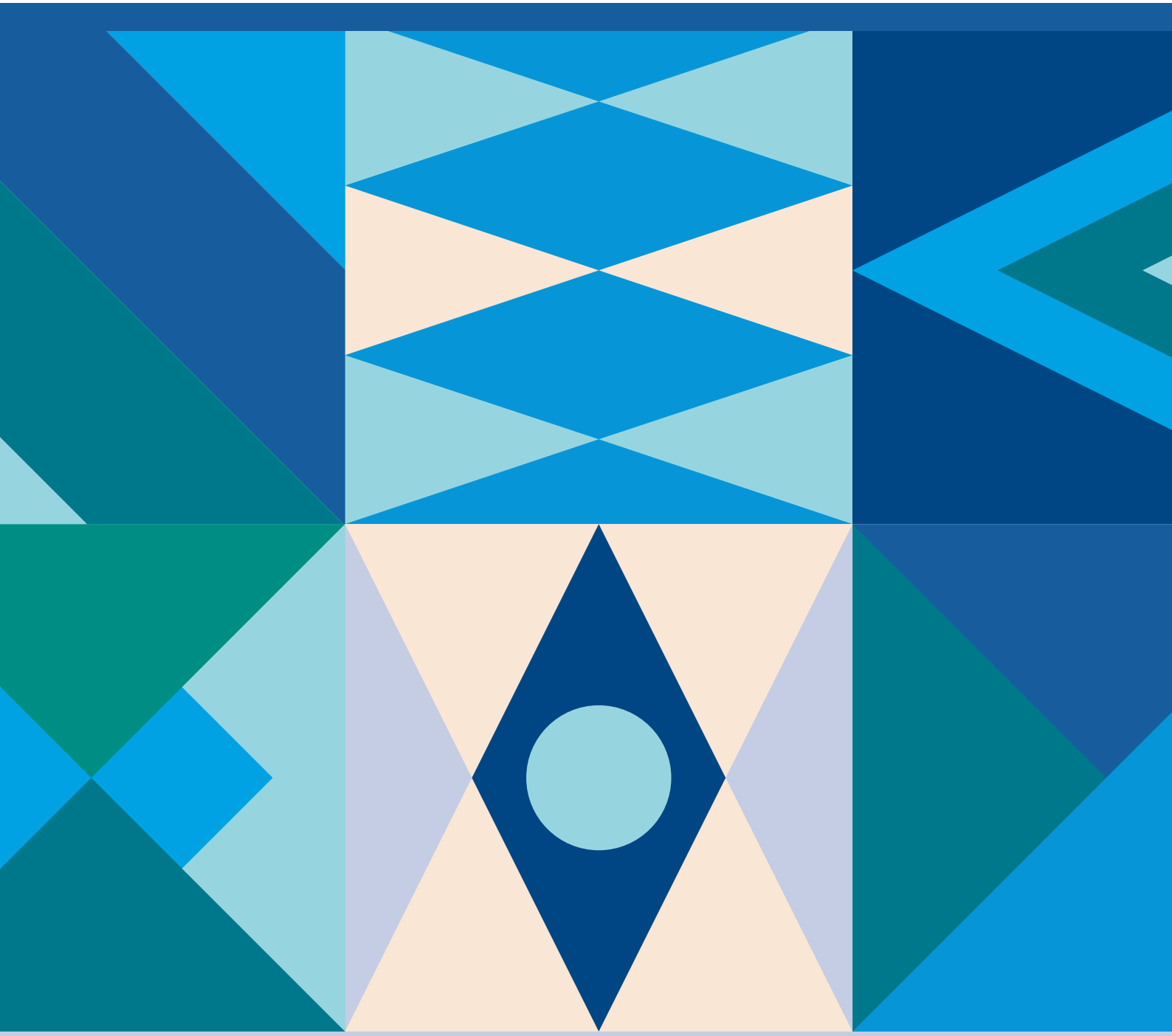
A quality improvement framework for adult support and protection

October 2024



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Introduction

Background

In June 2023, Scottish Ministers requested the Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland (HMICS) to create this quality improvement framework for adult support and protection in Scotland. We have done this in partnership with the Adult Support and Protection National Implementation Self-Evaluation Subgroup. The joint approach to develop this framework reinforces the importance of co-operation and communication between the three adult support and protection core partners: local authorities, NHS Boards and Police Scotland. It also reflects the strength of a tripartite approach in keeping adults at risk of harm safe supported and protected.

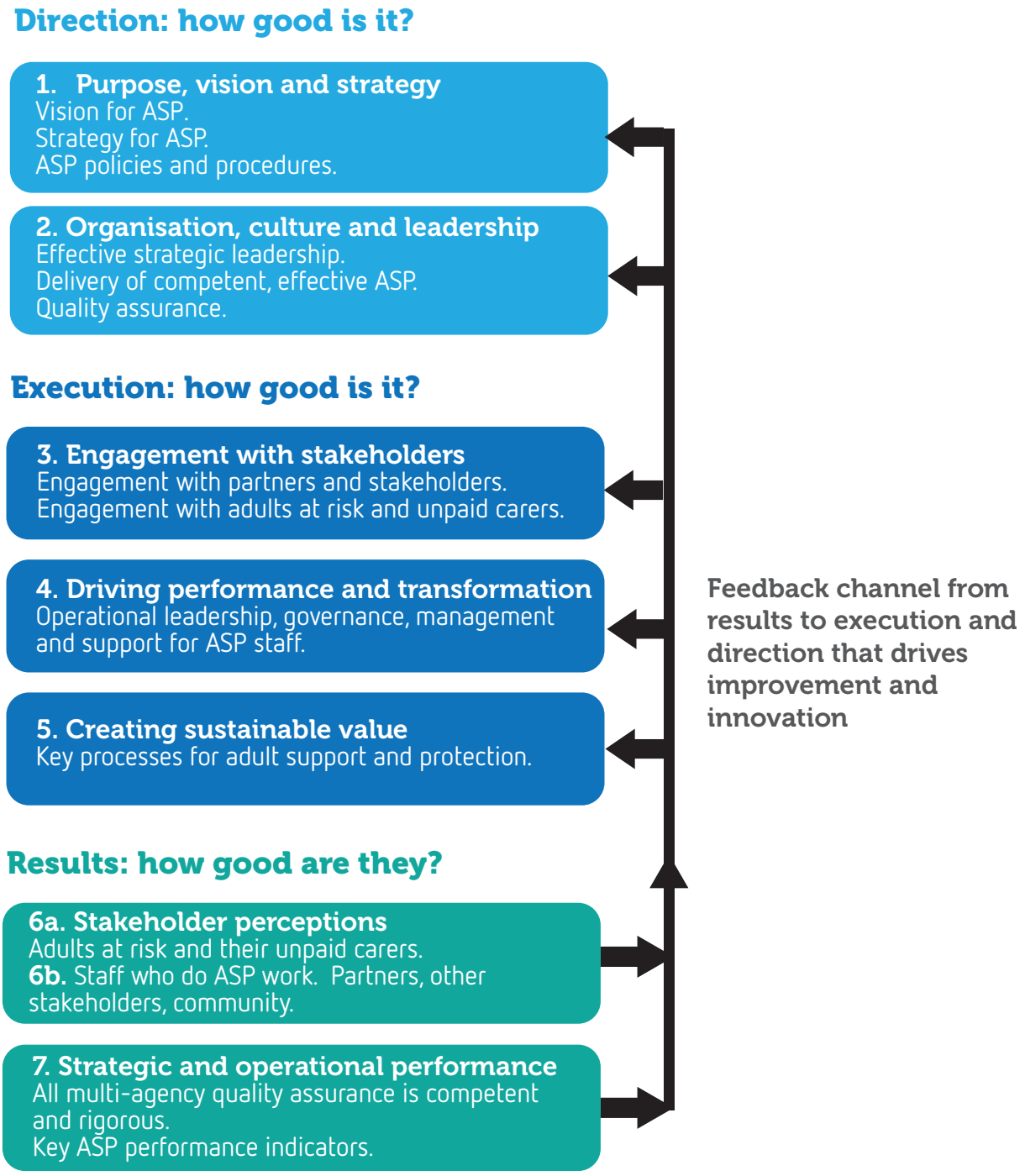
The quality improvement framework is a tool that the joint inspection team will use for future inspection activity and for adult protection partnerships to carry out multi-agency self-evaluation of their local adult support and protection arrangements. Self-evaluation is critical to drive continuous improvement for adult support and protection.

- Self-evaluation supports continuous improvement for adult support and protection.
- Self-evaluation allows partnerships to assess their performance.
- Self-evaluation enables partnerships to identify problems and fix them.
- Self-evaluation provides partnerships with the opporunity to involve stakeholders - including adults with lived experience of ASP and staff.
- Self-evaluation leads to improved safety, health and wellbeing outcomes for adults at risk of harm.

The public sector in Scotland uses the EFQM (European Foundation of Quality Management) excellence model extensively. This quality improvement framework was informed by the well-understood EFQM model. The model has three sections:

- **Direction –** Includes the adult protection partnership's vison, purpose, strategy and strategic leadership.
- **Execution** – How the partnership delivers its purpose and strategy for adult support and protection – includes key processes for adult support and protection.
- **Results –** What the partnership has achieved for adults at risk of harm.

Logic model for adult support and protection quality improvement framework

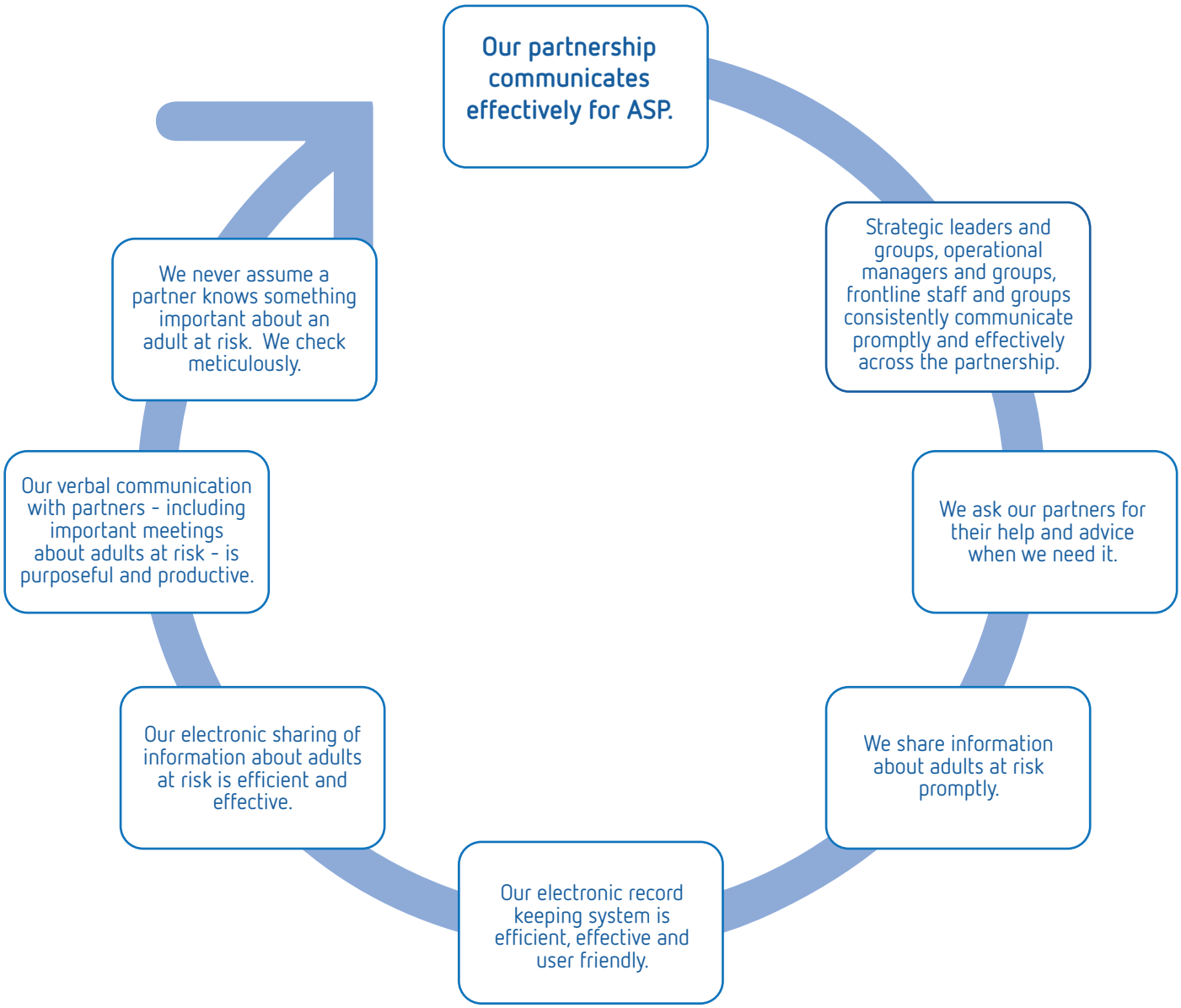


Summary of adult support and protection quality indicators

Direction: how good is it?	Execution: how good is it?		Results: how good are they?	
1. Purpose, vision and strategy	**3. Engagement with stakeholders**	**5. Creating sustainable value, key processes**	**6a. Perception of adults at risk of harm, unpaid carers**	**7. Strategic and operational performance**
1.1. Partnership's purpose, vision, values, ethos for ASP.	3.1. Engagement with partners, stakeholders, community.	5.1. Response and inquiry for ASP referrals – includes early intervention.	6a.1 Adults at risk's qualitative perceptions of ASP. Partnership heeds their collective views and acts on them.	7.1. All multi-agency quality assurance is competent and rigorous.
1.2. Partnership's multi-agency strategy, improvement plan, policies, and procedures.	3.2. Involvement of adults at risk and their unpaid carers.	5.2. Assessment and management of risk.	6a.2 Unpaid carers who care for an adult at risk are appropriately consulted and included.	7.2. Adult protection activity data reported to national dataset, local data, trends, benchmarking.
2. Organisational culture and leadership	**4. Driving performance and transformation managing resources**	5.3. Collaborative decision making and planning for safety, protection, support of adults at risk.	**6b. Stakeholder perceptions, staff, partners, stakeholder and community**	7.3. Data and other intelligence from multi-agency self-evaluations, audits of ASP should inform and drive improvement.
2.1. Collaborative leadership for ASP across the partnership. Effective APC and COG. Lived experience of adults at risk and unpaid carers represented at strategic level.	4.1. Operational leadership and management of partnership staff who do ASP work. Care and wellbeing for the workforce.	5.4. Capacity assessment and use of legislation.	6b.1 Staff's knowledge and competencies – includes, upholding human rights of adults at risk.	7.4. Systematic local statistical data collection on outcomes and experience of adults at risk and unpaid carers promotes improvement.
2.2. Leadership for operational processes whereby adults at risk are safe, supported and protected.	4.2. Support for trauma-informed working and early intervention.	5.5. Independent advocacy provision.	6b.2 Staff's motivation, recognition, and welfare.	
2.3. Strategic governance for ASP – self-evaluation, audit, performance measurement, change and improvement management.	4.3. Partnership's operational oversight and governance for ASP.	5.6. Large-scale investigations and learning reviews.	6b.3 Staff's perceptions of how well they are led, managed, supported for ASP work. Their workloads are manageable.	
	4.4. Partnership's capacity to do ASP work – includes training and organisational development.	5.7. Effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply.	6b.4 Partners, stakeholders, community are fully involved.	

Effective communication for adult support and protection

Effective communication among adult protection partners is critical for keeping adults at risk of harm safe, supported, and protected. It affects all quality indicators in our QIF. Our diagram shows important aspects of effective communication, which merit consideration for self-evaluation of adult support and protection.



Adult support and protection quality illustrations

How partnerships might use this document

- **By single QI**
  Partnerships might conduct a self-evaluation for one ASP quality indicator.

- **By one key ASP area**
  Partnerships might conduct a self-evaluation for one key area, such as key processes.

- **By several key areas**
  Partnerships might conduct a self-evaluation of several key areas. For example, strategic leadership and direction, key processes and performance results, or any other combination favoured by the partnership.

- **By all key areas**
  Partnerships might conduct a self-evaluation for all seven key areas - major exercise.

- **Apply its provisions generically**
  This document is generic. Its provisions generally apply to social work, police and health. And other partners where appropriate. We reference our published agreed definition of adult protection partnership (2017). When there is clearly a lead agency - for example social work - it executes its role as a partner. Similarly for police and health.

Direction - how good is it?

1. Purpose, vision and strategy

1.1 Partnership's purpose, vision, culture, ethos for ASP

What very good looks like	What weak looks like
1.1 We have an embedded written vision statement for adult support and protection. It defines our purpose to keep adults at risk of harm safe, supported, and protected. Our staff, communities, adults at risk of harm and unpaid carers were involved in its creation. It underpins a strong positive empowering culture for adult support and protection across our partnership. We actively communicate our vision statement across our partnership and wider – including to the community. Partnership staff at all levels meaningfully endorse our vision statement. It positively influences their views and practice for adult support and protection.	**1.1** We have no written vision statement for adult support and protection. Our purpose for adult support and protection is ill-defined. If we have a vision statement it does not reflect a partnership-wide positive, empowering culture for adult support and protection. Wider stakeholders were not involved in the creation of our vision statement. We do not effectively communicate our vision statement across our partnership and wider. Partnership staff are either vaguely aware or unaware of the vision statement. They do not endorse it. And it does not influence their views on adult support and protection.

1.2 Partnership's multi-agency strategy, improvement plan, policies and procedures

What very good looks like	What weak looks like
1.2 We have a recent, well-crafted, specific multi-agency strategy and/or an improvement plan for adult support and protection. It sets out a clear sense of direction for adult support and protection across the partnership. It is subject to wide consultation, and we review it regularly. Improvement actions set out in the improvement plan are SMART (specific, measurable, achievable, realistic, timebound). We implement our improvement plan rigorously and timeously. We link it to a broad suite of self-evaluation and quality assurance activity. Our strategic leaders take account of the provisions of the Quality Improvement Framework for trauma-informed organisations, systems and workforces in Scotland. We have a comprehensive, well-drafted, up-to-date suite of multi-agency policies and procedures that support and inform collaborative adult support and protection across our partnership. These include sound, well-designed, accessible multi-agency: • Adult support and protection procedures and associated guidance for staff. • Guidance for staff on specific areas of adult support and protection work such as financial harm and capacity issues. • Policies and protocols on adult support and protection matters such as information sharing among partners. • Guidance for staff about trauma-informed adult support and protection practice and working with adults at risk of harm who have lived experience of trauma. • Guidance on handling and storage of information and records, including responding to requests made under Section 10 of the ASP Act 2007.	**1.2** Our partnership lacks a bespoke strategy and/or an improvement plan for adult support and protection. Thereby, for our partnership there is an absence of strategic direction and development for adult support and protection. Plans do exist but they are poorly designed and crafted. They are sparse and too narrow in their scope. And implementation is slow and uneven. They are not SMART. If we have done self-evaluation and quality assurance work, we did not link it to our improvement plan. Our strategic leaders do not take account of the provisions of a Quality Improvement Framework for trauma-informed organisations, systems and workforces in Scotland We have significant gaps and deficits in our suite of policies and procedures for adult support and protection. • We have not reviewed or updated documentation to take account of recent developments in adult support and protection. • Policies and procedures are single agency rather than multi-agency. • Some of our documentation is sparse and does not adequately cover key areas. • Some documentation is not accessible and of limited use to relevant staff. • We have no guidance for our staff on trauma-informed adult support and protection practice and working with adults at risk of harm who have experienced trauma.

2. Organisational culture and leadership

2.1 Collaborative leadership for ASP across the partnership. Effective Adult Protection Committee (APC) and Chief Officer's Group (COG). Lived experience of adults at risk and unpaid carers represented at strategic level

View of adult with lived experience of ASP

"I have experience of attending a board meeting. I had no voting rights and was asked to leave any time sensitive information was being discussed. I think the sentence "participate fully in committee meetings and the work of the committee" works to protect against tokenistic representation."

What very good looks like	What weak looks like
2.1 Our strategic leaders for adult support and protection have an excellent, productive, trusting working relationship. They are accountable and well-informed about adult support and protection and collaborate effectively. We tackle emerging issues on a partnership basis. Leaders from different agencies demonstrably trust and support one another. Joint working and purposeful collaboration for adult support and protection is the default position.	2.1 Our strategic leaders do not have a collaborative ethos for adult support and protection. They collaborate intermittently – if at all. They are ill-informed about adult support and protection matters. There are tensions among strategic leaders and on occasion a lack of trust. Issues tend to be tackled on a single-agency basis. Silo working by principal partners is the default position.
Adult protection committee Our adult protection committee (or equivalent) has an independent convener who is suitably knowledgeable and experienced. They are a "local champion" for adult support and protection. There is purposeful regular attendance and participation by multi-agency partners, including the independent and third sector. The adult protection committee: • exercises sound, vigorous leadership for adult support and protection • initiates innovative new developments and fosters a continuous improvement ethos • communicates extensively and effectively with partnership staff who do adult protection work • effectively promotes adult support and protection to local communities and raises awareness	**Adult protection committee** Our adult protection committee does not have an independent convener. Multi-agency partners do not attend regularly. There is a lack of meaningful participation in the work of the committee by delegates. The adult protection committee: • exercises weak leadership for adult support and protection • fails to initiate or promote adult support and protection developments and continuous improvement for adult support and protection • only occasionally communicates with partnership staff • does not discharge its duty to raise awareness of adult support and protection for local communities

What very good looks like	What weak looks like
• ensures it is visible and relevant to all partnership staff • productively discusses emerging issues for adult support and protection within the partnership • effectively manages learning reviews • appropriately challenges existing adult support and protection practices • responds promptly and proficiently to national policy developments for adult support and protection • regularly receives and scrutinises well-drafted informative reports about all matters related to adult support and protection • takes full account of adult support and protection scrutiny reports and activities – not just those for our partnership, but across the board • provides suitable induction, training and learning and development opportunities for its members • positively links to the wider public protection structure.	• either does not discuss emerging issues for adult support and protection, or discusses them in a fruitless, perfunctory manner • does not effectively manage learning reviews • fails to appropriately challenge existing adult support and protection practices • fails to respond effectively to national policy developments and initiatives • is content with intermittent, unproductive reporting arrangements • fails to take notice of adult support and protection scrutiny reports and activities either for our partnership or across the board • does not provide any induction, training and learning and development opportunities for its members • does not link to the wider public protection structure.
Chief officers' group All multi-agency partners regularly attend our chief officers' group. They are well-informed about adult support and protection. It suitably prioritises adult support and protection and exercises rigorous governance for it. It has a sound understanding and oversight of critical adult support and protection matters. It tackles adult support and protection issues collaboratively. It regularly receives and scrutinises well-drafted informative reports about adult support and protection in our partnership.	**Chief officers' group** Our chief officers' group meets infrequently. Attendance by partners is sporadic. Partners knowledge of adult support and protection is patchy. Prioritisation of adult support and protection is inadequate. Its reporting arrangements are poor. And it is content with "silo working".

What very good looks like	What weak looks like
It keeps abreast of emerging themes and oversees improvement. Chief officers are ultimately responsible and accountable for improving the experience of and outcomes for adults who may need protection.	
Our adult protection committee has benefitted from one or more members with lived experience of adult support and protection. They get good support to participate meaningfully in the work of the committee. This is in line with the Scottish Government's Guidance For Adult Protection Committees (2022).	Our adult protection committee does not benefit from having a member who has lived experience of adult support and protection. This impairs its work in many respects.
Alternatively, our adult protection committee has sub-groups that include adults with lived experience of adult support and protection. They are an integral part of our committee. We support these experts by experience to effectively advise the committee.	Our adult protection committee does not realise the substantial benefits of having an unpaid carer, who cares for an adult at risk of harm, as a member, or who participates via its sub-groups.
There is an unpaid carer who cares for an adult at risk of harm, who is a member of our adult protection committee. Their presence and lived experience enhance and inform it. Unpaid carers may contribute to the work of our committee via its sub-groups.	

2.2 Leadership for operational processes whereby adults at risk are safe, supported and protected

What very good looks like	What weak looks like
2.2 Our strategic leaders recognise the need for sound, collaborative, effective adult support and protection systems and practice. Thereby, adults at risk of harm are safe, supported and protected. They can demonstrate with accurate data that adult support and protection activities "on the ground" are sound, well-executed and effective at keeping adults at risk safe, supported, and protected.	**2.2** Our strategic leaders may or may not conduct purposeful leadership activities such as motivating partnership staff and communicating with them. But this is evidentially not translated into delivery of competent, collaborative effective adult support and protection practices "on the ground". And adults at risk of harm's safety, health, and wellbeing is adversely affected by this.
Strategic leaders have a robust knowledge and oversight of all adult support and protection activity across the partnership.	Strategic leaders lack oversight of adult support and protection activity across the partnership. This is detrimental to the effective operational delivery of adult support and protection across the partnership.
Strategic leaders model attitudes and behaviours supportive towards adult support and protection	Strategic leaders sometimes model attitudes and behaviours that are not supportive towards adult support and protection.
Our NHS partners use the NHS Public Protection Accountability Assurance Framework and toolkit to support an organised approach to self-evaluation and good governance. This links to wider partnership improvement activity.	Our NHS partners do not use the NHS Public Protection Accountability Assurance Framework and toolkit to support an organised approach to self-evaluation and good governance.

2.3 Strategic governance for ASP – self-evaluation, audit, performance measurement, change and improvement management

What very good looks like	What weak looks like
2.3 There are a range of activities for adult support and protection our partnership regularly does: • Self-evaluation of adult support and protection using an EFQM or similar quality improvement framework. • Regular multi-agency audits of the social work, police and health records of adults at risk of harm – among other things they should determine the quality of adult protection key processes. • Generation of multi-agency and single agency audit performance data – adult protection activity data, outcomes data, experience of adults at risk of harm. • Quality assurance activity such as maintaining standards via regular and rigorous operational monitoring and governance. • Thematic quality assurance whereby our partnership examines its handling of a specific themed area such as self-neglect, working with adults at risk of harm who are hard to engage with. These actions are rigorous, well-executed, and effectively reported upon. They are improvement focused. They are transparent and present an honest, measured appraisal of our partnership's performance. Frontline staff are suitably involved.	**2.3** Our partnership does not carry out the range of activities shown: or it does them minimally and sporadically. There are gaps in the suite of activities such as no self-evaluation. Audits of the records of adults at risk of harm – if done – tend to be single-agency. They are not well-designed, well-executed, and well reported upon. They do not represent an honest appraisal of quality and competency. Thereby, our partnership and its leadership may be misled and poorly informed about required improvements.
Our partnership allocates sufficient resources to carry out all necessary quality assurance work.	Our partnership does not allocate enough resources to carry out all necessary quality assurance work.
Our partnership promptly and efficiently delivers timely changes and improvements identified by these workstreams.	Our partnership does not act promptly to deliver areas for improvement identified by these workstreams.

Execution - how effective is it?

3. Engagement with stakeholders

3.1 Engagement with partners, stakeholders and community

What very good looks like	What weak looks like
3.1 Our partners for adult support and protection, including social work, police, and health are fully involved in adult support and protection. They perform their important respective roles consistently and well. We communicate purposefully with our partners. Our partnership comprehensively engages with all partners for adult support and protection – at an operational and strategic level. These include (this is not an exhaustive list): • Scottish Fire and Rescue Services • Housing services • Care Inspectorate • Third sector and independent sector bodies - including care home providers • Independent advocacy providers • The Office of the Public Guardian • The Mental Welfare Commission for Scotland • The banking and financial sector • Other partners as required – for example other community planning partners, the Scottish Ambulance Service • Wider local communities.	**3.1** Our partners commitment and involvement for adult support and protection is uneven and unequal. Partners execution of their respective roles for adult support and protection is inconsistent. Communication with partners is intermittent and sparse. There are significant gaps in our partnership's stakeholder engagement. We leave some bodies out. Engagement with stakeholders is either absent or sporadic and unsystematic. Stakeholders are ill-informed about adult support and protection in our partnership. We sometimes do not recognise the vital contribution they can make to adult support and protection. And adult protection in our partnership is accordingly weaker.

What very good looks like	What weak looks like
Our partnership engages with key stakeholders comprehensively and systematically. We ensure that they are well-informed about adult support and protection within our partnership. We recognise the invaluable contribution to adult support and protection that these stakeholders make. The evidence of stakeholders' contribution to adult support and protection in our partnership enhances and strengthens it.	
We make strenuous efforts to engage with local communities about adult support and protection. This raises their awareness of it. Increasingly, local people know what to do if they suspect an adult is at risk of harm. They are confident our partnership will work to keep them safe. We effectively use different methods to reach out to local communities: • social media • websites • community meetings • leaflets and other printed materials. We frequently review their efficacy.	We make little effort to engage with local communities about adult support and protection. Local people are unaware of the adult support and protection work our partnership does. They don't know what to do if they suspect an adult is at risk of harm. We do not inspire their confidence that our partnership will work to keep adults at risk of harm safe. Our communication with local communities is limited and ineffective. It is not subject to regular review.
Taking account of partners and stakeholder's views We ensure partners' and stakeholders' views influence our direction, execution, and results. We have robust systems to effect and measure this.	**Taking account of partners and stakeholder's views** We fail to ensure partners' and stakeholders' views influence our direction, execution and results.

3.2 Involvement of adults at risk and their unpaid carers

View from adult with lived experience of ASP

"I've done services reviews and to be honest I don't see many empowered people. I get it, staff numbers and various other reasons come into play. But on a one-to-one basis people don't know much, or anything at all, regarding care plans and exit strategies, because they aren't involved."

What very good looks like	What weak looks like
3.2 Our partnership's number one priority is that adults at risk of harm are safe, healthy and have good wellbeing. We engage and consult with them for every aspect of our adult support and protection work – at both a strategic and operation level. We keep our engagement and consultation methods under constant review. Adults at risk of harm's lived experience is at the heart of what we do. We methodically include and involve adults at risk of harm throughout their adult support and protection journey. We make strenuous efforts to work with adults at risk of harm who are reluctant to accept our help and support. Our engagement with adults at risk of harm informs and drives improvement.	**3.2** Our partnership fails to give the proper priority to adults at risk of harm. And their safety, health and wellbeing. Our engagement with them is unsystematic and poorly planned. Adults at risk of harm's lived experience is only a peripheral interest for our partnership. This adversely affects our ability to successfully include and involve them. It can seem that improving the lives of adults at risk of harm is a secondary consideration in our partnership.
Similarly, we prioritise engagement with unpaid carers who care for an adult at risk of harm. We strongly value their critical role. Our engagement with them informs and drives improvement.	Similarily, our engagement with unpaid carers who care for an adult at risk of harm is poorly planned and executed. We underrate their critical role. Our engagement with them does not inform and drives improvement.

4. Driving performance and transformation (managing resources)

4.1 Operational leadership and management of partnership staff who do ASP work. Care and wellbeing for the workforce.

What very good looks like	What weak looks like
4.1 Our first-line managers exercise effective management of staff who do adult support and protection work. This includes workload management. And ensuring staff prioritise adult support and protection work appropriately.	**4.1** Our first-line managers exercise ineffective management of staff who do adult support and protection work. Staff's workload management is weak and ineffective – potentially leading to staff feeling unduly burdened and unable to manage their workloads. First-line managers do not make sure adult support and protection work is prioritised appropriately. This has a detrimental effect of the outcomes and service experience for adults at risk of harm and their unpaid carers.
Our first-line managers ensure staff in their team get good-quality, regular supervision for adult support and protection. They effectively performance manage their staff's adult support and protection work. They offer constructive feedback to their staff about their performance for adult support and protection work. They empathetically debrief and support staff when they are involved in stressful, emotionally challenging situations.	Our first-line managers do not prioritise supervision sessions for staff who do adult support and protection work. Supervision can be sparse and of inferior quality. This can lead to staff who feel unrecognised and unsupported. Staff involved in emotionally challenging scenarios are poorly supported.
Our other operational managers (for example, service managers), who have responsibility for adult support and protection, discharge their responsibilities for the management of adult support and protection effectively and efficiently. They ensure adult support and protection work is prioritised appropriately. They effectively manage changes related to adult support and protection.	Other operational managers (for example, service managers) with responsibility for adult support and protection do not discharge their managerial responsibilities efficiently and effectively. They manage change unproductively.

4.2 Supporting trauma-informed working and early intervention

View from adult with lived experience of ASP

"Being a woman and a mother with substance use problems brought many gender-specific challenges, which services aren't designed to support. This brought fear of engagement due to stigma and of social work removing my children. Following engagement, I experienced compulsory detention under the mental health act. There was no compassion or understanding of past trauma or the concept that I was self-medicating by using substances. Child protection procedures created new trauma. All services need to take both a trauma and gendered lens to all aspects of service delivery including women specific services and access to gender based violence support, sexual health, trauma and parenting."

What very good looks like	What weak looks like
4.2 Operational managers across our partnership support staff to work effectively in a trauma-informed manner with adults at risk of harm and their unpaid carers. We encourage, support and train staff to adopt this perspective for their adult support and protection work. This includes recognising that a high proportion of adults at risk of harm have experienced significant and ongoing trauma in their lives. And this has a negative impact on them. It strongly influences best approaches to keeping them safe, protected and supported. This has a positive impact on adults at risk of harm and their unpaid carers. And their safety, support and protection outcomes. Our NHS Board has appointed a champion for trauma-informed practice, who promotes this culture across the partnership.	**4.2** Operational managers are unaware of developments in trauma-informed practice. They do not encourage and support staff to adopt this perspective for their work with adults at risk of harm and their unpaid carers. The consequences are that partnership staff: • are not aware of trauma-informed developments • do not apply this perspective to their adult support and protection work. All of this is detrimental to adults at risk of harm and their unpaid carers. And their safety, support and protection outcomes. Our NHS Board has not appointed a champion for trauma-informed practice.

What very good looks like	What weak looks like
Adults who need early intervention Our partnership recognises the importance of providing suitable early intervention for adults. These adults might present often to social work, police and NHS emergency departments. We provide them with: • prompt effective support • signposting to other support services. This early intervention can prevent escalating risks in the circumstances of individuals, so that they do not present in crisis as adults at risk of harm.	**Adults who need early intervention** There are serious gaps in our partnership's provision for these adults. This has these effects: • they "fall through the safety net" and remain unsupported • they drift from service to service and lack coherent support and experience continued damage. The failure of early intervention and lack of support for adults results in them deteriorating and then belatedly presenting as adults at risk of harm in crisis.

4.3 Partnership's operational oversight and governance for ASP

What very good looks like	What weak looks like
4.3 First-line managers exercise rigorous monitoring and governance for the adult support and protection work. This includes frequently checking staff maintain high professional standards for all their adult support and protection work. They regularly read the records of adults at risk of harm and record their observations. They promptly sign off adult protection documents when required to do so. These activities promote highly professionally competent adult support and protection reporting and recording.	**4.3** First-line managers exercise weak, infrequent monitoring and governance for their team's adult support and protection work. They do not properly check their team maintains competent professional standards for its adult support and protection work. They do not regularly read records for adults at risk of harm or promptly sign off documents. These deficits may lead to adult support and protection recording and reporting that fails to meet the professional standards of competency.
First-line managers act promptly, and effectively to rectify any problems that occur with the quality of adult support and protection work in their team.	First-line managers fail to recognise problems with the standard of adult support and protection work their team does. They do little to fix problems when they happen.
First-line managers give team members regular and rigorous feedback on the professional standard of their adult support and protection work – including recording and reporting. This fosters learning and improvement.	First-line managers do not give their team members frequent feedback on the professional standard of their adult support and protection work – including recording and reporting. This hampers learning and improvement.
Senior operational managers – such as service managers and their equivalent – exercise effective governance over adult support and protection operations.	Senior operational managers such as service managers and their equivalent only exercise limited ineffective governance over adult support and protection.
They: • regularly read the records of adults at risk of harm and communicate their findings • review and analyse operational data about adult support and protection	They tend not to: • read the records of adults at risk of harm • review and analyse operational data about adult support and protection

What very good looks like	What weak looks like
• have a cohesive approach to engagement with team leaders and their equivalent who manage adult support and protection • have developed formal routes, to communicate the results of their operational audits and any required improvements • develop their knowledge and skillset for adult support and protection. **Staff survey** We carry out regular improvement-focused surveys of staff who do adult support and protection work. We ascertain their views about a wide range of adult support and protection matters. We use this information to inform our improvement planning.	• have a robust approach to purposeful engagement with team leaders and their equivalent who manage adult support and protection • have a system for communicating the findings of any operational audits they do conduct • develop their knowledge and skillset for adult support and protection. **Staff survey** We do not survey staff who do adult protection work or we do not use the findings from surveys effectively. Therefore, staff may feel they are not consulted, not valued, their views don't matter and are ignored.

4.4 Partnership's capacity to do ASP work – includes training and organisational development

What very good looks like	What weak looks like
4.4 Across our partnership there are sufficient staff deployed to adult support and protection work. Thereby, we carry out adult support and protection work promptly, effectively and efficiently. We regularly review staffing levels and if we find gaps we fill them promptly.	**4.4** In our partnership we do not have enough – suitably trained – staff to consistently meet the demands of adult support and protection work. This causes either delays or failures in the execution of critical adult support and protection tasks. We do not review staffing levels regularly. We do not identify persistent gaps, and they continue without any remedial action.
There are effective processes for recruitment and retention of staff who work in the adult support and protection arena. Maintaining a full complement of council officers and other adult support and protection staff is a high priority for our partnership.	Processes for recruiting adult support and protection staff are relatively ineffective. The maintenance of a fully staffed adult protection workforce is not a priority for our partnership.
We know adult support and protection operations require proper administrative support – minute takers for adult protection case conferences and other meetings. We make sure this support is consistently present and regularly reviewed.	We neglect the provision of administrative support for adult support and protection. We do not review it. This has detrimental consequences for the effectiveness and efficiency of adult support and protection operations. And the wellbeing of staff who work in adult support and protection.
Management and planning capacity for adult support and protection Our partnership has created sound management and planning capacity for adult support and protection. Managers across our partnership have the time and space to exercise diligent and effective management of adult support and protection. Managers afford appropriate prioritisation to competently exercise their role for adult support and protection.	**Management and planning capacity for adult support and protection** Our partnership has deficits in management and planning capacity for adult support and protection. Managers lack the time and space to exercise effective management of adult support and protection and the staff who do this work. Managers sometimes do not prioritise adult support and protection properly.

What very good looks like	What weak looks like
Our partnership ensures there is sufficient planning capacity for adult support and protection. This is important for among other things: • data collection, analysis, and presentation • preparation of well-designed, well-written adult support and protection-related plans • the role of planners in conducting self-evaluation, multi-agency audits of the records of adult at risk of harm.	There is insufficient planning capacity in our partnership for adult support and protection, with gaps in provision. This potentially causes among other things: • inability to collect, analyse and present data • key plans which are absent, sparse, poorly designed and poorly written • absence of self-evaluations and audits or these activities lack rigor.
Training Training for staff who do adult support and protection work is frequent. Managers ensure there is sufficient comprehensive, up-to-date high-quality training for all staff who do adult support and protection work – from council officers to awareness raising for staff who have limited involvement in adult support and protection. It aligns with national policy. Training is multi-agency with regular training opportunities available for staff. We have an up-to-date multi-agency training framework for adult support and protection. Managers ensure adult protection training is planned, delivered, and evaluated efficiently and effectively.	**Training** Training for staff who do adult support and protection work is infrequent, and often of inferior quality: with a tendency for single-agency focus. This has a detrimental effect of staff's ability to do adult support and protection work competently and efficiently. We do not have a multi-agency training framework for adult support and protection. Managers do not ensure that adult protection training is planned, delivered and evaluated efficiently and effectively.

What very good looks like	What weak looks like
We review training methods, such as on-line courses and face-to-face courses, for efficacy. As is the effectiveness of training generally. We regularly survey and consult our staff about their adult protection training needs and their views about training. We regularly measure the impact of training.	We do not regularly review training methods, or the effectiveness of training. Managers do not survey and consult with staff about adult support and protection training. We do not measure the impact of training.
Organisational development for adult support and protection Our partnership has a comprehensive system of organisational development for adult support and protection. This has a continuous improvement focus. It engenders a development ethos for adult support and protection among staff across our partnership. It leads to better outcomes for adults at risk of harm. Our partnership staff: • have purposeful peer forums where they can discuss adult support and protection issues • can attend adult support and protection conferences and other events • have a range of personal and professional development opportunities to improve their knowledge and skills for adult support and protection. These opportunities are extended to staff across different levels and different roles for adult support and protection • have opportunities for certificated further education about adult support and protection.	**Organisational development for adult support and protection** Our partnership either has no or very limited organisational development for adult support and protection. There is a lack of a continuous improvement focus and a development ethos for adult support and protection. Our partnership staff: • have no opportunities to discuss adult support and protection issues with their colleagues • do not get opportunities to attend adult support and protection conferences and other events • have no, or very limited, personal development opportunities in the sphere of adult support and protection • have no certificated further education opportunities.

5. Creating sustainable value, key processes

5.1 Response and inquiry for ASP referrals – includes early intervention

What very good looks like	What weak looks like
5.1 Screening and triaging We have a competent well-understood system for prompt, accurate screening of all adult protection referrals received by our partnership. We consistently and correctly apply the three-point criteria. We always specifically record the application of the three-point criteria. We record the reason why the three-point criteria is met or not met. We recognise trauma history. We ensure adults either proceed to the inquiry stage, or they are signposted to appropriate support services. We are confident – and we can evidence this – that our approach is effective and efficient.	**5.1 Screening and triaging** There is no clear, consistent and timely system across our partnership for the effective screening of adult protection referrals. This leads to inconsistency and delays in screening of adult support and protection referrals. There is considerable variation across our partnership applying the three-point criteria. Recurrently, our partnership does not correctly record application of the three-point criteria. We fail to recognise individuals with a trauma history. And we do not routinely ensure they either proceed to the inquiry stage, or they are signposted to appropriate support services. We are not entirely confident – as we have not sought evidence – that our approach is effective and efficient.
Sixteen to eighteen-year-olds We effectively make decisions, supported by operational guidance, about whether the protection referral is managed by child or adult protection. When most appropriate – in line with national guidelines – we keep young people safe through the child protection system. There is clear communication between necessary teams and there is management oversight. There are no delays in providing a protection response. We fully involve the young person and their family and take their views into account.	**Sixteen to eighteen-year-olds** Our approach for protection referrals for young people aged 16-18 is inconsistent and haphazard. Our decisions about whether we protect a young person via child protection or adult protection are arbitrary. We fail to involve the young person and their family.

What very good looks like	What weak looks like
Scottish Government Revised Code of Practice for Adult Support and Protection (July 2022) Our partnership complies with all provisions of the revised code of practice. This includes investigative powers always enacted by council officers.	Scottish Government Revised Code of Practice for Adult Support and Protection (July 2022) Our partnership's compliance with the provisions of the revised code of practice is variable and inconsistent. Non-council officers sometimes enact investigative powers.
Inquiry Our partnership collaboratively progresses inquiries into adult protection concerns promptly, competently and effectively. We have clear, internally published timescales for completion of this work. We conduct desktop inquiries that do not require investigative powers. Council officers competently enact investigative powers when needed. We inform adults at risk of harm and their proxies of their rights and that they are the subject to an adult protection process. We clearly record the reason if this is not done. We use professional judgement to ensure our actions do not put the adult at further risk. We record our decision and management oversight. We record inquiries on a well-designed standard template. We clearly record application of the three-point criteria. Managers oversee them and sign them off.	**Inquiry** Our partnership fails to process early inquiries into adult protection concerns promptly, competently and effectively. Our timescales for this work are not clearly stated. There are critical delays in progressing this work to find out if adults are at risk of harm. If we enact our statutory investigative powers, it may not be a council officer who does it. Often, we neglect to inform the adult at risk of harm and any proxy that we invoked the adult protection procedure in their name. We do not record inquiries on a well-designed standard template. We often do not record application of the three-point criteria. Managers do not oversee them and sign them off.
Inquiry with investigative powers Our partnership promptly conducts rigorous, collaborative inquiries into concerns about an adult at risk of harm. A council officer leads the inquiry supported by a second worker. A health professional acts as second worker if the alleged harm has a health component. We deploy second workers from other agencies if circumstances call for it.	**Inquiry with investigative powers** Our inquiries into concerns about an adult at risk of harm can be delayed and not involve appropriate partners – such as police and health. They are not always conducted by a council officer. We do not routinely deploy a second worker to the inquiry. Health professionals are not involved when circumstances call for one.

What very good looks like	What weak looks like
We exercise investigative powers as circumstances require – visit, interview, medical examination, examination of records (pursuant to Section 10 of the Adult Support and Protection (S) Act 2007. We visit where the adult at risk of harm resides. We sensitively and methodically interview them about the harm that allegedly has happened to them. We do this at a pace in line with their needs and circumstances. We fully record their responses and views in our report of the inquiry. We fully interview other relevant parties such as unpaid carers. We ascertain the views of all relevant partners and record them fully in our report of the inquiry.	We often do not exercise investigative powers when circumstances require it. We often do not visit where the adult at risk of harm resides. Our interviews with the adult at risk of harm and other relevant parties may be absent or at best superficial. We often rely on telephone interviews with adults at risk of harm when in person interviews would be preferable. We do not reflect the views of the adult at risk of harm. Relevant partners' important information about the adult at risk of harm are omitted.
We conclude our reports with a succinct analysis of the situation. There is a clear recommendation if further adult protection actions are warranted or not. Our inquiry is fully documented in a standardised electronic template, which ensures a consistent and cogent approach. Managers exercise operational governance by reviewing and signing off our inquiry reports.	Our reports of inquiries lack a coherent conclusion and recommendation of next steps. They are inconsistent, without the benefit of a standardised electronic template. Managers often do not exercise operational governance by reviewing and signing off inquiry reports.
Our partners – social work, police and health – conduct prompt interagency referral discussions (or equivalent multi-agency meetings) in accordance with our procedures. These can be online, by phone, or in person. These early discussions purposefully determine the correct course of action for the adult at risk of harm.	If we do have one, our interagency referral discussion system is ill-designed, and ill-documented. If we conduct interagency referral discussions, they are infrequent, inconsistent, and fail to properly determine the correct course of action for the adult at risk of harm.

5.2 Assessment and management of risk

View from adult with lived experience of ASP

"In a lot of cases the adult is not spoken with face-to-face about risk, to get a true sense of what the risk actually is. Some adults take risks because they have no power to change anything, and no one listens to them to understand their behaviour. Other times it is a cry for attention and help. People only see the risk without understanding the behaviour behind it."

What very good looks like	What weak looks like
5.2 Chronologies We promptly, collaboratively prepare detailed trauma-informed chronologies for adults at risk of harm when they require one. We appreciate that if we are to work with adults at risk of harm successfully, we need to know about their trauma history. Hence the importance of chronology. Our chronologies are dynamic – rather than static – documents, which are updated as the adult at risk of harm's circumstances change. We afford our staff the time to prepare good chronologies. We provide them with well-designed templates and guidance for chronologies. Our chronologies contain: • comprehensive entries that are succinct, but with enough detail to make them easily understood • significant life events for the adult at risk of harm • trauma experienced by the adult at risk of harm and its impact on them • significant changes in circumstances for the adult at risk of harm • identification and analysis of patterns of adverse harmful occurrences for the adult at risk of harm – for example, repeated financial harm	**5.2 Chronologies** Often adults at risk of harm do not have a chronology when they need one. If we do prepare chronologies for adults at risk of harm they tend to be: • static documents that are not up to date • sparsely populated with entries that are not detailed enough • not containing relevant life events • not trauma-informed, do not properly document the adult at risk of harm's trauma history and its impact on them. • entries that are – somewhat randomly – copied and pasted from other text such as case notes or emails • lacking in identification and analysis of patterns of harm and risk • lacking the views of partners • only a summary of the most recent adult protection activity for the adult at risk of harm • exercises that do not reference the views of the adult at risk of harm.

What very good looks like	What weak looks like
• analysis of risk – includes strengths and protective factors • views of partners • specific summary of adult protection related activities related to the adult at risk of harm • a person-centred approach that reflects the views of the adult at risk of harm. We effectively use competent, well-crafted chronologies to inform adult protection case conferences. **Risk assessment** Where we progress beyond the initial inquiry stage, we promptly prepare competent risk assessments for all adults at risk of harm that have existing adult protection risks. Partners' views are included. Risk assessments are appropriately shared with partners. They are dynamic documents that are kept up to date as the adult at risk of harm's circumstances change. Our risk assessments for adults at risk of harm: • are done in a consistent manner, with a standard template to guide staff • are sufficiently detailed so all the risks for the adult at risk of harm are definitively set out • contain analysis of risk and patterns of risk • set out the potential impact of the risks on the adult at risk of harm • clearly state the likelihood of risks occurring • are cognisant of trauma experienced by the adult at risk of harm and its impact on them • include a detailed list of protective factors and an analysis of their impact on risk; this includes the adults' ability to protect themselves	We do not use chronologies to inform adult protection case conferences. **Risk assessment** We sometimes fail to prepare a risk assessment for adults at risk of harm who need one – with an adverse impact on their safety outcomes. When we do prepare risk assessments there may be delays in doing do. Partners views are not included. Our risk assessment are static documents – completed at a point in time and not kept up to date. Our risk assessments: • are prepared in an inconsistent manner, with multiple approaches and templates • lack detail so it is hard to tell what the risks are • do not analyse the risks and any patterns • do not examine the impact of the risks on the adult at risk of harm • ignore the likelihood of occurrence of risks • ignore trauma experienced by the adult at risk of harm and its impact

What very good looks like	What weak looks like
• have all textual entries specifically written for the risk assessment and not copied and pasted from other documents • where relevant, include actions to manage and mitigate the risks (these might be in protection plans but can be purposefully included in risk assessments) • are subject to an operational quality check by a team leader or other manager • are shared with the adult at risk of harm and reference their perspective on their risks.	• fail to take account of protective factors • have textual entries copied and pasted from other recording – case notes and emails • exclude any actions to manage and mitigate risk • are not shared with the adult at risk of harm and do not reference their perspective on their risks.
Protection plans We promptly prepare competent protection plans (risk management plans) for adults at risk of harm who need one. And not just when they have reached a particular stage of their adult protection journey, such as an initial adult protection case conference. Protection plans are dynamic documents. We update them as the circumstances of the adult at risk of harm change. Our protection plans are: • consistent, with one template to guide staff • systematically state protective actions for the risks extant – appropriately linked to the risk assessment	**Protection plans** Sometimes adults at risk of harm who need a protection plan do not have one. This impacts adversely on their safety outcomes. When we do prepare protection plans there may be delays. Our protection plans are static documents and we do not keep them up to date. We only prepare protection plans for adults at risk of harm for whom there has been an initial adult protection case conference. Our protection plans: • are inconsistent in design, structure and approach • do not systematically state protective actions for the risks extant – appropriately linked to the risk assessment

What very good looks like	What weak looks like
• contain sufficient details for all entries • do not have copied and pasted material • clearly identify timescales for all required actions and who is responsible for taking the action forward • clearly identify all partners' actions • set clear timescales for review • prioritise critical actions • shared with the adult at risk of harm and reference their views on the plans to keep them safe, protected and supported.	• lack sufficient details for all entries • may have copied and pasted material • fail to identify timescales for all required actions and who is responsible for taking the action forward • do not clearly identify all partners' actions • set no clear timescales for review • do not prioritise critical actions • are not shared with the adult at risk of harm and do not reference their views on the plans to keep them safe, protected and supported.
Adults at risk with whom we find it hard to engage We endeavour to support and protect adults at risk of harm with whom we find it hard to engage. We strive to understand the reasons behind non-engagement. We recognise when they've experienced trauma. We persevere to help them when they refuse to accept the serious risks affecting them. And when they refuse the supports offered. We appropriately arrange independent advocates to work with them. This can be beneficial when there is conflict between the adult at risk of harm and the partnership.	**Adults at risk with whom we find it hard to engage** We do not adequately support and protect adults at risk of harm with whom we find it hard to engage. We overlook the reasons for non-engagement. And their trauma-history. We tend to hastily break off from them. We stop supporting them when difficulties arise. We fail to consider appointing an independent advocate.
Perpetrators We do everything possible to ensure alleged perpetrators of harm, who may have committed criminal acts, are subject to legal sanctions. We work with alleged perpetrators of harm when appropriate and possible. We involve specialist support. We guide and support them to cease harming adults. Thus, preventing further harm.	**Perpetrators** We often fail to initiate appropriate sanctions against perpetrators, who may have committed criminal acts. We do not work with alleged perpetrators. Thus, preventable harm to adults potentially occurs

5.3 Collaborative decision making and planning for safety, protection, support of adults at risk

What very good looks like	What weak looks like
5.3 Initial adult protection case conferences	**5.3 Initial adult protection case conferences**
We promptly convene initial adult support and protection case conferences when an adult at risk of harm requires one. We routinely invite all relevant partners and other relevant parties such as independent advocates and third sector providers. They always attend.	Sometimes we do not convene initial adult support and protection case conferences for adults at risk of harm when they require one. When we do convene adult protection case conferences they can be delayed. We routinely do not invite principal partners and others.
We arrange our case conferences in line with the adult at risk of harm's needs and preferences. We routinely invite the adult at risk of harm to attend their case conference. If we do not invite them, we record why in the minute. We record if they do not attend and why. We take full account of their needs and circumstances. We fully support them to attend and participate. We do the same for unpaid carers who care for an adult at risk of harm. We give feedback to adults at risk and unpaid carers if they do not attend. We do this in line with their needs. We find out their views and take them into account.	We arrange case conferences around the needs of professionals and process, rather than the adult at risk of harm. We routinely do not invite adults at risk of harm and their unpaid carers. We do not record reasons for not inviting them in the case conference minutes. We do not properly support them to attend and meaningfully participate.
We provide adults at risk of harm with accessible written information about what happens at an adult protection case conference. It says we would very much like them to attend. And how we will help them to do this.	We have no written information to give to adults at risk of harm about adult protection case conferences. We have some written information, but it is not accessible.

What very good looks like	What weak looks like
Our case conferences have transparent, robust multi-agency discussions that encompass the existing risks for the adult at risk of harm. And the actions needed to mitigate and manage the risks and support the adult at risk to realise positive safety, health and wellbeing outcomes. All attenders are encouraged to contribute fully. We have access to high-quality legal advice. There is a comprehensive minute of our case conferences. It is prepared promptly and quickly sent to all who attended the case conference and invitees who did not attend. We appropriately document professional disagreements. We have an escalation protocol to resolve them.	Our case conferences are often poorly attended. They have limited discussion about, among other things, the risks for the adult at risk of harm and the required action plan. We do not have ready access to legal advice. Case conferences may not precisely reflect the views of all attendees – particularly the adult at risk of harm. Minutes might be delayed in preparation and circulation. Some participants, and invitees, who did not attend, might not get a copy of the minutes. We have no system to record and resolve professional disagreements.
Review adult protection case conferences We promptly convene review adult protection case conferences when needed. These are well-conducted and well-attended. They effectively determine next steps for the adult at risk of harm – cease adult support and protection activities or continue with their protection plan until a further review within a suitable timescale.	**Review adult protection case conferences** We sometimes do not convene review adult protection case conferences when required. Those we do convene can be delayed and poorly attended. They are ineffective in deciding the most appropriate next steps for the adult at risk of harm.
Court measures of protection We promptly and diligently apply for court measures of protection when this is in the best interests of the adult at risk of harm – assessment orders, banning orders and removal orders. We effectively ensure compliance with the terms of these orders.	**Court measures of protection** We often do not consider applying to a court to grant protection measures in circumstances when this may be in the best interests of the adult at risk of harm. There may be delays seeking protection measures. Our approach to ensuring compliance with the terms of these orders can prove ineffective.
We consider other legislation which may provide alternative or additional pathways to support the adult at risk of harm – for example the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.	We often do not consider appropriate other legislation which may provide alternative or additional pathways to support the adult at risk of harm.

5.4 Capacity assessment, use of legislation

What very good looks like	What weak looks like
5.4 We swiftly recognise when an adult at risk of harm requires an assessment of their capacity. We then promptly make a well-informed, formal request to an appropriate medical practitioner to conduct a capacity assessment for the adult at risk of harm. On receipt of a request for a capacity assessment from social work, an appropriate medical practitioner promptly assesses the adult at risk's capacity and prepares a suitable written report. When necessary, we make prompt and appropriate use of the Adults with Incapacity (S) Act 2000 to secure the best interests of the adult at risk of harm. We pursue and make efficacious use of available powers. We use the Mental Health Care and Treatment (S) Act 2003 when appropriate. Our NHS Board ensures there are sufficient resources to meet the demand for capacity assessments for adults at risk of harm.	**5.4** We often fail to recognise when an adult at risk of harm requires an assessment of their capacity. Or if we do, this process is delayed. We frequently do not make a professionally drafted, timely, informative written request to an appropriate medical practitioner to complete a capacity assessment. On receipt of a request for a capacity assessment – however made – an appropriate medical practitioner is not assigned to complete one, or there are delays. We may not make proper use of the Adults with Incapacity (S) Act 2000 when this is in the best interests of the adult at risk of harm. We may not pursue and use available powers under the relevant legislation. Our NHS Board does not ensure the demand for capacity assessments for adults at risk of harm is met.

5.5 Independent advocacy provision

What very good looks like	What weak looks like
5.5 We always offer adults at risk of harm independent advocacy when they would benefit from it. If we don't offer it, we record why. We record if the adult at risk refuses advocacy. We have commissioned sufficient independent advocacy capacity to meet demand. We promptly deploy suitably trained independent advocates to support adults at risk of harm at critical times. Advocates help adults at risk of harm to navigate and understand our systems for adult support and protection. They help adults at risk of harm to articulate their views and ensure our partnership fully takes them into account. They build trusting relationships with adults at risk of harm. **Appropriate adults** We always deploy an appropriate adult when required.	**5.5** We do not routinely offer independent advocacy to adults at risk of harm who would benefit from it. We do not record when we do not offer it and why. Or if advocacy is refused. We have not commissioned enough independent advocacy capacity to meet demand. Advocates might not be suitably trained. Adults at risk of harm who want an advocate often don't get one, or there are delays. Advocates sometimes do not attend key meetings, such as adult protection case conferences, to speak on behalf of the adult at risk of harm, or to support them to take part and effectively express their views. They may not have the time and space to build trusting relationships with adults at risk of harm. **Appropriate adults** We do not deploy an appropriate adult when required.

5.6 Large-scale investigations and learning reviews

What very good looks like	What weak looks like
5.6 Our partnership promptly conducts large-scale investigations when we consider multiple individuals (often in receipt of a specific regulated service but there can be other reasons) might be at risk of harm. We follow the national guidance for large-scale investigations including notifying the Care Inspectorate. We construct a multi-disciplinary team (including the Care Inspectorate, police and health, and other appropriate parties) to conduct the large-scale investigation. We involve the adults at risk of harm, their legal proxies and their families. Independent advocates are appropriately involved. We prepare a timely report when appropriate. It has compelling recommendations for improvement that support the future safety, health and wellbeing of all the adults at risk of harm involved.	**5.6** Our partnership sometimes does not conduct large scale investigations when it should. Our large-scale investigations do not rigorously adhere to the national guidance. The complement of the team conducting the large-scale investigation has important parties missing. We do not properly involve the adults at risk of harm, their legal proxies and their families. Our report of the large-scale investigation might be delayed. Its recommendations for improvement might be inadequate to support the future safety, health and wellbeing of the adults at risk of harm involved.
Learning reviews We conduct leaning reviews when required in line with national guidance. We swiftly implement improvements identified and measure their impact. We effectively communicate and promote their learning points across our partnership.	**Learning reviews** We sometimes do not commission learning reviews when we should. If we do conduct learning reviews, we fail to implement recommended improvements. And we minimally communicate and promote learning points.

5.7 Effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply

View from adult with lived experience of ASP

"They would have signed their life away if someone was willing to help them. But then they become a statistic and lose another part of their identity. More must be done to let people know they are loved and cared for and will be looked after. People need to be at the centre of everything."

What very good looks like	What weak looks like
5.7 We recognise where vulnerability and risks need escalated. We have early intervention pathways into other support services – including out-of-hours. We have trained staff readily available. We have effective systems to identify if there are multiple referrals for individuals. We act quickly to assess and manage their risks. And offer them help and support.	5.7 Any services and supports we have for these individuals are patchy and fragmentary. We sometimes do not recognise these individuals' risks. We lack systems to identify them. When we do encounter these individuals, we often do not offer them help and support, or supports are delayed. We do not collaborate effectively with partners to purposefully identify and support these individuals. Our deficits in this area and lack of early intervention can lead to individuals belatedly presenting as adults at risk of harm in crisis requiring interventions under the Adult Support and Protection (S) Act 2007.
Adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply We conduct this process. • Partners have collaborative escalation policies and procedures that jointly identify emerging concerns and escalation of risk for individuals. • We have effective information sharing protocols, including memoranda of understanding, which clearly set out safeguarding roles and responsibilities for staff and agencies. Staff are aware of them and understand their importance.	**Adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply** We do not have rigorous processes to apply to adults for whom a straightforward application of the three-point criteria is difficult to assess.

What very good looks like	What weak looks like
• We promptly convene an interagency referral discussion (or similar early planning meeting) at an early point in the inquiry for adults who meet these criteria. A senior manager chairs these meetings. Social work, police and health attend. We consult mental health officers who attend when required. • We carefully consider application of the three-point criteria for all the risks to the adult's safety, health, wellbeing. We take account of the complexity, severity and persistence of trauma, and other factors such as mental health. And the extent to which the adult repeatedly takes decisions that place themselves at risk. • Council officers and others are appropriately professionally curious. They pursue all options to fully discuss the issues with the adult and record their views. • We accurately record attenders, the discussion, and outcome of interagency referral discussions (or equivalent) about such adults. This includes all risks, the adults' views. And the reasons why we could not obtain their views. Also, discussion of early intervention supports, or signposting. • If it is unclear if the adult meets the three-point criteria, we conduct a timely inquiry using investigative powers in keeping with our partnership's procedures. This helps us decide if the adult meets the three-point criteria. • Where inquiries determine the adult does not meet the three-point criteria, a clear outcome should be recorded in the council officers, police and health records. This should include the risks, adults' views,	

What very good looks like	What weak looks like
reasons why contact wasn't possible where applicable, alternative support services discussed, and any onward referrals and or signposting carried out. • Where inquiries determine the adult **does** or **may** meet the three-point criteria we apply trauma-informed principles to all our key processes for these adults, including management of all risk and collaborative decision-making. We pursue all options to fully involve the adult in these processes. We recognise influencing factors such as mental health and problematic use of drugs and alcohol that impact, impinge or detract from the adult's ability to make free and informed decisions to safeguard themselves. We accurately record decisions relating to this work and determining if the three-point criteria is met or not. In all instances a senior manager should oversee decision making (where not progressed to initial case conference) or case conference chair (where progressed to case conference).	

Results - how good are they?

6a Perceptions of adults at risk of harm, unpaid carers

6a.1 Adults at risk's qualitative experience of ASP. Partnership heeds their collective views and acts on them

View from adult with lived experience of ASP

"From my own lived experience there were differing degrees to which adults were able to look after themselves. There were some in the homelessness system who felt empowered to go out and find out information or ask about resources to help them. But the majority did not. Any way of promoting interaction with adults at risk should be carried out. It will identify and prevent any problems arising in the first place. I strongly feel the voices of those with lived experience should be meaningfully listened to, and it is not done by simply ticking a box."

What very good looks like	What weak looks like
6a.1 Adults at risk of harm, reflecting on their adult support and protection experience, report our partnership helped them to keep safe. Its intervention was the least restrictive alternative. All the support deployed enhanced their safety, health, and wellbeing. We fully consulted and involved them throughout their adult protection journey. We invited them to important meetings held about them. We supported them to attend and participate. We successfully balanced their rights and choices against protection demands.	**6a.1** Adults at risk of harm report our partnership did not keep them safe. And its intervention was unnecessarily intrusive and restrictive. Either they felt unsupported or the support they got was inadequate. They were unaware of adult support and protection activity done in their name. We did not invite them to important meetings held about them. We did not balance their rights and choices against protection considerations.
Partnership staff recognised any communication issues they had and made strenuous efforts to ensure all communication with them was effective. We always treated them with respect and empathy.	Partnership staff did not recognise any communication issues they might have. Therefore, our communication with them was ineffective and not tailored to their needs. At times we did not treat them with respect and empathy.

6a.2 Unpaid carers who care for an adult at risk are appropriately consulted and included

View from unpaid carer

"My experience as an unpaid carer was not great. I was the only one helping with their care. I was never told about all the conversations between partners. I had to request a multi-disciplinary team meeting myself when the adult was under adult support and protection. The person involved has to be seen as a human rather than being seen as an ASP case. Include the person, in discussion speak to them rather than about them."

What very good looks like	What weak looks like
6a.2 Unpaid carers, who care for an adult at risk of harm, consistently report: • our partnership kept the adult safe, supported and protected • our interventions were effective, least restrictive, and benefitted the adult. And for the unpaid carers: • we appropriately consulted and involved them throughout the process • we invited them to important meetings about the adult at risk of harm when appropriate and kept them informed • when appropriate, we signposted them to services to support them in their caring role. And, when appropriate, we made arrangements for them to have an adult carer support plan.	**6a.2** Unpaid carers who care for an adult at risk of harm consistently report: • our partnership did not keep the adult safe, supported and protected • our interventions were ineffective, unnecessarily restrictive, and did not benefit the adult. And for the unpaid carers: • we did not appropriately consult and involve them throughout the process • we did not invite them to important meetings about the adult at risk of harm and we did not keep them informed • we did not signpost unpaid carers to support services. We ignored that they might benefit from an adult carer support plan.

6b Stakeholder perceptions, staff, partners, stakeholders and community

6b.1 Staff's knowledge and competencies – includes upholding human rights of adults at risk

What very good looks like	What weak looks like
6b.1 Across our partnership, staff who do adult support and protection work, including council officers, report they are skilled, knowledgeable and confident about carrying out adult support and protection work. They are well trained. Our staff recognise the importance of applying a trauma-informed perspective towards adults at risk of harm. They apply this in their day-to-day work. Staff are well-aware of the need to uphold the human rights of adults at risk of harm. They understand the need to balance individuals' rights to live the lives they choose free of interventions by statutory agencies, with the need to keep vulnerable individuals safe, supported and protected. Our staff endorse the principles of the Adult Support and Protection (S) Act 2007 that interventions should be least restrictive and benefit the adult at risk of harm. **Professional curiosity** We apply professional curiosity to adult support and protection. This is where a worker or a group of workers explore and proactively try to understand what is happening for an adult at risk of harm. They don't make rash assumptions or take a single source of information and accept it at face value. It involves us: • testing out professional assumptions about the adult at risk of harm and their individual circumstances	**6b.1** There are important gaps in our staff's skillsets and knowledge about adult support and protection – including council officers. We fail to act to rectify gaps. One area where skills and knowledge deficits are manifested is working with adults at risk of harm, using a trauma-informed perspective. Our staff: • are not always aware of the requirement to uphold the human rights of adults at risk of harm • sometimes ignore the need to balance the rights and choices of adults at risk of harm with the duty to keep them safe and protected • fail to take due notice of the least restrictive and beneficial principles of the Act • might unwittingly re-traumatise an adult at risk of harm. **Professional curiosity** We do not apply professional curiosity appropriately to adult support and protection. This has a potentially detrimental effect on the safety, health and wellbeing of adults at risk of harm.

What very good looks like	What weak looks like
• considering information from different sources to better understand the circumstances and risks for the adult at risk of harm. This helps us to make predictions about what is likely to happen in the future • seeing beyond the obvious • not simply taking alleged perpetrators – and other parties – word for it about alleged harm to the adult • have sensitive insightful conversations with the adult at risk of harm at a pace that suits them, and in line with their needs and circumstances • adopt a vigorous, meticulous, collaborative approach to constructing a rigorous analysis of the adult at risk of harm's situation and how best to keep them safe, supported and protected.	

6b.2 Staff's motivation, recognition and welfare

What very good looks like	What weak looks like
6b.2 Across our partnership our staff, including council officers, who do adult support and protection work report they are well-motivated and feel valued for their adult protection work. They appreciate the importance of working to keep adults at risk of harm safe. They are justifiably proud of their vital contribution to this. They express confidence our partnership gives them due recognition for their work. Our staff report they get support to deal with the upsetting aspects of adult support and protection work. They consider our partnership diligently exercises its duty of care towards them. It supports their welfare and their wellbeing. We support our staff to develop and improve their adult protection knowledge, skills, and competencies. For example, by setting up multi-agency practitioners forums.	**6b.2** In general, our staff are not well motivated to do adult support and protection work. They report they do not feel valued for the adult protection work they do. They feel undervalued, unrecognised, and left on their own to manage stress associated with adult protection work. They report our partnership does not pay enough attention to their welfare and wellbeing.

6b.3 Staff's perceptions of how well they are led, managed, supported for ASP work. Their workloads are manageable

What very good looks like	What weak looks like
6b.3 Across our partnership staff, who do adult protection work, report they are well-managed, well-led and well-supported. Their line managers diligently ensure they comply with their organisations standards, policies and procedures for adult support and protection. Their line managers are a constant source of guidance and help for this.	**6b.3** Our staff who do adult protection work widely report they are not well-managed, well-led and well-supported. Their line managers fail to ensure they comply with their organisation's standards, policies and procedures for adult support and protection. They do not offer them appropriate guidance.
Staff report their adult protection workloads are manageable. Their line managers have a key role in ensuring that they are. We have an effective workload management system that ensures allocation of work is optimal and equitable. They are confident managers prioritise adult protection appropriately. This is reflected in their manageable adult protection workloads. Additionally, managers encourage a culture of peer support for staff involved in adult protection work. Staff value this.	Staff often report their adult protection workloads are excessive and unmanageable. We have no workload management system. Operational managers can seem indifferent to this. Staff believe operational managers do not give the necessary priority to adult support and protection work. This has an adverse impact on them as professionals working in this field. The importance of peer support for staff is undervalued or actively discouraged.
Staff get regular, high-quality supervision from their team leaders or equivalents. They record important supervision decisions about an adult at risk of harm in the adult's record.	Staff do not receive regular, high-quality supervision from team leaders or their equivalents. They do not record important supervision decisions about an adult at risk of harm in the adult's record.
Staff survey	**Staff survey**
Staff who do adult support and protection work report they are regularly surveyed about their views on adult support and protection. They consider their views matter. They are listened to and recognised. And their views are taken into account.	Staff who do adult support and protection work do not have the opportunity to express their views on adult support and protection matters. Thus, they may not feel valued or recognised, and their views don't matter.

6b.4 Partners, stakeholders, community are fully involved

What very good looks like	What weak looks like
6b.4 Our principal partners, social work, police, and health each consistently and completely fulfil their vital operational and strategic roles for adult support and protection. Our partnership always works collaboratively. There is an ethos of trust, respect, and mutual support. Staff who do adult support and protection work report they consistently get very good support from their colleagues in partner agencies. They are entirely confident that partner agencies contribute fully to adult support and protection work. From the perspective of adults at risk of harm, principal partners work seamlessly and effectively to keep them safe. We settle disputes between partner agencies quickly and professionally.	**6b.4** There are imbalances in how each of our principal partners exercise their operational and strategic roles for adult support and protection. Collaboration can be uneven and piecemeal. There is not a culture of trust, respect and mutual support among partners. Staff who do adult support and protection work report that often they do not get the help from colleagues in partner agencies they need. Staff consider partner agencies do not contribute equally to adult support and protection work. From the perspective of adults at risk of harm, principal partners are either missing from efforts to keep them safe, or their participation is disjointed and unproductive. Disputes between partners can be lengthy and cause resentments between partners.
Other adult protection partners, such as independent advocacy services and third and independent sector providers, consistently report they are appropriately involved in operational and strategic aspects of adult support and protection. They consistently and completely fulfil their required roles for adult support and protection. They feel valued for their vital roles to keep adults at risk of harm safe, supported and protected.	Other adult protection partners often report they are not appropriately involved in operational and strategic aspects of adult support and protection. There are discrepancies in the extent to which other partners exercise their roles for adult support and protection. They may not feel properly valued for the important work they do to keep adults at risk of harm safe, supported and protected.

6b.4 Partners, stakeholders, community are fully involved

What very good looks like	What weak looks like
Members of our local communities report they are fully aware of adult support and protection and the need to identify adults at risk of harm and keep them safe. And they have an important part to play in this. They know what to do if they suspect an adult is at risk of harm. They are confident our partnership will act decisively to keep adults at risk of harm safe. They know about adult support and protection from our partnership's website, other digital sources, written material and community events about adult protection. All our material is well-designed and well-targeted.	Members of our local communities are ill-informed about adult protection. They are unaware of their role identifying adults at risk of harm and keeping them safe. They do not know what to do if they suspect an adult is at risk of harm. They lack confidence, our partnership will act decisively to keep adults at risk of harm safe. They have limited access to information about adult support and protection from our partnership. Any information provided is poorly designed and ill-targeted.

7. Strategic and operational performance

7.1 All multi-agency quality assurance is competent and rigorous

What very good looks like	What weak looks like
7.1 All our multi-agency quality assurance work is rigorous, competent and transparent. Here are key features of our work in this area. • Self-evaluations are honest, fair and transparent – we report strengths and deficits candidly. • Multi-agency audits of the records of adults at risk of harm are regular, robust and rigorous – findings are transparent. • Multi-agency audits clearly reflect the critical key adult protection processes that joint inspections of adult support and protection scrutinise – response and inquiry for adult protection referrals, assessment and management of risk, adult protection case conferences, and protection planning and execution. • All local analysis of adult support and protection data is rigorous and transparent. We report findings in an accessible manner for the non-specialist reader.	**7.1** Quality assurance is either infrequent or not done at all. Our quality assurance work is single agency. It is not done rigorously, competently and transparently. This can render it highly misleading. Here are key features of our work in this area. • Self-evaluations are not honest, fair and transparent – we tend to obscure deficits. • Multi-agency audits of the records of adults at risk of harm are irregular, non-robust and lack rigour – findings lack transparency. • Audits do not reflect the critical key adult protection processes that joint inspections of adult support and protection scrutinise. • Local analysis of adult support and protection data is not fit for purpose. We report findings in an inaccessible manner. This makes it hard for the non-specialist reader to understand.

7.2 Adult protection activity reported to national dataset, local data, trends, benchmarking

What very good looks like	What weak looks like
7.2 Our partnership systematically and rigorously analyses national and local data for adult support and protection. We benchmark our key data points against those of other adult protection partnerships and national means. Thus, we are well-informed about local and national trends for adult support and protection – such as changes in prevalence of types of harm or the categories of adults at risk of harm. We use this to drive change and improvement.	7.2 Our partnership does not analyse national and local data for adult support and protection. We do not benchmark our key data points against other partnerships and national means. We are ill-informed about local and national trends for adult support and protection. We do not use data to drive change and improvement.

7.3 Data and other intelligence from multi-agency self-evaluations, audits of ASP should inform and drive improvement

View of adult with lived experience of ASP

"I understand the value of data but often the adult will never see themselves as a statistic represented on a line graph. What they will see are actions taken in response to their views. This is crucial to further meaningful engagement. This could be empowering for the adult, but challenging for systems that lack the flexibility to respond and make changes."

What very good looks like	What weak looks like
7.3 Our rigorous, insightful multi-agency self-evaluations of adult support and protection show sound, competent, adult support and protection activities across each of the quality improvement framework key domains – direction, execution, and results. There are few areas for improvement.	**7.3** Our infrequent, sometimes single agency, self-evaluations of adult support and protection reveal unsound adult support and protection activities across the three quality improvement framework key domains. There are many areas for improvement.
Our multi-agency audits of the records of adults at risk of harm show we carry out all key adult protection processes, such as assessment and management of risk, professionally, competently, and timeously. Adults at risk of harm are safer, heathier and have improved wellbeing. There are few significant areas for improvement identified by audit.	If done at all, our, sometimes single agency, audits of the records of adults at risk of harm show critical deficits in how we execute key adult protection processes, such as the assessment and management of risk. This compromises the safety, health, and wellbeing outcomes for adults at risk of harm.

7.4 Systematic local statistical data collection on outcomes and experience of adults at risk and unpaid carers promotes improvement

View from adult with lived experience of ASP

"Adults need to be given a choice of what they want to talk about before a judgement is made on what should be talked about with them. Ask the adult rather than judging what is appropriate or not. I sometimes wonder whose fear is greater in raising the topic, staff or adults. There is also a bit about checking in with the adult about what is written about them. It may not be a true reflection of the situation or their life events."

What very good looks like	What weak looks like
7.4 Views and experience of adults at risk of harm Our partnership has worked hard to overcome the challenges of systematically eliciting the views of adults at risk of harm. We record, aggregate, and analyse the resulting data. Our robust data decisively shows that adults at risk of harm: • think they are safer because of our partnership's adult support and protection interventions • report improvement to their health, wellbeing and overall quality of life • consider their adult support and protection journey was necessary in the circumstances and led to a positive outcome. Our adult support and protection aggregate outcomes data includes data from other sources, such as review of the records of adults at risk of harm. This shows favourable outcomes for adults at risk of harm.	**7.4 Views and experience of adults at risk of harm** Our partnership continues to struggle to regularly elicit the views of adults at risk of harm. If we do manage to generate any aggregate data, it tends to show: • despite our partnership's efforts they are not safer • they report no improvement to their health, wellbeing and overall quality of life • their adult support and protection journey was unnecessary and did not lead to a positive outcome. Either we have no adult support and protection aggregate outcomes data; or if we do, it tends to show unfavourable outcomes for adults at risk of harm.

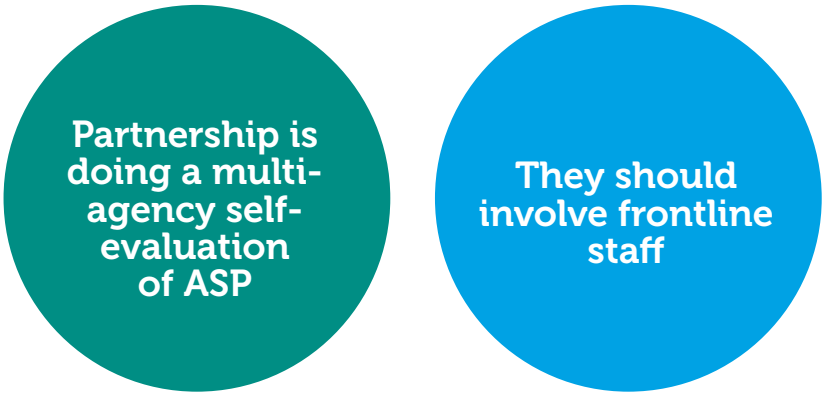
What very good looks like	What weak looks like
Views and experience of unpaid carers who care for an adult at risk of harm Unpaid carers who care for an adult at risk of harm report: • our partnership successfully kept the adult safe, supported, and protected • we consulted and involved them throughout the person's adult protection journey • they consider the person's adult support and protection journey was a positive experience for them. It respected their rights and choices.	**Views and experience of unpaid carers who care for an adult at risk of harm** Unpaid carers who care for an adult at risk of harm report: • our partnership did not keep the adult safe, supported and protected • we did not properly consult and involve them throughout the person's adult protection journey • they consider the person's adult protection journey was a poor experience for them. Their rights and choices were not respected.

Self-evaluation and improvement planning for adult support and protection

For self-evaluation for adult support and protection, it is important to involve a diverse group, including service providers, managers, frontline staff, and relevant stakeholders. Collaboration ensures a comprehensive understanding and effective assessment of a partnership's adult support and protection arrangements. Self-evaluation can significantly improve adult support and protection outcomes, by enhancing efficiency, quality, and quality of life for adults at risk of harm. Multi-agency self-evaluation involves collaborative assessment and reflections by different partners working together. Frontline staff should be involved. It aims to identify strengths and areas for improvement to enhance service delivery and collaboration across multiple agencies. A quality improvement framework is invaluable when conducting self-evaluation. There is a need to have respect for partners' commitment, communication and planning. These are key to a successful self-evaluation.

These pre-conditions lay the foundations for self-evaluation.

- Preparation and readiness for legislative compliance.
- Improved processes and efficiencies in service delivery.
- Improved communication and consistency in record keeping across the organisation.
- Improved ability to contribute effectively to organisational outcomes.



Self-evaluation and continuous improvement

Self-evaluation is pivotal for continuous improvement. It is a learning process whereby adult support and protection committees understand how to improve adult support and protection services. Self-evaluation helps to establish a baseline from which to plan to improve outcomes for adults at risk of harm. Self-evaluation is a starting point from which adult support and protection partners can monitor progress and measure the impact of improvements. Self-evaluation is a dynamic process, responsive to local need and demand. Partnerships should adopt a proportionate and realistic approach. And conduct self-evaluation in-line with local circumstances.

Shared approaches to self-evaluation promote a collective commitment, among adult support and protection partners. They set priorities for improvement aligned with the adult protection committee improvement plan and provide a robust evidence base. A shared vision owned by all partners is important. There should be a clear understanding about the connectivity across vision, strategy, service delivery and outcomes. This aligns to the European Foundation for Quality Management (EFQM) direction, execution and results model.

The central aim of self-evaluation is establishing how to make improvements in outcomes for adults at risk of harm, and how to measure these. Whatever the planning structures for taking forward improvement, the focus should be on those areas of most concern that have the most negative impact upon adults at risk of harm. Our framework of quality indicators supports this process by:

- encouraging partners to scrutinise and reflect upon practice and identify strengths and areas of improvement
- recognising the work partners are doing that has a positive impact on the lives of adults at risk of harm and where there might be gaps
- identifying where quality needs to be maintained, where improvement is needed and where partners should be working towards achieving excellence
- allowing partners to inform stakeholders about the quality of services for adults at risk of harm and adults in distress.

The self-evaluation questions

Self-evaluation for improvement is based on three key questions.

- How we are doing?
- How do we know?
- What are we going to do next?

How are we doing?

This is the starting point for self-evaluation. It is the baseline for any further development and improvement. Partnerships should consider performance management information, quality assurance data, and feedback from adults at risk with lived experience, staff and other stakeholders. Partnerships should evaluate the current efficiency, effectiveness and responsiveness of adult support and protection arrangements. They can use this quality improvement framework to enable benchmarking of current practice and performance against local and national priorities. By answering this question, partnerships can identify strengths and areas for improvement for adult support and protection.

How do we know?

When reflecting on this question, partnerships identify, gather and review the evidence available to them to show how well the lives of people with lived experience of adult support and protection are improving. Their qualitative and quantitative evidence can inform partners and services about the quality of their work. There are several sources of evidence that can inform partners. Partnerships should gather evidence from an embedded programme of regular multi-agency audit activity. It is good practice to involve frontline managers and adult support and protection staff in audits. This supports establishing a continuous improvement culture across all levels of the partnership. Self-evaluation should be open to constructive challenge. And how evaluations are determined should be a transparent and rigorous process.

Self-evaluation is only as reliable as the evidence supporting it. It is important to test the strength of evidence through 'triangulation' (for example, comparing one source of evidence with a second and third source). Reliable self-evaluation also involves benchmarking inputs, outputs, and outcomes with comparator areas.

What are we going to do next?

This question allows partnerships to take forward the learning from self-evaluation and to develop a clear set of priorities for improvement. It offers opportunities to reach considered and robust conclusions. It then allows partners to agree on the actions to be taken to improve the outcomes for adults at risk of harm. Self-evaluation findings may offer partnerships opportunities to celebrate success and highlight what works well.

Use of our quality illustrations for self-evaluation of adult support and protection

Partnerships can use our quality illustrations in several ways to support their self-evaluation of adult support and protection (see page 7).

Potential sources of evidence for self-evaluation of ASP

(This is not an exhaustive list.) Partnerships should choose the most appropriate evidence sources to support their individual self-evaluation requirements and their capacity to obtain the evidence.

- Multi-agency audits of records of adults at risk. Thematic ASP audits - for example, case conferences, IRDs, involvement of adults at risk. Other quality assurance activities.
- Quantitative and qualitative outcome data from direct engagement with adults at risk and their unpaid carers.
- Focus groups of adults at risk and focus groups of unpaid carers. Surveys of adults at risk and their unpaid carers.
- Focus groups of staff and staff surveys, other channels for feedback of staff views - for example, staff forums, information from staff supervision. Evaluation of impact of ASP training. Observed practice.
- Information and analysis from other ASP governance systems. Surveys of partners, other stakeholders, community. Community consultation events.
- Benchmarking with other partnerships. Best practice in other partnerships. Analysis of national ASP dataset data. Performance management data.
- Minutes of meetings such as adult protection committee, chief officer groups, other governance groups, other forums.
- Evidence from improvement plans and their delivery.
- Internal and external evaluation reports on test of change initiatives.
- Information from learning reviews, large-scale investigations, complaints, inspection reports, Mental Welfare Commission for Scotland reports.

Six-point evaluation scale

Excellent

Outstanding or sector leading

An evaluation of excellent describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

Very good

Major strengths

An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

Good

Important strengths clearly outweigh areas for improvement

An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Adequate

Strengths just outweigh weaknesses

An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Weak

Important weaknesses strongly outweigh any strengths

An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes.

Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

Unsatisfactory

Major weaknesses

An evaluation of unsatisfactory will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

Scoring

- Possible method for scoring self-evaluation of ASP. Partnerships may choose their own method to suit their needs and circumstances.
- Use six-point scale evaluation guide. Assign evaluation to a quality indicator based on self-evaluation findings. Assign evaluations to each quality indicator for a key area. Determine, using professional judgement, an aggregate evaluation for the key area from the individual QI evaluations.
- If self-evaluating several key areas, determine, using professional judgement, an overall evaluation based on a summation of each key areas' evaluations.

Improvement planning

An improvement plan is most effective when it is simple and straightforward. Plans should therefore be SMART (specific, measurable, achievable, realistic and timebound). They should clearly state what will be done, by whom and by when. The improvement plan should be multi-agency with shared ownership and accountability among adult support and protection partners.

Multi-agency improvement plans should be:

- specific
- measureable
- achievable
- realistic
- timebound.

Identifying what improvement actions are working or where a change of direction is needed, requires on-going reviews of effectiveness. Self-evaluation is therefore not a one-time activity. Adult protection committee improvement plans should continuously drive self-evaluation activity and improvement planning. Effective improvement plans help partners to monitor progress and continue to strive for excellence. Improvement planning success factors are:

- establish clear objectives
- regular self-assessment
- open communication
- training and skill development
- utilise technology
- promote leadership engagement
- establish protocols and guidelines
- feedback mechanisms
- celebrate successes
- continuous monitoring and adaptation
- evaluation of outcomes.

Partnerships' sustained commitment, communication, and a willingness to learn and adapt are essential components for successful multi-agency improvement. It is important to balance a firm commitment to improvement with an equally firm focus on the realities of limited resources. Improvement plans should have ambitious goals. They must not be so unrealistic as to be undeliverable.

Trauma-informed adult support and protection from the perspective of self-evaluation

Part one of the Adult Support and Protection (Scotland) Act 2007 sets out how organisations can work together to stop and prevent abuse and neglect towards adults. Traditional ways of working with adults at risk can cause additional harm. Inflexible structures and systems can reawaken past trauma and re-traumatise them. Such experiences can create distrust of systems and services. Terms such as trauma-informed practice, trauma-informed care, trauma-informed approach, and trauma-informed systems are in common use. Trauma informed practice is not intended to treat trauma-related conditions.

Trauma-informed practice in the context of adult support and protection acknowledges the impact of trauma exposure on individuals' biological, psychological, and social development. It recognises that many adults will have a history of traumatic experiences, which can affect their ability to feel safe and develop trusting relationships with services and practitioners. Essentially it enables practitioners who perform any of the functions under the Act to understand the range of adaptations and survival strategies adults at risk use to cope with the impact of trauma. By adopting a trauma-informed approach in a safe and supportive environment, practitioners can avoid re-traumatisation. And promote safety, collaboration, trust, empowerment, and choice within relationships for adults at risk.

The Scottish Government endorses the Five Rs framework for a trauma-informed adult support and protection approach to provide a safe and supportive environment. The "Five R's", are:

- **Realise** the widespread impact of trauma on adults ar risk and understanding potential paths of recovery
- **Recognise** the signs of trauma for adults at risk, and have a system to respond
- **Respond** to adults at risk's trauma through integrating knowledge about trauma in policies, procedures and practices
- **Resist** re-traumatisation and avoid creating an environment that inadvertently causes distress
- **Relationships** are of central importance.

Embedding a trauma-informed approach involves partners committing to structural and systemic changes. These may include policy, procedural, and environmental considerations. A trauma-informed and responsive organisation recognises and values meaningful participation of people (including staff) with lived experience of trauma in decision making processes.

Partnerships should self-evaluate their readiness and capacity to implement a strength-based service, identifying barriers and enablers. Steps to becoming a trauma-informed partnership include:

- **building awareness** and generating buy-in for a trauma-informed approach
- **supporting a culture** of staff wellness
- **hiring a workforce** that embodies the values of trauma-informed care
- **creating a safe** physical, social and emotional environment.

Scottish Government guidance seeks to form a consensus within health and social care on how trauma-informed practice is defined, what its key principles are and how it can be built into services. Strategic leaders for adult support and protection should demonstrate a commitment to a trauma-informed approach through their endorsement of the five principles of trauma-informed practice. Trauma-informed and responsive organisations use tools like the Roadmap or other audit tools to self-evaluate quality against indicators of good practice. This ensures ongoing improvement.

Five principles of trauma-informed practice in Scotland

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Applying these key principles allows a trauma informed perspective for self-evaluating adult support and protection arrangements. This is essential for providing person-centred compassionate and effective support that recognises the impact of trauma on the lives of adults at risk of harm. Partnerships can do this by:

- **understanding** individual experiences of adults at risk, fostering empathy and tailored support
- **avoiding** re-traumatisation of adults at risk through service delivery
- **enhancing** effectiveness by applying principles of early intervention and prevention leading to more targeted and beneficial interventions
- **promoting resilience** by empowering adults at risk to regain control and trust
- **addressing root causes** via a whole-systems approach which contributes to more comprehensive and sustainable solutions
- **building trust** and collaboration through strong therapeutic relationships and supporting adults at risk to realise positive outcomes.

Applying a trauma-informed approach to adult support and protection involves integrating awareness, sensitivity, and practices that recognise the impact of trauma on adults at risk of harm. Partnerships can achieve this through comprehensive staff training and education to foster a culture of empathy and understanding. Policies and practices should be adapted to emphasis choice, collaboration, and empowerment with the focus on ensuring that adults at risk feel safe and supported. Implementing trauma-informed screening and assessment tools helps partnerships identify individuals affected by trauma.

Embedding a trauma-informed approach in adult support and protection is vital for the best outcomes for the adult at risk

There is an abundance of high-quality evidence showing the negative impact trauma can have on people, including their health and wellbeing. There is a higher incidence of adults with lived experience of trauma who face multiple disadvantages. Thus, incorporating their lived experiences is crucial when implementing a trauma-informed approach for adult support and protection. Understanding and respecting adults at risk of harm's perspectives can enhance empathy, improve key processes for adult support and protection, and create a supportive ethos that acknowledges and addresses the impact of trauma.

Trauma-informed care is a strengths-based approach. It is grounded in an understanding of and responsiveness to the impact of trauma. What was the traumatic event? How did the individual experience it? And what was the impact? This is essential in understanding psychological trauma. It emphasises physical, psychological, and emotional safety for both adults at risk and staff. It creates opportunities for adults at risk to rebuild a sense of control. When staff adopt a trauma-informed

approach they better understand the range of adaptations and survival strategies that adults at risk of harm can make to cope with the impact of trauma. Working collaboratively with adults with lived experience of trauma is vital to evaluate how the adult protection partnership's success is determined, measured and progressed.

The Hard Edges Scotland Report (2019) presents evidence supporting the effectiveness of trauma-informed practices for improving outcomes for adults who have experienced trauma and severe and multiple disadvantages.

Approach for staff working with adults at risk of harm who have experienced trauma

- Give them time. And make sure you have the right level of training and skills to undertake the work.
- Focus on listening and only give advice if you're asked for it.
- Accept their feelings.
- Don't blame them or criticise their reactions.
- Use the same words they use.
- Don't dismiss their experiences.
- Allow them to express themselves how they need.

What very good policing for adult support and protection looks like

Police normally receive contacts about adults who may be at risk of harm via 999 or 101. They go directly to one of the National Service Centres. The service advisor will be responsible for initial gathering, recording and management of information using the contact assessment model. This allows for an assessment of risk prioritisation through threat, harm, risk, investigative opportunity, vulnerability and engagement (THRIVE). This risk assessment will determine the police response. It may be:

- immediate
- prompt
- passed to resolution team for enhanced system checks to determine response type
- passed to the partner agency best suited to respond.

- Thrive
- threat
- harm
- risk
- investigative opportunity
- vulnerability
- engagement.

An incident will be recorded on Police Scotland's System for Tasking and Operational Resource Management (STORM). Officers use it for the management of incidents and resources.

Once raised, the STORM incident will be forwarded to the relevant area control room. It is responsible for dispatching and managing the policing resource deployed to any adult support and protection incident.

Operational police officers who attend should engage with the adult at risk and any other relevant person or professional partner. This enables a comprehensive understanding of the threat and risk, vulnerabilities and protective factors for the adult at risk of harm. The attending officer should take appropriate action to mitigate risk.

Sometimes an officer may attend an incident and identify an adult at risk of harm. This may be a sexual harm, domestic abuse, financial harm, or other type of harm. If the adult is in immediate need of support, the attending officer should take all appropriate measure to ensure the adult's safety and wellbeing, until alternative measures are in place.

The officer is responsible for notifying the area control room of appropriate disposal. Then staff within the area control room will apply the relevant closure codes to the STORM system. If there are multiple harms, relevant codes should reflect harm types. They should create an interim Vulnerable Persons Database (iVPD) record of the incident. This ensures police record all relevant information about risk, vulnerability, protective factors, and engagement with partners.

An operational supervisor is responsible for the oversight of the investigation, inquiry, and referral for adult concerns incidents. They carry out qualitative checks of STORM and iVPD and record relevant comments.

Any iVPD created will be forwarded to the relevant divisional concern hub. It is responsible for a holistic assessment of wellbeing concerns, through accurate and proportionate research and decision-making. This includes the identification of early and effective intervention and prevention opportunities aimed at keeping adults at risk of harm safe.

On receipt of an iVPD, the divisional concern hub's primary functions are to triage, research, assess and process concern reports. They should use the resilience matrix framework when analysing information aligned to an adult at risk – protective environment, vulnerability, resilience, and known adversities.

- **Resilience matrix**
- Protective environment
- Vulnerability
- Resilience
- Known adversities

The divisional concern hub will determine using general data protection regulations whether they should promptly share a concern with a relevant partner.

Where officers have applied the three-point criteria and risk of significant harm exists, the police may instigate or participate in multi-agency discussions like an interagency referral discussion.

When there is an emerging pattern or escalation in wellbeing concerns the divisional concern hub should initiate an escalation protocol review. Staff should apply professional judgement to recognise

escalation is required due to severity of circumstances and or due to repeat concern forms. For example, third, sixth or ninth episode in 30 days, or any occasion in between. This may lead to a single or multi-agency discussion.

If police identify criminality, they will conduct an appropriate and proportionate investigation. They will consider use of appropriate adult services if necessary.

In the event of an adult protection case conference or a similar type meeting, Police Scotland will prepare a research package and attend if relevant. Staff should record all discussion and decision making at a case conference in an iVPD chronology.

What very good health involvement in adult support and protection looks like

As providers of universal services, NHS staff may be the first to identify an adult at risk of harm. NHS boards have a legal duty to co-operate with local authorities when they are making enquiries to protect adults who may be at risk of harm. NHS staff must be aware of their statutory responsibilities and be competent to recognise and respond to adult protection concerns.

The NHS Public Protection Accountability and Assurance Framework supports NHS Boards to carry out self-evaluation that provides assurance about their responsibilities for adult support and protection. And ensures greater consistency for adults at risk of harm, and unpaid carers in terms of what support and protection they can expect from health services in all parts of Scotland. The NHS Board must have adequate resources or commissioning to ensure:

- Appropriate medical practitioners' complete capacity assessments timeously when required.
- NHS staff can attend relevant case conferences.
- Appropriate senior NHS Board leaders attend Adult Protection Committees and Chief Officer Groups.
- NHS staff and contractors have completed role appropriate adult support and protection training and updates.
- NHS staff and contractors are aware of their professional responsibilities.
- Governance, accountability, quality assurance and reporting arrangements for protecting adults are in place across the organisation.
- Strategic and operational arrangements between the NHS Board and its multi-agency partners support effective joint working and communication.
- Relevant staff are aware of their role in single and multi-agency audit and self-evaluation activities and participate as appropriate.

NHS staff, whose role is specific to adult support and protection, frequently co-ordinate key statutory responsibilities including information sharing between agencies and multi-agency training. They provide support and advice to colleagues. All health staff have adult support and protection responsibilities. Frontline health staff, who can be the first to identify concerns, can facilitate early and effective interventions that can avoid escalating need. To do this effectively, it is important that staff have access to appropriate tools and administrative systems. These can facilitate the maintenance of factual, accurate, concise, and up-to-date records related to adult support and protection referrals and activity. This includes evidence of decision making and management oversight where appropriate. This supports the efficient and effective sharing of information about adults at risk of harm and contributes to keeping them safe.

Appendix one consultation for this quality improvement framework (QIF)

We carried out an extensive sector-wide consultation for the preparation of this quality improvement framework.

The Joint Inspection of Adult Support & Protection Team worked with the ASP National Implementation Group (self-evaluation subgroup) to produce this QIF. We thank members of this group for their invaluable input to our QIF. We thank the adults with lived experience who have made such an excellent contribution to our QIF. We thank the members of the National Trauma Transformation Programme for their perceptive comments. And finally, we thank the 84 delegates who attended our workshops, whose insightful comments informed and enhanced our QIF.

- 62 delegates attended the three in-person workshops.
- 22 delegates attended online workshop. Delegates from 31 out of 32 parnership areas participated in our four workshops.
- Homeless Network Scotland. Addiction Recovery Group. Trauma-informed Collaborative Group.
- National Trauma Transformation Programme . Complex Needs Service.

Views of adults with lived experience of adult support and protection

We asked adults with lived experience of adult support and protection to contribute to our QIF. We have incorporated their incisive and powerful views into the quality illustrations.

There is a user voice subgroup of the adult support and protection national implementation group. It is working on producing guidance on involving adults at risk of harm throughout their adult support and protection journey. They hope to publish this guidance in Spring 2025. This group will incorporate material we submitted to them into a joint guidance document. This QIF will include a link to the joint guidance when it becomes available.

Appendix two what we mean by unpaid carers

Unpaid carers and adult support and protection

- Unpaid carers will provide care for adult at risk. Entitled to carer support plan. Other categories shown can also be unpaid carers.
- Family members, other relatives who have beneficial interest in adult at risk.
- Friends of adult at risk who have a beneficial interest in them.
- Neighbours of adult at risk who have a beneficial interest in them.
- Other parties who have a beneficial interest in the adult at risk.

Appendix three links to useful materials

Links to useful materials

ASPire Hub link to all of the following resources
https://www.iriss.org.uk/aspire/categories/terms/quality-improvement-framework-resources

JIASP Overview report 2023
JIASP Overview Report 2023

JIASP Interim Overview Report 2022
JIASP Interim Overview Report

Scottish Government Revised Code of Practice for Adult Support and Protection 2022
Revised Code of Practice

Scottish Government Guidance for Adult Protection Committees 2022
Guidance for Adult Protection Committees

Scottish Government Health and Social Care Standards: My Life My Support 2017
Health and social care standards

NHS Public Protection Accountability and Assurance Framework 2022
PPAA framework

The Three-Step Improvement Framework for Scotland's Public Services 2013
Improvement framework

Care Inspectorate Chronology Guidance
Care Inspectorate Chronology Guidance

Iriss Chronologies in Adult Support And Protection: From Current To Best 2023
Chronology guidance

JIT Working Together to Improve Adult Protection Risk Assessment and Protection Plan 2007
Risk assessment and protection plans

IRISS on risk and failure 2014
Risk and failure

Trauma-Informed Practice Toolkit 2021
Trauma-informed practice toolkit

A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland 2023
Roadmap for trauma-informed change

Information about psychological trauma, its prevalence and impact and the wider work of the National Trauma Transformation Programme
www.traumatransformation.scot https://www.legislation.gov.uk/ukpga/2010/15/data.pdf

Scottish Government Trauma Responsive Social Work Services Partnership Delivery Group 2023
Trauma-responsive social work group

Scottish Government Working Definition of Trauma Informed Practice 2022
Working-definition-of-trauma-informed-practice

Iriss The Adult Support and Protection Large Scale Investigation Framework 2023
Large-scale investigations

Scottish Government Evidence review enablers and barriers to trauma-informed systems, organisations and workforces 2023
Evidence review

Care Inspectorate Self-evaluation for Improvement 2023
Self-evaluation for improvement

Scottish Government Social Care Policy
Adult support and protection policy

European Convention of Human Rights
ECHR

UN, Universal Declaration of Human Rights
https://www.un.org/en/about-us/universal-declaration-of-human-rights

Equality Act 2010
Equality Act

Scottish Government Equality Outcomes and Mainstreaming Report 2021
Equality Outcomes and Mainstreaming Report 2021

Scottish Government Equally Safe Strategy 2023
Equally Safe Strategy 2023

IRISS Understanding Age in Child Protection and Adult Protection 2024
Understanding Age in Child Protection and Adult Protection

IRISS Achieving Effective Supervision 2015
Effective supervision

NHS Education Scotland, Supervision for Allied Health Professionals 2018
Supervision for Allied Health Professionals

Alliance More Than Equal. Valuing and supporting the expert contribution of people with lived experience 2024
Lived experience contributions

31 published Joint Inspection of Adult Support and Protection Reports (2021-24)
Joint Inspection of Adult Support and Protection Reports

Mental Welfare Commission for Scotland, Supported Decision Making 2021
MWC Supported Decision Making

Iriss Tools to enhance engagement in social services 2016
Engagement tools

ASP guidance for general practice 2022
ASP guidance for general practice

The Promise 2020
The Promise

Care Inspectorate six-point evaluation scale
Care Inspectorate six-point evaluation scale

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This publication is available in alternative formats on request.

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