Forth Valley

Adult Support and Protection

Multi Agency Guidance

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Forth Valley Adult Support & Protection Guidance

Foreword

This document builds on Forth Valley's tradition of effective inter-agency co-operation in supporting and protecting adults at risk. This guidance conforms to the Adult Support and Protection (Scotland) Act 2007 and the Act's accompanying Code of Practice.

This guidance replaces all previous versions.

The purpose of this guidance is to provide a framework within which all those responsible for the support and protection of adults at risk in Forth Valley can operate effectively, within the law, whilst also complying with their own agency requirements and procedures.

Co-operation between Healthcare, Police, Local Authorities and voluntary and Independent providers is essential if the welfare and safety of adults at risk is to be assured. The effective implementation of these guidelines will contribute to an ethos where the dignity, independence, individuality and rights of adults at risk are respected in accordance with the ethics of all registered bodies.

This guidance continues to be supported by a programme of inter agency training which will help develop understanding and respect for each agency's work, increase awareness and understanding of the area of adult support and protection and most importantly contribute to effective intervention.

The operation of this guidance will be monitored by the Adult Protection Committee's operating in the Forth Valley area which includes senior representatives from all of the relevant agencies and the local operational groups which review their implementation in practice.

The guidance will assist individual services, including independent care providers and voluntary organisations, to develop their own procedures and protocols which are consistent with this document.

Chapter One – Context

Introduction

Most adults, who might be considered to be at risk of harm, live their lives without experiencing harm. However, some people will experience harm, such as physical or psychological harm or exploitation of their finances and not be able to manage this without help. The Adult Support and Protection (Scotland) Act 2007 was introduced to ensure that adults who experience harm or are at risk of harm and who need assistance to stay safe, will be offered support and protection.

This guidance is designed for use by staff employed in all adult care services and all related services. It cannot, and does not, seek to replace sound professional judgement – the guidance recognises that each situation is unique. It seeks to provide a robust framework within which sound professional judgement can be exercised. Those working in accordance with these guidelines can be assured that they will receive the support of their agency.

Aims of this Procedure

This document aims to:

- Support existing local operating procedures by providing a framework of the overall response in terms of Referrals, Inquiries, investigations, Case Conferences, Protection Plans and the Monitoring and Review of Outcomes.
- Guide staff from every agency in their roles and responsibilities in responding to adult at risk allegations or concerns.
- Share the principles of good practice in adult protection.
- Describe the lead role of social work in adult support and protection and the integral part that partner agencies play.
- Provide an understanding of the legal basis for intervention.
- Identify the role of each council where cross-boundary issues arise.
- Provide Procedural Forms to be commonly used across Forth Valley.

Forth Valley Collaboration

The five statutory agencies within Forth Valley consist of:

Clackmannanshire Council
Falkirk Council
Stirling Council
NHS Forth Valley
Police Scotland

They are committed to working collaboratively to ensure common policies and procedures are in place across Forth Valley.

It is acknowledged that all partner agencies will each retain their own specific Local Operating Procedures relating to adult support and protection, so to guide their staff in relation to the actions required in adult protection within their agency.

The aim of this multi agency guidance is to give a Forth Valley guide to support and protection so that the broad approach is generally agreed.

It is then for each agency to decide what detailed local or agency specific procedure it gives its own staff on these matters.

This guidance also introduces agreed paperwork so there is consistency across Forth Valley.

Legal Context of Adult Support and Protection

This Forth Valley guidance focuses on the 2007 Act, the Act's Code of Practice (as updated in 2014) and the Scottish Government Guidance for Adult Protection Committees.

For the legislation and accompanying national guidance see the following sources:

- Adult Support and Protection (Scotland) Act 2007 Part 1 - Adult Support and Protection (Scotland) 2007 Act
- Code of Practice (2014) Adult Support and Protection (Scotland) Act 2007 Part 1 - click here
- Guidance for Adult Protection Committees – click here

Additional Legislation

There are many other pieces of relevant legislation designed to support and protect adults.

Two of the most significant pieces are the:

- Adults with Incapacity (Scotland) 2000 Act (the 2000 Act)
- Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act)

Supporting Legislation

The Scottish Government recognises that to achieve the best support and protection to adults that other legislation may also be equally important.

The following are some of the legislation that might assist in the support and protection of adults. This list is not exhaustive and is accurate at the time of writing (April 2018).

On electronic versions if you click the legislation name it will link to the law.

1. Social Work (Scotland) Act 1968
2. Mental Health (Scotland) Act 2015
3. National Health Service and Community Care Act 1990
4. Community Care and Health (Scotland) Act 2002
5. Regulation of Care (Scotland) Act 2001
6. Public Services Reform (Scotland) Act 2010
7. Equality Act 2010
8. Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act 2011
9. Vulnerable Witnesses (Scotland) Act 2004
10. Public Health etc (Scotland) Act 2008
11. Social Care (Self-directed Support) (Scotland) Act 2013
12. Children (Scotland) Act 1995
13. Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
14. Sexual Offences (Scotland) Act 2009
15. Children and Young Persons (Scotland) Act 2014
16. Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016
17. Matrimonial Homes (Family Protection) (Scotland) Act 1981
18. Human Rights Act 1998
19. Local Government (Scotland) Act 1973
20. Vulnerable Witnesses (Scotland) Act 2004
21. Protection of Vulnerable Groups (Scotland) Act 2007
22. Data Protection Act.1998
23. Race Relations (Amendment) Act 2000

Policy Statement

These guidelines recognise that they each organisation has an individual responsibility for the welfare of adults at risk. The principal objective is to protect adults considered to be at risk of harm by offering support and protection which is appropriate to individual needs.

All agencies must promote the dignity, privacy, rights, fulfilment and choice of each service user. However, in addition, the agencies who have agreed these guidelines subscribe to the principles of the ASP Act.

Agreed Values in Forth Valley

In general terms, the following **values** underpin any intervention in the affairs of adults deemed to be in need of support and protection under these procedures:-

- Every adult has a right to be protected from all forms of harm including abuse, neglect and exploitation.
- The welfare and safety of the adult takes primacy in relation to any enquiry or investigation.
- 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 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 proportionate and be the least disruptive response to address the identified risks to health, welfare, property or finances of the adult consistent with the current legislative framework.

Additional Wider Values

Partnership agencies subscribing to this guidance for the protection of adults at risk will also adhere to the values of:-

- Actively working together to advance the underpinning principles of the National Care Standards which are: dignity, privacy, choice, safety, realising potential, equality and diversity.
- Actively promoting the empowerment and well-being of adults at risk through services provided.
- Actively work together within an interagency framework to provide the best outcomes for adults at risk.
- Acting in a way which supports the rights of the individual to lead an independent life based on self-determination.
- Recognising people who are unable to make their own decisions and/or to protect themselves and their assets.

All Adults are entitled to:

- Live in a home like atmosphere without fear of violence or harassment.
- Make informed choices about intimate relationships without being exposed to exploitation or sexual harm.
- Have their property treated with respect.
- Be protected from financial harm.
- Be empowered through support to make choices about their lives.
- As is appropriate, to be given information about keeping themselves safe and exercising their rights as citizens.

Measures of the 2007 Act

The 2007 Act introduces **measures** to provide support and protection for adults who may be at risk of harm. These **measures** include:-

- A set of principles that must be taken into account.
- Placing a duty on Councils to make the necessary inquiries and investigations to establish whether or not intervention is required to protect the adult.
- A requirement that specified public bodies must report concerns an adult is at risk and must co-operate with Councils and each other about adult protection.
- Clarifying the roles and responsibilities of all bodies in protecting adults at risk.

- A duty to consider the importance of the early provision of advocacy or other supportive services.

- The establishment of multi-disciplinary Adult Protection Committees.

- A range of Protection Orders as defined in the Act, namely – Assessment Orders, Removal Orders and Banning Orders.

Legal Principles of 2007 Act

The **principles** in relation to any intervention in the life of an adult, taken under the **Adult Support and Protection (Scotland) Act 2007,** are set out as follows:-

A public body or office holder must be satisfied that any intervention will provide:-

- **Benefit** to the adult which could not reasonably be provided without intervening in the adults affairs **and**

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

Public bodies or office holders must also have regard to the following:-

- The adult's **wishes and feelings** (past and present).

- Any **views of** the adult's nearest relative, primary carer, guardian or attorney and any other person who has an interest in the adults well-being or property.

- The importance of the adult **participating** as fully as possible in the performance of the function and providing the adult with such information and support as is necessary to enable the adult to participate.

- The importance of ensuring the adult is not treated **less favourably** than another adult (who is not at risk of harm) would be treated in a comparable situation.

- The adult's **abilities, background and characteristics**.

The principles must be taken into account at all stages of any intervention and emphasise the importance of striking a balance between an adult's right to freedom of choice and the risk of harm to that person. Any intervention must be reasonable and proportionate.

It is important to note that the adult at risk (and/or their representatives) are not bound by the principles of the Act.

However any representatives (such as a Power of Attorney or Guardian under the 2000 Act and a Named Person under the 2003 Act) may be bound by the principles of that legislation to act or have regard to certain legal principles.

Definitions within the Act

Council

Section 53 of the Act states a Council is as constituted under the Local Government (Scotland) Act 1994. References to a Council in relation to any person known or believed to be an adult at risk mean the Council for the area where the person is currently located.

In practice, this means that the Council where the adult is currently located is responsible for conducting inquiries, investigations and making applications for protection orders. For adults placed in care settings funded by another Council area (a cross-boundary placement), the host authority is responsible for undertaking inquiries into adults at risk. It is expected that where another Council has a locus, for example, for care management and payment of costs, then this Council will have a role in any activity under the 2007 Act.

For further details see Appendix One – Forth Valley Cross-Boundary Protocol.

Who is an "Adult at Risk"?

The 2007 Act refers throughout to **adult**. In terms of Section 53 of the Act an adult means a person aged 16 years or over who is an "adult at risk". Section 3(1) defines an adult at risk as adults who:-

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm **and;**
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Additional Considerations on Definition of 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 etc.

It is important to stress that all three elements of this definition must be met or that there are grounds for believing all three elements may be met for an adult to be an adult at risk and for interventions to take place under the 2007 Act. 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.

Guidance on the Term "Unable"

The first element of the three-point criteria relates to whether the adult is "unable" to safeguard their own well-being, property, rights and other interests.

"Unable" is not 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.

When Drug/Alcohol Misuse is an Issue

In terms of the definition of an "adult at risk" the 2014 Code of Practice states that vulnerability or a lack of ability to safeguard, which is due to temporary problematic alcohol or drug use, would not by itself result in an individual being considered an "adult at risk".

Adults have the right to make choices and decisions about their lives, including the use of alcohol and drugs, even if that means they choose to remain in situations or indulge in behaviour which others consider inappropriate.

Without any additional vulnerability, such as an illness or disability, adult protection intervention would not normally be appropriate. Young people aged 16-18 can be particularly easily influenced and legislation places limits on children not in place for adults such as access to alcohol.

The Code of Practice further states the ongoing problematic use of drugs or alcohol may take place alongside (and on occasions contribute to) a physical or mental illness, mental disorder or a condition such as alcohol related brain damage. If this is the case an adult may be considered an "adult at risk". It must be stressed, however, that it is the co-existing illness, disability or frailty, which would trigger adult protection considerations, rather than the substance use itself.

What About Young People Transitioning from Childhood to Adulthood?

The Code of Practice states the need to "pay particular attention" to the needs and risks young people in transition from youth to adulthood can experience. It stresses that each such situation needs to be considered individually.

Further that there is a need to identify such young people "at the earliest stage possible" and for robust and effective systems to be in place to share information between agencies/workers and ensure a transfer of responsibilities.

What About Self-directed Support and Adults Need for Support and Protection?

The introduction of the 2013 Act aims to give adults, children and families more choice and control over their social care arrangements and involve them more in decisions about their support. The Code of Practice states such legislation could, in some instances, increase risks to some people but can also help a person develop their ability to protect themselves.

How Does the Issue of Mental Capacity Affect the Decision Whether an Adult is an Adult at Risk?

The law in relation to adults (i.e. anyone over the age of 16), makes a distinction between those who are capable of managing their affairs and those who are not.

The assumption in law is that all adults have the capacity to make decisions about their own affairs until or unless they are recognised, in law, as being incapable.

Consent, capacity and risk will always be central to any assessment.

It is important to be aware than adult may have capacity to make decisions about an area of harm in their life but still be regarded as unable to protect themselves from that harm and therefore be an "adult at risk".

Where a situation of harm is suspected staff must consider, as early as possible in the investigative process, whether or not the adult has capacity in that area of their life.

Also in any situations where a Protection Order might be beneficial and necessary any decisions must consider the issues of the adult's capacity to consent to such an Order and also give consideration of the issue of Undue Pressure (for details on Protection Orders and the concept of Undue Pressure see Chapter Seven of these procedures).

Definition of Harm

Section 53 of the Act states 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.

Further Section 3(2) states an adult is at risk of harm if:

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

The Code of Practice adds that this list is not exhaustive and no category of harm is excluded simply because it is not listed (above). Behaviours that constitute harm to others can also include **neglect (and self-neglect), emotional, sexual, institutional, human rights** or a combination of any of these.

In terms of signs and indicators of possible harm refer to the document - Guidance for the Independent Care Sector in Reporting Adult Support and Protection concerns in Forth Valley (Appendix Two).

Where and when does Harm Occur?

In short harm can happen anywhere including:

- At home within the family.
- Whilst in a hospital or a hospice.
- Whilst staying in a care home or supported or sheltered accommodation.
- Whilst at a day centre or an educational place.
- At the adult's place of work or training.
- In a public place.

Harm can be perpetrated by people the adult at risk already knows, where a trusting relationship of unequal power may exist. The perpetrator themselves may be another service user or adult at risk who may have experienced harm themselves. Harm can also be perpetrated by someone unknown or not well known to the adult at risk.

Harm can also be opportunistic and dependent on issues of low self-esteem, low social status or when people are isolated from contact with others. It can be caused with deliberate intent or arise from acts of omission but whatever the cause of reason the imperative to reduce harm is clear.

For further details and guidance see Appendix Two - Guidance for the Independent Care Sector in Reporting ASP concerns in Forth Valley.

Who is a Council Officer Under the 2007 Act?

The investigating officer has been given, within the 2007 Act, the title of **Council Officer.**

The definition of a Council Officer within the 2007 Act at Section 53(1) is that a Council Officer is an individual appointed by a Council under Section 64 of the Local Government (Scotland) Act 1973. Section 53(1) also enables ministers to restrict the type of individual who may be authorised by a council to perform council officer's functions.

The exact definition of a Council Officer is defined in Sections 3 and 4 of SSI regulation 2008 No 306 2007 Act (Restrictions on the Authorisation of Council Officers, Order 2008) and is summarised as being someone who:

- Is registered in the part of the SSSC register maintained in respect of social workers or is the subject of an equivalent registration;
- Is registered in the part of the SSSC register maintained in respect of social service workers;
- Is registered as an occupational therapist in the register maintained under article 5(1) (establishment and maintenance of register) of the Health Professions Order 2001(5); or
- Is a nurse; and
- (b) The person has at least 12 months post qualifying experience of identifying, assessing and managing adults at risk.

In the three councils in the Forth Valley area Council Officers are qualified (and registered) Social Workers, Occupational Therapists and Nurses (employed by the council e.g. as a Care Manager) who are suitably experienced and trained.

Adult Protection Committee

The 2007 Act creates an obligation on Councils to establish multi agency Adult Protection Committees (APCs). The functions of the APCs include:-

- To keep under review the procedures and practices of the public bodies;
- To give information or advice to any public body in relation to the safeguarding of adults at risk within a Council area, and
- To make, or assist in the making of, arrangements for improving the skills and knowledge of employees of the public bodies.

In performing these functions, APC's must have regard to the promotion and support of co-operation between each of the public bodies. The public bodies involved are the relevant council(s), the relevant Health Board, the Chief Constable of Police Scotland and any other public body as may be specified by Scottish Ministers.

APC membership must include representatives of the relevant local authorities, NHS Board and Police Force. The Mental Welfare Commission, Social Care & Social Work Improvement Scotland (SCSWIS), Healthcare Improvement Scotland and the Office of the Public Guardian also have the right to attend and must be informed of Adult Protection Committee Meetings.

Public Protection Forum

The Guidance for Adult Protection Committees advises they will require to be given the authority by local agencies to be able to carry out their functions effectively. The guidance also indicates that lines of accountability between the APCs and local Councils, NHS Boards and Police will require to be identified.

It is therefore expected that direct lines of communication between APCs and local Chief Officers' Groups will be established in each area.

Within Forth Valley the two APC's report directly to the Forth Valley Public Protection Forum. This forum comprises of senior representation from each of the five statutory agencies.

Child Protection Committee

There may be some areas of cross-over between child protection and adult protection information when dealing with families which have both children and adults at risk. Although they may be investigated separately, a link between the two would require to be maintained.

A further area of overlap may exist where a person is aged 16 or 17 years and could be classed as both a young person in need of support through Children's services and an adult at risk. The duties outlined in the 2007 Act would require to be reflected in practice.

The Guidance for APCs highlights the importance of procedural and practice links which should be made between adult protection, child protection and the public protection role of criminal justice services. The guidance indicates that monitoring and advising on these links will be a function for APCs.

Chapter Two - Referrals

This section describes the steps to be taken when any professional person, working for any agency identifies (or is concerned) an adult may be an adult at risk of harm.

Information about adult protection concerns may come to agencies from different sources and this guidance should be followed in all situations.

The Council, as lead agency, is responsible for the overall co-ordination of adult protection concerns.

When an adult at risk is identified the person making the referral must report that concern, by phone call, to the Social Work Service on the same day the concern arises. Further the referrer must confirm, in writing (by using the AP1 referral form) within one working day.

Reporting Emergencies

This chapter provides guidance on making a planned referral to the Council.

However some situations can arise when a person must act to protect an adult without the benefit of consulting with a manager. When it appears that a person is imminently at risk then the following immediate actions may be necessary:-

- If a person is in immediate danger or needs urgent medical treatment then a 999 call should be made to request urgent assistance or advice from the appropriate emergency services.

- Callers should follow this with a call to local Social Work Services to advise them of the situation or, outside of office hours, make a referral to the Emergency Social Work Services Team.

- In an urgent situation, if it is suspected that a crime has been committed then the adult should be encouraged to report this to the Police and support offered to them to do this. A check (with the Police) that the report has been made will be necessary. If the adult will not report the matter to the Police, this should still be reported on their behalf. The Police advised that it relates to someone who may be an adult at risk in terms of the 2007 Act and if the adult has consented to the report being made or not consented.

What if the Situation is Not an Emergency but a Crime May Have Been Committed

In the case of physical or sexual harm, immediate referral to the Police is essential. This is to ensure that the person receives appropriate medical attention and that vital forensic evidence is not lost.

Following a sexual assault try to discourage the victim from using the toilet, washing, drinking or laundering clothes and bedding. Clothes should not be changed if there is the slightest possibility that the clothing was worn at the time of the assault. The scene of the assault will also need to be preserved for evidence and no-one should be allowed in. If this is where the victim is, nothing should be touched or moved whilst waiting for the Police to attend.

Follow up with a referral to Social Work Services and advise them that the Police have been contacted.

The Police will log the referral and take appropriate action to ensure the victim is safe. The Police will make enquires. The Police should ensure that all adults at risk of harm incidents have been referred to Social Work Services. Police and Social Work Services should continue to liaise throughout to ensure appropriate support to the adult.

Duty to Report Concerns

The 2007 Act states where a named public body or office-holder knows or believes that a person is an adult at risk and action needs to be taken in order to protect that person from harm, then that public body or office-holder **must** report the facts and circumstances of the case to the Council.

Staff should also be clear who they have a duty to report to within their own organisations.

The bodies and office holders listed in Section 5 of the 2007 Act are:-

- The Mental Welfare Commission for Scotland;
- Care Inspectorate;
- The Office to the Public Guardian;
- All Councils;
- Chief Constable of Police Scotland;
- The relevant Health Board, and;
- Healthcare Improvement Scotland.

Any other public body or office-holder as the Scottish Ministers may by order specify. (Scottish Ministers have not specified any other bodies at the time of writing – March 2018)

While the 2007 Act does not make it a legal requirement for other bodies to refer to and cooperate with the Council the 2014 Code of Practice states the following bodies and their staff should act in this way:-

- Fire and rescue service;
- Prison service;
- Independent health practitioners, including allied health professionals and GPs, who are not directly employed by health boards;
- Financial institutions such as banks, building societies, credit unions, post offices, Royal Mail and the Department of Work and Pensions;

Voluntary and Private Sectors

Voluntary and Private sector agencies in the Forth Valley area are expected to report adult protection concerns within the same timescale as public bodies i.e. phone call on the same working day and written referral (the AP1 form) submitted within one working day.

Must an Adult Consent to the Referral?

While it is desirable to have an adults consent to a referral the 2007 Act states that public bodies and their office holders, if they believe the adult is at risk and action might need to be taken, have a legal duty to refer to the Council even without the adults consent.

Therefore even without the consent of the adult, public agencies and office holders are required to take further action.

Staff must (if possible) discuss with the adult at risk their view of the situation. Inform them that you will report concerns to your line manager and that these will be recorded. It is preferable that the adult consents to further action being taken but even without the adult's consent public bodies have a duty to report under the 2007 Act. When making a referral to the Police or Social Services under the 2007 Act you should advise if the adult has consented to the referral or not.

The law in relation to adult capacity (i.e. anyone over the age of 16) makes a distinction between those who are capable of making decisions and managing their own affairs and those who are not. Social Work Services consider capacity and incapacity in every referral they receive including referrals relating to adults at risk of harm when deciding the most appropriate action to support or protect the adult. If you think the adult may lack capacity to make decisions about welfare or financial matters this should be referred to in your referral.

Will Reporting (Without an Adult's Consent) be a Breach of Confidentiality?

No. Section 5(3) of the 2007 Acts states that, if the public body or office holder knows or believes that person is an adult at risk of harm and that action is needed to be taken (under Part 1 of the 2007 Act or otherwise) to protect them from harm then the facts and circumstances of the case **must** be reported to the Council for the area in which it considers the person to be located.

While people have a duty to respect people's right to confidentiality (and to have regard to the Data Protection Act) the 2007 Act and its Code of Practice make clear that, when a person believe an adult is at risk and may need support and protection that it is in the public interest for the matter to be referred, even without the adults consent.

NHS Boards are required to ensure that their staff are aware of and operate local procedures for sharing of information with the police to promote the prevention and detection of crime, while respecting and safeguarding the interests of patients and the public in the confidentiality of personal health information. An information protocol has been developed by NHS Forth Valley to enable specific detailed information in relation to Adult Support and Protection to be shared with the councils (see attached link).
Click here

Whilst confidentiality is important, it is not an absolute right. Co-operation in sharing information is necessary to enable a council to undertake the required inquiries and investigations. Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing that concern. Adults who may be subject to harm may be anxious about the information being shared with others. It is the record holder's responsibility to determine what information should be passed to the Council Officer.

There may be some areas of crossover between child protection and adult protection information, particularly when dealing with families, where there may be children and adults at risk.

How is a Referral Made?

Agencies, with the exception of the Police and Scottish Fire and Rescue Service*, must use the Forth Valley Multi Agency Adult Protection Referral Form (contained in Appendix Two). This is commonly known as the "AP1 form".

It is accepted that most referrals will be made in the first instance by phonecall to the Council Social Work Service. It is always necessary that such referrals are then confirmed in writing and the AP1 form is the universal form that should be used to make such a referral.

The AP1 referral form must always be completed in writing within 24 hours and passed to Social Work Services.

Social Work Services should log the date and time of the referral and acknowledge receipt of an adult protection referral within 5 days. Social Work Services may ask for cooperation in supporting the adult at risk and may request access to your records in writing. Following a request of this nature you should follow your agency procedures.

Social Work staff will decide if there is a need for police involvement. If a referral has not already been made to police, this will be done by a Social Work Services worker.

*The agreed format for Police Scotland to make a referral to the Council is the submitting a Police Concern Report (PCR). The Scottish Fire and Rescue Service similarly use their own, agreed Adult Protection referral form.

Chapter Three – Inquiries

Multi-disciplinary Approach to Inquiries

Many different professionals in statutory agencies and other organisations have contact with adults at risk of harm including social workers, care managers, medical and nursing staff and other health professionals, staff delivering care services, Procurators Fiscal, the police and staff of voluntary organisations. A multi agency and multi-disciplinary approach is therefore appropriate.

What one person or public body may know may only be part of a more concerning picture. Good practice would be that all relevant stakeholders would co-operate with assisting inquiries, not only those who have a duty to do so under the Act.

Council's Duty to Make Inquiries

On receipt of a phone call or adult protection referral (Form AP1 or Police Concern Report or Fire and Rescue referral**)** Social Work Services must make inquiries under the 2007 Act. The inquiries should begin on the same working day as the referral is received and normally be completed the same working day.

Social Work Services must complete their inquiries within 3 working days of the referral. If there is a reason this cannot be achieved the responsible manager must record the reason on the relevant social work record.

The responsible Social Work Manager will review the referral to decide if**:-**

1. Immediate action is required in relation to the adult deemed to be at risk to make them safe;

or

2. Further inquiry is required to inform any decision to support and protect.

Inquiry Process

Essentially this is the information gathering stage. Council's must build up all relevant information about the adult to inform decisions about whether the individual is an adult at risk of harm and whether the Council needs to intervene in order to protect them.

The council will conduct preliminary inquiries by reviewing departmental case records and seeking information from other agencies e.g. health professional(s), Police Scotland, care providers and any other agencies/sources who can contribute relevant information.

In some areas of Forth Valley this might include a visit to the adult at risk. Local procedures will provide guidance on such visits in the areas these take place.

In all situations the Council have a number of responsibilities during inquiry, including:-

- Acknowledge receipt of referral ;
- Consider if the referral indicates a criminal offence may have taken place;
- Consider all the legal duties and responsibilities that might apply;
- Consider whether an IRD is needed;
- Consider if medical intervention is required;
- Offer appropriate support to the referrer.

If During Inquiries the Adult is at Immediate Risk

If the level of risk is such that immediate action is required, which cannot be achieved on a voluntary basis, Social Work Services will discuss with the Police and/or Council Legal Services, to determine whether there are any statutory powers which can be invoked to protect the adult under the 2007 Act or other appropriate legislation.

If There are Children Involved

It is a common responsibility across all agencies to remember the needs of any child who may reside or have contact with an adult[s] involved in any form of harm.

This is especially relevant if the child/children live in same household as an alleged perpetrator(s). Where a referral is made to Social Work Services and a child or children may reside or have contact with adult(s) at risk or an alleged perpetrator then the responsible Social Work Manager will inform Children and Families Social Work Services and a decision made if child protection procedures should also be initiated.

Initial Referral Discussion (IRD)

An Initial Referral Discussion (IRD) is a multi agency discussion to decide the best way to proceed with a referral. It may be initiated by any of the statutory agencies. The IRD Request Form (Appendix Three) should be used to make the request. IRDs are an important stage in the process of joint information sharing, assessment and decision making about adults at risk of harm. This may not be a single event and can take the form of a series of discussions where information is discussed and a co-ordinated response agreed by the relevant agencies.

Who Will be Involved in an IRD

An IRD will usually take place by phone between the responsible Social Work Manager and one or more of the following:

- Representative from Police Scotland (usually a Detective Sergeant);
- Health representative (usually Service Manager or other appropriate manager);
- Care Inspectorate (where allegations concern a registered care provider);
- Any other agency that can provide help to the process (this will include Advocacy services).

The IRD should normally take place within one working day of the referral and always within 3 working days. If there is a reason this cannot be achieved the responsible manager must record the reason on the relevant social work record.

When a referral that requires an IRD takes place out with office hours, an appropriate member of the social work services Emergency Duty Team (EDT) will undertake an Out of Hours Case Discussion with Police Scotland to make initial/immediate plans to ensure a person's safety in the short term.

The full IRD will then be held on the first working day of normal working hours.

Purpose of IRD

- Establish what information is already known.
- Share all available information to assist in decisions about how best to investigate the issues.
- Consider what kind of investigation should be undertaken, who should be involved and which agency has the lead role. This should include visits, interviews, medical examinations and examinations of records under the Adult Support and Protection (Scotland) Act 2007.
- To consider whether any urgent protection orders or warrants under the Adult Support and Protection (Scotland) Act 2007 or interventions under other legislation may be required.
- Decided whether a Large Scale Investigation is needed because potentially more than one adult at risk is involved (or adults and children). If such an investigation is needed refer to Forth Valley Large Scale Investigation Protocol (Appendix Four).
- Agree an initial action plan and establish which agencies are to involved, identify the lead agency, investigating workers and roles e.g. who will be the "Council Worker", who will lead the Investigation and who will be the second person involved.
- Consider the adult's level of capacity in regard to the concerns. Seek evidence to support this by ensuring that the appropriate health professional is involved in the IRD.
- Consider the possible need to use the Appropriate Adult Service for interviewing victims, witnesses or suspected persons.
- The IRD will examine the evidence available, and how further evidence will be obtained. What medical/forensic evidence is available and how further medical/forensic examination should be undertaken.
- Agree the plan and timing for the Adult Protection Investigation including consideration of Advocacy and other services, communication needs, and involvement of other appropriate services e.g. health, children and families' services, legal guardian and any other requirements that would facilitate the Investigation.
- The gathering of evidence during a criminal investigation takes precedence over general inquiries therefore careful planning is required so that evidence for potential criminal proceedings is not compromised.

There are several possible actions that can result from the IRD. These include a Single Agency Investigation, a joint investigation (e.g. Police/Social Work, Social Work/Care Inspectorate), an Adult Support and Protection Case Conference, or indeed a decision that no further action is necessary under these procedures.

A written record of decisions taken and who is responsible for actions will be taken at the IRD.

At times the professionals involved may decide that immediate action is not the most effective way of responding. A decision may be taken that professionals continue to assess the situation. If more information comes to light that suggests criminal offences, the Police may then become directly involved.

Planning Meeting

Whilst an IRD will normally take place by phone, in complex situations, or where a number of professionals/agencies are involved a more detailed discussion may be required to share information and plan an investigation. In this situation a Planning Meeting should be held the same day and no later than 3 days after the referral.

If there is a reason this timescale cannot be achieved the responsible manager must record the reason on the relevant social work record.

The Planning Meeting will give consideration to all the areas identified above (as for an IRD).

For complex cases the ASP Lead Officer/Coordinator and Service Manager must be notified and in some circumstances, may wish to attend.

A formal minute should be taken at the Planning Meeting, principally to confirm the actions agreed and their estimated timescales along with the roles and responsibilities of staff carrying out those actions. The Chair, who will normally be the Social Work Manager, will ensure prompt distribution of these minutes (no later than 10 working days from the meeting).

Chapter Four - Investigations

One conclusion of an inquiry may be there is a need, either on a single agency or multi agency basis, for an investigation to take place.

The nature of the risk presented will dictate the response time. The aim, generally, should be to initiate an investigation within five days of the initial referral.

When this timescale cannot be achieved the responsible manager will record on their agency record the reason for this and give an approximate timescale for the investigation to be completed.

It will be for local or agency specific guidance to determine any timescales for the completion of an investigation.

Planning the Investigation

It is the task of the responsible Social Work Manager in discussion with other partner agencies/disciplines (usually during the IRD or Planning Meeting) to agree the format of the investigation team.

In situations of immediate or serious harm or sexual or physical harm, the adult at risk must be seen the same working day.

The investigation must be a planned process and the investigation team should consider the following areas:-

- Timescales for completion of each task;
- The time and place of the visit - the visit must be made at reasonable times;
- The adults capacity to make decisions (or the need, if appropriate, to identify any proxy);
- Communication requirements;
- Need for advocacy services;
- Need for an Appropriate Adult;
- Support for the adult's carer;
- Is there a need to access other agency records;
- Involvement of medical staff in the investigation;
- Involvement of Mental Health Officer services in the process.

Briefing of Staff

Prior to any visit/interview the responsible Social Work Manager (or Detective Sergeant) leading the investigation will arrange a briefing meeting with the investigating team e.g. Detective Constable, Council Officer(s) and any others accompanying them.

This will normally be held immediately following the IRD/Planning Meeting or later the same day.

The briefing will confirm roles and actions in relation to the investigative interview of the adult at risk and interviews with any relevant others including:-

- Who will ask the questions;
- Who will record the interview.

It should also consider what information will be given to the adult at risk for the reason for the interview if notice of the visit is given.

Where possible the investigating officers should also plan the interview before visiting the adult. The Social Work Manager (or Detective Sergeant) will lead the briefing/debriefing.

Appropriate Adult Service

Any Police interview with an adult at risk who may be considered to have a mental disorder (mental illness, personality disorder, learning disability, acquired brain injury, autism, or dementia) should not take place without the presence of an Appropriate Adult.

The role of the Appropriate Adult is to facilitate communication and ensure that the adult is not disadvantaged by any communication difficulties. It is the responsibility of the Police to arrange an Appropriate Adult and no staff member can act in this role without being formally recognised as an approved Appropriate Adult.

Independent Advocacy

Section 6 of the 2007 Act places a duty on the Council to consider the provision of appropriate services, including independent advocacy services, to the adult concerned, after making inquiries.

Other services are not defined in the Act but consideration should be given to practical and emotional support provided by other professional workers and advocacy services.

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand the options available to them.

Independent advocacy can also provide support to a carer or service user to alleviate stressful or conflict situations and the potential for harm, in particular where the adult has capacity and does not wish any protective action to be taken.

It is important that any assistance or intervention must be well planned so that wherever practicable the adult is provided with the right kind of support and that the situation does not escalate to the point where they feel that their perspective is not being actively considered.

Advocacy services are there to support the adult and they are not present to take on the role of the 2nd interviewer. The role is independent of the interviewers and purely there to support the adult.

A link to the Scottish Independent Advocacy Alliance webpage is included for further information.

http://www.siaa.org.uk/

Does the Adult Need Support with Communication?

Social Work Services will ensure that the adult is provided with assistance or material(s) appropriate to their needs to enable them to make their views and wishes known. The Royal College of Speech and Language Therapists developed a communication toolkit for practitioners in Scotland with responsibilities under Adult Support and Protection. It provides communication access guidelines, advice and practical resources for those implementing the Act - so that people with communication support needs who are at risk of harm or who are being harmed can more easily access protection afforded by the Act. A link to the toolkit is attached below.

An individual providing specialist support to assist communication difficulties, should not be seen as a 2nd interviewer and is present to support the adult with communication issues.

https://www.rcslt.org/cq_live/resources_a_z/asp_toolkit/welcome

Useful guidance relating to communication and assessing capacity during interviews can also be found at:

http://www.scotland.gov.uk/Publications/2008/02/01151101/0

Investigative Visit and Interview

Given the complexity of such investigative situations and in the interests of support and health and safety responsibilities for staff, it is recommended that investigative visits should always involve two members of staff.

For Social Work only (single agency) investigations there is a legal need for one of the officers to be a Council Officer (as defined by the Act). There might be variations in each Council's policy on who should accompany the Council Officer. For example in some Council's the policy might be such investigative visits be conducted by two Council Officers. In other areas the qualifications and experience of a second person will be at the discretion of the Social Work Manager.

Where Police Scotland are involved in investigative visits/interviews (whether as a single agency of jointly with the Council) it will be the decision of the Detective Sergeant (or other appropriate officer) to decide the most appropriate Police personnel to be involved.

Other agencies (e.g. NHS staff, Care Inspectorate staff etc) may be able to support the visit and interview process. Such staff will not be asked to take the lead role in any visit/investigation and their role will be to support the Lead Officers.

A Council Officer (while conducting inquiries and investigation visits) 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;
- A hospital or other medical facility;
- Private, public or commercial premises;
- Any place can also be where the Adult is residing temporarily, or spends part of their time, e.g. a day centre, place of work or education or other temporary place).

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

The Council Officer must show their ID badge and state the purpose of the visit. Visits should only normally be undertaken at "reasonable times". The Council Officer may be accompanied by another person which for the purposes of these procedures will be either a Police Officer or another council officer. A Health Professional can also accompany these staff e.g. for the purpose of undertaking a medical examination.

In the event an inquiry is being conducted and there is a refusal of entry to the place being visited the matter should be discussed with Police Scotland who would assist.

For further details of situations of refusal of entry see Chapter Seven.

Purpose of an Interview

These include:-

- Assist with the gathering of information;
- Establish if the adult has been subject to harm;
- Establish if the adult feels his or her safety is at risk and from whom;
- Establish whether action is needed to protect the adult and;
- Discuss what action, if any, the adult wishes or is willing to take to protect him or herself.

Adults' Rights During an Interview

The 2007 Act Section 8(2) provides that the adult is not required to answer any questions, and that the adult must be informed of that fact before the interview commences. The adult can choose to answer any question put to them but the purpose of this section is to ensure that they are not forced to answer any question that they choose not to answer or participate in an interview without their explicit agreement.

Can the Adult be Interviewed in the Presence of Another Person?

The 2007 Act Section 8 allows a Council Officer and any person accompanying the officer, to interview the adult in private. Whether or not the adult should be interviewed in private will be decided on the basis of whether this would assist in achieving the objectives of the investigation.

The Council Officer or persons accompanying them may decide to request a private interview with the adult where:-

- A person present is thought to have caused harm or poses a risk of harm to the adult;
- The adult indicates that they do not wish the person to be present. It is believed that the adult will communicate more freely if interviewed alone, or;
- There is a concern of undue influence from others.

However, where practicable, it would be good practice to ask an adult whether they would wish another person to be present during the interview, for example a family member, paid carer or an independent advocate. Under no circumstances should the alleged harmer be present during the interview.

Recording of Interview

An important element of the planning of an interview is to make decisions about the level of recording of the interview.

In investigations conducted solely by Police Scotland the Detective Sergeant (or other appropriate officer) will decide what recording format/standard is required.

In investigations conducted solely by the Social Work Service the supervising manager will decide what recording format/standard is required.

In situations of joint Police and Social Work investigations the supervising manager will decide and direct the staff as to the recording format/standard required.

Medical Examination as Part of an Investigation

The 2007 Act states a medical examination may only be carried out by a health professional. This is defined as a:

- Doctor;
- Nurse;
- Midwife.

It is normally the case that a doctor would carry out a medical examination.

In most circumstances nurses and midwives would carry out an assessment of current health status.

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

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

If the Council Officer believes that medical intervention is required, wherever possible, all courses of action must first be discussed and agreed with the adult. In situations of extreme risk or urgency the Council Officer may need to take immediate action, i.e. involve emergency services without prior consent.

The Council Officer must explain to the health professional carrying out any examination the reason this has been requested and the scope of any medical examination.

If the adult has been subjected to physical or sexual harm a medical examination may be necessary. In such cases the need for a medical must always be discussed with the Police who may make the final decision as to where and by whom any medical takes place.

Section 9(2) of the Act states an adult must give consent to medical examination and treatment unless he/she lacks capacity. It is the responsibility of the Council Officer to inform the adult of their right to refuse any medical examination.

Where it is not possible to obtain the adult's informed consent or they have difficulty communicating to provide consent, the council should contact the Office of the Public Guardian to ascertain whether a guardian or attorney has such powers.

If not, consideration may be given to whether it is appropriate to use the provisions in 2000 Act or 2003 Act.

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.

Access to Records

The 2007 Act gives Council Officers a statutory right to seek and obtain records including medical records from any source (NHS, public, voluntary, private, commercial) during the time of a visit to the person holding the records or at any other time.

The Council Officer will provide documentary evidence that they are authorised to access records. The Council Officer can inspect the records or arrange for any other appropriate person to inspect records e.g. someone with financial or legal expertise.

In the case of health records, whilst the Council Officer can have access to the information that is relevant to their investigation it is only a registered health professional e.g. a doctor, nurse, midwife who can have direct access to the actual records.

If a request for information is made at a time other than during a visit, it must be made in writing; electronic requests are acceptable if they can be used for subsequent reference.

Usually, only the relevant parts of a record should be copied for access by the Council Officer and the use of original records is discouraged. Copy records should be treated with the same degree of confidentiality as the original records.

The 2007 Act Section 49 provides that it is an offence for a person to fail to comply with a requirement to provide information under Section 10, unless that person has a reasonable excuse for failing to do so.

Councils should make efforts to resolve disagreements when record holders refuse to disclose them. Independent and/or informal conciliation might be considered, depending on the circumstances and reasons given for refusal.

For requests to financial institutions for information the Scottish Government has agreed a national system and set of documents that can be used for Council's to request and access such records.

This national approach has been adopted across the Forth Valley area. For details see Appendix Five.

Completion of Investigation

Immediately following the investigative interview (and any interviews or other investigative functions) the officers will report back in person for a debriefing to the Social Work Manager or, after a joint police/social Work investigation, to the Social Work Manager or Detective Sergeant.

The Social Work Manager (or Detective Sergeant) will complete a debriefing. This will include a review of all investigative actions and information collated. This assists decisions on what actions are needed to offer support and protection to any adults at risk.

It is the responsibility of the investigating workers to make a professional recommendation as to the risks to the adult and what immediate steps may be needed to protect that person.

It is the responsibility of the Social Work Manager (or Detective Sergeant), based on all available information and professional recommendations, to make decisions about how best to immediately protect the Adult. The Social Work Manager (or Detective Sergeant) will also consider the emotional impact of this work upon the staff member(s) and provide appropriate support.

Where the adult at risk has a mental disorder the Social Work Manager will ensure that the notification form is submitted to the Mental Welfare Commission.

At each stage of the investigative process the need for formal intervention under legislation to protect the adult at risk must be considered. The need for immediate action to protect must be considered if necessary.

Where the adult lacks capacity and is unable to give consent consideration must be given to the use of provisions under Adults with Incapacity (Scotland) Act 2000 and, if appropriate, the Mental Health (Care and Treatment) Act 2003.

Decisions Following Investigation

There are a range of possible outcomes and one or more of the following may be initiated. Please note that each adult's circumstance is different and may require an alternative measure not listed here.

ONE: The adult does not meet Adult Support and Protection criteria as an adult at risk. Options will include:-

- No further Action;
- Signpost or refer to another appropriate service;
- Concerns dealt with through care management;
- Use of other relevant legislation.

TWO: The adult at risk criteria are met and harm is established or suspected. Options will include:-

- A Case Conference is arranged;
- Concerns are dealt with through care management (if no further risk of harm);
- Immediate application for Statutory measures under Adult Support and Protection e.g. Warrant of Access, Removal or Assessment order;
- Intervention under 2000 Act or the 2003 Act;
- Use of other relevant legislation.

On completion of an investigation the officers involved have a responsibility to advise the referrer, as appropriate, of the outcome.

Chapter Five – Case Conferences

Following the investigation, and where the investigation stage concludes there is ongoing risk to an adult at risk there is a need to convene an Adult Support and Protection Case Conference. In situations where a Conference is needed the responsible social work manager has to ensure this is held within 20 working days from the time of the initial referral.

If there is a delay in holding the Conference then the circumstance and reasons must be recorded in Social Work records by the relevant Manager.

There are no statutory provisions relating to Case Conferences. However, there is guidance within the Acts Code of Practice (2014), including the view that Conferences must be "….as inclusive as possible, wherever practicable involving the adult at risk, their representatives and all those people with a relevant contribution to make….".

For some adults the investigation process will reveal they are at ongoing risk of harm and will need continuing assistance with their support and protection. For those adults there will usually be a need for coordinated multi agency support.

Multi agency adult protection procedures should give guidance on the convening of meetings of agencies with the adult as the best approach to managing risk by agreeing a protection plan.

The purpose of such meetings will be defined by local procedures, but should include the sharing of information relating to possible harm, the joint assessment of current and ongoing risk and the need to agree a specific detailed protection plan with timescales for addressing risks and providing services to support and protect the adult and any children living in the household.

Purpose of a Case Conference

An Adult Protection Case Conference is a multi agency forum, held to share information and make decisions about how to support and protect an adult deemed to be at risk in circumstances where harm has occurred or is suspected. The adult should, where possible, be invited to contribute as fully as possible.

Case Conference decisions will always seek to protect an adult by the use of informal protection measures but will also consider the need for statutory protection measures under the 2007 Act or other relevant legislation.

As the collation and analysis of all relevant information is a critical factor within a Case Conference the Forth Valley agencies have adopted the national documentation for ASP Risk Assessment (known as AP2 – Appendix 6) as outlined in Working Together to Improve Adult Protection – Risk Assessment and Protection Plan (2007).

This risk assessment format is the agreed way risk should be assessed when an ASP Case Conference has been convened. Whereas agencies may choose to also use other report formats this AP2 document is the recognised essential format that will be used in Forth Valley.

Where key partners/representatives are unable to attend a written report should be submitted. The adult or their representative may also wish to submit a report or viewpoint for consideration at the Case Conference and the responsible Social Work Manager should ensure that all information is passed to the Chairperson as soon as possible.

Invitations to Conference

The Chairperson will ensure that all relevant people are invited. This will always include the adult subjected to harm, their advocacy worker, and/or informal carer(s) unless there are grounds to exclude any such people. Also it will include professional staff e.g. GPs, Police, nursing staff, care staff, social workers and the Council Officer involved.

Reasons for exclusion of any person must be recorded by the Council Officer and the Chairperson asked to rule on this prior to the Case Conference.

In the event a person is excluded from attending the Chairperson's decision on this must be recorded in the Conference minute.

In the first instance invitations may be by phone call but will be confirmed by standard letter or e-mail and any appropriate leaflets issued also.

Possible Attendees at Conference

Each Conference will require decisions to be made about who can best contribute to decisions. In general many of the following will be considered for attendance:-

- The adult at risk of harm;
- Representative(s) of the adult;
- Carer or relative (having regard to wishes of the adult);
- If the adult has identified a named person in relation to the 2003 Act, the adult may seek the attendance of the named person;
- Any other person the adult wishes to name instead as their representative;
- Investigating officers;
- Adults General Practitioners;
- Police;
- Staff from any regulatory bodies such as Care Inspectorate or Healthcare Improvement Scotland;
- Care provider organisations directly involved with the adult;
- Legal Services;
- Independent advocacy;
- Proxy decision makers (Power of Attorney or Guardian);
- MHO for specialist advice if there are potential for issues arising in relation to mental disorder or lack of capacity;
- Housing/homelessness organisation;
- Any other person or organisation/service that can contribute to the good outcome of a Case Conference.

Good Practice at Conferences

In keeping with the Code of Practice the Case Conference process should be "inclusive" and involve the adult at risk, their representatives and all relevant agencies.

Consideration must be given to how the adult or relatives, carers etc might most effectively participate. Consideration must also be given to ensuring that:-

- The purpose and process of the Case Conference has been fully explained, the venue is not intimidating to the adult and is accessible. It is the role of the responsible Social Work Manager to ensure the Council Officer/designated worker has discussed these issues with the adult and their representatives.
- That the report prepared by the Council Officer will be shared and discussed with the adult prior to the Case Conference.
- When someone is unable to attend through lack of capacity, appropriate alternative representation is provided e.g. Advocacy Worker or other representative.
- Any necessary ethnic translation/sensory impairment services are provided.
- Attendance for part of the meeting is an option where appropriate.
- If the adult does not wish to attend there should be the facility for the adult to be consulted out with the meeting and their views appropriately represented.
- Adults should not be required to confront alleged harmers where this may be distressing.
- Where the alleged perpetrator is also seen as a person at risk, consideration should be given to holding a separate Case Conference about their needs.

Exclusions from Conference

Attendance should be at the discretion of the Chairperson. The Chairperson should ensure that where there are substantive grounds to believe that the involvement of someone in the Conference would undermine the process or serious conflict is liable to emerge, or where sub-judice information is being presented, that person is excluded

Practice in this area should be characterised by a genuine wish for the inclusion of the adult. Also, for the inclusion of their carers, family and other representatives.

Only where there are substantial grounds to believe that the involvement of someone would undermine the process and purpose of the Conference should someone be excluded.

Grounds for exclusion could be when:-

- A level of conflict or tension exists within the carers/family which will or may detrimentally affect the purpose and effectiveness of the Conference;
- When there is substantive evidence to believe that there is a likelihood of serious disruption of the process of the Case Conference;
- A person may also be excluded when third party or sub-judice information is being presented to the Case Conference.

When a person has been excluded throughout the Case Conference it is the responsibility of the Chairperson to ensure that they are informed of the outcome.

The person(s) who is causing the source of concern/harm to the adult will, in the majority of situations not be present at a Conference. However the Chair can make a decision that such a person/people may have some contribution to make to the Conference and that their presence would not seriously affect the consideration of the risk to the adult concerned.

Responsibilities of the Chairperson

The Chairperson will be an experienced Social Work Manager who has experience and skill in the chairing of multi-disciplinary meetings.

That person may be independent of the inquiry. However in situations where the Chair is already involved in the inquiry/matters at hand it is essential the Chair (possibly in consultation with their own manager) makes the professional decisions that their involvement does not affect the impartiality of the Conference and the need to arrive at good outcomes for the adult concerned.

The Chairperson will (either directly or by delegating to another person):-

- Ensure that appropriate arrangements are in place to enable the adult to attend and have support to represent their views (including advocacy services).
- Check the adult and care/representative understands the purpose and process of the Case Conference and explain if necessary.
- Rule on request for a family member and/or carers to be excluded from the Case Conference and ensure that reasons for this are recorded in the minute.
- Ensure communication with professionals attending the Case Conference prior to its commencement to share updated information.
- Ensure that any communication aids/systems (e.g. loop system) are in place.
- Ensure that the principles of the 2007 Act are observed.
- Ensure that all present have the opportunity to contribute to the protection plan discussions.
- Where any person has been excluded from the Case Conference the Chairperson must ensure that the decisions are fed back to them as soon as practicable after the Case Conference.
- Take responsibility for decision making within the Case Conference. While the overall aim is to arrive at decisions that others agree with and support, in situations where there is unresolvable dispute the Chairperson has the authority to make executive decisions.
- In the case of any serious dispute/dissent or complaint that cannot be resolved within the Case Conference the Chairperson will require to refer to the **Head of Service (see section on Dispute/ Dissent/ Complaint)** and follow local social work procedures to ensure that the issue is appropriately managed.
- Ensure that the minutes of the meeting are distributed to the appropriate agencies and, where appropriate, the adult, family and/or carer within 10 working days of the Case Conference.

Content and Structure of a Case Conference

The Case Conference should be needs led and precise decisions on content and structure will be dependent upon the issues and people involved. In most situations the content of the meeting will/should include: -

- Introductions;
- Fact Gathering – to include:

    a) Professionals share information beginning with the circumstances of the referral and the inquiries and investigation undertaken. This should include time to read any written reports not previously circulated.

    b) Collate and examine all relevant information so that decisions taken will be as fully informed by facts as possible

    c) To determine the degree of risk and likelihood of reoccurrence (AP2 Risk Assessment – Appendix 6).

- Legislation - Consideration of all relevant legislative measures required to help support and protect the adult at risk. This might include all protective measures contained within the Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and Adult Support & Protection (Scotland) Act 2007.

    Also to consider any supporting/ associated legislation that may apply.

- Discussion and Analysis - The terms of the risk assessment are also intended to provide not only for a balanced response to individual rights and agency responsibilities, but also a balanced view about the potential gains and losses from future protective action. This will include:-

    a) To discuss whether any protection measures require to be sought or discuss measures which were sought at the investigation stage.

    b) Moving to discuss relevant background information only once all the information relating to the current enquiry has been shared.

    c) To discuss what the strengths / weaknesses are in the current support arrangements, and to discuss any advocacy issues and the important issues of the ability of the adult to consent and capacity to understand.

    d) To consider the significant event history and/or chronology.

    The Chairperson briefly summaries each contribution at the time it is made to ensure that the contribution has been properly understood. This process should facilitate the taking of the minute of the meeting.

    It is particularly important that the carers/family understand the information being shared and that they have an opportunity to make their own contribution.

    If there are disagreements about the information, then there should be an attempt to resolve these at the time. However, it may be that some disagreement can only be acknowledged.

    The unrestricted information shared at the Case Conference is summarised by the Chairperson.

- Interpretation and Assessment - The Chairperson should lead the discussion which focuses on:-

  a) Extent of the alleged harm and any previous allegations.

  b) Whether the harm was a one-off event, sporadic or ongoing.

  c) Impact of the alleged harm or self-harm on the adult at risk.

  d) Impact of the suspected or actual harm on other people.

  e) Intent of any person(s) allegedly responsible for the harm.

  f) Risk of the harm being repeated against other adults at risk.

- Decisions - In the event that an adult is regarded as remaining an adult at risk and that the risk is ongoing and requires risk management then it is the responsibility of the Conference to agree the best way to offer ongoing support and protection. In that event the following considerations must be addressed:-

  a) Where there is a risk of further/continued harm an adult protection plan must be agreed and if so whether this is a standard or comprehensive one. (AP3 & AP4– Protection Plans - Appendix 7 &8);

  b) Make arrangements for the completion, implementation and reviewing the protection plan;

  c) Clarify the roles and responsibilities of the various professionals involved in the protection plan;

  d) Appoint a case co-coordinator/lead worker who should normally be a Council Officer;

  e) Identify a core group who will work with the case coordinator and agree date of first meeting;

  f) Set a review Case Conference date which must take place within three months initially and then within every six months;

  g) Consideration of a referral to the police (if not already done so) where it is believed a crime may have been committed.

Dispute/Dissent/Complaint at Conference

The adult, their representative(s) and any staff involved in a Conference have the right of access to complaints procedures should they disagree with any decision or outcome arising from the Case Conference process. Similarly all parties retain the right to request a review of their care provision at any time.

Under the Adult Protection Case Conference procedures any dissent/dispute or complaint occurring, within the proceedings of the Case Conference ***must*** be recorded in the relevant minute.

The Chair of the Case Conference holds ultimate responsibility for decision making within the Adult Protection Case Conference and subsequent Review Case Conferences. **However** any serious dissent/dispute or complaint must be reported to the Head of Service and local procedures followed to deal with disputes and complaints.

Minutes of Conference

The Chairperson has the responsibility to ensure an accurate record of the discussion and key decisions is undertaken and to ensure that appropriate administrative support in the form of a specialist minute taker is available for this purpose.

The person who will take the minutes of the meeting should be identified in advance and should not be the Chairperson.

It is important that an accurate record of the salient features of the discussions and of the decisions reached at the Adult Protection Case Conference is made and kept. This record will form part of the basis of defensible decision –making.

Minutes must make clear they are a record of a meeting held under the auspices of Adult Support and Protection (Scotland) Act 2007 and therefore that those attending understand the basis upon which the meeting is held – including the confidential nature of the proceedings and the minutes.

Minutes should include (as a minimum):-

- The details of the adult at risk;
- Who attended the meeting and in what capacity. Also anyone invited who was not able to attend and gave apologies;
- Those issues which are relevant to the assessment and the management of risk;
- For each risk factor identified, there should be a corresponding response as to how that factor will be managed;
- The actions to be taken as a consequence of the discussion, who will take them, in what timescale and how these actions are intended to reduce/manage risk;
- Action points from the meeting will be reflected in a focussed and clear Minute and completed Protection Plan.

The minutes of the meeting should be treated as confidential.

The minutes should normally only be given to those attending the meeting and should be seen only by those persons who have the authority and duty to consider what was discussed and decided. The minutes should therefore be kept safely and securely so that their confidence is preserved.

The minute must be sent to all relevant parties, including the adult concerned, within ten working days of the Case Conference.

Review Case Conferences

A Review Case Conference should be held within ***3 months*** or less of the initial Adult Protection Case Conference. Future reviews should be held as required as and no later than 6 months after the last Review Case Conference.

The purpose of the Review Case Conference is to:-

- Summarise support and outcomes to date and to confirm the current situation.
- Review risk management/protection plans and establish current level of risk.
- Ensure agreed duties and responsibilities across partner agencies have been fulfilled and agree any remedial action where a shortfall has been identified.
- Review and if necessary up-date the Protection Plan and associated service provision.
- Ensure intervention or legal powers exercised in relation to the Principles remains proportionate and are the least restrictive option in terms of maximising benefit and offering effective protection to the adult.

The Review Case Conference Minutes and any new or amended Protection Plan must be distributed within 10 working days of the Review Case Conference taking place and should be signed by the Chairperson

Chapter Six – Adult Protection Plans

When a Conference decision is that an adult at risk remains at risk of ongoing harm a Protection Plan should be drawn up.

There are two types/levels of protection plan: standard and comprehensive.

- **Standard Protection Plan (Appendix 7 - Form AP3)**

  This protection plan can be used where the initial response or Case Conference identifies the need for increased support and some protective measures but the risks are not complex or appear to involve risk of serious harm.

  The format includes the area of risk, the measures to support and protect and who is responsible for carrying out those measures within which timescale.

- **Comprehensive Protection Plan (Appendix 8 - Form AP4)**

  This has been designed for use when allegations of harm/exploitation have been made and an Adult Protection Case Conference has agreed that there is a risk of serious abuse or harm; or when high levels of risk cannot be managed within a normal Care Plan.

  The format for the Protection Plan assumes that, reflecting good practice, there will be a Lead Worker to co-ordinate protection work.

  Further that, in most cases, there will also be a core group of workers from different agencies and services as appropriate. Core group meetings can take place between Case Conference and Review Conference and will be subject to local arrangements.

Core Group meetings are important and members of the multi -agency group are expected to attend. Thus, a multi agency approach is implemented throughout the whole process, including regular liason between more formal review meetings.

As indicated earlier, the Protection Plan form can be used as a stand-alone document and updated as part of an ASP review process.

The content of a Protection Plan might include:

- Community or other support requirements;
- Decision to apply for any Protection Order under the 2007 Act;
- Contingency/relapse plan.
- Key worker/care manager responsibilities;
- Partner agency interventions and responsibilities;
- Work with the perpetrator of harm.

Chapter Seven – Protection Orders

The 2007 Act introduced Protection Orders which allows a Council (or in Banning Orders the adult or another person with an interest) to apply to the Sheriff Court for such an order to provide support and protection or to investigate further if an adult is at risk.

The Orders are:

- Assessment Order;
- Removal Order;
- Banning Order.

A Protection Order under the Act represents a serious intervention in an adult's life.

Therefore the Sheriff Court must be satisfied that the Council has reasonable cause to suspect the person in respect of whom the order is sought is an adult at risk who is being, or is likely to be, seriously harmed.

In addition to these three Orders the 2007 Act also introduces a Warrant for Entry. This is where, as part of an inquiry, a Council Officer cannot gain entry to the place where an adult at risk is and there is a need for an order to gain entry.

In terms of the Protection Orders the law states that where the adult has the capacity to make decisions, the application cannot be granted by the Sheriff if the adult does not **consent** to the order. However such an order can be made without consent if the adult is incapable of consenting to the order.

Additionally if an adult, who has the capacity to make such decisions but is found to have been unduly pressured by another person not to consent, a Sheriff can overrule the adult's refusal and can make an order against the wishes of the adult. See below for further information on this concept of undue pressure.

This guidance gives broad descriptions of the three Protection Orders and also a Warrant for Entry. For fuller details and guidance of how such orders will be used in each area local procedures should be consulted and also the 2014 Code of Practice.

Assessment Orders

The Council can apply to the Sheriff for an *Assessment Order* which authorises the Council, if necessary, to take the adult from a place being visited under the order to allow:-

- An interview to be conducted in private and/or

- A medical examination (in private) by a health professional nominated by the Council.

An Assessment Order can last for up to a maximum of 7 days after the date specified in the order (this may not be the date on which order is granted). However the assessment should be undertaken in the shortest time possible to achieve its objectives.

An Assessment Order does not contain powers of detention. The adult may choose to leave at any time.

The adult can refuse to be interviewed or examined despite the assessment order.

Removal Orders

The Council can make application to the Sheriff (or Justice of the Peace in certain circumstances) for a *Removal Order*, which would allow the removal of the adult to another place primarily for the purposes of protection.

A Removal Order must be implemented within 72 hours of being granted and can then last for a maximum of 7 days.

A Removal Order does not contain powers of detention. The adult may leave the place they have been removed to if they wish.

The adult can refuse to be interviewed or examined despite the removal order.

Banning Orders or Temporary Banning Orders

Application can also be made by a Council or can be made by the adult themselves (or someone acting on their behalf) or a person who occupies the place where the Banning Order will affect.

A Banning Order bans the subject of the order from being in a specified place (or acting in specified ways) for up to six months. A Sheriff must be satisfied that banning the subject of the order from the place will better safeguard the adult at risk's well-being or property than by moving the adult.

Conditions can be placed on Banning Orders by the Sheriff which includes the length of time of the order (up to 6 months) and contact. The Sheriff can also attach a power of arrest. All parties involved in any Banning Order application have the right of appeal also.

The sheriff can also grant a temporary Banning Order pending the determination of a full Banning Order.

Undue Pressure

A Sheriff must not make a protection order if the sheriff knows that the affected adult at risk has capacity to make decision on that matter and has refused to consent to the granting of the order. However, in such a situation, where the Sheriff reasonably believes that the affected adult at risk has been unduly pressurised to refuse consent and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm the Sheriff can make a Protection Order.

Examples include where the harm is being caused 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. Another example of undue pressure would be where the adult is afraid of or being threatened by another person.

However, this does not authorise a council officer or a health professional or other council nominee to ignore a refusal by a person to consent to participation in an interview, or a medical examination.

Warrant for Entry

A Warrant for Entry is not a form of protection itself. It is to assist the investigation to determine if an adult is an adult at risk in need of support and protection.

Only a Council can apply for a Warrant for Entry. It should be made to the Sheriff Court (or Justice of the Peace in certain circumstances). If granted it allows the Council Officer to enter the premises and allow a constable who accompanies the council officer to do anything, including using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit.

In most circumstances, where a warrant for entry is necessary, an application will be made to the Sheriff Court. Such an application must be made by the Council's legal service with the Council Officer attending. If granted the warrant expires 72 hours after it has been granted.

FORTH VALLEY ADULT SUPPORT AND PROTECTION

CROSS BOUNDARY PROTOCOL

1. Introduction

1.1 This protocol provides supplementary guidance to the Forth Valley Multi Agency Adult Support and Protection (ASP) Guidance – dated 2nd April 2018.

1.2 These arrangements recognise the complexity for adults who may be at risk of harm, whose care arrangements are complicated by cross boundary considerations. These may arise, for example, where funding/commissioning responsibility lies with one local authority and where concerns about an adult at risk of harm subsequently arise in another. This would apply where the adult lives or otherwise receives services in another Council area.

1.3 This protocol aims to clarify the responsibilities and actions to be taken by local authorities (Councils) with respect to people who live in one Council area, but for whom some responsibility remains with the Council area from which they originated.

2. Background

2.1 Section 53 of the Adult Support and Protection (Scotland) Act 2007 states that references to a Council in relation to any adult known or believed to be at risk, are references to **the Council for the area which the person is for the time being in.**

2.2 In practice, this means that the Council described above is responsible for conducting inquiries, investigations and making applications for any Protection Orders under the 2007 Act. For adults placed in care homes or in supported living arrangements funded by another Council area (a cross-boundary placement), the host authority (where the adult is for the time being) is responsible for undertaking any such action.

2.3 It is expected that where another Council has a locus, for example, for care management and payment of costs, then this Council will have an interest or role in any activity under the 2007 Act even though they may not have the lead responsibility for actions and decisions related to the adults support and protection..

3. Definitions

- **Host Authority** – The council where the adult is currently located (is for the time being").
- **Placing Authority** – The council with funding responsibility and/or has been carrying out reviews of the care/placement

4. Responsibilities of Host Authorities

4.1 The authority where the harm occurs should always take the initial lead on inquiries and investigations following local procedures. This will include liaison with the relevant police and co-ordinating immediate protective action, if appropriate.

4.2 The host authority will co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and all other relevant agencies.

4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional harm. If the alleged harm took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

4.4 SCSWIS (specifically the Care Inspectorate) should be notified using the e-notification process or by phone and should be included in investigations involving regulated care providers. Inquiries should make reference to their guidance regarding arrangements for the protection of adults who may be at risk of harm.

4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

5. Responsibilities of Placing Authorities

5.1 The placing authority will be responsible for providing support to the adult at risk and planning their future care needs.

5.2 The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.

5.3 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection meetings and/or may be required to submit a written report.

6. Responsibilities of Provider Agencies

6.1 Provider agencies are responsible for ensuring all their staff can identify and respond appropriately to situations where harm is alleged.

6.2 Provider agencies should have in place suitable adult support and protection procedures to prevent and respond to harm which link with the local multi agency guidance and procedures set out by the host authority.

6.3 Providers should ensure that any allegation or complaint about harm is brought promptly to the attention of Social Work Services, the Police, and/or SCSWIS in accordance with local inter-agency guidance and procedures.

6.4 Provider agencies will have responsibilities under the Regulation of care (Scotland) Act 2001 to notify the Care Inspectorate of any allegations of harm/abuse or any other significant incidents.

6.5 Provider agencies who have services registered in more than one local authority area will refer to the Care Inspectorate office relevant to the area in which the alleged harm took place.

7. Referral Process

7.1 Where it is identified (known or believed) that an adult is at risk of harm, the facts and circumstances of the concern must be reported to the Council for the area where they believe the person to be located.

7.2 Within the Forth Valley area the contact details are;

Clackmannan Council - 01259 727010

Falkirk Council - 01324 506400

Stirling Council - 01786 471177

Contact details for other Councils for issues relating to ASP can be found on the Scottish Government's website www.actagainstharm.org/ by clicking on the link 'Where to Get Help'.

7.3 On receipt of the referral the appropriate manager (team manager/team leader) for the host authority should notify the placing authority (or placing authorities if more than one service user is an adult at risk). The host authority should ask for their agreement that the relevant host will undertake the initial inquiries or investigation. NB initial inquiries should not be delayed whilst waiting for a response from the placing authority.

7.4 Whilst the Act confirms that overall the responsibility for inquiries and investigations rests with the host authority, it may sometimes be appropriate and good practice to consider a joint investigation is undertaken with the placing authority. However, lead responsibility will remain with the host authority.

7.5 In Forth Valley the 3 councils; Clackmannan, Falkirk and Stirling all operate within the Forth Valley Multi Agency ASP Guidance. In exceptional circumstances it may therefore be appropriate for the initial inquiries and investigation to be undertaken by the placing authority providing agreement has been given by the host authority, who will retain overall responsibility.

8. Hospitals

Where the individual is in hospital at the time that the concern is identified, any adult protection concerns should be referred to the Local Authority where the individual is ordinarily resident.

9. Communication

9.1 Integral to any effective response to an adult support and protection referral is the need for good communication, co-operation and collaboration.

9.2 The host authority should ensure regular discussion with and participation by the placing authority including invitations to planning meetings, Case Conferences etc.

9.3 The host authority (or on occasion, see 7.5, the placing authority) will provide to the placing authority regular written information on the progress on the inquiries or investigation e.g. emails or letters, copies of case notes, minutes of meetings, reports etc.

9.4 The host authority will provide a written update to the placing authority on the conclusion of the Adult Support and Protection process including the basis for any decision that no further action is required.

10. Disputes

The local authority Lead Officers for Clackmannan, Falkirk and Stirling Councils can provide advice and clarification on any aspects of this protocol. Any disagreement between host and placing authorities should be referred to the Lead Officer(s) in the first instance but may need to be escalated to a more senior manager if required.

Guidance for the Independent Care Sector in Reporting Adult Support and Protection Concerns in Forth Valley

1 PURPOSE OF GUIDANCE

To guide providers of care services to adults in the Forth Valley area to identify, respond to and report concerns that an adult is at risk of harm (or has been harmed) using the Forth Valley Adult Protection One Form (AP1 – see **APPENDIX A**).

2 BACKGROUND AND LEGAL CONTEXT

For information on the entire adult protection process reference should be made of the Forth Valley Adult Support and Protection Multi Agency Procedures.

The Adult Support and Protection (Scotland) Act 2007 introduced duties for Councils and other statutory agencies to make inquiries when a person is known (or believed) to be an adult at risk of harm.

It is expected that every provider of care services will have effective and up to date procedures on how their staff must respond in such situations.

Care providers must ensure staff are familiar with this guidance and with the service's internal procedure. It is critically important that all managers (and any senior staff) making decisions about risk are fully briefed on these procedures. They must be able to make decisions on the service's behalf and to inform and guide staff about their responsibilities.

3 WHO IS AN ADULT AT RISK?

The 2007 Act defines an 'adult at risk' as someone aged 16 or over that is:-

- Unable to safeguard themselves, their property, rights or other interests,
- 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 others who are not so affected.

In some situations it will be clear an adult is not able to protect him/herself. In others it will be less clear. If a service provider believes an adult may be at risk the service should always refer them as potentially an adult at risk.

4 WHAT IS HARM?

Harm can involve many forms of harm. For information on possible harms please refer to **APPENDIX B** and for signs and indications of harm refer to **APPENDIX C**.

The source of the harm (a relative, a friend, neighbour, a professional person, volunteer, stranger or another person who is vulnerable) is not a critical factor at the point of referral. Whoever the source/cause of any harm (including if caused by another service user) the duty to report that issue/concern applies equally.

It is important every care provider/service provides training to all staff to recognise signs and indication of harm and to know how to report concerns/issues that arise. There are many materials available to assist such training, including the Scottish Governments "Tell Someone" materials.

5 WHAT YOU SHOULD DO IF SOMEONE DISCLOSES HARM?

When any care provider/staff member becomes aware (or is concerned) an adult is at risk there are three important steps to take:

a) If the adult is immediately at risk the staff member(s) must take immediate protective actions to reduce or remove risk. This might involve calling emergency services (Police, ambulance or other emergency service) or arranging for someone to stay with the person to keep them safe.

b) The staff member must immediately report the facts and circumstances to their line manager or other senior/manager available

c) The line manager (or other senior/manager) must refer the matter to the Council

For guidance on how to respond in direct conversations with the adult refer to **APPENDIX D**.

6 REPORTING

Once a manager/senior has been advised an adult is (or is believed to be) at risk the manager/senior must decide what (if any) immediate protective action is needed.

They must also ensure the incident/concern is recorded and that relevant agencies are advised.

Within a care service the relevant agencies are a) the Council and b) the Care Inspectorate.

REPORTING TO THE COUNCIL – two steps (both essential):

a) P'call to the relevant Social Work Department to report the concern/situation. This must be done immediately and on the same working day the concern arises

b) Written notification (using the **Adult Protection 1 form (known as the AP1) – attached in Appendix A)**. This must be sent to the Council within 24 hours of the phone call

INCIDENT REPORT TO THE CARE INSPECTORATE

Advise the Care Inspectorate, using their Incident Report . This is an online report, accessible on the Care Inspectorates website.

7 FURTHER REPORTING ISSUES

The main objective of this guidance is that care providers must a) take any immediate protective action if an adult is at risk and b) report the issue/concern to the Council. Associated issues that can arise (not an exhaustive list) include:

a) To which Council must the phone call and AP1 be sent/directed to?

The agreement within Forth Valley is that the telephone reporting and submission of the AP1 form must be made to the Council where the person currently lives. If the adult is known to (or an open case to) a particular social worker/officer then, in addition to the referral to the local Council the manager/senior can simultaneously inform the known/allocated worker.

However the purpose of this procedure is to ensure that the primary responsibility of a care service is to refer the adult to the Council for where the person currently lives

b) What is the procedure when the incident/concern happens out of normal office hours

The same process should be followed (telephone call to report and then submitting the completed AP1 form).

However the phone call and the AP form should be sent to the Emergency Duty Team.

c) If emergency/statutory services are already involved (Police, ambulance, Care Inspectorate etc) does this procedure still apply?

Yes. While those other services may also refer the matter to the Council it is important that the care provider always refers any adult at risk matter. This will reduce the prospect of misunderstanding and one agency believing or assuming another is acting/referring.

d) What if I am uncertain if an issue/concern/matter is a support and protection issue?

You must be proactive. Guidance is if you "know or believe" an adult is at risk. If you are not certain then always contact the relevant Council by telephone, explain the issue/concern and seek the advice of the Council. Ask them to advise you and follow their advice

e) What is the matter relates to a staff member and there is Human Resource and personnel issues needing addressed.

In such situations you will need advice from your own managers and/or Human Resource service. Action with regards to the person's employment (e.g. precautionary suspension or change of duties while the matter is investigated) may be necessary and will be a decision taken by the care provider management.

Irrespective of whatever personnel action is needed there always remains the need to follow this procedure and refer the matter to the relevant Council.

While your service might need to conduct an internal investigation it is important such action is only taken after you have referred the matter to the Council. Once you have taken the Council's advice your service can decide if an internal investigation is needed by your service.

APPENDIX A

FORTH VALLEY

Multi Agency Adult Protection Referral Form - AP1 Form

FOR USE BY ALL AGENCIES & CARE PROVIDERS (EXCEPT POLICE and FIRE AND RESCUE)

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

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

REASON FOR ASP REFERRAL (please PRINT details)	
GIVE DETAILS OF HARM (suspected/witnessed/disclosed).	
PROVIDE DATE(S) (dates/times of any specific incidents)	
PROTECTIVE ACTIONS (actions you/others have taken to protect adult).	
PREV IOUS CONCERNS (any past concerns about adults safety)	

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

IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED? HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.)	
HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE PASSED TO THE SOCIAL WORK SERVICE OR OTHER RELEVANT AGENCIES	
YES / NO (delete as appropriate) If **NO** please state reasons	

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

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

THE FOLLOWING IS A SUMMARY OF TYPES OF HARM **APPENDIX B**
(These lists are not exhaustive and should be used as guidance only)

TYPE OF HARM	DESCRIPTION
Physical harm	Slapping, pushing, hitting , kicking Misuse of medication Pinching, biting, shaking Forcible feeding Improper use of medication Restraining or holding an individual back – locking in a room, tying to a bed or chair Inappropriate moving and rough handling Inappropriate touching Being threatened with a weapon
Sexual harm	Sexual assault. rape, non-consensual contact Inappropriate sexual contact, touching, kissing Sexualised conversations/comments Indecent exposure Being made to listen to, or watch, pornography without informed consent Voyeurism
Psychological and emotional harm	Threats, manipulation, inappropriate treatment Humiliation, overt control and dominance Isolation and abandonment Bullying and intimidation by word or act Access to person being denied Misuse of power or influence Threats of harm or abandonment Putting down, ignoring someone Controlling behaviour Taking away privacy Constant criticism Pressure to make Power of Attorney or other legal documentation in favour or harmer

Institutional harm	Removal of individuality within a care/health service Strict, inflexible regimes and routines Lack of respect for (and appropriate accommodation of) individual choice, lifestyle etc.
Financial/Material Harm	Taking money or possession without their knowledge or agreement Using adults money for the harmers own benefit Pressuring or 'grooming' someone into changing their will. Coercing or persuading the adult to lend money which is never repaid. Using the adult's details to obtain credit cards.
Verbal harm	Inappropriate use of language Disrespectful behaviours or language Name calling Shouting Sarcasm or other inappropriate use of humour Using language to confuse or exclude
Discriminatory harm	Racist, ageist, sexist, homophobic behaviours Harassment and any other discriminatory acts, eg trans phobia Preventing someone from accessing appropriate sexual support/education Denying someone the right to exercise their religion or belief Forcing an individual to participate in a religious or belief practice Denying someone access to culturally appropriate meals Inappropriate 'nicknames'

Neglect and acts of omission	Inadequate heating or nutrition, isolation and abandonment, withholding key essentials Denying access to social or educational services Person alone and at risk Failure to give privacy and dignity Failure to take an adult at risk to medical appointments Failure to correctly administer medicines (e.g. under or over medicating) Inadequate wound care or inappropriate pressure area care. Neglect of accommodation, self neglect Not re-setting a night alarm or buzzer
Self harm	Refusal to eat or drink Drug/alcohol misuse Cutting, burning, scalding or hitting parts of own body Calculated and dangerous risk taking Banging head or other parts of the body Swallowing harmful substances Overdosing Drug or alcohol misuse
Self Neglect	Failure to attend to basic needs including eating and drinking Not enough food Poor diet affecting overall health Eating food which is well past it's 'use by' date and mouldy food Failure to attend personal care including poor dental hygiene, nail care, skin care and malodour Lack of adequate clothing, heating Insanitary living environment.

GUIDANCE ON POSSIBLE SIGNS AND INDICATIONS OF HARM **APPENDIX C**

- This table presents potential signs of physical, behavioural or environmental indicators which may be signs of harm.
- The lists are a guide and are not exhaustive.
- This list is a compilation from various sources including the Scottish Governments "Tell Someone" training materials

TYPES OR HARM	POSSIBLE SIGNS AND INDICATIONS
Physical harm	Unexplained injuries An injury for which the explanation seems inconsistent or denial of injuries Physical marks such as slaps, finger or pressure marks, kick marks, pinching, bit marks A history of unexplained injuries caused by falls or accidents Bruising on parts of the body which are well-protected, not normally prone to injury Cuts/injuries which seem to be unexplained and are repeating frequently Evidence of repeated striking Broken bones Bed sores and body ulcers Weight loss due to malnutrition [especially if the individual is fed by others] Fatigue and drowsiness Excessive sleep and lethargy Injuries caused by protective responses – to arms, hands etc. Fear of parents/carers being approached for an explanation Aggressive behaviour or severe temper outburst Carers do not readily seek help for injuries Flinching when approached or touched Reluctance to get changed, or covering up [e.g. wearing long sleeves in hot weather] Depression Withdrawn behaviour Running away from home Distrust of adults, particularly those with whom a close relationship would normally be expected The adult is prevented or restrained, e.g. kept in own room, limited to certain areas etc.

Sexual harm	Changes in behaviour, weeping, anger, violent reactions, withdrawal and self-isolation Self-harming behaviour Physical damage, torn rectal/vaginal tissue, anal pain Bleeding Vaginal discharge or infection Stained personal garments and bedding Unexplained pregnancy Sexually transmitted disease(s) Pain, irritation or bruising in intimate areas Evidence of inappropriate restraint Signs of 'grooming' Inappropriate or unusual personal attachments Over sexualised behaviour, language and expression Changes to posture, stiffness and difficulties in sitting Withdrawal of contraception or initiation of same Changes in routines, fear of dark and new places Suspicion of strangers and groups of people Stomach pains Self-harm or mutation, sometimes leading to suicide attempts Bedwetting Fear of being left with specific person or group of people Having nightmares Saying they have secrets they cannot tell anyone about Eating problems such as overeating or anorexia

Verbal harm	Withdrawal from group interaction, introversion and self-isolation Feelings of submissiveness and sense of fear around certain individuals Changes in behaviour resulting in aggressive verbal responses Inappropriate use of language
Psychological harm	Self-isolation Changes in sleep patterns – either excessive or sleeplessness Deterioration in physical presentation – unshaven, untidy, unkempt, unwashed etc. Changes in psychological health, increase in phobias, paranoia Confusion, nervousness, excessive pattern of manners, agitated behaviours Sudden speech disorders Neurotic behaviour, e.g. hair twisting, rocking Self-harm Fear of family/carer being approached regarding their behaviour
Financial harm	Loss of financial ability Loss of material property – property or items in home goes missing or unexplained reasons Pressure to sign power of attorney or wills or actual changes to wills and deeds Visitors who only come when benefits are cashed Individuals who 'help' adult by withdrawing funds Lack of congruity between living conditions and assets Removal of access to benefits by family members Unexplained alterations to accounts Unexplained debt or inability to pay bills Unplanned and unanticipated sale of property and possessions Confused or irregular signature on credit cards or cheques

Institutional harm	Rigid and inflexible routines Individuals indicating a lack of choice Changes in behaviour, lack of involvement and interest in normal activities Self-isolation, passivity and withdrawal Inadequate staffing Users of service restricted to own rooms Lack of attention to complex needs Lack of understanding of individual communication needs Fear of another person Jokes at the expense of the user of service
Discriminatory harm	Loss of self-esteem which is unexpected Bullying incidents on basis of an individual's race, age, gender etc. Offensive remarks or harassment based on the adult's age, gender, disability, race, colour, cultural background, sexual or religious orientation Changes to the adults mental state and behaviour [e.g. fearful, anxious, withdrawn, angry, frustrated] Providing unacceptable food/diet Failure to provide for cultural needs Isolation [e.g. due to barriers to communication 'Hate crime' Not allowing for individual choice or difference Social isolation and exclusion The adult is refused access to service or is excluded inappropriately

Neglect and Self-neglect	Constant hunger, sometimes stealing food from others Presenting as dirty, unkempt or 'smelly' Lack of food Loss of weight or being constantly underweight Inappropriate dress for the conditions or time of day Complaining of being tired all the time Not requesting medical assistance and/or failing to attend appointments Medication is withheld Body sores Denying access to personal aids, e.g. glasses, stick etc. Having few friends Mentioning their being left alone or unsupervised Rushing a person with eating or personal care tasks Inadequate heating, lighting Unsafe living conditions Dirty living conditions
"Grooming" type behaviours - when an individual perpetrator tries to 'set up' and 'prepare' another person to be the victim of harm, often (but only) sexual abuse.	Giving inappropriate level of attention to the adult Telling the adult that he/she is 'special' Giving the adult 'special' treatment, favours and privileges Offering, promising and/or giving gifts Offering to help family/carers to gain access to the adult Manipulating the adult through threats or coercion Openly or 'accidentally' exposing the adult to nudity/sexual material Sexualising physical contact Having inappropriate boundaries [e.g. sharing 'problems']

WHAT YOU SHOULD DO IF SOMEONE DISCLOSES HARM? **APPENDIX D**

If an adult tells a staff member they have been harmed (or feel at risk of harm) is critically important the worker takes the issue seriously, listens attentively, tries to put the person at ease and conveys concerns for the adults safety. Staff should always try to:

- Ask what has happened
- Listen carefully
- If appropriate ask precise questions – who, what, where and when? This is to establish basic details of events. It is NOT to start an investigation. In particular, when it appears the person may be the subject of an offence then full details should NOT be sought as this may compromise a Police Investigation.
- Try to avoid leading questions – do not suggest things to the person and do not press them for information
- Stay calm, show sympathy and support, reassure the person
- Make the person feel safe and secure
- Take notes immediately after
- Tell them what you will do – that you have to take appropriate action – never promise you will keep their secret.
- Do not make judgements or dismiss what the person has told you

WHAT TO DO IMMEDIATELY AFTER THE DISCLOSURE

- Report to your line manager – you have a duty to pass on information of alleged harm as a matter of urgency. The line manager, or senior manager on duty, will report this information to Falkirk, Stirling or Clackmannanshire council without delay.
- Immediately write down what the person has told you – do not edit or put into your own words.
- Never confront or make contact with the alleged perpetrator (harmer)
- Never remove any evidence from someone's room or house or any evidence which may be used for an investigation. Indeed it is important to preserve evidence of harm e.g. by closing the door.

WHAT YOU SHOULD DO IF SOMEONE DISCLOSES HARM? **APPENDIX D**

If an adult tells a staff member they have been harmed (or feel at risk of harm) is critically important the worker takes the issue seriously, listens attentively, tries to put the person at ease and conveys concerns for the adults safety. Staff should always try to:

If it appears the adult has been the victim of a physical and/or sexual assault the following advice should also be taken

- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc.
- Ensure that no one has physical contact with both the adult who has been harmed and the alleged perpetrator as cross contamination can destroy evidence.
- Where appropriate, protect bedding and do not wash it.
- Preserve any bloodied items.
- Encourage the victim not to wash or shower, or change clothing.
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the person's mouth.

FORTH VALLEY ADULT AT RISK
INITIAL REFERRAL DISCUSSION (IRD) REQUEST FORM

Adult at Risk Referral	
Date of Referral:	
Referral Agency:	
Date Referral Made Aware:	
Do you suspect a crime has been committed?	
Details of Adult at Risk	
Name:	
Date of Birth:	
Address:	
Details of Disability/Mental Illness/Learning Disability or Health Concern the subject is affected by:	
Do you know (or believe) they meet the 3 point criteria/test?	
Does the subject have capacity in relation to protecting him/herself?	
Are they subject to any Guardianship order/Power of Attorney or other legal order? If so, please include details:	
Does the subject have any communication difficulties that will require additional support?	

Is the subject known to Social Work? Who is their allocated worker?	
Details of Health Professionals involved:	

Details of Alleged Harmer/Perpetrator

Name:	
Date of Birth:	
Address:	
Relationship to Subject:	
Details of Disability/Mental Illness/Learning Disability or Health Concern the subject is affected by:	
Does the harmer/perpetrator have capacity in relation to the alleged harm?	
Does the harmer/perpetrator have any communication difficulties that will require additional support?	
Is the harmer/perpetrator known to Social Work? Who is their allocated worker?	
Details of Health Professionals involved:	

Details of Incident

Date of Incident:	
Time of Incident:	
Location of Incident:	

Description of Events (including background to events):

Provide details of the concerns:

Details of witnesses including contact telephone numbers:	
Action taken in relation to ASP referral to date by Service:	
Action taken in relation to ASP referral to date by Social Work:	
Social Work Research	
Relevant information regarding adult at risk from Community Care, from Criminal Justice and/or from Child Care	
Relevant information regarding alleged harmer from Community Care, from Criminal Justice and/or from Child Care	
Health Research	
Relevant information regarding adult at risk from Health Sources	
Relevant information regarding alleged harmer from Health Sources	
Police Research	
Relevant information regarding adult at risk	
Relevant information regarding alleged harmer	

Please submit to ForthValleyARC@scotland.pnn.police.uk

Forth Valley Division Adult Protection Unit

Larbert Police Office

01324574988

POLICE USE ONLY	
APU Referral Number:	
VPD ID:	
CF:	
Police database checks	
DECISIONS OF I.R.D.	
Date:	
Persons Involved:	
Decisions:	
Rationale:	
Decisions of IRD completed by:	
Date IRD decisions circulated:	

FORTH VALLEY ASP
LARGE SCALE INVESTIGATION
GUIDANCE

Date	Version	Author
09/12/17	V3	G Hendry
08/01/18	V5	I Kinsley

CONTENTS

1.0 DEFINITION OF LARGE SCALE INVESTIGATION

A large scale investigation (LSI) is a multi agency response to circumstances where there is concern an adult is at risk of harm and there is the potential that other adults are also experiencing harm or are at risk of harm.

This is relevant to adults living in the community as well as adults who may be receiving services from a registered care provider which may include care homes, day care, hospital or care at home provided by a care provider.

The need for a guidance is referred to in the Adult Support and Protection (Scotland) Acts Code of Practice (2014). That Code states that *"local multi agency adult protection procedures should include a procedure for large-scale Investigations."*

Further the Code states…."*A large scale investigation may be required where an adult who is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home 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."*

2.0 PURPOSE

The purpose of this guidance is to:

- ensure that LSI's are carried out consistently by relevant agencies
- to clarify responsibilities for following the guidance amongst partner agencies for overseeing large scale investigations in Forth Valley.
- To offer a framework for an alternative process to holding large numbers of individual ASP investigations and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.

3.0 SCOPE

This guidance covers all adults at risk who are at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007. Such adults may be living in the community, in their own homes or attend or live within regulated care settings such as care homes, day care, hospital, care in a community setting or at home provided by a care provider.

Harm may arise from actions of service users, staff or an unrelated individual.
The guidance may also be applicable to other circumstances where adults at risk are living independently but are linked by a common perpetrator or group of perpetrators.

4.0 LEGISLATION

Adult Support and Protection (Scotland) Act 2007 and Code of Practice
Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003
Social Work (Scotland) Act 1968
Human Rights Legislation
Regulation of Care (Scotland) Act 2001
Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016
Data Protection Act 1988
Criminal law

5.0 RELEVANT AGENCIES

Clackmannanshire Council
Stirling Council
Falkirk Council
NHS Forth Valley
Police Scotland
The Care Inspectorate
The Mental Welfare Commission for Scotland
Forth Valley Advocacy

6.0 INTRODUCTION

6.1 The Adult Support & Protection (Scotland) Act, 2007 (The Act) introduces a duty for councils to make inquiries where it is known or believed that an adult may be an adult at risk of harm and that protective action may be required. The Act gives the Council the lead role in such investigations in all settings, including in NHS and care home premises.

6.2 This guidance has been agreed by Clackmannanshire, Stirling and Falkirk Councils, NHS Forth Valley, Police Scotland and the Care Inspectorate who are the key agencies involved.

6.3 A large-scale adult protection investigation would be indicated in a situation where a report received about an adult at risk gives rise to concerns that other adults are at risk have or may have been harmed:

- in a care home, hospital or day care or
- in receipt of a service from a particular resource and
- were harmed by the same perpetrator(s) or
- where the nature or degree of harm or neglect raises questions about the standard of care and the possibility of multiple adults at risk of harm

The guidance is also intended to assist where adults at risk are:

- living independently in the community but linked by a common perpetrator or group of perpetrators

6.4 Such situations will involve a wide range of agencies and possibly individual adult protection inquiries and investigations. It is important that all aspects of the investigation are planned and all agencies and individual professionals are clear about their respective roles and responsibilities.

7.0 RECEIVING A REFERRAL AND MAKING INQUIRIES

7.1 On receipt of an ASP referral that indicates more than one potential adult may be at risk of harm then this guidance should be considered.

7.2 In keeping with the Forth Valley Multi Agency ASP Guidance all such referrals must lead to inquiries being made.

7.3 All reports of an adult at risk of harm will be recorded by the local authority in line with their adult support and protection procedures. The local authority will discharge its duty to inquire. This will include information from every available source potentially including Children and Families Service, Criminal Justice Service (CJS), Domestic Violence Services, the Offender Management Unit (OMU) and the MAPPA Coordinator. This will inform a holistic approach to identifying risks such as risks to children as well as identifying ways to minimise risk, for example if the alleged harmer(s) is known to either the OMU and/or CJS) or similar.

8.0 INITIAL REFERAL DISCUSSION

8.1 When a report is received about an "adult at risk" and there is a need for a multi agency response the Forth Valley Multi Agency ASP Guidance states an interagency Initial Referral Discussion (IRD) is required to consider how best to investigate the issue.

Reference : Pages 18 – 20 of the FV ASP Guidance.

8.2 When it appears other adult service users may be or have been harmed then the people involved in the IRD must consider whether this LSI guidance should be implemented.

8.3 When, after consideration, it appears to IRD members that an LSI is potentially required then the Social Work Manager involved should apprise the relevant senior Social Work Manager responsible, the Detective Sergeant of the Public Protection Unit, the Local Authority's Lead Officer/Coordinator for ASP, the relevant NHS Service Manager for the appropriate service and the Care Inspectorate.

8.4 The Initial Referral Discussion (IRD) will agree an initial action plan which will consider:

- Whether a multi agency Large Scale Investigation is indicated
- Whether any immediate protective action is required should individuals be at risk of imminent harm
- Whether concerns are to be dealt with through a Police-only investigation, a joint Police/Social Work investigation or Social Work-only investigation

- The scope and timing of any other related investigation.

8.5 All decisions taken at the Initial Referral Discussion will, in line with Forth Valley procedures be recorded by the Police and sent to each agency to be added to their agency record. Reviews of such decisions will continue to be evaluated at the six weekly IRD review meetings.

8.6 Where it is agreed that the concerns should be dealt with by a Police-only investigation the Detective Sergeant, Adult Protection Unit, will keep all partners informed of progress, where appropriate.

A police-only investigation will take priority over any other investigation including Adult Support and Protection investigation, Care Inspectorate investigation of a complaint, any internal investigation and/or any disciplinary procedures.

This does not generally preclude progression of the LSI however; it may preclude certain facets which are contained within the police investigation. Consultation regarding the specific approach of the LSI should therefore take place with the Senior Investigating Police Officer to negate inadvertently compromising evidence.

8.7 Should harm have occurred in a Forth Valley NHS setting the Service Manager (NHS) will liaise with partners as to the timing of an internal investigation in accordance with its policy: *Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff.*

8.8 If a care agency/provider is involved then discussion must take place with their senior managers about their responsibility to reduce or remove risks to service users while the matter is investigated. This should include discussion about any impending internal investigation to highlight the importance that this does not impact upon any Police or social work investigation.

8.9 Where the conclusion of an IRD is that a LSI is indicated this must be discussed with the relevant senior manager – in most cases a Service Manager.

8.10 If the decision of the IRD has been to proceed to the next stage of a Large Scale Investigation and there is to be no police investigation a Social Work Manager will coordinate the investigation. The respective Manager should be identified by the service prior to the Planning Meeting.

9.0 MULTI AGENCY LSI PLANNING MEETING

9.1 This meeting should normally take place within one working day of the IRD. To maximise participation of relevant professionals the meeting may exceptionally take place within three working days of the IRD.

9.2 There may be different staff or levels of staff/managers involved in different areas of the Forth Valley area.

9.3 As a minimum Local Authority, Police and NHS should be represented at the meeting and the Care Inspectorate where appropriate.

9.4 The (SW) Service Manager (or delegated manager) responsible for Adult Services will convene and chair a multi agency LSI Meeting which will consider two significant issues

- Whether, based on all the information collated at this stage an LSI investigation is required (or not) and
- Where an LSI investigation is needed to proceed to plan that investigation.

9.5 When the decisions of such a meeting is that an LSI is not required the meeting must be clearly documented, together with the rationale for the decision and also a clear list or plan of how the matters will be dealt with

9.6 When the meeting concludes that a LSI investigation is required then the LSI Meeting must be considered as an Initial Planning Meeting, so to plan the investigation. For a sample of an Agenda for such a meeting see Appendix "A".

Considerations must include (list not exhaustive):

- Confirm whether an LSI should be initiated
- Specify the strategic objective/s of the LSI
- Share available information from all key agencies
- Identify the lead officers and managers from each agency
- Identify single points of contact within each agency so that a communications framework is established
- Decide which service users need to be interviewed , by whom, when and where
- Identify and assess risks
- Agree a risk management plan identifying key tasks to be undertaken, ownership and timescales which will include any immediate protective measure for individuals
- Agree a framework and timescales with SMART actions to progress and review the investigation using Core Groups (if appropriate)
- Decide whether to recommend a moratorium on admissions if in a contracted care setting
- Clarify any parallel investigations and roles within each agency and feedback mechanisms
- Consider the need for any individual Adult Protection Case Conference and/or care management reviews and agree arrangements

9.7 The Meeting should consider the impact of a LSI. This will include consideration of:

- the ongoing management of the service involved.
- the impact on service users, families and staff,
- how information should be disseminated to service users and families.
- any inquiries already conducted at this time (from social work, health & police)
- information provided by the Care Inspectorate which will include all previous concerns / reports and complaints received by them

9.8 Areas that should be specifically considered include

- **Communication with service users.** The need for a specific approach to informing and keeping informed those affected by the LSI and (where appropriate/relevant) their families. The benefits of holding "resident/families meetings" should be considered

- **Provision for advocacy**. Service users who are subject of the LSI should be offered Independent Advocacy and be given assistance to gain access to an advocate. It is especially important to involve an Independent Advocate if the adult does not have capacity to agree to a referral and there is no welfare proxy (guardian or attorney) in place. In each case Independent Advocacy involvement in assisting every service user must be individually recorded and should not be undertaken as a matter of course without consent as this may be perceived as a contravention of various statutory rights.

- **Media interest:** Where any media interest is likely the appropriate communication officers from relevant agencies should consider a joint media strategy. The Head of Service and senior managers of strategic partners must be appraised. The Head of Service and/or Chief Social Work Officer should consider whether elected members need to be appraised.

- **Cross Boundary Issues** - Where there are cross boundary issues these must be addressed and responsibilities of the host authority in addition to any responsibilities or actions to be taken by placing authorities must be clear and agreed. The support of the Council's Contracts and Commissioning Service will be necessary.

- **Involvement of other agencies**. Where various agencies are obliged to undertake other investigations, these should be clearly identified at the outset. For example, the NHS, internal HR departments, Scottish Fire and Rescue Service, the Office of Public Guardian (OPG), the Care Inspectorate, Health Improvement Scotland (HIS), the Mental Welfare Commission (MWC), and Council Training Standards/Auditors departments.

- **Notifications to other statutory agencies**. Where an LSI relates to an adult at risk with a mental disorder or an adult with incapacity, consideration will require to be given to whether the MWC and/or the OPG require to be notified or conduct further inquiries or investigations. The local authority requires to notify the MWC in specific circumstances which are outlined in the document Notifying the Commission, which is available at this link:

  http://www.mwcscot.org.uk/media/100310/notifying_the_commission_nov_2013.pdf

  The OPG has produced a document entitled: Information for social workers on the investigation process, available at the OPG website on this link: http://www.publicguardian-scotland.gov.uk/home

9.9 Decisions to be taken by the meeting include:

- Where applicable, parallel processes for criminal investigation/disciplinary investigation should be agreed. It remains the council's duty to co-ordinate the adult protection process.
- Whether because of the seriousness of the concerns suspension of admissions/referrals is recommended pending the findings of the investigation (where the local authority has commissioned the service this will be referred to the Head of Service and/or Chief Social Work Officer for a decision)
- Whether all residents/care recipients need to be reviewed, the level and type of review and the professionals who need to be involved.
- Whether further planning meetings are required given the complexity of the investigation and potential timescale for completion
- if applicable the time and venue for a Large Scale Investigation Meeting which will consider the findings of the investigation
- Any wider public protection concerns

9.10 The meeting will be minuted and a copy of the action plan will be circulated to all participants (and relevant others) within five working days and the full minute will be sent within ten working days. These should then provide the basis for any subsequent investigation and further multi agency meetings.

10.0 INVESTIGATION

10.1 Each area must decide who has ultimate responsibility for the management and coordination of any LSI.

10.2 Where there is no ongoing criminal investigation, Council Officers will be identified to conduct the investigation. It may be necessary for more staff to be involved in the investigation depending on the size and complexity of the task. The will identify a Lead Investigating Council Officer who will be responsible for writing the report required for the Large Scale Investigation Report.

10.3 The coordinating manager will identify key tasks to be undertaken, the staff who will undertake these tasks, and agree timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).

10.4 Service users suspected of being harmed must be offered Independent Advocacy and be given assistance to gain access to an advocate. It is especially important to involve an Independent Advocate if the adult does not have capacity to agree to a referral and there is no welfare proxy (Guardian or Power of Attorney) in place.

10.5 If harm relates to an NHS setting the NHS Service Manager should refer to the policy document: *Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff*

10.6 Police and/or Social Work investigations take priority over disciplinary proceedings. Police and/or Social Work should be consulted prior to undertaking such proceedings so as not to interfere with an investigation.

10.7 Agreement should be reached between the SW Service Manager and the Link Inspector from the Care Inspectorate in respect to the roles and responsibilities of all staff undertaking investigations in registered services.

10.8 The Care Inspectorate will contribute to the LSI investigation as agreed with all other parties and may also assist the LSI through the deployment of specialists where appropriate.

10.9 Investigations into reports of adults at risk of harm will be conducted in line with existing Forth Valley procedures.

10.10 The coordinating manager will decide whether, at any stage in the investigation, there is a need for any individual adult protection Case Conferences for adults considered to be at particular risk, and what sensitive information should or should not be considered at individual Case Conferences.

10.11 Once investigations have been completed and any immediate risks have been addressed, then outstanding concerns should be discussed with the ASP Lead Officer/Team Manager.

10.12 A report will be prepared by the Lead Investigating Council Officer for the Large Scale Investigation Review Meeting with findings from the investigation. This will be countersigned prior to the LSI by the (SW) Service Manager. See Appendix "C" which is an example of a report structure

10.13 Where applicable the Detective Sergeant, Adult Protection Unit, will consider the preparation of a report for the multi agency Large Scale Investigation Review Meeting

11.0 MULTI AGENCY LARGE SCALE INVESTIGATION MEETING

11.1 A multi agency large scale investigation (LSI) meeting should be convened on completion of the investigation. This will be chaired by a SW Service Manager or delegated manager. For continuity, and if possible, this should be the same SW Manager who chaired the first LSI Meeting .

11.2 The Chair will identify the key professionals required to attend the meeting. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary. The following should be considered for invitation:

- ASP Lead Officer/Team Manager
- Adult Support and Protection Coordinator
- Council's Communications Officer
- NHS Lead, Forth Valley APC
- Relevant Service Manager NHS Forth Valley
- Detective Sergeant, Adult Protection Unit
- Inspector Manager, Care Inspectorate
- Council Contracts Officer
- Team Managers who are responsible for service users placed or funded within any service concerned

- Service Manager of care service subject to investigation
- the investigating Council Officers
- Independent Advocate(s)
- Council Solicitor
- Relevant staff from Criminal Justice and/or Children and Families services
- Relevant staff from the Offender Management Unit and/or MAPPA service

11.3 The LSI Review Meeting will consider the findings as set out below:

- The Lead Investigating Council Officer will present the investigation report to the meeting and the conclusions and recommendations contained therein.

- Whilst it may not be possible to divulge the detail of any police investigation, any information out with this requirement which supports decision making to protect adults at risk should be shared by the police.

11.4 Decisions will be reached at this meeting as to what further action is required.

The following considerations/outcomes can include:

- Whether the LSI requires to continue or if, based on all the information collated, this can be de-escalated and responded to in a different way/manner
- If risks remain, the creation of an Action Plan to address these concerns and monitoring arrangements will be agreed.
- The agencies responsible for the review of the Action Plan. This might include some/all of the following agencies: Social Work Service, Contracts and Commissioning, the Care Inspectorate and/or NHS staff
- Setting up of a core group to monitor the Action Plan. The Core Group Chair will be determined by the Chair of the LSI meeting. The Core Group will report to any subsequent LSI meetings.
- Need for individual ASP Case Conferences to address specific risks to individual adults
- Duty to notify any other statutory bodies (e.g. MWC, SSSC, NMC etc)
- Progress and timing of any internal disciplinary processes
- Future inspections (where applicable) by Care Inspectorate
- Future unplanned reviews (where applicable) by Social Work Service

11.5 Consideration should be given to review any moratorium on admissions (where the local authority has commissioned the service this will be referred to the Head of Service for a decision).

11.6 Consideration should be given as to how other local authorities should be informed of outstanding concerns and/or improvements in this care setting.

11.7 Agreement should be reached as to how information should be disseminated to service users and families

11.8 The LSI meeting will agree a further review meeting date if a Large Scale Investigation Action Plan is necessary.

11.9 The LSI meeting will be minuted and circulated to all agencies within 5 working days of the meeting. The following will be informed of the outcome:

- Head of Service, Adult Care
- Chief Officer of the Health and Social Care Partnership
- The Chief Executive of NHS Forth Valley if harm has occurred in an NHS setting

11.10 Where appropriate the following may also be advised of the outcome:

- The Independent Chair of Forth Valley Adult Support and Protection Committee
- The Mental Welfare Commission
- Health Improvement Scotland

12.0 CONCLUSION/CLOSURE

12.1 A LSI should not be ended or closed unless all reports have been subject to a Large Scale Investigation Review Meeting and decision made that no further action is required.

12.2 When the risks have been addressed through the action plan and risk has been reduced or eliminated the Chair will endorse the decision of the LSI meeting to end adult protection activity and any action under this guidance

12.3 It might be the case that further support or review of the issues will be necessary but this is not required under this LSI Guidance. If that is the case then clear agreement should be reached how such support/review is to be carried out and by whom

Appendix A

SAMPLE OF POSSIBLE AGENDA

LARGE SCALE INVESTIGATION (LSI) MEETING

TIME/ DATE/LOCATION

AGENDA

1. Welcome and Introductions Chair
2. Confidentiality Statement
3. Purpose of Meeting
4. Cause of Concern/ Investigation Findings (amend as appropriate)
5. Risk Assessments/ Care Plans
6. Partner Agency Information
7. Advocacy and Service User liason/communication
8. Recommendations
9. Review of Actions
10. AOCB

Appendix B

LARGE SCALE INVESTIGATIONS

POSSIBLE STRUCTURE TO INVESTIGATION STAGE

Phase 1

Single Points of Contact within Agencies to be identified
Consultation to be made with Advocacy Services who have to be involved as appropriate pending consent by service users or POA/Guardian
List of service users together with any special needs to be determined.
List of current staff to be identified
List of previous staff involved with home within last six months to be identified
Existing allocated workers to be identified.
Social work officers enquiry team to be identified
Administration process to be devised with consideration of use of shared drive, collation of SMART actions to control progress of investigation

Phase 2

Social work enquiry team allocated service users they will be responsible for investigation
Social workers to review service users records, then corresponding care plans.
Council Officers to interview allocated service users. Pre-determined and bespoke interview plan to be developed for each person tailored to capacity and circumstances
APC Coordinator will assist with interview plans
(if appropriate) Next of kin to be advised of process prior to interview of service users

Phase 3

Staff to be interviewed by Council officers.
Bespoke interview plan to be identified for each staff member
Managers to be interviewed
Bespoke interview plan to be identified for each manager

Phase 4

Investigation report to be prepared for Service Manager SWD
Improvement plan to be devised
LSI Investigation Meeting to be held involving at least the same agencies involved at outset
Report to be shared with APC

Appendix C

LARGE SCALE INVESTIGATION REPORT

Date Commenced

Date Completed

Name of Organisation

Manager

Introduction *(what is the background to the writing of this report)*

Service Users *(record all service users who have been the focus of the investigation)*

Name	ID number

Presenting Concerns *(how and from whom was the LSI issues first referred and what was the outcome of initial actions such as inquiries and IRD decisions)*

Analysis of ASP Concerns *(what was alleged and what was the initial analysis of this)*

Methodology *(how the LSI was conducted should be recorded here. It is suggested that structuring this part of the report in line with the four "phases" suggested in the protocol might be an effective way of showing the chronology and the process of the investigation)*

Findings: *(what were the findings of all of the information collated, the accumulative findings of interviews with service users, with other professionals etc). In particular you might want to consider seven main issues/headings to structure your findings – such as Management; Staff and staffing issues; Care Concerns; Practice; Staff attitude and behaviour; Training/Induction and Adult Protection reporting:*

Recommendations: *(in light of the findings and conclusions of the investigation what do you recommend in terms of what action is needed in the future, by whom and when)*

ANY OTHER AREAS/INFORMATION/COMMENTS

Action Plan (if required) completed:

Date:

Responsible Person:

Signature:..... (Social Worker) **Date:**

Signature:..... (Team Leader) **Date:**

Signature: ..... (Service Manager) **Date:**

LETTER FOR MAKING SECTION 10 REQUEST TO FINANCIAL INSTITUTION

TO BE USED WITH THE LOCAL AUTHORITY OR DELEGATED BODY'S LOGO OR LOGOS FOR SUCH REQUESTS AT THE TOP OF EACH PAGE

Dear

Re: Request for Information from Financial Institution

Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA)

Following contact with your (name, title, phone number and location of financial institution staff) by telephone and having confirmed the correct legal entity to make this request to. I , (name), in my role as Council Officer for [insert relevant organisation name] and where the power is delegated from the local authority state 'with delegated authority and powers in relation to this request from [ENTER LOCAL AUTHORITY NAME] formally request disclosure of information from (company name and address).

The request is made under Sections 4 (Inquiry) and 10 (Examination of Records) of the Adult Support and Protection (Scotland) Act 2007 (the Act) on the basis that we know or believe the below named to be at risk as defined by the Act.

Please contact the Council Officer named above upon receipt of this request to discuss the provision of the information requested. A copy of their ID or other formal proof of identity is attached as confirmation of their authority to act on behalf of [insert agency].

The professional title of the Council Officer may vary as per the definition of Council Officer in the attached information sheet. The ID provided therefore indicates their Council Officer status either directly or by way of professional or agency title and as such is considered proof of their legal authority to make this request. This is confirmed by the countersignature of their line manager *confirming the applicant's status as a Council Officer and that the request is required by the named agency in the performance of its duties under the Act. If for any reason, you are unable to comply with this request, please contact the Council Officer immediately* as a person commits an offence by, without reasonable excuse, refusing or otherwise failing to comply with a requirement made under section 10

All information provided will be managed within the terms of the Adult Support and Protection (Scotland) Act 2007 and the Data Protection Act 1998.

Please see the *Information Sheet* attached regarding the legal context of this request and provide the information below:

Name of Customer	
Date of Birth (if available)	
Address (if available)	
Account Names, Numbers and Sort Codes (if available)	
Brief Description of the ASPA Inquiry	
Financial Information that is required (please include any third party mandates relating to the accounts located)	
Information Format required	☐ *Hard Copy* ☐ *Electronic Copy to the stated email addresses above (where available)*
Information Required by	*Date Month Year*
Council Officer's Name, Contact Details and Signature	
Line Manager's Name, Contact Details and Signature	

Yours faithfully

Council Officer

Information Sheet

Designated Agency Application for Disclosure of Information under Sections 4 and 10 of the Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 (the Act) gives councils and other public bodies working with them various powers to support and protect adults at risk (as defined by the Act).

The Adult Support and Protection (Scotland) Act 2007, (the Act) confers on 'Council Officers' a duty to investigate cases of suspected harm to an 'adult at risk'. As part of this investigation, financial records pertaining to the adult at risk can be requested. Bodies holding these records have a legal duty to co-operate with the investigation. Failure to do so can amount to the commission of an offence under the Act making the individual liable on summary conviction to a fine or imprisonment.

"Council Officer" means an individual appointed by a council (local authority) under section 64 of the Local Government (Scotland) Act 1973 to properly discharge the council's functions. The Council Officer submitting this request is registered with the appropriate professional body as a Social Worker, Social Service Worker, Occupational Therapist or Nurse. In addition they will have at least 12 months' post qualifying experience of identifying, assessing and managing adults at risk as per article 3 of the Act (Restriction on the Authorisation of Council Officers) Order 2008. In addition we expect such officers to have undertaken additional specialist training in Adult Support and Protection. Based upon these factors they have been delegated the statutory responsibility of Council Officer by the Chief Social Work Officer of [insert agency].

Section 4 of the Act states that a council [or delegated agency as per Section 1(7) of and Schedule 1 to the Public Bodies (Joint Working) (Scotland) Act 2014] and associated relevant regulations i.e. SSI 2014/345 and SSI 2014/282 must make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk, and that it might need to intervene to protect their wellbeing, property or financial affairs. As part of this process, **Section 10** of the Act stipulates: *A 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.* This requirement can be made during a visit to the record holder or thereafter in writing. Where there is any dubiety about the identification of the council officer the financial institution will verify this.

Section 3 of the Act defines an 'adult at risk' as someone who is unable to safeguard their own well-being, property, rights or other interests and is at risk of harm. In such instances and where the person is more vulnerable because of a disability, disorder, illness or infirmity, the Act can be used to protect them.

The request does not require the consent of the individual, any financial power of attorney or financial guardian before the requested information is provided, as in some circumstances the adult in question may be placed at greater risk of harm. *Under section 49(2) of the Act it is an offence for a person or an organisation to fail to comply with a requirement made under section 10, without reasonable excuse*.

Whilst you will be concerned about customer confidentiality, it is important to note that NOT sharing this information may place the adult at further risk of harm. Please refer to your internal guidance.

Any information received in the course of an investigation is treated with the utmost confidence and will not be disclosed to any third parties other than in accordance with the provisions of the above Act. For the avoidance of doubt, Section 35 (1) of the Data Protection Act 1998, concerning disclosures required by law or made in connection with legal proceedings, states that personal data are exempt from non-disclosure provisions where it is required under enactment or to protect legal rights. Section 29 of the Data Protection Act may also be relevant in any case where the disclosure is for the prevention or detection of crime, the apprehension or prosecution of offenders.

The attached request is countersigned by the Council Officer's line manager to ensure probity, assuring the record holder that the request is being made in accordance with the requesting agencies procedures and powers. Should you

be unfamiliar with the Adult Support and Protection (Scotland) Act 2007, you can view a copy of it at: http://www.legislation.gov.uk/asp/2007/10/contents

Council Officer Guidance Notes

The wording and ordering of this document has been approved by national agreement between Social Work Scotland and the National Banking Support Group under the auspices of the Financial Sector Resilience Group (Scottish Business Resilience Centre/Police Scotland). If issues arise with the structure of the form please contact: napc@stir.ac.uk in order that any amendments can be considered at national level.

Please use this template in conjunction with the Adult Support and Protection (Scotland) Act 2007 Code of Practice (April 2014) especially noting chapter ten.

Prior to making a written request a telephone call should be placed with a staff member whose name, title and contract details are noted on the request. ***It is essential at this point that you identify the correct legal entity to address your request to***. The name of the legal entity may be different to that of the company you are contacting and may also change over time. Some financial institutions may provide a central point and others local or regional contacts. However, obtaining the correct person, title and address will save time and allow the financial institution to provide you with the fullest level of detail in relation to your request.

The request should use the locally agreed logo or logos for such requests and be accompanied by the Information Sheet. Where the functions of a local authority have been delegated to your agency under Section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014 please indicate in your request which local authority has delegated that power to your agency.

Requests may be made electronically where they can be sent and received securely.

Name of Customer	Full name and any known pseudonyms listed separately e.g. Ms XXXX
Date of Birth (if available)	Please state in full
Address (if available)	
Account Names, Numbers and Sort Codes (if available)	
Brief Description of the ASPA Inquiry	Basic information only to demonstrate that there is a risk or potential risk which has triggered an ASPA inquiry. This may assist the financial institution in locating the type of information required.
Financial Information that is required (please include any third party mandates relating to the accounts located):	The information requested must be specific as opposed to generic. Ensure you emphasise the need to provide any information about third party mandates. Requests for 'all statements' will not be accepted. Consider the issues the service user is facing and what material over what period may support your inquiry. Where you are unclear about the types of information the financial institution may hold use the 'verbal' option to seek advice as to

	what may be available to support your inquiry. Examples include: • *the balance of Ms XXXX' account(s)* • *any current Standing Orders or Direct Debits (including to whom payable, regularity and amounts)* • *Statements covering the period …….* • *We should also wish to request similar information for any other account in her name of which we are unaware."* • *Whether ……holds a Bank or Building Society account with your bank?* • *If so, whether any other persons are signatories to his/her account(s)?* • *Please provide copy statements in relation to any accounts held by ……..either jointly or solely for the last ……..months* • *Similar information regarding any other account held in this name.* • *Any known liabilities/debts/mortgages etc.* • *Any relevant financial information held in wills* • *Any accounts in other names e.g. joint accounts*
Information Format required	It is likely that most institutions will only provide information in hard copy due to potential security issues with electronic transmission of personal information.
Information required by	In some circumstances this will be urgent and it may be useful to state the reasons the information is required quickly and facilitate a verbal information exchange. In other circumstances please indicate in your request the required time frame e.g. 7, 14 or 21 calendar days.
Council Officer's Details and Signature	Name, position, organisation, address, email address, telephone number and signature. Please DO NOT provide a direct dial contact in the first instance. All applications should be accompanied by a copy of both sides of the Council Officers ID badge or other form of authorisation which either directly states or intimates through professional title that the person making the request is a Council Officer in terms of ASPA.
Counter Signatory's Details and Signature	This should be your line manager or the delegated counter signatory for your agency. Please provide; Name, position, organisation, address, email address, telephone number and signature. Please Do NOT provide direct dial contact in the first instance. ***The counter signatory is confirming the applicant's status as a Council Officer and that the request is required by the named agency in the performance of its duties under the Act.***

ADULT SUPPORT & PROTECTION
RISK ASSESSMENT

Core Information should be completed in all cases in which an assessment is to be carried out under Adults at Risk Procedures; **Communication Requirements** identifies who is to be involved in that risk assessment and confirms who has been informed of the outcomes; the **Risk Assessment** then follows

Core Information

DETAILS OF SUBJECT

First Names:		**Surname:**	
Also Known as:		**Date of Birth**	
Gender:		**Ethnic Group:**	
Address: (incl. postcode)			
Home Tel:		**Mobile Tel:**	
Housing Status: (underline as appropriate)	Own Home/Tenancy/Temporary/Homeless/Roofless/Care Home/ Supported Accommodation/Lives Alone/With Family		
Social Work ID No:		**CHI No:**	
Legal Status: (e.g., Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order)			
Date of Order			
Name of Guardian or Attorney:			
Care Programme Approach:	Yes/No	**Risk to Workers:**	Yes/No

ASSESSING WORKER

Name:	
Designation:	
Work Address:	
Postcode:	
Tel No:	
Email Address:	
Date of Risk Assessment:	
Date of SSA:	

Communication Requirements

(Good risk assessment is a shared, multidisciplinary, multi agency effort in which information must be shared to ensure informed, defensible, shared decisions)

Role	Name & Designation	Involved & aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? (date or N/A)
Care Manager				
Mental Health Officer				
Criminal Justice				
Social Worker				
Social Work Other				
Support Worker				
Support Agency				
Community Nurse/ CPN/D/N				
Addiction Services				
GP				
Consultant				
Other Health				
Police				
Housing/Landlord				
Nearest Relative				
Unpaid Carer				
“Named Person”				
Guardian/Attorney				
SCSWIS/SCSWIS				
Other				

Risk Assessment

This form should be used when a Single/Specialist Shared (needs) Assessment (SSA), a Review, circumstances or initial investigation of a significant incident reveals a risk of serious abuse or harm; or when needs interact to create serious risks; and when high levels of risk cannot be managed within a Care Plan, (see local Procedures for definitions and process)

1 COMMUNICATION, CAPACITY AND INVOLVEMENT DATE:

First Names:	
Surname:	
a) Has the person being assessed any particular communication and support needs? (E.g., for interpreter, advocate, appropriate adult, Makaton, sign, speech and language therapist; or as a result of dementia, head injury, etc?)	
b) Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own wellbeing. (Evidence any limitations, if possible, refer to any examples of undue pressure if relevant)	
c) Has there been a recent formal Assessment of Capacity:	Yes/No
If yes, detail outcome in relation to identified areas of risk	
d) Is a formal assessment of capacity required in relation to specific risks identified? **Has this process been initiated?**	Yes/No Yes/No
e) Has there been a discussion with the person about information sharing:	Yes/No
Any comments? (See local procedures and local information Sharing Protocols)	

2 CHRONOLOGY OF SIGNIFICANT EVENTS DATE:

Chronology of relevant events/significant event history. (Attach if available **or** list significant relevant events below.

Date of Event	Brief Detail of Event	Agencies/People Involved	Outcome/Consequences

3 CURRENT RISKS OR CONCERNS

DATE:

Subject is considered to be at risk of serious harm from: (Tick **all** you consider **may** apply)	**Risk of serious harm to Subject?**	**Risk of serious harm to Others? If so, whom?**	**Immediate danger/ Imminent crisis?**	**Subject Agrees?**	**Carer Agrees?**
Physical injury				Yes/No	Yes/No
Violence/aggressive behaviour				Yes/No	Yes/No
Sexual harm/ exploitation				Yes/No	Yes/No
Sexual ill health				Yes/No	Yes/No
Pregnancy				Yes/No	Yes/No
Progressive illness				Yes/No	Yes/No
Harassment/exploitation/racial abuse				Yes/No	Yes/No
Psychological/ emotional distress				Yes/No	Yes/No
Mental/cognitive impairment				Yes/No	Yes/No
Mental health problem				Yes/No	Yes/No
Alcohol use				Yes/No	Yes/No
Drug use				Yes/No	Yes/No
Suicidal intend				Yes/No	Yes/No
Self harm					
Self neglect					
Reduced social functioning/isolation					
Financial/Material harm/theft					
Homelessness					
Loss of employment					
Harm by acts of omission					
Institutional harm					
Harm by paid carers					
Risk to/concerns for children					
Other (specify)					

4 CURRENT RISK DESCRIPTION DATE:

What behaviour, allegation, complaint circumstances or event has prompted this risk assessment? (Detail the nature of the behaviour or incidents which put the person at risk, e.g., the nature and extent of sexual/physical/financial harm, the specific areas of self neglect (eating, medication, wandering, etc)
Who is the source of concern and who is involve in the risk events?
When does this/do these circumstances occur and how often? (Evenings/weekends/every day/mealtimes, etc and rarely, frequently, occasionally, etc
Where does this/do these circumstances occur? (Day centre, at home, on the streets, travelling, etc)
Medical assessment and/or clinical diagnosis of mental or physical illness (Relevant to this risk assessment)
Particular triggers or risky circumstances that heighten the risks? (E.g., when person is alone, if home carer is late, if relative makes contact/does not make contact, arrival of benefit, contact with specific person/staff member, etc)
Protective factors or circumstances that have protected the subject or reduced the risk in the past? (Include here any change in subject's ability to manage these risks)

5 RISK ASSESSMENT DATE:

a) What is your assessment of the risk?
How severe might the consequences/injuries/harm/damage be if no action is taken to reduce the risk, or increase protection?
How probable is it that these circumstances will recur?
What is your view and any agreed view about the degree of risk and urgency of action?
b) Your assessment will include the contributions of other agencies/services. Indicate here is there is any disagreement:
c) What is the adult's assessment of the risk? Does he/she agree with your assessment? (If not, explain)
d) What is the unpaid carers' assessment of the risk? (Explain if not available or not appropriate)

6 RECOMMENDATION/ACTIONS DATE:

a) Is an Adult Protection Case Conference recommended?	Yes/No
b) Detail any immediate actions that have already been taken in order to protect or reduce the risk (Include whether this situation/risk/concern been referred to another service or agency and if so, with what result)	
c) What future action do you recommend be taken to reduce the risk or protect the adult being assessed? (E.g., increased support, view of Care Plan, further needs assessment, change of environment/service, legal action, etc.) Clearly indicate who should do what and when.	
d) What advantages and disadvantages, gains or losses to the adult's quality of life, freedom or independence might result from these actions (E.g., in the event of increased supervision, change of home, statutory intervention)	
e) Risks to other people – recommended actions (Consider risk to other adults, carers, children, and alleged abuser. Consider actions such as police and/or SCSWIS investigation of allegations, Carer's Assessment, alert to home or centre managed in respect of other service users, additional risk assessments, referral to child protection or criminal justice)	

Any further comment from the person being assessed?	
Does the person consent to share information in this assessment?	Yes/No
Any conditions or limitations?	
Signature of assessed person:	
Date:	
If no signature, say why:	

Risk assessment discussed with manager?	Yes/No
Date:	
Agreed immediate actions to be taken:	
Communication Requirements – please ensure completion of final column of page 2	

Signature of Assessor:	
Date:	
Signature of Manager:	
Date:	

NOTIFICATION REQUIREMENTS

Agency/Person	Requirement to Notify?	Date Notified
SCSWIS	Yes/No	
Mental Welfare Commission	Yes/No	
Office of Public Guardian	Yes/No	
Service Manager/Director/ASP Lead Officer	Yes/No	
Critical Incident Review Group	Yes/No	

ADULT SUPPORT AND PROTECTION

PROTECTION PLAN (STANDARD) FORM AP3

OBJECTIVES:		
IDENTIFIED OUTCOMES	ACTIONS TO MEET OUTCOMES	BY WHOM, HOW AND WHEN

DATE OF COMPLETION:

LEAD PROFESSIONAL:

DATE FORM ISSUED:

DESIGNATION/AGENCY:

DATE OF REVIEW:

SEE SEPARATE SHEET FOR DETAILS OF ALL INVOLVED

PROTECTION PLAN (STANDARD) FORM AP3

Details Of All Involved

NAME	DESIGNATION	CONTACT DETAILS

ADULT SUPPORT & PROTECTION
PROTECTION PLAN (COMPREHENSIVE) FORM AP4

Protection Plan

This form must be use d when allegations of harm/exploitation have been made and an Adult Protection Case Conference has been agreed that there is a risk of serious abuse or harm; or when high levels of risk cannot be managed within a normal care plan. The Protection Plan should be completed within two weeks of an Adult Protection Case Conference.

Date	

1 PERSONAL DETAILS – ADULT AT RISK

First Names:			
Surname:			
Date of Birth			
PID No:		**CHI No:**	

2 AGENCY/STAFF INVOLVEMENT

Agency/staff involved in risk management, co-ordination and review	
Lead Worker's Name	**Post & Agency**
Names of Core Group Members	**Post & Agency**

3 ACTIONS DATE:

Support & Protective Services

Actions and roles which define services to be in place and procedures to be followed with responsibilities, timescales and outcomes identified involving service users, carers, members of the core group and all other agencies involved in the Protection Plan. These should include immediate or longer-term actions; both benefit enhancing and harm-reducing measures and roles of services, with adult, advocates, unpaid carers, attorneys and guardians, as appropriate

Actions & Roles	Responsibility	Timescales/ Deadlines	Intended Outcomes
Support, treatment, therapy (specify services)			
Control measures (including any legal action)			
Direct contact with person			
Risk management with perpetrator			
Information sharing arrangements			
Risk management co-ordination			
Other actions			

4 VIEWS & ROLES OF ADULT AT RISK & OTHERS DATE:

Adult's view of Protection Plan:
Advocate's view of Protection Plan:
Unpaid carer/s view/s of Protection Plan:
Guardian/Attorney's view/s of Protection Plan:
Agencies dissenting from Protection Plan:

5 CONTINGENCY PLAN

Identify significant changes, which might occur and what additional or alternative action should be taken in that event, such as Case Conference or legal action.

Significant changes suggestive of additional risk/harm	Action is significant change occurs	Responsibility

6 DISTRIBUTION OF PROTECTION PLAN

Distribution to be identified which takes account of confidentiality and third party information issues

Person/Agency	Names & Designation	Sent Copy of Protection Plan	Date
Adult at Risk		Yes/No	
Nearest relative/carer		Yes/No	
Named person		Yes/No	
Advocate		Yes/No	
Social work staff		Yes/No	
Support agency		Yes/No	
Community health		Yes/No	
GP		Yes/No	
Consultant		Yes/No	
Police		Yes/No	
Housing			
Legal representative			
Attorney/Guardian			
Other			
Other			

7 REVIEW ARRANGEMENTS

Review Date:	
Review Location: (if known)	

Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair::	
Date:	