be received from a range of sources. Though the number of referrals from members of the

public remains low in relation to the estimated prevalence of harm in the community, there has at least been a very modest increase

Table 2: Sources of Referral April 2010-March 2012

Source of Referral	No. 2010/11	No. & % ASP activity	No. 2011/12	No. & % ASP activity
Care Inspectorate	6	6 (100%)	1	0 (0%)
Education Department	4	3 (75%)	1	0 (0%)
GP	0	-	1	1 (100%)
Voluntary Organisation	2	1 (50%)	3	1 (33%)
Housing Support	5	3 (60%)	3	3 (100%)
Member of the Public	1	1 (100%)	4	1 (25%)
Self-Referral	2	2 (100%)	5	3 (60%)
Private Care Provider/ Agency	6	5 (83%)	8	5 (63%)
NHS Health Service	6	1 (17%)	11	7 (64%)
Tayside Fire & Rescue Service	28	3 (11%)	11	0 (0%)
Family Relative / Friend	15	10 (67%)	16	11 (69%)
Nursing/Care Home	41	23 (56%)	54	16 (30%)
<i>Social Work Department</i>	60	46 (77%)	64	42 (66%)
TOTAL exc Tayside Police	176	104 (76%)	182	90 (49%)
<i>Tayside Police</i>	192	32 (17%)	402	59 (15%)
GRAND TOTAL	368	136 (65%)	584	149 (26%)

The number of police referrals resulting in adult protection activity has increased from 32 in 2010/11 to 59 in 2011/12. However, there has also been a substantial increase in the number of referrals that did not require adult support and protection interventions, from 160 in 2010/11 to 443 in 2011/12. Though *Tayside Police* aim to refer on the basis of the Act's three criteria, there is clearly a question as to how far this has been achieved. It appears that links that they have made between adult protection and wider community safety initiatives around *Suicide Prevention* and *Repeat Callers* has led to a significant increase in the numbers of referrals that are not specifically concerned with adult protection.

This state of affairs is problematical, not least in the pressure on social work staff time in processing an increasing number of referrals if referrals are not filtered.

Recommendation 2 in section 11 of this report urges resolution of this issue by clarifying the interface between *Tayside Police* and *Dundee Social Work Department* with respect to adult protection referrals. It should be noted that *Dundee Social Work Department* is already given consideration to these issues as described below in section 7.

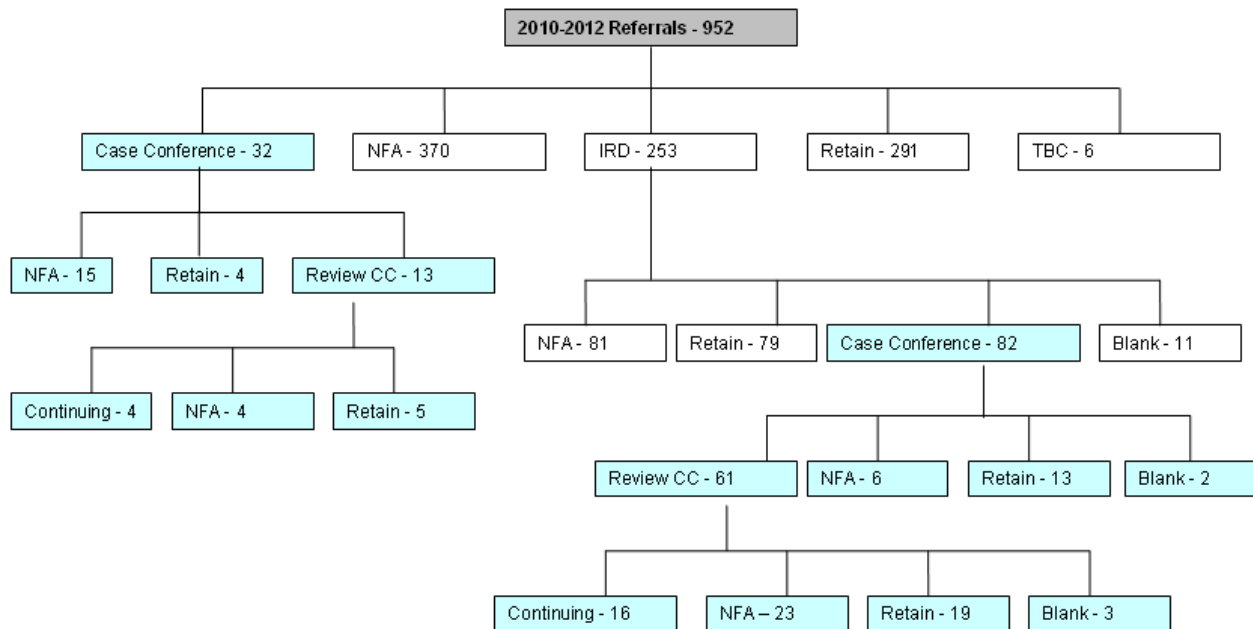
NHS Tayside referrals increased from six in 2010/11 to 11 in 2011/2012. The possibility that these figures are depressed by the non-inclusion of referrals from joint teams has been explored and found not to be the case. Although it cannot be proven that NHS staff failed to refer cases meeting the criteria in the Act, that the number of referrals is low is in line with a national judgement by the recently appointed National Adult Support & Protection Co-ordinator. He has noted that across Scotland NHS adult protection referrals are typically lower than would be anticipated. **Recommendation 3** in section 11 suggest that *NHS Tayside* review the impact of its extensive initiatives in relation to adult support and protection on attitudes and knowledge at the level of all frontline staff, including auxiliary workers.

More generally, table 2 highlights that around 50% of the referrals received from other agencies have been progressed to IRD or Case Conference. This represents a reduction from the previous year, which may be a consequence of social work staff applying the relevant criteria more stringently and being more experienced and confident in screening out referrals.

3.3 Patterns of Activity

Figure 2 shows how the 952 Adult Concern Reports received in the two years covered by this report have been responded to.

Figure 2: Adult Protection Flow of Activity April 2010-March 2012



Key and definitions

IRD	Initial Referral Discussion
NFA	No Further Action
Review CC	Review Case Conference
Retain	Retain within existing services

Of the 370 referrals noted in the second row requiring no further action, 305 were from *Tayside Police*.

Although the number of referrals has increased considerably, the percentage of these referrals which proceeded directly to IRD and Case Conference has reduced. 136 (37%) of referrals proceeded to IRD during 2010/11 and 149 (26%) proceeded to IRD during 2011/12. Again, this percentage is affected by the increase in the number of police referrals which resulted in no further action being taken. In the period covered by this report, there were 32 referrals that proceeded directly to a Case Conference. Within the adult support and protection procedures there is a requirement that if three concerns are received about an individual, then a Case Conference is convened. This was the case in respect of 21 (66%) of the 32 cases that went straight to a Case Conference.

The reasons for an increased number of referrals resulting in '*no further action*' were outlined in the previous section of this report. It is interesting to note that the majority 188 (50%) of the 379 referrals that resulted in '*no further action*' were instances of self-harm or suicide attempts or ideation. Many of 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 with services.

291 (31%) of all referrals were retained within Community Care. These referrals related to people who were already receiving social work services and support. This number is encouraging as it indicates that staff from a range of agencies have identified risk factors impacting on existing clients and that the *Social Work Department* were already supporting people who were known to be at risk of harm.

The number of referrals of people with drug and/or alcohol misuse problems has increased considerably since 2009/10. During 2009/10, eight (6%) referrals were of a person with a drug and/or alcohol problem, whereas the figures were 40 (11%) during 2010/11 and 107 (18%) during 2011/12. These figures relate to the prevalence of this group amongst the increased referrals from the police, as many of the people reported for self-harm or threatened suicide have difficulties with alcohol or drugs.

Age was a significant factor in referrals. Table 3 shows that adult protection concerns in relation to older people are much more likely to progress to a Case Conference. This pattern confirms a body of wider information indicating particular concern regarding the risk of harm to older people.

Table 3: Number of case conferences per 1,000 people by age group

Age group	2010/11*	2011/12*
16-24	0.18	0.27
25-39	0.28	0.35
40-64	0.48	0.43
65+	0.78	1.01
75+	1.41	1.41

* 2010 mid-year population estimates used to calculate rates

3.4 Types of Harm

Table 4 shows the type of harm recorded for each referral and the percentage of each type of harm that proceeded to IRD or Case Conference during 2010/11 and 2011/12.

Table 4: Type of Alleged Harm and percentage proceeding to IRD or Case Conference

	2010/11		2011/12	
	Number	%	Number	%
Discrimination	0	-	3	100
Neglect	1	100	4	67
Sexual	14	48	29	64
Other*	6	18	9	27
Financial	56	65	43	52
Self-Neglect	16	46	15	48
Physical	55	64	53	43
Psychological	37	46	71	21
Self-Harm	14	10	30	8
Other*	6	18	9	27

*mostly welfare issues and fire risk

The types of harm most likely to proceed to IRD or Case Conference in 2010/11 differ in each year appear in as shown in Table 5 and Table 6.

Table 5: Types of harm proceeding to IRD or Case Conference 2010/11

Type of harm	n.	%
Neglect	1	100
Financial	56	65
Physical	55	64
Sexual	14	48
Psychological	37	46
Self-neglect	16	46

During 2011/12 the types of harm most likely to proceed to IRD or Case Conference are noted in Table 6.

Table 6: Types of harm proceeding to IRD or Case Conference 2011/12

Type of harm	n.	%
Neglect	4	67
Financial	43	52
Discrimination	3	100
Sexual	29	64
Self-neglect	15	48

In some cases, e.g. *neglect*, percentage changes have little meaning given the small number of cases involved.

Attention should be drawn to the relatively high number of cases of financial exploitation. This is a concern at the national level with the *Scottish Government* at present drawing up a national strategy to counteract such exploitation. The prevalence of financial harm, particularly of older people, is now well established. Relative to the expectation of such harm, extrapolated from research studies suggests that the present Dundee figures, are probably relatively low. The *DASPC* has initiated work to inform and collaborate with local financial services (e.g. banks, post offices etc.) to reduce financial exploitation. Progress has been limited, however, and **Recommendation 4** in section 11 is directed to facilitating a more thoroughgoing approach city-wide to this issue.

3.5 Locations of Harm

While the location of alleged harm taking place in sheltered housing, care homes and hospital settings has remained fairly constant over the period covered by this report,

there has been an increase in alleged harm taking place in the community, from 53 (14%) in 2010/11 to 139 (24%) in 2011/12. This again reflects the increase in the number of referrals from the police in relation to people who have threatened self-harm or suicide in their own homes, or out in the community, often on the Tay Road Bridge.

3.6 Sources of harm

Table 7 shows the relationship of the person causing harm to the individual at risk. As may be seen, harm can be caused to the individual by a wide range of individuals as well as by the person him or herself. The information in relation to other alleged sources of harm is broadly consistent with the figures in the previous biennial report, and with wider prevalence surveys. If the first four categories are combined, then 98 referrals relate to individuals at risk of harm from individuals in a position of trust. The exception to this is a significant increase in the number of occasions where 'other resident' has been the alleged source of harm. Rather than suggesting this is a growing problem, this increase reflects a heightened awareness among staff working in care homes and other group-living settings to refer any incidents or allegations as adult protection concerns. Nevertheless, there is a decrease in alleged harm from employed carers.

Table 7: Relationship of alleged source of harm to individual

Relationship	2010/11	IRD or Case Conference	2011/12	IRD or Case Conference
Spouse / Partner	14	9	17	12
Parent	6	6	9	6
Other Family Member	43	33	67	30
Friend / Associate	35	20	41	24
Employed Carer	43	30	31	12
Self	196	27	364	44
Stranger to Client	18	10	19	11
Other Resident	13	9	33	15
Neighbour	0	0	3	1
Total IMDs	368	144	584	155

The information in this table reflects the significant increase in the numbers of referrals from *Tayside Police* discussed above in respect of people who have self-harmed, threatened self-harm, or threatened suicide.

3.7 Protection Orders

The *Adult Support and Protection (Scotland) Act* makes provision for a number of intervention orders. In the two years covered by this report the *Social Work Department* has taken out nine Banning Orders to protect six individuals. These relate to the following circumstances:

- a) ***To protect a young woman with a learning disability who was being financially and physically abused by her brother to fund his drug misuse problem. This order has been renewed several times and was recently breached. This resulted in the person being arrested. This service user reported that she feels safer with the Banning Order in place and her quality of life has improved significantly.***
- b) ***To protect a man with mental health difficulties who was being targeted by another man for money. The service user was intimidated and felt that if he didn't open the door then the repeated banging and shouting would cause a nuisance to the neighbours. The service user was in agreement with the Banning Order being taken out and this seems to have stopped the perpetrator from harassing him.***
- c) ***To protect a young woman who had entered into a relationship with a man who was felt to be abusing her financially and sexually. The young woman consented to the order and the abuse has stopped.***
- d) ***To protect a young man with learning disabilities whose cousin had moved in with him. The cousin's chaotic lifestyle, drug misuse, self-harm and aggression presented risks to the service user and made it difficult for staff to support him. He did not feel able to ask his cousin to leave. Following the Banning Order, the cousin moved out. It is too early to know how effective this will be in the longer term.***
- e) ***To protect an older woman from serious domestic abuse. Although the woman consented to the order at the time and her husband subsequently moved out, this woman later insisted that her husband move back in with her.***
- f) ***To protect an older woman with learning disabilities from financial abuse from an acquaintance with a gambling problem. This Banning Order was breached and the perpetrator was given a custodial sentence.***

There have been other similar cases which have not resulted in the use of Banning Orders. In one case a criminal conviction ensued and in others the person preferred to move house in order to get out of the situation. Anti-Social Behaviour Orders have also been useful in some cases, in particular where there have been a number of people in a particular area who are being targeted by an individual or group.

Banning Orders are time-limited and this has required the *Social Work Department* to return to Court every six months to renew one Banning Order.

There have been no Assessment Orders or Removal Orders taken out in Dundee, to date. These orders are felt to be a last resort as they would be traumatic for the individual. They have been considered several times. However, in most cases the individual has wanted to move out of the situation or agreed to participate in the assessment process. In some cases where a service user has not consented or would not be likely to comply with the terms of either an Assessment or Removal Orders, it has

been concluded that to pursue this would be disproportionate to the level of risk to the individual and potentially more harmful.

4 Significant Case Reviews

At the end of 2010, *DASPC* developed a multiagency protocol for conducting Significant Case Reviews. In developing the protocol, the committee drew heavily on the experience of child care and adopted the same criteria for referral and arrangements for delivery, i.e. when an '*adult at risk*' has died as a result of abuse/neglect or has sustained serious harm or risk of serious harm and there are serious concerns about professional and/or service involvement or lack of involvement. In practice, any case meeting the criteria is to be routinely considered under this protocol. The purpose of this process is to establish whether any lessons can be learned about how adults at risk can be better protected and to make recommendations about how practice can best be improved. Any recommendations from the review will become part of the *DASPC Business Plan* which undergoes continuous revision in the light of experience. The intention is to have a consistent, transparent and structured approach in place which will provide assurance to the public regarding how the partnership has responded to a significant adult protection case. The plan is that this procedure will also be used to review recommendations from significant cases which have taken place in other areas to decide if changes to local practice are required.

To March 2012, no Significant Case Reviews have been required, though at the time of writing this report, one case is subject to these arrangements. A case referred to the *DASPC* for review was dealt with by the Independent Convenor at the suggestion of the Dundee Procurator Fiscal office. The report was submitted and is being evaluated at present.

The *DASPC* has also drafted multiagency Practice Case Review arrangements which have recently been revised in the light of the experiences of child care colleagues. Any agency may refer cases to the Practice Review Group for consideration. It is intended this group will examine cases where particularly good practice is observed or where concerns are raised about practice and its effect on the outcomes for adults at risk. The plan is to review between four and six cases per year, advise the *DASPC* of examples of excellent practice or a need for improvement to systems, processes and practice, and make recommendations from this advice. The group will report its findings and recommendations to the *DASPC* who will then decide how to disseminate the lessons.

The *Tayside Steering Group* has also hosted its first Multiagency Case Review earlier this year. Practitioners came together to review three cases, one from each of the areas in Tayside. It is planned to do this on a twice yearly basis. Discussion has taken place between the Dundee Independent Convenor with his Angus and Perth & Kinross colleagues and *NHS Tayside* recommending that the *Tayside-wide Adult Support and Protection Group* develops common criteria for Significant Case Reviews.

One of the objectives of the first biennial report was to develop policy and practice through consideration of national and international developments in the field of adult protection. To this end the *DASPC* has devised a method of reviewing significant cases/published enquiries which have implications for adult protection. For example, the *Mental Welfare Commission (MWC)* report *Starved of Care*⁵ was one such inquiry. Each of the recommendations from this report were for the NHS, and *NHS Tayside* has been invited to report on its internal inquiry and improvement plan once concluded. Other *MWC* reports will in due course come before committee before *DASPC*.

Several additional reports have had implications for a range of organisations. The *Equality & Human Rights Commission* report⁶ on disability related harassment has been reviewed by the *DASPC*, and its implications for adult support and protection considered. For example *Tayside Police* reported that most of the police recommendations had already been integrated into their *Equality and Human Rights Action Plan*. A range of methods have been developed to effect this, including analysis of hate crime trends and repeat victimisation, the development of a '*fostering good relations*' working group, and the provision of a workshop session led by people with mental health difficulties to educate their own staff about vulnerability in the community. The *Council Education Department* advised of its plans to review current bullying policy, promote an inclusive approach to activities, raise staff awareness of disability related harassment and provide guidelines for parents.

5 Public information

While focused adult protection information continues to be made available to the public, as noted in the introduction, this activity is also integrated into the public protection information initiatives. With respect to the latter, initial activity across the new protecting people grouping has focused on public information activity. A range of initiatives have been undertaken to launch and promote the protecting people agenda to communities in Dundee. This has included developing joint branding and presence at key public events, for example, an information stand at the well-attended *Dundee Flower and Food Festival*. The group has also commissioned an innovative drama, "*The Little Things*", which has toured communities to highlight the different aspects of protecting people and actions that members of the public can take to contribute to safeguarding. In response to feedback received through discussion following drama performances, new publicity materials highlighting key contact numbers and the ability to report anonymously are being developed.

DASPC recognises that the success of its work is dependent on creating wider awareness of the harm individuals suffer and encouraging citizens in Dundee to act when they have concerns that an adult is being harmed. The objective is to create the

⁵Mental Welfare Commission for Scotland (2011) *Starved of Care: Investigation into the care and treatment of Mrs "V"*. Edinburgh: Mental Welfare Commission for Scotland.

⁶ Equality and Human Rights Commission (2011). *Hidden in Plain Sight: Inquiry into disability-related harassment*. London: Equality and Human Rights Commission.

kind of awareness that now exists in the area of child protection. To this end the committee created a *Communication Task Group*. Initially its work has been to reinforce the message of the *Scottish Government's* national *Act Against Harm* campaign. Details of this campaign are available on the internet⁷. The initial public awareness raising campaign was undertaken at approximately the same time as the national campaign, i.e. November-December 2009. The message is that all citizens in Dundee have responsibilities to individuals at risk of harm. The continuing *Act Against Harm* campaign makes clear the routes by which such concerns may be made known and highlights the responsibilities of statutory agencies. The campaign was launched at *Discovery Point*, Dundee, in December 2009. Since the launch a high profile public awareness campaign using posters, TV and press advertising and community events has been mounted. This activity is supported by a range of associated publicity materials (e.g. booklets, contact cards, branded pens, etc.) designed to build a network supporting an effective public adult support and protection campaign in Dundee.

The *DASPC* logo and *Act Against Harm* brand is used on all public information produced. The *Act Against Harm* campaign is continuing to use a range of local and national media to encourage members of the public, local communities and stakeholders to work with the *DASPC* to tackle harm, neglect and abuse. This work is detailed below. This work is also explicitly embodied in the wider *Protecting People* policy noted in Section 1.1.

5.1 Specific awareness raising activities 2010-2012

Recent public awareness activity by *DASPC* has involved a combination of *Act Against Harm* and *Protecting People* initiatives. These have included a mix of advertising, exposure on local media and events involving stakeholders and local communities. These have included:

- i **STV TV advert** - two national advertising campaigns involving a jointly funded campaign for adult protection on Scottish Television in the last two weeks of August 2011 and two weeks in March 2012. *DASPC* supported this venture which involved adult protection committees pooling resources to finance the advertising campaign. This activity will continue in future years
- ii **A Protecting Older People Summit** was held in June 2012 and engaged key stakeholders representing older people in Dundee. Issues raised from the day are to form an action plan for future awareness raising activity. Planning for the 2013 *Action Against Elder Abuse* campaign has also been proposed with local stakeholders
- iii **Dundee 2012 Sports Awards - *Protecting People in Dundee*** sponsored these awards involving sports clubs in raising awareness of people who might be at risk of harm

⁷ <http://www.infoscotland.com/actagainstharm/>

- iv **The “Little Things” play** is a story about people who provide care and the steps they can take to protect others and toured community venues in February and March 2012. Naomi Breeze’s one woman play will be touring secondary schools in autumn 2012
- v The www.adultprotection.tv website was built as part of an on-going TV advertising campaign. The first series of adverts was broadcast in February 2011 with a second round in August 2011. They directed viewers to a Freephone number (0300 777 6520), where they can report adult protection concerns, as well as to the website. The site was set up by a consortium of 24 Scottish councils, including the City of Dundee, as part of a hard-hitting national TV advertising campaign. It acts as an information gateway for adults who are at risk of being harmed or who know someone in danger. It has been rated among the top 10% on the Internet by cyber specialists *urlspy*.

5.2 Increasing awareness in the city: The *Act Against Harm Network*

From 2010 specific groups have been targeted for awareness raising and the provision of information in order to build an *Act Against Harm* network in the city. These target groups include:

- i. providers of services to Dundee City Council including care home and other providers of accommodation and day care opportunities. Four free, one day events were held in November 2010
- ii. individuals who may be at risk of harm, e.g. meetings with self-advocacy and survivor groups to discuss adult protection concerns
- iii. family carers with family members who may be at risk of harm, whether living in the family home or in supported accommodation; this initiative is being developed in collaboration with carers’ organisations in Dundee
- iv. an information and communication session for voluntary organisations and providers was held at *Dundee Voluntary Action*. The main aim was to promote stakeholder involvement in the work of the committee and develop a strategy to realise this aim. This discussion is on-going
- v. school children/students: Planning has begun with the *Educational Development Service* and the *School Community Support Service of Dundee City Council Education Department* to embed adult protection issues in the relevant parts of the primary and secondary school curriculum. These initiatives will be co-ordinated with on-going input to schools concerned with both child protection and domestic violence
- vi. the Independent Convenor continues to meet with community groups, e.g. the *Dundee Pensioners’ Forum*, *Dundee Celebrate Age Network*, *Dundee Deaf*

Association and others to identify possible risks in community settings and increase awareness of adult protection activity and support in the city

- vii. on-going awareness raising with City Council staff e.g. criminal justice staff
- viii. raising awareness with those at risk - *Advocating Together* is working with adult protection staff to develop awareness raising sessions with service users with learning disabilities
- ix. on-going awareness raising with mental health patients e.g. *Dundee Independent Advocacy Service Carseview Centre Group's* two-weekly meetings and the Independent Convenor's meeting with mental health survivors' group
- x. follow up to *Older People's Summit* to determine ways of building capacity within communities of older people to help them protect themselves
- xi. a regular contribution is made to various newsletters, e.g. *Dundee Voluntary Action* e-bulletin and newsletter, *Local Community Planning Partnership* newsletter, and the *Chief Officer Group Briefing*.
- xii. briefings for new elected members.

In order to begin a systematic monitoring of public awareness of adult support and protection issues, the *Communication Task Group* aims to have a question included in the next *Dundee City Council Dundee Citizen Survey*. The question will be designed specifically to measure local public awareness of adult support and protection issues.

6 Management of services and staff

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.

The *Social Work Department* has been quick to put in place effective arrangements to cover for any staff absences. An experienced Social Work Resource Manager has been relieved of other duties in order to undertake Initial Management Discussions, to chair IRDs and Case Conferences and provide training on the Act. This arrangement has proved effective in supporting key adult support and protection processes.

A review of adult support and protection procedures is currently underway and this will be informed by experience of operating these procedures over the past four years. One of the aims of this review is to move to a position where Team Leaders (Assessment and Care Management) in the *Social Work Department* will take on responsibility for chairing IRDs. Unlike in many other areas, this has not yet been devolved to first line

manager level in Dundee and currently is the responsibility of Service Managers. This development will enhance both the service's capacity to respond to the increasing demand and the operational team's roles and responsibilities in this regard.

Details on the City Council's expenditure on the *Adult Protection Team* is presented in Table 8.

Table 8: Expenditure on the *Adult Support & Protection Team* (Full Year £000)

	2010 - 2011	2011 -2012
Total Income	438	438
Adult Protection Unit and Frontline Service Staff Costs	366	423
Other costs relates to Supplies & Services, Property, Training and Adult Protection Committee expenses	61	51
Total expenditure	427	474

7 Communication and cooperation between agencies

7.1 Interagency collaboration

Dundee City Council, *NHS Tayside*, *Tayside Police*, *Tayside Fire and Rescue Service* and the *Care Inspectorate* have continued to develop their interagency collaboration as required under the legislation and in order to meet the needs of adults at risk of harm in the city. All are represented on the *DASPC* and its task groups. As required, joint working is effected at all stages of adult support and protection interventions. Here comment is made in detail on the roles of, and collaborative working with, *NHS Tayside* and *Tayside Police* and draw attention to the increasing role of *Tayside Fire & Rescue Service*.

One indicator of collaborative participation is attendance at IRDs and Case Conferences, Table 9 summarises this information with respect to both the principal agencies and key providers. The table highlights the positive partnership working that exists across a range of agencies and sectors in Dundee. It should be noted that the high number of meetings make it difficult for the three members of the *Tayside Police Public Protection Unit* to attend all meetings. However, when unable to attend, a verbal or written report would generally be provided when they have information that is relevant to the discussions.

It is encouraging that both care home and care at home providers from the independent sector recognise the contribution that they 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.

Table 9: Agency attendance at Initial Referral Discussion & Case conference meetings

Agency	No. meetings invited to	No. meetings attended	% Attended
Police	215	108	50
Fire Service	2	2	100
GPs	43	2	5
Specialist Dr/Consultants	28	14	50
Other NHS	122	91	75
MHO	41	37	90
DCC Legal Services	43	35	81
Housing (all providers)	87	71	82
Care Home Provider	63	61	97
Care at Home Provider	37	31	92

In the first biennial report by the Independent Convenor in 2010, attention was drawn specifically to the need to develop a fuller integration of *NHS Tayside's* contribution to adult support and protection. The specific recommendation was:

2010 Recommendation 5: A working group should be formed with key *NHS Tayside* representatives and cross-agency representation of the committee to agree effective ways of ensuring that the committee's work is widely communicated within the NHS and that the committee's work is informed by developments in patient safeguarding within the health service.

Aim: To enhance collaborative working between *NHS Tayside* and adult support and protection policy and activity in Dundee including the work of the committee in order to optimise the safeguarding of individuals at-risk of harm whether as patients or clients.

Action: Relevant management in *NHS Tayside* to meet with and work with the Independent Convenor and committee representatives, specifically of the local authority, police and the Dundee Violence Against Women Partnership.

NHS Tayside has engaged with adult support and protection at both an organisational level and with respect to continuing collaboration of NHS staff in the work of the *DASPC*, task groups and adult support and protection interventions. The *NHS Tayside Adult Support and Protection Implementation Group* was established in September 2011. The purpose of the group is to provide *NHS Tayside Board* with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of, effective adult support and protection arrangements throughout *NHS Tayside* in accordance with the Act. The group reports to the *Improvement and Quality Committee* as a sub-committee of *NHS Tayside Board* via the *Clinical Quality Forum*.

The *Adult Support and Protection Implementation Group* acts as the steering group for effective adult support and protection arrangements within *NHS Tayside* and takes responsibility for development and implementation of an improvement plan. It influences, controls and is accountable for the plan and ensures successful delivery of the agreed whole system changes and benefits. The remit of the group includes continuous improvement, policies, procedures and protocols, management information, quality assurance, practice, training and development and strategic planning.

The group takes responsibility for the development of key critical relationships with the *DASPC* as it does with the other two committees in Tayside. The Dundee Independent Convenor, together with the other two Tayside convenors, meet with the group twice a year. The group reviews *NHS Tayside's* fulfillment of its statutory duty to co-operate when an adult is known or believed to be at risk with enquires and investigations. A full list of the current membership is in Appendix 7.1. The figure in Appendix 7.2 illustrates the relationship of this group with other adult support and protection groups in Tayside.

The workplan that is the focus of the group's work brings together a number of areas in which action is required:

- i A review of risk management for adult support and protection has led to an operational risk being recorded in *NHS Tayside's* SMART (Risk Management) system as part of *NHS Tayside's* safety, governance and risk arrangements
- ii the group has agreed a set of information requirements to facilitate information sharing alongside sharing relevant papers and minutes with adult support and protection convenors and the national adult support and protection network
- iii arrangements for medical examinations have been agreed and implemented. GP information packs were developed in Angus and have been distributed throughout Tayside. The packs include information about the legislation and local contact details and the adult protection CD-ROM. Adult protection has also been part of a GP protected learning time event. Adult support and protection has been introduced into junior doctors' core induction training. The *Mental Health Specialty Board* in Scotland has now included adult protection as mandatory training for higher trainees in psychiatry

A self-assessment has been undertaken of older people in acute care following the standard statements outlined by *Healthcare Improvement Scotland* and the *Healthcare Environment Inspectorate*. A number of these statements are relevant to the adult support and protection agenda and the responses are summarised in Appendix 7.3. Also attached in Appendix 7.4 is additional information on *NHS Tayside's* corporate risk relating to complex needs/learning disabilities which also has relevance to the adult support and protection agenda.

The strategic developments reported are highly positive with respect to *NHS Tayside* engagement with adult support and protection activity. At the level of operational activity and practice there are two key indicators that have been reviewed regarding NHS

involvement. The first relates to referral of adult protection concerns by *NHS Tayside* staff. As already documented in section 3.2, above, despite a small increase over the two years covered by this report, referrals from *NHS Tayside* remain low. The second relates to attendance at IRD and Case Conference meetings. Here the picture is much more positive. Of 28 invitations to specialist doctors and consultants, 14 (50%) resulted in attendance. Of the 122 other NHS staff invited (e.g. district nurses, CPNs, etc.), 91 (75%) attended. The contribution of *NHS Tayside* to the on-going process of protecting adults at risk is encouraging. This is complemented by a valuable input to the work of the *DASPC* itself by the NHS representative.

Attendance by GPs at IRDs and Case Conferences was extremely poor, with only two attending in response to 43 invitations (5%). In contrast to *Tayside Police*, GPs rarely provided written reports in lieu of their attendance. Such poor attendance and co-operation is consistent with the Scotland-wide picture provided in the National ASP Co-ordinator's recent review. This concern is also reflected in the recent consultation on the *Scottish Government's* draft guidance on the involvement of GPs in adult protection⁸. The purpose of the draft guidance is to provide advice on how to integrate GPs into multiagency adult protection arrangements, so that they were better prepared to participate. In Appendix 7.3, *NHS Tayside* notes a range of collaborative arrangements with GPs in relation to older people in order to realise "*an outcome focussed and multidisciplinary/multiagency approach to care ... which meaningfully involves the patient and their carer*". **Recommendation 5** advises that *NHS Tayside Adult Support and Protection Implementation Group* explore such collaborative arrangements specifically with respect to the responsibilities of GPs to adults at risk of harm, and undertake this in the light of the *Scottish Government* guidance referred to above.

Tayside Police have played a key role in protecting adults at risk of harm and who meet the tests required of the Act. *Tayside Police* have been committed to protecting adults at risk and working jointly and effectively with local partners. To date this has involved various areas of work including:

- i joint and shared training initiatives
- ii involvement in working groups at all levels - local, regional and national
- iii ensuring open communication between public protection units and local partners
- iv the creation of policy and guidance for *Tayside Police* in consultation with partners
- v developing referral forms in consultation with partners to allow accurate and relevant information sharing.

Tayside Police are working with partners in both the statutory and voluntary sectors to

⁸ Consultation on guidance on the involvement of GPs in multiagency adult protection arrangements. Monday, July 2, 2012. <http://www.scotland.gov.uk/Publications/2012/07/7344>

gather and share information about people in mental health crisis and particularly those who have attempted suicide. Along with its partners *Tayside Police* worked to identify and fill any current gaps in service provision and provide the appropriate support to persons in mental health crisis.

Dundee's *Public Protection Unit* has built strong links and clear, open lines of communication with the *Adult Support and Protection Team* at Dundee City Council. Work is continuing to deliver joint training for statutory and voluntary agencies involved in adult protection, educating them on the roles and responsibilities of the respective agencies with a view to breaking down any barriers which previously existed between professionals.

However, the issue of the number of referrals from *Tayside Police* referred to in section 3.1 that are not adult protection concerns is a cause for concern with respect to the distortion of referral data and the process of screening required by the *Adult Support and Protection Team*. In addition, with the introduction of a single *Tayside Police Public Protection Unit* there is the possibility of a further increase in referrals. At present redrafted adult protection operational procedures are being considered for approval. If accepted, changes will mean that it will not be assumed that all police referrals should be considered within the *Social Work Department's* adult protection procedures. This will avoid the high number of 'no further action' cases reported over the past two years (see section 3.3). Instead, the *Social Work Department* will receive them as 'referrals to *Social Work Department*', to be dealt with as:

- i. a request for assessment and support
- ii. notification of an issue or incident in relation to an existing client
- iii. for information only
- iv. requiring no further action
- v. as an adult at risk of harm as defined in the Act

Under this arrangement the *Social Work Department* would screen cases before taking appropriate cases into the adult support and protection procedural framework.

Tayside Fire and Rescue Service has fully engaged itself with both the work of the *DASPC* and operationally. As noted in section 3.2, there has been an increase in referrals by the service for adult support and protection action, though these have predominantly not been addressed through adult protection procedures. Close collaboration between the service and the *Social Work Department* has been developed. The *Tayside Fire and Rescue* guidance presented in appendix 7.5 specifies guidance to be adopted by all personnel within that service in the submission of adult concerns to ensure they meet their requirements to share information. This protocol has been developed collaboratively with the *Chief Fire Officers Association*, *Fire Brigade Union*, *Tayside Police*, *Dundee Social Work Department* and *Angus Adult Protection Committee*.

Over the past two years there have been a number of fire incidents including those

which have resulted in fatalities. In order to minimise risk *Tayside Fire and Rescue Service* and the *Social Work Department* have worked collaboratively to address risk factors associated with such incidents. Fire and Home Safety visits are made to provide essential advice, assess the risk of fire and ensure that adequate smoke detection is provided. In the case of concerns regarding an adult at risk, they will be referred to the *Social Work Department*. The department's staff can also undertake a home safety check when visiting an adult at risk and may refer concerns directly to the *Tayside Fire and Rescue Service*. These arrangements enable a two-way flow of information. In turn, the *Social Work Department* have up-dated operational procedures to include these arrangements.

Cross Tayside protocols have also been developed specifically with respect to Significant Case Review Protocols, Practice Review Group Protocols and Large Scale Investigation Protocols. These bring a degree of uniformity of practice to work across the region.

7.2 Communication and cooperation in public protection

Many of the agencies and personnel who participate in the work of the *DASPC* are also integral to child protection, violence against women and sex offender management. This overlap has led the *DASPC* to participate in a number of developments that have taken place within the wider protecting people context, for example:

- i the development of a victim care and support protocol for adult victims of human trafficking
- ii ensuring that operational links have been developed and implemented between adult support and protection processes and the Multiagency Risk Assessment Case Conferencing process for high risk victims of domestic abuse
- iii briefings regarding the statutory guidance for forced marriage published in 2011 and subsequent responses to improve local systems to address forced marriage, female genital mutilation and so-called "honour"-based violence.

7.3 Cooperation in training

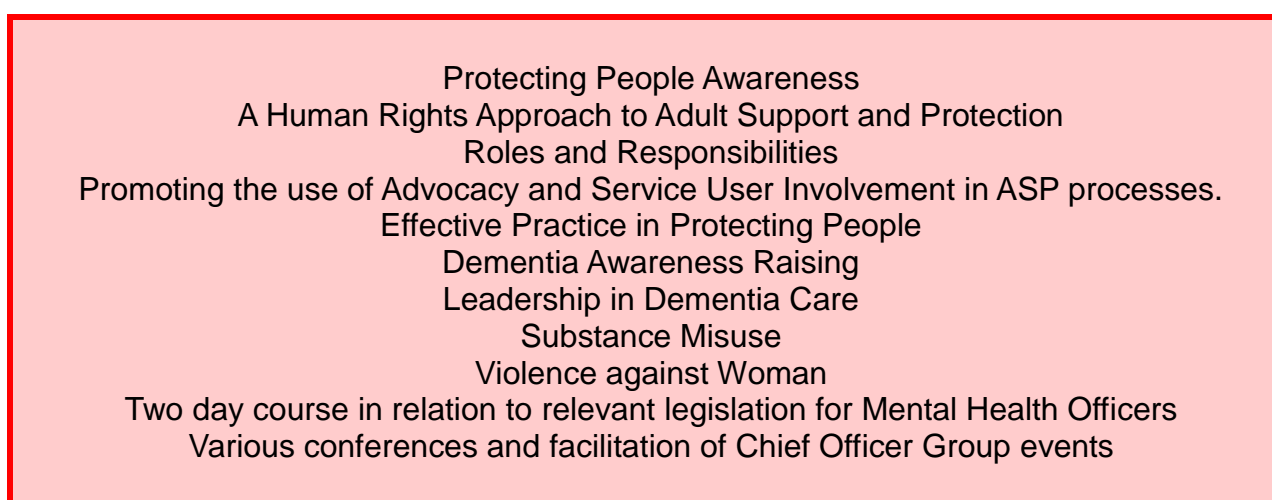
Relationships and progress have been excellent in relation to learning and training across agencies. However, there is considerable effort required on behalf of the chair of the task group to keep the momentum and the progress dynamic, including involvement of key stakeholders. Similarly, attendance at training events by all agencies can at times be patchy. Full involvement of key staff will be high priority for improvement throughout 2012-2014.

8 Training & staff development

8.1 Single and multiagency training and staff development

Since the independent convenor's last report in 2010, the sub-group of the *Workforce and Development Task Group* has continued to strengthen multiagency collaborative working in Dundee and across Tayside. The three levels of the national *Adult Support and Protection Learning Framework* continue to provide a template for the development and the delivery of single and multiagency learning and training for staff. The *Adult Support Protection Policy and Procedural Guidance* continues to underpin all learning activity. The principal topics dealt with appear in figure 3.

Figure 3: Principal training and staff development 2010- 2012



In addition, support to staff for relevant academic courses has included the University of Dundee *Adult Care and Protection Postgraduate Certificate*, the University of Stirling *MSc Dementia Studies*, while other staff has been sponsored to gain the *Mental Health Officers' Award*.

There has been significant embedding of adult support and protection in induction and awareness for all staff across universal public services and the private and voluntary sector in Dundee. This includes the sharing of materials and the joint delivery of training e.g. adult support and protection roles and responsibilities, and multiagency briefing which is delivered jointly by *Tayside Police* and *Dundee Social Work Department*. Learning and workforce development activity has increased in volume and broadened to incorporate locally identified training needs, case studies and case file audits, significant case reviews, *Mental Welfare Commission* reports and current research.

In response to the more specialist requirements of staff working in complex front-line management and practice, there has been extensive multiagency work to identify training and development needs to improve outcomes for those in need of support and

protection. This has resulted in the development and implementation of a multiagency joint action plan with priorities and timescales attached and incorporated into single-agency strategies.

NHS Tayside has collaborated in, and contributed to, adult support and protection training in relation to both NHS staff and partner agencies. Several e-learning programmes are available on the LearnPro e-learning system and accessible to all staff groups to complete. These modules include “*Caring for People with Learning Disabilities*” and information about Adult Support and Protection. During *NHS Tayside's* corporate induction programmes, all new employees are informed about this important agenda and signposted through *NHS Tayside's* Staffnet site to a 20 minutes DVD available as well as other educational training resource materials. For staff members who identify a need for a more in-depth level of knowledge in this area, regular workshops are available across Tayside, as shown in Appendix 8.1.

8.2 Training and staff development in the context of protecting people

A strategic approach across the entire protecting people agenda (described in section 1.1) in staff training and staff development has been undertaken in Dundee. Links have also been made with various strategic plans specific to substance misuse. This strategic approach is to ensure that the message that protecting people is everybody's responsibility is clearly communicated. This includes general awareness raising and training for all staff to ensure that they have the skills and knowledge necessary to identify protection issues, manage risk and understand reporting mechanisms. The development and delivery of targeted training for staff working in specialist and complex work in relation to protecting people is reported to the specific *Adult Support and Protection* and *Child Care and Protection Committees*. Duplication of effort is minimised and the added value of the examination of practice examples across the spectrum of protection allows for realistic and enriched shared learning to improve outcomes for individuals and families is ensured.

8.3 Evaluation of training and staff development

To date, the methods used to evaluate training have been quantitative i.e. numbers of participants with an emphasis on measuring outcomes of training on the day of the event. Although this is useful, there has been minimal qualitative data to inform or evidence practice. The *Learning and Workforce Development Task Group* is progressing the evaluation of the impact of learning and development activity on improving practice. This will be a priority in 2012. The data collection will include a combination of questionnaires, the conducting of telephone surveys and focus group activity. These will be carried out and pulled together in each agency then centrally collated for reporting to the *DASPC* on a multiagency basis and for the overall data set for adult support and protection. Case file audit results and self-evaluation and scrutiny reports will also provide evidence of the impact of learning on improved outcomes for service users.

It should be noted that the collation of information across the agencies is complex and unwieldy and can be variable because of changing staffing and structures. There has been minimal investment or resources attributed to the development of a centrally produced data set for training. There is an over reliance on social work individuals and systems to collate information on behalf of the different agencies. Investment in a multiagency learning and development dataset would contribute to the overall evaluation of adult support and protection processes.

Dundee has linked into the newly established *National Adult Support and Protection Learning and Training Network*. This will provide a forum for sharing experiences and examples of learning activity and assist in the development of a range of evaluation tools for use across Scotland.

Future work continues with projected learning and development activity planned: in relation to: chairing case conferences, investigative interviewing and the interface between relevant and related legislation for a wider staff group.

8.4 Comprehensive training plan

Attention was drawn to the need for a comprehensive training plan and evaluation of training in the 2010 biennial report.

2010 Recommendation 6: A comprehensive and integrated description of education and training activity across the principal agencies should be prepared, providing information on course content and trainees' characteristics as well as information on the impact of the training on adult support and protection effectiveness.

Aim: To identify areas of content and trainee characteristics in which further input is required and determine whether processes have been put in place to evaluate the impact of training.

Action: The integration of information should be undertaken by the Learning & Workforce Development Task Group, or a sub-group of this Task Group representing the relevant agencies.

Though progress has been made with respect to this recommendation, the issue of evaluation that goes beyond immediate course feedback remains. There remains the need for a fuller and wider assessment of the impressive programme of training and staff development as part of the comprehensive approach to evaluation noted in **Recommendation 7**.

9 Workforce issues

Workforce issues have been dealt with in section 6 of the report.

10 Formal Evaluation

Progress in the evaluation of the views of individuals at risk and their carers has been described in section 2. In particular the impact of Dundee adult support and protection interventions from the point of view of individuals at risk and their representatives that was explored in a postgraduate dissertation undertaken has been commented on. Though only a small scale study, positive outcomes for the individuals were reported. Formal self-evaluation has also been undertaken and is planned. In September 2010, 26 adult support and protection cases were evaluated over a three day period. Cases were randomly selected from adult support and protection records and were purposely sampled to ensure the cases chosen ranged across client groups and periods of time. The purpose of the self-evaluation was to:

- i. evaluate multiagency co-operation in Dundee
- ii. examine whether guidelines were being adhered to
- iii. determine whether the adults involved were safer as a result of intervention
- iv. make a limited comparison between the self-evaluation resource and the one used by the *Social Work Inspection Agency (SWIA)*
- v. contribute to a Scotland-wide pilot of the self-evaluation resource⁹

Three self-evaluators were involved, two from the *Social Work Department* and one from *Tayside Police*. *NHS Tayside* representation was requested but resourcing difficulties meant an evaluator was not available. Of the 26 cases, six cases were jointly evaluated by police and social work using the self-evaluation resource, ten cases were evaluated on a single agency basis (social work) using the self-evaluation resource, ten cases were evaluated on a single agency basis (social work) using the *SWIA* instrument. If any doubts arose, cases were evaluated twice.

The following quality indicators were assessed:

- i Is the adult safer as a result of our activity? (Resource QI 1, SE area 1)
- ii How well do we meet the needs of stakeholders, at risk adults and their families? (Resource QI 2, SE area 2)
- iii How good is our service delivery for the adult at risk and their families? (Resource QI 3, SE area 5)
- iv How good is the quality of policy, service development, planning and performance management? (Resource QI 4, SE area 7)

In using both the *SWIA* instrument and the *Self-evaluation Resource*, it was felt by the evaluators that the latter very much focused on multiagency practice and allowed for detailed inspection of key aspects of the service/process, whereas the *SWIA* instrument was very generic and appeared to focus more on file content rather than practice.

⁹ Hogg, J. & May, D. (2012) The development and piloting of the Self-evaluation of Adult Support and Protection Activity in Scotland: Resource Handbook. *Journal of Adult Protection*, 14, 175-186.

The findings of the case file evaluations were synthesised and a number of overall themes are highlighted below:

Positive Findings:

- i good levels of case recording
- ii evidence of multiagency team working and responses
- iii a high level of input from agencies once concerns were identified
- iv a high level of commitment by workers to safeguard adults
- v good inter-agency communication
- vi social workers worked very hard to explore all options available to safeguard adults
- vii the best interests of service users was always at the centre of practice
- viii in all cases evaluated, service users circumstances had improved
- ix In situations where an order was in place, the situation for the individual had greatly improved
- x good inter-agency decision making
- xi where protection plans were in place the contact with service user was more regular and consistent
- xii core groups allowed for on-going sharing of information and sharing of responsibility
- xiii where family/advocacy were involved, decision making and support was enhanced by their involvement
- xiv a prompt response to concerns and initiating adult support and protection processes led sooner to a better outcome for individuals.

Areas for Development:

- i very few cases had the adult/family in attendance. If the adult was unable to attend, advocacy services appear to have been overlooked
- ii resource limitation on agencies impacted on decision making due to non-attendance at case conferences
- iii there were a lack of protection plans on file
- iv core groups are not consistently taking place or if they have, there is no record/minutes on file
- v signed minutes by chair not always on file
- vi staff knowledge of relevant legislation and guidance was variable
- vii multiagency guidance timescales were not always adhered to for a range of reasons and often it appears agencies not prioritising adult protection
- viii in some cases IRD reviews replaced a case conference e.g. in one case file four IRDs took place over a matter of weeks. Police considered this delayed a fuller multiagency response that a case conference could have facilitated
- ix a considerable number of cases had a delayed response in proceeding to adult support and protection procedures. The social workers very often worked in isolation to resolve the difficulties. However, a quicker response to proceed to

adult support and protection would have minimised the risks and allowed shared decision making

- x evidence of manager scrutiny and self-evaluation of cases was low.

The self-evaluation revealed some very positive practice in relation to adult support and protection in Dundee, but it also emphasised areas for improvement and inclusion in the *DASPC* business plan. Specific recommendations were:

- 1: Multiagency staff needs to prioritise adult support and protection activity and be supported in implementing guidelines and understanding and applying the relevant processes. The *Workforce and Development Task Group* has implemented this recommendation.
- 2: Multiagency guidelines need to be reviewed in terms of timescales, processes and associated documentation. This has been undertaken. With respect to this and Recommendation 3, focus groups were set up August-September of 2011 with social workers, team managers and service managers to determine their views. Up-dated guidance is almost complete.
- 3: Multiagency guidance needs to be more explicit regarding adult support and protection processes, especially the purpose of the Initial Review Discussions in order to establish whether the adult is an adult at risk of harm within the definition of the Act and to implement immediate protection before proceeding to a case conference. IRD reviews should only be convened if there is insufficient information available at the IRD in order to make a decision.
- 4: Service Managers and Team Leaders need to promote the attendance of service users and advocacy at case conferences. As indicated in Section 2.2 and Appendix 2, this work has been completed.
- 5: A process of management scrutiny of adult support and protection case files should be considered. This should be undertaken by the *Self-evaluation Task Group*. A further three, detailed self-evaluations of cases have been undertaken in 2011 and will be reported in due course. An extensive programme of self-evaluation beginning Autumn 2012 is at present being planned.

This work reflects implementation of the recommendation made in the 2010 biennial report:

As noted, further multiagency self-evaluation is scheduled for later in 2012.

2010 Recommendation 7: The committee working through the Self-evaluation Task Group should continue to develop a comprehensive evaluative strategy that covers key quality indicators relevant to increasing the safety of the adults at-risk, outcomes as judged by stakeholders, the effectiveness and efficiency of service delivery, the quality of policy and its development, employee support, and the adequacy of governance and leadership.

Aim: To ensure that all aspects of the work of the committee and adult support and protection activity are subject to review and continuous improvement in order best to protect adults at-risk of harm in Dundee.

Action: The committee to agree a brief for the Self-evaluation Task Group to develop a comprehensive evaluative strategy and ensure its integration into the business and strategy plan.

Other areas in which evaluation is on-going or projected have been noted, including stakeholder satisfaction, training and staff development, and improvements in public awareness. The report has also attempted to comment on meeting key aspects of the Act's provision, e.g. the effectiveness of interagency working and also the efficiency of the referral system. What is lacking at present with respect to evaluation are not only the limitations of individual areas of adult support and protection concern, but any sense of a coherent evaluative strategy across what should be an integrated, interagency service. **Recommendation 6** points towards the development of an integrated evaluative plan to be undertaken by the *Self-evaluation Task Group* which should be re-designated as the *Evaluation Task Group*.

11 Conclusion, Recommendations, and future plans

11.1 Continuing progress

The changing context: The context in which adult support and protection is carried out has over this period April 2010 to March 2012 evolved considerably. At national level the policy set in train by the *Adult Support and Protection (Scotland) Act 2007* has been further shaped by the *Scottish Government* and by the appointment of a national coordinator for this field. More recently an *Adult Protection Forum* consisting of representatives of key organisations and convenors has been set up. Locally, the *Chief Officer Group (Care and Protection)* has established a public protection framework and placed adult support and protection in a closer relationship with child care and protection and the reduction of violence against women. Both the *DASPC* and the *Adult Support and Protection Team* have worked constructively to ensure the success of these national and local developments.

Progress: Good progress in adult support and protection in Dundee has been made during 2010-2012. The implementation of the recommendations made in the first biennial report is dealt with in the present report and where necessary, further work noted. The *DASPC* itself has continued to develop procedures to create a more effective framework in which to safeguard adults at risk of harm, working closely with practitioners. The work of the four task groups, established by the committee and described in section 1.4, have in large measure fulfilled they remits, and areas requiring further development are noted in the following recommendations in section 11.2. Key areas progressed by the task groups include development of a clear approach to risk assessment, an independent advocacy protocol, Significant Case Review and Practice Review Protocols.

Interagency collaboration: The work of the task groups is undertaken through collaboration between the principal agencies involved in the adult support and protection partnership mandated in the Act, together with other partners such as advocacy support. These collaborations have worked well and all agencies have contributed as required. More widely, the *Social Work Department, Tayside Police, NHS Tayside and Tayside Fire and Rescue* have developed the collaborative arrangements reported in the first biennial report. The contribution of agency representatives at IRDs and Case Conferences is encouraging. The one exception is the contribution of GPs which requires fuller consideration and on which a recommendation is made below.

Referrals: The appreciable increase in adult protection referrals has been noted, with an encouragingly wide range of referrers. The high number of referrals of adult concern by *Tayside Police* was reported, and attention drawn to the need to establish a more focussed approach to referrals noted. In line with national concerns, the possibility that *NHS* staff is failing to refer cases that meet the criteria specified by the Act has been considered. Recommendations with respect to both these areas are made below.

Public awareness: There is a danger that in reporting on referrals there is a failure to acknowledge the shortfall between referrals and the actual, unknown number of people in the city who are being subject to harm. It is obviously impossible to be precise on this figure, but we can draw on estimates of harm based on reputable research, particularly for older people and also those with learning disabilities. In both cases the number of referrals in Dundee falls far short of estimates based on research studies. It is important not to be complacent, therefore. As noted above, increasing public awareness, but also awareness of staff across agencies, is essential if we are to avoid dealing only with the tip of the harm iceberg.

Most harm to adults at risk occurs in the community or in private homes, often caused by individuals close to the person or by the individual themselves. As we described above, the gap between projected levels of harm and the number of referrals of adult concern received is a cause for concern. For this reason public awareness of such harm and how to respond is a key issue if such cases are to be identified. We noted in the report the initiatives taken by the *Communication Task Group* to increase public awareness. Over the present two year period there has only been a modest increase in the number

of referrals from the general public and evaluation of the effectiveness of *Act Against Harm* publicity is still called for.

Training and staff development: As in the first biennial report, attention has been drawn to the extensive training undertaken in Dundee by the *Social Work Department Tayside Police* and *Tayside Fire and Rescue*. We have also noted awareness of the need for ongoing training and development. It is essential, however, that evaluation of outcomes should go beyond immediate feedback from training sessions. How is the impact of training realised in practice? Are the outcomes beneficial in identifying and safeguarding individuals at risk of harm?

Stakeholder satisfaction: Individuals who have been protected by adult support and protection interventions in Dundee have generally expressed satisfaction with the support they have received. However, far more extensive evaluation in this area and its integration into on-going protection activities is called for. Involvement of stakeholders in the work of the committee has been valued, but remains limited, and is an outstanding issue on which a recommendation is made below. With respect to independent advocacy support and representation, there has been a four-fold increase which is very welcome (see section 2.2), though further development is still called for.

Evaluation: The issue of stakeholder satisfaction is central to the evaluation of Dundee's adult support and protection activity. The key aim of such activity is that adults at risk of harm in the city feel more secure and safe from harm. We have reported two pieces of work that indicate that when engaged with a case, stakeholders – the individuals themselves and their representatives – generally report a high level of satisfaction. We have also noted the issue of evaluation in relation to other areas of protection, e.g. with respect to the outcomes of training and staff development and increasing public awareness.

It is inevitable in what are still the early stages of adult support and protection policy and practice that initiatives to determine how effective practice is should be carried out independently in different sectors of the service. However, there is a real need to develop a more comprehensive evaluation strategy that brings together all elements of evaluation and audit in a common framework. A recommendation to this effect is made below.

Along with the development of an integrated evaluation strategy is that there should be a coherent database from which report information can readily, and in an on-going fashion, be derived. Those responsible for adult support and protection data collection have developed useful data sets, but further organisation is called for. Again, a recommendation is made below.

11.2 Going forward: Recommendations

There has been extensive consultation with groups for whom adult support and protection is a concern. These have included, among others, older people, individuals with learning disabilities and also those with mental health difficulties, i.e. the principal populations implicit in the Act. While there is valued involvement of stakeholders on the *DASPC*, the level of contribution that would be genuinely participative has not been achieved. **Recommendation 1** is for the formation of an adult support and protection stakeholder group made up of representatives of key voluntary organisations for which adult vulnerability is a major concern. A remit should be prepared which enables this group to raise concerns with the *DASPC* which in turn should respond formally to the stakeholder group. In addition, a short induction programme should be prepared and delivered to this group to put them in a position in which they understand the role of the *DASPC* and *Adult Protection Team* and the context for this work.

2012 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.

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.

Time scale: Completion by April 2013.

The state of affairs with respect to referrals by *Tayside Police* is problematical, not least in the pressure on social work staff time in processing an increasing number of unfiltered referrals. **Recommendation 2** advises clarification of the interface between *Tayside Police* and *Dundee Social Work Department* with respect to referrals.

2012 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 adult protection criteria.

Timescale: Completion by December 2012.

Although it cannot be proven that *NHS* staff failed to refer cases meeting the criteria in the Act, that the number of referrals is low is in line with a national judgement by the recently appointed National Adult Support & Protection Co-ordinator. He has noted that across Scotland *NHS* adult protection referrals are typically lower than would be anticipated given the number of vulnerable patients with which a range of *NHS* services deal. **Recommendation 3** advises that *NHS Tayside* review the impact of its extensive initiatives in relation to adult support and protection on awareness, attitudes and knowledge and how these translate into action on the part of all frontline staff, including auxiliary workers.

2012 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 improve the safeguarding of adults of risk of harm in the full range of healthcare facilities and settings in which they receive support, including acute settings, Accident and Emergency and the community.

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.

Timescale: Review to be completed by February 2013.

A principal type of harm of adults at risk is financial exploitation. The *DASPC* has already initiated work to inform and collaborate with local financial services (e.g. banks, post offices etc.) and relevant organisations such as the *Chamber of Commerce* to reduce financial exploitation. However, work with this wider community in the city to mitigate such harm has fallen behind that in many other adult support and protection partnerships. Progress has, therefore, been limited. **Recommendation 4** is directed to facilitating a more thoroughgoing city-wide approach to this key issue.

2012 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.

Timescale: The strategy plan to be completed by December 2012 and the first phase of implementation to have been completed by June 2013.

Engaging GPs in adult support and protection activity has proved problematical, a situation acknowledged in the recent National Adult Support and Protection co-ordinator's report. In this he suggests: "*Consultation with NHS/Health Boards at a national level with regard to creating a Local Enhanced Service around Adult Support & Protection may be worthwhile. Engagement at BMA and GMC level may also be useful in ascertaining how best to support GPs in engaging with the Adult Support & Protection agenda.*"¹⁰ (p.4) At local level, **Recommendation 5** advises that *NHS Tayside Adult Support and Protection Implementation Group* explore the provision of such support to GPs in the local context, and in the light of the eventual *Scottish Government* guidance on which consultation is at present taking place (closes August 24 2012).

2012 Recommendation 5: To provide support to engage GPs more fully in safeguarding adults at risk of harm enabling their important contribution to be realised.

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

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.

Timescale: On-going development.

Throughout this report examples of evaluation of part of adult support and protection activity have been referred to, including self-evaluation of aspects of the work,

¹⁰ Comley, P. (2012) *Adult Support and Protection: A report to the Scottish Government around emerging themes*. Edinburgh: Scottish Government.

stakeholder satisfaction, the creation of greater public awareness and the outcome of training and staff development. This work is important and has added to the picture of an emerging, effective service. However, there is inevitably a lack of connection between these components, and **Recommendation 6** advises the development of an integrated evaluative plan. This would enable connections to be made between different areas of activity, e.g. increased public awareness leading to more community referrals, training leading to changes in practice, and understanding the role of independent advocacy in enhancing stakeholder satisfaction. The national self-evaluation resource covers many areas requiring consideration and draws on specific sources of information that may have been collected with a limited focus in mind. This could in the first instance provide a framework to consider the scope of an integrated evaluation strategy.

2012 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*.

Time scale: The development of the strategy and the first stages of its implementation should be complete in time inclusion in the October 2013 fifth year report, i.e. July 2012.

Developing and carrying out a comprehensive evaluation is linked directly to data collection and reporting on practice, cases and outcomes. During production of the present report staff responsible for data collection has been totally co-operative and we have presented the outcome of their efforts. However, both evaluation and report writing would be more efficiently carried out if data collection, generation and report writing were undertaken in an integrated framework employing appropriate software. Such approaches are available, sometimes in relation to specific areas of provision, e.g. health¹¹, while a range of commercial packages also exist. **Recommendation 7** addresses this issue. It might be added that if such an approach is feasible, this might be considered as a pilot for wider use within public protection.

¹¹ Consensus Workgroup on Health Information Capture and Report Generation (2002) *Healthcare documentation: A report on Health Information Capture and Report Generation*. http://www.providersedge.com/ehdocs/ehr_articles/Healthcare_Doc-Report_on_Information_Capture_and_Report_Generation.pdf

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.

Time scale: A report to be made to the *DASPC* meeting in December 2012.

11.3 Looking to the future

The *Adult Support and Protection (Scotland) Act 2007* and subsequent guidance and training provided a context in which significant improvements in supporting and protecting adults at risk of harm could be achieved. It offered ways by which past failings identified prior to the Act^{12, 13} could be overcome. Among these were significant failures of interagency collaboration and barriers to reporting and responding adult protection concerns. The adult support and protection partnership in Dundee has responded positively to the opportunities presented and there is clear evidence of good practice across the various commitments mandated by the Act, complemented by some positive evaluations.

The provision developed in Dundee does not require any radical reconfiguration, but continuous improvement is called for and we have drawn attention to some key areas in the present recommendations. Other developments are on on-going and will complement these specific initiatives.

It is important in considering the future to take into account national developments. The evolving *Scottish Government* framework for adult support and protection will have important implications for work in Dundee, and it is essential that we keep pace with and

¹² Hogg, J., Johnson, F., Daniel, B. & Ferguson, A. (2009a) *Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers. Volume 1: Main Report.* Dundee: White Top Research Unit: University of Dundee.

<http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/Collaboration>

¹³ Hogg, J., Johnson, F., Daniel, B. & Ferguson, A. (2009b) *Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers. Volume 2: Recommendations.* Dundee: White Top Research Unit: University of Dundee.

<http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/Interagency>

contribute to this. It is proposed, too, that the *Care Inspectorate* will turn its attention to adult protection services in 2013, though in the wider context of scrutiny of adult services generally. In such inspection, an emphasis will be placed on self-evaluation, adding emphasis to the theme of improved evaluation that runs through the present report. Wider legislative changes affecting policy also have significant implications for adult protection. In particular, the personalisation of services through *Self Directed Support (SDS)* in Scotland¹⁴ is already being progressively implemented, with increased stakeholder choice and the need to consider the risks arising from such choices. A paper prepared for the *National Adult Protection Committee Chairs Committee* by the Dundee and Perth & Kinross convenors¹⁵ has already been considered by the *DASPC* and will be the basis for future developments in the city.

The adult support and protection partners in Dundee are well placed to meet these challenges, working from the firm base established over the past four years.



¹⁴ <http://www.scotland.gov.uk/Publications/2010/11/05120810/0>

¹⁵ Hogg, J. & Davidson, A. (2012) *Adult Support and Protection (Safeguarding) in the Context of Personalisation Policy: Briefing paper prepared for the National Adult Protection Committee Chairs Group*. White Top Research Unit, University of Dundee: Dundee.

