INTERAGENCY ADULT SUPPORT AND PROTECTION PRACTICE OF POLICE AND HEALTH AND SOCIAL CARE PROFESSIONALS: A REALISTIC EVALUATION APPROACH

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Summary: The purpose of this project was to investigate the interagency Adult Support and Protection practices of police, health and social care professionals in Scotland by means of a 'Realistic Evaluation Approach'. The study comprised of two specific phases. The first phase sought to establish the 'state of play' for cross boundary working by: identifying the gaps in interagency practice; evaluating the education and training needs of professionals working in the area of adult support and protection, and identifying information sharing practices. Focus groups with members of the police and health and social care professionals were conducted in each of the three Police Scotland Command areas. Thirteen focus groups were conducted, with 101 professionals participating. Nine key themes were identified: Information sharing; relationships; people and processes; lessons from child protection; environment; implementation of the act; regional variations and training; rights of the service users. The second phase will inform the development and evaluation of future interprofessional training resources and identify key performance indicators (KPIs). These KPIs will enable subsequent evaluation and monitoring of practice for all professionals involved in adult support and protection.

INTRODUCTION

Supporting and protecting adult members of society who are at risk of harm is of signal importance for the public protection agenda in Scotland. Recent reviews of current practice have highlighted a number of challenges associated with effective inter-agency working with at risk adults. At risk adults according to the Adult Support and Protection Act (2007) may include those with 'disability, mental disorder, illness or physical or mental infirmity and are more vulnerable to being harmed than adults who are not so affected'.

In line with the national priorities of the Scottish Government the aim of this interdisciplinary collaborative study is to investigate effective interagency practice of police and health and social care professionals through research and knowledge exchange using Interprofessional Education (IPE) and more specifically inter-agency education as the vehicle. Public protection represents a key challenge faced by Police Scotland and was one of the 12 priority areas identified in the Scottish Policing Assessment 2011-15 (ACPOS)[1]. Particular emphasis was given to the protection of members of our society at risk of harm, i.e., "those individuals or groups who have a greater probability of, than the population as a whole of being harmed and experiencing an impaired quality of life because of social, environmental, health, or economic conditions or policies".[2]

In making provision for the purposes of supporting and protecting adults at risk of harm, the Adult Support and Protection (Scotland) Act 2007 has resulted in the requirement of Adult Protection Committees (APCs). Membership includes those agencies with a "statutory responsibility for safeguarding adults" with all local authorities across Scotland represented.

Core APC members predominantly comprise senior representatives the police, health and social care and the third sector. However, whilst all APCs acknowledge the importance of multi-agency working as a means of ensuring the effective implementation of the 2007 Act, evidence derived from a qualitative analysis of their 2010-2012 biennial reports highlighted a number of challenges associated with effective multi-agency working and the associated protocols.[3]

These included: difficulties encountered by some practitioners in the development of their professional judgement in Adult Support and Protection (ASP) work; a lack of common understanding of definitions and thresholds; a limited understanding of ASP, and the absence of a "culture of co-operation". Such difficulties inevitably restrict open communication and the sharing of information (particularly in respect of sensitive personal data due to variation in perceptions of ethical practice). Furthermore, recent research that explored how practitioners support and protect adults at risk of harm in the light of the 2007 Act reported that a lack of collaboration among partners prolongs investigations and delays the provision of help to those people in need.[4]

A National Adult Protection Coordinator (NAPC) post was created in consultation with APC Convenors and the Scottish Government. Located within the University of Stirling (School of Applied Social Sciences) it forms part of 'WithScotland' which has developed around Child Protection activity since 2009. To date many of the issues that the NAPC has identified from discussions and meetings around Scotland, as well as research findings, endorse the extent to which an effective multi-agency approach is required in the increasingly topical domain of ASP.[5]

Whilst there has been a particular emphasis on the need to develop multi-agency capacity, as has been the case with other aspects of ASP work, the extent of training has varied considerably across Scotland. Education, training and development have mainly been undertaken in accordance with the Scottish Government Implementation Group Training Sub-Group (2007) framework. Consequently, training comprises a sliding scale of modules such that 'Level One' involves basic-awareness training and is required by all staff who may be involved in ASP of at risk adults. Currently, police training in relation to Public Protection is centred on understanding the 2007 Act legislation, police and partners' responsibilities within the 2007 Act and expectations if a crime has taken place involving a at risk adult. However, there is minimal police and interagency education in relation to building relationships in practice and enhancing the understanding of interdisciplinary roles. Prior to the research commencing there were perceived unmet training needs among partner agencies. The barriers to meeting such needs, however, pertain to the number of staff requiring training, the regularity with which it needs to be updated. Given the requirement for further training activity, authors of the 2012 report examining the implementation and delivery of the 2007 Act across Scotland concluded that "…it is difficult to assess how APCs will prioritise limited resources when training needs analyses are not supported by the evaluation of outcomes of training already provided" (p.14).[3] Thus, there is an urgent need for a more in-depth analysis and impact assessment of training to determine priorities and enhance effectiveness of interagency practices.

In line with the commitment of ACPOS (prior to the one police force -Police Scotland) and the Scottish Government[5] our project builds on previous research and analysis. It is founded on an interdisciplinary collaboration comprising Robert Gordon University (RGU; Faculty of Health & Social Care; Institute for Health & Wellbeing Research), the University of Aberdeen (UoA) and Police Scotland. A steering group of key stakeholder experts guided the project team. The aim of the project was to evaluate interagency ASP practice of police and health and social care professionals, viz, IPE, information sharing and partnership working in Scotland. The project team comprised researchers with a range of relevant experience and was guided by a steering group made up of key stakeholders.

The project had two inter-related phases. **Phase 1**: To identify: (i) existing gaps in the implementation of effective interagency practice by reviewing the "state of play" in interagency collaboration between the police and health and social care professionals; (ii) education and training needs in relation to key ASP issues, and (iii) information sharing. **Phase 2**: To: (i) identify interprofessional and interagency training resources with key performance indicators to enable subsequent evaluation and monitoring of practice for all professionals involved in adult support and protection.

Figure 1 Study Design using a Realistic Evaluation Approach
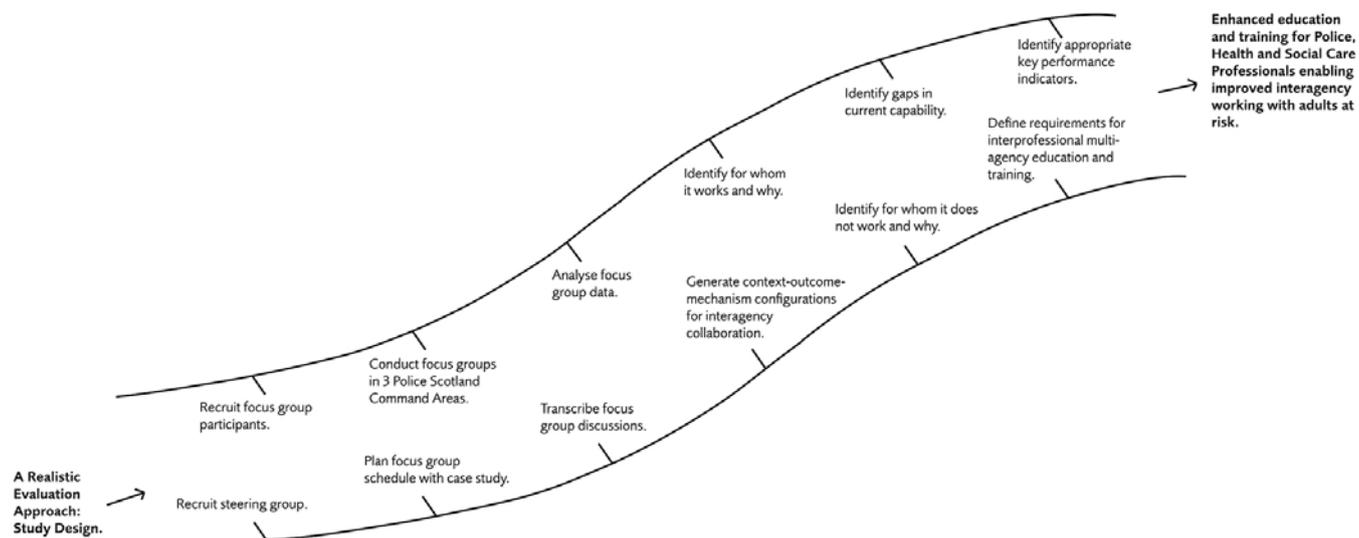
MAJOR FINDINGS TO DATE

Thirteen audio recorded focus groups, involving 101 participants, were conducted (see Figures 2 & 3) and transcribed verbatim yielding 26 hours of data and 800 pages of text. Framework analysis was used to identify categories, themes and sub-themes. Transcripts were randomly allocated to members of the project team for analysis and checking. Two members of the team synthesised all the analysis and collated the themes

Eight key themes were identified from the 13 focus groups. They are: Information sharing; Relationships; people and processes; lessons from child protection; environment; implementation of the act; regional variations and training; rights of the service users.

- **Information sharing** included discussions on two main topics. Firstly the development of an at risk persons' database which may be available to all involved in protection issues in the future. Secondly participants identified existing issues with information sharing across the different professions often exacerbated by the need to protect confidentiality. There were differences highlighted between the professions with police and social work demonstrating frustration at healthcare professionals' seeming reluctance to share vital information.

- **Relationships** highlighted that 'team working' results when organisations are co-located and/or informal relationships are established resulting in greater collaborative working practices and the development of trust for information sharing.

- **People and processes** identified both positive and negative influences for working practices. If protocols and processes were 'unfit for purpose' then this was a demotivating factor for collaborative working. In contrast where processes were working well and professionals felt included, the system motivated collaborative working. There was perceived over reporting by the police of persons who may not 'fit the 3-point test' resulting in some areas reporting less scrutiny of police reports. Conversely when more than one agency is involved in a case there was a reliance on the police to submit the report when all agencies should have submitted.

- **Lessons from child protection** related to the established and effective practices of information sharing and case conference processes that already exist for child protection cases, and that there were no confidentiality and information sharing issues. This was perceived as positive and to be an aspiration for ASP.

- **Environment** related to the lack of places of safety for at risk adults to recover from an acute episode. The closure of safe environments such as National Health Service hospital wards has led to individuals being inappropriately 'locked up' in police cells.

- **Implementation of The Adult Support and Protection Act** (2007) stipulates local authority social work departments' responsibilities for coordinating the inter-agency working practices. However participants felt that this Act has not fully met the needs of the at risk adults of harm and has required some challenging decision- making by professionals to provide appropriate support.

- **Regional variations** were obvious throughout the focus groups. It appeared that remote and rural areas had developed more cohesive team arrangements and practised cross boundary working. Urban locations tended to report fragmented team working and a lack of understanding regarding people and processes which often resulted in a lack of information sharing.

- **The rights of the individual** were also highlighted. It was interesting to note the difference in opinion amongst the professionals. The debates centred on the rights of the individual to adopt a 'risky' lifestyle choice and the need for professionals to 'protect and support'.

The research identified that the focus on adult support and protection was too specific and the data revealed issues of relevance to public protection, widening the scope of the project.

Table 1 highlights the context mechanisms and outcomes extrapolated from the data. Analysis of the multi- factorial processes involved using this approach illuminate the findings. This study was designed to allow an easy exploration of the multiplicity of factors that impact on adult support and protection practices, due to the 'strings' of narrative that attributed to contexts-mechanisms-outcomes.
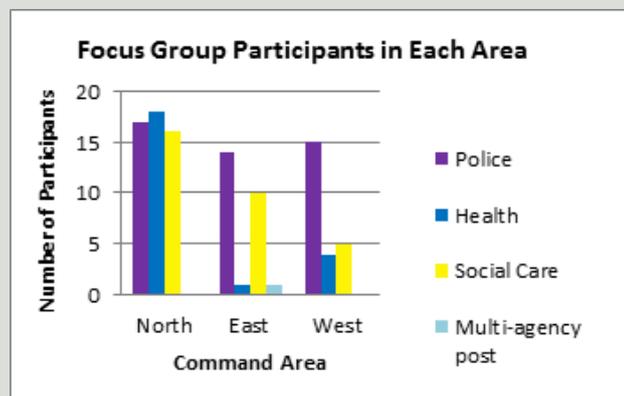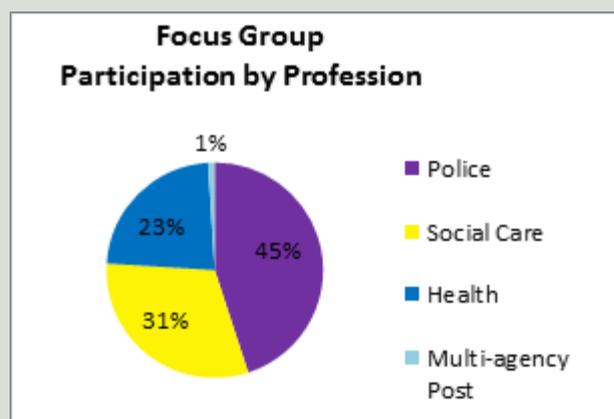
Figure 2

Figure 3

A Focus Group in Action

Table 1 Realistic Evaluation: Context-Mechanism – Outcomes

Context	Mechanism	Outcome	For whom it works	In what way and why it works
Lack of secure environments for at risk adults	Development of successful pilots	Increased numbers of places of safety	The areas that have piloted safe environments	Provision of safe places rather than police cells results in better outcomes for clients and professionals
Harm, including fatalities	Revolving door between agencies and inadequate implementation of the Act	Consequences for at risk adults & professionals' compassion fatigue	Small teams in rural areas and specialised teams in urban areas. Professionals who understand the definitions of capacity & fluctuating capacity	Multiple incidents from the same case are dealt with collaboratively with shared decision making
Lack of health service assessments and challenges of 3 point test	Joint assessment by different professionals	Improved assessment practices	Those who conduct joint assessment visits & incidents where health professionals respond to other team members	When every professionals refers & assesses from their perspectives and one professional is not required to adopt sole responsibility
Poor information sharing	Shared databases and processes for joint working	Resolve inefficient processes	Small teams in rural areas and specialised teams in urban areas.	Regular inter-agency communication and good working relationships. 'Boundary' spanners who overcome barriers to communication.
Case conferences and lack of health service representation	Shared decision making and appropriate and effective membership	Prevent uniprofessional decision making	When every professional perspective is represented at case conferences	Health professionals who send reports prior to conference even if attendance is not possible.
Uniprofessional training	Inter-agency training	Appropriate KPIs for key staff	When key staff experience relevant interagency training.	Joint assessment / interviewing training vital to good working practices
The identification of at risk adult incidents created an uncertainty amongst professionals.	Awareness of legislation and adherence to reporting by all professionals	Prevent perception of 'Police only' reporting	Professionals who understand that 'protection is an essential priority and support is a lesser priority'.	When police have reliable contacts for out of hours incidents; when social services can act 'smart' in relation to legislation; when health staff adopt person centred approaches

The gaps in inter-agency working were obvious from the focus group data and related to:

• Urban teams reporting larger case loads and fewer resources to deal with issues other than 'protection'. Rural areas and specialised teams within urban areas worked more cohesively as inter-agency teams adopting formal and informal communication strategies.

Quote from focus group participant in rural area:
> the good advantage really of adult support and protection [it does allow you as a worker to bring people around the table to discuss], gets everybody talking round the table to discuss the difficulties

• The lack of places of safety for at risk clients was seen as a gap in resource provision that had not been there before, however there were positive examples of 'new' developments e.g. custody suites that were re-addressing this gap.

Quote from a health focus group participant

> It's often when we're trying to get them out again that the problems come to light, you know, we've often almost finished with them and then you know we're like right we're all set we've got everything done and then it's like oh but... we can't get them home because of this, this, this and then you're like wait, wait a second there's something wrong here that shouldn't be happening and then I don't think we've a formal process for that … we'd be looking at who was the best agency

• The difficulties with the definitions of mental 'capacity' were noted by all professionals. The police as frontline operational officers are the first responders. They perceived that they are not trained to 'risk assess' and do not make a 'diagnosis' in relation to capacity but by using risk identification checklist tools they identify risk and inform their decision making. However they reported being 'left' to make 'diagnostic' judgements when medical colleagues were unable or unavailable to assess capacity and social work colleagues were unable to locate legislation upon which they could intervene.

Quote from a police focus group participant

> A&E are complaining about them constantly getting taken there because what are we supposed to do about them; mental health are saying they don't have a diagnosed mental health problem or disorder so they're not under our remit' and police are saying 'well what skills have we got to deal with them' other than maybe at the initial crisis point.. talking to them and trying to persuade them against whatever they are about to do but we're not trained specifically to deal with them there after either, so there's this big grey area about what do we do about these 'at risk' adults that are out there in the community

This quote indicates the gaps in places of safety, assessment of mental capacity and training. It suggests individuals are falling through the gaps in the legislation and police have to deal with the consequences without adequate support from health services.

• The initial referral and shared decision making processes were hindered in some areas due to unavailability or lack of involvement of some professionals and in this study, health staff were mostly identified as falling into this category. One aspect that contributed to widening this gap was the number of databases in operation between the organisations and their lack of compatibility to transfer inter-agency information.

Quote from social work focus group participant

> I've come across other cases where social work have been telling staff, make a referral and nursing staff or medical staff have said 'no' they don't believe it is an AP1 form. You then get into the argument well should health staff be making that decision or should it be left to the social worker, but what I've said to them is if you don't believe that it meets an adult protection issue you should record that and say you're not making the referral because you don't think the person is at risk of harm. But mostly it's the other way round, what I hear is health staff want to make referrals and being told on occasions, well no it's not appropriate and it leads to frustration.

This quote indicates the problems associated with referral between the agencies of health and social work.

The inter-agency training issues, apparent in interactions with at risk adults were emphasised by participants. The second phase of the project is informed by this data and suggests key performance indicators and training approaches that highlight the way forward.

Phase 2 The training of police officers and health and social care professionals in adult support and protection issues was studied by consulting the National Adult Protection Coordinator and the project team members from Police Scotland.

A three tier training provision was advocated following the 2007 Act (http://www.scotland.gov.uk/Topics/Health/ Support-Social-Care/Adult-Support-Protection/Training-Material) and most of the study participants had undertaken level 3 training as they were working in specific ASP roles. Recently there have been amendments to this training and there is a more varied approach to training based on needs. Table 2 highlights some examples of new training developments.

Table 2 Examples of educational and training initiatives relating to public protection 2013-2014

Organisation/Title	Educational/Training initiative
With Scotland- supporting professionals working with children and adult at risk of harm http://withscotland.org/	Talkwith where the membership can 'chat' informally and share issues and best practice.
Chronologies training http://www.safeguarding.co.uk	Significant events mapping
Crossing the Acts http://www.scotland.gov.uk/Publications/2009/02/25110701/0	Comparison of The Adult Support and Protection (Scotland) Act 2007 (ASP) with The Adults with Incapacity (Scotland) Act 2000 (AWI) and The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCT)
Early Indicators of Concern Tool- Dundee & Tayside www.scotland.gov.uk/Resource/0044/00443002.pdf	Aimed at those working with older people and learning difficulties
Scottish Government- National Strategy for Missing Persons http://www.geographiesofmissingpeople.org.uk/	Report from SIPR funded project to be published
Scottish Government- Accident and Emergency Settings http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/National-Priorities/AdultSupportProtectionAEsettings/AEsettingsProjectInitiationDocument	ASP National Priority is A&E staff
With respect http://www.dignityincare.org.uk/	Dignity in Care

There are many aspects of these newer educational and training initiatives that have been alluded to in this project and the findings endorse these developments. Whilst these initiatives can be accessed by all professionals they may not be undertaken by the different organisations as priorities. Police training for example focuses on five modules that correlate with the three tiers of ASP training provision, for example: probationer officers receive classroom input on "Protection of Adults at Risk of harm and At risk Groups" correlating to level 1 training. There is also an E Module for ASP and officers attend multi-agency training for ASP correlating with 2nd and 3rd level training. It is apparent throughout this study that many staff working with adult support and protection have experienced uni-professional training only, perhaps due to staff resource issues.

In recent years the interprofessional education programme in Aberdeen has embraced the topic of adult support and protection and delivered multi-agency workshops to police officers and 3rd year students from medicine, occupational therapy, pharmacy, nursing and social work. Evaluation data positively demonstrated learning outcome achievements in developing awareness of public protection issues and developing respect and appreciation of different professionals' roles in interagency working practices. The development of an interactive learning tool called COLT (Collaborative Outcomes Learning Tool) by Robert Gordon University in conjunction with Police Scotland has been a valuable initiative within these workshops. By studying specific aspects of a dysfunctional family, participants are able to develop the knowledge and skills required to support and protect people at risk. The aim is to incorporate this learning as an essential component of the IPE programme. NHS Education for Scotland[8] produced an educational resource titled "Respecting and Protecting

Adults at Risk in Scotland- legislation and practice". This was designed to equip health and social care professionals to work with the legislation by implementing its provisions in their day to day practice.

The resource comprises four modules focusing on person centred care; the legislative context; capacity and consent within practice and applying legislation in practice. The learning was accredited at level 9 of the Scottish Credit and Qualifications Framework (SCQF 2010) [9] and was designed to be delivered as stand-alone modules or as part of a 6-8 week course. The effectiveness of this educational resource is yet to be evaluated. Many of these principles have been incorporated into undergraduate health and social care courses delivered uniprofessionally and occasionally interprofessionally. At the time of reporting the multi-agency workshops in Aberdeen using COLT are the only known interprofessional approaches for undergraduate learning with police colleagues in Scotland.

In light of this evidence and the findings from this study, the mapping of KPIs and learning from pre-qualifying to post qualifying roles is seen as critical to the development of the future workforce of health, social care and police professionals.

Figure 4 highlights an amended three tier diagram for public protection education and training, adding pre-qualifying education.

Figure 4. Pre and post qualifying education and training in public protection
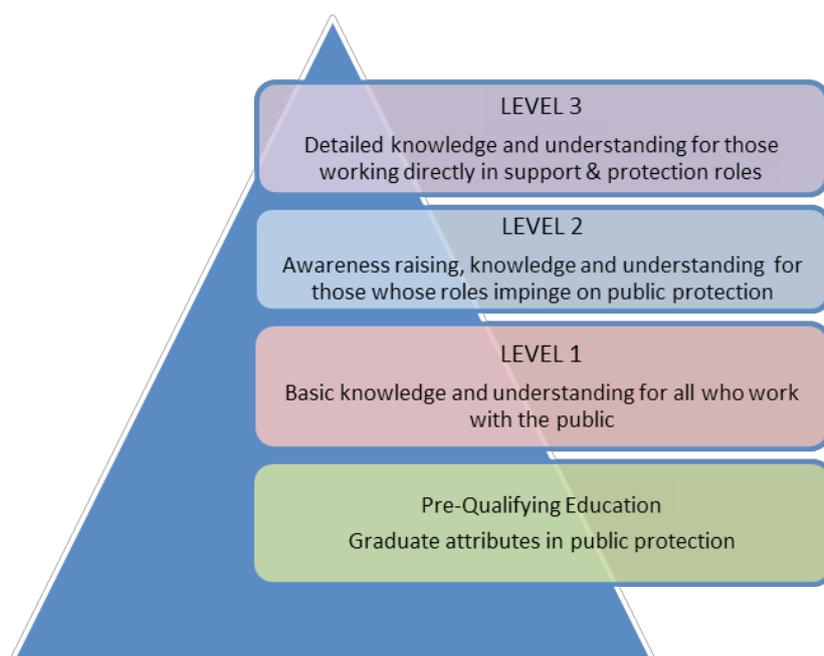
Identification of knowledge performance indicators

Key performance indicators (KPIs) help define and measure progress towards organisational goals and in this study, inter-organisational goals related to achieving the best practices for public protection. Using the findings from this study combined with the evidence from pre-qualifying IPE evaluation data and Barr's competencies[7] the following KPIs have been developed.

They can be broadly divided into three areas: 1. pre-qualifying; 2. initial post qualifying experience and 3. specialised post qualifying experience.

1. **Pre-qualifying KPIs relating to the attributes that health and social care graduates and police probationers should acquire on qualification are:**
   • Recognise inter-agency working and professional expertise in relation to public protection
   • Demonstrate awareness of public protection legislation and the issues of concern
   • Analyse challenging situations with client groups and consider solutions using team approaches.
   • Analyse effective collaborative practice, evaluating his/her future contribution to working this way.

2. **Initial post-qualifying KPIs for professionals working with the public**
   • Recognise and understand the police and partner agencies' roles in public protection legislation.
   • Explain his/her role and responsibilities clearly to other agencies and discharge them to the satisfaction of those others.
   • Work flexibly across organisational boundaries facilitating information sharing and cooperation for joint assessments and shared decision making
   • Identify the constraints of one's own roles, responsibilities and competence recognising the need for further training

3. **Specialised post-qualifying KPIs for professionals working with clients requiring support and protection:**
   • Work effectively with other agencies to review processes, effect change, improve standards, solve problems and strive to resolve conflict amongst professionals.
   • Work collaboratively to engage with team members who are not operating appropriately with public protection legislation. appreciating differences, misunderstandings, ambiguities, shortcomings and unilateral change in another profession
   • Operationalise interdependent relationships, sharing information, alerting one another to changing client situations and developing trust and respect for different professional expertise
   • Work effectively across boundaries, facilitating positive experiences at interagency case conferences, meetings, and networking
   • Identify the need for specialised training, making recommendations for the content and scope of future interagency training

CONCLUSION

This study has investigated the interagency Adult Support and Protection practices of police, health and social care professionals in Scotland by means of a 'Realistic Evaluation Approach'. It has identified gaps in the working practices of these professionals that can be attributed to their own understanding of inter-agency working and the expectations of partner agencies within the legislation. It was apparent that the lessons learned from child protection regarding how people and processes are organised and practised should and could be applied to adult support and protection. However, it is acknowledged that the two are not comparable and within information sharing in child protection, the child is deemed not to be able to give consent therefore it is less complex. The challenges in ASP are that the adult is deemed to have capacity so can refuse consent. The ASP Act was not designed to target vulnerable people but those meeting a specific criteria (adults at risk of harm).

It became apparent during the research that public protection was a more generic term used by the participants. Also there has been a change from the term multi-agency, multi-professional to inter-agency and interprofessional, signifying a move from recognising the many (multiple) professions to emphasising the relationships involved (inter). This research was conducted during the introductory phases of Police Scotland in April 2013 and since then there has been the establishment of 'Risk and Concern Management Hubs' in each Division. These hubs are responsible for collating 'concern reports' on adults at risk; child protection; hate crime and domestic abuse incidents. These reports are referred by the police to appropriate departments and relevant partners in health and social work.

Another important factor was that processes were practiced differently in different areas. This was of particular significance for reporting and referral where the correct process is for all agencies involved in a

case to submit a report providing a clear understanding of the multi- agency perspectives, however there was an over reliance on the police to submit a report. This is one example of the 'gaps' identified in practice.

The education and training provision highlighted in the introduction are still relevant, however the emphasis on inter-agency training as requirement for all involved in public protection is recommended by this study. A vehicle by which to deliver this training has been evaluated using COLT. There are other examples of valuable education and training initiatives that have been developed since the implementation of the 2007 legislation, especially the 'crossing of the acts' enabling professionals to cross the legislative and organisational boundaries to protect at risk adults.

Finally the KPIs related to those working in public protection have been identified and will serve to enable subsequent evaluation and monitoring of practice for all professionals involved in public protection.

SOURCES OF FURTHER INFORMATION

1. ACPOS (2011). Scottish Policing Assessment 2011-15.

2. ROTHMAN, J. (1994). Practice with highly at risk clients (pp.5-8), Englewood Cliffs, NJ: Prentice-Hall.

3. EKOSGEN (2012). *Qualitative analysis of the provision of adult support for those who have gone through adult protection procedures.* Final Report.

4. McKAY M., McLAUGHLAN, C.,ROSSI, S., McNICHOLL, J., NOTMAN, M., and FRASER, D. (2011). *Exploring how practitioners support and protect adults at risk of harm in the light of the Adult Support and Protection (Scotland) Act 2007.* Research Report.

5. COMLEY P. (2012). *Adult Support & Protection. A report to Scottish Government around emerging issues and themes.* Policy Report.

6. PAWSON, R. and TILLEY, N. (1997). *Realistic Evaluation.* Sage, London.

7. BARR, H. (1998) Competent to collaborate: towards a competency based model for interprofessional education. Journal of Interprofessional Care. 12(2) pp 181-187

8. NHS EDUCATION SCOTLAND (2011) Respecting and Protecting adults at risk in Scotland- legislation and practice: an educational resource. [Online] Available from: www.nes.scot.nhs.uk/ [Accessed 11th December 2014]

9.   SCOTTISH CREDIT AND QUALIFCATIONS FRAMEWORK (2010) http://scqf.org.uk/