

A large, abstract graphic composed of numerous overlapping, diagonal lines and shapes in various shades of blue and purple, creating a sense of movement and depth. The lines vary in thickness and color, ranging from light blue to deep purple.

JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

East Ayrshire Partnership July 2021

Contents

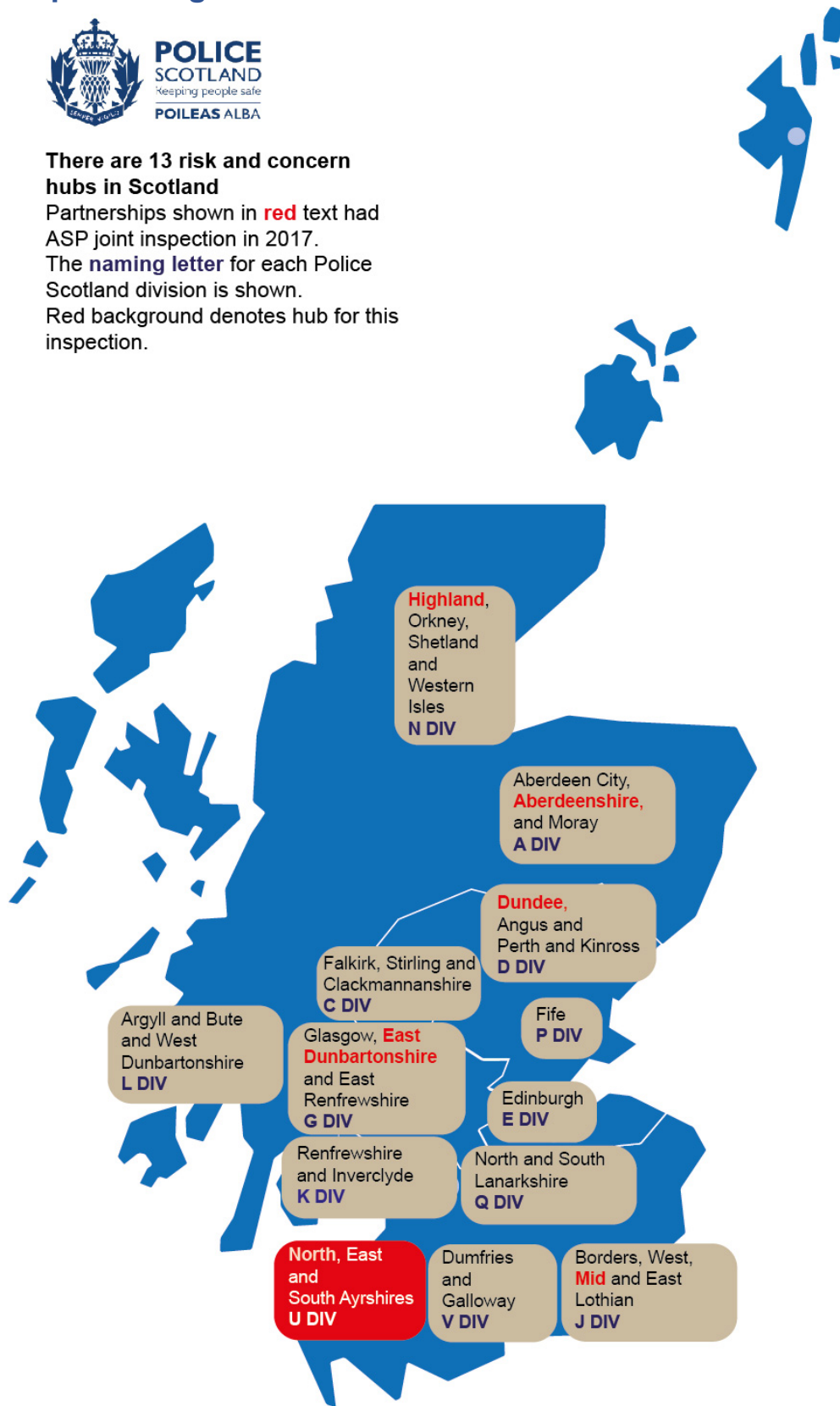
Map showing divisional concern hubs	3
Joint inspection of adult support and protection in the East Ayrshire partnership	4
Summary – strengths and priority areas for improvement	7
How good were the partnership’s key processes to keep adults at risk of harm safe, protected and supported?	8
Initial inquiries into concerns about an adult at risk of harm	9
Investigation and risk management	11
Collaborative working to keep adults at risk of harm safe, protected and supported	15
Key adult protection practices	18
How good was the partnership’s strategic leadership for adult support and protection?	21
Next steps	26
Appendix 1 – core data set	27

Map showing divisional concern hubs



There are 13 risk and concern hubs in Scotland

Partnerships shown in **red** text had ASP joint inspection in 2017. The **naming letter** for each Police Scotland division is shown. Red background denotes hub for this inspection.



Joint inspection of adult support and protection in the East Ayrshire partnership

Joint inspection partners

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

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these 26 inspections and the previous inspection work we undertook in 2017- 2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the East Ayrshire area were safe, protected and supported.

In the face of the emerging Coronavirus (Covid-19) public health emergency, joint inspection partners took the decision on 17 March 2020 to temporarily suspend the adult support and protection inspection programme.

In recognition of the continued significance of this work the Care Inspectorate, Her Majesty's Inspectorate of the Constabulary in Scotland and the Health Improvement Scotland explored ways to resume the inspection programme that took account of the ongoing pandemic.

The joint inspection of the East Ayrshire partnership took place between March 2021 and June 2021.

Quality indicators

Our quality indicators¹ 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 four proportionate scrutiny activities.

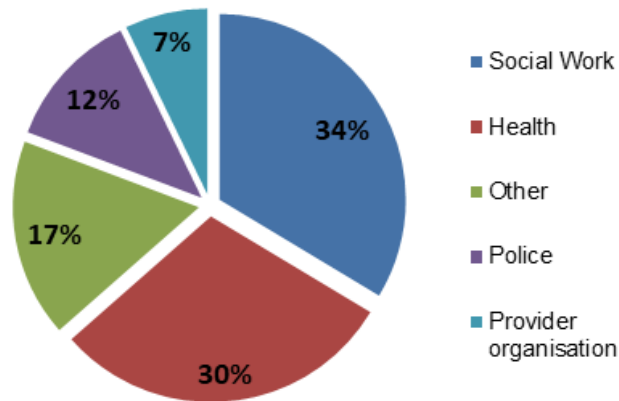
The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Three hundred and forty-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.

1

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

Respondents by Employer type

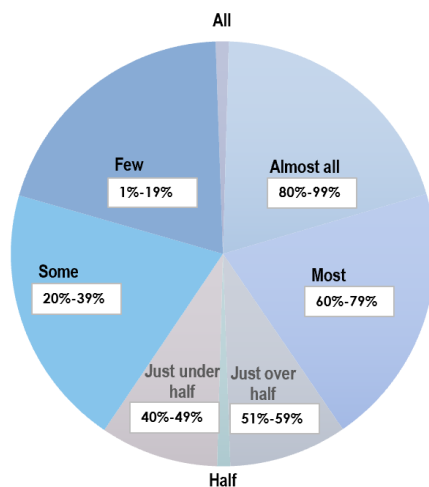


The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings² of 40 adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

Staff focus groups. We carried out three focus groups and met with 29 members of staff from across the partnership 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 partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges

Data descriptors for percentage scale



² We scrutinise the partnership’s recording of the initial inquiry episode **not** the adult at risk of harm’s records.

Summary – strengths and priority areas for improvement

Strengths

- Adults at risk of harm were safer as a result of the collaborative support and protection they received.
- Adult support and protection was a partnership priority. Leaders had a clear and cohesive vision which was well articulated in key strategic documents.
- Staff from across the partnership had a clear understanding of their roles and responsibilities in relation to adult support and protection. This was well supported by an established learning and development framework.
- Collaborative working between key strategic partners, including the third and independent sector and the wider community, was strong. The partnership had a well-developed approach to early intervention that had strengthened community resilience.
- Dedicated senior posts, directly accountable to members of the chief officer's group, supported the development and oversight of adult support and protection.

Priority areas for improvement

- The partnership should improve the practice of using chronologies in adult support and protection work.
- The partnership should review the role and function of the social work Adult Concern Initial Response Team (ACIRT).
- Senior managers should ensure compliance with guidance for protection planning meetings, case conferences, and protection plans.
- Improved communication between strategic leads and frontline staff across key partners will support better understanding and application of policy, procedures, and change management.
- The partnership quality assurance framework was limited and did not accurately reflect critical elements of adult support and protection practice. Revision and ongoing oversight by the Adult Protection Committee and Chief Officers Group are required to aid improvement.

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

Key messages

- Effective collaboration positively resulted in safer outcomes for most adults at risk of harm.
- Adult support and protection inquiries were responded to in line with the principles of the legislation.
- Adult support and protection investigations and case conferences mostly considered concerns about adults at risk of harm and safeguarded the adult effectively.
- The partnership's operating procedures were inconsistently applied to essential parts of the adult support and protection journey. This included chronologies, planning meetings, case conferences, protection plans and core groups.
- Significant changes in processes and procedures had impacted on the quality of case recording and timescales for completing inquiry work. This placed increased demand on the Adult Initial Concern Response Team.
- The divisional concern hub was efficient at sharing adult concern information with partners but could better complement existing adult protection arrangements.
- Prompt response by the relevant health professional for capacity assessments supported effective protection planning.

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.

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns.

Prior to October 2020, East Ayrshire social work duty system categorised all protection type referrals in one of two ways. They were distinguished between an adult support and protection referral or an adult concern referral. The health and social care partnership then took the decision to progress all referrals to adult support and protection inquiries. This impacted significantly on the volume of work undertaken by duty social work services. The partnership acknowledged this had caused a 'pinch point' in the system and on the Adult Concerns Initial Response Team (ACIRT) in particular.

Positively, the adult support and protection processing pathway was clear and staff supported this view. For adults that were already known to social work teams the referral was passed to them to undertake initial inquiry work. The ACIRT undertook all other inquiries. There was good evidence that referrals were screened on the day they were received by the appropriate worker.

Initial inquiries into concerns about adults at risk of harm

Initial inquiry episodes were completed in line with the principles of the Adult Support and Protection (Scotland) Act 2007. The partnership dealt with initial inquiries effectively. The application of the three-point test was clearly recorded in almost all initial inquiry episodes and there was good evidence of multiagency communication and management oversight.

Referrals were responded to timeously in most cases. While this was positive, there was a significant minority (25%) where there was a delay in progressing the referral. For a few adults at risk of harm this delay was lengthy and extended between one to three months. There were also a few initial inquiry episodes that should have progressed to investigation but did not.

As part of inquiry activity, the partnership had the option to convene an adult support and protection planning meeting. The timescale for this was five working days from point of referral. The guidance clearly outlined the criteria for convening this type of meeting. The guidance was not consistently applied.

There were several significant recent changes to key processes that impacted on practice. In February 2020, the partnership implemented a new social work recording system. This coincided with the Covid-19 pandemic and restricted period³, resulting in the well-planned support for implementation being delayed. Frontline practitioners reported that using the new system from home during the restricted period was “time consuming and tricky.” In October 2020, the partnership introduced updated adult support and protection social work procedures which added to the challenges for staff.

The decision to progress all adult concern and adult support and protection referrals to adult support and protection inquiries also placed increased demands on front-line social work teams. In particular, the ACIRT faced a significant increase in inquiry activity. Resultantly, a managerial decision was taken that this team would not complete case notes. This was incongruent with expected social work practice and was also contrary to East Ayrshire’s defensible decision-making tool which stated that accurate, up to date records was a key social work task.

It was evident that the partnership effectively progressed adult support and protection inquiries during the restricted period and key processes were still being delivered within a reasonable timescale.

³ Restricted period refers to the period after the 23 March 2020

Investigation and risk management

Chronologies

Almost all staff in the partnership agreed that chronologies are an important element of risk assessment and risk management for adults at risk of harm. The partnership had a specific template for chronologies that was supported by relevant training and specific guidance which stated that chronologies were an “essential part of any good assessment.”

Chronologies had not been considered by the adult support and protection focus group⁴ or in audit activity undertaken by the partnership over the past two years. Additionally, chronologies were not referenced in East Ayrshire Adult Support and Protection Social Work Procedures (2020). This was a significant gap in clarity for staff charged with undertaking adult protection work.

Despite evidence of good guidance, chronologies were evident in only a few case records. This limited the information available to properly inform risk assessment and risk management. Furthermore, the quality of those completed was mixed indicating that much more work needed to be done to develop this critical area of activity.

Risk assessments

While almost all adult at risk records included a completed risk assessment, a significant minority (20%) did not. Most of those completed were appropriately informed by multi-agency partners. They demonstrated good evidence of analysis of risk and protective factors. The quality of some were evaluated as adequate or less. This made it difficult to measure the impact of risk on the adults at risk of harm.

An internal audit of referrals had identified that risk had been recorded as not applicable in a few cases. The partnership acknowledged that risk should always be applicable and were working to address this.

Commendably most risk assessments were updated to take account of Covid-19 restrictions.

⁴ The adult support and protection focus group was a single agency social work management group. The remit of this group was to provide leadership for practice improvement in adult support and protection in East Ayrshire.

Full investigations

Almost all inquiries that should have proceeded to investigation did so. Council officers appropriately led all investigations. Most investigations involved the relevant people and presented clear evidence to inform decision making. On almost all occasions adult support and protection investigations determined if the adult was at risk of harm.

Second workers, where appropriate, were deployed for almost all investigations. Where a suitable health worker should have been deployed as a second worker this happened only some of the time.

Most investigations were rated good or better and were completed in keeping with the needs of the adult. Significantly, a few did not with some delayed by over one month. The partnership's audit activity and key performance reports acknowledged that timescales were an area for improvement.

Adult protection case conferences

The partnership convened timely case conferences for most adults at risk of harm. For some, a case conference was not convened when it should have been and the reason for this was not always clear.

This was partly due to the use of adult support and protection planning meetings which were convened at different stages of the adult support and protection journey. These meetings sometimes involved the adult at risk of harm and/or their unpaid carer and were chaired by different levels of manager. The reasons for convening this type of meeting were not always clear and at times an initial case conference should have been convened.

Where adult support and protection initial case conferences took place, the relevant professionals were invited most of the time. For some the relevant professional, mainly police personnel, were not invited to the case conference when they should have been. When invited the relevant parties attended less than half of the case conferences, indicating more could be done to encourage a better level of attendance. Communication and collaboration between agencies were less positive at case conference stage.

The adult at risk of harm is central to adult protection activity and should be supported to participate as much as possible. Our findings showed that just over half of adults were invited to their case conference. The reasons for not inviting the adult at risk of harm were not recorded in most minutes of the case conferences. More positively, unpaid carers were invited, and attended, almost all case conferences. Importantly, we evaluated the

quality and effectiveness of case conferences as good or better almost all the time.

Adult protection plans / risk management plans

Adult protection plans were evident and of a good quality in most of the applicable records. Where present, almost all were up to date and clearly identified the helpful contributions of multi-agency partners.

For adults at risk of harm safeguarded by post case conference activity, a separate protection plan template should have been completed. This template was not consistently utilised. Instead, protection plans were often recorded at the end of case conference minutes as an allocation of tasks and actions. For some (27%), where it had been identified as relevant a protection plan was not completed which crucially made measuring outcomes for adults at risk of harm impossible to determine.

For most adult at risk of harm protection concerns had been addressed, although for some this was not the case.

Adult protection review case conferences

The partnership convened timeous review case conferences for most of the adults at risk of harm when it was required. There was a sizable minority (24%) when a review case conference should have been convened but was not. The review case conference was almost always effective at determining risk.

Implementation / effectiveness of adult protection plans

Social work procedures referenced the use of core groups to monitor and develop protection plans for adults at risk of harm. We noted a variation in the use of core groups.

Positively there were several examples where the adult protection process effectively supported risk management, while at the same time progressing a longer-term intervention under other appropriate legislation. This was being applied in line with the principles of the legislation.

Large Scale Investigations

We read about two adults at risk of harm who were part of a Large-Scale Investigation process. In each situation the processes were comprehensive and timely.

The partnership was involved in developing Pan Ayrshire Large Scale Investigation Guidance which also took cognisance of the West of Scotland Large Scale Investigation guidance. It was recognised by the partnership that the recording and analysis of Large-Scale Investigations needed to be improved.

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

Overall effectiveness of collaborative working

Collaborative working with key partners and the wider community was strong. The partnership effectively considered protecting adults at risk of harm in the widest sense. A good example of this was the establishment of the East Ayrshire Multi-Agency Public Protection Oversight group for Covid-19. This group was constituted at the start of the restricted period, for all aspects of public protection. This group considered adults at risk of harm and adults with emerging vulnerabilities because of the impact of the restricted period.

At inquiry and investigation stage there was good evidence that staff worked collaboratively to achieve positive outcomes for adults at risk of harm. This was less positive at case conference stage, with attendance at case conference and the provision of reports being variable.

There was good partnership working in the adult protection committee. The committee had developed a multi-agency delivery plan which was considered at each meeting.

Health involvement in adult support and protection

East Ayrshire Health and Social Care Partnership was established in April 2015. The extent of integration varied between services. NHS Ayrshire and Arran had appointed a dedicated lead for adult support and protection who reported to the associate nurse director. This lead role strengthened the position of health as a key stakeholder in adult support and protection as the associate nurse director was a member of the public protection chief officers' group.

NHS Ayrshire and Arran had specific adult support and protection guidance. This was a clear document that helpfully supported health staff in their adult protection roles.

The partnership had a comprehensive learning and development framework that included access for health professionals. This was tailored to the specific role and task that staff undertook in adult support and protection processes. Most health professionals agreed that they had access to appropriate training and reported a good understanding of their role in adult support and protection.

Staff reported a high degree of confidence that day to day operation of adult support and protection key processes had continued appropriately during the restricted period. There was less confidence in, and awareness of, the strategic leadership of adult support and protection.

The capacity to make informed decisions was relevant in most of the case sample. When a capacity assessment was requested an appropriate health professional responded promptly in almost all instances. Health involvement at case conference stage was less consistent, with a relevant health professional attending less than half of the case conferences that they were invited to.

It was recognised that when a health professional was involved, their contribution to outcomes for adults at risk of harm were good or better most of the time.

Police involvement in adult support and protection

Contacts and enquiries to Police Scotland from people seeking assistance were effectively assessed by service advisors using the Contact Assessment Model (CAM). In almost all cases staff appropriately considered the threat, harm, risk, investigative opportunity, vulnerability, and the engagement (THRIVE) required to resolve the matter. Incident management records showed good, consistent, and appropriate practice when assessing situational need and determining a proportionate policing response.

Records showed timely contact from the area control rooms to frontline officers to alert them to ongoing adult protection incidents or reports of concern.

In most cases the initial enquiry officers' actions were evaluated as good or better, and on almost all occasions an accurate assessment was made of risk. In most cases there was evidence of supervisory oversight, the information recorded was viewed as being adequate or better. Where referrals were initiated through the interim vulnerable persons database (iVPD) these submissions were made swiftly. Almost all considered the wishes and feelings of the adult at risk of harm.

The divisional concern hub shared initial protection concerns with social work in a timely and efficient manner, Police Scotland's triage process was referenced in most cases. This was also the case with the resilience matrix used to consider vulnerability, adversity, and the protective factors for the adult at risk.

It was noted that some resilience matrix narratives were generic and lacked rationale to support case prioritisation. Consistent application of the three-point test was not clear. Divisional concern hub officers' actions and records were deemed to be good or better in just under half of the cases we read.

There was evidence, on a few occasions, that divisional concern hub practice could have been much stronger than it was. Acknowledging the complexity of the cases, a greater professional curiosity in exploring the matters under consideration would have been advantageous.

Similarly, better use could have been made of the supervisory escalation protocol, which was initiated following repeat episodes over a short space of time. We did not always see evidence that Police Scotland's own guidance was being followed.

Officers attended most case conferences to which they were invited with those involved being appropriately experienced and suitably trained. There were instances where the police were either not invited, or chose not to attend, where the presence of an officer would have added value to delivery of recommendations and the joint planning of adult protection.

Third sector and independent sector provider involvement

East Ayrshire had an active and engaged third and independent sector that was involved in adult support and protection operational and strategic work. An independent advocacy service was commissioned to provide support to adults at risk of harm throughout the adult support and protection journey.

The partnership had implemented the Keep Safe initiative which was linked to the wider Safer Communities delivery plan. The early intervention and prevention work carried out by the third and independent sector during Covid-19 was commendable, including initiatives such as 'connect call'. It was well embedded in the work of the partnership and focussed on safeguarding adults at risk of harm.

A key strength was that the partnership's learning and development framework was accessible to the third and independent sector. This was reflected in the feedback from staff from this sector who reported a good level of understanding around the referral pathway for an adult at risk of harm.

Key adult support and protection practices

Information sharing

When agencies were engaged and involved at both the referral and inquiry stages there was evidence of effective communication. At investigation stage there was also a good level of collaboration and effective communication between agencies which undoubtedly supported good decision making. At case conference stage the quality of multiagency working and information sharing was weaker. On occasions there was a lack of involvement from key agencies and in these situations the relevant information was not always shared.

Management oversight and governance

There was a good level of management oversight across agencies. Evidence of exercise of governance in social work and police records was present in almost all cases. Although the supervisory escalation protocol used by Police Scotland was applied inconsistently. Evidence of exercise of governance was less apparent 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

The partnership involved the adult at risk of harm effectively at both the inquiry and investigation stages. The involvement of the adult at risk of harm at the case conference needed to be strengthened. Where the adult at risk of harm did not take part the reasons for this should have been recorded more clearly. The overall effectiveness of the support provided to involve adults and unpaid carers for almost all cases was rated good or better.

Independent advocacy

Most of the adults at risk of harm who were referred to advocacy received this service in a prompt and supportive manner. When involved, there was evidence that the advocacy worker was effective in supporting the adult to articulate their views. Some adults at risk of harm should have been referred to advocacy but were not and the reason for this was not always clear. Critically, the local advocacy service continued to provide advocacy support throughout the restricted period. This was a real advantage to adults at risk of harm.

Capacity and assessment of capacity

There was evidence of concerns about the adult at risk of harm's capacity to make informed decisions in most of the 50 cases that progressed to investigation stage. Formal assessments were requested for almost all cases where it was required. Capacity assessments were undertaken in most instances and completed in a timescale in keeping with the needs of the adult at risk of harm. Consultants who had experience in the appropriate specialism worked collaboratively to inform the assessment and contribute to the outcomes of adults at risk of harm.

Financial harm and perpetrators of all types of harm

Financial harm was evident in some cases. Verbal coercion was a feature in just over half of these situations. There was good evidence of multi-agency working that almost always effectively stopped the harm. We evaluated the actions taken by the partnership to safeguard the adult at risk of harm as mostly good or better.

Safety outcomes for adults at risk of harm

Critically, almost all adults at risk of harm experienced improvements in their circumstances in relation to safety and protection. When there was effective operational multi-agency working, this contributed positively to the safety outcomes for adults at risk of harm. Conversely a lack of operational multi-agency working contributed to poorer outcomes for adults at risk of harm. For some, poorer outcomes were due to the adult at risk of harm's lack of engagement although considerable efforts were often made to engage the adult.

Adult support and protection training

The health and social care partnership had a comprehensive learning and development framework. The training was delivered by their adult support and protection team but also included input from relevant agencies such as Police Scotland, NHS Ayrshire and Arran and the advocacy service. The framework was tiered and detailed the training workers should have dependent on their role. A council officer forum offered a protected environment for reflection and learning to support development.

Police Scotland and NHS Ayrshire and Arran staff accessed training delivered by the health and social care partnership. Police and health had also developed toolkits and delivered training to support their specific roles in the adult support and protection processes.

Almost all staff reported that training provided was at the correct level. Staff who had attended training were confident it provided them with the knowledge and skills required. The partnership also hosted helpful multi-agency learning events on specific areas of practice.

Training was disrupted due to the Covid-19 pandemic. The partnership used this time constructively to complete a training analysis in 2020. This had resulted in re-framed training which will be delivered using a blended approach.

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

Key messages

- The partnership had made adult support and protection a clear priority and had committed considerable resource to strengthen leadership.
- The partnership had strong links with the third and independent sectors. They had made significant strides to develop networks of support and community resilience. Preventative action and early identification of adults at risk of harm was a strength.
- The partnership had a very clear, and jointly shared, adult support and protection vision amongst leaders that was embedded in wider community planning processes.
- The partnership had a comprehensive learning and development framework. Training was delivered in line with role and task. The training was multiagency and where relevant was open to the third and independent sector.
- The partnership's quality assurance and governance arrangements to monitor adult support and protection practice and outcomes for adults at risk of harm needs to be strengthened.
- There was a disconnect between the plan for adult support and protection and the delivery of practice. The adult protection committee needs to further develop their approach for dissemination of information and receiving feedback.

We concluded the partnership's 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

The adult protection committee constitution was updated in February 2019. This clearly defined the role, function, and operation of the committee. The biennial report 2018-2020 included a clear vision for 'Protecting People' and a well laid out delivery plan. The plan clearly outlined the partnership's key priorities for action and linked with the well implemented East Ayrshire Community Plan 2015-2030. Most staff reported they had a good understanding of the vision although, overall, police respondents were less positive.

The vision leaders set out during the restricted period was of 'business as usual' supported by a plan that importantly included prevention and early identification of risk at its core.

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

The chief officer's group provided oversight for all public protection groups in East Ayrshire. Both the adult protection committee and the chief officer's group had appropriate multi-agency membership, and attendance at meetings was consistently good. As a reflection of their commitment to adult support and protection, East Ayrshire health and social care partnership in 2019 appointed a senior manager for protection and learning. This role brought together the strategic management of public protection and learning, directly managed by the Chief Social Work Officer. This role also worked closely with the NHS Ayrshire and Arran adult protection lead. These appointments provided a strong foundation to address required governance improvements.

The adult protection committee had a biennial self-evaluation framework in place which drove the improvement agenda. The partnership was also in the process of refining its adult support and protection performance framework to monitor practice more effectively. This was needed to more effectively scrutinise and evaluate all aspects of adult support and protection activity.

The partnership had robust pan-Ayrshire peer self-evaluation arrangements and leaders were cognisant of the findings arising from this activity. Yet, lessons learned from important case reviews had not been duly considered when changes were made to the social work duty system and the ACIRT.

Despite the challenges presented by Covid-19 staff had a good level of confidence in the leadership provided by the adult protection committee.

A strategic strength of the partnership was that the membership of the committee included the advocacy service in their key decision-making forums.

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

The strategic plans developed by the partnership were generally well structured and presented. There was at times a disconnect between the well written policies and adult support and protection practice. The partnership had previously identified, through their own audit of social work practice, that there were issues for timely completion of key tasks and pressures on some frontline social work practitioners. Despite this recognition, the partnership had made critical changes during the pandemic that significantly impacted on the delivery of key processes. The management of these changes was challenging and variable.

Leaders had a firm commitment to the consideration and analysis of data and trends. A good example was the identification that some adults referred were in 'distress.' Consequently, the partnership supported the development of a pathway for Distress Brief Intervention⁵ that had an early intervention ethos. Prevention work was a clear strength of the partnership. There was less focus on the application and quality of adult support and protection key processes. The issues identified by the adult support and protection focus group and links to subsequent actions for improvement were not always clear. The focus group had the potential to be an excellent initiative where improvements were considered at practitioner level.

The partnership had helpfully identified that audit, self-evaluation, and improvement activity needed to be strengthened and in February 2021 appointed a practice improvement co-ordinator. The adult protection committee and chief officers' group should capitalise on this role and ensure frequent reporting is robust and linked to the impact of improvement activity. Existing performance reports and data that covers the adult at risk of harm's journey and outcomes should be analysed and better understood.

⁵ Distress Brief Intervention is a time limited and supportive problem-solving contact with an individual in distress.

A stakeholder engagement subgroup was established in January 2021 to support improvement action in this area. It was too early to comment on their work.

Quality assurance, self-evaluation, and improvement activity

The adult support and protection committee had an improvement subgroup which supported the biennial self-evaluation activity in 2018. The planned 2020 self-evaluation exercise was understandably postponed due to the pandemic. The self-evaluation activity supported the adult support and protection committee's operation and improvement planning. The scope of the self-evaluation was being positively developed to further consider the views of stakeholders, including adults at risk of harm.

Audit activity over the past two years had been driven by the adult support and protection focus group. These audits were limited as they only considered social work records and did not consider key elements of adult support and protection activity, thus limiting its potential to highlight areas for improvement.

Across all staff groups only some staff had been involved in evaluating the impact on adult support and protection work. The partnership needs a more inclusive and integrated approach to quality assurance, to support improvement work at the operational level.

Initial case reviews and significant case reviews

The national interim guidance for initial and significant case reviews was appropriately incorporated into the partnership's latest adult support and protection social work procedures. The partnership had aligned local single agency governance arrangements to provide an integrated single agency critical incident/adverse event reporting process. Learning from these reviews was cascaded by seven-minute presentations which were delivered by health and social work professionals.

Over the past two years, there have been three referrals for consideration under the Initial and Significant Case Review procedures. These had been appropriately considered. One initial case review (ICR) was completed in May 2021 and identified learning across the partnership. To support this learning the partnership intended to develop an improvement plan. The other referrals were ongoing. The partnership regularly considered learning from case reviews completed in other areas.

Impact of Covid-19

Throughout the restricted period screening and triage of referrals was of a good standard. The quality of adult support and protection intervention was also good or better in most cases. The IT system and process changes were challenging for frontline social workers and placed increased demand on teams, particularly the Adult Concern Initial Response Team.

The partnership had a clear well-being strategy that was resourced to support the workforce through this challenging period. The partnership recognised that there were IT issues with working from home, but these were resolved as time progressed. Most staff reflected that there was good support and collaboration to protect adults at risk of harm. Police respondents were less positive about the operation of adult support and protection during this period. Further consideration of these findings would help inform future improvement action.

Communication and change management from the leadership team was considered less effective during the covid-19 pandemic than before it. Just under half of those completing our survey agreed that there was effective communication, and that change was well managed. While the partnership had a clear plan and vision, the communication of this was not always effective. Social work staff reflected that operational support was inconsistent, and at times there was a lack of guidance and advice.

The partnership was quick to respond and establish a multi-agency public protection oversight group. This group met on a frequent basis during the restricted period to successfully consider the risks posed by the pandemic and implement real time mitigations. At regular intervals, a more in-depth consideration of the situation was considered, and key themes identified by the oversight group. This group also reported to, and was supported by, the chief officers group. This was a robust integrated approach between senior operational managers and strategic leaders to identify and manage risk. Staff were aware of these oversight groups and information from the groups was discussed at supervision.

The partnership had a strong commitment to early intervention and prevention. They did a lot of work to engage the community in helping to raise awareness of hidden harm. This was described as a “call to action” that will have a lasting legacy. This included the development of 120 community resilience groups and the recognition that shielding can result in harm. Overall, the response to ensuring adults were safe and protected during the restricted period was rated as mostly good or better.

Summary

The East Ayrshire partnership had a co-ordinated and structured vision. This was supported by an established multi-agency adult protection committee. The strategic response to the Covid-19 pandemic was robust and proactive. The work undertaken with the community was excellent and will inform the partnership's future practice.

The partnership was committed to supporting and protecting adults at risk of harm. This was reflected in their investment in key roles and their links across the wider public protection forums. Collaboration was a strength at the strategic level. This has informed the adult support and protection delivery plan. The partnership had a comprehensive learning and development framework that delivered multiagency training based on role and task. The partnership demonstrated adult support and protection practice that delivered good outcomes for most adults at risk of harm.

Leaders needed to strengthen their communication and engagement with frontline practitioners, including consideration of the impact of proposed changes on frontline teams and the implementation of these.

While the quality of practice was generally positive the areas for improvement, we identified were significant. A more consistent approach to applying the procedures at the distinct stages of the adult support and protection journey was required. This will support the procedures and systems to be embedded into practice therefore strengthening practice across agencies. Quality assurance activity should be multi-agency and look qualitatively at different steps in the adult support and protection process. This should include effective monitoring of the impact of any changes to the systems or processes in adult support and protection on the outcomes for adults at risk harm.

We concluded that the leadership and delivery of key processes for adult support and protection in East Ayrshire were effective, with areas for improvement. The partnership has the strategic leadership to continue to prioritise adult support and protection and drive the necessary improvement action.

Next steps

We ask the East Ayrshire partnership to prepare an improvement plan to address the priority areas for improvement. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will monitor progress implementing this plan.

Appendix 1 – core data set

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

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

- 100% of initial inquiries were in line with the principles of the ASP Act
- 86% of adult at risk referrals were passed from the concern hub to the HSCP in good time
- 14% (1 case) was delayed in the concern hub passing on concerns. This was by less than one week
- 88% of episodes where the application of the three-point test was clearly recorded by the HSCP
- 93% of episodes where the three-point test was applied correctly by the HSCP
- 75% of episodes were progressed timeously by the HSCP
- Of those that were delayed 20% (2 Cases) totalling 1 to 2 weeks, 20% (2 Cases) totalling 2 weeks to 1 month, 60% totalling 1 to 3 months
- 93% of episodes evidenced management oversight of decision making
- 73% of episodes were rated good or better.

Staff survey results on initial inquiries

- 75% concur that the partnership accurately screens initial adult at risk of harm concerns, 12% did not concur, 12% didn't know
- 83% concur they are aware of the three-point test and how it applies to adults at risk of harm, 7% did not concur, 10% didn't know
- 75% concur that Interventions for adults at risk of harm uphold the Act's principles; provide benefit and being least restrictive option, 5% did not concur, 21% didn't know
- 81% concur I am confident the partnership deals with initial adult at risk of harm concerns effectively, 4% did not concur, 15% didn't know

Information sharing among partners for initial inquiries

- 93% episodes evidenced communication among partners

6

⁶ Percentages may not add to 100% this is due to rounding of figures

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 16% of adults at risk of harm had chronology
- 38% (3 Cases) of chronologies rated good or better, 63% (5 Cases) adequate or worse
- 92% concur chronologies form an important feature of ASP investigation reports, 0% did not concur. 8% didn't know

Risk assessment and adult protection plans

- 80% adults at risk of harm had risk assessment
- 62% of risk assessments rated good or better
- 72% of adults at risk of harm had risk management/ protection plan
- 76% protection plans rated good or better, 24% adequate or worse
- 76% concur ASP investigation risk assessments include relevant analysis of risk, including risk / protective factors. 4% did not concur, 20% didn't know

Full investigations

- 87% of investigations effectively determined if an adult was at risk of harm
- 80% of investigations were carried out timeously
- 69% of investigations were rated good or better

Adult protection case conferences

- 74% were convened when required
- 92% were convened timeously
- 64% were attended by adult at risk of harm (when invited)
- Police attended 60%, health 40% (when invited)
- 81% of case conferences were rated good or better for quality
- 92% effectively determined actions to keep adult safe
- 83% concur feel confident adults at risk of harm supported to attend ASP initial case conferences, 4% did not concur, 13% didn't know

Adult protection review case conferences

- 76% of review case conferences convened when required
- 92% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection referrals were sent to the HSCP in a timely manner
- 67% of inquiry officers actions rated good or better
- 41% of concern hub officers' actions rated good or better

Health involvement in adult support and protection

- 71% good or better rating for the contribution of health professional to improved safety and protection outcomes for adult at risk of harm
- 55% good or better rating for the quality of ASP recording in health records
- 66% 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

- 92% of cases evidenced partners sharing information
- 91% of those cases local authority staff shared information appropriately and effectively
- 76% of those cases police shared information appropriately and effectively
- 87% of those cases health staff shared information effectively

Management oversight and governance

- 58% adults at risk of harm records were read by a line manager
- Evidence of governance shown in available records - social work 92%, police 90%, health 33%

Involvement and support for adults at risk of harm

- 79% 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
- 83% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 12% didn't know

Independent advocacy

- 74% of adults at risk of harm were offered independent advocacy
- 62% of adults at risk of harm accepted this offer
- 89% of adults at risk of harm who received advocacy got it timeously.
- 72% concur they are confident adults subject to ASP investigations have opportunity to access independent advocacy, 8% did not concur, 21% didn't know

Capacity and assessments of capacity

- 90% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 79% of these adults had their capacity assessed by health
- 82% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 30% of adults at risk of harm were subject to financial harm
- 60% of partners' actions to stop financial harm were rated good or better
- 71% (5 Cases) partner's actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 82% 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

- 64% concur local leaders provide staff with clear vision for their adult support and protection work. 8% did not concur, 28% didn't know

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

- 63% concur local leadership of ASP across partnership is effective, 5% did not concur, 32% didn't know
- 63% concur I feel confident there is effective leadership from Adult Protection Committee, 4% did not concur, 34% didn't know
- 55% concur local leaders work effectively to raise public awareness of ASP, 6% did not concur, 39% didn't know

Quality assurance, self-evaluation, and improvement activity

- 54% concur leaders evaluate the impact of what we do, and this informs improvement ASP work across adult services, 7% did not concur, 39% didn't know
- 53% concur ASP changes and developments are integrated and well managed across partnership, 6% did not concur, 41% didn't know