

Aberdeenshire Adult Protection Committee
Biennial Report
2020 – 2022



1. Convenors Forward

As Independent Convenor of Aberdeenshire Adult Protection Committee (the Committee) it is my honour to present the seventh Biennial Report in terms of the Adults Support and Protection (Scotland) Act 2007. This report gives an oversight of the work of the Committee from 1 April 2020 – 31 March 2022. This is my second report, and I am indebted to the members of the Committee for their continued support, guidance, and hard work.

I would like to acknowledge the dedication and commitment from practitioners across all services in Aberdeenshire and to thank them for all their hard work over the past two years, as well as expressing my admiration for how they have approached recent challenges to keep people safe from harm in Aberdeenshire. The past two years have been the most challenging years many of us have experienced. Practitioners have dealt with changes to how they work, adapting to home working alongside home schooling, ongoing staff shortages, and increased demand. That we can present this very positive Biennial Report is testament to the tenacity and resilience of all our staff throughout this period; I am grateful to them all.

I am also very grateful to the Executive Group for Public Protection (EGPP) for all their support, encouragement, and probing questions. Through the work of the EGPP the Chief Officers ensure that adult support and protection is given the priority and focus required across all those agencies tasked with keeping vulnerable people safe.

The Committee has achieved much over the past 2 years. We improved

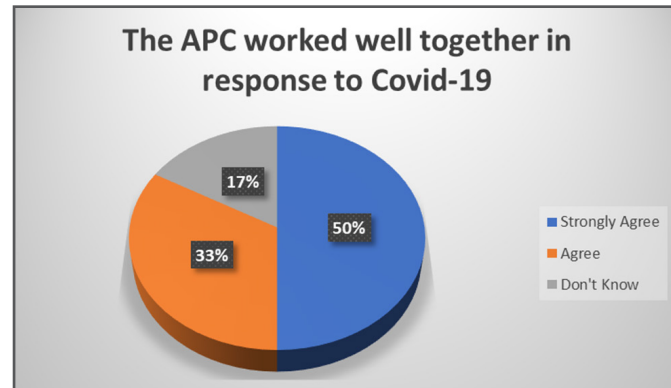
how we gather our data, introduced our Initial Referral Discussion (IRD) process, established a risk register, and adapted to working through a pandemic to name a few achievements. We are not complacent, and we recognise the need to continue to evaluate our performance in order to improve and we are committed to doing so.

The challenges ahead of us include continuing to support staff at a time of increased demand and uncertainty for all. We have big tasks to carry out in relation to implementing the recently published National Guidance and Code of Practice, learning from reviews, and engaging with those who have lived experience as we develop and improve services.



Susan Maclaren
Independent Convenor
September 2022

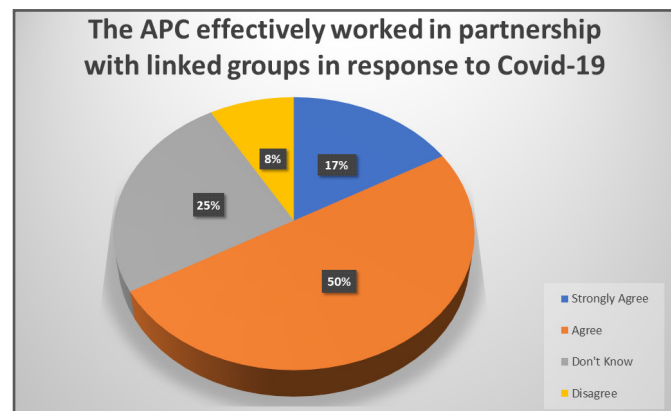
2. Covid-19



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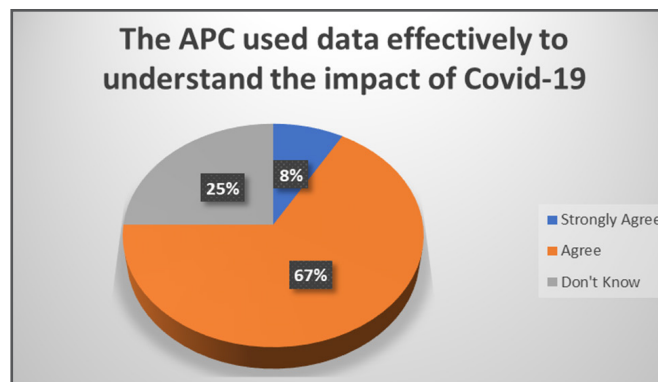
Robust Risk Assessment and Action Plan providing a clear focus on the potential and actual impact of the pandemic. Utilised to ensure a strong Adult Protection approach in the provision of frontline services.

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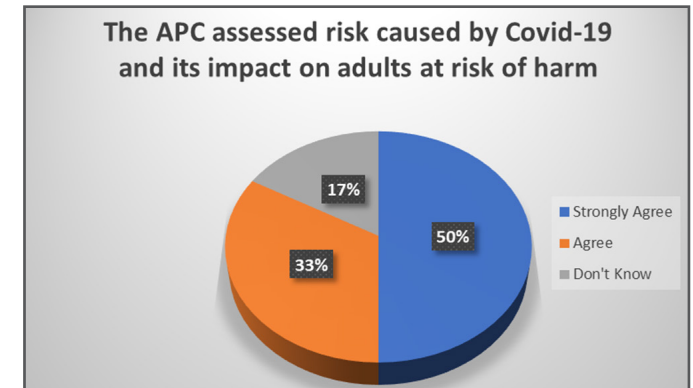


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Client engagement was challenging during this time due to COVID. ”

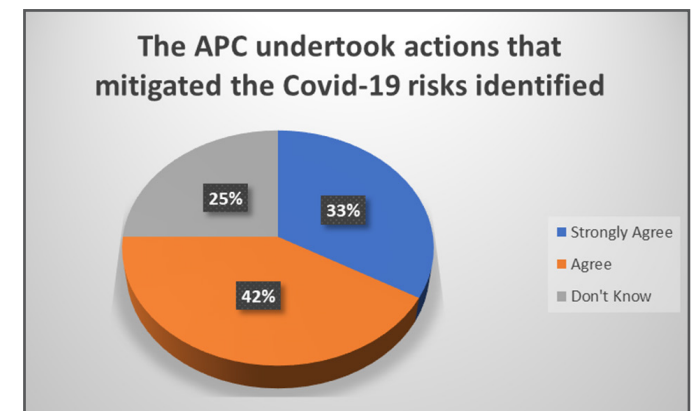


APC Self Evaluation – Feb 2022 Response to Covid-19 Statements



“

I think the Committee responded well to a global pandemic and it used the knowledge, skills and resources available to them to provide a service and support teams and stakeholders mitigating as much as reasonably possible in the most challenging of circumstances. ”



It is difficult to fully comprehend the changes which have occurred in all aspects of society over the past 2 years. This report, covering the period from 1st April 2020 to 31st March 2022, explores the immense challenges presented by the pandemic for the adult protection partnership. Whilst acknowledging the incredibly difficult circumstances throughout the last 2 years, the report provides an opportunity to highlight the numerous areas where we can be immensely proud of the way in which our Adult Support and Protection (ASP) services across Aberdeenshire have responded.

The Committee met more regularly, on a 'virtual' basis, to ensure all partners were supported, that risks were identified early and addressed, trends monitored through relevant data, and that the implications for staff welfare were considered. A specific 'Covid-19 Risk Register' was developed; recording mitigating actions and their impact. Over the last 2 years there was a significant increase in adult protection activity. (Outlined in Section 3 of this report).

With staffing and resources being diverted to manage the immediate risks, several agreed ASP strategic and practice improvement tasks were paused. Operationally, adult protection remained a key priority and all services to support and protect adults at risk of harm continued. The Committee identified all possible risks arising from Covid-19 and mitigating actions were taken to reduce the risk to an acceptable level. This included:

- Improved and frequent communication to adults at risk, carers, residents and staff.
- Putting in place increased capacity and resources to the Adult Protection Network (APN).
- Introduction of a prioritisation tool to be used if necessary.

- Daily situation reporting for all HSCP services and commissioned services.
- All protection plans were reviewed taking account of changes to service and creating contingency protection if required
- Aberdeenshire Trading Standards Webpage was updated with Covid-19 scams information and support.
- Strengthened links between Committee, Child Protection Committee (CPC) and Violence Against Women Partnership (VAWP) and more frequent meetings of EGPP.
- Shared risk register with EGPP; including commentary on data trends.
- All re-deployed staff receiving ASP training.
- Specific customised training in ASP being provided to Covid-19 vaccinators and all contact tracers; recognising when many other services to the public were unavailable, they were a primary point of direct contact with the wider population.

With restrictions placed on being able to meet with people face-to-face, processes such as interviews and meetings occurred virtually. Council Officer visits were risk assessed to balance the risk of Covid-19 against the need to visit and interview adults in person. Appropriate training, guidance and PPE resources were available for any staff where there was a continued need to visit in person.

All meetings such as ASP Case Conferences (APCC) occurred virtually. Anecdotally it has been noted that this led to better attendance for both professionals and non-professionals (the adult, family, and carers). A full audit of the impact on case conferences will be undertaken towards the end of 2022.

Training and ASP forums also moved to virtual attendance. All ASP training across the multi-agency partnership, was adapted for a virtual platform. Attendance and feedback from the virtual sessions was positive. A virtual space for Council Officers created on MS Teams was viewed positively as a way of sharing information and seeking advice from peers. Council Officer forums occurred at least 5 times per year and were well attended. As well as a way of developing skills and practice, these forums were a valuable way to support staff during the pandemic and sessions often involved a fun activity to promote well-being and resilience.

The development of the Aberdeenshire Care Home Oversight Group (ACHOG) supported ASP activity in care establishments and linked into our Large-Scale Investigation (LSI) processes.

A significant level of awareness raising occurred during the pandemic to inform staff and residents that ASP duties remained in place. A combination of the awareness raising which occurred and the impact of Covid-19 on residents and services has resulted in an increase in referrals through the APN. The increased volume of referrals and subsequent ASP activity put significant capacity pressures on services and led to extra staff being employed to manage the demand.

Whilst the pandemic afforded us many challenges it also afforded a number of opportunities, including better use of technology for meetings, visits and training, and increasing public awareness, resulting in increased demand as described above.

In preparation for compiling this report it was important to reflect on many of these changes and the impact these have had. Services across the ASP partnership provided support and offered protection to some of the most vulnerable groups in society: Covid-19 has fundamentally changed every aspect of day-to-day work and it is testament to the resilience and dedication to all staff working across the ASP partnership, that the needs of so many people across Aberdeenshire have been met during this pandemic.



3. What The Data Provided Is Telling The Committee About Types Of Harm/People At Risk In The Area.

All adult protection activity in Aberdeenshire is co-ordinated by the APN. This enables a level of consistency and quality assurance regarding referrals and outcomes for adults in need of support and protection. During this reporting period Aberdeenshire Council has provided information for the Scottish Government Covid-19 Dataset and the Annual ASP Dataset. This section of the report will focus on ASP demand on services and the demographics relating to adults who are referred into and supported through the APN. Data relating to performance indicators and quality assurance will be included in later sections.

During this reporting period there has been an increase in demand on ASP throughout Aberdeenshire.

195% increase in all referrals received by the APN and a 90% increase in individuals being referred in this reporting period compared with the previous period. Evidencing there was a significant increase in referrals as well as indicating the increase in multiple referrals for the same adults.

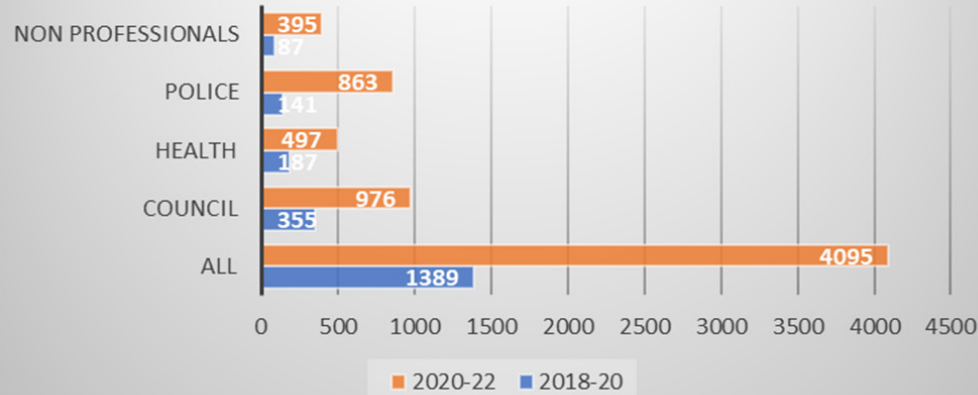
185% increase in the number of referrals that had an outcome indicating additional ASP work.

The noted reduction in those that proceeded to investigation in this reporting period is likely due to the impact of IRD discussions which were established in Aberdeenshire in November 2019.

120% increase in the number of APCCs held during this reporting period compared with the previous period.

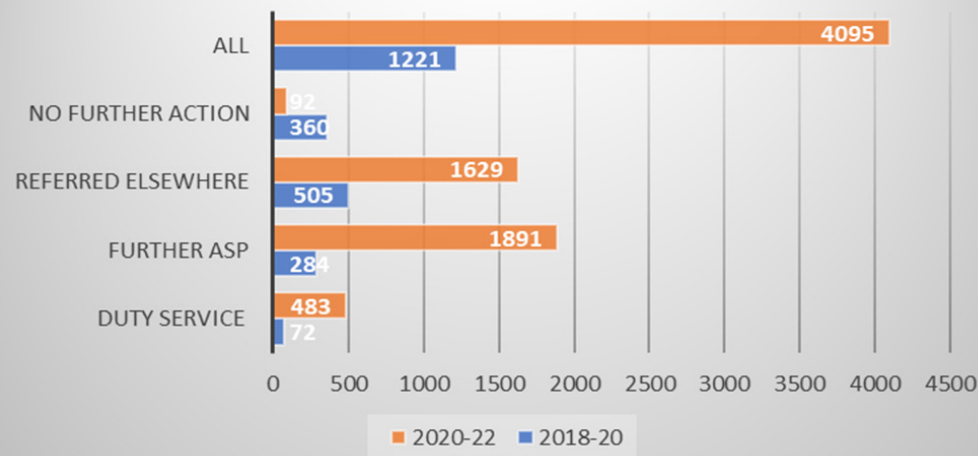
	2018-20	% of individuals referred	2020-22	% of individuals referred
Referrals	1389		4095	
Referrals related to individuals	983		1866	
Referrals (Individuals) – outcome of Further ASP Action	299	30%	855	46%
Initial Referral Discussion (IRD)			376	20%
Investigations	184	19%	171	9%
APCC	65	7%	143	8%
Adults at Risk			74	4%

Referrals - Biennial Report Comparison



Although there was an increase in referrals across all referral groups, the table shows some of the key referral increases. Some of the increase will be due to Covid-19; but also, the increase in awareness raising that had occurred during this reporting period. The Committee are particularly pleased with the increase in non-professional referrals which is noted as a 354% increase during this reporting period compared with the previous period.

Referrals Outcome - BR Comparison

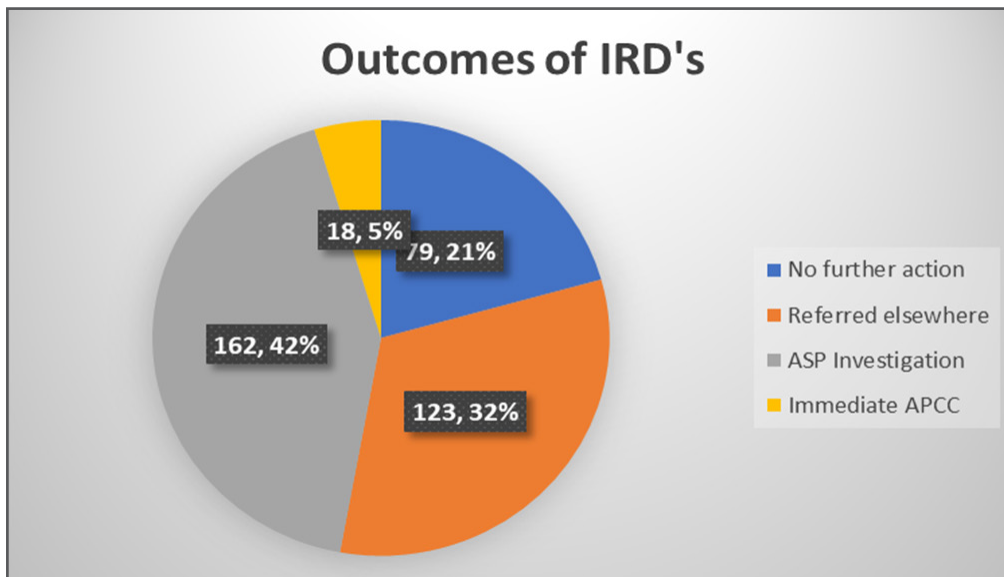


The table shows that there was an increase in ASP activity following the referral being received. There was a 291% decrease in referrals that received no further action during this reporting period compared with the previous period.

Age of individuals referred				
Age	18-20	20-22	18-20	20-22
Under 16				
16-24	78	206	8%	11%
25-39	95	239	10%	13%
40-64	217	451	22%	24%
65-84	363	629	37%	34%
85+	225	336	23%	18%
Unknown	5			

The Committee considers any changes in the demographics of adults being referred in relation to gender and age. Regarding gender there was no significant change with the gender split being 55% female and 45% male in 2020-22.

The table evidences a slight increase in the percentages of referrals relating to younger people and a percentage decrease in referrals for people over the age of 65.



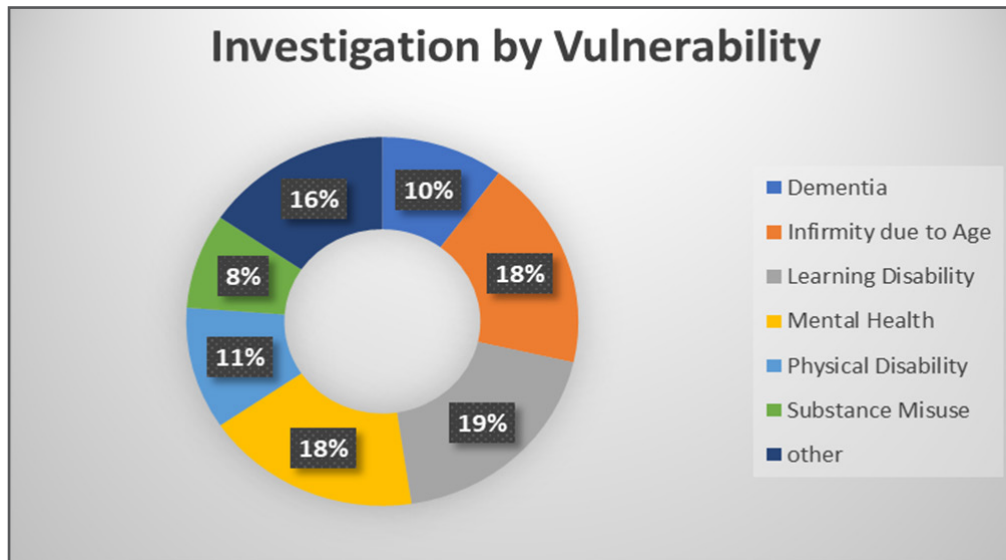
IRD's were introduced in Aberdeenshire in November 2019 as a way of improving consistency and multi-agency decision making.

During the reporting period 376 IRD's have been held.

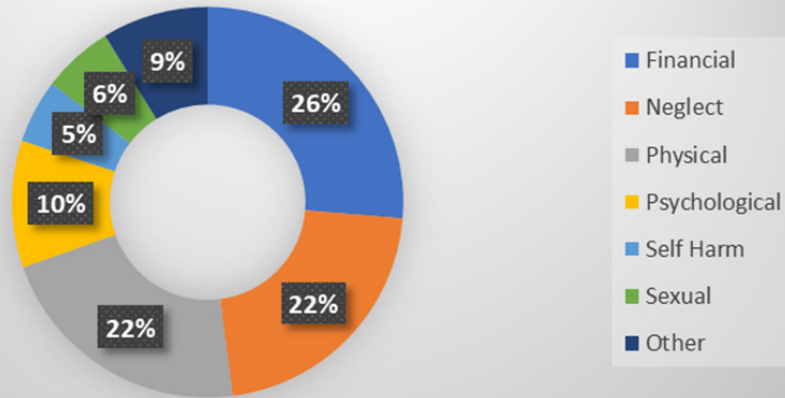
The reduction in investigations despite the increase in referrals is likely to be because of the IRD process; which allows multi-agency assessment and decision making at an early opportunity in the ASP process and therefore negates, in some instances, the need for formal ASP intervention.

During the reporting period 171 investigations were completed in relation to 168 individual adults. The Committee considers any changes in the demographics of adults being subject to an ASP investigation in relation to vulnerability and harm type. It should be noted, our data recording systems only record one main type of vulnerability and harm and through audits it is evidenced that many people referred through ASP have more than one type of vulnerability and are subject to multiple types of harm.

When combining infirmity due to age and dementia it is noted 'Older People' remain the most prevalent vulnerability group, although it should be noted there has been a significant decrease since the previous report period. (48% of investigations in 2018- 20 to 28% in 2020 – 22)

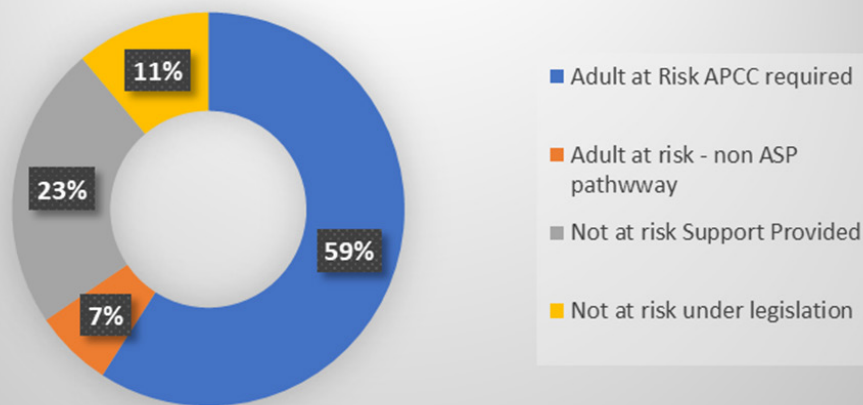


Investigations by Harm

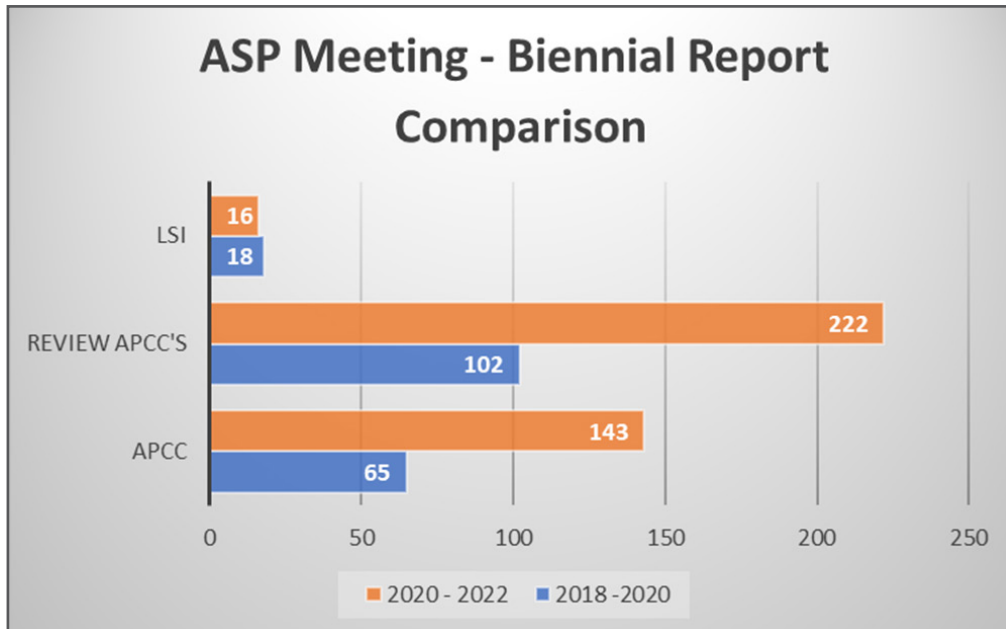


The table evidence financial harm remained the most prevalent investigated type of harm. Although it should be noted there has been a significant decrease since the previous report period. (39% of investigations in 2018- 20 to 26% in 2020 – 22)

Investigation Outcomes



Where an investigation has occurred, most individuals will be assessed to be an adult at risk of harm and proceed to an APCC. Compared with the previous reporting period the percentage of those assessed as an adult at risk of harm at investigation stage has increased (43% in 2018 – 20 to 59% in 2020-22). This change is likely due to improved multi-agency discussion and decision making at the IRD stage.



The increase on demand on ASP services noted in the increased referral numbers is also evidenced in meeting data.

Comparing this reporting period to the previous period, LSIs have remained consistent but there has been a marked increase in both Initial APCC's and Review APCC's.

4. Outcomes, Achievements, Service Improvements.

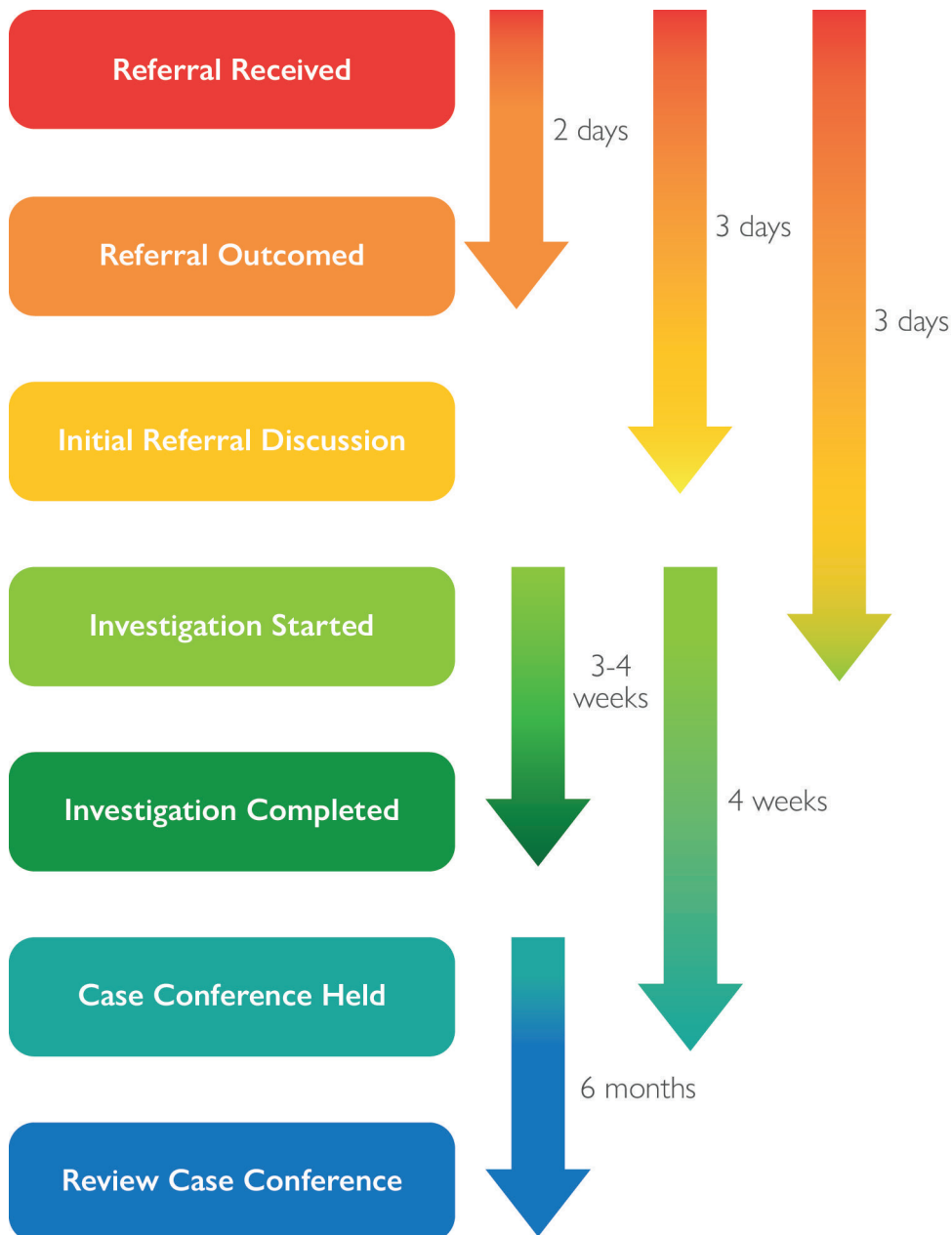
The importance of performance improvements identified through robust self-assessment is a strength of the Committee. In early 2020 the Aberdeenshire ASP Partnership engaged in three self-assessment processes to identify priorities for this reporting period:

- Self-Assessment of the Committee – facilitated by the Improvement Service. The self-assessment involved evaluation of survey responses submitted by the Committee members, a consensus session and an improvement planning session.
- Case File Audit – using the joint inspection file reading template, 50 social work case files were reviewed to assess the impact of the operational practice improvement processes.
- Practitioner feedback sessions – facilitated by NHSG joint training Co-ordinator; three, one-hour practitioner sessions occurred with 37 practitioners. Two sessions were multi-agency and one with ASP Council Officers. Discussion points included experience of the practice improvements, support and training for ASP duties, multi-agency working, and barriers to keeping people safe.

The results and feedback from these activities have enabled the Committee to develop a risk register. The risk register focussed on areas where the self-assessment evidenced challenges or poor practice. All mitigating actions identified through the risk register, priorities of the subgroups and learning from learning reviews were included in the APC Action Plan 2020–22. During this reporting period performance indicators and focussed audits were utilised to confirm where practice improvement had occurred and when further action was required.

Despite the impact of Covid-19, performance indicators have shown improvements during this reporting period. The monitoring of performance indicators supported the Committee and ASP services to make decisions on when strategic or practice improvement work would be postponed, to prioritise operational demands. A prioritisation tool was developed to manage operational demand when it went beyond capacity and was also based on thresholds of performance indicators (percentage of timescales being met). Due to increasing staffing required to manage demand, the utilisation of the prioritisation tool has not been required during the reporting period.





The timescale for referrals has been consistently met during the reporting period. Referral performance indicators, monitored fortnightly, evidence the 2-day timescale was met in 99-100% of referrals. On four occasions this fortnightly monitoring dropped to the timescale being met 96% of referrals.

The timescale to investigation is not consistently met but despite the impact of Covid-19 there has been some improvement.

Compared to the 5 months under the new process within the previous reporting period the average time to complete the investigation has reduced by 1 week and 4 days. During this reporting period 43% of investigations are completed within 4 weeks, an additional 21% are completed within 4 - 6 weeks.

	Number of Investigations	Average time to complete	Completed within 4 weeks	Completed within 6 weeks	Over 6 weeks to complete
Oct 19 - Mar 20	37	7 weeks 5 days	16 (43%)	5 (14%)	16 (43%)
2020 - 22	171	6 weeks 1 day	74 (43%)	36 (21%)	61 (36%)

The ASP Partnership continues to recognise the use of chronologies, risk assessments and protection plans are all crucial in keeping adults at risk of harm safer. Practice improvements in the previous reporting period confirmed chronologies would be completed or updated as part of an ASP investigation and risk assessment and protection planning would be a requirement of the APCC and APCC Review.

Chronologies Completed

2017 Inspection – 55% of individuals who should have had one did not have a chronology

2020 Case file audit – 38% of individuals who should have had one did not have a chronology

2020-22 Performance indicator 81% of Investigations completed had a chronology

Although the evidence relating to the use of chronologies has moved from audit to performance indicators, the improvement in completion of chronologies is significant.

Audits will continue to be used to evidence the quality of chronologies. This will be undertaken as part of the audit into APCCs which is planned for the end of 2022.

As discussed previously the introduction of IRD's in November 2019 has had a significant impact on ASP practice, allowing multi-agency decision making to occur at an earlier stage and enabling support services to be put in place; which sometimes negates the need for more formal ASP processes. It is therefore recognised good quality IRD's are vital. In February 2022, 98 randomly selected IRD summaries were reviewed for quality assurance and to identify practice improvements. The review was undertaken on a multi-agency basis by police, health, and social work.

A summary of the audit was presented to the Committee:

- In 72% of IRD summaries reviewed, the adult was noted to have two or more vulnerabilities present. Mental health was the most prevalent vulnerability identified in 54 of 98 cases.
- In 65% of IRD summaries reviewed, they were noted to have two or more harms identified. Financial Harm was the most prevalent harm identified in 37 of 98 cases. Self-neglect, which also included hoarding was identified in over a third of cases. (36 of 98 cases).
- IRD's should have representation from health, SW and police. 57% of IRDs reviewed had all agencies present.
- The introduction of the ASP nurse specialist in HSCP in July 2021 improved health attendance at IRD's (Health attendance 48% of IRD's prior to July 2021 and 79% attendance following introduction on ASP nurse post).
- In 85% of IRD summaries reviewed, attendees shared relevant and proportionate information.
- In 77% of IRD's summaries reviewed, there was evidence risk had been considered appropriately.
- In 77% of IRD's summaries reviewed, the outcome appeared appropriate.
- 55% of IRD summaries were quality assessed to be very good or excellent.

The following actions were agreed by the Committee and are currently being implemented:

- The audit report is shared with staff who participated in the audited IRD's.
- Discussion will occur with IRD chairs regarding the findings of the report. Guidance regarding restricted information and outcomes will be clarified.
- At least 10 IRD summaries will be reviewed monthly by members of the Aberdeenshire Operational Practice Group (AOPG) using the audit questions. This will enable practice improvements to be identified and implemented without delay.
- To provide assurance to the Committee an IRD audit report will be submitted annually.

The AOPG is a permanent multi-agency subgroup of the Committee. The role of the group is to encourage and promote joint working and the sharing of good practice across the multi-disciplinary context. It provides the opportunity for identification/debate in relation to ASP matters in Aberdeenshire. The AOPG also acts as the mandated subgroup of the Committee to make recommendations regarding learning review notifications. The process for learning reviews is followed where it is believed an adult has not been kept safe and learning can occur in the ASP Partnership.



During this reporting period, 5 Aberdeenshire cases were referred and considered under our learning review process. The importance of ensuring actions agreed in relation to practice improvements are completed timeously and learning is shared appropriately, was identified as a priority of the Committee. Over the reporting period the implementation of a learning review tracker, for discussion at each APC meeting, and the introduction of 7-minute briefings in relation to each learning review has led to this priority being achieved.

The Committee is also committed to learning from learning reviews which are commissioned and published in other areas. During this reporting period a 'Grampian External Learning Review Group' was established. The group has a robust system in place to review learning from other areas and create a position statement, evidencing the assessment of what may have happened if the incident had occurred locally. Where identified, practice improvements will occur. During this reporting period two external learning reviews have been considered.

The Committee considers learning reviews as a key tool to develop our practice and ensure better outcomes for adults at risk. During this reporting period the following practice improvements have been commenced, following an identified need being evidenced at learning review:

- Review the police VPD reporting (Vulnerable Person Database) process from end to end by a multi-agency group and implement improvements to maximise the effectiveness of police concern reports. Introduce a trigger point/escalation process for VPDs marked 'not at risk' received by social work and general practice/health SPOC (Single Point of Contact).

- Support is available to people affected by hoarding, especially where the hoarding behaviour has a negative impact on their wellbeing and concerns are raised regarding self-neglect.
- A short life working group regarding self-neglect to be established to identify the scale of self-neglect that occurs in Aberdeenshire to identify common themes, evaluate service response to self-neglect, to gain the views of people with lived experience and to recommend practice improvements.
- There should be a protocol in place to ensure that no patient who is subject to ASP procedures is discharged without a full multi-disciplinary and multi-agency meeting to consider the potential risks and any control measures required to reduce such risks to an acceptable level.
- Improvement to be made on health and police electronic recording systems to improve flagging of adult at risk status.
- There should be a review of the current ASP training curriculum across all statutory partners – with a focus on the inter-play between substance misuse, mental health, trauma, and the criteria/threshold for ASP reporting and intervention.
- Multi-agency Risk and Resource Management Protocols should be explored and options to introduce local processes identified with recommendations being shared with the EGPP. This will enable risk to be shared with senior management and themes around any resource gap to be recognised in real time.

The self-evaluation in 2020 highlighted a risk that not all Committee members had the knowledge, skills and support to respond effectively to implement the improvement plan. During this reporting period improvements were made to the Committee Member Induction Pack. A Communication Strategy was introduced which encouraged and supported Committee members to share relevant information both into the Committee and throughout their own agency. It was acknowledged that attendance of an EGPP representative at each of the Committee meetings increased support to Committee members within their own organisations. A training survey completed by all Committee members indicated a need for development sessions, which are planned to occur during the next reporting period.

The positive impact of the practice improvements was evidenced in the 2022 APC self-evaluation with all Committee members responding as agreeing or strongly agreeing to the following questions:

- I am clear about my roles and responsibilities as a member of the Committee.
- My organisation gives support to enable me to fulfil my roles and responsibilities as a Committee member.
- The APC is supportive in enabling me to fulfil my roles and responsibilities as a Committee member.

New members induction material is beneficial to clarify expectations and where support is available. Minutes and papers are circulated to support Committee members. Chair is approachable.

Improving all the time thanks to confident chairing and clear expectations for APC members.



Things are not left sitting in vacuum with no-one taking ownership or responsibility.

5. Training, Learning And Development.

Grampian ASP Learning and Development Sub-group (GASPLD) is a permanent subgroup of the Grampian Adult Protection Group (GAPG). The role of the sub-group is to support multi-agency trainers across the partnership to allow consistent responses to ASP concerns. In Aberdeenshire there is a strong commitment to having appropriately trained and skilled staff across the partnership who recognise and undertake their role in relation to ASP. This is evidenced through the courses offered and numbers of staff who attend training (see Appendix 1).

During the reporting period NHSG developed and implemented for the first time, a training framework for adult protection; agreed by management, clinical staff and trade union representatives. This framework sets out clearly to managers the agreed mandatory training for all NHSG staff. NHSG has now made it mandatory for all patient-facing clinical staff to attend facilitated or in-person ASP training, and for this to be renewed/refreshed every three years.

Aberdeenshire Council and NHSG offers a strong ASP training portfolio which varies from electronic e-learning modules, (which support 'basic' awareness and understanding), to facilitated, mandatory sessions and multi-agency sessions, which will improve understanding and enable network opportunities.

Covid-19 had a significant impact on how all ASP training was delivered. All core ASP modules were quickly converted from face-to-face sessions to virtual sessions and adapted to make them interactive using technology such as 'JamBoard,' 'Menti-meter' and breakout rooms. Although the initial view was this training being undertaken virtually would not be as beneficial, our experience

shows virtual training is as beneficial as face-to-face, and there are positives related to more staff engaging in training, with training being more accessible, reduction in cost and resources required. It has therefore been agreed that training overall, will remain virtual with alternative face-to-face networking opportunities being explored.



ASP Staff Confidence Self-evaluation

1 (poor) - 5 (excellent)

Recognise a service user may be an adult at risk of harm	3.7
Making a referral to Adult Protection Network	3.2
Contacting police if crime suspected	3.9
Sharing relevant information proportionately	3.8
Participating in ASP activity (investigation, meetings, RA & PP)	3.1
Working with the Adult to take their views into consideration	3.7

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. Importantly this has included the out-of-hours GP service and GP trainees. During this reporting period 310 GP's and trainees have attended Level 3 training. Feedback from the training evidenced an improvement in knowledge and skills following attendance, with self-rating of staff confidence in fulfilling responsibilities in relation to ASP increasing from 2.74 out of 5 to 4.35 out of 5.

In December 2021 work commenced on embedding ASP training for Junior Doctors (FY1 and FY2) into their curriculum. Although the numbers attending the two sessions were lower than anticipated there is a commitment to continue developing this area.

Fifty staff for Police Scotland responded to the ASP training needs analysis. On

A multi-agency ASP training needs analysis was undertaken in 2021 throughout Grampian

538 staff from Aberdeenshire responded to the survey.

69% of staff felt they had sufficient training. A higher percentage of staff from Scottish Ambulance Service (SAS), housing and primary care stated they required more training. Training opportunities for these organisations will be explored in the next reporting period.

The table shows the level of self-reported confidence of multi-agency staff across the ASP partnership in relation to specific ASP activity.

the whole, the results were positive with a large number of participants agreeing or somewhat agreeing training was sufficient and they were confident in various aspects of ASP. Although, most police training is undertaken on a national basis during this reporting period ASP roadshows were facilitated locally and were attended by approximately 100 police staff from the North East Division.

Forty Council Officers responded to the ASP training needs analysis. This evidenced all Council Officers felt they have received sufficient training, and most were confident in all areas of practice. Areas where individuals were not so confident, such a completion of chronologies have been addressed at forums. Council Officers continued to be supported through refresher training and regular Council Officer forums. By undertaking Council Officer forums virtually there has been increased staff engagement, both through joining online or by viewing the recording later.

I was able to learn about the protection of adults and how as a children's social worker, I could adapt my practice to ensure the safety of the parents and other adults that I work with as well.

I found the training very good given it was completed via teams. The trainers ensured everyone was included and the presentation was very good, looking forward to completing Module 4.

The course was a good mix of discussion and presentation and lots of practical examples made it easier to process and understand the information.

To ensure good quality training is delivered, feedback from participants is sought after each course. The core modules have received very positive feedback during this reporting period with the overall ratings of:

- 4.85 out of 5 - Module 2 (HSCP)
- 4.67 out of 5 - Module 2 (NHSG)
- 4.67 out of 5 - Module 3 (HSCP)
- 4.61 out of 5 - Module 3 (NHSG)
- 4.67 out of 5 - Module 4 (HSCP)

I really enjoyed the course and even experiencing role play virtually!

Shared experiences with colleagues-listening to others. Enjoyed the speakers from Advocacy Service and Police Scotland.

In response to a learning review a 'Professional Curiosity Workshop' was developed during this reporting period. Although developed for front-line professionals in the Health and Social Care Partnership (HSCP) it is accessible and relevant to staff across the ASP Partnership. The pilot course facilitated in November 2021 was attended by 63 staff. Feedback from the workshop evidenced an improvement in knowledge and skills following attendance at the course. With self-rating of knowledge and skills increasing from 3.48 out of 5, to 4.48 out of 5. Following the success of this session it was agreed 2 sessions would be available per year.

There is a long-standing relationship between the GASPLD and Robert Gordon University. During the reporting period 2 virtual 'Inter Professional Learning Events' occurred. Each event was attended by 200 undergraduate social work, midwifery and mental health nursing staff along with Police Scotland personnel. Of greatest benefit was the simulated multi-agency case study discussion. This highlighted the different roles and responsibilities of the professions and the need for inter-disciplinary co-operation.



6. Engagement, Involvement And Communication.

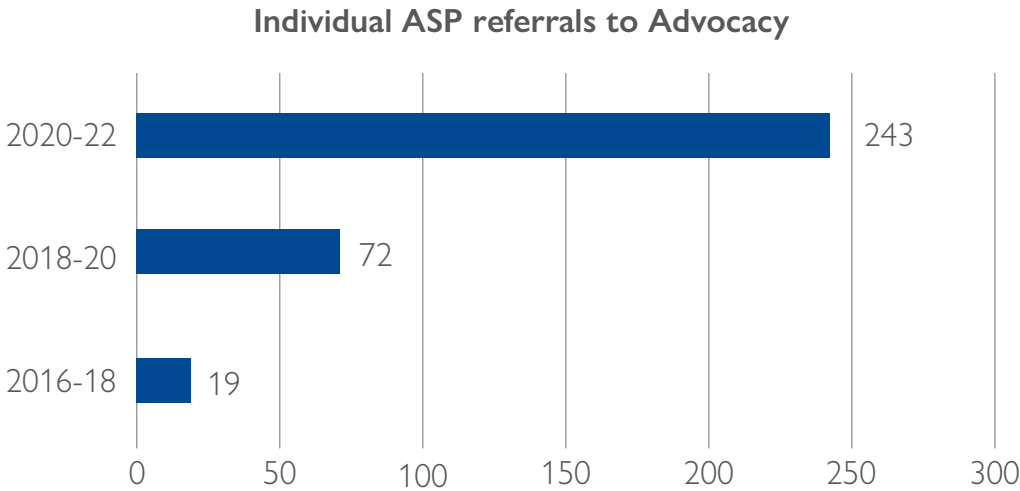
The Committee recognised the importance of engagement, involvement and communication during this reporting period and had two specific priorities relating to making practice improvements in this area:

- The Committee will have robust methods for gathering feedback from adults, families, and carers subject to ASP processes. The views of adults, families and carers will be listened to and used to inform ASP strategic planning and activities.
- The Committee will fully engage with all relevant stakeholders.

Although this section outlines the improvements which were made, it is noted Covid-19 had a significant impact on progress both in relation to staff capacity to take forward actions in addition to a reduction in our ability to engage with adults at risk and their carers face to face due to social distancing. Therefore, it has been agreed priorities in relation to engagement, involvement and communication will remain on the APC action plan for the next reporting period.

The involvement of the adult at risk, family and carers is embedded in our ASP process. We have achieved this through taking account of views during an investigation, ensuring independent advocacy is considered, offering encouragement and making arrangements for ASP meetings to be accessible to all, and person centred.

During the reporting period we are pleased to see another significant increase in the level of advocacy support which was provided. ASP is one of the key priorities associated with the HSCP contract with Advocacy North-East (ANE) who provide independent advocacy provision, enabling ASP requests to be allocated as soon as possible.



Advocacy provision has also become an embedded practice in LSI's during this reporting period. Support has been provided by ANE in relation to 10 LSI's; supporting a total of 188 residents and 148 carers/family/guardians. The provision of advocacy in this process has significantly enhanced the experience of residents and their relatives by ensuring their voice is heard.

Due to Covid-19 ASP meetings were held virtually during this reporting period. Adults, family members and carers continue to be supported to join meetings virtually. It was noted the virtual format and the reliance on technology may have excluded some people from the ASP process, but it should be also noted some people expressed they preferred the virtual format. A review of the participation of non-professionals will be undertaken later this year, which will inform how non-professionals will be best supported to engage with their ASP meetings moving forward.

The Committee recognise the importance of the voice of lived experience when deciding practice needs for improvement or when services are being developed. A survey based on the 'Making Safeguarding Personal Outcome Framework' continues to be utilised to systematically measure outcomes for adults at risk of harm and their carers. During this reporting period feedback has been received from 14 Adults and 3 carers. As well as the formal feedback process, the Committee has developed an online platform which enables people in Aberdeenshire to engage directly with the APC. [The Committee Engagement platform](#) enables residents to post comments regarding information shared by the Committee and for residents to share their stories and views directly with the Committee. Encouragement has been given to service users, staff, committee members and Aberdeenshire residents to use the tool to engage in discussion around ASP in Aberdeenshire.

Awareness raising and communication regarding the ongoing need to report adult protection concerns were essential during this reporting

period due to the risk of hidden harm occurring during the pandemic. At the beginning of the reporting period, joint messaging was circulated regarding all main areas of public protection (ASP, Child Protection and Domestic Abuse (DA)) when it was recognised social distancing may lead to vulnerable adults not seeking or receiving support when required. Various messaging was also promoted when specific risks related to Covid-19 were evidenced for example, financial scams relating to Covid-19 vaccinations.

In both years, the ASP Day was extended to a week with messages relating to different types of harm being discussed on social media. This campaign was led by Police Scotland, North-East Division and shared by other adult support and protection partners (HSCP, Council, NHS and voluntary agencies). See appendix 2 for an example of a social media post and evidence of views/interactions with the posts.



7. Challenges And Areas For Improvement.

During the 2020-22 reporting period the Committee struggled to implement all planned practice improvement due to the impact of Covid-19. The Committee prioritised operational stability to ensure vulnerable adults received appropriate support to minimise harm and reduce risk. Despite the difficulties the pandemic caused, a significant amount of practice improvements, as outlined in this report, have been achieved through the hard work of dedicated and motivated multi-agency staff working in strong partnerships.

It is recognised the biggest challenges in achieving improvements is staff capacity and this became a significant problem during this reporting period with demand increasing significantly. Additional staffing hours were secured, specifically in relation to the APN. Where staffing resources across partnerships were being diverted/redeployed to manage the crisis associated with the pandemic, risks to

individuals where protection services were reduced was recognised and all public protection workstreams including adult support and protection were protected.

The impact of Covid-19 will continue to cause challenges. To recognise and respond to these challenges, the Committee will continue to assess the impact of Covid-19 on all ASP activity and mitigate against the associated risks. The Committee recognises risk in relation to reduced mental wellbeing and resilience of staff and our residents.

Three other national challenges have already impacted and led to an increased demand on services, including ASP. The recognised crises are the cost-of-living crisis, mental health and a national care shortage. The Committee has linked in with the Poverty and Equality Group locally and has committed to support work in this area to reduce the impact of poverty, seeing this as one factor which may prevent people from becoming adults at risk. ASP services are also vigilant on the impact the national care crisis is having on adult protection with more people coming under ASP Services or remaining longer under the ASP umbrella due to a lack of services that would provide sufficient support to minimise harm occurring. Evidence of the impact is being shared locally with the Staff Sustainability Group.

It is recognised the legislative framework surrounding ASP is developing. The Committee has welcomed the revised guidance relating to Code of Practice, learning reviews, APCC's and the Role of GP's. Committee members are represented on many national groups which will support the local implementation of the new documentation. It is recognised the 'Review of Mental Health Legislation' and the creation of the 'National Care Service' will also have a significant impact on how ASP services are delivered.



8. Looking Forward.

The direction of the Committee over the next two years will be based on evidence from audits, learning reviews and the voice of the lived experience. The ongoing impact of Covid-19 and the cost-of-living crisis are likely to have a significant impact on the vulnerability of people in our community, and the Committee need to pay close attention to what the data and feedback is telling us about what people in our community need.

The Committee understands the current struggles staff and services are experiencing specifically related to the impact of Covid-19 and the national staff shortage. There is a need to promote resilience for front-line practitioners who provide the necessary support and protection for adults at risk of harm. Therefore, the next two years will focus on giving staff and services that are key to the protection of vulnerable adults, the support, confidence, resources and tools they require to undertake their role effectively. It is vital the voice of the lived experience is central to all work undertaken and this will include adults at risk, families, carers and front-line staff.

In early 2022 the ASP Partnership engaged in two self-assessment processes to identify priorities for the next reporting period:

- Self-Assessment of APC – facilitated by Improvement Service. The self-assessment involved evaluation of survey responses submitted by Committee members, a consensus session and an improvement planning session.
- Practitioner Feedback Sessions – three, one-hour Practitioner Sessions occurred with 25 practitioners. Two sessions were multi-agency with one held with ASP Council Officers only. Discussion points included impact of Covid-19, multi-agency working, support to undertake ASP duties and barriers to keeping people safe.

The following priorities have been identified and will be progressed over the next reporting period:

- The Committee will look to further develop approaches for gathering and using feedback from those with lived experience such as adults, families, carers and front-line staff to inform its strategic planning and activities.
- The Committee will have robust methods for collating and analysing relevant data. This multi-agency information will be used in strategic planning and delivery of services to adults at risk of harm. The Committee can make better use of data, with a narrative provided to tell the story
- Understand the impact of self-neglect on Aberdeenshire residents and staff. Implement practice improvements and develop resources which will reduce harm of self-neglect.
- Develop local practice in line with national developments – learning reviews, code of practice revisions, minimum dataset, transitions, personality disorders and trauma informed practice.

Appendix 1 - ASP Training

	Course	Current Format	Attendance	Number of Sessions	Total Numbers Trained 2020-22
Core Modules	ASP Awareness/Module 1	E-Learning	Multi Agency	NA	1523
	ASP Awareness	E-Learning	NHSG	NA	7,076
	ASP Module 2	On-line	Multi Agency	10	135
	ASP Level 2	On-line	NHS Grampian	71	1,203
	ASP Module 3	On-line	HSCP	4	42
	ASP Level 3	On-line	NHS Grampian	6	80
	ASP Level 3 GP/GP Trainees	On-line	NHS Grampian	25	310
	ASP Module 4	On-line	Council Officers	5	31
	ASP Refresher	On-line	Council Officers	6	121
Welcome & Orientation (Corporate Induction)	ASP Awareness	E-Learning	NHSG	NA	4,480
	ASP Awareness	E-Learning	NHSG	NA	3,295
	Course	Current Format	Attendance	Number of Sessions	Total Numbers Trained 20-22
Bespoke Training	Financial Harm/Scams	E-Learning	Multi Agency	NA	Unknown
	Professional Curiosity	On-line	Multi Agency	1	63
	ASP for Vaccinators	On-line	NHS Grampian	2	27 (G)
	IRD	E-Learning	Multi Agency	NA	102
	Council Officer Forums			7	369

Appendix 2



North East Police Division

1 Feb 2021 · 🌐

The protection of vulnerable people remains a policing priority on both a local and national level.

To raise awareness of adult support and protection matters, we will be posting a series of Facebook posts over the month of February.

Keep an eye on our page where we will be sharing information on support services that are available and how to identify concerns.

[#KeepingPeopleSafe](#)

**Keeping
people safe**

👍👤 51

6 comments 13 shares

👍 Like

💬 Comment

➦ Share

Posts

- What is Adult Protection – How to spot harm and what to do
- Physical Abuse
- Financial Harm
- Self-Neglect
- Adult Protection Day
- Herbert Protocol

Facebook Live Chat – Adult Support and Protection

- Total reach of posts – 198,815
- Total reactions (likes, comments) - 396
- Total shares - 524