Self-evaluation of Adult Support and Protection Activity in Scotland

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Content

Content: Templates

Acknowledgments

Special thanks are due to colleagues in Renfrewshire Council who generously provided information on the child protection audit process they had developed and completed. We have drawn heavily on this material, particularly in Sections II and III of the present document, modifying their material for the purpose of adult protection self-evaluation in the light of the differing legislation and social conditions pertaining to those over 16 years of age in Scotland. However, responsibility for this development is entirely that of the present authors.

We have also met a considerable number of individuals working in adult protection partnerships as part of the development of this work. These have included both frontline practitioners and managers as well as members of Adult Protection Committees. Their positive attitudes and constructive input to the process of developing this work has been highly supportive and encouraging.

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We are grateful to the Scottish Government for providing financial support for undertaking the development of the present material and its subsequent piloting.

The scope and use of this resource handbook

Supporting and protecting adults at risk of harm in Scotland has gained increasing prominence following the implementation in October 2008 of the *Adult Support and Protection (Scotland) Act 2007*. The nature of such safeguarding is a complex process with many facets. These include not only the duty to support and protect individuals from harm through effective interventions, but also the training of a wide range of relevant, and potentially relevant, staff, and the necessity of developing co-ordinated interagency collaboration within an appropriate framework of governance.

This complexity necessitates very extensive audit and self-evaluation processes and coverage, and the material contained in this handbook reflects the breadth and depth of such activity. While some interagency adult protection partnerships have found it possible to self-evaluate across all six quality indicators, others have used particular indicators to explore areas of immediate concern and relevance to their work. We therefore emphasise that use of the present material may well be selective with specific concerns being addressed at a given point in time. Alternatively, the full scope of the material may be explored over a period of time.

We have chosen, therefore, to title this publication: ***Self-evaluation of Adult Support & Protection Activity in Scotland: Resource Handbook***. Use of the term "*resource*" emphasises that the material is to be drawn on in the light of local partnership requirements, not necessarily applied in its entirety. "*Handbook*" is intended to convey that the overall publication is there to be used to develop a self-evaluation initiative and provides comprehensive material to do so. Extensive though the handbook is, it should be noted that when procedures are understood and readily applied only small sections are required. For example, for any given Quality Indicator/Evaluation Area for an individual case, only two template sheets are required. When several cases are aggregated to arrive at a judgement of adult protection outcomes, only two more are needed. If several Quality Indicator/Evaluation Areas are self-evaluated so this number of templates will increase.

Following piloting of the handbook throughout Scotland we are reassured that it provides the basis for thorough and meaningful self-evaluation across all key areas of adult support and protection concern. Continued use and feedback will undoubtedly lead to its refinement and usefulness.

James Hogg & David May February 2011

I: The Framework for the Self-evaluation Process

Background

Adult support and protection in Scotland has been given added impetus through the passing of the *Adult Support and Protection (Scotland) Act* 2007 and the subsequent wide ranging programme of implementation that followed. There is agreement that the interagency partnerships that work together to protect and support adults at-risk of harm should be able to demonstrate that they are delivering excellent outcomes efficiently. Certainly independent convenors of Adult Protection Committees will be expected to address the issue of the quality and effectiveness of adult protection activity and partnerships in their biennial reports. The proposed self-evaluation process contained in this pack aims to provide the framework and tools to undertake such self-evaluation.

The movement to self-evaluation and reduced external scrutiny has been recommended in Scotland and is at present being progressed[1]. In the Crerar Report reviewing inspection, regulation and audit in Scotland – all subsumed by the term *external scrutiny* – the author argues that the primary responsibility for improving services lies with the organisations that provide them (Scottish Government, 2007). regarding *performance management* is that the primary responsibility for demonstrating compliance and performance should rest with service providers. It is further recommended that the development of robust performance management and outcome-focused self-assessment amongst service providers should be supported at the political level. These recommendations are applied explicitly to local government and the NHS and hence have implications for adult protection and wider public protection evaluation. Nationally there is a progressive movement towards self-evaluation and self-assessment with agreement between government and the relevant responsible authorities.

It is important, however, that the approach adopted is related to existing quality management systems in such a way that outcomes can contribute to and

[1] Scottish Government. (2007). The Crerar Review: Report of the independent review of regulation, audit, inspection and complaints handling of public services in Scotland. Edinburgh: Scottish Government.

complement external inspections and self-evaluation processes contributing to such inspections.

The starting point for this guidance on self-evaluating adult protection activity has been the European Foundation of Quality Management (EFQM) system[2] as developed in a variety of frameworks for human services in Scotland. This framework has been widely applied across the principal agencies involved in child and adult protection work. Both the Social Work Inspection Agency[3] (SWIA) and HM Inspectorate of Education[4] (HMIE) have based self-evaluation systems in human services on the EFQM model. The police in Scotland have also utilised the EFQM model to undertake internal self-assessment exercises[5] . In 1999 the NHS Executive commended the use of this framework in evaluating the quality of health service provision[6]. In addition, EFQM is widely used by voluntary organisation to assess and improve quality [7].

While the approach to self-evaluation in the present document sets out to deal in detail with the overall self-evaluation process, it is acknowledged that different agencies and partnerships involved in adult support and protection already have considerable experience of self-evaluation processes. Where elements of the proposed process are already well established (though not necessarily with respect to adult protection) these may readily be drawn on. This may apply to the use of templates and recording systems. While models are offered in the present resource, adult protection partnerships undertaking self-evaluation may wish to use or adapt available approaches and systems to the present task.

The way in which we describe the present self-evaluation process has undergone various changes during its development. While it might legitimately be described as

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[2] European Foundation of Quality Management (2008) EFQM Excellent Model: Public and voluntary sector version. Brussels: EFQM.
[3] Social Work Inspection Agency (2009) *Performance Improvement Handbook 2009-2010*. Glasgow: Social Work Inspection Agency.
[4] HM Inspectorate of Education (2009) How well do we protect children and meet their needs? Livingston: HM Inspectorate of Education.
[5] http://www.scotland.gov.uk/Topics/Justice/public-safety/Police/local/15403/Policing
[6] NHS Executive (1999b), Governance in the New NHS, Health Service Circular, 1999/123,21 May.
[7] E.g. http://www.turningpointscotland.com/quality

"a system" or "an instrument", we have finally opted for the term "a resource". This reflects two important features that have emerged from the piloting of the material which is described elsewhere (Hogg & May 2011[8]). First, while the overall judgement on the value of the material was extremely positive, the engagement required in terms of time and resources was found to be considerable. Given the present demands on local authorities and partner agencies we would not expect the instrument to be applied in its entirety to every audited case. In any event the current emphasis on proportionate evaluation is more likely to encourage adult protection partnerships to focus on areas of activity they consider require special attention. This self-evaluation resource provides material that may be drawn on selectively in the light of available resources and priorities, but whatever area is selected for consideration will readily interface with external scrutiny given the provenance of the material described above.

[8] Hogg, J. & May, D. (2011) The development and piloting of a comprehensive resource for the evaluation of adult support and protection activity in Scotland. White Top Research Unit: Dundee

II: The self-evaluation process

1. Background

In this section we draw heavily on the model of interagency case file self-evaluation developed by Renfrewshire Council in collaboration with its partners for the purpose of child protection audit. The content of the model has been revised and developed to make it relevant to the situation of adults (16 years plus in Scotland). The revision takes into account the differing legal and social context in which cases of alleged harm to adults may occur. Case file audit is here central to self-evaluation, though only one component of the self-evaluation process. It is made clear in the resource that a wide range of evaluative techniques deriving from social science methods and methodology will be required for any comprehensive evaluation.

1.1 The number of cases will be determined by the individual self-evaluation planning team in the light of local cases. The aim is to achieve some degree of representativeness of clients

1.2 Self-evaluation will be carried out over a single period of 5 days over 2 weeks

1.3 An interagency group of staff will self-evaluate the cases

1.4 Cases will be self-evaluated by a single person or two people working jointly reviewing all the files on a single adult

1.5 Where the adult has capacity he or she will be involved in the self-evaluation; where the person lacks capacity, his/her welfare guardian will be involved

1.6 Where possible, the alleged or proven perpetrator will also be given the opportunity to contribute to the self-evaluation

2. Purpose

This Code of Practice provides general guidance on matters relating to the interagency self-evaluation of case files in adult protection cases. It sets out how personal information will be accessed and handled in compliance with the Data Protection Act 1998 and the principles of the European Convention on Human Rights.

The purpose of the present self-evaluation is to evaluate the quality of services to protect adults. It provides an approach to self evaluation which can be used by Scottish agencies to identify existing good practice and plan for improvement. It provides a frame of reference and offers the ability to challenge practice. The self-evaluation process looks at the delivery level of systems and processes and service receipt including the experience of and impact on the individual adult, and where possible, the alleged or proven perpetrator.

The self-evaluation requires access to information in the at-risk adult's records held by health, social work, police, education (if involved, e.g. colleges), housing and involved voluntary agencies, and others. It assesses how services are working together and evaluates experience and outcomes for adults.

3. Consent

3.1 Health, police, education and leisure, social work, housing and voluntary agencies will be required to participate in the interagency case file self-evaluation for it to be fully effective. (As noted in 1.4, above, the process will involve all case files on an identified adult being read by a single person or two people working jointly on one case)

3.2 Consent from the local authority officer responsible for the adult protection case will have to be given in order to proceed.

3.3 Health will have to consult with the Caldicott Guardian to get permission to access individual health records.

3.4 Consent will be sought from the adult who has been allegedly harmed or for whom harm has been proven. Where this is not possible, permission will have to be solicited from the person's welfare guardian or an authoritative person such as a citizen/independent advocate closely involved in the individual's life. If an individual, welfare guardian, parent or responsible person does not want a case to be self-evaluated, it will be removed from the self-evaluation list**.**

Leaflets providing information on the project for adults identified as at risk of harm will be found in Appendix A together with a sample consent form in Appendix B. This form is intended as an example and may be modified or an easy-read version developed suitable to the communicative abilities of the at-risk individual. A briefing document for the person's representative (e.g. welfare guardian, citizen advocate etc) is presented in Appendix C together with a consent form if required Appendix D.

4. Communication with participants

4.1 All meetings with an individual, welfare guardian, parent or responsible person will be with their consent and the purpose of the meetings will be explained clearly by those carrying out the interviews.

4.2 It is essential that those affected by the self-evaluation understand that this is about ensuring our procedures meet acceptable standards and not about re-opening of the case.

4.3 Following the self-evaluation, a letter will be sent to the individual and where relevant the person's welfare guardian, parent or responsible person who

agreed to the process, to advise them of the completion of the evaluation and provide general feedback.

5. Confidentiality

5.1 All case files will be handled in the strictest confidence by the self-evaluators, and the issues arising from the evaluation, but not the details of the individual cases, will be identified and shared as part of the learning process

5.2 Service users and workers will not be identified in any reports produced.

5.3 Should there be any additional concerns about the safety and well-being of the adult or if poor practice has been identified, this will be discussed with the relevant agency through the planning team representative. Any immediate danger identified for the adult will be raised with the Adult Protection Lead Officer and dealt with appropriately.

5.4 The whole process of case file self-evaluation will be protected by robust procedures and in strict confidence.

5.5 All information noted during the self-evaluation process will be anonymised and will be destroyed at the end of the self-evaluation process.

6. Selection of cases/ criteria

6.1 The sample for self evaluation should include cases in which:

6.1.1 a report or allegation of harm was made but the case was not addressed through formal adult protection procedures, e.g. the allegation was not accepted as indicating the person was at risk, or was dealt with through alternative measures such as care management

6.1.2 early preventative action has taken place

6.1.3 protective interventions have recently been undertaken under the *Adult Support and Protection (Scotland) Act 2007*

6.1.4 cases where longer term outcomes for the adult has been achieved through the *Adult Support and Protection (Scotland) Act 2007*

6.1.5 Those in which the alleged/actual harm occurred in the family home, in some form of residential or day service or in the wider community

6.1.6 cases in which the adult allegedly/actually harmed is an older person (65 years plus), has intellectual disabilities, has a mental health problem, or is physically or psychologically unable to protect themselves

7. Carrying out the self-evaluation: Staff responsibilities and commitment

Agencies will be required to identify staff who will be available to carry out the self-evaluation. The number will depend on the size of the organisation. As well as having the key functions described above, the self-evaluation process will be a development opportunity for staff and will enhance learning for those currently involved in training and development either within their own organisation or on an interagency basis. Availability will be needed for:

7.1 Training

7.2 Planning

7.3 Carrying out self-evaluation

7.4 Debrief with supervisor

7.5 Carrying out audit trail interviews

7.6 Discussion and write up of findings

7.7 A team approach to the self-evaluation will give flexibility to the process and having more staff trained will allow for cover if required.

8. Key issues for Effective Self-evaluation

8.1 There will be a short timescale to advise agency operational teams of the files that have been selected for the self-evaluation. A balance needs to be struck between the need to gather and prepare files for collection and ensuring that a realistic picture is gained of practice and recording

8.2 It is important to engage staff in the process and raise awareness that the exercise will take place. However specific details of the cases will not be circulated far in advance

8.3 Cases that were active at the time of the *Adult Support and Protection (Scotland) Act 2007* being implemented (October 2008) or have since become so will be reviewed

8.4 Consistent standards are crucial and training will be provided on this. In addition an identified person will oversee the process.

9. Planning Team

9.1 A case file self-evaluation planning team will be required to meet regularly. This group will be chaired by the Adult Protection Lead Officer and will be supported by other relevant adult protection personnel.

9.2 The group will need a representative from all key agencies (this need not be someone who will carry out the self-evaluation). The representative must be of appropriate authority to represent the views of their organisation and secure appropriate resources

9.3 The planning team's terms of reference are listed in Section III.

10. Training

The case file self-evaluation team will be expected to attend 2 days training which will cover the following areas:

10.1 Selection of cases

10.2 The use of the present self-evaluation process

10.3 Recording of information

10.4 Evaluating the evidence

10.5 Overview of quality indicators

10.6 Awareness of content and lay out of agency files

10.7 Accessing electronic files

10.8 Approach to case file reading

11. Self-evaluation method

11.1 Notification: Staff will be notified of the date of the self-evaluation and will be required to notify appropriate staff in their agency

11.2 Case sample: In line with 6.1.5 and 6.1.6 (above), the sample should be selected randomly but ensuring that some degree of stratification is possible with respect to cases in which the adult allegedly/actually harmed is an older person (65 years plus), has intellectual disability, has a mental health problem, or is physically or psychologically unable to protect themselves, as well as the location of the alleged or actual harm, i.e. family home, service facility and community. The best way in which this may be achieved is to determine the number of cases in each category in relation to the total number of cases aimed at, and to select randomly until a criterion is met, e.g. when the criterion of two

or more cases involving older people in family homes is met, no further cases will be selected even if identified during random selection.

11.3 Core records of this case sample held on these adults will be asked for from all the agencies involved

11.4 The records supplied for each adult will include:

11.4.1 The adult protection social work record

11.4.2 Records held by the police concerning the adult

11.4.3 If the adult still attends school, the education file and other records concerning the adult held at school

11.4.4 The core health records, namely the health visitor or school nurse records

11.4.5 Relevant information on adult care issues in housing files

11.4.6 Relevant voluntary sector files

11.5 Information and Consent: The relevant worker for the case (as outlined above) will be notified that the case has been selected and consent will be sought in line with section 3 (above). Information will be provided and a consent form will be signed

11.6 Delivery and handling of files: A timeline will be developed to outline the process of identifying, delivering and storing files. This process will ensure that files are signed over to an identified person and signed back to the agency at the agreed times. Files will be stored securely (in line with advice from the police)

11.7 Administrative support will ensure the efficiency of this process: The files will be delivered to an appropriate room and kept in secure cabinets. The records will be kept for the minimum amount of time required to review the record. Arrangements will be made in case immediate access is needed to a file

11.8 The self-evaluators will be required to sign for the files when they are removed from secure storage for self-evaluating purposes and on returning files on completion of the task. This will ensure safe keeping of the files/ records during the self-evaluation process.

12. Process of self-evaluation

12.1 The files from all agencies will be allocated to a single or ideally two reader(s)/ reviewer(s)

12.2 Reader(s) will check the file against the checklist and self-evaluation templates and record findings in a common format

12.3 Readers will discuss outcome / issues with supervisor

12.4 Overall findings from all cases will be collated and analysed

12.5 Evidence base and consistency: The conclusions of the self-evaluation team will need to be evidenced. The evaluations will be discussed with the lead self-evaluator, who will provide consistency. An important focus of the training and support process will be on ensuring consistency

12.6 The multidisciplinary nature of the self-evaluation team means that professional expertise is available in any area where further clarity may be required.

13. Report and Action Plan

13.1 Following completion of the case file self-evaluation a report will be prepared with examples of good practice and points for development and improvement. This will be presented to the Adult Protection Committee and when agreed remitted to the relevant committee or group responsible for adult protection practice to ensure that actions are followed through and monitored, with responsible officers identified

13.2 Dissemination of the report and findings will be agreed by the Adult Protection Committee. Evidence will be anonymised throughout and at no point will individual cases or persons be identified.

III: Case file self-evaluation planning group

1. Terms of reference of planning group

A *Case File Self-evaluation Planning Group* should be established to plan the self-evaluation of case files on an interagency basis. The group will be required to meet regularly. It will be chaired by the Adult Protection Lead Officer and be supported by relevant adult protection staff. The group should have a representative from all key agencies, though this need not be someone who will carry out the self-evaluation. The representative must be of appropriate authority to represent the views of their organisation and secure appropriate resources.

The planning team's responsibilities:

1.1 Identifying secure premises and storage

1.2 Identifying key staff to participate

1.3 Ensuring adequate training

1.4 Ensuring adequate supervision and management of the process

1.5 Ensuring procedures for consent are in place

1.6 Planning the collection and return of the files

1.7 Ensuring adequate organising of files

1.8 Agreeing appropriate self-evaluation tools

1.9 Agreeing process of collation of findings

1.11 Reviewing planning process and improvements for future self-evaluations

2. Resources

Resources available to the case file self-evaluation planning group will include:

2.1 The time and expertise of its members

2.2 any approved share of the ASP budget

3. Accountability

The Group will be accountable to the Adult Protection Committee

IV: Self-evaluating adult protection quality: Quality Indicators, Evaluation Areas and Criteria

1. Quality Indictors, Evaluation Areas and Criteria

The six Quality Indicators (QIs) and their associated 10 Evaluation Areas are derived from the frameworks described in Section I, above. The six principal QIs are colour coded throughout as an aid to following the sequence of judgments. However, despite the need to present the various areas and their associated templates sequentially, it is not envisaged that they will be completed independently of each other. Both case file reading and interviews will yield information relevant to two or more QIs and cross referencing and parallel completion is likely to be the norm when more than one QI is considered.

Each QI is presented with the individual criteria in Figure 1. As may be seen, the six overall QIs are subdivided into 10 **Evaluation Areas**. These are shown in Figure 1.

Figure 1: Principal Quality Indicators and Associated Evaluation Areas:

What key outcomes in protecting at-risk adults have we achieved?	**QI-1/Evaluation Area 1:** Is the at-risk adult safer as a result of our activity?
How well do we meet the needs of stakeholders?	**QI-2/Evaluation Area 2:** How well do we meet the needs of the at- risk adult and their family? **QI-2/Evaluation Area 3**: How well do we meet the needs of staff? **QI-2/Evaluation Area 4:** How well do we meet the needs of members of the community?
How good is service delivery for at-risk adults and families?	**QI-3/Evaluation Area 5:** How good is service delivery for at-risk adults and their families?
Quality of our policy, service development, planning and performance?	QI-4/Evaluation Area 6: How good is our policy and practice? QI-4/Evaluation Area 7: How good is the quality of employee support? QI-4/Evaluation Area 8: How good is the quality of resource management?
How good are our governance and leadership?	**QI-5/Evaluation Area 9: How good are our governance and leadership?**
What is our capacity for improvement?	**QI-6/Evaluation Area 10: What is our capacity for improvement?**

The colours above are used in all templates dealing with that Quality Indicator and give some measure of colour coding in working through the document.

Figure 2: The Adult Protection Quality Improvement Framework*: Quality Indicators, Evaluation Areas and Criteria

What key outcomes in protecting at-risk adults have we achieved?

1. Is the at-risk adult safer as a result of our activity?

Individual outcomes:

1.1 Risks to the adult are recognised and responded to and reduced
1.2 The initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at-risk adult and others for whom risk is identified including any children.
1.3 An effective risk management plan is established and implemented
1.4 The individual's wider needs are addressed and met through appropriate assessment
1.5 The overall quality of life of the at-risk person is improved
1.6 Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the case has been concluded
1.7 A case with delayed referral or response is self-evaluated and lessons learnt

How well do we meet the needs of stakeholders?

2. How well do we meet the needs of the at-risk person and carers?

2.1 Where relevant the capacity to communicate and consent is systematically established and documented
2.2 The at-risk adult is listened to understood and his or her views respected
2.3 With the consent of the at-risk individual family members are informed of all significant developments during the protection process and given the opportunity and given the opportunity to express their views
2.4 Independent representation through advocacy is available to the at-risk adult
2.5 The human rights of the at-risk adult are observed at all times

3. How well do we meet the needs of staff?

3.1 Staff members felt supported during and after the case

4. Is the community engaged in adult protection?

4.1 Members of the public involved in the case respond to adult protection concerns
4.2 There is increasing awareness among members of the public of the way in which AP concerns are responded to

How good is service delivery for at-risk adults and their families?

5. How good is service delivery for at-risk adults and their families?

5.1 Adults at risk and their families are involved in key adult protection processes
5.2 Decisive and consistent leadership in the management of the case is evidenced
5.3 The process of planning to meet needs is systematically progressed through the case
5.4 Agencies clearly understand each others roles and responsibilities
5.5 Agencies share information efficiently
5.6 Where applicable the agency's recording, including interagency recording meet the standard set by the National Practice forum
5.7 When a case is concluded a final interagency review of the case is undertaken
5.8 In a case that has not come to the attention of AP services immediately, this is reviewed to identify failures in referral

Quality of policy, service development, planning and performance management?

6. How good is our policy and practice?
6.1 Adult protection policies and procedures are strategically articulated
6.2 Operational management and planning are effective
6.3 Local operating procedures are adhered to
6.4 Protocols for undertaking serious/significant/critical case reviews are agreed, available and complied with & learning from them disseminated
6.5 Steps are taken to develop the effectiveness of partnership working
6.6 At-risk adults and their families contribute to developing policies and services
6.7 Adult protection is improved through on-going self evaluation
6.8 Agency and interagency working fulfils statutory obligations
6.9 Were relevant agencies involved in key AP processes?
7. Employee support
7.1 Staff members in the case in all involved agencies were fully trained AP procedures
7.2 High quality team work was evidenced
7.3 Recruitment and staff retention are sufficient to ensure effective adult protection
7.4 Staff members felt supported during and after the case
8. Resource management
8.1 Is financial management optimall?
8.2 Are resources adequate for partnership working?

How good are our governance and leadership?

9. How good are our governance and leadership?
9.1 The adult protection framework is clearly specified and integrated?
9.2 There is clear leadership from agencies' managers
9.3 Leadership ensures steps are taken to develop staff members' effectiveness?
9.4 Leadership ensures steps are taken to develop partnership working?
9.5 Leadership with respect to improvement and change is evident
9.6 The Adult Protection Committee fulfils its statutory role

What is our capacity for improvement?

10. Overall judgement regarding adult support and protection with respect to how far individuals at risk of harm are protected: do individuals feel safer. Overall judgement regarding overall operational effectiveness of adult protective partnerships: Is adult protection effective in providing protection from harm?

*This figure based on Appendix 1 of HM Inspectorate of Education (2009) How well do we protect children and meet their needs? Livingston: HM Inspectorate of Education & Appendix 6 of Social Work Inspection Agency (2009) Performance Improvement Handbook 2009-2010: Version 1.1 transitional arrangements 2009-2010. Glasgow:SWIA. Some of the content has been adapted from Renfrewshire Council's child protection audit material.

2. Recording self-evaluation judgements

In using the specific criteria associated with these overarching areas some distinctions must be drawn. **Quality Indicators 1, 2 & 3** are based on evaluation of individual adult protection cases. Employee support (**Criteria 7.1-7.2**) also requires judgements on individual cases.

These judgements can then be aggregated across all evaluated cases Provision is made for aggregation in **Quality Indicators 1, 2 & 3** in which recording templates for both individual [C1] and aggregated [C2] cases are separately provided. These are followed by the criteria [D] for integrating all judgements within Quality Indicators.

There are some exceptions to the individual case basis of judgements. In **Quality Indicator 2 Evaluation Area 4**, **Criterion 4.2** is concerned with wider community awareness of adult protection issues and requires evaluation beyond individual or aggregate cases involving member of the public, though these may contribute to this overall view.

Quality Indicators 4 & 5, however, generally require that information be collected from a wide range of sources other than, or as well as, individual cases. For example, indicator Criterion 9.6 requires evaluation of the performance of the Adult Protection Committee entailing judgements on how far its statutory duties have been met. *Clearly, however, information collected as part of the case review can feed into these wider judgements but they cannot provide the entire source of the judgement*. *Familiarity with the content of the quality indicators will enable the self-evaluator to move between the quality indicators while reading the case files or interviewing individuals.* In the case of Criterion 9.6, further source of information will be Adult Protection Committee meeting minutes as well as the convenor's biennial report.

Each of the 6 Quality Indicators is colour-coded. The specific colours may be seen in the listing above in "Content: Templates". For each of the 10 Quality Indicator/Evaluation Area combinations a series of templates is provided. These are referred to as Templates **A**, **B**, **C1**, **C2**, **D** and **E**. Templates A, B and D provide the basis for self-evaluation judgements; Templates C1, C2 and E are *recording templates* on which your own judgement may be noted. Template C1 is for

individual cases; Templates C2 and E enable recording of aggregate judgements across several cases for the given Quality Indictor/Evaluation Area combination. For Quality Indicators 1, 2, 3 the following templates are available:

A: Template A presents the criteria associated with a given Quality Indicator/Evaluation Area. For example the first "A" template in the handbook is for Quality Indicator 1 Evaluation Area 1. For each criterion, the evidence required to make a judgement, the outcome intended, and the source of evidence are noted. For Quality Indicator 1 Evaluation Area 1, for example, seven criteria 1.1-1.7 are each presented for judgements on an individual case (column 2), with the associated evidence required (column 3), the outcome if the criterion is met (column 4), and the source of evidence (column 5).

B: Template B restates the criteria for the Quality Indicator/Evaluation Area presented in Template A (column 2) and offers guidance on file reading and evaluating these criteria for the case under review (column 3).

C1: Template C1 provides a *recording template* for each of the criteria in the Quality Indicator/Evaluation Area being evaluated for the individual cases. This template may be copied and used for noting down judgements.

C2: Template C2 provides a *recording template* for collating information on the given Quality Indicator/Evaluation Area across several cases. There are three columns: The second asks the question for each criterion – "*What key outcomes in protecting at-risk adults have we achieved?*"; the third provides space for recording the self-evaluation judgement in answer to the question: "*How well have we achieved these outcomes across all cases self-evaluated? Note strengths and weaknesses.*" For example, if 10 cases have been evaluated the overall judgement is recorded on Template C2. ***Note on this template the wording of the indicators changes from reference to single cases to the several cases evaluated***

D: Template D provides a scale on which to make a global judgement on the Quality Indicator/Evaluation Area across all criteria. This judgement should then be used to complete Template E. The scale is based on SWIA's recent revised inspection model[9].

E: Template E provides a *recording template* for the aggregate judgement on the Quality Indicator/Evaluation Area across all criteria for the cases self-evaluated, based on the descriptions given in Template D.

[9] Social Work Inspection Agency (2009) *Performance Improvement Handbook 2009-2010*. Glasgow: Social Work Inspection Agency.

The same basic pattern is followed for Quality Indicators 4 & 5 covering **Evaluation Areas 6** to **9.** Here, however, **C1** and **C2** are collapsed into a single recording template (**C**) as judgements are derived from a wide range of sources many of which go beyond information from the adult protection cases themselves.

3. What is our capacity for improvement?

The final group of templates differs from those available for judgements for the preceding nine Quality Indicator/Evaluation Area combinations. Evaluation Area 10 concerns the overall judgement on your interagency adult support and protection activity.

F: Integration of judgements of individual quality indicators recorded in "E" templates

G: Narrative summary of areas on which to build and improve

H: Improvement actions

There are three elements to the answer to this question.

1 In the light of the self-evaluation in Quality Indicator/Evaluation Areas 1-9 that you have undertaken, what aspects of adult support and protection activity met the quality standards set for your own service, and conversely, where is improvement required? This information has been summarised in the nine **"E"** templates provided above and can be entered in Template F.

2 Template G essentially requires a reflective view of the overall outcome and production of a narrative describing how strengths may be built on and areas in which improvement is required.

3 What action needs to be taken and by whom and within what timescale to improve adult support and protection in the nine areas evaluated? Template G simply signals the need for the narrative summary and provides a means of recording this.

The narrative summary should also state what contextual aspects of the adult support and protection service will facilitate improvement or act as barriers to it. Such factors may include the explicit commitment of the agencies involved

in supporting and developing the service as well as resource issues with respect to funding. Reservations should be explicitly stated, e.g. *resources are insufficient to ensure improvements with respect to*….etc. The judgement of those responsible for making judgements on capacity for improvement should be expressed in terms of the confidence in improvement being achieved.

4 **Template H** provides for a listing of actions to be taken, timescales and who is responsible.

4. Provenance of quality indicators and criteria

As noted above, the basis of the principal **Quality Indicators** and **Evaluation Areas** derives directly from SWIA and HMIE Performance Management Frameworks recast to reflect specific adult protection concerns, which in turn derive from three main sources:

(a) Scottish Government guidelines on the implementation of adult protection legislation and policy

(b) A wide range of local, interagency operating procedures developed in response to (a) and other statutory duties

(c) A wide range of research, particularly that undertaken in the *Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers* study[10],[11],[12].

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[10] Hogg, J., Johnson, F., Daniel, B. & Ferguson, A. (2009) Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers. Volume 1: Main Report. Dundee: White Top Research Unit: University of Dundee. http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/Collaboration

[11] Hogg, J., Johnson, F., Daniel, B. & Ferguson, A. (2009) Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers. Volume 2: Recommendations. Dundee: White Top Research Unit: University of Dundee. http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/Interagency

[12] Hogg, J., Johnson, F., Daniel, B. & Ferguson, A. (2009) Executive summary: Interagency Collaboration in Adult Support and Protection in Scotland: Processes and barriers. Dundee: White

5. A practical issue

The templates included are intended to illustrate possible ways of recording judgements. In most cases several pages of such templates will be used. These can be run off from the electronic version of the instrument or photocopied from the hard copy. They may be electronically modified to change lay out or increase recording space. There are no copyright restrictions.

Top Research Unit: University of Dundee.
http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/summary

QUALITY INDICATOR 1 EVALUATION AREA 1

Is the at risk adult safer as a result of our activity?

A: Quality Indicator 1 Evaluation Area 1: Is the at-risk adult safer as a result of our activity? Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
1.1	Risks to adults are recognised, responded to, and reduced	Adult protection concerns are identified and intervention to ensure support and protection progressed	The at-risk adult is protected from the alleged perpetrator or causes of neglect	**Case file review**
1.2	Where necessary the initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at-risk adult *and* others for whom risk is identified including any children	The allegation of harm is reported and responded to within the agreed timescale depending on urgency	Intervention is proportionate with the critical, urgent or non-urgent nature of the allegation	**Case file review**
		If required medical attention is sought immediately	Medical needs are addressed and potential evidence collected	**Case file review**
		If the allegation implies criminal action the police are informed	Police intervene actively with respect to allegation precluding further harm if justified by evidence	**Case file review**
		Other at-risk adults and/or children are identified	Protective action is taken with respect to other at-risk adults; child protection issues are referred to child protection services	**Case file review**

1.3	An effective risk management plan is established and implemented ensuring support and protection	Risk assessment and planning leads to implementation of the plan	A risk assessment should be available linked to specific protective actions with evidence of its implementation, monitoring and review	**Case file review**
1.4	The individual's wider needs are addressed and met following appropriate assessment	Where mental/physical /social needs are identified, or drug and alcohol related factors are involved, specialist input is provided contributing to the overall protection plan	Wider needs of the at-risk adult are met through appropriate support and intervention	**Case file review; interview with adult or family members/ advocate**
1.5	The overall quality of life of the person is improved	The at-risk adult engages in a wider range of personal and social activities and shows a reduction in any negative behaviour directed to self or others	Increased security and freedom for harm; increased social inclusion	**Case records and interviews with adult or family members/ advocate**
1.6	Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the case has been concluded	Records of support or clinical sessions and confirmation by at-risk individual or representative.	Improved social and/or psychological adjustment.	**Case records and interviews with adult or family members/ advocate**

1.7	If the case has been significantly delayed in being referred and/or responded to a clear self-evaluation of the reasons and their implications for practice has been undertaken	Records identify delay and provide evidence of self-evaluation	Delays in referrals are reduced	**Case records interview with referrer**

B: Quality Indicator 1 Evaluation Area 1: Is the at-risk adult safer as a result of our activity? Guidance

	What key outcomes in protecting at-risk adults have we achieved?	File reading template: Guidance
1.1	Risks to adults are recognised, responded to, and reduced	• **Was the response to the allegations of harm undertaken in accordance with local operating procedures?** • **Were other relevant agencies involved?** • **Was action under S7 of the Act (i.e. re the right of entry for the purposes of carrying out enquiries) indicated, and if so, was it undertaken?**
1.2	The initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at-risk adult *and* others for whom risk is identified including any children	• **Was the initial response to an allegation of harm proportionate to the risk? [Note: If the situation is critical then immediate medical or police involvement (in the case of an alleged crime) should be initiated. Critical or less urgent allegations will be responded to proportionately].** • **Was reporting immediate and appropriate? [Note: Evidence of immediacy of reporting from sources of the allegation (e.g. from a care home or other service setting) should be noted].** • **If there is a possible risk to children, were children's services informed?** • **Have relevant individuals (including the family members) been informed? [Note: This should happen unless their involvement in the harm indicates otherwise *or* if the 'at-risk' person does not wish such action to be taken. The 'at-risk' person's wishes should be respected unless:**

		○ **Lack of capacity has been demonstrated or is suspected;** ○ **it is a requirement of legislation;** ○ **the person is being coerced;** ○ **others are at risk including children.**
1.3	An effective risk management plan is established and implemented ensuring support and protection	• **Was a full and proper risk assessment undertaken?** • **Were the risks identified clearly stated and detailed?** • **Were the aims of the risk management plan specified and clearly stated?** • **Was it clear where responsibility for the implementation of different parts of the plan lay?** • **Were the procedures for monitoring and reviewing implementation adequate, clearly stated and followed in practice?** • **Were appropriate outcomes identified and their achievement (or otherwise) noted?** • **Were the risk management procedures discussed with the at-risk adult and/or his/her representative?**
1.4	The individual's wider needs are addressed and met following appropriate assessment	• **Were the wider health and social needs of the at-risk person assessed, and if so, was this properly documented and evidenced?** • **Was evidence provided to show that all the relevant professionals and agencies were fully involved in this process?** • **Was the need for, and reasons behind, these procedures discussed with the at-risk adult and/or his/her representative?**

1.5	The overall quality of life of the person is improved	• **Did the actions undertaken result in specific and identified outcomes which enhanced the at-risk adult's quality of life? (e.g. Greater sense of safety, improved social relationships, increased social and community engagement, a more positive outlook on life and a general sense of well-being).**
1.6	Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the case has been concluded	• **Were formal support or clinical interventions by qualified professionals (eg clinical psychologist, CPN) provided as appropriate and when required?** • **Were the outcomes of such interventions, and in particular their impact on the at-risk adult's adjustment, duly recorded?**
1.7	If the case has been significantly delayed in being referred and/or responded to a clear assessment of the reasons and their implications for practice has been undertaken	• **Are the reasons for any delay in response clearly stated? [Note: Reasons for delay may include:** o **Failure of the whistle-blower or manager to respond to evidence of harm timeously** o **A family remaining reticent about airing matters outside of the family** o **Service delays – which may occur before or after formal referral.**

C1: Quality Indicator 1 Evaluation Area 1: Is the at-risk adult safer as a result of our activity? Achievement in individual case

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
1.1	Risks to adults are recognised, responded to, and reduced	
1.2	The initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at-risk adult *and* others for whom risk is identified including any children	
1.3	An effective risk management plan is established and implemented ensuring support and protection	
1.4	The individual's wider needs are addressed and met following appropriate assessment	
1.5	The overall quality of life of the person is improved	
1.6	Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the case has been concluded	

1.7	If the case has been significantly delayed in being referred and/or responded to, a clear self-evaluation of the reasons and their implications for practice has been undertaken	

C2: Quality Indicator 1 Evaluation Area 1: Are at-risk adults safer as a result of our activity? Achievement in aggregate cases

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved these outcomes across all cases self-evaluated? Note areas of strength & possible improvement
1.1	Risks to adults are recognised, responded to, and reduced	
1.2	The initial response to allegations of harm are effective in establishing a proportionate protective framework for at-risk adults *and* others for whom risks are identified including any children	
1.3	Effective risk management plans are established and implemented ensuring support and protection	
1.4	The individual's wider needs are addressed and met following appropriate assessments	
1.5	The overall quality of life of the protected individuals is improved	

1.6	Appropriate social or clinical support, counselling or clinical intervention is provided during and/or after the cases have been concluded	
1.7	If cases have been significantly delayed in being referred and/or responded to, clear self-evaluations of the reasons and their implications for practice have been undertaken	

D Quality Indicator 1 Evaluation Area 1: What key outcomes in protecting at-risk adults have we achieved? Assessment criteria

The response to the allegation of harm immediately provided protection and risks and wider needs were assessed and leading to an improvement in quality of life and alleviation of the negative effects of the harm

Excellent	For all cases the seven criteria were fulfilled and the at-risk person fully supported and protected
Very Good	In all cases a high level of support and protection was achieved but with some shortcomings in one quality indicator in a small number of cases
Good	Overall protection activity safeguarded the at-risk individuals though some failures to respond to needs were noted
Adequate	While at-risk individuals were protected, shortcomings in response to the allegations, failures of assessment, planning and implementation were noted. Some individuals' quality of life did not improve and/or the effects of the harm were not always alleviated
Weak	In over half the cases significant shortcomings were found related to failures in assessment, planning and implementation. Over half the individuals were harmed following the implementation of the case
Unsatisfactory	Major weaknesses were noted including slow responses to allegations and failures to plan and implement risk and other assessments. A substantial number of at-risk individuals continued to be harmed

The response to the allegation of harm immediately provided protection and risks and wider needs were assessed and leading to an improvement in quality of life and alleviation of the negative effects of the harm.

E: Quality Indicator 1 Evaluation Area 1: Are at-risk adults safer as a result of our activity? Overall self-evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 1 **Area 1**	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR AREA 2 EVALUATION AREA 2

How well do we meet the needs of stakeholders? The at-risk person and their family

A: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? The at-risk person and their families. Evidence & outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
2.1	Where relevant, the capacity to communicate and consent is systematically established and documented	A speech therapist and or clinical psychologist assess communicative ability where capacity is in question and provides augmented or assistive technology where required, or interpretation	Provision of communicative aids and/or interpreter	**Case file review**
2.2	The at-risk adult is listened to understood and his or her views respected	The at-risk adult has a direct input into key stages of the adult support and protection process and there is evidence that all aspects of planning have been considered and expressed views responded to	The person attends relevant meetings and his/her views are recorded The views of the at-risk adult are represented in meetings by an advocate or informed representative All developments of protection planning are shown to have taken the at-risk adult's views into account	**Case records; interviews with the at-risk adult and his/her representatives**
2.3	With the consent of the at-risk individual, family members are informed of all significant developments during the protection process and given the opportunity to express their views	Evidence of communication between adult protection multiagency case workers and family members	Family views contribute to the protective strategy	**Case records; Interviews**

2.4	Independent representation through advocacy is available to the at-risk adult	Evidence of independent advocacy to represent the wishes of the at-risk adult	The aspirations of the at-risk adult are represented throughout the case	**Case records; discussion with at-risk adult and advocate**
2.5	The human rights of the at-risk adult are observed at all times	Evidence of discussion of rights in relation to capacity and consent and concerns related to duty of care and detailed rights criteria are met	The rights of the at-risk adult are fully respected	Case records; discussion with at-risk adult

B: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? At-risk adult and their families. Guidance

	What key outcomes in protecting at-risk adults have we achieved?	File reading template: Guidance
2.1	Where relevant, the capacity to communicate and consent is systematically established and documented	• **Where there is some uncertainly, was communicative ability and capacity independently determined? [Note: social workers, police, or others interviewing an alleged victim should not accept at face value the assertion of unqualified persons that the at-risk adult lacks capacity]**
2.2	The at-risk adult is listened to understood and his or her views respected	• **Is evidence provided to demonstrate that the at-risk adult and/or (for those lacking capacity) his/her representative was listened to, his/her views respected, and the whole process was sensitive to his/her needs? [Note: 'Listened to' should include a wide range of communicative acts, and not only speech. Evidence for this will largely be derived from interviews and meetings with the at-risk adult and his/her representative and may be inferred from the input they have had on the process]**
2.3	With the consent of the at-risk individual, family members are informed of all significant developments during the protection process and given the opportunity to express their views	• **Were family members informed of the allegation of abuse?** • **Were family members informed of the complaints procedures open to them?** **[Note: This provision does not apply in cases where family members themselves are the alleged perpetrators or where communication with them might jeopardise an investigation].**
2.4	Independent representation through advocacy is available to the at-risk adult	• **Did the at-risk adult have access to an independent advocate or representative (e.g. a citizen advocate, friend or associate not directly implicated in the case)?** • **Is the input from this independent advocate/representative (where**

		relevant) formally documented? • Is the extent to which the input from the independent advocate/representative has influenced the outcome of the case, and in particular enabled the at-risk adult to be 'heard' specifically documented?
2.5	**The human rights of the at-risk adult are observed at all times**	• Have all reasonable attempts to communicate with the person been made? • Does the person understand that he or she has a choice about protective measures? • How far have the person's past and present wishes and feelings been taken into account? • Are you aware of the person's values and beliefs and how they might influence their decisions? • Has the person been encouraged to participate in the decision making process so far as possible? • Does the person have access to an independent advocate? • How far have the person's representatives been consulted? • Are the protective measures the least restrictive possible? • Is the person aware he/she may have legal rights to challenge the protective arrangements? • Is the protective strategy proportionate to the assessed risk?

C1: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? At-risk adult and their families. Achievement in individual case

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
2.1	Where relevant, the capacity to communicate and consent is systematically established and documented	
2.2	The at-risk adult is listened to understood and his or her views respected	
2.3	With the consent of the at-risk individual, family members are informed of all significant developments during the protection process and given the opportunity to express their views	
2.4	Independent representation through advocacy is available to the at-risk adult	
2.5	The human rights of the at-risk adult are observed at all times	

C2: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? At-risk adults and their families. Achievement in aggregate cases

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved these outcomes across all cases self-evaluated? Note areas of strength and possible improvement
2.1	Where relevant, the capacity to communicate and consent is systematically established and documented	
2.2	At-risk adults are listened to understood and their views respected	
2.3	With the consent of the at-risk individual, family members are informed of all significant developments during the protection process and given the opportunity to express their views	
2.4	Independent representation through advocacy is available to at-risk adults	
2.5	The human rights of at-risk adults are observed at all times	

D: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? At-risk adults and their families. Assessment criteria

From the outset of the case the at-risk person is at the centre of planning and implementing support and protection with their human rights respected and their communication needs met, while the person's family is kept fully informed as required.

Excellent	**For all cases the five criteria were met and the at-risk person fully respected and represented and their family's input acknowledged**
Very Good	**In all cases a high level of respect and involvement of the at-risk person and their family was achieved but with some shortcomings in one quality indicator in a small number of cases**
Good	**Overall a high level of respect and involvement of the at-risk person. Some failures to respond to needs were noted, but clear failures in more than one case were found**
Adequate	**While at-risk individuals were respected and involved lack of respect and possible violation of human rights were recorded as well as failures to involve families**
Weak	**In over half the cases significant shortcomings were found related to failing to respect the at-risk person by optimising their opportunities to communicate and limitations on communication with their family**
Unsatisfactory	**Major weaknesses were noted in 50% of the cases indicating lack of respect for the individual and violation of their human rights; together with exclusion of the family**

The at-risk individuals were not at the centre of protective planning and they were not respected and their human rights were breached. Families were not enabled to participate in the protective processes.

E: Quality Indicator 2 Evaluation Area 2: How well do we meet the needs of stakeholders? At-risk adults and their families. Overall self-evaluation

	Overall judgement 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 2 **Area 2**	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 2 EVALUATION AREA 3

How well do we meet the needs of stakeholders? Staff

A: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
3.1	Staff members felt supported during and after the case	Records of supervision and staff reports	Staff members remain motivated and confident	**Interviews with staff working on case**

B: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Guidance

	What key outcomes in protecting at-risk adults have we achieved?	File reading template: Guidance
3.1	Staff members felt supported during and after the case	• **Were staff members supported throughout and after the case?** • **Did staff experience significant stress and if so, was this alleviated through supervision or counselling?** • **When required was procedural guidance available to staff in a timely and clear form?** **[Note: while evidence for the above may well be found in supervision records, it is best obtained from direct interviews with staff involved in the case]**

C1: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Achievement in individual case

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
3.1	Staff members felt supported during and after the case	

C2: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Achievement in aggregate cases

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
3.1	Staff members felt supported during and after the case	

D: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Assessment criteria

Throughout cases staff members report that they received practical and emotional support and supervision. The opportunity to deal with any outstanding concerns or conflicts was also provided by relevant professionals.

Excellent	In all cases staff reported that they were appropriately supported throughout the case and in relation to any concerns at its conclusion
Very Good	In two cases only one staff member in an agency involved in the case reported inadequate supervision the case and/or inadequate support at the end of the case
Good	The majority of staff in all agencies reported adequate supervision and support during and after the case but there were instances in two agencies of reports of inadequate support and supervision
Adequate	There were reports of lack of support during and after cases by a small proportion of staff in all agencies involved in the case
Weak	Over half of the staff in all agencies involved reported lack of adequate support during or after the case
Unsatisfactory	A majority of staff across agencies reported lack of support during or after the case

The at-risk individuals were not at the centre of protective planning and they were not respected and their human rights were breached. Families were not enabled to participate in the protective processes.

E: Quality Indicator 2 Evaluation Area 3: How well do we meet the needs of stakeholders? Staff. Overall self-evaluation.

	Overall judgement 6-point scale	How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 2 Area 3	**Excellent** ☐ **Very good** ☐ **Good** ☐ **Adequate** ☐ **Weak** ☐ **Unsatisfactory** ☐	

QUALITY INDICATOR 2 EVALUATION AREA 4

How well do we meet the needs of stakeholders? The community

A: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The Community. Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
4.1	Members of the public are involved in the case respond to adult protection concerns	Reports of harm from members of the public and active positive intervention by community members during the case	Protection of the at-risk individual is strengthened	**Case records**
4.2	There is increasing awareness among members of the public of the way in which AP concerns are responded to	Evidence may partially be drawn from an increasing number of referrals from members of the public. Also by two yearly surveys of the public's knowledge	Wider surveillance by members of the public leading to increased reporting of AP allegations and direct support for at-risk adults	**Referral summaries and case involve-ment**

B: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The community. Guidance

	What key outcomes in protecting at-risk adults have we achieved?	Evidence
4.1	**One or more members of the public are positively involved in this case and respond to adult protection concerns**	• **Were any reports of harm received from members of the public?** • **Was any member of the public involved in any positive way during the handling of the case?** **[Evidence for the above should be available in the case files. Longitudinal recording of such information will provide some evidence of any change in the public's involvement in AP activity].**
4.2	There is increasing awareness among members of the public of the way in which AP concerns are responded to	• **What evidence is there (in the case files or from more formal surveys of community awareness) of increasing public involvement in AP?**

C1: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The community. Achievement in individual case

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
4.1	One or more members of the public are involved in this case and respond to adult protection concerns	
4.2	There is increasing awareness among members of the public of the way in which AP concerns are responded to	

C2: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The community. Achievement in aggregate cases

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
4.1	Members of the public are positively involved in two or more cases	
4.2	There is increasing awareness among members of the public of the way in which AP concerns are responded to	

D: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The community. Assessment criteria

Members of the community, i.e. friends, neighbours, strangers are engaged in cases as evidenced by their reporting allegations of harm and/or providing supporting to the at-risk person and/or their family

Excellent	**In several cases there is evidence of the involvement of friends, neighbours or strangers in reporting allegations of harm and supporting at-risk individuals and knowing the appropriate route for reporting. There is no evidence of failures on the part of the community to engage with protective measures**
Very Good	**In several cases there is evidence of the involvement of friends, neighbours or strangers in reporting allegations of harm and supporting at-risk individuals but no knowledge of their knowing the appropriate route for reporting. There is no evidence of failures on the part of community to engage with protective measures**
Good	**There are a few cases in which there is evidence of the involvement of friends, neighbours or strangers in reporting allegations of harm and supporting at-risk individuals and knowing the appropriate route for reporting. There is no evidence of failures on the part of community to engage with protective measures**
Adequate	**There are a few cases in which there is evidence of the involvement of friends, neighbours or strangers in reporting allegations of harm and supporting at-risk individuals and knowing the appropriate route for reporting. There is no evidence of failures on the part of community to engage with protective measures**
Weak	**While there is some involvement of community members in one case, in general there is no evident participation of friends, neighbours and strangers in cases and evidence that participation should have occurred**
Unsatisfactory	**Members of the community are not mentioned in any of the cases evaluated**

Members of the community, i.e. friends, neighbours, strangers, are not engaged in any of the cases in a way that would provide or facilitate adult support or protection.

E: Quality Indicator 2 Evaluation Area 4: How well do we meet the needs of stakeholders? The community. Overall self evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 2	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 3 EVALUATION AREA 5

How good is service delivery for at-risk adults and their families?

A Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and their families? Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
5.1	Adults at risk and their families are involved in key adult protection processes	The at-risk adult and family members input to the case is clearly recorded and reasons for responding or not responded noted.	Protective strategy is positively shaped by the at-risk adult and family members	**Case records and interviews with the at-risk adult & family members**
5.2	Decisive and consistent leadership in the management of the case is evidenced	Records of meetings indicate explicit leadership role adopted and protective strategy led by that individual	Consistent management of the case ensuring realisation of clear outcome objectives	**Case file review**
5.3	The process of planning to meet needs is systematically progressed through the case	Records indicate consistent follow up, review, and modification of protective and supportive measures	Progress of the case is efficient and effective	**Case file review**
5.4	Agencies clearly understand each others' roles and responsibilities	Records of meetings and communications indicate understanding of roles of partner agencies	Collaboration is optimal with respect to support and protective strategies	**Case file review**

5.5	Agencies share information efficiently	There are no indications of failures to exchange or make available information relevant to the case	All agencies are fully informed of partners' activity	**Case file review**
5.6	Where applicable the agency's recording, including interagency recording meets standards set by the National Practice Forum (2009) [*Adult Support & Protection Engagement Programme: Final Report*. Edinburgh: National Practice Forum.]	Hard copy and/or electronic recording integrates information from partner agencies in the case in line with requirements R1-R12 of the National Practice Forum criteria (see below)	All relevant information is collated and accessible on a need to know basis	**Inspection of record keeping system**
5.7	When a case is concluded a final interagency review of the case is undertaken	Evidence of a concluding case review	Strengths & weaknesses in practice are identified and lead to improvement in future	**Case file review**
5.8	In a case which has not come to the attention of AP services immediately, this is reviewed to identify failures in referral	Evidence of failures to follow operating procedures in adult protection cases	Any failure to deal with the case as an adult protection case is identified and fed back into procedural guidelines to avoid re-occurrence	**Case file review and interviews with staff and individual and/or family**

B: Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and their families? Guidance

	What key outcomes in protecting at-risk adults have we achieved?	Evidence
5.1	Adults at risk and their families are involved in key adult protection processes	• **Has a proper record been kept of all communication with the at-risk adult and his/her family members?** • **Are reasons provided (where relevant) for any decision to exclude family members from meetings or withhold information from them?** **[Note: The family's satisfaction with their involvement in and with the outcome of the case is best determined by interview]**
5.2	Decisive and consistent leadership in the management of the case is evidenced	• **In multi-agency working are lines of responsibility and accountability clearly stated?** • **Has a named individual responsible for co-ordinating inter-agency working and liaising with the at-risk adult and his/her family members been identified?** • **Is there any evidence to suggest that there was confusion over roles and responsibilities or that activity was not properly co-ordinated?**
5.3	The process of planning to meet needs is systematically progressed through the case	• **Are the actions required to progress the protective strategy properly minuted and followed through?** • **Are responsibilities at each stage of the process clearly delegated and reviewed?**

5.4	Agencies clearly understand each others' roles and responsibilities	• **Is there evidence [from case records] that each agency involved understands its own role and responsibilities (or conversely of a lack of understanding)?** • **Is there evidence [from case records] that each agency involved understands role and responsibilities of other involved agencies (or conversely of a lack of understanding)? (eg actions by one agency which usurp responsibilities that properly belong to another; eg a decision by social workers not to report a possible criminal offence to the police because it is considered that there is insufficient forensic evidence).**
5.5	Agencies share information efficiently	• **Is there evidence of key information not being shared (on a need-to-know basis) with partner agencies? (eg social workers not sharing with partner agencies information obtained from interviews with the at-risk adult, or police failing to report the outcome of their investigations)**
5.6	Where applicable the agency's recording, including interagency recording meets standards set by the National Practice Forum (2009) [*Adult Support & Protection Engagement Programme: Final Report.* Edinburgh: National Practice Forum.]	• **Are local assessment and care management processes fully supported by information systems that effectively manage the communication/integration of assessment/care management and adult support and protection? [Note: This may be evidenced by review of data recording systems, whether hard copy or electronic]** • **Do the available information systems provide for alerts and notifications across agencies so as to promote and support the effective gathering of evidence to support interventions under the Act and ensure that all parties and involved agencies are aware of current or previous adult support and protection activity? [Note: Alerts and notifications need to be defined to agreed data/information standards to promote and ensure consistency]**

		Procedures for the effective sharing of information, which have been developed by the National Practice Forum: o **Should support the sharing of a range of agreed items, be compliant with local and/or national standards, and comply with established security/privacy standards and practices.** o **Should adopt a federated approach to the partitioning of data to ensure compliance with Information Commissioner's Office best practice guidance.** o **Should support information sharing across agency/partnership boundaries so as to allow for situations where service users move to different regions of Scotland.** o **Should include a robust citizen matching strategy to ensure that information shared relates to the correct individual.** o **Should support practitioners who make an active decision to share information, either having obtained consent, or having recorded the decision that sharing can take place on the basis of a legislative imperative. [Note: It is important that consent, where the at-risk individual has capacity to give it, or where it has been authorised on his/her behalf is properly recorded]**
5.7	When a case is concluded a final interagency review of the case is undertaken	• **Was there an end-of-case review?** • **Were the lessons for future AP activity made explicit?** • **Were these communicated to partner agencies?**
5.8	In a case which has not come to the attention of AP services immediately, this is reviewed to identify failures in referral	• Was the handling of this case re-examined in detail to determine whether there had been a failure in response?

C1: Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and their families? Achievement in individual case

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
5.1	The adult at-risk and their family are involved in key adult protection processes	
5.2	Decisive and consistent leadership in the management of the case is evidenced	
5.3	The process of planning to meet needs is systematically progressed through the case	
5.4	Agencies clearly understand each others' roles and responsibilities	
5.5	Agencies share information efficiently	
5.6	Where applicable the agency's recording, including interagency recording meets standards set by the National Practice Forum (2009) [*Adult Support & Protection Engagement Programme: Final Report.* Edinburgh: National Practice Forum.]	

5.7	When a case is concluded a final interagency review of the case is undertaken. **Note outcomes with implications for improving policy and/or practice can feed into QI6.6.**	
5.8	In a case which has not come to the attention of AP services immediately, this is reviewed to identify failures in referral	

C2: Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and their families? Achievement in aggregate cases

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
5.1	Adults at-risk and their families are involved in key adult protection processes	
5.2	Decisive and consistent leadership in the management of cases is evidenced	
5.3	The process of planning to meet needs is systematically progressed through the cases	
5.4	Agencies clearly understand each others' roles and responsibilities	
5.5	Agencies share information efficiently	
5.6	Where applicable the agency's recording, including interagency recording meets standards set by the National Practice Forum (2009) [*Adult Support & Protection Engagement Programme: Final Report.* Edinburgh: National Practice Forum.]	

5.7	When cases are concluded a final interagency review of the cases is undertaken	
5.8	In cases which have not come to the attention of AP services immediately, these are reviewed to identify failures in referral	

D: Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and families? Assessment criteria

Cases are seamlessly progressed through excellent leadership in collaboration with the at-risk individual and their family and with regard to all aspects of interagency agency working and care review

Excellent	**All agencies involved as well as the at-risk person, collaborate and share data fully and effectively with clear leadership and subsequent learning from review of the case, though specific weaknesses are noted in one of the criteria**
Very Good	**All agencies involved as well as the at-risk person collaborate and share data fully and effectively with clear leadership and subsequent learning from review of the case, though some specific weaknesses are noted in one of the criteria**
Good	**All agencies involved as well as the at-risk person collaborate and share data fully and effectively with clear leadership and subsequent learning from review of the case though weaknesses in two criteria are noted, e.g. failure of data sharing and poor recording**
Adequate	**All agencies involved as well as the at-risk person and family collaborate and share data but there is evidence of weaknesses in three or more of the criteria**
Weak	**All agencies involved as well as the at-risk person and family collaborate and share data but there is evidence of weaknesses all of the criteria**
Unsatisfactory	**There is no evidence of participation by the at-risk person or their family, while interagency collaboration is absent and no attempt is made at case review and leadership is indecisive and unclear**

There is no evidence of participation by the at-risk person or their family, while interagency collaboration is absent and no attempt is made at case review and leadership is indecisive and unclear

E: Quality Indicator 3 Evaluation Area 5: How good is service delivery for at-risk adults and their families? Overall self-evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 3	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 4 EVALUATION AREA 6

Quality of policy and development

A: Quality Indicator 4 Evaluation Area 6: Quality of policy, service development, planning and performance management. Policy & practice. Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
6.1	Adult protection policies and procedures are strategically articulated	Individual agency adult protection practices are integrated both procedurally and with respect to interagency arrangements	Whichever agencies or staff members are involved in an adult protection case their activities are co-ordinated in a seamless fashion.	**Documentation on inter-agency working plus evidence from case self-evaluations**
6.2	Operational management and planning are effective	Clear lines of accountability are established within and between agencies	There is no confusion with respect to where responsibility lies for adult protection activity.	**Operational documentation sets out arrangements and managers meet regularly**
6.3	Local operating procedures are adhered to	All principal processes adhere to the stages and requirements of published operating procedures	Consistency and transparency in all AP activity with revision of procedures in light of effectiveness of actions	**Comparison of principal AP actions and procedures**
6.4	Protocols for undertaking serious/ significant/critical case reviews are agreed and disseminating learning from them are available and complied with	Records of planning, undertaking and disseminating follow protocol	Consistency in undertaking serious/significant/ critical case reviews is achieved and lessons learned	**Comparison of review protocol and review records**

6.5	Steps are taken to develop the effectiveness of partnership working	Joint training and concluding case reviews	Seamless interagency collaboration both strategically and in individual cases	**Review of training documentation and evaluations**
6.6	At-risk adults and their families contribute to developing policies and services	Attendance of at-risk adults and family members at planning meetings and their input to Adult Protection Committees	Policy and service delivery both reflect the perceived needs of these key stakeholders	**Documentation on planning meetings and special consultative events**
6.7	Adult protection is improved through on-going self evaluation	Self-evaluation has been undertaken and documented; the APC has reviewed outcomes and ensured implementations of recommendations	AP practice is improved and operating procedures modified in the light of evaluation if necessary	**Review of self-evaluation process and outcome and reports of implementation records**
6.8	Agency and interagency working fulfils statutory obligations	Structures and policies conform to the *Adult Support and Protection (Scotland) Act 2007* and other relevant legislation	Adult Protection effectiveness is optimised through fulfilment of statutory duties	**Review of statutory performance against key criteria**
6.9	Relevant agencies were involved throughout case	Agency personnel invited to meetings and interventions contributed	Required expertise and support available at all stages of case	**Case file review**

B: Quality Indicator 4 Evaluation Area 6: Quality of policy, service development, planning and performance management. Policy & practice. Guidance

	What key outcomes in protecting at-risk adults have we achieved?	Evidence
6.1	Adult protection policies and procedures are strategically articulated	• **Is there documentation available to show that all agencies involved in AP have formal written operating procedures?** • **Are these separate protocols linked to one another through formal agreements allowing for effective co-ordination?**
6.2	Operational management & planning are effective	• **Is it clear where accountability for planning and management in individual AP cases lies? [Note: this may be evidenced from individual cases]**
6.3	Local operating procedures are adhered to	• **Is there evidence of continuing efforts to improve partnership working? [Note: this may include memoranda of agreement, minutes of meetings, joint case reviews etc.]**
6.4	Protocols for undertaking serious/significant/critical case reviews are agreed and disseminating learning from them are available and complied with	• **Can serious/significant/critical case review protocols be identified?** • **Can compliance with the protocol be identified from the records of the review?** • **Do the review's recommendations influence practice locally? Nationally?**
6.5	Steps are taken to ensure the effectiveness of partnership working	• **Is the contribution of service users and their families formally acknowledged in the minutes of meetings and consultation events?** • **Is there any evidence that service user/carer input has led to a change in policy or practice?**

6.6	At risk adults and their families contribute to developing policies and services	• **Are steps taken to ensure that key aspects of legislation (e.g. the appointment of the independent convenor of the APC, production of the biennial report, appointment of council officer, attendance at APC meetings of designated agencies) are routinely addressed in on-going AP activity? [Note: a check list might be used for this purpose]**
6.7	Adult protection is improved through on-going self evaluation	• **Is there evidence that serious/significant/critical case reviews and self-evaluation led to changes in policy and practice? [Note: end-of-case reviews should feed into this process. See 5.7]**
6.8	Agency and interagency working fulfils statutory obligations	• **Were key elements of adult protection activity assessed against key aspects of legislation, e.g. appointment of independent convenor of the Adult Protection Committee, production of biennial report, appointment of council officer, attendance at APC meeting of designated agencies etc? The specific duties could be spelled out in detail in check list form.**
6.9	Relevant agencies were involved throughout case	• **Did agencies required by the lead agency attend meetings as requested and participate in the case at a satisfactory level?**

C: Quality Indicator 4 Evaluation Area 6: Quality of policy, service development, planning and performance management. Policy & practice. Achievement of quality aims

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome?
6.1	Adult protection policies and procedures are strategically articulated	
6.2	Operational management & planning are effective	
6.3	Local operating procedures are adhered to	
6.4	Protocols for undertaking serious/significant/critical case reviews are agreed and disseminating learning from them are available and complied with	
6.5	Steps are taken to ensure the effectiveness of partnership working	
6.6	At risk adults and their families contribute to developing policies and services	
6.7	Adult protection is improved through on-going self evaluation	

6.8	Agency and interagency working fulfils statutory obligations	
6.9	Were relevant agencies involved in key AP processes?	

D: Quality Indicator 4 Evaluation Area 6: Quality of policy, service development, planning and performance management. Policy & practice. Assessment criteria

There is a comprehensive interagency policy for adult protection activity which is collaboratively implemented, managed and improved and which meets statutory requirements and reflects the views of at-risk individuals and carers

Excellent	**Adult protection activity is integrated across agencies and management and planning are efficient and effective with all statutory duties met and at-risk individuals/carers contributing to policy and practice**
Very Good	**All quality indicators are highly positive though minor development work is required in a small number of areas**
Good	**All quality indicators are highly positive though significant development work is required in one area and in some minor aspects**
Adequate	**Operational aspects of adult protection activity are well established though further significant development is required in at least two areas**
Weak	**Interagency working is poorly developed and some statutory duties are not being met while there is no contribution from at-risk individuals and their carers**
Unsatisfactory	**There is no evidence of a comprehensive adult protection policy across agencies, while the management of adult protection activity is ineffective**

There is no evidence of a comprehensive interagency policy for adult protection activity being collaboratively implemented, managed and improved and there is a failure to meet significant statutory requirements.

E: Quality Indicator 4 Evaluation Area 6: Quality of policy, service development, planning and performance management. Policy & practice. Overall self-evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 4 Area 6	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 4 EVALUATION AREA 7

How well do we meet the needs of stakeholders? Employee support

A: Quality Indicator 4 Evaluation Area 7: Quality of policy, service development, planning and performance management. Employee support. Evidence and outcomes.

Note – 7.1-7.2 entails evaluation of individual cases. 7.4 requires a wider review of staff support

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
7.1	Staff members in the case in all involved agencies were fully trained in AP procedures	All decisions recorded were at the time and on the basis of available information, correct	The progress of the case in providing support and protection was facilitated by correct decision making	**Case file review; managers interviews**
7.2	High quality team work was evidenced	Collaboration among professionals in the case evidenced by positive communication and decision making	High quality team work led to efficient and effective implementation of the protective strategy	**Case file review; manager interviews**
7.3	Recruitment & staff retention are sufficient to ensure effective adult protection	Review AP staff appointments and retention to identify any staff-related inconsistency in practice or policy implementation	Consistency in policy and practice across agencies ensuring coherence in adult protection	**Interview with senior manage-ment re-staffing**
7.4	Staff members felt supported during and after the case	Oral reports by involved staff members	Motivation maintained and emotional stress minimised	**Interview with involved staff**

B: Quality Indicator 4 Evaluation Area 7: Quality of policy, service development, planning and performance management. Employee support. Guidance.

The evidence here is drawn from individual cases though an overall survey of staff competence in cases coupled with 7.3-7.4 would provide a full assessment of employee activity and satisfaction

	What key outcomes in protecting at-risk adults have we achieved?	Evidence
7.1	Staff members in the case in all involved agencies were fully trained AP procedures	• **Is there evidence in the files that all personnel involved in the case followed inter-agency guidelines and their own professional procedures? [Note: this evidence applies to both internal working procedures in relation to their own agency and to inter-agency working].** • **Is there evidence to show that the activity undertaken was compliant with relevant legislation, including the *Adult Support and Protection (Scotland) Act 2007*?** • **Where complaints were made by the at-risk person, his/her representative, or by professional staff, does subsequent investigation show that correct procedures were followed?**
7.2	High quality team work was evidenced	• **Is there evidence to show that the timing and content of communication between staff of different agencies was timeous and appropriate?** • **Is there any evidence to suggest that there were delays in transferring information between agencies or that the information transferred was incomplete or inaccurate?**

7.3	Recruitment & staff retention are sufficient to ensure effective adult protection	• **Is there evidence from case reviews that operating procedures were not complied with because of staff shortages?**
7.4	Staff members felt supported during and after the case	• **Do staff interviewed report adequate supervision and emotional support during & after the case?**

C: Quality Indicator 4 Evaluation area 7: Quality of policy, service development, planning and performance management. Achievement of quality aims

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome?
7.1	Staff members in the case were fully competent	
7.2	High quality team work was evidenced	
7.3	Recruitment & staff retention are sufficient to ensure effective adult protection	
7.4	Staff members felt supported during and after the case	

D: Quality Indicator 4 Area 7: Quality of policy, service development, planning and performance management: Employee support. Assessment criteria

All agencies involved in adult protection have sufficient resources to meet their statutory obligations and develop services in line with planned strategic developments.

Excellent	Resource availability permits all strategic and operational aspects of activity to be implemented by all partners and is managed efficiently to this end
Very Good	Resource availability permits strategic and operational aspects of activity to be implemented by all partners and is managed efficiently to this end, though a small number of minor objectives are not achieved because of lack of resources
Good	Overall resource availability and management permit realisation of planned adult protection activity to be carried though one or two partners are unable to meet some minor aims
Adequate	Resources and their management enable adult protection activity to be carried through effectively though limitation lead to some key objectives not being met
Weak	Adult protection activity is impaired because of poor management of resources or insufficient resources to meet key objectives
Unsatisfactory	Significant weaknesses in supporting and/or protecting adults at risk of harm have been identified as occurring because of lack of resources or poor management of existing resources across partners

There are major shortcomings in delivering key aspects of adult protection activity on the part of at least some of the partners and key elements of the strategic/business plan cannot be implemented because of lack of resources.

E: Quality Indicator 4 Evaluation Area 7: Quality of policy, service development, planning and performance management. Employee support. Overall self evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 4 Area 7	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 4 EVALUATION AREA 8

Resource management

A: Quality Indicator 4 Evaluation Area 8: Quality of policy, service development, planning and performance management. Resource management. Evidence and outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
8.1	Financial management was optimal for adult protection work	Presentation of financial statements on adult protection activity and reports by officers of any limitations imposed on their work	Clear forward planning of adult protection activity in relation to available resources	**Review by Adult Protection Committee resourcing of activities**
8.2	Resources are adequate for partnership working	Review of adult protection budgets relative to objectives	Adult protection activity is adequately financed	**Review by Adult Protection Committee resourcing of activities**

B: Quality Indicator 4 Evaluation Area 8: Quality of policy, service development, planning and performance management. Resource management. Guidance

	What key outcomes in protecting at-risk adults have we achieved?	Evidence
8.1	Financial management was optimal for adult protection work	• **Is there any evidence that AP activity was impaired by resource constraints? [Note: this includes training, data recording and sharing, communication strategy, as well as front-line protection work]** • **Did resource constraints limit what might have been done?**
8.2	Resources are adequate for partnership working	• **Was partnership working and all the related activities (including joint training, APC activity, attendance at meetings, GP involvement) adequately resourced?**

C: Quality Indicator 4 Evaluation Area 8: Quality of policy, service development, planning and performance management. Resource management. Achievement of quality aims

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome?
8.1	Financial management was optimal for adult protection work	
8.2	Resources are adequate for partnership working	

D: Quality Indicator 4 Area 8: Quality of policy, service development, planning and performance management: Resource management, Assessment criteria

All agencies involved in adult protection have sufficient resources to meet their statutory obligations and develop services in line with planned strategic developments.

Excellent	**Resource availability permits all strategic and operational aspects of activity to be implemented by all partners and is managed efficiently to this end**
Very Good	**Resource availability permits strategic and operational aspects of activity to be implemented by all partners and is managed efficiently to this end, though a small number of minor objectives are not achieved because of lack of resources**
Good	**Overall resource availability and management permit realisation of planned adult protection activity to be carried though one or two partners are unable to meet some minor aims**
Adequate	**Resources and their management enable adult protection activity to be carried through effectively though limitations lead to some key objectives not being met**
Weak	**Adult protection activity is impaired because of poor management of resources or insufficient resources to meet key objectives**
Unsatisfactory	**Significant weaknesses in supporting and/or protecting adults at risk of harm have been identified as occurring because of lack of resources or poor management of existing resources across partners**

There are major shortcomings in delivering key aspects of adult protection activity on the part of at least some of the partners and key elements of the strategic/business plan cannot be implemented because of lack of resources.

E: Quality Indicator 4 Evaluation area 8: Quality of policy, service development, planning and performance management. Resource management. Overall self-evaluation

	Overall judgement; 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 4 Area 8	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

QUALITY INDICATOR 5 EVALUATION AREA 9

Governance & Leadership

A: Quality Indicator 5 Evaluation Area 9: Governance & Leadership: Evidence & outcomes

	What key outcomes in protecting at-risk adults have we achieved?	Evidence	Outcome	Source
9.1	The adult protection framework is clearly specified and integrated	There is single source from which a full picture of interagency policy and practice may be gained	The context in which adult protection activity is conducted is barrier free with respect to policy and practice	**Documentation**
9.2	There is clear leadership from agencies' managers	There are designated lead officers in all agencies who can identify and substantiate their roles	Line management decision making is clear and unambiguous	**Interviews and policy documents**
9.3	Leadership ensures steps are taken to develop staff members' effectiveness	Content of supervision sessions and training initiatives	Staff members are up-to-date with good local and national practice	**Interviews and policy documents**
9.4	Leadership ensures steps are taken to develop partnership working	Minutes of meetings/ communications between lead managers across agencies	Agencies work together as one unit while observing their individual responsibilities	**Interviews, minutes of meeting**

9.5	Leadership with respect to improvement and change is evident	Lead managers respond to information from cases (e.g. critical case reviews) and summative self-evaluations in order to improve practice	Adult support and protection practice continues to improve	**Interviews and policy documents**
9.6	The Adult Protection Committee fulfils its statutory role	The APC can identify the actions taken to meet the specific statutory requirements of the *Adult Support and Protection (Scotland) Act 2007*	Overall guidance of the local adult protection service meets national standards and objectives	**The Independent Convenor's biennial report to the Scottish Government**

B: Quality Indicator 5 Evaluation Area 9: Governance & Leadership: Guidance

	Quality indicator How good are our governance & leadership	Evidence
9.1	The adult protection framework is clearly specified and integrated	• **Do the several agencies (local council, health, police, care commission etc.) involved in providing support for at-risk individuals have their own clearly stated operating procedures?** • **Are these integrated in a single, overarching statement of AP procedures?**
9.2	There is clear leadership from agencies' managers	• **Does each agency in the AP partnership have an identifiable designated officer responsible for managing staff?** • **Within this structure, are the lines of accountability clearly stated?**
9.3	Leadership ensures steps are taken to develop staff members effectiveness	• **Does the partnership have a clear strategy in place to provide training for staff across the agencies and services?** • **Is there a system of supervision in place to ensure that staff receive feedback on their AP practice?**
9.4	Leadership ensures steps are taken to develop partnership working	• **Is a proactive approach to partnership working emphasised in training?** • **Are the strengths and weaknesses of partnership activity formally noted by the APC (e.g. in committee minutes)?**

9.5	Leadership with respect to improvement and change is evident	• **Is the APC actively working (through self-evaluation and on-going case reviews) to identify weaknesses in policy or practice?** • **Is there evidence to show that steps have been taken to address such weaknesses that may have been identified?** • **Is there a business strategy or development plan which specifies aims of AP and which provides a template against which to assess the need for improvement?**
9.6	The Adult Protection Committee fulfils its statutory role	• **Does the APC keep under review its activities with respect to its obligations under the *Adult Support and Protection (Scotland) Act 2007* and ensure that these are reported in its biennial report to the Scottish Government?**

C: Quality Indicator 5 Evaluation Area 9: Governance and leadership: Achievement of quality aims

	What key outcomes in protecting at-risk adults have we achieved?	How well have we achieved this outcome? Note areas of strength and possible improvement
9.1	The adult protection framework is clearly specified and integrated	
9.2	There is clear leadership from agencies' managers	
9.3	Leadership ensures steps are taken to develop staff members effectiveness	
9.4	Leadership ensures steps are taken to develop partnership working	
9.5	Leadership with respect to improvement and change is evident	
9.6	The Adult Protection Committee fulfils its statutory role	

D: Quality Indicator 5 Evaluation Area 9: Governance and leadership: Assessment criteria

The adult protection governance framework is clearly stated, transparent and integrated across all relevant agencies and good leadership from senior officers and the Adult Protection Committee ensures progressive improvement

Excellent	**The governance framework is clearly articulated, transparent and stated, while leadership is effective in all aspects of adult protection policy and implementation. Active improvement of adult support and activity is clearly evidenced. The Adult Protection Committee fully realises its statutory role.**
Very Good	**The governance framework is clearly articulated, transparent and stated, while leadership is effective in most aspects of adult protection policy and implementation. Active improvement of adult support and protection activity is clearly evidenced. The Adult Protection Committee fully realises its statutory role.**
Good	**The governance framework is clearly articulated, transparent and stated though some weaknesses were evident. Leadership is effective in most aspects of adult protection policy and implementation. Active improvement of adult support and protection activity is clearly evidenced. The Adult Protection Committee fully realises its statutory role.**
Adequate	**The governance framework is generally clearly articulated, transparent and stated, while leadership is effective in most, but not all, aspects of adult protection policy and implementation. Active improvement of adult support and protection activity is evident but could be more thoroughgoing. The Adult Protection Committee's work requires further development to meet its statutory role.**
Weak	**The governance framework clearly requires significant development, while there is evidence of significant failures in leadership across several agencies. Active improvement of adult support and protection activity is very limited while the statutory role of the Adult Protection Committee requires significant development.**
Unsatisfactory	**The governance framework is poorly developed and lacks clear articulation and transparency. Overall leadership in a number of agencies is poor or lacking. There is no evidence of improvement activity. There are significant failures on the part of the Adult Protection Committee in fully realizing its statutory role.**

The governance framework is poorly stated and lacks transparency while overall leadership is ineffective and the adult Protection Committee fails in significant ways to meet its statutory requirements. There is no evidence of measures to ensure progressive improvement

E: Quality Indicator 5 Evaluation Area 9: Governance & leadership. Overall self-evaluation

	Overall judgement: 6-point scale		How well have we achieved this outcome? Note areas of strength and possible improvement
Quality Indicator 4 **Area 8**	**Excellent**	☐	
	Very good	☐	
	Good	☐	
	Adequate	☐	
	Weak	☐	
	Unsatisfactory	☐	

What is our capacity for improvement?

QUALITY INDICATOR 6 EVALUATION AREA 10

F: Integration of judgements of individual quality indicators recorded in "E" templates

NB: 1 the rows of this template are obviously expandable, i.e. there could be several sheets for each quality indicator area if this is required. 2 Connections should be made here across the nine evaluation areas, e.g. dissatisfaction on the part of family members may reflect lack of training in involving families in protective activity

QUALITY INDICATOR	EVALUATION AREA	RATING	STRENGTHS AND AREAS FOR IMPROVEMENT
What key outcomes protecting at-risk adults have we achieved?	QI-1/Evaluation Area 1: Is the at-risk adult safer as a result of our activity?		**Strengths:**
			Improvement Areas:
How well do we meet the needs of family & person at risk stakeholders?	QI-2/Evaluation Area 2: How well do we meet the needs the at- risk adult and their family		**Strengths:**
			Improvement Areas:
How well do we meet the needs of staff stakeholders?	QI-2/ Evaluation Area 3: How well do we meet the needs of staff?		**Strengths:**
			Improvement Areas:

Continued……F: Integration of judgements of individual quality indicators recorded in “E” templates

How well do we meet the needs of community stakeholders	QI-2/ Evaluation Area 4: Is the community engaged in adult protection		**Strengths:**
			Improvement Areas:
How good is service delivery for at risk adults and families	QI-3/Evaluation Area 5: How good is service delivery for at risk adults and their families?		**Strengths:**
			Improvement Areas:
How good is our operational management?	QI-4/ Evaluation Area 6: How effective are our policy and practice?		**Strengths:**
			Improvement Areas:
How good is our employee support operational management?	QI-4/ Evaluation Area 7: How well do we support staff?		**Strengths:**
			Improvement Areas:

Continued……F: Integration of judgements of individual quality indicators recorded in “E” templates

How good is our operational resource managemenr?	**QI-4/Evaluation Area 8: How well do we manage our resources?**		**Strengths:**
			Improvement Areas:
How good are our governance and leadership?	**QI-5/Evaluation Area 9: How good are our governance and leadership?**		**Strengths:**
			Improvement Areas:

6. Review process:

The planning group which initiated and guided the self-evaluation should have responsibility for on-going review of the implementation of the action plan. Reporting should be to the relevant Adult Protection Committee and through the independent convenor to the Chief Officer Group.

Both action plan and overall self-evaluation should in due course inform the independent convenor's biennial report.

G. Narrative summary of areas on which to build and improve. This should cross-cut from the summary in template F, i.e. an area of improvement may require action in relation to more than one, e.g. failures to provide supportive action for adults may reflect lack of clarity in operational policies and/or staff training.

Template H: Improvement actions

Improvement action	How will achievement be evidenced?	Who will be responsible	Completion date	Resource requirements	Review & reporting

Appendices

Appendix A: Leaflet for the adult who has been identified as having been at risk of harm

This may be modified to meet the communication needs of the person including the development of easy-read formats.

This leaflet will give *you* information on why we want to look at your files

Who Are We?

[Name of local authority] Adult Protection Committee makes sure that people get the help they need when they need it and are protected from harm.

The Committee has representatives from:

- social work
- health
- housing (if involved in the case)
- police (if involved in the case)
- voluntary sector (if involved in the case)
- fire and safety service (if involved in the case)
- plus other organisation e.g. The Care Commission; Procurator Fiscal's Office (if involved in the case)

What are we doing?

Our job is to keep people from all kinds of harm – including physical harm by other people, sexual harm, financial exploitation and neglect. One way we can improve how we do this is to look carefully at the way in which we have supported people who may have been harmed. To do this we look through all their records and talk with them about how well they feel they have been protected.

Do we need your permission to look through your records?

We won't do this unless you have given us permission. To show you agree we will ask you to sign a *consent form*. We will only ask you do this *after* we have explained more about what we will do. ***You should sign this only if you agree that we can look at your records.***

What if I don't want my records to be looked at?

That is OK. If you do not sign the consent form we will *not* look at your records.

What will we look at?

We will look at files and records from services that **may** have supported you and your family. These may be records made by:

- the social work department
- the police (if involved in the case)
- the housing department (if involved in the case)
- health services including your doctor
- if you are attending college or receiving education, then your educational records will be looked at

What happens next?

You do not have to do anything. If you agree we will look at the files and decide how we can improve the ways in which we protect people from harm in your area.

We will then write a report that will help us plan how we can support adults and their families better in the future.

Questions

1. **Will my files be safe?**

   We will make sure that your files are kept safe and will only be looked at by the team who will review the files. Then they will be kept in a secure and safe locked cabinet and office at all times and will be returned promptly to whoever provided them.

2. **Will my name be used?**

   No! At no time will your name be used. No names or addresses will ever be used or written down.

3. **Why are you doing this?**

   By checking files we can look at what made a difference to you and other people so we can make sure others get the same help.

   If you did not get the help you needed we will find this out. This will help us improve the help we give in future.

IF YOU WANT FURTHER INFORMATION PLEASE SPEAK TO THE PERSON WHO GAVE YOU THIS LEAFLET

Appendix B: Consent form for the adult who has been identified as having been at risk of harm

Name of person:

Name of person's principal representative:

Name of worker offering consent or refusal:

I **agree / do not agree** (delete as appropriate) to the review of my case files held in respect of the support I may have received to protect me from harm for the purpose of identifying areas of improvement in services.

All information will be dealt with in the strictest confidence and with sensitivity and neither myself nor my family or friends will be identified at any stage. I have received the information leaflet explaining this and understand what is going to happen.

Signed:

Printed name:

Date:

Worker:

Date:

Appendix C: Leaflet and consent form for the representative of the adult who has been identified as having been at risk of harm

This leaflet will provide information about the review process which will be carried out by [Name of Adult protection Committee]

The (Name of APC) Adult Protection Committee is committed to improving services for adults at risk of harm. One of the key areas for the committee is to make sure that the support and work carried out by services is the best possible standard to protect adults and their support families. In order to do this we plan to look at files and records held by key services in cases where we have set out to protect adults from alleged or actual harm. We may also ask to interview the person involved in the case and yourself – though *there is absolutely no obligation on your or them to agree.*

Purpose

The purpose of this work is to:

- identify where we can improve our services
- identify good work so we can build on this

We will not be reviewing the decisions and support made to protect the person you represent.

Which Files?

The files we wish to look at will be:

- social work department adult protection files
- records held by the police concerning the protection of the person you represent (if involved in the case)
- core health records relating to adult protection
- any relevant housing records
- any relevant records held by other agencies involved
- educational records if relevant

Confidentiality

At all stages, details of the person and the case will be strictly confidential. At no time will the person be identified in anything we write or report.

The files will be brought to a central office & will be securely stored and later returned to the appropriate service. ***No-one other than the self-evaluation team will have access to the files.***

Self-evaluation Teams

The self-evaluation teams will have representatives from:

- the social work department
- health services
- the housing department (if involved in the case)
- the police (if involved in the case)
- voluntary sector
- education if relevant
- any other agency which may have been involved

Consent

We would like your agreement to self-evaluating the files held on the person you represent in order to help us improve services for adults in: Name of local authority area. You will be given a form to sign if you agree to this. ***If you do not agree we will <u>not</u> look at the files relating to the person you represent:***

For further information please contact the person who contacted you regarding this form.

I agree/disagree to you evaluating the files concerning the person I represent.

Signed:

Printed name:

Date:

Worker:

Date:

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This document is also available on the Scottish Government website:
www.scotland.gov.uk

APS Group Scotland
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