



Aberdeen City Adult Protection Committee

Biennial Report 2018-2020



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Convenor's Foreword

As the independent convenor of Aberdeen City Adult Protection Committee (APC), it is my privilege to submit our sixth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007 which reflects the work of the Committee during the period 1 April 2018 - to 31 March 2020.

I am very proud to serve as the current Convenor of the APC and I am committed to overseeing a professional and effective multi-agency response to prevent or reduce harm and protect our local citizens. I recognise the scale and complexity of the adult support and protection challenges that we face but I am confident that we have the required commitment, expertise and leadership across our sectors and services to ensure that our interventions and working practices are timely, appropriate and capable of delivering positive, person-centred outcomes.

These are of course challenging times for everyone. Sadly, it is likely to be the case that the impact of lockdown restrictions will be greater on those individuals whose wellbeing and resilience are less robust. It is also likely that the vulnerable members of our local communities will be at greater risk of harm. As difficult as these past months have been, it is heartening to see or hear of the many different collaborations, activities and initiatives that have been put in place by statutory organisations, third sector organisations, local communities and informal networks of friends and neighbours. If nothing else, this current adversity has enabled the spirit and resilience of our city to shine through.

Those positive attributes are also clearly evident throughout this report. I welcome the range and impact of the many multi-agency activities and interventions that are being undertaken to raise awareness of adult support and protection and reduce the incidence and impact of harm.

Some key messages from this report include:

- There has been an increase in adult support and protection referrals largely due to increased levels of awareness across sectors and services.
- Care at home, care homes and 3rd sector organisations are the main source of referrals however we continue to build relationships within these services to prevent unnecessary escalation of lower-level reports.
- The largest age group for referrals was in relation to individuals aged 65+.
- Across all referrals, the most common type of harm reported is physical harm.

- ▶ Almost 32% of referrals met the ASP 3-point test
- ▶ Harm is most likely to occur within a “homely” setting, almost 47% of harm occurs within a person’s own home and this rises to 76% when referrals from care homes are included

There is clearly still much to do to address the attitudes, behaviours and circumstances in our city specifically but also in our society more widely that can lead to others being harmed. We need to remain vigilant and work together to reduce the instances of harm that can be so detrimental to others. Given the information that comes to me and the APC on a regular basis however, I am confident that public awareness levels of adult support and protection matters will continue to rise and that harm to others will not only be seen to be unacceptable but that the substance of our preventative or early interventions will have a positive impact on those who are either at risk of harm or already suffering harm.

Finally, I cannot conclude this foreword without taking the time to pay tribute to those colleagues from the Adult Protection Unit and others across the statutory, third and independent sectors whose endeavours have helped make Aberdeen a safer place for many people. While it remains concerning that there may always be some individuals who are willing to take advantage and exploit or cause harm to others, I am confident that the commitment and capabilities of our multi-agency workforce will continue to support and protect our local citizens and communities.

Sheena Gault

Convenor
Aberdeen City Adult Protection Committee

Section 1.

Introduction

1.1 The Aberdeen City Adult Protection Committee (APC) is committed to facilitating and overseeing an inclusive, responsive and effective approach to the support and protection of adults at risk of harm. It is chaired by an independent convener and has representatives from a range of professional backgrounds and organisations including Aberdeen City Council, Aberdeen City Health and Social Care Partnership, NHS Grampian, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service and ACVO, the local third sector interface.

Keeping adults in Aberdeen safe from harm is a key priority for the APC and its partner organisations. As we understand more about the nature and type of harm, there is an ever-increasing need for our response to individuals at risk of harm to be timely, appropriate and effective. We acknowledge that we need to continue to work in and with our local communities to make sure that all of our citizens, without exception, feel safe and included.

Our ambitions and intentions in respect of adults at risk of harm are firmly aligned with the vision for the **Local Outcome Improvement Plan (LOIP)** which envisages Aberdeen as a place where people can prosper and where everyone feels safe, supported and protected from harm. We fully acknowledge that this can only be achieved by all of our partners collaborating strongly and building positive relationships with adults at risk, their families and carers.

1.2 The 2016-18 Biennial Report was published after a Joint Inspection of the city's Older Adult services in 2015/16 by the Care Inspectorate and Healthcare Improvement Scotland that highlighted fifteen areas for improvement which have merged into eight key priorities (see right) for the Grampian Adult Protection Working Group to progress.

- ▶ Systematically measure outcomes for adults at risk of harm and their unpaid carers.
- ▶ Key processes for adult support and protection are as clear as possible so stakeholders understand them.
- ▶ Clear, unambiguous timescales for the completion of work related to each phase of adult protection, thereby preventing delays.
- ▶ Chronologies, risk assessments and risk management plans are implemented to keep adults at risk of harm safe.
- ▶ Required partners should attend adult protection case conferences, particularly police and health.
- ▶ Ensure staff across the partnership have the appropriate skills and knowledge to fulfil duties under ASP.
- ▶ Reduce the impact of financial harm in Grampian.
- ▶ Develop and implement clear pathways for capacity assessments.

Only one priority, the one that relates to 'key processes', has yet to be fully completed. This was to commence at the end of 2019 as we were working first on ongoing improvements in other priority areas (including initial referral discussions, risk assessment and chronologies) that would likely impact on the content of the Grampian Interagency policy and procedures and require it to be amended. The group remained confident that this work was achievable within the biennial reporting period until the pandemic intervened.



This remains a key priority for the partners and work is already progressing to drive this priority to completion.

In addition, the 2016-18 report also outlined an Improvement Programme that covered a wide range of themes and topics. Our progress in relation to this programme is referenced throughout this report. It has been undertaken in a measured way that takes account of areas of greatest need and availability of resources to ensure that positive improvements are embedded into our working practices and activities and sustained thereafter.

- 1.4** Given that the Covid-19 pandemic only briefly overlapped with the end of this reporting period there is limited reference in this report to the partnership's response to the adult support and protection implications of the emerging public health emergency and the imposition of lockdown restrictions. It is certainly worth acknowledging though that there has been a significant human cost in terms of physical and mental wellbeing that has manifested itself in different ways and which will for some people, impact on them for a further, as yet undefined, period of time.
- 1.5** Adult support and protection activities are, by their very nature, often complex and challenging. This report attempts to highlight the scale of our activities and initiatives over the past two years, the collaborations between partners, the co-ordination between professionals and the positive impacts on those who are or who have been at risk of harm. This report is a testimony to the commitment and professionalism of our colleagues across all of the partner agencies and the difference that they make to the lives of others.

Section 2.

Data Analysis

2.1 The collation and analysis of relevant data helps provide a confidence in our local ASP activities and an assurance to those individuals or groups who have governance and oversight responsibilities. We are further developing a data dashboard to monitor and analyse all referrals and outcomes as understanding emerging or continuing trends is an integral element of providing effective interventions to those who may be at risk of harm.

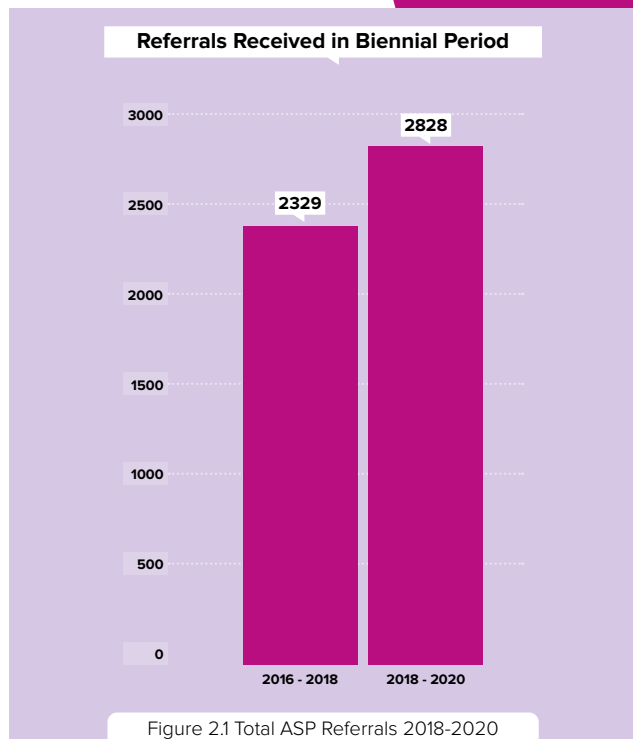
2.2 Referrals

Our local data (Figure 2.1) shows that for the current reporting period, **2828** adult support and protection referrals were received by the Adult Protection Unit. This was an increase of **499 (17.5%)** from the previous reporting period when **2329** referrals were submitted. The data suggests that our local interventions have continued to raise awareness and recognition of our referral process.

2.3 Source of Referrals

The number of referrals from Other Organisations increased by **29.9% (326)**. This category includes care at home, care homes and 3rd sector organisations. This increase is a significant one and suggests that identifying the appropriateness of referrals raised following awareness of self-neglect and hoarding alongside building relationships around large-scale investigations has improved early trigger actions for referrals that helps to avoid unnecessary escalation for lower level adult protection reports. Social Work referrals reduced by **6.3% (17)** as difficulties are better identified and resolved at an earlier stage thereby adopting the least intrusive means of resolving a single incident or an accumulation of lower level concerns.

Although referrals from Police Scotland increased, the increase **39% (11)** was not significant due to the volume of welfare concerns submitted where adults are not assessed to be at risk



of harm if support is provided instead. We have seen an increase in referrals from NHS Grampian **16% (41)** from the previous reporting period primarily due to increased engagement with health colleagues and improved quality of referrals.

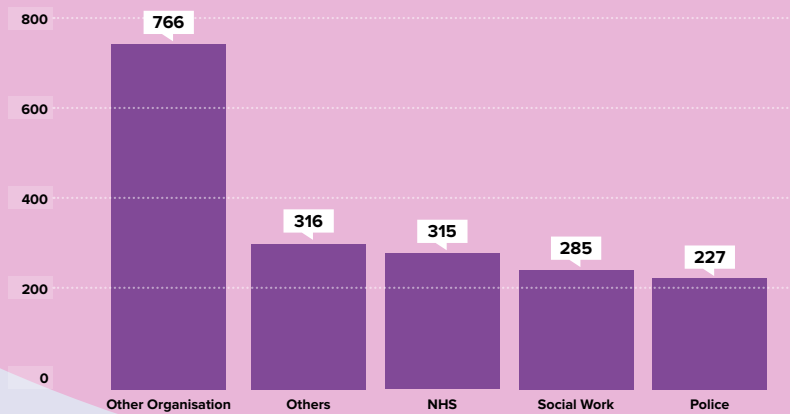
To make the redeployment of council staff more efficient during lockdown the opportunity to complete appropriate adult protection training and awareness raising was offered to employees dealing with public enquiries or requests for help via the helpline.

The number of referrals received (**187**) in this reporting period suggests that having confidence in recognising harm and the procedure for reporting suspicions and abuse is both valuable and effective.



It was an aim of the APU during 2018-2020 to broaden the knowledge of ASP across a range of agencies and as can be seen (Figure 2.3) there has been an increase of **42% (11)** referrals from the SFRS compared to the previous reporting period. It is felt that this increase is potentially due to an increased focus on fire casualty prevention. This has been achieved through promoting and prioritising home safety visits to those most at risk of fire, ensuring that homes are more secure and in return adults are less vulnerable.

Top 5 Referrers 2016 - 2018



Top 5 Referrers 2018 - 2020

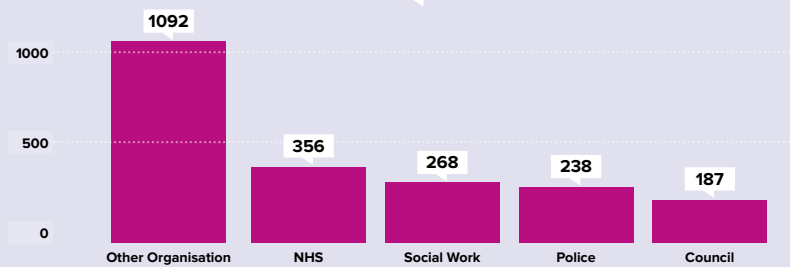


Figure 2.3 Comparison of Top 5 Referrers

The data shows an **18% (34)** drop in carer referrals from the last biennial reporting period. While we are aware that the Aberdeen City Carers Strategy (2018-2021) and improved partnership working with VSA Carers Centre has improved access to early assessment and care support, further work will be done to ensure that all carer data relates to unpaid carers.

There are relatively low number of referrals from adults at risk themselves (**31**) and from members of the public (**21**) reporting concerns. While we raise awareness to enable staff within services to recognise and report abuse there is evidence to suggest that we need to continue do more to increase our efforts to raise public awareness to enable adults at risk to recognise and protect themselves from abuse.

There are good examples of local authorities running mailshots to households to raise awareness of abuse and what can be done about it and we need to better educate the public about how to recognise and respond to abusive and harmful situations and where to go for help.

2.4 Client Group

Figures relating to category of harm remain consistent with previous reporting periods. The largest age group for referrals was in relation to individuals aged 65+ which accounted for **915 referrals (32.4% of the total)**. This was an increase of **232** since the last reporting period.

A total of **16.7% (473)** of all referrals received related to people aged 65+ with dementia and learning disability also noted as a main category in **367 (13%)** of referrals. The percentage of referrals for those in the 65+ bracket compared to ASP referrals for the last biennial period has increased by **25%** of total referrals. Older adults are at particular risk not only because they live with multiple health conditions but also because of the impact of ageing and their potential reliance on others for care and support.

2.5 Location

As with the previous biennial reporting period, the 2018-2020 statistics confirm that the location of harm was frequently noted as the adult's own home or a care home and then sheltered housing and supported accommodation. In total, **1,504 (46.8%)** of all harm reported occurred within the adult's own home. This rises to **76%** when referrals from Care Homes are added (**671**) signalling that harm is much more likely to occur within a 'homely setting' than anywhere else.

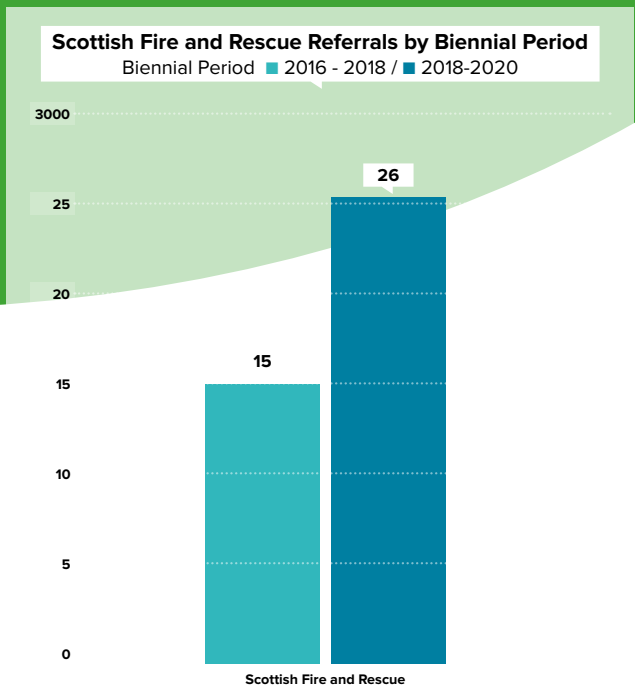


Figure 2.3 Scottish Fire and Rescue Service (SFRS) Referrals

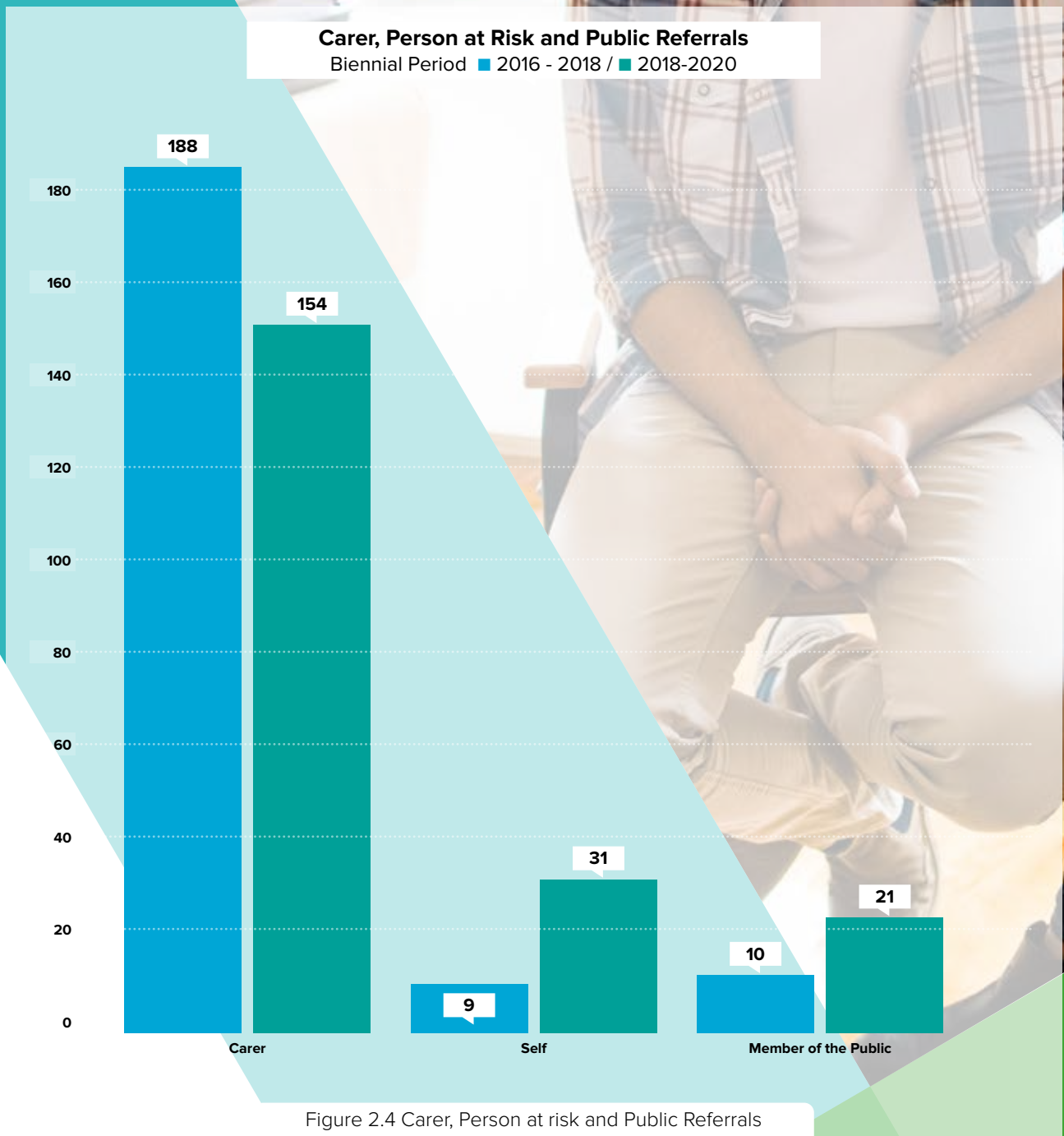


Figure 2.4 Carer, Person at risk and Public Referrals

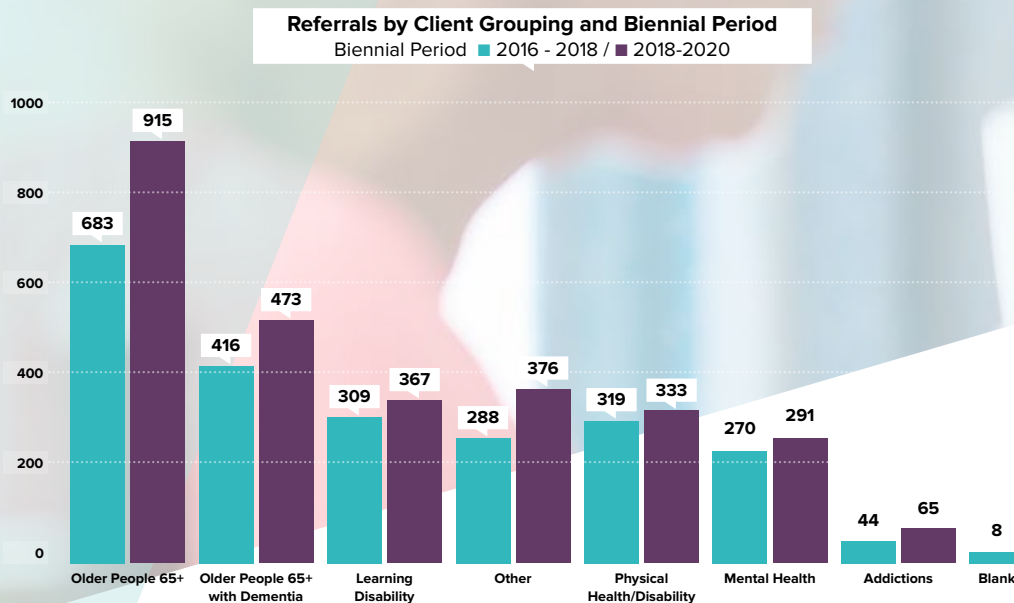


Figure 2.5 Category of Adult at Risk of Harm

The number of incidents of harm in a care home setting rose from **527** in 2016-2018 to **671** in 2018-2020. Between these two periods the incidence of harm in a care home increased by **21%**. A detailed analysis of these figures has concluded that the majority of incidents relate to harm between care home residents that were at the low end of severity and did not relate to harm from staff members or other third parties.

2.6 Type of Harm

In this reporting period the main risk factors for adults is physical harm which amounts to **36.2% (1024)** of the referrals compared with **651** the previous reporting period with financial harm being the second highest reported category (**439**) and then psychological harm (**311**).

Self-neglect and neglect increased by **24.3%** and **11.1%** respectively compared to 2016-2018 whilst 'other' decreased by **70% (93)** as the specific criteria required for this category of harm was re-emphasised. Self-neglect and hoarding training led to the increase in self-neglect referrals as council officers and key partners learned to navigate the tension between human rights and duty of care.

2.6 Gender split.

The gender split has not differed significantly over the last two biennial periods with slightly more females than males being the subject of ASP referrals; in 2016-2018 women accounted for **52.4%** of referrals and **53.7%** in 2018-2020. While both men and women may experience incidents of violence and exploitation and become victims of human trafficking, women tend to experience more domestic abuse requiring adult support and protection intervention.

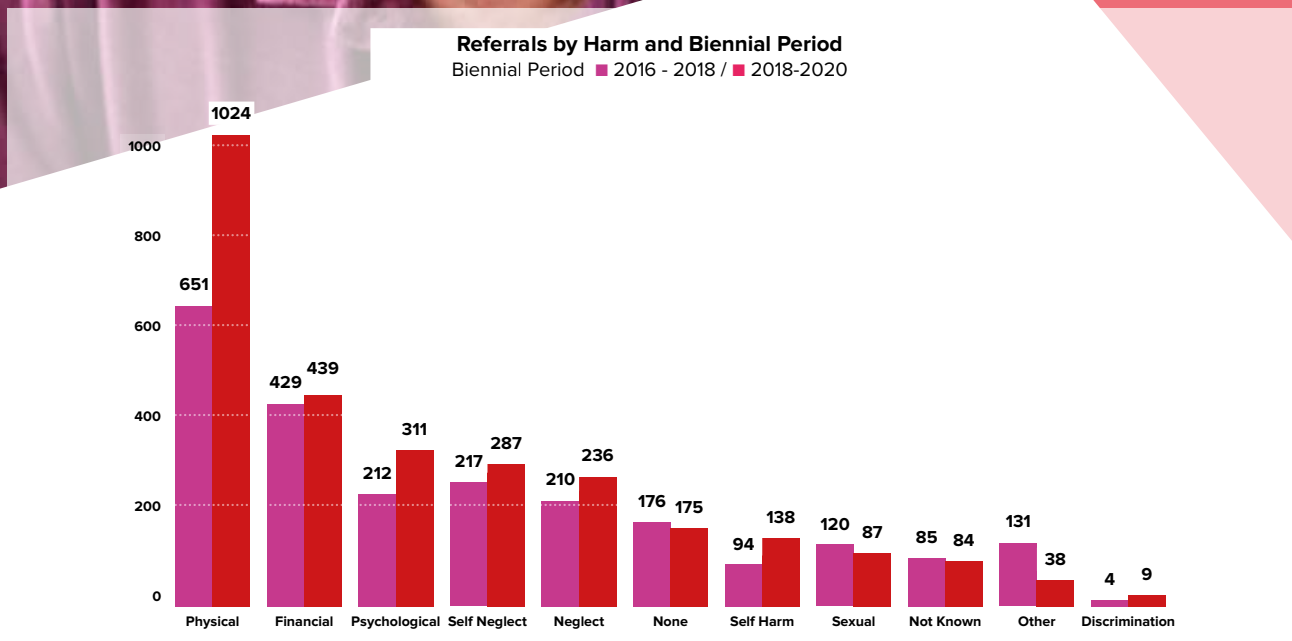


Figure 2.6 Type of Harm

2.7 Outcomes

2.7.1 During this reporting period the most prevailing outcome fell under the heading 'No Further Action' (NFA). Of the **2828** referrals received, **52.75% (1492)** of referrals required no further action under adult support and protection arrangements for one of the following reasons: concerns/risks were not evidenced or substantiated; advice or information was deemed to be sufficient; adequate services are in place or the person was already subject to an adult protection investigation.

2.7.2 A further **12.97% (367)** of cases resulted in further action out with the ASP process which could for example be a package of care or support being put in place from an appropriate team or service. Of the total referrals received, **31.71%** met the three-point test and proceeded under Adult Support and Protection legislation.

Also, **2.54% (72)** of referrals received required no further action under ASP but further intervention from another service or team.

2.7.3 During the reporting period, **661** ASP investigations (**23.4% of total referrals**) were completed compared to **647 (27.8%)** in 2016-2018. This percentage decrease can be explained by a process change where we moved to a screening stage and formal investigation only if the adult meets or is likely to meet the ASP three-point test. The largest number of investigations per client group was for the **Older People (65+)** category. In the previous reporting period **31.2% (202)** accounted for more than a third of investigations but this increased to **33.3% (220)** in 2018-20. There are clearly Older People-specific risk factors that account for this but they are also, in absolute terms, the biggest client group with whom we work.

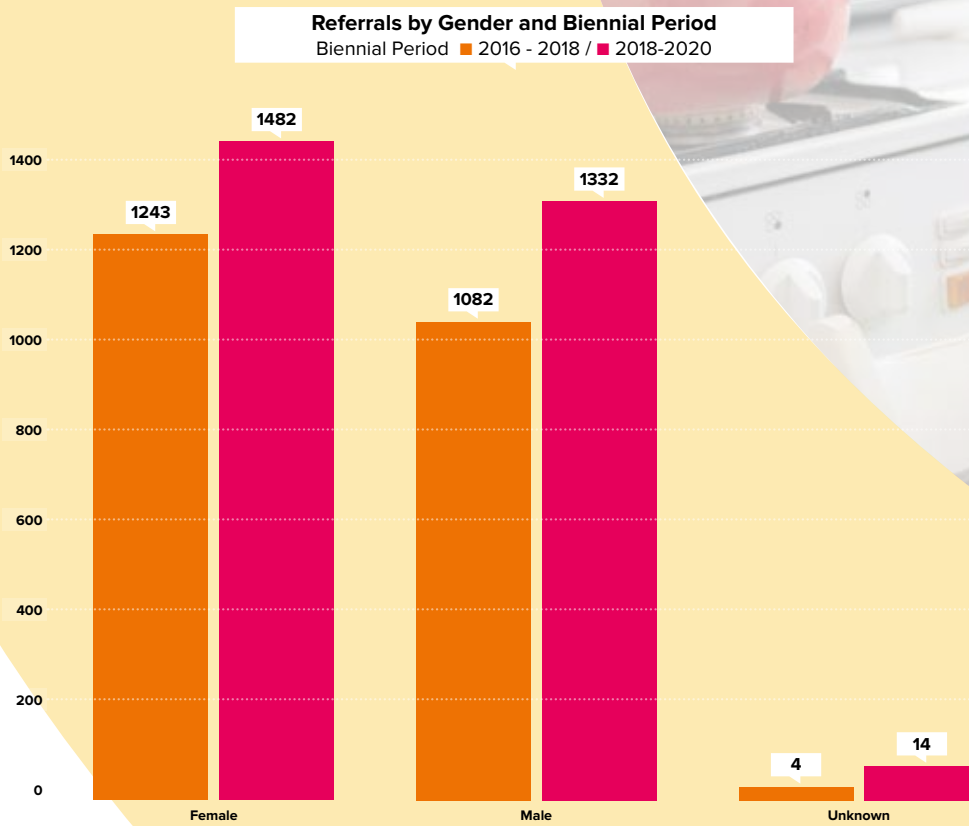
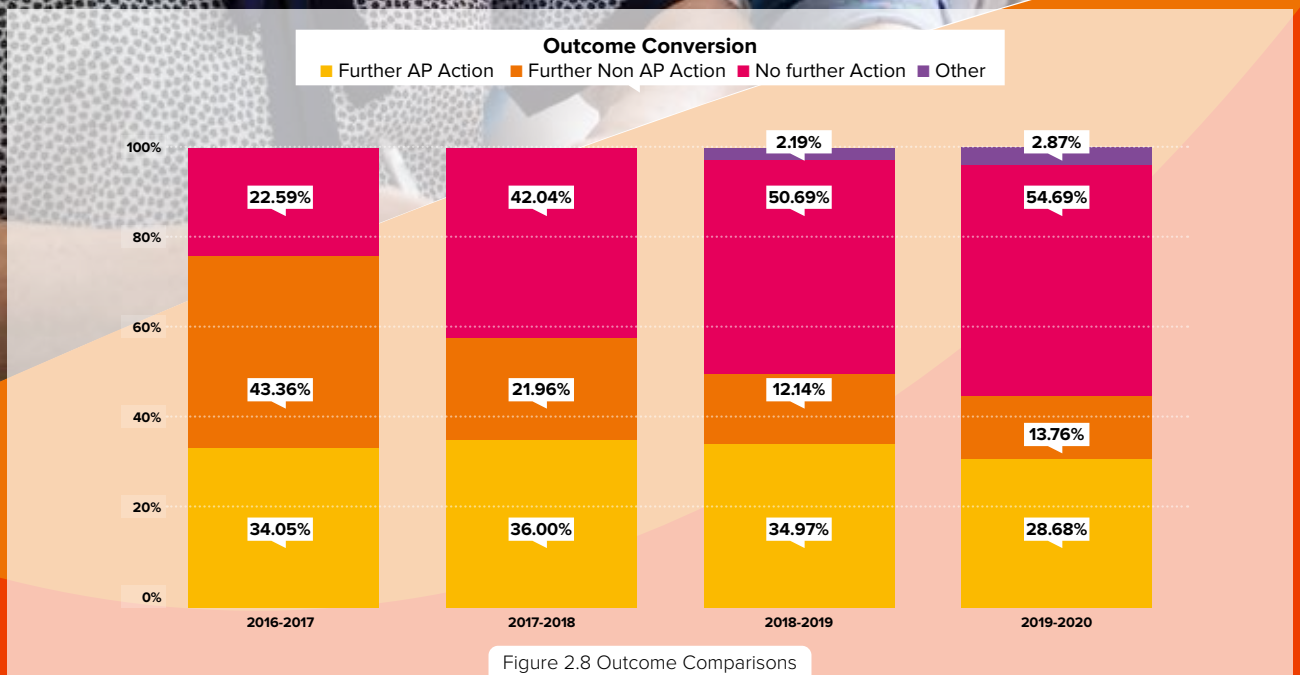


Figure 2.7 Gender Split

Similarly, for the learning disability client group there was a **42% (37)** increase in investigations from the last reporting period.

Investigations for the mental health category shows a different picture with the amount of investigations having reduced by **29% (32)**; further analysis is required to help us understand the possible reasons for this significant reduction.

2.7.4 There were a total of **74** Case Conferences over this biennial reporting period compared to **44** in 2016-2018. This could be reflective of the development of staff skill and confidence in this area identifying earlier that an adult's safety and well-being is being compromised and that key partners who are adult protection professionals have a responsibility to contribute to the most appropriate outcome. It is important that the subject of the case conference is encouraged to participate. If this is not possible their views will be sought and represented at the meetings.



Where there is any delay in arranging a Case Conference, a protection plan will be drawn up so appropriate and timely measures can be put in place. Council Officers continue to maintain regular contact with existing ASP clients and biweekly reports can be sent to the Unit by individual team members to centralise concerns with adult engagement or protection activities and support the Council Officer to manage any safeguarding risks.

2.7.5 The screening process is at the heart of adult support and protection with regards to the three-point test and whether an adult at risk requires to become part of the ASP process. The majority of referrals are screened within timescales although there has been an increase in the number and percentage which are not. 420 (17.4%) for this reporting period compared with 217 (10.3%) previously.

Our aim will always be for as much screening to be done as possible within the stipulated timescales however we also acknowledge that some cases are so complex that they will always require more time to work their way through the procedural sequence.

Investigations by Biennial Period
 Biennial Period ■ 2016 - 2018 / ■ 2018-2020

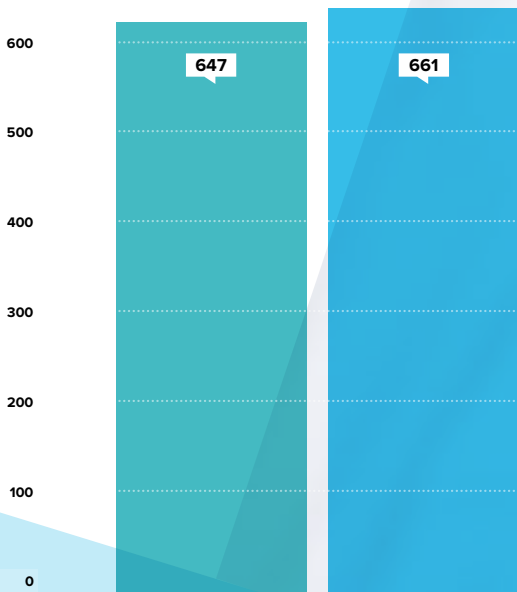


Figure 2.9 Investigations by Biennial Period

The APU maintains a report for referrals that are overdue and the reasons for this which include convening an Initial Referral Discussion (IRD) or arranging a Professionals Meeting but any immediate action taken to safeguard the adult would also be discussed to mitigate any risk.

2.8 Large Scale Investigations

Over the course of the reporting period there have been 6 Large-Scale Investigations (LSIs). These occur in circumstances where there are multiple adults at risk, normally in a managed care setting. The main concerns in all 6 LSIs revolved around lack of basic care and communication. As per the Grampian Protocol for large scale investigations, we adopted a multi-agency partnership response to concerns around the safety of residents in care homes and home care settings. In relation to LSIs the Adult Protection Unit delivered additional training to all care establishments and independent providers who were under large scale investigation tailored to meet the needs of the individual providers or as part of other identified training requirements.

Investigations by Client Group and Biennial Period

Biennial Period ■ 2016 - 2018 / ■ 2018-2020

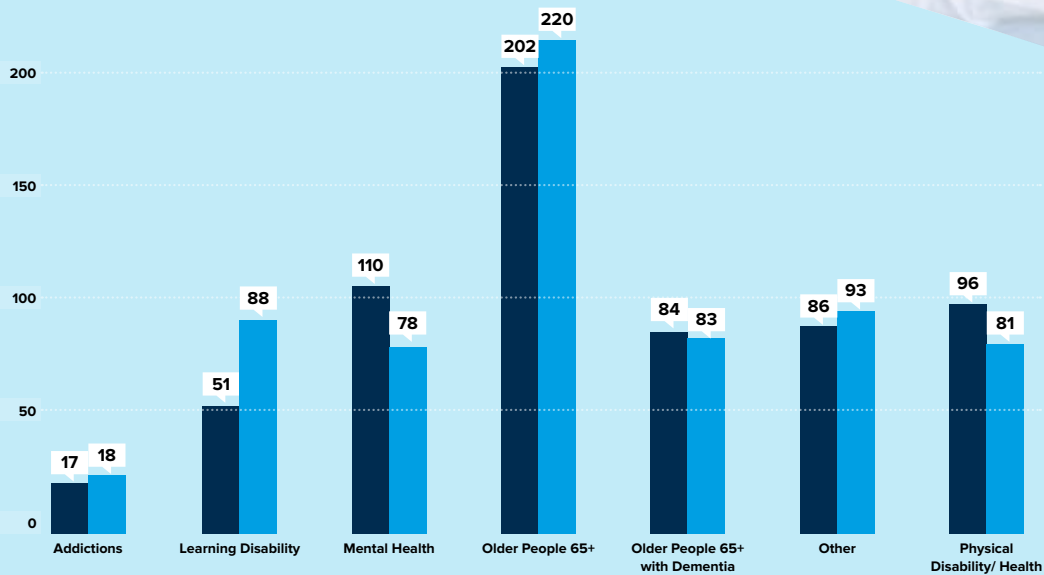
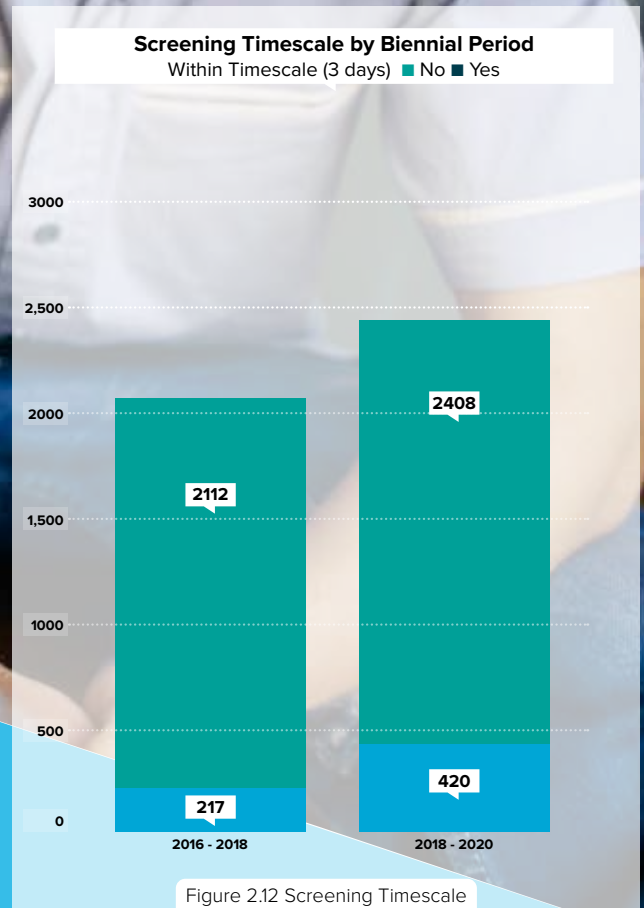
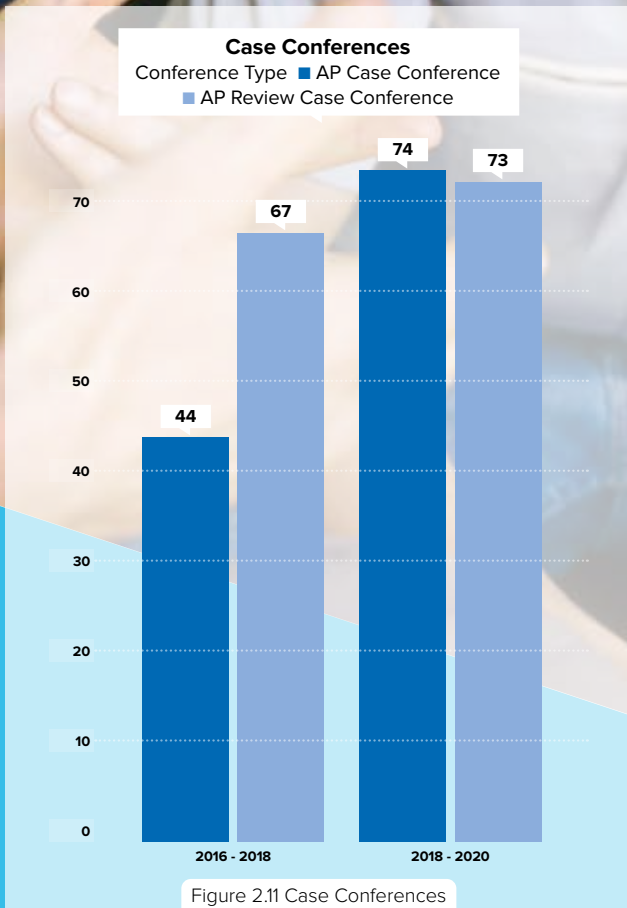


Figure 2.10 Investigations by Client Group and Biennial Period



Section 3.

Legal Requirements

Section 3 Legal Requirements

The Adult Support and Protection (Scotland) Act 2007 seeks to protect adults at risk of being harmed by requiring key partner agencies and other stakeholders to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

The Adult Protection Committee has a strong awareness of its statutory role and responsibilities and is committed to fulfilling these as effectively as possible in the best interests of adults who are at risk of harm and our wider communities. The Aberdeen City Executive Group for Public Protection provides additional support, leadership and oversight to these critical activities.

3.1 Protection of adults at risk

Empowering individuals is fundamental to the support and protection of adults at risk of harm however we acknowledge that we can often operate in a risk-averse environment where the desirability of empowering others has sometimes to be balanced against the necessity of reducing the risk of harm.

3.1.1 The APC's Risk Register is a means of providing assurance that in a complex, multi-agency system, the risk of harm to adults is being appropriately assessed with control measures in place to mitigate risks. As such, this document is discussed and updated at every APC meeting and also submitted to the Executive Group for Public Protection

It is important that the risk register is recognised as a comprehensive and effective tool for managing both emerging and established risks and that appropriate mitigations and the impact of these are accurately and consistently recorded. Our primary aim is to prevent harm happening to adults in the first place by enabling more widespread awareness of adult protection matters across services, sectors and communities. Where an adult is at risk of harm or is being harmed, our aim is to facilitate as early an intervention as possible in order to safeguard the adult from potential or further harm.

The risk register is a key underpinning document of the recently refreshed Adult Protection Improvement Programme whereby those risk entries whose mitigations have been identified as not successful or only partially successful have been reframed to form key objectives for the APC and its partners to take forward.

3.1.2 The Grampian Inter-agency Policy and Procedures for the support and protection of adults at risk is the primary ASP reference document for all statutory, third and independent sector organisations across the Grampian area and is reviewed every three years. It is an important framework for recognising and responding to situations where adults may be at risk of harm as it is crucial that all key adult support and protection processes and procedures are sufficiently clear and robust with well-defined timescales for all relevant stages. The planned review of this policy and accompanying procedures was suspended due to the Covid-19 pandemic and will resume in November 2020.

3.1.3 During this reporting period the Grampian Working Group used the Care Inspectorate's 'Practice Guide to Chronologies' to reflect on how well chronologies were being used by local practitioners and managers to inform the assessment and management of risk.

We identified a need to improve the production of chronologies as workers tended to view this task as an administrative burden. The Adult Protection Unit (APU) delivered chronology training for one hundred and thirty-two Council Officers to help them understand the significance of an adult's past events and how to derive appropriate linkage and learning from this. There are plans to arrange further training for fifty more practitioners before rolling out the programme across the whole of adult social work services.


It is inevitable that some adults will be identified as being exposed to a greater degree of risk than others and while our risk assessment process allows for the appropriate identification of risk exposure, the actions taken to respond to or greatly reduce high profile risks have not always been evident. A new risk matrix which more easily demonstrates that significant risk of harm has been reduced has been introduced across Grampian.

3.1.4 The Herbert Protocol is a national scheme for adults who go missing from their home and it was rolled out across the North East of Scotland by Police Scotland and other key partners such as NHS Grampian, Aberdeen Health and Social Care Partnership, Alzheimer Scotland and Voluntary Services Aberdeen in 2018. Over this reporting period the protocol was extended to include all vulnerable adults who are cared for by the local authority (e.g. residential care home or supported accommodation).

Our shared approach to missing persons seeks to ensure that all those responsible for the care of people who are at risk of going missing have put in place adequate care planning to mitigate this possibility. If however someone does go missing, to ensure that timely and necessary conversations take place thereafter and that appropriate supports are then accessed as and when needed. It also shows carers and staff what information is expected from them when they contact the police.

3.1.5 'Cuckooing' is described as taking over a person's home by using threats or actual violence towards the occupants in order to undertake criminal activities. Our safeguarding initiatives in response to this have included a series of joint visits involving colleagues from Police Scotland, Housing or Duty Social Work to individuals who, through local intelligence, have been identified as being subjected to cuckooing. The purpose of the visit is to offer advice and support to the individual to help them get out of the situation they have found themselves in and to try and protect and maintain their tenancy by referral to appropriate services.

The APU has worked in partnership with police colleagues to identify and safeguard vulnerable individuals and raise awareness of the harm that cuckooing can do. It is referenced within our multi-agency training and police colleagues have also delivered 'County Line' presentations to Duty Social Work staff and Council Officers. Increasing awareness of criminal exploitation has on occasion led to other serious crimes being discovered during ASP investigations, such as Human Trafficking.



3.1.6 As indicated earlier, the first two months of the Covid-19 pandemic overlaps with the end of this reporting period. National Guidance was received from the Scottish Government which emphasised that the principles of safeguarding remained the same but that our local processes and practices were to be revised to ensure that notwithstanding the impact of the pandemic, our interventions remained responsive and appropriate. Significant work was also undertaken to review all Protection Plans in light of the anticipated impact of lockdown restrictions which had the potential to create new situations and circumstances for adults at risk and their ability to safeguard their wellbeing or other interests. Key partners such as Police Scotland and NHS Grampian also adjusted their working processes and resource priorities to ensure Adult Support and Protection activity continued to be delivered effectively.

3.2 Details of support provided(advocacy)
During this reporting period, Advocacy Services Aberdeen (ASA) supported fifty-three adults in relation to adult support and protection matters, a decrease of twelve (18.46%) from the 2016-18 period. This most recent total consisted of twenty-three people with a learning disability, fourteen people with a mental health related issue, thirteen older adults and three carers.

On a limited number of occasions ASA have also provided support to those who were the alleged perpetrators of abuse. In these cases, it is generally to provide advice and support to a family member of an alleged victim to help them engage productively with the adult support and protection process and to understand why their behaviours caused concerns of harm and the action that is being taken.

ASA have also provided independent advocacy support to a group of older adults living in a nursing establishment following a large-scale inquiry. The work undertaken here 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 a LSI framework is an area of good practice that the Adult Protection Committee is keen to learn from and encourage going forward.

Service user feedback and involvement was highlighted as an area for improvement in the previous reporting period. We acknowledge that involving advocacy services at the beginning of the adult support and protection process is key to helping people understand their rights, express their views and wishes and be able to make more informed choices. ASA (as a key member of the APC) have designed a leaflet and booklet outlining how they can support people, what their ASP rights are and some general information on the process itself.

ASA in partnership with the APU are taking steps to effectively communicate this information to enable us to understand better the adult's experience at each touch point in the process.

3.3 Use of protection orders

No protection orders were granted during this past reporting period compared to one that was granted to ban acquaintances from visiting a home to financially exploit an adult between 2016-2018.

Our practitioners are very mindful of the 'least restrictive' principle that underpins our professional decision-making and have been working directly with adults, their families and carers to support them to understand and manage their own risk profile. This includes undertaking assessments, planning care and support and facilitating access to a wide range of practical and emotional supports such as independent advocacy and advice and services from other agencies. This model of intervention seeks to build upon the individual's existing resources and networks and in doing so, possibly reduce the need for statutory involvement without increasing risk to the individual no matter what their background and health status, including individuals who may lack mental capacity.

3.4 Public information

In recent years we have tried to raise awareness of adult support and protection matters in a variety of different ways and formats. It has been difficult to gauge impact of these initiatives as they have generally focused on raising awareness and do not necessarily result in an increase in the number of referrals subsequently received.

We recognise that developing an adult support and protection-specific communications strategy would help us promote the importance and relevance of adult support and protection to our local citizens and communities. A co-ordinated approach will enable us to promote key messages and campaigns and to promote everyone's right to be safe from all types of harm. We will prioritise this for reporting period 2020-22.

3.5 Communication and cooperation between agencies

We are confident that all key partner agencies understand the importance of sharing safeguarding information and the potential risks associated with not sharing it in a timely and effective manner. The APC and its constituent sub-groups provide different mechanisms and opportunities for different agencies to contribute to the protection of adults at risk of harm in the city. This has arguably resulted in a better understanding of vulnerability and how best to identify those most in need of our support and then provide effective, co-ordinated interventions to support and protect those individuals.

3.5.1 Our Initial/Significant Case Reviews (ICR/SCR) protocol is a key tool for satisfying the APC's statutory duties in respect of reviewing procedures, evaluating co-operation between agencies, undertaking quality assurance of practice and improving skills and knowledge.

During this reporting period, the Adult Protection Operational Sub-Group has been involved in an ICR where significant concerns were raised in respect of an individual's long-standing non-engagement and self-neglect despite the adult being well known at the time to several services. The ICR highlighted that the agencies involved in this case seemed to work in isolation to one another and that there was seemingly no consideration given to undertaking a multi-agency risk assessment or facilitating a professionals meeting to discuss what could and should be done. It was recognised that a better co-ordinated response was needed including a multi-agency risk management meeting and a key professional being identified to take the lead in engaging with the adult and providing on-going monitoring of the situation.

As a consequence of this case, a multi-agency joint procedure for people who are difficult to engage with and subject to serious self-neglect has been drafted and includes clear guidance on self-neglect pathways and relevant assessment tools, a comprehensive risk appraisal, collective ownership of cases, professional meetings and a change of staff culture around self-neglect and capacity. This guidance does not accept self-neglect as a 'lifestyle' choice even if the adult has mental capacity and does not meet the 3-point test.

Council Officers and other key partners have been referring to this draft protocol and working with the APU to ensure that the presence of mental capacity is not used as a justification for any inaction on our part. Awareness raising amongst key partners and others of this challenging area of practice has led to their commitment to working collectively to review the 'big picture' and determine the most favourable co-ordinated approach for achieving engagement with the adult and achieving the best outcome or solution. An easy to use infographic was developed in partnership to sit within the guidance and a plan is in place for this document to be submitted to the next APC for approval.

In addition, an event was held at the Beach Ballroom in relation to a Significant Case Review commissioned by the Glasgow Adult Protection Committee relating to the non-accidental death of an older adult caused by her son. The overarching intention was for frontline staff, key public protection partners and wider stakeholders to be able to reflect on our own local adult support and protection practice by considering the circumstances that led to this adult's death. Key learning points and recommendations were incorporated into the APC's Action Plan and also used as a training tool for advocacy workers within the city.

3.5.2 The Grampian Financial Harm group is a subgroup of the Grampian Adult Protection Working Group whose purpose is raising awareness of financial harm in its different forms; undertaking initiatives to reduce financial harm, and raising awareness of support available for people who are at risk of financial harm. During this reporting period, the group has undertaken the following actions:

- National Campaigns - members continue to take an active part in annual multi-agency initiatives such as Scams Awareness Month and Shut out Scammers.
- Training - financial harm awareness is included in all adult support and protection training and, for older people, 'Keeping Yourself Safe from Harm' training has been undertaken in sheltered housing complexes. Group members also took part in an awareness raising event organised by GREC (Grampian Regional Equality Council) for the over 65s on scams and how to avoid them. A financial harm training package has been developed in such a way that it can be used by different partners to raise their staff's awareness; this training can be undertaken face-to-face or virtually
- Financial Agencies - a meeting occurred with staff from various financial organisations to increase their awareness of adult support and protection and explore ways in which financial exploitation can be reduced.

- Self-assessment - it was felt that the group was beginning to lack impetus and so a self-evaluation was undertaken to identify which partners needed to be involved in the group, what its priorities for the next two years should be and how the momentum of the group's discussions and activities could be maintained over this period.

In addition, Police Scotland continue to raise awareness about door-step scams and frontline staff are briefed in relation to the financial support that is available to reduce the impact of financial poverty and how to direct an individual to this assistance if they have been scammed. These community safety initiatives along with community safety awareness training to all partners, which includes dementia, suicide, financial harm, domestic violence as well as other home safety areas have greatly assisted in our joint approach to protecting those most vulnerable in our communities.

The Financial Harm group are mindful of the different ways that fraud and financial harm can be perpetrated and amends its awareness raising message to suit this. We will continue to work with our individual organisations, third sector organisations and as a team to raise awareness of financial harm and try to understand some of the reasons why some methods of awareness raising do not seem to be as effective as we would wish them to be. We will continue to seek out opportunities to engage with the public in the effort to reduce all instances of financial harm.

- 3.5.3** The Grampian Capacity Assessment Multi-Agency Working Group was convened to develop a pathway for supporting practitioners who require capacity assessments to be undertaken. Membership included NHS Grampian Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, MHOs and representatives from Adult Protection services in each of the three Local Authority areas in Grampian.

To support and strengthen an effective multi-agency response to requests for capacity assessments, the below documents were developed and issued as "working drafts" for use by all practitioners:

- Grampian Assessment for Capacity Referral Form
- Grampian Capacity Assessment Decision-Specific Screening Tool (requires to be provided with completed referral form)
- Grampian Capacity Assessment Pathway

The Decision-Specific Screening Tool provides a set of questions that allows social care professionals to carefully consider whether a capacity assessment is required and to then provide clear information and clarity on the referral from those making a request for capacity assessment under the Adults with Incapacity (Scotland) Act 2000 (AWI). This work has empowered practitioners to take on this responsibility and develop their critical thinking skills and has also contributed to reduced delays in getting capacity assessments and therefore better outcomes for the adult.



It was anticipated the tools would be evaluated in early 2020 however the Covid-19 pandemic has led to this work being postponed until a later date. In the interim, informal feedback from practitioners suggests that the documents have improved assessment of capacity. There is a commitment that the tools will be evaluated imminently and finalised.

The introduction of a decision-specific assessment tool and referral pathway has had positive implications for our local AWI procedures. Partnership staff were aware for some time that local policies and procedures for working with people who may lack capacity had been developed over a period of time and had typically led to rather piecemeal interventions. During this reporting period we started to revise and refresh the different elements of our operational procedures relating to incapacity and planned to incorporate them into one coherent procedure that covered all relevant AWI professional practice. However, the pandemic affected the completion of this task which remains a priority commitment as our practice in this respect would be noticeably more co-ordinated and effective as a result.

3.5.4 Police Scotland recently reviewed its procedures in relation to the sharing of information at Case Conferences and this prompted a wider review of processes within the Aberdeen North East Division. To ensure consistent standards in the sharing of information about vulnerable adults from the national Vulnerable Adults Database, the APU in partnership with Police Scotland circulated guidance to all Council Officers and practitioners who may have cause to handle Police information associated with Case Conferences.

This has proven to be a timely review given the current arrangements for remote/electronic participation in Case Conferences and serves as a good opportunity to refresh awareness around the sharing and appropriate disposal of Police information.

Police Scotland also launched information for Adult Survivors of Childhood Abuse which we promoted among our networks (e.g. Scottish Child Abuse Inquiry). The animated film helped to raise awareness amongst adult survivors of how to report childhood abuse to police, the criminal justice process, and the existence of survivor support services. The animation complements an existing information leaflet for adult survivors of childhood abuse and information on Police Scotland's website, all of which aim to provide survivors with information to enable them to make an informed choice about whether or not they wish to report such abuse to police, whilst at the same time ensuring that they are signposted to relevant support services.

More than 80% of calls attended by Police do not result in a crime being recorded and vulnerability, mental ill-health and substance misuse issues continue to impact on the wellbeing of individuals and communities. With the world in which we live rapidly changing, it is recognised that policing must respond to the needs of the community.

North East Division has a Local Policing model, placing officers in the heart of communities where they are best placed to protect people. These local officers are supported by:

- The North East Division Public Protection Unit which contains a pool of officers skilled in investigating all aspects of public protection.

- ▶ The Risk and Concern Hub which is responsible for the triage, research and assessment of all concern reports submitted by police officers and staff in relation to children, vulnerable adults, youth offending and domestic abuse; and
- ▶ The Partnership Coordination Unit which contains a dedicated member of staff who deals solely with Adult Protection matters across the Division, and other staff specialising in case conference attendance among other matters.

A Detective Inspector from the Public Protection Unit has portfolio responsibility for Adult Protection, which compliments other portfolio leads for interconnecting issues, namely Child Protection, Domestic Offending, Serious Sexual Crime and Human Trafficking. The Detective Chief Inspector for Public Protection oversees all such portfolios in Aberdeen City Local Authority area. North East Division Public Protection structures are constantly under review to ensure demand is met, with a formal annual review each year to ensure the structures continue to meet the changing needs of the community.

- 3.5.5** NHS Grampian identified a need to strengthen the specialist Public Protection advice available to support the organisation and to ensure that its staff responded appropriately and effectively to the relevant legislative requirements. An Adult Public Protection Advisor was appointed in December 2019 and an Adult Public Protection Lead post was to be advertised in March 2020 however due to Covid-19 this was delayed to Summer 2020. This post is now also filled, and the successful candidate commenced employment in October 2020.

This enhanced Public Protection team will be able to provide additional support to NHS Grampian and its multi-agency partners across all adult Public Protection strands and provide assurance to appropriate oversight bodies that NHS Grampian is fulfilling its statutory duties.

- 3.5.6** The local introduction of wider home safety visits by the Scottish Fire and Rescue Service (SFRS) has resulted in Community Care service users being offered free home safety visits. Over this reporting period social work made 57 referrals to SFRS and the visits delivered has resulted in more effective engagement as well as providing more timely information sharing, including the most vulnerable who make repeated callouts and those who have an inability to cope alone at home. Having a better understanding of each other's roles and responsibilities has strengthened our partnership working and equipped our key partners to signpost individuals to other support organisations to improve the safety and wellbeing of individuals within the community.

SFRS was also involved in a national initiative supported by the Aberdeen City Community Action Team that involved a transforming approach to fire safety knowledge and awareness by providing information and publications to help protect vulnerable people from house fires in Aberdeen. This included a bedtime fire safety checklist, a Carers Guide for looking after someone who could be vulnerable from fire and a fire safety assessment personal plan used to prepare an emergency plan to set out what to do in case of fire and care providers can use this as part of the adult's care and support plan to generate a referral to the SFRS for a home safety visit.

3.5.7 We are aware that the Aberdeenshire section of the *Joint Inspection of Adult Support and Protection (2018)* report highlighted issues regarding attendance of Police and Health colleagues at Adult Protection Case Conferences. An audit of case conference attendances was undertaken (Table 1) to see whether there were similar issues evident in Aberdeen. The results showed that for those case conferences that they were invited to, Police Scotland attended all but one and for that single instance, provided a report in lieu of their attendance. For the eleven case conferences that health professionals were invited to, all but three were attended although a report was submitted in lieu of one of those non-attendances. GPs were invited to twelve case conferences but were not able to attend any; a report was instead provided for all but three of these meetings. In person attendance at case conferences is a crucial responsibility of our professional colleagues and work continues as to how best facilitate these discussions in the best interests of the case conference subject, the adult who is being harmed.

	Attended	Reports Provided when Not Attended	Apologies
Police (invited to 8/15 case conferences)	7 (87.5%)	1 (12.5%)	0 (0%)
Health Professionals (invited to 11/15 case conferences)	8 (73%)	1 (9%)	2 (18%)
GPs (invited to 12/15 case conferences)	0 (0%)	9 (75%)	3 (25%)

Table 3.1 Case Conference Audit

3.6 Workforce

The Adult Protection Unit facilitates and supports all ASP operational activity. It consists of one Co-ordinator responsible for providing professional advice on ASP matters to senior management and frontline operational teams across all partner agencies, a Trainer who is responsible for training fieldwork teams and delivering some wider partner training and two administrators who are responsible for logging all ASP reports, maintaining training records and supporting the organisation and minuting of Case Conferences by social work fieldwork teams.

All social work fieldwork teams with the exception of criminal justice service undertake ASP operational work which is allocated according to the presenting vulnerability, illness, and/or medical condition of the potential adult at risk. This means for example, that if a report identifies functional mental health concerns as the major vulnerability for the adult, then the adult mental health social work team would lead on operational ASP activity. The same principle applies for adults with substance misuse issues, learning disabilities, older adults and so on. The intention is that the operational ASP work ‘flows’ to the team with the best knowledge and professional network related to the adult at risk’s needs.

The increased number and complexity of concern reports has led to an emerging view that the APU needs to be more fully resourced and supported. To this end we are currently reviewing the role of the Adult Protection Co-ordinator while at the same time developing a new strategic support role to improve the data analysis, reporting and assurance in respect of our adult support and protection activities.

3.7 Progress with training

The Grampian Learning and Development group is a subgroup of the Grampian Adult Protection Working Group. The role of the group is to support multi-agency trainers across the partnership to allow consistent responses to ASP concerns and also:

- ▶ To provide a strategic framework, common understanding and collective approach to inter-agency Adult Support and Protection Learning and Development.
- ▶ To develop a competent and confident workforce by the provision of inter-agency Adult Support and Protection Learning and Development opportunities. This is to complement existing single agency adult protection training provisions.
- ▶ To provide good quality, evidence-based, inter-agency Adult Support and Protection Learning & Development opportunities which are robust, fit for purpose, highly evaluated and regularly quality assured.
- ▶ To ensure that all workers have the necessary core competences, key knowledge, skills and values to deliver a consistently high standard of support to adults.

Membership comprises primarily training officers and adult support and protection leads from partner agencies. The group produces an annual action plan and our local training officer contributes to the Committees six monthly reports.

In order 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. The multi-agency training provided by this colleague is a key opportunity for staff across our partner agencies to access and improve their knowledge and practice in respect of adult support and protection.

3.7.1 Key Learning and Development Group achievements during the reporting period include:

- ▶ A significant level of core and bespoke training has occurred during the reporting period. Evaluation of training packages are now being held between 1-3 months after the training event so that the impact on practice can be seen.
- ▶ Multi-agency GP events have been held focusing on learning from local and national case reviews, decision specific capacity tools and non-engagement of potential adults at risk of harm.
- ▶ Robert Gordon University held an annual Inter-Professional Learning Event with two hundred undergraduate social work, midwifery and mental health nursing staff attending 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.

- ▶ Previously a training package had been developed and delivered to people who require communication support (e.g. people with a learning disability) about how to keep themselves safe from harm. At the request of some service users from a sheltered housing establishment, a new pack has been developed with a focus on older people. The service users also co-produced the training package.
- ▶ Bespoke multi-agency training occurred on Hoarding/Self-neglect and Older People affected by Domestic Abuse.
- ▶ Training for trainers sessions were delivered across Grampian to Scottish Fire and Rescue Service staff who rolled out the training across the area which resulted in an increase and improvement in the quality of information contained in referrals.
- ▶ Updated Learning and Development Terms of Reference and Strategic Framework documents were approved by the APC.

3.7.2 The priorities for the Learning and development Group over the next two years include:

- ▶ Roll out of financial harm awareness training
- ▶ Development of training in relation to Initial, Multi Agency and Significant Case Reviews
- ▶ Learning and Development provision arising out of the policy review
- ▶ Development of GP level 3 training in line with the Royal College learning outcomes.
- ▶ A new refreshed and updated online training programme on public protection for all NHS Grampian staff.

3.8 Service user engagement

Engagement of service users can be problematic due to cognitive and communication difficulties. Also people have advised that they did not want to revisit the experience. Nevertheless, the APC continues to work with Advocacy Services Aberdeen (ASA) to increase and improve its engagement practices with service users and carers.

It has previously been the case that people who are going through an adult support and protection intervention were asked if they would be willing to give us feedback on this experience later. The intention has been for people to be subsequently contacted by a colleague from ASA or the health and social care partnership however there have been issues in that there can be a delay between people agreeing to give feedback and being contacted; people aren't aware that they have had ASP input, or they can't separate it from other support they have received or they don't want to revisit the experience. As a result, since 2017 of the 53 people who agreed to be contacted to give their feedback, only 11 people have actually been interviewed.

One interview that did take place 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. It has also been suggested that feedback of someone's personal experience should be an integral element of the conversations that ASA and others are having with that individual during the ASP process and whilst advocacy support is in place. This offers the advantage of the person hopefully feeling more at ease over a number of conversations rather than a one-off contact at the end of the process. The ASP Operational Group have fully supported the implementation of this model although the pandemic has prevented it from being fully realised.

Section 4.

Outcomes, Strengths and Challenges

4.1 Outcomes

4.1.1 We see the importance of evidencing the outcomes that have been achieved for the individuals with whom we work. Adult support and protection is complex and challenging but we must be able to show the positive outcomes for individuals who have been harmed or are at risks of harm.

4.1.2 During this reporting period we developed a wider overarching Quality Assurance (QA) framework that involves the sampling and reading of ASP casework where adults at risk have progressed to the investigation stage and beyond. The framework focuses on those positive outcomes that have been achieved with and for the person as well as procedural adherence within timescales by the practitioners. Random sampling of the QA outcomes by the APU provides 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.

The QA Checklist is based on quality indicators from the Care Inspectorate. Our 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.

4.1.2 In January 2020, local authorities were given a statutory duty to support vulnerable people who are being interviewed by the Police. Previously, appropriate adult provision was delivered by social workers on a voluntary basis but resourcing this proved challenging. To allow scoping of the new duties and to have a clearer picture on overall demand we managed the service 'in-house' with our Duty Social Work team responding to requests from police during working hours and for out of hours at all other times.

Since establishing this service, we have created a co-ordinator role to support the wider development of the appropriate adult service and its training requirements. We have provided training to eighteen people taking on the new role of an appropriate adult and have supported ninety-five vulnerable adults being detained or interviewed by the police. We are now developing our 'appropriate adult' guidance and working towards an 'appropriate adult' quality assurance process to ensure high quality support and service delivery at all times.

4.1.3 The recognised benefits of multi-agency collaborative working have facilitated our ongoing engagement with our local care homes and care providers and enabled a more robust approach to early risk identification, assessment and mitigation and the co-ordinated implementation of improvement plans. We continue to promote a culture of awareness at provider forums and offer clarity on when adult protection procedures should be applied.

A rolling programme of assurance visits to care homes which will prioritise the safety and welfare of residents and a plan to review the Thresholds Document which provides additional guidance locally for supporting the consistent application of the definition of an adult at risk across all care establishments is in place.

4.1.4 The partnership is committed to fulfilling its responsibilities and help improve community safety outcomes. Key partners from the Community Safety Hub meet virtually on weekdays to discuss community safety issues and by operating as a single team, problems are tackled and dealt with more quickly specifically in response to addressing anti-social behaviour.

We have also improved our response in respect of vulnerable adults who are known or suspected to be targeted or exploited by others. Police Scotland reported a number of recent incidents in the city where vulnerable people appeared to have been targeted. The APU asked practitioners to be mindful of risks and signs of potential abuse so that preventative measures could be considered, and appropriate action taken undertaken. During lockdown, it was highlighted that those at greater risk of being exploited are the more vulnerable and with a rise in crimes relating to this group of people, everyone was asked to increase their vigilance and report any concerns quickly and appropriately.

4.2 Strengths

4.2.1 The APC, partner agencies and other appropriate governance bodies can be assured by the strengths of our adult support and protection activities, initiatives and interventions. The scale and complexity of adult protection activities across the city can sometimes make us take for granted the capability, dedication and resilience of our many colleagues across all of the partner agencies who are endeavouring to make Aberdeen a safer city for us all but especially for those who are at most risk of harm.

4.2.2 We strongly believe that there is a positive teamwork ethos evident within the sphere of adult support and protection in Aberdeen City.

Working together across key services and organisations provides us with opportunities to share information, knowledge and expertise as well as physical resources. For example, promoting safeguarding systems where we recognise that partners across housing and the third sector are a vital component in identifying not just where someone lives but in identifying the links between housing-related matters and social justice. Our use of problem-based case studies and learning have reduced practice knowledge gaps and resulted in better equipped practitioners producing better practice to the benefit of individuals with housing-related needs.

We have been successful in employing a range of collaborative activities across key partners and organisations such as inter-agency learning events at Robert Gordon University and GP events to widen our views and understanding regarding the different roles and responsibilities associated with adult support and protection and the kinds of challenges typically encountered by others. Effectively clarifying and confirming professional roles has helped aid understanding across the different professions and has led to less resistance to improving the quality of practices and services.

4.2.3 Our commitment to protect those individuals who are at risk of harm or who are being harmed has been a key motivating factor in the development and implementation of many meaningful and substantive activities and initiatives across the APC, its partner agencies and its constituent sub-groups. We are committed to fulfilling expectations and delivering better outcomes for the individuals with whom we work with a strong desire to improve our practice and performance even more.

4.2.4 Our willingness and ability to quickly adapt and respond positively to change has been evidenced within our initial business continuity response to the Covid-19 pandemic. Social workers from across different service areas were redeployed to the Duty Social Work Team and the Adult Protection Unit was co-located alongside it. Deployed staff received appropriate induction and fast-track core training to enable them to fulfil adult support and protection and appropriate adult responsibilities, including second person training to allow them to carry out these statutory duties. The Duty Social Work Team was also reconfigured to become a 7-day week service to complement the operation of the out-of-hours service and be able to respond appropriately and effectively to suspected, alleged or known abuse.

In addition, the Grampian Working Group, for example, identified the following as key actions to ensure the wellbeing and welfare of local citizens during lockdown:

- ▶ Sharing awareness of risk across the three local authority areas to support a consistency in response e.g. highlighting the risk of exploitation, raising awareness, and working with Police Scotland and Trading Standards.
- ▶ Share good practice across the three partnerships
- ▶ Increased vulnerability due to mental well-being deterioration due to social distancing and isolation will be monitored, with good practice around mitigating this risk being shared across the partnerships

- ▶ Escalation of risk for perpetrator being kept in the same household as the adult and increased stress will continued to be monitored. Police will attend any reported incidents and protection planning will occur reported through ASP
- ▶ APC will be kept informed of patterns of concern and contingency plans from the service areas regarding adults at risk. APC Convenors will inform the respective Chief Officer Groups
- ▶ Financial Harm Subgroup will monitor emerging scams praying on fear and social isolation caused by COVID19

4.3 Challenges

4.3.1 Given the scale and complexity of adult support and protection activity in Aberdeen it is understandable that there are many different challenges to overcome to ensure that the best possible support is being offered to individuals who are at risk of harm. Some of these challenges are partner-specific and some are reflective of wider, systemic issues. Irrespective of their origins or magnitude, it is incumbent on the APC for it to be aware of these challenges and be assured by the discussions that are ongoing between key professionals, groups and agencies to overcome them in the best interests of the individuals who are at risk of harm.

4.3.2 Adult Protection Committees have a legal responsibility for monitoring the implementation of appropriate adult protection procedures. During multi-agency training it became apparent that several attendees were reluctant to follow approved protocol in respect of reporting Adult Support and Protection concerns to the Council and where a crime is suspected, to the Police.

The main reasons that were identified for not referring adult protection concerns were a perception that staff see themselves as ‘hands on’ carers only and they do not want to jeopardise relationships with families they are involved with and do not want to get involved with anything other than ‘caring’ for the individual particularly if Police were to be involved, given perceived workplace awkwardness/conflict.

The APC contacted service providers by letter in an attempt to raise awareness and asking for their commitment to ensure their staff felt supported and confident to report adult protection concerns appropriately. The link to the Grampian Interagency Policy and Procedures and the Adult Protection Unit was shared with an invite for all providers to participate in support and protection training opportunities available for staff to attend. The result was a success with forty-one staff members from across five organisations undertaking ASP training and this led to an improvement in the appropriateness of referrals.

4.3.3 We recognise that we need to develop local policies and effective inter-agency co-operation to ensure the accountability of agencies. The third sector performs an essential contribution in this area of practice and whilst commitment and engagement are evident in many areas, there continues to be missed opportunities for engaging with voluntary organisations as well as we would wish.

4.3.4 An Initial Referral Discussion (IRD) is the first stage in the process of joint adult protection assessment following a notification of concern and includes Social Work, Health and Police alongside other key agencies where appropriate.

IRDs normally are led by a social work manager but it has proved difficult to initiate this process as well as we would wish. The partnership has identified an operational model for the delivery of lead agency ASP activity going forward that will centralise screening and IRD to a single team. The APC Improvement Plan has identified IRDs as an action to be taken forward and a plan is in place to develop a short-life working group to consider implementation of these recommendations with key partner participation in the process.

4.3.5 The improvement of our single and multi-agency data analysis to support our improvement activity has not progressed as much as we would wish. There are inherent strengths in the data analysis capabilities of each of the statutory agencies but it is perhaps the case that routine data analysis discussions are not yet fully embedded in our multi-agency collaborations to inform our desired improvements. Further consideration will be given to how we can best utilise our available multi-agency resources so that our ongoing discussions and decisions are informed as fully as possible by insightful analysis of the appropriate data.

Similarly, we have not made much progress during the reporting period in the development of an ASP-specific Performance Management Framework to enable us to look beyond the operational activity volumes and understand better the effectiveness of our multi-agency interventions and the outcomes that have been achieved for the person at risk of harm. Our poor progress has been due to the combined impact of operational demands and strategic resource availability however we are pleased to report that the development of an ASP-specific performance and assurance dashboard is being taken forward under the Covid-recovery, ‘Aberdeen Together’ umbrella.

Section 5.

Looking Forward

5.1 This has been another busy biennial period for members of the Adult Protection Committee and all agencies involved in the support and protection of adults at risk of harm in Aberdeen. As welcome as the positive endeavours and impacts have been, we are mindful that the risk of harm is ever-present, and so we must ensure that our diligent professionalism and effectiveness continue also.

5.2 It is impossible to predict when the Covid-19 pandemic will come to an end, enabling different lockdown restrictions to be eased or withdrawn. Given this, the Scottish Government's guidance will continue to have a strong relevance on how we ensure the continued effectiveness of our interventions. We will always seek to be reassured that any and all operational or procedural changes are wholly consistent with the safeguarding principles that underpin the support and protection of adults at risk of harm.

5.3 To help us frame our priorities for the next two years, a Grampian-wide virtual exercise was held earlier this year. These priorities were to be discussed further at a workshop in April but unfortunately this had to be postponed because of the pandemic. The draft priorities are currently:

- ▶ Review of ASP processes and procedures
- ▶ Systematic approach to quality assurance checks of adult protection work.
- ▶ Performance Management Framework across all partners and improved data collection.
- ▶ Review the issues surrounding every fatal fire in dwellings and put in place joint-agency interventions to prevent a similar event occurring.
- ▶ The development of and transition to a new model of adult protection practice embedded.

Further discussion of these draft priorities will be facilitated soon so that there is a recognised strategic coherence to our improvement programme and all the other developmental activities and initiatives that are taking place.

5.4 As referenced elsewhere, an Improvement Programme (2020-2022) has been drafted using as its basis the APC's Risk Register. The objectives in this proposed programme relate to those risk entries whose mitigations have been identified as not successful or only partially successfully, and include the following:

Improvement Objectives

1.1	Multi-agency partners will consistently comply with multi-agency adult protection policies, procedures and practice guidance by having access to effective multi-agency learning & development support.
1.2	Policies, procedures and practice guidance are easily accessible to all multi-agency partners.
1.3	A process for Inter-agency Referral Discussions (IRDs) will be in place.
2.1	Advocacy is offered to all ASP adults and carers and recorded if declined.
2.2	Experience of adults and carers is proactively sought to ensure their views are being heard and rights are respected.
2.3	A programme of Quality Assurance will be in place to monitor and identify areas for improving access to Advocacy.
3.1	A multi-agency learning, and development annual programme will support multi agency staff to have the required ASP knowledge, skills and competencies.
3.2	Multi-agency partners have the required workforce to respond effectively to supporting adults at risk of harm.
4.1	APC and operational sub-group will proactively consider all potential cases where there are learning opportunities by utilising the Initial Case Review (ICR) process.
4.2	A robust quality assurance process in response to local/ national case reviews will be developed to ensure learning is embedded into practice.
4.3	A learning framework in response to identified needs e.g. ICR/SCRs will be developed and include methods of evidencing learning.
4.4	A Supervision framework will be in place for practitioners.
5.1	A Multi agency self-evaluation will be carried out and a process put in place for periodical self-evaluations to ensure all key areas of improvement have been identified and acted upon.
6.1	A multi-agency performance framework will be developed to include data and quality indicators.
7.1	Regular reports will be provided from APC to the Executive Public Protection Group.

Table 5.1 Improvement Objectives

This improvement programme will be taken forward by the APC Operational Sub-group with updates presented regularly to the APC.

- 5.5** Realising the city's vision where people feel safe, supported and protected from harm requires all of its citizens to be actively engaged in the wellbeing of our local communities and populations. All abuse, irrespective of its type, is unacceptable and everyone has a responsibility to prevent this where possible and report it to the appropriate authorities when they first become aware of it. Together we will protect those most at risk of harm.

Appendix 1

The Aberdeen City Adult Protection Committee has taken a risk-based approach to developing its improvement action plan for the next biennial reporting period, 2020-2022. After conducting a multi-agency risk analysis (and subsequent population of a 'live' risk register), an Improvement Action Plan has been developed with the intention of addressing identified risks.

Summarised below, are the key improvement outcomes and objectives of the APC going into the next reporting period.



OUTCOME	OBJECTIVE
Multi agency adult protection policies, procedures and practice guidance are complied with consistently.	Multi-agency partners will have access to effective multi-agency learning & development support.
	Policies, procedures and practice guidance are easily accessible to all multi agency partners
	Process for Inter-agency Referral Discussions (IRD's) will be in place.
The voice of stakeholders is key in the adult support and protection process – improvements are fully inclusive of the voice of the adult and their family.	Advocacy is offered to all ASP adults and carers – and is recorded if declined.
	Experience of adults and carers is proactively sought to ensure their views are being heard and rights respected.
	A programme of Quality Assurance will be in place to monitor and identify areas for improving access to Advocacy.
Lead agency and partners are adequately resourced, trained and developed to have both capacity and capability to respond to the demands of adult support and protection work.	A multi-agency learning and development annual programme will support multi agency staff to have the required ASP knowledge, skills and competencies.
	Multi-agency partners have the required workforce to respond effectively to support adults at risk of harm.
Local and national case reviews contribute to learning and continuous development.	APC and operational sub-group will proactively consider all potential cases where there are learning opportunities by utilising the Initial Case Review (ICR process)
	A robust quality assurance process in response to local/ national case reviews will be developed to ensure learning is embedded in practice.
	A learning framework in response to identified needs e.g. ICR/SCR will be developed.
	A supervision framework will be in place for practitioners.
The APC Improvement plan robustly reflects all key areas of improvement as a result of effective multi-agency self-evaluation.	A multi-agency self-evaluation will be carried out and a process put in place for periodic self-evaluations to ensure all key areas of improvement have been identified and acted upon.
Multi-agency collection, sharing and use of data enables better decision making to support and protect adults at risk of harm.	A multi-agency performance framework will be developed to include data and quality indicators.
The impacts of COVID-19 are considered and appropriately incorporated into adult support and protection activity.	Regular reports will be provided from APC to the Executive Public Protection Group
	ASP training will be redeveloped to enable effective training to be delivered virtually or adapted to be delivered safely.

