

A report on the effectiveness of **adult protection** arrangements across Scotland

November 2014



Foreword

I am very pleased to provide in this report a high-level picture of the emerging strengths and areas for improvement across adult protection in Scotland.

The Care Inspectorate is the official body charged with scrutiny and improvement of care services and social work services in Scotland. We also work with Healthcare Improvement Scotland and other colleagues to undertake joint inspections of health and social work services across the 32 community planning partnerships in Scotland.

Scottish Ministers asked the Care Inspectorate to report on how effective local arrangements for protecting vulnerable people are. The challenge for us was to provide a national report for Ministers without a stand-alone programme of scrutiny upon which to evaluate performance in adult and child protection.

We have asked our link inspectors to prioritise their engagement with strategic partnerships, chief officers and senior managers with responsibility for public protection in all 32 community planning partnership areas. This report provides a national overview of what we found.

We have evaluated strategic leadership and governance for public protection, identifying what is working well across the sector and signposting potential areas of good practice. The report also outlines areas of potential risk and suggestions for improvement.

This report is not an end in itself. We will continue to support and challenge community planning partnerships, chief officers, and adult protection committees. We will review progress regularly and build a body of evidence and intelligence upon which to base decisions about future scrutiny and improvement. We expect health and social care partnerships, as we begin the integration journey, to prioritise robust adult protection arrangements.

In tandem with this report on adult protection, we are publishing a similar report about child protection arrangements.

Annette Bruton
Chief Executive

1. Executive summary

Scottish Ministers asked the Care Inspectorate to provide a report on the effectiveness of adult and child protection arrangements in Scotland. We set about this task by examining what we knew from previous inspections and the recently introduced joint inspections of health and social work services for older people. We also carried out work across all 32 local authority areas in Scotland with chief officers and adult protection committees to find out more about the effectiveness of the current arrangements for protecting vulnerable adults.

We found some encouraging signs that chief officers and adult protection committees have a clear focus on the protection of vulnerable adults. There are some concerns that the capacity for improvement is weak in some areas. In those areas showing signs of effective performance, leaders provide strong direction and collective ownership of shared values for delivering the best possible outcomes for adults in need of protection.

Where there was a lack of direction and oversight of the work of the adult protection committee by chief officers, this tended to be associated with an absence of robust self-evaluation and an inability to provide evidence of ongoing improvement.

A growing number of chief officers' groups have reviewed and strengthened structures and governance arrangements for public protection to improve the scrutiny and challenge of performance. This has made the connections across relevant areas such as domestic abuse, violence against women and drug and alcohol partnerships more explicit. It is also leading to improved joint working and successful integrated approaches to protect and support vulnerable and at-risk groups.

This report identifies barriers to improvement in protecting vulnerable adults. In the main, barriers are tending to be focused around capacity rather than capability. Given the high level of restructure happening to drive efficiencies and integrate services, it is imperative that roles and responsibilities for adult support and protection are not lost and that a framework of continued improvement is identified and reported to the chief officers' group.

We have identified as an area for national improvement key processes in assessing and responding to risks and needs so that vulnerable adults are protected.

2. Legislative and inspection framework

The Public Services Reform (Scotland) Act 2010, section 44(1)(b), sets out a general duty on the Care Inspectorate of 'furthering improvement in the quality of social services'. Section 46(1)(2) defines 'social services' as any care service or social work service. Social work services are further defined as those services provided by the local authority in the exercise of its social work functions.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out that the Care Inspectorate and Healthcare Improvement Scotland are to have a joint role in the scrutiny of integration authorities. Joint inspections will scrutinise the integration joint board, the body by which social care and health services will be provided and commissioned, the services provided under their direction and their

strategic plans for quality and standards. The Care Inspectorate and Healthcare Improvement Scotland have begun a programme of joint inspections in 2014-15, and the first reports are due to be published shortly.

We have developed a methodology and quality indicator framework to specifically look at partnerships' approaches to protecting individuals who are at risk of harm. This includes assessing and mitigating risk. We will look to see if there are clear guidance, processes and tools to support staff in assessing and managing risk. We will seek assurances that there are competent risk assessments and associated risk management plans. We will check to ensure that partners work together to robustly investigate and act on adult protection concerns to keep individuals safe.

Whilst we have some scrutiny activity around adult protection, we are looking at how we can develop this further and are in early discussions with Her Majesty's Inspectorate of Constabulary in Scotland as to their future involvement in this work.

3. The role of the link inspector and contact managers

For each local authority area in Scotland, there is a dedicated Care Inspectorate link inspector and two contact managers (one from adults' and one from children's services).

The link inspectors:

- monitor the performance and quality of social work services
- encourage improvement in social work services
- work within strategic partnerships (with a focus on integrated children's services and integrated working in adult health and social care services) to build capacity for joint self-evaluation.

The contact managers:

- challenge registered services to continually improve the quality of their services
- monitor, analyse and report on the performance and quality of care services working with key partners to influence improvement, sharing best practice and intelligence about the registered care service sector, and specifically local authorities as the commissioners of services.

This model for support and improvement is further enhanced through a 'cluster' model arranged around health board areas. The link inspectors and contact managers for the cluster are beginning to meet collectively to identify themes across the health board area.

Through the link inspector and contact manager, we will continue to help build capacity for self-evaluation. We will focus on supporting improvement in outcomes for children and adults in Scotland.

4. The basis of this report

We asked our link inspectors to make their contact and engagement with strategic partnerships, chief officers and senior managers with responsibility for public protection a priority between January and March 2014. We wanted them to engage in discussion and enquiry in order to report on each local authority area's adult and child protection arrangements and the effectiveness of these arrangements.

We asked chief officers and adult support and protection committees to give us position statements, supported by relevant documentary evidence in advance. We received completed returns for all 32 community planning partnership and local authority areas. You can find the template for this in Appendix 1.

The reports we produced on the protection arrangements within the 32 local authority areas underpin this overarching report. The individual reports will serve as a working draft that the link inspector will use with the area to identify improvements.

We analysed data, intelligence, national statistics and evidence from all relevant and recent scrutiny activity including the performance of care services for each local area.

Our reports were generally based on:

- detailed written summaries from the local authority areas and strategic partners
- our link inspectors' on-going contact with the local authority
- meetings and interviews with:
 - social services senior management teams
 - the chairs of child protection committees
 - the chairs of adult protection committees
 - child protection co-ordinators
 - adult protection co-ordinators
 - other key staff members
- our review of documentation such as:
 - latest reports from child and adult protection committees
 - reports from case file audits
 - self-evaluation
 - assurance and improvement plans
 - single outcome agreements
- our analysis of nationally published child protection statistics
- analysis of recent, most up to date local management data on adult protection and child protection
- discussion with Care Inspectorate contact managers for children's and adult services.

5. Key messages

5.1 Governance and partnership structures

Most partnerships operate a chief officers' group. The child protection committees, adult protection committees and other local public protection forums¹ report to this group. All chief officers' groups have a direct link to the community planning partnership, local authority elected members and the health board. Some have sub groups, for example a communications group which deals with all communication around public protection issues.

Chief officers' groups vary throughout Scotland. Variations include:

- meeting cycles – some meet as infrequently as twice a year; most appear to meet quarterly.
- composition – this varies in partnerships although in all groups it appears that all the core public protection partners are represented.

All partnerships have adult protection committees. Most committees have sub groups, which are the delivery arm of the committee. The number of sub groups in partnerships varies but there appear to be some common sub groups:

- training
- policy and procedure
- self-evaluation and audit.

Again, as with chief officers' groups, adult protection committees vary in their frequency of meetings. There are some committees that meet every two months but most meet quarterly.

Committees tend to follow good practice by having an independent chair, however at least five committees do not.

We were given little information to clearly indicate that representation from service users and carers on adult protection committees was the norm. This is an area of concern in which we expect to see improvement.

We are seeing that in some areas with a common health board adult protection committees are amalgamating. There are also incidences of both child and adult protection committees amalgamating.

¹ Multi-Agency Public Protection Arrangements (MAPPA) Domestic Violence Forum, Drugs and Alcohol Forums

5.2 Statistics about adult support and protection

There are no published national statistics about adult protection. The Scottish Government has developed an adult protection core data set and local authorities are due to make a first data return in September 2014. The management information sections of the next round of adult protection committees' biennial reports should be based on this new national core dataset.

The quality of the current adult protection data available varies enormously. Some of the management information in the biennial reports of adult protection committees appears to not be based on high quality data, meaning there may be a risk that professionals draw conclusions based on data that is potentially unreliable.

However, we have identified some general themes relevant for most partnerships:

- a trend of rising numbers of adult protection referrals made to the local authority
- the vast majority of referrals come from Police Scotland, but some partnerships report that that they are now seeing a gradual reduction
- consistently, and throughout Scotland, there are low numbers of referrals from health services
- in some areas, very high numbers of adult support and protection referrals were recorded as having had 'no further action' in relation to protection.

Partnerships continue to report that a considerable amount of adult protection referrals relate to self-harm. In some areas, reports of self-harm constitute the largest number of referrals. Our response to the Scottish Government consultation on the new guidance for the Adult Support and Protection Act noted that there needs to be more explanatory narrative around the concept of self-harm in adult protection, to prevent inappropriate referrals.

5.3 Strategic leadership and direction

The information we have been given by partnerships suggests that there are adequate arrangements in place to protect adults at risk of harm. Although there is some consistency in basic protection arrangements, there is not the same consistency of processes for self-assessment and continual improvement.

There may be issues relating to strategic leadership and direction in respect of adult protection arrangements in some areas, but without actual scrutiny it is difficult to confidently conclude whether this is about competency or capacity within partnerships. We therefore intend to investigate these issues further during future scrutiny.

It was positive to see that a number of partnerships are systematically carrying out audits of adult protection work. Some partnerships have used the model developed for Scottish Government by Professor James Hogg; others have developed their own audit tools. Comprehensive and robust audit arrangements are a sign of strong leadership and direction within the partnership.

Partnerships are very busy with adult protection work. There has been and continues to be significant restructuring going on within partnerships. Such restructuring is not solely around integration but also

about achieving financial efficiencies. This has led in many areas, to key officers' portfolios increasing significantly. This may be having an impact on leadership and direction as roles and responsibilities are potentially being blurred in all the activity being undertaken at present.

In several partnerships, screening tools are being developed for adult protection referrals. Link inspectors will monitor the progression and impact of such initiatives.

Some issues appear unique to a single partnership. In one partnership, there were clear operational issues about access to health records needed to carry out adult protection audits. Caldicott Guardian issues were the barrier to this and we expect this to be resolved swiftly. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of a patient and service-user information and enabling appropriate information sharing.

Some partnerships have dedicated internal audit resources, which have been used to audit internal practice around adult protection. Where robust and comprehensive, this is good practice.

5.4 Other strengths and good practice

There is a positive trend of significant activity within partnerships to raise public awareness of adult protection issues. A number of partnerships report developments around financial harm. One particular partnership has developed a multi-agency financial harm strategy.

Operation Aristotle is a local police initiative targeting bogus caller crimes. The police are working with partner agencies to raise awareness about the dangers posed, to identify vulnerable residents who could be at risk from such crimes and to give them appropriate information and advice.

5.4 Key risks

As self-directed support becomes the main mechanism for delivering social care, it brings particular challenges and inherent tensions for adult support and protection. There is a concern that increased user choice and control could, in some instances, increase the potential for abuse of those managing their own care and their care budget.

The three main national drivers at present are extensive and place unprecedented challenge to partnerships. These are:

- reshaping care for older people
- health and social care integration
- self-directed support.

In addition to these challenges, partnerships are facing ongoing financial pressures resulting in, amongst other things, large scale restructuring.

Some issues are being reported around the creation of a single national police service. In some instances this has diluted police participation in local adult protection arrangements, due to changes to police postings. However, there is confidence expressed that these are short-term problems that will be rectified as the new police structure beds in.

6. Next steps

This report identifies areas of particular strength as well as potential risks in the work to protect vulnerable adults. Our link inspectors will build on these emerging themes and provide the necessary support and challenge to community planning partnerships, chief officers and child and adult protection committees to effect continuous improvement.

We will offer support to build capacity for joint self-evaluation using recognised quality improvement frameworks and we will work to validate areas of good practice, focusing particularly on those aspects which represent the biggest challenges across Scotland.

Our link inspectors will, as a priority, deliver targeted support for improvement to areas where we have identified weaknesses. We will use the intelligence we gather to inform risk-based plans for scrutiny, across both regulated care inspections and joint inspections.



Appendix 1

Position statements for Child Protection and Adult Support and Protection arrangements

Name of local authority area:	
Name(s) and contact details for person(s) for this report :	

Guidance for completion. This proforma is intended to provide you with a format in which to provide short, concise and summary information about the current arrangements in your area for child protection and adult support and protection. It is not intended to generate a large amount of activity in its preparation. We would ask that you to set out the current position and where relevant insert links to publicly available material and refer to supporting documentation which can be easily made available upon request. It will be used to inform an agenda for discussion with link inspectors.

PART A: Child Protection

1. Please provide a brief overview of partnership structures and the current governance arrangements for child protection.

2. Outline your current framework or practices in relation to self-evaluation and joint self-evaluation carried out by chief officers and child protection committees.

3. Please list and provide a brief description of areas of strengths and good practice in relation to the protection of children and young people.

4. Please set out your key priority areas for improvement in relation to services to protect children.

5. Please provide a brief position statement about how services are addressing the key issue of Child Sexual Exploitation.

PART B: Adult Support and Protection

1. Please provide a brief overview of partnership structures and the current governance arrangements for adult support and protection.

2. Outline your current framework or practices in relation to self-evaluation and joint self-evaluation carried out by chief officers and Adult Protection Committees.

3. Please list and provide a brief description of areas of strengths and good practice in relation to the adult support and protection.

4. Please set out your key priority areas for improvement in relation to services to protect adults.



Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.com

Care Inspectorate Enquiries: 0345 600 9527

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