

Shetland Public Protection Committee

Biennial Report 2020 – 2022



Shetland Public
Protection Committee



Introduction from Chair

I am delighted to provide introductory comments of the Shetland Biennial Report, 2020-2022 on Adult Protection.

For the whole of the reporting period, the Covid pandemic has been a constant factor. It has impacted in every community and affected how services are delivered. It has been reassuring that throughout the time, the national and local priority has been to ensure that safety and public protection has the highest priority. The Chief Officers Group and the Shetland Public Protection Committee have continued to provide leadership and focus in the face of the pandemic challenge. The service responses have had to adapt to the fluctuations of lockdown and social distancing whilst maintaining the highest level of quality in the delivery of what is required to support those who require it.

In Shetland, the drive to maintain services has been accompanied by our constant attention to improvement. You will see evidence in the report of the quality assurance and audit activity, which confirms where we are doing well and where we can make improvements. I have the privilege of chairing the Quality Assurance Adult Protection sub-group and I see at first hand the diligence, time and effort that is channelled into self-assessment and scrutiny of how and what we are delivering. We recognise that we can always do better, but the audit activity is a key element of ensuring there is a shared understanding of where improvements can be made. The report contains several case studies which usefully illustrate the range of work undertaken and the high level of inter-agency work to deliver services for those in need of adult support and protection.

One of the areas where we still have ambitions to realise is in ensuring that those with lived experience have their voices reflected in strategic developments. We have well imbedded practices of ensuring the views of individuals are taken into account in decisions that affect them. However, we have a way to go to be able to take collective experiences of adults in receipt of services and have those impacting of future developments. It remains one of the areas we need to develop.

The national context for adult support and protection is one where there is an increased focus and attention given, evidenced in the suite of guidance material being produced. Shetland has yet to be inspected as part of the improvement programme, but we will be soon. Much of the preparatory work for the inspection is in a state of readiness and by the next reporting cycle we will have the findings and response to the inspection.

In terms of the future, we are facing a time of constant change. The Review of Mental Health legislation will be published soon and the proposals for a National Care Service will make a significant impact on how services are organised. At the same time, we know we face another major upheaval through the Cost-of-Living Crisis which has yet to be felt in full force. Despite the recent challenges, protection services have been given the highest priority and there will be no change in that approach at national and local levels.

Tam Baillie, Chair of Shetland Public Protection Committee

Section 1: Statutory Requirements

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Shetland Public Protection Committee continued to meet through the pandemic and lockdown and moved meetings to be online (further information will be noted in the section on Covid 19). The primary purpose was to support all agencies to protect adults and keep the response to adult concern and adult protection referrals as safe and consistent with ASP procedures as possible.

From the 20-21 and 21-22 Annual Reports the following was highlighted in the executive summaries:

What went well?

- Continuity of front line Adult Protection services supported by agencies working together effectively through the pandemic.
- Adapting to new ways of working using online meetings and adapting training.
- Completed and issued new Adult Protection Procedures.
- Carrying on with the work of the sub committees as much as possible and responding to emerging issues e.g. increase in concern about internet safety and financial harm.
- Ability to fully participate in national forums, meetings and training events due to easy access online.
- Continuity of services to protect and support adults through the pandemic
- Preparation for ASP Inspection
- File reading for Adult Protection which demonstrated good interagency practice, caring and appropriate responses and positive outcomes

What could have been better?

- Some projects which really needed engagement with professionals and service users could not go ahead. For example the introduction to Shetland of “I Am Me” (a project to support adults with disabilities who face discrimination) involving service users could not go ahead.
- Networking with colleagues.
- Adult Protection Training online is not as effective as face to face training.
- Development of ways to include adults in the work of SPPC
- Publicity and awareness raising

What have we learnt?

- Services and staff are resilient, tenacious, well led and that there is a deep care for adults at risk that mean staff will go more than the extra mile.
- We can work effectively – sometimes more effectively – using online meetings. Meetings were often more focussed and purposeful.
- We can work flexibly and still achieve our goals.

- We still need to network and connect and work face to face with adult service users and adults at risk of harm
- All agencies continue to be resilient in the face of challenges created by the pandemic
- Agencies need to consider the impact of poverty, increasing prices and energy costs on all aspects of life in Shetland.

Section 2: Analysis of harm

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Analysis of Adult Protection Statistics

Quarterly statistics relating to adult concern and adult protection referrals and outcomes are collected by Adult Social Work and then collated and presented to the Adult Protection Quality Assurance Group for discussion. The following has been noted:

- After noting for some time the increase in self-harm referrals (see Table 1) it had been agreed to do some quality assurance work on this. Referrals relating to Self Harm were collated for the last year. The Lead Officer looked at the social work records held on adults who were frequently referred. This showed good interagency practice, application of ASP when appropriate and that for all of these adults they were living with complex, long term mental illness and experienced levels of distress which resulted in self harm or suicide attempts.
- Relatively few adults meet the 3 point criteria. 16 in 2020-21 and 30 in 2021-22. 30 in 2021-22 is a significant increase on previous years and relates to a change in practice and a more considered approach when considering with great care people's ability to protect themselves (case study example given below) and mental infirmity.
- Adult Protection Case Conferences are rarely held – 3 Initial Conferences and 2 Review Conferences in 2020-21 where 3 adults were made subject to protection plans and 4 Initial Conferences and 6 Review Conferences in 2021-22. 4 adults were made subject to protection plans. Adult Protection Case Conferences were reviewed as part of the ASP File Reading (see Section 3 – Activity and Service Improvement).

Table 1 - Adult Protection Data

Type of Harm	2021/2022	2020/2021	
Physical Abuse	13	18	Physical Abuse
Financial Abuse	14	24	Financial Abuse
Neglect	13	2	Neglect
Self Neglect	11	18	Self Neglect
Sexual Abuse	4	5	Sexual Abuse
Self-harm	88	98	Self-harm
Psychological / Emotional Abuse	29	46	Psychological / Emotional Abuse
Substance Misuse	27	17	Substance Misuse
Discrimination	0	0	Discrimination
Not known	3	13	Not known
Other	73	26	Other
	275	267	Some cases may be referred for more than 1 cause

Case Study 1

A 31 year old woman was repeatedly the subject of adult concern referrals due to mental health and substance use issues. She financially exploited adult males with learning disabilities and was also a victim of domestic abuse, sexual violence and coercive control. Agencies had discussed her situation on many occasions and assessed she did not meet the 3 point criteria as she was often able to protect herself from harm. In early 2022 following further assessment a diagnosis of PTSD was made and it was also assessed that she could no longer protect herself from two adult males who were exploiting her. She met the 3 point criteria and an adult protection case conference put a protection plan in place and agencies continued to work with her to try and help improve her day to day life with persistence and care.

Section 3: Activity and service improvements

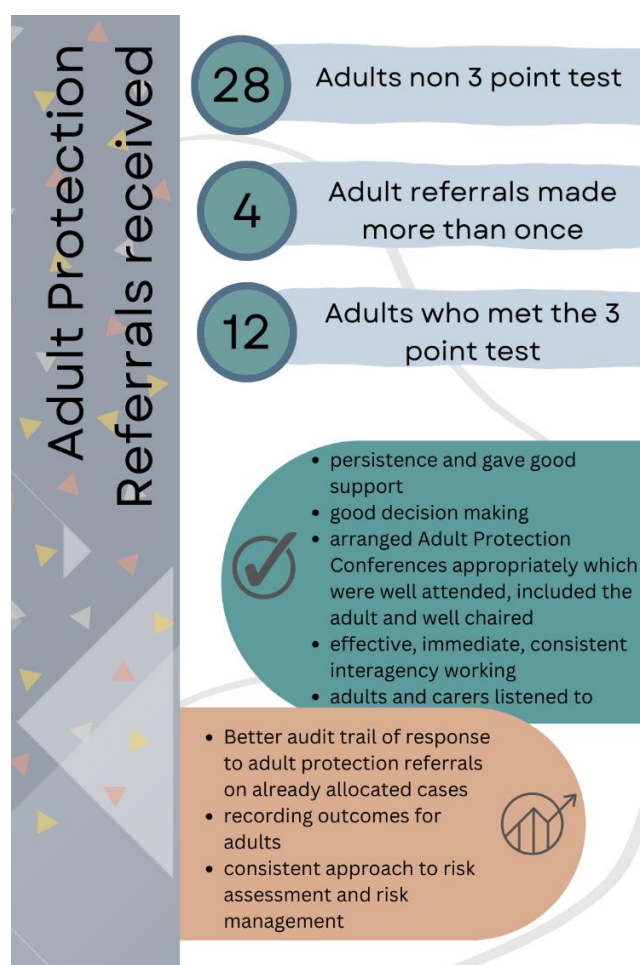
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Quality Assurance

The Adult Protection Quality Assurance subcommittee has overseen two pieces of significant quality assurance work and two action plans coming from this work.

Review of Adult Concern and Adult Protection Referrals

A review of Adult Protection referrals was undertaken by the Lead Officer and Executive Manager for Adult Social Work in December 2020 looking at adult protection referrals made in 2019-2020. This used a Care Inspectorate Adult Protection template to analyse social work records with a focus on decision making about the 3 point criteria and the quality of adult protection processes. Many strengths were identified in practical responses by all agencies to protect adults. However, there were still some gaps in being able to see a clear audit trail of responses when new referrals were received on already allocated cases. The findings are summarised in the following infographic and an action plan is in place to follow up the learning points identified.



The action plan from the single agency case review identified:

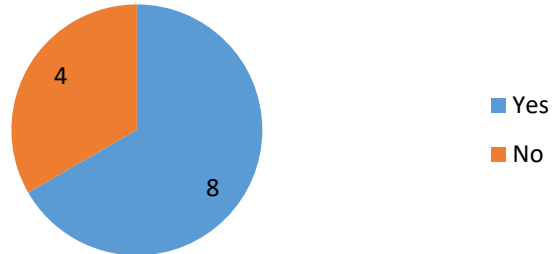
- A better audit trail of response to adult concern / adult protection referrals on already allocated cases. It was agreed to ask allocated social workers and senior social workers to take more care about this and also to use the “Record of Action” sheet (this is commented on later)
- It was agreed to monitor the meeting of timescales in the September ASP procedures and so further work was done by the duty senior social workers in September 2021 that showed timescales were not being fully met and needed to be reviewed.
- Risk assessment and risk management needed to be strengthened and multi risk assessment recorded in the Record of Action.

Inter-agency File Review

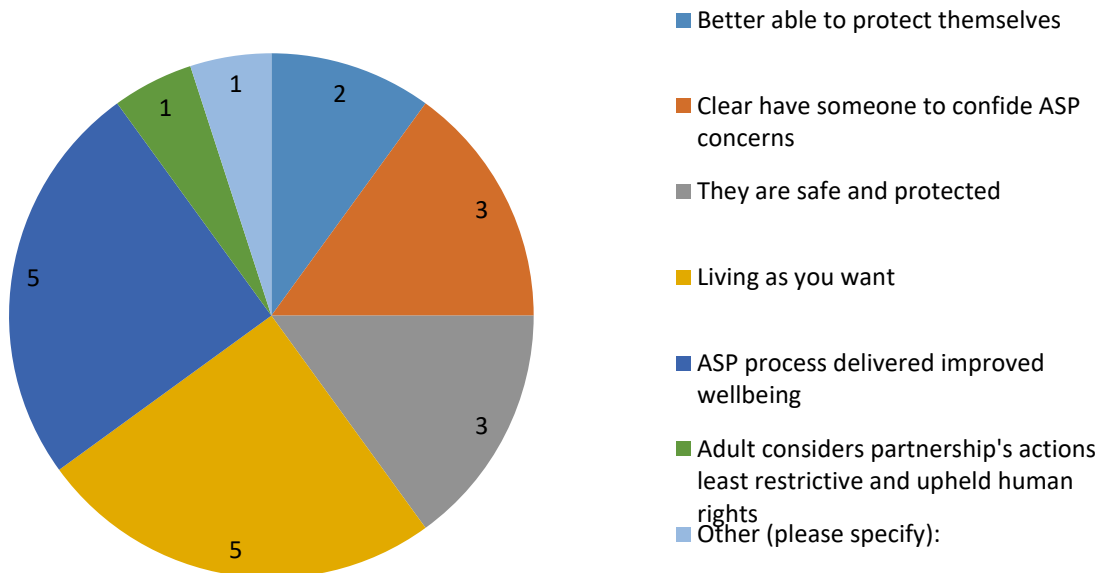
In November 2021 with support and training from the Care Inspectorate 6 file readers read the files of the 12 adults who met the 3 point criteria in 2020-2021 and 10 who were assessed as not meeting the test. The following infographic gives information about the review. The action plan from the review is being implemented and monitored by the Quality Assurance subcommittee. The action plan has focussed on the following :

- Chronologies were seen as a significant gap in practice with 75% of cases assessed as requiring a chronology and only 50% having one in place. 75% of those files which had chronologies were assessed as being of an acceptable standard. Areas of strength were noted which were clear and simple, contained interagency information and were up to date. Areas for improvement were noted too - sometimes chronologies were hard to find, in different format and some were out of date and lacked information in respect of significant events in the adult's life. It was recognised that this would be a significant area for improvement requiring new guidance and training. At the time of writing new guidance for chronologies based on the Care Inspectorates Guide is in draft form and training is being planned.
- Risk assessments were stronger than risk management plans. It was recognised that the current risk assessment format would benefit from an update and rewrite. At the time of writing this is in draft form.
- As noted in the single agency file reading conducted in December 2020 - January 2021 the clear audit trail of inquiry/investigation/ASP process (if required) was harder to follow when new referrals came in on already allocated cases. This had not really changed and continues to be an action for improvement. An updated Record of Action and a new form to be used to assist this process is in draft form.
- What was overwhelmingly positive from the case file reading was the interagency working, sharing of information. Outcomes for adults were positive with 75% of adults whose case files were reviewed showing positive outcomes - as shown in the charts below

Have there been improvements in the individual's circumstances in relation to safety and protection that match what you would reasonably expect to see?



If yes, select all which apply.



Case Study 2

A young woman with significant physical and learning disabilities and mental health problems was living with a much older man. They had a pattern of moving around Scotland – usually moving on when services became concerned about the relationship and the extreme coercive control that was happening. During lockdown there were no passenger ferries or flights leaving Shetland. The woman's GP made an adult protection referral following disclosures made by the woman – there were also significant concerns about her mental health. All agencies worked together and a removal order under the Mental Health Care and Treatment Act was put in place (which was deemed to be more appropriate than a removal order under Adult Support and Protection) and the woman moved to a safe place for mental health and capacity assessments. She was assessed as not having capacity and the local authority applied for welfare guardianship under the Adults With Incapacity Act. The extent of her trauma and the way in which she had been harmed and controlled over many years has slowly become apparent. Her views, expressed to people working with her, was that in her new home, with the support of care workers, she finally had a life and choices about her life. She has been able to reconnect with her family. This was seen to be an outstanding example of the way in which the three pieces of legislation were used together to effectively protect an individual who met the 3 point criteria, protect them from harm and support them to have a better and safer life.

The following case studies illustrate good inter-agency practice leading to improved outcomes for adults at risk. Adults were supported to give their views and to be at the heart of decision making about what would enable their lives to be safer.

Case Study 3

A man with learning disabilities living in supported accommodation disclosed to a family member that he had been inappropriately touched in a sexual way by another adult male. This adult male was a frequent visitor to a friend and neighbour of the adult at risk. The family member contacted social work and an investigation was undertaken. Police, social work and all agencies worked in victim led and supportive ways to understand what had happened and what future risks may be. The adult at risk's neighbour was also potentially at risk from this male visitor. The outcome put a protection plan in place and ensured there was no more contact with the person causing the harm. Family members commented on the good joint working and care and support for the adult at risk.

Case Study 4

A woman with an acquired brain injury experienced locked in syndrome and was cared for in a residential care home. Her situation improved and she was able to move to her own accommodation with 24 hour support. She was assessed as lacking capacity. Her adult son, who had a significant drug use problem, began to visit her. Over time his demands for money and to stay in her home increased her distress and stress and this affected her mental and physical health and her behaviour to carers. An adult support and protection case conference agreed to apply for a banning order. This controlled the situation and life was calmer and safer. Unfortunately once the banning order ended the son resumed his abusive behaviour and another banning order was applied for and granted.

Adult Protection Case Review 2020-21

6 File readers trained by the Care Inspectorate

22 Health and Social Work records

12 Adults who met the 3 point test

10 Adults who did not meet the 3 point test

What went well?

processing and analyzing data using Smart Survey ~ interagency working and sharing of information ~ decision about the three point test ~ support and help to adult who did not meet the three point test ~ persistent caring support to adults hard to engage with who were at risk ~ adult protection case conferences, protection plans and case group well run ~ risk assessments ~ recording generally of good standard ~ improved outcomes and safety for adults ~ continuity of care in pandemic

chronologies ~ risk management plan not as strong as risk assessments ~ limiting the number of professional only meeting to when it is necessary ~ training of NHS staff and assisting them to understand the 3 point test better ~ recording more clearly the ASP Process when new referrals are received on allocated cases

What could have been better?

What have we learned?

to conduct interagency file reading for adult support and protection ~ to identify your own strengths and areas for improvement

Section 4: Training, learning and development

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Training

Since 2012 Shetland Adult Protection Committee and then Shetland Public Protection Committee have had a comprehensive training strategy in place. Since 2014 Level 1 e learning and then Level 2 face to face training have been offered to all staff. The following highlights training that has been delivered and also some of the challenges faced in the last 2 years:

- Prior to the pandemic in late 2019 it was recognised there were gaps for NHS Shetland in terms of hospital staff accessing the Level 2 Adult Support and Protection training. Sessions specifically for NHS staff were cancelled in 2020 and 2021 due to it not being possible to release staff to attend. In early 2022, despite the pandemic easing, it was still difficult for NHS Shetland staff to attend online training due to staff shortages and pressures of work. To try and support NHS colleagues specific Level 2 ASP training was set up in March 2022 and 80 places with 4 sessions offered online. The feedback on this training was very positive – although attendance was not as good as was hoped as the covid infection rate in Shetland in March was very high. Evaluations from this training showed that the majority of attendees found the session useful and relevant to their day to day practice. Additionally attendees commented that this was a helpful reminder and refresher about the legal framework for adults at risk and local inter-agency adult protection procedures.
- Specific training for GPs was also delivered and run in March 2021 for the main Lerwick Practice. Again this was well received and has given us a template to run again when time allows.
- The basic Level 1 Keeping Adults and Children safe eLearning was uploaded to the www.safer-shetland.com website in 2020 and this has proved to be very well used with 1186 sessions linking into the course.
- Level 2 Adult Protection was adapted to be a Webex session. The team of staff who usually assist with Level 2 adult protection training were not able to deliver training and so the SIC Workforce Development Trainers have delivered all the training. Their support has been invaluable in keeping training available for staff, 131 staff completed this training.
- It has always been a challenge to provide council officer training in Shetland. However, online training was very kindly offered to Shetland Social Workers by the Lead Officer for Edinburgh PC in 2020. Additionally in 2022 using an external trainer Council Officer Training was run for newly qualified social workers online in January 2022 with face to face training and updates for existing council officers completed in April 2022.
- A level 3 Adult Protection E Learning was finalised in early 2021 and made available to all partners. This has been aimed at Team Leaders, Seniors Social Care Workers, GPs, NHS Staff who have supervisory responsibilities for other staff. This has proved to be very well received and very useful in supporting more advanced learning about adult support and protection.

- Scambusters Bulletins continued to be issued throughout 2020/21. This was felt to be very important due to an identified increase in scams during the pandemic. Bulletins were added to food parcels with help from Police Scotland.
- A local bank contacted the Financial Harm Subcommittee when they became aware of a number of customers in Whalsay being targeted by scammers. A Scambusters training session was offered through the Whalsay Community Council and additional information provided.
- Further Scambusters sessions, which had been adapted to be delivered online, were offered to Community Councils in Yell, north mainland, Sandwick, Gulberwick and Quarff and Lerwick.

Continuing to deliver high quality training during the pandemic when risk assessments did not allow for face to face meetings has proved to be challenging. Adult Protection training can cause anxiety and does not always lend itself to being completely online. The basic Keep Adults and Children Safe E Learning was added to the www.safershetland.com website and this has shown real benefit especially for the third sector organisations (Shetland Arts was recently commended by Scottish Arts Council for ensuring that freelance staff completed the basic e learning).

The training subcommittee of SPPC has been replaced with a newly constituted Inter-Partnership Training Group which will attempt to streamline the training of all staff from all agencies in respect of domestic abuse and gender based violence, alcohol and drug misuse, community justice and adult and child protection. The new group aims to use the framework for training that has been in use for Adult Protection for some years.

. A new training strategy for 2022 to 2024 is in draft form and will be finished in June 2022.

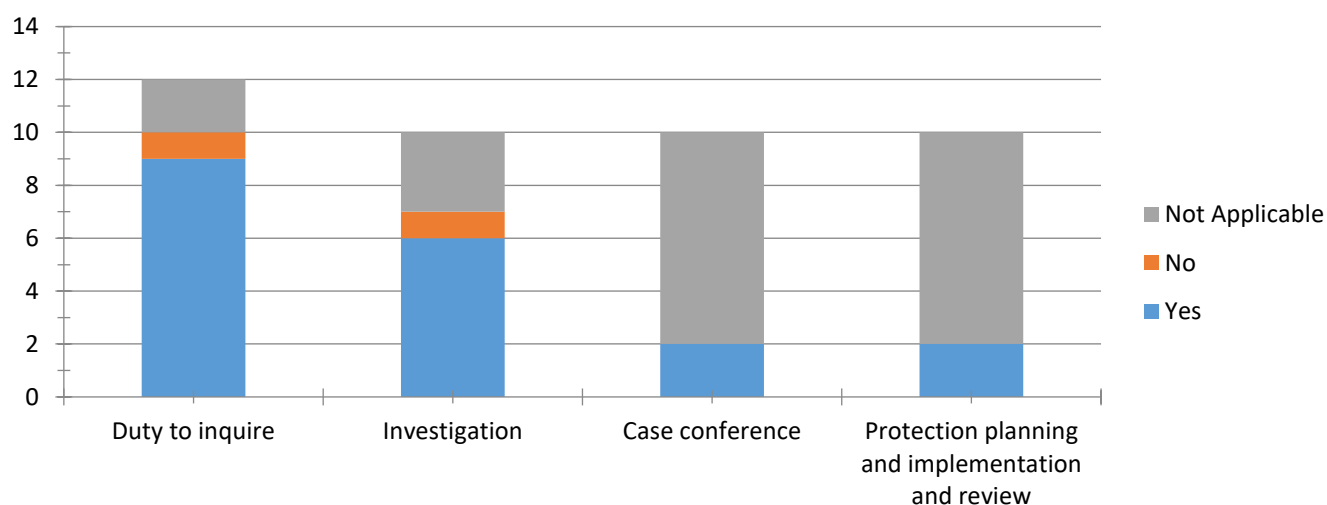
Section 5: Engagement, involvement, and communication

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Participation

Case reviews conducted in 2020 and 2021 (as outlined above) identified good practice in including the views of adults involved in adult protection processes. The following table is taken from the data generated in the 2021 Interagency File Reading Review

Is there evidence that adult protection partners seek and take into account where appropriate, the individual's views (either directly or through an appropriate, identified representative) at each stage of ASP process?



In addition to the information noted above the Lead Officer undertook a very limited piece of work in contacting the adults and their carers involved in the 7 case conferences that the Lead Officer chaired in 2021. Due to a number of difficulties the views of one adult and one carer were all that could be gathered. Views expressed have been fed back to the Quality Assurance Sub-Committee for follow up by the Independent Reviewing Officer who from December 2021 took over responsibility for chairing ASP conferences.

What has been more difficult is to use these views to inform wider policy and plans. Discussion with adult social work have identified this gap, but staff shortages and the relentless pressure of work has made this difficult to achieve.

Shetland Public Protection Committee has engaged very effectively with young people through a number of already existing forums, however there is no equivalent existing framework for adult service areas.

SPPC have identified models of engagement from Glasgow APC and Leeds Adult Safeguarding Board that are simple and effective. SPPC is looking to work in partnership with the third sector to apply for funding for a specific post that would have the time and skill to support a model of participation based on these experiences.

Engagement with third sector

Voluntary Action Shetland is a local third sector interface organisation and they are key members of SPPC and also the Protection in the Community Sub Committee and Training Sub Committee. Advocacy for adults at risk is currently a gap in service as the local advocacy

organisation has not been able to provide an effective service. The Integrated Joint Board and Chief Social Work Officer are currently looking at options to improve this situation.

Involvement of Service Users in co-production

This has been exceptionally difficult to achieve as many services that SPPC have engaged with in the past and who have been active partners have been closed and once they could re-open have been affected by covid and staff shortages and just not able to engage or support their service users to engage.

As services recover SPPC is looking at how to re-engage:

- “I Am Me” a national initiative to provide safe places for adults with learning disabilities who may be at risk in public spaces has started and is being co-produced with the assistance of adults with learning disabilities.
- Links with Alzheimer’s Scotland service have been re-introduced and attendance at carers groups started.
- Work with Shetland Link Up a third sector support service for adults with long term mental health conditions has recommenced and it is planned to run some sessions with service users and hopefully encourage some service users to become part of a service user forum

Publicity

Publicity and awareness raising of adult protection is a key activity for the SPPC. Due to the Covid 19 pandemic some of our activity has been reduced in the year 2020/21:-

- Level 1 Child and Adult Protection e learning “Its Everyone’s Job” was made available on Safershetland.com allowing Police Scotland and Third Sector colleagues access to this training and a newsletter was issued. 1186 people have accessed this training online
- Adult Support and Protection day in 2021 and 2022 was marked with a range of publicity including a week long of spot adverts on Shetland Islands Broadcasting Company (SIBC), Press Releases and other local media. In the past it had been evidenced that adverts on local radio had encouraged someone who had been listening to call Duty Social Work about a concern they had about someone they knew.
- A new SPPC leaflet and information was designed in 2020/21 but due to the pandemic, had not been put into use. These were printed and shared at the Development Day held on 20th April 2022 and will become the standard leaflets in use
- Keep Safe Awareness Raising Day (23.03.2022) – Information on the I Am Me project sent to our circulation groups which resulted in a few areas coming forward to be involved in the project

Section 6: Challenges and areas for improvement

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What has been the most significant challenge for everyone has been to ensure the continuity of services to protect adults in the face of an unprecedented world pandemic and this will be covered in more detail in Section 7. What has made this situation almost the perfect storm for services has been the increasing difficulty of recruiting and retaining staff. This problem is not unique to Shetland, but there are some specific issues that affect Shetland. Travel costs, rurality, availability of affordable accommodation, a high cost of living (noted by Highland and Islands Enterprise as being at least 25% and up to 60% for the outer islands above the cost of living in other mainland areas and these figures were identified prior to the current cost of living crisis) This situation is likely to worsen with increased fuel and living costs (people in Shetland use their heating most of the year and may rely on fuel oil which has not attracted any financial support from government). Protecting adults from harm often relies on the right level of support and without well-resourced care services it can be difficult to put this in place. Short staffed services cannot release staff for training.

The two main challenges for Shetland Public Protection Committee have been to continue to raise awareness and provide good public information and to improve the participation of adults in the work of the committee - these issues are noted in more detail in earlier sections of this report.

Areas for improvement from File Reading

The file reading exercise has helped us to know ourselves and our practices much better. We have been able to identify good strengths - information sharing, using Interagency Referral discussions to share and analyse information and plan next steps, adults safeguarded and their wellbeing promoted. Good use of the three point criteria and adult protection processes File reading also helped us identify the need to improve chronologies and the audit trail when new adult concerns referrals are received on existing cases. Being clearer in recording outcomes for adults would also be an area of improvement

Training

We have identified gaps for NHS staff and that sometimes the three point criteria and data sharing are still not well understood by all NHS staff. Efforts to support NHS staff have been hampered by the pandemic, staff shortages and just the relentless pressure of continuing to provide good quality health services in difficult circumstances. With the support of the Protection Nurse Advisor there are plans in place to deliver more NHS focused training and over time address these issues.

Section 7: Looking forward

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In reflecting on the last two years, it has become apparent it was about business continuity and the safety of adults at risk of harm. In starting to look forward to 2024 there are challenges and opportunities for SPPC.

- As outlined in other sections of this report building better strategic partnership with service users and carers is a priority
- Being able to go back to some of the work SPPC did pre-pandemic to reengage with the wider community, carers and service users
- At the time of writing this Biennial Report Shetland was still waiting notification of an adult protection inspection from the Care Inspectorate and as much preparation for that as could be done had been put in place. Inspection always brings a level of anxiety, but SPPC and Adult Services are as well prepared as possible for this and there will be learning and improving to work on after the inspection.
- The publication of the new Code of Practice and Guidance for APCs will involve updating Adult Protection Procedures and remits and then ensuring that staff are aware of any changes.
- Ensuring action plan and learning from case file reading is put into place
- To consider the impact of poverty and rising prices on adult protection and the wider community and for SPPC to be linked into efforts led by the Shetland Community Planning Partnership to ameliorate the effect on the Shetland Community.
- To consider what the plans for a national care service will mean for adult protection in Shetland

Section 8: Covid-19

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From March 2020 to the current date Scottish Government required Chief Officers to report on adult protection referrals. This data has not been made publically available, but what has been noted by Chief Officers is that in Shetland as robust and normal a service as possible has been provided with local data being consistently above the national average for contact with adults at risk.

The November 2021 interagency case review identified that response to adult concern and adult protection referrals continued to be robust and joined up. IRDs and Adult Protection case conferences were held online. What clearly showed was the impact on families and carers of the closing of respite and day care services and of third sector groups providing help and support to adults.

Shetland Public Protection Committee faced the same challenges as every other organisation in Scotland of quickly adapting to provide continuity of service when Scotland entered lockdown in March 2020

Shetland Public Protection Committee (SPPC) moved all meetings to being online and this continues to be in place. .

The highest priority for all the services who are members of SPPC was the safety and wellbeing of adults at risk or in need of care. NHS Shetland, Police Scotland and Shetland Islands Council Social Work Services quickly developed ways of responding to adult protection referrals. This was supported by regularly updated emergency adult protection procedures.

Providing services to vulnerable adults whilst protecting them and the staff who care for them from covid has been immensely challenging for all services. Adult concern and protection referrals have continued to be made and responded to appropriately. Staff working in residential, community, supported living, day care, short break and respite services have continued to provide the highest quality of care in the most difficult of circumstances – including coping with the sad deaths of some residents in care settings and provision of critical support to learning disabled and autistic adults and unpaid carers. Supporting the wellbeing of staff and service users has been paramount.

Many service users, their families and adults at risk have experienced significant problems and been badly affected by loneliness and anxiety. This will take time to recover from and some people will carry lifelong issues from their experiences.

The following case study gives an example of risks to adults being increased in lockdown.

Case Study 5

An elderly person living with dementia shared a home with an adult son who had experienced lifelong mental health and substance use issues. Other family members visited often to help the older person and their son and with their support the situation was safe enough and any risks reduced. In lockdown visits stopped and phone calls did not really give a clear picture of the situation in the house. One family member became concerned and visited. The house was in a totally unhygienic state and both the elderly person and their son were unwell and struggling. In addition money had been taken from the older persons saving accounts by the adult son. The family members contacted social work, emergency respite care was organised for the older person and an investigation into financial harm started. An adult support and protection case conference put a protection plan in place.

Recovery plans

All services have recovery plans in place and slowly services have returned to more normal operations. The impact of the pandemic has shown in increasing demands for mental health support and serious concerns about the long term impact for some service users and adults at risk and staff who have worked through this period. Recovery plans are challenging to implement in the middle of staffing issues and the rising cost of living.

Shetland Islands Council has the responsibility for Recovery under the Scottish Government's Guidance 'Preparing Scotland: Recovering from Emergencies in Scotland' which states that local authorities should lead recovery. Local authorities are skilled and experienced in multi-agency working and aligning the aims of disparate organisations to achieve common objectives".

Shetland Islands Council developed the local Recovery and Renewal Framework on a partnership basis and reported it to Council in July 2020. It was discussed shared and at the Shetland Planning Partnership.

[Shetland Islands Council Committee Information - Submission Documents](#)

Appendix 1 – Adult Support and Protection Data

Shetland Adult and Protection Committee

ADULT SUPPORT AND PROTECTION STATISTICS

Referrals, case conferences and categories of abuse registered

Reporting Period Financial Year 1st April 2020 - 31 March 2021

Number of Referrals	Number of repeat referrals
267	102 repeat referrals involving 42 adults
Adult Concern Referrals	
251	
ASP Referrals (3pt test)	Source of referral meeting 3 point criteria
16	Police, Housing, Health - Primary, Family and Social Work
Source of Referral	Referring Agency
158	Police
11	SIC Housing
15	Health - Primary
<5	Health - Secondary
5	Health - Acute
<5	Health
<5	NHS 24/GP
6	Scottish Ambulance Service
7	Scottish Fire and Rescue Service
28	SIC Social Work Colleague
7	Carer
<5	Member of Public
6	Local Authority Care Home
<5	Other Care Home
11	Family Member
<5	Self-Referral
Number of referrals that <u>did not</u> meet 3pt test	251

Number of cases of harm	Type of Harm caused (some cases may be referred for more than 1 cause)
18	Physical Abuse
24	Financial Abuse
<5	Neglect
18	Self Neglect
5	Sexual Abuse
98	Self-harm
46	Psychological / Emotional Abuse
17	Substance Misuse
13	Not known
26	Other
Number of police/social work investigations	Number of adults involved
Police - <5	<5
Social Work - <5	<5
Number of joint police/social work investigations	0
Number of adult protection case conferences	Number of adults involved
3	3
Number of protection plans established	Number of adults involved
3	3
Total number of adults subject to protection plan	<5
Any Legal Orders	<5
Assessment Order	0
Removal Order	0
Banning Order	<5*
Welfare Guardianship Order	<5
Any Legal Orders as at 31st March 2021	<5

Note - Temporary Banning Order, then a Banning Order

Referrals that met the 3 point criteria

16 referrals met the 3 point criteria and were supported as follows:-

1. SW, SMRS and CPN x3
2. SW, Residential Care Home and GP
3. SW, Supported Living and Outreach Service
4. NFA
5. SW and CPN
6. SW & MHO, Annsbrae and CMHT
7. OT, GP, Dementia Services, SSW/MHO
8. SW
9. SW/MHO, CMHT, CPN, Care Programme Approach
10. CJSW and SW Adult Services
11. Temporary Banning Order
12. Banning Order and Protection Plan
13. S@H, OT and Family Support
14. CMHT, Housing and SW

Of the 16 referrals >5 led to formal ASP investigations and the remaining cases were not investigated but the above safeguarding measures were put in place

Of the 251 referrals that did not meet the 3 point criteria, 17 were referred to Social Work, 13 to SMRS, 8 referred to CMHT and SMRS, 3 were referred to an NHS service regarding health, 11 to CPN, 17 to CHMT, 8 to CMHT & SW, 40 were no further action and other services included TCAC, Community Care Services, Family Care Team, Women's Aid, Annsbrae Services, Housing and Environmental Health, Red Cross, Mind Your Head, Mental Health Legislation and Hospital, Psychiatrist services, GPs, Community Nursing and Support Workers, Direct Payments, Dementia Service, Rape Crisis, Addiction Hub, McMillan Nursing Team, Breathing Space, Police, MARAC.

Information accurate as at 23/04/2021

SHETLAND ADULT AND PROTECTION COMMITTEE

ADULT SUPPORT AND PROTECTION STATISTICS

Referrals, case conferences and categories of abuse registered

Reporting Period Financial Year 1st April 2021 - 31 March 2022

Number of Referrals	Number of repeat referrals
275	35 people had 1 repeat referral, 5 people had 2 repeat referrals, 2 people had 3 repeat referrals and 3 people had 7 repeat referrals Total 72
Adult Concern Referrals	
245	
ASP Referrals (3pt test)	Source of referral meeting 3 point criteria
30	Member of Public x 1, Police x 17, Health-GP x 1, Health - Primary x 1, Carer x 3, Social Work x 2, Family x 3, Self x 1, LA Care Home x 1
Source of Referral	Referring Agency
170	Police
5	SIC Housing
19	Health - Primary
6	Health - Acute
<5	NHS 24/GP
11	Scottish Ambulance Service
<5	Scottish Fire and Rescue Service
9	SIC Social Work Colleague
<5	Carer
9	Member of Public
5	Local Authority Care Home
<5	Other Care Home
<5	Family Member
Number of referrals that <u>did not</u> meet 3pt test	245
Number of cases of harm	Type of Harm caused (some cases may be referred for more than 1 cause)
13	Physical Abuse
14	Financial Abuse
13	Neglect
11	Self Neglect
<5	Sexual Abuse
88	Self-harm

29	Psychological / Emotional Abuse
27	Substance Misuse
0	Discrimination
<5	Not known
73	Other
Number of Council Officer investigations	Number of adults involved
18	15
Number of joint police/social work investigations	3
Number of adult protection case conferences	Number of adults involved
10	9
Number of protection plans established	Number of adults involved
10	9
Total number of adults subject to protection plan	9
Any Legal Orders	1
Assessment Order	0
Removal Order	0
Banning Order	1
Welfare Guardianship Order	0
Any Legal Orders as at 31st March 2022	1

Referrals that met the 3 point criteria

30 referrals met the 3 point criteria and were supported as follows:-

1. AS&P Protection Plan, Banning order, SW
2. SW support x 3
3. Risk management plan in place, SW x 4
4. OT, Sheltered Housing, VSH
5. Support in place x 4
6. Psychiatrist, MHA
7. MHO/SW
8. Social Work Support and NFA
9. Protection Plan in place x 4
10. Care Home Support and Allocated Social Worker
11. Protection Plan in place, Banning Order being considered
12. Transfer to Royal Cornhill Hospital, more appropriate under Mental Health Act x 2
13. Screening and Debrief Meetings held, risk management plans in place x 2
14. Adult with Incapacity Act route

15. Care Home Support - respite care
16. Social Work Support / Police / Health Professionals / Family and POA
17. Awaiting outcome from SW

Of the 30 referrals 18 were investigated with 12 not investigated but the above safeguarding measures were put in place.

All other outcomes for 245 referrals that did not meet the 3 point criteria were discussed at the AS&P meeting and information shared and received the following services:

NFA for 52 referrals, Social Work, Local Authority Care Homes, Mental Health Officer, Mental Health Team, Psychologist, Direct Payments Scheme, CPN, GP, Environmental Health, Care at Home, HR, Advocacy, Substance Misuse and Recovery Service, Mind Your Head, Health Services, Children and Families Social Work, Housing, Criminal Justice Social Work, Police, Midwifery, Recovery Hub, Through Care and After Care, Bridges Support, Occupational Therapy, Family, Health Visitor, Learning Disabilities Nurse, AWI Act, Fire Service, Women's Aid, Shetland Rape Crisis, CID, Employment Pathways.

Information accurate as at 31/05/2022

Glossary

LDN	Learning Disability Nurse
SSCW	Senior Social Care Worker
SW	Social Work
TC & AC	Throughcare and After Care
C&FT	Children and Families Team
CMHT	Community Mental Health Team
RCH	Royal Cornhill Hospital
CJSW	Criminal Justice Social Work
MARAC	Multi Agency Risk Assessment Conference
CPN	Community Psychiatric Nurse
CADSS	Community Alcohol and Drugs Services Shetland
NFA	No Further Action
DSW	Duty Social Work
C@H	Care At Home
SMRS	Substance Misuse and Recovery Service
CJ	Criminal Justice
SMSW	Substance Misuse Social Worker
MSS	Montfield Support Services
RVS	Royal Voluntary Service
SCAS	Shetland Care Attendance Scheme
S@H	Support at Home

ADULT AND CHILD PROTECTION TRAINING

Training undertaken by agency and levels

Reporting Period 1 April 2020 - 31st March 2021

No. of people trained	Number of training sessions held
152	19 Sessions
Number of people by agency	Agency Trained
126	Shetland Islands Council
15	Voluntary Sector
4	NHS Shetland
1	Police
4	Shetland Recreational Trust
2	Private Sector
Adult Support and Protection Level 2	31
Child Protection Level 2	71
Child Protection Level 3 – Blended Learning	24
E-Learning Child Protection Refresher for Level 3	72
Child Sexual Exploitation Training	28
E-learning SIC – Child and Adult Protection - It's Everyone's Job	303
E-Learning NHS – Child and Adult Protection – It's Everyone's Job	463

Evaluations are done electronically through the VOR system. Workforce Development do not summarise for every course and instead do exemption reporting for any negative or worrying feedback. It is confirmed that all feedback received for this period was positive and the courses deemed beneficial.

ADULT AND CHILD PROTECTION TRAINING

Training undertaken by agency and levels

Reporting Period 1 April 2021 - 31st March 2022

No. of people trained	Number of training sessions held
501	35 Sessions
Number of people by agency	Agency Trained
363	Shetland Islands Council
46	Voluntary Sector
18	NHS Shetland
0	Police
0	Shetland Recreational Trust
0	Private Sector
Adult Support and Protection Level 2	100
Child Protection Level 2	163
Child Protection Level 3 – Blended Learning	155
Child Protection refresher for Level 3 – Blended Learning	9
E-Learning SIC – Child Protection Refresher for Level 3	58
E-learning SIC – Child and Adult Protection - It's Everyone's Job	359
E-Learning NHS – Child and Adult Protection – It's Everyone's Job	463

Evaluations are done electronically through the VOR system. Workforce Development do not summarise for every course and instead do exemption reporting for any negative or worrying feedback. It is confirmed that all feedback received for this period was positive and the courses deemed beneficial.