

Joint inspection of adult support and protection overview report

August 2023



25

partnerships
inspected
and reports
published

9,193

staff views
obtained

2,154

adults at risk of
harm records
read

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Foreword



Jackie Irvine
Chief Executive
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Craig Naylor
Chief Inspector
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It is vital that adults at risk of harm in Scotland are safe, supported and protected by both national and local arrangements. To help achieve this, the Care Inspectorate, alongside its scrutiny partners, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, have inspected 25 adult support and protection partnerships and published individual reports outlining our findings. These reports, along with the [joint inspection report](#) published in 2018, provide a national baseline of how effectively partnerships are ensuring adults at risk of harm are safe, supported, and protected.

We published an [interim overview report](#) in May 2022. This final overview report summarises our complete findings and identifies themes and key messages from our inspection programme. Adult support and protection in Scotland has progressed well since the Adult Support and Protection (Scotland) Act commenced in 2008. Our inspection findings reflect this progress. Many adults at risk of harm are safer and have enhanced wellbeing. Social workers, health professionals, police officers and other provider organisations continue to work together to identify adults at risk of harm, keep them safe and support them to realise better outcomes. A number of key adult support and protection processes such as investigations and case conferences are well embedded and effective across most partnerships.

However, the report also highlights that there are challenges still to be addressed in process areas such as chronologies, risk assessment and protection planning. Some partnerships had areas of weakness in key processes and leadership arrangements that could adversely affect experiences and outcomes for adults at risk of harm. In addition, almost all partnerships need to do more to ensure the lived experience of adults at risk of harm is strongly represented on adult protection committees.

This scrutiny work took place when partnerships were facing the unprecedented challenges of the Covid-19 pandemic. We are grateful to all partnerships for their co-operation and their diligent work to engage with our inspections. All partnerships have prepared improvement plans in response to their inspection findings and we are monitoring their implementation. This will drive further improvement in adult support and protection practice across Scotland, and deliver better safety, health and wellbeing outcomes for adults at risk of harm.

““

The inspection programme is hugely valuable in supporting robust, collaborative multi-agency self-evaluation and then ensuring we apply this learning effectively to support adults at risk of harm. By externally validating the effectiveness of our approach, the inspection process helps ensure we deliver the best possible services for the people of the Borders.”

David Robertson
Chief Executive of Scottish Borders council

““

The joint inspection process provided an opportunity for the key statutory multi-agency partners involved in adult support and protection work to receive external, independent insight and feedback relating to areas of strength and progress in our day-to-day work to support those at risk as well as gain valuable feedback on key areas for improvement and further development. The inspection process was fair and consistent with good communication and support offered by all members of the inspection team who took a balanced approach throughout, recognising the challenges in respect of capacity and time to support the inspection methodology.”

Claire Pearce
Executive Director of Nursing for NHS Tayside

““ The inspections have been undertaken against a backdrop of emergence from the post-covid period and have been hugely beneficial to the partnership, providing assurance that our collaborative approaches to adult support and protection working is focused on improving and delivering positive outcomes for the most vulnerable in our communities.

“The inspections have reflected very positively across a broad range of our policing responses to adult protection, and we have ensured any areas of improvement identified are fully considered in the spirit of continuous improvement. We are keen to both understand and share best practice models with other areas and partnerships.”

Catriona Paton, Chief Superintendent for Lothian and Scottish Borders Division of Police Scotland

Introduction

The joint inspection of adult support and protection overview report

The joint inspections were one aspect of the Scottish Government's [Adult Support and Protection Improvement Plan 2019-2022](#). The plan builds on the joint inspections of adult support and protection that were undertaken in 2017-18. Scrutiny of practice is essential for robust public assurance of practice standards, for identifying national themes and priorities, and for enriching and complementing the learning and improvement activity that takes place locally.

We have completed phase one of our programme of joint inspections of adult support and protection. We inspected 25 partnerships and published our findings. Phase two of our programme of joint inspections of adult support and protection starts in August 2023.

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead joint inspections of adult support and protection, in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

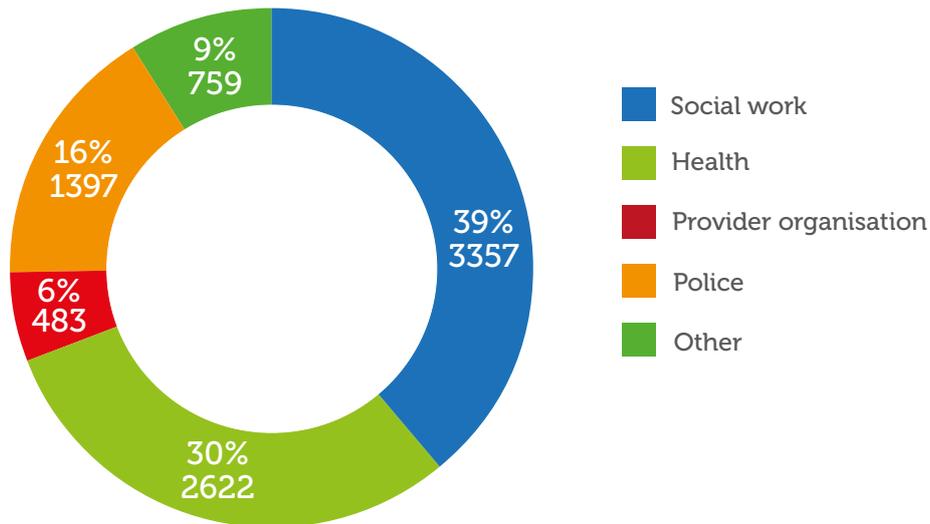
Joint inspection methodology

The methodology for the inspections comprised four proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by each partnership.

Staff survey. We are pleased that 8,618 staff from across the local partnership areas inspected have responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training, and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.





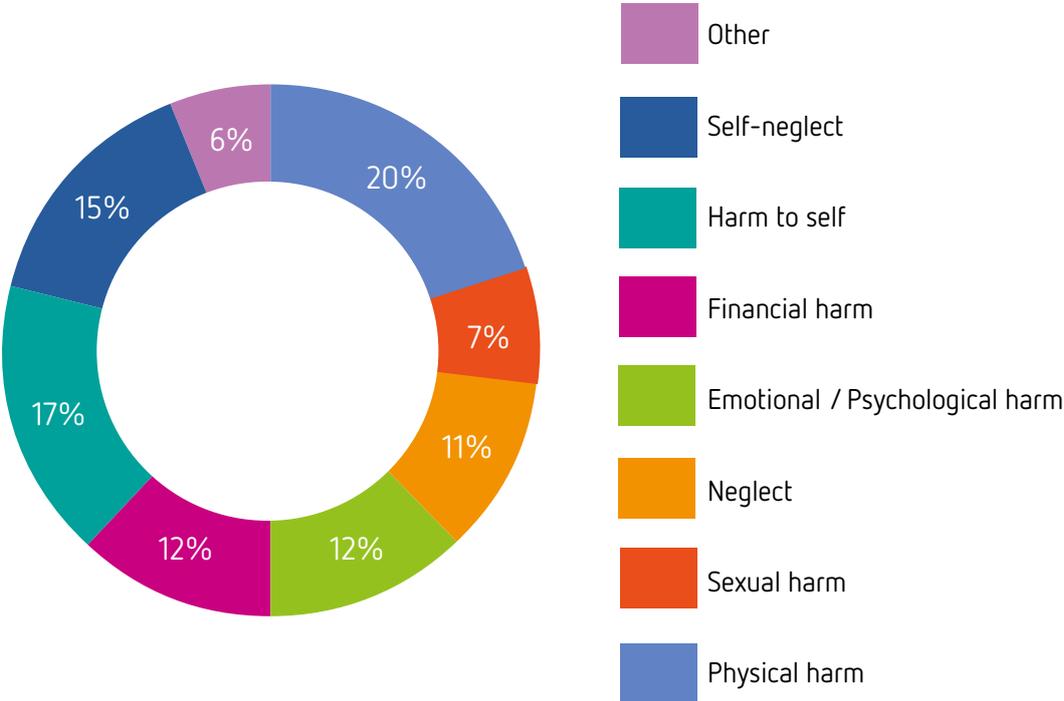
The scrutiny of the health, police, and social work records of adults of risk of harm. We have read the records of 1,181 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. We have also scrutinised recordings of 973 adult protection initial inquiry episodes where partnerships had taken no further action in respect of further adult protection activity, beyond the duty to inquire stage.



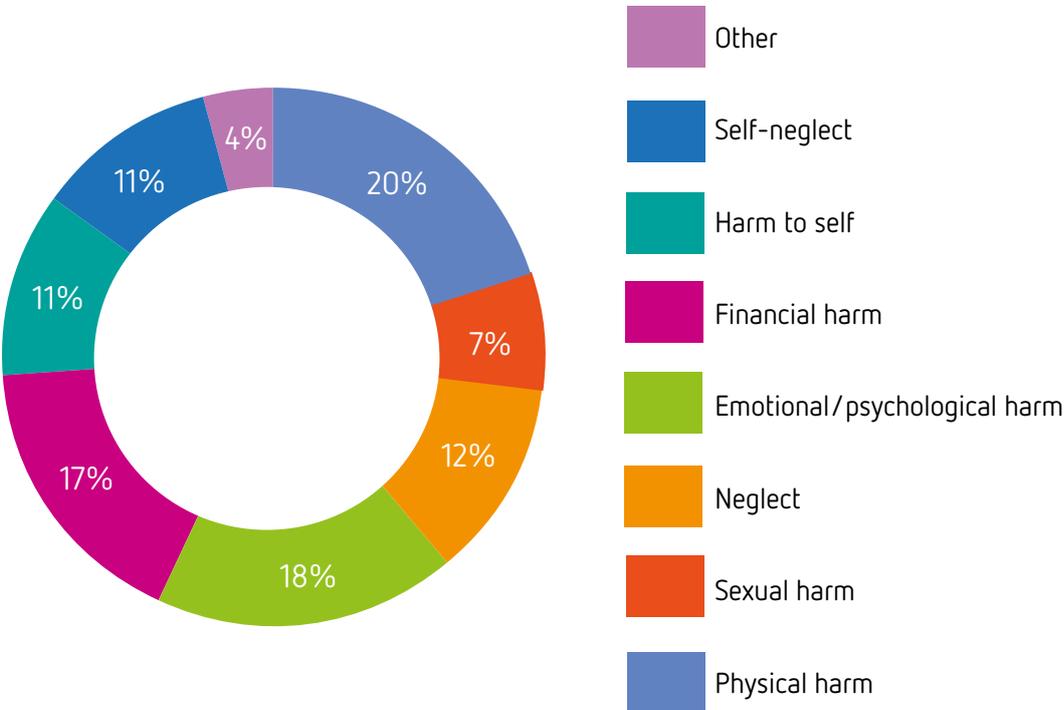
Staff focus groups. We met with 575 members of staff from across local partnership areas to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnerships supported staff and implemented the Covid-19 national adult support and protection guidance. Later, we focused on recovery, remobilisation, and learning from the pandemic, as well as other issues about partnerships’ adult support and protection arrangements.

Types of harm

Duty to inquire episodes



Investigation and beyond cases



- The stratification of types of harm varies from partnership to partnership. The charts show the aggregate for all partnerships.
- Self-neglect and harm to self are collectively the largest category at 32% and 22% for the duty to inquire episodes and investigation and beyond cases respectively. In these instances, the adults at risk of harms' capacity to make informed decisions can be an issue.
- Sexual harm was less often a reason for inquiry or investigation than other harm types. The impact of sexual harm was significant.
- Emotional harm features significantly in adults at risk of harm whose journey has reached the investigation stage or beyond – less so for the duty to inquire episodes. This category covers a multitude of harms from one episode of emotional or psychological abuse to serial bullying and abuse. For an adult at risk of harm who is suffering emotional abuse, there is an increased likelihood of progression to investigation and beyond.
- Financial harm covers a range of harms from theft of money from adults at risk of harm to the range of online scams to which individuals are unfortunately vulnerable. Financial harm was often present alongside other types of harm.
- The category 'Other' in the charts covers various harms, including forced marriage and human trafficking.

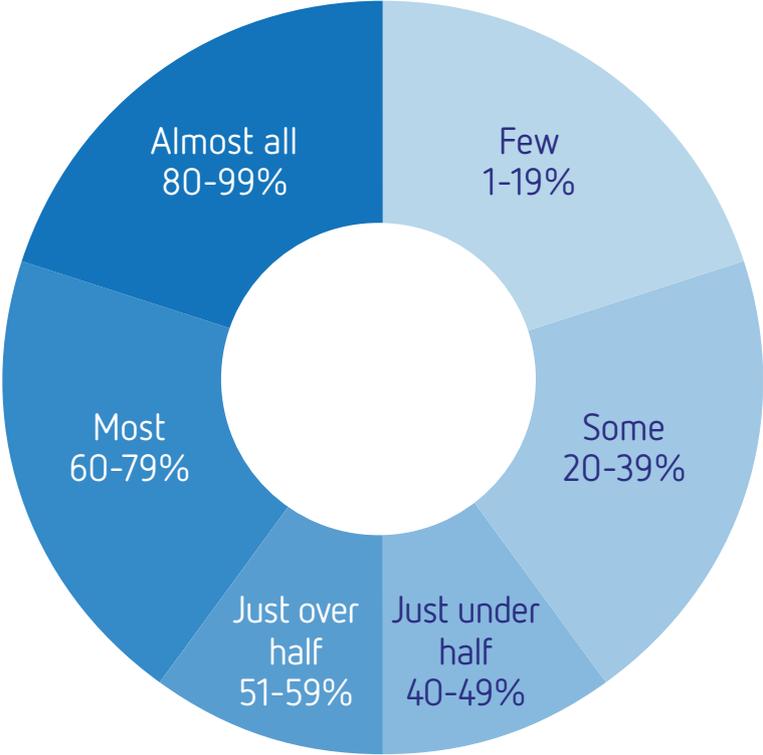
Covid-19

On 17 March, 2020, in the face of the Covid-19 pandemic, joint inspection partners decided in consultation with the Scottish Government to temporarily suspend the adult support and protection inspection programme. In recognition of the continued significance of this work, the joint inspection team explored ways to resume the inspection programme that took account of the ongoing pandemic. During the suspension, we developed the joint digital arrangements that allowed us to resume the programme remotely. The programme resumed on 25 November 2020.

Quality indicators

Our quality indicators for the joint inspections are on the Care Inspectorate's [website](#).

Standard terms for percentage ranges



Progress statements

To provide Scottish Ministers with timely high-level information, the joint inspection reports include statements about partnerships' progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

The possible answers to each question were as follows.

- Very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.
- Effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- Important areas of weakness that could adversely affect experiences and outcomes for adults at risk of harm. There were substantial areas for improvement.

The graphic below shows the progress statements assigned to the 25 inspected partnerships.

Progress statement for 25 partnerships



Adult support and protection in Scotland has progressed well since commencement of the Adult Support and Protection Scotland Act in 2008. Partnerships have increased prioritisation of adult support and protection work. They have worked to enhance public awareness of adult support and protection and develop the knowledge and skills of their staff to do adult protection work collaboratively and proficiently. Overall, they have risen to the challenge of incremental growth in adult support and protection referrals.

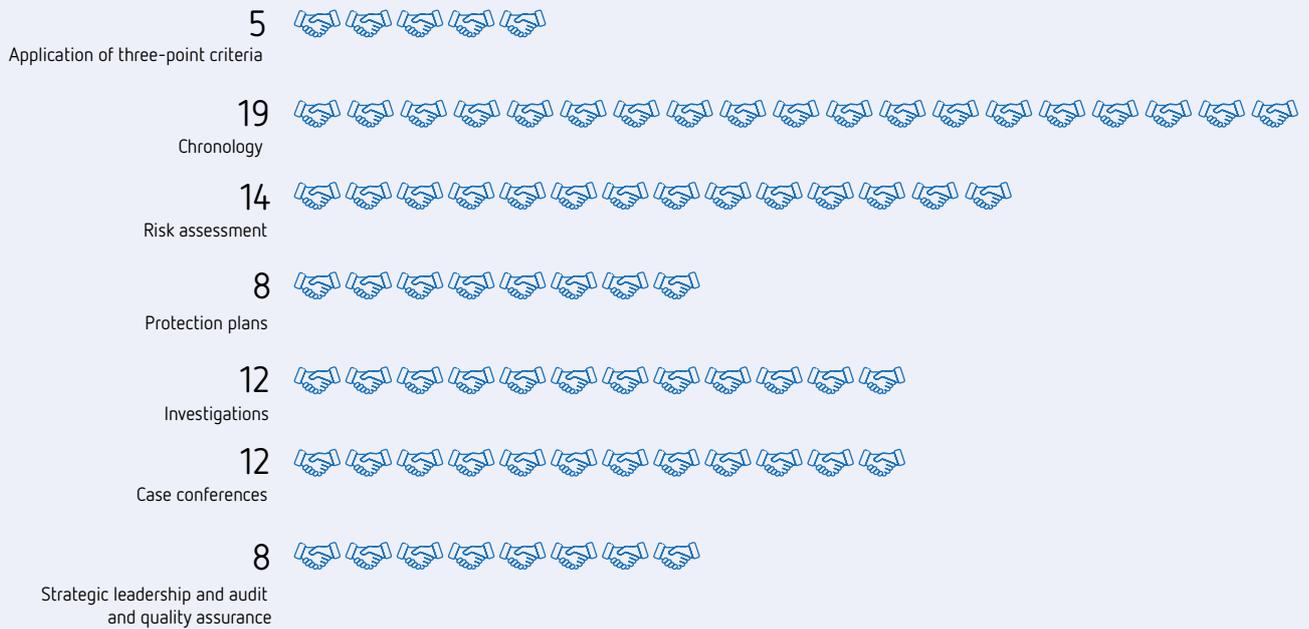
Generally, partnerships carried out adult support and protection work competently and effectively. Adults at risk of harm were safer and had improved health and wellbeing due to partnerships' efforts.

Adult support and protection success factors



Partnerships that performed well evidenced the key success factors shown in the graphic above. Partnerships that were effective with areas for improvement had some of them. In partnerships with important weaknesses and significant areas for improvement, they tended to be absent. The improvement plans we asked partnerships to prepare involved creating these success factors.

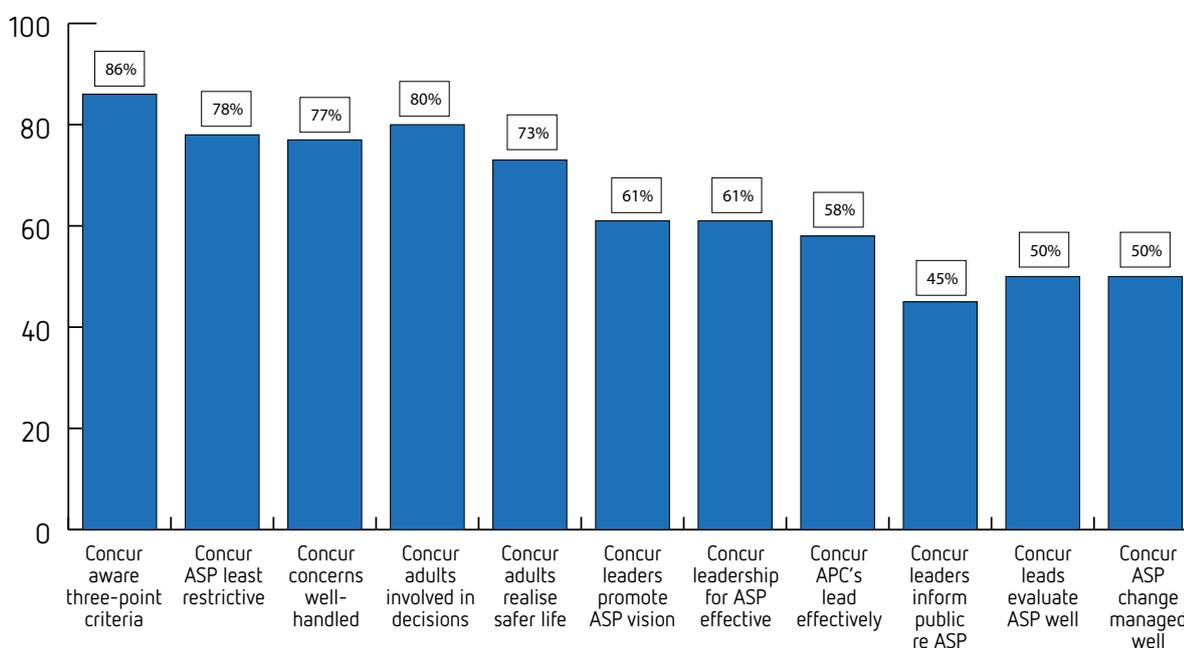
Number of partnerships had these priority areas for improvement



The image above shows the number of partnerships for which we identified broadly the same priority areas for improvement. Preparation of cogent chronologies for adults at risk of harm was the most common, followed by risk assessments. Similar improvement themes recurred over multiple partnerships.

Overall staff survey results

Joint inspection for adult support and protection overall staff survey results, average percentage staff agreed with positive statement



The aggregate results of our staff survey showed that almost all staff were confident about their roles in adult support and protection, and that generally, their partnership dealt with adult support and protection concerns competently. Staff were less confident about strategic leadership for adult support and protection, with most content that leadership for adult support and protection was effective. Half of staff thought leaders evaluated adult support and protection and informed the public about adult support and protection effectively. Just under half thought leaders managed change related to adult support and protection proficiently. Limited numbers of staff were involved in quality assurance.

How good were the partnerships' key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- ▶ Most partnerships did initial inquiries into adult support and protection concerns promptly, competently and effectively. Some conducted them exceptionally well.
- ▶ Generally, partnerships ensured there was clear delineation between initial inquiry into the circumstances for the adult at risk of harm and full investigation. There was clear evidence from our inspections that such delineation was important.
- ▶ Few partnerships routinely held interagency referral discussions at the initial inquiry stage of adult support and protection work. They worked well for those that did. Core partners collaborated constructively.
- ▶ Chronologies for adults at risk of harm was an area for improvement. No partnership did unconditionally well on chronologies. A well-designed adult protection chronology template was beneficial for the preparation of effective chronologies.
- ▶ Average partnership performance on presence and quality of risk assessments for adults at risk harm had not improved since our joint inspection of adult support and protection in 2017. However, the current programme showed several partnerships' performance on risk assessments was very good.
- ▶ As with the other key elements of management of risk for adults at risk of harm, protection plans was an overarching area for improvement.
- ▶ Adult protection investigations were an overall strength for partnerships. They were collaborative, prompt and effective. A few partnerships used interagency referral discussions productively to enhance their investigative practice.
- ▶ Quality and effectiveness of initial adult protection case conferences was another overall positive finding. Both police and health attendance when invited, merited improvement. Partnerships needed to do more to support adults at risk of harm to attend their case conference. Review case conferences were prompt and effective.
- ▶ Health professionals and police officers made an invaluable contribution to adult protection case conference discussions. This emphasises the importance of inviting them, and they attended when invited.
- ▶ Police Scotland's comprehensive systems ensured a high level of consistency of professional standards of the policing of adult support and protection across Scotland. Frontline officers were often first responders to adult protection incidents. They carried out their duties competently, with care and compassion for the adult at risk of harm.

- ▶ Health professionals provided good treatment, care and support to adults at risk of harm. Clear, systematic recording of adult support and protection matters in health records merited improvement.

- ▶ Social workers had a pivotal role in adult support and protection. Predominantly, they successfully managed the delicate balance between individuals' rights to choice and self-determination, and the need to keep them safe and protected.

- ▶ Independent advocates provided invaluable guidance and support to adults at risk of harm. Partnerships should routinely offer the services of an independent advocate to all adults at risk of harm who might benefit from it, and encourage them to take up the offer.

- ▶ Sometimes social work's execution of key processes for adult support and protection was highly variable and inconsistent. This suggested gaps in operational management oversight and governance for adult support and protection. These needed rectified.

- ▶ Partnerships should ensure that individuals' transitions between child protection and adult support and protection are well planned. Effective communication is vital, as is constructive consultation with the individuals involved, their unpaid carers and other parties.

- ▶ All partnerships prepared an improvement plan after publication of their joint inspection of adult support and protection report. This will drive improvements to adult support and protection across Scotland, and deliver better safety, health and wellbeing outcomes for adults at risk of harm.

3. Adult support and protection strategic leadership

Initial inquiries into concern about an adult at risk of harm

Screening and triaging of adult protection concerns

We did not scrutinise recordings of initial screening of adult protection concerns. This was beyond the scope of our methodology. There was considerable variation in the proportion of adult protection concerns that partnerships progressed further to initial inquiry. From our limited evidence, partnerships managed the screening stage promptly and effectively. For almost all of the initial inquiry episodes we scrutinised, it was correct they proceeded beyond the screening stage. A few partnerships carried out informative multi-agency audits of their screening processes and made improvements thereafter.

Initial enquiries good or better



Commendably, partnerships did almost all initial inquiries in line with the principles of the Adult Support and Protection (Scotland) Act. Partners almost always communicated well, and they used the three-point criteria correctly.

Almost all partnerships handled initial inquiries promptly, competently and effectively. Some did exceptionally well. Seven partnerships' initial inquiries were almost all good or better. A well-designed electronic template for recording how initial inquiries were conducted was of critical importance. However, recording the application of the three-point criteria called for improvement.



SOUND PRACTICE: GLASGOW CITY PARTNERSHIP
The partnership annually did around 8500 initial inquiries. It did them promptly, efficiently and effectively, with sound management oversight and due governance over decision making. In forty percent of these episodes social work visited the adult.

For the few partnerships that did not manage initial inquiries effectively, problems included no recording template, weakly defined initial inquiry process, inadequate staff training on initial inquiries, and lack of management oversight.

There were a few partnerships that routinely held interagency referral discussions at the initial inquiry stage. Other partnerships that did them tended to hold them at some point around the investigation stage. What constituted an interagency referral discussion varied.



SOUND PRACTICE: FIFE AND PERTH & KINROSS PARTNERSHIPS
IRS discussions held productively at the initial inquiry stage. Good participation by core partners social work health and police. They supported the right outcome for the adult at risk of harm.

The Scottish Government’s revised [Code of Practice](#) for adult support and protection advises that the process of initial inquiry and investigation should be conjoined into inquiry with investigative powers. Generally, partnerships ensured there was clear delineation between initial inquiry into the circumstances for the adult at risk of harm and full investigation. There was clear evidence from our inspections that such delineation was important. Delineation ensured timescale targets were met and delays were avoided. It ensured staff adopted a rights-based approach towards adults at risk of harm. They were informed of their legal rights.

Investigation and risk management

Good or better management of risk



Chronologies

Chronologies for adults at risk of harm are an important element of risk assessment and risk management. Chronologies was an area for improvement. Presence of chronologies for adults at risk of harm showed limited progress from our 2017 joint inspection. Most adults at risk of harm had a chronology. In the best-performing quartile of partnerships, over 90% of adults at risk of harm had a chronology. On average, some chronologies were good or better for quality, with some weak or unsatisfactory. The best any partnership achieved was just over half of chronologies good or better for quality. A well-designed adult protection chronology template was useful.

Issues with chronologies were: minimal entries; did not consider impact on the individual; sparse detail; only latest adult protection information included; no mention of important life events; lack of analysis; not up to date; static rather than dynamic documents that did not take account of changes of circumstances; blocks of text copied and pasted from other documents. Several partnerships had electronic tools that created a chronology from the social work case records. These tended to generate duplicate case records rather than a coherent, useful chronology.

The Care Inspectorate published a [chronology practice guide](#) in 2015. The Institute for Research and Innovation in Social Services (Iriss) published [Chronologies in Adult Support and Protection](#) in June 2023. Both documents are helpful resources that should be used to improve practice in this area of work.

Risk assessments

Sound and timely risk assessments for adults at risk of harm are critical. Our aggregate data on risk assessments for adults at risk of harm showed no progress since our joint adult support and protection inspection of the six partnerships done in 2017. The average presence of risk assessments in 2017 was 84%, with average quality 71% good or better; compared to 79% and 56% respectively for the current programme. Several partnerships performed very well making sure almost all adults at risk of harm had a well-crafted risk assessment. In the best-performing quartile of partnerships, over 90% of adults at risk of harm had a risk assessment. In the best five partnerships, over 70% of risk assessments were good or better for quality. For other partnerships, quality and presence of risk assessments called for improvement. Similar to the issues for chronologies, issues with risk assessments were: sparse, insufficiently detailed entries; not up to date; lack of analysis; no consideration of likelihood or occurrence of risks and impact on the adult at risk of harm. A well-designed adult support and protection risk assessment template was advantageous.

Good or better investigations and case conferences



Investigation

Prompt, competent and collaborative investigations into what precisely has happened to the adult at risk of harm are of vital importance. For most partnerships, this was a strength, with most investigations good or better for quality. Delays were minimal, despite the pandemic. Appropriate partners took part in investigations. They almost always effectively established if the adult was at risk of harm. Council officers and a second worker almost always conducted investigations. Health professionals should have been involved more often as second workers.

A few partnerships needed to improve how they conducted investigations. In around a third of investigations, there was no interview with the adult at risk of harm and other relevant parties. It was uncertain if the adult at risk of harm knew adult protection activity was being carried out in their name. In the absence of a coherent investigation, the partnership cannot properly assess risk or make informed decisions about what needs to be done to deliver improved safety, health and wellbeing to the adult at risk of harm.



SOUND PRACTICE: SCOTTISH BORDERS PARTNERSHIP

This partnership conducted and recorded adult protection investigations to a very high standard. There was purposeful engagement with the adult at risk of harm and others. Interagency referral discussions were effective and well-documented.

Use of interagency referral discussions at the investigation stage varied. A few partnerships conducted these purposefully at this stage. The person-to-person discussion by core partners was a useful exercise, particularly for complex cases where the planning and management of risk was critical to a successful outcome.

Several partnerships held professionals' meetings, which were broadly equivalent to interagency referral discussions. These could be effective. They should never take the place of an adult protection case conference to which the adult at risk of harm and all other relevant parties (third sector bodies, independent advocacy and so on) are invited.

In a few partnerships, interagency referral discussions often did not constitute a person-to-person discussion among core partners. They were a written list of partners' views about the circumstances of the adult at risk of harm and their risks. This approach could be beneficial but should not detract from the partnership carrying out competent investigations into the circumstances for the adult at risk of harm and adverse occurrences for them.

Adult protection case conferences

Adult protection case conferences are vital to keep adults at risk of harm safe, supported and protected. They are an opportunity for core partners and others to formally deliberate about what happened to the adult at risk of harm and discuss the risks. Participants determine what needs to be done to support the adult at risk of harm to realise positive safety, health and wellbeing outcomes.

Generally, adult protection case conferences were another success story, with most good or better for quality. Most of the time, partnerships promptly convened initial case conferences when necessary. They almost always determined actions to keep the adult at risk of harm safe. There was variation across partnerships in health and police attendance at initial adult protection case conferences when invited, with means of 75% and 75% respectively. This warranted improvement.

For several partnerships, there were too many instances when there should have been an initial adult protection case conference but there was not.

When an adult protection case conference is convened for an adult at risk of harm, it is their case conference; their life is discussed and ideally, partnerships should support them to attend. Generally, this did not happen often enough, with just under half of adults at risk of harm attending their case conference when invited. Partnerships did not consistently record (in the minutes) if they invited the adult at risk of harm, and reasons for their non-attendance.

Most unpaid carers who cared for an adult at risk of harm attended the case conference when invited. Commendably, several partnerships made good use of digital platforms to enable adults at risk of harm to meaningfully participate in their case conference.

Adult protection plans and risk management plans

Adults at risk of harm who need one should have a cogent, multi-agency protection plan that clearly sets out what the partnership will do to keep them safe, supported, and protected. Most adults at risk of harm had a protection plan. Just over half of them were good or better for quality. A few partnerships' performance on protection plans was impressive – almost all were good or better for quality.

Overall, protection plans was another area for improvement. In several partnerships, preparation of a protection plan depended on whether or not there was an adult protection case conference. This could mean for adults at risk of harm for whom there was no case conference, there was no plan about how their risks were to be managed and mitigated. Where partnerships determine adult protection risks, they should construct a plan for the management of these risks, even if there is no case conference.

Large-scale investigations

Generally, partnerships conducted large-scale investigations collaboratively, competently and effectively. They involved the Care Inspectorate appropriately. Generally, adults at risk of harm who were included in a large-scale-investigation were safer and had enhanced wellbeing as a result. Large-scale investigations could be complex, time consuming and resource intensive for partnerships. It was commendable that they conducted them meticulously. Iriss developed [learning materials](#) on large-scale-investigations.

Collaborative working to keep adults at risk of harm safe, protected and supported

Health involvement in adult support and protection

The chief executives of NHS boards are responsible for the strategic direction for public protection and delivery of high-quality services to support this in their NHS board area. This includes a duty to co-operate with relevant others where a person is known or believed to be an adult at risk of harm.

The level of involvement and visibility of health for adult support and protection at a strategic level varied across partnerships. Dedicated health strategic lead roles and teams were in place in some areas. The contribution of health to adult support and protection was stronger in those partnerships.

Health professionals have an integral role to play in keeping adults at risk of harm safe. As providers of universal services, any member of staff may be the first to identify an adult at risk of harm. All staff need to understand and be aware of situations that might place adults at risk of harm. They also need to know what action they must take if they have a concern. Almost all health staff said that they understood their role and what to do if they had concerns about an adult at risk of harm. Most health staff were clear about the process for referring an adult at risk of harm to social work.

Health professionals did not always clearly and consistently record adult support and protection matters in health records. Most health records did not have a defined place to record such information, making it often difficult to find. In practice, this impeded the prompt and accurate sharing of important protection related information between health staff and with other partners.

Routine attendance of health staff at case conferences was mixed across the country. When health staff attended, they made positive contributions. More consistent attendance of health staff would improve the effectiveness of case conferences in supporting and protecting adults at risk of harm.



SOUND PRACTICE: EAST RENFREWSHIRE PARTNERSHIP MEDICATION SUPPORT SERVICE
Adult protection concerns often relate to medication management. Pharmacy staff worked with health and care staff to promote the safe management of medication to maximise positive outcomes for adults. This was valuable early intervention to prevent harm from medication errors

Overall, health worked collaboratively to inform and support adult support and protection key processes and improve outcomes for adults at risk of harm. Some opportunities to maximise the impact of this were missed. The inclusion of health knowledge and expertise in investigations, either as second workers or by informing the investigation process, added value and supported effective management of risk. Partnerships should promote and encourage the involvement of health staff as second workers where appropriate. Where the second worker role is not appropriate, health should still routinely inform investigations where applicable.

Health staff interventions in emergency departments and in acute and community health settings were generally good. This helped to ensure adults at risk of harm were safe and protected.

Capacity and assessment of capacity

Health clinicians almost always did capacity assessments promptly for adults at risk of harm when required. At times, social work systems for requesting a capacity assessment for an adult at risk of harm could be haphazard. There needed to be clear, written intimation to health that a capacity assessment was needed and that included all the necessary information.

Police involvement in adult support and protection

The contribution of Police Scotland to adult support and protection arrangements was significant. This was achieved through consistent service provision, and underpinned by corporate guidance and delivery in a local context. Staff worked collaboratively with social work and health to keep adults at risk safe from harm. Police Scotland's contribution to adult support and protection benefited from the use of national recording systems on common software platforms (STORM, Interim Vulnerable Persons Database, iVPD) with information sharing transcending geographical boundaries.



SOUND PRACTICE: SEVERAL PARTNERSHIPS Community mental health professionals gave frontline police officers, and adults at risk of harm and their unpaid carers prompt telephone advice where there were mental health concerns.



SOUND PRACTICE: ABERDEEN CITY The partnership had a well-designed electronic form for social workers to request a capacity assessment from health clinicians. It had fields for all information a health clinician would need, and an attached form for a reply.



SOUND PRACTICE: POLICE SCOTLAND Police Scotland's comprehensive system of operational oversight and governance of adult support and protection operations was highly effective. It ensured quality and consistency of standards of policing for adult support and protection across Scotland.

Police records



From the records of all the adults at risk of harm scrutinised, 753 cases reflected direct police involvement. Officers were the primary referrer on 200 occasions, with available records often showing repeat and ongoing police involvement.

The main source of reporting to the police was through the country's three area control rooms. Staff effectively managed inquiries from the public using a well-established model of risk and needs assessment. Reports made to the police about adults at risk of harm were almost always properly considered at first point of contact by control room staff for threat of harm, risk, investigative potential, vulnerability and engagement required (THRIVE). Most cases had an accurate incident type closure/disposal code on STORM, which is the electronic logging system for tasking and resource management. In a few partnerships, police might have made better use of these codes to accurately highlight specific vulnerabilities. For example, where the adult at risk of harm was already known to officers or the episode reflected multiple concerns for the adult at risk of harm.

The operational policing response delivered by frontline officers was consistently to a high standard. In almost all cases, initial attending officers' actions were good or better for quality. Almost all of the time, officers did the assessment of risk of harm, vulnerability and wellbeing accurately. The wishes and feelings of the adult were almost always appropriately considered and properly recorded. Police officers routinely delivered effective practice, made meaningful contributions to multi-agency responses, and on occasions saved the life of the adult at risk of harm.

Where officers identified the need for an adult protection referral, they promptly shared concerns with the divisional concern hub on almost all occasions. They used the interim vulnerable persons database (iVPD). There are 13 Police Scotland divisional concern hubs situated across the country. They were an integral part of public protection screening and triage arrangements. Hub function involved managing concern referrals about escalating or emerging situational vulnerabilities impacting the adult at risk, based on research of police systems and reporting from frontline officers. The contribution of staff within the hubs to adult protection was mostly good or better, including the timely and effective sharing of onward referrals to partnership duty systems.

Police Scotland has a formal escalation protocol, which is initiated in response to repeat event activity over a short period of time. The protocol was created to alert managers to heightening risk associated with a person or place, and to flag ongoing policing involvement. Repeat and continuing police attendance in support of adults at risk of harm was a recurring theme. Officers did not always initiate the escalation protocol consistently. Strategic input to inform the response to the escalation was not always consistent. Police Scotland made recent adaptations to realise greater consistency in outcomes from this part of the process. The benefits were still to be fully realised.

Police attended most adult protection case conferences to which they were invited but there were notable country-wide variations in the level of involvement. While overall police reporting to case conferences was strong, there were occasions (involving criminality and ongoing risk of harm) where the police should have attended in person but did not. Social work did not always invite the police to case conferences when their attendance would have been beneficial.

Most of the time, police officers and staff were routinely involved in adult support and protection arrangements until point of closure. Ongoing protection work was almost always of a high standard, person-centred and valuable to keep people safe.

Key adult support and protection practices

Management oversight and governance

Sound management oversight and governance of operational adult support and protection practice is vitally important. Almost all police records for adults at risk of harm had evidence of governance, most social work records did, and just over half of health records did. Evidence of exercise of governance was less apparent in health records. This was not necessarily a deficit due to the types of health records scrutinised. Oversight and governance should be an area for continuous improvement.

Several partnerships showed considerable variation in how social workers executed key processes for adult support and protection. Both for approach and quality. For example, different social workers did chronologies and risk assessments using entirely different templates. Quality also varied from very good to weak and unsatisfactory. This suggested inconsistent operational management oversight and governance. Affected partnerships needed to address these governance gaps to achieve consistently effective key process for adult support and protection.



SOUND PRACTICE: SCOTTISH BORDERS PARTNERSHIP

They had an effective system for operational governance over adult support and protection. When adult protection activity finished, a manager populated a well-designed electronic form to systematically check all necessary adult protection tasks were done to a good professional standard.

Involvement and support for adults at risk of harm and their unpaid carers

Almost all adults at risk of harm got good support from partnership staff to involve and include them in their adult support and protection journey.

Independent advocacy

Adults at risk of harm derive considerable benefit from independent advocates. Adults at risk of harm face the trauma of the harm that has occurred, and then the inevitable stress associated with the adult support and protection process itself. Independent advocates gave invaluable support to adults at risk of harm and helped them to understand and navigate the adult support and protection process. Most adults at risk of harm who would benefit from the support of an independent advocate were offered one. Just under half said they wanted an independent advocate and got one promptly. Partnerships should offer an independent advocate to more adults at risk of harm to support a higher take-up rate.



SOUND PRACTICE: NORTH LANARKSHIRE PARTNERSHIP
Adults at risk of harm were routinely offered independent advocacy. Most accepted. Independent advocates adeptly, supported them to articulate their views, and to understand the adult support and protection process.

Financial harm and alleged perpetrators of all types of harm

There are increasing numbers of adults who are vulnerable and experience financial harm. Stopping it when it occurs can be complex and time consuming. Partnerships worked collaboratively to prevent financial harm from happening in the first place.



SOUND PRACTICE: ANGUS PARTNERSHIP
They developed helpful information and guidance for staff on dealing with financial harm. They put specific systems in place to tackle it. Thus, this partnership prevented financial harm occurring and stopped it when it did.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced some improvement to their safety due to partnerships' efforts to help them. This could extend to improved health and wellbeing. Effective multi-agency working was the main reason for these positive outcomes. Staff tried exceptionally hard to support individuals who were unwilling or unable to engage. They may not themselves recognise their serious risks that public bodies considered were present. Understandably, staff could find this work challenging.

Adult support and protection training

Generally, adult support and protection training was effective. Almost all council officers we spoke to said their training was effective and equipped them well for their role. Staff frequently told us that multi-agency training opportunities were limited. Partnerships successfully developed online training platforms in response to the pandemic. Staff found online training valuable but they missed the benefits of in-person training sessions.

Boundaries between child protection and adult protection

Sometimes, a transition process needs to take place between the child protection system and the adult protection system. This happens when a young person supported under the child protection system reaches an age when a partnership considers transfer is necessary. There is no definitive age when this process should happen. Frequently, young people continue under the auspices of child protection long after they reach the age of 16 and broadly, this worked well. National guidance references protection of children and young people under the age of 18. If transition from child protection to adult protection is believed necessary, good communication between all parties and careful planning are essential. This includes detailed consultation with the individual involved, their unpaid carers and other relevant parties.

Occasionally, looked after children and young people have some involvement with adults at risk of harm who are under the adult support and protection system. Good, well-coordinated communication between children's services partnerships and adult support and protection partnerships is vital. This also applies when a looked after young person might present a potential threat to an adult at risk of harm.



How good was the partnerships' strategic leadership for adult support and protection?

Key messages

- ▶ Almost all partnerships had a vision statement for adult support and protection that they communicated to staff and others. In several partnerships, the vision was part of a wider culture and ethos. They robustly prioritised adult support and protection.
- ▶ Almost all partnerships had a multi-agency adult protection strategy or an improvement plan. A few partnerships had both. Quality and effectiveness of these varied.
- ▶ Generally, partnerships' adult protection committees and chief officers' groups exercised sound, collaborative leadership for adult support and protection.
- ▶ Strategic leaders across Scotland rose very well to the unprecedented challenges of the pandemic and successfully maintained business continuity for adult support and protection. This can inform continuous improvement.
- ▶ Health leaders and senior police officers played an increasing role in strategic leadership for adult support and protection.
- ▶ Social work leaders remained at the forefront of strategic leadership for adult support and protection. Their role was crucial for the successful response to rising numbers of adult protection referrals and growing adult support and protection activity levels.
- ▶ Ensuring the voice of the lived experience of adults at risk of harm was strongly represented on partnerships' adult protection committees was an area widely acknowledged by partnerships as needing improvement.
- ▶ Regular well-designed and executed multi-agency audits of the records of adults at risk of harm generated critical information on the quality of adult support and protection activity, and supported improvements.
- ▶ When a partnership finds out through an audit or other means that there are deficits in critical adult protection domains such as management of risk, it should take prompt and effective remedial action.

Vision and strategy

Almost all partnerships had a vision statement and communicated this to staff and the general public. Our interpretation of vision incorporates the concepts of culture and ethos for adult support and protection. In several partnerships, there was clearly a culture and ethos whereby adult support and protection was a priority, and staff at all levels were enthusiastic and well-motivated to do adult support and protection work. There was collective energy and drive to deliver improvements.

Partnerships need a plan that sets out a clear direction of travel for adult support and protection. It should focus on continuous improvement and development, and reflect improvements identified by multi-agency audits of the records of adults at risk of harm. Almost all partnerships had an adult support and protection strategy, an improvement plan for adult support and protection, or both. Quality of improvement plans was variable. It was important they were SMART (specific, measurable, achievable, relevant and timebound) however, not all of them were.



SOUND PRACTICE: EAST RENFREWSHIRE PARTNERSHIP
Strategic leaders strove to create a strong, person-centred, improvement focused culture and ethos for adult support and protection. It was underpinned by a principle of transparency and a learning culture.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

In almost all partnerships, adult protection committees exercised sound collective leadership for adult support and protection, as did chief officer groups. Some adult protection committees diligently strove to raise awareness of adult support and protection. They developed and improved multi-agency adult support and protection practice. Other adult protection committees were less active in this regard.

The Scottish Fire and Rescue Service made an important contribution to all adult protection committees. This was in addition to the invaluable efforts of firefighters to identify adults at risk of harm and support them to be safe. Productively, third sector bodies had representation at some adult protection committees.

Several adult protection committees made good use of activity data and performance data pertaining to adult support and protection. For others, this was an area for improvement whereby they needed to be better informed on how well their partnership delivered adult support and protection.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

Almost all partnerships acknowledged they needed to do more to ensure the voice of the lived experience of adults at risk of harm was consistently represented at a strategic level. This also applied to unpaid carers who cared for an adult at risk of harm. In several partnerships, independent advocacy organisations had a delegate on the adult protection committee. They brought added value and made a cogent contribution to the work of the committee.

Delivery of competent, effective and collaborative adult support and protection practice

Competent, effective and collaborative adult support and protection practice, and sound, dynamic strategic leadership are inextricably linked. Predominantly across the partnerships, strategic leaders delivered competent adult support and protection practice that maintained adults at risk of harm's safety, health and wellbeing. In some partnerships, strategic leaders brought about very effective adult support and protection practice. These partnerships should be a model to others across Scotland. In a few partnerships, strategic leadership merited improvement with consequent improvements to adult support and protection practice.

In a few partnerships, strategic leaders determined that a raft of improvements for adult support and protection were necessary. They purposely and collectively set about delivering these improvements, drove the process, and motivated staff to carry out the work to a high standard.

Across partnerships, health leaders played an increasingly active role for adult support and protection. This was a constructive development. Many NHS boards appointed public protection leads, adult protection leads and similar. They made a valuable contribution to leadership and direction for adult support and protection.

Similarly, senior police officers made a strong contribution to the leadership of adult support and protection. This reflected Police Scotland's vital role ensuring adults at risk of harm are identified, made safe and their safety is sustained.



SOUND PRACTICE: FIFE PARTNERSHIP

An individual with direct experience of adult support and protection was on the adult protection committee. An advocacy organisation supported them to take part meaningfully. The committee benefited greatly from their lived experience."



SOUND PRACTICE: SCOTTISH BORDERS PARTNERSHIP

Very effective strategic leadership for adult support and protection engendered very effective and some outstanding adult support and protection practice.

Social work leaders remained at the forefront of strategic leadership for adult support and protection. They have successfully overseen the response to increasing numbers of adult protection referrals and burgeoning levels of adult support and protection activity.

Strategic leadership for adult support and protection during the Covid-19 pandemic

Overall, strategic leadership was successful. Partnerships successfully maintained business continuity for adult support and protection despite the unprecedented challenges of the pandemic. Generally, they overcame these challenges collectively. In many ways, the pandemic strengthened relationships between partners as well as their ability to work collaboratively. Strategic leaders prioritised adults at risk of harm so they got the support they needed. Partnership staff felt well supported to safely carry out critical adult support and protection work. They set up a range of joint initiatives to support care homes and their staff during the pandemic. They made effective use of digital platforms to support both adults at risk of harm and their staff. Strategic leaders recognised the impact of the pandemic was still prevalent over three years after the first imposition of restrictions.

Partnerships learned much from the pandemic. Learning related to adult support and protection included the following.

- How best to communicate and support adults at risk of harm during a national emergency.
- Development of digital solutions to communicate with and support adults at risk of harm and their unpaid carers.
- Supporting staff with remote and agile working, including communication solutions.
- Development of peer supports for staff working in stressful challenging circumstances.
- Supporting staff to work safely when there is an infection risk.
- Improvements to supporting staff with their physical and mental health and wellbeing.
- Conducting online meetings such as adult support and protection case conferences.
- Cohesive developments to operational and strategic governance systems.
- Successful developments in digital and online adult support and protection training.
- Collaborative developments for the effective support of care homes working under extreme stress and pressure.
- Improvements to data collection and analysis.
- Developments for joint health and social care partnership and third sector initiatives for early intervention and prevention. These initiatives gave low-level support to vulnerable individuals so their circumstances did not deteriorate. They did not require adult support and protection interventions later.

Quality assurance, self-evaluation and improvement activity

Partnerships for adult support and protection that performed strongly carried out regular well-designed and executed multi-agency audits of the records of adults at risk of harm. They shared transparent reports of the audits with adult protection committees, chief officer groups and staff at all levels across the core adult protection partners. These partnerships took swift action to rectify deficits and deliver the improvements that audits identified.

Underperforming partnerships for adult support and protection tended not to routinely audit the records of adults at risk of harm. If they did conduct audits, they were often single-agency and not rigorous enough. Evaluation of the quality of key processes such as chronologies and risk assessments were often lacking. Reports of audits submitted to adult protection committees and chief officer groups sometimes lacked transparency and tended to gloss over key deficits in adult support and protection practice. If the audits did identify improvements, delivery was tardy or absent.

Rigorous multi-agency self-evaluation of adult support and protection was an overarching area for development and improvement. Few partnerships carried out self-evaluations. Those that did tended to do them in a limited manner. A few partnerships successfully used our published quality illustrations for adult support and protection for their self-evaluations.

All partnerships acknowledged they needed to do more to routinely seek the views of adults at risk of harm and their unpaid carers on the outcomes that adult support and protection had realised for them.

Initial case reviews and significant case reviews

For an in-depth commentary on initial case reviews and significant case reviews for adults, see the [Care Inspectorate's Triennial review of initial case reviews and significant case reviews for adults \(2019 - 2022\)](#)



SOUND PRACTICE: CITY OF GLASGOW PARTNERSHIP

They instigated regular multi-agency audits of the records of adults at risk of harm - both initial inquiries and episodes that proceeded to investigation and beyond. They successfully used our file reading tools. The Care Inspectorate's link inspector supported the audits. Audits led to improved adult support and protection practice.

Practice themes from cases escalated

Number of records read and escalations



During our file reading, we sometimes formally escalated cases to partnerships. The main purpose of escalations was to seek assurance from partnerships that the adult at risk of harm was safe. This is an important arrangement that promotes evaluation and encourages learning and improvement activity. During our joint inspection programme, we read the records for 2,154 adults at risk of harm records and escalated 59 cases to partnerships.

When initial responses to escalations did not provide the necessary clarity, we asked each partnership's adult protection committee to share and implement the subsequent learning and improvement opportunities.

Despite evidence in each partnership area of close joint working, there was a small but significant issue where the police were not routinely alerted to or involved in matters of alleged criminality. These included cases of physical, sexual and financial harm. There were a few cases where health services could have been better involved in providing assessment of adults' care and support needs. Escalated cases showed a need to improve: standards of record-keeping; use of adult support and protection procedures; effective multi-agency working; processes around capacity assessment; professional curiosity and challenge, particularly when dealing with complex cases.

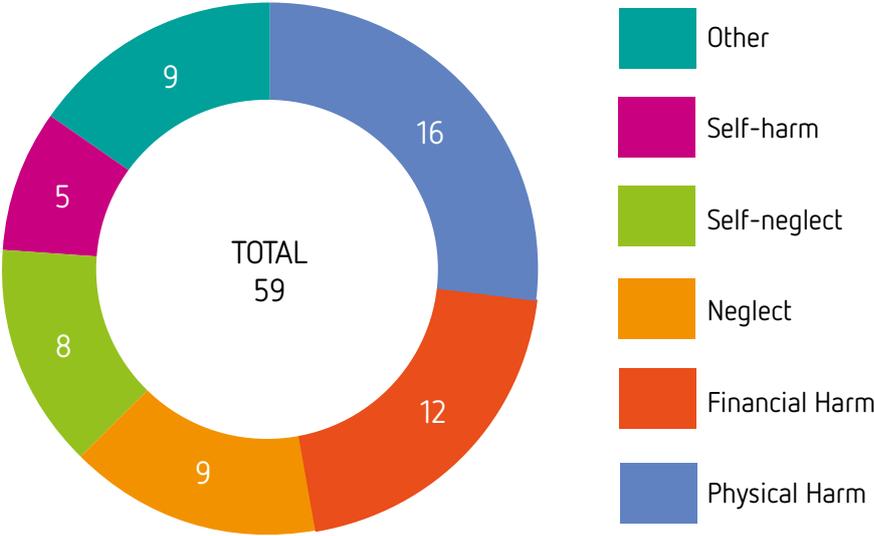
So far, two escalations have resulted in the partnerships conducting initial case reviews. One of those proceeded to a significant case review. In a few instances, partnerships had to take swift action to secure the adult at risk of harm's safety and wellbeing.

Overall, we escalated around 4% of episodes that proceeded to investigations and beyond, and less than 1% of initial inquiries.

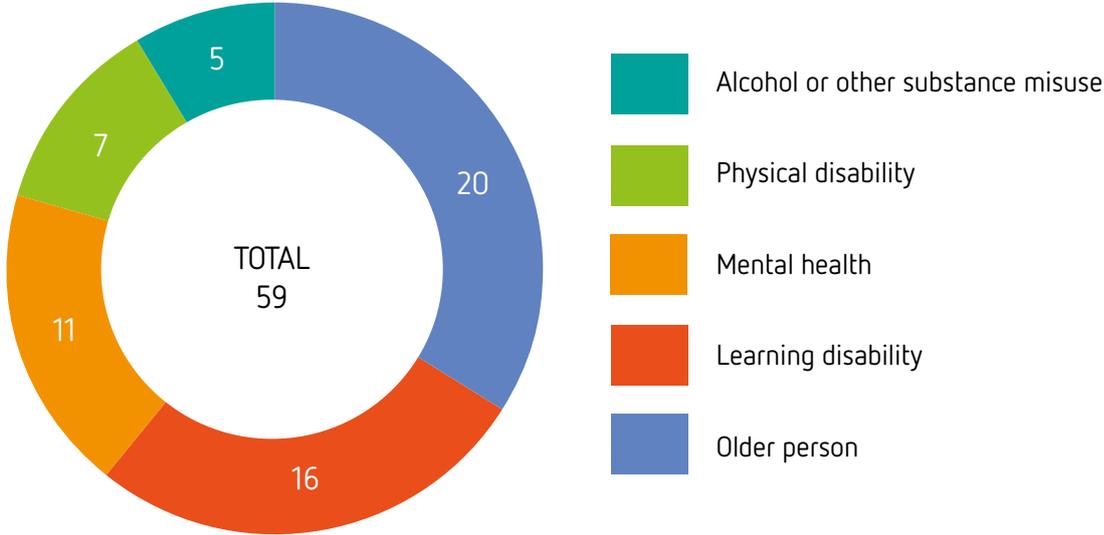
For a few partnerships, there was a high number of escalations (these include investigation-and-beyond episodes and initial inquiries). For a few partnerships, there were no escalations. Overall, our escalation process contributed to ensuring and enhancing the safety of a few adults at risk of harm. It helped partnerships to learn from adverse occurrences.

Escalations data

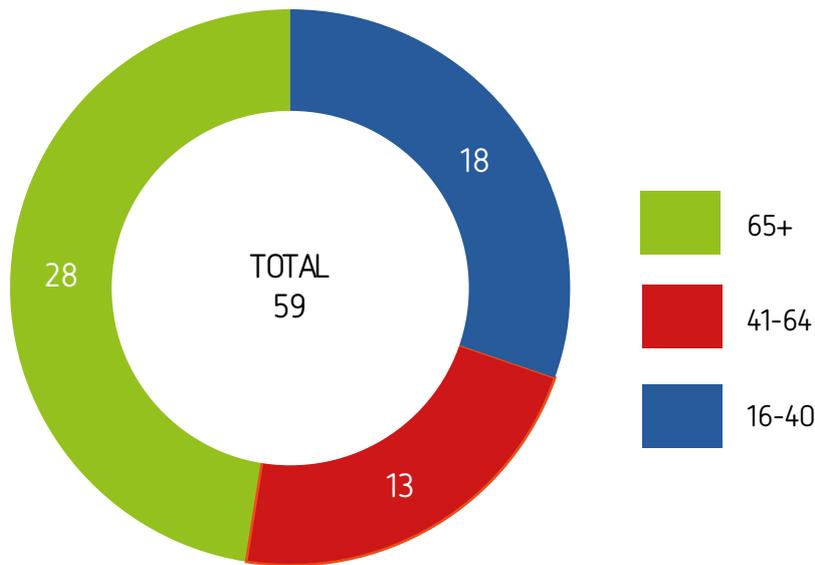
Primary type of harm in escalated cases



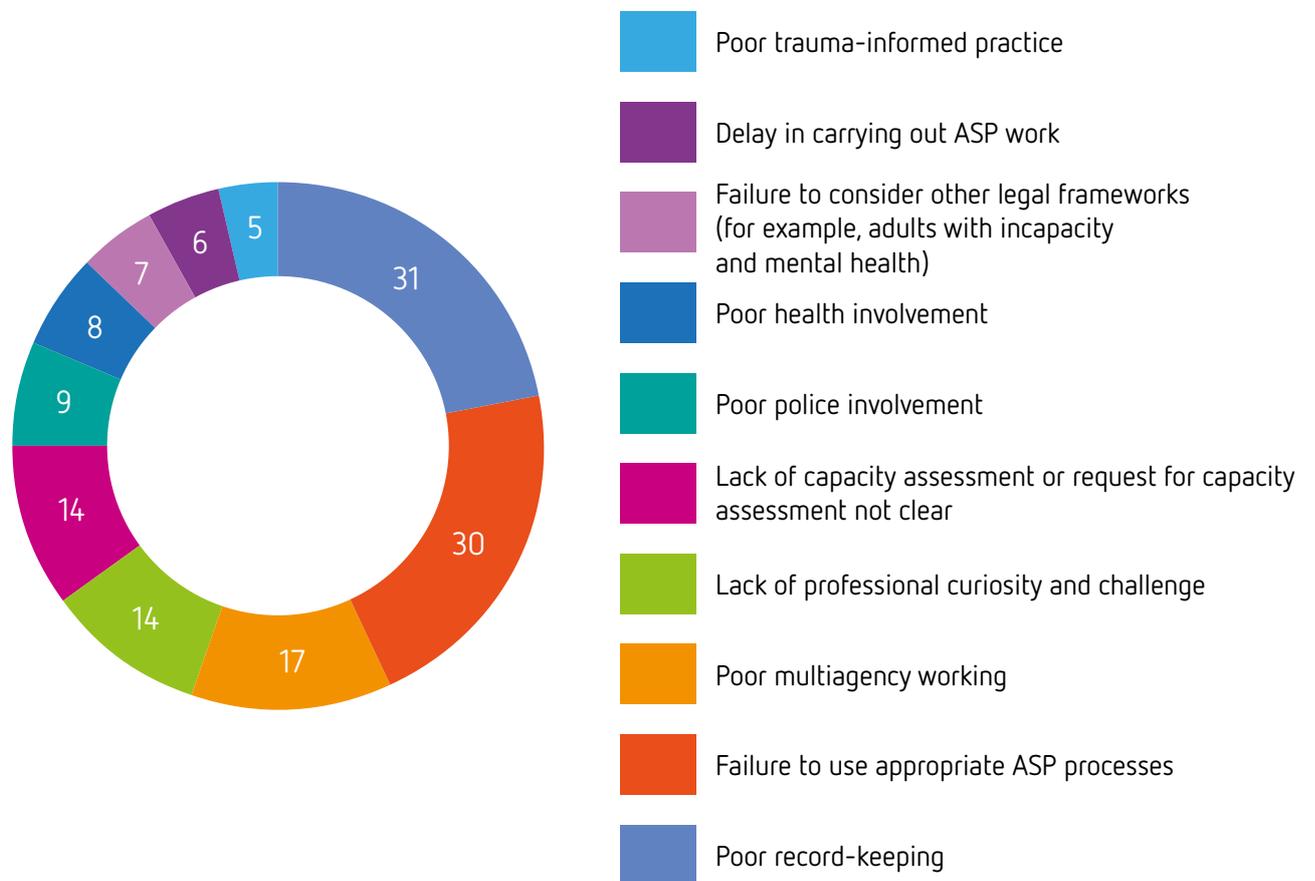
Primary case type for escalated cases



Age bandings for escalated cases



Issues identified in escalated cases



Next steps

The Care Inspectorate and its scrutiny partners, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland are committed to working jointly to provide scrutiny, learning and support to adult support and protection improvement across Scotland.

Our 24-month phase 2 programme begins in August 2023. It blends the above components into four priority areas of focus. These result from the findings of this report and the work initiated by the Scottish Government following publication of our interim overview report published in May 2022. In the first 12 months, we will revisit the partnerships we previously inspected in 2017 -18. We will work with the national implementation group to design and implement an adult support and protection quality improvement framework. This will align with the approach to joint inspection of children's services and support multi-agency audit and self-evaluation activity. In the second 12 months, we will work collaboratively with adult support and protection lead officers across partnerships to review improvement plan progress in those partnership areas with areas for improvement that outweighed strengths. We also aim to use our quality improvement framework to support planned partnership self-evaluation activity. Some additional partnerships may also be revisited to provide assurance of improvement activity.

The Adult Support and Protection Improvement Plan continues to drive activities focused on assurance, governance data and information, legislation, policy and guidance, practice improvement and prevention to improve support and protection for adults at risk of harm. Work includes developing and rolling out a revised minimum data set to inform improvement at local and national level, undertaking evidence reviews on key processes and developing online training and resources for practitioners.

In July 2022, as part of the Plan, the Scottish Government published a revised code of practice and guidance for general practice and adult protection committees. These documents reflect changes in legislation and practice, and provide enhanced information to aid practitioners in supporting and protecting adults at risk of harm. A national implementation group has been formed to develop and support practical application of the guidance. This group has members from a wide range of organisations that work together to drive and support improvement nationally within the adult support and protection community.

Appendix – core data set

We have published 25 adult support and protection inspection reports on partnerships across Scotland. Each inspection report we published contains an appendix giving the statistical information we gathered. For this overview report, we looked across the 25 inspection reports and highlighted the lowest and highest statistics. We have also used the results from each of the 25 inspections to calculate the averages shown in the table below.

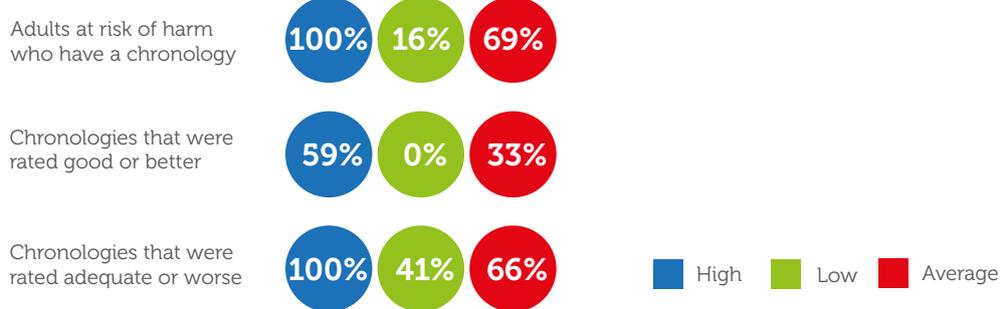
Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries:



Information sharing among partners for initial inquiries



Chronologies:



Risk assessment and adult protection plans:



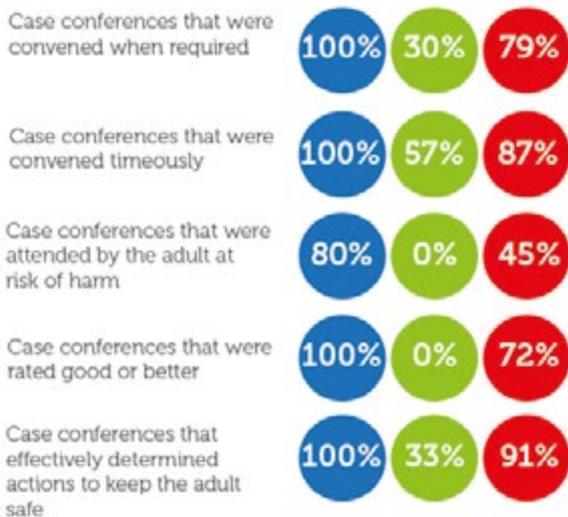
■ High ■ Low ■ Average

Full investigations:



■ High ■ Low ■ Average

Adult protection case conferences:



■ High ■ Low ■ Average

Adult protection review case conferences:



■ High ■ Low ■ Average

Police involvement in adult support and protection:



Health involvement in adult support and protection:



Information sharing:



■ High ■ Low ■ Average

Management oversight and governance:



■ High ■ Low ■ Average

Involvement and support for adults at risk of harm:



Independence advocacy:



■ High ■ Low ■ Average

Capacity and assessments of capacity:

Adults where there were concerns about capacity and had a request to health for an assessment of capacity



Adults who had their capacity assessed by health



Capacity assessments done by health were done timeously



■ High ■ Low ■ Average

Financial harm and all perpetrators of harm:

Adults at risk of harm who were subject to financial harm



Partners' actions to stop financial harm rated good or better



Partners' actions against known harm perpetrators rated good or better



■ High ■ Low ■ Average

Safety and additional support outcomes:

Adults at risk of harm had some improvement for safety and protection



Adults at risk of harm who needed additional support received it



■ High ■ Low ■ Average

Links to our joint inspection of adult support and protection reports for the 25 partnerships

[Inverclyde](#)

[East Ayrshire](#)

[Fife](#)

[Argyll & Bute](#)

[West Dunbartonshire](#)

[Dumfries and Galloway](#)

[South Ayrshire](#)

[Stirling](#)

[Clackmannanshire](#)

[Falkirk](#)

[Aberdeen City](#)

[Moray](#)

[Perth & Kinross](#)

[West Lothian](#)

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