ASP TRIPARTITE AUDIT NO. 3 (2017)

The third Tripartite Audit was conducted June-July 2017. It involved staff from Social Work, Health and Police Scotland.

Focus of the audit was around outcomes related to three indicators which had been agreed by the APC taken from Professor Hogg's model three years ago. A pre-tested, revised audit tool was used to collate the information.

METHODOLOGY

SAMPLING & AUDIT TOOL

A total 30 cases were sampled - 10 from each social work locality. All 30 cases audited were at ASP investigation stage during quarter 3 period (Oct-Dec 2016). Some of these cases will have moved on and recorded as either 'no further action' or 'signposted elsewhere' or 'ASP actioned' e.g. gone on to case conference.

The audit tool was used to collate ASP information from social work and police case files. The consent issue with health remained (as was the case for all the three tripartite audits) so no health case files were read.

FILE READERS

A range of file readers participated in the audit from across the three agencies.

INFORMATION COLLATED

Three indicators were audited. Each indicator was defined by a set of outcomes crucial to ASP practice which were measured via questions on the audit tool. The responses to questions were recorded accordingly e.g. could be 'fully', 'partially' or 'not at all' evidenced on reading individual casefiles.

In addition to this, file readers were asked to rate each indicator section as excellent, very good, good, adequate, weak, or unsatisfactory.

The following indicators & outcomes were measured as part of the audit:

INDICATOR 1 - IS THE 'AT RISK ADULT' SAFER AS A RESULT OF OUR ACTIVITY (SAFE FROM HARM)?

Outcomes

- Risk to adult or others is recognised and responded to and reduced (AP1 completed)
- Initial response to the allegation of harm is effective in establishing a proportionate protective framework for the adult at risk/ adult risk to others (DTI stage)
- An effective risk management plan is established and implemented ensuring support and protection (AP2 & case conference)
- The individuals wider needs are addressed and met following appropriate assessment

INDICATOR 2 – THE 'AT RISK PERSON' AND THEIR FAMILY ARE SUPPORTED (RESPECT & DIGNITY)

Outcomes

- Where relevant, the capacity to communicate and consent is systematically established and documented
- The at risk person is listened to, understood and his or her views are respected
- With consent of 'at risk adult', family members are informed and of all significant developments during the protection process and given the opportunity to express their views or their views withheld
- Independent representation through advocacy is available to the at risk/ risk to others adult
- The human rights of the at risk adult are observed at all times
- The overall quality of life of the person is improved (only at case closure – final review)

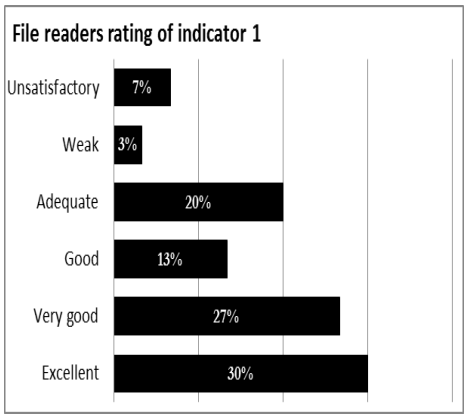
INDICATOR 3- HOW GOOD IS SERVICE DELIVERY FOR AT RISK ADULTS AND THEIR FAMILIES (MULTI AGENCY INVOLVEMENT)

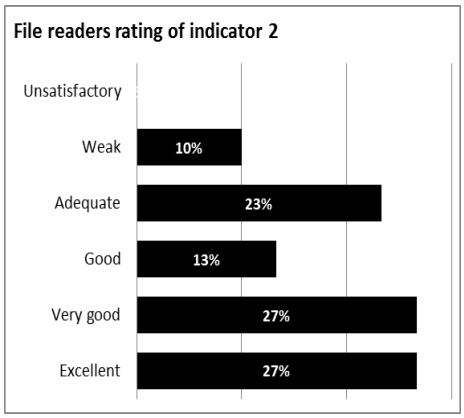
Outcomes

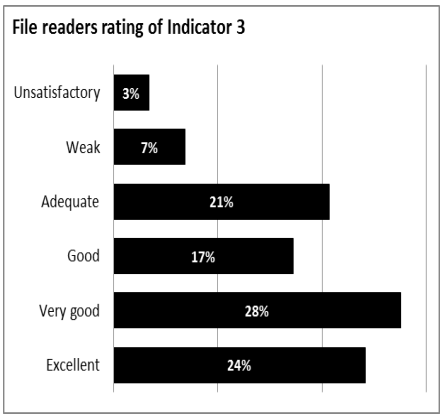
- Decisive and consistent leadership in the management of the case is evidenced
- The process of planning to meet needs is systematically progressed through the case
- Agencies clearly understand each other's roles and responsibilities
- Agencies share information efficiently
- When a case is concluded a final interagency review of the case is undertaken

ANALYSIS

OVERALL RATING OF FILES







90% of files read for indicator 1 were rated between excellent to adequate and 10% as weak/ unsatisfactory

90% of files read for indicator 2 were rated between excellent to adequate and 10% as weak

90% of files read for indicator 3 were rated between excellent to adequate and 10% weak/ unsatisfactory

ISSUES INFLUENCING FILEREADER RATING INDICATORS

Overall ratings of indicators above were influenced by the following issues:-

1. File readers relied mainly on social work information system (carefirst) to evidence client information for all 30 cases. Health files were not made available and Police Scotland files were only available for a small number of cases (where police was referral source).
2. Recording was an issue in some files e.g:-
   - Information was either missing or not recorded properly or was wrongly completed.
3. Staff in their recordings had missed some opportunities in supporting the individual at risk e.g:-
   - In the main, appropriate professionals could have been contacted i.e. psychologists/psychiatrist/GP/ housing/ women's aid/ older people services/ advocacy
   - More follow up work could have been done by Police Scotland in one of the cases. In another case, file readers felt an update could have been provided by the police. In another case it was highlighted that there was poor partnership work with the police.
4. Information taken from any computer system or written notes is only as good as what has been input. However, a great degree of work carried out by practitioners across the 3 agencies is not always reflected in the write up of client notes on systems.

FINDINGS RELATED TO OUTCOMES

Audit findings reporting 70% or plus as fully evidenced are bulleted as o

A. INDICATOR 1 SAFE FROM HARM

1. **Risk to adult or others recognised/ responded/ reduced (70%+rated fully in all 4 areas)**
   - o Glasgow ASP procedures - 3 point test noted
   - o AP1 completed
   - o Relevant agencies involved
   - o Home visits carried out
2. **Effective protective framework established (70%+rated fully in 4 out of 6 areas)**
   - o Reporting was immediate/ appropriate
   - o Children services were informed
   - o Relevant agencies were informed
   - o Allegation of harm was proportionate to risk
   - Individual consent was discussed (54% fully) –23% partially and 23% not at all.

     Opportunities to get consent begin at the referral stage and feature throughout the ASP process. At times it cannot be obtained due to capacity issues of the adult at risk and sometimes due to the nature of the concern their consent may be overridden i.e. evidence of a crime being committed.

   - Individual safeguarded against perpetrator (68%) –23% partially and 9% not at all.

     Due to the nature of ASP and the interplay between capacity and choice – it is not always possible to safeguard – especially when the harm is caused by a family member. Other areas of harm i.e. domestic violence has shown that it often takes a number of episodes of harm before an adult is able, or be supported, to take measures to safeguard themselves.

3. **Individuals wider needs addressed & met with appropriate assessment (70%+rated fully 4 out of the 5 areas)**
   - o Wider health needs assessed
   - o Social/ health needs documented/ evidenced
   - o Relevant professional/ agencies fully involved
   - o Needs discussed with individual/ reps
   - Wider social needs addressed (67%) –30% partially and 3% not at all.

     Addressing wider social needs are not possible to be addressed within the timescales of ASP – but deficits are identified via the ASP processes along with protective factors.

4. **Effective risk management plan is established & implemented (70%+rated fully 1 out of the 6 areas)**
   - o Responsibility for plan implementation clear
   - Timescales met - Duty to inquire (63%)/ investigation (50%)/ case conference (40%)

     This relates to the completion of the three stages for ASP which were formally set at 5, 8 and 10 days. Historically this has been problematic nationwide and agreement has been given to moving to 20 days from referral to case conference.

     Reasons for delays especially at investigation stage can be related to the need to secure information i.e. financial information from third sources which will then impact on case conference timescales or inability to access the adult due to hospital admission etc.., However, it was noted that this did not have an impact on the overall protective process.

   - Risk identified/ stated/ detailed (67%) –30% partially and 4% not at all

- Risk management procedures discussed & evidenced with adult at risk reps (52%) –33% partially and 11% not at all.
- Appropriate outcomes identified/ achieved (60%) –36% partially and 4% not at all
- Monitoring/ reviewing of plan stated and followed in practice (62%) –29% partially and 9% not at all

Evidence is low in this area due to difficulty in accessing information from EDRMS (decision letters & minutes) and carefirst. EDRMS is still relatively new and there is variation across the city in how the information is stored on it.

B. INDICATOR 2 RESPECT & DIGNITY

Audit findings reporting 70% or plus as fully evidenced are bulleted as o

1. **Capacity to communicate & consent is systematically established/ documented (70%+rated fully in both areas)**
   - Capacity independently determined
   - Communicative ability independently determined
2. **At risk person is listened to/ understood/ views respected (70%+rated fully in all 6 areas)**
   - Listened to
   - Views respected
   - Process sensitive to his/ her needs
   - Representative listened to
   - Reps views respected
   - Process sensitive to reps needs
3. **Independent advocacy service/ rep (70%+rated fully 1 out of 6 areas)**
   - Input from rep is documented
   - Access to advocacy service is available (44%)- 4% partially and 52% not at all. This does not show whether advocacy service was offered only that it was made available.
   - Input from advocacy is documented (38%) – 15% partially and 46% not at all
   - Input form advocacy influenced outcome (28%)- 71% not at all
   - Has access to representative other than advocacy (62%)- 21% partially and 17% not at all
   - Input from rep influenced outcome (58%)- 19% partially and 10% not at all

   Consideration of advocacy is a question on the DTE eform – however completion of this is not required on the eform – which may indicate that it, was considered but not recorded or that it was considered but not recorded or that it was offered but refused.

   The audit only recorded when advocacy was made available.

   The Act also requires consideration/ involvement of the adult's family and as such many adults may choose to have representation from family or friends.

   Day to day experience shows advocacy are more involved when referrals proceed to investigation and case conference.

   The recent advocacy audit outcomes when shared should serve to highlight the benefits of advocacy.
4. **Human rights are observed at all times (70%+rated fully 3 out of 4 areas) (Please note most of these questions were subjective to file reader views)**
   - Reasonable attempt made to communicate with person
   - Protective measures are not too restrictive

- Protective strategy is proportionate to assessed risk

- family members informed of their rights for ASP (42%) – 37% partially and 21% not at all

The rights of adults be advised of their rights and not to consent unless evidence is shown of undue influence is a fundamental principle of the Act. The absence of these perhaps recording issues – recent training in relation to recoding in ASP will help to demonstrate the need for clear recording in this area. The development and distribution of an ASP leaflet will support evidence of these underpinning principles along with further guidance in terms of recording.

5. **Overall quality of life is improved (70%+rated fully in no areas)**
   - Greater sense of safety (48%) – 41% partially and 11% not at all
   - Improved social relationships (43%) – 24% partially and 33% not at all
   - Increased social/ community engagement (30%) – 30% partially and 40% not at all
   - More positive outlook on life (33%) – 24% partially and 43% not at all
   - General sense of wellbeing (39%) – 35% partially and 26% not at all

A number of factors impact on assessing this outcome particularly when risk is by a family member and the adult has capacity. The indicators for 'sense of safety' and 'inappropriate support…' feature highest and such may indicate a degree of the benefit of ASP processes which may develop a sense of resilience in the adult to take measures to reduce future risks in the future, if not able to do so now.

C. INDICATOR 3 – MULTIAGENCY INVOLVEMENT

Audit findings reporting 70% or plus as fully evidenced are bulleted as o

- **Decisive and consistent leadership is evidenced across agencies (70%+rated fully 2 out of 3 areas)**
  - Multiagency lines of responsibility/ accountability
  - Interagency working person identified
  - Any confusion over roles/ responsibilities (17%) fully, (14%) partially and 69% not at all
- **Planning to meet needs is systematically progressed (70%+rated fully in no areas)**
  - Actions for protective strategy minuted & followed through (61%) – 32% partially and 7% not at all
  - Responsibilities are clearly delegated/ reviewed (65%) – 27% partially and 8% not at all

This may be down to familiarity with SW recording systems ie CF/ EDRMS – all ASP have decision letters/ minutes which document decision's and who is responsible for these decisions. Minutes are now recorded within CF which will aid access.

- **Agencies clearly understand each other's roles/ responsibilities (70%+rated 1 out of 2 areas)**
  - Agency understands its own roles/ responsibilities
  - Agency involved understands roles/ responsibilities of other agencies (69%) – 24% partially and 7% not at all
- **Agencies share information efficiently (70%+rated fully in both areas)**
  - Key information is shared with partner agencies
  - Referrer has been advised of the final outcome of this ASP case

Whilst this is an improvement from previous audits the lack of access to partner's records may have contributed to a lower score.

NEXT STEPS

- Continuous monitoring and review of ASP process is required
- Learn from findings of all three audits. Use excellent audit cases as models for practice. Also look at weak/ unsatisfactory cases and learn from them
- In addition to any further multiagency audits, agencies also need to audit their own ASP processes.
- Dialog and interaction with tripartite audit has been invaluable – both from the learning of each other's systems and from the networking.
- Three tripartite reports will be put onto ASP website.

APPENDIX 1 : TRIPARTITE AUDIT TOOL

CAREFIRST NUMBER ……

FILE READER NAMES ……

LOCALITY: **NORTH EAST** ☐ **NORTH WEST** ☐ **SOUTH** ☐

PART 1: THE AT-RISK/ RISK TO OTHERS PERSON AND THEIR FAMILY (SAFE FROM HARM)				
Risk to adult or others is recognised and responded to and reduced (AP1)				
Response to allegations of harm was:	**FULLY**	**PARTIALLY**	**NOT AT ALL**	**N/A**
1. Undertaken with Glasgow ASP operating procedures? (3 point test)				
2. Other agencies were involved? (intervention was necessary)				
3. Action under S7 of the Act (i.e. the right of entry for the purposes of carrying out enquiries) was indicated?				
4. If so, was a home visit carried out?				
Initial response to the allegation of harm is effective in establishing a proportionate protective framework for the at adult at risk/ adult risk to others (Duty to Inquire)				
	Yes	**No**	**Not Sure**	**N/A**
5. Was reporting immediate?				
6. Was reporting appropriate?				
7. Is there any possible risk to children?				
8. If so, were children's services informed?				
9. Have relevant individuals (i.e. agencies and non-perpetrator family members) been involved?				
10. Was this with the consent of the individual?				
11. The at risk adult was safeguarded against the perpetrator i.e. protection orders taken out				
12. 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]				
An effective risk management plan is established and implemented ensuring support and protection (AP2 & Case Conference)				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
13. Were appropriate timescales met? Duty to inquire Investigation Case conference				
14. Was a full and proper risk assessment undertaken?				
15. Were the risks identified clearly stated and detailed?				
16. Were the aims of the risk management plan specified and clearly stated?				
17. Were the risk management procedures discussed with the at risk adult and/or his/ her representative				
18. Was it clear where responsibility for the implementation of different parts of the plan lay?				
19. Were appropriate outcomes identified and their achievement noted?				
20. Were the procedures for monitoring and reviewing implementation adequate, clearly stated and followed in practice? (ASP reviews or core groups)				

The individuals wider needs are addressed and met following appropriate assessment (Assessments, MH records, Housing needs etc…,				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
21. Were the wider social needs of the at-risk/ risk to others adult assessed?				
22. If so, was this properly documented and evidenced?				
23. Were the wider health needs of the at-risk / risk to others adult assessed?				
24. If so, was this properly documented and evidenced?				
25. Was evidence provided to show that all the relevant professionals and agencies were fully involved in this process?				
26. Was the need for, and reasons behind, these procedures discussed with the at risk/ risk to others adult and/ or his/ her representative?				

File readers self-evaluation (part 1)		
Excellent		
Very good		
Good		
Adequate		
Weak		
Unsatisfactory		
Overall comments (please keep brief) in terms of our strengths and weaknesses.		

Question 3: S7 - This includes guidance on making visits, undertaking interviews, arranging medical examinations and examining records.

Question 5: Is the person in immediate danger – yes Make immediate referral to emergency services eg ambulance or police; no Staff member receiving the information must report the facts and circumstances to their line manager/manager in charge immediately

Question 12: PROTECTION & PROPORTIONALITY– enable those at risk to inform outcomes linked to proportionate & protective services & supports. Risks are managed. Harmful and abusive situations stopped.

Question 13: Timescales – 5 DTI; 8 Investigation; Case conference 20

PART 2: THE AT-RISK/ RISK TO OTHERS PERSON AND THEIR FAMILY (RESPECT & DIGNITY)				
Where relevant, the capacity to communicate and consent is systematically established and documented				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
27. Was communicative ability independently determined?				
28. Was capacity independently determined?				
The at risk person is listened to understood and his or views are respected				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
29. The 'at risk/risk to others adult' was listened to?				
30. His/ her views were respected?				
31. The whole process was sensitive to his/ her needs?				
32. The 'at risk/risk to others adult 'representative was listened to?				
33. Their views were respected?				
34. The whole process was sensitive to their needs?				
With Consent of 'at risk or risk to others adult', family members are informed of all significant developments during the protection process and given the opportunity to express their views or their views are withheld				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
35. Were adult at risk/ risk to others family members informed of the allegation of abuse?				
Independent representation through advocacy is available to the at risk/ risk to others adult				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
36. Did the 'at risk/ risk to others adult' have access to an independent advocate?				
37. Is the input from this independent advocate formally documented?				
38. Did the input from the independent advocate influence the outcome of the case?				
39. Did the 'at risk/ risk to others adult' have access to a representative?				
40. Is the input from this representative formally documented?				
41. Did the input from the representative influence the outcome of the case?				
The human rights of the at-risk adult are observed at all times				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
42. Were family members informed of their rights in terms of ASP?				
43. Have all reasonable attempts to communicate with the person been made?				
44. Does the person understand that he or she has a choice about protective measures?				
45. How far have the person's past and present wishes and feelings been taken into account?				
46. Are you aware of the person's values and beliefs and how they might influence their decisions?				
47. Has the person been encouraged to participate in the decision making process so far as possible?				
48. How far have person's representatives been consulted?				
49. Are the protective measures the least restrictive possible				
50. Is the person aware he/ she may have legal rights to challenge the protective arrangements?				
51. Is the protective strategy proportionate to the assessed risk?				

The overall quality of life of the person is improved (only at case closure – final review)				
	FULLY	PARTIALLY	NOT AT ALL	N/A
52. Evidence of greater sense of safety?				
53. Evidence of improved social relationships?				
54. Evidence of increased social and community engagement?				
55. Evidence of more positive outlook on life?				
56. Evidence of general sense of wellbeing?				
57. Appropriate social or clinical support, counselling or clinical intervention is provided				

File Reader overall self-evaluation (Part 2)		
Excellent		
Very good		
Good		
Adequate		
Weak		
Unsatisfactory		
Overall comments (please keep brief) in terms of our strengths and weaknesses.		

HOW GOOD IS SERVICE DELIVERY FOR AT RISK ADULTS AND THEIR FAMILIES (MULIT AGENCY INVOLVEMENT)				
Decisive and consistent leadership in the management of the case is evidenced				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
58. Multiagency working, lines of responsibility & accountability clearly stated?				
59. Named individual responsible for co-ordinating inter agency members have been identified?				
60. Is there any evidence to suggest that there was confusion over roles and responsibilities or that activity was not properly co-ordinated?				
The process of planning to meet needs is systematically progressed through the case				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
61. Are the actions required to progress the protective strategy properly minuted and followed through?				
62. are responsibilities at each stage of the process clearly delegated and reviewed?				
Agencies clearly understand each other's roles and responsibilities				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
63. Is there evidence that each agency involved understands its own role and responsibilities?				
64. Is there evidence that each agency involved understands roles and responsibilities of other involved agencies?				
Agencies share information efficiently				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
65. Key information is shared with partner agencies?				
66. Was the referrer advised of the final outcome of this ASP case?				
When a case is concluded a final interagency review of the case is undertaken				
	FULLY	**PARTIALLY**	**NOT AT ALL**	**N/A**
67. Was there an end of case review?				
68. Were the lessons for future AP activity made explicit?				
69. Were these communicated to partner agencies?				

File Reader overall self-evaluation for the at risk person and family		
Excellent		
Very good		
Good		
Adequate		
Weak		
Unsatisfactory		
Overall comments (please keep brief) in terms of our strengths and weaknesses.		