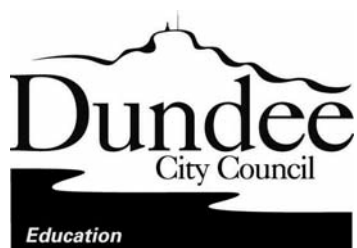


**Working Together to Improve Adult Protection  
Report of Phase 2**

August 2007



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The Joint Improvement Team (JIT) was established in late 2004 to work directly with local health and social care partnerships across Scotland. JIT's main focus is to provide practical support and additional capacity to partnerships to help address the issues and challenges they face. The ultimate goal is to deliver better health and social care services to those who need them.

This Shared Learning Initiative involved joint working with partnerships in Glasgow, Angus, Dundee and Perth & Kinross, and depended on the involvement, experience and expertise of staff from Glasgow City Council, NHS Greater Glasgow & Clyde, Strathclyde Police, Tayside Police, NHS Tayside, Angus Council, Dundee City Council, and Perth & Kinross Council and a number of Voluntary and Self-Advocacy Organisations in Tayside and Glasgow.

A Steering Group involving the partnerships, JIT, the Scottish Executive, the Mental Welfare Commission, Care Commission, and Social Work Inspection Agency had responsibility to oversee the project.



## **WORKING TOGETHER TO IMPROVE ADULT PROTECTION (PHASE TWO)**

### **Final Report**

#### **1. Introduction**

This report summarises the work completed in Phase Two of the Joint Improvement Team (JIT) Shared Learning Initiative, aimed at improving the protection of adults at risk. It outlines the process through which a framework of standards for adult protection and a format for risk management and protection planning for adults at risk of abuse was developed. This report is available to download from the Publications section of JIT's website: <http://www.jitScotland.org.uk/knowledge-bank/publications.html>

You can also download the Risk Assessment and Protection Plan Formats from JIT's website. The formats include explanatory notes, or you can contact JIT for more information and guidance.

In the final phase of JIT's Adult Protection project it is proposed to disseminate the learning and material through national and local events. You can find out more from JIT's website: <http://www.jitScotland.org.uk/action-areas/themes/adultprotection.html>

#### **2. Background**

The Joint Improvement Team commissioned an Adult Protection Shared Learning Initiative in two areas – Glasgow Health and Care Partnership and the three Tayside partnerships (Angus, Dundee and Perth & Kinross). It arose out of informal soundings and discussion with health and social care partnerships of the outcomes of audits of learning disability services, which had taken place over the previous 12 months; and growing interest across agencies in the subject of joint work to protect adults. This programme would also inform the proposed research project, led by Age Concern and University of Dundee, the implementation of the Adult Support and Protection Act, and other work in this area.

A national reference and steering group was established under the leadership of Dr. Margaret Whoriskey (JIT). This includes representatives of the partnerships involved in the initiative; representatives of the Care Commission, the Social Work Inspection agency, the Adults at Risk Unit of the Scottish Executive, the Mental Welfare Commission and Professor James Hogg of Dundee University. In this way, links between other current initiatives and significant interests, notably the Adults Support and Protection Bill, were established and maintained.

### **3. Project Phase One**

Phase One of the project included four shared learning events in both Glasgow and Tayside between December 2005 and March 2006, focusing on protective practice, and joint management of practice in this field. Workshop groups in Tayside and Glasgow were asked to identify issues that would benefit from national guidance or local development.

It was clear that further work would be valuable in relation to:

- Definitions and thresholds;
- Information systems;
- Proactive preventative approaches;
- Risk assessment;
- Decision making practice;
- Options for legal intervention;
- Protection Plans;
- Lessons from child protection;
- Organisational arrangements;
- Training;
- Standards and quality assurance.

A full report has previously been completed and published about the process and conclusions of Phase One.

### **4. Project Phase Two**

#### **4.1 Focus**

The focus of Phase Two of the project was on three of the most important issues identified above:

- **Risk assessment;**
- **Protection planning; and**
- **Standards.**

Within the first two key issues, a range of matters were examined and developed with the same two partnerships in Glasgow and Tayside as Phase One:

#### **(a) Risk assessment**

- Definitions and thresholds;
- Information sharing;
- Significant event histories;
- Risk assessment formats/tools;
- Procedures;



- Practice issues;
- Generic or specialist applications;
- Integration/linkage with needs assessment tools.

#### **(b) Protection planning**

- Decision making;
- Balancing risks and rights;
- Protection Plans – process, format, minimum standards;
- Communications between agencies;
- Accountability and monitoring;
- Protection through transitions.

The task agreed for Phase Two by JIT and local Steering Groups was to produce formats and any necessary guidance for risk assessment and protection planning for use in the partnership areas, and to make these materials available to other partnerships. In addition, it was intended to consider material on quality standards and to produce an outline framework of standards to guide the development and audit of interagency, management and professional practice.

#### **4.2 Outcome**

The final two workshops in December 2006, in the two partnership areas, “signed off” a Standards Framework and an agreed **Format for Risk Assessment and Protection Planning** for use when an adult is considered to be at risk of serious harm. The format has four components:

- 1. Core information/data** *(to be completed in all cases in which an assessment is to be carried out under Adults at Risk procedures)*
- 2. Communication requirements** *(identifying who needs to be involved in that risk assessment and confirming who has been informed of the outcome)*
- 3. The Risk Assessment**
- 4. The Protection Plan**

Necessary guidance has been included as far as possible within the format.

Drawing from a range of sources (including “Safeguarding Adults – A National Framework of Standards”; “The Framework for Standards for Child Protection”; and the Tayside Multiagency Protocol) a **Framework for Standards for Adult Protection in Scotland** was also drafted and discussed. This includes standards for partnership, leadership, policy and procedures, training, intervention, and practice.

### **4.3 Quality**

A set of quality indicators was agreed with local groups – the work produced should:

- Be well informed and credible;
- Be informed and influenced by standards and experience in child protection and criminal justice;
- Be fit for purpose, and commendable to local Steering Groups;
- Balance service user rights, and the duty to protect;
- Acknowledge the complexity of the concept of “capacity” (as in e.g. The Adults with Incapacity Act);
- Be readily accessible to “front line” practitioners and their managers (for example, designed for easy incorporation into intranet procedures/ integration with existing information systems).

## **5. Process**

### **5.1 Workshops**

Four workshops were held in each of the partnership areas. In addition shorter working subgroups met between workshops to do detailed drafting and correction.

In both areas, each workshop was attended by between 25 and 30 people. These were experienced practitioners and managers in each of the major “client group” areas – mental health, older people including dementia, physical disability, learning disability, drug and alcohol abuse. There were representatives of the health service, police, social work services, housing services (including homeless services) and independent sector providers. Representatives of advocacy and carer support services represented user and carer views. Despite the significant time commitment required, attendance at all 8 workshops was very good.

### **5.2 Survey of Scottish partnerships**

JIT contacted all partnerships across Scotland to ask if they were interested in Phase Two, if they wished to be kept informed of progress and if they had material in use, or in draft, which they would be prepared to share. Most partnerships responded. All of these were very interested in the project and wished to be kept informed. It seems that there is considerable interest and indeed concern about these two topics. Many respondents sent their current Adult Protection Procedures; a number sent draft papers or formats for risk assessment and protection planning, and agreed that these could be used to inform the work. Only two partnerships had formats currently in use. Those involved were very grateful to all the partnerships who responded, and particularly those who shared formats.

### **5.3 Survey of English partnerships**

It was felt that it would be useful to seek similar information from partnerships in England and Wales, through ADSS. This produced a much smaller response – but a

number of very useful and interesting examples of formats and procedures in use were returned.

Both of these surveys enabled the production of a spreadsheet of key issues and factors drawn from the examples sent in; a collection of “illustrative material”; and extracts from formats and procedures. All of this allowed alternative approaches to be examined in the workshops.

#### **5.4 Local practice and experience**

Each of the workshops featured presentations from local managers from each of the services on current experience and expertise in risk assessment and care planning. These were extremely valuable both in ensuring that any development could be integrated and build on current local practice (and needs), and in enabling a “generic” approach – a single format appropriate to all adult groups, capable of being used by trained staff from different professional backgrounds. It also facilitated agreement between the two partnerships that the work would be co-ordinated so that the final outcome would represent the best contributions of both.

#### **5.5 Criminal justice and child protection**

It became clear in the preparation for the workshops that there was much to be learned from experience in criminal justice services, and in child protection. Andrew Reid had already been involved in a piece of work on risk assessment tools in criminal justice; and subsequently consulted with child protection specialists. Senior managers from child protection and criminal justice gave presentations to the first two workshops, and were also able to attend other sessions. Their contribution was very useful.

A literature search was also undertaken. This did not reveal a substantial amount of recent material on risk assessment/protection planning in adult protection, but it did identify some very useful surveys and analyses of approaches to risk management in other relevant fields, particularly in mental health.

#### **5.6 “Road testing”**

When the format was well developed it was agreed that it would be valuable to attempt a “road test” to pilot the draft material. This involved (in each area) inviting experienced health and social work practitioners in each of the main service areas, who had not been involved in the workshops, to test the format, by completing the risk assessment and protection plan in relation to an adult who was known to be vulnerable and at serious risk; to provide general comment on the approach, and detailed comment on any questions that were not clear, or necessary. These comments were reported back to the final workshops and the results incorporated into final drafts. In all but one case, comments were very positive – one team decided to incorporate the format into their local practice without further ado! A common concern was the length of the complete format – although there were no suggestions of what should be omitted!

### **5.7 Standards for protection**

As work on the formats progressed, it became clear that it would be helpful to establish standards relevant to adult protection and use these as criteria to measure the worth of the later drafts. This too drew on the standards for child protection and child care services in Scotland, the Framework of Standards for Safeguarding Adults in England, the Tayside Adult Protection Protocol and the Adult Support and Protection Bill being considered by the Scottish Parliament.

## **6. Project Process**

It is important to stress that, whilst the final formats are seen as valuable, the process of developing the formats has also been seen by local partnerships as having value. Senior practitioners and managers from different disciplines, care group specialisms, agencies, and local authorities have come together and found common ground and consensus in relation to a complex, difficult area of professional practice.

There was senior "buy in" to the process, commitment of time over a four month period by all of those involved, specific resources to research, plan, facilitate and service the process, a clarity and specificity about the objectives, and an openness and flexibility amongst those participating. There are lessons in that for partnership and practice development.

The work in Phase One and Two has provided some fascinating and perhaps important insights into the development of two contrasting partnerships, their approaches to service development as well as protection, and key challenges such as information exchange. These will form part of the feedback to the two Steering Groups, but do have wider implications.

Consensus was reached on the materials produced because those involved knew why particular approaches had been taken and others rejected – for example the rejection of risk matrices, or numerical representation of severity or probability in risk assessment. This suggests that there will be merit in issuing the final format to other partnerships in conjunction with some commentary and explanation, either written or in local workshops to ensure understanding, acceptance and informed use.

## **7. Reporting**

The National Reference Group and the Glasgow and Tayside Steering Groups have all accepted this Report as properly reflecting the work in Phase Two of the project, and have made very positive comments about the development process and the products from it. All of the partnerships represented on the Steering Groups have decided to implement the formats immediately within their local Adult Protection Procedures, with appropriate briefing and training sessions. They believe using the formats will improve practice, and anticipate their use will contribute to the implementation of the Adult

Support and Protection legislation. The Steering Groups also agreed to review the use of the formats after a year.

The Steering Groups noted the issue of consistency of practice between local partnerships across NHS Board and Police Authority areas, and that this is also relevant to the establishment of Adult Protection Committees, which will be required by legislation. It was agreed that this requires further work locally.

It was also agreed that within local partnership areas arrangements would be made to consult further with existing user and carer groups, to explain the purpose of the format, the background to the project, and to receive comments and advice on the detail as well as future use.

## **8. Dissemination and Other Work**

The Risk Assessment and Protection Plan formats are ready for local use. They are available from JIT in a separate document, and via the Publications section of JIT's website. However, there would be a degree of risk, and a loss of opportunity, if local partnerships that have not been involved were to introduce these directly into their local procedures without careful briefing and training. Good practice in the complex area of adult protection requires skilled professional judgement, based on up to date knowledge, high levels of skill and careful explicit value judgements. These will not be achieved simply by the formal adoption of formats, no matter how carefully these have been formulated. The formats provide a set of trigger questions, which are considered to be comprehensive; they cannot replace or substitute for individual skill and collective decision making. This will provide a basis for training that should accompany the introduction of the formats. The agencies in the local Steering Groups, which oversaw the Project, have agreed that their staff might be involved in any dissemination programme.

Likewise the Framework of Standards (see Appendix 1) requires detailed further work to complete the supporting material listing the policies, procedures and practices, which would need to be in place to evidence the Standards proposed. The merits of taking this forward locally or nationally are currently being considered. It would be important to make sure there was a clear link between this work and any national Guidance following the passage of the Adult Support and Protection Bill.

## **APPENDIX ONE**

### **Framework of Standards for good practice and outcomes in adult protection work**

#### **Partnership and Leadership**

##### **Standard 1 Partnership between Agencies**

Each local authority has established a multi-agency partnership with an Adult Protection Committee and multi agency protocol and procedures to lead and guide adult protection work.

##### **Standard 2 Service Users as Key Partners**

The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy.

##### **Standard 3 Right to Freedom from Abuse and Neglect**

The adults' protection policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the adult protection partnership, and its member organisations.

##### **Standard 4 Zero Tolerance to Abuse within the Organisation**

Each partner agency has a clear, well-publicised policy of zero-tolerance of abuse within the organisation.

##### **Standard 5 Leadership and Accountability**

Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness; accountability for and ownership of adult protection work is recognised by each partner organisation's executive body.

#### **Partnership with Communities**

##### **Standard 6 Partnership with Communities**

Agencies work in partnership with members of all sections of the community to protect adults. such as raising awareness, giving advice and being responsive to concerns.

##### **Standard 7 Public Information**

All citizens can access information about how to gain safety from abuse and violence, including information about the local adult protection procedures.

## **Multi-Agency Policy and Procedure**

### **Standard 8 Multi-agency Adult Protection Policy and Procedure**

Partner agencies ensure the safety of adults at risk by integrating strategies, policies and services relevant to abuse within the legislative framework.

### **Standard 9 Consistency in Agencies' Internal Guidelines**

Each partner agency has a set of internal guidelines, consistent with the local multi-agency Adults' Protection policy and procedures, which set out the responsibilities of all workers to operate in it.

### **Standard 10 Step Procedures**

The multi-agency adult protection procedures detail the following stages: alert, referral, decision, assessment strategy, risk assessment, Protection Plan, review, recording and monitoring.

### **Standard 11 Cooperative Working**

Agencies and professionals work together to assess needs and risks and develop effective plans.

### **Standard 12 Information Sharing**

Agencies and professionals share relevant information where there are adult protection concerns in line with information sharing protocols.

## **Training and Staff Support**

### **Standard 13 Training Strategy**

The adult protection partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.

### **Standard 14 Staff Support**

Staff involved in adult protection work are properly supported.

### **Standard 15 Trained, Competent Professionals**

Professionals are appropriately trained and competent.

### **Standard 16 Staff Knowledgeable about the Law**

Agencies and professionals ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

## **Principles in Intervention**

### **Standard 17 Care Standards**

Agencies and professionals actively work within the principles defined in national care standards: dignity, privacy, choice, safety, realising potential, equality and diversity.

### **Standard 18 Self Determination**

Agencies and professionals recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible.

### **Standard 19 Recognition of Incapacity and Inability to Protect Self**

Professionals recognise people who are unable to take their own decision and/or to protect themselves and their assets.

### **Standard 20 Interventions Only if Benefit**

An intervention under adult protection procedures requires to provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs.

### **Standard 21 Least Restrictive Interventions**

Of the range of options likely to fulfil the object of the intervention, an intervention under adult protection procedures requires to be the least restrictive to the adult's freedom.

### **Standard 22 Promote Independence and Self Determination**

Agencies and professionals will act in a way, which supports the rights of the individual to lead an independent life based on self-determination.

### **Standard 23 Promote Empowerment and Wellbeing**

Agencies and professionals will actively promote the empowerment and wellbeing of adults at risk through the services they provide.

## **Practice with People**

### **Standard 24 Service User Participation**

Agencies and professionals will ensure that adults concerned can participate as fully as possible in the application of policy and procedures in their cases, and provide the adult with such information in formats which respond to particular communication needs and such support as is necessary to enable those adult to participate.

### **Standard 25 Consideration of Case History and Circumstances**

Professionals have regard to the adult's communication needs, abilities, characteristics and case histories.



**Standard 26 Responding to Service Users and Carers**

Agencies and professionals will seek to establish and take account of adult's past and present wishes and feelings, any views of the adult's nearest relative, any primary carer, guardian or attorney of the adult, and any other person who has an interest in the adult's well-being or property.

**Standard 27 Help When Needed**

Agencies and professionals will ensure that adults get the support agreed within a Protection Plan and other care and treatment plans within the timescale identified.





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