

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

## Case file sample guidance for local partnership areas on our criteria for inclusion in their dataset of adult support and protection (ASP) activity to be submitted to us

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### 1. Records for where adult protection activity has reached different stages of the adult protection continuum

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#### Stages of adult protection activity from investigation onward

- We will create stratified samples based on the different adult<sup>1</sup> client groups for adult support and protection (*OP (frail elderly), De, LD, PD, MH, SI, SM, Other*)<sup>2</sup>
- **For the last two years**, we request you identify all of the cases that have proceeded to the stage of ASP full investigations (or equivalent).
- **For the last two years, identify** all of the cases for which adult protection case conferences have been held.
- **For the last two years**, identify all of the cases whereby the adult at risk of harm is subject to post case conference ASP input (protection plan stage) to ensure they are safe and protected.
- **For the last two years, identify** all of the cases for which adult protection **review case conferences** (*include cases where there has been more than one review case conference*) have been held.
- **For the restricted period, starting 23 March 2020<sup>3</sup>**, identify all adults at risk of harm whose adult protection concern was raised after 23 March 2020 – the start of the restricted (lockdown) period. And whose adult protection journey proceeded to at least the investigation stage, or beyond to adult protection case conference, adult protection plan and possibly review adult protection case conference<sup>4</sup>.
- NB In addition to the sample of **50** adults at risk of harm, whose records we will read, we will also require the local partnership area to give us access to **the records for 15 additional adults at risk of harm.**
- **Adults at risk of harm should only be included once in the PIR, with only their latest stage in the ASP process recorded.**

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<sup>1</sup> S (53) of ASP Act defines an adult for the purposes of the Act as, “*adult*” means an individual aged 16 or over,

<sup>2</sup> older people (frail elderly), dementia, learning disabilities, physical disabilities, mental health, sensory impairment, substance misuse, end-of-life care

<sup>3</sup> At 26/08/2020, there is no agreed end date for the restricted period.

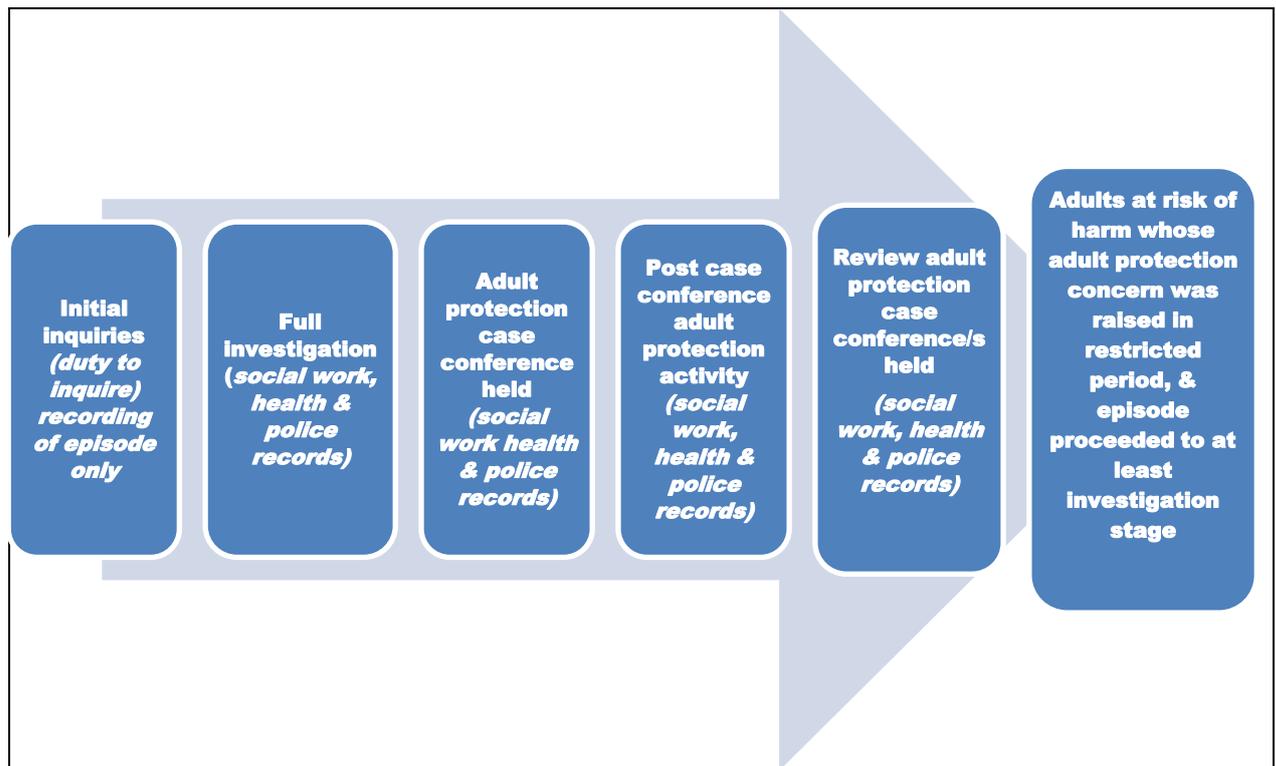
<sup>4</sup> Scrutiny of such episodes will enable us to examine the impact of the covid-19 pandemic and its associated restricted period on adults at risk of harm, and partnerships’ implementation of Scottish Government covid-19 guidance on adult support and protection. We will also examine the impact of covid-19 on adults at risk of harm whose adult protection journey started before the restricted period.

- **It is critically important for the partnership to record accurately, the stage reached in the adult protection process. Our file reading tool is specifically designed to scrutinise records that meet our defined criteria.**

**NB** you should **not** provide us with the names of individuals. You should use your client database reference number to identify them. We will provide you with an Excel spreadsheet with headed data columns for you to complete. Partnerships must include the following information in their submitted data:

- Client group category - older people, dementia, learning disabilities...
- Age of individual.
- Type of harm to the adult – physical harm (abuse), sexual harm (abuse), neglect, self-neglect, emotional / psychological harm, financial harm, harm to self, other (state what the other harm is).
- If there is any of the following “protection orders” in place (state which) assessment order, banning order, temporary banning order, removal order.
- Stage of adult protection process to which the individual has progressed (see diagram). Partnerships may use a different terminology for the different stages set out below. Partnerships should discuss how they should submit this information with the inspection lead.
- NB partnerships must submit all the foregoing information, to enable us to create a properly stratified sample of adults at risk of harm, whose records we will scrutinise.

## Records we will read



## 2. Duty to inquire, initial inquiries (recording of episodes that have **not** proceeded beyond duty to inquire for analysis at our file reading phase).

- Partnerships should identify cases / episodes where an initial inquiry was carried out (Section 4 of the Adult Support and Protection (Scotland) Act 2007) into the circumstances of the adult at risk of harm, following the raising of an adult protection concern about the adult at risk of harm. And the initial inquiry decided to take **no further adult protection related action** for the adult in question. We will create a sample of **40 cases / episodes** and ask the partnership to make available to us the recordings of each episode of an initial inquiry.
- We appreciate this is somewhat complex, and local coordinators should discuss how their partnership populates its data return with the inspection lead, if they are unsure.
- We will scrutinise a small number of initial inquiry episodes that occurred during the covid -19 restricted period. We will identify them by the date of the episode as stated by the partnership.

### 3. Sampling and file reading methodology

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- We will select a representative, stratified sample of 50 adults at risk of harm whose **local authority social work, health, and police records** we will read in our remote file reading phase of our scrutiny of ASP. We will advise you of the records we propose to review by week commencing **[insert date]**
- From the case list provided we will prepare a stratified sample of 40 recordings of adult protection initial inquiries (duties to inquire activity) based on the different client groups for adult support and protection. We will scrutinise these recordings. We will either do this at our advanced reading stage **or** during the on-site file reading week depending on which data sharing option the local partnership area chooses to implement.
- Our analysis of adult support and protection recordings will use a bespoke SMART survey template.
- The partnership should submit details of all adult protection initial inquiry episodes for **the last two years (from the date of notification)**.
- Include all initial inquiry episodes whereby no further adult support and protection related action was taken after the duty to inquire stage (see section 2 above).

### 4. Making adult support and protection records available to us

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Records of initial inquiries that have **NOT** proceeded beyond this stage.

- Once you receive confirmation of the final sample of recordings of initial inquiries we wish to analyse, you will require to liaise with the lead inspector. If the local partnership area chooses to offer a protected 'SharePoint' option for the inspection team, we will make the necessary access arrangements at this time.
- If 'SharePoint' is not the option chosen, we will arrange to read these on-site during the file reading week.
- The appointed local co-ordinator should discuss how the partnership should submit recordings of initial inquiries with the inspection lead, **[insert name, email, and contact numbers]**
- The information submitted should include:
  - details of the adult protection concern intimated and by whom
  - details of the screening process applied in respect of the referral
  - any reference to application of the principles of the Adult Support and Protection (S) Act 2007 – least restrictive etc.
  - details of application of the three-point test/criteria and the outcome
  - details of the decision-making process leading to the determination of no further action in respect of adult protection related actions

Records of adult protection episodes **that have** proceeded to the stage of ASP investigation and beyond for analysis at our file reading phase

- We would ask that the local authority coordinator provides a clear link between ourselves, health and HMICS colleagues who are identified to undertake leading or supporting roles. This means that they should consult with the various others to determine and coordinate all the other 'relevant police and health files' that the inspection team will be required to read while on site.