



Dumfries and Galloway

Adult Support and Protection

Biennial Report 2018 - 2020

1 April 2018 to 31 March 2020

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Introduction

Joint from Interim Independent Chair and Chair of Chief Officers Group: Public Protection

We are pleased to present Dumfries & Galloway's adult support and protection biennial report. This report provides an overview of the adult support and protection work of the Public Protection Committee for the period 31st March 2018 to 1st April 2020 and sets out the progress secured during that period.

We wish at the commencement of this report to pay tribute to Freda McShane who was Chair of the Public Protection Committee in Dumfries and Galloway during the period of this report and before that chair of both the Adult and Child Protection committees. Freda died in March 2020 whilst in post after a short illness and her loss is felt keenly by all involved in the public protection arena both locally and nationally. Freda is greatly missed and provided extraordinary leadership during her period as Chair and was the driving force behind several key developments detailed within this report. Freda was instrumental in leading the complex process of amalgamating the three work strands of child protection, adult support and protection and violence against women and girls, into the current Dumfries and Galloway Public Protection structure.

We currently have an interim chair who subsequently commenced in role, and hence we wished to honour Freda with a joint statement of introduction by chair of Chief Officers Group: Public Protection, and interim chair of Public Protection Committee.

Dumfries and Galloway Public Protection Committee is the multi-agency partnership responsible for the strategic development and delivery of services to the most vulnerable adults and children who are at risk of, or experiencing, harm. The Committee is represented by senior managers from NHS D&G, Police Scotland, Local Authority, Voluntary and Independent Sectors and other key partners. The Committee operates within the context of a Constitution and Governance Framework.

Important changes have taken place during this reporting period particularly in relation to the public protection structure. In June 2018, the first meeting of the newly formed Public Protection Committee took place, replacing the previous Adult Support and Protection Committee, and this period of change has been considerable for all those involved. Thanks, must be extended to all members, past and present, of Committee and support staff for their commitment and drive during this process in implementation and establishment of the Public Protection Partnership.

Notwithstanding structural changes, work has continued to embed several improvements to deliver effective adult support and protection services. This report details some of those developments including:

- Our Multi Agency Safeguarding Hub (MASH) is now firmly embedded and a key part of our multi agency approach to risk assessment and information sharing to make informed decisions to protect those at risk.
- We have developed and implemented multi-agency chronologies guidance to better identify risk trends and patterns of behaviour for individuals.
- Dumfries and Galloway PPP are committed to improving service user engagement across adult support and protection and the development and launch of both financial harm and self-neglect strategies has demonstrated the value of a co-production approach to adult protection work.

Keeping people safe whilst respecting their rights to self-determination is the golden thread running through our safeguarding work now and in the future. We will ensure that we work in partnership to obtain the correct balance within an increasingly complex landscape of risk. This will drive us through the current pandemic and to meet the new challenges and adapt. In addition, in the coming year we will endeavour to work more closely with other partnerships to secure coherence in the delivery of overlapping services within the arena of public protection. In particular, we seek to enhance our links with the Alcohol and Drug Partnership in recognition of the need to support those where substance misuse is deemed problematic and harmful, and to ensure families, and adults receive the appropriate supports to keep them safe.

Chief Superintendent Linda Jones

Chair Chief Officer Group: Public Protection



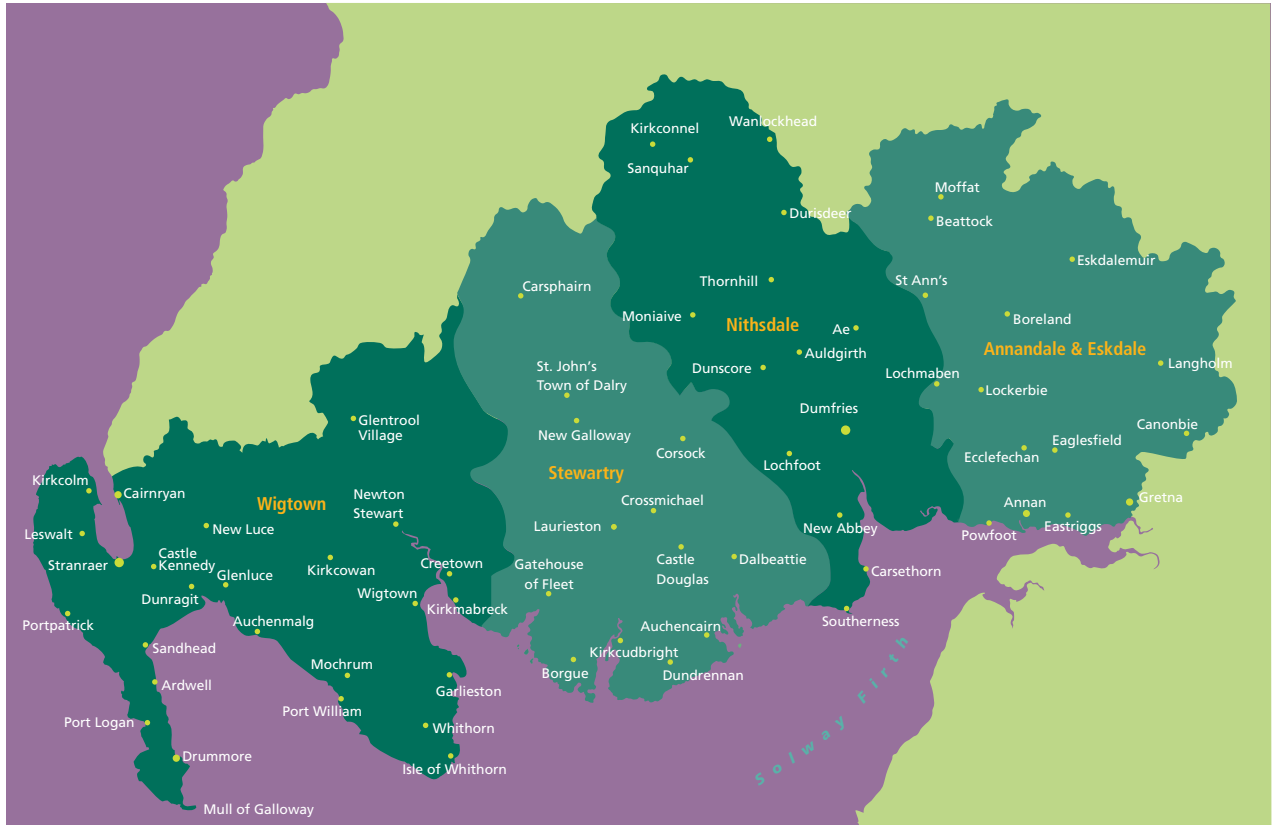
Kate Thomson

Interim Independent Chair –
Dumfries and Galloway Public
Protection Committee





Demographics of Dumfries and Galloway



Map of Dumfries and Galloway by Localities

Dumfries and Galloway Council is the third largest region in Scotland behind Argyll and Bute, and the Highlands. It covers 6,426 sq. km (8.2% of the total land area of Scotland), with 20% of the population living in remote rural locations. The current population is approximately 149,670, with the largest town being Dumfries (population 38,900), followed by Stranraer (10,600) and then Annan (8000). The remaining population is characterised by small settlements of 4000 people or less spread across the region. This rurality brings challenges in terms of accessibility to services.

Population by Age	Percentage
0-15	15.7%
16-64	59.2%
65 and over	25%

Adult Support and Protection in Dumfries and Galloway (Legal Requirements)

As detailed in the previous Biennial Report, partner agencies across Dumfries and Galloway in 2018-2020 moved to a Public Protection structure establishing the Public Protection Partnership. The Public Protection Committee within the partnership is responsible for “ensuring cooperation and communication within and between agencies to promote appropriate support and protection for adults as set out in section 42 (2)” of the Adult Support and Protection (Scotland) Act 2007.

The Public Protection Committee (PPC), under the Independent Chair, formally replaced the Adult Protection Committee in June 2018 and continues to meet every two months. The underlying structure was agreed but this has been reviewed over the two-year period in response to changing needs (see below). In 2019, for example, a formal sub-committee to provide oversight of multi-agency Case Reviews was agreed and established. The establishment of a dedicated Initial Case Review (ICR) / Significant Case Review (SCR) sub-committee came from a recognition of the need to continuously review our public protection structure, to ensure that it is effective and appropriate for those who work in the Public Protection environment at all levels.

The Chief Officers Group: Public Protection (COG) leads the partnership and has a responsibility for and oversight of Public Protection and the appropriate implementation of previously agreed structures. COG will ensure there is multi-agency commitment to collaborative working in Public Protection in Dumfries & Galloway through active senior officer commitment and engagement from all relevant agencies.

Ongoing Review and Development

The Public Protection Committee requires ongoing evaluation of this structure to assure COG and within the reporting period undertook several developments and learning sessions for members, reporting regularly to chief officers. This was to ensure both continuous improvement of this innovative approach and for the strategic development and delivery of services to our most vulnerable population, who are at risk of harm.



After consultation Members and partners highlighted benefits of the PPC approach including greater information sharing and networking, reduced duplication and streamlining of approaches and that PPC is a strong foundation for future public protection activity and progression of the integrated joint agenda. Notwithstanding these, we are fully aware of the challenges presented by significant change and continue to provide scrutiny and review on a continuous basis. Changes instituted in this period included a revised and reduced membership of PPC, review of frequency of meetings and core attendance and the merging of Practice Improvement and Performance and Quality Sub Committees. The impact of the changes will continue to be monitored by PPC to ensure the new model delivers effectively.

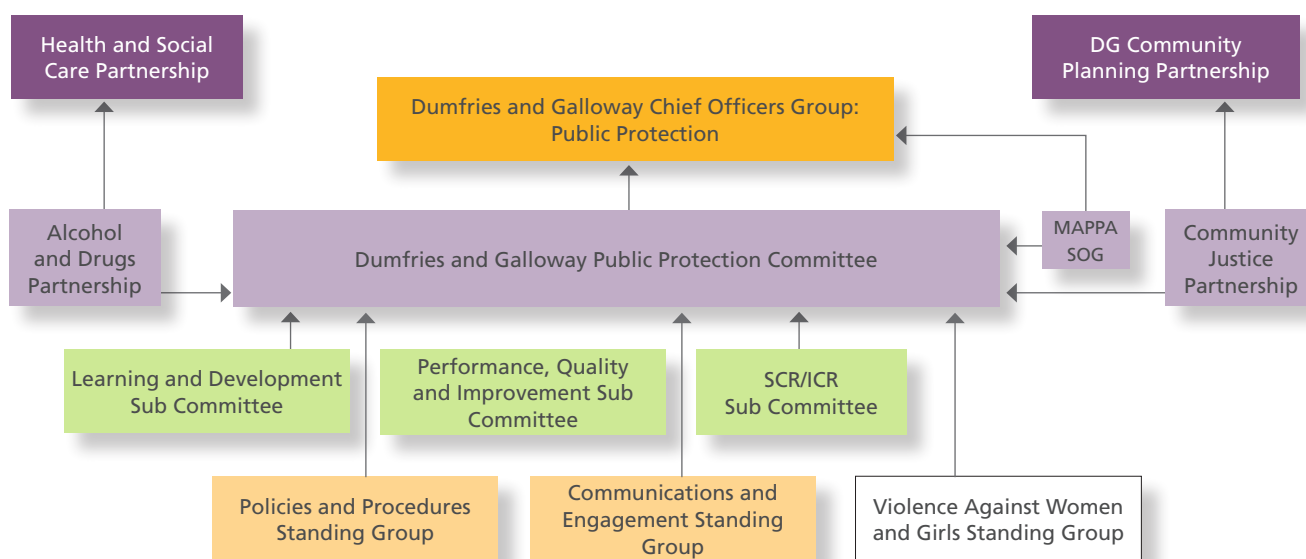


Figure 1: Public Protection Partnership Structure – December 2019

It is fully acknowledged that the Public Protection Committee cannot deliver on this agenda on its own and will continue to build stronger links between Public Protection Committee and the South West Scotland Multi Agency Public Protection Arrangements (MAPPa), Alcohol and Drug Partnership and the Community Justice Partnership.

Data and Performance Information – 2018/20

During the period 2018 - 20 progress and development work has been undertaken to improve the quality and range of performance information presented to committee. The learning from our participation in the Pilot of the Child Protection National Minimum Dataset has informed our approach. Performance information has been produced on a quarterly basis, the information is presented as a mirror of the ASP process with standard questions and multi-agency scrutiny delivering key messages for Committee. The use of performance data has highlighted several areas where more work needs to be done, both in terms of better understanding of what the data is telling us and improving areas of practice.

The picture of performance data in Adult Support and Protection includes some changing trends. Although ASP Concerns seem to have shown a reduction this is due to changes at the screening stage through an improvement to the role and function of the Access to Services Team. This ensures that adult concerns that reach MASH are appropriate and dealt with timeously. The source of ASP concerns continues to be predominantly from Police, but an improving trend from care homes has been noted due to some targeted work and awareness raising. Duty to Inquiry numbers show an increasing trend. These are arising from a range of concerns but there is an increased prevalence of financial harm and neglect. Investigations and Case Conferences, as would be expected, also show an increasing trend over the three years. It has been noted that through analysis of data that there are several individuals who have recurring referrals into the ASP process. Work is ongoing to better understand this situation and to improve assessment and planning.

Adult Support and Protection	17/18	18/19	19/20	Percentage Change (2018/19 to 2019/20)
ASP Concerns	4547	4497	3883	-14%
ASP DTIs	949	1076	1427	33%
Investigations	89	103	145	41%
Case Conferences	24	35	47	34%
Case Conference Reviews	18	23	37	61%



Outcomes, Strengths and Challenges

The perennial issues in relation to the safeguarding adults is the delicate and complex balance between their self-determination and autonomy and our duty of care. This involves an understanding and appreciation of human rights under United Nation Convention on the Rights of Persons with Disabilities. Effective decision making relies upon good relationship practice, a clear understanding of capacity and where necessary the adoption of a critical stance which ensures that we include individuals who are unable to safeguard themselves.

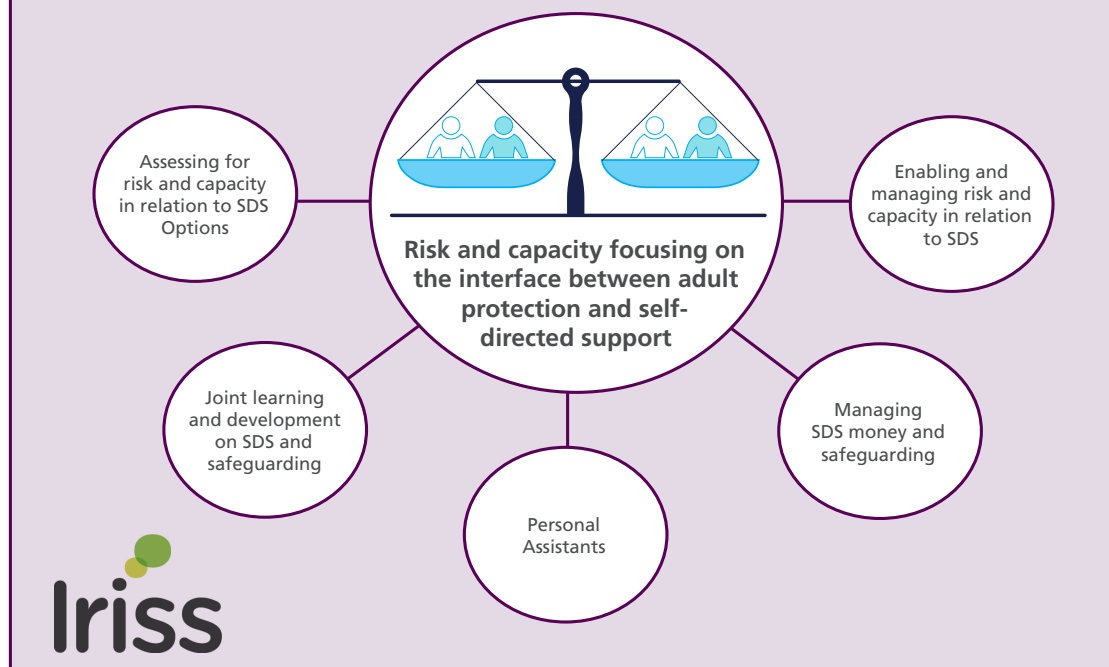
It is recognised that people experiencing symptoms of personality disorder and other complex mental health issues often present with difficulties managing thoughts and feelings which significantly impacts on ability to function and maintain healthy relationships. This can mean that people with these conditions live more chaotic lifestyles, place themselves at risk, become more isolated and find themselves in crisis. From case reviews in Dumfries and Galloway we identified that there was a need to address and improve collaborative practice to support these people and reduce the risk of their coming to harm.

A pathway was created and reviewed to detail the initial triage, access and contact points for people being seen by Social Work and Community Mental Health Teams.

Monthly meetings were established between clinicians and practitioners from both teams to liaise and discuss people presenting in crisis or with complex difficulties.

This initially small-scale test of change at a Locality level has shown that the collaborative approach has better engaged people with complex needs into services and reduced duplication of visits from both services. Initial feedback from staff and service users is positive and we are developing plans for roll out in the longer term.

ASP includes “Support’ for the person and their carers SDS is our Social Care approach



Keeping People Safe

While the Multi-Agency Safeguarding Hub (MASH) established in 2017 continues to deliver its aims and objectives to keep people safe through multi agency collaboration and joint discussions around adults at risk of harm, over the period of this report there have been a number of improvements within the operation of MASH.

There have been some significant changes within the multi-agency team in MASH, aimed at improving both the referral screening process, and the completion of adult protection initial inquiries. These have included the appointment of a second senior social worker in March 2019 to increase capacity and a Council Officer role introduced on a trial basis to aid with the quality of risk analysis in September 2019. In May 2019, a Nurse Consultant Clinical Risk role was introduced to assist the safeguarding hub where specialist mental health information and/or advice is required. This has provided a level of expert mental health knowledge, advice, and support. The role is seen as pivotal to support multi-disciplinary teams in managing high risk service users.

“I have been actively involved in help covering MASH. I feel there is improved consistency of ASP screening and it is helpful for central point with oversight of all ASP work”

In addition, a Multi-Agency Adult MASH Operating Procedure and Guidance note was developed in January 2020. This included consultation and contribution from all agencies and provides clarity on the operation of Adult MASH and definition of the roles of each agency.



“The formalisation of the analysis section (analysis template) has helped greatly with my Duty to Inquiry work. The screening of ASP referrals has made the process of ASP procedures more structured and standardised.”

“The MASH has supported partnership working. My practice has always been to ring to discuss any complexities - it is good to have a duty MASH SSW to discuss referrals with and agree together a way forward”

“Feel more confident knowing there is a multi-agency consensus when exploring / dealing with or managing risk.”

“Within the MASH I feel we have built and continue to develop good working relationships given this is a Multi-Agency Hub”

In September 2019, a smart survey was produced to gain feedback from staff and identify whether the introduction of the MASH had assisted and provided the consistencies in decision making to keep people safe.

Keeping adults safe in our community does not only fit within the ASP practice and function. There are several adults who are at risk of harm who do not meet the 3-point test under ASP, but for whom we have a duty of care. Many of these individuals are at high risk of harm and do not willingly engage with services. During this period work has been done to address the needs of these individuals and this includes the development of a risk assessment framework and consideration being given to the establishment of a multi-agency escalation group.



Date & Time	Source	Name & Role of Practitioner Recording Significant Event	Event	Event Details	Outcome/Actions Taken
27.4.2018	Referral		Father concerns about x welfare	No consent from user to the referral	Father signposted to ADAQION Women's Aid
20.4.2019	Referral from STARS		Regarding need for care	Also noted user's parents have requested she leave their home in 8 weeks time	STARS concluded long term care was not required Referral was NFA
8.11.2019	VPR		Father raised concern he had not seen daughter since moving to X	Located at home by police Safe and well but had been drinking alcohol. Reported to have flu – stated she had family supports and did not want any help	Appointment letter sent out
5.3.2020	Self Referral		Request for support with her physical care needs	Noted that user stated in referral she was mentally well	Assessment by SW
29.3.2020	Case Note		Pre-arranged home visit for assessment	Not available at home	Follow up by GP

Chronologies

In recognition of the need to identify risk trends and patterns of behaviour for individuals there has been a focus on improving practice in chronologies. Following consultation in 2019 a Multi-Agency Chronologies Guidance was launched. The aim and purpose of the guidance is to help practitioners identify significant events in people's lives, explore the impact for the person, and provide a consistent framework and language through which partner agencies can share and analyse information to help predict and reduce the risk of harm. The associated guidance provides an overview of the purpose and value of chronologies, and best practice standards aimed at embedding the application of chronologies in all areas of single and multi-agency public protection practice.

Initial priorities for implementation in Social Work Services has focused on domestic abuse referrals, as well as providing integrated chronologies for all people with an Adult Support and Protection plan. The health priorities in the wider partnership for implementation were: Women & Children's Directorate; Alcohol and Drug Services; Public Protection Team; Adult Mental Health Services; Acute Nursing Services; Community Health Nursing - (including General Practice); and the Accident and Emergency Department. Implementation has included ensuring shared system functionality across agencies and communication and eLearning training for staff. Briefings were provided to all partners in December 2019.



Self-Neglect Hoarding

In response to recommendations from significant case reviews, both nationally and locally, and building on a successful Conference presented by the National Adult Protection Co-ordinator Paul Comley, Dumfries and Galloway developed a Self-Neglect and Hoarding strategy which was launched in February 2020. To support this launch there were 3 days of public and staff engagement culminating in National Adult Support and Protection Day.

The strategy provides a clear pathway to report individuals at risk of self-neglect and hoarding through the newly developed adult protection referral (AP1). This encourages a more collaborative approach between agencies and partners and forms one key aspect of the adult support and protection inspection.

The strategy has provided us with:

- a more consistent and robust pathway for reporting concerns about an adult who self-neglect and hoards.
- key messages from National concerns about the impact of the long- term nature of self-neglect work.
- a broader perspective on self-neglect work which impacts on autonomy of the person and the duty of care.
- the challenges for practitioners and services to take a more nuanced approach to ensure effective solutions for people at risk of harm.
- improved timelines in intervention at an early stage.

Initial feedback from practitioners has been positive.

To aid awareness of self-neglect and hoarding we took advantage of the opportunity to collaborate with students and their tutors at the local college art and design. Students provided a video animation and story board which were central to the public awareness campaign.

“What a fabulous event and well attended I feel as a senior practitioner senior Occupational Therapist our role is crucial to this subject and the multi-agency response to working with people who self-neglect and hoard” staff comment





Self-Hoarding Case Study

Mr Y was a risk to self and others through self-hoarding (fire/ extreme self-neglect / health), homelessness, offending. Non engagement was also a problem, so the focus was on engaging first before addressing other risks. Building trust with Mr Y was key. This was achieved by taking time to develop relationships and to support staff to better understand Mr Y holistically by using a “good conversation” model and establishing what matters to him. This led to better assessments of risk and understanding of capacity and the creation of flexible interventions using multi -agency resources. In the past Mr Y avoided appointments with the cleaning agency, did not attend meetings or any appointments relating to the concerns of his hoarding behaviour or for the eviction notice served. This relationship-based approach lead to My Y accepting help and trying things himself. Mr Y engaged in the discussion and is very positive about the outcomes achieved. Mr Y is no longer supported under ASP and is doing well.



Improve Outcomes for those at risk of Financial Harm

In response to rising concerns regarding financial harm, as highlighted through performance information, a Financial Harm Strategy was developed through a short life working group aimed at strengthening our approach to individuals at risk of financial exploitation. All multi-agency partners involved are committed to undertaking tasks and activities and will ensure that we make best use of each other's resources and limit duplication.

Since the launch of the Financial Harm Strategy there have been several inputs and training days delivered to various members within our local community. Training has been provided to staff from local banks and building societies. These inputs are aimed at providing awareness of the types of frauds and identifying vulnerable groups within our community. Training days have also been delivered to volunteers of the Food Train, staff and pupils at Dumfries and Galloway College, Care Homes, Day Centres, and customers of local banks. We have distributed vast amounts of literature to businesses and community groups and have also started a monthly newsletter to ensure that the message is being refreshed frequently for our partners. As a result, and as indicated previously there has been a noticeable increase in the reporting of potential frauds to police.



The strategy has already demonstrated success in protecting potential individuals who may have been exploited with evidence that positive and successful partnership interventions led to prompt contact and action.



She used to be his pride and joy now she has taken both!

Adult Support and Protection is everyone's business if you see something say something.

Exemplar

On one occasion banking staff reported that an elderly male had attempted to transfer a large amount of cash to an account out with the UK, after police interaction it transpired that this was a “romance fraud” and the male was prevented from losing his life savings.

Adult Support and Protection Planning

In recognition of the need to formalise planning processes work has been undertaken during 2019 to design and develop an outcome focused protection plan which identifies where abuse and exploitation has been raised and where individuals with high risk behaviours cannot be managed within a normal care plan. This aims to ensure that at each stage of the adult safeguarding process a protective plan is in place to keep people safe.

The structure of the plan has provided greater creativity and solution focused outcomes. The views of the adult at risk are central to the success of the plan, and while protection is important, equal weighting is given to the need to ensure effective support outcomes. This in line with the key elements of self-directed support legislation which balances choice and control with the duty of care. The plan includes a need to report on the use, or not, of advocacy which will over time allow better data collection and reporting on the uptake and benefit of advocacy services. The implementation process has involved a period of testing across localities.

Policy and procedures

The Public Protection Committee has a key role to play in ensuring there are clear and robust multi-agency policies, procedures, and guidance in place to support staff within and across the public protection partnership. Whilst it is recognised these documents alone do not protect our vulnerable children and adults, they support practice by ensuring standards are clear, responsibilities are transparent, and practice is consistent across the region.

In order to carry-out this important function the Policy and Procedure Standing Group was established, with a role and remit of strategic oversight of updating and review of existing multi-agency policies, procedures and guidance under PPC, and to direct the development of new policies, procedures and guidance where gaps have been identified. To support this task, the Group developed a register of all multi-agency policies, procedures, and guidance to assist with tracking review dates, determining priority status and the responsible leads. In addition, the Group also developed a Policy and Procedure Framework for all multi-agency documents under the public protection partnership which provides a standardised approach moving forward and ensures there is a detailed implementation plan outlining communication and training needs.

Over this reporting period, there has been a significant amount of activity around the reviewing, updating and creation of documents as a result of changes in practice, findings from audit activity and Initial Case Review (ICR)/ Significant Case Review (SCR) findings, and feedback from



staff. This has included the public protection communication strategy; multi-agency chronology guidance; financial harm strategy and the self-neglect and hoarding strategy.

In response to the recent pandemic, public protection processes were reviewed and revised appropriately considering emergency measures under Covid-19. Once these emergency measures can be relaxed, the Group will gather the learning and maintain some of the new positives from the current revised working which will be reflected within the necessary documents which will be revised and updated to support practice.

Service user engagement

The Public Protection Committee fully recognise the importance of engaging effectively with service users and carers to inform service design. Gaining meaningful feedback on the lived experience of adults, their families/carers is vital. Service users are in the best position to know what is required and by working together with people who provide services can decide what works best. This is fully endorsed by the National ASP Improvement Plan.



This commitment is demonstrated through the establishment of a multi-agency Communication and Engagement Standing Group whose membership includes the user carer involvement group and representatives from the Third Sector. The work of the group is underpinned by a Communication Strategy. The group has contributed to the development of easy reads, and leaflets across a range of Adult Protection processes. This includes awareness of adult case conferences etc, what is an adult at risk. The Communication and Engagement group also oversees input to the Public Protection Partnership website – which

is the main site hosting and sharing all public protection material. The site features awareness campaigns throughout the year and provides information on how to report concerns regarding adult and children - raising awareness is crucial to the identification of risk and timeous reporting. www.dgppp.org.uk



It is acknowledged both locally and nationally that engagement particularly with a vulnerable population is a complex and challenging task. To identify areas of good practice a mapping exercise has been put in place across partnership agencies. Findings from this exercise will inform future engagement activity going forward. Initial feedback has highlighted some positive outcomes, an example is provided below from an individual involved in an ASP case conference and the provider who has supported him throughout the process.

Exemplar

This was a case of a Mr X with complex health and social care issues and a background of non-engagement with services. By working together focusing on developing relationships with this Mr X and thinking 'out of the box' improvements have been noted in his physical and mental wellbeing. The approach included very intensive day-to-day monitoring and immediate responses to any concerns arising. Mr X has now moved through adult protection processes to self-directed support which ensures the least restrictive approach to meet his needs: one of the key principles of ASP legislation.

Mr X - "things had got out of control and I was in a vicious circle of drug misuse - my health was on a precipice and chaotic lifestyle, I did not find the process easy at all, parts made me feel very uncomfortable. I realised that I needed to make changes in my life, changes that could only be made by myself. The best bits of the process was the relationship I built with front line staff including the agency supporting me, some of the bits I struggled most with was the sharing of some of my personal information with outside agencies at the Case Conference which I felt they did not feel they need to know."



Providers involved in the case highlighted the team effort throughout the process. There remains some concerns but we feel that the outcomes have been justified and are down to the collaborative efforts of all of the multi-agency team across the third sector, health, social work and housing. This collaborative effort has allowed us to continue to support and not police the situation but to respect some choices which has been the main reason for the successful support arrangements.



Practitioner Learning and Development

Critical to the success of ASP delivery are the skills and confidence of staff. There is a commitment to ongoing training to enhance practice which was a key aspect of the ASP Inspection. Training has been delivered on several levels and includes Level 3 Council Officer training; 26 Council Officers have completed this training over the current reporting period. Both the Adult Support and Protection and the Emotional Unstable Personality Disorder Post Graduate Certificates have been undertaken by several senior social workers. This has enabled us to improve our responses and meet the challenges presented by those complex individuals who are unable to engage with services due to previous trauma or an inability to safeguard themselves due to other factors. This increased understanding and awareness has enabled a focus on the person and not just the problem and through collaboration with partner agencies we have achieved positive outcomes and changes in a person's life course.

“Very useful and informative. Excellent presentation from all. Really good handouts.”

“Very informative, exercises good for explaining topics. Criminal Justice presentation well presented, informative”

“Very interesting and useful having a range of presenters, really valuable having speakers and group members share case stories. Interesting, helpful and enjoyable two days, thank you - hopefully, plenty of food for thought for practice.”

Level 2 ASP training has been delivered to a range of providers and practitioners. It is multi agency in delivery and focus, involving key partners including independent advocacy. This aims to ensure we have competent and confident practitioners who can work effectively across the increasing complexities of adult support and protection role.



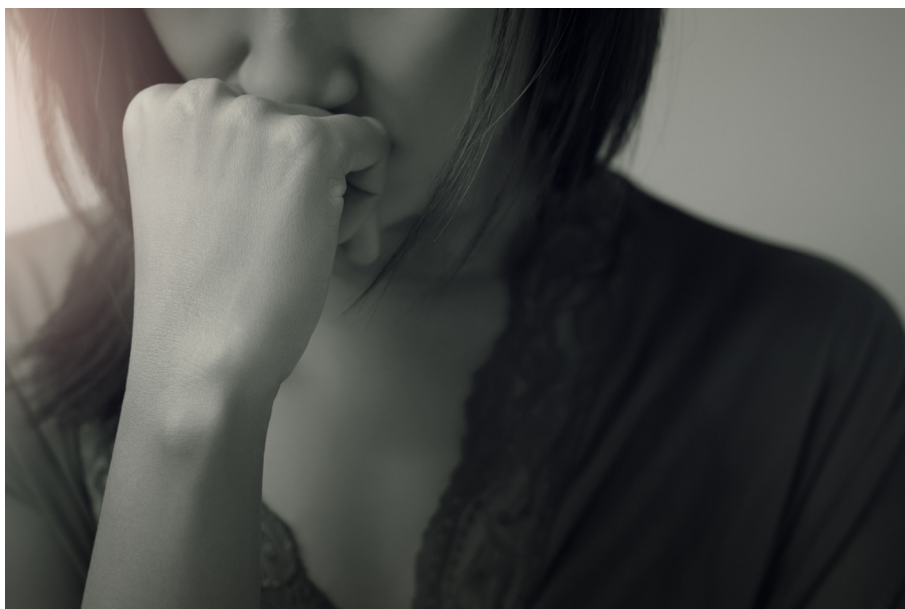
Level 1 ASP training is delivered through an online eLearning course which is accessible by all staff. In addition, we have delivered bespoke face to face Level 1 ASP training to 400 staff across the care at home services. To ensure sustainability of this we have delivered training for trainers in Level 1 ASP.

Case Study - Complex Situation/Trauma/Emotional Unstable Personality Disorder

For Ms W, the adult support and protection duty to inquire described her as experiencing psychological and mental health issues. At that time there had been 26 police concern forms over a period of 2 weeks. The risks identified included non-engagement, homelessness, risk to self - due to alcohol and substance misuse, risk of harm from others when intoxicated from alcohol and under the influence of substance, risks of others in the community due to vulnerability, risk due to mental health issues, risk to mental health if she stopped taking her prescribed medication, risk of further criminal convictions and prison sentence and risk of social isolation. A diagnosis of emotional Unstable Personality Disorder, and a history of psychiatric support. As a looked after child Ms W has had several admissions hospital due to a serious physical assault and to psychiatric hospital. There has been intensive ASP work through periods of crisis, and this has required a level of expertise and competence on the part of all staff involved. A key element to the success of this case has been the opportunity to train staff in supervision which focuses on complex child protection and adult protection situations. To support staff to deliver these outcomes in this case high-quality supervision has proved to be as critical as home visits in keeping children and adults safe.



Ms W said “This is the first time I felt supported I am more confident in my “gatekeeping” skills and accessing the services that support with this through self-Directed Support, I appreciate “I have had all these people around there for me”. I am being viewed as a person rather than feeling worthless and abandoned when my case is closed due to not attending appointments.”



Quality Assurance and Self-Evaluation

In 2018 we developed an Adult Support and Protection Audit Tool in preparation for a Multi-Agency Audit of Quality of Practice in Adult Support and Protection. With Social Work as lead partners this audit was carried out in February 2019 with the support of the Care Inspectorate and a range of multi-agency partners. The Care Inspectorate provided the team with advice on the methodology and directly took part in the audit process. The tool was modified in response to the learning from this audit. The findings of the above were reported to PPC in April 2019, this allowed for further work and establishment of a routine application of the audit tool operationally.

The recognition of the need to continually improve and self-assess the quality of practice across adult protection work has been agreed. The tool is now being used systematically in social work. This will provide detailed information on how we are doing. Progress will be regularly reported through the Public Protection Committee.

“I felt that after having completed the ASP Audit tool to look at, I was able to look at my own practice, see what I could be doing better and consider what my own ‘score’ or outcome would be if my work was being audited. Knowing what something is scored against and what the multiple choices are for the auditor to pick from gives some context for writing a higher quality report.”
Council Officer

Initial and Significant Case Reviews and Methodology

In this reporting period work was undertaken on several Initial Case Reviews (ICRs), two of which proceeded to Significant Case Reviews (SCRs). One SCR began in April 2018 and was undertaken by an external lead reviewer using a traditional review approach.

The Chief Officers Group: Public Protection (COGPP) agreed multi-agency funding to upskill our own staff to enable reviews to be undertaken internally using the Social Care Institute for Excellence (SCIE) Learning Together methodology. Twenty-four staff from across Social Work, Health, Education and Police Scotland attended a 3-day foundation training course in January 2019. The second SCR was therefore undertaken by two internal lead reviewers using the SCIE Learning Together methodology. The latter review is ongoing. In April 2019, the Public Protection Committee (PPC) agreed the establishment of the SCR/ICR Sub-Committee whose purpose is to monitor, provide scrutiny and implement learning and improvements derived from the ICR/SCR process. A composite improvement plan has been developed based on all improvement actions resulting from ICRs and a thematic register produced of all ICR/SCR improvement actions since 2014. Both products allow issues and themes to be identified and prevent duplication of actions from previous ICRs/SCRs.

The Local ICR/SCR Guidance has been improved and now encompasses both vulnerable children and adults at risk of harm and reflects the Interim National Framework for Adult Protection Committee's for conducting a Significant Case Review, which was launched in November 2019. Developments underway include guidance to support the Chairs of ICR Panels and a communications guidance.



Looking Forward

The pandemic (Covid-19) has required us to refine and rethink Public Protection Committee (PPC) priorities and will continue to influence our collective approach to protect vulnerable individuals in our communities.

The Public Protection strategy for 2020-2023 sets out key priorities and associated activity for this period, and how these will be achieved. This is the first joint Public Protection strategy, building on the previous separate business plans for Child Protection, Adult Support and Protection and Violence Against Women and Girls for 2018/2020. The strategy is designed to strengthen partnership working and our collective commitment to protect vulnerable people across Dumfries and Galloway.

As a partnership, our aim for the next three years is to: -

- Identify all those at risk of harm in our community, through effective public, community and staff engagement and awareness
- Respond efficiently and effectively to protect those experiencing or at risk of harm by maintaining, reviewing, and continue to develop practice and processes
- Continuously improve services by fully utilising multi agency collaborations, opportunities, and resources to learn from practice
- Identify, develop, and achieve priorities and shared outcomes by working with local partnerships across the public protection agenda
- Continue to develop distinct and robust assurance pathways and processes across the Public Protection Partnership.

The Chief Officer Group – Public Protection (COG-PP) remain committed to meeting regularly to ensure that they are sighted on both existing and emerging risks and the actions being taken to reduce the impact of those risks to individuals and communities across the region.

The PPC will continue manage a phased return to normal business following the initial peak of the Covid-19 pandemic and will work to manage the identified risks and ensure that we harness the many opportunities this challenging situation has offered.

‘Normal’ in this context does not mean simply returning to the way things were before the pandemic, but reaching a ‘new normal’ which captures the opportunities and learns the lessons from this challenging period, capitalising on those interim working practices that have been effective and using them more fully to deliver better, more efficient public services. This includes understanding more clearly, the impact that working differently has on service users and will ensure their involvement in enhancing our approaches.

In moving forward, the PPC will focus on:

- Enhancing engagement arrangements with service users
- Revised focus of public information and communications
- Strengthening collaboration
- Prevention and early intervention
- Refining our performance data to enhance our collective response to current and emerging risks

Key areas of existing policy and practice development work, highlighted in the previous sections of this report, will continue and be subject of ongoing implementation, evaluation, and refinement. These include:

- Further development of both MASH including review of current risk matrix tool to support our most vulnerable population with professional judgement
- Completion of the multi-agency pre discharge protocol to ensure a more effective support for adults at risk of harm who experience frequent hospital admissions and are at risk of significant harm and come to the attention of Police, Health and Social Work on a regular basis
- Evaluation of the effectiveness of and review the impact of the implementation of chronologies and implement formal guidance
- Development and completion of a competency framework as a requirement to ensure staff are trained to reflect the complexities of adult support and protection work including other the crossover of the other protection legislation which exists in Scotland , the Adult with Incapacity and Mental Health legislation.
- Continue quality assurance activity, using audit and self-evaluation, to highlight areas of good practice and identify areas for improvement and communicate learning effectively to staff



