



ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

PERTH AND KINROSS MULTI-AGENCY GUIDELINES

**PERTH & KINROSS MULTI-AGENCY
ADULT SUPPORT AND PROTECTION
GUIDANCE
(SCOTLAND) ACT 2007**

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1. Introduction

Harm presents a challenge to all agencies concerned with the welfare and protection of adults at risk.

Effective joint working is essential if the welfare of an adult at risk is to be protected.

This Perth and Kinross Multi-Agency Operational Guidance has been developed by a multi-agency working group to provide a framework that can be applied across all agencies. This Guidance is designed to ensure that there is common practice across Tayside. The Guidance is consistent with the ethos of the Tayside Protocol.

The Guidance will be supported by joint training which will help develop understanding and respect for individual professional roles, increase awareness of adult protection issues and contribute to effective intervention.

The Guidance will be reviewed on a regular basis.

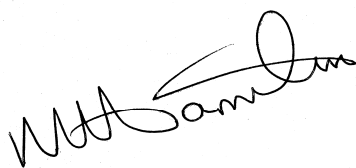
2. Partners

The agencies that have been involved in the preparation of the Guidance are:

- Perth and Kinross Council
- NHS Tayside – Perth and Kinross
- Tayside Police – Western Division
- Those involved have drawn on:
 - Lothian and Borders Joint Guidelines: Protecting Vulnerable Adults: Ensuring Rights and Preventing Abuse (issue Number One – 2003)
 - SWSI report on the Inspection of Scottish Borders Council Social Work Services for People Affected by Learning Disabilities (April, 2004)
 - Protecting Vulnerable Adults in Tayside (November 2005)
 - Adult Support & Protection (Scotland) Act 2007
 - Code of Practice



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3. Legislative Background

The Perth and Kinross Multi-Agency Operational Guidance

- Confirms for staff what local action should be taken when harm, mistreatment or neglect is suspected or has taken place and
- Clarifies the roles and responsibilities of all those involved.

The Social Work (Scotland) Act 1968 and the NHS and Community Care Act 1990 give legislative power to the local authority to become responsible, in collaboration with other agencies, for the assessment of the needs of an individual for whom the local authority is likely to provide a community care service.

The Adults with Incapacity (Scotland) Act 2000 provides the means to protect those with incapacity, for example, through financial and welfare guardianship. The Mental Health (Care and Treatment) (Scotland) Act 2003 sets out duties in relation to people with mental disorders who are subject to ill-treatment or neglect. These acts cover people whose disability or illness is adversely affecting their ability to protect themselves and who are subject to harm, exploitation or neglect.

The Vulnerable Witness (Scotland) Act 2004 makes provision for the use of special measures for the purpose of taking evidence from adults who are deemed to be vulnerable witnesses.

3.1 Seven Elements of the Adult Support & Protection (Scotland) Act 2007.

The Adult Support and Protection (Scotland) Act 2007 seeks to address the above issues, through its seven key elements:

- Principles governing intervention in an adult's affairs
- Definitions of an "adult at risk" and of "harm"
- Statutory duties on councils to enquire and investigate
- Duty of cooperation
- Offences
- Protection orders
- Duty to establish Adult Protection Committees

The Local Authority Community Care Service will be the lead agency, receiving the referral and determining the actions to be taken.

Details of offences (Section 49) and Adult Protection Committees (Section 42) can be found in the relevant section of the act.

3.2 Principles underpinning the Adult Support & Protection (Scotland) Act 2007 (section 1 & 2).

- Intervention must benefit the adult
- Actions should be supportive and least restrictive
- Interventions must have regard
 - to the wishes of the adult and relevant others,
 - to providing information and support to enable the adult to participate in the process,
 - to the adult's abilities, background and characteristics
 - to not treating the adult any less favourably than any other person in a comparable situation.

3.3 Definitions of "Adult at Risk" (section 3)

"Adults at Risk" are adults, aged 16 and over 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, or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

All three of the above aspects must be met in order for the person to qualify as an adult at risk

3.4 Definitions of "Harm" (section 53)

"Harm" includes all harmful conduct and, in particular, includes;

- Conduct which causes physical harm
- Conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
- Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion)
- Conduct which causes self harm.

While not specified in the Act harm would normally be categorised to include physical, sexual, financial and psychological harm and neglect.

4. Recording

Good recording of information throughout the process is essential. These records should be evidence based, accurate and legible and should be kept up to date during all the stages.

All staff should make sure that records are made immediately after each event.

These should include:

- The nature and substance of the incident or concern.
- The details of the referrer unless he or she wishes to remain anonymous
- The initial assessment of the incident or concern, the information provided and the person's circumstances.
- Any external referrals and consultations.
- Any issues of incapacity and consent.
- The wishes and views of the adult at risk.
- The decisions and the actions taken and the reasons for these.
- The roles and the responsibilities of those people involved.
- The framework for monitoring and reviewing the ongoing work
- Any issues of restriction and confidentiality
- All risk assessments must be signed and dated.

5. Step by Step Guide.

Steps 1-5 cover the likely actions to be taken by staff from any agency that have concerns about the welfare of an adult at risk. Steps 6-9 cover the actions to be taken after a referral has been made to the Perth and Kinross Community Care Service.

Step 1

Concern or initial referral about an adult at risk

- 1.1 **Person Responsible** - The staff member who witnesses, suspects or receives information about an adult at risk being subject to harm, mistreatment or neglect.
- 1.2 **Action to take**
 - If the person requires urgent medical attention, go to Step 3.
 - If the person does not require immediate medical attention and you suspect or have witnessed harm, mistreatment or neglect, speak to the person about your concerns. Ask the person what has happened (including whether it has happened before), who was involved, what the person thinks about the situation and what they want done about it. Also try to ascertain any potential risks to others.
 - If the person chooses to disclose a previous incident to you, you must listen to what they have to say and obtain all the relevant information. It is important that sufficient information is obtained to allow your line manager to assess the situation without the need to re-interview the person.
 - Record your conversation carefully and, if possible, ask the person to agree that you have made an accurate record of the conversation. Record the person's actual words in relation to their description of the event and their feelings about the outcome. Include the date and the time that the record was made.
 - Tell the person that you are going to report the details of your conversation to your line manager. Go to Step 4.
 - If the person does not give consent to your proposed actions, go to Step 2.

Step 2

When an adult at risk does not give consent to action being taken

2.1 People Responsible - The staff member and the line manager

2.2 Action to be taken

If the adult at risk does not want any action taken, his or her wishes should be respected unless any of the following applies:

- It is not clear if the person has capacity.
- He or she or others are at risk.
- It appears likely that a criminal offence has been committed.
- It is a requirement of legislation.
- There are public health concerns.
- It is suspected that the adult may be under undue pressure.

If there is a child at risk contact should be made with the Child Protection Team in accordance with Inter-agency Child Protection Guidelines.

If the person is a resident of a care home or a patient in a hospital, it is important that any suspected or actual incidents of harm, mistreatment or neglect are reported in order to protect other residents or patients regardless of the adult at risk's wishes. In these circumstances, it must be explained to the person that the referral has to be passed to the Community Care Service.

Step 3

When immediate medical assistance or police involvement is needed because a crime may have been committed.

3.1 Person Responsible - The staff member

3.2 Action to be taken

- Contact the appropriate emergency service particularly if an adult at risk appears to be in immediate need of medical attention or if there is evidence of physical or sexual harm. Uncertainty about consent and capacity should not prevent the provision of urgent medical assistance.
- Inform the Police if a crime has or may have been committed.
- Staff must be aware of the need to preserve evidence.
- All action taken must be recorded and discussed with a line manager or an alternative manager. (Go to Step 4).
- Staff members should not put themselves at risk.

Step 4

Consultation with a Manager

4.1 People Responsible - The staff member and the line manager.

4.2 Action to be taken

The staff member will discuss the suspected or actual harm, mistreatment or neglect with the line manager as soon as possible. If the line manager is not available, the staff member will discuss the concerns with a suitable alternative manager. The full facts and circumstances of the situation together with all available options and courses of action should be identified and discussed.

If any client in a registered care setting is subject to harmful conduct by another client, visitor to a care setting or staff, it must be reported to the Council. The Council will make enquiries to decide if and what further action needs to be taken.

A Plan of action should be the outcome of this meeting. The following points, amongst others, should be considered:

- An immediate referral to the Community Care Service.
- The person's level of capacity and consequent involvement in actions, choices and decisions.
- If the staff member's organisation is external to Perth and Kinross Council, contact should be made with the Community Care Access Team so that the concern can be discussed and appropriate action taken.
- If the concern raised is from another service within Perth and Kinross Council, staff should report to the line manager, who should discuss the concerns with the Community Care Access Team.

Step 5

Referral to the Local Authority Community Care Service

5.1 Person Responsible - The staff member making the referral.

5.2 Action to be taken

The staff member making the referral to the Community Care Service should include all the relevant details relating to the case:

- Name, address, date of birth, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical health, any communication difficulties, mental health and any associated statutory orders, or whatever information is available.
- The staff member's job title and the reason for their involvement.
- The nature and the substance of the allegation or concern.
- Details of any care givers and/or significant others.
- Details of the alleged perpetrator, where appropriate, and his or her current whereabouts and likely movements over the next 24 hours, if known.
- Details of any specific incidents (e.g. dates, times, injuries, witnesses, evidence, (such as, bruising)).
- Background relating to any previous concerns.
- Any information given to the person, their expectations and wishes, if known.
- A record must be kept of all actions taken and decisions made.
- The person referring must confirm the referral in writing but this should not delay or impede action.

Step 6

Receiving a Referral into the Community Care Service

Adult Protection referrals must take priority over all other work. Referrals must be the subject of an immediate assessment.

6.1 People Responsible - The staff member receiving the referral and the team leader

6.2 Action to be taken

The staff member receiving the referral should ensure that the details in step 5 are covered. The staff member should discuss the situation with the team leader or with a suitable alternative manager as soon as possible that day.

The Team Leader is the Lead Officer responsible for the investigation and will direct and co-ordinate any actions necessary to protect the adult at risk and to support and advise the member of staff. In cases where the adult at risk has a mental disorder, it may be appropriate to involve a Mental Health Officer (MHO).

Any allegation concerning a member of staff must be reported to the appropriate senior manager.

For harm within a regulated care setting, see Appendix 1

Sufficient information must be gathered to establish that the person referred meets the criteria for an 'adult at risk' (defined in 3.3 above) and that the circumstances constitute 'harm' (defined in 3.4 above).

If the criteria are met, there is a duty under the Act to inquire into the adult's wellbeing, property or financial affairs.

Establish

- a) Whether any action is needed immediately (e.g. does the adult at risk need to be removed to a place of safety and/or require medical assessment or attention?) or
- b) Whether immediate action would cause more distress or would pose a greater risk.

The SWIFT system must be checked to ascertain if the person or the alleged perpetrator is known to Housing & Community Care. If known to Criminal Justice Service (CJS), the key worker should be notified to ensure that any appropriate statutory measures are taken. Relevant involved agencies (including the person's GP) should be contacted for more information. Tayside Police should be contacted to check if the person is known to the police and to decide if a joint visit is appropriate.

The Team Leader must evidence that the screening process has taken place within 24 hours. He or she must put a contact on SWIFT explaining the decision making around the screening and initial risk assessment of the referral information and stating when contact will be made and by whom. If it has been decided not to visit that day, the reasons for decision must be recorded.

If the alleged perpetrator is under 16 years of age or a vulnerable adult, childcare or the appropriate locality or specialised team should be contacted to check if a worker is to be allocated to the alleged perpetrator in his or her own right.

Consideration must be given to the mental capacity of the adult at risk.

The team leader must allocate the case to a Council Officer SW with at least twelve months' experience and relevant training. The team leader should take into account the current workers who are involved, if any.

The Council Officer (SW) who starts working with the adult at risk should be able to continue to do so during the investigation, protection and care planning stages. The adult at risk should be allocated within 24 hours or one working day.

Visits will be arranged depending on the situation:

- critical – visit the same day
- urgent – visit within 48 hours
- non-urgent – visit within two weeks at the discretion of the manager

The team leader should allocate a second worker to support the Council Officer (SW) on the visit.

There should be a discussion about whether a referral to or a consultation with another agency or agencies is appropriate (see Appendix 2 for referral to the police).

Step 7

Assessment and Decision Making

7.1 People Responsible - The allocated Social Worker, the Team Leader and the Service Manager

7.2 Action to be taken

- The Council Officer (SW) should undertake an investigation including an assessment of risk. This should involve staff from other agencies, as appropriate, in the gathering of information. Certain public bodies have a duty to cooperate under Section 5 of the Act. The investigation should take account of any previous concerns or reports about, or incidents involving, the adult at risk. Prior to the interview, consideration should be given to ensuring a safe interviewing environment; the use of communication aids and the use of an interpreter or of a support person (see Appendix 3). The person's living arrangements should be seen.
- The visit will be made to the adult at risk to ascertain his or her views about the situation and to determine the level of risk.
- The team leader should ensure that the social worker has the support he or she requires during the investigation process. Supervision will be ongoing throughout the investigation and decisions will be clearly documented and attributed.
- If the adult at risk of harm is under a Local Authority Administered Guardianship Order the social worker to whom the Guardianship duties have been delegated cannot be involved in carrying out the investigation.

7.3 If access is gained

- The Council Officer (SW) should interview the adult at risk and any other adult present, as appropriate. The adult at risk should be assisted to participate as fully as possible in the proceedings. He or she must be informed before the interview that they are not required to answer any questions (section 8).
- The Council Officer (SW) should conduct the interview and the support worker should take detailed notes. Both workers should observe the reactions of the adult at risk and the dynamics of personal relationships. They should assess the environment. Depending on the circumstances, it may be appropriate to view the sleeping arrangements. It may be appropriate to consider advocacy and to discuss this with the adult at risk.

- The Council Officer (SW) should complete the enquiry Investigation and the risk assessment document which will include some professional analysis of the information gained in the process of the investigation.
- There will be ongoing discussions with the Team Leader and with the Service Manager, as appropriate. This should be documented as strategic discussion on SWIFT. The issues that are likely to be considered will be:
 - Adherence to the principles of the Act
 - If intervention is necessary
 - If an MHO is required
 - If the police should be consulted. (See Appendix 2)
 - Other relevant legislation
 - Level of risk
 - Duty to consider advocacy and other services
 - Workers' safety
 - Need for a case conference
 - Any undue pressure (see Appendix 7)
 - Need for medical examinations (see Appendix 4)
 - Need to access records (see Appendix 5)
 - Protection orders (see Appendix 8)
- The Team Leader should complete the Notification Form and send it to the Service Manager who will add their comments to validate the decision making and to sign off. The Notification Form will then be forwarded to the appropriate person for statistical purposes, a copy being returned to the case holder.
- The Team Leader should ensure that a hazard is activated on SWIFT. This can be done when the contact is entered by choosing 'Adult Protection Concerns' in the drop down box at 'Reason', or by contacting the SWIFT Team if the contact has been entered by the information worker prior to details being considered by Team Leader.
- The Service Manager will decide whether an Adult Protection Case Conference should be convened. Consideration should always be given to holding an Adult Protection Case Conference, particularly

- The Service Manager may make a decision not to hold a conference when sufficient information is available to indicate that there is no risk to the adult. He or she should record why this decision has been made on the Notification Form.
 - When making a decision about whether or not to hold a conference, the Service Manager must take account of any previous referrals and/or concerns about the welfare of the adult at risk. If more than two previous referrals have been received which have resulted in no conference being held, the Service Manager should give full consideration to now holding a protection case conference to allow agencies to come together to share information and concerns.
 - The alleged perpetrator should be informed of the allegations and that the council has and will retain personal information on him or her except in the following circumstances:
 - Where to disclose to the alleged perpetrator may put the client or any other person at risk
 - Where to disclose to the alleged perpetrator would be likely to jeopardise the prevention or detection of a crime
- If either of these exceptions apply, it must be recorded in profile notes.

7.4 If access is not gained

- The Council Officer (SW) should discuss other options for entry with the team leader e.g. through contacting relatives or other professionals.
- If these other options are not successful, a warrant for entry, under Section 37 of the Act, should be considered.
- Consideration should be given as to whether access can be gained under other legislation e.g. Mental Health (Care and Treatment) (Scotland) Act 2003.
- If all options have been considered and have been exhausted, Legal Services should be contacted to discuss an application for a protection order. Applications will be made by legal services on the basis of the information that has already been gathered. (See Appendix 8).

Step 8

Adult Protection Case Conference

8.1 Person Responsible – The Service Manager

8.2 Purpose

A case conference is a multi-disciplinary meeting, chaired by a Service Manager, at which information relevant to concerns about harm or risk of harm is shared and considered. The meeting assesses risk, makes decisions on the actions which will need to be taken, and, where appropriate, agrees on adult protection plan or reviews a plan that is already in place. The plan will include details of who will do what and when.

8.3 Status

There are no statutory provisions relating to case conferences. However, all research points to the importance of good communication and information sharing when dealing with an adult at risk investigation.

Details of communication strategy to be minuted.

8.4 When

An initial adult protection conference should be held within ten working days of the completion of an investigation by Community Care Services.

8.5 Adult Protection Plan

The Adult Protection Plan will be based on the discussion and decisions made at the Adult Protection Conference. The plan should cover:

- Arrangements and supports in place
- People's respective roles in the adult protection plan
- There should be weekly visits to the adult at risk unless otherwise agreed and minuted.
- Support for the client e.g. victim support, advocacy
- If no existing chronology, consideration should be given to including this work in the protection plan
- Any legal steps to be taken to protect the adult.

8.6 Contingency Plan

Arrangements for immediate action for possible change in circumstances to be agreed.

8.7 Core Group

A core group should be formed consisting of those professionals who are directly involved in achieving the changes required. The adult at risk and/or the carer should attend the meeting if appropriate.

For further information about organising, chairing and conducting Adult Protection Case Conferences, see Appendix 9.

Step 9

Implementation of Adult Protection Plan

9.1 People Responsible

Team Leader

9.2 Action to be taken

- The Team Leader will monitor implementation of the Protection Plan to ensure that actions are carried out within timescales
- The Team Leader will ensure that ongoing Risk Assessment will be carried out to take account of changing circumstances and needs.
- The Team Leader will chair the Core Group and is responsible for ensuring that the communication plan is adhered to.
- The Team Leader will ensure that Communication Strategy is implemented.

9.3 The Core Group

The core group should meet within two weeks of the Adult Protection Case Conference unless the communication plan states otherwise and then on a regular basis as necessary.

The core group should meet at least monthly and there should be weekly visits to the adult at risk unless otherwise agreed and evidenced in the minute of the review.

The core group can be convened at any time following a request from any member of the group.

A copy of the plan should be held by every member of the core group and will be entered on SWIFT. .

Step 10

Adult Protection Case Conference Review

10.1 Person Responsible.

Service Manager

10.2 Actions to be taken

Adult Protection Case Conference Reviews should take place within 3 months or more frequently if required.

The updated joint investigation and risk assessment form (Part 4, sections 2, 3 & 4) should be completed prior to review by Social Worker.

The Review will consider the changes that have been made and will re-assess the level of risk for the adult at risk.

If there is still significant risks the case will be monitored by core group meetings and regular adult protection reviews.

If the risks are low the case does not need to remain under adult protection procedures.

6. Assuring the Quality of Work with Adults at Risk

It is important that all agencies working with adults at risk assure the quality of the work undertaken by their agency and jointly with others. All agencies will use this multi agency operational guidance to set standards and to monitor the quality and effectiveness of work undertaken to protect adults at risk.

6.1 Person Responsible: Service Manager

6.2 Action to be taken

- The senior managers should ensure that no open case which includes allegations of harm to an adult at risk is closed until the following steps have been taken:
 - The adult at risk has been spoken to alone
 - The adult at risk's accommodation has been seen
 - The views of relevant professionals have been sought and considered
 - There is evidence that the adult at risk's welfare will be safeguarded and promoted should the case be closed
 - The adult at risk and all other interested parties are aware of how to re-refer if necessary
 - The case file is up to date and complete and it includes a closure summary that outlines why no further intervention is required.

6.3 The senior manager should ensure that when a professional from another agency expresses concern about how the senior manager's agency is handling a case, the senior manager reviews the file, meets and speaks to the professional concerned, and records in the case file the outcome of the discussion.

6.4 The senior manager should ensure that all case conferences, reviews, meetings and discussions concerning the adult at risk should involve the following basic steps:

- A list of action points must be drawn up, each with an agreed timescale and the identity of the person responsible
- A clear record of the discussion must be circulated to all those invited, whether or not they were present, and to all those with responsibility for an action point.

- A mechanism for reviewing the completion of the agreed actions must be specified, together with the date upon which the first such review is to take place.
- The setting out of any supplementary actions that may be required as a contingency in the event of a breakdown in care arrangements or other changes in circumstances.

6.5 Performance Management

The Adult Protection Committee will develop, maintain and review a framework for the inspection of case files, records (including supervision notes), and case conference minutes. The framework should also include audits of practice, supervision and monitoring of performance information.

7. If the Adult at Risk Moves to Another Area During the Enquiry

Action should be taken to establish the whereabouts of the adult at risk. The new local authority should be given information about the concerns and what action has been taken. An agreement should be reached between Perth and Kinross Council and the new local authority about any future action and roles and responsibilities. This may include convening or attending an adult protection case conference.

8. If the Alleged Perpetrator Moves

The police should be informed if an alleged perpetrator moves. If their whereabouts are known, the new local authority must be informed so that appropriate decision making can be made regarding any required action in relation to risk to adults, children and the community.

9. Support to Staff

The demands of working with adult protection cases must be acknowledged

Supervision and support should be provided to staff members by the team leader and service manager.

Action to protect staff in performing their duties could include joint visits with Police or other colleagues.

Safety issues throughout investigation and monitoring period should constantly be under consideration.

During the process of investigation, the manager may need to debrief staff, clarify levels of responsibility and offer advice and assistance on procedures and recording.

A critical case review should be considered to allow for review analysis, reflection and to assimilate knowledge to improve future practice.

10. Action to be taken if a person in receipt of community care services is an Alleged Perpetrator

An allegation of harm that has been perpetrated by someone who is themselves a person in receipt of community care services will result in an adult protection enquiry if the person allegedly harmed is an adult at risk.

The team leader should allocate a separate social worker for the alleged perpetrator. Specific decisions that need to be made by the team leader are:

- How the action will be co-ordinated
- Identifying who will be involved in the investigation

If a person in receipt of community care services is identified as a potential perpetrator this should be stated as part of their care plan to ensure safe delivery of care. This should include:

- A contingency plan if appropriate
- Monitoring and reviewing arrangements

All relevant professionals, family members and carers should be involved in the arrangements.

11. An Audit Checklist

The following checklist may be used to audit and review cases of adults at risk to assess the level of risk and determine the quality of service. It is indicative and not exhaustive.

- Is there an allocated worker with the necessary skills and experience to work with the complexities of the case?
- Has all the relevant information been gathered from agency files, police, health and other involved sources?
- Is there a chronological history of significant events and are the implications of these events understood?
- Is there a comprehensive assessment of risk and need?
- Is there evidence that the experiences of family members and carers have been taken into account when assessing risk?
- Is there an appropriate care or protection plan that is being effectively implemented and that is demonstrably reducing the assessed risk?
- Has statutory intervention been considered and has analysis of the decision making process been recorded?
- Are copies of all minutes and records of decisions in the case files: have these been circulated to relevant individuals; and are the case records up to date?
- Is there evidence that the adult at risk is being seen and spoken to on his or her own on a regular basis by the allocated worker and have his or her living arrangements been seen?
- Is there evidence of good communication and collaboration between social work services, (community care, criminal justice and children's services) and between social work and other key agencies (e.g. health, police, housing and education)?
- Has the case been reviewed in accordance with procedures and has the adult at risk been supported in contributing effectively to the review?
- Is the staff member's handling of the case subject to oversight and review by his or her line manager?

Harm in a regulated care setting

The Council has been given powers and duties in relation to adult protection concerns but managers of care services have a responsibility to ensure that care provided within their setting meet national care standards and the requirements of national care contracts.

The responsibility for informing the Care Commission of any adult protection concern lies with the registered service but council staff should ascertain whether this has been done.

The actions below are in addition to the normal adult protection process.

Issues of concern may arise because of the behaviour between one client to another, behaviour of visitors to the care setting to a client, behaviour of staff to a client, or a culture of poor practice due to systemic issues related to management processes and style.

If any client in a registered care setting is subject to harmful conduct by another client, visitor to a care setting or staff, it must be reported to the Council. The Council will make enquiries to decide if and what further action needs to be taken.

Harm within Perth & Kinross establishments

An appropriate enquiry will be undertaken by the Unit Manager/Care Home Manager who will discuss findings with the Service Manager and a decision will be taken whether to proceed with an adult protection investigation according to operational guidance. The usual parameters about involvement/discussion with police will apply.

Consideration will be given to the immediate safety of the client and the suspension of staff where necessary.

The Care Commission will be informed by the unit manager/home care manager.

Depending on the outcome of the investigation, appropriate disciplinary procedures will be implemented.

Where systemic and cultural issues have been identified as contributing to the harm, an action plan will be put in place and monitored by the Service Manager until there is evidence of improved practice.

Contract compliance officer will be informed

Harm within external agencies including NHS, private and voluntary care settings

When information is reported to the Council, a discussion will take place between the appropriate Council Team Leader and the referrer where appropriate.

If the referral has been received from the Care Commission a discussion will take place on how to proceed in relation to the responsibilities of each organisation.

If the referral has been received from the care setting, a discussion with the manager will consider the immediate safety of the client, they will be advised

to contact the Care Commission and informed of likely interventions by the Council.

The Council Team Leader will inform their Service Manager (strategic discussion) of the adult protection concern and the usual parameters about involvement/discussion with police will apply.

It may be necessary to discuss with Head of Service if admissions/referrals to care setting require to be suspended and whether this is to be notified nationally. Care Home Owner /Organisation should be kept fully informed of all actions taken.

Other Councils who have placed clients in the care setting will be notified of the situation. Investigation would be initiated where necessary.

As part of the investigation, discussion will take place with the manager of the care setting about implementation of the HR procedures if staff are implicated in allegation(s).

Where systemic and cultural issues have been identified as contributing to the harm, an action plan will be put in place and monitored by the Care Commission/Service Manager until there is evidence of improved practice. Council should consider if all clients using the service require to have their care plan reviewed. When practice reflects satisfactory standards, moratorium on admissions should be lifted.

Contract compliance officer will be informed

Notes on Referral Discussion with Police

1. Person Responsible – Team Leader

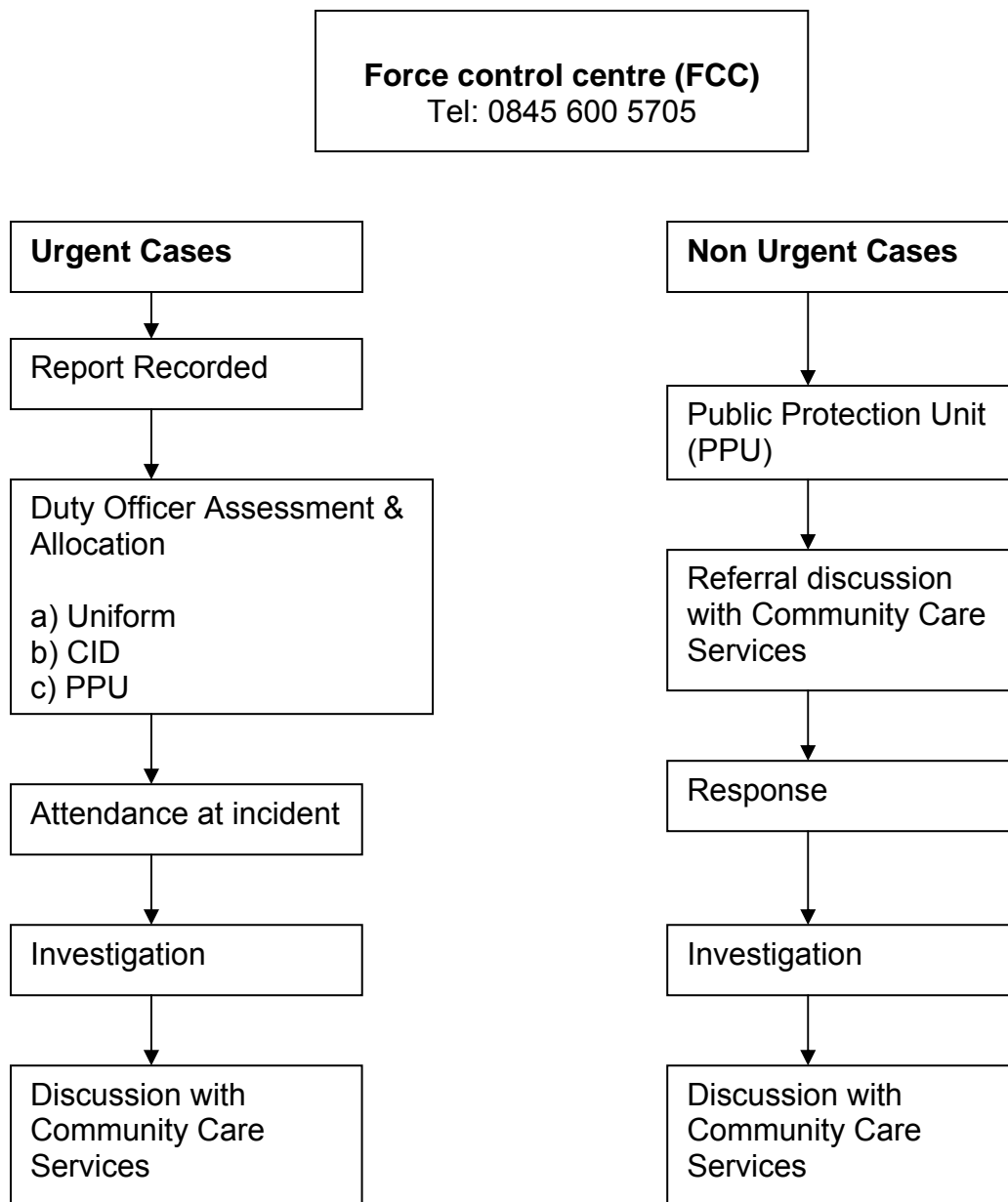
Action to be taken

- Where a criminal offence may have or believed to have been committed, referral must be made to the police. This is likely to take the form of a telephone discussion.
- Where the adult at risk does not wish to make a complaint to the police this telephone discussion with the police will assist in deciding on the most appropriate action, balancing the interests of the adult at risk against those of public safety.
- If attendance of Police is required contact should be made to the Force Control Centre. Otherwise contact should be made with the Public Protection Unit.

The referral discussion will

- Require the sharing of all available information between agencies to assist in the planning of an investigation.
- Address the possible need to use the Appropriate Adult Scheme for interviewing adult at risk, witnesses or suspected persons.
- Examine the current available evidence, how best to obtain further evidence and the possible need for any medical/forensic examinations.
- Determine the manner of the investigation, the process and the agencies that need to be involved.
- Agree on personnel to be involved from the appropriate agencies and the level of communication to monitor the progress of the enquiry.
- Assess risk of further harm, mistreatment or neglect to the adult at risk and community safety issues.
- Agree a media strategy if deemed necessary.
- The consultation and information sharing process should be ongoing and will involve agencies sharing, reviewing and evaluating information as it comes to light.
- Details of initial referral discussions should be recorded and attributed.

Police Referral Flow chart



Notes on Interviewing

1. The Reasons for and Objectives of Joint Investigative Interviews

Interviewing a person who is suspected of having been harmed is an important task which may have far reaching consequences for a number of people. Such an interview must be carefully planned in all aspects and must be conducted in a manner that will stand scrutiny. The interview may prove to be an extremely important part of an investigation and can often determine the outcome of an enquiry.

Consequently, it is crucial that the processes adopted when planning, preparing and conducting a joint investigative interview are transparent, accountable and sensitive to the needs of the adult at risk.

To this end, interviewers must be clear why they are conducting an interview jointly with a police officer or a social worker.

The reasons for and the objectives of the interview are outlined below:

1.1 Reasons

- To reduce as far as possible the number of interviews that the adult at risk is subjected to;
- To reduce as far as possible the trauma caused to both the adult at risk and his or her family
- To ensure that any necessary support is provided for the adult at risk

1.2 Objectives

- To establish what, if anything, has happened;
- To gather best evidence regarding the matter under investigation for both criminal and civil proceedings;
- To allow a joint assessment of risk and needs to be undertaken;
- To inform any decision to be taken in relation to the best way to proceed with an investigation.

At all times when planning, preparing and conducting a joint investigative interview the needs and well-being of the adult at risk are of paramount consideration, e.g. consider the presence of a support person, an advocate or a carer.

All considerations and decisions taken with regard to the planning, preparation and conduct of an interview must be clearly and accurately recorded by both agencies.

2. Recording The Interview Checklist

It is imperative that when recording the details of a joint investigative interview that the recording is an accurate and true reflection of the interview. The recording must include the actual words of significant statements made by the interviewee in relation to the event of harm. It must also be recorded in chronological order as it takes place in the interview.

It is best practice to record the following details:

2.1 Prior to commencing the interview:

- A full description of the interview environment
- Details of who has given consent if applicable e.g. Welfare Guardian
- Details of those present during the interview
- The demeanour of the person
- The start time of the interview

2.2 During the interview:

- Any changes in the interviewers' roles
- Any changes in the adult at risk's demeanour
- Description of any props used
- Details of any drawings made by the person
- Time and length of, and reason for, any breaks during the interview
- Attribution of statements
- Body language
- Finish time

2.3 After the conclusion of the interview

- Interviewers must review the written record of the interview to ensure that it is an accurate account of the interview

- Any omissions should be discussed and, if appropriate, entries made to reflect the omission – any such entries must be highlighted.
- The record should be signed and dated by the interviewers.
- Any drawings or other items written by the person should also be signed and dated by the interviewers.
- All records and drawings, etc will be retained by the police and copies made available for Community Care Services.

Please remember that the above list is not exhaustive and any other information that the interviewers feel is relevant should be recorded.

2.4 Points to consider when preparing the person for interview

During an investigative interview, interviewers must remember that the adult at risk may perceive the interviewers as “figures of authority” and may, therefore, answer questions in a way that he or she may think will please the interviewers. The adult at risk may also be under the misapprehension that the interviewers are aware of what may have happened to them and may therefore assume that they do not need to tell them everything. The adult at risk must also be made aware that when they are unable to provide an answer to a question, then they should tell the interviewer that they ‘don’t know’ or do not understand the question. So the interviewers should explain that:

- If he or she does not know the answer to any question, it is okay for him or her to say so
- If he or she does not understand any question that is asked, he or she should tell the interviewers.
- In situations where something has happened to the person, he or she must be reminded that the interviewers were not there at the time and he or she should try to tell the interviewers everything that happened
- If the interviewers misunderstand something that the person has said, then he or she should not be afraid to tell them.

3. Interviewing People with Special Needs

Planning for an interview with a person with dementia, learning disabilities, sensory impairment or communication difficulties should be carried out with particular attention to their individual needs. In all cases they should be offered the opportunity to have someone present to support them, possibly a family member, key worker or advocacy worker, unless they are the alleged perpetrator. If the person at risk of harm has capacity and refuses this, his or her choice must be respected.

If the person is under a Guardianship Order, the Guardian must be notified and be present, unless they are the alleged perpetrator.

Attention should be given to:-

- Individual communication needs
- Environmental factors to minimise the likelihood of triggering upset or challenging behaviour.
- Particular routines that must be maintained to aid their management of the situation.

Medical Examinations (Section 9)

1. Introduction

Section 9 of the Adult Support and Protection (Scotland) Act 2007 allows health professionals (i.e. doctors or nurses) to carry out private medical examinations on adults who are known or are believed to be at risk. A medical examination can take place either at a place being visited under Section 7 of the Act or at the premises where an adult has been taken under an assessment order granted under Section 11. A medical examination includes any physical or psychological assessment or examination.

A medical assessment may be a necessary component of an Adult Protection Investigation for the following reasons

- In order to gather evidence of harm to inform a criminal prosecution or action to safeguard the adult.
- For health reasons only, physical and/or mental.
- To establish mental capacity.

Subjecting an adult to a medical examination requires serious consideration especially if they lack capacity to make informed decisions about their future care. The guiding principles governing intervention should be the current safety and well being of the adult and their future safety and development.

2. Consent

Consent must be obtained from the adult prior to a medical assessment by the G.P. If the adult lacks capacity to make informed decisions about consenting to an assessment, consent should be obtained from their Welfare Guardian or Welfare Power of Attorney. If there are no details of Welfare Guardian or Power of Attorney, the Office of the Public Guardian should be contacted to confirm whether or not one exists. If there is no Guardian or Power of Attorney, an MHO should be consulted and consideration should be given to using provisions in the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

If there is no Welfare Guardian or Welfare Power of Attorney, or they are not available or they are alleged perpetrators or are suspected of colluding with alleged perpetrators, an Assessment Order may be applied for (see Appendix 6). An Assessment Order may also be applied for if there is a Welfare Guardian or Power of Attorney and they are refusing permission for a medical examination to take place or if it is suspected that the adult has made the decision not to participate in a medical examination due to undue pressure (see Appendix 5).

A person is not obliged to answer any questions put to him or her in an interview and must be informed of his or her right to refuse prior to a medical examination being carried out. If there are concerns that an adult has not

understood the question, inquiries should be made to ensure whether there is a Welfare Guardian or Power of Attorney who should be contacted for consent. In a forensic medical examination Police may consider the use of an Appropriate Adult who could inform regarding consent. Regardless of whether the medical examination is carried out by a Police Doctor or a G.P. it is the responsibility of the Medical Practitioner to be satisfied that the adult at risk has consented or at least has no resistance to the examination.

3. Procedure

If an adult at risk requires immediate medical treatment, this must be sought without delay. The medical staff should be informed of any known history and that their findings may have forensic significance.

Council officers and other non medical staff must not carry out medical examinations. However it is acceptable, when injuries and/or bruises are obvious, to assess whether these are consistent with any explanation provided. Absence of physical signs should not be taken as conclusive evidence that no harm has taken place.

If an adult at risk has an injury that does not require immediate treatment, he or she should be subject to an interview prior to any medical examination. This will enable the investigating officers to assess whether or not a medical is necessary.

A joint decision will be made regarding the necessity for a medical examination except where a crime has been committed. Decisions will be made in relation to:

- The need for the medical examination
- The purpose of the medical examination
- The type of medical examination
- Who should conduct the medical examination
- Where it should take place
- When it should take place

If, after a joint investigation, the Police decide not to commission a specialist medical examination, but the Council Officer believes one is necessary, the Council Officer (SW) should discuss this with the designated Team Leader immediately.

3.1 Forensic medical examinations usually take place under the following circumstances if:

- it is believed that an adult has sustained a non accidental injury.
- there is concern regarding sexual harm and there is the likelihood that physical evidence may be present.
- the adult has injuries where the explanation (from the adult or other person) is inconsistent with the injuries and an examination may provide a medical opinion as to whether or not harm has been perpetrated.
- the adult appears to have been subject to neglect or self neglect.
- the adult is ill or injured and no treatment has previously been sought.

Sexual harm medical assessments will only be conducted by registered medical practitioners who are appropriately qualified and skilled. They will be forensic medical examiners contracted by the Police.

It is appropriate for the investigating Council Officer to accompany the adult for both sexual harm and physical harm medical examinations. This is in order to provide support and assessment and management of risk. The council officer will not be present when the adult is being examined. The adult may have someone else accompany them during a forensic medical examination as long as that person is not a alleged perpetrator.

It is the responsibility of the Police to co-ordinate forensic medical examinations. In cases of serious sexual offences police officers should follow the 'Scottish Investigators Guide to Serious Sexual Offences.'

Following a forensic medical examination, the forensic medical examiner should provide a hand written interim report of their findings.

Some medical examinations can be arranged by the Council Officer with the adult's GP. This would be appropriate if, for example, an adult has been injured and there is no evidence at that stage that the injury is non accidental. The consent requirements remain. If, after examination, the GP believes that injuries are non accidental, the police should be contacted immediately for further discussion.

Access to Records (Section 10)

Existing procedures relating to the sharing of information should be followed wherever possible. Where appropriate, 'Consent to Share Information' forms should be signed by the adult. If the adult lacks capacity to make informed decisions about their future, their Welfare Guardian or Welfare Power of Attorney should sign the form. If the adult lacks capacity and there are no details of a Welfare Guardian or Power of Attorney, the Office of the Public Guardian should be contacted to check whether or not one exists. Where there is no Welfare Guardian or Power of Attorney, consideration should be given to using the provisions in the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003, or to sharing without consent if required to protect the adult or others.

If there is reasonable concern that an adult at risk is being harmed or is at risk of harm, this will always override a professional or agency requirement to keep information confidential. If it is not possible to obtain consent from the adult, for example, if the situation is so urgent that obtaining consent would cause an unacceptable delay or where the adult cannot consent, the adult should be informed about the information sharing wherever possible. If the adult lacks capacity, their Welfare Guardian or Welfare Power of Attorney should be informed about the information sharing unless it is felt that this may be detrimental to the adult. The Council has discretion regarding whether or not a Welfare Guardian or Power of Attorney is informed.

Section 10(1) of the Adult Support and Protection Act (Scotland) 2007 states that 'a council officer may require any person holding health, financial or other records on an individual the officer knows or believes to be an adult at risk to give the records, or copies of them, to the officer.'

Any decision to access records under the 2007 Act should be made by the relevant Community Care team leader. The Council Officer (SW) should complete form AR1. This form should be signed by the Team Leader and the Council Officer (SW) and given to the holder of the records. A copy of the form should be placed in the client's file. When a Council Officer (SW) requests access to records he or she should explain:

- What information they need
- Why they need it
- What they will do with the information
- Who the information will be shared with
- How long the records will be kept and whether or not they will be returned or destroyed.

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.

Records can be requested in person during a visit. The Council Officer (SW) must have appropriate identification with him or her and a completed form AR1. Records can be requested in writing at any other time. Written requests can also be made electronically. Examples of records that may be useful in an investigation include bank statements, employers' records, records held by Department of Work and Pensions or records held by voluntary agencies. This is not an exhaustive list. All formats of records such as computer, audio and visual are covered by the legislation.

If it appears an offence may have been committed, the police should be contacted and a joint investigation carried out. Only original documents or certified copies can be used in court. If computer records are to be submitted as evidence, they must be printed off and signed by the holder to confirm they are a certified copy. It is the responsibility of the police to gather evidence in a criminal investigation. The council officer (SW) should request copies of the records and ensure that original documents remain with the source of the information.

Section 49 of the Act states it is an offence of obstruction for a person to fail to comply with a requirement to provide information under Section 10. Reasonable efforts should be made to resolve disagreements through informal means, initially, before considering any legal action.

1 Accessing Health Records

If the council officer (SW) knows or believes an adult is at risk under the 2007 Act, he or she has the right to request any person holding health records to give access to the records or copies of them. Health records are any record made by or on behalf of a health professional relating to an individual's physical or mental health. Records include notes written by GP's, occupational therapists, physiotherapists and nurse, either written or electronic.

Health records may only be inspected by a registered health professional for example doctor, nurse or midwife.

If possible, an appointment should be made in advance to allow the author of the record time to gather the relevant information. It is best practice for the council officer (SW), with the assistance of the health professional reading the records if appropriate, to interview the author. However, it may not always be possible to interview the author especially if records contain entries made by a large number of different Health professionals. During the interview, the council officer (SW) should record any statements made by the health professional inspecting the records. In certain circumstances, it may be appropriate to request the records or copies of them e.g. for inspection by another health professional for a second opinion.

In some cases it may be sufficient for a health professional to provide a written summary of his or her involvement and of the adult's physical and mental health along with any relevant documents or reports. However, it should be noted that Section 10 of the Act refers to existing records held by a

professional or an organisation rather than information created specifically to meet a request.

Undue Pressure (Section 35)

(The provisions relating to undue pressure do not apply where the adult at risk does not have capacity or if it has not been possible to ascertain the view of the adult at risk e.g. access has been denied)

No protection order can be granted where the court knows that the adult at risk has refused consent to this unless the Sheriff reasonably believes that:

- a) The adult at risk has been unduly pressurised to refuse consent to the action.

And

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

'Undue Pressure' applies in situations where the harm is carried out by a person in whom the adult has confidence and trust and where the adult at risk would consent to the inquiry investigation of harm if the adult did not have confidence and trust in that person. A relationship founded on trust and confidence may be with a family member, neighbour, or other person who may provide support in order to exploit or harm, or a person upon whom the adult at risk is very dependent.

There may be other situations where it could be shown that there has been undue pressure. There may be grounds which evidence undue pressure where the adult may not wish to upset the person by giving consent because of:

- Anticipation of threats or intimidation
- Belief that the consequences of giving consent will result in the adult at risk experiencing negative consequences.
- Fear of abandonment and or loneliness
- Fear of withdrawal of practical and emotional support
- Being worried about talking when certain people are present
- Not being allowed time alone with the worker
- Lack of eye contact
- Personal presentation

The Act says that if there has been undue pressure, a refusal to consent can be ignored

- (a) By the Sheriff in determining whether to grant a protection order; or
- (b) By any person taking action to carry out or enforce a protection order. However, in this case, a refusal of consent cannot be ignored where it relates to the interview or medical examination of the adult. Therefore an interview or medical examination cannot take place where the adult refuses consent, even if the council officer think there has been undue pressure. In these circumstances much will depend on the evidence which has been gathered for the application from sources other than the adult themselves.

The burden of proof of establishing that there has been undue pressure on an adult at risk rests with the council in court applications.

Where the council considers that, after making enquiries under section 4, it needs to intervene, it has a duty to ensure that the adult's past and present wishes are represented and that the adult is assisted to participate as fully as possible in proceedings.

Protection Orders (Sections 11 - 28)

1. Procedures for applying for a Protection Order

There are three kinds of protection order that can be applied for to protect adults from harm. These are:

- Assessment Order
- Removal Order
- Banning Order

The decision to apply for a protection order will be taken after discussion with the team leader, Legal Services and the relevant service manager. Legal Services are responsible for preparing and presenting all applications to court.

It is envisaged that in most cases initial enquiries and or investigations will have taken place.

2. Definition of serious harm

Protection orders will only be granted where there is reasonable cause to suspect that the affected adult is at risk of serious harm.

What constitutes serious harm will be different for different persons and is not defined in the Act

When assessing harm, areas that need to be taken into consideration are:

- Impact of harm on adult at risk and the outcome on his or her physical and mental health
- Personal perception
- Level of risk
- Injuries which are severe and /or life threatening
- The need for urgent action
- The frequency, consistency and severity of harm
- The intent by the perpetrator
- History of harm
- The probable consequences of non-intervention

3. Assessment Order (Section 11 – 13)

An assessment order can be used in situations where there is concern that an adult may be at risk of serious harm and it has not been possible to undertake an assessment through informal means. An assessment order allows a Council Officer (SW) to interview the adult at risk in private and if necessary, arrange a medical examination. However the adult at risk must give their consent before the order can be implemented. They must be advised that they are not obliged to answer any questions.

If it is likely that there will be a lack of privacy, the adult at risk can be taken elsewhere for the interview and the examination to be completed. The Sheriff

can authorise a Council Officer (SW) to take an adult at risk from a place being visited under Section 7 to allow for an assessment. It may be necessary to consider an alternative place to undertake the assessment if someone is not allowing the interview to proceed or the adult is unwilling to talk freely and / or requires specialised equipment to facilitate the interview.

Before an order is granted, the Sheriff must be satisfied that an assessment is necessary and meets the criteria (Section 12, Adult Support & Protection (Scotland) Act 2007) as follows.

- a) Where the Council has reasonable cause to suspect that an adult at risk is being or is likely to be seriously harmed
- b) That an assessment order is required to establish whether the person is an adult at risk who is being or is likely to be seriously harmed, and
- c) The availability and suitability of the place at which the person is to be interviewed.

When an assessment order is granted the Sheriff also grants a warrant for entry. This is necessary where the council officer has been, or reasonably expects to be, refused entry or be unable to enter the place where the adult at risk is.

The visit to implement the assessment order will be carried out in conjunction with the police. A police constable will be in attendance and if necessary can use reasonable force to fulfil the object of the order. It is only the constable who can use reasonable force.

The warrant expires 72 hours after it is granted and the Assessment Order will expire after a seven day period.

The following factors should be considered before applying for an assessment order:

- Has a risk assessment been completed?
- What type of harm might the adult be suffering or be likely to suffer?
- Is it of a serious nature?
- What steps have been taken to establish the extent of the harm or the likelihood of it?
- Why have these not been successful?
- Has there been non co-operation from the adult and/or their carer or relative or significant other?
- What steps have you taken to overcome this?

- What kind of assessment is needed?
 - Consider any communication difficulties
 - Consider any known health issues
- Where will the assessment take place?
 - At home or at an appropriate other place if it is not possible to interview the person in private
 - Need to establish the course of action if the adult at risk cannot be assessed at home
- Has the adult's capacity been assessed/established.?
- If the adult at risk has a known mental disorder has an MHO been consulted?
- Have you considered any other legislation in order to intervene effectively? If so, why is it not appropriate?
- Have you contacted and liaised with the police?
- Has a referral to the Advocacy Service been considered?
- Have you applied the principles of the Act throughout your decision making process when considering the proposed action?

The Council should re-consider the merit of the application if it considers that the adult will refuse consent to the granting of an assessment order, or compliance with any interview or medical examination.

3.1 Consent of Adult at Risk:

It is also necessary to consider whether the adult has given consent or not to the action being considered. You must evidence this to the Sheriff. Therefore it may be helpful to consider the following steps;

- Step 1 Is the adult able to give consent?
- Step 2 If not, demonstrate how you have tried to gain consent and the reasons why this has not been achieved.
- Step 3 If the adult specifically refuses to give consent, you must consider whether they have been unduly pressurised, unless the adult at risk does not have capacity

3.2 Urgent Cases

A Warrant for Entry under Section 37 may be applied for in an emergency. Therefore, there may not be sufficient time to arrange a network meeting or case conference. In such instances, the application will be determined through discussions with relevant professionals and appropriate management. Discussion and decision making should be recorded and attributed as Strategic Discussion

Where someone has been hurt and sustained a physical injury, it may be necessary to contact the emergency services.

4 Removal Order (Sections 14 - 18)

A removal order can be used in situations where there is concern that an adult may be at risk of serious harm and it is necessary to move the person to a specified place and take reasonable steps to protect that person from harm.

Before a removal order is granted, the Sheriff must be satisfied that it is necessary and meets the criteria (Section 15).

- a) That the adult at risk is likely to be seriously harmed if not moved to another place
- b) That there is an available suitable place where the adult at risk can be moved to.

When a removal order is granted, the Sheriff also grants a warrant for entry. A police constable will be in attendance and, if necessary, can use reasonable force to fulfil the object of the order. It is only the constable who can use reasonable force.

The warrant expires 72 hours after it is granted.

The order expires seven days from when the adult at risk is moved, or after any shorter period that the Sheriff has decided upon when granting the order.

4.1 Consent of Adult at Risk:

When considering applying for a removal order, it is necessary to establish whether the adult at risk is able to consent to the action. The following steps should be considered:

- Step 1 Is the adult able to give consent?
- Step 2 If not, demonstrate how you have tried to gain consent and the reasons why this has not been achieved.
- Step 3 If the adult specifically refuses to give consent you must consider whether they have been unduly pressurised, unless the adult at risk does not have capacity

The following factors should be considered before applying for a removal order:

- Have you completed a risk assessment ?
- Has a network meeting or case conference taken place or is one necessary? (The situation may not allow for this due to the immediacy of circumstances.)
- What type of harm might the adult be suffering or be likely to suffer?
- Is it of a serious nature?
- What steps have been taken to establish the extent of the harm or the likelihood of it?
- What attempts have been made to minimise harm?
- Why have these not been successful?
- Has there been non co-operation from the adult and/or the carer/relative or significant other.
- What steps have you taken to overcome this?
- Have you tried to establish whether the adult at risk has capacity?
- If the adult at risk has a known mental disorder has an MHO been consulted?
- Have you considered any other legislation in order to intervene effectively? If so, why is it not appropriate?
- Have you contacted and liaised with the Police?
- Has a referral to the Advocacy Service been considered?
- Have you applied the principles of the Act throughout your decision making process when considering the proposed action?
- Social Work or Out of Hours Service must be informed if the adult at risk chooses to leave prior to expiry date.

The Council should re-consider the merit of the application, if it considers that the adult will refuse consent to the granting of a removal order, or it is not likely to remain in the place to which he or she has been taken. This is because a removal order only permits the removal of the adult. It does not authorise the keeping of the adult in the place for the duration of the order.

4.2 Planning

A removal order will expire after seven days or such shorter period as may be specified in the order from when the person is removed. This is a short period of time to complete an assessment and establish a plan. It is therefore necessary to formulate a plan at the earliest point. This should be when considering your application. The following factors will assist the planning stages when invoking a removal order.

- Why does the adult at risk need to be removed
- How will the adult at risk be removed
 - Have you considered means of accessing an adult at risk through attendance at day care?
 - Consider transport
 - Consider safety of Council Officers
 - Consider any immediate health needs
 - Liaise with Police regarding execution of warrant for entry
 - Who will secure the property? See Section 5
- Where will the adult at risk be removed to?
 - Consider availability of specified place
 - Consider suitability of place of safety
 - Consider specialised equipment
 - Consider cultural needs
- What conditions should be considered?
 - Who should have contact?
 - Have you identified any other relevant parties – guardian, relatives, etc?
 - Do you require to consider a plan for those who should have access?

- Have you applied the principles of the Act throughout your decision making process when considering the proposed action?

4.3 Case Conference Procedures

A case conference should be arranged within 24 hours of the adult being removed.

The following factors should be considered at the case conference:-

- How the removal order was enforced and any issues addressed.
- Review the outcome of the removal order
- Determine possible alternatives to returning home, if applicable
- Determine what action is necessary to facilitate the person's return home
- A risk assessment must be completed or reviewed
- A protection plan must be established or reviewed
- The core group and a communication plan must be established
- Clear roles and responsibilities for the period that the adult is removed should be established.
- Consider other measures within the Act (e.g. banning order)or any other relevant legislation?

4.4 Variation or Recall:

Whilst there is no right of appeal, it is possible for the order to be varied or recalled. The adult who is subject to the order, the council or any other person who has an interest can apply for the order to be varied or recalled.

4.5 Representation

Council officers should consider supporting the adult to seek representation through advocacy and a solicitor.

4.6 Financial Implications

It is envisaged that where an adult at risk is removed to a care home for the period of the order, he or she will not be charged. The council has an overriding responsibility to protect the adult at risk. The costs of securing the property of the adult at risk during the period of the order will also be the responsibility of the council.

4.7 Warrant for Entry

A police constable will be in attendance and if necessary can use reasonable force to fulfil the object of the order. It is only the constable who can use reasonable force.

4.8 Safeguarding of Property

Section 18 obliges the council to take reasonable steps to prevent loss or damage to any property owned by someone removed under a removal order.

The Act authorises entry to any place where the property that is owned or controlled by the adult at risk is known or believed to be for the purposes of preventing loss or damage.

Where a person is removed the council must ensure that the property is locked fast, and that water and heating are safe in terms of the maintenance of the property. The council should also make provision for animal welfare and ensure any valuables and monies are securely stored. There may be storage issues for the council and there is no entitlement to recover any costs as long as the order is in force (seven days).

This duty would allow council officers (SW) to remove any personal papers or bank books and adequate storage should be identified for these. The adult should be informed of their location if unable to take care of them.

The police should be advised that a property is vacant, particularly where the adult has been targeted.

5 Banning Orders (Sections 19 - 28)

A banning order or a temporary banning order can be considered where the adult at risk is in danger of being seriously harmed, and where it would be better for the adult to remain where they are than be removed.

Before a banning order can be granted, the Sheriff must be satisfied that it is necessary and meets the criteria under Section 20 as follows:-

- That the adult at risk is being or is likely to be seriously harmed by another person.
- That the adult at risk's wellbeing or property would be better safeguarded by banning the other person from a place occupied by the adult than it would be by moving the adult from that place.
- That the adult at risk is entitled or permitted to occupy the place the subject is being banned from (or that neither the person to be banned or the adult is entitled to occupy the place from which the subject is to be banned). The most important effect of this is that if the adult does not have a right to occupy the property then the subject cannot be banned.

Any decision to grant or refuse to grant a banning order can be appealed to the Sheriff.

The subject may be banned from being in a specified place and in a specified area in the vicinity of the specified place

A banning order can be made:

- By or on behalf of the adult whose well being and property would be better safeguarded by the order.
- By any other person who is entitled to occupy the place concerned.
- By the council if there is no-one else to make the application and the grounds are met.

A banning or temporary banning order which bans the subject of the order from a specified place may have conditions attached to it, and may last up to six months.

5.1 What can a Banning Order or Temporary Banning Order do?

- Ban the subject from being in a specified place.
- Authorise the summary ejection of the subject from the specified place and specified area
- Prohibit the subject from moving any specified thing from the specified place
- Direct any specified person to take specified measures to preserve any moveable property owned or controlled by the subject which remains in the specified place while the order has effect;
- Be made subject to specific conditions; and
- Require or authorise any person to do, or refrain from doing, anything else that the Sheriff thinks necessary for the proper enforcement of the order

A condition specified in an order may authorise the subject of the order to be in a place from which they are banned for a specific reason e.g. supervised contact.

5.2 Consent of the affected adult (adult at risk)

Step 1 Is the adult able to give consent?

Step 2 If yes - have they refused?

- Step 3 If they have refused – have they been unduly pressured?
- Step 4 Have you considered alternatives where the adult may agree to work with you under different terms?

5.3 Representation

Section 19 (4)

- The council officer (SW) should consider organising a representative for the adult at risk. The council has a responsibility to support the adult to access advocacy.
- It is the responsibility of Legal Services to advise the subject and any other relevant person of the application.

5.4 Intimation

It is the responsibility of the Legal Services to formally notify the subject and any other relevant person that the application has been made.

5.5 Factors to consider before making an application

- Does the adult meet the criteria for 'adult at risk'?
- Have the principles of the Act been applied?
- The type and severity of harm.
- Have any other legislation or options been considered?
- Risk assessment completed.
- Does the adult at risk have capacity?
- Is an MHO required?
- Is there anyone else applying for a banning order?
- Who will be the subject of this order, what length of time is required and what area does it cover?
- Consider any other places where the subject may gain access to the adult at risk.
- What conditions should be considered e.g. power of arrest, no contact by telephone, internet, third party, etc.
- Will the banned person have supervised contact with the adult – develop an access plan?

- Discuss if the subject of the order makes contact, what action needs to be taken.
- How will the order be implemented – consider safety issues to the adult and to staff
- Where a child may be the subject of a banning order, Education & Children’s Services must be contacted to discuss appropriate action. It may be necessary to consider an application to the Children’s Panel Reporter.
- Consider how the subject will remove their own property from the specified place.
- Consider any removable items of the subject’s, which remain in the property – i.e. take an inventory and check with the subject to verify.
- Does the banned person reside in the same place? Does banned person have a key to the property they are banned from?
- Will the banned person need to be re-housed? How will their property be secured?

Consultation with all relevant agencies will be ongoing and documented and attributed as Strategic Discussion.

5.6 Notifications

If the application is granted, Legal Services will be responsible for notifying the subject of the order, and the affected adult

There may be occasions when it is in the best interests of the adult for the intimation of the application or order to be dispensed with. The Sheriff needs to be satisfied that by doing so this will protect the adult from serious harm; or will not prejudice any other person.

5.7 Serving the Order

This should be coordinated between the social worker, Legal Services and the police. Where necessary, Sheriff Officers can be involved in implementing an order or serving court papers. Legal Services will make initial contact with them and organise the service of papers. If the person subject to the order needs to be ejected, Sheriff Officers will need to be present. It may be appropriate for the police to be present too.

5.8 A Case Conference should be arranged within 48 hours with regular core group meetings arranged to review the situation.

- If the adult at risk is dependent on the subject of the order for his or her care needs, this will need to be considered and appropriate support provided.

- Safety issues
- Clear protection plan

5.9 Occupancy Rights

The banning order does not affect the adult at risk's rights, as a non-entitled spouse whose name is not on the occupancy agreement, to occupy a home within the place from where the subject of the order is banned, under the Matrimonial Homes (FP) (Sc) Act 1981.

Where the adult at risk is entitled to occupy a place, their rights are not affected if their husband, wife, partner, etc is banned from the place.

Where the adult at risk has no occupancy rights and the proposed subject of the order does have these rights, the subject cannot be banned from the place.

If you are unsure about the position, then this should be discussed with Legal Services prior to making a decision to apply for an order.

5.10 Variations of the Banning Order, once granted

Section 24 of the Act makes provision for an application to be made to the Sheriff to recall or vary an order. It is possible to vary or recall an order if there has been a change in circumstances where the order is not required or it may be necessary to make a change to the order either to add or delete conditions.

This can be carried out by

- The person who applied for the order
- The subject of the order
- The adult at risk
- Any other person who has an interest in the adult at risk's well being or property

5.11 Safeguarding of Property

When a Banning Order has been made, the council's duties to protect relate only to moveable property belonging to the subject of the Banning Order which remains in the specified place, e.g. the adult at risk's home, while the Banning Order is in place. An inventory of such moveable items must be made and the best practice would be for the subject of the Banning Order to sign that this inventory is correct.

An inventory should be made; and a copy given to the subject of the order for signature. This will be carried out by the person delegated by the team leader. Costs incurred should be authorised by team leader (e.g. storage, pet care, locksmiths/joiners).

Organising and Chairing an Adult Protection Case Conference

1 Organising and Chairing

The Community Care Service will take responsibility for the organising and chairing of case conferences. The chairperson should be the service manager involved. He or she will ensure that time and venues are arranged and that all relevant people are invited.

Whenever possible, and where appropriate, the adult at risk should be invited to attend. He or she will have the right to be accompanied by an independent advocate, appropriate adult or support worker of their choice, including family member(s). Before attending a conference, the adult at risk and, where appropriate, his or her relative(s) or carer(s) should be briefed about the purpose and format of the meeting. The person who will take the minutes of the meeting should be identified in advance and should not be the chairperson.

1.1 Guidance to Chairpersons

- Where there is dissent or concern, the chairperson will consider and rule on requests for a family member and/or a carer to be included or excluded from the case conference or requests that the adult involved should or should not attend the case conference. Decisions about who should or should not attend should be recorded in writing with reasons.
- Provision should be made for the chairperson to ascertain if any professional needs to share information without the family being present. If so, this should be done prior to the family joining the case conference. It is expected that this will be exceptional and that the adult at risk and family or carer, will be able to attend for all of most meetings.
- The chairperson will introduce him or herself to the adult involved and his or her family and/or carer immediately prior to the case conference and confirm their understanding of the purpose and process of the case conference.
- Where the adult at risk (and/or his or her family or carer) has chosen not to attend or has been excluded from the case conference the chairperson must ensure that the decisions of the case conference are fed back to them as soon as practicable after the case conference. Where appropriate, the adult at risk should be consulted before details are passed to family or carer(s).
- The chairperson will ensure that the minutes of the case conference are accurate and that they are distributed to the appropriate agencies and, where appropriate, the adult at risk and

his or her family and/or carer within ten working days of the case conference.

- The chairperson should ensure that any necessary communication aids (e.g. loop system) are made available.

1.2 Involvement of the Adult at Risk:

The wishes and needs of the adult at risk are at the heart of the case conference process. It should be normal practice for the adult to be involved in discussions about them and their circumstances.

In making decisions about the adult at risk's involvement, the chairperson should be guided by:

- The capacity of the person
- The information likely to be shared at the case conference
- The likely effect on the adult, particularly when the person suspected of abuse may also require to have some involvement.
- The views of the family and carers.

1.3 Involvement of Family and Carers

If the adult at risk does not wish the attendance of a family member or carer and it is felt crucial to any protection plan that the family member or carer attend, the social worker should discuss the issue with the chairperson who will make a final decision on attendance. Decisions will be recorded in writing.

It is important that family and carers have a room in which they can wait and that, when necessary, the time spent on the initial part of the conference, from which they have been excluded, is kept to a minimum.

1.4 Exclusion of Family and Carers

This will only occur where there are substantive grounds to believe that the involvement of family and carers would undermine the process and purpose of the case conference and they may need to be excluded throughout.

Grounds for exclusion would be:

- When a significant level of conflict or tension exists within the family and carers or
- When there is substantive evidence to believe that there is a likelihood of violent or serious disruption of the process of the case conference
- If frank discussion would be curtailed by the presence of a particular person

Family and carers may also be excluded when third party or sub-judice information is being presented to the case conference.

Being an alleged perpetrator is not sufficient reason in itself to exclude a family member or carer,. This may be judged necessary by the chairperson if it is considered that their presence would seriously affect the consideration of the risk to the adult concerned.

1.5 Involvement of a Friend or Advocate

There may be occasions when the adult concerned or a carer or family member may wish to be supported by the attendance at the case conference of a friend, other relative, professional person or member of an independent advocacy service. The attendance of such a person who may be able to assist the adult in clarifying the content of the discussion should be encouraged. The use of an independent advocate or the Appropriate Adult Scheme should be considered.

1.6 Attendance of Professionals

Conferences should be attended by individual professionals from caring agencies that have a direct contribution to make and a role to play. These may include:

- Social work professionals carrying out the investigation or who already know the individual and/or their carer or family and their supervising senior social worker or team leader.
- Medical professionals who are involved in the investigation or who know the carers and family concerned (e.g. health visitor, GP, district nurse, community psychiatric nurse etc.)
- Police officers who are involved in the investigation

- Voluntary or private sector staff who are directly involved with the carer/family
- Residential or day care staff involved with the adult
- Members of the interpretation services.
- Power of Attorney or Welfare Guardian

Consideration needs to be given to the number of people attending the case conference as the purpose is to enable the adult at risk to be fully involved in the discussion and the decision making process.

1.7 Information Sharing

Confidentiality is required from each participant in a case conference and this should be made explicit at the beginning of the meeting by the chairperson. Information will be shared in line with the legislation on Data Protection.

Exceptionally, it may be considered that the disclosure of certain information in this kind of meeting could cause serious damage to the person it concerns and care needs to be taken on how this information is shared.

2 Conduct of Case Conference

2.1 Introduction

The chairperson introduces the case conference by confirming:

- The function of the case conference and the context of the adult protection guidelines
- The right to information of those present; clarifying that certain information may have to be restricted; giving the reason for that restriction
- The chairperson then asks participants to introduce themselves.

2.2 Fact Gathering

The professionals are asked by the chairperson to share information:

- Beginning with the circumstances of the referral and conduct of enquiries
- Moving on to any relevant background information only once all the information relating to the current enquiry has been shared
- The chairperson briefly summarises each contribution at the time it is made to ensure that the contribution has been properly understood. This process should also facilitate the taking of the minute of the meeting.

- It is particularly important that the carers and 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 disagreements can only be acknowledged.
- The unrestricted information shared at the case conference is summarised by the chairperson.

2.3 Interpretation and Assessment

The chairperson should lead the discussion which focuses on:

- What are the strengths of the family and carers and what are the threats to the adult at risk's well-being?
- What are the specific dangers to the adult at risk and/or the carers and family members?
- What extended family, professional and community supports could be offered?
- How can the harm be stopped?

2.4 Decisions

The case conference needs to decide whether the adult and/or any other person is believed to be at risk of being harmed, mistreated or neglected and if so:

- Consideration must be given as to whether or not a referral should be made to the police if it is believed that a crime may have been committed if this has not already been done.
- An adult protection plan must be agreed with a list of action points and timescales and details of who will be responsible and for what.
- A communication strategy should be included in the protection plan to ensure appropriate liaison between agencies. Contact between the social worker and the adult at risk will be weekly unless otherwise agreed by the case conference or review. The core group will meet monthly unless otherwise agreed by the case conference or review.
- A case co-ordinator must be appointed who should be a social worker
- A review date must be agreed which must take place within three months

- Any supplementary actions that may be required as a contingency in the event of a breakdown in care arrangements or other changes in circumstances.
- Consideration of whether a Criminal Injuries Claim may be appropriate, along with the need for a referral to the Victim Support Agency.

2.5 Conclusion

The chairperson will summarise the decisions made by the case conference and confirm with participants the roles that they will play in the adult protection plan.

2.6 Minutes of the Case Conference

The minutes of the case conference should be completed and circulated to those attending and, where appropriate, with the consent of the adult at risk, to family and carers not present. The chairperson is responsible for making any alterations to inaccuracies noted by those in attendance and for ensuring that the minutes are circulated to all the relevant people as soon as possible but within ten working days.

The minutes should include as a minimum:

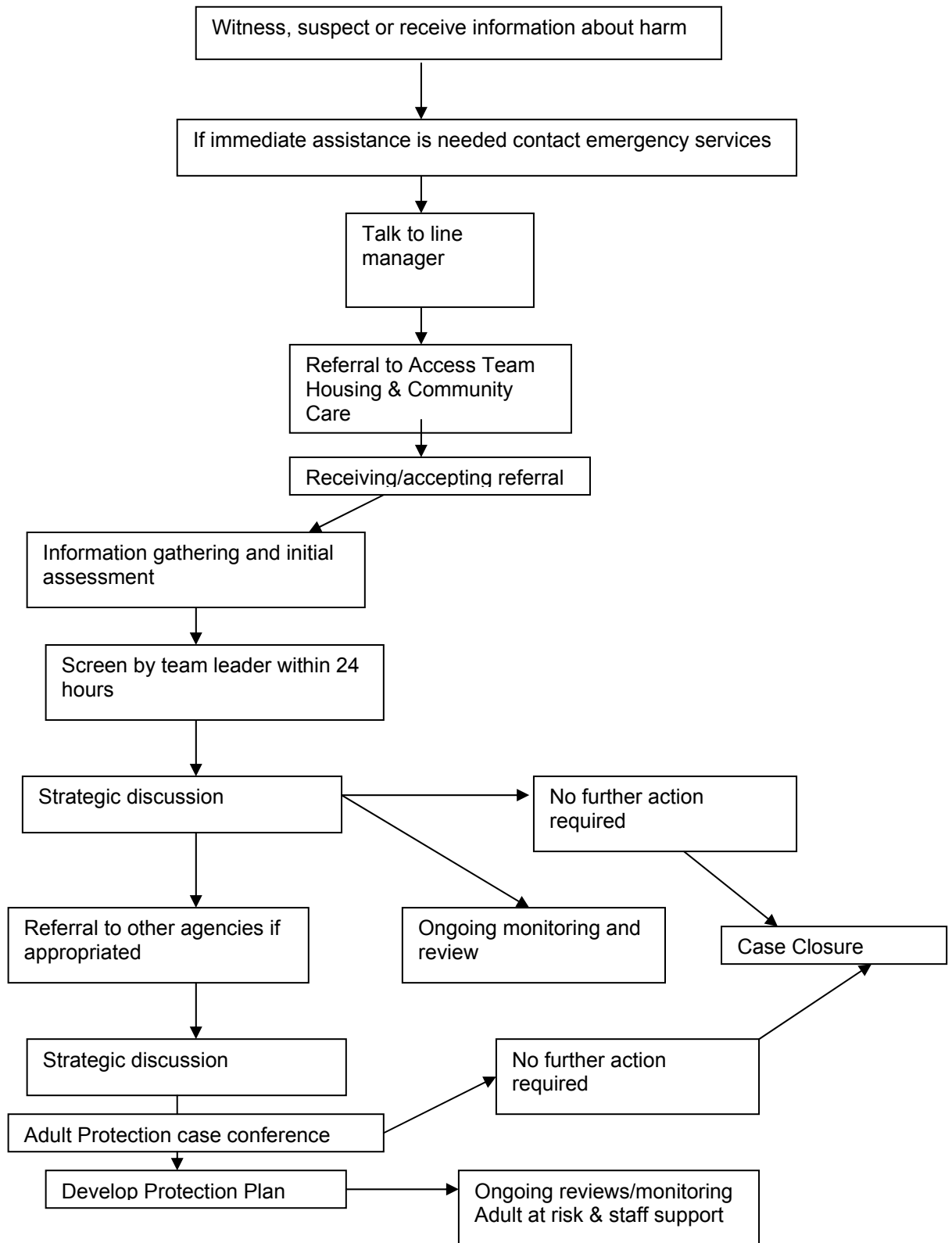
- Essential facts
- Details of the adult protection plan (if applicable)
- Whether the conference decided to refer the matter to the police
- Recommendations for further action
- An account of the process of the discussion and the reasons for the recommendations.
- A note of any dissent
- Date of the review conference

Where an adult at risk (and/or his or her family/carer) has chosen not to attend, lacks capacity or has been excluded from the case conference, the chairperson must ensure that the decisions of the case conference are fed back as soon as practicable after the case conference to the appropriate person

Copies of the adult protection case conference minutes and review case conference minutes are sent to the Head of Community Care, Adult Services and to the Service Manager, Planning and Performance.

Distribution of the minutes can be by email internally in Perth and Kinross Council and to other agencies with secure email. Otherwise registered post should be used.

**Adult Protection Process
Flowchart and Responsibilities**



1. Adult Protection – Responsibilities

1.1 Team Leader

- Receive information about an adult protection concern
- Screen information – record Contact evidencing action to be taken or reason why none being taken.
- Gather further information
- Allocate social worker
- Contact police if required
- Notify service manager

The above actions are to be done on the same day the concern is reported:

- Ongoing case discussion with the council officer (SW) throughout the initial investigation
- Discuss the case with the service manager regarding further action as required throughout the initial investigation stage.
- Discuss with Legal Services if Protection Order being considered.

The above actions should be within 48 hours of allocation of the case unless otherwise decided:

- Complete notification of adult protection concern form. Send it with date of contact detail and signed case discussion minute to Service or Partnership Manager who will add relevant comments, sign off and forward it to the appropriate person for statistical purposes.
- Carry out delegated tasks in relation to arranging a case conference
- Attend case conference
- Attend or chair core group meetings.
- Attend reviews as required.
- Evidence monitoring in profile notes of case records on a two weekly basis.

1.2 Social Worker

- Carry out investigation within 48 hours unless otherwise agreed with the service manager.
- Complete the initial investigation report and risk assessment immediately after the visit.
- Discuss with team leader.
- Carry out delegated duties in relation to arranging a case conference
- Ensure that the investigation report and risk assessment is available to the service manager prior to the case conference.
- Attend the case conference.
- Inform the adult at risk of the outcome of the case conference as soon as possible if he or she was not in attendance.
- Implement contribution to the adult protection plan.
- Attend core group meetings as required.
- Attend reviews as required.
- Visit on a weekly basis unless otherwise agreed on the Action Plan and maintain case records.

1.3 Service Manager

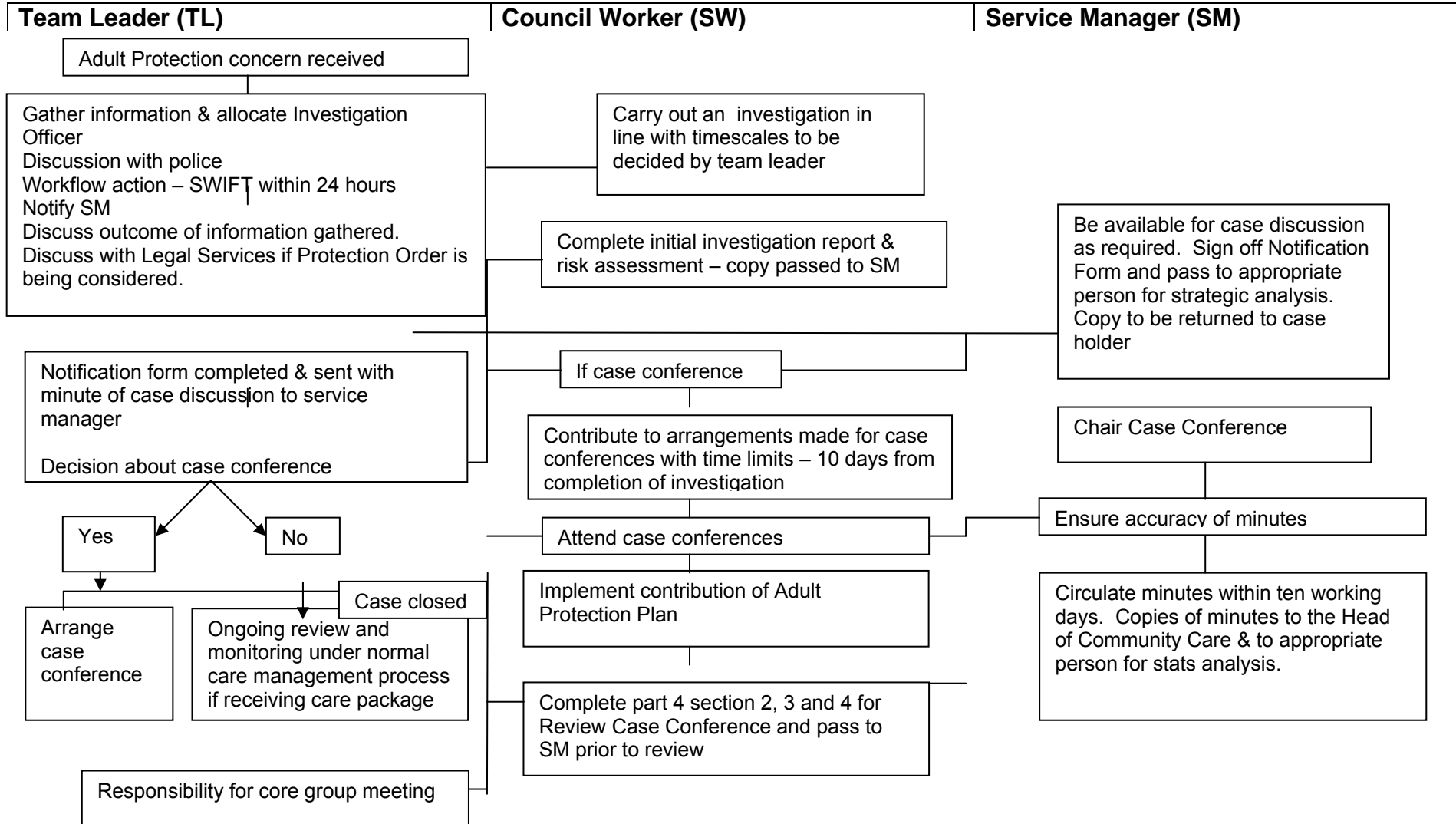
- Be available for consultation.
- Be involved in discussion about future action including the need for police involvement and a case conference.
- Ensure that the notification form is completed with evidence to justify decisions taken. Forward it to the appropriate person for statistical purposes and return a signed copy to case holder.
- If proceeding to case conference, ensure appropriate arrangements are made within the timescale – ten working days from completion of investigation.
- Chair case conference.
- If the adult at risk did not attend, delegate responsibility to notify the outcome within the agreed timescale.
- Ensure the accuracy of the minutes and sign them. Ensure that they are signed by the minute taker prior to circulation.

- Ensure circulation of minutes within ten working days of the case conference. These can be sent by email internally in Perth & Kinross Council and to the police and other agencies which have secure email. Otherwise registered post should be used.
- Copies of minutes are to be sent to the Head of Community Care and to the appropriate person for statistical analysis.

1.4 Admin Support

- Arrange case conference date ensuring this is within ten working days of the completion of investigation, book the venue and send out invitation letters.
- Attend the case conference to take minutes.
- Process the minutes on the Adult Protection Case Conference template.
- Following service manager scrutiny, distribute minutes within ten working days of case conference, including the Head of Community Care, Out of Hours Service and the appropriate person for performance reporting. Minutes to be distributed by secure email or registered post.
- Details of minutes to be recorded in Adult Protection module on SWIFT as follows
 - Date, time and location of case conference recorded in Conference tab.
 - Those invited who attended and apologies given should be entered in Conference Tab, Further Details.
 - Conclusion of minute entered in notes on Plans Tab.
 - Protection plans and actions to be recorded in Plans Tabs, Further Details and entered as Objectives.

Adult Protection – Paperwork & Timescales



Perth and Kinross Contacts

The following contacts can provide advice and guidance regarding action to be taken where there is a suspicion of abuse

Community Care Service	Perth Office – Central Duty System 35 Kinnoull Street Perth Tel: 0845 3011120
Out of Hours service	Tel: 0845 3011120
Tayside Police	Force Control Centre Tel: 0845 6005705 Western Division Barrack Street Perth Tel: 01738 624411 (ask for Public Protection Unit)
Health	NHS 24 08454 242424
Victim Support	Tel: 01738 567171

JIT Report

Protection of Adults at Risk

Initial Enquiry/Investigation and Risk Assessment

PART ONE CORE INFORMATION

DETAILS OF SUBJECT

First Names:		Surname:	
Also known as:			
Date of Birth:			
Gender:		Ethnic group:	
Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Housing Status:	Own home / Tenancy / Temporary / Homeless / Roofless / Care Home / Supported Accommodation / Lives alone / With family (delete as appropriate)		
ID Number:		CHI No	
Legal Status (e.g. Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order)	Name of Guardian or Attorney?		
Care Programme Approach?	Y/N	Hazard Activated	Y/N Date:
<u>Referred by-</u> <u>Contact Details-</u> <u>Date-</u>			

INVESTIGATING OFFICER

Name:			
Designation:			
Work Address:			
Postcode:			
Phone No:		E-mail Address:	
Date of Risk Assessment:			
Date of SSA/previous review:			
Date of Initial Investigation :			

PART TWO COMMUNICATIONS REQUIREMENTS

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

Section (5 and 6) of The Adult Support and Protection (Scotland) Act 2007 should be taken into account when looking at co-operation from other agencies and when considering advocacy. Social Workers should be reminded they have a duty to consider advocacy under this act.

Role	Name and Designation	Involved and aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? (date, or N/A)
Second Worker				
Mental Health Officer				
Criminal Justice				
Social Work other				
Social Work Other				
Support Worker Support Agency				
Community Nurse/CPN/D/N				
G.P				
Consultant				
Other Health Professionals				
Police				
Housing/Landlord				
Carer/named person				
Advocate				
Other				
Other				

PART THREE INTIAL INVESTIGATION

Under the Adult Support and Protection (Scotland) Act 2007

A council must make enquiries about a person's well-being, property or financial affairs if it knows or believes – that the person is an adult at risk and that it might need to intervene (by performing functions under this part or otherwise) in order to protect the person's well-being, property or financial affairs.

Record of Investigation:

Current situation:

Chronology of significant events:

Client views :

Family views:

Environmental factors:

Assessment of risk to client and others:

Views of professionals involved:

PART FOUR RISK ASSESSMENT

1. CAPACITY, RECOGNITION AND INVOLVEMENT

First Names		Surname	
<p>a) Has the person being assessed any particular communication needs (<i>e.g. for interpreter, advocate, Makaton, sign, speech and language therapist; or as a result of dementia, head injury etc?</i>)</p>			
<p>b) Does the person consent to share information in this assessment? (Yes/No) Any conditions or limitations?</p>			
<p>c) Comment on the person's ability to make his/her own decisions about risk? (<i>Evidence any limitations, if possible; refer to any examples of undue pressure if relevant</i>)</p>			
<p>d) Has there been a recent formal Assessment of Capacity? Yes/No If yes, detail outcome</p>			
<p>e.) Is a formal assessment of capacity required? Yes/No Has this process been initiated? Yes/No</p>			
<p>f.) Has the person contributed to this risk assessment? Yes/ No Explain if "No"</p>			
<p>g.) Has a Carer/Named person/nearest relative contributed? Yes/No Explain if "No" (<i>e.g. if carer or family member may be perpetrator, comment here</i>)</p>			

2. CURRENT RISKS, SUSPICIONS OR CONCERNS

Subject is considered to be at risk of serious harm from: <i>(Tick <u>all</u> you consider <u>may</u> apply and detail in greater depth on next page.</i>	Risk of serious harm to <u>subject</u> ?	Risk of serious harm to <u>others</u> ? Whom?	Immediate danger/ Imminent crisis?	Subject agrees? Yes/No	Carer agrees? Yes/No	High/ Med/ Low/ N/A
Financial harm/theft						
Physical Injury/health						
Sexual Abuse/exploitation/						
Sexual Ill health						
Pregnancy						
Violence/Aggressive behaviour						
Harassment/Exploitation/Racial Harm						
Psychological/Emotional distress						
Mental/Cognitive impairment						
Mental health problem						
Progressive illness						
Alcohol or drug misuse						
Harm by paid carers						
Institutional harm						
Suicidal intent/ self harm						
Reduced social functioning/isolation						
Self neglect						
Homelessness						
Loss of employment						
Risk to/Concerns for Children						
Other (specify)						
Challenges to services Yes/No – If yes provide detail over leaf under current risk description.						

3. CURRENT RISK DESCRIPTION

What behaviour, *allegation, complaint or event* has prompted this risk assessment? *(detail the nature of the behaviour or incidents which put the subject at risk, e.g. the nature and extent of sexual/physical harm; the specific areas of self neglect (eating, medication, wandering, etc)*

Who is the source of concern, and who is involved in the risk events?

When does this/do these circumstances occur - and **how often**?

(Evenings/weekends/every day/mealtimes etc: rarely, frequently, occasionally, etc)

Where does this/do these circumstances occur *(Daycentre, at home, on the streets, travelling)?*

Clinical diagnosis of mental or physical illness, *relevant to this risk assessment)*

Particular triggers or risky circumstances that heighten the risks ? *(e.g when subject 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)?*

Consider the likelihood and severity of risk and provide comments.

4. RISK ASSESSMENT

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?

b) Your assessment will include the contributions of other agencies/services. Indicate here if 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) Carers assessment of the risk *(if available)*

5. RECOMMENDATION/ACTIONS

a.) Is an Adult Protection case conference recommended? Yes/No
If no - give reasons why and complete relevant sections below.

b.) Detail any immediate actions that have 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 action do you recommend is taken to reduce the risk, or protect the adult being assessed? (*e.g. increased support; review of Care Plan; further needs assessment; change of environment/ service etc*) Clearly indicate who should do what and when.

d.) What **disadvantages, or reductions** to the adult's **quality of life, or freedom, or independence** might result from these actions (e.g. if increased supervision, change of home, statutory intervention)

d.) Recommended Actions - Risks to Other people (*Consider risks to other adults, carers; children, alleged abuser. Consider actions such as carer's assessment, alert to Home or Centre management in respect of other service users, additional risk assessments, police investigation of allegations, referral to child protection or criminal justice*)

Any further comment from the person being assessed?
 The client should be given the opportunity to complete this part allowing them to give their views in writing.

Signature of assessed person: _____ Date: _____
 (If no signature, say why)

Signature of Guardian/Attorney (if relevant) _____ Date: _____

Signature of advocate (if involved) _____ Date: _____

Risk Assessment discussed with Team Leader?	Date: _____
Risk Assessment discussed with partnership/service manager?	Date: _____

Summary of this risk assessment (*including agreed view of degree of risk and urgency of action*)

Signature: _____ (Assessor) date

Signature: _____ (Manager) date

Notification Requirements

Agency/Person	Requirement to notify?	Date informed
Care Commission		
Mental Welfare Commission		
Office of Public Guardian		
Senior Manager/Director		
Critical Incident Review Group?		



NOTIFICATION & MONITORING FORM OF ADULT PROTECTION CONCERNS

CLIENT INFORMATION	Date concern notified to Community Care _____
Name:	Visit Date _____
ID No	Referred by _____
Age	Date Investigation Completed _____
Team Involved	

Client Group Alleged Harm	Type of Alleged Harm (Tick all that apply)	Location of (Tick all)
Dementia <input type="checkbox"/>	Physical <input type="checkbox"/>	Own home <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Psychological <input type="checkbox"/>	Other dwelling <input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Emotional <input type="checkbox"/>	Public area <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Sexual <input type="checkbox"/>	Council building <input type="checkbox"/>
Alcohol Misuse <input type="checkbox"/>	Financial <input type="checkbox"/>	NHS site <input type="checkbox"/>
Drug Misuse <input type="checkbox"/>	Racial <input type="checkbox"/>	Care Home <input type="checkbox"/>
Other vulnerable group <input type="checkbox"/>	Neglect <input type="checkbox"/>	Other <input type="checkbox"/>
Over 65 <input type="checkbox"/>		

Lives Alone? YES / NO	Please state address
Does Client have capacity YES / NO	
Is assessment of capacity required? YES / NO	
Any previous allegations of abuse? YES / NO	
If yes, date(s) if known: _____	

ALLEGED PERPETRATOR	Relationship to client _____
Name:	Does alleged perpetrator need to be informed? (see guidance) Yes/No If yes, date informed: _____ If no, list reasons: (Guidance No only) _____ Does he/she have access To vulnerable people Yes/No
Address	
Age Gender :	
Is person known to Housing & Community Care? Yes/No	
Date of Entry on SWIFT	

Date Police were contacted if applicable _____
If alleged perpetrator under 16 years or is a vulnerable adult, to which Service has he/she been referred? _____
Date _____

ACTION	Other Professionals/Agencies consulted (tick all that apply)
Investigation complete date	Active Info
No Further Action <input type="checkbox"/>	Health <input type="checkbox"/> <input type="checkbox"/>
Case Conference Yes/No If yes, date _____	Police <input type="checkbox"/> <input type="checkbox"/>
	Private Provider <input type="checkbox"/> <input type="checkbox"/>
	Voluntary Org <input type="checkbox"/> <input type="checkbox"/>

Comments: e.g. reason for No Further Action / No Case Conference

Team Leader
signature

_____ date _____

Partnership /Service Manger
signature

_____ date _____

GUIDANCE NOTE FOR COMPLETION OF THE NOTIFICATION & MONITORING OF ALLEGED ABUSE FORM

Introduction

This form is to be completed by the Team Leader.

This form has been devised in order to give clear guidance for operational staff to report any adult protection concerns. The purpose of this recording is to allow the Local Authority to track and monitor levels of referral and vulnerable groups according to types of abuse and outcomes. This form is to be completed at point of referral with an update to Team Leader, Customer Liaison following initial investigation.

Client Detail

All sections are to be completed.

If the client has been investigated as the alleged victim of abuse on a previous occasion it must be documented.

Alleged Perpetrator

Alleged perpetrator **MUST** be recorded on SWIFT as known contact for client, with Hazard Form completed with details of Alleged Perpetrator. This will ensure that name access is available if further allegations are received.

- Police should be contacted to check if previous record.
- If the alleged perpetrator is under 16 years old or is vulnerable, the appropriate service must be informed and they will decide if a worker will be allocated.
- The alleged perpetrator should be informed that we have and will retain personal information on them **except** in the following circumstances:
 - a) Where to disclose to the alleged perpetrator may put client or any other person at risk e.g. further abuse or emotional harm
 - b) Where to disclose to the alleged perpetrator would be likely to jeopardise the prevention or detection of crime.

If either of these apply it must be recorded in the notes.

If the alleged perpetrator is a known Social work Client, please tick the box.

Other Agency Involvement

Note agency and level of involvement at time of incident and in the investigative process e.g. information gathering or active involvement.

Outcomes

Complete all relevant sections as appropriate.

Team leader and Partnership/Locality Manager must sign and date this form.

To be forwarded to the Service Manager, Planning and Performance.

Appendix 15

Glossary of Terms

Access Plan -method of approach about how to gain entry to the location where the adult at risk is believed to be

Adult at risk - Section 3(1) defines “adults at risk” as adults who:

- 1) are unable to safeguard their own well-being, property, rights or other interests;
- 2) are at risk of harm; and
- 3) 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.

Adjacent place: A place near, or next to any place where an adult at risk may be, such as a garage outbuildings etc.

Adult Protection Committee : A committee established by a council to safeguard adults at risk in its area.

Adult protection plan is a list of actions to be taken by specific individuals in set time scales or frequency in order to minimise the risks of further episodes of harm. It is devised as part of the first case conference following the multi-disciplinary discussion. It may be that the adult at risk of harm will have actions designated to them in the plan. It will be reviewed at subsequent case conferences. N.B. This is in addition to immediate action to protect the adult at risk of harm at point of notification, if required.

Advance Statement: A statement made under the provisions of Section 275 of the Mental Health (Care and Treatment) (Scotland) Act 2003 setting how a person would, or would not, wish to be treated should they subsequently require care and treatment under that Act.

Advocacy services” are services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person’s care and welfare as is, in the circumstances, appropriate.

Affected person – term for an adult at risk when applying for protection orders.

Alarm - sudden anxiety and fear, especially that something dangerous or unpleasant might happen

Allegation -a statement which has not been proven to be true which says that someone has done something wrong or illegal:

Appeal - a request that a legal decision is changed:

Appropriate adult -The role of the appropriate adult is to facilitate communication between a mentally disordered person and the police and, as far as is possible, ensure understanding by both parties.

Appropriate services - suitable or right provision of services for a particular situation or occasion

Ascertainable wishes - to discover; to make certain of the person's views

Assessment order: Order granted by a sheriff to help the council to decide whether the person is an adult at risk and, if so, whether it needs to do anything to protect the person from harm.

At risk - in a potentially dangerous situation

Attorney " means a continuing attorney or welfare attorney (within the meaning of the Adults with Incapacity (Scotland) Act 2000

Authorisation (in relation to council officer): producible evidence that the council officer has permission from their council to carry out duties in relation to the Act.

Availability and suitability- able to be obtained, used, or reached to be right for a particular person, situation or occasion:

Banning order: Order granted by a sheriff to ban a person from being in a specified place or area. The order may have specified conditions attached. The banned person can be any age, including a child.

Benefit - a helpful or good effect, or something intended to help:

Biennial report - happening once every two years

Body Corporate - a group of people relating to a large company:

Breach - an act of breaking a law, promise, agreement or relationship

Capacity – see mental capacity

Care Commission : The Scottish Commission for the Regulation of Care.

Case conference is a multi-disciplinary meeting of relevant people including the client and carer, and sometimes the alleged perpetrator at which all information about all aspects of the client situation will be shared leading to an adult protection plan. The investigation report will be made available to the meeting and will be presented by the Council Officer.

Children's Reporter - person who will decide if a child needs to be referred to a Children's Hearing which aims to provide a safety net for vulnerable children, and to work with partner agencies who deliver tailored solutions which meet the needs of the individuals involved

Civil Law – law relating to private arguments between people or organizations rather than criminal matters:

Communication: to share information with others by speaking, writing, moving your body or using other signals:

Communication difficulties -when a person does not have clear verbal skills and needs the support of other aids or a person that knows them well to support them in sharing information, thoughts and feelings.

Confidentiality – protection of information in an organisational situation within agreed parameters.

Collaboration – joint working with other agencies for the benefit of the adult at risk.

Comparable situation- to examine a specific case and circumstances in its own right and to take into consideration how a different person in a similar position would be treated.

Conduct : Includes neglect and other failures to act.

Consent - permission or agreement

Convenor – person who arranges a meeting, or for a group of people to attend a meeting:

Cooperation - to act or work together for a particular purpose, or to help someone willingly when help is requested:

Contingencies - something that might possibly happen in the future, usually causing problems or requiring further arrangements to be made

Council nominee: An individual who is not a council officer under Section 52 of the Act, nominated by the council to either interview the adult under an assessment order or to move the adult under a removal order.

Council Officer is a professionally qualified council employee who will lead the enquiry/investigation and completion of the report and risk assessment and have shared responsibility for implementation of the protection plan and ongoing monitoring. The Council Officer will be supported by the Team Leader and Service Manager.

Detain / detention - to force someone officially to stay in a place:

Disability - an illness, injury or condition that makes it difficult for someone to do the things that other people do

Disapply/Disapplication : To dispense with.

Disclosure - to make something known , or to show something that was hidden

Distress - a feeling of extreme worry, sadness or pain:

Entitled - to give someone the right to do or have something:

Exhausted – tried without success

Fear - an unpleasant emotion or thought that you have when the person is frightened or worried by something dangerous, painful or bad that is happening or might happen:

Harm: Includes all harmful conduct. This includes conduct that causes physical or psychological harm, unlawful conduct that adversely affects property, rights or interests possessions, conduct that causes self-harm.

Health professional : The person is a doctor, nurse, midwife or other type of individual prescribed by the Scottish Ministers.

Health records – are records relating to an individual’s physical or mental health which have been made by or on behalf of a health professional in connection with the care of the individual.

Impaired mental capacity – reduced ability to effective thought processes

Independent advocacy services are services are provided by a person who is none of the following—

- (a) a local authority;
- (b) a Health Board;
- (c) a National Health Service trust;
- (d) a member of—
 - (i) the local authority;
 - (ii) the Health Board;
 - (iii) a National Health Service trust,

in the area of which the person to whom those services are made available is to be provided with them;

Information sharing – process of effective exchange of relevant details and specific circumstances of an individual within professional agencies and confidential boundaries

Inquiry – In general, after notification of an adult protection concern, there is an initial information gathering phase by the Council officer which may involve a visit and will indicate the likelihood of harm being perpetrated or if there are unexplained / complex issues that need to be further explored. This will either proceed to an investigation, be dealt with using other legislation or not require any further action.

Inventory - a detailed list of all the items in a place:

Intervention - to intentionally become involved in a difficult situation in order to improve it or prevent it from getting worse:

Interview - a meeting in which someone asks you questions to ascertain the facts of which an accurate record is kept.

Investigation – In general, following an adult protection enquiry, the multi-disciplinary process led by the Council Officer in which all aspects of the situation are examined and reported on using appropriate risk assessment. This will usually culminate in an adult protection case conference.

Occasionally when the adult protection notification clearly indicates that harm has been perpetrated, the investigation will be initiated from the outset.

Where there is a need to use any powers under the Act, this would be regarded as an investigation.

Justification / justifiable - you give a good reason for what you have done which is documented

Least restrictive –to intervene only as much is necessary in order to achieve the desired outcome

Legal representative – person connected by law to speak, act or be present officially for another person or people

Liable - having legal responsibility for something

Medical examination – assessment related to the treatment of illness and injuries:

Mental capacity - relating to the mind, or involving the process of thinking: condition of thinking process

Mental disorder – person with a mental illness, learning disability or personality disorder

Mental Infirmity - relating to the mind, or involving the process of thinking in relation to a person who is ill or needing care, especially for long periods and often because of old age:

Mental illness – a disease of the mind or involving the process of thinking:

Mental Welfare Commission - The Mental Welfare Commission for Scotland is an independent organisation working to safeguard the rights and welfare of everyone with a mental illness, learning disability or other mental disorder.

Movable property - an object or objects that belong to someone that can be moved

Multi-disciplinary assessment– gathering of information that is analysed by multi-disciplinary team members application of professional Knowledge

Multi-disciplinary plan – interagency joint agreement of tasks to be carried out by named individuals within specified time scales

Neglect - to give insufficient care or attention to vulnerable people to their detriment

Obstruction - to prevent something from happening correctly by putting difficulties in its way:

Occupancy rights – legal entitlement to the use of a room or building for the purposes of living or working

Parental Responsibility – as provided for in section 1 and 2 of the Children (Scotland) Act 1995. Subject to section 3(1)(b) and (3) of this Act, a parent has in relation to his child the responsibility—

- (a) to safeguard and promote the child’s health, development and welfare;
- (b) to provide, in a manner appropriate to the stage of development of the child—
 - (i) direction;
 - (ii) guidance to the child;
- (c) if the child is not living with the parent, to maintain personal relations and direct contact with the child on a regular basis; and
- (d) to act as the child’s legal representative,

Power of arrest - Power attached to a banning order (or temporary banning order) granted to the Police by a Sheriff which allows a Police Officer to arrest, without warrant, a person who the Police Officer reasonably suspects to be breaching , or to have breached an order, and considers arrest necessary to prevent further breaches of the order. Person may be detained in Police custody and then be brought before a Sheriff on the next court day.

Prejudice - an unfair and unreasonable opinion or feeling, especially when formed without enough thought or knowledge:

Procurator Fiscal - the public prosecutor in Scotland, also carrying out functions broadly equivalent to the coroner in other legal systems.

Proxy – a continuing or welfare attorney, or a guardian under the Adults with Incapacity (Scotland) Act 2000. Can have a combination of powers – welfare, property and/or finance

Public body – according to section 5 of the Act

- (a) the Mental Welfare Commission for Scotland,
- (b) the Care Commission,
- (c) the Public Guardian,
- (d) all councils,
- (e) chief constables of police forces,
- (f) the relevant Health Board, and
- (g) any other public body or office-holder as the Scottish Ministers may by order specify

Public Guardian – government department that has legal responsibility to ensure the people who are appointed to take care of someone who cannot take care of themselves fulfil their statutory obligations

Reasonable time - to arrange visits at a suitable period of the day taking into account how long it takes for someone to do something

Recall- an authorisation by the court to cancel a removal or banning order

Removal order - an order granted by a sheriff authorising a council officer or council nominee to move a named person to a specified place within 72 hours of the order being made and the council to take reasonable steps to protect the moved person from harm. The order can be for any specified period for up to 7 days

Representations - to articulate views on behalf of another person

Review -to consider something in order to make changes to it, give an opinion on it or study it:

Risk - the possibility of something happening that has either positive or negative consequences

Risk assessment – judging the relevant impact and likelihood of particular actions

Risk management – making arrangements to minimise the negative impact of particular actions and reduce frequency

Safeguard -to protect something from harm:

Safeguarder – person appointed by the sheriff to safeguard the interests of the person who is the subject of proceedings relating to an application.

Self harm - injuries done to oneself:

Self neglect -not giving enough care or attention to oneself

Serious harm – any action or series of actions that has ongoing consequences for physical or psychological health.

Statutory interventions – to intentionally become involved in a difficult situation in order to improve it or prevent it from getting worse because there is a legal duty to act.

Strategic discussion –a sharing of information between key professionals involved in the enquiry or investigation of an adult protection concern which will result in documented decision making on how to proceed by attributing responsibility for decision making and actions to named individuals.

The issues that are likely to be considered will be

- adherence to the principles of the act
- if intervention is necessary
- if an MHO is required
- if police should be consulted
- other relevant legislation
- level of risk
- duty to consider advocacy & other services
- worker's safety
- need for case conference
- any undue pressure
- need for medical examination
- need to access records
- protection orders

This will take place as often as necessary to ensure robust management of case and support of staff.

Subject - the person suspected of harming the adult at risk when applying for a protection order

Subordinate legislation – statutory legislation (usually in the form of regulations) which may be made by Ministers under enabling powers within an Act of the Scottish Parliament to clarify and implement the details of an Act.

Temporary banning order - an order granted by a sheriff pending determination of an application for a banning order. The order may specify the same conditions as a banning order

Timeous investigations - to examine a crime, problem, statement, etc. carefully, especially to discover the facts within a suitable time frame

Undue pressure –the ability to have an unacceptable or unreasonable influence on how a person behaves or thinks because of their perception of possible consequences.

Variation –a submission to the court to change or cause something to change in relation to a removal or banning order

Visit – a visit by a council officer under Sections 7, 16 or 18 (including warrant entry) unless the contrary intention appears.

Vulnerable - able to be easily physically, emotionally, or mentally hurt, influenced or attacked

Vulnerable Witness Scheme - An Act of the Scottish Parliament to make provision for the use of special measures for the purpose of helping vulnerable adults participate more fully in court proceedings

Warrant for entry – Authority for a council officer to visit any specified place under Section 7 or 16 together with a constable. The constable may do anything, including the use of force where necessary, that the constable considers to be reasonable towards fulfilling the object of the visit.

Well-being –state of physical, emotional and mental health relative to one's own personal circumstance