Adult support and protection supported self-evaluation overview report

Adults for whom it is difficult to determine the three-point criteria

September 2025

care inspectorate

Healthcare Improvement Scotland

HMICS

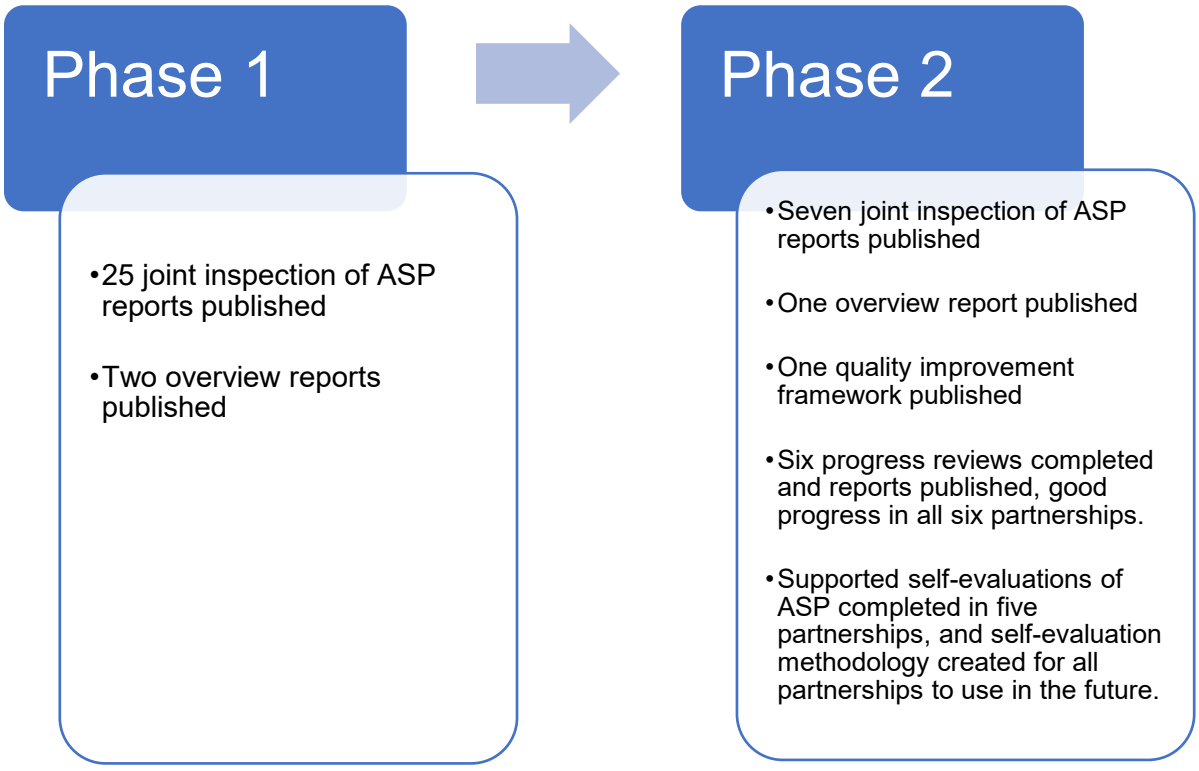
Contents

Background

The supported self-evaluation work outlined in this report builds on the joint inspections of adult support and protection that were undertaken between 2017-2024.

In July 2023, Scottish Ministers requested that the Care Inspectorate lead the second phase of joint inspection of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland (HMICS). Our second phase incorporated four workstreams and blended scrutiny with improvement-focused activity. This included progress reviews in partnerships where weaknesses outweighed strengths in phase one, and the development of an adult support and protection quality improvement framework to support self-evaluation activity across the sector.

Our fourth workstream in phase two commenced in January 2025 and was led by HMICS. It applied a unique approach to building capacity and promoting learning across the sector through supported self-evaluation. The joint inspection team worked with volunteer partnerships to co-design a methodology, looking specifically at adults at risk of harm for whom it is difficult to determine the three-point criteria.



Aims and Objectives

The **two key objectives** of this work were to:

1. Jointly evaluate initiatives that partnerships deployed to support decision-making about adults at risk of harm for whom it was difficult to determine the three-point criteria. We aimed to use the adult support and protection quality improvement indicator 5.7, which considers early intervention, prevention and trauma-informed areas of practice to support evaluation of the initiatives.

2. Jointly develop a supported self-evaluation methodology with partnerships. Thus, providing partnerships with an extensive learning opportunity and insight into self-evaluation and improvement.

In addition, other agreed key aims were:

- To better understand the lived experiences and outcomes of adults at risk of harm where there are escalating risks, repeated presentations or continuous referral to services and for whom it is difficult to determine the three-point criteria.

- In collaboration with partnerships, develop and deliver a programme of supported self-evaluation. This will support the development of the partnerships' capacity to independently conduct self-evaluation using the quality improvement framework for adult support and protection.

- Engage with partnerships to explore the joint delivery of adult support and protection arrangements to:

    - Understand the impact of early and preventative interventions on outcomes for adults at risk of harm

    - Understand the impact of multi-agency planning meetings, including interagency referral discussions on positive outcomes for adults at risk of harm

    - Identify and promote good practice, support national improvement through strategic engagement, constructive dialogue, and information sharing

    - Develop a comprehensive suite of tools and templates for self-evaluation of adult support and protection, to be published online for all partnerships in Scotland to use

    - Share learning through the publication of an overview report of findings.

It is anticipated that the overview report would enable the Institute for Research and Innovation in Social Services (Iriss) to build on successes more widely across the sector.

Volunteer partnerships were offered two ways to engage with this work:

1. To work collaboratively with the joint inspection team and share in the design and delivery of all supported self-evaluation activities. This included participation in delivery and collaboration groups, development of methodology including record reading, staff survey, analysis of supporting evidence, focus groups and completion of final self-evaluation.

2. To participate collaboratively with the joint inspection team in delivery and collaboration groups and development of the methodology, and in a desktop exercise to explore ways to strengthen their approach to adults for whom it was difficult to determine the three-point criteria. This would not include any reading of records or other self-evaluation activities. Instead, using the evidence from record reading in cohort one above, they would explore how to strengthen their approach to adults for whom it was difficult to determine the three-point criteria through a desktop exercise with the joint inspection adult support and protection team.

This approach maximised the joint inspection team's capacity and ensured learning was cascaded to a wider number of volunteer partnerships, including those whose initiatives were not yet fully developed or evaluated.

A glossary of terms used within this report is contained in Appendix 1.

Standard terms for percentage ranges

All	100%
Almost all	80-99%
Most	60-79%
Just over half	51-59%
Half	50%
Just under half	40-49%
Some	20-39%
Few	1-19%

Characteristics of adults with escalating risks

The supported self-evaluations focused on a particular cohort of adults who experienced escalating risk, were subject to multiple referrals and for whom it was difficult to determine the three-point criteria. Just under half of all adults at risk of harm whose records were read lived with mental illness, while some experienced problematic drug and alcohol use. Often, both factors were evident.

The number of adults at risk of harm living with mental illness and problematic drug and alcohol use was significant. It suggested that the largest groups of adults at risk of harm, with escalating risks for whom it was difficult to determine the three-point criteria, had these difficulties. This added complexity to the management of risk for these adults.

Some of the adults at risk of harm had more than 10 adult concern reports submitted by police to social work within the self-evaluation timeframe. For a few, the adult concern report total was much greater – hundreds in extreme cases. This suggested that multiple adult concern reports were a recurring factor for this group.

Most adults at risk of harm were subject to more than one contact with social work about their escalating risks and distress over the timeframe. A few had more than 10 of these contacts.

Significantly, just over half of adults at risk of harm had more than 10 scheduled or unscheduled contacts with a range of health services related to their escalating risks and distress. For a few, the total was much greater – hundreds of contacts in extreme cases. This suggested that multiple health contacts are an important recurring factor for this group.

Adults at risk of harm were subject to an adult support and protection screening process an average of five times. This suggests multiple screening episodes were a factor for this group.

Key messages

Key messages - Objective 1

- Adults at risk of harm living with mental illness were the largest care group in our sample of records. The second largest group was adults at risk of harm experiencing problematic drug and alcohol use. There was comorbidity between these groups.

- Multiple contacts with the police, leading to an adult concern report, and multiple scheduled and unscheduled contacts with health services were salient characteristics of our sample of records of adults at risk of harm.

- All the self-evaluation partnerships successfully and collaboratively supported adults with escalating risks for whom it was difficult to determine the three-point criteria. As a result of the early intervention and prevention initiatives in these partnerships, adults at risk of harm experienced positive safety and wellbeing outcomes.

- Interagency referral discussions and similar multi-agency early planning meetings enabled sound, collaborative decision-making when adults' circumstances were complex and difficult.

- Partnership staff were skilled and appropriately professionally curious about adult protection matters.

- Adults at risk of harm who were spoken to directly were consistently positive about their experience of adult support and protection.

Key messages - Objective 2

- Supported multi-agency self-evaluation is time-consuming and needs appropriate resourcing in terms of staff and overall capacity.

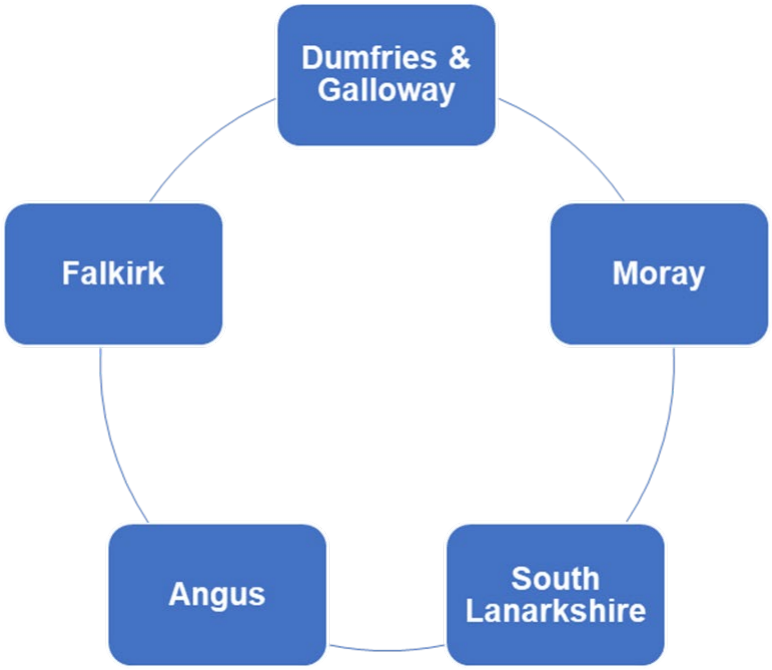
- Self-evaluation requires equal commitment from all partners.

- Where adequate resources are provided by partnerships, learning is impactful and develops knowledge and skills in the sector.

- Partnerships gain confidence in their determinations through self-evaluation, where external assurance is provided.

Self-evaluation partnership initiatives

Five adult protection partnerships volunteered to participate in this element of the programme and conduct self-evaluations of their adult support and protection arrangements for the cohort of interest. We are most grateful to these partnerships for volunteering to take part in this exercise. We extend our thanks to all their staff who worked diligently to accomplish the self-evaluations. Perth and Kinross withdrew partway through the process due to involvement in other inspection activities.



South Lanarkshire – Multi-agency high-risk and complex case group

The multi-agency high-risk and complex case group considered referrals of adults at risk of harm with escalating risks where it was difficult to determine if they meet the three-point criteria. It ensures that robust governance is exercised by senior managers. And effectively supports staff to pursue a way forward that keeps the adults at risk safe and enhances their wellbeing.

Dumfries & Galloway - Multi-agency safeguarding hub

Adult support and protection referrals are processed and triaged via a single access point. The multi-agency safeguarding hub procedure sets out that an initial referral discussion will be held where the adult may meet the three-point criteria and there are escalating risks, or where there is a complex situation that a multi-agency discussion might resolve. The multi-agency risk management framework is a forum for senior managers to review and provide direction. This is for those complex and high-risk situations where existing processes were unable to protect the adult at risk of harm. And for those who did not meet the three-point criteria but remained at risk.

Falkirk – Multi-agency protocol for applying clear and collaborative escalating thresholds

There was a well-established protocol for applying clear and collaborative escalating thresholds. It triggers consideration of an interagency referral discussion. There is a protocol, produced using feedback from adults with lived experience, for convening an escalating concerns case conference. They plan to introduce a STRIVE model where multi-agency partners meet regularly to consider lower-risk cases where early supportive intervention will prevent deterioration.

Moray - Interagency vulnerable adult process

There was a multi-agency interagency vulnerable adult (MIVA) process. Partnership representatives discuss individuals repeatedly flagged to social work via police concern reports. It is a supportive, collaborative person-centred framework – adults at risk are fully involved. Police concern reports have significantly reduced for individuals involved.

Angus - Early screening group

The early screening group was a well-established multi-agency forum that meets weekly to review referrals, primarily from police and housing related to adults at risk. It focuses on unallocated cases and those with escalating concerns, enabling timely decisions and early interventions. The group plays a key role in identifying vulnerable adults early, assessing risks collaboratively, and ensuring protective actions are taken promptly.

Approach to self-evaluation

Phase 1: Planning, engagement, and methodology development

Following a successful consultation phase, a delivery group chaired by a member of the joint inspection adult support and protection team oversaw progress and promoted interactive discussion between participating partnerships and the joint team as the methodology developed. Between delivery group meetings, collaboration groups were held across the country. These meetings enabled collaborative discussion to shape and define all the major components of an effective approach to the methodology of self-evaluation. This included the co-design of key elements such as:

- Inclusion criteria for the record reading cohort of adults at risk of harm
- Supporting evidence guidance and template
- Chronology or case synopsis guidance and template
- Staff survey and guidance
- Record reading guidance and template
- Focus group guidance and sample questions
- Lived experience guidance and template
- Analysis of evidence template
- Final self-evaluation reporting template.

Phase 2: Collaborative evidence jointly gathered and analysed

The joint adult support and protection inspection team and each local partnership together formed a joint self-evaluation team (JSET) which met collaboratively to undertake all self-evaluation tasks. These included:

Supporting evidence

- Relevant documentary evidence provides valuable background and contextual information about any initiative being evaluated. Analysis of the documents submitted by partnerships was recorded on a template aligned to quality improvement indicator 5.7 and discussed fully within a JSET meeting. Jointly reviewing information in this way improved the accuracy and reliability of evaluations, promoted transparency and a shared understanding of the initiative's aims and objectives. Each agency should always fully understand the operating procedures of any jointly delivered service prior to self-evaluation.

Staff survey

- It is crucial that the views of staff are collected, aggregated and understood as part of self-evaluation activity. A short staff survey was distributed in most partnership areas. This aimed to gather the views and experiences of staff working with the partnerships' initiative, and with adults at risk of harm. While the staff survey was completed by 70 members of staff across all the partnerships, distribution was focused mostly on those with direct experience of the partnerships' initiative. A wider circulation to staff on the periphery of the initiative may have enhanced the breadth and quality of feedback from the survey.

Record reading

- Because on this occasion section 115 of the Public Services Reform (Scotland) Act 2010 which underpins joint inspection activity did not apply, the approach to reading records was flexible. We agreed that each partnership would read records in line with their own individual local information sharing agreements between social work, health, and the police. These arrangements varied significantly. Partnerships provided either an anonymised case synopsis or chronology for each record that was read. This enabled the joint self-evaluation team to compare and better consider the impact of the partnerships' initiative. The joint inspection team members supported partnership staff reading records by facilitating discussion around each record and jointly capturing outcomes on the record reading template. The template was co-designed using a combination of qualitative and quantitative questions that effectively interrogated findings and promoted greater understanding and confidence in staff taking part. Data from record reading was analysed by the Care Inspectorate intelligence team and shared with partnerships as part of their learning and improvement journey. This was a central feature of the supported self-evaluation process. These arrangements varied significantly but were successful overall. That said, if greater consistency is to be applied to self-evaluation approaches going forward, scrutiny work will need to fall under the legislation set out above.

Focus groups

- Focus groups with staff were held in most partnership areas. Arrangements for chairing and recording these meetings varied. In some areas, these were chaired and scribed by the JSET, and in others solely by members of the joint inspection adult support and protection team. Some of the focus groups discussed adults whose records had been read with the staff team that had been involved. Others focused on the experiences of staff of the partnerships' initiative. All approaches to the focus groups worked well. It is critical in any multi-agency self-evaluation process that the views of staff are considered. This information enhances staff survey data and is crucial to the overall self-evaluation approach.

Views of lived experience

- All partnerships involved in the supported self-evaluation acknowledged the challenges of gathering feedback and views from people with lived experience. Guidance and prompts for engagement with adults at risk of harm were developed as part of the self-evaluation methodology. Some partnerships spoke directly to adults at risk of harm whose records were read using the materials developed. This worked well. Each partnership had carefully considered who would be the most appropriate person to contact the adult for their views, ensuring a trauma-informed approach and made great efforts to engage with adults, even though this was not always successful. Overall, adults spoken to reflected positively on their experience of adult support and protection. It was acknowledged that they felt included in decisions and that partnerships' diligent efforts to provide early intervention, prevention and trauma informed approaches kept them safe and enhanced their safety and wellbeing.

Analysis of evidence template

- All evidence gathered throughout the supported self-evaluation process was analysed in relation to the elements of Quality Improvement Framework 5.7. Individual members of the JSETused a well-designed self-evaluation analysis template that captured outcomes for each partnership. Over the course of a meeting, key strengths and areas for improvement were jointly agreed between the partnership and the joint inspection adult support and protection team. This was a time-consuming process. Crucially, we found partnerships were making accurate evaluations of their own performance. Overall, they accurately recognised what needed to be done to improve the initiative and other aspects of adult support and protection work, but welcomed the external assurance and validation provided by the joint inspection team.

Phase 3: Reporting

- In collaboration with the partnerships, it was agreed to complete a self-evaluation reporting template instead of a final report. Approaches to this varied. Some areas discussed, agreed and completed the self-evaluation template with the joint inspection team over the course of a day. In other areas, the partnerships took the lead to complete the template and then met with the joint inspection adult support and protection team for feedback. Final self-evaluation templates were subsequently presented to each adult protection or public protection committee to consider in relation to their improvement plan. Members of the joint inspection team attended committee meetings to further discuss this approach, reflect on learning, and support participating partnerships in their continuous professional improvement journey.

Key objective 1. What did we learn about the partnership's initiatives

Adults at risk's records read	49
Staff attended focus groups	61
Staff survey responses	70
Adults at risk spoken to directly	5

We used the illustrations provided in Quality Improvement Framework 5.7 to evaluate the partnerships' initiatives.

1. We recognise escalating vulnerabilities and risks.

Partnerships almost always effectively screened adults at risk of harm. Encouragingly, partnerships recognised adults' increasing risks and escalated matters accordingly for almost all adults at risk of harm.

Partnerships' screening processes for almost all adults at risk of harm were good or better. They were effective in almost all cases. This ensured the adult at risk of harm progressed to adult support and protection, was the subject of an interagency referral discussion or other early multi-agency planning meeting or was referred to an appropriate specialist support service.

Partnerships screened almost all adult protection referrals timeously. Almost all cases demonstrated strong collaborative partnership working. Practitioners clearly understood escalation policies and thresholds.

There were a few instances when an escalation policy was not applied. In these cases, adults who met the escalation criteria did not have their increasing risks identified and managed at an appropriate early stage.

2. We have escalation policies and procedures that jointly identify emerging concerns and escalation of risk for individuals.

In almost all cases, partnerships, through the application of their respective procedures and guidance, effectively recognised adults at risk of harm's increasing vulnerabilities and risks that needed to be escalated.

Partnerships adopted a multi-agency escalation policy in almost all cases. In a few cases, they used single-agency escalation procedures.

Partnerships had accessible and effective single and multi-agency escalation procedures and guidance. They set out roles and responsibilities that helped practitioners to recognise escalating risks and confidently share information with key partners.

3. We convene an interagency referral discussion (or early planning meeting), which social work, police and health attend. It is chaired by a manager, accurately recorded, discusses all risks, adults' views and signposts adults to early intervention support or preventative approaches (where relevant).

The partnerships almost always held a collaborative interagency referral discussion or similar multi-agency early planning meeting when necessary. These meetings effectively recognised escalating risk. Partnerships convened almost all collaborative discussions timeously and they were chaired by an appropriate member of staff.

Social work contributed to almost all meetings, while police and health contributed to most of them. Positively, in almost all cases, information was shared proportionately and appropriately, and almost all these meetings were well recorded.

Partnerships almost always correctly decided what needed to be done to ensure the safety and wellbeing of adults at risk of harm.

In all partnerships, interagency referral discussions and early multi-agency planning meetings were highly effective for ensuring partnerships took the right course of action for adults at risk of harm to ensure their future safety and wellbeing.

While there were some excellent examples of the views and of adults at risk of harm being elicited and recorded. In some partnerships, there was a need to improve the consideration of the views of adults at risk of harm in interagency referral discussions and other meetings when these were known.

4. We carefully consider the application of three-point criteria for all risks to the adult's safety, health and wellbeing at all stages of the process. We recognise factors that impact, impinge and detract from the adult's ability to make free and informed decisions to safeguard themselves. We accurately record decisions about whether the three-point criteria were met or not.

Partnerships almost always collaboratively and effectively assessed adults' risks. The impact of trauma, mental illness, substance misuse and the adult's own ability to safeguard were actively considered and contributed to informed decision making. The adults' views were sought, considered and recorded. In almost all cases, when adults did not meet the three-point criteria, they were signposted to appropriate support services.

Partnerships effectively applied and documented the three-point criteria.

Supporting staff through training and guidance to correctly apply the three-point criteria was an area for continuous improvement to ensure that application of the three-point criteria is reviewed when risks escalate, and that documentation is consistent and accurately reflects the details of decision-making.

5. We take account of the complexity, severity and persistence of trauma and other factors such as mental health and drug and alcohol use.

Almost all adults at risk of harm experienced a trauma-informed approach from partnerships' staff. This enhanced their safety and wellbeing.

Assessments effectively took account of historical information and adults at risk of harms' chronologies. This led to the identification of additional factors impacting on their experiences. Collaborative interagency referral discussions and other multi-agency early planning meetings adopted a cogent trauma-informed approach. It was encouraging that all partnerships had made good progress in developing trauma-informed approaches towards adults at risk of harm.

6. Council officers and other staff are appropriately curious.

Almost always, council officers and other staff were professionally curious. The adults at risk of harm derived considerable benefit from this. It supported the identification of secondary harms, which allowed for a holistic approach to supporting adults at risk of harm.

Multi-agency collaboration during interagency referral discussions and other multi-agency early planning meetings supported and directed professional curiosity. Staff demonstrated strong professional curiosity, engaging adults at risk of harm to identify signs of risk. This approach was essential in keeping adults at risk of harm safe and protected. To further improve early intervention and strengthen practice, staff should be encouraged to develop professional curiosity through ongoing learning and development opportunities.

7. Adults are engaged and involved in decisions about their lives. Their views are heard by professionals and recorded throughout the process. Where adults have not contributed views, reasons for this are recorded.

All partnerships were committed to ensuring that adults at risk of harm were actively involved in decisions that affect their lives. That said, only just over half of the records clearly recorded the views of the adults at risk of harm. Engagement with this cohort of adults at risk of harm had challenges but strong and persistent efforts were made and were a recurring feature of the records that were read.

8. When it is unclear if the adult meets the three-point criteria, we conduct a timely inquiry using investigative powers. This helps us decide if the adult meets the three-point criteria.

In most cases, partnerships appropriately conducted competent adult support and protection inquiries using investigative powers when necessary.

In situations where it was unclear if an adult met the three-point criteria, partnerships carried out competent, timely inquiries using investigative powers. They effectively engaged with the adult at risk of harm to establish their unique perspective about their risks, strengths, and concerns.

Conducting collaborative, effective inquiries with investigative powers with meaningful engagement with the adult at risk of harm is an area for continuous improvement.

9. We have effective management oversight of decisions for adults with escalating risks where it is difficult to determine the three-point criteria throughout our processes.

There was strong management oversight and governance to ensure effective and robust decision-making for adults with escalating risks. Sound leadership and management, and reflective supervision contributed to ensuring their safety and wellbeing.

Almost always, management oversight and governance of case records were present and effectual. But management oversight recordings could be more explicit and structured in some cases. This should be consistent for all adults at risk of harm in all teams.

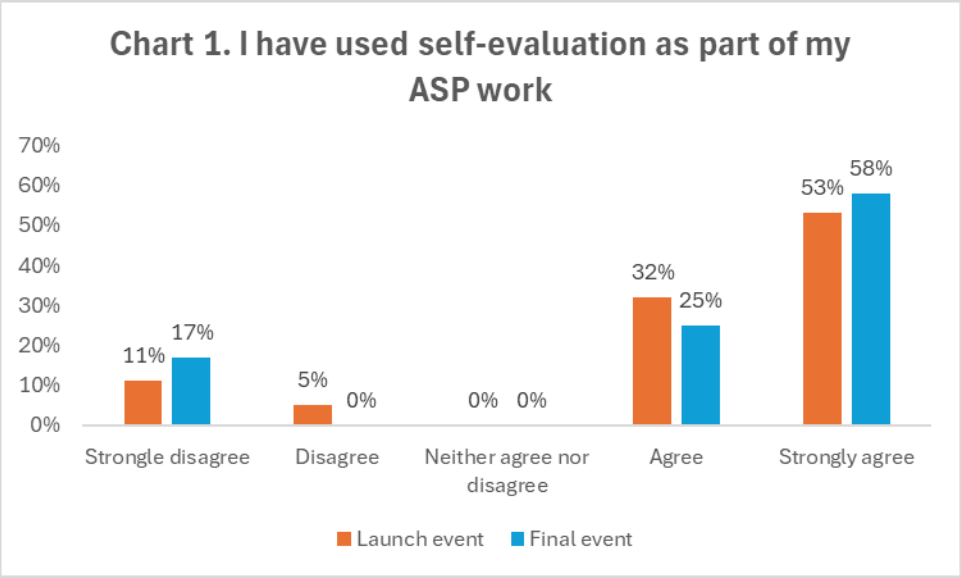
10. We have confidence that our initiative is providing positive outcomes for adults where it is difficult to determine the three-point criteria and/or there are escalating risks.

In almost all cases, adults at risk of harm experienced positive safety and wellbeing outcomes because of the partnerships' initiatives. Partnerships effectively practised early intervention and prevention. Effective multi-agency collaboration was a key feature of this work, directing and facilitating timely interventions.

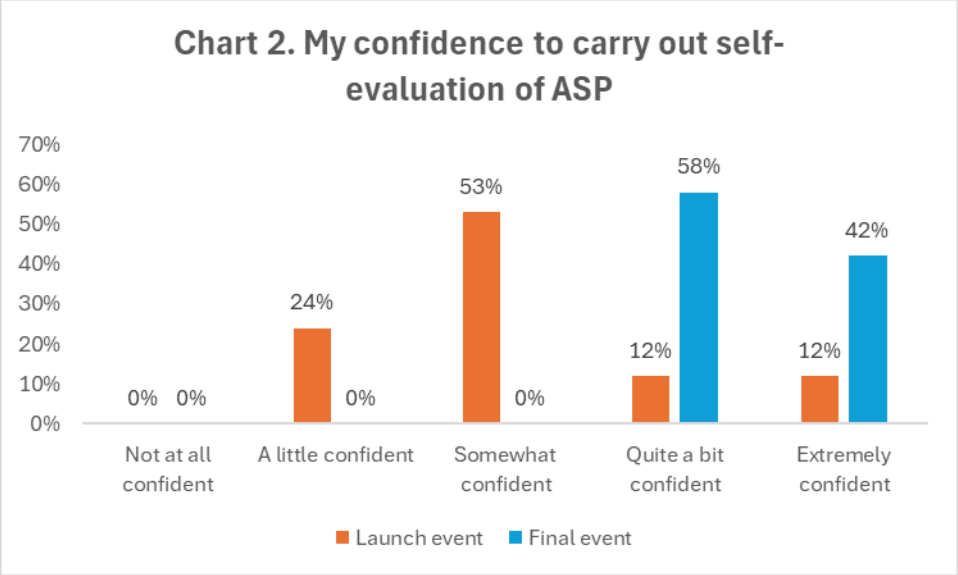
All the partnerships' initiatives exhibited elements of sound practice. This included governance, effective early intervention and multi-agency collaboration and support for frontline staff. They all markedly improved outcomes for almost all adults with escalating risks, and for whom it was difficult to determine the three-point criteria.

Key objective 2. Did this approach offer partnerships a learning opportunity?

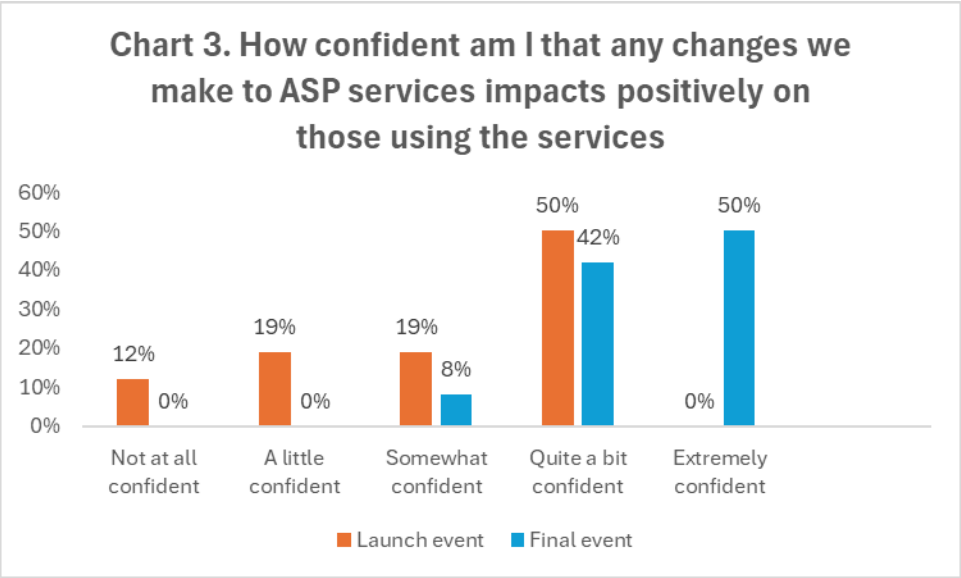
With the assistance of the Care Inspectorate's quality improvement team, we asked several key baseline questions at our introductory meeting with participating partnerships. We asked questions about their knowledge, confidence and skills for undertaking self-evaluations of adult support and protection. When all our work was finished, we repeated the questions. The results, shown below, illustrate the positive impact of this workstream.



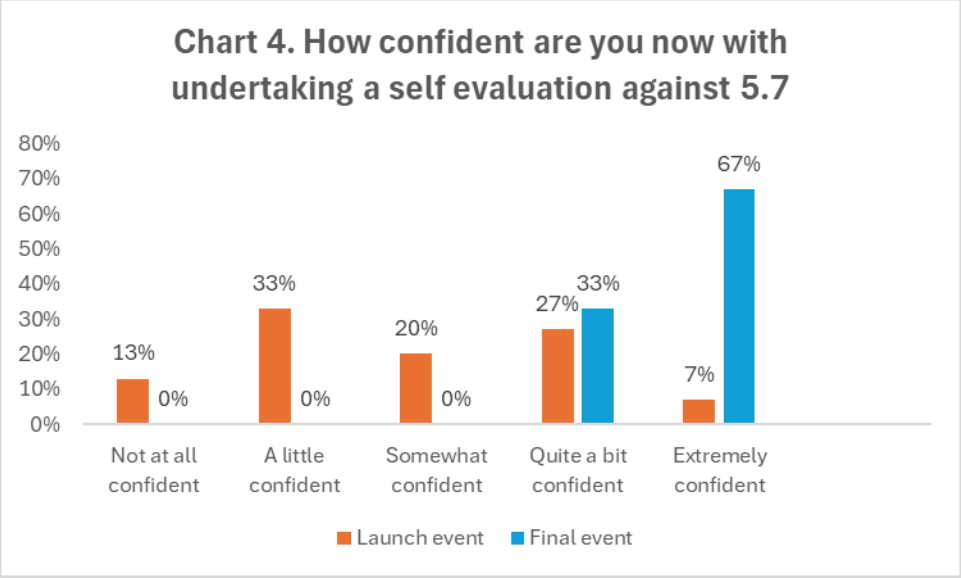
Almost all respondents had used self-evaluations of adult support and protection.



Respondents' confidence to carry out self-evaluation was markedly improved by the final delivery group meeting. This increased confidence could be a reflection of the experiences of participants in being practically involved in their own self-evaluation and in improved clarity about the evaluation process over time.



Respondents' confidence in the efficacy of self-evaluation to improve outcomes for adults at risk of harm significantly improved by the final event.



By the final event, all respondents were confident about undertaking a self-evaluation using the Quality Improvement Framework indicator 5.7. This was a very encouraging result.

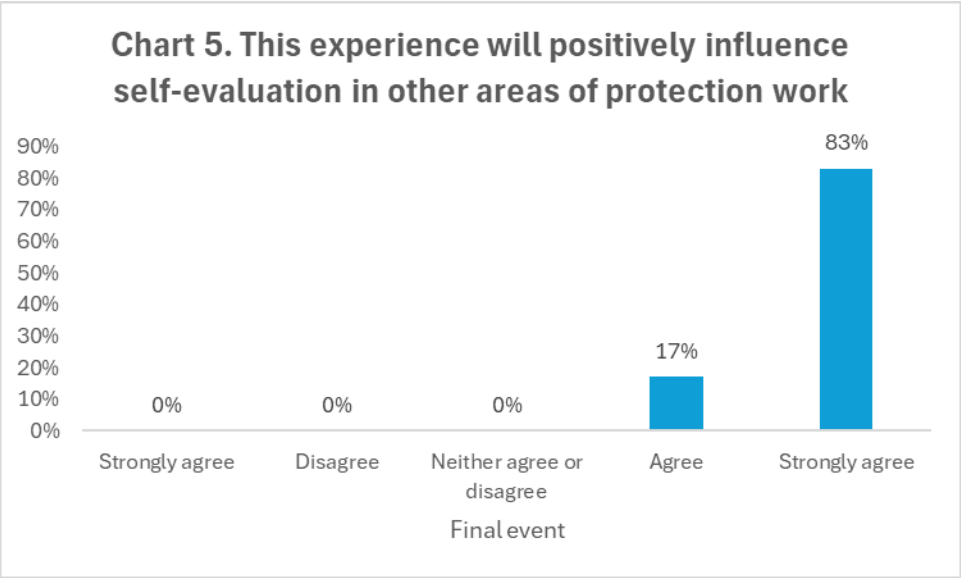


Chart 5 shows very strongly that all respondents' participation in this work will positively influence their use of self-evaluation for other areas of protection work.

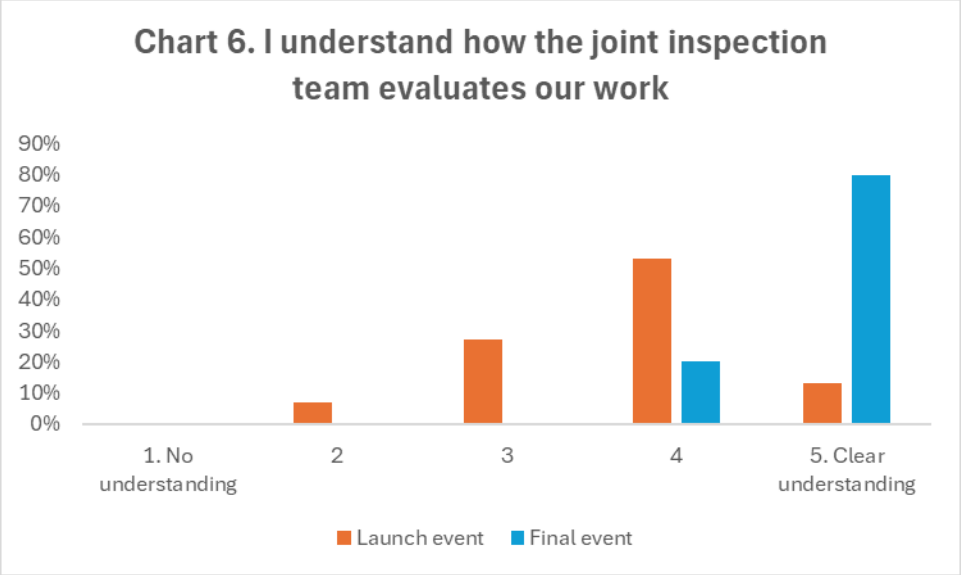


Chart 6 clearly shows that, between the commencement and conclusion of self-evaluation work, respondents' understanding of how the joint inspection of the adult support and protection team evaluates was enhanced.

Throughout the supported self-evaluation process, both the joint inspection team and all partnerships involved shared a learning log aimed at supporting future improvement in work of this nature. There were several themes identified.

Time

The timeframe for completion of the whole process was limited. Many aspects of collaboration to develop the methodology took longer than anticipated. The time commitment required from partnerships was significant and would have benefited from an extension. This made completing some tasks challenging. A more streamlined approach to the methodology may have been a better option.

Methodology

Many aspects of the methodology worked well. The launch event was deemed helpful. The collaboration groups were a positive innovation, but levels of participation varied as in-person attendance was challenging. Not all sessions had multi-agency representatives present, limiting the scope of some group discussions. Time for discussions about all the developing work was also restricted. But the relatively small numbers in collaboration sessions worked well, as did the attendance of key partnership staff, which generated discussion and shared ideas. Seeing how a methodology was designed and implemented was positively received by participating partnerships, but the fast pace of the work limited the impact of this. The use of a SharePoint repository for all developing tools was helpful, but access was not always as easy as it should have been, limiting the success. The pace of the programme meant information sharing and preparation time were not as effective as they could be.

Partnership learning

Despite challenging timescales and the volume of tools and templates designed and implemented, partnerships experienced much learning that deepened their understanding of self-evaluation. The opportunity this programme provided to reflect and learn boosted attendee confidence in the self-evaluation activity. Ideas and suggestions filtered between partnerships at the collaboration sessions and provided a rich exchange for all parties involved.

Communication

The communication plan was helpful, but more detail was needed about the exact level of commitment for partnerships. Participating partnerships contributed to the joint learning log but not significantly. More feedback would have been beneficial. More could be done to ensure communication was strong between the joint inspection team, partnership coordinators and other staff supporting fieldwork exercises.

Documents

Version control in SharePoint was a challenge due to the number of partnership and joint inspection adult support and protection team members working or commenting on the various documents and tools. Limited timescales did not always offer partnerships enough time to read related materials prior to collaboration sessions.

Learning partnerships

A number of partnerships that had recently introduced or were in the process of developing an initiative to address adults for whom it was difficult to determine the three-point criteria volunteered to participate in a tabletop exercise with the joint inspection team as well as development of the self-evaluation methodology. The tabletop exercise aimed to explore how their approach could be strengthened by identifying improvement opportunities. Evidence from earlier phases of our work and more recent evidence from self-evaluation partnerships where we read records allowed learning partnerships the opportunity to consider what worked well in the context of their initiative and make future decisions about whether to deploy and implement them. This approach has the potential to strengthen initiatives in the future. It is up to partnerships to take any learning forward.

The joint approach included:

- Partnership engagement
- The submission of supporting documentation contextualising the initiative.
- The development of six case studies aligned to the partnership initiative. Partnerships could use one or more of these case studies or develop their own.
- A tabletop exercise with representation from the joint adult support and protection inspection team and partnership staff using case studies to discuss practice linked to their initiative.
- A focus group discussion on key themes, including two outcomes proposed by the partnership.
- Presentation to the partnership on the supported self-evaluation tools, templates and guidance that had been jointly developed.
- Signposting the partnership to effective national practice from earlier inspection phases to support improvement.

Descriptions of initiatives provided by individual partnerships

North Lanarkshire

Transitional safeguarding is described as 'early protection for young adults'. North Lanarkshire's initiative looks to use the increasing evidence base on what works with young adults, to promote an approach across adult and children's services. This will enable a trauma-informed fluidity across services to best safeguard a young person. This is not based on eligibility of service and systems, but on cognitive maturity, trauma and the young adult's individual experiences and circumstances.

The initiative has initially focused on developing the conversation across multi-agency partners. This is an approach that requires a culture change. With support from the Adult Protection Committee, governance is currently embedded in the health and social care partnership for younger adults. The steering group has wide-ranging representation, with oversight from the public protection Chief Officers Group.

Dundee

The **Adults at Risk Multi-agency Screening Hub (AMASH)** is being established to ensure a collaborative, integrated approach to identifying and responding to referrals for adults at risk of harm. The Short Life Working Group has been created to oversee the development, design, and implementation of the AMASH, ensuring that appropriate multi-agency cooperation is established and best practices are followed so that no one falls through the gaps. The AMASH development is to link and be part of the wider Adults at Risk pathway that will support escalation and de-escalation within the system as required.

Clackmannanshire and Stirling

The **Transform Forth Valley (TFV)** Self-Neglect and Hoarding Service provides tailored support for individuals struggling with self-neglect and/or hoarding. Collaborating closely with partner agencies, the service creates personalised plans that address housing needs, benefits, mental and physical health, substance use, fire safety, and community engagement.

Aims

- Provide person-centred support through a multi-agency approach
- Apply self-neglect and hoarding policies and toolkits
- Promote early intervention to prevent risks from escalating
- Ensure safety and dignity while reducing harm

STRIVE (safeguarding through rapid intervention) is a multi-agency partnership in Clackmannanshire dedicated to making sure the right help reaches the right people at the right time. Daily meetings are held to review referrals and ensure a swift, fair, and coordinated approach to support.

The work is committed to strengthening collaboration across services and ensuring that individuals, families, and households receive early, effective help.

STRIVE brings together a wide range of agencies, including: Clackmannanshire Council (Housing Services, Education, Criminal Justice Social Work, Money Advice, Children's Services, Adult Services, and Early Help and Intervention), Health Services, Clackmannanshire Third Sector Interface (CTSI), Police Scotland, Community and Voluntary Sector Partners who will support cases where environmental concerns have been identified and provide signposting to the most appropriate services.

- A referral to STRIVE is appropriate where a service has a concern for the welfare of an individual, family, or household
- The concern is serious enough to warrant support, but it is not an emergency and does not require statutory intervention
- Multiple issues have been identified that may need the involvement of more than one council service or partner agency.

Conclusion and next steps

The joint inspection adult support and protection team would like to extend thanks to everyone who participated in this intensive programme for self-evaluation. We would especially like to acknowledge the commitment and support from the volunteer partnerships during a particularly busy period, with many already operating at full capacity. This work has been impactful but not without its challenges. It has shown that it requires people's time and resources to complete work to a high standard. This is difficult to achieve for any partnership at the current time.

It is positive and encouraging that partnerships have developed initiatives to improve outcomes for adults at risk of harm for whom it is difficult to determine the three-point criteria. All of these initiatives have demonstrated elements of good practice and improved outcomes for this cohort of adults. Despite its many challenges and demands, the workstream proved to be a worthwhile endeavour that provided valuable insight and has already had a positive impact on how we approach this challenging aspect of adult support and protection work.

As an aid to progressing this work, Iriss collaborated with all the members of this programme and will be reviewing this approach. We hope that they recognise and reflect on what has worked well and aid the sector to continue developing their approach to multi-agency self-evaluation.

Additionally, the Scottish Government's adult support and protection policy team is currently engaging with the sector and scrutiny partners with a view to scoping the concept of directed self-evaluation for adult support and protection. These conversations offer a further opportunity to take forward a further phase of joint inspection adult support and protection team work aimed at building on what we have learned and further supporting improvement across the sector.

Appendix 1 Glossary

Glossary of terms used	
Adult Protection Committee	A multi-agency committee, set up by the local authority. It provides leadership, direction, oversight, and governance for adult support and protection within the partnership area. An independent convener generally chairs this committee.
Adult Protection Partnership	Definition of adult protection partnership
Inquiry with investigative powers	Partnerships have a statutory duty to carry out a detailed inquiry into the circumstances of the adult at risk of harm. Investigative powers, specified in statute, are: • a visit to where the adults at risk of harm reside • an interview with the adult at risk of harm • a medical examination of the adult • the examination of records.
Adult concern reports	Police Scotland submits adult concern reports about adults at risk of harm to social work (Health and Social Care Partnerships). These are recorded on the interim Vulnerable Persons Database (iVPD).
Professional curiosity	Professional curiosity is where practitioners meticulously explore and proactively try to understand what is happening for an adult at risk of harm, rather than making assumptions or taking a single source of information and accepting it at face value.
Public Protection Committee	A multi-agency committee that provides leadership, direction, oversight and governance for all aspects of public protection within the partnership area. An independent convener generally chairs this committee. Its remit includes child protection, adult support and protection, MAPPA (Multi-Agency Public Protection Arrangements) for managing serious offenders, and efforts to combat violence against women and girls. Additionally, public protection initiatives address issues related to substance use, such as alcohol and drugs.

Quality Improvement Framework for Adult Support and Protection	ASP QIF 2024
Scheduled and unscheduled contacts with health services	Scheduled contacts are planned contacts with health services such as GP or hospital appointments; unscheduled contacts are unplanned contacts with health services such as presentations to emergency departments.
Screening	Process whereby partnerships initially consider adult support and referrals and decide how to proceed.
Three-point criteria	Section 3(1) of the Adult Support and Protection (S) Act 2007 defines an 'adult at risk' as someone who meets all of the following three-point criteria: 1. they are unable to safeguard their own well-being, property rights or other interests 2. they are at risk of harm 3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected.

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

This publication is available in alternative formats on request.

© Care Inspectorate 2025 | Published by: Communications | COMMS-0925-570

@careinspect careinspectorate