



JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

**Staff Survey Analysis
East Dunbartonshire
December 2023**

1. Aim

Under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Healthcare Improvement Scotland are working together to undertake a joint inspection of adult support and protection arrangements in the East Dunbartonshire partnership area.

This inspection is being undertaken at the behest of Scottish Ministers and is part of a programme of scrutiny and assurance activity which will take place over 2020 and 2021 in all the partnership areas in Scotland, except the six partnership areas which were included in the first independent scrutiny of adult support and protection practice in 2017.

The focus of the joint inspection is to provide:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

As part of the inspection process, we conducted a staff survey to gather the views of relevant health, police and social work staff across the partnership who work directly with adults who are particularly vulnerable, in order to understand what differences adult support and protection is making to their lives.

Method

The survey was distributed on-line and as a hard copy, to members of staff who were asked to evaluate a number of statements relating to their work in the service they provide. Topics included:

- Outcomes
- Impact on staff
- Delivery of key processes including:
 - Concern hubs
 - Making referrals to social work
 - Screening and initial inquiries
 - ASP investigations
 - ASP initial case conferences
 - ASP review case conferences
 - Large scale investigations
- Training and development
- Strategic Leadership
- COVID 19 response

The majority of questions in the survey asked for responses to the statements based on a Likert scale:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know.

There was also the opportunity throughout to make additional comments on each topic.

Notes on data:

*Percentages presented in the report are all rounded to the nearest integer and as such, may not always sum to 100. **People who missed questions are not included in the percentages.***

Data labels which appear on the charts provided are based on the numbers of respondents.

2. Characteristics of Respondents

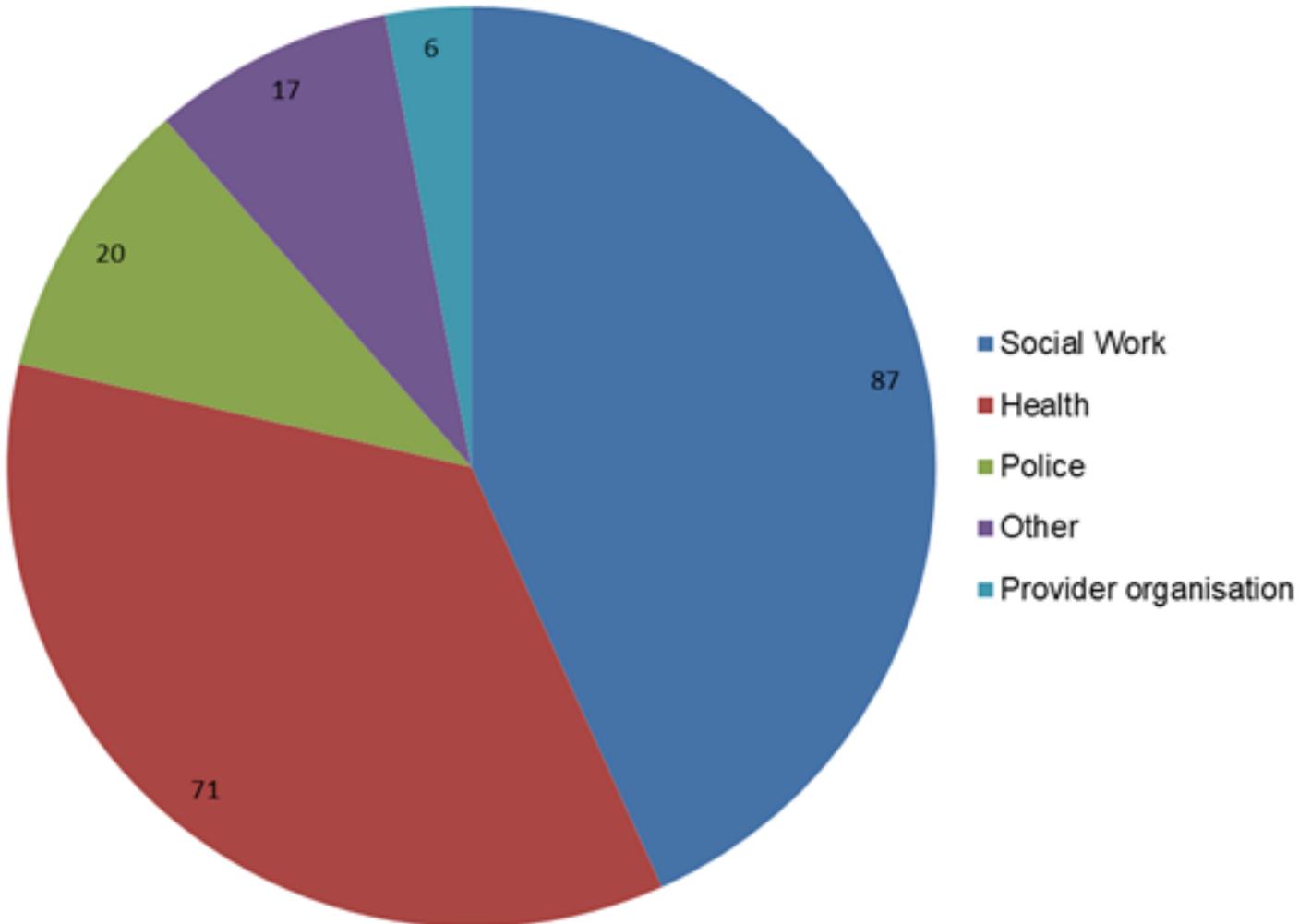
201 staff members responded by the closing date. Initial questions looked to ascertain some characteristics of the respondents, namely their:

- Occupation type
- Role within the organisation.

2.1 Occupation Type

- 43% of the 201 respondents stated the service they work for would best be described as Social Work; 35% as Health, 10% stated Police, and 3% stated Provider organisation. A further 8% stated 'Other' service types' These other service types are outlined in appendix A.

Respondents by Employer type



2.2 Role within the organisation

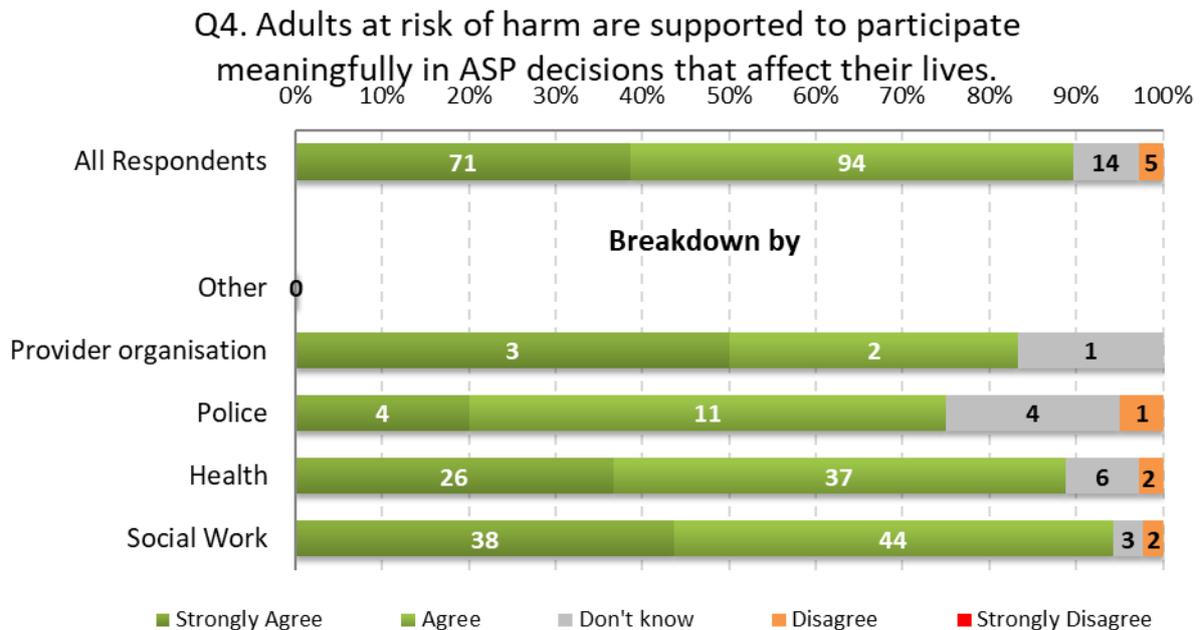
Respondents were then asked to choose which from a list of roles which best described their role. If the role title did not appear on the list they could specify their own under 'Other'. 36% of the 201 respondents were Front Line staff. 6% were grouped under 'Other' role types, these are shown in appendix B.

Role Type	Number of Respondents	% of Total Respondents
Front line staff	72	36%
Front Line manager/supervisor	68	34%
Senior Manager	19	9%
Council Officer	18	9%
Specialist ASP role	11	5%
Other	13	6%
Total	201	100%

3. Survey Responses

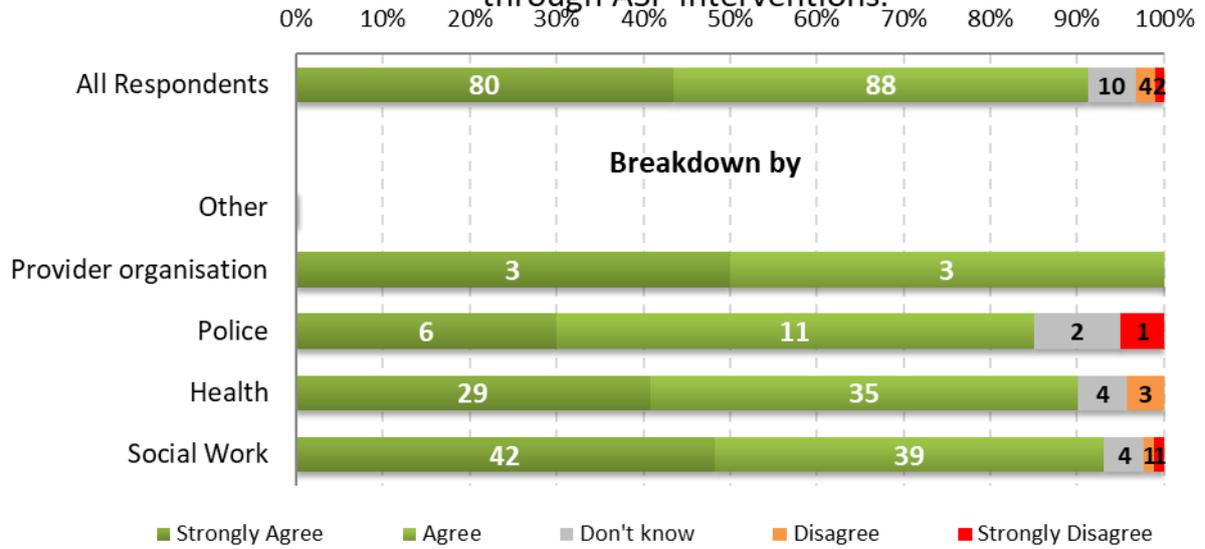
For each question listed below, 'All respondents' is the overall result of the question, from all the staff that answered. Below this, the results are broken down by Occupation Type: 'Social Work', Health, Police, Provider organisation or 'Other'.

3.1 Outcomes



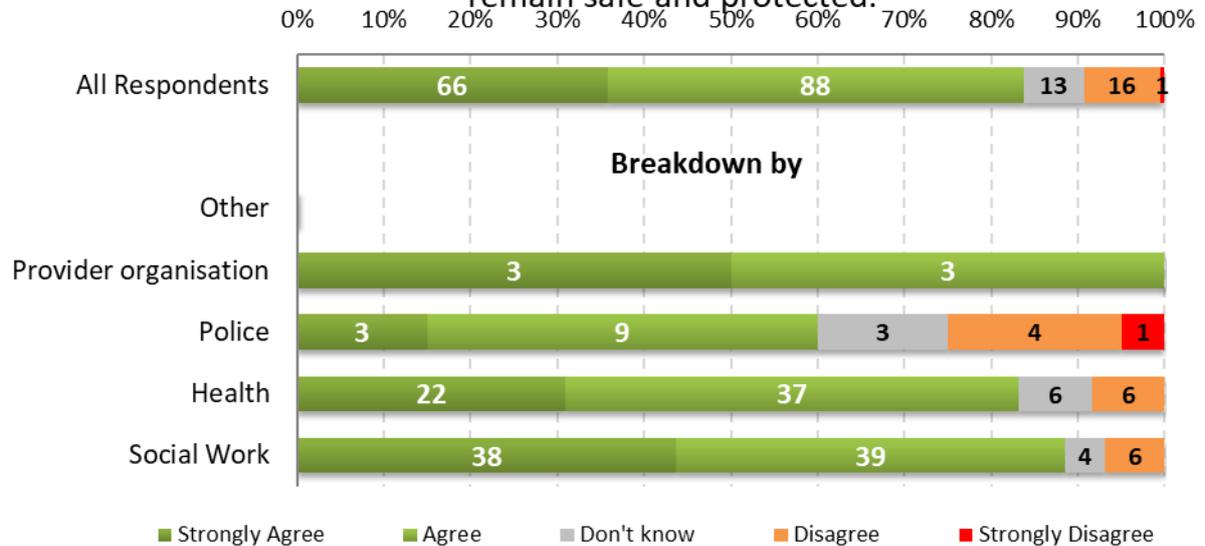
90% of respondents agree/strongly agreed that **Adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives.** 2% disagree/strongly disagree. The remaining 8% didn't know.

Q5. We are making a positive difference to adults at risk of harm through ASP interventions.



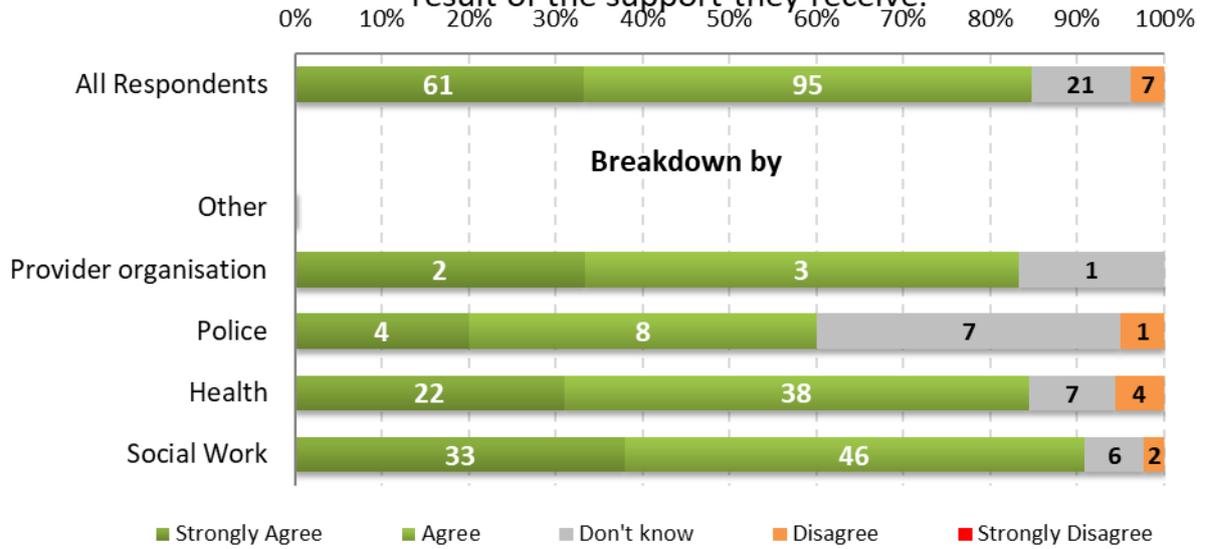
92% of respondents agree/strongly agreed that **We are making a positive difference to adults at risk of harm through ASP interventions.** 3% disagree/strongly disagree. The remaining 5% didn't know.

Q6. Adults at risk of harm are getting the support they need to remain safe and protected.



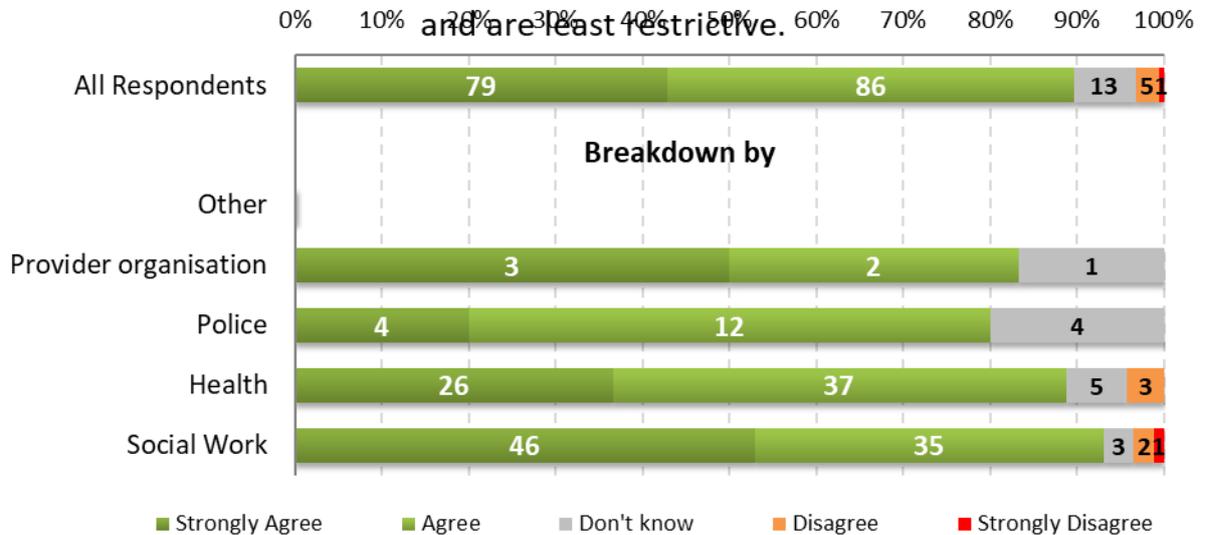
84% of respondents agree/strongly agreed that **Adults at risk of harm are getting the support they need to remain safe and protected.** 9% disagree/strongly disagree. The remaining 7% didn't know.

Q7. Adults subject to ASP, experience a safer quality of life as a result of the support they receive.



86% of respondents agree/strongly agreed that **Adults subject to ASP, experience a safer quality of life as a result of the support they receive.** 3% disagree/strongly disagree. The remaining 11% didn't know.

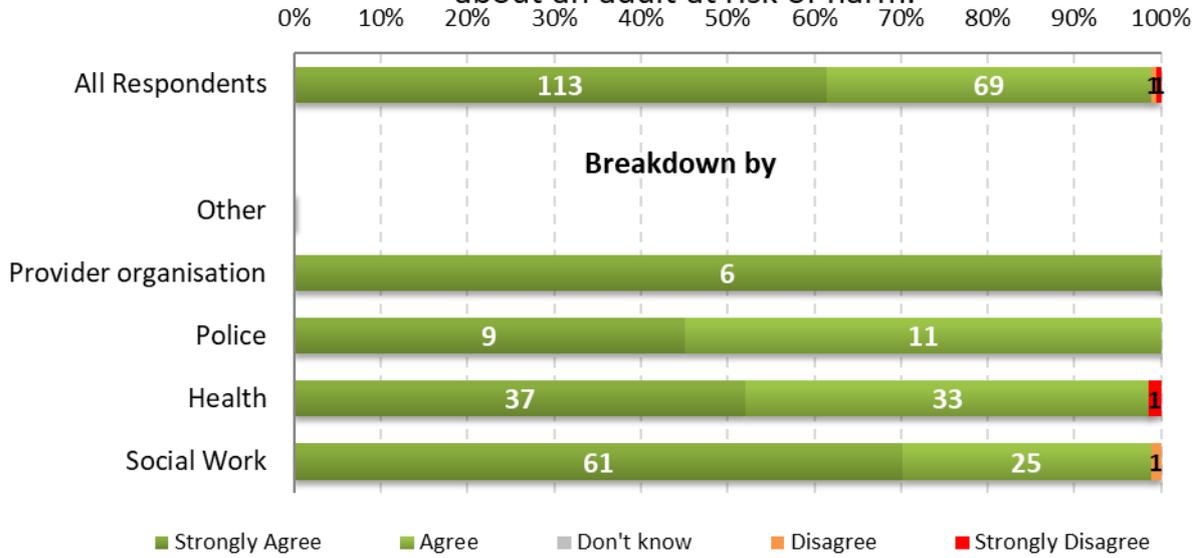
Q8. Interventions for adults at risk of harm are delivered in a way that upholds the principles of the act; provide benefit to the adult and are least restrictive.



91% of respondents agree/strongly agreed that **Interventions for adults at risk of harm are delivered in a way that upholds the principles of the act; provide benefit to the adult and are least restrictive.** 3% disagree/strongly disagree. The remaining 6% didn't know.

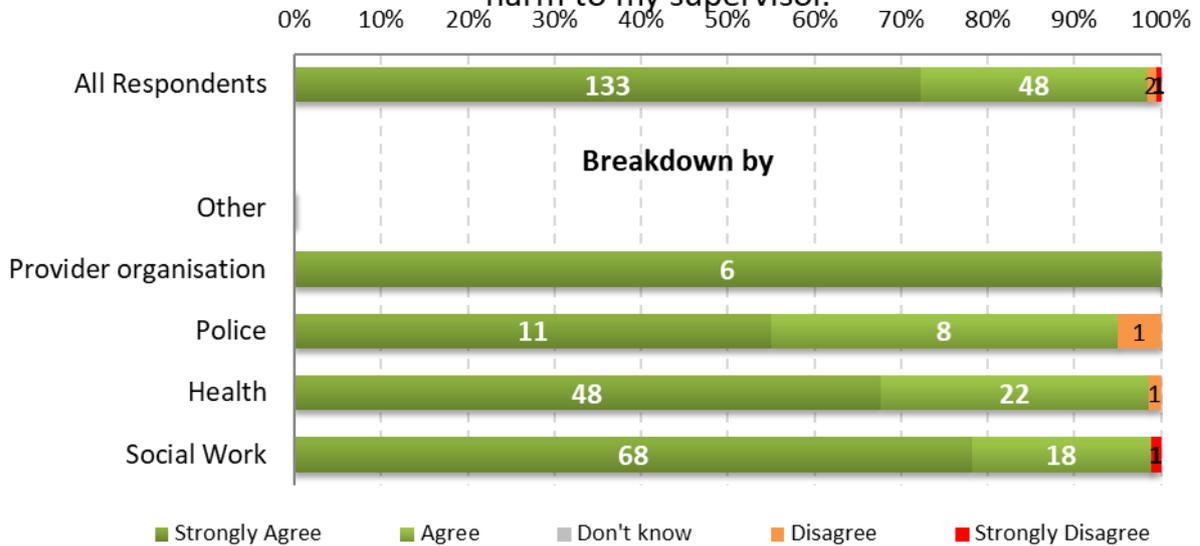
3.2 Impact on staff

Q11. I fully understand my role and what to do if I have concerns about an adult at risk of harm.



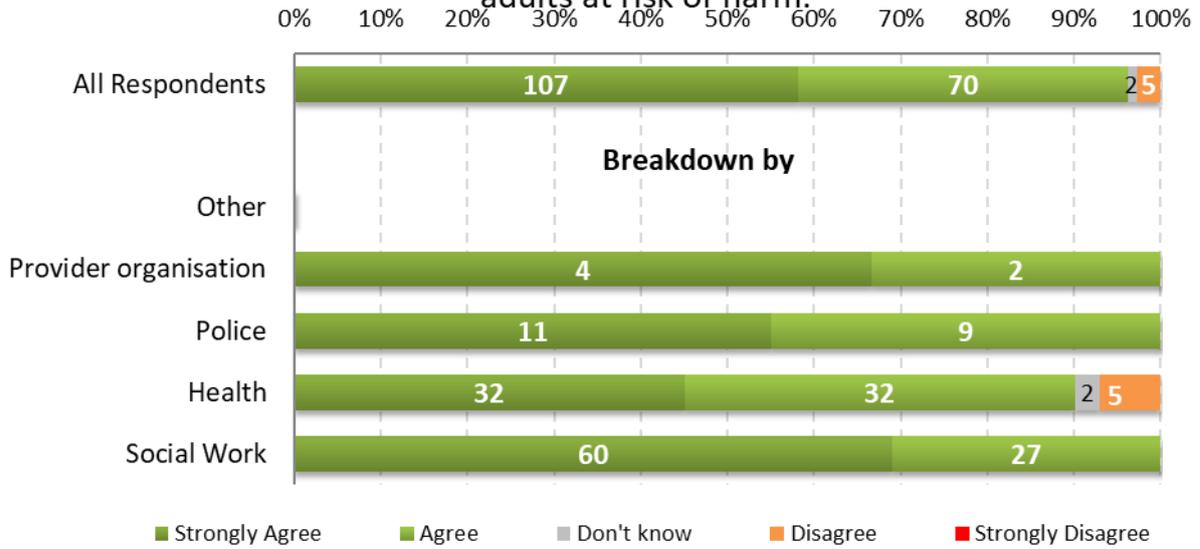
99% of respondents agree/strongly agreed that **I fully understand my role and what to do if I have concerns about an adult at risk of harm**. 1% disagree/strongly disagree. The remaining 0% didn't know.

Q12. I am confident escalating matters about adults at risk of harm to my supervisor.



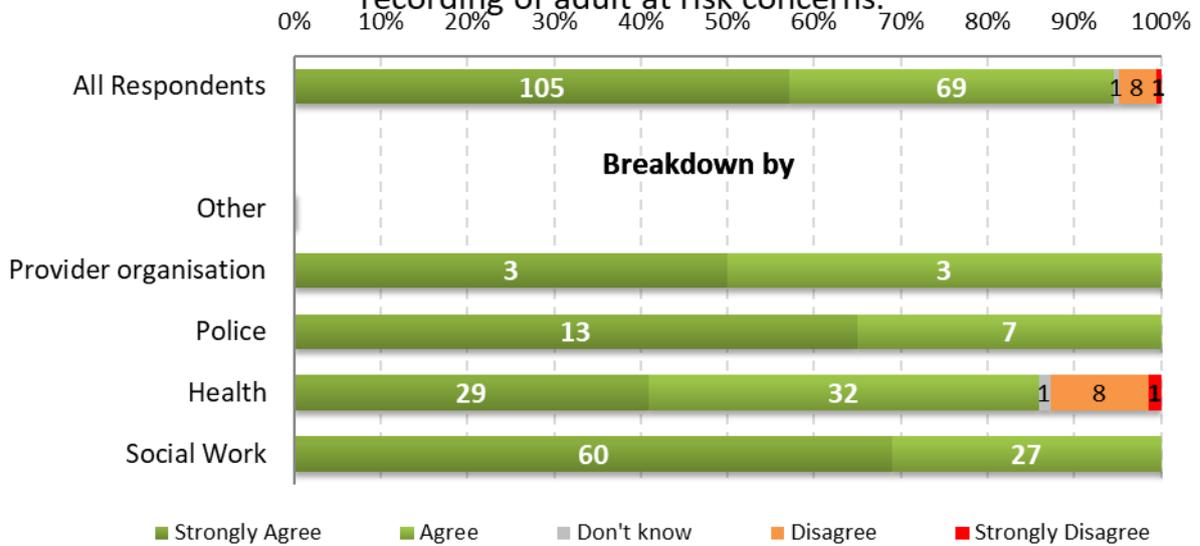
98% of respondents agree/strongly agreed that **I am confident escalating matters about adults at risk of harm to my supervisor**. 1% disagree/strongly disagree. The remaining 0% didn't know.

Q13. I am aware of the three-point test and how it applies to adults at risk of harm.



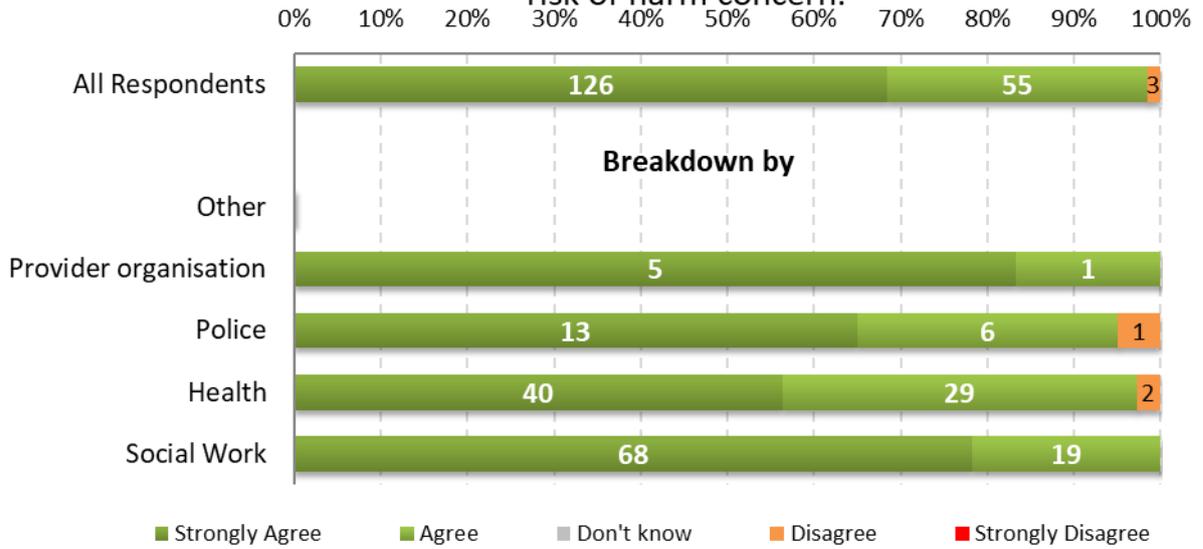
96% of respondents agree/strongly agreed that **I am aware of the three-point test and how it applies to adults at risk of harm**. 2% disagree/strongly disagree. The remaining 1% didn't know.

Q14. I have access to systems that allow for the accurate recording of adult at risk concerns.



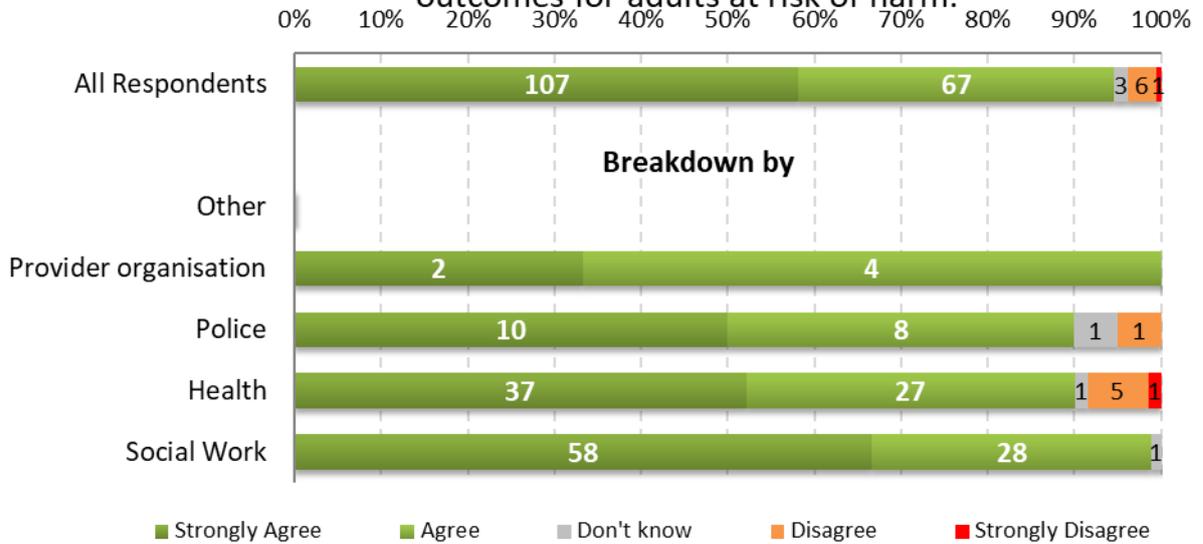
94% of respondents agree/strongly agreed that **I have access to systems that allow for the accurate recording of adult at risk concerns**. 5% disagree/strongly disagree. The remaining 1% didn't know.

Q15. I know where to get advice if I am unclear about an adult at risk of harm concern.



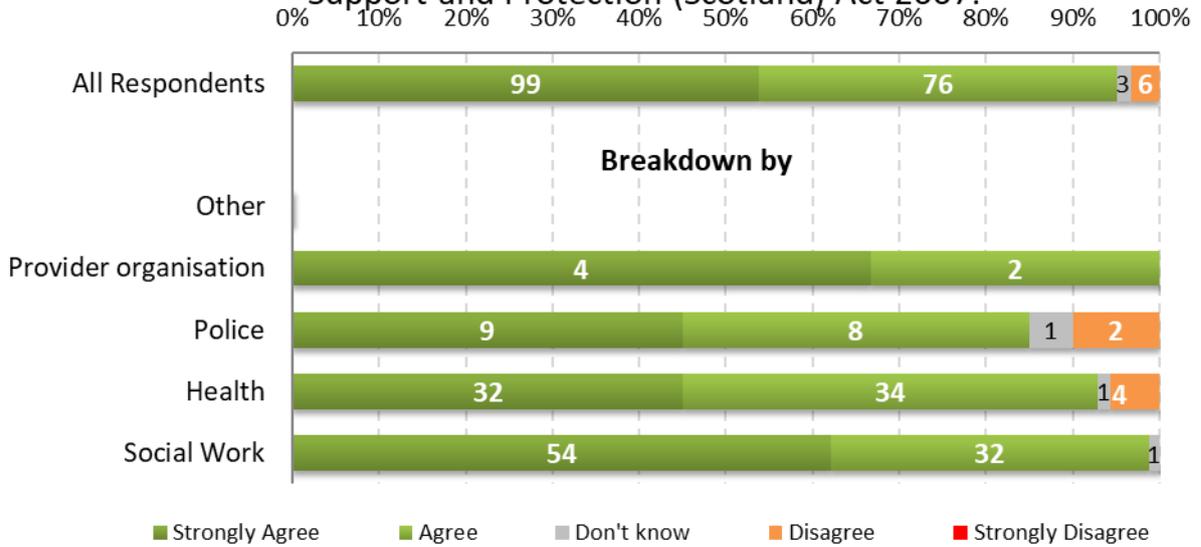
99% of respondents agree/strongly agreed that **I know where to get advice if I am unclear about an adult at risk of harm concern.** 1% disagree/strongly disagree. The remaining 0% didn't know.

Q16. I am supported to work collaboratively and achieve positive outcomes for adults at risk of harm.



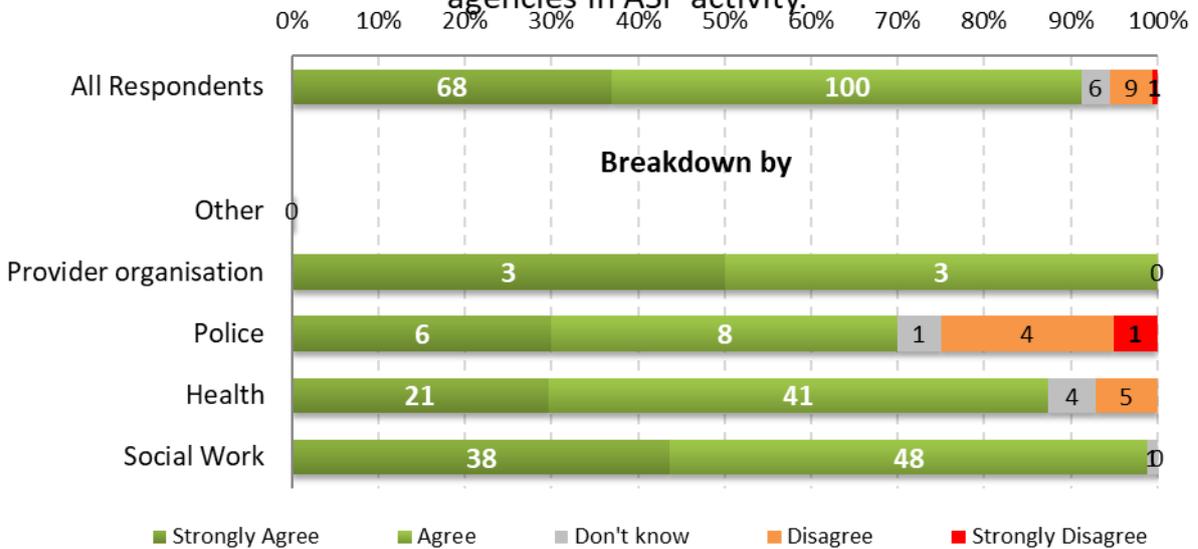
95% of respondents agree/strongly agreed that **I am supported to work collaboratively and achieve positive outcomes for adults at risk of harm.** 3% disagree/strongly disagree. The remaining 1% didn't know.

Q17. I am aware of what is classed as harm under the Adult Support and Protection (Scotland) Act 2007.



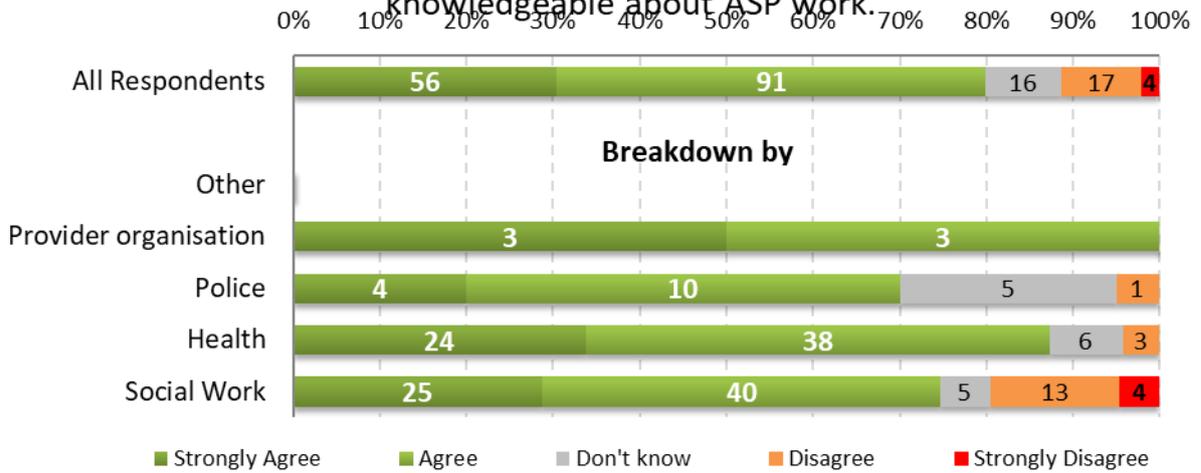
96% of respondents agree/strongly agreed that **I am aware of what is classed as harm under the Adult Support and Protection (Scotland) Act 2007**. 3% disagree/strongly disagree. The remaining 1% didn't know.

Q18. I have a sufficient understanding of the role of other agencies in ASP activity.



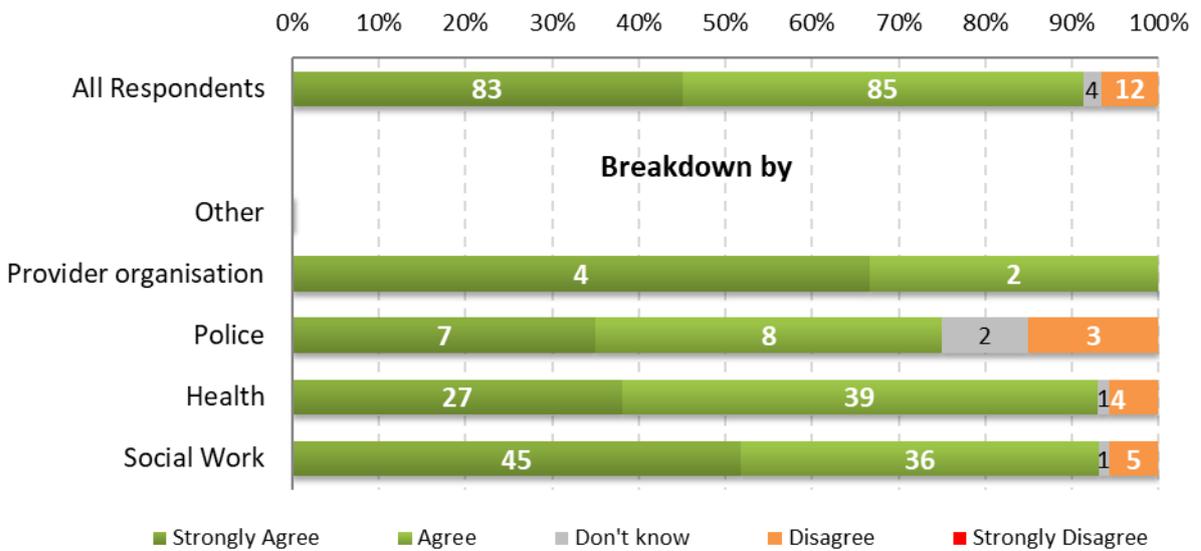
92% of respondents agree/strongly agreed that **I have a sufficient understanding of the role of other agencies in ASP activity**. 5% disagree/strongly disagree. The remaining 3% didn't know.

Q19. In my experience partnership agencies are sufficiently knowledgeable about ASP work.



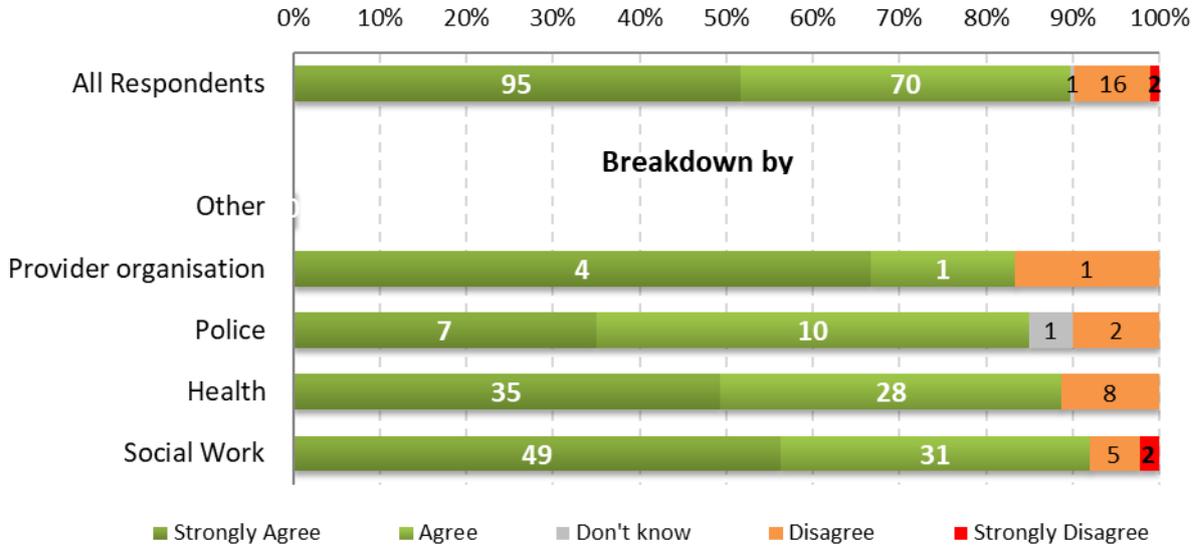
81% of respondents agree/strongly agreed that **In my experience partnership agencies are sufficiently knowledgeable about ASP work**. 11% disagree/strongly disagree. The remaining 8% didn't know.

Q20. I am encouraged by my supervisor to develop an interest/be professionally curious about ASP matters.



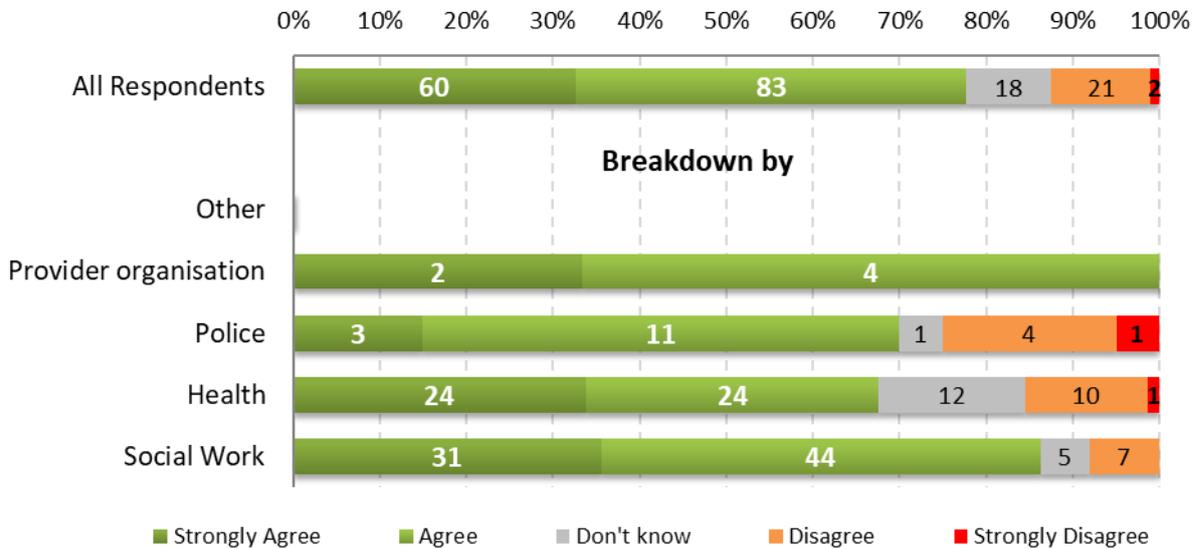
91% of respondents agree/strongly agreed that **I am encouraged by my supervisor to develop an interest/be professionally curious about ASP matters**. 6% disagree/strongly disagree. The remaining 2% didn't know.

Q21. I receive regular supervision that supports and encourages me to achieve a high standard of practice.



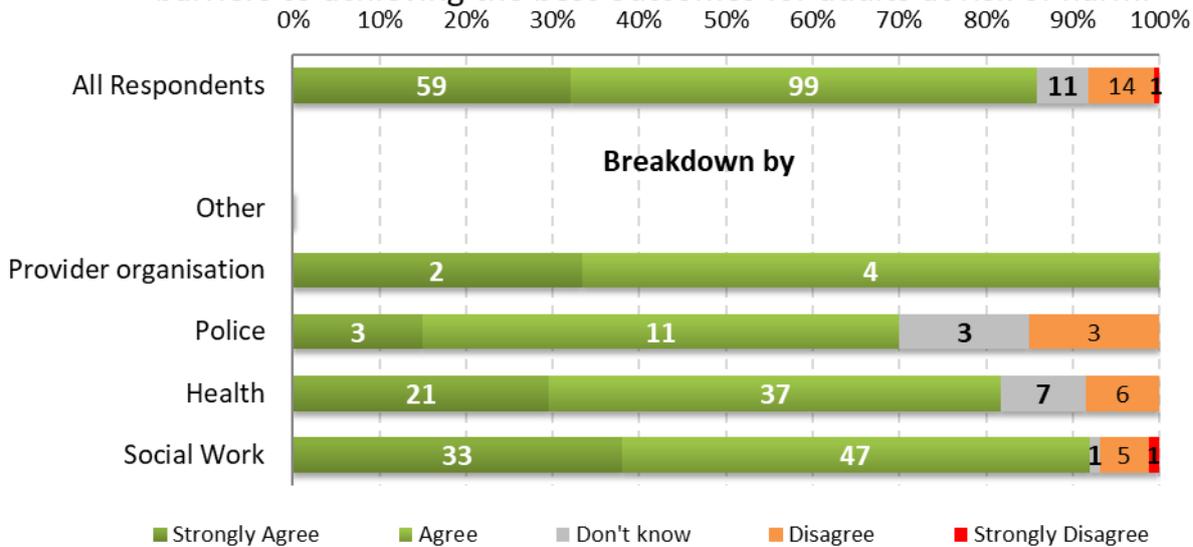
89% of respondents agree/strongly agreed that **I receive regular supervision that supports and encourages me to achieve a high standard of practice**. 9% disagree/strongly disagree. The remaining 1% didn't know.

Q22. I feel valued for the ASP work I do.



78% of respondents agree/strongly agreed that **I feel valued for the ASP work I do**. 11% disagree/strongly disagree. The remaining 10% didn't know.

Q23. I feel optimistic about my work and ability to overcome barriers to achieving the best outcomes for adults at risk of harm.

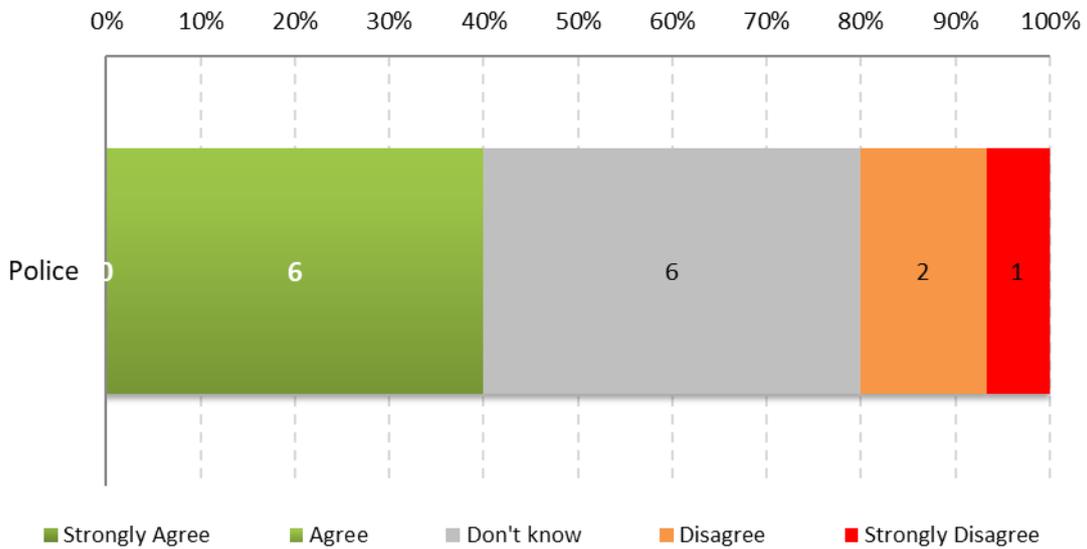


87% of respondents agree/strongly agreed that **I feel optimistic about my work and ability to overcome barriers to achieving the best outcomes for adults at risk of harm**. 7% disagree/strongly disagree. The remaining 5% didn't know.

3.3 Delivery of Key Processes - Concern Hubs (Police Scotland Staff only)

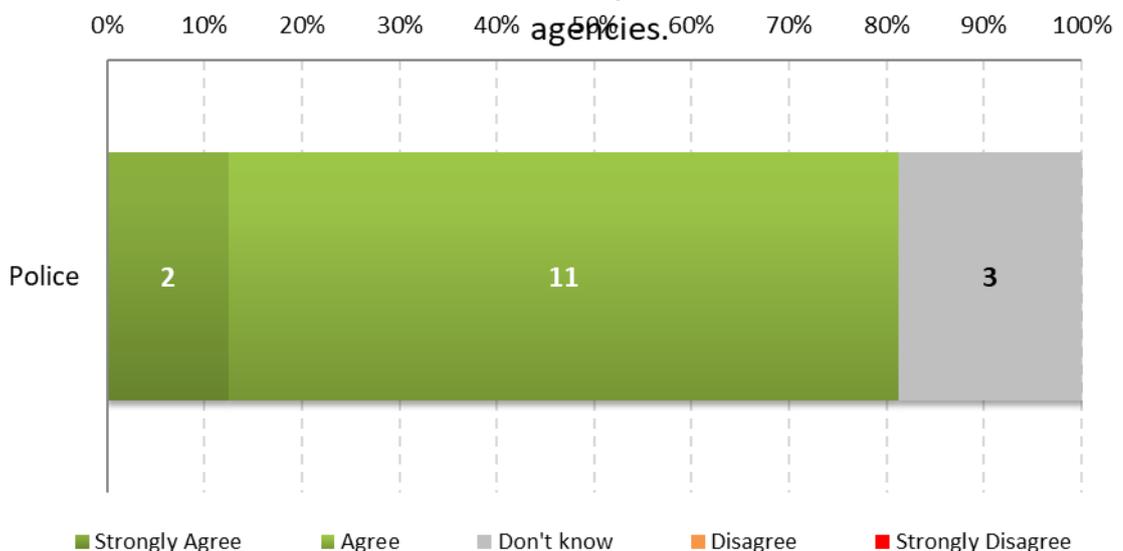
This section only applied to the 74 respondents who stated in Q1 that the service they work for would best be described as "Police".

Q27. In my experience there is adequate capacity in the police concern hub to effectively prioritise adult at risk of harm concerns.



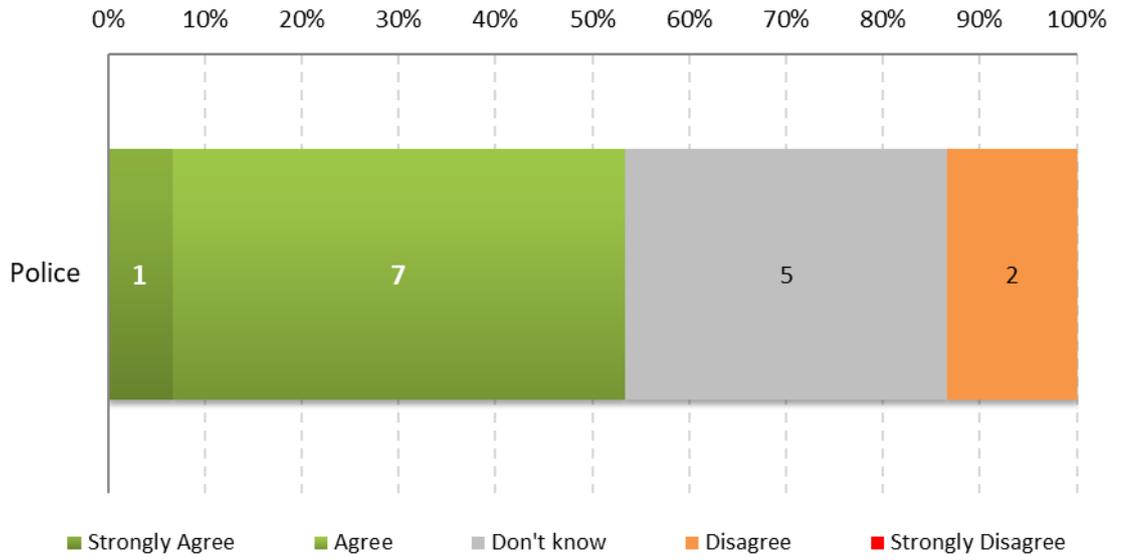
44% of respondents agree/strongly agreed that **In my experience there is adequate capacity in the police concern hub to effectively prioritise adult at risk of harm concerns.** 17% disagree/strongly disagree. The remaining 39% didn't know.

Q28. I am confident the police concern hub works effectively to share adult at risk of harm initial protection concerns with other agencies.



79% of respondents agree/strongly agreed that **I am confident the police concern hub works effectively to share adult at risk of harm initial protection concerns with other agencies.** 0% disagree/strongly disagree. The remaining 21% didn't know.

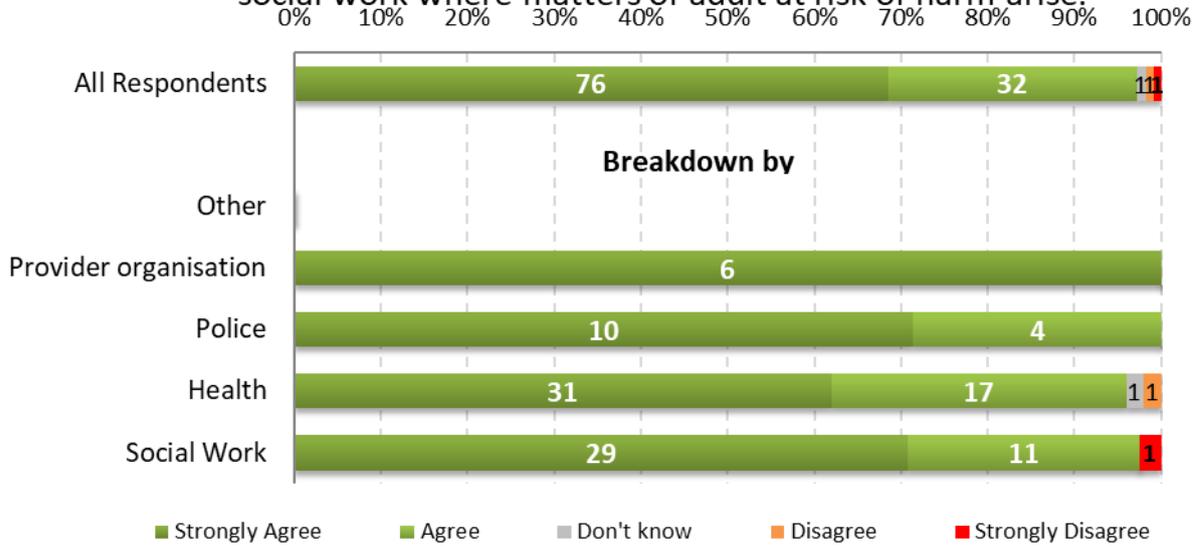
Q29. I have confidence that agencies work well together to consider adult at risk of harm initial police concern hub reports.



56% of respondents agree/strongly agreed that **I have confidence that agencies work well together to consider adult at risk of harm initial police concern hub reports.** 11% disagree/strongly disagree. The remaining 33% didn't know.

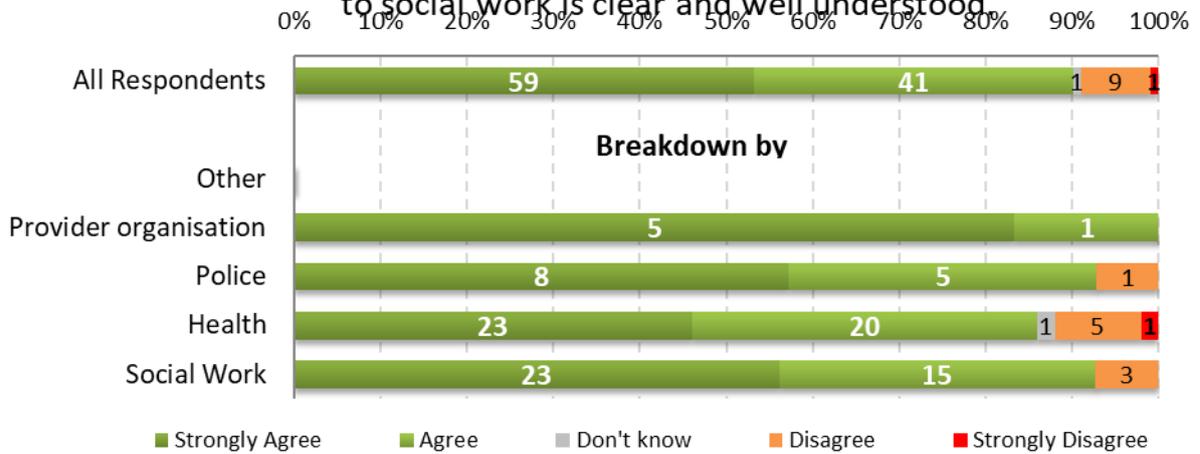
3.4 Delivery of Key Processes - Making Referrals to Social Work

Q33. I am encouraged by my organisation to make referrals to social work where matters of adult at risk of harm arise.



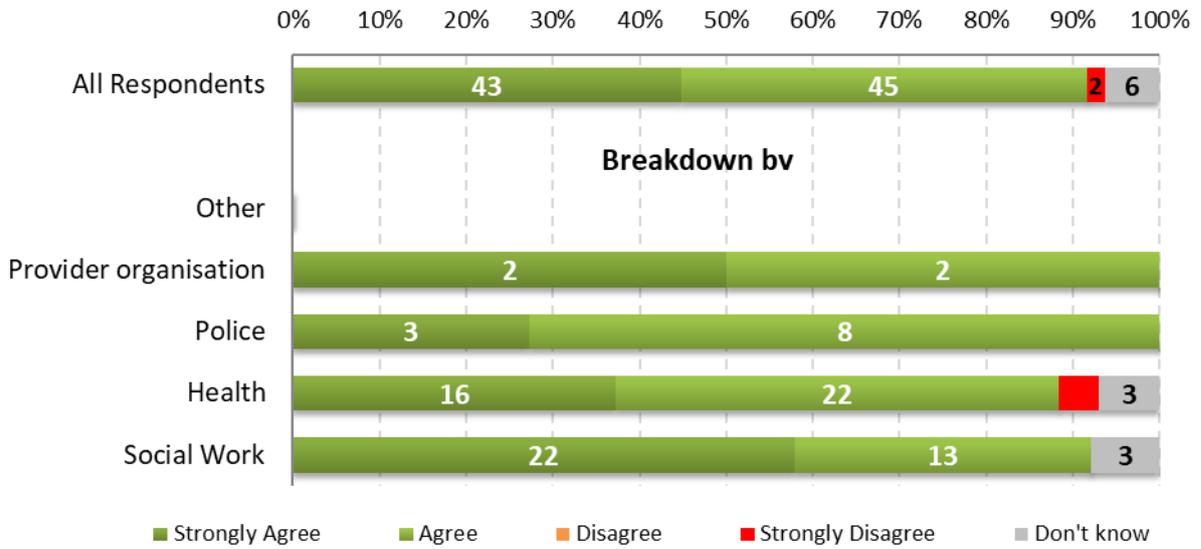
98% of respondents agree/strongly agreed that **I am encouraged by my organisation to make referrals to social work where matters of adult at risk of harm arise**. 2% disagree/strongly disagree. The remaining 1% didn't know.

Q34. I feel the process of making an adult at risk of harm referral to social work is clear and well understood.



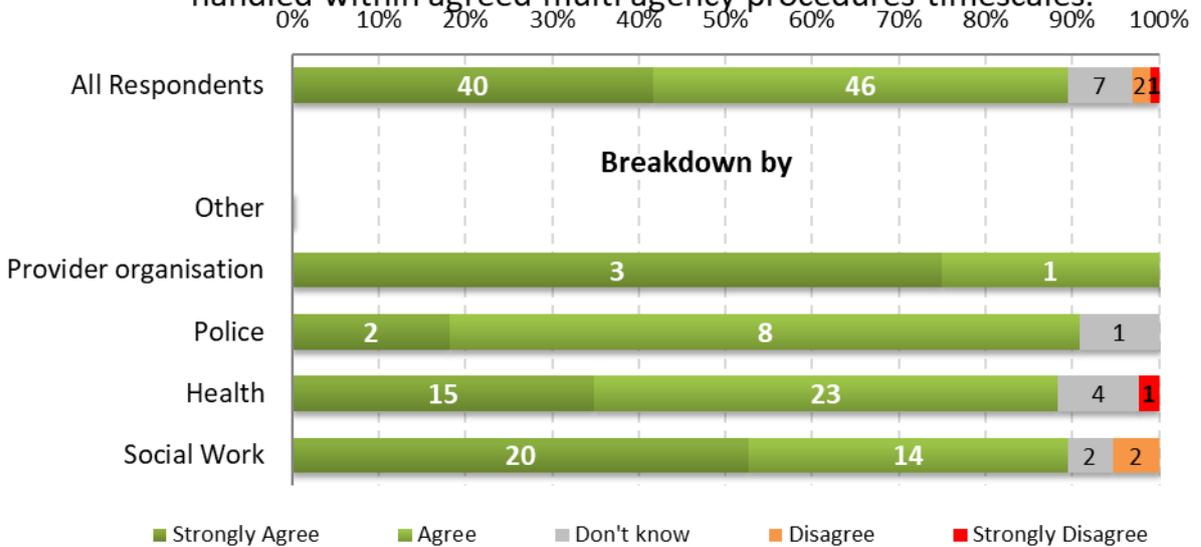
90% of respondents agree/strongly agreed that **I feel the process of making an adult at risk of harm referral to social work is clear and well understood**. 8% disagree/strongly disagree. The remaining 2% didn't know.

Q36. I am confident my ASP concern was handled efficiently.



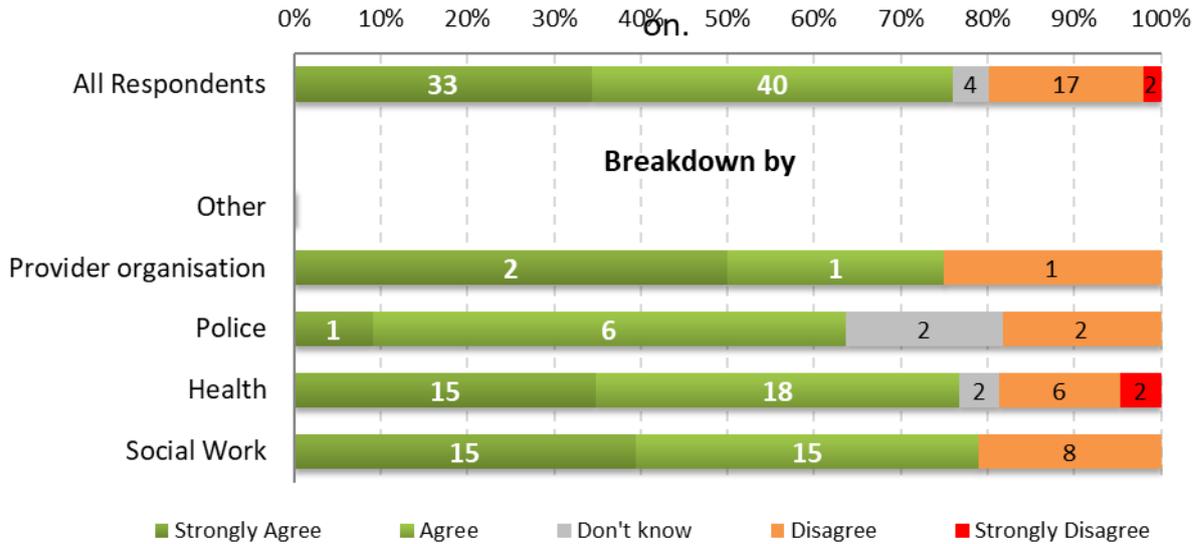
91% of respondents agree/strongly agreed that **I am confident my ASP concern was handled efficiently**. 3% disagree/strongly disagree. The remaining 7% didn't know.

Q37. I am confident that adult at risk of harm concerns are handled within agreed multi agency procedures timescales.



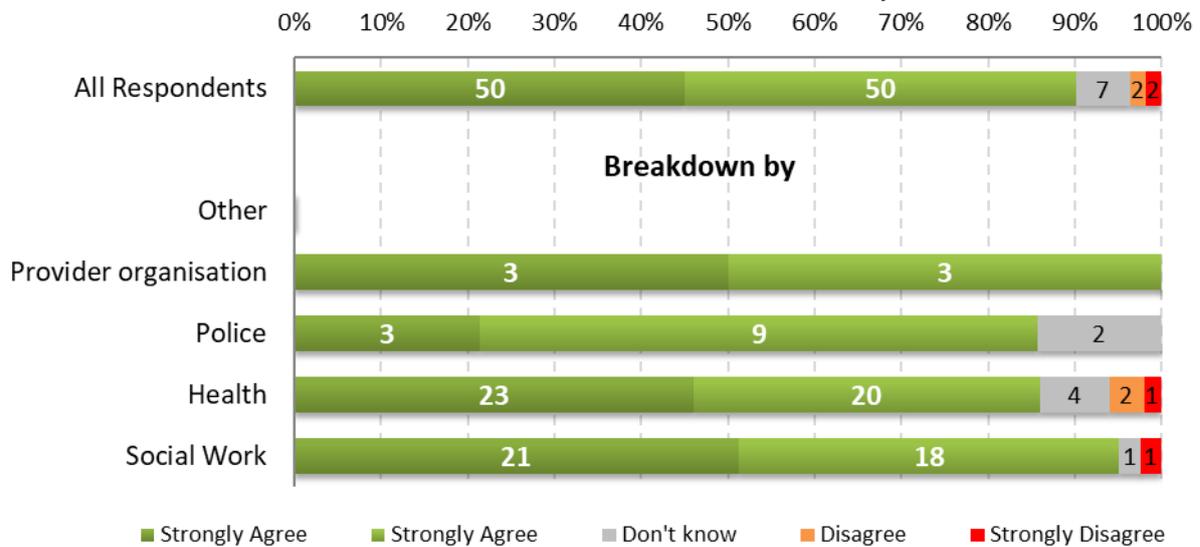
87% of respondents agree/strongly agreed that **I am confident that adult at risk of harm concerns are handled within agreed multi agency procedures timescales**. 3% disagree/strongly disagree. The remaining 10% didn't know.

Q38. I was given timely feedback from social work on actions taken in response to the adult at risk of harm concerns I passed on.



74% of respondents agree/strongly agreed that **I was given timely feedback from social work on actions taken in response to the adult at risk of harm concerns I passed on**. 20% disagree/strongly disagree. The remaining 7% didn't know.

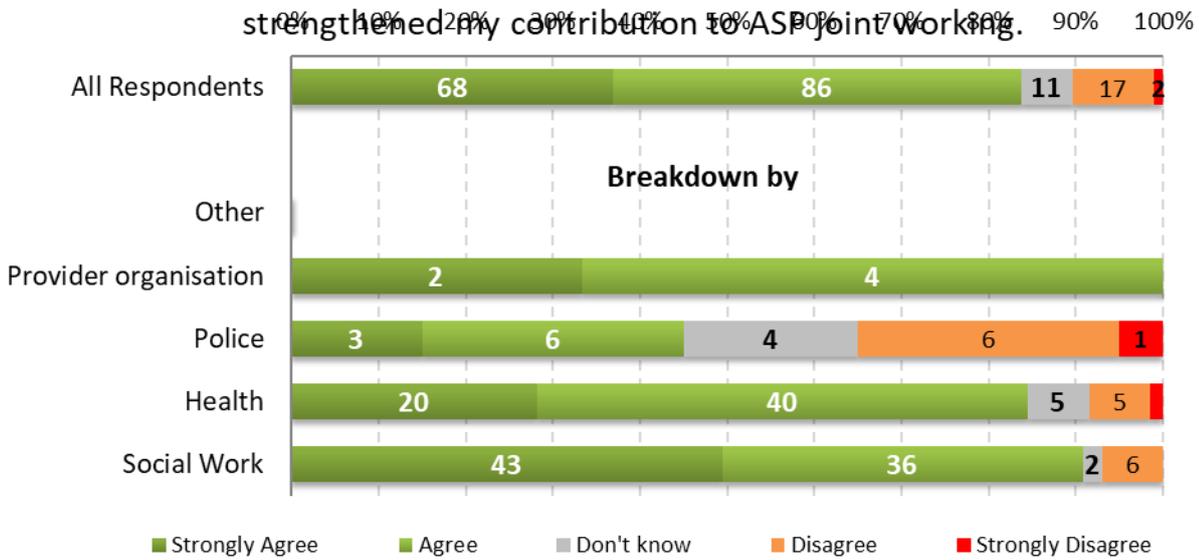
Q39. I am confident the partnership deals with initial adult at risk of harm concerns effectively.



90% of respondents agree/strongly agreed that **I am confident the partnership deals with initial adult at risk of harm concerns effectively**. 3% disagree/strongly disagree. The remaining 7% didn't know.

3.5 Training & Development

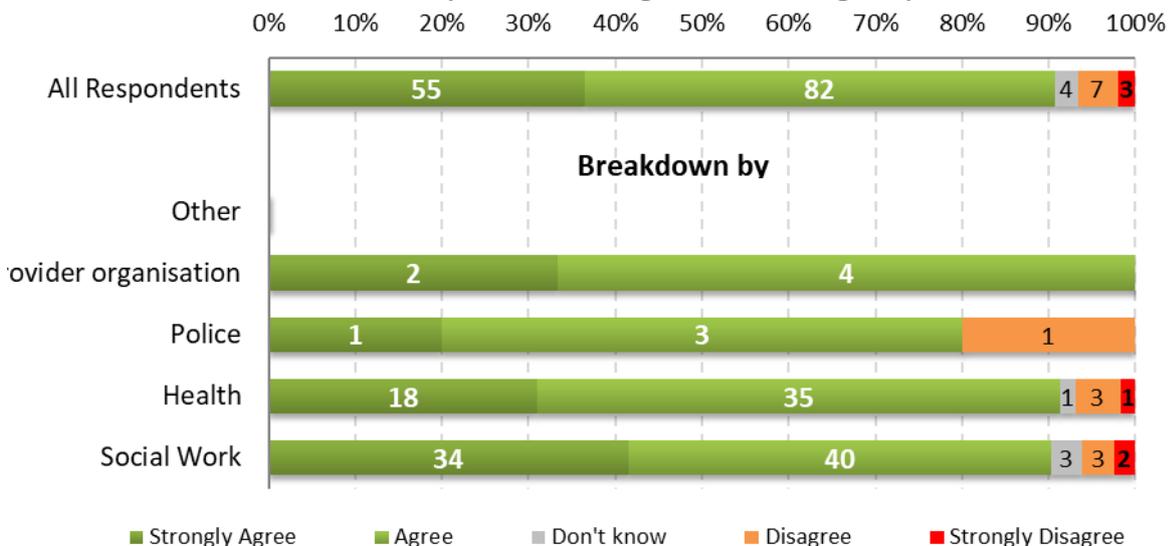
Q42. Participation in regular, local multi-agency training and development opportunities around adults at risk of harm has strengthened my contribution to ASP joint working.



84% of respondents agree/strongly agreed that **Participation in regular, local multi-agency training and development opportunities around adults at risk of harm has strengthened my contribution to ASP joint working.** 9% disagree/strongly disagree. The remaining 6% didn't know.

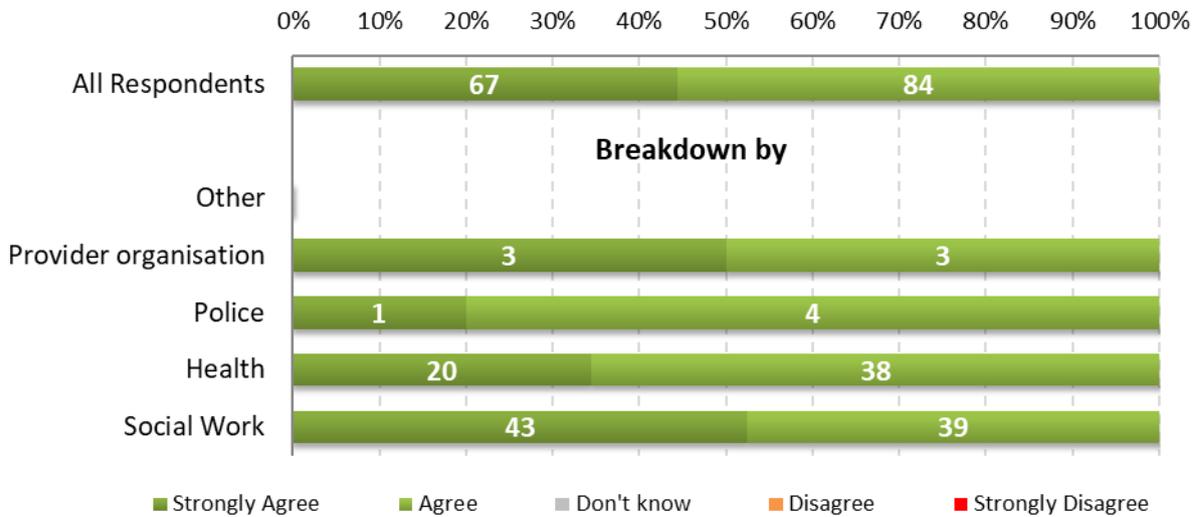
Respondents were asked if they **have participated in specific ASP training.** 165 said they had and were invited to answer the next 3 questions.

Q44. I am confident the partnership provides the right level of mandatory ASP training for all staff groups.



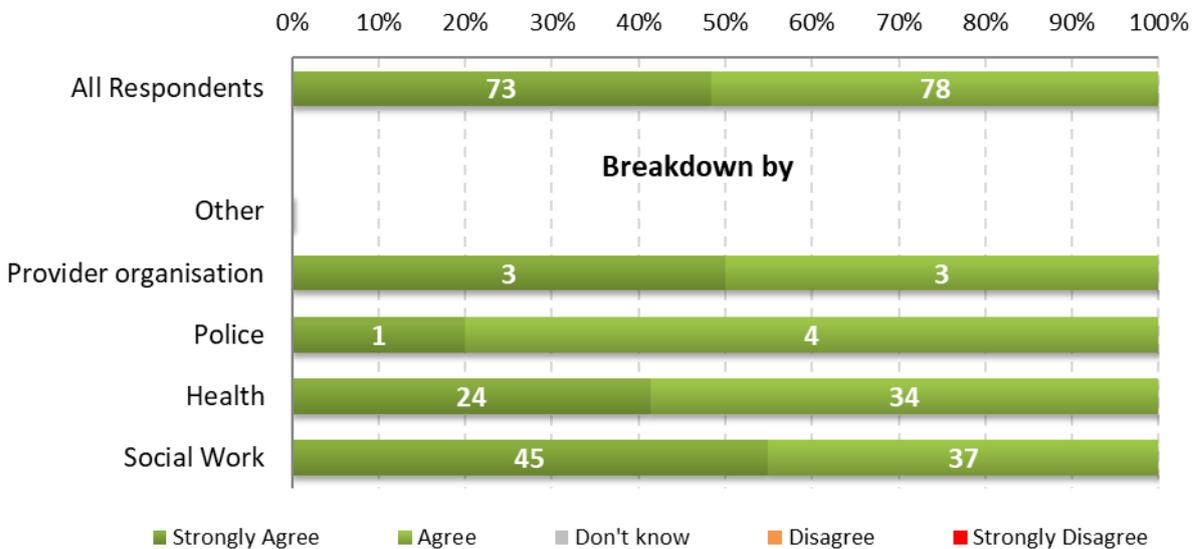
90% of respondents agree/strongly agreed that **I am confident the partnership provides the right level of mandatory ASP training for all staff groups.** 6% disagree/strongly disagree. The remaining 4% didn't know.

Q45. As a result of the training I have completed, I have the knowledge, skills and confidence to undertake the role required of me.



100% of respondents agree/strongly agreed that **As a result of the training I have completed, I have the knowledge, skills and confidence to undertake the role required of me.** 0% disagree/strongly disagree. The remaining 0% didn't know.

Q46. In my experience the training has allowed me to understand risks in the context of adult support and protection.

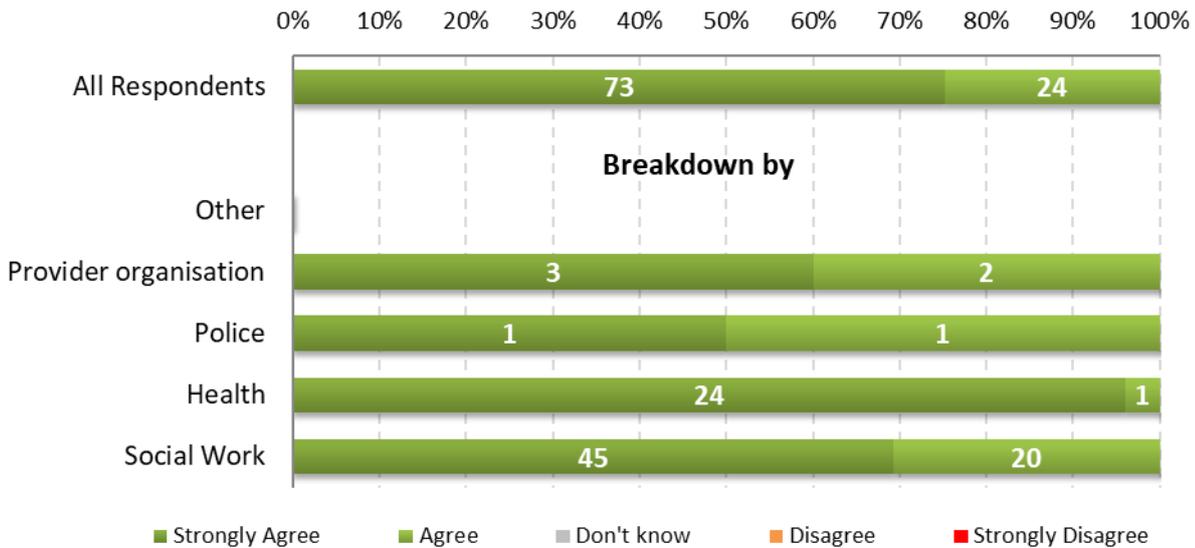


100% of respondents agree/strongly agreed that **In my experience the training has allowed me to understand risks in the context of adult support and protection.** 0% disagree/strongly disagree. The remaining 0% didn't know.

Respondents were asked if they **have attended training specific to the role of Council Officer?** 201 responded to this question with 139 stating “not applicable” as it did not apply to their role. Of the remaining 62 responses, 52 stated they had received training and were invited to answer the next question. Of the remaining 10 respondents, none identified as a council officer.

I have attended training specific to the role of Council Officer?	My role within my organisation is best described as:	Total
No	Front line staff	3
	Other	2
	Front line manager/supervisor	4
	Specialist ASP Role	1
No Total		10
Yes	Council Officer	18
	Front line manager/supervisor	15
	Front line staff	12
	Senior manager	5
	Other	1
	Specialist ASP role	1
Yes Total		52
Grand Total		62

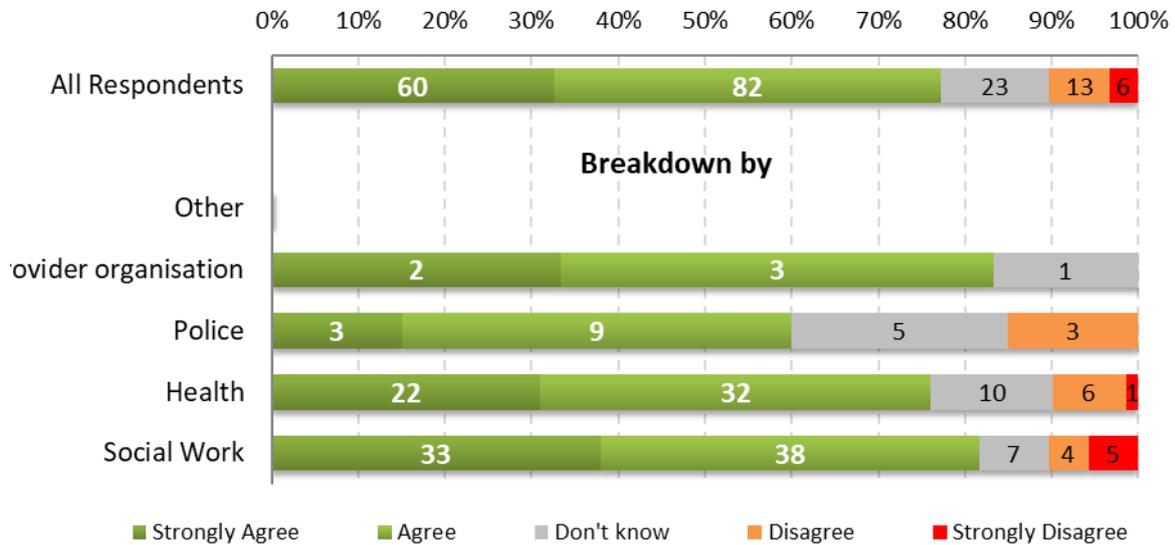
Q48. I feel that the Council Officer training has underpinned my understanding of ASP legislation, duties and role.



100% of respondents agree/strongly agreed that **I feel that the Council Officer training has underpinned my understanding of ASP legislation, duties and role.** 0% disagree/strongly disagree. The remaining 0% didn't know.

3.6 Strategic Leadership

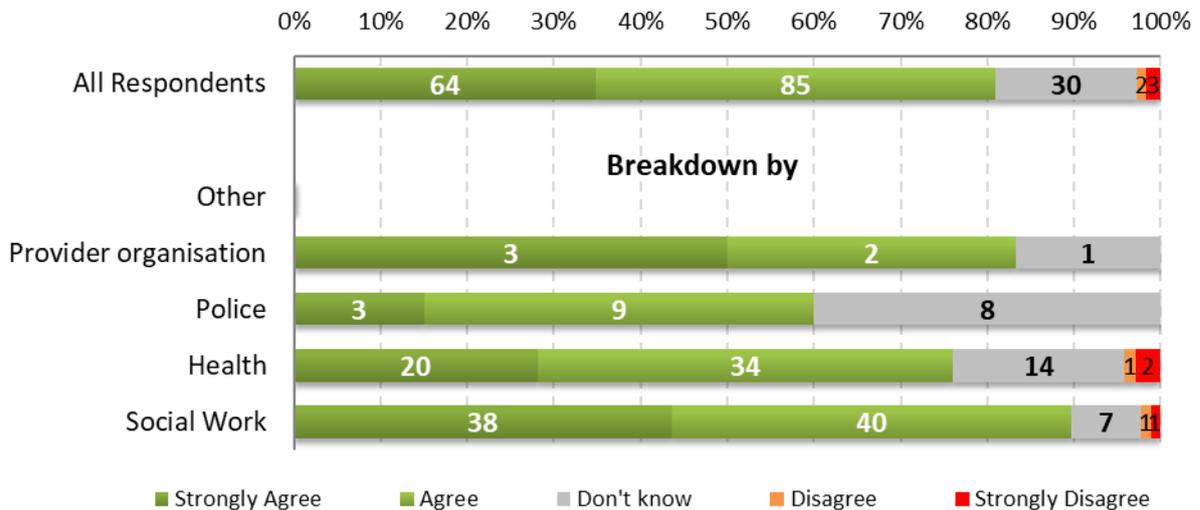
Q51. I am confident that leaders are ensuring the necessary capacity in services to meet the needs of adults at risk of harm



77% of respondents agree/strongly agreed that **I am confident that leaders are ensuring the necessary capacity in services to meet the needs of adults at risk of harm.**

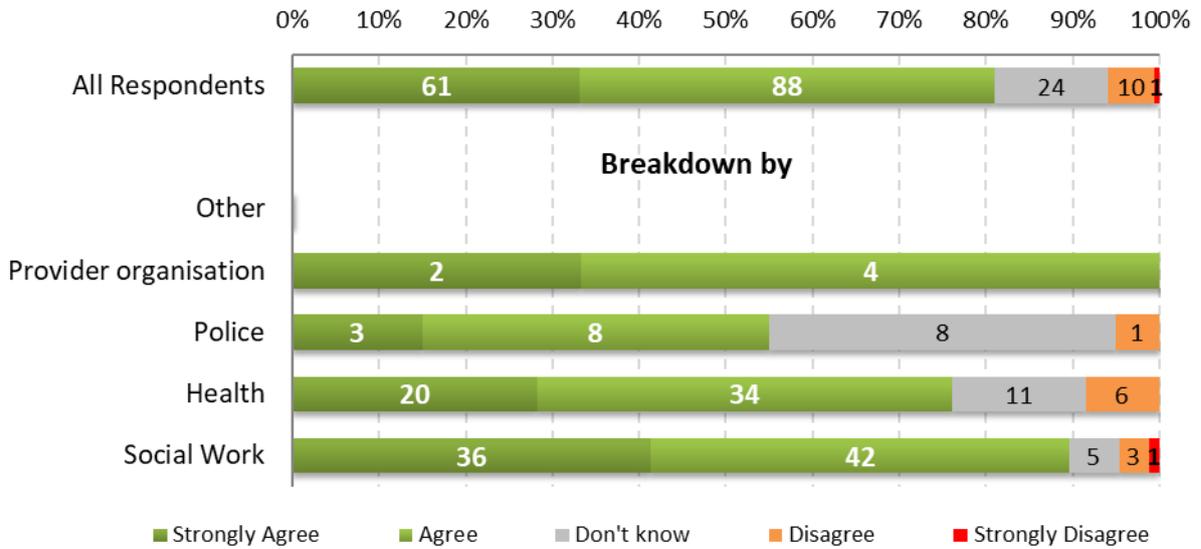
10% disagree/strongly disagree. The remaining 13% didn't know.

Q52. Local leadership of ASP across the partnership is effective.



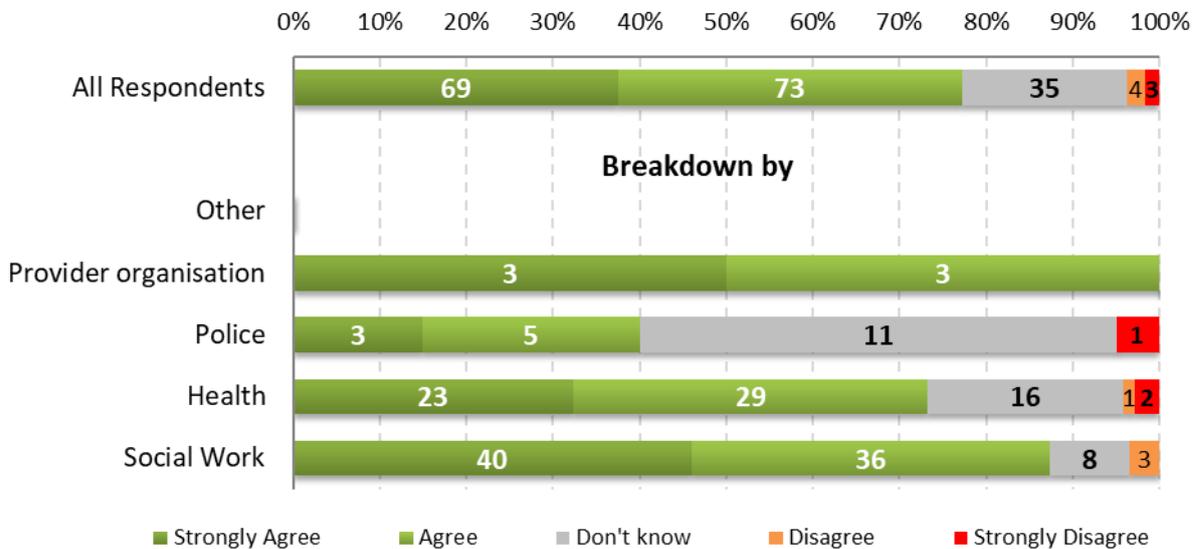
82% of respondents agree/strongly agreed that **Local leadership of ASP across the partnership is effective.** 2% disagree/strongly disagree. The remaining 15% didn't know.

Q53. Local leaders provide staff with a clear vision for their adult support and protection work.



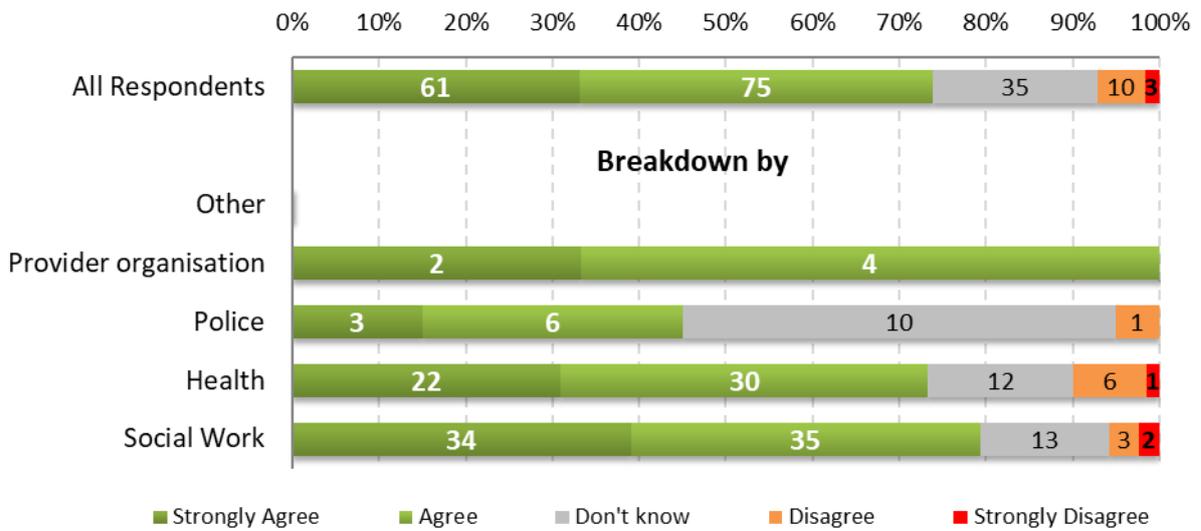
82% of respondents agree/strongly agreed that **Local leaders provide staff with a clear vision for their adult support and protection work**. 5% disagree/strongly disagree. The remaining 13% didn't know.

Q54. I feel confident that in this partnership there is effective leadership from the Adult Protection Committee for ASP.



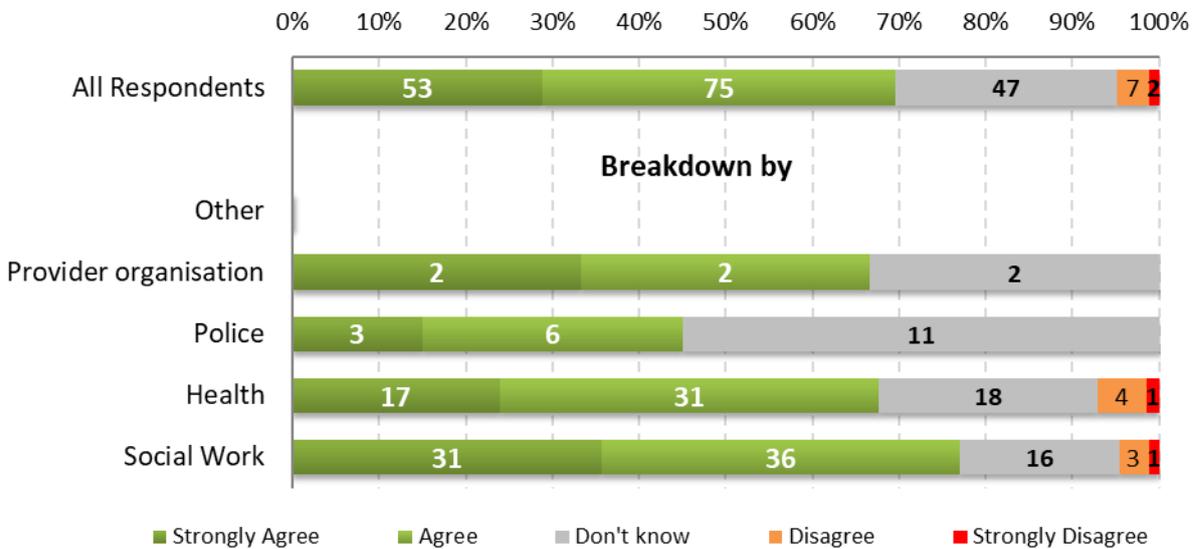
78% of respondents agree/strongly agreed that **I feel confident that in this partnership there is effective leadership from the Adult Protection Committee for ASP**. 3% disagree/strongly disagree. The remaining 18% didn't know.

Q55. I feel confident that local leaders know the quality of work delivered at the front line.



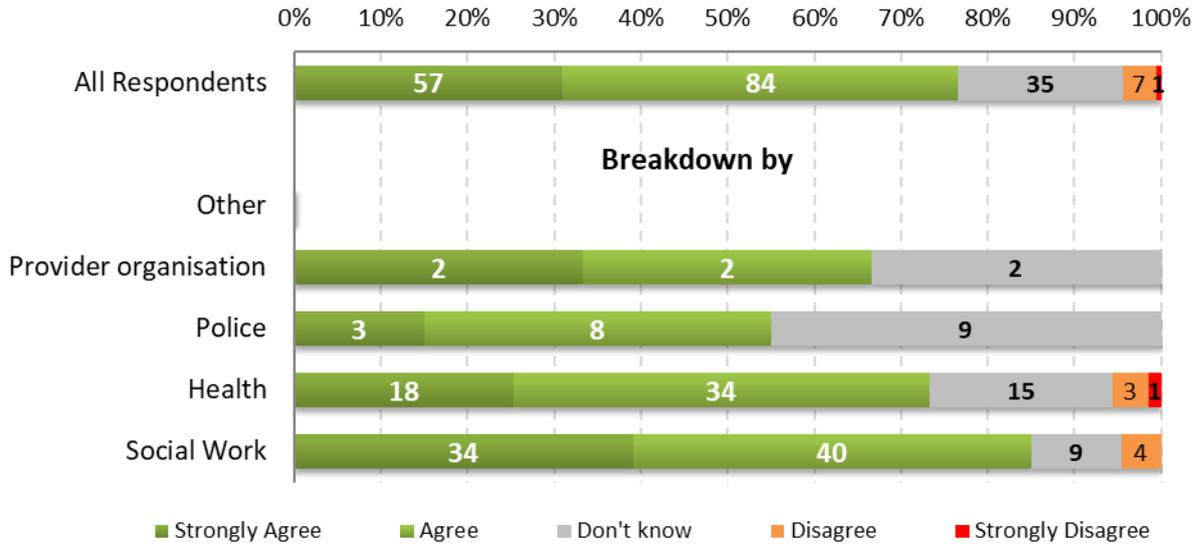
76% of respondents agree/strongly agreed that **I feel confident that local leaders know the quality of work delivered at the front line.** 6% disagree/strongly disagree. The remaining 18% didn't know.

Q56. Leaders evaluate the impact of what we do and this informs the improvement of ASP work across adult services.



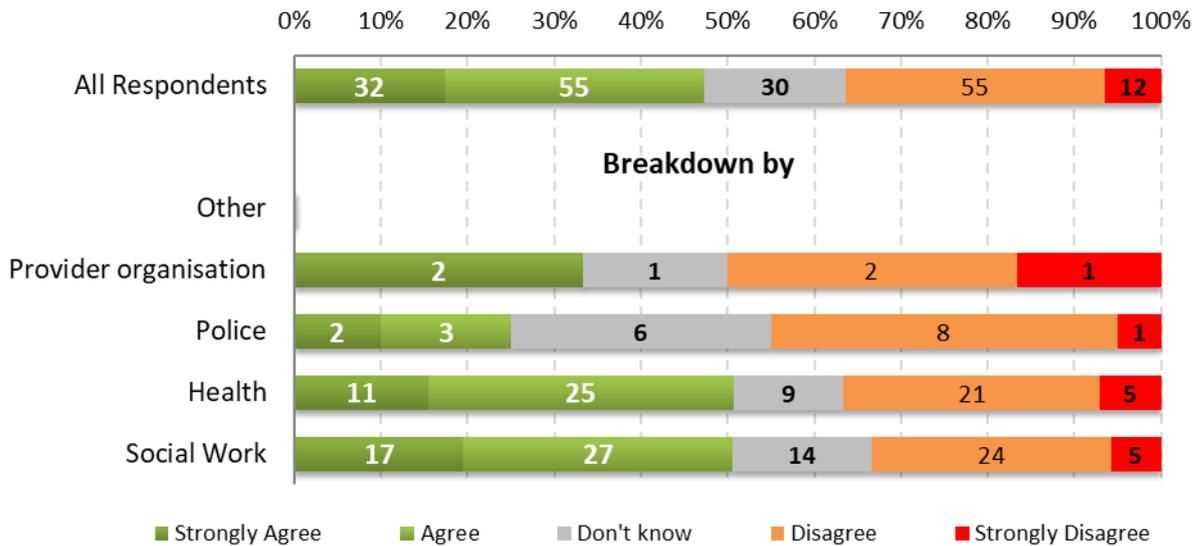
69% of respondents agree/strongly agreed that **Leaders evaluate the impact of what we do and this informs the improvement of ASP work across adult services.** 4% disagree/strongly disagree. The remaining 26% didn't know.

Q57. ASP changes and developments are integrated and well managed across the partnership.



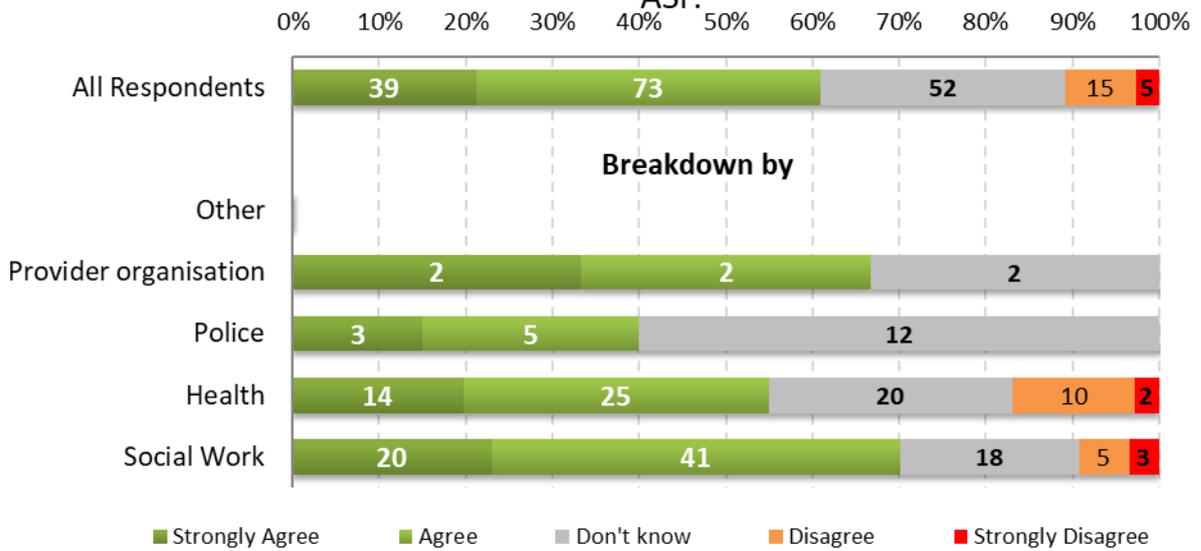
75% of respondents agree/strongly agreed that **ASP changes and developments are integrated and well managed across the partnership**. 4% disagree/strongly disagree. The remaining 21% didn't know.

Q58. I have been involved in evaluating the impact of the ASP work we do and this has informed improvement activity.



47% of respondents agree/strongly agreed that **I have been involved in evaluating the impact of the ASP work we do and this has informed improvement activity**. 35% disagree/strongly disagree. The remaining 18% didn't know.

Q59. Local leaders work effectively to raise public awareness of ASP.



62% of respondents agree/strongly agreed that **Local leaders work effectively to raise public awareness of ASP**. 10% disagree/strongly disagree. The remaining 28% didn't know.

Appendix A: List of 'Other' respondents to 'Q1. The service I work for would best be described as'.

Those who responded 'Other' to the question Q1. 'The service I work for would best be described as', includes:

- Adult Day Services
- Advocacy
- Care at home
- Carer support organisation Third sector
- Environmental Health
- Independent Advocacy
- Local authority / Council - Community Protection Service
- NHS community Health Partnership
- Refugee resettlement
- Senior Manager - both health and social work/social care services
- Social care
- Third sector
- Voluntary

Appendix B: List of 'Other' respondents to 'Q3. My role within my organisation is best described as'.

Those who responded 'Other' to the question Q3. 'My role within my organisation is best described as', includes:

- Advocacy Worker
- Back Office Police Officer
- Detective Constable
- Education and Development
- Health Visitor
- HQ based officer
- lead professional
- Office role
- Outreach support
- Researcher
- Strategy Officer
- Support worker