



Aberdeen City Adult Protection Committee

Biennial Report 2020-22



Contents

Section 1: Convener's Foreword	5
Section 2: Introduction	6
Section 3: Responding to the Covid 19 Pandemic	9
Section 4: Key Data	14
Section 5: Outcomes, achievements, and service improvements	20
Section 6: Learning and Development	28
Section 7: Engagement, involvement and communication	32
Section 8: Challenges and areas for improvement	36
Section 9: Looking forward	38



Members of the APC Lived Experience Forum



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.

I am pleased to introduce this Biennial Report on Adult Support and Protection activity undertaken in Aberdeen during the period from 1st April 2020 to 31st March 2022, which coincides significantly with the Covid-19 pandemic, recognising that this was a very different and difficult period for everyone.

There have been and continue to be wide-ranging implications of the 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 sincerely 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.

The APC welcome the positive findings from the Care Inspectorate who endorsed our progress to-date. However, as we continue to embed our new strategy and operating model, we must also look to the future to respond effectively to emerging challenges, as we collectively seek to deliver excellent services for adults at risk of harm.

Campbell Thomson QPM
Independent Convener,
Aberdeen 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

Responding to the Covid-19 Pandemic

Public protection was rightly recognised by all of the statutory partners as a priority function at the start of the pandemic and so staff were not redeployed out of their ASP roles and in some cases, for example the social work duty team, staff numbers were increased to ensure that we could recognise and respond to risk appropriately.

A joint inspection of Adult Support and Protection processes and strategic leadership was undertaken from March to April 2022, with the [resulting report](#) published on 21st June. The inspection covered the period from February 2020 to February 2022, significantly overlapping with the biennial reporting period. The report commended how the strategic leadership team had invested and progressed their vision for Adult Support and Protection during the pandemic, through a programme of well delivered operational and structural change and improvement.

The frequency of our Adult Protection Committee (APC) meetings was increased to monthly at the start of the pandemic to enable more regular discussion and oversight of fast-changing lockdown circumstances, the potential impact of these on vulnerable adults, and the increasing risk of hidden harm. Meetings reverted to bi-monthly as the first lockdown eased. The frequency of Aberdeen City Executive Group for Public Protection (our Chief Officers' Group (COG)) meetings was also increased and a joint risk register covering all public protection areas was developed to support the group's scrutiny and assurance functions.

Given the heightened national Covid response that emerged in the spring of 2020, we sought to ensure that our response to individuals who were either being harmed or were at risk of harm remained timely and effective.

The Scottish Government's Covid-19 ASP Guidance which was published in April 2020 was distilled into a two-page staff update, with an appropriate focus on triage and assessment, which was shared with key agencies and organisations. The guidance was also used to review and revise the APC's local Risk Register and related Action Plan.

Although proposed prior to the pandemic, NHS Grampian increased its senior staffing allocated to support Adult Support and Protection activity during the Covid-19 response. The appointment of an Adult Public Protection Lead has helped support the driving forward of improvement activity both within NHSG and on a multi-agency basis during the busy pandemic response period.

Public protection was a protected service within NHS Grampian, and key reminders of information and messaging about ASP and hidden harm was distributed to staff over the course of the two lockdown periods. In addition, despite a significant expedited influx of new staff (vaccinators and contact tracers) – all were still prioritised and received appropriate ASP training and awareness raising. Training itself was adjusted and fully converted to virtual, yet ‘live’, facilitated delivery so that ASP learning remained fully accessible to NHS staff. Indeed, this mechanism of training delivery has been exceptionally successful, supporting significantly more staff to access ‘live’ and ‘facilitated’ ASP training despite their workplace and shift pattern. As a result NHS Grampian intends to use the virtual MS Teams platform for the majority of its facilitated ASP training courses going forward.

Police Scotland continued to work on a ‘face to face’ basis throughout the pandemic, therefore action was taken to ensure officers remained vigilant in respect of Adult Protection concerns. Sessions were held to reinforce officer awareness, given the assessment that ‘community visibility’ may decrease during periods of lockdown/restriction. As a consequence, a significant increase in Police referrals have been noted when compared against pre covid numbers.

Initially, scheduled Adult Support and Protection case conferences were temporarily delayed until they could be organised safely and 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 required until relevant professionals from different agencies could attend virtual meetings.

Council Officers continued to maintain regular contact with existing ASP clients and partner agencies. Dedicated sessions were held to provide them with the support needed to ensure the implications of the pandemic were taken into account when supporting clients under ASP legislation.

The Aberdeen Care For People Plan supplements the Grampian Local Resilience Partnership Care For People Plan, and sets out local arrangements and guidance on the activation, set-up, operation, management and de-activation of Care for People teams in the event of major incidents (such as a pandemic). It provides a framework for the Care for People response within the Aberdeen City Council area ensuring that effective arrangements are in place to co-ordinate the necessary activities for a timely and joined up response to the needs of people affected by emergencies. An ‘Aberdeen Together’ group – this was the “brand” given to our Care for People workstream within our wider civil contingency structures – has been involved in further reform workstreams introduced as part of the local response to the Covid variant Omicron as well as other reforms in anticipation of the National Care Service.

There is a consensus that the introduction of the multi-agency Care Home Oversight Group - which is now a permanent part of our governance arrangements - 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 previously, 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. The Care Home Oversight Group enabled key partners along with the Care Inspectorate, to come together and have daily oversight of care homes. This allowed the triaging of information in real time and immediate action or support to be given when required. The HSCP now has an established Care Home Team and the support and assurance visits undertaken by nursing and social work colleagues enable early identification of and response to any issues. Harm is also identified and responded to early due to the more substantive relationships that the multi-disciplinary team have with providers.

The following case studies help to highlight adult support and protection in practice, during a pandemic, from the perspective of individual clients and staff:

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.

Section 4 Key Data

The development of a robust Performance and Quality Assurance Framework is one of the APC's current priorities, and in December 2021 a specific Sub Committee was established to progress this work. The Sub Committee is well on the way to developing a data dashboard, using a quality improvement (QI) approach to monitor and analyse key data. Using this approach is helping us to understand the variation in our data, highlight where special cause variation indicates that something out of the ordinary has happened / is happening, and to really tell the 'story' of the data in a wider social and environmental context. We recognise that understanding emerging or continuing trends is an integral element of providing effective interventions to those who may be at risk of harm, to inform appropriate resource allocation and where necessary, improve practice.

Additionally we are starting to collate and analyse data relating to 'repeat referrals' under ASP, which will help to focus on those individuals for which, for whatever reason, higher numbers of referrals are being made, to ensure their support and protection and address any related procedural or process issues.

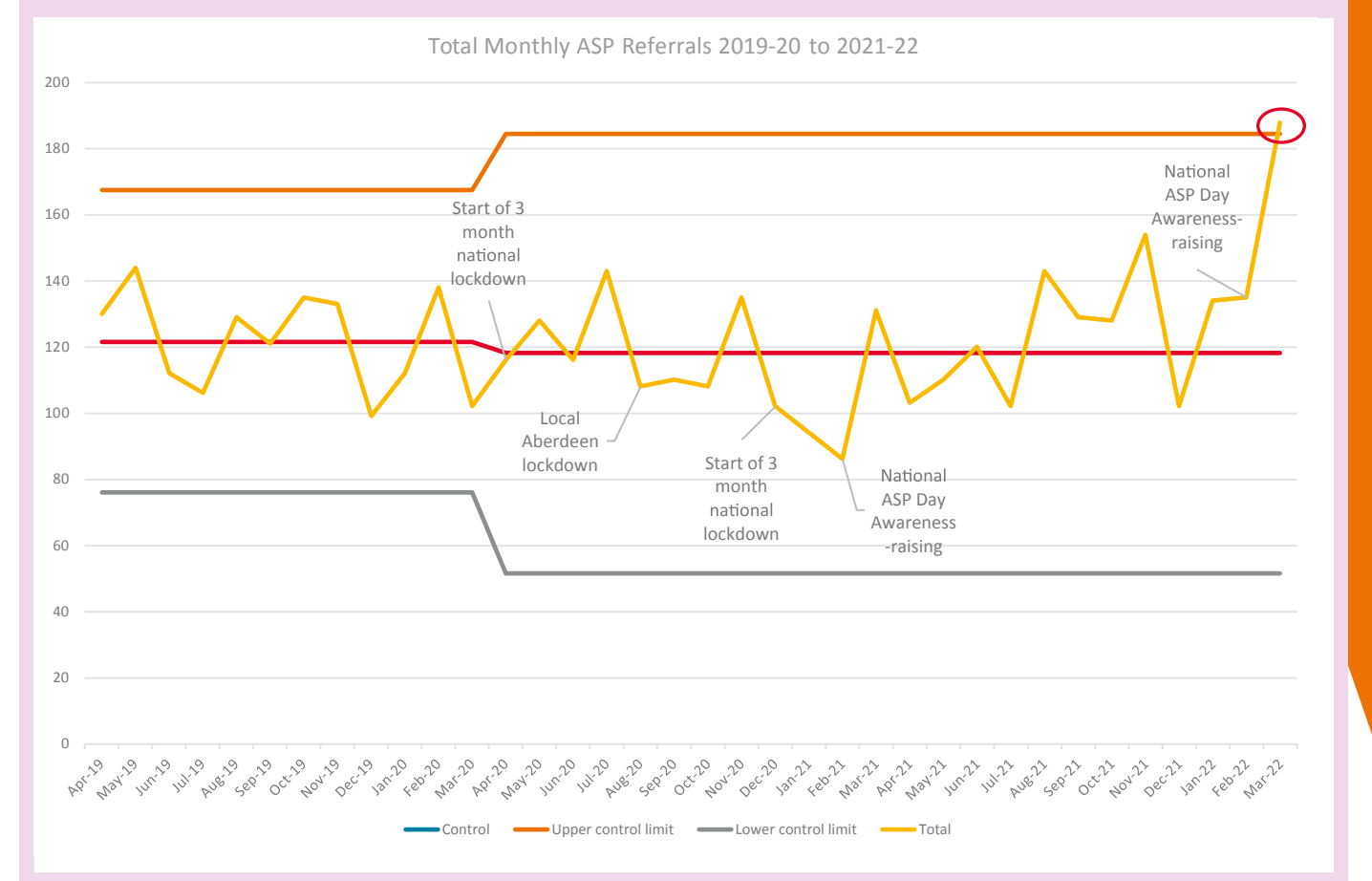
Even prior to this development work, the APC has been receiving regular lead agency data, and key data is also reported, as part of a wider 'public protection' dataset, to the COG in order to provide both bodies with the necessary assurance about our ASP activities.

Recent meetings of the Executive Group for Public Protection (COG) have considered proposals around a more integrated Family Support Model to focus consistently on whole system early intervention and prevention, with the recognition that this will be supported by co-ordinated multi-agency data and information management. The intention is to agree a multi-agency approach to commissioning of internal and external services to ensure adequate provision of family support to address current and emerging risks, with arrangements having sufficient flexibility to enable an agile response to changing and emerging needs for children, young people and families. The applicability of these proposals to other public protection areas, including Adult Support and Protection, is being actively considered.

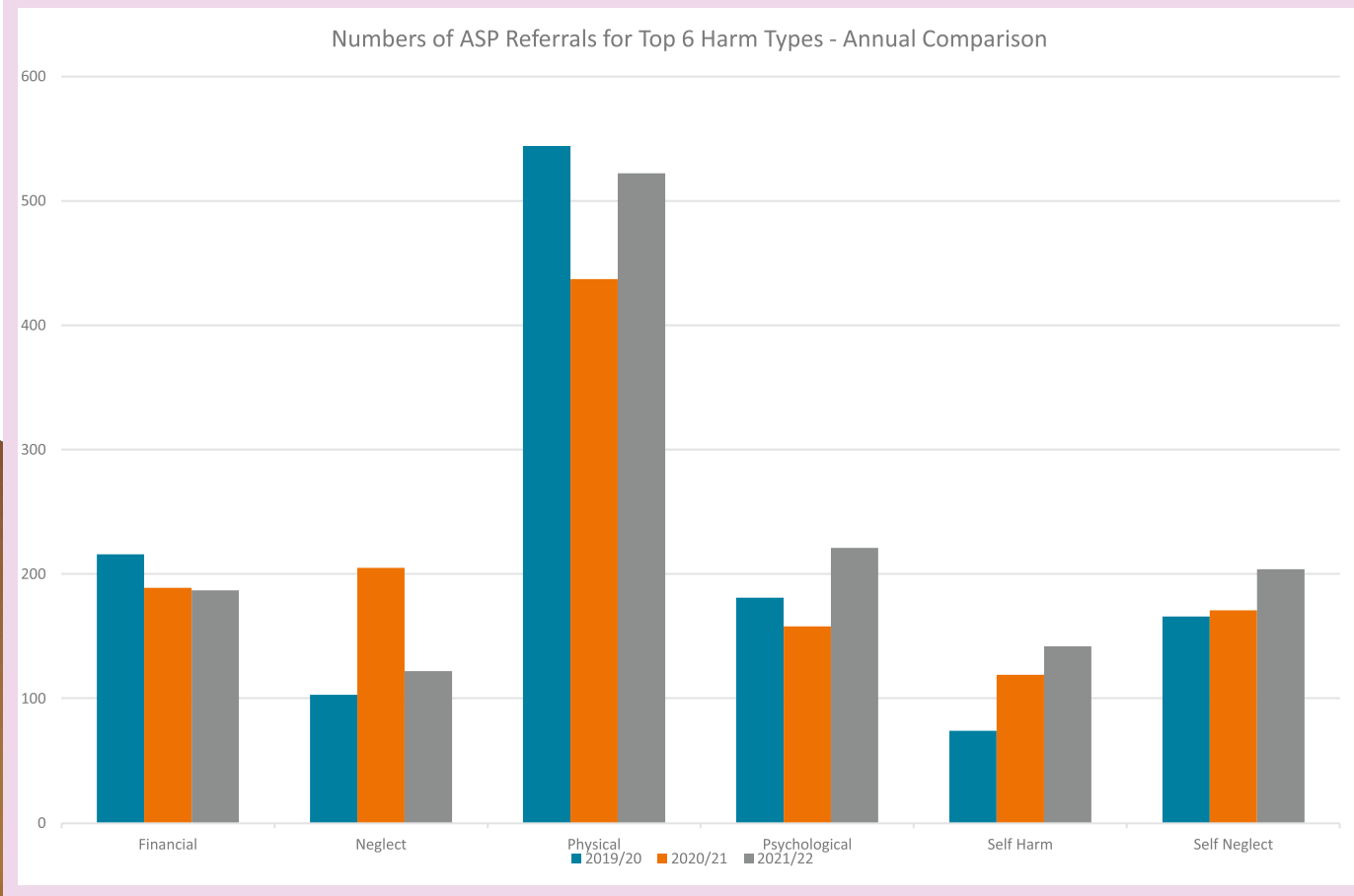
In addition, the monitoring and analysis of our ASP data and outcomes will be significantly enhanced in 2022 with the introduction of our new whole sector – children's and adults – database, Microsoft Dynamics 365 (D365) which will replace our existing CareFirst system. D365 has been designed by social work for social work in conjunction with other internal and external partners and will, amongst other things, make a significant improvement to the quality, consistency and transparency of our adult protection activities.

Key data 'highlights' are set out below. These reflect three-year averages which enable us to consider trends outwith the pandemic.

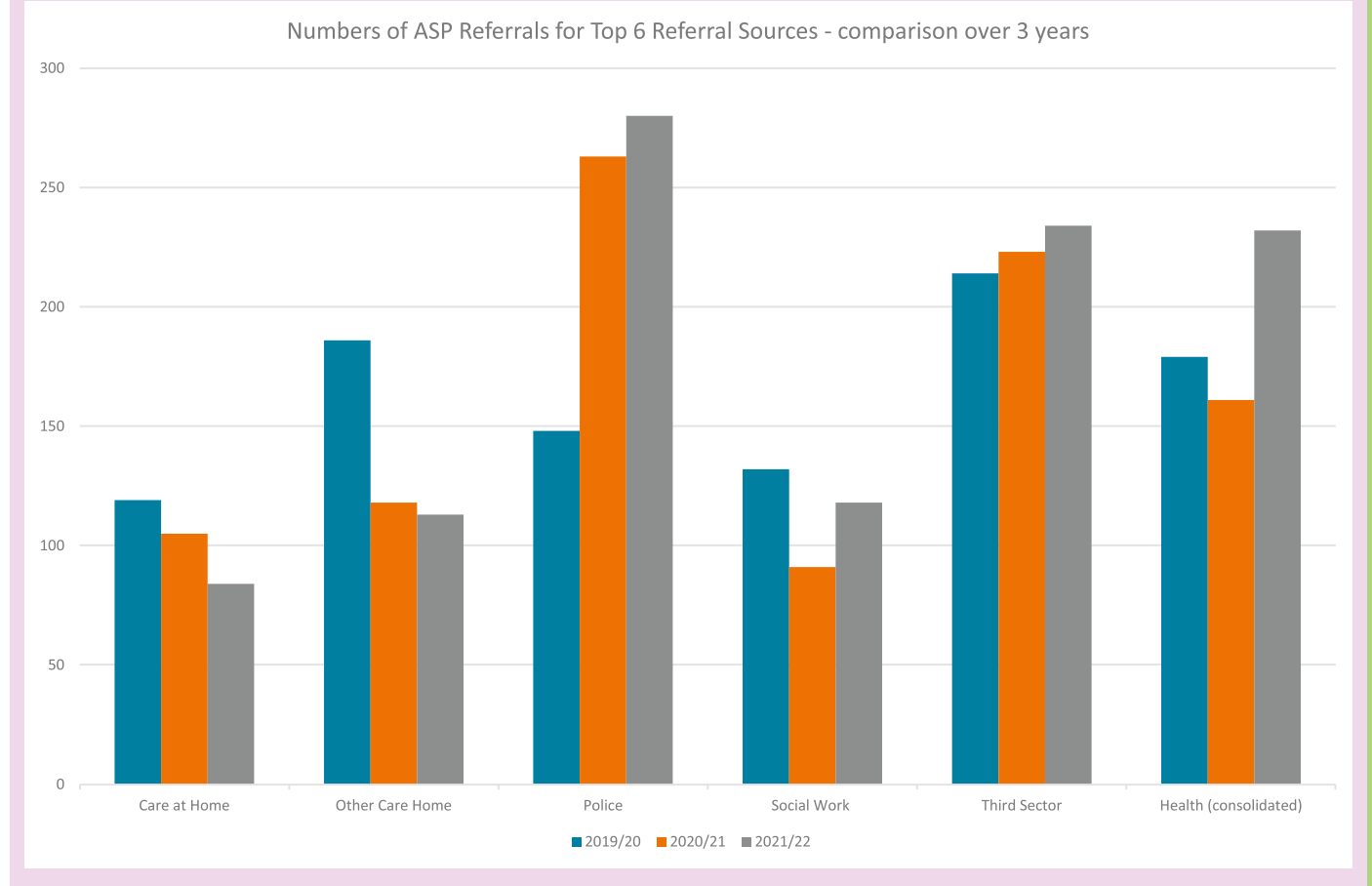
As can be seen in the chart below, overall numbers of referrals were slightly higher in 2019-20 (pre-Covid) compared to the subsequent two years to end March 2022 – however, numbers increased significantly once all restrictions had been lifted, reflecting the emergence of potential 'hidden harms' as life returns to 'normal'.



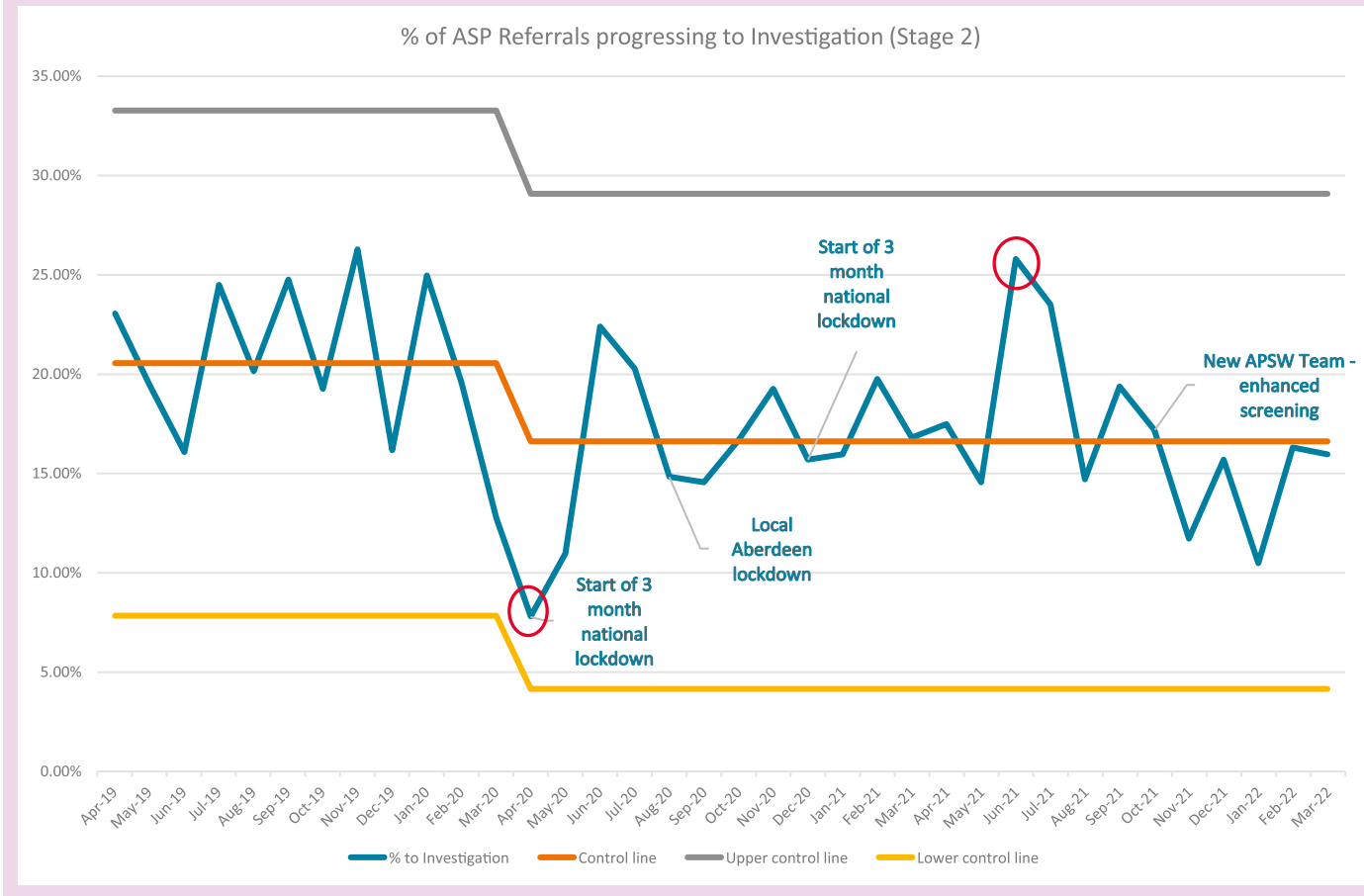
The impact of the pandemic is in evidence in the majority of our datasets, in terms of the types of harms for which ASP Referrals have been made, and the parties submitting those Referrals. The number and % of ASP Referrals where the main harm type recorded was linked to 'mental health and wellbeing', eg Self Harm, Psychological Harm, and Self Neglect, all increased in the two-year period from April 2020 compared to the previous year – as can be seen in the chart.



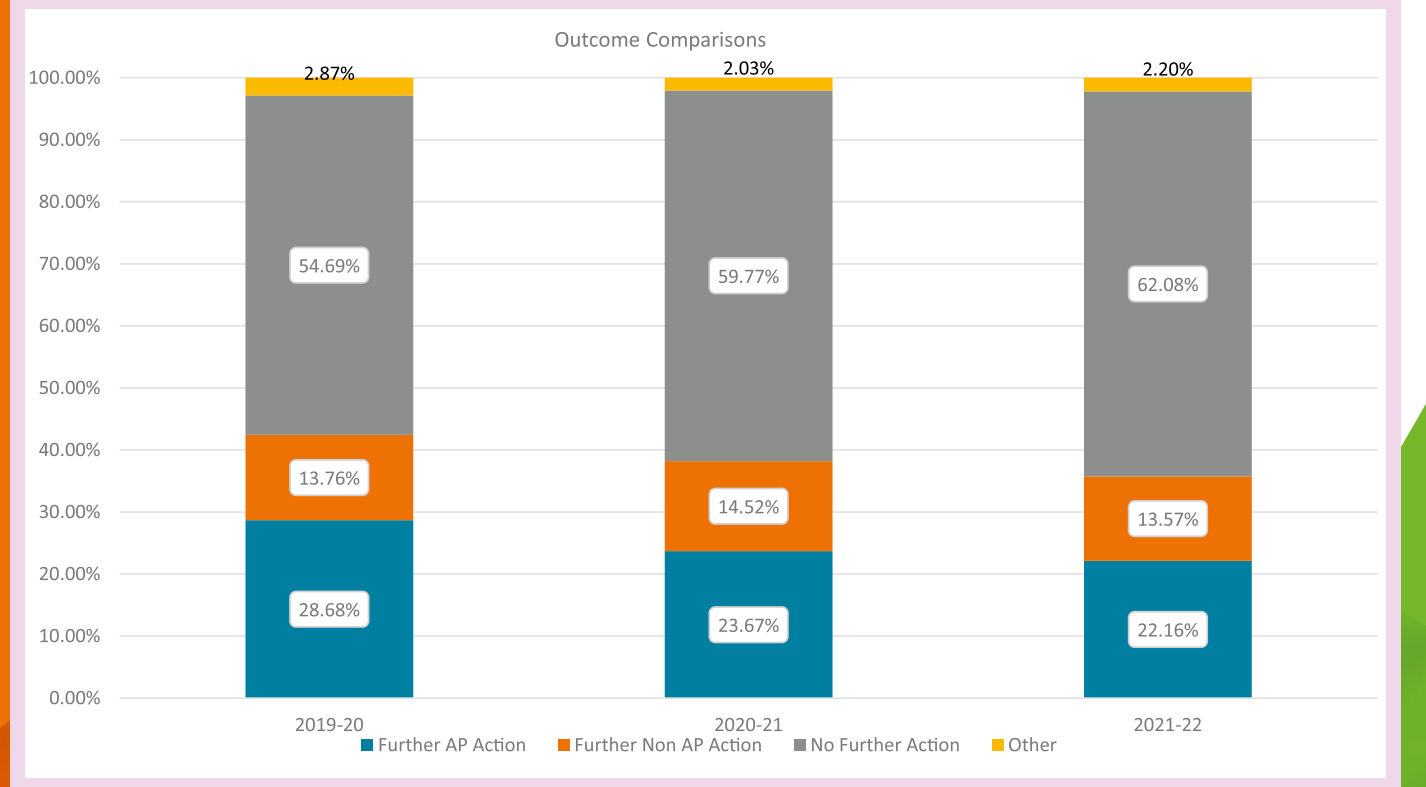
Police Scotland submitted the greatest volume of ASP Referrals in both 2020-21 and 2021-22, demonstrating their proactive response with regards to vulnerable adults at risk of harm, in the course of their work – see the chart below.



The chart below reflects that the 'typical performance' of the % of Referrals which went on to Investigation under ASP reduced from 21% in the year before Covid to 17% over the biennial reporting period. This reflects the focus of Social Work colleagues on earlier intervention and the 'least restrictive' principles of ASP. The continuation of this trend can be clearly seen from October 2021 onwards, with the formation of a new Adult Protection Social Work team applying a consistent approach to enhanced screening of all referrals from this time. The use of a formal multi agency Initial Referral Discussion process for particularly complex cases also commenced during this period, albeit multi agency conversations were very much taking place prior to that.



As can be seen in the chart below, across the three years, the highest proportion of Referrals resulted in an outcome of No Further Action. This outcome is recorded for the following reasons: concerns/risks were not evidenced or substantiated during the screening process; the provision of advice or information was deemed to be sufficient; adequate services were already in place; or the person was already subject to an adult protection investigation.

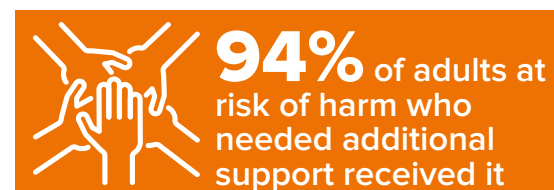


Section 5

Outcomes, achievements, and service improvements

The recent inspection report concluded that the partnership had demonstrated clear strengths in supporting positive experiences and outcomes for adults at risk of harm, in terms of key ASP processes, and that the partnership’s strategic leadership for Adult Support and Protection was evidenced to be very effective and demonstrated major strengths in this regard.

Findings from the review of case files which took place as part of the inspection indicated that:

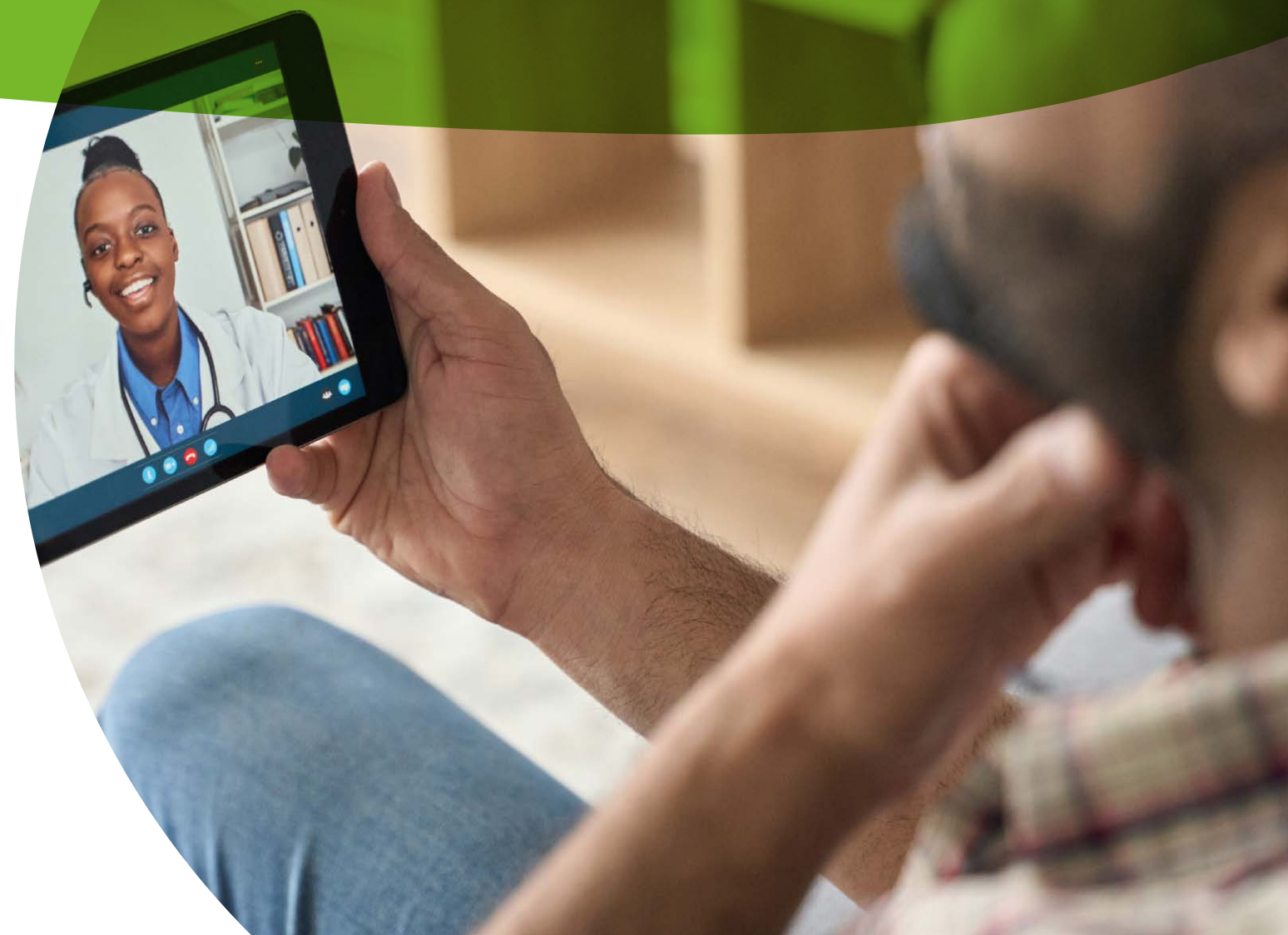


OUR STRATEGIC APPROACH

In order to improve how we focus on reducing the risk of harm and improving outcomes for adults at risk of harm, in December 2021 the APC approved an over-arching [ASP Strategy](#) (January 2022 to March 2024), informed significantly by a recent APC Self-Evaluation (facilitated by the Improvement Service) and development day, which sets out our strategic priorities, and from which all other strategic documents and our Improvement Plan flow. The development of the Strategy led to a review of APC structures to ensure the Committee is best placed to progress agreed priorities. This resulted in the formation of four new Sub-Committees, to replace an existing ‘Operational Sub Group’. Each Sub-Committee is linked to a priority area - Performance & Quality Assurance, Stakeholder Engagement, and Learning & Development, plus an additional Sub Committee to oversee Case Reviews – and is chaired by a member of the APC itself. The APC Terms of Reference were revised to reflect these new structures.

The APC’s vision statement is “Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk”. The vision was reviewed and re-endorsed at the APC’s development day in November 2021. This appears on all strategic documents, is on the [Aberdeen Protects website](#), and was promoted widely by the APC Convener to 135 multi-agency staff at an Aberdeen ASP [Moving Forwards on-line event](#) in September 2021. The inspection report recognised that the partnership’s vision was well embedded and supported by a strong culture of strategic change and improvement, and was well understood by staff.

The COG fosters a culture of active governance leadership and provides robust support and scrutiny to the APC and our wider Adult Support and Protection activities. The COG has been refreshed in recent years with a strong emphasis on the alignment of policies, systems, practices, improvement agendas and quality assurance frameworks across the entirety of the public protection portfolio.



OUR OPERATIONAL APPROACH

Adult Support and Protection (ASP) has been operationally ‘live’ in Aberdeen City for over 12 years following the passing of the 2007 legislation. In that time, although changes have been made to operational procedures and practice, the actual operational model for delivery of the lead agency ASP statutory functions in Aberdeen have not been formally reviewed. As a result, the Lead for Social Work requested a formal options appraisal be undertaken to determine the best operational model for the delivery of lead agency ASP activity going forward, to bring the focus to that of early intervention, prevention and improved system wide outcomes for the vulnerable people who use our services. This work was completed in August 2020 and set in motion the creation of the Adult Protection Social Work Team. The team as advised are the central point of all ASP referrals, Police concern reports and emergency/crisis response. Work was undertaken to create the vision, values and objectives of this team who work system wide to protect people across the city.

This significant shift in ASP operational practice is in its infancy but we are already starting to see positive changes that this has made. The vision for adult social work is based on the prevention and early intervention locality model, working in collaboration across our systems to prevent, intervene and deliver services to those who require it. In order to achieve our ambitions, we saw the need for a fundamental shift in the balance of care and a targeted joined up approach to prevention and early intervention.

INITIAL REFERRAL DISCUSSION (IRDS)

The principles of the legislation and the 3-point test are at the heart of all of our local Adult Support and Protection interventions. In addition to the establishment of the new Adult Protection Social Work Team, the multi-agency implementation of a Grampian [Initial Referral Discussions \(IRD\) protocol](#) and [local IRD Operational Procedures](#) has enhanced the screening process with key professionals from all three of the statutory partners now meeting to support early professional discussion, referral screening and decision-making although we would stress that previously, enquiries were always taken forward on a multi-agency basis.

	June – Sept 2021	Oct 21 – Jan 2022	Total
IRD Meetings	5*	32	37

*Informal multi agency meetings held prior to the introduction of the formal IRD process

The gathering of information and Initial Referral Discussion must be completed within five days and should be wholly based on an adult’s personal circumstances. Immediate safeguarding and safety concerns will always be prioritised at this stage and appropriate actions undertaken without delay in respect of these - 30 safeguarding visits were undertaken between June and September 2021 and 36 between October 2021 and January 2022.

The introduction of IRDs has led to improved multi-agency information sharing and joint decision making for Adult Support and Protection reports across Grampian.

IRDS – A Case Study Ms Cs Story – Benefits of an IRD



An Initial Referral Discussion was convened for Ms C due to concerns being raised about her relationship with her friend/carer. The concerns were that Ms C was subject to potential undue pressure from this friend/carer, who was attempting to act as a legal representative for her.

Social Work held very little information about Ms C apart from that there had been previous similar ASP concerns raised when she resided in another local authority.

From past history of health records, we were able to establish that from an admission to hospital she had been discharged to women’s shelter. Health were also able to confirm a diagnosis of a learning disability and depression, therefore establishing that she could meet the 3-point

test. In addition, this also raised concerns for her mental health as the GP confirmed that her medication was no longer being ordered. Police were able to identify previous concerns about her friend/carer and told us of a number of aliases they previously went by. Information was also shared from prior locations in Scotland where she had resided.

The IRD was able to give the three agencies clarity to enable them to decide that Ms C met the 3-point test and that there should be a progression to full investigation.

RISK ASSESSMENT

Our standardised framework for assessing risk enables us to sufficiently demonstrate that we are taking appropriate action to minimise the harm by managing and controlling the risk and/or reducing its impact. The recent inspection report found that “Risk assessments were comprehensive, timely and completed to a high standard. These were a clear strength in the partnership’s key processes”.

CAPACITY ASSESSMENT TOOL

A Grampian-wide Decision-Specific Capacity Assessment Tool for mental capacity has been developed to support practitioners to consider the various factors in the decision-making process – this was recognised as good practice in the IRISS overview of Biennial Reports 2018-2020. As a result of an interim evaluation, further work was undertaken on the tool and greater clarity was built into the process and more explicit statement of the timescales was made, leading to an updated version of the document being rolled out in November 2021.

The tool also allows professionals to consider whether a more formal, health capacity assessment is required to pursue measures under the Adult with Incapacity (Scotland) Act 2000. The use of the tool has significantly improved the quality of capacity requests being made and the response from clinicians.

LARGE SCALE INVESTIGATIONS (LSIs)

There have been two LSIs during the biennial period 2020-22.

A Grampian-wide [Large-Scale Investigation \(LSI\) protocol](#) is in place to assist in the investigation process in respect of concerns around the safety of residents primarily in care homes, but also in other care settings and home care settings. This protocol was revised and updated in 2021.

Our trigger for carrying out an LSI involves the reporting of potential abuse or harm of more than one adult and our procedures assist senior managers to undertake such investigations. The responsibility for coordinating Adult Support and Protection arrangements lies with Aberdeen City Council as the lead agency, however, the implementation of the procedures is a collaborative, multi-agency responsibility, and as such all agencies are accountable.

Our large-scale investigations are of a high standard and positive outcomes for the adults are seen in all cases. The action plans are specific regarding those responsible and timescales for implementation. In addition, if an action plan has been agreed, a date for review of the plan will be set at the outcome meeting.

When considering the safety of adults within managed care settings and home-based care we consider the responsibilities of partner agencies and scrutiny processes and what is the basis for proportionate and timely interaction. The adult protection trainer delivers additional training on a local basis to all care establishments and independent providers who are under large scale investigation and training sessions are tailored to meet the needs of the individual providers or as part of other identified training requirements. Such training took place in four care home settings in 2021. It was identified that there was the need to support both providers and referrers in understanding reporting thresholds, the 3-point test and what their role would be in adult protection investigations and protection planning. As a result a short course on “What is my role within ASP?” has been developed.

OUR APPROACH TO COLLABORATIVE WORKING

Aberdeen City Council, Aberdeen City Health and Social Care Partnership, NHS Grampian and Police Scotland are all pro-active community planning partners who are committed to improving the economic, health and social wellbeing of our local citizens and communities. Investing in early intervention and prevention activities is a core principle of the recently refreshed [Local Outcome Improvement Plan \(LOIP\) 2016-2026](#) - described as “ambitious” by Audit Scotland (2021) - which envisages Aberdeen as “a place where all people can prosper”. Adult Support and Protection is a significant part of that ambition to ensure that everyone feels safe, supported and included.

Those same statutory partners are also part of the Aberdeen City Adult Support and Protection Partnership and Committee whose vision is that “Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk”. That approach is underpinned by the comprehensive [Grampian Inter-agency Procedures for Adult Support and Protection](#) which were most recently reviewed and updated in June 2021 and are widely available on our [‘Aberdeen Protects’](#) website. These procedures were developed and adopted by all the key partners and ensure that all professionals have a shared vocabulary and understanding related to supporting and making safe adults who are either being harmed or who are at risk of being harmed.

There is effective collaborative operational management of Adult Support and Protection processes across the multi-agency partners, and we are confident that if operational concerns do arise, they can be escalated and resolved quickly. In December 2021, the APC adopted a Grampian-wide [Escalation Policy](#) which sets out the agreed approach to be taken in such circumstances.

Our statutory agencies, Aberdeen City Council, NHS Grampian and Police Scotland all have committed senior strategic and operational leads overseeing their agency’s statutory responsibilities and the multi-agency collaborations in the best interests of the individuals with whom we work. These colleagues strive to ensure effective practice across the adult protection partnership and are keen to demonstrate the effectiveness of our partnership working helped by, for example, the North East Integration Project which has facilitated the co-location of Police Scotland staff with Aberdeen Council staff in Marischal College and also the development of shared health and care services in mental health and learning disability, sexual health and most recently, the establishment of the frail elderly pathway.

Inter-agency reporting at the APC with regards to operational need and delivery focusing on preventing individuals from being harmed has remained a core principle throughout the coronavirus pandemic. APC partners remain fully focused on assessing the impact of risk and mitigation, via regular consideration of a Risk Register, with Chief Officers providing local leadership and oversight.

Lead agency quality assurance undertaken in April 2021 showed that 82% of scrutinised cases evidenced good quality investigations and in 100% of cases, partners were appropriately involved. This is an area of strength within Aberdeen with Council Officers reporting that they get appropriate and positive co-operation from partners as and when required. Significant resources have been put in place to ensure that relevant information and expert advice is accessible to support ASP investigatory activity. NHS Grampian has, for example, put in place a dedicated pathway for Council Officers to seek clinical advice on skincare and pressure ulcer concerns where there is risk of neglect – with NHS Tissue Viability staff providing Council Officers with training and awareness in this area. There are also plans in place for practitioner groups to be developed around areas of interest/specialisms such as self-neglect and hoarding and service user engagement.

OUR APPROACH TO IDENTIFYING AND PROGRESSING LEARNING OPPORTUNITIES

On 9th June 2021, the APC adopted a [Learning Strategy and Framework](#) which promotes a ‘positive learning culture’ across partners involved in ASP. It also sets out how learning opportunities might be identified, provides guidance about the case review process, states how learning should be disseminated and embedded and outlines how the APC will receive assurance about this. A local log is maintained of all case reviews undertaken in line with the [Grampian Case Review Protocol](#). Case Reviews are overseen by the APC’s Case Review Sub-Committee, which links in as relevant with the APC’s Learning & Development and Stakeholder Engagement Sub Committees to deliver practice improvement in relation to issues identified. The APC continues to focus efforts on improving how learning from case reviews is rolled out and embedded, as recognised in our Improvement Plan.

One case review for which a notification was received during the period resulted in a multi-agency review meeting, rather than progressing to a significant case review. A plan was developed in relation to disseminating learning from this review, which related to self-neglect and hoarding. This resulted in the development of local [Self-Neglect and Hoarding Guidance](#) - a good example of multi-agency collaboration to develop required guidance in light of a previous (2019) case review. The APC’s Operational subgroup which was in place at the time was key in helping to develop the guidance by utilising the evident informed insights and skill sets across our lead agencies and stakeholders.

In addition, a Grampian-wide External Significant Case Review (SCR) group (chaired and facilitated by NHS Grampian) has recently been established to enable appropriate reflection, discussion and learning from national SCRs. So far, two external SCR have been considered by the group – with actions and findings appropriately taken forward via reporting to the APC and the COG. This model of multi-agency learning from activity in other areas is considered by all partners to be exceptionally useful. [NB Case Reviews are now referred to as Learning Reviews.]

SELF-NEGLECT AND HOARDING GUIDANCE

As a result of learning from a local multi agency case review, guidance on self-neglect and hoarding was put in place to give professionals a framework for appropriate intervention and decision making in these complex cases. This is currently being implemented and has included the dissemination of the local [Guidance](#) developed for frontline staff and managers and a [‘7-minute briefing’](#). A session for multi agency staff was held in June 2021 to launch this guidance, which was attended by 170+ participants, reflecting the interest in improving knowledge about this complex issue. The event received very positive feedback about how the guidance will impact on practice going forwards, and a survey seeking initial feedback four months on (46 respondents in total) found that 25% of respondents who were aware of the guidance (28) had already found it useful in practice, and 93% felt they will be more confident working with such cases as a result of the guidance. Further follow-up work is planned, including quality assurance work to evidence impact to both the APC and COG.

OUR APPROACH TO QUALITY ASSURANCE

One of the APC's current priorities was to develop a robust multi agency Performance and Quality Assurance Framework, based significantly on learning from the approach undertaken in the local Child Protection arena. A dedicated Performance & Quality Assurance Sub-Committee was established in December 2021 to progress this work, and a comprehensive framework was approved by the APC in May 2022. Revisions to our information sharing protocols to facilitate and support more robust and effective multi-agency quality assurance activity have recently been agreed. This work will then be planned and overseen by the Performance & Quality Assurance Sub-Committee.

Within the lead agency, an overarching quality assurance framework has been developed and incorporated into our operational Procedures. This involves the sampling and reading of ASP casework where adults at risk have progressed to the investigation stage and beyond. The framework is based on relevant Care Inspectorate quality indicators and focuses on those positive outcomes that have been achieved with and for the person, procedural adherence within timescales by the practitioners and also appropriate multi-agency collaborations that are proportionate to the levels of need and risk. Random sampling of the quality assurance outcomes seeks to provide assurance to both the APC and senior managers that adults are safer because of our interventions and that a key factor in this is the quality and effectiveness of our collaborative decision-making.

This quality assurance framework promotes reflective practice and shared learning. Staff receive feedback on their practice to be discussed and reviewed in supervision using a local development tool that helps identify skills gaps or areas of good practice. The framework sets a target for individual audits of cases. The aim is to undertake at least 200 case audits a year, representing approximately 26% of the total caseload. We recognise the need to integrate this framework more fully into our practice so that it is able to withstand the significant demand pressures on our available resources.

The Public Protection team in NHS Grampian (NHSG) quality assures all ASP reporting going to lead agencies – feedback, including suggestions for practice improvements, is provided to staff/clinical teams as necessary.

Police Concern Hub colleagues' complete regular quality assurance on Police Concern Reports and there is an escalation process for raising issues identified, alongside regular managerial overview and scrutiny as appropriate. In addition, a wider, Internal Adult Support & Protection Divisional Concern Hub Quality Assurance Health Check was undertaken by NE Division in January 2020, which identified good practice, learning and improvement opportunities.

Section 6

Learning and development

The APC understands the importance of its function in 'improving the skills and knowledge of staff' and in June 2021, approved a Learning Strategy and Framework and then in August 2021, its Plan for Practice Improvement which sets out annual priorities for L&D as applicable to;

- the wider workforce (staff, from Local Authority, Police, NHS or third sector (including staff employed through self-directed support),
- the specific workforce (staff with a direct care role, a requirement to be professionally qualified and/or a management responsibility e.g., social workers, care managers, occupational therapists, physiotherapists, speech and language therapists) and
- the specialist workforce (staff employed by local authority identified as meeting legal requirements of Council Officers).

The Plan aligns to the Grampian Learning & Development Strategic Framework which was reviewed and approved by the three Grampian APCs in December 2021.

The Framework and Plan are being progressed by the new APC Learning & Development Sub-Committee, with regular reporting back to the APC. Mechanisms to collate, record and report on information about the impact of appropriate L&D activity are to be further developed.

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 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 co-ordinator, 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. Further plans are in place to develop the provision of modules 1 and 2 through a supported Train the Trainer programme. This programme will be key to moving forward and modernising the approach for learning and development activities.

To complement single agency training, we have a robust training programme in place to include bespoke training delivered jointly with other partners in accordance with the need of the learner. 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 as it gives the right message to individuals and their agencies that Adult Support and Protection is everyone's business.

Learning and Development which has taken place during the period:

- 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 as it gives the right message to individuals and their agencies that Adult Support and Protection is everyone's business.
- A Council Officer Teams Channel 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. During 2020-21, some social workers attended Council Officer training hosted by Aberdeenshire, a pragmatic approach, given the context of the pandemic. This training was delivered in Aberdeen in 2021-22 - five sessions were attended by 46 individuals.
- Council Officer refresher training was redesigned from the beginning of 2022. There is the recognition that Council Officers require support and practice development opportunities, rather than "training". 12 Council Officer Support Groups have been formed to include practitioners from a range of service areas with varying levels of experience. These groups are running once a quarter and based predominantly on an action learning model. Each group also has an online Teams chat where they can support each other more regularly. This form of learning for Council Officers has proved highly successful and engagement is high. These are held in addition to specific topic-based learning.
- Specific training was delivered to a group of new Senior Social Workers who would be chairing ASP professionals meetings and case conferences.
- Social Workers in Training have had the opportunity to attend the Adult Protection Social Work team huddles where they have been part of Duty to Inquire case discussions.
- Aberdeen City Council's mandatory ASP e-learning module was completed by 385 people between August 2020 and June 2021, and a further 1460 between July 2021 and February 2022.
- 33 people attended Dewis training, on the impact of domestic abuse on older adults, over two sessions in 2020-21.
- NHS Grampian offers a strong ASP training portfolio which varies from electronic e-learning modules, which support 'basic' awareness and understanding (3,512 individuals accessed e-learning during 2020-21 and 3,564 in 2021-22), a facilitated, mandatory session for all patient facing staff with 73 sessions being carried out over the two years and 1,203 participants.
- In addition to the basic awareness raising e-learning within NHS Grampian ASP is also included in the mandatory "Welcome and Orientation" training which is the main corporate induction e-learning and been completed by 4,840 members of staff. Non patient facing staff complete an annual mandatory Public Protection e-learning since January 2021 and has been completed by 3,295 staff.
- 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 two years than in previous years. (Twenty-seven sessions held, which were attended by 310 GPs from across Grampian. Importantly this has included the out of hours GP service and GP trainees.
- NHS Grampian has now made it mandatory for all patient facing clinical staff to attend facilitated/in person ASP training, and for this to be renewed/refreshed every three years. This has been set down in a formal public protection training framework for NHS Grampian staff.

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

Training / Learning	2020-21		2021-22	
	No. of Sessions	No. of Participants	No. of Sessions	No. of Participants
Multi Agency Introduction to ASP	14	377	1	5
Other Multi Agency ASP Training	15	91	4	51
Dewis – training on impact of domestic abuse on older adults	2	33	-	-
Council Officer Refresher Training***	1	15	12	50
Aberdeen City Council wider staff mandatory ASP e-learning (individuals)	n/a	*385	n/a	**1460
NHS Grampian basic awareness-raising e-learning modules (individuals)	n/a	8,512	n/a	3,564
NHS Grampian more specialist ASP training	25	369	48	834
Training for GPs & trainees (Grampian-wide)	5	94	22	216

*between August 2020 and June 2021

**between July 2021 and February 2022

***redesigned from 2022 – quarterly peer support groups now held

In August/September 2021, a Grampian-wide multi-agency Training Needs Assessment was undertaken, and the findings of this relating to Aberdeen will help to inform future planning. As a result of this assessment, work has intensified, in particular, in encouraging and supporting NHS staff to access ASP training. The HSCP is also planning a more detailed activity focused on Council Officers to better understand their learning needs.

A new training course is being offered to NHS Grampian staff that will support preparation for case conference attendance. Additionally, NHS Grampian, on behalf of the multi-agency partners, supports nationwide training of GPs via the “CPD Connect” series of training sessions – which have been well received and had good feedback.

The adult protection trainer delivers additional training on a local basis to all care establishments and independent providers who are under large scale investigation and training sessions are tailored to meet the needs of the individual providers or as part of other identified training requirements. Such training took place in four care home settings in 2021. It was identified that there was the need to support both providers and referrers in understanding reporting thresholds, the 3-point test and what their role would be in adult protection investigations and protection planning. As a result a short course on “what is my role within ASP?” has been developed.

Section 7

Engagement, involvement, and communication

The APC's Terms of Reference include the statement that the "Committee will, as part of its functions, be responsible for: Engaging with service users, (or their representatives), their carers and wider communities in ensuring their views and needs are considered throughout the process of monitoring and improving services." The APC recognises the inherent challenges and has a specific risk identified in its Risk Register relating to the risk of the voice of the adult and carer not being heard within the adult protection system and their rights not being respected. The APC has recently established a dedicated Stakeholder Engagement Sub-Committee which is progressing work relating to this identified priority.

The inspection report findings commented favourably on Aberdeen City's engagement with adults at risk of harm, recognising a 'golden thread' that flowed from strategic decision-making to hands-on activity. It was clear from the staff survey that most staff agreed that adults at risk of harm were involved in decisions that affected their lives. This positive view was aided by the partnership's inclusive and person-centred approach. Positive feedback was also received in relation to the Stakeholder Engagement Sub Committee of the APC and the APC User Forum (see below) which evidenced important steps to strengthen the voice of adults and unpaid carers. The inspection did however highlight that "More adults at risk of harm needed access to independent advocacy". This had previously been identified as an area for improvement locally, and the APC is to progress a strategic assessment to help understand how we can make further improvements in this area.

The multi-agency partners have now put in place the [Strategy and Guidance for Meaningful Engagement with / Involvement of ASP Clients](#) which sets out their approach to ensuring the voice of service users, their unpaid carers and representatives (where relevant) is heard. In addition, a [Communication Strategy and Action Plan](#) was endorsed by the APC at its meeting in April 2021. This includes a communications objective 'To listen to the 'voices' of those we seek to support and protect, and their carers, in order to ensure a person-centred approach focused on equalities and human rights in line with the national Health & Social Care Standards and to continue to improve the way we work'. Both documents have been disseminated widely across the partnership, and to staff within partner organisations.

During Autumn/Winter 2021, Advocacy Service Aberdeen, at the behest of the APC, instigated the formation of a User Forum which meets in advance of APC meetings and provides views on a range of topics and 'user feedback' received. The Sub-Committee aims to support the further development of the role of this Forum, so that those who have been or are going through 'ASP', and their unpaid carers, are substantially informing what we do/plan to do, to improve individual experiences and outcomes. Examples of the work the group are progressing include working on a peer support video, developing an ASP 'best practice' document, and reviewing the partnership's easy read materials as well as providing input to a new 'Learning Review Engagement Guide'. The APC Convener is closely involved with the Forum, attending meetings from time to time.

During the ASP process, adults at risk of harm are asked if they know about and would like access to independent advocacy services as this may be crucial to helping them understand their rights and be supported to participate at each stage of the process and make more informed choices. The adult's views and wishes are central to Adult Support and Protection and Advocacy Service Aberdeen (ASA) plays a very important role in gathering information from the adult both during and at the end of the process regarding their experience. Practical steps were taken by ASA during the pandemic to ensure that IT exclusions did not impact on an individual's participation in virtual case conferences by facilitating an iPad borrowing scheme.

"On the second meeting X was able to use an iPad and was pleased that this meant they did not have to have a support worker with them"

[Feedback from an adult via Advocacy]

We recognise the importance of ensuring that the adult at risk is encouraged to participate at the case conference – the adult will always be invited unless it has been identified and documented that it would cause them further harm. Family carers or those closest to the adult will also be involved in case conferences when it is in the adult's best interests. If the adult does not wish to attend the case conference, they will be consulted beforehand about their views, and these will in turn be represented at the meeting by the Council Officer or independent advocacy. There will always be consideration by the chair as to who is best placed to go back to the adult after the case conference and provide them with an update of relevant matters.

	2020-21	2021-22
No. supported by independent advocacy to attend case conference meetings	19	23

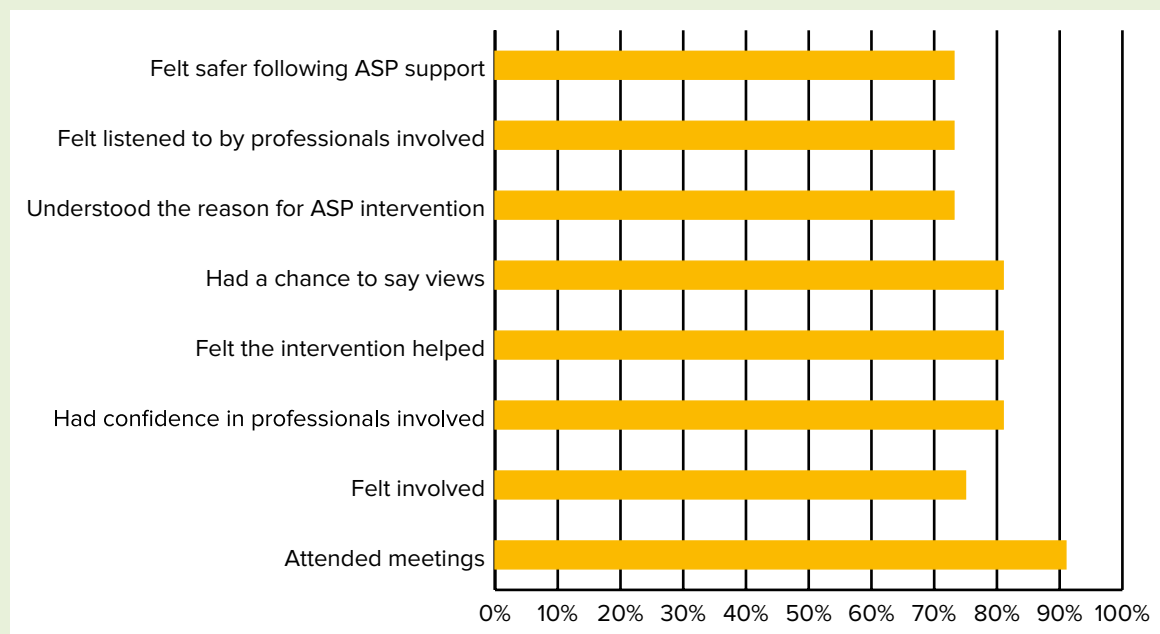
Those supported to attend case conferences included people with learning disabilities, mental health disorders, older adults and carers. Increasing the number of people offered/accepting advocacy support was identified as an area for improvement in the inspection, having been already recognised as such and incorporated into our Improvement Plan.

To better understand outcomes related to adult protection practices in Aberdeen, the APC requested a pilot of the Making Safeguarding Personal Outcomes Framework tool. Advocacy Service Aberdeen (ASA) were asked by the APC to collect this feedback, meaning those who had gone through an ASP intervention were able to discuss their experience with an independent source. The framework tool was used by ASA alongside the National Health and Social Care Standards to provide both qualitative and quantitative data. It was felt that there were challenges in previous years with understanding what outcomes were being met due to low numbers of respondents. To improve numbers, feedback was gathered whilst the adult was open to ASP as opposed to waiting until the intervention was closed. Additionally, ASA's iPad borrowing scheme allowed for more people to be reached and provide feedback. Feedback from individuals and carers is also collated via a questionnaire on [ASA's website](#), which includes information about how that feedback is used.

	2020-21	2021-22
No. asked during ASP if they would be happy to give feedback at end of process	68	75
No. who agreed during ASP to give feedback at end of process	15	20
No. who gave feedback at end of process	8	7*
No. who gave feedback to ASA during the process	8	12

*Included two carers

FEEDBACK GIVEN TO ASA BETWEEN JANUARY 2021 AND JANUARY 2022



People generally spoke positively of their experience of ASP. Some positive comments provided to ASA included:

"I think the meeting went well. They talked about my housing situation and they understood that I would like to live with a partner one day."

"The staff member really listened to me and so did the nurse. Things got resolved quickly."

"I found the meeting helpful and it was good for helping us care for xxxx. The information we got from the meeting was invaluable."

Some of the things people told ASA that they did not enjoy about their experience of ASP was that some felt the intervention was "heavy handed" and others did not like having to wait to attend their case conference, knowing a group of professionals were discussing their situation while they waited.

"It's my meeting. Why should I wait to get into my meeting?"

"In a way we could understand it but it felt like the change of equipment was making a mountain out a molehill – it was this that led to the problems that had to be investigated."

"I didn't like being spoken about when I wasn't there"

User feedback, including from the User Forum, has been utilised to make specific changes to practice, including working with staff to look at the best way to undertake case conferences for the adult. Meeting Guidance is being developed which will reflect the need to consider a person-centred approach, and a training session is also to be held, in August 2022, regarding use of advocacy and user involvement. In another instance, feedback highlighted that the person did not know what the conclusion of their ASP intervention had been, or even if it had concluded. When fed back to ASP colleagues it was agreed that this should be addressed so that everyone who goes through an ASP intervention should be written to when it is closed detailing its conclusion. This change has since been operationally implemented. Improving user engagement and involvement in ASP remains an area identified for inclusion in our Improvement Plan so that it becomes as substantive and enduring as possible.

"The staff who supported me were very sensitive, worked with me and pleasantly surprised with their listening and support."
[Feedback from an adult]

A chronology of developments based on feedback from users are logged on [ASA's website](#).

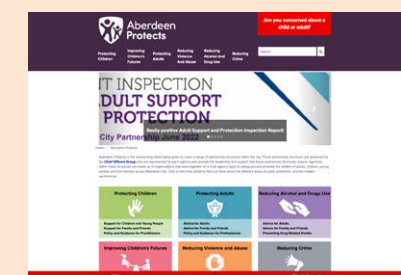
On a limited number of occasions (five in 2019-20 and one in 2020-21) ASA have provided support to those who were the alleged perpetrators of abuse e.g., a family member of an alleged victim to help them engage productively with the adult protection process and to understand why their behaviours cause concerns of harm and the action that is being taken.

During 2019-20, ASA also provided independent advocacy support to a group of 18 older adults living in a nursing establishment following a large-scale inquiry. The work undertaken supported those living within this setting to have their views made known on the quality of support and care that they were receiving and what they felt could be improved. This form of group advocacy within an LSI framework is an area of good practice that the Adult Protection Committee is keen to learn from and encourage this practice going forward. Several instances have been reported to ASA where the adult at risk did not feel consulted with or involved in the ASP process. Local solutions through the partnership were to communicate more effectively with adults and their carers regarding the process and the outcome of the investigation.

ASA have designed a leaflet outlining how they can support people, what their ASP rights are and some general information on the process itself. ASA in partnership with the Adult Protection Social Work team are taking steps to effectively communicate this information, including via the ASA and [Aberdeen Protects](#) websites, to enable us to understand better the adult's experience at each touch point in the process. In addition, ASA has produced a specific ASP referral form which Council Officers can send directly to ASA from their own case management system. Work has been completed on the production of a short film which is being included in ASP training. This involves an individual who has been open to ASP and is a user of advocacy.

ABERDEEN PROTECTS WEBSITE

The [Aberdeen Protects website](#) was launched in September 2021 and provides a 'one stop shop' for all matters relating to public protection in Aberdeen, for both staff and citizens, including information about how to get help and support, resources for professionals, and details of events and training. In addition, a multi-agency ASP bulletin is circulated widely on a quarterly basis, providing relevant updates to staff.



Section 8

Challenges and areas for improvement

This biennial reporting period has coincided almost entirely with the Covid-19 pandemic. Aberdeen City, building on existing structures and processes, were able to quickly respond to the extremely challenging demands placed upon all partners.

Areas identified for improvement from the recent inspection are set out below:

- Use of chronologies and risk management plans;
- Recording of health role in ASP work;
- Timeliness of investigations and case conferences and use of IRD's and professional meetings in complex cases;
- Use of independent advocacy;
- Joint work with Police Scotland in cases involving criminality;
- Involvement of front line staff in self-evaluation and improvement activity.

The priorities and actions contained in the existing APC improvement plan, which was developed from self-evaluation supported by the Improvement Service, were confirmed by the inspection report findings as being good practice. The additional areas for improvement identified have been incorporated within the existing Improvement Plan and delivered in partnership with the Care Inspectorate Link Inspector. Our move to use of Microsoft Dynamics 365 (D365) will significantly address many of the issues raised in the inspection findings – and we have shared this with the Care Inspectorate, who are very interested in following that journey.

Our own internal audit data highlighted some screening recording inadequacies where screening was not undertaken within required timescales and sometimes without appropriate explanation, (a lack of appropriate reasons for any delay were recorded in 7% of cases in 2019-20 and in 10% of cases in 2020-21). It was also noted that there was an inconsistent approach to signing off screening decisions by Senior Social Workers. These screening inconsistencies were highlighted in the options appraisal which led to the merging of the Adult Protection Unit and the Duty Social Work team to form the Adult Protection Social Work team. This has already resulted in greater oversight, consistency, and compliance in how the screening of ASP referrals is being managed with all Stage 1s being authorised by either a Senior Social Worker or the Adult Protection Co-ordinator.

There are a number of appropriate reasons why there may be no further action at the screening stage however we recognise that we need to ensure that these individuals continue to be safe and free from the risk of harm. Ensuring appropriate follow-up – whether at initial screening or at investigation stage – has been identified as an area for improvement in our Improvement Plan and we will modify our quality assurance framework to include those referrals which do not meet the 3-point test or which are deemed to be 'no further action'.

Internal audit had also highlighted some concerns relating to timescales for completion of the Stage 2 investigations. It is thought that this was the result of a changed operational process in 2019, however a subsequent revision in September 2021 has ensured that the three distinct stages of the ASP process are much clearer. There are now subsequently, a number of professional meetings held within Stage 2 and it is hoped that the introduction of Initial Referral Discussions together with increased support for Council Officers will mean that investigations will be completed in a more timely manner.

Chronologies is another area which has been identified for improvement work as quality assurance has shown that chronologies are not always recorded, and where they are, the content is not of a consistent quality. Lead agency quality assurance activity in April 2021 showed that six out of 18 case files had a chronology recorded, and two out of six of these included appropriate content.

Section 9

Looking forward

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. These are being delivered by progression of a related Improvement Plan (via which much of the work which commenced during the period covered by this Report, including the inspection findings, will continue to be taken forwards) – the delivery of these is being progressed by the APC’s Sub-Committees.

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.

In addition, the monitoring and analysis of our ASP data and outcomes will be significantly enhanced in 2022 with the introduction of our new whole sector – children’s and adults – database, D365 which will replace our existing CareFirst system. D365 has been designed by social work for social work in conjunction with other internal and external partners and will, amongst other things, make a significant improvement to the quality, consistency and transparency of our adult protection activities.

We will also ensure we maximise all opportunities for learning through our Learning Review Sub Committee. They continually monitor national and local cases from which further learning and improvements can be made and changes where appropriate implemented. [NB Learning Reviews were previously referred to as Case Reviews.]

PUBLIC PROTECTION – WIDER CONTEXT

The partnership is on a journey to further enhance the alignment of Child and Adult Support and Protection, taking cognisance of the interdependencies of ADP, VAW and Homelessness, although that list is not exhaustive. Furthermore, with the development of the Family Support Model, there are opportunities to further develop our strategy and operational delivery, recognising the potential for positive impact within communities and for our staff, both statutory and voluntary sector. The ‘Family Support Model’ will focus consistently on whole system early intervention and prevention, supported by co-ordinated multi-agency data and information management. This will inform commissioning, to ensure adequate provision of family support to address current and emerging risks, with arrangements having sufficient flexibility to enable an agile response to changing and emerging needs to children, young people and families. The applicability of these proposals to other public protection areas, including Adult Support and Protection is being actively considered.

NATIONAL ISSUES

These areas for improvement will also take cognisance of a number of national pieces of work. These include the implementation of the National Guidance for ASP and a number of other frameworks including guidance on Learning Reviews. Work is in hand to ensure our policies and procedures dovetail into these processes.

Aberdeen City is already in discussion with IRISS in relation to their publication of a national minimum dataset for ASP. We will be actively contributing to the development of this work, focussing on better outcomes for individuals.

Partners in Aberdeen have already contributed to the consultation of the National Care Service and we will continue to monitor closely developments aligned not only to Adult Support and Protection but also the wider public protection agenda. We are also very cognisant of the emerging risks arising from the challenges to the economy / cost of living, and are playing our part in the national response to aiding those fleeing crisis in other countries.



