

Aberdeenshire Adult Protection Committee Biennial Report 2022 – 2024



1. Convenor's Introduction

As Independent Convenor of Aberdeenshire Adult Protection Committee (APC) it is my honour to present the eighth 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 2022 – 31 March 2024. This is my third report, I am indebted to the members of the Adult Protection 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 ongoing challenges to keep people safe from harm in Aberdeenshire. In November 2023 our colleagues from the Care Inspectorate, Health Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland conducted a joint inspection of our partnership to examine whether adults at risk of harm were safe, protected and supported. This report outlines the very positive outcome of that inspection as well as highlighting our achievements over the past two years. That we received such a positive inspection report on the back of previous challenges presented to us 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 APC has achieved much over the past 2 years. We continue to improve how we gather our data by investing in an Analysis and Research Officer post to support our work. Our inspection highlighted areas of improvement including chronologies, risk assessment and 'sector leading' Initial Referral Discussions (IRDs). We are not complacent; we recognise the need to continue to evaluate our performance 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 must continue the momentum from our inspection in order to fully implement and embed Trauma Informed Practice, the National Guidance and Codes of Practice, learning from reviews, and engaging with those who have lived experience to develop and improve services.

Susan Maclaren, Independent Convenor
September 2024

2. 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 Aberdeenshire Adult Protection Network (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 HSCP has provided information for the Scottish Government SOLACE return, Annual Adult Protection Dataset and the ASP Minimum Dataset.

We recognise the importance of collecting, producing and analysing good robust data. Our self-assessment activity undertaken in 2022 noted risks relating to our data collection and analysis. It was noted that although data was being produced it was not felt to be effectively used in our strategic planning. Risks were also raised regarding how robust the data collection and analysis were, due to a lack of expertise in staff producing data.

Due to this self-assessment, new arrangements for the handling and provision of data on a multi-agency basis were put in place. Aberdeenshire HSCP invested in an Analysis and Research Officer whose focus is specifically on the Adult Support and Protection agenda. A new multi-agency 'Data Sub-Group' has been established and is responsible for ensuring that clear data, that supports assurance on delivery of ASP functions. The sub-group is also designed to support 'feedback' – where data provision is not static, and the APC can request 'themed' or 'topic specific' data when requested.

Due to the system improvements, we are aware that there have been inconsistencies in the data being produced specifically regarding referrals. For instance, ASP referrals are over reported in the data, as they sometimes include information about individuals already receiving ASP services or information being shared that does not pertain to an ASP incident.

ASP Activity	2020/22	2022/24	Percentage Change
ASP Referrals	4095	6578	61%
ASP Referrals (individuals)	1866	2902	56%
ASP Intial Referral Discussions	376	456	21%
ASP Investigations	171	154	-10%
ASP Case Conferences	143	134	- 6%
ASP Case Conference Reviews	222	198	-11%

The data on Adult Support and Protection (ASP) activities from 2020/22 to 2022/24 reveals several key trends. There has been a significant increase in ASP referrals, both in total numbers (61%) and for individual cases (56%), indicating a growing recognition or reporting of adult protection issues. Initial Referral Discussions have also risen by 21%, suggesting more cases are being discussed on a multi-agency basis at an early stage. However, there is a slight decrease in ASP Investigations (-10%), ASP Case Conferences (-6%), and ASP Case Conference Reviews (-11%). This could imply that while more cases are being identified and discussed, fewer are progressing to the investigation and case conference stages, possibly due to early interventions. Overall, the data highlights an increased awareness and response to adult protection needs, with a shift towards early-stage discussions and interventions.

Source of Referrals	2020/22	2022/24	Percentage Change
Police	863	1133	31%
Health	497	1425	187%
Council	976	1427	46.2%
Non- Professionals	395	423	7%
Other	1364	2170	59%

The data on the sources of referrals for the periods 2020/22 and 2022/24 reveals several important trends. Referrals from health sources have seen a dramatic increase of 187%, indicating a significant rise in awareness and reporting within the healthcare sector. Police referrals have increased by 31%, reflecting enhanced vigilance or reporting by police. Council referrals have grown by 46.2%, suggesting improved identification and reporting mechanisms within local government bodies. Referrals from non-professionals have seen a modest increase of 7%, indicating relatively stable public awareness and involvement. The “Other” category has experienced a substantial rise of 59%, which could encompass various sources, indicating broader engagement in adult protection efforts. Overall, the data suggests a growing recognition and reporting of adult protection issues across multiple sectors, with healthcare showing the most significant increase.

A deeper dive into the increase of Health referral has been undertaken. It was known the the counting of referrals specifically from NHS24 had been inaccurate durring this reporting period as many welfare concern reports had been recorded as an ASP incident. By undertaking a deeper dive we were able to accertain if the recording inaccuracies was accounting for the significant increase.

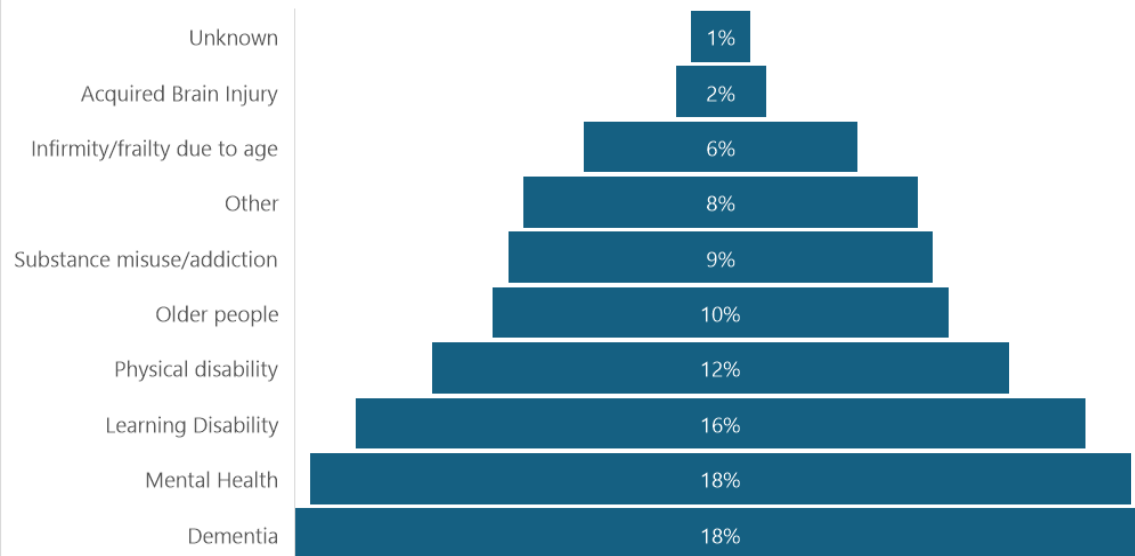
Source of Health Referrals	2020/22	2022/24	Percentage Change
Health Care Provider (NHS 24 included)	211	751	256%
SAS	63	207	229%
GP	47	59	26%
Nursing	73	175	139%
Hospital	98	221	125%
Other	5	12	140%

This data indicates that while all sectors have seen growth, the SAS sector has experienced the most dramatic increase, followed by Nursing, Other, and Hospital sectors, with the GP sector showing the least growth. This may reflect the wider investment and priority given by NHS Grampian to ASP awareness (including awareness raising activities; new mandatory training etc). All of these activities are targeted at Health Board employed staff. Training to GP practices in ASP has continued during the reporting period – however the data suggests further activity in this area is necessary.

Demographic data such as age, gender and ethnicity continue to be monitored by the Committee. During this reporting period there has been no significant change regarding the demographic information of referrals or those that continue their ASP Journey.

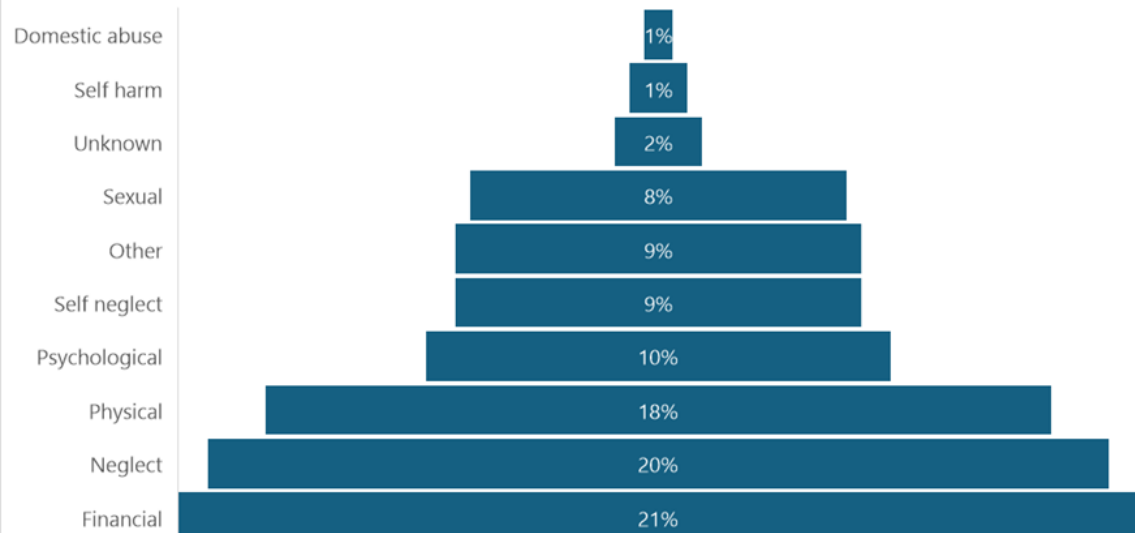
Known limitations in data recording systems restrict that only the prevalent type of vulnerability and harm can be reported on at investigation stage without significant manual effort. Anecdotally we know that ASP incidents are more complex with multiple vulnerabilities and harm being present. We continue to explore options for improved data collection to enable analysis of patterns and respond to need regarding vulnerabilities of adults and type of harm.

Investigation by Vulnerability



The data on investigations by vulnerability highlights the distribution of investigations across various vulnerabilities. In comparison to the last reporting period dementia has significant increase but infirmity due to age has reduced by a similar number. This may indicate that more people have been diagnosed compared with previous reporting periods. Mental health and learning disability remain consistently high compared with other reporting periods. There has been an increase in substance misuse being noted as the vulnerability type.

Investigations by Harm



The data on investigations by harm highlights the distribution of investigations across various categories of harm. In comparison from the last reporting period there is no significant change with both financial harm and neglect remaining the most prevalent form of harm.

3. Outcomes, Achievements, Service Improvements

APC Action Plan 2022 - 24

As with previous reporting periods we developed a multi-agency action plan which clearly set out our priorities for 2022 – 24. Priorities were developed through a combination of self-assessment sessions, feedback from frontline staff, audits and learning from case reviews. This section of the report sets out what we have achieved in relation to these priorities.

‘The APC 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 APC can make better use of data, with a narrative provided to tell the story’

During this reporting period we developed new arrangements for the handling and provision of data on a multiagency basis. A new multi-agency ‘Data Sub-Group’ is now in place reporting directly to the APC. This group is now responsible for ensuring that clear data, that supports assurance on delivery of ASP functions, is provided to the APC at each meeting. The sub-group is also designed to support ‘feedback’ – where data provision is not static, and the APC can request ‘themed’ or ‘topic specific’ data when requested. Aberdeenshire HSCP also invested in an Analysis and Research Officer post whose focus is specifically on the Adult Support and Protection agenda.

‘Understand the impact of self-neglect on Aberdeenshire residents and staff. Implement practice improvements and develop resources which will reduce harm of self-neglect.’

Evidence from data and learning reviews during the last reporting period showed that there was increasing concerns around self-neglect, it was noted that practice improvements may be required to support people, using a human rights approach.

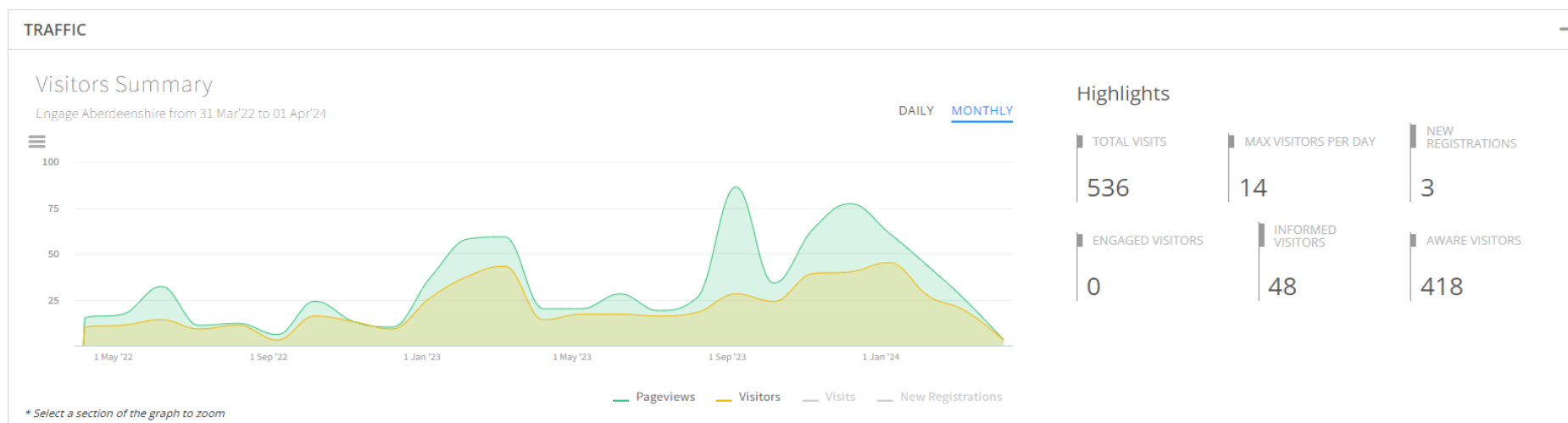
A short life working group regarding self-neglect was established and the group focussed on gathering evidence to identify the scale of self-neglect that occurs in Aberdeenshire, identify common themes and evaluate the current service response to self-neglect. Work to gather the views of individuals with lived experience has also been planned.

A survey of front-line workforce completed by 122 staff showed there was a good level of awareness around self-neglect. They recognised that people were supported to reduce the impact of self-neglect through relationship building, non-judgemental but honest communication, developing a good support structure, working together and empowering the adult. The challenges and barriers to work effectively with people were recognised. The following actions were noted as making a positive change to the way staff work with people who self-neglect: improved training, working better together, prioritising early preventative relationship-based practice.

‘The APC 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’

Positively, adults at risk and their families are involved in all parts of their adult support and protection journey. However, over many consecutive years we have struggled to fully engage with those that have first-hand experience of adult protection to get feedback. During this reporting period we looked to other areas of Scotland to find best practice, reviewing inspection reports and speaking to areas assessed to have good practice in the area of adult involvement. We also have a keen interest and participate in the National Implementation Subgroup relating to Advocacy, Voice of the Service User/Carer, Trauma Informed Approach, which is chaired by the Aberdeenshire APC Convenor.

We continued to utilise our formal feedback process and also promote our 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. During the last 2 years there has been 536 visits to the page although disappointingly there has been no engagement from adults and carers using this tool.








ASP Inspection

In 2023 we welcomed a joint inspection of our Adult Protection Service in Aberdeenshire. The full report can be read [here](#). Overall the report was positive and demonstrated improvements following our previous inspection in 2017, as can be seen from the summary below:

Aberdeenshire joint inspection of adult support and protection comparison data

	2017	2023/24
Chronology presence	46%	79%
Chronology quality - good or better	Not measured	61%
Risk assessment presence	77%	83%
Risk assessment quality - good or better	90%	87%
Protection plan presence	97%	87%
Protection plan quality - good or better	74%	78%
Investigation quality - good or better	86%	100%
Case conference quality - good or better	96%	95%
DTI quality - good or better	68%	42%

2017 recommendation	Progress	2024 finding
Timely progression of adult support and protection referrals		Some referrals were delayed and some should have progressed further in the ASP process
Consistent application of key processes across the partnership		Maintained positive practice since 2017 and consistently interpreted procedures across teams with oversight from the adult protection network
Set specific timescales for key stages in the process		Timescales had been set out in procedures and embedded in practice
The partnership should make sure that council officers prepare well-balanced, valid chronologies for all adults at risk of harm who require them		Most adults had a good quality chronology, recorded on a well-designed template. Effectively used at case conference.
Council officers and other staff are appropriately trained		Well-embedded training and development programme. Multi-agency training and development officer post

IRD's – 'The standard of practice was sector leading'

Initial Referral Discussions (IRD) allow professionals to consider an adult support and protection referral, share initial research and information, and then agree a response on a multi-agency basis. Police, Social Work, and Health colleagues share key information and form a collective position on the disposal of the ASP referral and how to best support the adult. IRDs are chaired by a senior practitioner within the Adult Protection Network. IRDs have had a significant and positive 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.

Although first established in 2019 multi-agency audits of IRDs during this reporting period have led to significant practice improvements. The initial audit in 2022, along with noting the positive impact of IRDs, also outlined practice required improvements in the areas of recording and analysis. The audit report was shared with practitioners involved in IRD's to promote self-reflection and practice improvement sessions were held with the practitioners who chair IRDs. It was also agreed that further quality assurance of IRD summaries would continue as a monthly activity so that practice improvements could be monitored and adjusted on an ongoing basis. This activity which occurred from May 22 – April 23 supported further practice improvements to occur. Our approach to improvements and quality assurance in this key area were validated by the findings of the multiagency inspection in 2024 which found that our IRD work could be considered “sector leading”.

‘Chronologies were effectively used as a tool to assess risk’

In Aberdeenshire the completion of an updated chronology is seen as the starting point for the investigation as this informs the Council Officers about patterns and gaps and guides the direction of the investigation. During the last 2 years our data shows that 76% of Investigations completed had an up-to-date chronology included. We continue to encourage improvements in both the completion and quality of chronologies.

We recognise robust and sufficiently analytical chronologies as an essential foundation to effective formal risk assessment and management. This message is consistently promoted throughout the partnership. Council Officers are trained and reminded that the creation of a chronology should feature at the earliest stages of their investigation. Through audit activity we identified that the creation of meaningful and sufficiently analytical chronologies remains an area for improvement.

‘Collaborative assessment of risk and shared decision making were strongly evident across key frontline processes from interagency referral discussion through to review case conferences’ and ‘Frontline staff were positive about the benefits of the partnership’s multi-agency approach to risk assessment and resultant positive impact for adults at risk of harm’

From the first point of contact with the Adult Protection Services to the closure of a case, risk is continuously assessed by all involved professionals. The ASP Reporting Form encourages the referrer to identify the presenting risks under broad risk headings. This assists at the screening and triaging stage but does not preclude the identification of further risks throughout the process.

Following our previous inspection, formal Risk Assessment became part of the Case Conference rather than a separate meeting. This has resulted in formal Risk Assessments that have multi-agency input as well as reflecting the voice of the adult and their representatives. Where the adult does not participate in their case conference or risk assessment, efforts are made to gather their

views by the Council Officer or Independent Advocate. Our approach to risk assessments on a multi-agency basis was validated by the 2024 inspection results.

We recognise that risk assessment and risk management is a multi-agency responsibility. It was acknowledged that different partner agencies have differing skills, confidence, and experience in this area. In response to this we contributed to the development and delivery of multi-agency Grampian Risk Assessment training to ensure staff feel fully equipped and supported to undertake the task.

‘When investigatory powers were carried out the practice of council officers was to a very high standard.’

Council Officers undertaking Investigations are embedded in community teams throughout Aberdeenshire Health and Social Care Partnership. There are approximately 110 staff trained to undertake the Council Officer role. During the Investigation Council Officers are supported by an allocated senior practitioner within the Adult Protection Network who oversees the investigation and provides guidance and expertise where required.

Council Officers are encouraged to work in a person centred and trauma informed manner and raise concern if our 4-week timescale to complete is impacting negatively on the adult. When a person has been or continues to be subject to harm it can require significant time to build relationships and trust to achieve the best quality assessment of the situation and outcome for the adult. It is reinforced to all Council Officers through training and forums, the importance of holistic assessment including seeing the person in their own environment. Over the last 2 years we have encouraged a culture of professional curiosity and promoted the role it plays in a robust evidence-based investigation always holding the individual’s safety and care as a paramount consideration.

‘Advocacy involvement gave a voice to the experiences of adults at risk of harm, their family, carers, and proxies during large-scale investigations.’

The involvement of the adult at risk, family and carers is embedded in our ASP process. Through taking account of views during an investigation, ensuring independent Advocacy is considered, encouraging participation and making arrangements, so that ASP meetings are accessible to all, and person centred.

280 individuals received advocacy support for ASP processes over the reporting period. This related to 36 individual inquiries and 9 large scale investigations.

Learning Reviews

During this reporting period, three Aberdeenshire cases were referred and considered under the Grampian Adult Protection Committees Learning Review Procedures. The importance of ensuring actions agreed in relation to practice improvements are completed timeously and learning is shared appropriately continues to be a priority of the Aberdeenshire Adult Protection Committee.

We are also committed to learning from learning reviews which are commissioned and published in other areas, this work is undertaken through the 'Grampian External Learning Review Group'. 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 three 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. Below are examples of practice improvements that have occurred, following an identified need being evidenced at learning review:

- Discharge from hospital guidance that enforces the need for multi-agency risk discussion where an adult is under ASP is embedded.
- The development of multi-agency Risk assessment Training
- The role of sheltered housing officers and SFRS will be promoted to ensure appropriate representation during ASP meetings where relevant.
- Development of a short life working group to explore issues and improve practice regarding formal risk management processes.

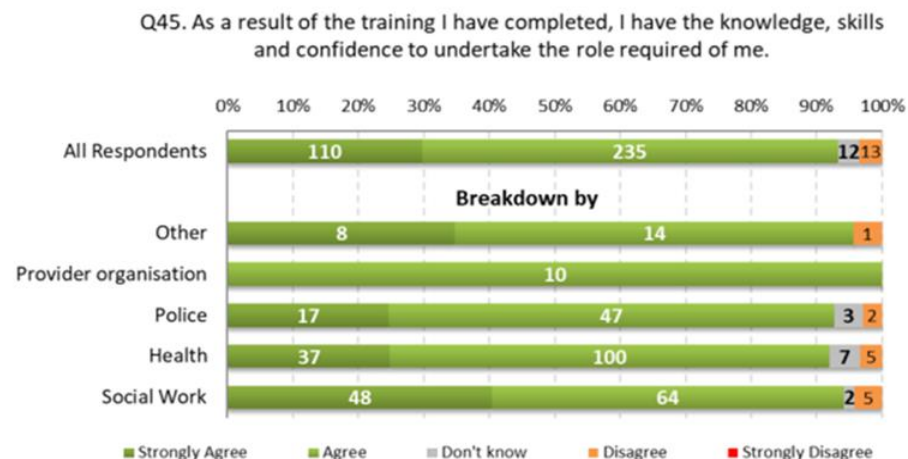
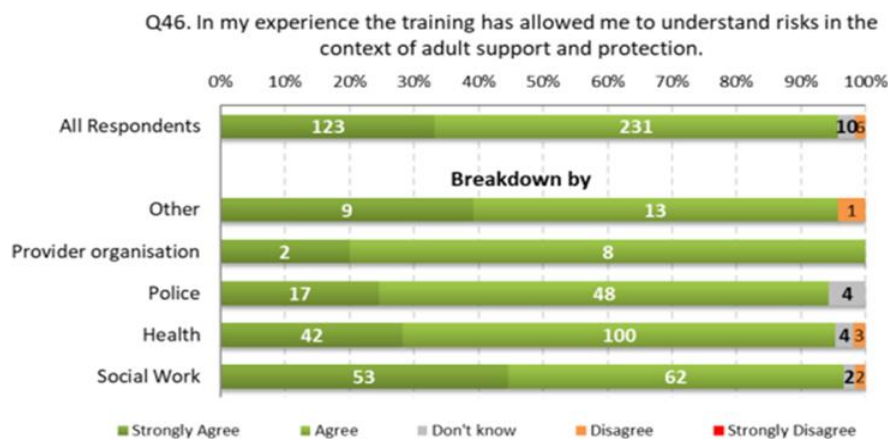
4. Training, Learning and Development

We recognise that staff across the partnership are our best asset and resource for protecting vulnerable adults. In our previous biennial report, we reflected on our current staffing pressures and committed to the need to promote staff resilience especially for front line workers. *'we 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.'* A key component of this is ensuring that all staff across the multi-agency partnership have access to high quality training and learning opportunities.

During this reporting period two staff members who led on ASP training retired (Grampian Joint Learning Co-ordinator and Aberdeenshire Council Learning and Development Manager). Both staff members had provided significant support to the ASP workforce since the introduction of the ASP legislation. Despite this obvious loss of knowledge, skill and experience, there was a strong commitment by Aberdeenshire Council and NHS Grampian to mitigate and reduce any negative impact on staff. Through a combination of appointing to a vacant post and prioritising workload of existing L&D staff all courses were able to commence again within an 8-month timescale.

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, numbers of staff who attend training and feedback from participants (see appendix 1). As well as local training, national training opportunities such as 5 Nations Events and ASPire forums are widely circulated, and staff are encouraged to attend.

In September 2021, a Grampian multi-agency Training Needs Assessment was undertaken. The results showed that training in Aberdeenshire was accessed and valued across the partnership, with 71% of staff indicating that they had the necessary training. Although already a positive picture the Inspection Activity in 2024 showed continued improvement in Aberdeenshire. Where 93% of staff agree/strongly agreed with the statement 'As a result of the training I have completed, I have the knowledge, skills and confidence to undertake the role required of me' and 96% of staff agree/strongly agreed that 'In my experience the training has allowed me to understand risks in the context of adult support and protection'.



All core learning and development across the partners is in alignment with the Grampian Adult Protection Learning and Development Framework – a mutually agreed curriculum across agencies. This ensures there is consistency of learning and approach to ASP across agencies – better supporting joint working.

To meet the key commitment of training across boundaries, lead agencies across Grampian and NHSG have jointly invested in the provision of a multi-agency trainer. This post chairs the Grampian Learning and Development sub-group and develops and delivers (in conjunction with all partners) multi-agency training and development opportunities. The Grampian L&D Group has also developed a direct link into the National ASP Learning & Development Network.

Key Achievements in terms of Learning and Development during the reporting period included:

- Significant levels of core and bespoke training was delivered
- Delivery of an Inter Professional Learning Event alongside the Robert Gordon University, aimed at 3rd Year Medical Students and 2nd Year BA Social Work students. There is a commitment from the L&D Group to continue supporting the development and delivery of this programme.
- Revision of the Grampian Learning & Development Strategic Framework.

- Agreement to initiate a 3 stage 'deep dive' into Learning & Development requirements around Trauma Informed Practice in Adult Support & Protection, with stage 2 focussing on those with lived experience and frontline practitioners.
- Grampian wide Multi-agency Risk Assessment training was developed and delivered. This training is aimed at anyone who is regularly or likely to be attending ASP Case Conferences and has brought together a diverse range of professionals from Social Work, NHS, Police Scotland, Scottish Ambulance Service, Housing, Advocacy, Third Sector and more.

Multi-agency Risk Assessment Training

I think how important the MDT approach was to everyone involved and how important it is to encourage contribution from across the spectrum involved in multi-agency assessments

Hearing from other professionals and their acknowledgement of what they often put into practice during assessments and the need to be more open minded

The workshop session was good listening to others experiences but I found the whole session interesting.

4.3★
average rating



How to help the people we are working with. Empower them and make them feel safe so they are able to participate fully and take control.

Discussions regarding bias and the different types that exist and how this impacts on a risk assessment and a risk management planning process

One specific area of Learning and Development that we want to highlight in this reporting period is the investment in awareness raising and ASP training within the health sector. Health colleagues are often the first 'point of contact' for individuals who are at risk or in distress – therefore ensuring these colleagues are properly equipped to recognise and respond to potential adults at risk was a key priority. Key areas of development in the last reporting period have included:

- A full 'refresh' of the ASP training offered to Primary Care/GP colleagues – with a bespoke learning curriculum offered regularly throughout the year. These sessions are scheduled to support GP attendance within their Protected Learning Time. This bespoke course has now also been extended to GP Trainees on a twice-yearly basis.
- ASP training has also been extended to junior doctors at both Foundation Level 1 and Foundation Level 2 - which is another opportunity to give ASP input into the career of medical staff.
- The introduction of a bespoke ASP training course that has been offered to hospital inpatient settings. This specialist session operates on a face-to-face basis and covers ASP topics a hospital setting will likely experience. The sessions were delivered using written ASP scenarios and group discussions to work through what the response should/could be in each scenario, with materials such as the Grampian Thresholds Good Practice Guidance offered as resources to aide discussions. The feedback and evaluation from these sessions has been overwhelmingly positive and further development is ongoing with a view that these sessions will be rolled out as a permanent component of health ASP training.

This investment and work in regard to Learning and Development for health colleagues is one of the contributors to the significant rise in health ASP reporting documented under section 2 (above).

5. Engagement, Involvement and Communication

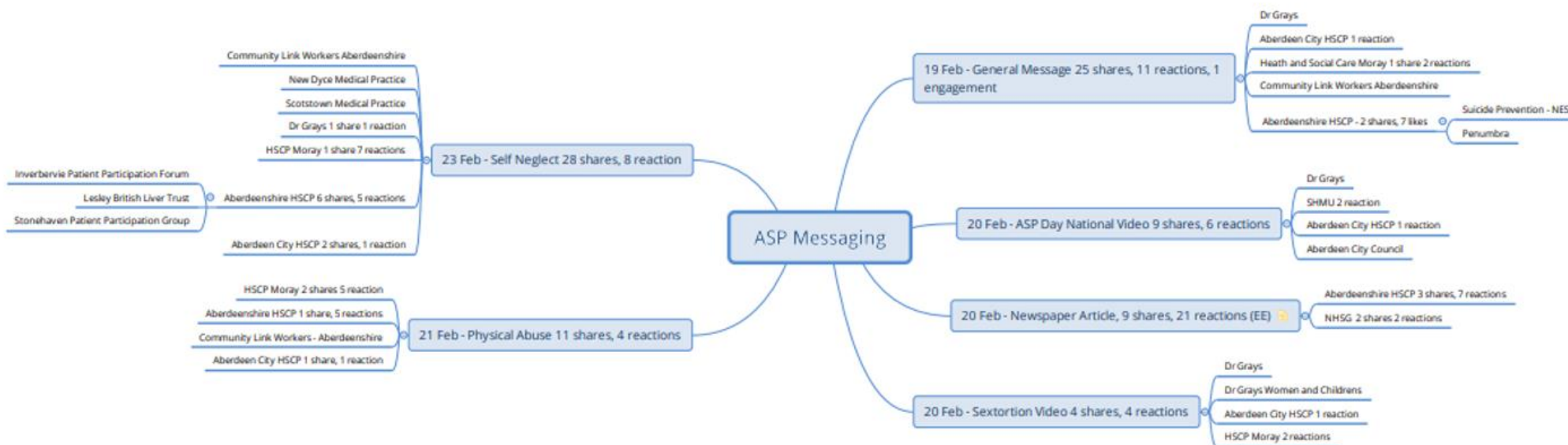
Transparency in Adult Support and Protection is crucial for building trust and ensuring effective collaboration among stakeholders, including people that are at risk of harm.

During this reporting period we have made significant effort to make the Aberdeenshire Adult Protection Committee more visible. Our [engage](#) page enables people to see the work undertaken by the Committee but also allows an opportunity for people to tell their story and speak to us directly.

The screenshot displays the Aberdeenshire Adult Protection Committee website with several key sections:

- Navigation:** News, My story, Feedback Survey, Ask Us.
- What's your story?:** A form for users to share their experiences of adult support and protection. It includes a text area and a "What happens to your story?" section.
- National Hoarding Awareness Week:** A post dated 14 May 2024 featuring a poster for the week and text explaining the importance of hoarding awareness.
- World Suicide Prevention Day:** A post dated 10 Sep 2024 with a poster for the event and text encouraging people to talk about suicidal thoughts.
- Service User Survey:** A call to action for service users to complete a survey about their experience.
- Adult Protection Committee:** A section with social media icons and the logo for Adult Support & Protection.
- Who's Listening:** A list of staff members:
 - Annamarie Bruce:** Strategic Development Officer, Aberdeenshire HSCP. Phone: 01467534650. Email: annmarie.bruce@aberdeenshire.gov.uk
 - Lindsey Flockhart:** Adult Protection Lead, Aberdeenshire HSCP. Phone: 01467 530639. Email: lindsey.flockhart@aberdeenshire.gov.uk
 - Susan Maclaren:** APC Convenor Independent. Email: susan.maclaren@aberdeenshire.gov.uk

Annually during the reporting period, national Adult Support and Protection Day (20th February) was extended to a full week of outreach activities. This allowed us to communicate key messages relating to different types of harm which were discussed on social media, and also a push into regional media using a radio and press article focussing on Self-Neglect. The article printed in the newspaper, has 9,449 daily readers and the online version had 948 page views. An interview with a service user was feature hourly on the local radio station which has 74,000 weekly listeners. The diagram below outlines how social media was used during our last ASP week outreach. Messaging around ASP was co-ordinated across the partnership on a multi-agency Grampian-wide basis allowing consistent messaging and a pooling of resources.



As outlined in Section 3, we have undertaken activity which evidences our commitment to ensuring the adults and their family/friends (including unpaid carers) are involved in their ASP Journey. Despite embedding the involvement of adults at risk, their family/carer in all aspects of the ASP process, we, as a partnership still feel we have significant progress to make for adults to be truly central of their ASP Journey. Being involved in various workstreams nationally (Trauma Responsive, Getting it Right for Everyone and ASP Service User Improvement Group) has played a significant role on our current reflection around how we can collaboratively work with people going forward to ensure they are at the centre of the support they receive. Priorities around this will be taken forward over the next report period, as outlined in Section 7 (below)

6. Challenges and areas for improvement

The Joint Inspection of Adult Support and Protection in Aberdeenshire made recommendations on several practice areas that we agree require improvements

Initial Inquiries - Effective systems to support and evidence decision making, actions taken, application of the three-point criteria and governance were urgently required.

Following the Inspection results we have worked collaboratively with frontline staff responsible for undertaking inquiries using the Scottish Approach to Service Design. Sessions identified and defined the problem areas, and jointly agreed practice changes to improve recording and to make the inquiry process more person centred. These practice improvements are currently being embedded. Auditing inquiries is being undertaken jointly by front-line staff and managers to allow us to evaluate the effectiveness of our improvement activity.

Health attendance at case conferences remained an area for improvement.

Working across Grampian we are working to ensure that the right professional attend an adult's case conference and participate effectively. Taking account of trauma informed practice, we are looking at ways for the adult to feel empowered at their meeting and to have the right people there to support the adult to become safer and meet their needs. Multiagency work with all partners is currently taking place to ensure there is a shared agreement and understanding of who should attend an adult at risk's meeting.

The voice and experience of adults at risk of harm and their carers required to be more evident in strategic planning and development.

The voice of lived experience is recognised by the Committee as essential as we review and develop services. Like many areas in Scotland, we have struggled to capture the views of individuals and held concern that people with lived experience would be impacted negatively by telling their story again. Through the APC Development Day, we recognised our way of gaining the lived experience of individuals needs to change, e.g. capturing the conversations people have with their trusted support staff rather than asking people to complete a form.

The Committee also recognise the difficult national landscape that we are currently working within, that will make it more difficult to achieve our planned practice improvements. Specifically funding constraints and increased demand make it more difficult for public services to meet the needs of the people that we support. The increased pressure on staffing across organisations continues to contribute these issues. Through regular consultation between agencies and with our front-line staff, we will continue to monitor the impact this has on the ability of people to be safe and supported. Where possible we will mitigate against the impact through focussing on the outcomes of people who require protection and support and the front-line workforce that meet their needs.

7. Looking Forward

The direction of the Aberdeenshire Adult Protection Committee over the next two years will be based on evidence from our recent Inspection report, Audits, Learning Reviews and the Voice of Lived Experience. In our last Biennial report, it was acknowledged that Covid and the Cost-of-Living crisis are likely to have a significant impact on the vulnerability of people in our community. While the impact of COVID lessens, the cost-of-living crisis still has a fundamental influence on communities and their ability to safeguard. We will continue to pay close attention to what the data and feedback is telling us about what people in our community need.

Our Action Plan sets out the priorities that have been agreed and developed at the APC Development Day held in April 2024 for the 2024 – 2026 reporting period. This plan takes a rights-based approach and reflects all national policy and legislative developments and is underpinned by a trauma informed approach. The following properties have been identified:

Recommendation 1

The APC ensure that improvement actions as outlined in the Inspectorate Improvement plan are completed timeously and to a good standard.

- While the inspection report found the ASP work carried out in Aberdeenshire to be effective with clear strengths supporting positive experiences and outcomes for adults at risk of harm, some areas for improvement were identified. An Improvement Plan was developed and has since been submitted and accepted by the Care Inspectorate and will continue to be a focus and priority for the Committee.

Recommendation 2

The APC will ensure that the voice of lived experience is heard in all aspects of ASP this includes in day-to-day operational practice and in strategic practice development. (Lived experience includes adults at risk, service users their family/friends/carers and front-line staff)

- In January 2023 Aberdeenshire HSCP became a pathfinder for the development of Getting it Right for Everyone (GIRFE). GIRFE is being developed as it has been shown that too often, adults and their families are excluded from assessment and support by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed – placing the person at the centre of decisions that affect them to achieve the best outcomes, with

a joined-up, coherent and consistent multi-agency approach. Reflections from being a GIRFE pathfinder, through the development of Trauma Informed Practice and our involvement in the National Implementation Subgroup has shown that there is still significant progress to be made for adults to be truly involved and be at the centre of their ASP Journey. We are however committed to ensuring the adults and their carers are at the centre of their own ASP Journey, and we value the lived experience and will strive to develop services collaboratively.

Recommendation 3

The APC will encourage and support a culture within services and communities which works on empowering service users/adults at risk of harm to keep themselves safe.

- We recognise the ongoing struggles that staff and services are experiencing specifically related to the impact of the national staff shortage and budget constraints. While promoting resilience for front-line practitioners who provide the necessary support and protection for adults at risk of harm has been a focus over the last 2 years, it continues to be a necessary requirement. We will continue to 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 for the current climate. It is vital that the Voice of Lived Experience is central to all work undertaken and this will include Adults at Risk, families, carers and front-line staff, with a focus on doing things differently, in a less formal way and utilising community support and resilience.

Recommendation 4

The APC will ensure the Multi-agency Training meets the needs of all ASP Stakeholders

- The committee aims to ensure there are effective and appropriate multi-agency training opportunities in the field of ASP for staff across the partnership. A considerable amount of work is already underway to achieve this priority, in that a multi-agency L&D Coordinator has been appointed who will take the lead on all ASP training across Grampian. The Grampian L&D framework will be rewritten to reflect more multi-agency processes and ensuring that professional curiosity and trauma informed approaches are integral to training not just an add on.

Appendix 1 Training Data 1 April 2022 – 31 March 2024

Course	Current Format	Attendance	No. of Sessions	Total No. Trained
ASP Level 1 - Awareness	E-learning	Multi-Agency	NA	982
ASP Level 1 - Awareness (retired 24/01/2024) *	E-learning	NHSG	NA	6757
Public Protection Level 1 *	E-learning	NHSG	NA	6731
ASP Level 2	MS Teams	Abshire Council	21	396
ASP Level 2*	MS Teams	NHSG	97	1071
ASP Level 3	MS Teams	Abshire Council	5	63
ASP Level 4	MS Teams	Council Officers	8	46
ASP Refresher	MS Teams	Council Officers	8	121
Professional Curiosity	MS Teams	Multi-Agency	3	98
IRD's*	E-learning	NHSG	NA	67
Multi-agency Risk Assessment*	MS Teams	Multi-Agency	1	47
ASP GP Training*	MS Teams	NHSG	2	71
ASP Scenario Sessions*	MS Teams	NHSG	4	31
Council Officer Forums	MS Teams	Council Officers	9	NA
Adult Support & Protection Health Champion Forums *	MS Teams	NHSG	3	84
Bespoke Training to Specific Teams				
Bespoke: Health Assessors/Resettlement *		NHSG	4	20
Bespoke: International Nurses *		NHSG	3	36
Bespoke: Vaccinators *		NHSG	1	22
Bespoke: Tissue Viability Champions *		NHSG	1	14
Bespoke: Tissue Viability Day *		NHSG	1	120
Bespoke: Dental School*		NHSG	1	40
Bespoke : Learning Disability Day services	In Person	Abshire Council	2	55

* figure relate to courses provided and attendance across Grampian