JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Aberdeenshire – April 2024

Contents

Joint inspection of adult support and protection in the Aberdeenshire partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an overview report which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated codes of practice were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The Aberdeenshire partnership indicated it had not yet fully adopted the codes of practice.

The focus of this inspection was on whether adults at risk of harm in the Aberdeenshire partnership area were safe, protected and supported.

The joint inspection of the Aberdeenshire partnership took place between November 2023 and February 2024. We scrutinised the records of adults at risk of harm for the preceding two-year period, from November 2021 to November 2023.

1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

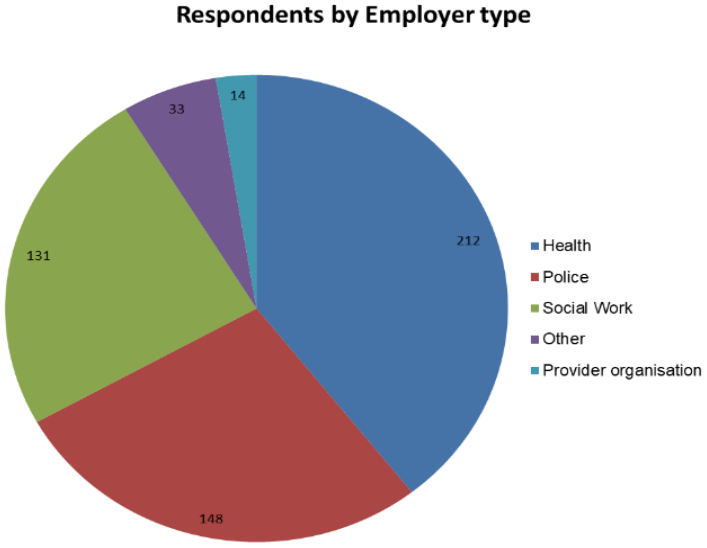
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

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

Staff survey. Five hundred and thirty-eight staff from across the partnership 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.



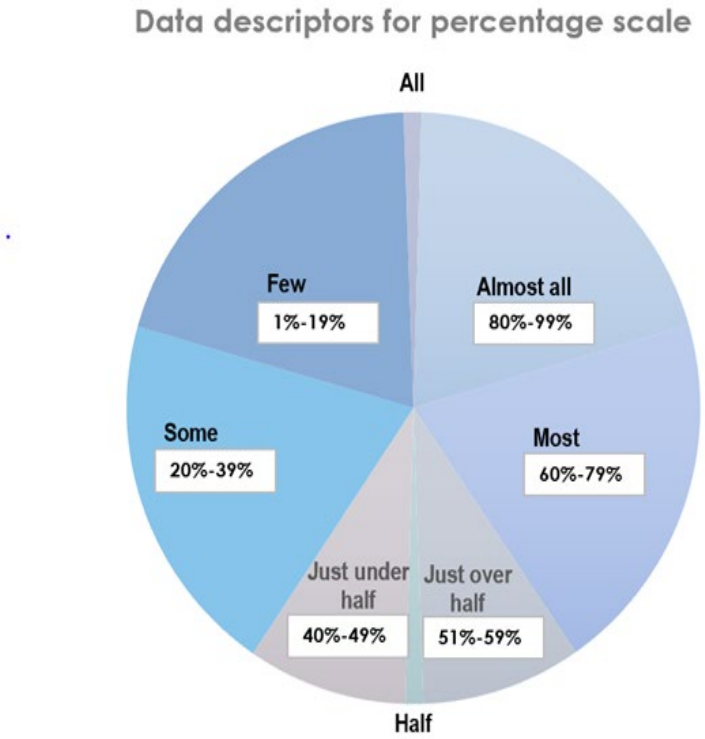
[2] https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

The scrutiny of social work records of adults at risk of harm. This involved the records of 38 adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm for whom inquiries have used investigative powers under sections 7-10 of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 34 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Strategic leaders implemented an effective interagency referral discussion approach supported by clear guidance and templates. It ensured high quality, collaborative practice across key partners. There were clear benefits for adults at risk of harm who had an interagency referral discussion.

- All investigations were carried out by council officers to an exemplary level of quality and competence. Investigations were person-centred and reflected multi-agency contributions.

- Risk assessments including chronologies were of a high standard. They were effectively used on a multi-agency basis at case conferences to agree a collective risk assessment which aligned with protection plans.

- Strategic leaders prioritised adult support and protection and invested in additional staff resource. This increased capacity in the adult protection network. Specialist roles in health and police were valued across the partnership.

- Strategic leaders were committed to embedding a shared learning culture in relation to internal and external learning reviews.

Priority areas for improvement

- The quality of initial inquiries needed to improve. Effective systems to support and evidence decision making, actions taken, application of the three-point criteria and governance were urgently required. This will evidence adults at risk of harm are progressing to the correct stage.

- Health attendance at case conferences remained an area for improvement. Social work did not consistently invite relevant health professionals to attend compounding the issue.

- Multi-agency quality assurance and audit needed to be more embedded. Audit activity and improvement work required to be driven by better collection and analysis of data.

- The voice and experience of adults at risk of harm and their carers required to be more evident in strategic planning and development. The adult protection committee needed to accelerate the pace of actions set out in their delivery plan.

- Police practice relating to updating the interim vulnerable persons database required to align with Police Scotland guidance and good practice.

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

Key messages

- Council officers undertook all inquiries using investigatory powers in accordance with the code of practice. They were well supported by the adult protection network.
- The quality of investigations was exemplary. A well-designed electronic investigation template supported high quality work and competent recording.
- Risk assessments were completed to a high standard. They effectively used a common multi-agency risk assessment framework and matrix. Chronologies were an integral part of risk assessments and were well utilised.
- Protection plans were completed on a multi-agency basis and clearly aligned with risk assessments. Plans were monitored and amended on a multi-agency basis. Regular and timely review case conferences were convened.
- Interagency referral discussions and case conferences were well attended by statutory partners including housing. These adult support and protection meetings were effective forums which collectively identified risks and put protection plans in place.
- It was not always clear how risks were assessed, or outcome decisions were made during screening, triage, and initial inquiries. Systems did not support council officers to evidence actions taken.
- Police practice in relation to updating the interim vulnerable persons database (iVPD) needed to be aligned with national practice and guidelines.

We concluded the partnership's key processes for adult support and protection were 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.

Screening and triaging of adult protection concerns

The adult protection network was the single point of contact for all adult support and protection referrals. The adult protection network was a dedicated team primarily comprising of social workers and senior practitioners all of whom were qualified council officers. The team was supported by dedicated administrative staff. All adult support and protection referrals were initially subject to desktop research, information gathering, and interagency referral discussions where appropriate.

These measures should have supported good practice but decision outcomes from these early processes were not consistently recorded. This made clear and accountable decision making difficult to determine.

While staff resources were increased to address the higher volume of referrals the adult protection network was stretched. The policy of undertaking an inquiry for every adult support and protection referral was an obvious pressure for staff.

The partnership carried out work to understand increased demand on the adult protection network. Gaps in services in the health and social care sector was a primary factor. This led to an increase in adult support and protection referrals. As a result, a policy to re-direct adult support and protection referrals arising from a lack of health and social care service provision away from the adult protection network was implemented in February 2023. These referrals were passed to locality teams for risk management through existing processes such as care management or the care programme approach. Decisions to re-direct referrals to community teams were down to the discretion of staff in the adult protection network. Implementation of the 2023 policy change contributed to a lack of clarity relating to the three-point criteria, risk management and responsibility. There were delays in information sharing from locality teams to the adult protection network. And evidence of lack of follow up by the network when information was requested. The interface between the adult protection network and locality teams at referral, triage and initial inquiry stage lacked clear governance. This impacted negatively on some adults at risk of harm.

For adults who were triaged, screened and had initial inquiries that were no further actioned the recording of accountable decision making was weak.

Initial inquiries into concerns about adults at risk of harm

Less than half of initial inquiry episodes were good or better or evidenced recording of the three-point criteria. Where consideration was given to the three-point criteria it was correctly applied most of the time. Partnership staff and frontline managers held a view that the three-point criteria was determined on a multi-agency basis, for example as part of the interagency

referral discussion. This was sound practice, but consideration should be given to strengthening evidence of this at earlier stages.

Most initial inquiries progressed within appropriate timescales. Some initial inquiries were delayed and a significant few were up to three months. The 2017 inspection noted delays in inquiries and recommended that the partnership provide clear timescales for staff. The partnership acted on this and put a two-day timescale in place. Positively, their internal audit activity indicated that they were achieving this almost all the time.

Operational management oversight of decisions taken at the initial inquiry stage was evident for just over half of adults subject to initial inquiries. The policy of making inquiries for every referral impeded consistent oversight of all decisions and actions at the initial inquiry stage. The adult protection network included senior practitioners who were also council officers. The partnership view was that they were sufficiently experienced and competent to make decisions autonomously without management oversight, apart from dip sampling by a manager. For some adults referred, the decision of no further action was not the correct decision meaning some adults at risk of harm did not progress further in the adult support and protection process when required.

Almost all adults who progressed to initial inquiry were not informed that inquiries were underway. Adults have the right be informed that inquiries are being made into their circumstances relating to adult support and protection concerns. The partnership should aim to improve the person-centredness of their approach at initial inquiry stage.

The adult protection network used an electronic initial contact form on receipt of an adult support and protection referral. This form was ineffective and inadequately supported council officers to carry out their duties and responsibilities competently at the initial inquiry stage. Workarounds using case notes and observation entries to record initial inquiry information were evident. This made it difficult to systematically follow the council officers' actions and decision making. It also led to inconsistency and absence of recording of consideration of the three-point criteria. For some adults it was a challenge to understand what stage the case progressed to, which team and worker had case responsibility and whether the adult was an adult at risk of harm or not. Frontline practitioners noted that recording of initial inquiries was problematic due to the restricted word limit on the electronic template. The partnership planned to move to a new electronic recording system and acknowledged the need to improve the recording of initial inquiries.

Interagency referral discussions

Multi-agency practice at interagency referral discussions (IRDs) was a significant strength in Aberdeenshire. The partnership implemented these in 2019. Comprehensive Grampian wide guidance was issued in 2023 and

supported this approach. The number of adults at risk of harm referrals that progressed to IRDs had gradually increased. Interagency referral discussions were good or better almost all the time. Multi-agency partners were clearly committed to the process with almost all interagency referral discussions well represented by health, social work, and police.

The partnership developed an interagency referral discussion summary form. This was a well-designed template which effectively allowed for consistent recording of actions, decision making, application of the three-point criteria and governance of decisions made. These forms evidenced detailed analysis of the circumstances of adults at risk, and respectful professional challenge. Senior practitioners in the adult protection network chaired interagency referrals discussions very competently. Clear decisions about whether the adult required to progress to an inquiry using investigative powers, planning in relation to any investigation and allocation of a council officer were all evident in the interagency referral discussion form almost all the time. Multi-agency risk assessment was integral to the interagency referral discussion.

The partnership undertook multi-agency audits in relation to interagency referral discussions in two recent consecutive years. Improvements in practice were noted in the second-year audit report. The partnership was rightly proud of their work in relation to interagency referral discussions. The standard of practice was sector leading.

Inquiries including the use of investigatory powers

Chronologies

Since the 2017 adult support and protection inspection in Aberdeenshire, the partnership promoted good practice in relation to chronologies. A chronology was the starting point for the council officer when carrying out investigations. Most adults had a good quality chronology in their record with a few being excellent. Overall, the partnership made good progress in this important area of adult support and protection practice.

A well-designed template supported council officers to effectively record significant life events, actions, and impact for the adult. Chronologies were effectively used as a tool to assess risk by the council officer by identifying patterns and triggers in the adult's life. A chronology formed part of the council officer submission to the initial case conference and was utilised by multi-agency partners to inform discussion and decision making at the case conference.

Risk assessments

Risk assessments completed for adults at risk of harm who progressed to inquiries using investigative powers were effective. Almost all adults at risk of harm who progressed to an investigation had a risk assessment. The quality of these was mostly very good or better. The partnership adopted a shared framework in relation to risk assessment across agencies. A risk identification form was completed by council officers prior to case conferences. This was used by multi-agency partners at the case conference to agree risks. A supporting, and consistently applied risk matrix strengthened multi-agency risk assessment. The multi-agency risk assessment was embedded in case conference minutes. It clearly and effectively set out priority risk factors, steps taken/needed to prevent further harm and the likelihood of further harm in each risk area. The risk assessment aligned well with the protection plan which was embedded within the case conference minutes.

Multi-agency staff training promoted a better understanding of risks in the context of adult support and protection. Frontline staff were positive about the benefits of the partnership's multi-agency approach to risk assessment and resultant positive impact for adults at risk of harm. Council officers felt well supported by operational leadership when adults were at a high level of risk. Oversight of risk assessment from senior practitioners in the adult protection network provided council officers with added assurance.

Investigations

When investigatory powers were carried out the practice of council officers was to a very high standard. The quality of all investigations was good or better. Person-centred practice was evident in investigatory practice including the use of a second worker with whom the adult already had a positive relationship. Health staff acted as second workers when needed. Almost all investigations took place within a timescale in keeping with the needs of the adult. Since the 2017 inspection the partnership introduced timescales for key points in the adult support and protection process including investigations. The partnership recognised more progress was needed. Sometimes this was due to challenges allocating a council officer. To address this an escalation process was introduced that resulted in a council officer being allocated quickly after coming to a service managers attention.

At the conclusion of an investigation council officers completed a council officer report on a well-designed template. This supported council officers to effectively present their investigation findings. Investigations evidenced highly effective multi-agency collaboration and information sharing. Council officer reports demonstrated detailed and analytical consideration of the circumstances of adults at risk, with due regard to the principles of the Act. Almost all investigations effectively determined if adults were at risk of harm and made pertinent recommendations.

Adult protection initial case conferences

Almost all initial case conferences were carried out timeously. The quality of case conferences was good or better almost all the time. Case conferences were arranged through the adult protection network. It was evident that administrative staff in the adult protection network had efficient systems in place that accurately distributed and tracked case conference invitations and requests for reports from other agencies. Administrative workers also minuted meetings and distributed these effectively. It was clear that the efficient execution of the administrative processes for case conferences was of significant benefit to the smooth running of the overall process. Senior practitioners consistently chaired initial case conferences with a high level of competence. Minutes were of a high standard providing an incisive and analytical record of multi-agency discussion and decision making.

Most case conferences had relevant professionals in attendance. Positively, housing professionals were regular participants at case conferences and made salient contributions. Some case conferences did not have all relevant professionals in attendance. Since the 2017 inspection police attendance improved considerably with them being present at almost every case conference. Health attendance was improving too but more work was needed. The partnership was aware this was an area for improvement and responded by recruiting a specialist nurse for adult support and protection. Where an appropriate health professional could not attend case conferences, the specialist nurse stepped in where possible, although not on every occasion. Some relevant health professionals were not invited by social work to case conferences. Multi-agency partners collaborated and shared information effectively at case conferences. There was evidence of comprehensive research packages from the police hub being submitted for consideration at case conferences. These provided details of any involvement the adult at risk or alleged harmer had with police. This was a valuable contribution to the risk assessment process. The council officer's investigation report, chronology and risk identification tool were central to discussion and decision making. Risk assessment and protection planning was effectively carried out at case conference on a multi-agency basis. Protection orders were appropriately considered and when utilised were effective in protecting the adult at risk of harm on all occasions.

The partnership convened case conferences virtually. Given the large and dispersed geography of Aberdeenshire this proved to be a positive position with staff attending more routinely. When an adult was attending and wished the case conference to be in person, this was arranged. The adult was invited to their own case conference most of the time. When adults were not invited reasons were mostly clearly recorded in the minute of the case conference. Adults at risk attended case conferences some of the time, and when they did were almost always effectively supported to contribute. Most adults at risk of harm were offered independent advocacy.

Some accepted and received an advocate timeously. Almost all adults with an advocacy worker were supported to articulate their views.

Adult protection plans / risk management plans

Almost all adults at risk had a protection plan. Every plan clearly identified the contributions of multi-agency partners where appropriate. Most protection plans were good or better. Most plans were clear about the actions planned or taken to reduce risk, who was responsible and in what timescale. Protection plans clearly aligned with risk assessments and were agreed by professionals in attendance at case conferences. Protection plans were embedded in case conference minutes rather than on a separate template. This was a sound approach, however minutes were not always evident in health records.

Adult protection review case conferences

The partnership convened review case conferences for almost all adults at risk of harm who needed one. Almost all review case conferences were held within an appropriate timescale and effectively reviewed the protection plan to ensure the adult at risk of harm was safe, protected and supported. Multi-agency attendance was consistent with attendance at initial case conferences.

Implementation / effectiveness of adult protection plans

Most partnership staff were confident that adult support and protection interventions made a positive difference to the lives of adults at risk of harm. Most staff agreed that adults at risk of harm were getting the support they needed to remain safe and protected. There was evidence that staff worked in person-centred ways considering the wishes and preferences of adults at risk of harm. Sometimes agreed actions on protection plans were not always progressing timeously. The partnership understood this and acted to make improvements by increasing oversight using the adult protection network. The partnership was at the early stage of developing a core group approach to support multi-agency monitoring and adjustment of protection plans between formal review case conferences.

Large-scale investigations

The partnership conducted eight large-scale investigations in the past two years. These were carried out in line with the Grampian wide large-scale investigation protocol. The decision to progress to a large-scale investigation was made on a multi-agency basis at a large-scale investigation interagency referral discussion. Advocacy involvement gave a voice to the experiences of adults at risk of harm, their family, carers, and proxies during large-scale investigations.

A senior practitioner from the adult protection network took a lead role in adult protection concerns in care homes and very sheltered housing. The partnership was in the early stages of work to develop a framework for identification of early concerns in care facilities. Large-scale investigations were carried out within appropriate timescales in collaboration with multi-agency partners and led to positive outcomes for adults at risk of harm.

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

Overall effectiveness of collaborative working

Almost all partnership staff indicated that they were supported to work collaboratively and achieve positive outcomes for adults at risk of harm. Collaborative assessment of risk and shared decision making were strongly evident across key frontline processes from interagency referral discussion through to review case conferences. Collaborative working was less evident at the initial point of referral, during screening and initial inquiry processes.

The Grampian interagency procedures for adult support and protection supported good practice. These procedures were updated in 2021 and were under review at the time of the inspection. The procedures set out the principles of the health and social care standards. The draft updated procedures indicated references to the revised code of practice which was incorporated.

Health involvement in adult support and protection

NHS Grampian was committed to supporting and protecting adults at risk of harm in Aberdeenshire. NHS Grampian invested in a public protection team which included an adult public protection lead post and adult public protection advisor. It was evident that the adult public protection lead was a key member of the strategic leadership team in relation to adult support and protection in Aberdeenshire. The lead was a member of the adult support and protection committee and chaired the recently established data sub-group. They also led the important work to develop a capacity assessment pathway for adults at risk of harm in Grampian.

Some innovative work was evident from the public protection team in relation to raising awareness of adult support and protection with health staff across Grampian. This included use of an alert on the TrakCare system to signify that an adult was open to adult support and protection processes. This was implemented in August 2023. This flag signposted health staff to discuss the adult with their social worker and if the adult was in hospital, to convene a meeting before discharge. It was positive to see use of this alert evident during the inspection. In 2023, NHS Grampian introduced an adult support and protection champions initiative. This innovative development established 70 health staff as champions across acute and community services. Champions were trained to level three of the adult protection training framework and offered advice and guidance to health colleagues about adult support and protection, including when and how to make an adult protection referral. Staff were positive about the introduction of adult support and protection champions. This was a recent innovation and the impact for Aberdeenshire was yet to be evaluated. NHS Grampian hosted the public protection joint learning and development co-

ordinator post. This post was recruited to at the time of inspection and the postholder was to start imminently.

The nurse specialist for adult support and protection was important for raising awareness about adult support and protection. They offered advice and guidance and drove up improvement in health attendance at multi-agency adult support and protection meetings. This successfully improved health attendance at meetings, particularly at interagency referral discussions where health staff were almost always present. There was more work to be done in relation to health attendance at adult support and protection case conferences.

When health staff shared information and worked collaboratively the quality was almost always good or better. Similarly, when they contributed to protection planning, their input was good or better for almost all adults at risk of harm. It was not always evident from health records that an adult was being supported through adult support and protection or what the health contribution was. Minutes from adult protection meetings were not always apparent. Record keeping and documentation in relation to adult support and protection was good or better for just over half of adults at risk of harm. Strengthening this area of practice would provide assurance to managers about the quality of adult support and protection work, and support practitioners in the delivery of safe and effective care in relation to adult support and protection.

Capacity and assessment of capacity

Just over half of adults at risk of harm whose records were read required a capacity assessment. Most of these adults were referred by social work to an appropriate health professional for a capacity assessment. Some were not referred when they should have been. When adults at risk of harm were referred to health professionals, capacity assessments were completed timeously almost all the time. For those few who experienced delay in capacity assessment the delays were significant. The partnership implemented use of the decision specific capacity screening tool and there was evidence of its effective use in practice. Work was ongoing to develop a Grampian wide capacity pathway for protection-based decisions. Aberdeenshire partnership was a key partner in this work.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost all effectively assessed by control room staff for threat of harm, risk, investigative opportunity, vulnerability, and engagement required (THRIVE). Some cases had an inaccurate STORM disposal code (record of incident type).

In all cases the initial attending officers' actions were evaluated as good or better. The assessment of risk of harm, vulnerability and wellbeing was

accurate and informative in almost all cases. The wishes and feelings of the adult were always appropriately considered and recorded.

Where adult concerns were recorded, officers did so efficiently and promptly on all occasions using the interim vulnerable persons database (iVPD). Frontline supervisory input was always evident, and the quality was mostly good or better.

Where the individual had a previous iVPD record, local practice was to record adult at risk episodes and incidents in the iVPD chronology. This was not compliant with Police Scotland guidelines. This approach undermined opportunities to record supervisory oversight, apply the resilience matrix and/or escalation protocol risk assessment. This practice risked some adults at risk of harm not benefiting from adult support and protection activity at the earliest opportunity. This local practice had potential to impact negatively on adults at risk of harm if they moved out with Grampian area due to a gap in information on the interim vulnerable persons database. Review of local practice and alignment with Police Scotland guidelines would address these issues.

Divisional Concern Hub (DCH) staff actions/records were good or better in almost all of the cases read. A resilience matrix and relevant narrative of police concerns was almost always recorded. All referrals were shared by the DCH timeously to partners.

In almost all cases with police involvement an interagency referral discussion was convened. In almost all interagency referral discussions the quality of Police Scotland's contribution to the discussion was good or better.

Police were invited to and attended most case conferences. Officer contribution to case conferences was almost always good or better. Police reports were provided for almost all case conferences. This was a strong example of effective information sharing.

It is good practice for Police Scotland to raise retrospective iVPDs in instances where, although they were not the initial referrer, they have been involved in decision making with partners at adult support and protection meetings such as interagency referral discussions and case conferences. The divisional concern hub should consider consistently adopting this recognised good practice.

Third sector and independent sector provider involvement

Third sector and independent sector providers were key partners in supporting and protecting adults. Providers were clear about their role and when to make adult support and protection referrals. A few referrals were received by third and independent sector providers. Providers worked in partnership with statutory agencies to provide additional support to just

under half of adults at risk of harm. Support provided, including from third and independent sector providers was good or better almost all the time. This brought clear positive impact for adults at risk of harm who were safer as a result.

Key adult support and protection practices

Information sharing

Almost all adults at risk of harm benefitted from police, social work, and health sharing information. Partners in Aberdeenshire shared information in line with the Grampian adults at risk information sharing protocol. Information sharing was most evident at interagency referral discussions, initial and review case conferences. Police and health implemented innovative measures to share information including the research hub packages and a flag on the TrakCare system that alerted acute and community staff that an adult was currently an adult at risk of harm. Almost all partnership staff were confident about what to do if they had concerns about an adult at risk and understood the role of other agencies. Most staff received timely feedback from social work on actions taken in response to referrals.

Management oversight and governance

Screening and initial inquiry activity lacked management oversight. Just over half evidenced it. This included adults at risk of harm who progressed to an interagency referral discussion. Too much emphasis was placed in the ability of council officers within the adult protection network to work autonomously in relation to decision making at the screening and initial inquiry stage.

Decision making and outcomes were not well evidenced in the social work information system. It was difficult to follow what actions took place or were outstanding and which team was responsible. This compromised the safety of adults at risk. Managers were aware that the recording system required to be updated. Improvement was needed and this was being progressed by the partnership.

Management oversight and governance improved significantly beyond initial inquiries. Interagency referral discussions were competently governed by senior practitioners from the adult protection network.
The senior practitioners in the adult protection network played a pivotal role in overseeing and supporting the work of council officers across the partnership. Council officers were very positive about the advice, guidance and oversight provided by senior practitioners in the adult protection network. In most records there was evidence of supervision discussions and decisions and that a manager periodically read the records. There was evidence of governance in almost all social work and police records. Less so in health records. This is not necessarily a deficit due to the types of health records scrutinised.

Involvement and support for adults at risk of harm

Most partnership staff held the view that adults at risk of harm were supported to participate meaningfully in adult support and protection decisions about their lives. Almost all adults at risk of harm who progressed to interagency referral discussion had their views sought either directly or through an appropriate representative. Support to be involved in the adult support and protection process was available for almost all adults. The quality of support was good or better most of the time. Some of the time the adult had an unpaid carer. Unpaid carers were appropriately involved and consulted almost all the time. While these were positives for adults subject to further adult support and protection processes more work was needed to improve the engagement with adults not progressing beyond the initial inquiries stage.

Most adults at risk of harm were invited to their own case conferences. When they were not invited the reason for this was recorded most of the time. Commendably, there was good evidence of the views of adults being gathered by council officers for case conferences, and feedback about the case conference being given to adults. The partnership planned to further improve involvement of adults in adults support and protection processes, and this was a key area of the adult protection committee improvement plan.

Independent advocacy

Adults at risk of harm were offered independent advocacy most of the time. Some adults accepted and received advocacy, but most did not. Independent advocacy was received timeously by adults who accepted the offer. Almost all adults who accepted advocacy were assisted to express their views. Staff noted that the advocacy service was more likely to support a particular task or event such as a case conference rather than support an adult at risk of harm across the adult support and protection process. This meant that meaningful relationships were not always built.

A representative from the commissioned advocacy organisation was a member of the adult protection committee. This offered opportunities for partnership working to improve the uptake of advocacy.

Financial harm and alleged perpetrators of all types of harm

Some adults at risk of harm experienced financial harm. The partnership acted to stop the financial harm for almost all of them. The actions of the partnership stopped the financial harm most of the time and this was almost always due to multi-agency working. For some adults this involved banks and other financial organisations. The overall quality of the partnership actions to end financial harm was good or better all the time.

There was an alleged perpetrator in just under half of cases, almost all were known to the partnership. Action was taken against the alleged perpetrator most of the time. Work with the alleged perpetrator was always carried out by the partnership if required. The quality of this work was almost always good or better.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced improvements in relation to their safety as a result of adult support and protection interventions. This was almost always due to multi-agency working. Most staff surveyed agreed that adults at risk of harm experienced a safer quality of life as a result of the support they received. For some adults who did not progress to an inquiry using investigative powers, it was difficult to determine from recording if existing supports were adequately protecting and supporting them.

Adult support and protection training

Most partnership staff said participation in adult support and protection multi-agency training and development opportunities strengthened their contribution to collaborative adult support and protection working. Almost all council officers experienced specific council officer training as effective in supporting their understanding of the legislation and duties and responsibilities of the council officer role. Council officer training was updated to reflect the revised code of practice.

Most of the training was carried out virtually during the pandemic and this was the default position. There was a mixed response to this from staff surveyed. Many found online training convenient and easily accessible. Other staff would have preferred more face-to-face training events particularly in more complex subject areas and on a multi-agency basis. Council officers were positive about council officer forums and a dedicated area on Microsoft Teams to share research, policy updates and national publications. Council officer events on financial harm and self-neglect were well received.

The Aberdeenshire partnership was a key partner in the Grampian wide learning and development strategic framework. A multi-agency training and development coordinator post was recruited to and would take up post imminently.

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

Key messages

- Strategic leaders prioritised and invested heavily in additional key adult support and protection posts across the partnership to support improvements in practice.
- Multi-agency leaders implemented a highly effective and collaborative interagency referral discussion process. Practice was audited and necessary improvements put in place to strengthen the approach. Effective guidance and protocols supported the process.
- The adult protection committee and executive group for public protection embedded a strong learning culture including learning reviews.
- Strategic leaders oversaw effective change and improvement activity. A systematic multi-agency approach to quality assurance, including better use of data, would strengthen this area of practice. Further refinement to this process was needed to ensure they highlight all areas for improvement.
- Adults at risk of harm, and their carers, were not directly engaged in strategic planning or development. The adult protection committee had not progressed actions on their delivery plan to improve engagement and meaningful collaboration.
- Police leaders needed to align local iVPD practice with national practice and guidelines.

We concluded the partnership's strategic leadership for adult support and protection was 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.

Vision and strategy

Partnership leaders promoted the priority message that adult support and protection was everyone's business. That said, just over half of staff were clear about the strategic vision for adult support and protection indicating more work was needed.

The adult protection committee's strategic action plan covered a two-year period 2022-2024 and was reviewed and updated in October 2023. The plan lacked detail in a few key areas particularly in improvement actions pertaining to frontline key processes. The plan appeared incomplete with a significant number of gaps particularly in relation to identified leads, evidence of improvement and progress. Where a task lead was identified there was an over-reliance on key individuals.

More positively, the partnership actively promoted national adult support and protection awareness days and planned to again in 2024. It also utilised 'Engage Aberdeenshire', the council website platform, to provide information about the adult protection committee and to update the public on issues pertinent to adult support and protection such as scams and doorstep crime.

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

The executive group for public protection was chaired by the chief executive of Aberdeenshire council. The group was responsible for governing all aspects of public protection including adult support and protection. Senior leaders were committed to adult support and protection and collaborated effectively. The adult protection committee was accountable to the executive group for public protection. Multi-agency representation and level of seniority was appropriate on both the executive group for public protection and the adult protection committee. There was evidence of respectful and constructive challenge in these leadership forums.

Adult support and protection was a standing item on the agenda for the executive group for public protection. Minutes evidenced extensive and productive multi-agency discussions in relation to learning reviews. The partnership was aware that improvements were required in data collection and analysis and recruited to a specific post to make progress. They recently set up a data group as a sub-group of the adult protection committee. The adult support and protection operational and practice group was the link between the committee other adult protection sub-groups. The sub-groups were relevant and supportive to the work of the committee.

The adult protection committee worked strongly and effectively in partnership with Grampian wide partners. There was representation from Aberdeenshire on Grampian wide subgroups which reported to all three adult support and protection committees. These subgroups were in relation

to learning and development, external learning reviews, and financial harm. There was a Grampian wide short life working group pertaining to the development of a capacity assessment pathway for adults at risk of harm. This was in response to delays in capacity assessments being identified by partners as an area for improvement. This was a longstanding challenge for the partnership which was highlighted in the 2017 joint inspection report.

There were clear and positive links between the Aberdeenshire adult protection and NHS Grampian's public protection committees. The NHS Grampian adult public protection lead was a key member of Aberdeenshire's adult protection committee. Strategic connectivity and continuity in relation to adult support and protection was ensured through the social work lead and the chief nurse for the health and social care partnership. Both were members of the health and social care partnership leadership team, the clinical and adult social work governance committee, and the adult protection committee.

Partnership leaders recognised adult support and protection referrals increased in volume year on year since 2019. This created significant demand on the adult protection network as the single point of contact for adult support and protection referrals. There was an absence of consistent collaborative decision making across partner agencies at the referral stage. It was predominantly the lead agency, via the adult protection network, that made decisions at an early stage. Carrying out initial inquiries on every adult protection referral made achieving consistency about which adults at risk should progress to an interagency referral discussion difficult. Recording systems did not adequately support or evidence operational governance of decisions made at the initial point of contact. The system, processes and lack of governance at the early stages meant that how risks were managed for some adults was unclear. The partnership was progressing toward an updated social work recording system.

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

The inclusion and engagement of adults at risk of harm and their carers in strategic decision making about adult support and protection was an obvious gap. Partnership leaders recognised this and aspired to engage more fully with adults at risk of harm. This was a clear message from the committee following a self-evaluation exercise in 2020. As a result, approaches for gathering and using feedback from those with lived experience to inform strategic planning and activities were key areas for improvement in the adult protection committee action plan. That said, the plan, lacked specificity and was underdeveloped. It was not specific, measurable, achievable, reliable, or time-bound. This meant tangible progress was difficult to determine in this important area.

More positively, the Engage Aberdeenshire platform offered opportunities for adults at risk of harm and their carers to tell the partnership about their

experiences on the “What’s your story” page. This was an innovative option for people who experienced adult support and protection processes and had ideas for improvement. Footfall to the page was encouraging but the partnership received no feedback from adults at risk of harm or their carers. Increasing traffic to the platform was a task in the adult protection committee improvement plan, however there was no task lead or progress noted. The adult protection committee identified the platform as the main mechanism for gaining feedback but had not advanced improvements to support uptake of the feedback opportunity.

The partnership successfully gathered some feedback from a small group of adults at risk of harm and carers with experience of investigations and case conferences. Use of this feedback survey was promising. The partnership should promote further use of this approach in the adult support and protection committee action plan to strengthen their strategic approach to engagement.

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

Strategic leaders were aware of the critical role of the adult protection network in the delivery of frontline key processes. The 2017 joint inspection highlighted capacity issues in this team. Leaders positively responded to make improvements and staffing resource were increased. Leaders envisioned the network as having wider function and reach than an operational social work team. For example, the health and social care partnership funded a specialist nurse for adult support and protection who was part of the network. This positive development led to improved joint working between social work and health including better attendance at key adult support and protection meetings. The police adult support and protection co-ordinator post was closely aligned with the network which resulted in strong information sharing between police and social work. The network included administrative staff who exclusively supported adult support and protection frontline processes. The efficiency of the dedicated support provided by administrative staff from interagency referral discussion onwards was a significant strength. Partnership leaders recently invested in a data research and analysis officer post. That post holder was also located in the adult protection network. This was a positive development as the partnership experienced challenges producing useful data to inform strategic leadership decisions.

Since the 2017 inspection the health and social care partnership strengthened the senior leadership team with the addition of a social work lead post. This post, alongside the chief social work officer, provided leadership across statutory social work services including adult support and protection. The adult protection network’s support and oversight of council officer work from investigation and beyond was commendable. Inquiries using investigative powers, chronologies, risk assessments, case conferences and protection planning were all a considerable strength of the

partnership. It was clear senior leaders valued the council officer resource and this was having very positive results. Comprehensive council officer training was well received with almost all council officers responding positively about the impact on carrying out their duties and responsibilities. There was evidence of a varied council officer forum programme on issues pertinent to the partnership such as financial harm. Staff from other agencies were invited to attend where relevant. An excellent area in Microsoft Teams was developed for council officers to share learning, research, updated polices and national publications.

Multi-agency leaders drove the implementation of interagency referral discussions since 2019. Leaders committed to releasing frontline managers to participate in interagency referral discussions. Protocols and guidance were updated in 2023. Multi-agency audit highlighted good practice and areas for improvement. In the second year of audit of interagency referral discussions, improvement was notable. Practice and recording was of a very high standard in relation to interagency referral discussions. There were clear and positive outcomes for adults at risk of harm who progressed to having an interagency referral discussion. They were subject to robust multi-agency risk assessment and decision making, and where required, moved onto well planned and comprehensive investigations.

Multi-agency adult support and protection leads across Grampian, including Aberdeenshire, sought to understand the reasons for increased demand. An important contributory factor identified was significant capacity issues across the health and social care sector. The consequences of which led to increased risks and a rise in adult support and protection referrals. In February 2023, strategic leads took measures to reduce the demand on the adult protection network. These measures included a rapid review of the thresholds for adult support and protection referrals guidance and re-focusing referring agencies on the changes. An executive level position statement issued specified that adult support and protection referrals arising from the lack of capacity in the wider health and social care system, would not be progressed by the adult protection network. Rather, these referrals would be passed to locality teams to be managed via existing risk management arrangements. The impact of this approach was not evaluated by the partnership. Urgent consideration of the impact of this policy needed undertaken by senior managers.

Quality assurance, self-evaluation and improvement activity

Self-evaluation activity undertaken by the partnership in 2022 identified that weak data collection and analysis was a risk for the partnership. There was a lack of robustness in this area which impacted negatively on being able to use data to inform strategic planning including audit activity. Steps were taken to bring improvements including health and social care partnership investments in a dedicated analysis and research officer post for adult support and protection. Since September 2023 a new subgroup of the adult protection committee was set up. This data subgroup was remitted to

ensure that data that supports assurance on delivery of adult support and protection key functions was provided to the adult support and protection committee. The partnership was aware that there was still some way to go in realising the benefits of the new data analyst post and the data subgroup. Impactful outcomes, from these steps put in place to bring improvements in data collection and analysis, required to pick up pace.

The adult protection committee sought assurance on the quality and impact of interagency referral discussions. Multi-agency audits of interagency referral discussions were carried out in 2022 and 2023. Nearly 100 interagency referral discussion summary forms were audited in both years, and views of staff were collated via a survey. Improvements were noted across the two years as a result of an improvement plan. This was a comprehensive and valuable piece of work which impacted positively on practice and adults at risk of harm. The adult protection committee requested that the next multi-agency audit, planned for 2024, review the effectiveness of case conferences.

The social work service developed its own quality assurance audit tool. This was introduced in May 2023. The tool supported audit of adult support and protection activity across all key processes. This was a positive development. The team manager from the adult protection network reviewed six cases every six weeks and provided feedback to relevant managers and practitioners. This work was reported to the adult protection committee and areas for improvement noted. Although the introduction of the quality assurance audit tool was a positive step, there were limitations. A single manager was responsible for carrying out the audits. This was a missed opportunity to involve frontline practitioners and other managers across social work services in audit activity. Staff completing our questionnaire echoed the need for better engagement in such processes. Involving staff in audit activity fosters an improvement culture and encourages ownership of change. Senior leaders did not include staff in audit activity due to the demand on frontline services. Scrutiny questions in relation to decision making, actions taken, and governance did not adequately inform the adult protection committee about practice, process, and outcomes for adults at risk of harm at the initial stage of inquiries.

Learning reviews

In March 2023 the adult protection committee ratified the Grampian adult protection committee learning review procedures for use in Aberdeenshire. The procedures were helpful, comprehensive and in line with the national framework for learning reviews. There was a strong emphasis on learning from both internal and external learning reviews. The adult protection committee had a subgroup to implement improvement actions from learning reviews. This included seven-minute briefings for staff. Staff were positive about communication and engagement about learning reviews. Middle managers noted a change in mindset from learning reviews being regarded negatively to an opportunity to learn and improve. The partnership were

also represented on the Grampian wide learning review subgroup. This subgroup focussed on learning reviews external to the Aberdeenshire partnership.

The partnership utilised a useful learning review tracker tool. This clearly set out when improvement actions were to be completed. This tool was used at the adult protection committee to track progress and ensure appropriate oversight. There was evidence of robust discussions at both the adult protection committee and the executive group for public protection in relation to improvement actions in relation to learning reviews and similar reviews.

The five initial case reviews submitted by the partnership were exemplary.

Summary

Key processes

The quality of adult support and protection interagency referral discussions, inquiries using investigatory powers, chronologies, risk assessments, case conferences and protection planning was high. The partnership not only maintained those areas of practice since the 2017 joint inspection but made improvements to their chronologies and quality of investigations. Since 2017 the partnership introduced interagency referral discussions. This was a significant multi-agency achievement which clearly benefited adults at risk of harm who progressed to this stage. Interagency referral discussion practice was sector leading.

Commendably, the quality of investigation work for every adult at risk of harm who proceeded to this stage was also very good or better. Since the 2017 inspection the partnership put timescales in place for key process points and ensured greater consistency in the interpretation and deployment of different adult support and protection meetings. Further to the 2017 inspection, police attendance significantly improved at case conferences; a police representative attended almost all. Health attendance was also notably better, although further improvement was still required.

Less positively, since the 2017 joint inspection the quality of initial inquiry practice deteriorated. Screening, triage, and initial inquiries were conflated at the initial point of contact. This led to indistinct recording in relation to decision making about when an adult required an initial inquiry, whether the adult met the three-point criteria and governance of actions when an adult at risk required initial inquiries. For some adults it was unclear how risks were being managed and some adults should have progressed further in the adult support and protection process.

Strategic leadership

The 2017 inspection recommended consideration of increased capacity in the adult protection network. Leaders responded positively and increased staffing capacity in this pivotal team. To improve adult support protection collaboration and practice, health leaders invested in a specialist nurse for adult support and protection. This was positively impacting on health staff attending adult support and protection meetings. NHS Grampian adult public protection lead, and advisors were making progress in raising awareness about adult support and protection and introduced some innovative initiatives.

Leaders valued their staff. Training opportunities increased since the 2017 inspection. The partnership, along with Grampian wide partners, invested in a joint learning and development coordinator post. Council officer training was well received and wider development opportunities for council officers were valued. The partnership placed a significant emphasis on creating a

shared learning culture in relation to learning reviews. There was a proactive multi-agency subgroup for learning reviews which was accountable to the adult protection committee. The partnership routinely submitted good quality initial reviews to the Care Inspectorate.

The 2017 inspection highlighted that audit activity was variable across the partnership. Some progress was made in relation to regular multi-agency audits. Audits in relation to interagency referral discussions were carried out over two consecutive years. Improvements in practice were noted as a result. A single agency audit tool was developed for use in social work which reviewed the adult support and protection journey from beginning to end. A key gap in this tool was an absence of scrutiny in relation to initial inquiries. The partnership required to do more to use data to inform audit activity. Data generation in relation to outcomes for adults at risk of harm was a challenge in 2017 and it remained so. Leaders took steps to address ongoing issues with data collection and analysis. An analysis and research officer post was created and a data subgroup reporting to the adult protection committee was now in place. The partnership needed to expedite improvements to the quality of data and its use to inform regular multi-agency audit, improvement activity and strategic decisions.

The partnership struggled to engage with adults at risk of harm for feedback in 2017 and this continued to be an issue. This was a key area identified in the adult protection committee action plan, however progress was slow. The partnership attempted to gather feedback from adults at risk of harm via the Engage Aberdeenshire platform. Unfortunately this was unsuccessful. The partnership was plugged into national groups to learn from other areas across Scotland.

Next steps

We asked the Aberdeenshire partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

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

- 89% of initial inquiries were in line with the principles of the ASP Act
- 89% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- Of those that were delayed in the concern hub passing on concerns, one case was delayed by two weeks to one month
- 26% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 76% of episodes where the three-point criteria was applied correctly by the HSCP
- 66% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 8% less than one week, 15% one to two weeks, 31% two weeks to one month, 23% one to three months, 23% more than three months
- 55% of episodes evidenced management oversight of decision making
- 42% of episodes were rated good or better.
- 63% of interagency referral discussions (done at initial inquiry stage) were rated good or better.
- 100% of initial inquiries carried out by a council officer.

Staff survey results on initial inquiries

- 89% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 7% did not concur, 4% didn't know
- 72% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 5% did not concur, 23% didn't know
- 78% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 7% did not concur, 15% didn't know

Information sharing among partners for initial inquiries

- 74% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm

Chronologies

- 79% of adults at risk of harm had a chronology
- 61% of chronologies were rated good or better, 38% adequate or worse

Risk assessment and adult protection plans

- 83% of adults at risk of harm had a risk assessment
- 87% of risk assessments were rated good or better
- 86% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 78% of protection plans were rated good or better, 22% were rated adequate or worse

Full investigations

- 98% of investigations effectively determined if an adult was at risk of harm
- 98% of investigations were carried out timeously
- 100% of investigations were rated good or better

Adult protection case conferences

- 89% were convened when required
- 88% were convened timeously
- 31% were attended by the adult at risk of harm (when invited)
- Police attended 95%, health 61% (when invited)
- 95% of case conferences were rated good or better for quality
- 98% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 93% of review case conferences were convened when required
- 96% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 100% of inquiry officers' actions were rated good or better
- 95% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 86% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 57% good or better rating for the quality of ASP recording in health records
- 89% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 98% of cases evidenced partners sharing information
- 100% of those cases local authority staff shared information appropriately and effectively
- 100% of those cases police shared information appropriately and effectively
- 94% of those cases health staff shared information effectively

Management oversight and governance

- 78% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 94%, police 98%, health 48%

Involvement and support for adults at risk of harm

- 96% of adults at risk of harm had support throughout their adult protection journey
- 84% were rated good or better for overall quality of support to adult at risk of harm
- 76% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 19% didn't know

Independent advocacy

- 89% of adults at risk of harm were offered independent advocacy
- 24% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 79% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 80% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 20% of adults at risk of harm were subject to financial harm
- 100% of partners' actions to stop financial harm were rated good or better
- 80% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 94% of adults at risk of harm had some improvement for safety and protection
- 89% of adults at risk of harm who needed additional support received it
- 71% concur adults subject to ASP, experience safer quality of life from the support they receive, 5% did not concur, 24% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 59% concur local leaders provide staff with clear vision for their adult support and protection work. 9% did not concur, 32% didn't know

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

- 58% concur local leadership of ASP across partnership is effective, 5% did not concur, 37% didn't know
- 58% concur I feel confident there is effective leadership from adult protection committee, 5% did not concur, 37% didn't know
- 45% concur local leaders work effectively to raise public awareness of ASP, 13% did not concur, 43% didn't know

Quality assurance, self-evaluation, and improvement activity

- 50% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 7% did not concur, 43% didn't know
- 50% concur ASP changes and developments are integrated and well managed across partnership, 6% did not concur, 44% didn't know