



“A normal part of the job”. A project to explore the understanding registered nurses working in a substance use service have of adult support and protection.

Susan Torrance

Senior Nurse

Adult Protection Team, NHS Tayside

POINTS I WILL COVER:

- Role of 'health' in Adult Support and Protection in Scotland – my thoughts
- Background to my dissertation project in final year of MSc in Applied Professional Studies (Adult Services, Support and Protection) at University of Stirling
- Findings of project
- Implications?
- Where next?



Scottish context – Adult Support and Protection (Scotland) Act 2007 (ASPA) – aims to support a defined group of vulnerable adults - 16 years and over and meeting all three of the following criteria:



a) are unable to safeguard their own well-being, property, rights or other interests; **and**

b) are at risk of harm; **and**



c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Role of 'health' in Adult Support and Protection – recent developments and my thoughts



- **NOT** consistently prioritised by the NHS in Scotland since enactment of ASPSA – despite Health Boards being identified as a Public Body with key responsibilities.
- For example – delay in adult protection-focused posts in health e.g. NHS Tayside – 1st post 2016
- **Specific duties identified for Health Boards** – duty to refer where they know or believe an adult to be at risk of harm, to co-operate with councils in their inquiries, as well as providing services to support adults at risk of harm (ASPSA, 2007)

Role of 'health' in Adult Support and Protection (continued)

- Provision of services may include 'medical examinations' – with or without a request under Section 10 ASPSA
- NHS Public Protection Accountability and Assurance Framework, (Scottish Government, 2022) – aims to achieve increased consistency in awareness of safeguarding roles and responsibilities in NHS Scotland, given the detailed evidence of strategic and operational arrangements that are essential to good practice.
- My thinking - Where 'health' *can and should* be of particular value/add something new – trauma informed analysis of ability to safeguard?

Dissertation Title: *“A normal part of the job”. A project to explore the understanding registered nurses working in a substance use service have of adult support and protection.*

Rationale for topic choice:

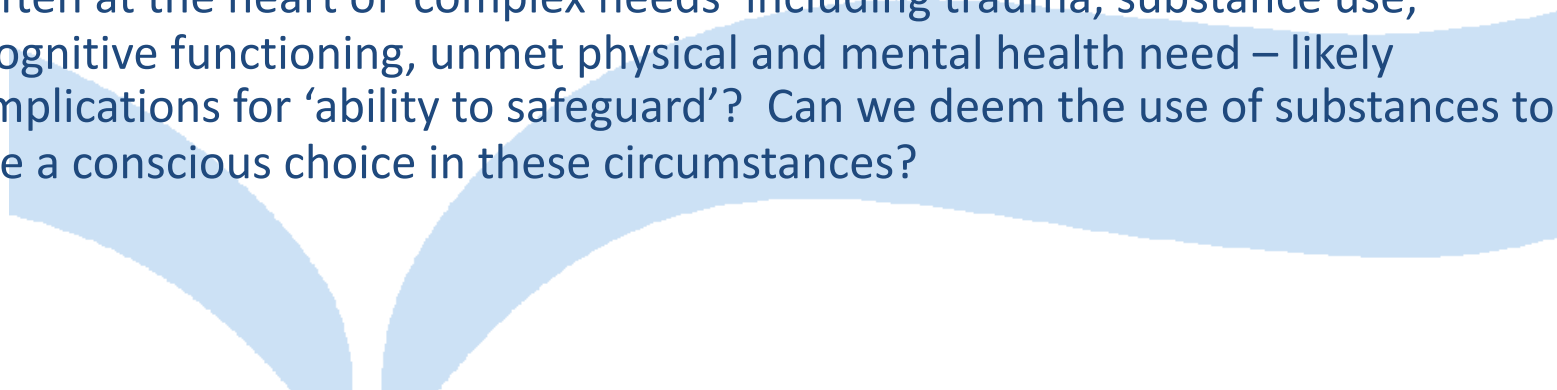
- My background in a Council Office role in a Local Authority drug and alcohol service, followed by roles in adult protection in a Health Board covering three local authority areas – sense that the lens of ‘lifestyle choice’ presents an obstacle to safeguarding intervention.
- Preface to revised ASPSA Code of Practice (Scottish Govt, 2022) – recognises an increasing awareness that adult support and protection can be relevant to, ‘a broader range of people than originally anticipated, including some people who have substance dependency problems’

- Limited body of research and evidence regarding health role in adult safeguarding, particularly in Scotland. Literature review found no source considering this topic in the substance use field.
- Some evidence of increasing priority of adult safeguarding in 'health' eg RCN (2018) 'Safeguarding Roles and Competencies for Health Care Staff'
- Understanding of legislative obligations amongst health professionals – variable? Of particular significance in substance use field? Drug related death numbers - missed opportunities to intervene?

Preston-Shoot's work (e.g. 2022) – does consider substance use, in context of self-neglect – with recognition of trauma roots and need to consider executive functioning impairment to effectively safeguard adults.

McDonagh (2011) – 'people with complex needs are at serious risk of falling through the cracks in service provision'

My project offered an opportunity to consider multiple interlinked issues often at the heart of 'complex needs' including trauma, substance use, cognitive functioning, unmet physical and mental health need – likely implications for 'ability to safeguard'? Can we deem the use of substances to be a conscious choice in these circumstances?

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Methodology and Findings

Semi-structured interviews – focused on a case vignette – were conducted with registered nurses working in a local substance use service – to enable unpicking some of the thematic layers around adult safeguarding in their practice setting.

Do nurses routinely consider applicability of the ‘3 point criteria’?

Would an ASP referral be part of their response, where appropriate?

Do they perceive obstacles/enablers to safeguarding adults in their practice setting?

Reflexive thematic analysis of the data identified four main themes and a sub-theme – the narrative reflecting the conflicting drivers impinging on the work of nurses in substance use services.

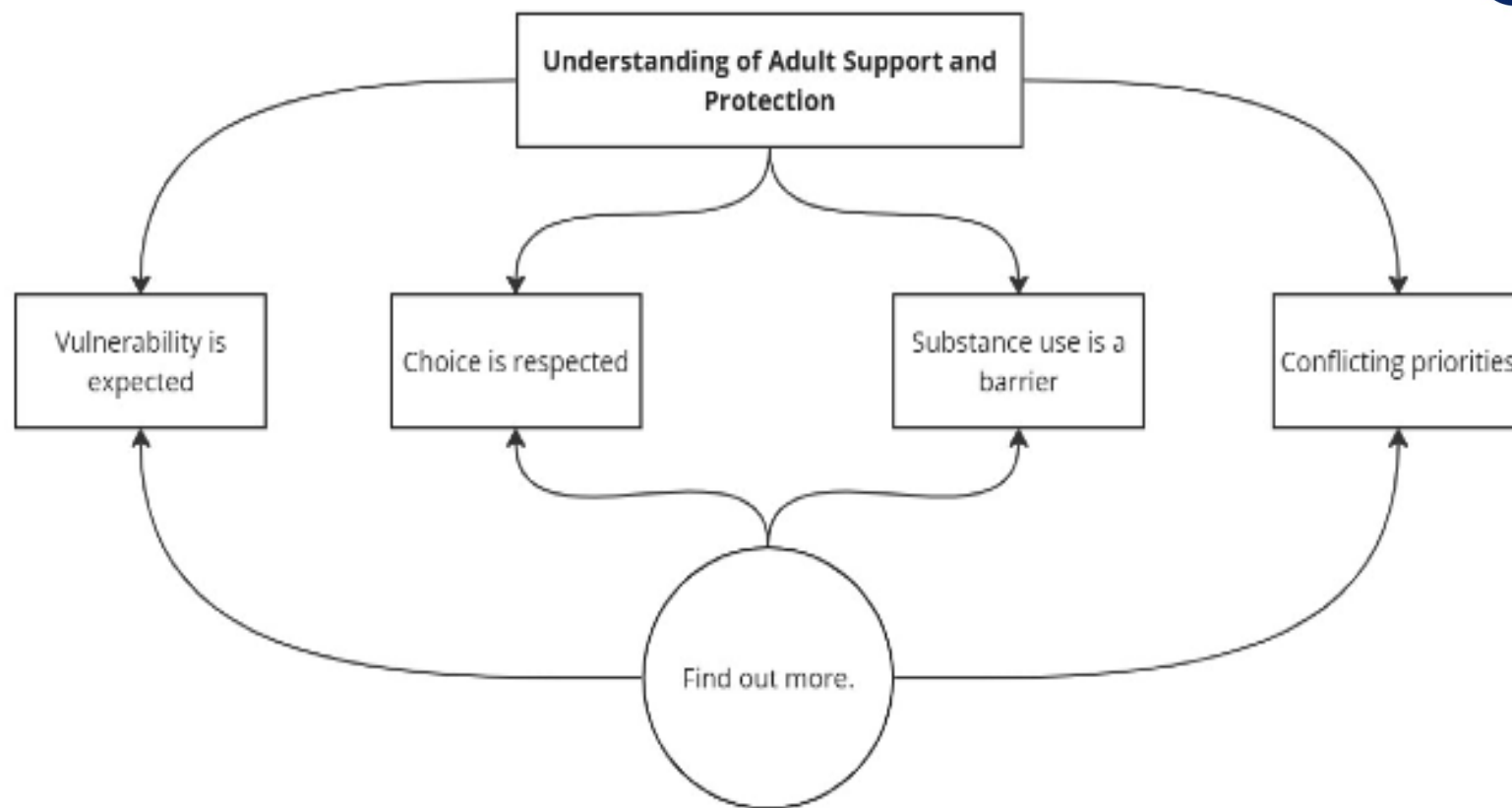


Figure 1 – Thematic map – registered nurses' understanding of Adult Support and Protection

Critical approach – interrogating meanings via lens of a specific data set – potential of wider relevance, beyond specific data set?

Find out more? – ‘a need for persistent vigilance’

‘**Vulnerability is expected**’ – working with people who face a high level of risk is ‘the norm’ and is to be expected amongst a population of people who are ‘obviously vulnerable’

‘**Respect for choices**’ – respecting ethos of MAT Standards, ‘access, choice, support’? (Scottish Govt, 2021). ‘If he has the capacity to make these choices...he’s an adult, we all make choices..’

‘**Substance use is a barrier**’ – multi-faceted – attendance, assessment, recognition of safeguarding concerns – ‘sometimes that can be the biggest challenge...when you know that actually this person is vulnerable, but they are not going to engage for x,y,z....we don’t just discharge people because of this, but other services can have a different spin on it..’

‘**Conflicting priorities**’ – tension between professional and service-led priorities – ‘we are driven by targets, not people’ – ‘I can’t throw people on prescriptions and think that’s the solution’.

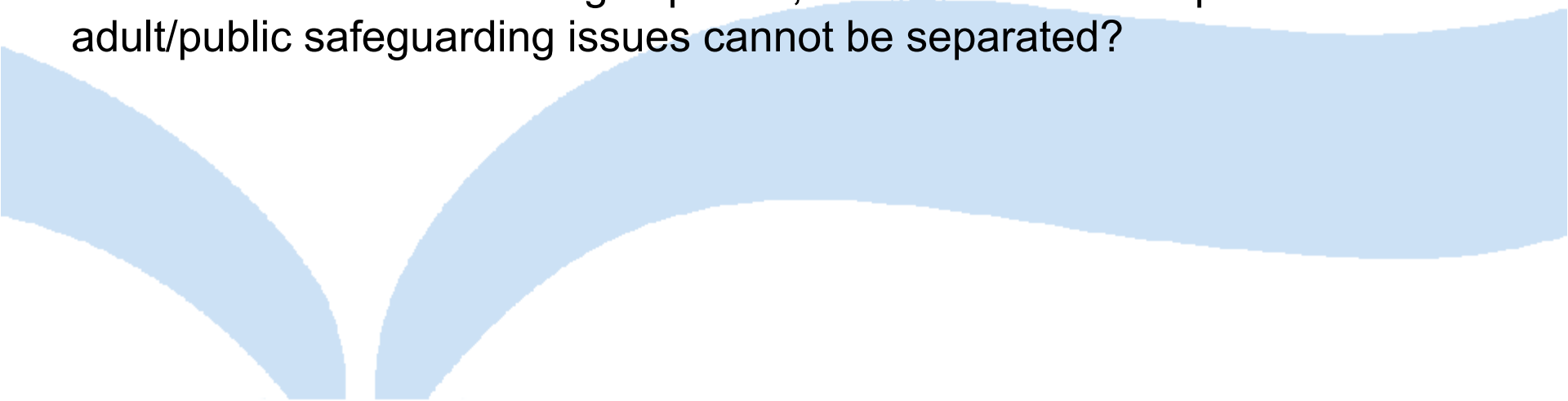
‘..interview data provided a sense of a group of health professionals routinely working with people who face a high level of complexity and risk, the nature of which can present barriers’

‘Whilst the stated intent of the MAT Standards (Scot Govt, 2021) is to improve service pathways for people dependent on substances with an explicit aim of reducing harms, particularly drug-related deaths, the absence of an explicit statement around the need to act to safeguard adults, where appropriate, appears to be a significant missed opportunity.’

Implications and Recommendations (structured via Preston Shoot's 2021 practice domains)

- **Individual practice level** - Legal literacy is crucial amongst health professionals – particularly those working in a substance use service – the skills to link legal rules with professional practice.
- Tailored training is needed – substance use and ASPSA – to facilitate explicit consciousness of safeguarding obligations and dynamics of high-risk nature of lifestyle in context of trauma background.
- **Professional team around adult** - Further consider barriers to application of training – do workplace culture, procedures and practices enable application of skills and knowledge, particularly with regards to trauma? (Preston-Shoot, 2021)
- Interagency factors – response of partner agencies and dynamics - 'complex and inconsistent'

Implications and Recommendations (structured via PrestonShoot's 2021 practice domains)

- **Organisations around professional team** - Tailored multi-agency audit activity – do processes and culture support the use of ASPSA where appropriate in the substance use field?
 - What about cases that have never reached an ASP forum? What can we learn from cases where outcomes are felt to be positive?
 - **Consider multi-agency governance arrangements** – rationale for ADPs and APCs remaining separate, when substance dependence and adult/public safeguarding issues cannot be separated?
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Where next?

Preston-Shoot (2020c) – *‘Where a person has lost capacity due to substance dependence, with their self-determination compromised due to behavioural compulsion, the question for debate (ultimately nationally) is whether for this group of people, use of legal powers would promote their wellbeing and future autonomy’.*

Winter (2021) – *author of a Safeguarding Adults Review in England – can short-term restriction promote longer-term independence- and might discussion around this expose contradictions inherent in justifying inaction as the least restrictive option?*

Implications of language – choice making?

For NHS Tayside/Scotland – do we need to evidence and explicitly develop our ‘duty to co-operate’?



- *Thanks for listening*
- Susan Torrance
- Senior Nurse
- NHS Tayside Adult Protection Team
- Any questions/comments?
- TAY.adultprotectionteam@nhs.scot

