



Orkney Adult Protection Committee Biennial Report 2016-2018

‘Act Against Harm in Orkney.’



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Introduction by Orkney Adult Protection Committee Independent Chair, Andrew Lowe.

I am pleased to submit the biennial report for Orkney APC (Adult Protection Committee), 2016-2018.

This is my first report, since I was appointed to succeed Duncan Macaulay in August 2017.

I would like to begin with an appreciation of Duncan who served in Orkney with distinction for more than a decade, first as Acting Director of Social Work and then as Chair of both Adult and Child Protection.

I have been pleased with the energy and commitment to adult protection that I have experienced in the past twelve months and also the commitment to change and improvement.

As this reporting period drew to a close in March 2018 Orkney APC approved my recommendation that we move to a Public Protection Committee, incorporating adult and child protection. This makes sense in our island community where referrals are relatively low and collaboration and communication are paramount. The changes will be reviewed and reported in the next biennial report.

The format of this report follows that established for 2014-2016 and conforms to the guidance issued by Scottish Government.

The Adult Protection Committee reports to the Chief Officers Group, which has had a number of membership changes during 2017-2018 but consistently, offered leadership, ownership and scrutiny of our work.

This report covers six key areas:

1. What does our data tell us about risk.
2. Referrals and the three- point test.
3. Actions taken to address risk.
4. Activity outcome.
5. Counting Challenges.
6. Future Focus.

Each area has detailed the activities required to achieve our stated aims, timescales for achievement, lead individuals with responsibility for delivery and measurement outcomes. The detailed plan is attached at appendix 1.





1. What the data provided to the Scottish Government is telling the Committee about types of harm/people at risk in the area:

Looking at 2016-2018 data return there were 4 cases which reached the threshold for initial or further investigation, broken down by category of abuse as follows:

Category.	Physical Harm.	Financial Harm.
Infirmity of old age.	1.	1.
Dementia.	1.	
Mental Health issues.	1.	

1.1. The numbers continue, as at the previous biennial report, to be so low as to be statistically unreliable and it would not be possible to derive any trends from them. There remains a scarcity of any adult protection data available on the internet with which to make valid comparisons between Orkney and other areas.

1.2. Because of Orkney's small community where it may be possible to identify people involved in adult protection proceedings. Examples in this report therefore give limited details and have been anonymised.

Mrs A is living in one of Orkney's outer Isles and is physically very frail but with capacity to make decisions. Home care staff heard from her that her bank card was missing and that there was little money in the account. Police and social work investigated and found that a family member had taken and used the card to pay for a range of items and services out with Scotland. To date, Police have been unable to locate the person. Mrs A was assisted to get support from other family and financial matters are secure.

2. Referrals not meeting the three-point test:

2.1. Most referrals come via Police Adult Concern Forms. Predominant reasons for referral over this period have been concerns relating to self-harm where people have mental health issues and misuse substances. Police Scotland filter out a proportion of these referrals and almost all of the received referrals relate to one off incidents (or repeats of similar issues) where no harm has occurred but where friends or family have feared that it might, resulting in contact with the Police and a welfare visit. Increasing use of mobile phones and social media appears to have increased the likelihood that information about people's behaviour comes to others' notice and hence on to Police Scotland.

2.2. These referrals relate to a small group of people who tend to have repeat incidences. Referrals have not reached the 3-point test threshold so do not go on to AP processes. However, due to out of proportion to potential harm use of local resources such as Police, NHS and Ambulance time, we consider use of local multi-agency planning meetings to put a locally agreed anticipatory care plan in place where possible and practicable. A local protocol to support this was developed in September 2014. This is effective regarding resource use but not necessarily effective in mitigating the self-harm behaviour or worry for other members of the community.

Mr B has a history of substance misuse involving numerous reported concerns about risk, admissions to hospital and involvement by a range of local support agencies. When unaffected by substances, Mr B is deemed to have capacity to make decisions and does not want assistance. A local planning meeting allowed all appropriate professionals to draw up a risk management plan, clearly outlining roles and responsibilities for action to cover likely scenarios and sharing information to benefit Mr B and reduce risk of harm.

2.3. There are some people who come to notice due to Police Concern Reports whom we make efforts to assist through normal practice social work. In this period, 8 people are noted as having been supported in this way. Further, processes of assessment and support that are the main tasks of social work assessment teams reduce risks of harm for many more people in our community by arranging practical support, referring to Orkney Advocacy; supporting people in planning for their futures and reducing distress and anxiety, especially for older people. Additionally, social work practice works to reduce the burden and stress on carers. Local data indicates that carers under stress is a contributory factor where they cause harm to those they care for.

Mrs C's husband was admitted to hospital due to an infection. She told the social worker that she had been physically and emotionally abused by her husband for many years and no longer wanted to live with him. The social worker helped her move to a care home where she could be safe and get the assistance she needed.

3. What actions have been taken over the last 2 years to address the risk of harm identified:

3.1. Changes to procedures and practices relating to safeguarding of adults at risk and why:

- A further revision of local care home protocols was undertaken to ensure that incidents are referred on promptly, based on an analysis of management of a small number of poorly communicated incidents which came to light via other routes. Existing practice was reviewed consequent to an incident where a care home resident, diagnosed with dementia, had acted in a way which was noted on a death certificate as cause of death for another resident. Despite previous training, no adult protection referral had been received in relation to this and other incidents associated with the same resident causing harm to others. A comprehensive re-training programme for care home staff was undertaken consequent to the significant event analysis and is continuing into other local care homes. As a result of a review of this serious event, specialist advice and training are now available to care home and assessment team staff.
- The Adult Protection forms we use have been revised and adapted to promote more effective initial analysis of the presenting situation by assessors.
- We continue to work with local partners and the Child Protection Committee to act together across the lifespan to both raise awareness of potential harm and to equip people to recognise and report appropriately. Further work is ongoing to improve the effectiveness of our joined-up Adult and Child Protection meeting schedules and formats.
- We have revised the terms of reference and operation of our Adult Protection Case Review Group. This has resulted in quarterly meetings with a core group of partners involved in case file audits, making recommendations for improvement actions via reports to the Adult Protection Committee and the Chief Officers' Group. We will be considering the impact of the GDPR (General Data Protection Regulation) regulations on the work of this group in the light of advice received by some Adult Protection Committees about the need for explicit consent from those whose file material is being reviewed and further opinions that such tasks are covered by the original Adult Protection legislation and therefore unaffected by this regulation.

3.2. Information or advice given to public bodies/office holders in exercising their functions:

Training and awareness raising: A programme of AP training and awareness raising sessions on a rolling basis is delivered to:

- OIC staff groups at basic awareness level and on to specialist training such as Joint Investigative Training and Council Officer Training. Training platforms range from use of on-line programmes to one to one sessions.
- NHS Orkney colleagues in all ward settings with an emphasis on Receiving and Acute wards; to consultants and staff doctors; to GPs and other community-based health staff.

- Residential care senior staff: to assist in risk assessment as to where unit management of incidents needs to be referred on for AP consideration.
- Local care home care staff: to ensure they are equipped to recognise and report on any adult protection matters they see in their work including offering them a route to report out-with their line management structure.
- With local third sector and voluntary organisations: tailored sessions to meet the requirements of their boards and for staff/volunteer groups.
- Refreshed and tailored information fliers included in all information packs for people having care needs or seeking carer assessments in the adult age groups.

3.3. Work done to improve skills or knowledge of public bodies/office holders:

- AP awareness and local procedure sessions provided to the NHS Orkney Board; local GP and Consultant Obligate Networks.
- Slide sets and notes provided to Voluntary Action Orkney for use in training and awareness sessions for a wide and extensive range of local voluntary groups, such as drama, sports, etc.

4. What has been the outcome of the activity on the risks of harm over the period of the report:

4.1. Our numbers of investigations are so small that we are only reducing risk of harm via adult protection investigations for 2 people in 10,000 of our population each year. However, our training programmes and education contribute to local understanding of adult protection, alertness to issues for vulnerable people and to raise the standard of acceptable behaviour in relation to them. It is postulated that the biggest impact locally on reducing potential harmful behaviour is that of community- of people knowing other folk's business and the impact of public knowledge of what they have done on those causing harm. Over the past two years we have covered awareness of adult protection matters via training and local publicity campaigns reaching more local members of the public which should reinforce this community effect.

4.2. The Committee's main outcome indicators are outlined in the Committee's Work plan.

5. What challenges do the Committee and/or public bodies with a duty to co-operate continue to face:

- Resource restriction: reduced revenues for training programmes and support projects and staffing availability within the local authority and in health settings in the current climate of austerity.
- Centralisation generally: moves towards single bodies such as Police Scotland with nationally set policies and protocols do not allow so well for local arrangements that meet the needs of remote and rural areas such as Orkney, for instance. In dealing with financial organisations such as banks, business systems tend to operate via English law, and understanding of Scottish law provisions and the principles for their operation is poor and inconsistent in application.

6. What is the Committee's focus going to be over the next two years (as a result of re-analysis of data about types of harm/particular people at risk).

The annual workplan of the APC is approved by the Chief Officers Group. The plan focuses on seven key areas, namely:

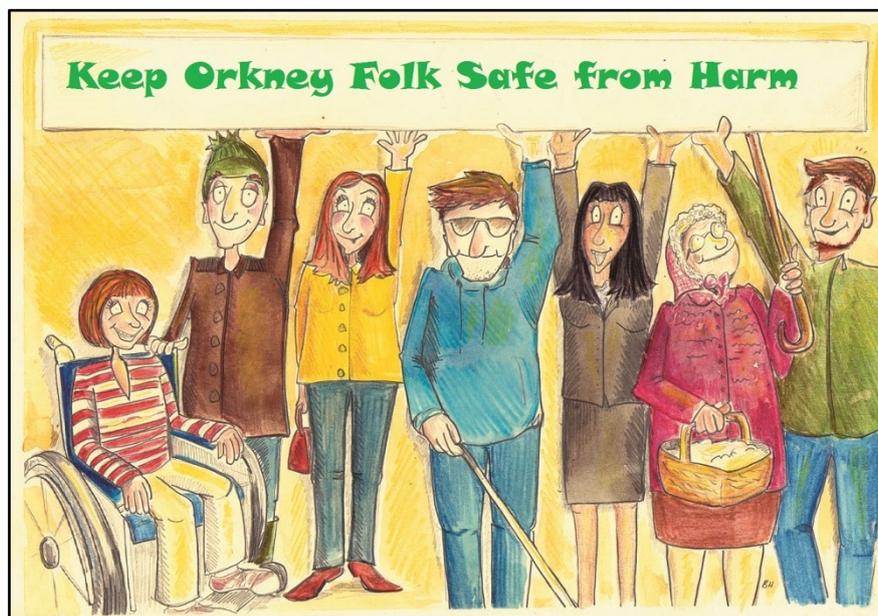
1. Continuous improvement of the safety of adults who may be at risk of harm.
2. Public information.
3. Communication and co-operation.
4. Training and staff development.
5. Strategic planning.
6. Policies, procedures and protocols.
7. Promotion of good practice.

Each area has detailed the activities required to achieve our stated aims, timescales for achievement, lead individuals with responsibility for delivery and measurement outcomes. The detailed plan is attached at Appendix 1.

Andrew Lowe.

Independent Chair.

Orkney Adult Protection Committee.



Appendix 1: Orkney Adult Protection Committee Action Plan (as at March 2018)

Functions of APCs.	What needs to be achieved and why?	How is it going to be achieved?	Who is going to do it?	When by?	Outcome.	Measure.
A) Continuous Improvement of the safety of adults who may be at risk of harm.	<p>What. APC considers all feedback from stakeholders from case review group.</p> <p>Why. Improvement will be appropriately led by self-evaluation/audit activity.</p>	<ol style="list-style-type: none"> 1. Review the statistics discussed at Adult Protection Committee (APC) to ensure they are relevant and useful and benchmark against comparator Areas where possible. 2. APC receives and considers self-evaluation/Audit reports from joint APC lead / Case review group and single agency audit and reports. 3. APC agree and ensure any required improvements are implemented. 4. APC moves towards proactive and preventative approach. 	APC Chair and full Committee.	March 2019.	Adults at risk of harm's safety is improved as a result of self-evaluation and audit. These outcomes need to be evidenced and be used to determine future direction.	<ol style="list-style-type: none"> 1. Self-evaluation/Audit activity regularly discussed at APC. 2. Self-evaluation/Audit activity shows improvement. 3. Adult's, carers' and partners' views indicate that intervention has helped, as recorded in adult protection intervention process minutes.
B) Public Information. 1. Service Users.	<p>What. Involve and consult with people in the local community</p>	<ol style="list-style-type: none"> 1. Explore creative and meaningful ways of consulting with adults, their carers 	Lead Officer and APC.	March 2019.	Adults and their carers/families are being consulted to review and improve	APC makes use of the available information to progress priorities.

<p>2.Wider Public</p>	<p>to ensure adult protection related information is reaching them.</p> <p>Why. Taking full account of stakeholder views will improve service delivery.</p> <p>What. Consider with Chief Officers Group (COG) how to raise public awareness of adult protection issues and what to do should people have concerns.</p> <p>Why. To keep adults who may be vulnerable to</p>	<p>and families and the local community.</p> <p>2. Work with local partners who have relationships with the above and who can assist in consultation and dissemination of information.</p> <p>3. Invite and encourage constituent agencies of APC and their staff to feedback any comments from adults, careers and their families to APC.</p> <p>1. Use local communication networks to raise awareness of adult protection issues e.g. newsletters, intranets, APC web presence (OIC webpages), training, adult protection guidance.</p> <p>2. Locally promote national publicity and strategies in relation to emerging key issues such as financial abuse.</p>	<p>Chief Executive Voluntary Action Orkney (VAO) and APC.</p>	<p>March 2019.</p>	<p>the quality of public information.</p> <p>Adults who may be at risk of harm are safer because members of the public are aware of services to protect them and know who to contact if they have concerns.</p>	<p>Number of adult concern referrals to agencies as recorded on Social Work and Police databases.</p>
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	harm as safe as possible.					
C) Communication and Co-operation.	<p>What. Promote awareness and functions of APC to professionals.</p> <p>Why. To raise awareness and increase engagement with staff to support a focus on the importance of protecting adults who may be at risk of harm from all forms of abuse.</p>	<ol style="list-style-type: none"> 1. Training sessions to introduce the role of the APC, where appropriate. 2. Where appropriate, APC members to introduce themselves as members of the APC whenever they speak to groups of staff. 3. Clearly identify the role of APC in generating practice notes. 	All members of APC.	March 2019.	Staff have a good understanding of the role and function of APC and how it makes a difference.	Survey findings confirm staff across agencies are aware of APC and its role.
D) Training and Staff Development	<p>What. Deliver training in line with Scottish Government ASP training framework and ensure training standards and requirements are met.</p>	<ol style="list-style-type: none"> 1. Analyse training evaluation reports and adapt or introduce courses as required. 2. Ensure training reflects new national practice and emerging key issues including financial 	Training Sub-Group and Training and Development Worker VAO.	Review November 2018.	Improved staff practice, performance and awareness as result of adult protection training activity.	Review evaluation forms and update training as required.

	<p>Why. To raise awareness and improve Adult protection training.</p>	<p>harm via mail, phone and internet. 3. Ensure an appropriate level of training continues (Steps 1, 2, 3 and special events).</p>				
E) Strategic Planning.	<p>What. APC is aware and responsive to changes in individual agencies regarding legislation and organisational process change.</p> <p>Why. 1. To fulfil APC's role to contribute and challenge the interagency adult protection local response. 2. To promote improvement in safe outcomes for adults through developments which may be</p>	<p>1. Members will bring information about changes to APC Meetings. 2. APC will respond to consultations. 3. APC will challenge developments which compromise the quality of child protection service.</p>	Chair and APC.	At each quarterly meeting of APC.	APC ensures that all constituent agencies uphold and promote the importance of adult protection.	<p>1. All appropriate reports in respect of Adult Services demonstrate that adult protection has been fully considered. 2. COG are fully aware of developments underway and are satisfied that adult protection has been fully considered.</p>

	out with the full control of APC.					
F) Policies, Procedures and protocols.	<p>What. Review Adult Protection Protocols in line with National Adult Protection Guidance.</p> <p>Why. 1. To ensure they provide a helpful guide to staff in respect of adult protection issues and processes. 2. Staff have access to up to date, consistent adult protection guidance and protocols.</p>	<ol style="list-style-type: none"> 1. Protocols and Guidance reviewed and updated as required. 2. Single and multi-agency audits are undertaken as appropriate. 3. Protocols and Guidance need to take account of developments in other interrelated legislation and guidance. 	Chair and APC.	By March 2019.	<ol style="list-style-type: none"> 1. Protocols and Guidance updated in order to support staff to keep adult at risk of harm safe. 2. Reports reviewed by Case Review Group. Feedback on audits. 3. Adult Protection Protocols and Guidance are available to staff. 	<ol style="list-style-type: none"> 1. Protocols and Guidance are updated and changes communicated to staff. 2. Audits are being conducted and showing improvement.
G) Promotion of good practice.	<p>What. Respond to the findings of the key self-evaluation activities, Significant Case Reviews and local</p>	<ol style="list-style-type: none"> 1. Implement self-evaluation processes around adult protection, as part of wider adult services self-evaluation. 2. Update APC meeting on progress. 	Lead Officer and APC.	At each quarterly meeting of APC.	Adults at risk of harm are safer as a result of the adult protection process.	Action plans are in place and APC are reviewing the progress.

	<p>comprehensive case reviews around the adult protection process.</p> <p>Why. To improve adult protection services.</p>	<p>3. Respond to actions from reviews and report on progress.</p>				
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