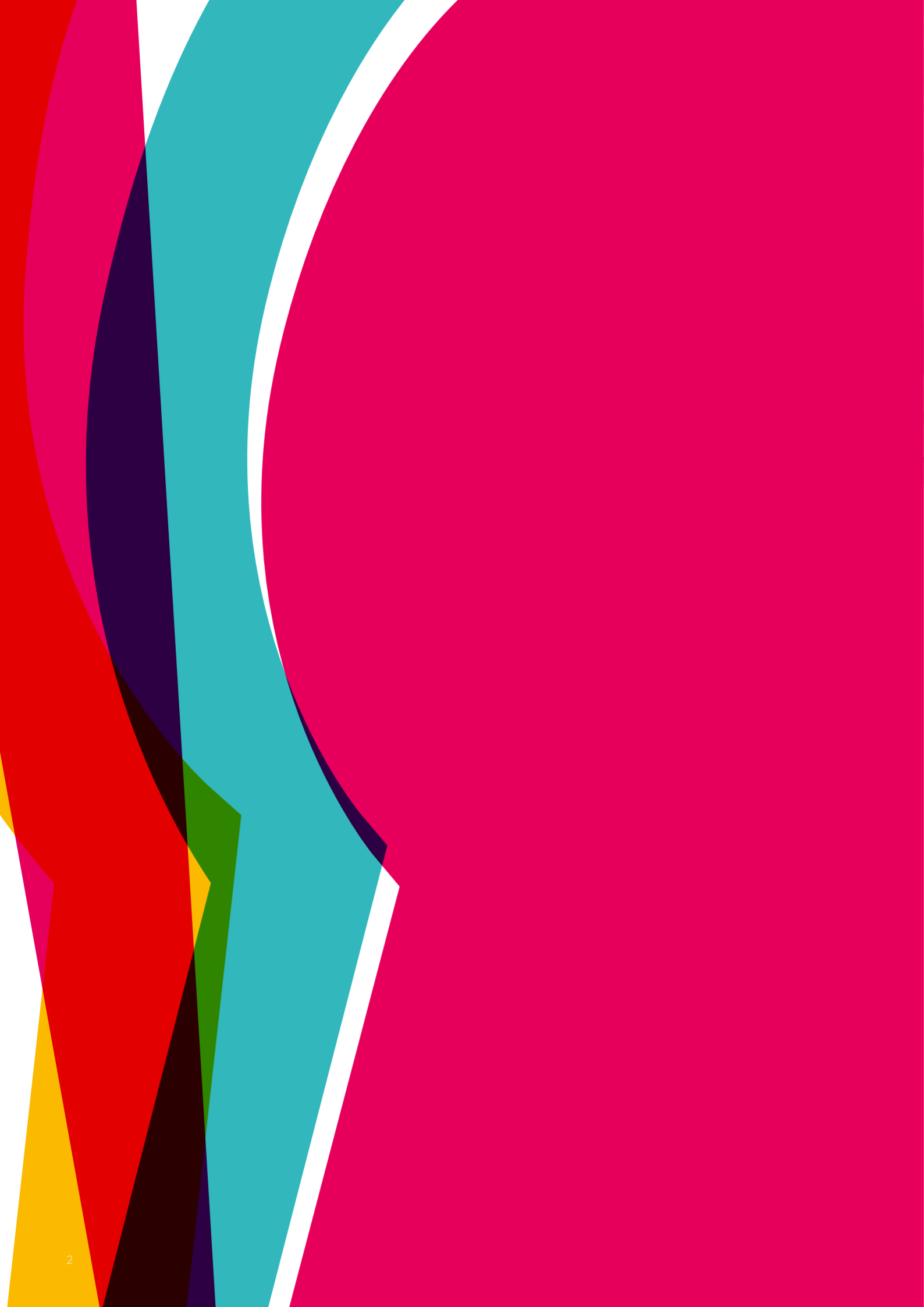




Aberdeen City Adult Protection Committee

Annual Report 2020-21



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Section 1

Convener's Foreword

As independent Convener of Aberdeen Adult Protection Committee (APC), I have a statutory duty to develop a Biennial Report, the last of which was for 2018-20. The Committee has decided that it would also be beneficial to produce an additional Annual Report, to enable oversight of activity on an annual basis, and provide an opportunity for highlighting achievements and good practice. This is the first such report.

I am delighted to introduce this Annual Report on adult support and protection activity undertaken in Aberdeen during the period from 1st April 2020 to 31st March 2021, recognising that this was a very different and difficult year for everyone.

There have been and continue to be wide-ranging implications of the COVID-19 pandemic, which impacted on every aspect of life during the reporting period. This includes the likelihood that the vulnerability of some adults will have increased because of the additional pressures placed on families and communities, potentially placing some adults at risk of harm and neglect, where that would not otherwise have been the case.

The pandemic also impacted significantly on staff, of course, and I would like to take this opportunity to thank staff across all agencies and services in Aberdeen for the essential role they have played and continue to play in identifying, reporting, supporting and protecting vulnerable adults in Aberdeen who are at risk of or who are experiencing harm.

And finally, I took on the role of independent Convener from Sheena Gault in April 2021, and must convey the thanks of all those involved with the APC and adult support and protection in Aberdeen for the commitment of the outgoing Convener and resulting progress made under her auspices during her time in the post.

Adrian Watson
Independent Convener,
Adult Protection Committee



Section 2

Introduction

The vision for Adult Support and Protection in Aberdeen is:

“Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk”.

The Adult Protection Committee (APC) is an inter-agency forum which takes the lead to co-ordinate and develop local responses to adult support and protection, including prevention of further harm. All agencies that work with vulnerable adults have a shared responsibility for providing support and safeguarding their welfare. Inter-agency working is essential to the protection of those adults and no one agency should be seen as solely responsible for the protection of adults who may be at risk of harm. Arrangements are designed to support the valuable partnership work which exists to allow continuous improvement in adult support and protection services across Aberdeen City.

The APC has continued to meet on a regular basis throughout the pandemic, (moving to ‘virtual’ on-line meetings), to ensure a continued focus on adults at risk of harm, and offers, via this report, an overview of how this focus was maintained during this time, and the resulting outcomes.

Section 3

Impact of the Pandemic

The Scottish Government published its [COVID-19 Adult Support and Protection Guidance](#) on 30th April 2021. This was taken on board and incorporated into local guidance and procedures, to support staff to continue to undertake their roles in relation to vulnerable adults at risk of harm, in the context of the pandemic.

Partners were only too aware of the risks associated with the pandemic and its lockdown restrictions... hidden harms, increased risks to the most vulnerable, etc... which led to multi-agency awareness raising and sharing key messages across the partnership, both locally and via social media.

The Adult Protection Committee met more regularly, on a 'virtual' basis, to ensure that all partners were supported, that risks were identified early and addressed, trends monitored through relevant data, implications for staff welfare considered, etc.

The restrictions and implications linked to COVID-19 meant we had to develop new ways of working. Although case conferences were delayed temporarily, initially, solutions were found virtually. To ensure that statutory partners and third sector organisations remained alert to the potential concerns about harm while recognising that ASP concerns may increase during the pandemic, Adult

Protection Plans were drawn up to assess any new or additional risks and measures until relevant professionals from different agencies could attend virtual meetings.

Special sessions were held for Council Officers to provide them with the support needed to ensure the implications of the pandemic were taken into account when supporting clients under ASP legislation.

NHS Grampian staff received briefing and awareness raising materials throughout both lockdowns to support continued vigilance and reporting of Adult Protection concerns. In addition, despite the initial speed of recruitment given the pressures of the pandemic, all new vaccinators and contact tracers recruited during the pandemic period, received training in Adult Support and Protection via induction.

Council Officers continued to maintain regular contact with existing ASP clients and partner agencies and the Adult Protection Unit developed guidance about COVID-19 triage and assessment which was shared with key agencies and organisations.

The introduction during the pandemic of Care Home Oversight Groups and joint assurance visits has had a positive impact in respect of



ASP awareness and response from health partners working with the care home sector. It is recognised that before the pandemic, there was work required regarding health professionals' recognition of 'global' ASP issues in care settings. There is now far greater assurance that healthcare staff will not only recognise concerns within the care home sector but that these will be reported, and any subsequent ASP activities supported.


A Council Officer Support group facilitated by the APU co-ordinator offers local peer support and guidance around issues raised. This is based

on the principle that all Council Officers should have access to a positive environment where they can discuss in more detail their anxieties or where they are struggling with various issues in their practice. Over the last two years, sessions for Council Officers have been held on a range of topics including cuckooing, chronologies, capacity, COVID, domestic abuse and older adults, investigative interviewing, decision-making tool, and ASP governance.

Section 4 Key Data

REFERRALS

1) Number of Referrals

	2020-21 1,377	2019-20 1,461	2018-19 1,367
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2) Top three Sources of Referrals:


i) in 2020-21

	Care Homes/ Care at home/ Third Sector 446		Police 263		NHS Grampian 167
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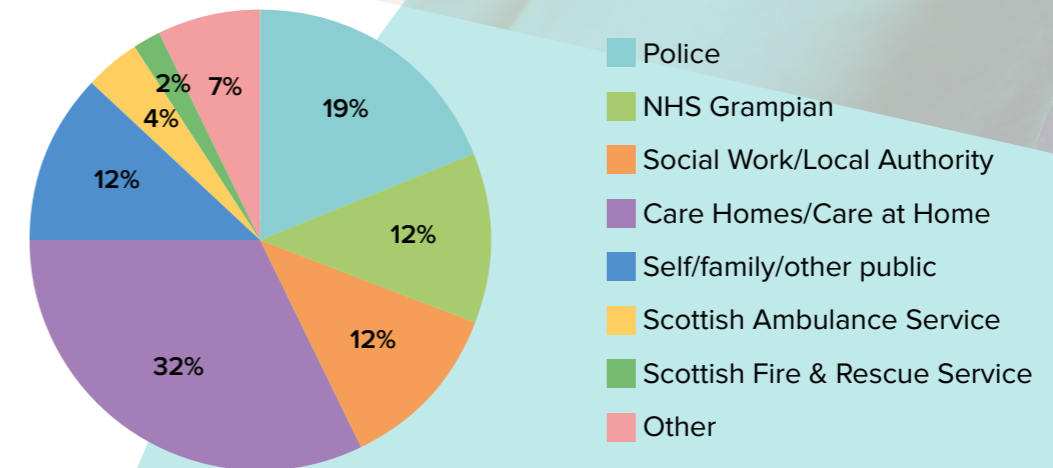
ii) in 2019-20

	Care Homes/ Care at home/ Third Sector 519		Social Work / Council 244		NHS Grampian 185
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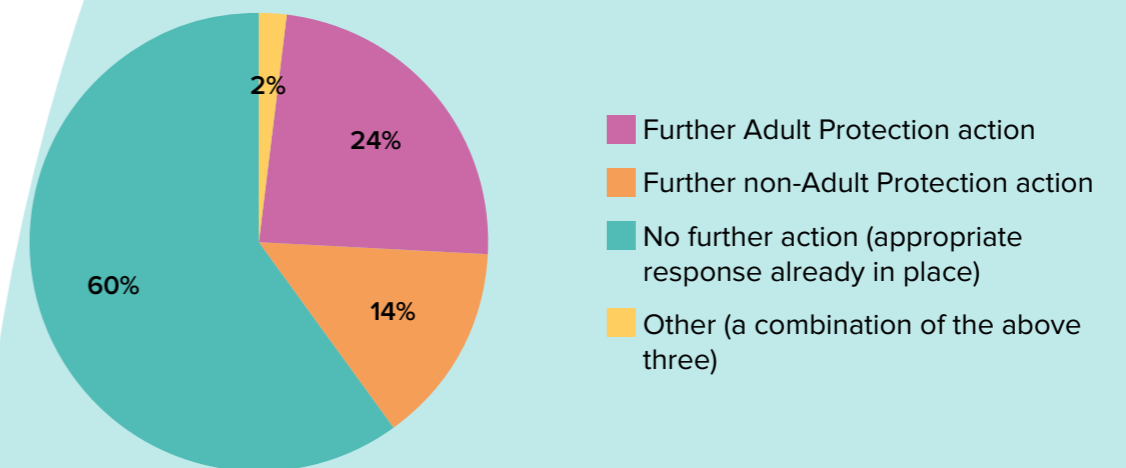
iii) in 2018-19

	Care Homes/ Care at home/ Third Sector 442		NHS Grampian 213		Social Work / Council 211
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3) All Referral Sources in 2020-21:




4) Outcome of Referrals in 2020-21:




INVESTIGATIONS

1) Number of Investigations:




	2020-21	2019-20	2018-19
	226	305	379

2) Top three Types of Harm which resulted in an Investigation:



i) in 2020-21

	Financial Harm		Self Harm (including Self-Neglect)		Physical Harm
	29% (65 cases)		20% (46 cases)		20% (45 cases)

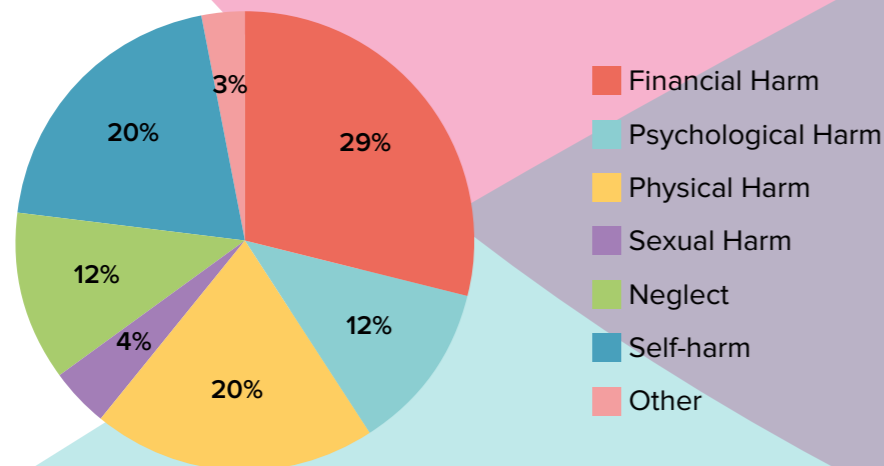
ii) in 2019-20

	Physical Harm		Financial Harm		Self Harm (including Self-Neglect)
	27% (82 cases)		25% (76 cases)		19% (57 cases)

iii) in 2018-19




	Financial Harm		Physical Harm	Other
	26% (100 cases)		22% (85 cases)	16% (59 cases)

3) All Types of Harm resulting in Investigations in 2020-21:






4) Top Three Locations of principal Harm which resulted in an Investigation




i) in 2020-21

	Own Home		Care Home		Sheltered housing/ Supported Accommodation
	65% (148 cases)		11% (24 cases)		7% (16 cases)

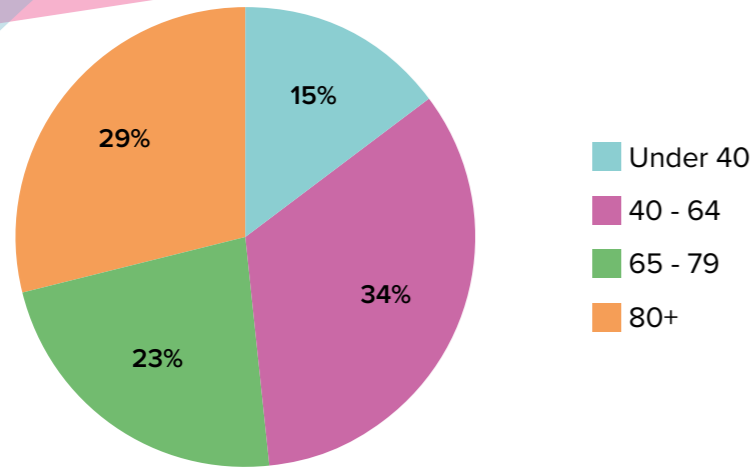
ii) in 2019-20

	Own Home		Care Home		Not known
	59% (181 cases)		12% (36 cases)		10% (32 cases)

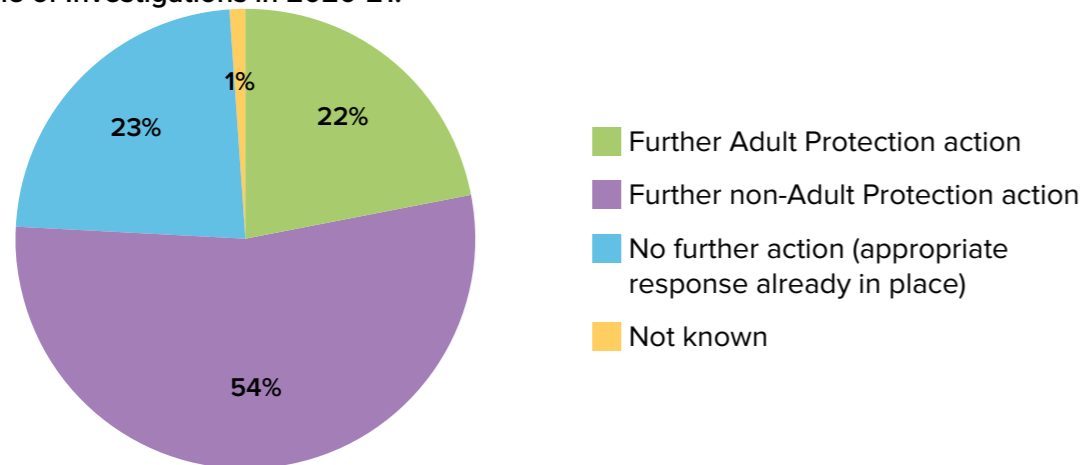
iii) in 2018-19

	Own Home		Care Home		Sheltered housing / Supported Accommodation
	56% (211 cases)		12% (44 cases)		8% (30 cases)

5) Age Groups of individuals for whom Investigations Commenced in 2020-21:



6) Outcome of Investigations in 2020-21:



LARGE SCALE INVESTIGATIONS

	2020-21	2019-20	2018-19
	1	2	4

FEEDBACK FROM CLIENTS PROTECTED AND SUPPORTED UNDER ASP

	2020-21	2019-20
No. asked during ASP if they would be happy to give feedback at end of process	68	97
No. who agreed during ASP to give feedback at end of process	15	17
No. who gave feedback at end of process	8	10



Section 5

Progress against Priorities

Below we provide an overview of how we have continued to ensure the support and protection of adults at risk of harm over the last 18 months, covering the period of the pandemic.

OUR PRIORITY:

Multi agency adult protection policies, procedures and practice guidance is complied with consistently resulting in timely and effective multi agency support and protection to adults at risk of harm.

- Both the Adult Protection Committee and its Operational Sub Group have continued to meet regularly to support multiagency understanding and shared practice relating to ASP policy and procedure.
- The Grampian inter-agency Adult Protection policies, procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm. The overarching [Grampian Interagency Procedures](#) have been reviewed during the period, to reflect changes in legislation and good practice, and work continues to update the appendices.
- During the summer of 2020, a review was undertaken of the operational model for delivery of the lead agency ASP statutory functions in Aberdeen. As a result of this a new team has been created, comprising Duty Social Work and Adult Protection Unit staff. This Adult Protection Social Work Team is screening all ASP concern referrals, leading to increased consistency of approach.
- Alongside this, an Initial Referral Discussion process has also been initiated, which brings together representatives from Social Work, Health and Police to consider referrals where there is high risk, or need for discussion about whether the criteria for ASP apply to a referral.
- A website has been developed ([Aberdeen Protects](#)), which hosts our multi-agency APC policies, procedures and practice guidance – a one-stop-shop for practitioners across partners, services and agencies across all the Public Protection agendas.
- The Health and Social Care Partnership - the 'lead agency' - has also reviewed and developed operational procedures, to ensure consistent standards of practice.
- Following wide internal and external consultation, NHS Grampian has rolled out an Adult Public Protection Training Framework for its staff and members – directing and signposting staff to training that ensures they are fully briefed on current procedures and their ASP duties. This has been accompanied with an increased frequency of training sessions in 2020/21.
- Lead agency quality assurance of case files undertaken in April / May 2021 found that in 100% of (18) cases reviewed, ASP investigations were found to have appropriately involved partners.

OUR PRIORITY:

The voice of stakeholders is key in the adult support and protection process and the service and system improvements are fully inclusive of the voice of the adult and their family.

- Throughout the pandemic period, Advocacy Service Aberdeen have continued to support adults and carers to participate fully in the ASP process, including implementing an iPad borrowing scheme to enable individuals to attend 'virtual' case conferences.
- Advocacy and Health and Social Care Partnership colleagues continue to ask adults and carers, both during and at the end of their adult support and protection journey, about their experience, and explore alternative ways of improving on the numbers who agree to give feedback. Feedback can also be provided via questionnaires on Advocacy's website, and information about how that feedback is used is also provided on the site. The questions asked align with the national Health & Social Care Standards.
- The Partnership acknowledges the significant support of third sector organisations and colleagues in supporting and protecting adults at risk of harm during this challenging time, and looks forwards to building on those relationships going forwards.
- In April 2021, a Communication Strategy was agreed by the APC, which aims:
 - to set out how appropriate and effective communication will support the achievement of the APC's key strategic objectives;
 - to promote effective communication in all aspects of adult support and protection; and
 - to ensure that key stakeholders are aware of, understand and are engaged in this work.
- A Service User Engagement Strategy and Guidance was approved by the APC on 4th August 2021, which sets out the Committee's approach to ensuring the voice of service users, their carers and representatives (where relevant) is heard, provides guidance to those working with adults under the Act about ways of engaging meaningfully with adults and their carers, and identifies improvement actions to be progressed in order to engage more meaningfully with adults involved in ASP, and their carers.



OUR PRIORITY:

Lead Agency and partners are adequately resourced, trained and developed to have both capacity and capability to respond to the demands of Adult Support and Protection work.

- ▶ Multi-agency training has been reinvented for delivery ‘virtually’, and has been rolled out, albeit capacity issues have impacted on the ability of staff to attend training as frequently as desired. More information about learning and development which has taken place during the year can be found in the box below.
- ▶ The pandemic period has seen the development of integrated and shared learning resources and use of technology in delivery of Learning & Development.
- ▶ The lead agency has developed an ASP Learning & Development Strategy & Action Plan. This is being informed by a pan-Grampian Training Needs Analysis, and links closely to the Grampian Learning and Development Framework.
- ▶ To ensure our staff feel fully supported, members of the APC have undertaken to agree an approach to ‘supervision’ across the partnership. This also ensures an appropriate level of supervision or management is in place across the partners, providing the relevant oversight, and in line with agreed principles, so that staff are appropriately supported and protected.
- ▶ NHS Grampian has invested in the new addition of an Adult Public Protection Lead for its Public Protection Team. This additional capacity has allowed NHS Grampian to lead and support ASP activities – such as IRD development across Grampian and the external ICR/SCR group. The lead agency has also invested in the addition of a new Strategic Lead post during the year, in response to an identified need for additional capacity to support both improvement activity and governance reporting around Adult Public Protection.

Learning and Development update:

- ▶ To fulfil a key commitment to support training across boundaries, the APC’s partners have jointly invested in the provision of a multi-agency trainer, hosted by NHS Grampian. This post-holder chairs the Grampian Learning and Development Sub-Group, and develops and delivers (in conjunction with all partners) multi-agency training and development opportunities. Police Scotland’s Adult Protection Coordinator, Advocacy Service Aberdeen’s Service Manager, and representatives from Aberdeen City Council’s Legal Service also contribute to the delivery of ASP training in the City, which is led by the Council’s Adult Protection Trainer.
- ▶ To ensure ongoing compliance with relevant ASP policies and procedures, and to make sure they are fulfilled effectively, staff across all statutory agencies and other stakeholders are appropriately trained and supported to carry out their roles. ‘Introduction to ASP’ sessions are promoted for staff across all agencies which highlight the message to individuals and their agencies that adult support and protection is everyone’s business.
- ▶ Council Officers are required on an annual basis to attend mandatory Refresher Training which provides access to up-to-date information and conversations around the latest events relevant to their practice.
- ▶ Council Officer support groups offer peer support and guidance around issues raised. This is based on the principle that all Council Officers should have access to a positive environment where they can discuss in more detail their anxieties or where they are struggling with various issues in their practice. Over the last two years, sessions for Council Officers have been held on a range of topics including cuckooing, chronologies, capacity, COVID, domestic abuse and older adults, investigative interviewing, decision-making tool, and ASP governance.
- ▶ Additional multi agency learning and development sessions have been held for partnership staff during the year, on a range of subjects relating to ASP.
- ▶ Aberdeen City Council staff continue to be required to complete mandatory ASP e-learning.
- ▶ NHS Grampian offers a strong ASP training portfolio which varies from electronic e-learning modules, which support ‘basic’ awareness and understanding, through to a comprehensive two-hour session that supports staff who are likely to be directly engaging with the adult support and protection process – including investigation and case conference. Given the critical role of GPs in relation to the identification of adults at risk of harm, there has been a significant ‘push’ with more GPs trained in the past year than in previous years. (25% of all Grampian GPs have been trained since 2019.)
- ▶ Dewis training sessions, on the impact of domestic abuse on older adults, have also been held during the period.

The below table summarises training and learning delivered across the partnership during the year:

Training / Learning during 2020-21	No. of Sessions	No. of Participants
Multi Agency Introduction to ASP	14	377
Other Multi Agency ASP Training	15	91
Dewis – training on impact of domestic abuse on older adults	2	33
Council Officer Refresher Training	1	15
Aberdeen City Council staff mandatory ASP e-learning (individuals)*	n/a	385
NHS Grampian basic awareness-raising e-learning modules (individuals)	n/a	8,512
NHS Grampian more specialist ASP training	25	369
Training for GPs (Grampian-wide)	5	94

* between August 2020 and June 2021



OUR PRIORITY:

Local and national case reviews contribute to learning and continuous improvement of services and systems.

- ▶ In line with the Grampian Serious Case Review and Case Review Protocol, all Initial Case Reviews (ICRs) are considered by the Operational Sub Group of the APC, prior to progression to Significant Case Review as relevant. Progress and outcomes are reported to the APC and also to the overarching Aberdeen Executive Group for Public Protection, alongside feedback regarding implementation of learning.
- ▶ On 9th June 2021 the APC adopted a Learning Strategy and Framework. This provides a framework for improving practice and embedding learning, by answering the following questions:
 1. How are opportunities for learning / improving practice identified?
 2. Under which circumstances should a Case Review be considered?
 3. What is the process for Case Reviews?
 4. How should learning be disseminated and embedded (including learning arising from Case Reviews) and practice improvements made?
 5. How will the APC seek assurance that learning has been embedded, and practice – and outcomes – improved.
- ▶ A Grampian-wide External Significant Case Review (SCR) group has recently been established to enable appropriate reflection, discussion and learning from national SCRs. So far, two external SCRs have been reviewed by the group – with actions and findings appropriately taken forward via reporting to the APC and the Aberdeen City Executive Group for Public Protection. This model of multiagency learning from activity in other areas, is considered by all partners to be exceptionally useful.

One case review referral received in Aberdeen during the period resulted in a Multi-Agency Review Meeting, rather than progressing to a Significant Case Review (in accordance with the Grampian Policy).

A plan was developed in relation to disseminating learning from this review, which related to Self-Neglect and Hoarding, to ensure that staff across the partnership are competent in taking appropriate decisions and actions in such cases. This is currently being implemented and has included the dissemination of local [Guidance](#) developed for frontline staff and managers and a '7-minute briefing'. An on-line event was held in June 2021 to launch this Guidance, which was attended by 170+ participants, reflecting the interest in improving knowledge about this topic. The event received very positive feedback including about how the Guidance will impact on practice going forwards, and further follow-up work is planned, including Quality Assurance work to evidence impact.

The development of the Self Neglect and Hoarding Guidance was informed by events for GPs, Scottish Ambulance service and Scottish Fire and Rescue staff held to raise awareness of this issue, as a result of an earlier (2019) case review. The Operational subgroup was key in helping to develop the Guidance by using the knowledge and skills across our lead agencies and stakeholders.

OUR PRIORITY:

The APC improvement plan robustly reflects all key areas of improvement as a result of effective multi-agency self evaluation.

- ▶ The Grampian Information Sharing Protocol is currently being updated to enable partners to undertake multi agency case file review, for which plans are being made.
- ▶ NHS Grampian undertook a Self-Evaluation process during the reporting period – the findings and actions from which have been integrated into the APC's multiagency risk register and improvement plan.
- ▶ The APC is also developing its approach to audit and quality assurance work going forwards.

OUR PRIORITY:

Multi agency collection, sharing, analysis and use of data enables better decision making to support and protect adults at risk of harm.

- ▶ Operational data analysis reports are provided on a regular basis to the APC. There is recognition of the need for a broader, multi agency dataset and Performance Framework and a workstream is currently leading on the development of this.
- ▶ The Aberdeen City Executive Group for Public Protection also considers data relating to adult protection, as well as the wider public protection agenda, on a regular basis, including the weekly SOLACE data collected for Scottish Government.

OUR PRIORITY:

The impacts of COVID-19 are considered and appropriately incorporated into ASP Activity.

- ▶ COVID-19 and the impact on vulnerable people has and continues to be a standing agenda item at each APC meeting.
- ▶ Full and part-time staff have been working additional hours and additional staff have been deployed, in order to maintain our statutory duties towards vulnerable adults.
- ▶ Regular briefings have ensured raised awareness with staff – specific Guidance was shared with staff to reinforce the need for continued focus on ASP.
- ▶ Adult Support and Protection has been considered in organisational Remobilisation plans across the partnership.

Section 6

Future Plans

On 1st December 2021 the APC approved its over-arching Strategy for the period January 2022 to March 2024. This encompasses the below re-focussed Priorities which will be delivered by progression of a related Improvement Plan (via which much of the work which commenced during the period covered by this Report will continue to be taken forwards):

Stakeholder Engagement

We commit to continue to develop appropriate mechanisms for effective communication:

- i) recognising how diverse our communities are, to ensure the 'voice' of all those we aim to support and protect is at the centre of all we do,
- ii) to raise awareness about ASP, so that staff and public recognise the risks of harm to vulnerable adults and know how to respond, report and connect to appropriate supports, and
- iii) to ensure we understand each other's roles, responsibilities and aims (including via sharing of updates and good practice across all partners' staff groups).

Performance / Quality Assurance Framework

We will develop a robust Data Performance and Quality Assurance Framework, to enable us to:

- i) identify trends, areas for improvement and areas of good practice; and
- ii) establish a process for continuous improvement and ensure learning is embedded into practice.

This will enable us to deliver safe and effective services with improved outcomes for those at risk of harm.

Learning and Development

We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm.



Appendix - Adult Support and Protection in Practice during a Pandemic



Mr A's Story

Hello, I'm Mr A



I was referred to ASP because people were worried about my health.

The COVID-19 pandemic made it difficult for me to get out and about like before and my weight increased, causing my health to become worse. My mood was low at this point in time too. The council officer made me aware that there was going to be a meeting called a case conference because people had concerns about how I was looking after myself. I was really worried about going to this meeting. I felt angry and anxious about this. I was also worried about having to be in the same room as people because I was aware I wasn't very well physically and I did not want to catch COVID.

I knew some of the advocacy workers from my local advocacy organisation and I let them know about this meeting. They were able to let me borrow a tablet that let me attend the case conference virtually. This was really good as I wasn't able to meet face to face and I didn't have any devices that would have let me join in my meeting. My advocacy worker would meet with me to help me collect my views and wishes about things and we made a plan of how I would put my views across at the case conference. I am quite good at speaking up for myself but I like having my advocacy worker for these types of meetings because they help me explain what I am thinking if I need them to. It is also good having someone there who I know will always be putting things across from my point of view.

On the day of the meeting, I remember having to wait before getting into the case conference. I didn't like having to wait to get into my meeting. My advocacy worker was with me while I waited and this did help me feel less worried but it is difficult waiting to get in when you know there are people already there and they are speaking about you.

When it was time to go into the meeting, there were some people there who I didn't know. Everyone introduces themselves which is helpful.

I was able to tell people at the meeting what I thought was best for me going forward and my advocacy worker helped me do this too. I was able to tell the people there that I wanted more support as I thought this would help my situation. I was pleased that everyone else agreed with my view.

After the meeting I had a chance to spend some time with my advocacy worker. I think this is really important because I sometimes forget things that are said or I think of a few questions afterwards that I would like to ask. It's helpful having someone like an advocacy worker to get in touch with some of the people who were at the meeting to ask them things I want to know because when you are worrying and feeling low, it can be difficult to do these things on your own.

The meeting did help me get more support at home. I felt that this ended up working really well. After a few months of this I was asked to attend another meeting to see how I was getting on. This was done virtually like the previous one and I used one of the tablets from my local advocacy organisation again. I was pleased that everyone agreed with me that things were getting better and I didn't have any more ASP meetings after that. I understood that most of the professionals were there to make sure I was safe, but support from advocacy made sure that I was included in everything that was happening.

Mr B's Story

Hello, I'm Mr B

I have a Community Learning Disability Nurse, Jane, who helps me on a regular basis.



I have a learning disability – I present as verbally very able, but I can't read or write, and I need time to process information. Short sentences are better.

In August 2020 (during the pandemic) Mr B was in Police custody for breaching his bail conditions. The Police contacted Mr B's Community Learning Disability Nurse, Jane, for advice. Jane was concerned that Mr B didn't understand his bail conditions – he continued to breach them – and was at risk of more criminal charges.

Jane raised an Adult Support and Protection referral, and an Initial Referral Discussion meeting was held between partners to discuss the case. It was decided that no further action was needed under ASP legislation, following the principles of what was least restrictive and most beneficial for Mr B, and Jane was advised to contact the Speech and Language Therapy (SALT) Service in the Learning Disability Team to ask for support to help Mr B understand the legal matters, so that he wouldn't continue breaching his bail conditions.

The SALT team advised the use of a 'Social Story' to help communicate the necessary information, and Police and Social

Work colleagues met with Mr B over a number of weeks to deliver the Social Story. The meetings took place at Marischal College, where essential face-to-face contact was still permitted, which seemed to work better for Mr B than meeting at his home. Jane was also able to join the meetings, via Microsoft Teams. Mr B was supported to cope with the COVID restrictions in place – having to wear a mask, using hand sanitizer, being asked questions about COVID, one-way system, etc – and also with using the technology to link in with Jane. (Jane had previously only spoken to him by telephone.)

Several weeks later, a second ASP concern report was received relating to Mr B being physically assaulted. It was decided that the best course of action was to continue with Mr B receiving support from Jane and Duty Social Work using the Social Story, meeting on a weekly basis.

Mr B will continue to receive support from the Community Learning Disability Team.

In summary, Mr B's situation was made more difficult due to the pandemic and the restrictions in place, but every effort was made to meet his wishes, and to communicate with him in the most appropriate way, resulting in a positive outcome due to effective collaborative working between Police, Health, Social Work, Speech and Language, and Nursing colleagues.

Update: Mr B is still open to Learning Disability services. He has been assessed as eligible for services and now has a support worker allocated to him. He continues to be supported in relation to the offence for which he was bailed, and there have been no subsequent criminal proceedings, which is positive. He is also getting work done to his flat, which he is very pleased with, and generally is in a more positive place.

Jackie's Story

I am a Social Worker and a Council Officer. I am trained to fulfil the Council's statutory obligations under the Adult Support & Protection (Scotland) Act 2007



Hello, I'm Jackie

I chose Social Work because I like working with people. A cliché but I am continually in awe of how resilient people are and how we are all so unique

In early April 2020, shortly after the start of the pandemic, an ASP referral was made for Mr K to the Social Work team by Health colleagues, and the case was allocated to me.

Mr K suffers from Deep Vein Thrombosis and is at risk of having strokes – it is really important that he sees a medical practitioner regularly and takes the appropriate medication. In January 2020 he and his family moved to Aberdeen from England, and registered with a local medical practice.

The ASP referral identified a risk of harm through Neglect, as the District Nurse had not been able to access Mr K to look after his medication needs – there was a concern that Mr K's son was preventing his father's medical needs from being met. There were also concerns about the state of the property, and the amount of morphine being prescribed for this address.

Several joint visits involving Health and myself were planned, but we couldn't gain access to Mr K's address – there was no answer when the buzzer was rung. Lockdown conditions meant that there were very few people out in public, and no-one was around to let us in to the property (in a shared accommodation block). A further planned visit also had to be re-arranged as Mr K was showing signs of COVID.

Given the lack of access, a meeting of professionals took place to plan the next steps if access wasn't obtained, which could potentially include use of other legislation and powers. This was the first 'virtual' Professionals Meeting, held on MS Teams, and was all very strange and unfamiliar, using this new technology and coming together in this way. It worked very well, though, and was very successful in bringing together a range of professionals at short notice (Police, Social Work, Health, Nursing and Legal staff). This paved the way for many other similar meetings held to enable the sharing of information between

partner agencies about adults at risk of harm, in order to plan the most appropriate support and protection.

Eventually, I did succeed on visiting Mr K, along with the District Nurse. This was also a new and strange experience – I'm always apprehensive about interviewing someone who is potentially an 'adult at risk' under ASP legislation, but having to do this wearing a mask, and being socially distanced, made this increasingly challenging and stressful.

The visit and interview enabled me to establish that, despite all the concerns of health colleagues about being able to access Mr K to ensure he received his medication, he was not actually an 'adult at risk'. Mr K and his family were very happy to engage with professionals and to ensure that Mr K was receiving the medication he needed.

The situation reflected the uncertainty, changes in working practice, and the way the pandemic was impacting on every aspect of life and work:

- It transpired that the Medical Practice and District Nursing Service had incorrect contact details for Mr K – which was due to communication issues arising as a result of the new and strange circumstances we were in;
- The property was not really in 'a state' – the family still had packing boxes around from their recent move up from England;
- Concerns about prescriptions for morphine were allayed once it was realised that medical practitioners in England had taken a different approach to prescribing than is done locally;
- And those involved were unaware at the time that the buzzer at Mr K's home was not working – in normal circumstances, people would likely have been going in and out of the building, and would have been able to let us in.

All was well in the end, though.

