



Adult Protection  
RENFREWSHIRE

**RENFREWSHIRE  
ADULT PROTECTION COMMITTEE  
INTER AGENCY ADULT SUPPORT AND  
PROTECTION GUIDANCE AND  
PROCEDURES**

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## INTRODUCTION

This set of guidance and procedures have been produced on behalf of Renfrewshire Adult Protection Committee. It is based on the revised West of Scotland inter-agency Adult Support and Protection Practice Guidance. It is 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 such 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 and 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 organisations as well as with family carers and adults at risk themselves.

A key development within Renfrewshire has been the integration of Health and Social Care to form Renfrewshire Health and Social Care Partnership (RHSCP). This new arrangement applies to adult health and social work services and to children's community health services. Social Work Children's services and Criminal Justice Services merged with Education Services to form Renfrewshire Children's Services. Integration has important implications for adult protection in terms of the governance, roles and responsibilities within the new partnership.

Although social work will continue to play the lead role in adult protection inquiries and investigations, particularly through the responsibilities of the Council Officer, under the RHSCP general management model all staff and managers play key roles in adult protection which will be made clear within these procedures. This also applies to partners and agencies across the membership of Renfrewshire Adult Protection Committee.

There is a clear expectation that each of the partner organisations within Renfrewshire 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 that 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.

**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 supports Renfrewshire 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 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 the existing legislative framework

The procedures are also predicated on 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 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 Section 275 of the Mental Health (Care and 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?

For the purposes of these procedures the definition of an 'adult at risk' is that contained within the Adult Support and Protection (Scotland) Act 2007 and its accompanying Code of Practice (revised 2013).

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;
- and
- 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.

***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.*** Also there should not normally be a 'once and for all' categorisation of people as an adult at risk. An individual's vulnerabilities, medical conditions and abilities can fluctuate and change over time.

The first element of the above three-point criteria relates to whether the adult is unable to safeguard their own well-being, property, rights and other interests. 'Unable' is not further defined in the Act or guidance, but is defined in the Oxford English Dictionary as 'Lacking the skill, means or opportunity to do something'. A distinction should therefore be drawn between an adult who lacks these skills and is unable to safeguard themselves, and one who is deemed to have the skill, means or opportunity to keep themselves safe, but chooses not to do so. An inability to safeguard oneself is not the same as an adult not having capacity. An adult may be considered unwilling rather than unable to safeguard themselves and so may not be considered an adult at risk.

The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being.

'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 harmer
- 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 Adult Protection 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 Service as:

*Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct and which takes place within the context of a relationship.*

*The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere.*

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 harmer of the violence (or both parties) can be defined as an 'adult at risk' requiring a specific approach under Adult Protection 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 harmer was not defined as an 'adult at risk', but the need for statutory or other intervention (working to an agreed adult protection plan) must be considered.

These procedures do not apply to all adults. Rather they assume 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 covered by these procedures would be adults with a learning disability, learning difficulties or autism, adults with mental health problems (diagnosed or not), 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, problem drug or alcohol use 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. Also, adults who may be at higher risk of sexual exploitation due to mental health problems, physical impairment or learning disabilities.

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, 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 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, a 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), being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs.

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
- sudden increases in confusion e.g. dehydration, toxic confusion
- demonstration of fear by the vulnerable adult 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
- other service users
- people 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:

- where the adult lives alone or with a relative
- within a residential or day care setting
- hospital
- custodial settings
- 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 'mental 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**

### **Duty to Report**

**Public Agencies have a duty to report any suspected or actual harm to an adult at risk of harm within 1 working day.**

### **2.1 AGENCIES INVOLVED**

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

- preventing
- alerting/reporting
- investigating
- monitoring and reviewing

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

- Renfrewshire Council Social Work (HSCP and Children Services)
- NHS Greater Glasgow & Clyde
- Police Scotland
- other service departments of Renfrewshire Council e.g. Legal, Housing and Development Services, Community Resources, Corporate Services and Education (within Children Services)
- the Care Inspectorate
- the Office of the Public Guardian
- Mental Welfare Commission
- Scottish Fire and Rescue
- the independent third sector (including advocacy organisations)
- carer and service user groups
- Renfrewshire Community Safety Partnership
- Renfrewshire's multi agency Violence against Women 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
- referring agency managers and staff to multi-agency procedures regarding their possible involvement in an investigation and subsequent decision-taking to protect the service user

## **2.2 ROLES AND RESPONSIBILITIES**

### **2.2.1 Social Work**

Social Work will have the overall lead responsibility within RHSCP for investigations into the harm of adults at risk and for coordinating the process of decision-taking and monitoring that may follow the investigation.

In cases where a criminal offence may have been committed Social Work has a responsibility to immediately inform the Police, who will consider whether to undertake a criminal investigation within the overall Adult Protection process. The team manager/senior social worker coordinating the inquiry/investigation will have responsibility for contacting the police and sharing information following consultation with staff involved in dealing with the referral. A police investigation may necessitate a delay in progressing to the case conference. Any decision to delay the case conference should be decided by the Locality/Service Manager in consultation with the police.

Social Work will also have a major role in the prevention of harm (or its reoccurrence) through the provision of support and services, especially where a shortfall in resources is identified as having been a factor in the harming behaviour e.g. stress on carer, challenging behaviour by the service user.

The role of Social Work is at its clearest in cases where harm takes place within the person's own home or within a unit operated by the Council. However the local authority also has an overarching responsibility for the protection and welfare of all adults at risk.

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 of harm in commissioned services operated by voluntary or independent providers including those registered with the Care Inspectorate. This will be in addition to any internal



action taken by the provider organisation where the person alleged to have caused harm is a member of its staff.

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 Adult Protection procedures.

If harm reported to Social Work regarding an adult at risk is alleged to have taken place within a registered establishment Social Work would immediately inform the Care Inspectorate in order to co-ordinate the response in terms of the Inspectorate's wider responsibility to monitor and enforce care standards which safeguard service users within establishments. The manager of the RHSCP Contracts Team should be provided with details of the alleged harm and will have responsibility for sharing these with the Care Inspectorate.

Social Work has the ongoing responsibility for the co-ordination of action to protect individuals following investigation and to ensure that Adult Protection case conferences and review meetings take place as required. Duties and powers in carrying out investigations and where necessary seeking protection orders from a Sheriff are contained within the Adult Support and Protection (Scotland) Act 2007 and its accompanying Code of Practice. However 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.

Where the adult at risk is placed in a residential or day care establishment within Renfrewshire but is the responsibility of another authority or partnership, the responsible authority should be notified immediately by the host authority to agree respective roles in any investigation. The responsible authority in cross boundary or cross border investigations will be the host authority who will take the lead in coordinating the investigation.

Social Work will also link with the Office of the Public Guardian in cases of financial harm where an adult lacking capacity is involved. In particular situations where the allegation of abuse is made against someone who is empowered to act on behalf of the adult in welfare matters under the Adults with Incapacity (Scotland) Act 2000 as an attorney, guardian or intervener, the local authority can be directed by a Sheriff to supervise the activities of the legal proxy.

The local authority has a 'duty to inquire' placed on it under the Mental Health (Care & Treatment) (Scotland) Act 2003 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 the public Guardian

- the Care Inspectorate
- Health Improvement Scotland
- the NHS

The local authority 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
- 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
- consulting the Office of the Public Guardian or Mental Welfare Commission where there is a 'common interest' (for example over the protection of an individual).

**(NB** 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).

The Adult Support and Protection (Scotland) Act obliges local authorities 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

### **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 abuse is significant and ongoing, the adult is protected and isolated from the alleged harmer 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 Adult Protection Referrals Coordinator 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 Adult Protection Referrals Coordinator.

If the alleged harm has occurred within a registered establishment the Police will also inform the Care Inspectorate.

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.

### **2.2.3 Health**

Health staff working within Renfrewshire include practitioners employed by NHS Greater Glasgow and Clyde in primary care, and community learning disability, mental health and addictions services, as well as GPs and other specialist health services such as the Scottish Ambulance Service. 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 be 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 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 may however be instances where the alleged harmer is a health worker. Where the person alleged to have caused harm is a health worker, NHS Greater

Glasgow and Clyde will take action independently in line with its own internal procedures to investigate allegations, where necessary take appropriate disciplinary action and take immediate steps to safeguard patients. Where the alleged harm might constitute a criminal offence the Police will be notified by the relevant manager.

In all cases, instances of alleged harm to an adult at risk by a worker should also be reported to Social Work to assess the ongoing risk to the adult and the need for any other protective action.

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 (see Appendix 3 for a link to the Guidance).

#### **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 welfare and safety 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 Adult Protection measures and to formulate a protection plan.

The Inspectorate will also have the primary role in ensuring that registered agencies 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.

#### **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 The 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

intrusions 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 the Public Guardian and the local authority where appropriate in the exercise of such functions. The Commission also has a 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 Renfrewshire Health and Social Care Partnership.

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 Independent sector**

All voluntary, not-for-profit, and private agencies 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 and voluntary agencies 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 agencies 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)
- 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 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 agency should not delay or prevent the Social Work investigation.

A specific protocol has been developed to support providers to identify and report adult protection concerns.

**A large scale investigation (see section 4.2)** may be required where an adult who is a resident of an care home, supported accommodation, a NHS hospital ward or other facility, has been referred as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management regime, or environment of the establishment or service. Section 4.2 describes in greater detail the process to be followed

### **2.2.10 Advocacy, carer and user organisations**

Those agencies whose primary purpose is to 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 the potential for harm is identified by a worker or member (or disclosed by the adult at risk).
- where harm or the potential for harm of an adult at risk by an unpaid carer is identified by a worker or shared by a carer.
- providing support to a carer or service user to alleviate stressful or conflict situations which may result in harm to an adult at risk, in particular where the adult at risk has mental 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 contribute, including 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, both during and following Adult Protection processes being initiated

Joint local protocols have been developed to guide staff in making referrals and information-sharing between these agencies and Social Work.

### **2.2.11 Other local authority service departments**

Staff from a range of other services within Renfrewshire Council 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:

- staff from Education working with young people over the age of 16 attending a mainstream or special school
- housing staff working with council tenants or homeless people

It is expected that all services within the Council will have procedures in place so that staff are clear as to the appropriate action to take in such circumstances and have 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 Renfrewshire have the following obligations placed on them under this Act.

### **2.3.1 Duty to co-operate (section 5)**

This section of the Act applies to

- a) the Mental Welfare Commission for Scotland,
- b) the Care Inspectorate,
- c) the Office of the Public Guardian,
- d) all councils,
- e) chief constable 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, in keeping with the proper exercise of their functions, co-operate with a council making inquiries under section 4, and 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 resident

### **2.3.3 Examination of records (section 10)**

The Act defines a Council Officer (see section 3.11) as an individual appointed by the Council under the Local Government Act 1974 (section 64). The Council Officer 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 Council Officer, and
- b) any other person whom the Council Officer, having regard to the content of the records, considers appropriate,

This is for the purposes of enabling or assisting the decision on actions to be taken (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; the Council Officer requesting the records may only examine them in order to confirm whether or not 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.

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 and voluntary 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 Councils 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 also notes that many different professionals in both statutory and independent agencies will have contact with adults at risk of harm including social workers, medical and nursing staff and other health professionals, staff delivering care services, Procurators Fiscal, the police and staff of voluntary organisations. It emphasises the importance of a multi-agency and multi-disciplinary approach to inquiries, investigations and training between councils, other bodies and specialist voluntary organisations.

The Code of Practice suggests that, whilst independent and voluntary organisations do not have specific legal duties or powers under the Act, as care providers they have a responsibility to involve themselves with the Act where appropriate by contributing to investigations. It states that these organisations should discuss and share with relevant statutory agencies information they may have about adults who may be at risk of harm. They may also be a source of advice and expertise for statutory agencies working with adults with disabilities, communication difficulties or other needs.

Independent and voluntary organisations 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 that relate to the safeguarding of adults at risk residing in the council's area (including, in particular, any such procedures and practices that 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 residing 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 residing 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 Council,
- the relevant Health Board,
- the chief constable (Police Scotland),

- 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 the following bodies to attend Committee meetings

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

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

The Convener of an Adult Protection Committee must, as soon as practical after such date as the Council may direct, biennially prepare a general report on the exercise of the Committee's functions during the 2 years ending on that date, and after securing the Committee's approval of the report, send a copy of it to:

- each of the public bodies and office-holders represented on the Adult Protection Committee
- the Scottish Ministers,
- Mental Welfare Commission for Scotland,
- the Office of the Public Guardian,
- the Care Inspectorate,
- Health Improvement Scotland and
- any other public body or office-holder as the Scottish Ministers may by order specify.

Adult Protection Committees, Councils, and Health and Social Care Partnerships (HSCPs) must have regard to any guidance issued by the Scottish Ministers about their functions under sections 42 to 46.

Renfrewshire has in place a multi-agency Adult Protection Committee, known as the Renfrewshire Adult Protection Committee (RAPC). It is based on Scottish Government 'Guidance for Adult Protection Committees' (2008) and is convened by an independent Chair.

As part of its responsibilities, the RAPC will undertake to 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 that require clarification. The Renfrewshire Adult Support and Protection Officer or the Adult Services Manager will be available to provide advice and guidance should this be required.

### **2.4.1 Capacity**

It is essential that during the investigation stage, the adult fully understands the nature of the concerns and as far as possible is aware of the choices they face. For this reason, it is important that the adult's capacity in relation to decision making must be established.

It must be assumed that the adult has capacity unless otherwise certified to the contrary. If any doubts about capacity arise then an assessment of such should be obtained.

Any communication difficulties experienced by the adult through, for example, sensory impairment, language or any other factors should be addressed with the assistance of appropriately trained communicators, interpreters, or by means of visual or mechanical aids. It should be noted that an individual's inability to communicate an opinion or decision does not necessarily constitute incapacity.

An assessment of the adult's intellectual capacity and level of understanding will form an essential part of the initial interview with the adult as a means of determining if the adult is able to give informed consent to differing elements and 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, indicates that the individual lacks 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 recall 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 significant part of any Adult Protection Meeting. Completion of an assessment of capacity will usually involve the adult's GP or another doctor such as a hospital doctor, psychiatrist or out of hours GP. Decisions should not be based on assumptions of capacity related to assessments undertaken some time previously. 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 to offer a view or to refer the matter for specialist assessment. Any essential action required to protect the adult should not be delayed while awaiting a decision on capacity. . It will be necessary to record clearly the decision made and the reasons for this.

#### **2.4.2 Consent**

During any investigation the adult should be seen in a physically and emotionally safe environment. 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 in relation 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

A possible further scenario is where the adult has been judged to lack capacity, but is complying with or even appears to 'consent' to the proposed action. In these situations a decision may be required to be made in their best interests, taking into account the rights of the individual and in being able to demonstrate the reasons why an action was taken by staff.

### **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 course 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 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 adult protection 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 communicate with the adult around maximising decision-making. 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 and Language Therapists in 2011 (Appendix 3).

## **SECTION 3 GUIDANCE 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
- report any concerns, suspicions or evidence of harm they may see or hear about
- co-operate with any investigation of harm to an adult at risk

Staff may witness harmful behaviour or a situation where there is a risk of harm occurring. In other cases concerns may have been passed on to staff by a colleague, relative or friend of the adult, or a member of the public. The adult may disclose to a member of staff 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 be taken to protect a vulnerable adult.

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

Professional staff will be mindful of their respective codes of practice in passing on concerns. However if applicable they should also refer to the 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. 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

*Adult Services Referral Team (ASeRT)*  
*Renfrew Health and Social Work Centre*  
*10 Ferry Road*  
*Renfrew*  
*PA4 8RU*

**Phone 0141 207 7878 / 0300 300 1199**

**Email: [adultservicesreferral.sw@renfrewshire.gcsx.gov.uk](mailto:adultservicesreferral.sw@renfrewshire.gcsx.gov.uk)**

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

In cases where the adult is thought to be in immediate danger, the staff member should call the relevant emergency service 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 protection 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 mental 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 be informing 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.

A referral to Advocacy Services should be considered in all adult protection cases, but may be particularly useful in situations where the adult is resistant to support and intervention by statutory services.

### **3.5 What if there are also children at risk?**

The 2007 Act uses the term 'adult' throughout. In terms of the Act, 'adult' means a person aged 16 or over. Links must be made with children's services where the circumstances involve a 16 or 17 year old who is subject to childcare legislation e.g. supervision or throughcare (see guidance on Transitions in Section 4).

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. This is especially relevant if the child/children live in same household as an alleged harmer(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)
- the Care Inspectorate (where the alleged harm occurred or is occurring within an establishment registered with the Care Inspectorate)
- the Office of the Public Guardian (where the adult has incapacity or is believed to lack of 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.

The inter-agency Adult Protection Referral Form (see Appendix 2) should be used to provide detailed information about the alleged harm and what immediate action was taken by the referrer. However this should NOT in any circumstances be used to initiate contact and should only be sent AFTER a direct referral has been made by phone or in person. The completed Adult Protection Referral Form should be sent 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.

However the following sections assume that Social Work will be the lead agency for 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 an 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 Adult Protection 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.

Staff from Social Work will make an initial assessment based on your information (and other available information from their records and from other relevant agencies) as to whether Adult Protection procedures should be applied or whether the situation can be alleviated by other less formalised means, such as the provision of resources, a review meeting or casework support.

Where there are indications that the actions of others have (or a likely to) cause significant harm to the adult it will be necessary to follow 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
- 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 Adult Protection Referral Form.

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

Although Social Work will generally take the coordinating role in Adult Protection, thorough and effective investigations will crucially depend on

- the collation of all relevant information
- clarifying roles across agencies
- 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 a meeting to plan and inform the investigation from an early stage will, wherever possible, be made on the same day as the referral is received. Where this is not practicable, or further essential information needs to be gathered in order to make that decision, then a case discussion should take place within 3 working days of the referral. Key practitioners from relevant agencies will be invited to attend this meeting.

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 establishment or hospital setting, there will be a need to co-ordinate action with the Care Inspectorate or NHS.

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 harmer 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 harmer 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.

The arrangements for a Planning Meeting should not hold up starting the investigation if time delays are likely to prejudice the collecting of forensic evidence or the immediate safety of the adult.

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.

### **3.9 When and how should I share confidential information with Social Work or other agency?**

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 confidential.

Where the actual or suspected harm to an adult at risk provides sufficient grounds to warrant sharing information on a 'need to know' basis, 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 the Public Guardian or Care inspectorate.

In cases where information about a customer/patient is shared between NHS and Social Work practitioners, reference can be made to the Information-Sharing Protocol agreed between Renfrewshire 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 Renfrewshire/NHS Glasgow& Clyde Information-Sharing Protocol is available within NHS sites and Social Work offices. GPs should refer to the specific guidance issued to them by the Scottish Government in 2013 (see Appendix 3 for a link to the Guidance).

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 should also refer to the guidance available under the Data Protection Act 1998.

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 not to have the mental 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 to take no further action.

### **3.10 Inquiries under Adult Protection**

All adult protection referrals begin with an inquiry. On receipt of a phone call or adult protection referral (Form AP1 or Police Referral form) social work has a statutory duty to make inquiries under the 2007 Act. In Renfrewshire, if the referral does not come via ASeRT, it is a requirement that ASeRT are contacted immediately by the responsible manager to record the referral.

Note that inquiries must be completed within 5 working days of receipt.

The responsible manager will review the referral to decide if:

- immediate action is required in relation to the adult deemed to be at risk to make them safe.
- a full adult protection investigation is required to establish the facts and assess the risk of harm.

In operational terms it is likely that the adult protection concern will occur in the course of managing individual cases or through services such as care at home or day care. In these circumstances, the person dealing with the immediate situation is unlikely to be a Council Officer and may be a person providing direct services such as a day services assistant, care at home worker or adult services coordinator.

In joint services, duty systems will be comprised of staff from health and social work who are not Council Officers but may be the first point of contact for referrals under adult protection. In such situations, the worker should record the information and any observations and pass these to their line manager who will make this available as part of any future inquiry/investigation.

At the point when it becomes apparent that the issue is an adult protection concern, the worker, from either health or social work background, should not proceed to inquire further into the matter as this may compromise any future investigation and could potentially contaminate police evidence. Rather, they should report their concerns to their line manager who should contact ASeRT with the information.

At the inquiry stage, it may be that there is insufficient information available to decide whether or not to proceed to an investigation under adult protection. In these circumstances, the responsible team manager may decide that a brief interview is required to clarify the situation. Such an interview should always be carried out by a Council Officer. If at the inquiry stage it is agreed by the team manager that an investigation under adult protection is **not** necessary, there will be **no** requirement to complete an AP2.

### **3.11 How will investigations be carried out?**

Adult Protection case conferences should take place within 20 working days of the decision to proceed to investigation. Investigations, including a risk assessment, should be completed at least 5 working days before the case conference. In some cases, the decision will be not to progress to a case conference but unless agreed and noted by the locality manager there will be an expectation that the AP2 will still be completed.

#### **Completion of Risk Assessment Tool – Form AP2**

The Council Officer, in conjunction with others, will complete a Risk Assessment. In Renfrewshire all cases progressing to case conference require a Risk Assessment to be completed.

A risk assessment will be completed in other situations where this is felt to be appropriate following discussion with the appropriate social work manager

The Risk Assessment (Form AP2) starts with a focus on the person who is being assessed and various key factors in relation to their involvement in the assessment and subsequent decision making.

The form requires assessors to determine whether the person assessed has special communication needs or requires support from an advocacy service. The form is designed to ensure that individual rights are recognised at the beginning of a risk assessment and that capacity is considered at this stage.

The question of information sharing is included both at the beginning and end of the risk assessment to ensure that a service user's views about this are sought at both points. Assessors may decide information-sharing is required even though this is against the person's wishes. The importance of the views of the person being assessed are emphasised in the requirement to note these views in sections 3, 5 and 6 of the Risk Assessment form.

It is the responsibility of Social Work, operating within the Renfrewshire Health and Social Care Partnership (RHSCP), to lead on adult protection investigations through the setting up of interagency planning meeting/s and leading on any subsequent



ongoing 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 Social Work 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 and the Mental Health (Care & Treatment) Acts.

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. Note, however, that such matters may become subject to a Large Scale Investigation, in which case the procedures set out at 4.2 would apply.

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

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

A Council Officer will be appointed to undertake the investigation. He/she 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.

Independent and voluntary organisations will have internal procedures to respond to allegations of harm either against a member of staff or by a service user against another adult or by someone externally against a service user.

It is vital however to distinguish between the role of independent and voluntary agencies in investigating allegations made against their own staff and the responsibility of Social Work to ensure the protection of individual service users.

The role of independent 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
- take action under disciplinary procedures in respect of a staff member (although this should not delay any investigation by Social Work or the Police)

The role of Social Work, operating in the context of RHSCP, is to

- formally investigate such allegations in order to assess the risk to one or more individuals
- take appropriate action to protect them.

### **3.12 Which staff will participate in investigations?**

Investigations will always be carried out by two members of staff, who will normally both be qualified social workers, at least one of whom will be a Council Officer.

The Renfrewshire Health and Social Care Partnership 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 (see Chapter 4 of Scottish Government's 2014 Adult Support and Protection Guidance on the role of the Council).

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 health practitioner, such as a nurse or occupational therapist, where this would be advantageous to the investigation. This would be in situation, for example, where the health practitioner is actively working with the adult at risk or that there are medical/health considerations where the health practitioner's expertise will add value to the investigation. 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 a Council Officer will participate in joint interviewing of the adult, the Council Officer will always be a qualified social worker.

Input from *independent advocacy services* should always be considered as part of the investigative process. The role of other 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. This includes:

- carer organisations
- user-led organisations

Whoever is identified to lead 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 RHSCP comes into play in the post-investigation phases of the Adult protection 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.
- the Adult Service Manager should be made aware of significant developments or events in adult protection cases such as the death or serious injury of an individual subject to an adult protection plan or where the need for a large scale investigation is indicated.

### **3.13 What if there are difficulties with communication?**

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.

Whenever possible, the adults should be asked which format for communication they prefer. All aids and adaptations which can support and enable communication, as well as 'human aids to communication' such as British Sign Language interpreters, lip speakers, Makaton, and deaf-blind communicators should be considered. Where possible, materials should also be available in alternative formats such as easy read, large print, audio tape, Braille and computer disc, 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.

### **3.14 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).

### **3.15 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 the mental capacity or have difficulty communicating in order to provide consent, the council should check local records to ascertain whether the person has completed 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

### **3.16 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 Adult Protection procedures will lead to a formal case conference. The decision on whether or not a case conference takes place will be informed by the AP2. Where allegations cannot be substantiated or there is insufficient evidence, this should not be the sole reason for not convening a case conference which 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 20 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 usually 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 be chaired by a Senior Operational Manager who is a registered Social Worker. Other professionally qualified senior operational managers within the RHSCP partnership will not chair adult protection case conferences under the current arrangements although this will be considered in future, subject to that

manager having undertaken Council Officer training and having gained experience from attending case conferences as a participant or observer.

The Chair of the adult protection case conference will have a responsibility to consider wider issues that contribute to the protection of the individual at risk of harm, such as legislation relating to Adults with Incapacity and Mental Health.

It is recognised that other formal mechanisms exist within other partner agencies which contribute to the protection of adults at risk. These may operate in parallel with adult protection procedures. Where relevant, the Senior Operational Manager will link with other partner agencies to avoid duplication and ensure effective co-ordination, clear lines of responsibility, and encourage a consistent approach.

Examples of this would include

- Care Programme Approach – multidisciplinary meetings convened by a psychiatrist which are used to co-ordinate the care and protection of adults with a mental disorder (including those with a learning disability)
- measures in relation to registered establishments taken by the Care Inspectorate
- investigations by the Office of the Public Guardian into allegations of financial harm

### **3.17 What is the purpose of a case conference?**

The objectives of the case conference are 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 abuse
- consider the information gathered by the investigation
- exchange relevant information held by professionals and agencies involved
- identify areas of stress for the carer or relative of the individual

The decisions to be taken at the case conference will include:

- consideration of the use of statutory powers to intervene where appropriate, including any emergency measures required
- formulation of a Protection Plan for the individual including measures to be taken and who is to be responsible for actions agreed
- nomination of a 'keyworker' to co-ordinate the Protection Plan and ensure it is fully implemented
- consideration of the role of 'out of hours' services, including **Glasgow and**

**Partners Emergency Social Work Services (telephone 0300 343 1505)** 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 or advocate if appropriate) of the outcome of the case conference
- 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
- consideration of the appropriateness of supporting the adult in a claim under the Criminal Injuries Compensation Scheme

***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. In such cases a Mental Health Officer should be invited to the case conference to provide advice, or if not available to attend, should be asked for a view in advance of the case conference, preferably after having consulted with legal services.***

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 charged with initiating such action the meeting will decide who is responsible for linking with Legal Services to progress this.

### **3.18 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 can make a significant contribution to proceedings.

It may be necessary to address different elements of the meeting agenda within separate sections and to make provision for certain parties to attend 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 another family member or member of staff where confidential information is likely to be disclosed.

The venue for the case conference should be chosen sensitively so as not to intimidate the adult or carer, if attending.

The investigating Council Officer, the second investigating officer, and the team manager leading the investigation must be present at the case conference. The adult at risk will be encouraged to attend at least part of the case conference and be offered the opportunity to bring someone of his/her choice to support or represent his/her views. In this context an independent advocate should always be

considered. Every effort will be made to engage the individual and empower them to play as active a part in proceedings as possible, including use of interpreters and other aids to communication. The adult should not be required to confront or participate in discussion 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 to attend, subject to 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 Police, GP, and any health staff with active involvement in the case should also be invited to attend.

The following is a list of other partners who may be invited to attend all or part of the case conference:

- mental health officer where the adult has or may have a mental disorder or may lack capacity
- other relevant social work staff
- other relevant health staff
- staff from relevant regulatory/inspection bodies
- care provider organisations where involved with the individual
- representatives from other authorities where the individual is a user of services in another area, or where adults in another area are affected
- representative from Legal Services
- legal proxy (attorney or guardian)

The alleged harmer 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 harmer is another service user, a separate meeting may be required to address his/her needs or issues.

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.

### **3.19 What happens after the case conference?**

Once it has been agreed that an individual should be subject to an adult protection support plan, the accountability and responsibility for ensuring effective performance and governance arrangements are in place will pass to the manager of the service. This means that locality managers of the two Renfrewshire locality teams and joint managers of the specialist services – CMHT, OACMHT, RLDS, and Addictions - will



have a clear overall responsibility for practice and management of adult protection within these services.

The case conference chair 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.

The chair will decide who, in addition to those attending the case conference, should receive a copy of the minute. 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.

Actions agreed at the case conference will be circulated via secure email to partners within *one working day*. These actions should be recorded on the relevant databases of partner agencies.

Written reports provided at the case conference by 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, 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 key worker allocated to care manage the case
- note of any dissent from decisions
- date of review case conference

Best practice involves the key worker coordinating regular meetings of the core team involved in the Protection Plan. This should involve the adult who is subject to the Protection Plan and, where appropriate, family/ unpaid carers and advocacy. The Protection Plan agreed for the adult at risk 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 maximise 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. Subsequent reviews will also as a norm be held at three 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
- review the effectiveness of the Protection Plan
- update, amend or discontinue the Protection Plan as required
- ensure that action agreed under the Protection Plan has taken place and if not the reasons for this
- confirm any change in keyworker
- ensure wherever possible the full participation of the adult at risk in terms of expression(or representation) of his/her views

### **3.20 Responsibilities of the allocated Council Officer**

Immediately after the adult protection case conference, the Council Officer allocated to care manage the adult subject to a protection plan will:

- liaise with the Locality Manager/Service Manager and Senior Social Worker/team manager in respect of finalising the adult protection plan; and clarifying any details
- visit the adult within 5 working days of the case conference to discuss the outcome and the protection plan, how this will be progressed, and the expectations of the adult, including participation in the core group
- visit the adult **not less than weekly** – this should usually take place where the adult resides although it will be useful to see the adult in other settings outwith the home. Any variation in respect of visits must be authorised by the team manager/senior social worker;
- undertake all tasks for the allocated worker as agreed in the adult protection plan;
- convene a Core Group comprising the key parties involved in the care plan, including the adult and their carers, if appropriate.
- core Groups should take place every 4 weeks while the adult is subject to an adult protection plan.
- ensure that other actions specified in the adult protection plan are carried out by those allocated the task. These actions should be recorded and if not undertaken the team leader/senior social worker should be informed

- coordinate and maintain communication with the Core Group to enable ongoing assessment and monitoring of the adult's circumstances.
- discuss any difficulties in gaining access to the adult immediately with the team leader/senior social worker, or if unavailable the Locality or service manager- in these circumstances the assessment of risk should be reviewed and a decision made as to whether any immediate action is necessary to protect the adult;
- record accurately all contact with involved agencies/professionals. Best practice in recording involves the following:
  - clearly differentiate between fact and opinion;
  - specify who the contact was with;
  - record what the discussion was and any agreed action
- Immediately meet with the team leader/senior social worker to discuss any significant changes occurring in the adult's circumstances or if there is significant deviation from the plan.
- ensure any other formal process which could impact on the adult protection plan is discussed with the team leader/senior social worker;
- ensure any changes of address or other significant changes/ information which affects the adult is recorded on AIS;
- prepare a Risk Assessment, and update the chronology and adult protection plan for presentation at the review APCC;
- upon becoming aware of any further alleged incidents of harm to the adult discuss this immediately with the team leader/senior social worker and lead any investigation as directed;
- record all contact and work with the adult on AIS. Records should be contemporaneous, clearly differentiate between fact and opinion, identify who was seen at each contact, the circumstances and the activity undertaken and record if the contact was planned or unplanned.

### **3.21 Responsibilities of the Senior Social Worker/Team Manager for Adults**

The Senior Social Worker or Team Manager will:

- provide the necessary support and supervision to the Social Worker responsible for the adult protection case;
- review and countersign case records on a **2 weekly basis**.
- record supervision sessions related to the adult in the adult's case record including any specific instruction given to staff;

- arrange cover if the allocated worker is absent for any reason and ensure this is recorded in the case record;
- ensure that the allocated worker prepares an Adult Protection Risk Assessment, and updates the chronology for presentation at the review;
- ensure that the allocated worker understands and adheres to agency policy and procedure;
- ensure that the allocated worker has sufficient knowledge and understanding of the issues involved in the case to work effectively;
- discuss any violence to staff issues with the allocated worker and agree a plan to address these.
- undertake all tasks allocated to him/her as agreed in the adult protection plan;
- ensure that the allocated worker puts Core Groups in place which should meet at least 4 weekly, and are recorded on AIS;
- discuss any significant changes in the adult's circumstances or significant deviation from the Plan with the Locality Manager or Service Manager within 3 calendar days to agree if any immediate action is necessary and/or whether an adult protection review is required;

### **3.22 Responsibilities of the Locality Manager/Service Manager:**

- **every 3 months** review and sign case records of individuals within their services who are subject to an adult protection plan;
- discuss with the team manager/senior social worker and allocated social worker any violence to staff issues and ensure that the Renfrewshire Council Corporate Policy on "Violence and Aggression at Work" is adhered to;
- ensure that any particularly complex issues or cases are brought to the attention of the Adult Services Manager or Head of Service if unavailable;
- convene and Chair a Review Adult Protection case conference **within 3 months** of the initial case conference and thereafter on **a 3 monthly basis** or earlier if circumstances require this.

## **SECTION 4 CROSS-AGENCY ISSUES**

### **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 of partner agencies are complementary and consistent with these 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 where there has been (or there is a risk of) significant harm to one or more adults at risk
- the role of the Care Inspectorate where the service is registered
- a 'whistle-blowing' 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

## **4.2 LARGE SCALE INVESTIGATIONS**

**4.2.1.** Where an investigation concerns a group of adults at risk, whether in an establishment or through shared involvement with one or more persons alleged to be causing harm, special care and planning is required. This will be referred to as a Large Scale Investigation (LSI).

Separate guidance for Large Scale Investigations (available via Renfrewshire Council and RHSCP websites) should be referred to in the event of conducting an LSI within Renfrewshire. Note that this guidance is being revised to take account of learning gained from recent LSIs conducted in Renfrewshire. When completed this will replace the existing advice available via Renfrewshire Council and RHSCP websites.

LSIs 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 explicit.

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.

### **4.2.2 Conducting a LSI**

Concerns that more than one adult in a care setting may be at risk of harm will normally be routed via the receiving adult protection duty team in either Paisley/West Renfrewshire locality teams or in one of the specialist joint teams. The team manager should report the matter as a potential LSI to the Locality Manager or Service Manager with overall responsibility for the service who will oversee initial inquiries to establish if the matter is likely to require a large scale investigation.

If a requirement for LSI is indicated, this should be communicated to the relevant Head of Service. If the decision is to progress to a full LSI, the Locality Manager will assume operational responsibility for coordination of the investigation. This will involve linking with relevant other agencies (e.g. Police, Care Inspectorate, GP and other relevant health personnel) to agree on the joint coordination of the investigation. The following guidance should be followed:

- the Head of Service and Locality/Service Manager will agree the strategic and tactical approach required at the earliest stage of the LSI. The Head of Service may decide to appoint the Adult Services Manager to coordinate the LSI, particularly if it is likely to involve more than one locality and other authorities. The approach should clearly state the agencies to be included, the expectations around initial communications, and the joint planning activities to be coordinated by managers.
- the Locality/Service Manager should clearly identify practitioners to be involved in the LSI, including from different agencies, and their roles and responsibilities should be clarified.

- support and alternative care arrangements for the adults at risk will require to be considered from the outset.
- at an early stage, consideration will need to be given to contact, communication and ongoing liaison with carers/relatives, including the option of a 'helpline' facility.
- the demands on staff of their existing workloads should be addressed to ensure they have capacity to undertake the LSI
- arrangements should be made for debriefing and supporting staff involved in the LSI.
- provision should be made for the sharing and secure storing of information that, for the duration of the LSI, needs to be recorded and accessed by staff across the different agencies involved. This requires to be supported by business processes and systems that allow approved staff to access, record and quickly retrieve key information.
- close co-operation should be maintained with regulatory/inspection agencies where a regulated establishment or health setting is the site of the alleged abuse e.g. Care Inspectorate, Healthcare Improvement Scotland (HIS), Mental Welfare Commission.
- the Adult Support and Protection Officer will be available to offer advice and to participate in liaison meetings and case discussions/conferences.
- the Renfrewshire HSCP Chief Officer, relevant Heads of Service, and Chief Social Work Officer, should be kept apprised of key developments, progress, significant concerns, or where there are obstacles to progressing the investigation
- a location for the investigation/incident centre should be identified along with any other resources needed for the investigation
- consideration should be given to staff welfare issues e.g. debriefing, counselling
- heads of Service will prepare joint statements for the media in conjunction with Communications Team, as required
- consideration should be given to the impact of any ethnic/religious factors
- post-investigation, a summary report on the lessons from the investigation and considering how investigation outcomes should be presented for the consideration of the Renfrewshire Adult Protection Committee and shared across West of Scotland Adult Protection Committees.

### 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 initial adult protection inquiries, no single incident is thought sufficient to trigger formal intervention under the Adult Support and Protection Act.

Repeat referrals relating to an individual where further action is not taken under ASPA will often relate to incidents of self-harm, sometimes associated with alcohol and drug misuse. Such incidents will typically be reported by the Police via an adult protection or adult welfare concern referral. NHS acute services may also be involved in responding to these cases. Health staff encountering such situations should consider referral under adult protection when reporting such incidents on their DATIX system.

To ensure that an individual's need for support and protection is considered where a pattern of harm emerges, all agencies must record all incidents of concern and *alert Social Work via referral where THREE incidents of concern occur in any 6 month period*. The Adult Services Request Team (ASeRT) should flag such referrals for the attention of the Locality or Service Manager who will decide on the basis of the information if it is appropriate to convene or re-convene an adult protection case conference to share information and assess the risk of harm to the individual.

A business objects report is available that will show cases where three or more referrals are occurring in a rolling 12 month period. The Adult Support and Protection Officer will be provided with details of all such cases and will put in place a system for monitoring all such cases.

Where the locality/service manager concludes that there is no requirement to convene or re-convene an adult protection case conference, for example, where other non-ASP intervention pathways have already been implemented, consideration should still be given to ensuring that appropriate services are put in place to support the individual.

### 4.4 HATE CRIME AND ADULTS AT RISK

The Scottish Government defines '*Hate Crime*' as crime committed against a person or property that is motivated by 'malice or ill-will towards an identifiable social group'. The Offences (Aggravation by Prejudice) (Scotland) Act 2009 identified disabled people as being one of these social groups. Hence, where a crime is committed against a disabled person, and that person believes that they were targeted because of their disability, the harmer can be charged with an aggravated offence which may lead to additional punishment.

All partner agencies making or receiving adult protection 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 experience additional barriers to reporting crime and accessing justice. To address this, Renfrewshire has established a network of 'Keep Safe' zones which include all public premises as well



as participating private businesses such as retail outlets. These allow the victim or witness of a hate crime to remain safe and to report the crime to staff working at the Keep Safe zone who can summons assistance from the police. Hate crime can also be reported via a remote reporting form accessed from Police Scotland's website.

Staff in Keep Safe premises should be alerted that the victim may be an adult at risk of harm, and where this is the case, an Adult Protection referral should be made.

## **4.5 FINANCIAL CRIME AND ADULTS AT RISK**

### **4.5.1 Bogus Callers, Scams and Organised Crime**

There is an increased awareness that some adults at risk of harm are targeted by criminals such as the "bogus caller", who may seek to exploit their increased vulnerability for financial gain.

Where it is suspected that an adult may have been the victim of financial exploitation or 'scams' such as cold calling or internet fraud, reports can be made to any of the following: Police Scotland, Trading Standards, Adult Services Referral Team (ASeRT) or locality teams.

The Renfrewshire partnership is working to increase awareness of financial exploitation through publicity campaigns, engagement with banks and financial businesses, and the Royal Mail through local postal workers. The Renfrewshire Community Safety Hub brings together partners from all statutory agencies to share information about incidents such as violent crime, vandalism, house fires, and attempted suicides. Renfrewshire Public Protection Partnership convenes a 'Daily Tasking Group' to reviews all such incidents and where considered appropriate will refer on concerns under adult protection.

### **4.5.2 Suspected harm by person(s) holding Powers of Attorney, Guardianship or DWP Appointeeship**

There have been a number of cases where the person suspected of harming or exploiting the adult holds Power of Attorney (PoA) or Guardianship under the Adults with Incapacity Act. In such cases, inquiries under adult protection should be initiated. This may lead to a full adult protection investigation which will need to consider the powers conferred (financial/welfare) and if the adult at risk of harm has capacity (in the case of PoA). The investigation should consider whether a referral should be made to the Office of the Public Guardian which may result in a decision to revoke the person's PoA or Guardianship

In the case of PoA, there is a distinction to be made as to whether or not the adult at risk of harm has capacity. Where a person has lost capacity and there are concerns about the management of their property or financial affairs by their attorney, contact should be made with the Office of the Public Guardian (Scotland) Investigations Team by phone, letter or email, or the referral form available on the Office of the Public Guardian website (there is one for local authorities). The Council Officer should explain the reasons why they think that the person's property or financial affairs appear to be at risk, and provide any evidence to support those concerns. The Office of the Public Guardian will be able to provide advice and guidance.

In cases where the adult subject to PoA has not lost capacity, they may require advice and support to take action to revoke the PoA. In such instances, the Mental Welfare Commission will be able to provide advice. A useful reference document is The Mental Welfare Commission Practice Guide: *Common Concerns with Powers of Attorney (July 2015)*.

Where individuals at risk of harm are subject to Guardianship, contact should be made with the Office of the Public Guardian (Scotland) Investigations Team. Advice should initially be sought from the Renfrewshire Mental Health Officer Service. Note that in extreme cases, a Sheriff may revoke powers of Guardianship fully or partially.

In the case of DWP Appointeeship (a person who has been appointed by the Department of Work and Pensions (DWP) or a local authority to receive welfare benefits), an appointment can be revoked if the appointee does not act appropriately within the terms under which the appointment was granted; an officer acting on behalf of the Secretary of State can revoke their authority. The following link provides guidance on the procedure for removing an appointee:

<http://www.dwp.gov.uk/docs/part-05.pdf>

#### **4.6 GENDER-BASED VIOLENCE AND ADULTS AT RISK**

Referrals involving violence towards an adult identified at risk of harm within a relationship will normally be dealt with under Multi-Agency Adult Protection procedures. Depending on the circumstances, the adult may benefit from support and protection available through other legal mechanisms and multi-agency agreements.

In Renfrewshire, a MARAC, or multi-agency risk assessment conference, is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, community justice, health, adult protection, child protection, housing practitioners, Women's Aid, Women and Children First, and other specialists from the statutory and voluntary sectors. Referrals under adult protection may be made via MARAC.

#### **Domestic abuse**

Agencies should bear in mind that:

- where children are affected by domestic abuse, there are automatic grounds for referral to the Children's Reporter. Additionally, there are existing agreements between the Police, RHSCP and Children's Services within Renfrewshire to screen domestic abuse incidents where children are affected and to refer to the appropriate agency for action.
- not all incidents where an adult at risk is involved in a domestic abuse incident (including those where the adult at risk may be the harmer) will require to be dealt with under Adult Protection procedures where parallel domestic abuse proceedings and support measures are already in place.

## **Forced Marriage**

A specific law to protect victims of Forced Marriage was implemented in Scotland in 2011. This 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 Renfrewshire. 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 or Forced Marriage will need to be familiar with the Multi-Agency Adult Protection procedures, in order to be clear about minimum trigger points where more formal consideration around protection and support under Adult Protection procedures is required. This includes awareness that violence or the threat of violence may continue even after the victim has been separated from the person causing harm.

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 TRANSITIONS**

Where there are concerns that 16 and 17 year olds may be at risk of harm, part of the Council's inquiry process will involve a consideration of which legislative framework is best placed to support and protect the young adult.

The Renfrewshire Transitions protocol for the transfer of cases between children's and adult services identifies best practice in ensuring continuation of services for children requiring support as adults. This may include children with special needs who are in need of protection measures that require to continue into adulthood. Such referrals should be flagged up well before the child reaches adulthood and be the subject of detailed planning to ensure the care plan includes adult protection.

## **4.8 SUPPORT FOR VULNERABLE WITNESSES**

In April 2006 the Vulnerable Witnesses (Scotland) Act 2004 was extended to include adult witnesses. This means that the 'special measures' already available to support child witnesses could be used for the benefit of adults giving evidence.

The definition of 'vulnerable' used in this Act includes those who have a mental disorder and those who are afraid or distressed to give evidence such that their

evidence will be adversely affected. It may include all those covered within Adult Protection procedures. 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)

In addition to the above, more general factors which may apply in adult abuse cases include:

- 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 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.

#### **4.9 APPROPRIATE ADULT SCHEME**

The Appropriate Adult Scheme exists to provide support to witnesses of crime (including the victim and accused) during interview by the Police. The scheme applies to persons with mental disorder (as defined in the MH Act) and persons with acquired brain injury who may require support and re-assurance when being interviewed by the police as a victim, witness or accused.

This scheme is currently managed through the Glasgow and Partners Emergency Social Work Services who hold a register of trained Appropriate Adults. **They can be contacted at 0300 343 1505.** The service should be contacted at all times when an Appropriate Adult is required. It should be noted that the adult's Social Worker cannot act as an Appropriate Adult.

The scheme provides an Appropriate Adult to

- support the person being interviewed.
- ensure the witness understands why they are being interviewed.
- help the interviewee to understand the questions and implications of their response.
- ensure that where the person themselves is suspected or accused of an offence, they are not disadvantaged by their mental disorder and understand their rights.

#### **4.10 CROSS BOUNDARY AND CROSS BORDER REFERRALS**

The Adult Support and Protection Act designates the Council where the person is located at the time of an incident as the lead Council for the management of adult protection concerns. In cases where an incident takes place in Renfrewshire, but the adult at risk is the responsibility of, or placed by, another council or partnership, Renfrewshire should advise the other council or partnership of the allegation at the earliest opportunity. This is aimed at agreeing the most appropriate way to manage the adult protection inquiry or investigation. . Renfrewshire would recommend that if distance is not a significant factor, it is best practice for the placing authority to lead on the inquiry and investigation as they will normally have a relationship with and information on the adult. However, Renfrewshire will retain overall responsibility for any investigation as lead local authority, albeit that the investigating council officers may be from the placing Council. This position does not indicate acceptance of an individual as being ordinarily resident in Renfrewshire.

Where a known adult at risk transfers from one local authority area into Renfrewshire, the original authority or partnership should continue to have responsibility for the case until agreement is reached with over transfer , This involves liaison and the transfer of information between the two areas, as well as multi-agency meetings prior to and following the adult's transfer.

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

#### **4.11 RESOLUTION OF OPERATIONAL DISPUTES AND PRACTICE CONCERNS**

A key aim 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 recognised 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

Such disputes should be handled as near to operational/professional level as possible. This will usually be via discussion at a formal minuted meeting between first-line managers.

Should it not be possible for the matter to be resolved in this way, it should be escalated to the next level by convening a meeting involving a senior manager from each agency. . This is likely to be in situations where there are concerns about practice or where procedure have not been followed, or where there are allegations of unprofessional or negligent practice.

#### **4.12 REVIEW OF SIGNIFICANT ADULT PROTECTION CASES**

Inter-agency reviews of significant incidents are an important way to identify and improve on inter-agency practice. Such reviews allow objective analysis and the opportunity to review the effectiveness of multi-agency guidelines and make improvements to practice. This may result in the need for new guidelines and protocols. .

The purpose of a Significant Case Review of an adult protection case would be 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 Significant Case Review is **not** an inquiry following the death or serious injury of an adult at risk where culpability maybe established.

The convening of a Significant Case Review should always be considered in situations where:

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

- an adult on an adult protection plan dies in preventable circumstances
- harm or neglect is known or suspected to have been a factor in the death

A Significant Case Review 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

A Significant Case Review should be considered where the case raises concerns about the way professionals and agencies worked together to safeguard the adult at risk in recognising harmful behaviour, sharing information, and deciding on and/or taking appropriate action to protect the person.

Individual agencies may themselves conduct an internal management review into the circumstances of such a case. Although this can be independent of any Significant Case Review, RHSCP should be informed that this is taking place and be advised of the outcome of the internal review. Such internal reviews will inform the Significant Case Review.

#### **4.13 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.

In Renfrewshire, the Practice, Policy and Performance Sub-Committee of the RAPC will oversee audit activity and report strengths and areas for development to the RAPC.

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 Renfrewshire is informed by Hogg and May's Resource Handbook, (Scottish Government 2011), and undertaken on a cyclical basis. The Planning, Policy and Performance sub committee of the Adult Protection Committee will plan, manage and report on 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 be reported to the Adult Protection Committee and inform single and multi-agency action or improvement plans.

# Adult Support and Protection Procedures: Business Rules Governing Team Responsibilities in Renfrewshire

## Purpose

This procedure sets out the Business Rules for Managers to apply when responding to Adult Support and Protection (ASP) referrals in Renfrewshire, and for undertaking Inquiries and Investigations. It recognises that at times there can be ambiguity about which team is responsible for dealing with the referral. This may be due to the complexity of both the adult's circumstances and the interface between Locality and Specialist services.

## Business Rules

1. ASP is everyone's responsibility.
2. Managers must ensure that:
  - a. every referral is responded to on the day it is received.
  - b. any hand over of an ASP referral to another team is completed according to the operational guidance and that proper communication takes place. For example, when sending emails, the manager needs to have explicit confirmation that the referral has been routed to the receiving team and has been acted upon by that team.
3. All ASP referrals are initially received by the Adult Services Referral Team (ASeRT) and recorded on AIS before being routed to the appropriate team to respond to.
4. ASeRT then use their standard operating procedures to determine which team should respond based on:
  - a. whether the person is allocated within a specific team; or
  - b. where they live
5. The Paisley and West Renfrewshire Locality teams are the default services responsible for managing ASP referrals.
6. The exception to this is where the person is **allocated** within one of the specialist services (i.e. Renfrewshire Learning Disabilities Service (RLDS), Community Mental Health Team (CMHT), Older Adults CMHT or Addictions). Allocation within specialist services means that the person is on the **active caseload** of any team member within these services and is therefore in effect care managed within one of these services.
7. The case is not considered 'allocated' within the specialist team if the person is on the waiting list for a specialist team or is open for assessment purposes only. If these circumstances exist then the relevant Locality Team should deal with the ASP referral.
8. In circumstances where the incident to be investigated has occurred in one locality (e.g. respite or day services in Johnstone) but the person lives in



another locality (e.g. Paisley) responsibility for the investigation will lie with the team covering the area where the person actually lives.

9. If an ASP referral is routed to the wrong team it will be re-routed back to ASeRT for reallocation to the correct team and the initial incorrect involvement closed down.
10. If a case has been recently closed (allocated to/care managed by the team previously in line with rule 5) and there is a new ASP contact this should be dealt with by the Locality team. Should the new referral be reflective of the reason for the adult's previous involvement with the specialist team, then the Locality team as part of the Inquiry should liaise with the specialist team regarding potential re-referral.
11. Adult protection referrals made to the hospital social work team that are open to another team should be re-routed back to that team to progress.

#### **12. Duty and Cover arrangements.**

- a. the Locality Teams operate a service focused on ASP activity and the Paisley and West Renfrewshire (including Sensory Impairment Team (SIT) Teams will support and cover for each other.
- b. RLDS, CMHT, OACMHT and Addictions services similarly operate a system for responding to ASP referrals and will support and cover for each other as required.

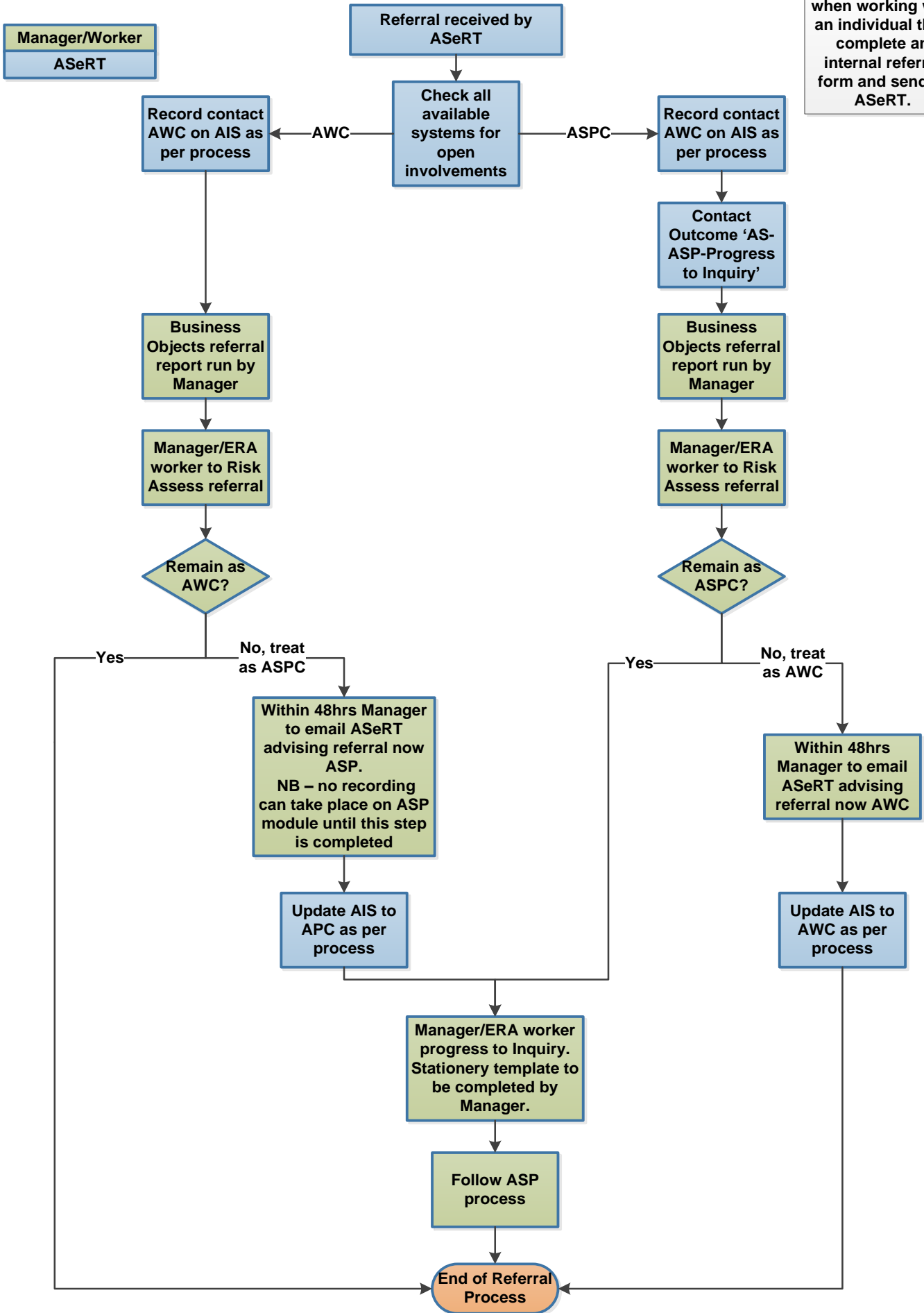
#### **13. Arrangements for Chairing ASP Case Conferences.**

It is expected that Adult case conferences will be Chaired as follows:

- a. in the Locality Teams (and SI service) by the Social Work registered Locality Managers who will also provide cover for each other.
- b. in the specialist teams by the Social Work registered RLDS Joint Manager and CMHT Operational Manager.
- c. in particular situations, e.g. complex cases, forced marriage, Large Scale Investigations; the Head of Service may direct the Adult Services Manager to Chair the adult protection case conference.
- d. all managers will be expected to provide cover across both Locality and Specialist teams in particular and exceptional circumstances, such as a Large Scale Investigation.

# Adult Protection Concern/Adult Welfare Concern – Referral Pathway

**NB** – If worker identifies an ASPC when working with an individual then complete an internal referral form and send to ASeRT.



# AP1 FORM

**Adult Protection Referral Form (AP1) for use by all agencies except the Police, Fire and Rescue Service and NHS 24.**

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

<b>ADULT AT RISK DETAILS</b>				<i>please PRINT details, thank you</i>	
NAME		DOB			
HOME ADDRESS		CURRENT WHEREABOUTS			
POSTCODE		POSTCODE			
TEL NO:		TEL NO:			
GENDER		ETHNIC ORIGIN		RELIGION	
COMMUNICATION DIFFICULTIES (please provide details including communication aids by the adult)					

<b>REFERRER DETAILS</b>				<i>please PRINT details, thank you</i>	
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**

IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (if **no**, please state reason)

--

IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason)

--

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) 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 CAUSING HARM (if known)** please PRINT details, thank you

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

## **Social Work Contact Details**

PLEASE ENSURE THAT YOU FOLLOW YOUR OWN ORGANISATION'S DATA PROTECTION PROCEDURES WHEN DECIDING WHICH ROUTE TO USE WHEN SENDING THE AP1 TO SOCIAL WORK.

**Unless otherwise specified in details below: Glasgow and Partners Emergency Social Work Service - 0300 343 1505**

### **Renfrewshire**

- **email:** [adultservicesreferral.sw@renfrewshire.gcsx.gov.uk](mailto:adultservicesreferral.sw@renfrewshire.gcsx.gov.uk)
- **phone:** 0300 300 1199 / 0141 207 7878
- **fax:** 0141 886 3460
- **text / SMS:** 07958 010325

### **East Renfrewshire**

- **email:** [adultprotectionreferral@eastrenfrewshire.gcsx.gov.uk](mailto:adultprotectionreferral@eastrenfrewshire.gcsx.gov.uk)  
[adultprotection@eastrenfrewshire.gov.uk](mailto:adultprotection@eastrenfrewshire.gov.uk)
- **phone:** 0141 577 8631
- **fax:** 0141 577 8603

### **West Dunbartonshire**

- **email:** [wdadult@wdc.gcsx.gov.uk](mailto:wdadult@wdc.gcsx.gov.uk)
- **phone:** 01389 737020

### **East Dunbartonshire**

- **email:** [AdultProtection@eastdunbarton.gsx.gov.uk](mailto:AdultProtection@eastdunbarton.gsx.gov.uk)
- **phone:** 0141 355 2200

### **South Ayrshire Council**

- **email:** [ASP@south-ayrshire.gov.uk](mailto:ASP@south-ayrshire.gov.uk)
- **phone:** 01292 616102
- **phone:** 0800 328 7758 (Out of Hours)
- **fax:** 01292 616160

### **North Ayrshire**

- **email:** [adultprotection@north-ayrshire.gcsx.gov.uk](mailto:adultprotection@north-ayrshire.gcsx.gov.uk)
- **phone:** 01294 225266 (Office Hours)
- **phone:** 0800 328 7758 (Out of Hours)

### **Argyll and Bute**

- **phone:** 01546 605517 (Office Hours)
- **phone:** 01631 566491 or 01631 569712 (Out of Hours)
- (Sending AP1; e-mail address for correct team will be provided following information being provided by 'phone)

### **North Lanarkshire**

#### **Airdrie Locality**

- **email:** [AirdRecServices@northlan.gov.uk](mailto:AirdRecServices@northlan.gov.uk)
- **phone:** 01236 757000
- **fax:** 01236 755297

### **Motherwell Locality**

- **email:** [MothRecServices@northlan.gov.uk](mailto:MothRecServices@northlan.gov.uk)
- **phone:** 01698 332100
- **fax:** 01698 332165

### **Bellshill Locality**

- **email:** [BellRecServices@northlan.gov.uk](mailto:BellRecServices@northlan.gov.uk)
- **phone:** 01698 346666
- **fax:** 01698 748686

### **Wishaw Locality**

- **email:** [WishRecServices@northlan.gov.uk](mailto:WishRecServices@northlan.gov.uk)
- **phone:** 01698 348200
- **fax:** 01698 348269

### **Wishaw General Hospital**

- **phone:** 01698 361100

### **North Lanarkshire Social Work Emergency Service**

**phone:** 0800 121 4114

### **South Lanarkshire**

#### **Hamilton Local Office**

- **E-mail:** [swlohamilton@southlanarkshire.gcsx.gov.uk](mailto:swlohamilton@southlanarkshire.gcsx.gov.uk)
- **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

#### **Rutherglen Local Office**

- **E-mail:** [swlorutherglen@southlanarkshire.gcsx.gov.uk](mailto:swlorutherglen@southlanarkshire.gcsx.gov.uk)
- **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

#### **Clydesdale Local Office**

- **E-mail:** [swloclydesdale@southlanarkshire.gcsx.gov.uk](mailto:swloclydesdale@southlanarkshire.gcsx.gov.uk)
- **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

#### **East Kilbride Local Office**

- **E-mail:** [swloeastkilbride@southlanarkshire.gcsx.gov.uk](mailto:swloeastkilbride@southlanarkshire.gcsx.gov.uk)
- **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

# Adult Services Business Process Adult Support & Protection

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Renfrewshire HSCP - Adult Services

Version: 1.1

**15 November 2016**

Review Date November 2018

## Recording Adult Support and Protection (ASP) on the Adult's Integrated Solution (AIS)

The ASP process consists of a number of procedures that make up an episode. The ASP referral is recorded by the Adult Services Referral Team (ASeRT) in the contact screen. To be able access ASP information the outcome of the contact must be '**AS – AP - Progress to Inquiry**'.

A red Alert banner appears at the top of the screen if an ASP concern has been recorded within the previous year. Check the Contact/Inquiry screens to make sure a duplicate referral is not being recorded.

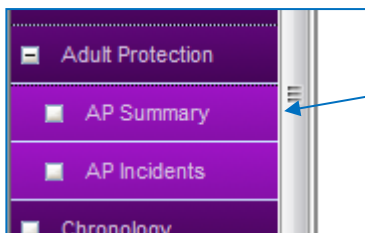
A [check list](#) is available to ensure all core recording is completed – please refer to this at all points of the process.

## Recording an ASP Referral (ASeRT)

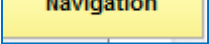
Record an ASP contact and open a referral as per current process.

If a second referral is received within five working days of a previous referral and if an Adult Protection Inquiry or Investigation is open then the contact outcome should be logged as an information update and the ASP Team Manager/Key Worker/Council Officer notified.

Refer to the guide later in this document for [recording referrals from the Police](#).



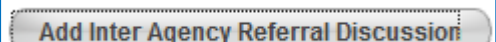
Access the ASP summary from the left hand menu to record the referral details.

NB - There is a  button on the top right of the screen. This can be used to navigate quickly to any other area of the ASP screen you are working on or reading.



## The Inquiry Screen

On entering the ASP Summary Screen the below table is displayed.

Use the  button to access the inquiry screen.

Use the pick list to choose the correct link to the date and contact that this inquiry links to.

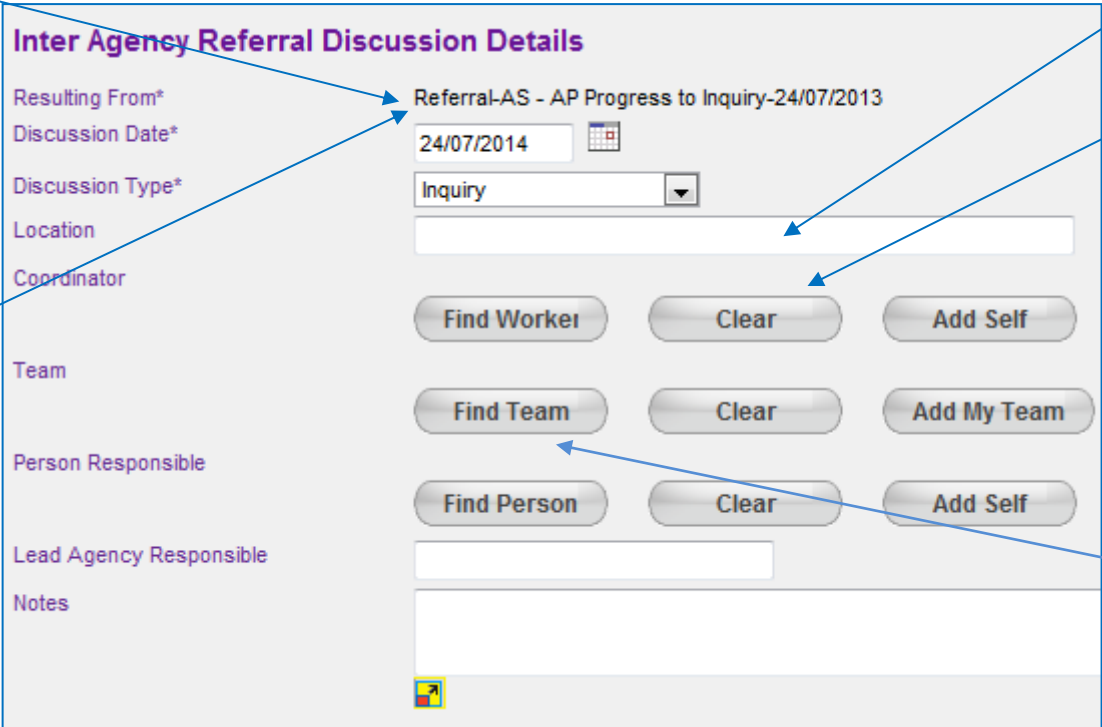
This is the date of the inquiry. ASeRT should record the date the referral was made.

Do not use

Coordinator - The system automatically completes this field with the name of the user who is logged in.

ASeRT should clear all fields by using the 'Clear' button.

In the person responsible field add the name of the Team Manager that the referral has been sent to.



The screenshot shows the 'Inter Agency Referral Discussion Details' form. The form includes the following fields and controls:

- Resulting From\***: Referral-AS - AP Progress to Inquiry-24/07/2013
- Discussion Date\***: 24/07/2014 (with a calendar icon)
- Discussion Type\***: Inquiry (dropdown menu)
- Location**: (empty text field)
- Coordinator**: (empty text field)
- Team**: (empty text field)
- Person Responsible**: (empty text field)
- Lead Agency Responsible**: (empty text field)
- Notes**: (empty text area)

Below the text fields are three groups of buttons:

- Group 1: Find Worker, Clear, Add Self
- Group 2: Find Team, Clear, Add My Team
- Group 3: Find Person, Clear, Add Self

Callouts from the text boxes point to the following elements in the form:

- The 'Discussion Date\*' field.
- The 'Discussion Type\*' dropdown menu.
- The 'Coordinator' field.
- The 'Clear' button in the first group.
- The 'Clear' button in the second group.
- The 'Clear' button in the third group.

### 3.2 Adding Incident details, alleged harmer, and type of harm.

Click on the AP Incidents option in the side bar menu.

#### 3.2.1 Incident Details

Complete as shown:-

Pull through the contact information.

The date of the referral automatically feeds through. This should not be changed

If the person reporting the harm is recorded in AIS then search for and pull then through here.

Add the date of the incident. This may be earlier than the date of the referral. This is a mandatory field and must be completed.

The screenshot shows the 'Incident Details' form. It includes a dropdown for 'Resulting From' (set to 'Referral - Referral (24/07/2013) Maria Testperson'), a date field for 'Reported Date\*' (24/07/2013), a time field for 'Time\*' (11:15), a 'Reported By' field with 'Find Person' and 'Clear' buttons, a date field for 'Start Date' (24/07/2013), an 'End Date' field, a 'Period of Harm' field, and a 'Notes' field. Below the form is the 'Incident Locations' section, which shows '0 Records' and a table with columns for 'View Details', 'Alleged Harm Date', 'Location', and 'Address'. An 'Add Location' button is visible below the table.

#### 3.2.2 Adding the location of Harm

Press the add location button.

The screenshot shows the 'Incident Location Details' dialog box. It includes a date field for 'Alleged Harm Date\*' (12/09/2014), a dropdown for 'Location\*' (Public Place), a 'Location Address' field with 'Find Address' and 'Clear' buttons, a 'Service Type' dropdown (Please select), and a 'Notes' field. At the bottom are 'OK' and 'Cancel' buttons.

Then add information about the location of the incident.

Press ok  
Save.

### 3.2.3 Adding the category of harm

You can add as many categories of harm as needed by using the 'Add Category' button and choosing from the pick list.

Once saved the Categories and alleged harmer information appears as shown below.

The High Priority check box should be used to indicate the main reason for the referral.

Only one category can be ticked at a time.

**Victim - Categories of Harm for Ms Maria Testperson**

2 Records

Category*	Harm Start Date	High Priority	Harm End Date	Delete
Physical Harm	24/07/2013	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Financia/Material Harm	24/07/2013	<input type="checkbox"/>		<input type="checkbox"/>

[Add Category](#)

---

**Alleged Source of Harm Linked to Ms Maria Testperson**

1 Record

View Details	Name	Organisation	Address	Status	Aware	Care for Others	Others at Risk	Risk of Harm	Unlink
<input type="checkbox"/>	Testperson, James		75 Barshaw Drive, Paisley, Renfrewshire, PA1 3UA	Alleged	Yes	No	Unknown	Unknown	<input type="checkbox"/>

[Add Source of Harm](#)

If there is more than one victim then refer back to 3.2 and repeat the process for each victim.

### 3.3 Adding the alleged source of harm

In the Alleged Source of Harm section add any information that is available at the point of referral. Example below:-

The screenshot shows a web form titled "Add Source of Harm". At the top right is a button labeled "Add Source of Harm". Below this, the form is divided into several sections:

- Name:** Includes a "Find Person" button and a "Clear" button. A callout box points to the "Find Person" button with the text: "Use this button to find/create the alleged harmer. If the name of the person is not known then add id 10069832 (AP Harmer – name unknown) you cannot save the screen without a name added here."
- Organisation Address:** Includes a "Find Org." button and a "Clear" button. A callout box points to this section with the text: "The contact/referral, date and time will automatically pull through."
- Resulting From:** A dropdown menu showing "Referral - Referral (24/07/2013) Ms Maria Testperson".
- Reported Date\*:** A date input field with "24/07/2013" and a calendar icon, and a "Time\*" input field with "11:15".
- Is the alleged source of harm the main carer?:** Radio buttons for Yes, No, and Unknown (selected).
- Category of Relationship:** A dropdown menu with "Please select".
- Lived with victim at the time of the incident?:** Radio buttons for Yes, No, and Unknown (selected).
- Is the alleged source of harm aware?:** Radio buttons for Yes, No, and Unknown (selected).
- Does the alleged source of harm care for others?:** Radio buttons for Yes, No, and Unknown (selected).
- Are others at risk?:** Radio buttons for Yes, No, and Unknown (selected).
- Is the alleged source of harm also at risk?:** Radio buttons for Yes, No, and Unknown (selected).

A callout box points to the radio buttons with the text: "Complete as many of the radio buttons as possible from the information given at the point of referral."

### 3.4 Additional recording about the Harmer

You should record a risk and a case note cross referencing the link between the Adult and the Alleged Harmer.

Add and link any relationships/keyholders etc - this is done in Core Person details.

Where relations are mentioned by the referrer but details are not available then this should be highlighted in the Case note.

ASeRT should record a legal status of ASP Act – S4 – Duty of the Council to Inquire. See guide later in this document on recording legal status

### 3.5 Adding a Case Note

Choose 'AS - AP Referral Note' from the Pick list

Add the date the note was written

Add a headline

Always make the ASP referral a significant event.

The screenshot shows a web form titled 'Maintain Case Note/Visit'. At the top, a red banner reads 'Form is read only'. The form fields include: 'Note Type\*' with a dropdown menu set to 'AS AP Referral Note'; 'Notes Date\*' with a date picker set to '24/07/2013'; 'Received Time' with a time picker set to '11 : 32'; 'Headline\*' with a text input field containing 'Headline Details Here'; 'Notes' with a large text area containing 'Content of Referral here'; 'Is this note/visit a significant event?' with radio buttons for 'Yes' (selected) and 'No'; 'Outcome' with a dropdown menu set to 'Please select'; 'Input By' with the text 'Ms Elaine Roberts on 24/07/2014'; 'Copy note to family members?' with radio buttons for 'Yes' and 'No' (selected); 'Create a copy of this note?' with radio buttons for 'Yes' and 'No' (selected); and 'Unlock case note/visit' with a message 'Do you wish to complete this case note/visit? This will make the form read only.' and radio buttons for 'Yes' (selected) and 'No'. There are also buttons for 'Find Worker', 'Clear', and 'Add Person'.

Add a summary of the referral details here

The name of the person logged on will default through to the note screen

Save note then Select YES. This will make screen read only. Save again. The 'do you want to complete' message will disappear and the banner shown at top of this screenshot will pull through.

**This is the end of the ASeRT referral process.**

## Recording an Inquiry

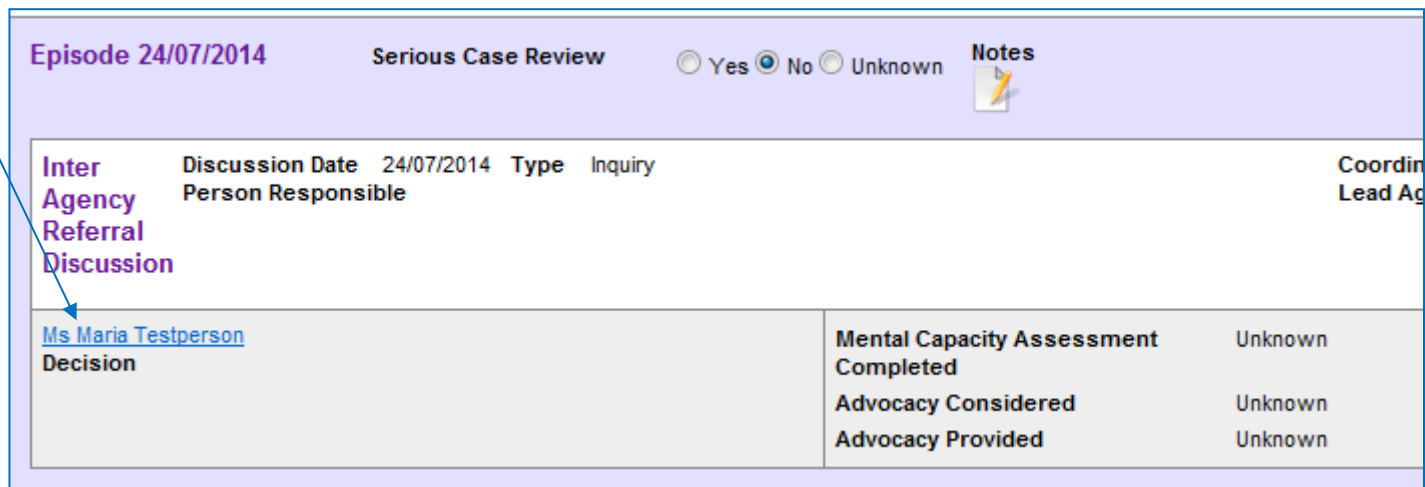
The layouts of the screens in ASP are all very similar. To reduce repetition they are detailed in this first section and then referred back to throughout the guide with an indication of additional fields.

ASeRT complete the first part of the Inquiry screen. However, they can only add what is known at the point of referral. It is the responsibility of the ASP Team Manager to ensure that the information recorded is up to date, accurate and complete. The standard stationery will be completed by the ASP Team Manager and passed to BS to update the system.

The decision of an inquiry will be an investigation or NFA.

## Reading/Updating the Inquiry

Once the referral has been recorded by ASeRT the Inquiry needs to be updated once it is underway. On entering the AP Summary screen the hyperlink for the Inquiry needs to be used to access to the Inquiry screen.



The screenshot displays a software interface for recording and managing inquiries. At the top, it shows 'Episode 24/07/2014' and 'Serious Case Review' with radio buttons for 'Yes', 'No' (selected), and 'Unknown', along with a 'Notes' icon. Below this is a table with the following data:

Inter Agency Referral Discussion	Discussion Date	24/07/2014	Type	Inquiry	Coordin Lead Ag
<a href="#">Ms Maria Testperson</a>	Decision	Mental Capacity Assessment Completed	Unknown	Advocacy Considered	Unknown
		Advocacy Provided	Unknown		

A blue arrow points from the text above to the 'Ms Maria Testperson' link in the table.

The inter-agency Inquiry screen will then load. This should be updated as the Inquiry is progressing.

Scroll up to the top of the screen.

**Episode Details**

Start Date: 24/07/2014

Notes: [Empty text area]

Was the harm systemic?  
 Yes  No  Unknown

Did this episode lead to a serious case review?  
 Yes  No  Unknown

---

**Inter Agency Referral Discussion Details**

Resulting From\*: Referral-AS - AP Progress to Inquiry-24/07/2013

Discussion Date\*: 24/07/2014

Discussion Type\*: Inquiry

Location: [Empty text area]

Coordinator: [Find Worker] [Clear] [Add Self]

Team: [Find Team] [Clear] [Add My Team]

Person Responsible: [Find Person] [Clear] [Add Self]

Lead Agency Responsible: [Empty text area]

Notes: [Empty text area]

**Callout Box 1:** The start date will have been entered by ASeRT and will be the same date as the referral. The notes field should not be used

**Callout Box 2:** Did the episode lead to a serious case review? This field should not be completed by anyone without first being advised by the Head of Adult Services

**Callout Box 3:** The first three fields are populated by ASeRT. The location field is not in use. The name of the person responsible will have been added here by ASeRT – name of the Manager the referral was sent to. This may need to be updated to the name of the Manager who completed the Standard Stationery.



**Incidents**

1 Record

Reported Date	Start Date	End Date	Period of Harm	Status	Subject - Category of Harm
<a href="#">24/07/2013 11:15</a>	24/07/2013				Ms Maria Testperson - Physical

There are 0 records available to link to this episode

**Subjects**

**Maria Testperson**

**Ms Maria Testperson - 01/01/1961 (10126909)**

Address: 75 Wheatlands Drive, Kilbarchan, Johnstone, Renfrewshire, PA102LQ

Discussion Risk Level:

Has a mental capacity assessment been completed?  Yes  No  Unknown

Have you considered advocacy?  Yes  No  Unknown

Has advocacy been provided?

Discussion Decision:

Notes

**Annotations:**

- This is where incidents can be added or linked Use the add incident button to add the first
- This area is where other people can be linked to the referral e.g. where someone else has been subject to harm as part of this referral. The worker involvements and case notes can also be linked.
- NB - In order to progress to an Investigation the decision must be recorded as 'Initiate ASP Investigation'

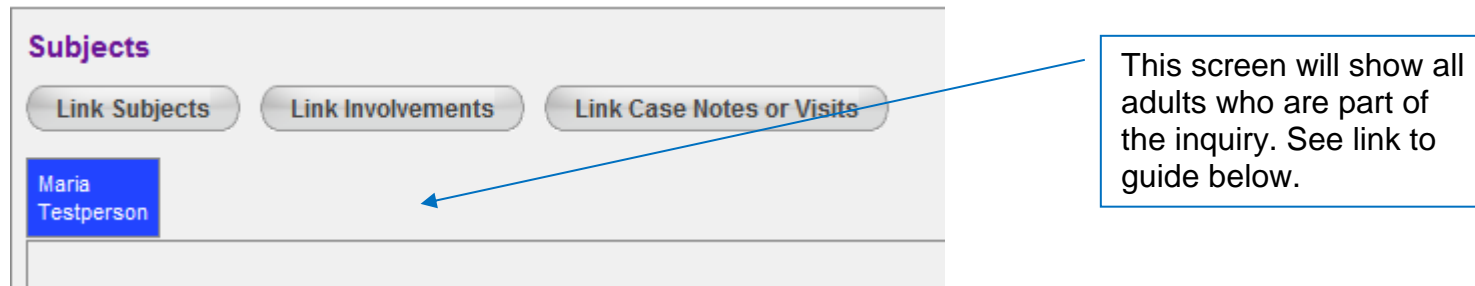
If a decision not to progress to Investigation is recorded the system automatically ends the inquiry.

## 4.2 Adding/Linking Subjects

This section displays all people who are subjects of the inquiry. They are shown in different blue tabs across the top of the table. Click on the person's name to go to their ASP record.

An inquiry must have at least one adult associated with it. The table in this section can display up to ten records at a time.

This is where you can view and update details about a selected adult or to add further adults to the inquiry.



This screen will show all adults who are part of the inquiry. See link to guide below.

Refer to guide later in this document on key ASP Case Note recording

Once a decision to initiate an ASP Investigation is recorded the 'add investigation' button becomes available to enable you to progress to the Investigation screens.

The legal status should be updated – refer to guide later in this document Updating Legal Status.

## 5 - Recording an Investigation

An investigation may be in context of any number of people. There may be multiple involvements – other professionals that take part in the investigation. When you create a new investigation, the system copies any people and involvements from the linked inquiry to the investigation record.

If the decision of the inquiry is to initiate an ASP Investigation the Investigation screen is completed. It is the responsibility of the SW Team Manager to ensure that the information recorded is up to date, accurate and complete. The standard stationery will be completed by the SW Team Manager and passed to BS to update the system.

To access use the hyperlink in the Episodes screen. - Screenshot

The screens are laid out in the same way as the Inquiries screens. Additional fields are detailed below. Refer back to Section 4.

### 5.1 Investigation Details box

This is the date the investigation should be completed by. This is a target date – it must not be changed.



Agency Reported By Date

### 5.2 Subjects box

If an incident has been recorded at the time of referral or Inquiry it should be linked here. Other incidents can be added. Use the radio button to indicate the AP2 has been completed. Refer to guide later in this document for additional information on recording information on the AP2 and key target dates.



Has an adult protection assessment been completed?  Yes  No

### 5.3 Subjects box

The Investigation decision must be recorded here. This should be either an NFA outcome or to progress to Conference. This option must be selected in order to access the Conference area of the ASP forms.



Investigation Decision

Notes

Once the investigation is finished you must record a decision of a 'no further ASP action' or 'progress to an initial conference'.

## 6 - Recording a Conference

If the outcome of the Investigation is to progress to Conference then the conference screen is completed. Review conferences take place after the initial conference has been held. (This cannot be recorded if an initial conference has not taken place). If you came from the Investigation screen and there has not been an initial conference the screen will show Initial Conference. If you came from the Plan then it shows a Review Conference. The resulting from field pulls through automatically. As in previous forms use the hyperlink to access the Episode details form.

**Conference Details**

Conference Type\*

Resulting From\* Investigation Date\* 25/07/2014

**Due** - The date the conference is due to take place. (28 calendar days after the initial referral) This field is initially set to the system date so will need to be changed to match target dates and must not then be changed.

**Planned** - The date it is planned to hold the conference. This date must be later than the Investigation end date. Add the planned time of the conference.

**Actual** - The date the conference actually took place. If a decision is recorded against at least one adult of this conference, this field cannot be updated.

Date pre Conf report sent to the Chair – this should be at least three days before the conference is due to take place

Date the pre-conference report was sent to the chairperson

Refer to guide in this document for details regarding recording key dates for minute takers.

The name of the Chair needs to be added to this screen.

Use button.

If the actual date of the conference is after the due date then a delay reason needs to be entered. The delay reason box will only appear after the actual date has been entered and saved.

Planned Date   Planned Time

Actual Date

Delay Reason\*

Conference Decision

If the actual date is after the target planned date then enter a delay reason.

The Conference decision must be recorded here, either an NFA outcome or 'New ASP Plan'. This option must be selected in order to access the Plans area of the ASP forms.

## 7 - Categories of Harm

Once the conference decision has been recorded you add or change the categories of harm. This is done as shown below. There can be more than one category recorded but only one can be identified as the main one.

Identify the Main Category

Start Date	Category of Harm	End Date	High Priority
28/07/2014	Physical Threats		<input type="checkbox"/>
28/07/2014	Emotional/Psychological Harm		<input checked="" type="checkbox"/>

## 8 - Recording an ASP Plan

Following the initial conference an ASP plan can be created for the adult. Once a conference end date has been entered the system automatically creates an ASP plan. This is viewed/updated via the Navigation menu (top right of screen)

The plans screen is shown below.

**Plan Details**

Plan Type\* AS Adult Support & Protection Plan

What is the planned start date of the plan? 28/07/2014

When will the plan be made operational? 28/07/2014

What is the main aim of the plan? Please select

Overall aim of the plan including timescales

Team Responsible

Find Org. Clear Add My Team

**Plan Management**

When was the plan ended?

The date that the plan was last reviewed

Plan Version Number [Plan V0001](#)

Create new version?  Yes  No

[Create next review](#)

**Navigation**

- Summary
- Episode Details
- Conference Details
- Incidents
- Subject Details
  - Categories of Harm
  - Involvements
  - Case Notes
  - Significant Events
  - Outcomes
- Completion
  - Plan - 28/07/2014
  - Assessments

Not in use at

Not in use at

Add the name of the Team the Council Officer is based in.

Not in use at present

For any conference the plan start date pulls through and will match the actual date of the conference.

The plan end date is automatically ended if the conference decision is to end the plan. This date should only be altered if it doesn't match the actual date of the conference.

All other areas of the Plans screens are not in use at present.

## 9 - Recording Information about the Harmer

Information about the alleged harmer is recorded in the AP incidents screen. Tick the view details box to open the screen.

Information available at the point of referral will already have been recorded. However, it is important to add/update this information as any new details are made available.

This is particularly important in the areas shown on the right.

Is the alleged source of harm the main carer?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Category of Relationship	Please select <input type="text"/>
Lived with victim at the time of the incident?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Is the alleged source of harm aware?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Does the alleged source of harm care for others?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Are others at risk?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Is the alleged source of harm also at risk?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

## Checklist

The following table is a guide to the core information that must be recorded in Adult protection.

This is not only to ensure good case recording but it is also required for National Data Returns.

<b>EVENT</b>	<b>CHECK</b>
New Referral	<ul style="list-style-type: none"><li>• Is there already an open ASP case</li><li>• Has there been a referral in last five days</li><li>• Is it an Open case</li><li>• Are all relationships linked</li><li>• Record and lock case note</li><li>• Have you linked a risk and case note for the alleged harmer</li></ul>
Core Details	<ul style="list-style-type: none"><li>• Client category</li><li>• Date of birth</li><li>• Relationships/links</li></ul>
Inquiry	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record case note</li><li>• Refer to standard stationery</li></ul>
Investigation	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record case note</li><li>• Refer to standard stationery</li></ul>
Conference	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record case note</li><li>• Refer to standard stationery</li></ul>
NFA Decision	<ul style="list-style-type: none"><li>• End legal status</li><li>• Update case notes</li></ul>
Legal Status	<ul style="list-style-type: none"><li>• Is the legal status current?</li></ul>
Plans	<ul style="list-style-type: none"><li>• Has the plan got a start date?</li><li>• Record case note</li><li>• Refer to standard stationery</li></ul>

## Recording/Updating Legal Status

ASeRT record ASP Act S4 duty of the Council to Inquire.

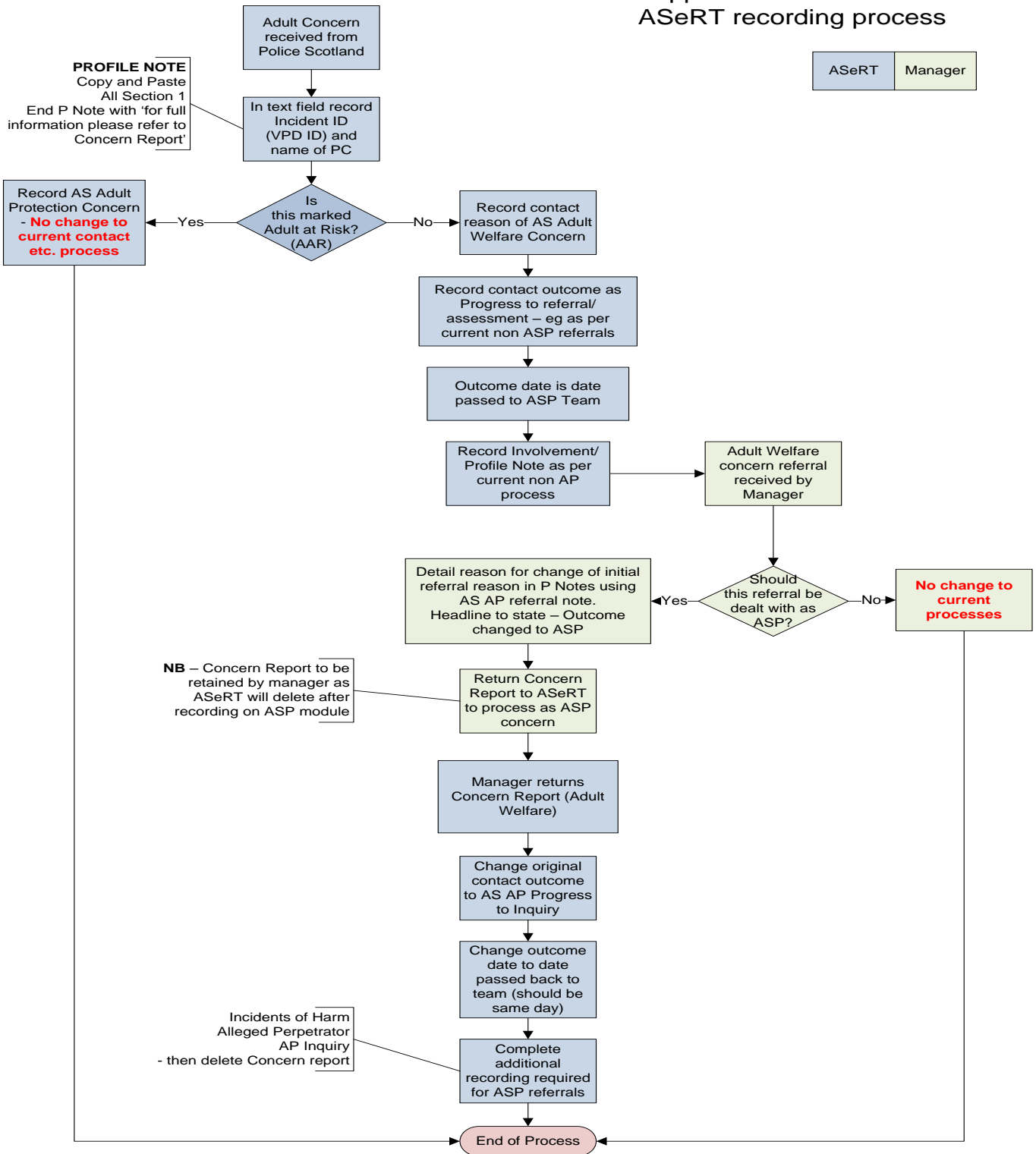
If at any time during the process an NFA for ASP is recorded then the legal status must also be ended.



# Recording Police Referrals

## Adult Support and Protection referrals ASeRT recording process

ASeRT	Manager
-------	---------



<b>Key ASP Case Note Recording Notes</b>			
<b>NOTE TYPE</b>	<b>WHO USES THE NOTE</b>	<b>PURPOSE OF THE NOTE TYPE</b>	<b>EXAMPLE</b>
Adult Protection – Referral Note	ASeRT and fieldwork staff	To record referrals received	This will include external referrals as well as internal referrals. For internal referrals a worker will put a referral or casenote and will ASeRT to open the module. ASeRT will put on a referral note directing readers to see the fieldworkers note
Adult Prot – Manager Note	Team managers, Locality/ Service Managers	To record manager overview of cases	This note can be used to evidence discussions with fieldwork staff throughout inquiries and investigations. This can also be used for audit activity
Adult Protection – Case Note	Social Workers, OTs, ASCs, all fieldwork staff including those from joint teams	To record all activity that is taking place under Adult Support & Protection	Headlines should be used to indicate if the case note refers to an <ul style="list-style-type: none"> <li>• inquiry – telephone calls or discussions with other agencies/professionals/reading swift notes</li> <li>• investigations - home visits, interviews with the adult and carer and or harmer. Investigation notes should only be completed by a Council Officer and an additional note by the second worker should be recorded to confirm agreement with the Council Officers case note.</li> <li>• ASP plans – if an adult is placed on an ASP plan then all professionals who record on AIS and SWIFT and whose intervention form part of the protection plan should use this note type. The headline can be used to briefly describe the reason for the note and the intervention</li> </ul>
Adult Protection – Alleged Harmer Involvement Note	ASeRT/Social worker/manager	To be recorded under an alleged harmer indicating they are involved in an ASP concern relating to an adult. Only the Swift/AIS number of the adult who is the adult at	This adult is the alleged harmer in an adult protection concern for the following adult. Please check the records of adult 1234567 from [insert date of referral received or information obtained] for further details.

		risk should be recorded and nothing else.	
Adult Protection – Action Plan	Business support operations	Record the actions from an Initial ASP case conference / Review ASP case conference / ASP Case Discussion	Headline will state the type of meeting. The body of the note will
Adult Protection – Reflective Practice Note	Team Manager/SSW	To record the reflective practice discussions for ASP cases where the adult is on a plan	
AP – Core Group Note	Team Manager	Record the actions from the core group meeting	

Appendix 5

**This stationery should be completed by Team Managers only and emailed to BS Operations mailbox. – within 15 working days of Initial contact**

Updates to Investigation Section	
Client Reference	
Name	
Investigation start date	
Client Category (**If Changed**)	Dementia / Mental Health / Learning Disability / Physical Disability / Addiction – alcohol / addiction – drugs / Infirmity due to age / other
Contact date	<i>*the original referral that this investigation related to from which the inquiry was completed</i>
AP2 actual start and end date	<i>*BS Ops to open 'ASP Risk Assessment - AP2' in assessment section to the social worker identified as Council Officer using these actual dates. Target start date is the same as the referral date above completed by the team manager</i>
	<i>*Team managers please ensure that the council officer completes the end date if the AP2 hasn't been completed when you are sending this stationary</i>
Capacity Assessment?	Yes/No
Advocacy Considered?	Yes/No
Advocacy Provided?	Yes/No
Investigation Decision *Choose one	ASP - No further action under ASP ASP - Progress to ASP case conference ASP – Currently on ASP plan early Review required ASP- Currently on ASP plan – Continue with Plan
Investigation End Date*	<i>*BS Ops to add Actual End Date under Next Event Section</i>
Worker Responsible*	<i>*Ensure that this is the name of the manager completing the standard stationery (BS Ops may need to overwrite previous name in AIS Investigation screen)</i>

Involvements Section		
Reason Involved	<b>Team Manager*</b>	<i>*Name of the Team Manager (same as the person completing this stationary)</i>
Reason Involved	<b>Council Officer*</b>	<i>*Name the Social Worker carrying out the AP2 Risk Assessment *BS Ops this is the name for the AP2 in the assessment section</i>
Reason Involved	Adult Services Coordinator Occupational Therapist Social Worker	<i>*Name the 2<sup>nd</sup> worker involved in the Investigation</i>
<i>Please list anyone else involved at Investigation stage with Reason involved</i>		
	<b>Name</b>	<b>Reason Involved</b>

**This stationery should be completed by Team Managers only and emailed to BS Operations mailbox - within 5x working days of Initial Contact**

Updates to Inquiry (inter-agency Referral Discussion) Details Section	
Client Reference	
Name	
Inquiry start date	
Client Category	Dementia / Mental Health / Learning Disability / Physical Disability / Addiction – alcohol / addiction – drugs / Infirmary due to age / other
Capacity Assessment?	Yes/No
Advocacy Considered?	Yes/No
Advocacy Provided?	Yes/No
Inquiry Decision *choose one	ASP - Initiate ASP Investigation ASP - Currently on ASP Plan NFA ASP - Currently on ASP Plan new Investigation ASP - Transfer to other Authority Not ASP - Continued SW / Health Involvement Not ASP - New SW Involvement Not ASP - No role for any Service Not ASP - Refer/pass to other non SW Agency/Service
Inquiry End Date*	<i>*BS Ops add to Outcome section and enter end date and outcome of Inquiry Ended</i>

Updates to Inquiry (inter-agency Referral Discussion) Details Section								
Person Responsible*								
<i>*This is the name of the manager completing the standard stationery (BS Ops may need to overwrite previous name in AIS Discussion screen)</i>								
<b>Additional Subjects Section*</b>								
<i>*Insert details of any other person(s) linked to this Inquiry who you believe to be at risk of harm that were not known at point of referral</i>								
AIS no.	Name <i>Only if different to what's on AIS</i>	Address <i>Only if different to what's on AIS</i>	DoB <i>Only if different to what's on AIS</i>	Relationship	Capacity Assessment? Y/N	Advocacy Considered? Y/N	Advocacy Provided? Y/N	Discussion Decision
								ASP - Initiate ASP Investigation Not ASP - Continued SW Involvement Not ASP - New SW Involvement Not ASP - No role for any Service Not ASP - Refer/pass to other non SW Agency /Service
								ASP - Initiate ASP Investigation Not ASP - Continued SW

									Involvement Not ASP - New SW Involvement Not ASP - No role for any Service Not ASP - Refer/pass to other non SW Agency /Service
									ASP - Initiate ASP Investigation Not ASP - Continued SW Involvement Not ASP - New SW Involvement Not ASP - No role for any Service Not ASP - Refer/pass to other non SW Agency /Service

**Involvements Section**

Reason Involved	<b>Team Manager*</b>	<i>*Name of the Team Manager (same as the person completing this stationary)</i>
Reason Involved	Adult Services Coordinator Occupational Therapist Social Worker	<i>*Name of the worker</i>

**Updates to Maintain AP Incidents Section**

**Source of Harm\***

*\*Insert details of any sources of harm linked to this Inquiry who were not known at point of referral*

Name	Organisation (if applicable)	DoB	Address	Is the alleged source of harm the main carer? Y/N	Lived with victim at the time of the incident? Y/N	Is the alleged source of harm aware? Y/N	Does the alleged source of harm care for others? Y/N	Are others at risk?*	Is the alleged source of harm also at risk? Y/N

**\*If there are any others (adults/children) at risk then an internal referral should be made to appropriate team (ASeRT/First Response)**

<b>Incident Details – if further information becomes available – please complete</b>			
<b>Category of Harm</b>	<b>Priority Category</b> <i>*Highlight one category to be the priority category</i>	<b>Additional category of harm</b> <i>*Where more than one type is known or believed to exist</i>	<b>Start date of Category of Harm</b> <i>*Start date for this type of harm</i>
Female Genital Mutilation			
Financial Harm			
Forced Marriage			
Hate Incident/Crime			
Honour Based Violence			
Human Trafficking			
Institutional Harm			
Neglect			
Physical Harm			
Psychological Harm			
Self Harm			
Sexual Harm			

## Adult Services Referral Template

To help us progress your enquiry, we will need some information from you. We will keep a record of this and may need to share it for example with staff from any area of the Health and Social Care partnership. Is that ok? Choose an item.

Referral Taken by: Choose an item.

Date of Referral: [Click here to enter a date.](#)

Time of Referral:

Person's details - Who are you calling about? (Full name & address – also for house type e.g. flat, bungalow etc)

Telephone Number: (Must be asked & AIS must be checked / updated)

Date of Birth:

CHI Number: (Must be asked if referrer is health source) Please provide details.

Is person aware of referral: Choose an item.

Referrer Details: (Name, address, telephone number and relationship to client)

What help are you looking for? (For uplifts / repairs, do not ask further questions)

Can we have contact details for a next of kin: (Name, address, telephone number and relationship to client)

Is there a key holder? Choose an item.

GP, Practice & Telephone Number : ( Must be asked & AIS must be checked / updated) Please provide details.

Where is this Referral to be routed: Choose an item.

Does the person have any communication issues? Choose an item.

Does the person live alone: Choose an item.

Access to property: Choose an item.

Does the person use any walking aids? Choose an item.



**Please detail the person's medical conditions:** *(Confirm spelling of medical conditions with caller if unsure)*

**Does the person have a terminal condition?** Choose an item.

**Does the person have confusion?** Choose an item.

**Adults With Incapacity (AWI) - Has a Doctor stated this person cannot make decisions for themselves?** Choose an item.

**Power of Attorney (POA) - Has a Solicitor stated this person cannot make decisions for themselves?** Choose an item.

**Are there any risks to staff or issues that they should be aware of? (e.g. Environment, Violence, Substance Misuse, Moving & Assisting)** Choose an item.

**Is there anything else relevant to this referral that we should be aware of?** Choose an item.

## **Adult Protection**

**What risk of harm is the person subject to?** (include details of any specific incidents, dates, times, injuries, witnesses, evidence such as bruising)

**Details of the alleged harmer – where known  
Name & Contact Details:**

**Relationship to person:**

**Detail of any previous concern / incident:** (to include dates, times, actions taken and outcomes)

**Is this client known to any other services** (to include staff member(s) name and name of service(s))

**Please check both SW and Health systems for any current open involvements**