Protecting Adults In
EAST DUNBARTONSHIRE

EAST DUNBARTONSHIRE ADULT PROTECTION COMMITTEE

MULTI-AGENCY ADULT SUPPORT AND PROTECTION GUIDANCE AND PROCEDURES

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INTRODUCTION

This set of guidance and procedures have been produced by East Dunbartonshire Adult Protection Committee. They are intended to provide a framework to enable all agencies to work together effectively to ensure that adults at risk of harm receive support and protection.

The aim is to prevent harm wherever possible, but also to have agreed processes in place for dealing effectively and consistently with incidents of harm. Legislation – including the Adult Support & Protection (Scotland) Act 2007**,** the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care & Treatment) (Scotland) Act 2003 – places clear responsibilities on statutory agencies to intervene where necessary to protect adults at risk. A confident but sensitive response to often complex situations will only be achieved, however, by working in partnership with voluntary and independent sector organisations, as well as with family carers and adults at risk themselves.

There is a clear expectation that each of the partner organisations within East Dunbartonshire produce and regularly review their own internal procedures to guide their staff in responding to incidents, and that these should be consistent with these multi-agency procedures, with particular reference to Section 3.

Section 1 provides ***definitions*** to assist in identifying 'harm' and what is meant by an 'adult at risk'

Section 2 lays out clearly the ***roles and responsibilities*** of each partner agency for working co-operatively in preventing or responding to harm to adults at risk

Section 3 describes the ***procedures*** to be followed by staff from any partner agency who need to respond to situations or reports of harm to adults and outlines what will happen once an incident has been passed to the investigating agency. These procedures are summarised in the flowchart at **Appendix 1.**

Section 4 provides ***guidance*** on the process for dealing with inter-agency issues – including conflict resolution, large-scale investigations, transitions, reviews of 'serious cases' and cross boundary issues.

OBJECTIVES

This set of guidance and procedures support East Dunbartonshire Adult Protection Committee's general objectives to provide:

- common definitions of 'harm' and risk
- a joint procedure for investigating and responding to situations where harm to adults at risk is suspected or encountered
- a common approach to monitoring and recording
- a coordinated approach to training
- accessible information for staff and the general public

SECTION 1 CONTEXT FOR PARTNERSHIP WORKING

1.1 GUIDING PRINCIPLES

The following principles and values should inform and guide the application of Adult Protection (ASP) procedures by the partner agencies:

- each adult has a right to be protected from all forms of deliberate harm, neglect and exploitation
- the primary consideration at all stages will be the welfare and safety of the adult
- every effort should be made to enable the individual to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk
- where it is necessary to override the wishes of the adult or make decisions on his/her behalf for their own safety (or the safety of others) this should be justifiable in terms of a proportionate and least disruptive response to clearly identified risks to the health and well-being of the person, and in line with their human rights and the existing legislative framework

The procedures are also based around the expectation that all adults are entitled to:

- live in a home-like atmosphere without fear and free from being harmed by their caregivers or co-residents
- move freely about the community without fear of violence or harassment
- make informed choices about intimate relationships without being exposed to exploitation or sexual abuse
- have their money and possessions treated with respect
- be empowered through appropriate support to make choices about their lives
- where appropriate to be given information about keeping themselves safe and exercising their rights

1.2 PRINCIPLES FOR PERFORMING FUNCTIONS UNDER THE ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

The 2007 Act requires the following principles to be applied when deciding which measure will be most suitable for meeting the needs of the individual. Any person or body taking a decision or action under the Act must be able to demonstrate that the principles in sections 1 and 2 have been applied.

The principles in Section 1 require that any intervention in an adult's affairs under the Act should:

- provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs;

and

- is, of the range of options likely to fulfil the object of the intervention, the least restrictive to the adult's freedom.

The principles in Section 2 require that Social Work staff performing a function under Part 1 of the Act must also have regard to the following:

- **the wishes of the adult** - the present and past wishes and feelings of the adult, where they are relevant to the exercise of the function, and in so far as they can be ascertained. Efforts must be made to assist and facilitate communication using whatever method is appropriate to the needs of the individual. For example, where the adult has an Advance Statement made under the Mental Health (Care & Treatment) (Scotland) Act 2003 this should be given due consideration.

- **the views of others** - the views of the adult's nearest relative, primary carer, and any guardian or attorney, and any other person who has an interest in the adult's well-being or property, must be taken into account, if such views are relevant.

- **the importance of the adult participating as fully as possible** in any decisions being made. The adult is provided with information at all stages and/or with aids to communication to assist with that participation.

- **that the adult is not treated less favourably** than the way in which a person who is not an "adult at risk" would be treated in a comparable situation; and

- **the adult's abilities, background and characteristics** – including: the adult's age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage – are fully taken into account.

1.3 DEFINITIONS

1.3 Who is an adult at risk of harm?

For the purposes of these procedures, the definition of an 'adult at risk of harm' is that contained within the Adult Support & Protection (Scotland) Act 2007 and its accompanying Code of Practice (revised 2014).

The Act defines adults at risk as persons over the age of 16 who:

- are unable to safeguard their own well-being, property, rights or other interests;
- are at risk of harm; and
- 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.

The Code of Practice clarifies that the presence of a particular condition does not automatically mean an adult is an "adult at risk of harm". Someone could have a disability but be able to safeguard their well-being etc. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Risk of harm is defined in Section 3(2) of the Act which makes clear that an adult is at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Harm is defined in Section 53 of the Act which states that harm includes all harmful conduct and, in particular includes:

- conduct which causes physical harm
- conduct which causes psychological harm (for example by causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion)
- conduct which causes self-harm

The definition of "harm" in the Act sets out the main broad categories of harm that are included. The list in the definition is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute 'harm' to others can be physical (including neglect), emotional, financial, sexual or a combination of these.

In making an application for a protection order under the Act it will be necessary to demonstrate that the adult is at risk of **serious** harm. Neither the Act nor the Code of Practice defines 'serious harm' apart from the Code noting that what constitutes serious harm will be different for different persons.

It is recognised that such definitions of harm may overlap with other situations where an adult is placed at risk or suffers harm, including:

Random harm

Random harm, caused for example by physical or sexual violence, fraud or theft, against an adult at risk by a stranger (i.e. a person with whom the adult has had no previous or likely future contact) may require the instigation of ASP procedures, but will usually be dealt with by other services (notably the Police).

Self-neglect

Self-neglect on the part of someone defined as an 'adult at risk' is included within the definition of harm provided by the Act. There is, therefore, a requirement to instigate and follow the same process as with adults at risk from others in terms of making inquiries, carrying out investigations and considering the need for statutory intervention. However this process must form part of a wider assessment of need and risk by Social Work and Health practitioners.

Domestic abuse

Domestic abuse is defined by the Crown Office & Procurator Fiscal Services:

Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online

Revised Joint Protocol on Domestic Abuse between Police Scotland and the Crown Office & Procurator Fiscal Service (2019)

Harmful conduct towards an adult by a partner or ex-partner, regardless of what form it takes, may initially be treated as a domestic abuse situation by the Police or other agencies. It is important to establish whether either the subject or the perpetrator of the violence (or both parties) can be defined as an 'adult at risk' requiring a specific approach under ASP procedures The immediate action taken to protect the adult and tackle the violent behaviour may well be similar to that which would occur where the subject or perpetrator was not defined as an 'adult at risk', but the need for statutory or other intervention (working to an agreed protection plan) must be considered.

These procedures do not apply to all adults. Rather they presume that the majority of adults are capable of protecting themselves and that only those individuals who are vulnerable in some way require protective intervention.

Examples of groups of individuals safeguarded by these procedures would be adults with a learning disability, those with mental health problems, older people and people with a physical or sensory impairment which leads them to be more or less dependent on others to provide care or support and promote their well-being and/or protection.

An individual's risk of being harmed may be exacerbated by additional factors, such as physical frailty or chronic illness, challenging behaviour, drug or alcohol problems, a history of psychological trauma or social factors such as poverty or homelessness.

1.4 PATTERNS OF HARM

Harm to an adult at risk by others can take many forms and in practice categories/types frequently overlap. The following have been identified as the main forms of harm; however, it is not exhaustive and should be used as a tool in conjunction with professional judgment when considering an individual's specific circumstances.

1. **Physical Harm** – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions, deliberate fire-starting.

2. **Sexual Harm** – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressurised into consenting.

   Sexual harm includes:

   - 'contact' harm – touch e.g. of breast, genitals, arms, mouth etc.; masturbation of either or both persons; penetration or attempted penetration of vagina, anus, mouth by penis, fingers or by other objects

   - 'non-contact' harm – looking, photography, indecent exposure, "revenge porn", harassment, serious teasing or innuendo

3. **Psychological Harm –** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal and online abuse, isolation or withdrawal from services or supportive networks.

4. **Financial or material harm** – including theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5. **Neglect and acts of omission -** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition, and heating.

6. **Multiple forms of harm** – may occur in an ongoing relationship or service setting, or to more than one person at a time. This makes it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.

Any or all of these types of harm may be perpetrated either as a result of deliberate targeting of adults at risk or through negligence or ignorance. In some cases it may result from an extreme level of stress on an informal carer – which may include aggressive or violent behaviour by the vulnerable adult towards the carer. In such cases a sensitive approach in supporting the carer has to be combined with a

determination to deal with the harmful behaviour and prevent it recurring and placing the protection of the adult at risk at the forefront of intervention.

7. **Self-harm** – the adult at risk is engaging in behaviour which is causing (or likely to cause) self-harm. This is a broad term but will include people

    - injuring or poisoning themselves by scratching, cutting or burning skin, by hitting themselves against objects, fire-setting or taking a drug overdose, or swallowing or putting other things inside themselves

    - less obvious forms, including unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), misusing alcohol or drugs, or someone simply not looking after their own emotional or physical needs (**self-neglect**).

The category of self-harm could also include instances where the conduct of others is considered to be a cause of an adult at risk self-harming.

1.5 SIGNS OF POTENTIAL HARM

Suspicions of harm or neglect by others can come to light in a number of ways. The clearest indicator is a statement or comment by the adult themselves, by their regular carer or by others, disclosing or suggesting harmful or neglectful behaviour. Such statements invariably warrant further action, whether they relate to a specific incident, a pattern of events or a more general situation.

There are many other factors which may indicate harm or neglect, including:

- unusual, unexplained or suspicious injury
- dubious or inconsistent explanations or injuries or bruises
- history of unexplained falls or injuries
- prolonged interval between illness/injury and presentation for medical care
- adult at risk found alone at home, or in a care setting, in a situation of serious but avoidable risk
- adult at risk lives with another member of the household who is known to the police, social work or health agencies as likely to present a risk to the adult
- signs of misuse of medication, non-administration or over/under medicating
- unexplained physical deterioration in the adult at risk e.g. loss of weight, pressure sores
- sudden increases in confusion e.g. due to dehydration, delirium
- demonstration of fear by the adult at risk to another person within home or if returning home

- difficulty in interviewing the adult at risk due to the insistence of presence of another
- anxious or disturbed behaviour on the part of the adult at risk
- hostile or rejecting behaviour by the carer towards the adult at risk
- indicators of financial harm or exploitation, e.g. unexplained debts, reduction in assets, unusual interest in adult at risk by family members, pressure from others to admit adult into care, misappropriation of benefits, fraud or intimidation in connection with wills or assets.

1.6 WHO MAY CAUSE HARM?

Adults at risk may be harmed by a wide range of people, including:

- informal carers or other household members
- relatives
- neighbours, friends and associates
- professional staff
- paid care workers or volunteers
- personal assistants employed by the adult through a Self-direct Support Option 1 arrangement (direct payment).
- other service users
- individuals or groups who deliberately target and exploit adults at risk

There is a particular concern when harm is caused by someone in a position of power or authority who uses his or her position to the detriment of the health, safety and well-being of the adult at risk.

1.7 WHERE DOES HARM TAKE PLACE?

Harm can take place in any context or setting, including:

- in the adult's own home
- within a residential or day care setting
- hospital
- public places
- support services in people's homes

Assessment of the environment or context is vital because exploitation, deception, misuse of authority or coercion may render the adult incapable of making his or her

own decisions or disclosing harm by others even though they are deemed to have 'capacity'.

Harmful behaviour within institutional settings may feature one or more of the following:

- poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and insufficient knowledge base within the service
- unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding food or drink, seclusion, unauthorised use of control and restraint and over-medication
- discrimination, perhaps due to failure of agencies to ensure that staff receive appropriate guidance on anti-discriminatory practice
- failure to access key services such as health care, dentistry, prostheses

SECTION 2 ROLES AND RESPONSIBILITIES OF PARTNER AGENCIES

2.1 AGENCIES INVOLVED

Each partner agency will have a role in one or more of the following areas around the harm of adults at risk:

- preventing
- alerting/reporting
- investigating
- monitoring and reviewing
- providing information and support

The following agencies and partnerships will have a role within these procedures:

- East Dunbartonshire Health & Social Care Partnership (HSCP), including Social Work, Primary Care and Community Health services, Adult Care-at-Home, Day and Residential Services
- East Dunbartonshire Council including Legal, Housing, Trading Standards and Education services, and East Dunbartonshire Leisure & Cultural Trust (EDLCT)
- NHS Greater Glasgow & Clyde
- Scottish Ambulance Service
- NHS24
- Police Scotland
- The Care Inspectorate
- Office of the Public Guardian (OPG)
- Mental Welfare Commission (MWC)
- Healthcare Improvement Scotland (HIS)
- Scottish Fire and Rescue Service (SFRS)
- Independent care providers
- Independent Advocacy and Carer organisations
- Third Sector organisations
- East Dunbartonshire Child Protection Committee

- East Dunbartonshire Community Safety Partnership
- EMPOWERED - East Dunbartonshire's Violence against Women multi-agency partnership

An effective response to protecting adults at risk of harm requires not only clarity around inter-agency and inter-professional practice but for each individual agency to have its own internal adult protection procedures and for these to be disseminated to its staff via information and training.

Agency internal procedures should cover:

- action to be taken to report actual or suspected harm to line managers within the organisation
- referring on to the responsible external agency or agencies
- action if a member of staff is suspected of causing harm
- action if another service user is suspected of causing harm
- immediate action to protect the person at risk of harm and any other service users judged to be at risk
- signposting agency managers and staff to these multi-agency procedures regarding their possible involvement in an investigation and subsequent decision-making to protect the service user

2.2 ROLES AND RESPONSIBILITIES

2.2.1 Social Work

Social Work and integration of Health and Social Care services
The Public Bodies (Joint Working) (Scotland) Act 2014 led to the establishment of East Dunbartonshire HSCP on 3 September 2015. At that time, under the Scheme of Delegation, East Dunbartonshire Council's duties and powers under the 2007 Act were delegated to the HSCP. In day to day terms, the Council's statutory duties and powers continue to be carried out by social workers and their managers. For simplicity's sake, in this document the term "Social Work" will continue to be applied to describe the services and staff responsible for carrying out these duties and powers.

Social Work and the Adult Support and Protection (Scotland) Act 2007
The provisions of the 2007 Act mean that Social Work has the overall lead responsibility for investigations into the harm of adults at risk and for coordinating the process of decision-taking and monitoring that may follow the investigation.

The 2007 Act obliges local authorities/HSCPs to

- make inquiries to establish whether action is required where it is known or believed that an adult is at risk of harm and that intervention may be necessary to protect the adult (section 4) and provides them with powers to:

- visit any place necessary to assist inquiries (section 7)

- interview in private any adult found in the place being visited who is believed to be at risk (section 8)

- arrange for the adult at risk to be medically examined (section 9)

- request and examine health, financial and other records relating to an adult at risk (section 10)

- apply to a Sheriff for a protection order with the purpose of assessing the adult at risk, removing the adult from the place where he/she is at risk of harm or to banning someone from contact with the adult where it is believed that they may cause harm to the adult

Social Work also has a major role in the prevention of harm (or its recurrence) through the provision of support and services, especially where unmet need is identified as having been a factor in the harmful behaviour e.g. stress on carer, challenging behaviour by the service user. It is important to stress, however, that the process of taking decisions relating to the immediate and ongoing protection of individuals will be a multi-disciplinary one involving key staff from relevant agencies at practitioner and manager level.

In cases where it becomes apparent that a criminal offence may have been committed, Social Work will immediately inform the Police, who will consider whether to undertake a criminal investigation in parallel with the ASP process.

Commissioned and Registered Services

Its statutory safeguarding role means that Social Work will also take lead responsibility for investigating and taking measures to protect individuals who have been harmed or are thought to be at risk within commissioned services operated by voluntary or independent providers. This will be in addition to any internal action taken by the provider organisation to manage the harm caused by a service user, staff member or other person.

Where suspected or actual harm to adults at risk is reported within registered residential and day services, the Care Inspectorate has a duty to investigate any complaint made to them about the treatment of one or more individuals within an establishment. However, where there is a current or potential risk to the welfare of an adult at risk, Social Work should be notified and consideration given to use of ASP procedures.

If harm involving an adult at risk is alleged to have taken place within a registered establishment, Social Work will liaise with the Care Inspectorate in order to co-ordinate the response in terms of the Inspectorate's wider responsibility to monitor and enforce national care standards.

The responsible authority in cross-boundary or cross-border investigations will be the host authority, who will lead any inquiries under the Act. Where the adult at risk is placed within a residential or day care establishment within East Dunbartonshire by another local authority, Social Work will immediately notify the responsible authority to agree respective roles in any investigation.

Children's and Justice Services
Staff employed in Children's and Justice Social Work Services will identify adults at risk of harm in the course of their work with children and young people, and adults involved in the justice system. When they are working directly with the adult at risk, for example in relation to Continuing Care or supervision of a Community Payback Order, the allocated social worker is normally expected to make such inquiries as are necessary and lead any protection activity, in accordance with local procedures.

Adults with Incapacity (Scotland) Act 2000
The local authority/HSCP also has duties under the Adults with Incapacity (Scotland) Act 2000 which would incorporate the protection of adults with a mental disorder from harm, including:

- the supervision of welfare guardians where appropriate
- investigating complaints made against welfare attorneys, welfare guardians or those authorised under Intervention Orders
- investigating circumstances where the personal welfare of someone subject to a provision under the Act could be at risk
- making application for a Guardianship or Intervention order where this is necessary to safeguard the welfare of an adult and no-one else is pursuing such an order
- to consult the Office of Public Guardian or Mental Welfare Commission where there is a 'common interest' (for example over the protection of an individual).

Social Work will link with the Office of the Public Guardian in cases of financial harm where an adult lacking capacity is involved. In particular, where the allegation of harm is made against someone who has welfare powers as an attorney, guardian or intervener, the local authority can be directed by a Sheriff to supervise the activities of the legal proxy. (Note that it is an offence for any person who is exercising powers under the Act relating to the welfare of an adult, to ill-treat or wilfully neglect that adult.)

Mental Health (Care & Treatment) (Scotland) Act 2003
The local authority has a 'duty to inquire' under the 2003 Act where it appears that a person over 16 with a mental disorder has been subject to or exposed to ill-treatment, neglect or a lack of care. (The term 'mental disorder' under the Act includes people with a learning disability as well as those with a mental illness). In carrying out such inquiries the local authority may request the assistance of the following agencies:

- Mental Welfare Commission
- the Office of Public Guardian
- the Care Inspectorate
- Healthcare Improvement Scotland
- the NHS

2.2.2 Police Scotland

The Police have the lead role for investigating where the actual or suspected harm to an adult at risk is thought to have constituted a criminal offence. It is not the responsibility of staff from any other agency to judge if a criminal act has occurred and they should err on the side of reporting and discussing with the Police who will decide if a criminal investigation is required.

The Police will investigate an alleged offence by gathering and preserving evidence. Staff from other agencies will have an important role in ensuring that forensic evidence is not lost and that, if the risk of harm is significant and ongoing, the adult is protected and isolated from the alleged perpetrator pending police intervention.

The Police will inform Social Work where they receive a report of a suspected offence or other concerns relating to an adult at risk whereupon it will be the responsibility of Social Work to co-ordinate overall investigative and protective action and an assessment of the individual's needs and risks. All referrals from the Police will be screened by the Police Concern Hub before passing these to Social Work to progress. Background information held by the Police which is relevant to an allegation will be retrieved and passed to Social Work at the time of referral or on request, by contacting the Police Concern Hub

If the alleged harm has occurred within a registered establishment the Police will also inform the Care Inspectorate, or liaise where they are already aware.

Where there has been a physical or sexual assault the Police must be consulted immediately and any medical examination (other than emergency medical treatment) should be carried out under the direction of the Police. Where emergency medical treatment is required and Police are not yet in attendance, medical staff should be made aware that the incident may be criminal and asked to treat the victim forensically as far as possible.

2.2.3 Health Boards

NHS Greater Glasgow & Clyde
Health services delivered by NHSGGC through East Dunbartonshire HSCP include

- primary care services
- community health services: alcohol and drugs, learning disability, mental health, rehabilitation services
- GP services

Health staff have a major role in preventing (as well as reporting) harm to adults at risk through an awareness of stress factors for those in caring roles, identifying the need for services and assisting the patient and family around self-protection.

Health staff may also have a role when a medical examination is required as part of the investigation of an allegation of harm, where there is not a requirement for this to carried out by the Police. Such an examination can only be carried out by a GP, nurse or midwife.

In most cases a health practitioner will encounter or suspect harm to an adult at risk by a relative or other person known to the adult either on HSCP/NHS premises or within the community. All allegations of harm by non-employees should be immediately

reported to Social Work and, if a criminal offence may have been committed, the Police.

There will however be instances where the alleged perpetrator is a health worker. Where the person alleged to have caused harm is a health worker, NHS Greater Glasgow and Clyde will take action in line with its own internal procedures to investigate allegations, where necessary take appropriate disciplinary action, and take immediate steps to safeguard patients. In all cases, instances of alleged harm to an adult at risk by a worker should be reported to Social Work to assess the ongoing risk to the adult and the need for any other protective action. Where the alleged harm might constitute a criminal offence, the Police will be notified by the relevant manager.

The Scottish Government has issued separate guidance to GPs about their role and responsibilities in terms of supporting and protecting adults at risk of harm, including information-sharing.

Scottish Ambulance Service
Scottish Ambulance Service provides emergency and scheduled care services pan Scotland attending circa 1500 homes a day. Service staff are in the privileged position of being invited into people's homes at some of the most intimate and stressful times of their lives and as such have a major role in the early identification of adults at risk in the community. Staff are trained to make situational assessments of the clinical, emotional and physical needs of their patients and are able to quickly identify those at risk in our communities.

Scottish Ambulance Service has responsibilities under the Adult Support and Protection (Scotland) Act 2007, these include the duty to report concerns about an adult at risk of harm to the local authority, and the duty to cooperate with the council and other named agencies where the council is making inquiries about an adult at risk of harm under the Act. The SAS will cooperate and coordinate with the relavant agency processes and requests for information to ensure that any adult at risk of harm will be protected.

NHS24
NHS 24 is the national provider of digital and telephone based health and care services for Scotland. It is best known for providing care and advice when GP surgeries and pharmacies are closed. People across Scotland can call NHS 24 using the free phone number 111. This gives people access to help and advice if they cannot wait until their GP surgery reopens.

All NHS 24 staff have a statutory and professional duty to recognise, respond and share relevant, proportionate and necessary information with a relevant agency where they know or believe that an Adult is at Risk of Harm and may be in need of care and/or protection. Actions include to:

a) Report the facts and circumstances of the case to the council, where they know or believe that a person is an adult at risk, and that protective action is needed; Section 5(3)
b) Co-operate with a council making inquiries and with each other where that would assist the council; Section 5(2)
c) Provide information and records as requested; Section 10

It is important to note that NHS 24 have access to information contained within their own system and they do not have access to territorial board's health systems or any alerts. NHS 24 will undertake a risk assessment at the time of the call and any

immediate referrals will be directly phoned and referred to the appropriate agency (e.g. Police Scotland, Social Work, Hospital, PCEC or SAS). All referrals including non-urgent will be sent directly to their internal Public Protection team who will prioritise them for onward referral to appropriate agencies. Additionally, NHS 24 utilise a single Public Protection referral form for both children and adults in need of protection and or individuals that may be on a pathway to harm or in need of a community care assessment. Where there is risk identified to an adult NHS 24 staff will always consider any risk or support required for children as part of the overall risk assessment.

2.2.4 Care Inspectorate

The Care Inspectorate has a duty to investigate complaints made in respect of the standards of care within registered establishments and one of its overriding objectives is to improve the protection afforded to adults at risk. It also has powers to enforce action legally if this is required.

In many cases, complaints received by the Care Inspectorate will not involve allegations of harm to specific service users and will relate more to instances of failing to meet care standards, poor practice or negligence. There may, however, be some cases where harm is alleged and involves the safety and welfare of one or more individuals using the service. In such circumstances, the Inspectorate will report the concern to the Police and/or Social Work as appropriate, in order to establish the need for criminal and/or ASP measures.

The Inspectorate also has a primary role in ensuring that registered services have their own internal procedures in place which provide for an effective response to allegations of harm involving members of staff, other service users or others known to the person harmed.

Registered services must comply with the Inspectorate's notifications guidance when they become aware of an incident involving an adult at risk of harm.

2.2.5 Healthcare Improvement Scotland

Healthcare Improvement Scotland (HIS) took over the responsibility of regulating independent health services from the Care Commission in April 2011. Healthcare Improvement Scotland currently has a similar scrutiny and improvement role to the Care Inspectorate for independent hospitals, voluntary hospices, and private psychiatric hospitals.

2.2.6 Office of the Public Guardian

The main functions of the Office of the Public Guardian (OPG) are identified under the Adults with Incapacity (Scotland) Act 2000 as to:

- receive and investigate complaints relating to any cases in which the property or financial affairs of an incapacitated adult seem to be at risk

- investigate complaints in relation to the exercising of functions relating to intromissions with property or financial affairs by attorneys, guardians and others authorised under the Act

- supervise any guardian or other authorised person in the exercise of his functions relating to the property and financial affairs of the adult concerned

- consult the Mental Welfare Commission and any local authority on matters relating to functions under the Act where there appears to be common interest

The OPG also has identified responsibilities under the Adult Support and Protection (Scotland) Act 2007. These include the duty to report concerns about an adult at risk of harm to the council, and the duty to cooperate with the council and other named agencies where the council is making inquiries about an adult at risk of harm under the Act. The OPG further has an acknowledged role in respect of Adult Protection Committees.

The OPG will thus link with Social Work where this is appropriate, for example in cases of alleged financial harm concerning an incapacitated adult, where there is a guardian supervised by the local authority or where the harm is thought to impact on the welfare of the adult.

2.2.7 Mental Welfare Commission

The Mental Welfare Commission has specific powers under the Mental Health (Care & Treatment) (Scotland) Act 2003 in relation to the protection of patients and other people with a mental disorder who are subject to an order or direction under the Act.

Where it believes that such a person may have been subject or exposed to ill-treatment, neglect or lack of care the Commission may carry out an investigation and make recommendations for action.

The Commission's power to investigate sits alongside the 'duty to inquire' placed on the local authority in similar cases where someone with a mental disorder is thought to be at risk.

The Commission is also expected to exercise a protective function in respect of adults subject to Guardianship or Intervention orders under the Adults with Incapacity (Scotland) Act 2000 and to consult with both the Office of Public Guardian and the local authority where appropriate in the exercise of such functions. The Commission has the power to investigate where it feels that the local authority has not dealt appropriately with a complaint.

2.2.8 Fire and Rescue

Personnel from the Scottish Fire and Rescue Service (SFRS) may, in the course of their operational duty or whilst conducting home fire safety visits, encounter actual or suspected harm to a service user or have information in this regard reported to them.

In some cases harm may have been done, or threatened, by deliberate fire-raising.

Following any deliberate fire intended to cause harm, Operational Crews will seek to ensure that the fire scene is preserved and SFRS Fire Investigation personnel will ensure that the Police are provided with forensic evidence and details surrounding the circumstances of the fire.

Where fire is used as a threat, the SFRS will seek, in conjunction with its partner agencies, to alleviate the immediate fire risk pending other actions taken by the Lead Agencies.

The SFRS, in its Fire Safety Enforcement capacity, will also conduct regular fire safety audits within registered care establishments and will refer any adult protection issues to Social Work.

The SFRS has in place an 'Adults at Risk of Harm' Procedure which provides staff with an awareness of adult protection issues and clear guidance on how to take the appropriate action.

2.2.9 Third and Independent sector

All independent care providers and Third Sector organisations should have internal procedures in place that set out action to be taken in the event of actual, disclosed or suspected harm to an adult at risk involving:

- a member of staff or volunteer in relation to a service user
- a service user in relation to another service user
- a person from outside the agency known to a service user

It is necessary to distinguish between

- the role of independent care providers and Third Sector organisations in investigating allegations made against their own staff or volunteers **and**
- the responsibility of Social Work to ensure the protection of individual service users.

The role of independent care providers and Third Sector organisations is to

- take immediate steps required to protect the adult and any other service users thought to be at risk
- refer the allegation to Social Work and/or the Police
- inform the Care Inspectorate (if a registered service) and Contract Management
- take action under disciplinary procedures in respect of a staff member or volunteer

The role of Social Work is to

- formally investigate such allegations in order to assess the risk to one or more individuals
- take appropriate action to protect adults identified as being at risk

- link with the Care Inspectorate if the agency/organisation is a registered service to agree responsibilities in terms of the immediate protection of any adult currently at risk

Social Work (if appropriate in conjunction with the Police and /or Care Inspectorate) should lead investigations into alleged harm of an adult at risk against an individual and any other action taken by the independent care provider or Third Sector organisation should not delay or prevent the Social Work investigation.

Detailed guidance has been developed locally to support independent and Third Sector organisations to identify and report adult protection concerns. This includes a specific providers' protocol and the Adult Support and Protection Thresholds Framework (**Appendix 3**).

2.2.10 Independent Advocacy and Carer organisations

Those agencies whose primary purpose is to independently represent the views of service users and unpaid carers, have a vital role within the adult protection process in the following areas:

- where harm or a risk of harm is identified by a worker or member, disclosed by the adult at risk or shared by a carer

- providing support to a carer or service user to alleviate stressful or conflict situations and the potential for the harm to an adult at risk, in particular where the adult at risk has capacity and does not wish any protective action to be taken

- making informed judgments (with the assistance of sound internal procedures) as to what the agency itself can achieve and the situations where concerns have to be passed to Social Work or the Police to ensure the safety of the service user and/or carer

- providing independent advocacy and support for adults at risk where appropriate at any point during ASP processes.

As well as guidance within the Code of Practice (revised 2014), joint local protocols have been developed to guide staff about making referrals and information-sharing between these agencies and Social Work.

2.2.11 Other local authority services and arms-length organisations

Staff from a range of other services within East Dunbartonshire Council and East Dunbartonshire Leisure and Cultural Trust may encounter the actual or suspected harm of a service user or someone known to the service user, or have information reported to them.

Examples of this will include:

- Trading Standards staff dealing with a bogus workman incident where the victim has a disability or impairment

- Education and Employability staff working with young adults over the age of 16 in fulltime education or work programmes.

- Housing staff working with council tenants or homeless people

- EDLCT staff and volunteers providing adult education, library or leisure services

It is expected that all departments within the Council will have procedures in place so that staff are clear as to the appropriate action to take in such circumstances and an awareness of the issues around adult protection.

2.3 MULTI-AGENCY WORKING UNDER THE ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

Partner statutory agencies working within East Dunbartonshire have had the following obligations placed on them under this Act. The Code of Practice (revised 2014) clarifies that these obligations also apply to organisations commissioned by named public bodies to deliver services on their behalf

2.3.1 Duty to co-operate (section 5)

This section of the Act applies to the following named bodies (and their employees)

(a) the Mental Welfare Commission for Scotland,

(b) Healthcare Improvement Scotland,

(c) the Office of Public Guardian,

(d) all councils,

(e) chief constables of Police Scotland,

(f) the relevant Health Board, and

(g) any other public body or office-holder as the Scottish Ministers may by order specify.

The public bodies and office-holders to which this section applies must, so far as consistent with the proper exercise of their functions, co-operate with—

(a) a council making inquiries under section 4, and

(b) each other,

where such co-operation is likely to enable or assist the council making those inquiries

2.3.2 Duty to report concerns

In addition where a public body or office-holder to which this section applies knows or believes—

(a) that a person is an adult at risk, and

(b) that action needs to be taken in order to protect that person from harm,

the public body or office-holder must report the facts and circumstances of the case to the council for the area in which it considers the person to be.

2.3.3 Examination of records (section 10)

A council officer appointed by Social Work may require any person holding health, financial or other records relating to an individual whom the officer knows or believes to be an adult at risk to give the records, or copies of them, to the officer.

Such a requirement may be made during a visit or at any other time.

Requirements made at such other times must be made in writing.

Records given to a council officer in pursuance of such a requirement may be inspected by

> (a) the officer, and
>
> (b) any other person whom the officer, having regard to the content of the records, considers appropriate,

for the purposes of enabling or assisting the council to decide whether it needs to do anything (by performing functions under this Part or otherwise) in order to protect an adult at risk from harm.

In the case of health records these can only be inspected by a nominated health professional and the council officer requesting the records can only examine them in order to determine whether they are health records. 'Health records' are defined in the legislation as records relating to an individual's physical or mental health which have been made by or on behalf of a health professional in connection with the care of the individual. A local protocol has been agreed to clarify the processes and accountability arrangements for the provision and security of health records

National guidance to facilitate the inspection of financial records, held for example by the Department of Work and Pensions, or banks and building societies, has been developed by the Scottish Government.

2.3.4 Role of independent care providers and Third Sector Organisations

The Code of Practice accompanying the 2007 Act advises that it will be good practice for all relevant stakeholders to cooperate with assisting inquiries, not only those who have a duty to do so under the Act. It recommends that HSCPs keep under review their contractual agreements with voluntary or private sector providers to ensure that their services and procedures are consistent with the principles of this Act.

The Code of Practice states that, whilst independent care providers and Third Sector Organisations do not have specific legal duties or powers under the Act, these organisations should discuss and share with relevant statutory agencies information they may have about adults who may be at risk of harm. A key point to bear in mind is that the local authority has commissioned these organisations to deliver services **on its behalf**. They may also be a source of advice and expertise for statutory agencies working with adults with disabilities, communication difficulties or other needs.

Independent care providers and Third Sector Organisations will also have a legal duty to comply with requests for examination of records.

2.3.5 Adult Protection Committees (section 42)

The 2007 Act places a duty on each Council to establish a multi-agency Adult Protection Committee with the following functions:

- to keep under review the procedures and practices of the public bodies and office-holders to which this section applies which relate to the safeguarding of adults at risk present in the council's area (including, in particular, any such procedures and practices which involve co-operation between the council and other public bodies or office-holders to which this section applies),
- to give information or advice, or make proposals, to any public body and office-holder to which this section applies on the exercise of functions which relate to the safeguarding of adults at risk present in the council's area,
- to make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders to which this section applies who have responsibilities relating to the safeguarding of adults at risk present in the council's area,
- any other function relating to the safeguarding of adults at risk as the Scottish Ministers may by order specify

The Act expects the following public bodies to assist with the promotion of good inter-agency working by assisting with the functions of the Committee:

- the Health & Social Care Partnership
- the Council,
- the relevant Health Board,
- the chief constable of the police force maintained in the council's area,
- any other public body or office-holder as the Scottish Ministers may by order specify.

The Council is responsible for appointing the convener of the Committee and the other members 'who appear to it to have skills and knowledge relevant to the functions of the Adult Protection Committee'.

It is for an Adult Protection Committee to regulate its own procedures but those procedures must allow a representative of

- Mental Welfare Commission for Scotland,
- Office of Public Guardian,
- Care Inspectorate
- Healthcare Improvement Scotland,
- any other public body or office-holder as the Scottish Ministers may by order specify

to attend Committee meetings.

Each of these public bodies and office-holders must provide the Adult Protection Committee with any information which the Committee may reasonably require for the purposes of performing the Committee's functions.

The convener of an Adult Protection Committee must prepare a general report on the exercise of the Committee's functions on a biennial basis. In East Dunbartonshire, this report covers a reporting period of two financial years. After securing the Committee's approval of the report, a copy of it is circulated to Scottish Ministers and the other public bodies and organisations named in the Act.

Adult Protection Committees, and Councils, must have regard to any guidance issued by the Scottish Ministers about their functions under sections 42 to 46.East Dunbartonshire Council established a multi-agency Adult Protection Committee in 2009, based on Scottish Government 'Guidance for Adult Protection Committees' (2008).

The Committee have adopted and will keep these Multi-Agency Adult Protection Procedures under review.

2.4 Dilemmas in Adult Support and Protection

Guidance on the interpretation of the Act in practice is provided in general by the Code of Practice (revised 2014) and the Code should be consulted where there are particular issues about the application of the Act which require clarification.

2.4.1 Consent

During any investigation the adult should be seen in a physically and emotionally safe environment. If at all possible, this should not be in the presence of any person alleged to have caused harm to him/her.

The 2007 Act requires that the consent of the adult at risk of harm be obtained to any of the following actions:

- being interviewed
- being medically examined
- application for an assessment order, removal order or banning order

The adult must also be advised of their right not to take part in any interview, assessment or application for an order.

There are two stages at which the individual's act of consent (and his/her ability to give such consent) requires to be considered:

- did the adult give informed consent to the act, relationship or situation which gave rise to the alleged harm?

- does the adult give informed consent to action being taken in relation to actual or potential harm?

The situation could involve one of the following scenarios:

- the adult has capacity and consents to action proposed under the Act
- adult has capacity but is not consenting to action proposed under the Act
- adult lacks capacity and is refusing to co-operate with (or unable to consent to) the proposed action under the Act
- adult lacks capacity and there is someone who holds welfare power of attorney or guardianship over the adult who can agree or disagree with actions being proposed

It is important to bear in mind that a possible further scenario requires as considered a decision as the other situations in terms of the rights of the individual and in being able to demonstrate the reasons why an action was taken by staff. This is where the adult has been judged to lack capacity but nevertheless is complying with or even appears to 'consent' to the proposed action

2.4.2 Capacity

It is essential that during the investigation process the adult fully understands the nature of the concerns and the choices facing them. Therefore the adult's capacity in relation to decision making must be established.

Any communication difficulties experienced by the adult through sensory impairment, language or any other factors should be addressed with the assistance of appropriately trained interpreters, or visual or mechanical aids. An inability to communicate an opinion or decision that is the result only of communication difficulties that could be rectified by some means, does not constitute incapacity.

An assessment of the adult's intellectual capacity and level of understanding forms a vital part of the initial interview with the adult in terms of whether the adult is able to give informed consent both to stages within the investigation (such as further interviews or medical examinations) and to any actions proposed to protect the adult.

Capacity will be assessed in relation to the specific activity or issue being considered. It should not be assumed that capacity or lack of capacity in one area e.g. consent to medical treatment, signifies a similar degree of capacity in another area e.g. consent to an intimate relationship.

The assessment of capacity needs to determine whether the person:

- is capable of making and communicating his/her choice
- understands the nature of what is being asked and why
- has the memory ability to retain this information and the choice he/she has made
- has an awareness of the risks and benefits involved
- can be made aware of information that is relevant to him/her

- is aware of his/her right to, and how to, refuse consent, as well as the consequences of doing so.

Discussion of capacity issues should form a major part of any Planning Meeting. An assessment of capacity needs to be completed involving medical and other relevant professionals. Decisions should not be based on assumptions of capacity related to assessments undertaken some time ago. Consideration must be based on the adult's current capacity.

Disagreements or differences of opinion in relation to an adult's capacity may occur in this complex area of assessment, in which case the matter must be referred immediately to the adult's GP, if not already involved, for address or further onward referral for specialist assessment. Any essential action required to protect the adult should not be delayed as a result of this matter. It will also be necessary to record this clearly.

2.4.3 Undue Pressure

Where the adult has full capacity and refuses consent this should not automatically be a 'no further action' outcome. Further consideration must be given to the circumstances of the case in discussion with relevant others in order to ensure that issues of undue pressure have been considered.

The consent of an adult who is judged to have capacity may in some circumstances be influenced by the fact that they are experiencing coercion or intimidation from the person causing harm or other person. When this situation is believed to apply, all efforts will be made to offer the adult 'distance' from the situation in order to minimise the influence of the person causing harm or others and to facilitate uncontaminated decision-making.

A removal order or banning order may be appropriate courses of action in these circumstances.

Section 35 of the 2007 Act provides that where the adult at risk has refused to consent the Sheriff may ignore the refusal where the Sheriff reasonably believes:

- that the affected adult at risk has been unduly pressurised to refuse consent; and

- that there are no steps which could reasonably be taken with the adult's consent which would protect the adult from the harm which the order or action is intended to prevent.

It must be agreed that there are no steps which could reasonably be taken without the adult's consent before proceeding to apply for an order. For example, where an informal approach to move the adult to another place for interview and/ a medical examination has been unsuccessful.

For an application to succeed where the affected adult has capacity to consent and has made known their refusal to consent, then it must be proven that the adult has been "unduly pressurised" to refuse to consent to the granting of an order.

The Code of Practice gives an example of what may be considered to be undue pressure. This states that an adult at risk may be considered to have been unduly pressurised to refuse to consent if it appears that:

- harm which the order or action is intended to prevent is being, or is likely to be, inflicted by a person in whom the adult at risk has confidence and trust; and

- that the adult at risk would consent if the adult did not have confidence and trust in that person.

The Code of Practice suggests that the most obvious relationships to assume confidence and trust would be between parent-child, siblings, partnerships and friendships. The assessment of undue pressure may include the development of the relationship and how the suspected harmful circumstances may have resulted in the affected adult's refusal to consent.

Undue pressure may also be applied by a person that the adult is afraid of, or a person who is threatening them and that the adult does not trust. Where the adult is judged capable of making an informed decision and chooses to remain in the harmful situation even after the risks have been fully discussed with him or her, this should be clearly recorded.

The process of applying ASP procedures should continue if the risk of harm is likely to continue and an action plan (or protection plan via a case conference) should be drawn up detailing how continuing support to, and monitoring of, the individual will be achieved even if this has to be done without the involvement of the adult at risk. In these situations the Council's Legal Section will determine if there is any statutory basis for intervening in such cases.

Where an adult lacks capacity and is refusing consent, consideration will be given to intervening under Adults with Incapacity or mental health legislation before considering action under the 2007 Act under 'undue pressure' e.g. a warrant under the Mental Health (Care & Treatment) (Scotland) Act 2003. The use of these alternatives will depend on the urgency of the situation in terms of risk to the adult and the timescales involved for other options.

In making any application for an order where the adult lacks capacity, it is important to be able to evidence that all possible methods have been utilised to support the adult to make decisions. Reference should be made to the Scottish Government publication Adults with Incapacity (Scotland) Act 2000: A Guide to Communication and Assessing Capacity (2008). Helpful guidance was also produced by The Royal College of Speech & Language Therapists in 2011.

SECTION 3 PROCEDURES FOR STAFF FROM ALL PARTNER AGENCIES

3.1 What do I do if I have concerns about possible harm to an adult at risk?

Staff from all the partner agencies operating under these procedures have a

- responsibility to be aware of harmful, oppressive and poor care practices
- duty to report any concerns, suspicions or evidence of harm they may see or hear about
- duty to co-operate with any investigation of harm to an adult at risk

In data protection terms, these explicit duties and responsibilities allow partner agencies to share personal information about adults at risk of harm (see Section 3.9). You may witness harmful behaviour or a situation where there is a risk of harm occurring. In other cases you may have concerns passed on to you by a colleague, relative or friend of the adult, or a member of the public. The adult may disclose to you that he or she has been harmed or fears being harmed.

The member of staff or practitioner with concerns should consult Section 1 of these procedures to assist in making a judgement as to whether the circumstances constitute harm or the potential for harm, and whether there is a need for action to support and protect an adult at risk.

Where such a situation exists, the member of staff should refer to the agency's internal adult protection procedures (where they exist) and discuss the appropriate action with his or her line manager or general manager.

Professional staff may be mindful of their respective codes of practice as well as data protection considerations in reporting their concerns. However if applicable they should also refer to the East Dunbartonshire Information-Sharing Protocol between NHS Greater Glasgow & Clyde and the Council which clarifies circumstances in which practitioners would be safeguarded in disclosing confidential information for the purposes of protecting an adult at risk.

It is acknowledged that in certain cases the concerned staff member may need safeguards to voice their concerns. All organisations should have a whistleblowing policy in place to support staff in such situations. It is not the responsibility of that person to prove any allegations before sharing their honestly-held suspicions. In most instances staff will be willing to voice their concerns to their line manager but occasionally this may be prevented by, for example:

- a fear that the manager will not take the matter seriously or act appropriately to protect service users
- evidence that the manager or proprietor may be responsible for or implicated in the harmful behaviour
- a fear of intimidation or harassment by managers or colleagues

In these circumstances it is legitimate in order to safeguard an adult at risk to use other channels for reporting concerns. Normally this would be done by contacting the Social Work duty worker.

3.2 What if I need to take immediate action to protect the adult?

In all cases where the adult is thought to be in immediate danger, the staff member should call the relevant emergency service on **999** e.g. ambulance, police.

The following is a brief checklist to guide staff where there is an opportunity to engage with the vulnerable adult:

- **DO**
  - ✓ listen to the adult
  - ✓ offer reassurance and support whilst being clear to the adult that you may not be able to preserve the confidentiality of what you are told if they are at risk
  - ✓ ask simple, non-leading questions to obtain the facts
  - ✓ make careful notes (including date and time)
  - ✓ take precautions to preserve any forensic evidence
  - ✓ in the event of the person being injured make a note of the injuries
  - ✓ inform your line manager (or other Social Work manager) as soon as possible

- **DO NOT**
  - ❖ dismiss the adult's concerns or be judgmental
  - ❖ interview or investigate beyond what is essential to ascertain the basic facts
  - ❖ make promises that cannot be kept e.g. around keeping a confidence or that 'nothing will happen'
  - ❖ share the information with colleagues where the allegation involves another member of staff

3.3 When should the Police be involved?

The Police should be contacted whenever it is thought that a criminal offence may have taken place. If this is not immediately obvious, the Police should be consulted in order to clarify the position with them. Social Work will retain overall responsibility as lead, even where there is a suspected criminal offence, but the Police investigation will take precedence over any other investigative activity, until concluded. Reports to the Police can be made following consultation with Social Work, if in doubt, but this consultation

should not delay making a report to the Police in an emergency situation or where there is clear evidence of a crime having been committed.

3.4 What if the adult does not wish to be assisted?

Wherever possible you should act in accordance with the expressed wishes of the adult. A primary aim of adult support and protection action is to empower the adult and to secure or reinstate his or her autonomy.

However the principles contained within these procedures also acknowledge the paramount aim of protecting adults at risk and the requirement to override the expressed views of the individual if there are indications that the adult

- lacks the capacity to make an informed decision as to what is in his or her best interests

and/or

- is being unduly intimidated or pressurised into declining assistance

or

- neither of the above appear to apply but the adult at risk nevertheless is choosing to remain in a situation which poses an immediate and significant risk to him/her

In order to be sure that the adult is making an informed and independent decision it may be necessary to create a safe place in which to consult the person about his or her wishes and to assess his or her capacity to make decisions which impact on his or her safety and welfare.

You should be encouraging the adult to accept the need for intervention and to agree to your passing information on to Social Work and/or the Police. If this is not possible and there is a risk of significant harm you should inform the adult that you are obliged to report your concerns.

If you are in any doubt you should discuss the matter with your line manager or other appropriate manager.

3.5 What if there are also children at risk?

The 2007 Act uses the term 'adult' throughout**.** In terms of the Act, an 'adult' is defined as a person aged 16 or over, whilst different legislation may define a person as a child until they reach their 18th birthday. According to the NSPCC:

> "In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18. Where concerns are raised about a 16- or 17-year-old, agencies will need to consider

which legislation or guidance is appropriate to follow, given the age and situation of the young person at risk. [1]

Paragraph 21 of the National guidance for child protection in Scotland explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2014).In East Dunbartonshire, any person under the age of 18 will be referred into Children's Services in the first instance, where there are any concern about their wellbeing.

It is vitally important, and a common responsibility across all agencies, to consider the needs of any child who may reside or have contact with an adult(s) suspected of any form of harmful behaviour **or** who lives with an adult who is subject to harm which may be witnessed by the child. There are specific protocols involving Children's services and the Police if the harm is identified as domestic abuse, but workers should be mindful of children witnessing other forms of familial harm. This is especially relevant if the child/children live in same household as an alleged perpetrator(s). In such a case Child Protection Procedures should be followed in respect of the child/ children involved.

3.6 To whom do I make a referral?

If you have concerns about the safety or welfare of an adult at risk you should report this immediately to your line manager or other appropriate manager.

Following your own internal procedures, the relevant person should then contact one of the following agencies by telephone or in person:

- Social Work (who will accept referrals in all cases)
- Police (where you believe a criminal offence has or may have been committed)
- Care Inspectorate (where the alleged harm occurred or is occurring within an establishment registered with the Care Inspectorate)
- Office of Public Guardian (where the adult lacks/is believed to lack capacity and relevant powers have been granted)

Do not worry about which of these agencies you should first approach; it is far more important that your concerns are passed on promptly. The agency who receives the referral will link with other agencies as appropriate to decide who investigates or whether there should be a joint investigation. Contact details are in **Appendix 4**.

The West of Scotland Adult Protection Referral Form (**Appendix 2**) should be used to provide detailed information about the alleged harm and what immediate action was taken by the referrer. Do NOT in any circumstances use the form to initiate contact: you should only submit it AFTER a direct referral has been made by phone or in person. The completed Adult Protection Referral Form should be sent via the Adult Protection mailbox to Social Work, who will progress the situation.

These multi-agency procedures recognise the specific 'lead' roles of the Police in criminal investigations and the Care Inspectorate in investigating complaints about the care of one or more individuals within a registered establishment.

[1] https://learning.nspcc.org.uk/child-protection-system/children-the-law#heading-top

The following sections reflect Social Work's lead role in the overall co-ordination of

- the investigation into alleged harm to an adult at risk (although the actual investigation may be carried out by another agency or jointly involving more than one agency)

- assessing the vulnerability of and ongoing risk to the adult (with the assistance as necessary of other professionals)

- any immediate statutory intervention required to safeguard the adult

and

- action required following an investigation to plan for the protection of the adult at risk (via multi-agency discussion and participation in the protection plan)

3.7 How will Social Work respond to my referral?

When you contact Social Work you will be asked for essential information relating to your concerns in order that a judgment can be made as to the appropriate action (if any) that needs to be taken. In particular a decision will be taken as to whether the information you provide requires further investigation under ASP procedures.

Every reported incident of actual or suspected harm to an adult at risk received by Social Work will be taken seriously and given priority in terms of assessment and protective action.

You may be concerned that contacting Social Work will automatically trigger an investigation even though you are uncertain as to whether what you are reporting constitutes 'harm' and whether immediate intervention would be in the best interests of the adult at risk.

Social Work will undertake inquiries to gather other available information from their records and from other relevant agencies and then make an initial assessment as to whether further ASP intervention under these procedures is required; or if the situation can be alleviated by other less formal means, such as a new or additional service, a review of the support plan or allocation to a social worker.

Social Work normally aim to complete initial inquiries, and/or to provide you with feedback about the outcome of their inquiries, within 5 working days of receiving a referral. Where your service has already initiated action to manage the risk to the adult, Social Work may apply the "least restrictive" principle and defer completing their inquiries until the outcome of your agency's investigation or intervention is established.

Where there are indications that significant harm has or is likely to occur, it will be necessary to follow these procedures to ensure the safety of the adult at risk.

You will be asked for as much of the following information as you are able to provide:

- your own name. address and telephone number

- names and addresses of the adult, the person alleged to be causing harm, and, where relevant, any carer and/or significant family members

- the current whereabouts of the adult and person alleged to be causing harm
- date of birth/approximate age of the adult at risk
- whether the adult at risk has a learning disability, mental health or communication difficulties (including those associated with dementia)
- whether the adult at risk is subject to any order under the Adults with Incapacity Act or Mental Health (Care & Treatment) Act or there is someone with power of attorney
- the identity of any witnesses and their contact details

This detail should first be passed by phone or direct contact before being submitted on the West of Scotland Interagency Referral Form (**Appendix 2**).

3.8 How might my agency be involved in gathering information or planning action?

Although Social Work will generally take the coordinating role, crucial to thorough and effective ASP investigations are:

- the collation of all relevant information
- clarifying roles across agencies and
- planning appropriate intervention with the assistance of other professionals involved.

Once the decision has been taken by Social Work that an investigation under the Act is required, the need for an early meeting to plan and inform the investigation will, wherever possible, also be decided on the same day. Where this is not practicable (or further essential information needs to be gathered in order to make that decision) then the Planning Meeting should take place within 3 working days of the referral. Key practitioners from relevant agencies will be invited to attend this meeting.

Where certain criteria are met (e.g. evidence of significant, imminent risk), a tripartite Interagency Referral Discussion (IRD) may be held ahead or instead of a wider multi-agency planning meeting. IRD meetings involve the core statutory agencies. They are held virtually and hosted by either the Police or Social Work.

If time delays are likely to prejudice the collecting of forensic evidence or the immediate safety of the adult, an IRD meeting should be convened the same day.

Where there is evidence of a criminal offence having been committed, and unless otherwise directed by the Crown Office Procurator Fiscal Service, the Police will lead the investigation at this stage.

Where harm to an adult at risk has occurred in a registered service or hospital setting, there will be a need to co-ordinate action with the Care Inspectorate, the host HSCP if outwith East Dunbartonshire, the NHS and/or HIS.

In cases where the adult's capacity is unclear, it may be necessary to request a formal assessment of capacity from a medical professional.

The Planning Meeting will therefore clarify and agree who leads and is involved in the investigation and set a clear timescale for the completion of the investigation.

A Planning Meeting will be particularly relevant in the following situations:

- where the risks to the adult or others appear to outweigh the adult's wishes and there is a need to override the individual's refusal of consent
- where the situation is complex and there is a risk of significant harm to the adult or others
- where difficulties are anticipated in accessing the adult or perpetrator or in setting up interviews
- where there is a criminal investigation and a need to preserve evidence
- where it is believed that more than one person is causing harm or the harmful behaviour may involve more than one adult at risk

The Planning Meeting would not involve either the adult or his/her family or the alleged perpetrator in order to allow professionals to plan the investigation in an open manner with the maximum information made available to those attending. However the views of the adult if known at this point as well as issues around consent and capacity should be central to the discussion.

A Planning Meeting forms part of the formal investigation and a minute of the meeting will be circulated to those attending and any other key professionals.

A multi-agency Planning Meeting may also be convened by Social Work in less urgent circumstances, for example, to respond to repeat referrals.

3.9 When and how should I share confidential information with Social Work or other investigating agencies?

Whether you are providing information at the point of referral, via less formal discussions or within a formal meeting, you are likely to be sharing information about individuals which would normally be considered personal or confidential.

Where the actual or suspected harm to an adult at risk triggers the **duty to notify concerns** (Section 2.3.2), you should avoid any unnecessary delay in passing on concerns to Social Work, the Police or other appropriate statutory body, such as the Office of Public Guardian or Care inspectorate. Even in such circumstances, you should only share the adult's personal information on a "need to know" basis.

In cases where information about an adult at risk is shared between NHS and Social Work practitioners, reference can additionally be made to the Information-Sharing Protocol agreed between East Dunbartonshire Council and NHS Greater Glasgow which confirms patient confidentiality can be:

> *overridden if the holder of the information can justify disclosure as being in the public interest (e.g. to protect others from harm).*

The protocol also emphasises that:

> *numerous enquiries into service failures in the health and social services have criticised agencies for failing to share relevant information; none have criticised agencies for sharing too much*

A summary of the operational procedures relating to the East Dunbartonshire/NHS Glasgow& Clyde Information-Sharing Protocol is available from the HSCP webpage or directly from staff. GPs should refer to the revised guidance issued to them by the Scottish Government.

Other bi-lateral information sharing protocols may be developed between Social Work and local and national agencies to ease the exchange of **essential and relevant** information where an individual is believed or suspected to be an adult at risk of harm. Where such a protocol has not yet been agreed, staff from other agencies should be guided by their own internal procedures around confidentiality and the sharing of information with external organisations, and by the legal guidance provided by the Data Protection Act 2018. The Information Commissioner's Office has published a Data Sharing Code of Practice to provide organisations with clarity and advice in how data can be shared in line with the law.

Wherever possible the consent of the adult at risk should be obtained prior to information being shared on his/her behalf. Where the adult is judged to lack capacity to make an informed decision - or you are aware of intimidation or coercion from others influencing a refusal of consent - it may be necessary for you to take a professional decision to override the adult's expressed wishes where it is believed that the adult continues to be at risk of significant harm. Even where the adult is judged to be taking an informed and autonomous position, you should consider the risks and the adult's other areas of vulnerability prior to deciding not to share information with Social Work. You must always record your reasons for such a decision.

3.10 How will investigations be carried out?

The HSCP's Adult Social Work services are responsible for making ASP inquiries, setting up multi-agency planning meeting/s and leading any subsequent investigations. Other agencies may be asked to become involved at any point if their action or contribution is required to progress the investigative process i.e. Housing/Health/Police or Specialist Services.

In most cases where one or more adults are considered to be at risk of significant harm responsibility for investigation will lie with the Council who will link with the Police if it is thought that a criminal offence may have been committed. The role of Social Work is particularly clear where an adult has a mental disorder (including learning disability) in terms of legal duties placed on local authorities under the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care & Treatment) (Scotland) Act 2003.

The exceptions to this would include:

- investigation into allegations of financial harm or financial mismanagement for an individual with incapacity where the Office of the Public Guardian would have a responsibility irrespective of whether there is a pre-existing order under the Adults with Incapacity Act.

- allegations of physical or emotional neglect or financial mismanagement in relation to a number of service users within an establishment registered with the Care Inspectorate where the Inspectorate would have a responsibility to investigate and improve standards of care.

The formal investigation must be a planned process with the roles and remits of the investigation team agreed beforehand as to –

- the time of the visit, which must made at a reasonable time
- who will ask the questions,
- who will record the interview and
- timescales for completion of each task

The council's investigating officer is permitted to enter any place where the adult normally resides, e.g.

- the adult's home
- the home of any relative, friend or other with whom the adult resides
- supported or sheltered accommodation staffed by paid carers
- temporary or homeless accommodation
- a care home or other residential accommodation

Any place can also be where the Adult is residing temporarily, or spends part of their time, e.g.

- a day centre
- a place of education such as a school, college, university
- a place of employment or other activity
- temporary respite or permanent residential accommodation
- a hospital or other medical facility
- private, public or Commercial Premises

Access is also allowed to any adjacent places such as sheds, garages and outbuildings.

3.11 Which staff will participate in investigations?

Formal investigations will always be carried out by two members of staff, both of whom will normally be qualified social workers, named as Council Officers.

The Council and partner agencies are bound by statutory guidance which specifies the role of 'council officers' and who can carry out duties under the Adult Support and Protection (Scotland) Act 2007.

Local agreed arrangements state that although the lead investigator (and the person who would apply for any protection order) will always be a qualified social worker, in certain circumstances the second investigator can be a suitably qualified nurse or occupational therapist where this would be advantageous to the investigation, for example if the adult at risk is known to the health practitioner. This is in line with Scottish Ministers guidance.

In any case the 2007 Act permits a council officer to be accompanied by any other person whom he or she believes would be of assistance in carrying out the investigation.

Where the Police are carrying out a criminal investigation into the alleged harm of an adult at risk and it is agreed that Social Work will participate in joint interviewing of the adult, the Council Officer will always be a qualified social worker.

The role of the following partner agencies may be vital during many investigations to facilitate the process and ensure that the views and interests of the adult and the person against whom allegations have been made are represented:

independent advocacy organisations.
- carer organisations

Whoever is leading the investigation has the responsibility for keeping other relevant agencies and professionals informed as to the progress and outcome of the investigation on a 'need to know' basis.

The overall coordinating role of Social Work comes into play in the post-investigation phases of the ASP process in terms of:

- action following the investigation, including the convening of a case conference to draw up a Protection Plan for the adult

- ensuring arrangements are in place for reviewing and monitoring the safety and welfare of the vulnerable adult and that the tasks identified for all agencies within the Protection Plan are implemented

3.12 Gathering the adult's views

The adult's views and wishes are central to adult support and protection, and every effort should be made at each stage of the process to ensure that barriers to the adult's participation are minimised. The Code of Practice at Chapter 5 indicates that the adult should be provided with assistance or material appropriate to their needs to enable them to make their views and wishes known.

Specifically, the Code of Practice insists that, where action to protect the adult at risk is deemed necessary following initial inquiries:

> *The adult should be asked if they know about and would like advocacy. Where advocacy is offered, declined by the adult or not deemed appropriate, the reasons for this should be clearly recorded, as should the reasons for not*

referring to any other 'appropriate' services. This decision should be re-visited and recorded at each formal review e.g. multi-agency meetings, review or professional meeting.

If communication is a problem or barrier e.g. due to English being a second language, sensory impairment and/or the need for special aids, the appropriate communication equipment and/ interpretation service should be identified and offered. The assistance of Speech and Language Therapists (SALT) is particularly helpful in this respect. Whenever possible, the adults should be asked which format for communication they prefer. All aids and adaptations which can support and enable communication, including Talking Mats, interpreters, Makaton etc., should be considered. Where possible, materials should also be available in alternative formats such as easy read, large print, audio tape, Braille and use made of "read aloud" or equivalent software.

This should be considered at the planning stage of initial referral as it allows any obstacles to be identified at an early stage and action to be taken to allow progress.

The adult should be provided with any assistance or material appropriate to their needs to enable them to make their views and wishes known. Reasonable adjustments should be made to support the adult's needs wherever identified.

Consideration should also be given to the surrounding environment. This can affect communication due to, for example, noise levels, provision of loop systems or lighting.

3.13 What about Medical examinations?

Medical examination may be required as part of an investigation for a number of reasons including:

- The adult's need of immediate medical treatment for a physical illness or mental disorder
- To provide evidence of harm to inform a criminal prosecution under police direction or as part of an application for an order to safeguard the adult
- To assess the adult's physical or mental health needs
- To assess the adult's mental capacity

The Adult Support and Protection Act 2007 states a medical examination may only be carried out by a health professional as defined under Section 52(2) as a:

- doctor
- nurse
- midwife

(NB It is normally the case that doctors would carry out a "medical examination". nurses and midwives would carry out an assessment of current health status).

3.14 Refusal of medical examination

In an emergency and where consent cannot be obtained, doctors can provide medical treatment to anyone who needs it, provided that the treatment is necessary to save life

or avoid significant deterioration in a patient's health. However, doctors are advised to respect the terms of any valid advance refusal, which they know about, or is drawn to their attention. Doctors are also advised to tell the patient what has been done, and why, as soon as the patient is sufficiently recovered to understand.

Where it is not possible to obtain the informed consent of the adult because they lack mental capacity or have difficulty communicating in order to provide consent, the council should check local records to ascertain whether the person has granted a welfare power of attorney with the relevant powers. Where no guardian or attorney has such powers, consideration may be given to whether it is appropriate to use the provisions in the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

3.15 When would a case conference be held?

An Adult Protection Case Conference is a multi-disciplinary, inter-agency meeting which is called by Social Work to share information and make decisions about an adult at risk in cases where harm or neglect has occurred or is suspected.

In most cases an investigation carried out under ASP procedures will lead to a formal Case Conference. Where allegations cannot be substantiated or there is insufficient evidence, a Case Conference may still be convened, since it would provide the opportunity to carefully consider the situation and agree action still required in terms of risk management and responsibility for monitoring and review.

The reasons for any decision taken by Social Work not to proceed to a Case Conference will be shared with key people in other agencies.

Key staff from any other involved partner agency may however request that a Case Conference (or similar inter-agency meeting) is convened if they disagree with the decision by Social Work not to hold such a meeting.

The Case Conference should normally take place within 15 working days of the referral. Where this is not possible (for example if an investigation is a protracted one) the Case Conference will then be convened within 5 working days from whenever the investigation is concluded.

A Case Conference will always be held where

- allegations involve sexual harm
- there is a substantial level of risk
- more than one agency is required to draw up the Protection Plan

The Case Conference will normally be chaired by the Joint Services Manager or other HSCP officer with an appropriate level of seniority along with knowledge and experience of managing Social Work ASP interventions.

It is recognised that other formal mechanisms exist within other partner agencies which contribute to the protection of adults at risk. Where relevant the Joint Services Manager

will link with the other agency to avoid duplication and ensure co-ordination, clarity of responsibility and a consistent approach.

Examples of this would include

- **Care Programme Approach** – multidisciplinary meetings convened by a psychiatrist used to co-ordinate the care and protection of adults with a mental disorder (including those with a learning disability)

- **MAPPA** (multi-agency public protection arrangements) – multi-agency meetings to coordinate offender risk assessment and management

- **MARAC** (multi-agency risk assessment conference) – multi-agency meetings to coordinate risk assessment and management for victims of domestic abuse

- measures in relation to registered establishments taken by the **Care Inspectorate**

- investigations by the **Office of the Public Guardian** into allegations of financial harm

There may also be circumstances where it is felt beneficial to hold a joint adult and child protection conference.

3.16 What is the purpose of a case conference?

The objectives of the Case Conference are to:

- consider the information gathered by the investigation

- exchange relevant information held by professionals and agencies involved

- to determine the level of risk to the adult at risk or others who may be at risk and the likelihood of the occurrence (or reoccurrence) of harm

- to identify areas of stress for the carer or relative of the individual

The decisions to be taken at the Case Conference will include:

- considering the availability of statutory powers to intervene and the appropriateness of their use, including any emergency measures required

- formulating a Protection Plan for the individual including measures to be taken and who is to be responsible for actions agreed

- nominating a Council Officer to co-ordinate the Protection Plan and ensure it is fully implemented

- considering the role of 'out of hours' services, including the Glasgow & Partners Emergency Social Work Service and NHS 'out of hours' services in contributing to a Protection Plan and responding to emergency situations

- taking appropriate steps to inform the adult at risk (and his/her carer or relatives if appropriate) of the outcome of the Case Conference, if they have not attended in person.

- agreeing the supports and services required from agencies to protect the individual and minimise risk, including access to specialist resources

- determining the process of monitoring and review of the Protection Plan

Where there are capacity issues and intervention is being considered under the Adults with Incapacity Act (Scotland) 2000 this can be combined with the Adult Protection Case Conference into a single decision-making meeting.

Where legal intervention is proposed the Case Conference should determine who will be responsible for making the application to Court and establish a clear timescale within which this should be done. If the local authority is required to initiate such action the meeting will decide who is responsible for linking with the Council's Legal Services to progress this.

3.17 Who will participate in the case conference?

The Case Conference provides an opportunity for a wider range of interested professionals and other agencies to contribute to decisions being taken as to how best to protect the adult at risk. However for reasons of confidentiality and effectiveness the membership will be limited to those who have a 'need to know' and are likely to be able to make a significant contribution to proceedings.

It may be necessary to address different elements of the meeting within separate sections and to vary those attending for specific parts of the agenda. For example it may be appropriate for a family member to be present for discussion about measures to protect the individual, but not during consideration of possible criminal proceedings or action against a staff member, where confidential information is likely to be disclosed.

Where at all possible, the venue for the Case Conference will be chosen so as not to intimidate the adult or carer if attending. Video-conferencing methods should also be considered and made available in order to maximise participation by all relevant individuals or agencies. Webex and MS Teams are the video-conferencing systems currently used by Social Work to host multi-agency meetings.

The following people may be invited to attend all or part of the Case Conference:

- investigating council officers

- team manager leading the investigation

- mental health officer where the adult has a mental disorder

- other relevant social work staff

- GP

- other relevant health staff
- Police
- staff from relevant regulatory/inspection bodies
- care provider organisations where involved with the individual
- representatives from other authorities where the individual is a service user or other adults at risk
- the adult at risk
- independent advocacy worker
- legal proxy (attorney or guardian)
- carer or relative (provided not involved in the harmful behaviour and having regard to the wishes of the adult at risk)
- representative from Legal Services

The adult at risk will be encouraged to attend at least part of the Case Conference and offered the opportunity to bring someone of his/her choice to support or represent his/her views. Every effort will be made to empower the individual to play as active a part in proceedings as possible, including use of interpreters and other aids to communication. The adult will not be required to confront or participate with the person alleged to be causing the harm within the Case Conference.

Carers and others who might be involved in implementing a Protection Plan will be invited with the consent of the adult. Where the adult is unable to provide meaningful consent the decision concerning attendance will be made by the person chairing the Case Conference.

The alleged perpetrator will not be invited to the Case Conference but, where it is deemed appropriate, will be invited to a separate meeting concerning actions to be taken in relation to him/her. If the alleged perpetrator is an adult at risk, a separate meeting should be used to address his or her needs.

If there are issues concerning the action or inactions of an external agency (or of staff within Social Work) a separate meeting addressing organisational, management and contractual matters will be convened.

3.18 What happens after the case conference?

The Joint Services Manager (or other officer chairing the meeting) will be responsible for ensuring that a full and accurate minute of the meeting is circulated to relevant individuals and agencies on a 'need to know' basis.

Where it is deemed inappropriate for reasons of confidentiality to give a copy of the minute to a particular individual or agency, consideration will be given to providing a summary version or a copy of the Protection Plan. Care will need to be exercised in sending the minute to the adult at risk where other individuals (including the person

alleged to be causing harm) are likely to be able to access it, particularly where the adult lacks the capacity to safeguard the information.

Written reports provided by Social Work or other agencies will not be circulated with the minute unless this has been specifically agreed at the meeting.

The minute of the Case Conference will be circulated within 10 working days of the meeting and will include, as a minimum

- essential facts
- a copy of the Protection Plan, where relevant, including the allocation of roles and responsibilities
- decisions made regarding statutory intervention with reasons as to why pursued or not pursued
- any other decisions taken
- identity of lead worker
- note of any dissent from decisions
- date of Review Case Conference (where relevant)

The Case Conference should also have discussed core group meetings. The Core Group will consist of all the people who are involved in the Protection Plan on a day to day basis, including the adult and carer. It will normally meet 2 weeks after the case conference and monthly thereafter, and be chaired by a team manager. Its' aim is to monitor and deal with any problems implementing the Protection Plan.

The Protection Plan will be formally reviewed through the convening of Review Case Conferences. These will involve those professionals and agencies who attended the original Case Conference but membership may need to be updated to reflect those currently working with the adult and to maximize the appropriate participation of the adult and his/her representatives and family.

The first Review Case Conference will be held within three months of the initial Adult Protection Case Conference.

The frequency of subsequent Reviews will be decided at the meeting but these should be at not less than six-monthly intervals whilst the Protection Plan is in force.

The purpose of the Review Case Conference is to

- summarise the work undertaken since the previous meeting
- establish the current level of risk to the adult and whether the adult remains an adult at risk of harm
- to review the effectiveness of the Protection Plan and update and amend as required
- ensure that action agreed under the Protection Plan has taken place and if not the reasons for this

- confirm any change in lead worker
- ensure wherever possible the full participation of the adult at risk in terms of expression(or representation) of his/her views
- close the Protection Plan when the adult is assessed as no longer being an adult at risk of harm

Where the adult is not deemed an adult at risk, but the risks remain high, the Case Conference or Review meeting may decide to manage these risks under local RAMP (Risk Assessment & Management) procedures.

SECTION 4 MANAGING INTER-AGENCY PRACTICE

4.1 INTERNAL PROCEDURES FOR PARTNER AGENCIES

The effectiveness of these multi-agency procedures is dependent on each partner agency having its own robust internal adult protection procedures.

It is essential that any internal procedures complement and are consistent with the multi-agency procedures in terms of:

- definitions of harm
- principles for practice
- advice for staff on how to respond to immediate situations of danger or reports/disclosures by service users
- advice for managers and staff on when to refer concerns externally and to whom
- distinguishing between immediate action needed to protect one or more service users and any internal disciplinary action required in relation to a staff member
- clarity around the lead role of Social Work and the Police in investigating incidents and taking any necessary protective measures
- the role of the Care Inspectorate where the service is registered
- a 'whistleblowing' policy for staff

Internal procedures also need to include guidance on appropriate action by staff and managers in situations where:

- an adult at risk has been harmed (or is suspected of being harmed) by another adult at risk
- there is an allegation against a member of staff (or harmful behaviour by a staff member is witnessed)
- a report or disclosure relates to an allegation of harm to a service user by someone outwith the agency

The ASP Thresholds Framework at **Appendix 3** is designed to support partner agencies to adopt common referral thresholds as well as consistency in decision-making.

4.2 LARGE SCALE INVESTIGATIONS

When an investigation concerns a group of adults at risk, whether in a care setting or through shared involvement with one or more persons alleged to be causing harm, special care and planning is required.

The possibility of more than one adult (or a number of adults) having been subject to harm must always be considered. Similarly there may be occasions where harm has been carried out by more than one person. This should always be reflected both in searching for information on client databases and making enquiries across agencies.

Such investigations will frequently involve a number of agencies. It is therefore vital that all aspects of the investigation are carefully planned and coordinated and that the respective roles and responsibilities of agencies and individual professionals are made explicit.

The Code of Practice (revised 2014) directs all areas to develop and agree local multi-agency procedures to support agencies to undertake large scale investigations. Detailed arrangements to manage large scale investigations in East Dunbartonshire are set out in a formal protocol adopted by the Adult Protection Committee.

Key elements of any ASP large scale investigation include:

- led by Social Work
- centrally coordinated by the Adult Protection Coordinator
- supported by senior managers from all relevant agencies
- involving regulatory/inspection bodies (e.g. Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission)
- shared commitment to cooperate and provide resources for the investigation
- ongoing attention to the support and protection needs of individual adults at risk
- consideration of the impact on adults, carers, staff and communities
- commitment to share any learning to improve practice and service delivery

Full details of the protocol can be obtained from the Adult Protection Coordinator.

4.3 REPEAT REFERRALS

Since the Act was implemented, it has become clear that some adults may experience a pattern of incidents which give rise to concerns that they may be an adult at risk of harm, but after inquiries are undertaken by Social Work, no single incident is thought sufficient to trigger formal multi-agency information-sharing and further intervention under the Adult Support and Protection Act.

Repeat referrals about an individual where further action is not taken under ASP frequently concern incidents of self-harm, often associated with alcohol and drug misuse. Such incidents may be reported to Social Work by the Police via an adult at risk or adult concern report. Immediate action to safeguard their health and safety may be taken by NHS acute services, and Health staff are also prompted to consider ASP when reporting such incidents on the NHS DATIX system. Adults with dementia living in 24 hour care settings may also become the subject of repeat referrals.

East Dunbartonshire has a multi-agency protocol in place to manage repeat referrals and ensure that the need for ongoing support and protection is considered where a

pattern of harm emerges. This is now complemented by Police Scotland's escalation protocol.

- Agencies must record all incidents of concern and alert Social Work where 3 incidents occur in any 6 month period.
- Police Scotland will monitor iVPD reports about individual adults and implement their escalation protocol when their repeat criteria are triggered.
- Social Work will monitor ASP and Adult Concern reports and flag up when 3 reports have been received in any 6 month period.
- The Joint Services Manager will convene a multi-agency ASP planning meeting to share information, unless they assess such a meeting is not required. They might come to this decision where, for example, other intervention pathways have already been implemented. Such pathways include Social Work's RAMP process, and the Community Mental Health Team's Care Programme Approach (CPA) and Crisis Resolution service.

4.4 HATE CRIME AND ADULTS AT RISK

In Scotland, the law currently recognises hate crimes as motivated by prejudice for based on race, religion, disability, sexual orientation, transgender identity.[2] The Offences (Aggravation by Prejudice) (Scotland) Act 2009 included hate crime motivated by the characteristic of disability. . Hence, where a crime is committed against a disabled person, and that person believes that they were targeted because of their disability, the perpetrator can be charged with an aggravated offence which may lead to additional punishment.

All partner agencies making or receiving ASP referrals must therefore be mindful to consider whether or not a hate crime has been committed, and where this is the case, the Police should be alerted.

Disabled people, including adults at risk of harm, can, however, also experience additional barriers to reporting crime, and accessing justice. To counter this, a series of "Third Party" Reporting Centres was set up in East Dunbartonshire in 2013, as well as elsewhere across Scotland. This allows the victim or witness of a hate crime to report the crime to staff working at the Third Party Reporting Centre rather than at a Police station. Third Party Reporting Centres include publically accessible sites such as the Community Hubs, housing and social care premises. Hate crime can also be reported via an electronic reporting form accessed from Police Scotland's website.

All staff taking third party reports will need to bear in mind that the victim may be an adult at risk of harm, and where this is the case, an Adult Protection referral should also be made.

4.5 FINANCIAL CRIME AND ADULTS AT RISK

All too often, adults at risk of harm are targeted by criminals such as the "bogus caller", who seek to exploit their increased vulnerability for financial gain. Increasingly, such bogus callers make contact with their victims through email or social media.

[2] Work is currently ongoing to unify separate hate crime offences into one piece of legislation: https://www.gov.scot/policies/crime-prevention-and-reduction/hate-crime/

A specific protocol has been agreed by partner agencies to minimise the impact of financial harm caused to adults at risk by bogus callers. Where any partner suspects a bogus caller is operating in East Dunbartonshire, this information should be shared with other agencies through an email cascade system. Reports can be made to any of the following: Police Scotland, Trading Standards, the Contact Centre or Social Work. As well as face to face incidents, agencies should also report where an adult at risk has experienced cold calling by telephone and internet scams. A national Neighbourhood Alert scheme is in operation which enables wider real-time information sharing about suspected bogus caller activity across Scotland.

4.6 GENDER-BASED VIOLENCE AND ADULTS AT RISK

Referrals involving violence towards an identified adult at risk within the adult's family and intimate relationships will normally be dealt with under these Multi-Agency ASP procedures. Depending on the circumstances, an adult affected by gender-based violence may also benefit from support and protection available through other specialist services, legal mechanisms or via the criminal courts. These options should be considered, particularly where they offer a less restrictive means of offering protection to the adult.

Domestic abuse
Agencies should bear in mind that:

- Where children are affected by domestic abuse, there are automatic grounds for referral by Social Work to the Children's Reporter. Additionally, there are existing agreements between the Police and Social Work within East Dunbartonshire to screen domestic abuse incidents where children are affected.
- Where an adult at risk is involved in a domestic abuse incident, separate multi-agency domestic abuse measures, for example **MARAC** (Multi-agency risk assessment conferences) may be utilised as a less restrictive measure. MARAC aims to provide a forum for core agencies, including ASP services, to share information about victims of domestic abuse and gender-based violence who are assessed as being at a high risk of harm. Agencies should therefore be aware of MARAC referral procedures, and understand the referral criteria. MARAC will only accept referrals where the victim is in a relationship with the perpetrator or the risk is in relation to a previous intimate relationship, i.e. not where the risk is from another family member. As MARAC is held monthly, agencies should avoid making assumptions that the case has been referred to or heard at MARAC in case this delays action to protect the adult.

Domestic abuse and other incidents of gender-based violence can be reported on a Third Part Reporting basis as well as directly to the police.

Forced Marriage
A specific law to protect victims of Forced Marriage was implemented in Scotland in 2011. To extend protection to those at risk, forcing someone into marriage was made a criminal offence in Scotland in September 2014. The 2011 Act aims to offer protection to both those at risk of being forced into marriage, and those who have already been forced into marriage. It is seen as a form of gender-based violence since women are disproportionately affected. Forced marriage is understood to be more likely to affect particular communities and minorities within our society, and adults with disabilities are thought to constitute a high risk group. Single and multi-agency protocols to support

staff to provide effective support and protection to victims of forced marriage have been agreed and implemented within East Dunbartonshire. As with all forms of gender-based violence, agencies need to consider carefully information-sharing with the victim's family and between themselves.

Those agencies involved in supporting victims of gender-based violence will need to be familiar with these Multi-Agency ASP procedures, in order to be clear about minimum trigger points where more formal consideration around protection and support under ASP procedures is required. Specific consideration should be given to whether a victim who has a disability, including a learning disability, or a mental health issue or sensory impairment, is also an adult at risk, and may require additional protective measures to assist them to safety and recovery.

The Police (and any other agency coming into contact with a gender-based violence situation involving an adult at risk) should make a referral to Social Work in all cases where it is believed that the adult is:

- suffering or is at risk of suffering significant harm
- in need of support services

4.7 YOUNG PEOPLE IN TRANSITION

Where there are concerns that 16 and 17 year olds may be adults at risk of harm, part of Social Work's inquiry process will involve a consideration of which legislative framework is best placed to support and protect the young adult. Additionally, the young person's history, issues and needs may mean that they are best supported by Social Work Children's services at this stage of their life.

East Dunbartonshire's current Transitions protocol directs staff and agencies to distinguish between young people who:

- are "looked after" by way of a supervision requirement **or**
- were "looked after" within the previous year,

and those who

- have had no contact with services until the current referral **or**
- were "looked after" over a year previously.

Where the young person is in fulltime education and/or has current or recent contact with Social Work Children's Services, any adult protection concerns should be reported in the first instance to the Children's Advice and Response Team on **0141 777 3000.** All other adult protection concerns should be reported to the Social Work on **0141 355 2200.**

The Children & Young Persons' Act (Scotland) 2014 introduced new duties to support young people who have been looked after via a "Continuing Care" arrangement until their 21st birthday which means they can remain in their placement until this time. Young People can continue to receive aftercare services until they are 26.. Work is ongoing to develop a joint protocol for Children's and Adult services and create a seamless transition between services for young adults in need of support and protection.

4.8 TRAUMA & HISTORICAL ABUSE

The Scottish Government's Survivor Scotland programme led to the establishment of the National Confidential Forum and the Scottish Child Abuse Inquiry which have both highlighted the extent of abuse experienced by many of Scotland's children when they were in public care or at the hands of those who were meant to care for them. The impact of childhood trauma and abuse can be life-long and result in ongoing physical and mental health issues, alcohol and drug misuse, and a lack of trust in those in authority or services which can make it more difficult for adult survivors to accept the support they are entitled to. Another branch of the Survivor Scotland programme has therefore led to the introduction of the National Trauma Training programme which aims to create a trauma-informed workforce who are more sensitive and responsive to the impact of childhood trauma and abuse in adulthood

Adult survivors who have embarked on their recovery journey may find the courage to disclose information to workers about the abuse they suffered and about their abuser(s). Although survivors may only want to be heard and not wish for any action to be taken, workers should be alert to any present day risks they face, or any risks to others, particularly children. Psychological consequences of repeat childhood trauma and domestic abuse, can include "learned helplessness" and other features which make it more difficult for affected survivors to protect themselves from present-day harm. Where this is known, workers should always take an adult's history of trauma into account in considering their ability to safeguard.

4.9 GOING MISSING

The National Missing Person's Framework was launched in May 2017. Research supporting the development of the framework highlighted the high numbers of people who go missing who are more vulnerable to harm and exploitation because they have a mental health issue or suffer from dementia. Although it must be remembered that sometimes people go missing to escape harm and exploitation, the framework encourages all agencies currently supporting people who are at high risk of going missing to factor this risk into assessments and support & protection plans, and to share relevant information swiftly with the Police and other agencies is someone does goes missing.

Older adults with dementia are particularly vulnerable should they go missing. To assist the police to trace and find older adults who go missing as quickly as possible, carers are encouraged to make use of the Herbert Protocol. The protocol consists of a form that contains vital information about the person at risk that can be passed to the police at the initial point the person is reported missing. The existence of this information will save police critical time in establishing the history of the missing person and their potential location. Carers should be directed to this page where they can download the Herbert Protocol Form. Once complete, the form is retained by carers (not police), and a copy should also be placed within the home or care setting in a prominent position so as easily available to police when required.

4.10 HUMAN TRAFFICKING & EXPLOITATION (MODERN SLAVERY)

The Human Trafficking and Exploitation (Scotland) Act 2015 seeks to support and protect all people who have been trafficked within and to Scotland, and/or exploited for their labour. It is the equivalent of the Modern Slavery legislation elsewhere in the UK. The Act will require staff employed by public bodies to notify the Police if they

suspect an adult has been trafficked. Regardless of their nationality or immigration status, any individual who is a victim of trafficking may be traumatised and additionally vulnerable due to a disability or mental health issue. Any agencies supporting trafficked adults should always bear in mind that the adult may also be an adult at risk of harm. Separate arrangements are in place to support trafficked children. These involve standard child protection processes including an Interagency Referral Discussion (IRD).

4.11 DUTY OF CANDOUR/ ILL-TREATMENT & WILFUL NEGLECT

On 1 April 2018, under the **duty of candour** introduced by the Health (Nicotine, Tobacco & Care) Act 2016, all agencies providing health and social care services will be required to disclose significant adverse incidents to the individual affected or their family. Agencies will also have to keep a record of such disclosures and publish this on an annual basis. Detailed procedures will be developed for their staff by relevant organisations.

As well as introducing the duty of candour, the Health (Nicotine, Tobacco & Care) Act also introduced a new offence of ill-treatment and wilful neglect**.** Individuals and organisations will be able to be prosecuted under the Act from 1 October 2017.

An offence of this nature was previously included in the Mental Health (Care and Treatment) Act with specific application to victims who have a mental disorder and experience wilful neglect or ill-treatment by staff in the course of receiving care and treatment. This new offence extends its scope to include all adults receiving health and social care services.

All incidents affecting service users which occur in the course of delivering care will continue to be notified to the Care Inspectorate by registered services, and to the HSCP's contract management section by commissioned services. Where the individual affected is, or is believed to be, an adult at risk of harm, staff should also make an ASP referral to Social Work as they did prior to the introduction of the duty of candour.

4.12 SUPPORT FOR VULNERABLE WITNESSES

The Vulnerable Witnesses (Scotland) Act 2004 introduced "special measures" to support child and vulnerable adult witnesses to give evidence in criminal proceedings.

The definition of 'vulnerable adult' used in this Act includes those who have a mental disorder (as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003 as well as those who are so afraid or distressed to give evidence that their evidence will be adversely affected. It may include any adult at risk of harm, The factors listed within the guidance in deciding if special measures are required include:

- mental disorder (including learning disability)
- communication difficulties
- behavioural indicators
- age and maturity (including old age and frailty)

as well as more general factors which may apply in adult protection cases, including:

- risk of intimidation
- 'elder abuse'
- sexual offences or violence
- domestic violence
- any power imbalance between the witness and the accused
- where the accused is a significant family member
- where the witness was dependent on the accused

The Victims and Witnesses (Scotland) Act (2014) further allows special measures to be applied automatically to adult witnesses who are seen as vulnerable due to the nature of the crime, e.g. domestic and sexual abuse.

The special measures for which adult witnesses may be eligible are:

- live television link from another part of the Court building or place outwith that building
- prior statements as evidence in chief (in criminal cases only)
- taking statements on commission
- use of a screen
- having a 'supporter' present when giving evidence

or combinations of the above.

Under the Criminal Justice (Scotland) Act 2016, local authorities have become responsible for providing Appropriate Adult services to support victims, witnesses, suspects and accused persons who are to be interviewed in relation to criminal matters, and are deemed more vulnerable on account of a mental disorder. The statutory scheme was introduced on 10 January 2020, and builds on services provided to the police on a non-statutory basis over the past thirty years. It is the responsibility of the investigating agency to identify that the victim, witness, suspect or accused requires an appropriate adult.

4.13 CROSS BOUNDARY AND CROSS BORDER REFERRALS

The Adult Support and Protection (Scotland) Act 2007 designates the local authority where the person is located at the time of an incident as the lead Council for the management of ASP concerns. If the care and support of an "adult at risk" placed in East Dunbartonshire is usually the responsibility of another Council, that Council should be advised of the allegation at the earliest opportunity to allow negotiation of the activity required. East Dunbartonshire, as host Council will retain responsibility for

any investigation as lead local authority, but may require involving Council Officers from the placing Council as appropriate to the circumstances. This activity does not indicate acceptance of an individual as an ordinary resident of East Dunbartonshire.

When a known "adult at risk" transfers between local authority areas, Social Work has specific procedures to support this to happen safely and effectively. This involves ongoing liaison between the responsible local authorities, as well as multi-agency meetings prior to and following the adult's transfer. Social Work Scotland has developed a set of principles to support effective case transfers which may be referred to in the event of a dispute. Notwithstanding such a situation, East Dunbartonshire's priority will always be the ongoing support and protection needs of the adult at risk.

The Adult Support and Protection (Scotland) Act 2007 is only effective within Scotland. Where an adult at risk has been placed outwith Scotland, or a Council outwith Scotland has placed an adult in East Dunbartonshire, negotiation with the Council concerned will be required to establish a clear process consistent with the requirements of each of the local authorities involved.

4.14 RESOLUTION OF OPERATIONAL DISPUTES AND PRACTICE CONCERNS

The primary purpose of these multi-agency procedures is to minimise the potential for disputes between agencies by clarifying roles and responsibilities and setting out a clear operational process.

The Chair of the Case Conference holds ultimate responsibility for decision making within the Adult Protection Case Conference and subsequent Review Case Conferences.

However it is recognized that occasionally there will be situations that cannot be satisfactorily resolved through discussion between practitioners, including

- concerns from one agency about the practice standards of one or more practitioners from another agency either relating to an individual case or more generally
- disagreement as to the appropriate action or decisions to be taken in a particular case in relation to the safeguarding of an adult at risk

Wherever possible such disputes should be handled as near to operational/professional level as possible and initially via discussion by means of a formal, minuted meeting between first-line managers.

If the matter cannot be resolved in this way, a meeting involving a senior manager from each involved agency should be convened. This is likely to be the case where either more general concerns about practice or procedure have been raised (with implications beyond an individual case) or there are allegations of unprofessional or negligent practice.

4.15 SIGNIFCANT CASE REVIEWS

Inter-agency review of significant incidents and cases is an important way to identify and improve on inter-agency practice. Such review allows multi-agency guidelines and agreements to be evaluated and allows areas requiring new guidelines and protocols to be identified.

The purpose of a Significant Case Review (SCR) of an adult protection case is to:

- identify lessons to be learned from the particular case to inform inter-agency working and better safeguard adults at risk
- agree an action plan to ensure that any changes recommended are carried out and incorporated into procedures and guidance

It is important to state that a SCR is **not** an inquiry following the death or serious injury of an adult at risk where culpability maybe established.

The convening of a SCR should always be considered when

- an adult at risk of harm dies (including death by suicide)

and

- harm or neglect is known or suspected to have been a factor in the death

A SCR should also be considered where the adult at risk of harm has sustained any of the following:

- a life-threatening injury through deliberate harm or neglect
- serious sexual harm
- serious or permanent impairment of development through harm or neglect

and

the case raises concerns about the way professionals and agencies worked together to safeguard the adult at risk, for example in

- recognising harmful behaviour
- sharing information
- deciding on and/or taking appropriate action to protect

Individual agencies may themselves conduct an internal management review into the circumstances of such a case, independent of any SCR. Such internal reviews will inform the SCR.

The Adult Protection Committee has agreed a multi-agency protocol for conducting a SCR in East Dunbartonshire, and this is available on the HSCP's webpage or from the Adult Protection Coordinator. The SCR protocol is based on national guidance

published in 2019 and was further updated in October 2020 to include the new requirement to notify the Care Inspectorate.

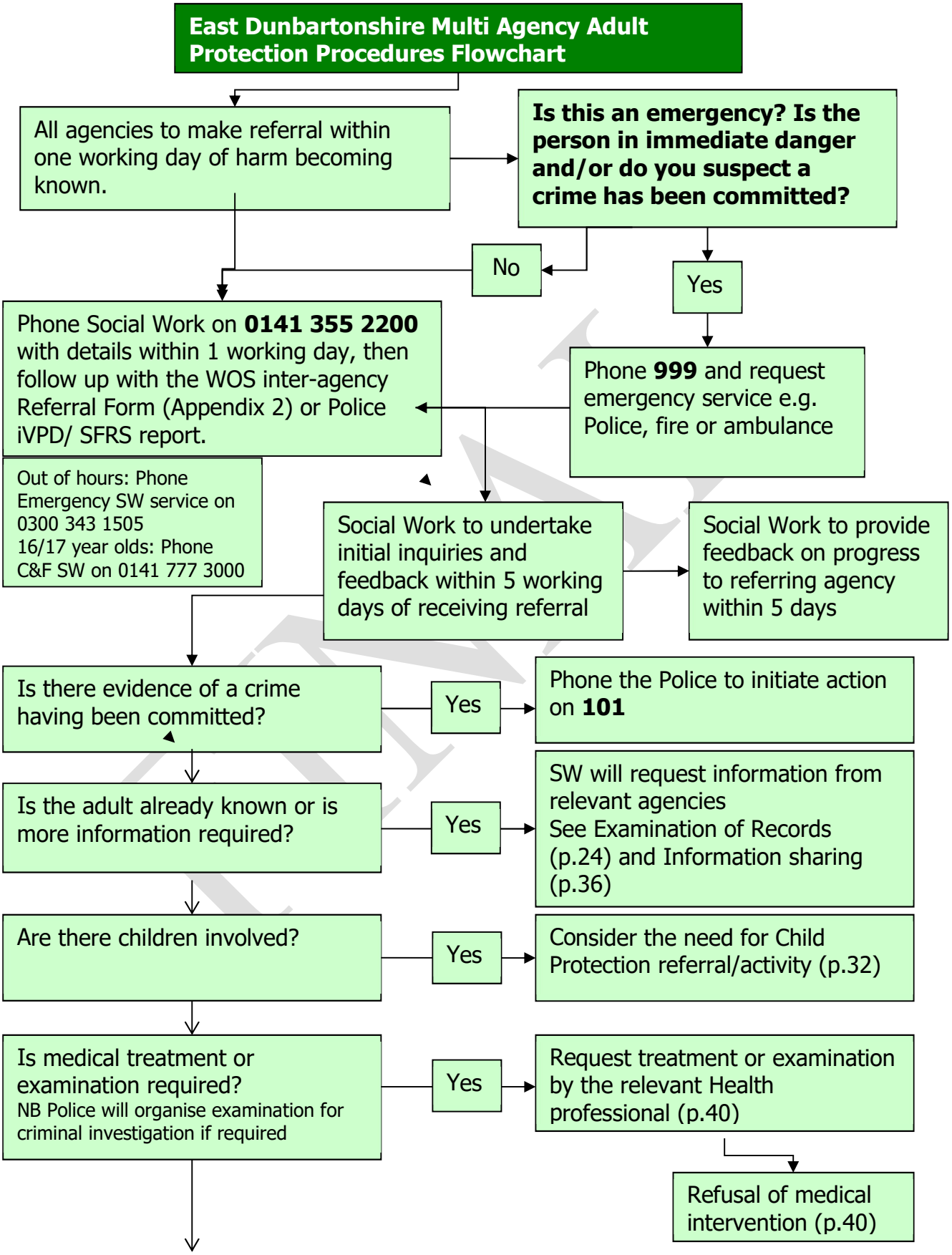
4.16 AUDIT AND SELF-EVALUATION

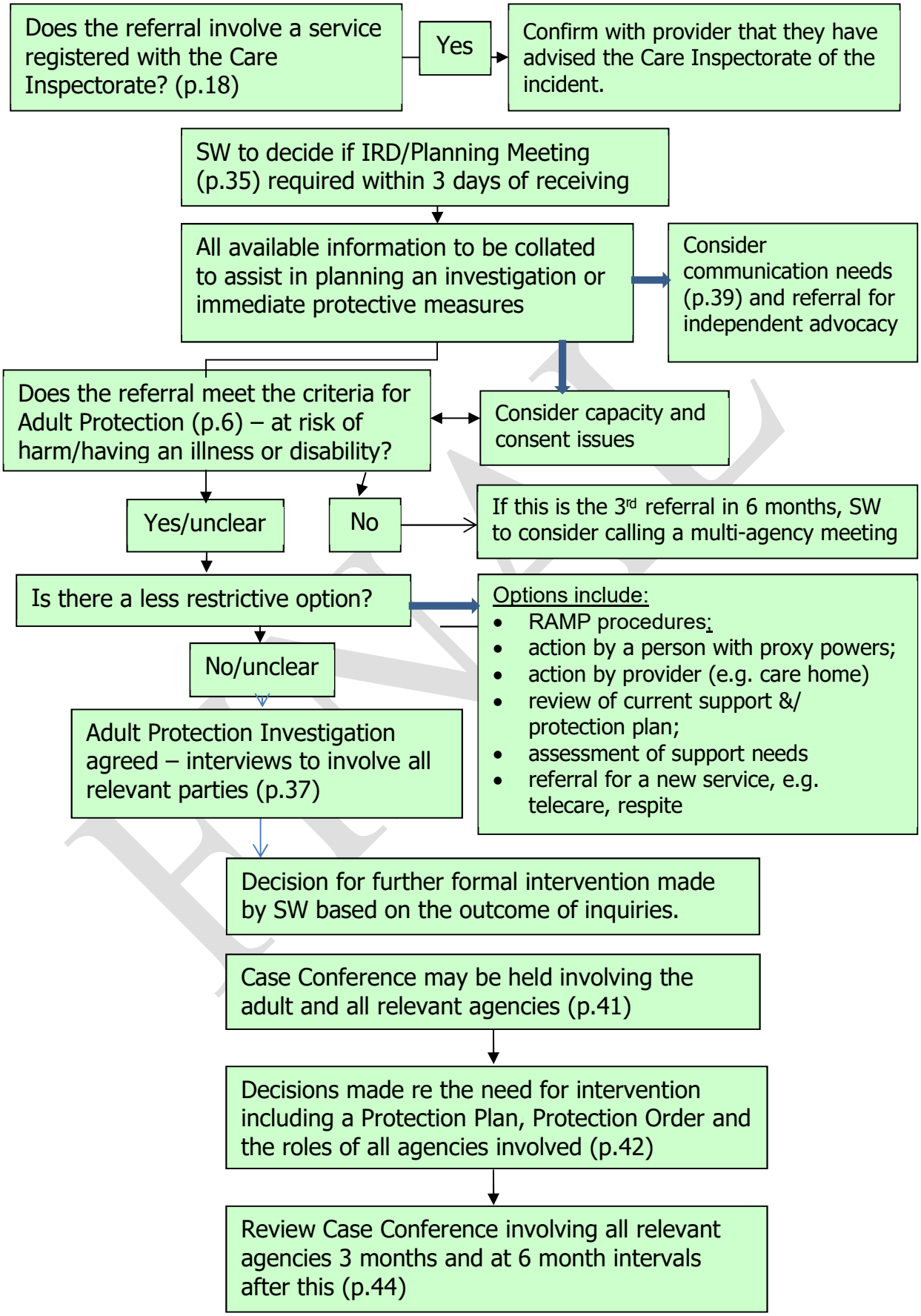
Agencies providing adult support and protection services will have their own processes and systems in place to monitor and evaluate the delivery of these services against local and national outcomes, standards and quality indicators. There is also an expectation that all agencies will collaborate in multi-agency audit and self-evaluation of inter-agency practice.

Multi-agency self-evaluation comprises key components including casefile audit which involves scrutiny of records held by relevant agencies which participated in the adult protection investigation or protection plan; and consultation with service users, carers and other stakeholders about the efficacy of local adult protection services and partnership relationships and procedures.

Multi-agency self-evaluation of Adult Support and Protection activity in East Dunbartonshire is informed by Hogg and May's Resource Handbook, published by the Scottish Government in 2011, and undertaken on a cyclical basis. The Adult Protection Committee oversees the planning, management and reporting of the self-evaluation exercise. All involved agencies should provide appropriately experienced and trained practitioners to participate in multi-agency casefile audits. The results of such audits and self-evaluation activity will inform single and multi-agency action or improvement plans overseen by the Adult Protection Committee. They will also be reported through local governance structures and biennially to the Scottish Government.

Appendix 1


East Dunbartonshire Multi Agency Adult Protection Procedures Flowchart
All agencies to make referral within one working day of harm becoming known.
Is this an emergency? Is the person in immediate danger and/or do you suspect a crime has been committed?
No
Yes
Phone Social Work on 0141 355 2200 with details within 1 working day, then follow up with the WOS inter-agency Referral Form (Appendix 2) or Police iVPD/ SFRS report.
Phone 999 and request emergency service e.g. Police, fire or ambulance
Out of hours: Phone Emergency SW service on 0300 343 1505
16/17 year olds: Phone C&F SW on 0141 777 3000
Social Work to undertake initial inquiries and feedback within 5 working days of receiving referral
Social Work to provide feedback on progress to referring agency within 5 days
Is there evidence of a crime having been committed?
Yes
Phone the Police to initiate action on 101
Is the adult already known or is more information required?
Yes
SW will request information from relevant agencies
See Examination of Records (p.24) and Information sharing (p.36)
Are there children involved?
Yes
Consider the need for Child Protection referral/activity (p.32)
Is medical treatment or examination required?
NB Police will organise examination for criminal investigation if required
Yes
Request treatment or examination by the relevant Health professional (p.40)
Refusal of medical intervention (p.40)


Does the referral involve a service registered with the Care Inspectorate? (p.18)
Yes
Confirm with provider that they have advised the Care Inspectorate of the incident.
SW to decide if IRD/Planning Meeting (p.35) required within 3 days of receiving
All available information to be collated to assist in planning an investigation or immediate protective measures
Consider communication needs (p.39) and referral for independent advocacy
Does the referral meet the criteria for Adult Protection (p.6) – at risk of harm/having an illness or disability?
Consider capacity and consent issues
Yes/unclear
No
If this is the 3rd referral in 6 months, SW to consider calling a multi-agency meeting
Is there a less restrictive option?
Options include:
RAMP procedures;
action by a person with proxy powers;
action by provider (e.g. care home)
review of current support &/ protection plan;
assessment of support needs
referral for a new service, e.g. telecare, respite
No/unclear
Adult Protection Investigation agreed – interviews to involve all relevant parties (p.37)
Decision for further formal intervention made by SW based on the outcome of inquiries.
Case Conference may be held involving the adult and all relevant agencies (p.41)
Decisions made re the need for intervention including a Protection Plan, Protection Order and the roles of all agencies involved (p.42)
Review Case Conference involving all relevant agencies 3 months and at 6 month intervals after this (p.44)

Appendix 2

WEST OF SCOTLAND ADULT PROTECTION REFERRAL FORM

A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection webpage.

ADULT AT RISK DETAILS (please PRINT details, thank you)					
NAME		DOB			
HOME ADDRESS		CURRENT WHEREABOUTS			
POSTCODE		POSTCODE			
TEL NO:		TEL NO:			
GENDER		ETHNIC ORIGIN		RELIGION	
COMMUNICATION NEEDS (please provide details including communication aids by the adult and specify first language if not English)					
GP NAME / ADDRESS					

REFERRER DETAILS (please PRINT details, thank you)			
NAME		DESIGNATION	
AGENCY		DIRECT DIAL TEL NO:	
EMAIL ADDRESS			
RELATIONSHIP TO ADULT BEING REFERRED:			
SIGNATURE			
DATE			

IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.)

DETAILS OF CONCERN (please PRINT details, thank you)	
1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (If **no**, please state reason)	
2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason)	
3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if **yes**, please specify)	

GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required)	
HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES	YES / NO (delete as appropriate) If **NO** please state reasons

DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)			
NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN (please PRINT details, thank you)			
NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

Appendix 3

Protecting Adults In
EAST DUNBARTONSHIRE

East Dunbartonshire Adult Protection Committee
Quality and Development Partnership

THRESHOLDS GUIDANCE AND FRAMEWORK
for providers and other partners
(updated for COVID-19)

Version Number	3
Version date	April 2020
Review due	June 2020
Contact Officer	Kirsty Kennedy, Adult Protection Coordinator

Introduction

This guidance is designed to support all providers to make consistent, appropriate decisions about which incidents occurring in their care setting should be referred to Social Work under Adult Support and Protection procedures. It has been updated for use during the COVID-19 pandemic.

The Threshold matrix sets out different types and patterns of harmful behaviour in terms of the level of risk they pose to the service user. The level of risk then determines the level of reporting and response. As a general rule, incident types and patterns categorised as presenting a lower level of risk to service users can be dealt with by the provider or care manager and reported to the Care Inspectorate and Contract Monitoring. The Care Inspectorate's COVID-19 notification guidance can be found here. IF AND WHEN the level of risk is raised, a referral should also be made to Social Work under Adult Support and Protection procedures. Finally, IF AND WHEN the service user has experienced significant harm and criminality is possible, or there are critical public health infection concerns, a report must additionally be made to the Police.

Regardless of how they are responded to, all incidents must be properly logged by providers to enable patterns of concern to be identified and responded to appropriately. Providers are encouraged to refer to the Early Indicators framework to identify and analyse potentially harmful institutional behaviours at an early stage and prevent harm escalating.

Level of Intervention	**Aware (Risk = Lower Level)**	**Alert (Risk = Serious)**	**Alarm (Risk = Very High)**
Intervene via	Internal processes (disciplinary/training/etc) Care management processes	Adult Support and Protection Procedures *If referral follows repeat incidents of the same type of harm, ensure that SW duty team advised of all previous incidents. A third incident affecting the same service user in any 6 month period must be reported, as must a third incident of the same type of harm affecting any resident in any 3 month period.*	Criminal investigation
Refer to	SW Care Manager, Care Inspectorate, Contract Management *Always consider ASP referral for all incidents and record reasons if not made.*	Adult SW Duty Team 0141 355 2200 adultprotection@eastdunbarton.gov.uk *Also consider referral to OPG where POA/Guardian involved in harm, Fire and Rescue or Environmental Health where institutional environment is unsafe.*	Police/Emergency Services *Also make ASP referral to SW*

Threshold Matrix

Level of Risk / Type of Harm	Lower Level		Serious		Very High
	Low	Moderate	Significant	Substantial	Critical
Physical	• Staff error causing no/little harm – e.g. skin friction mark due to ill-fitting hoist sling • Minor events which meet incident reporting criteria	• Isolated service user or service user incident • Inexplicable light marking found on one occasion	• Repeat service user on service user incident • Inexplicable marking or lesions, cuts or grip marks on a repeat basis • Witnessed accidental injury leading to hospital admission/medical treatment	• Inappropriate restraint (NB Please remember that inappropriate restraint could constitute an assault by a staff member – consult with the Police if in any doubt) • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries	• Withholding of food or drink resulting in irreversible damage or death • Assault by carer/family, staff member • Serious assault resulting injury, permanent disfigurement, endangerment of life, death
Trips and falls	• Isolated incident where no significant harm occurs and 1. A Care Plan is in place 2. Action is being taken to minimise further risk 3. Other relevant professionals have been notified 4. There has been a full discussion with the adult, their family or proxy 5. There are no other indicators of harm or neglect.	• Multiple incidents where no significant harm occurs • Isolated incident requiring attendance at hospital but no other form of harm or neglect is suspected.	• More than one incident during a 6-month period requiring attendance at hospital • Multiple incidents where: 1. The Care Plan has NOT been fully implemented 2. It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. CHLNs/ Falls Prevention Service.	• There have been other similar incidents or areas of concern • Any fall where there is suspected harm or neglect by a carer/staff member or other person or a failure to follow relevant care plans, policies or procedures.	• Any fall resulting in significant injury or death where there is suspected harm or neglect by a carer/staff member or other person or a failure to follow relevant care plans, policies or procedures.
Pressure Ulcers	• Pressure damage with no evidence of neglect OR failure to provide adequate care or pressure relieving equipment. • Person has capacity and makes an informed decision to decline treatment.	• Pressure damage that has occurred as a result of a sudden and rapid onset and/or deterioration of skin integrity. • There been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition. • Reasonable steps been taken to prevent skin damage.		• Person not risk assessed with regards to pressure ulcers risk and management and harm occurs. • Failure to provide suitable pressure relieving equipment and harm occurs. • Failure to follow the advice of clinical specialists and harm occurs.	• Person not risk assessed with regards to pressure ulcers risk and management leading to catastrophic harm/possible hospitalisation/irreparable damage/death • Failure to provide suitable pressure relieving

	• A pressure ulcer develops.	• The level of damage to the skin is disproportionate to the person's risk status for skin damage. For example, the person with a low risk of skin damage has a pressure ulcer.		• There is evidence of poor practice or neglect. **If the above affects one person or more:** Organisational-level harm should be considered (LSI)	equipment / follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death
Medication	Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs	More than one adult does not receive medication on one occasion – no harm occurs	• Recurring errors (missed/wrong dose) that affect more than one adult and/or result in harm • Appearing over medicated. • Insufficient prevention measures in place, training and audit.	Covert or deliberate maladministration of medication	Pattern of recurring errors or deliberate maladministration which results in ill-health or death
Sexual	Teasing or low level unwanted sexualised attention (verbal or touching) on one occasion – regardless of capacity	Verbal sexualised teasing or harassment on one occasion	Service user on service user incidents where harmer lacks capacity: • Recurring sexualised touch or masturbation without consent • Being subject to indecent exposure • Contact or non-contact sexualised behaviour which distresses adult (e.g. includes via social media)	• Sex in a relationship characterised by authority, power inequality or exploitation • Being made to look at pornographic material in absence of consent/capacity to give consent	• Sex in a relationship characterised by authority, power inequality or exploitation as per the Sexual Offences Act 2009 • Indecent exposure, indecent assault, rape • "Revenge porn" and online exploitation • Stalking/harassment
Psychological	Adult is spoken to in a rude or inappropriate way on one occasion but is not distressed	• Occasional taunts or verbal outbursts which causes distress, responds to reassurance • Restricting choice and agency by withholding information	• Care or treatment which undermines the adult's dignity and damages their self-esteem • Denying or failing to respect the adult's choice or opinion • Frequent taunts or verbal outbursts	• Deliberate humiliation • Emotional blackmail (e.g. threats of abandonment /harm/self-harm) • Frequent and Frightening verbal outbursts	• Denial of basic human rights • Forced Marriage • Prolonged intimidation • Threatening, vicious personal attacks • Stalking
Financial	• Money is not recorded safely or properly	Adult is not routinely involved in decisions about how their money is spent or kept safe –	• Adult denied access to own funds or possessions (including	Misuse/misappropriation of money, property by person in position of trust or control, e.g. POA, guardian	• Fraud, exploitation in relation to income, benefits, property, will

	• Single- or one-off incident of missing money and/or belongings where the quality of life has not been affected and little or no distress is caused	capacity not properly considered	where one partner controls the other's access to money/ property/rights) • Adult's money kept in joint bank account and unclear as to equitable spend		• Theft
Neglect	• Missed home visit on one occasion – no harm occurs • Adult not assisted with a meal or drink on one occasion and no harm occurs	• Inadequacies in care e.g. occasionally left wet, lead to discomfort but no significant harm • No access to aids for communication/ independence	• Repeat pattern of missed home visits or one missed visit and harm occurs • Hospital discharge without adequate planning and harm occurs	Ongoing deficiencies in care which impact on health and wellbeing – e.g. pressure sores, urine burns, dehydration, malnutrition, loss of independence/confidence	• Ongoing deficiencies in care which result in irreversible damage or death • Failure to access emergency services or medical care • Failure to intervene in dangerous situations where adult lacks ability to safeguard
Self-harm & self-neglect	• Self-care causing some concern - no signs of harm or distress • Property neglected but all main services work • Some evidence of hoarding - no major impact on health/safety	• First signs of failing to engage with professionals • Property neglected • Evidence of hoarding • Lack of essential amenities • No access to support	• Refusing medical treatment • High level of clutter/hoarding • Insanitary conditions in property • Won't engage with professionals • Problematic substance use • Self-injury/poisoning on one occasion	• Lack of self-care results in significant deterioration in health/wellbeing • Chaotic substance use • Self-injury/poisoning requiring emergency treatment on one occasion • Self neglect accompanied by suicidal ideation • Environment injurious to health • Others affected by self-harming or self-neglect • Multiple reports from other agencies • Behaviour poses risk to self/others	• Life in danger without intervention • Chaotic substance misuse • Repeat self-injury/self-poisoning accompanied by suicidal ideation • Environment injurious to health • Potential or Imminent fire risk/gas leaks • Access obstructed within property • Behaviour poses risk to self/others • Self-harm/neglect is life threatening • **Others affected by self-neglect re COVID-19 advice**
Discriminatory	Teasing motivated by prejudicial attitudes towards an adult who has	Care planning fails to take account of impact of adult's protected	• Inequitable access to services	• Refusal of access to essential services	• Hate crime resulting in injury disfigurement murder

	one or more protected characteristics on one occasion	characteristic(s) for a short period	• Recurring failure to take account of impact of adult's protected characteristic(s)	• Denial of human rights and civil liberties • Harassment on a regular basis	/requiring medical treatment/ causing fear and distress • Honour-based violence
Institutional	• Lack of stimulation/ opportunities to engage in social and leisure activities • Adult not enabled to participate in service design/delivery	• Denial of individuality and opportunities to make informed choices and for positive risk taking • Support/care plans are not personalised/ outcome-focussed	• Rigid/inflexible routines • Routines which benefit staff and organisation, not adults • Dignity is undermined, e.g. lack of privacy during provision of intimate care, pooled underclothes, dentures	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing power • Over-medication • Inappropriate restraint resulting in injury • Widespread, consistent ill-treatment • **Unsafe and unhygienic living environments where COVID-19 transmission is possible**
Professional	Service design involves group living settings where residents are incompatible	• Poor, ill-informed or outmoded care practice – no significant harm	• Failure to whistleblow about serious issues when using internal procedures does not result in a response • Denial of access to professional support and advocacy • Personally befriending an adult who is unable safeguard	• Failure to support adult to access health, care, treatments • Failure to refer disclosure of harm • Punitive responses to challenging behaviours • Entering a sexual relationship with an adult who accesses services from the same service/type of service	• Entering a sexual relationship with a service user who does not have the capacity to consent
Whole Service Concerns	Care plan recommendations relating to multiple residents/service users have not been implemented by the Provider, despite evidence of clear advice and guidance being given to the Provider, which is resulting in more than one individual being placed at risk of harm.	There is clear evidence that, despite contract monitoring and/or Care Inspectorate compliance review action planning, there is insufficient evidence of improvements within the service which is resulting in adults being placed at risk of harm.	Patterns of trends are emerging from data that suggests serious concerns about poor quality of care from a Provider across a number of care/support domains.	There is clear evidence from an individual ASP inquiry that other adults are at risk of harm.	There has been a significant event where an adult has been seriously injured or has died and abuse or neglect are suspected as contributing factors. Several adults have been allegedly abused and/or substantiated enquiries about abuse by the same person posing a risk or a group of people posing a risk in the same setting.

Appendix 4

Local Contact Numbers

To report all adult protection referrals:	
East Dunbartonshire Social Work Adult Services	**0141 355 2200**
For emergency situations (Police, Ambulance, Fire and Rescue)	**999**
If you suspect a crime has been committed, but it is not an emergency (Police Scotland)	**101**
Out of Hours Contacts:	
Glasgow & Partners Emergency Social Work Service	**0300 343 1505**
East Dunbartonshire Council Contact Centre	**0345 123 4510**
Independent Advocacy services:	
Ceartas Advocacy	**0141 775 0433**
Advice and support for carers:	
Carers Link	**0800 975 2131**

Online information

East Dunbartonshire Health & Social Care Partnership:	https://www.eastdunbarton.gov.uk/health-and-social-care
East Dunbartonshire Council	www.eastdunbarton.gov.uk
NHS Greater Glasgow & Clyde	https://www.nhsggc.org.uk/about-us/professional-support-sites/nurses-midwives/public-protection/adult-support-and-protection/
Police Scotland	https://www.scotland.police.uk/
Care Inspectorate	www.careinspectorate.com
GP Guidance	*Currently under review*
Healthcare Improvement Scotland	www.healthcareimprovementscotland.org
Office of Public Guardian	www.publicguardian-scotland.gov.uk
Mental Welfare Commission	www.mwcscot.org.uk
Scottish Fire and Rescue Service	www.firescotland.gov.uk
Royal College of Speech and Language Therapy	www.rcslt.org
Telephone interpreting services	https://www.languageline.com/uk/interpretation/telephone-interpretation