

Orkney Public Protection Committee

Adult Support and Protection

Biennial Report 2018 – 2020



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Orkney Public Protection Committee Biennial Report. This report will provide analysis of local activity based on the statutory guidance and provide an insight into the issues arising. The report will also cover the following:

Legal Requirements. The report follows the updated guidance issued by the Scottish Government and is presented under Section 46 of the Adult Support and Protection (Scotland) Act 2007.

Previous reports have been sent to the Scottish Government and partner agencies. Reports have also been published on Orkney Islands Council website - <https://www.orkney.gov.uk/Service-Directory/S/adult-protection-biennial-report.htm> and shared with Orkney Council Elected Members, Integrated Joint Board, Voluntary Action Orkney Board and NHS Orkney. This report will be published in the same way.

1. Executive Summary

1.1. This biennial report in respect of adult protection work in Orkney covers the period 1 April 2018 – 31 March 2020. Under the leadership of Andrew Lowe, Independent Chair of the Adult Protection and Child Protection Committees it was agreed that Orkney move to a Public Protection Committee in 2018 at the end of the previous biennial reporting period.

The rationale for this move was to cover the lifespan in public protection and to provide more effective use of time and resources for partners participating in Adult and Child protection governance. It was anticipated that it would address issues such as quorate attendance at meetings and increase the overall status of public protection in Orkney.

Orkney Public Protection Committee with respect to Adult Protection has focussed on:

- A rolling programme of council officer training sessions delivered as part of the Out of Hours Training for social workers and seniors.
- Working with Trading Standards to promote local information about scams and to install scam-resist phones.
- Providing training for partner agencies across the county, with a focus on NHS Orkney through the activity of the Training and Communication sub-group.
- Offering guest lectures at Orkney College for Health and Social Care student groups.
- Considering how the committee can best obtain the views of people and their carers who have been involved in adult protection investigations.
- Using the offices of the Independent Chair to enhance communication with other remote and rural areas and to improve understanding of national activity in Adult Protection.
- Improving involvement and cooperation regarding domestic abuse in Orkney via representatives from Women's Aid Orkney in the committee.
- Continuous improvement of the joint Adult and Child protection training programme, taking account of local requirements and new developments in both practice areas.

2. Chair's Introduction

I am delighted to present the 2018 - 2020 Biennial Report for Adult Support and Protection, which is part of the work of the Orkney Public Protection Committee (OPPC). In a significant development Orkney has combined the work of adult protection and child protection under the same committee - the OPPC. This is a change from the last reporting round and it has been a smooth transition and a credit to all involved.

I assumed the role as the Interim Independent Chair of the OPPC in February 2020. As a result, the time period of this report covers a brief spell of my chairing. I am reliant of the work carried out by my predecessor, Andrew Lowe to whom I wish to pay my respects and thanks for the work undertaken with the OPPC. I wish to also thank Nadia Heath who retired recently from the secretariat of the OPPC and was core to maintaining the functioning of the committee. Finally, I want to pay tribute to the work of Anne Mathison, Principal Officer who has played a key role in the development of Adult Protection in Orkney and is due to retire at the end of 2020.

One of the functions of the Biennial Report is to be accountable for the work carried out through reporting to the Scottish Government and also inform the local community by making the report publicly available. This serves to improve the general understanding of the work done in Adult Support and Protection and to consider what improvements can be made to make the services more responsive of local need. I am struck by the high level of commitment there is to ongoing

improvement in Orkney and I know that this will be reflected in our approach to Adult Support and Protection in future.

At the end of the reporting period the world was adjusting to the impact of the Covid-19 pandemic. This has presented unimaginable challenges for everyone, including the protection of the most vulnerable – and especially those who may be entitled to Adult Support and Protection. Even at the start of the pandemic, it is hard to overstate the impact it has had, requiring swift changes to the way we work and respond. It is too early to say where we are heading, but I am clear that Adult Support and Protection will figure significantly as we adjust to our new world order of caring for the most vulnerable people in our communities.

Tam Baillie.

Interim Independent Chair of the Orkney Public Protection Committee.

3. National Context

In the past two years there has been a great deal of development activity in respect of Adult Support and Protection (ASP) at national level. Whilst there is still a lag behind the range and stage of developments in child protection, a lot has been initiated, all of it pointing in the direction of an increased status for Adult Support and Protection and a clear focus on the main areas for improvement. This is illustrated through the ongoing activity of:

- A National Improvement Plan driven by Scottish Government with regular reporting to the National Strategic Forum, which is meeting twice yearly. The improvement programme is reported upon regularly at the National Adult Support and Protection Network, which meets on a quarterly basis.
- A planned inspection programme of Adult Support and Protection for every area in Scotland to be carried out over a two-year period commencing in January 2020. The Care Inspectorate has prioritised the inspections through a tight timetable. Orkney was due to be part of the second tranche of inspection in 2021, but all inspections are paused due to the Covid-19 pandemic.
- A review of mental health legislation which will necessarily have to take account of Adult Incapacity legislation and Adult Support and Protection policy and practice. Whilst this has commenced, it is expected to be long-term in relation to any significant changes which come from it. In the meantime, there are plans to review the Code of Practice and Guidance for Adult Support and Protection.
- A review of data collation for Adult Support and Protection. It has been recognised that there needs to be greater consistency in the data and definitions used for producing local information. Improvements will make it easier to contrast and compare local areas and also assist in producing a national profile for the work carried out.
- Guidance has been published for the conducting of Significant Case Reviews in adult protection cases. It is acknowledged that there is a need to encourage a more reflective approach to enhance learning from instances where adults have not been appropriately protected. The Care Inspectorate is committed to publishing a synopsis of learning from Initial Case Reviews and Significant Case Review cases.

All of this activity provides the opportunity to examine key issues for Adult Support and Protection such as: the application of the three point test; the balance of human rights and needs for interventions and the operational link with domestic abuse; substance misuse; and homelessness.

4. Activity, Trends, Inputs and Outcomes

4.1. Self-Improvement and Quality Assurance

Orkney Adult Protection Committee and following on, Public Protection Committee was reported to, by the Case Review subgroup which met quarterly under the chair of the Chief Social Work Officer (CSWO).

Because of small numbers of ASP cases, the group typically reviewed up to six cases per quarter which had been referred as Vulnerable Persons Database (VPD) or from other sources.

Feedback from the group was used to review and improve AP forms which were becoming out of date. Evidence from the review group suggested that the forms needed to be more explicit in the information asked for and in helping referrers be clearer in laying out assessments of risk.

The case review group discussions prompted refreshed training for care home staff groups and other support units. The case review subgroup was unable to operate latterly as a consequence of resources having to be devoted to recent Child Protection Inspection work.

The CSWO commissioned the AP Lead officer to review the circumstances of a serious incident event in a local care home. This led to an intensive training programme for care home and support unit staff groups across the county and contributed to the revision of AP referral forms to improve understanding and use by non- social work staff groups.

In consideration that quality assurance and case review processes were last reviewed after a joint inspection of Services for Older People in 2017, and that a new inspection of Adult Protection is expected in 2021, putting in place an effective case and procedural quality assurance system will be a priority for the committee. The interim IJB Lead Officer has instituted this process.

4.2. Work of the Joint Training and Communication Subgroup

The subgroup's membership includes representatives from all local partners and focusses on developing effective adult and child protection training delivered by Orkney Health and Care staff or developed by the AP Lead for other services and organisations to use.

- During this period, the subgroup analysed the effectiveness of the two- day Step 2 training sessions. This resulted in reducing the session to one day offered 4 times per year rather than one 2-day session twice a year. This was based on feedback that it was difficult to release staff for a 2-day training, to secure trainers time and that the waiting list for training could be reduced by offering more sessions. Feedback from the changed format has been positive.
- The subgroup's membership was depleted over this period by the absence of an AP/CP Nurse representative. There has been no Learning Disability Nurse in post for some years and this specialist role with respect to adult protection has not been covered effectively by other means.
- Additional Adult Protection Trainers were added to the training team from the Adult Social Work Team, assisting to make up the gap by the AP Lead moving to partial retirement.
- Publicity materials were distributed to partners for National AP days and articles submitted via OIC Comms for publication in the local press and local radio.
- The subgroup selected a promotional topic relating to public protection for the information window at Voluntary Action Orkney.
- Adult Protection awareness materials started to be distributed to supported people and their carers via information packs supplied by the Adult Social Work Team.
- Sessions on adult protection were provided by the AP Lead to the 2019 - 2020 social work development programme, open to qualified and unqualified staff and local partner agencies.
- Adult Protection Council Officer training was provided by the AP Lead and ASW Team staff to new entrants to the services and as refresher sessions for all social workers on the Emergency Out of Hours service rota.

5. Adult Protection Procedures

The AP Lead Officer reviewed and updated the Adult Protection procedures in November 2019. The AP Lead has recommended that all AP procedures be reviewed as part of the refreshed quality assurance programme to commence at the end of 2020.

At the start of the Covid emergency, a brief addendum to the above procedures was quickly produced and distributed to cover how adult protection investigations and support for those

involved was to be managed to ensure no reduction in service with appropriate safeguards were in place. This has been kept under review.

6. Participation

It has been difficult for the committee to obtain the views and experience of those who become involved in adult protection. Orkney has had very few AP cases and those involved in AP and other cases that are case managed but fall short of AP criteria have, for the most part, had significant cognitive issues that impede their ability to give their views. The views of carers and supporters have been routinely gathered where possible and these have been appreciative of the practical support offered and the outcomes for those whom they support.

The committee will seek to look for methods to better represent the views and experience of people and their supporters who have been involved in AP proceedings. This is likely to involve exploring different ways of getting the real views of vulnerable people and the committee will consider commissioning third sector organisations, such as Crossroads Orkney or Advocacy Orkney, to interact with vulnerable people and provide their views to the committee.

7. Key Statistics

Adult Protection Data: What the data collated in Orkney is telling the Committee about types of harm/people at risk in the area:

7.1.

In previous reports, data has been presented as per the data submission requirements set by Scottish Government. Orkney data has been gathered as per Scottish Government guidance issued between April 2018 and March 2020.

It can be noted that the Police VPD referrals doubled in number from 18/19 to 19/20. Colleagues in Shetland noted a similar increase in VPDs. Police Scotland refer VPDs on to social work for discussion based on a range of criteria which they set. To date, it has not been possible to see or have an explanation of the criteria or algorithm used for this purpose. Without an understanding of the reason for this doubling of referrals, making statistical sense of AP referral data locally and across Scotland will be complex.

Locally, examination of the characteristics of referrals shows that they are intrinsically the same as the majority of Police VPD cases from one year to the next, in that they are predominantly low risk incidents which do not meet the criteria for AP action.

It appears that many such VPDs now come to Police notice due to the prevalence of use of social media. People in crisis are now able to inform others about their distress with relative ease and speed and, from the VPD evidence, many have their social media messages reported on to the Police by anxious viewers of the material.

Total Referrals.	2018/2019.	2019/2020.
Referrals.	72.	146.
Police VPDs.	55 (76%).	121 (83%).
Met 3-point test.	9 (12%).	34 (23%).
Investigations.	0.	1.

Source of Referrals meeting 3-point test.	April 2018 – March 2019.	April 2019 – March 2020.
NHS (including NHS24).	1.	0.
Police.	0.	18.
Other Organisation.	2.	1.
Social Work.	1.	3.
Council (including council run care homes).	4.	10.
Family.	0.	2.
Education.	1.	0.
Totals.	9.	34.

7.2.

Police Scotland VPD referrals continue, for the most part, not to meet the “three- point test” criteria in current guidance. It is useful, however, for both Social Work and Police to discuss VPDs to allow non-adult protection action to be taken where appropriate. Police will request that social work pass on VPDs to relevant local agencies such as the person’s GP or the Community Mental Health Team where this has come to light via Police/Social Work discussions of each referral.

Discussion with the concern hub allows the AP Lead and Seniors dealing with AP matters access to an experienced AP professional for consultation and basic quality assurance purposes on a case by case basis.

7.3.

Along with the above actions, VPDs have regularly resulted in further non-adult protection actions such as assessment for support packages; referral on to third sector agencies for support and anticipatory care planning with the subject of the VPD and their carers. Action using the AWI Act may also be a consequence. During 2019-2020, the AP Lead Officer better represented the amount of work done in supporting people who did not meet the 3-point test but needed help with aspects of their lives. This is represented in the table below.

Outcome of referral.	2018 - 2019.	2019 – 2020.
No further action.	63.	56.
Further non-AP Action.	8.	88.
Further AP action.	0.	1.
Police Action.	1.	1.

Examples of such work include:

- Regular VPD referrals where an elderly person believed thefts were happening from the home. This was symptomatic of a complex dementia. Case work progressed resulting in the person moving to supported accommodation.

- Repeated VPD referrals where a person's behaviour was seen as challenging or threatening but where a complex mental health condition was the issue. ASW and CMHT social workers worked extensively with the person to better meet their needs such that the concerns were reduced and quality of life improved.
- A series of VPD referrals alerted to serious issues for a person with mental ill health and substance misuse. This prompted consideration of the Mental Health Act and appropriate NHS Services being provided.
- VPD referrals relating to driving incidents have led on several occasions to provision of support for older persons and people with disabilities living in remote circumstances who otherwise would have been at risk of isolation and deprivation due to being unable to drive.
- Carers assessments for people finding themselves carers for others in difficult circumstances and resulting in support for them to be able to continue with essential caring roles.

7.4.

Numbers of referrals from agencies other than Police Scotland remain very low. As a rolling programme of AP training continued over the period of this report, reaching third sector agencies, NHS Orkney, other partners and the public, as the incidence of referrals meeting the criteria for AP action remain consistent, it appears that the relatively low threshold for VPD referrals rather than under reporting in other areas is behind this apparent imbalance.

7.5.

A significant number of VPD reports discussed with Police are about people who have mental health issues and also use substances or who use substances by choice. There tends to be repeat VPD referrals with regards to a small group of people who are in this category.

During this period, for example, one case resulted in 12 VPDs over a two-month period.

Repeat referrals 2018 - 2019.	Repeat referrals 2019 - 2020.
1 case had 3 referrals. 1 case had 6 referrals. 1 case had 2 referrals.	6 cases had 2 referrals. 2 cases had 4 referrals. 3 cases had 3 referrals. 1 case had 12 referrals.

Often Police and health services use significant resources in relation to the crisis situations these people find themselves in. In the majority of these instances, criteria for use of the AP Act are not met and people do not wish to interact with supportive services once the immediate crisis has passed.

A protocol for Local Planning Meetings was developed by the AP Lead and has been used regularly in such cases.

Local planning meetings allow interdisciplinary exchange of information and the potential for innovative solutions to complex problems along with planning for future incident management.

7.6.

A very small number of VPD reports involve people who appear to choose to use substances which cause them harm and continue to wish to do so. As the numbers are so small, further

descriptions of these cases in our small community would risk the persons involved being identifiable. There may be no disability diagnosis or mental health issue. The current Code of Practice for Adult Protection notes that people who are unwilling rather than unable to safeguard themselves under such conditions may not be considered adults at risk.

7.7.

Only one Adult Protection Case conference happened during this biennial period, taking place in early 2020. This person was then subject to a protection plan and ongoing core group management.

8. Conclusion

Whilst I am relatively new to the work of the Orkney Public Protection Committee, it is clear that the report reflects some of the challenges facing Adult Support and Protection nationally.

The main challenge is the variety and complexity of the work in which people operate. The Police are by far the most frequent point of contact and as such on the frontline of our protective services. They are most often the conduit through which vulnerable adults access services to ensure their support and protection - which includes Social Work, Health (including Mental Health) and Voluntary services. However, the legislative and policy context for adults does not always neatly fit the needs of people which is why there is so much work that takes place outside of the statutory framework. It is encouraging that the Scottish Government has initiated reviews of legislation and guidance to better align the policy framework with the needs at local level. It is expected that this will take account of related issues such as homelessness and alcohol and drug use which is to be welcomed.

The onset of the Covid-19 pandemic has highlighted not only the frailty of older people, but also of our services for those requiring adult support and protection. At this early stage it is clear that there will be a renewed focus on this area of provision which will provide the opportunity to consider the national and local priority given to adult support and protection. It is easy to see that work to revamp our national approach to adult support and protection, initiated before the pandemic, will now be given added impetus as we consider lessons learned. All of this activity should benefit local implementation for the improvement of adult support and protection services.