

Highland Protection Committee

Social Work Case Record Audit

Participation

1. Introduction

A group of 4 experienced and senior social workers undertook an audit of social work case records on 21 October 2022.

The focus of the Audit was to seek to evaluate how well service users and carers were participant in core Adult Protection processes.

Readers used an adapted "Scrutiny of Adult Protection Record Template" originally used by the Care Inspectorate.

The methodology was, then, an evaluation by social workers of records - which included descriptions of the participation of service users and carers - made by social workers. The findings, therefore, need to be seen as complementary to any information collected directly from service users and carers who have been involved in Adult Protection core processes about their experiences.

2. Demographics

2.1. **Sample:** 15 case records were sampled. Case records were part of a stratified sample which included records at Inquiry, Investigation, Case Conference and Review Conference stages

2.2. Age:

- 16-40 years old – 2 records
- 41-64 years old – 6 records
- 65+ years old – 7 records

2.3. Gender:

- Female – 9 records
- Male – 6 records

2.4. Ethnicity

- White – Scottish – 9 records
- White – Other – 1 record
- White – Other British – 2 records
- Not recorded – 3 records

2.5. Type of Harm

Emotional/Psychological	1 record
Financial	2 records
Neglect	1 record
Physical	2 records
Self Neglect	5 records
Sexual	2 records
Multiple	2 records

2.6. Primary Client Type

Alcohol/Substance misuse	4 records
Dementia	1 record

Frail Elderly	1 record
Learning Disability	2 records
Mental Health	3 records
Physical Disability	4 records

3. Involvement and Consultation/ Stages and Process

An initial evaluation was made to what extent that people were involved – at any level – in the key components of the core Adult Protection process. In respect of “Involvement” readers were simply looking for evidence that the individual’s views were sought; and/or that they were invited to join scheduled meetings etc.

3.1. Duty to Inquire	11 of 15 - Involved 4 of 15 - Not Involved	1 of 4 - due to safety issues arising 1 of 4 - due to a considered engagement strategy 2 of 4 – reason not recorded
3.2. Investigation	14 of 15 - Involved 1/15 - Not involved	1 of 1 - understood to be due to cognition and balance of risk
3.3. Case Conference	12 of 15 - Invited 3 of 15 - Not Invited	6 of 12 - Did not attend 4 of 6 - Choice not to 2 of 6 - Unclear/ not recorded 1 of 3 - deemed unable to participate 1 of 3 - choice not to participate already known 1 of 3 - part of considered engagement strategy
	11 of 15 4 of 15	Minutes circulated to all participants Minutes not circulated to all
3.4. Protection Plan	13 of 15 - Involved 2 of 15 - Not Involved	2 of 2 views known, but not reflected in Protection Plan
3.5. Review CC	12 of 15 - Invited 3 of 15 - Not Invited	6 of 12 Did not attend 4 of that 6 - Choice not to 2 of that 6 - Unclear/ not recorded 1 of 3 - deemed unable to participate

1 of 3 - choice not to participate already known
 1 of 3 - part of engagement considered strategy

13 of 15 Minutes circulated to all participants
 2 of 15 Minutes not circulated to all

3.6. Is there evidence that all dealings with the adult at risk of harm have adequately addressed all potential barriers [to involvement]?

12 of 15 Yes, barriers addressed
 3 of 15 No 1 of 3 - further assessments required
 1 of 3 - no attempt to explain process recorded
 1 of 3 greater communicative efforts evaluated to be required

3.7. Please rate the effectiveness of the support provided to the adult at risk of harm in respect of involvement and consultation in the Adult Support and Protection process?

Excellent (6) 2 records
 Very Good (5) 5 records
 Good (4) 7 records
 Adequate (3) -
 Weak (2) 1 record
 Unsatisfactory (1) -

Average 4.4 – Significantly better than Good.

For the most part there is evidence in the case records that individuals are consulted and participant in Adult Protection processes – at some level at least. Where they aren't this is usually recorded - and in one of the cases where the individual wasn't participant this was part of a carefully considered and successful intervention. Ultimately in 2 records there was little or now evidence to suggest that all dealings with the adult at risk of harm had adequately addressed all potential barriers to involvement.

4. Unpaid Carers

Readers also sought to ascertain to what extent unpaid carers were participant in core Adult Protection processes for those they care for. Of the 15 records read 4 records identified there was an unpaid carer involved.

As above, an initial evaluation was made to what extent that carers were involved – at any level – in the key components of the core Adult Protection process. In respect of “Involvement” readers were simply looking for evidence that the carer’s views were sought; and/or that they were invited to join scheduled meetings etc.

In terms of the appropriateness of involving carers at every stage; readers accepted that there can be situations where inviting an unpaid carer to be participant in meetings etc can be

problematic – an obvious example of this would be where the unpaid carer was considered to be the source of harm for the individual.

4.1. Identified	4 of 15 records where unpaid carer(s) was identified.	
4.2. Duty to Inquire	3 of 4 Involved	
	1 of 4 Not Involved	1 of 1 – recorded as not appropriate
4.3. Investigation	3 of 4 Involved	
	1 of 4 Not involved	1 of 1 – recorded as not appropriate
4.4. Protection Plan	2 of 4 Involved	
	2 of 4 Not Involved	2 of 2 – recorded as not appropriate
4.5. Case Conference	2 of 4 Invited	
	2 of 4 Not invited	2 of 2 – recorded as not appropriate
4.6. Review CC	2 of 4 Invited	
	2 of 4 Not invited	2 of 2 – recorded as not appropriate

For the most part there is evidence in the case records that unpaid carers are consulted and participant in Adult Protection processes or there is a record that this was considered to have been not appropriate. – at some level at least

5. Capacity and Independent Advocacy

Readers sought to evaluate to what extent Independent Advocacy (formal and informal) was part of the process of Adult Protection for individuals. Good practice points to Independent Advocacy being offered to people who are subject of Adult Protection processes. Where it was part of the record that Advocacy was not recorded or not wanted readers have, broadly, accepted this. However there were two cases where there was no record of Advocacy in cases which readers evaluated that the other circumstances recorded suggested they should have been

5.1. Advocacy	9 of 15 Offered	2/9 Received: 2/2 Helped 6/9 Not Received – Choice 1/9 Not Recorded
	6 of 15 Not Offered	4/6 Not needed 2/6 No – but should have been

1 of 6 Overall support for involvement was rated as ‘Good’ – and it was noted the individual was “well involved”. The need for Advocacy was highlighted, but this does not appear to have been followed through.

1 of 6 Overall support for involvement was rated as “Weak’ –adult was clearly seen as a potential source of harm and that –apparently allied to their difficulties with

cognition – meant they were not supported to have a particularly participative role in the protection planning process. Ostensibly it appears that this is a case where Advocacy could have been particularly helpful – but did not appear to be adequately explored. This appeared to be a significant failure.

5.2. Power of Attorney	14 of 15 1 of 15	No Power of Attorney in situ Local Authority Guardianship in place
5.3. Capacity	10 of 15 3 of 15 2 of 15 Unknown	Yes No 2 of 2: Concerns noted 1 of 2: Formal Assessment progressed 1 of 2: Need for Assessment recognised – but not progressed

6. Outcomes

The case record audit did consider what the outcomes of the Adult Protection processes were. However the sample would not be large enough to establish a significant relationship between the level of participation and levels of reduction in harm. Indeed readers audited cases where: there had been very little involvement that had significant reduction in potential for harm; and where there had been high levels of involvement and very little reduction in harm. There are more determinants than simply levels of participation when trying to understand what impacts on good outcomes in Adult Protection.

6.1. Improvements as expected	12 of 15: Yes 1 of 15: Yes, but not sustained 2/15: No
6.2. Poor Outcomes for individual?	3/15 – yes 1 of 3: Individual agency 1 of 3: Delay in Guardianship contributed 1 of 3: Delay in Capacity Assessment contributed

7. General Observations

As a final part of the audit, case record readers were asked to add their comments about what they considered to be 'Key Strengths' and 'Areas for Development'. For the most part readers found evidence of efforts by social workers to involve people and carers in core Adult Protection processes – which should provide some assurance to the Highland Adult Protection Committee. Clearly where they saw strong, relationship based empathic practice this would have affected their evaluation in respect of the effectiveness of the support provided to the adult at risk of harm in respect of involvement and consultation in the Adult Support and Protection process. There were, however,

records where there was no evidence that people had received invites to, and/or minutes from meetings etc.. Readers shared a common view that there should be routine recording of when participation was not sought – this also extended to offering Advocacy.

7.1. Key Strengths

Evidence of:

Relationship-based practice

Listening

Time and understanding

Individual's active involvement in agreements, etc

Individual's expressed views clearly supported

7.2. Areas for Development

Clearer recording, particularly of reasons for non-involvement in process

Decision-making in relation to Advocacy provision more clearly recorded

A clearer paper-trail in respect of the distribution of invites and minutes

The routine inclusion of individual's views at Investigation

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