

## Adult Support & Protection Policy and Procedure

<b>Version Number</b>	Issue 3
<b>Date Revision Complete</b>	May 2018
<b>Policy Owner</b>	Housing & Care Director
<b>Author</b>	Lesley Carnegie, Governance & Assurance Manager
<b>Reason for Revision</b>	Three years since last review.
<b>Proof Read</b>	Head of Business Services
<b>Date Approved</b>	21 <sup>st</sup> May 2018
<b>Approved by</b>	EMT
<b>Next Review Due</b>	May 2021

<b>Audience – Training and Awareness Method</b>	Updated policy to be circulated to all and covered in Care Services team meetings.  ASP training is part of the mandatory training on the LMS and is therefore completed regularly by all members of the organisation.
<b>Effective Date</b>	1 <sup>st</sup> June 2018

<b>Internal References</b>	Openness and Confidentiality Policy Whistleblowing Policy Child Protection Policy
<b>External References</b>	Adult Support and Protection (Scotland) Act 2007 Mental Health (Care & Treatment) Scotland Act 2003 Adults with Incapacity (Scotland) Act 2000 Data Protection Act 1998

<b>Appendices</b>	
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<b>Comments:</b>	
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## **ADULT SUPPORT AND PROTECTION POLICY**

### **1. Purpose of Policy**

- 1.1 It is every Blackwood employee's responsibility to report any concerns regarding any adult who is, or who appears to be, at risk of harm. This policy sets out the actions required of employees when dealing with adult protection, including how we will ensure effective links with the relevant local authority Social Work Services.
- 1.2 This document should be read in conjunction with the relevant local Inter Agency Adult Protection Procedures. This can be sourced from the relevant local authority and should be available at your service.
- 1.3 Throughout this policy, 'employee' refers to all individuals working for Blackwood, including permanent, relief, temporary and voluntary workers.

### **2. Introduction**

- 2.1 The protection of adults at risk of harm is not an option but a responsibility across agencies. The expectation for all "at risk" adults in our communities is that they are empowered, through support from all the public services including social work services, police, health, housing and care organisations to be free from any preventable harm or exploitation. They are enabled to make their own choices about their lives and to live as independently as their personal circumstances may permit. Blackwood is committed to enabling customers to live life to the full by the provision of seamless person-centred housing, care and support services.
- 2.2 It is the policy of Blackwood to support and protect anyone who receives our housing or care and support services. We are committed to the protection of adults at risk of harm, and the safeguarding and promoting of the interests and well-being of such adults is of paramount concern to the organisation.
- 2.3 Blackwood strives to ensure to the best of its ability that persons will not encounter harm of any form while in receipt of our services, and that, if abuse is suspected or detected, the situation will be reported immediately to allow investigation by the appropriate statutory agencies.
- 2.4 Blackwood undertakes to ensure it will seek to protect adults it works with from exploitative relationships. In such circumstances where it is found that an adult is at risk, we will liaise with the relevant local authority Social Work Services to ensure that the adult receives appropriate support. This will be in conjunction with the commissioning authority.
- 2.5 Blackwood will ensure that employees will be alert to the possibility that they may become aware of adults requiring support and protection who are not customers e.g. relatives, friends, visitors etc. In all cases employees will report their concerns using the Blackwood reporting procedures.

- 2.6 Blackwood recognises that the protection of adults at risk of harm is placed above all other operating principles and supersedes the principle of confidentiality in relation to disclosure to the relevant authorities.
- 2.7 Blackwood undertakes to ensure that any contractor entering a customer's home on behalf of Blackwood is aware of what to do should they suspect an adult is at risk of harm.

### 3. Legislation

- 3.1 In Scotland, there are three Acts of the Scottish Parliament which relate specifically to adult protection. These are:

- **Adults with Incapacity (Scotland) Act, 2000.** This Act imposes duties on, and assigns functions to, local authorities in relation to the making of enquiries in respect of adults who lack capacity, and the creation, application and supervision of proxy decision making powers in respect of such adults. Under the terms of Section 10 of the Adults with Incapacity (Scotland) Act 2000, the local authority must investigate 'any circumstances made known to them in which the personal welfare of an adult seems to be at risk'

This means that, the local authority must investigate allegations of abuse involving an adult who lacks the capacity to make or convey decisions for him or herself, whether the adult concerned agrees to the investigation or not. It is the function of the Public Guardian to investigate situations of suspected financial abuse involving adults who lack capacity under Section 6 of the same Act.

- **Mental Health (Care & Treatment) Scotland Act, 2003.** This Act imposes duties on, and assigns functions to, local authorities and health boards in respect of social and mental health well-being, the making of enquiries in respect of persons who appear to have a mental disorder, and (where necessary) the application of compulsory measures in relation to the assessment and treatment of persons having a mental disorder.
- **Adult Support and Protection (Scotland) Act 2007.** This Act imposes duties on, and assigns functions to, local authorities in respect of the making of enquiries, the conduct of investigations, the application for protective powers in respect of adults defined by the legislation to be at risk of actual or suspected harm. This Act also brought about the creation of Adult Protection Committees in every local authority area.

- 3.2 It is the responsibility of adult protection agencies such as Social Work Services and the Police to make enquiries (proactive and reactive) and to carry out appropriate investigations to establish:

- a) whether or not an adult is at risk from harm or suspected harm; and, if so,
- b) which, if any, of the protective measures available in terms of the legislation are most appropriate to an adult at risk's individual circumstances.

- 3.3 It is, however, **everyone's** responsibility to report concerns regarding any adult who is, or who appears to be, at risk of harm to Social Work Services. If you are concerned that a vulnerable adult is at risk of exposure to criminal activity such as fraud, then Police must be notified as well as Social Work. However, to avoid confusion and to have clear lines of accountability, Blackwood employees should report concerns directly to their manager in the first instance. Blackwood's Adult Support and Protection Procedures set out the reporting guidelines.

- 3.4 For the purposes of the Adult Support & Protection (Scotland) Act 2007 ("ASP Act"), an "adult" is a person aged 16 or over. However, if the adult concerned is 16 or 17 years of age, it is possible that s/he is already subject to a Supervision Order or other Order under the Children (Scotland) Act, 1995, or other social work or childcare legislation Procedures (as per your local authority). If Blackwood employees know that such an Order is in place in respect of that person, they should include that information in their report to their manager. It is the responsibility of Social Work Services to carry out any investigations about anyone who may be subject to such an Order. Blackwood's Adult Support and Protections Procedures set out the reporting guidelines.
- 3.5 Under the Adult Support and Protection (Scotland) Act 2007 'adults at risk' are defined as adults aged 16 or over who
- a) are unable to safeguard their own well-being, property, rights or other interests,
  - b) are at risk of harm, and
  - c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.
- 3.6 The ASP Act states harm includes all harmful conduct and includes:
- Conduct which causes physical harm
  - Conduct which causes psychological harm (for example by causing fear, alarm or distress)
  - Unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
  - Conduct which causes self-harm.

#### **4. Factors which may indicate harmful behaviour towards an adult at risk**

- 4.1 These can include one or a combination of the following actions. The following indicators must, however, be used only as a guide.
- 4.2 Harm can be a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult. It can take the form of physical, sexual, emotional, psychological or domestic abuse, acts of neglect or omission, financial and material abuse and the withholding of information. The abuse can be multiple, involving some or all of the above.
- 4.3 Harm can occur in any setting: when an adult lives alone or with a relative; within nursing, residential, supported living or day care settings; in hospitals, custodial situations, care and support services in people's own homes and other places previously assumed safe, or in public places.
- 4.4 Employees will be aware that adults using Blackwood housing, care and support services might have come to the service because they have been subject to harm
- in their own home
  - in the community
  - having been abused by a relative, friend or acquaintance

- 4.5 Alternatively, adults might be at risk of harm after they come to the service, for example from
- someone who is not a person coming into the service from outside
  - another person
  - an employee
- 4.6 On some occasions the perpetrator of the abuse might be at risk of abuse themselves; such as a person who regularly becomes inebriated and puts other persons or employees into a state of fear. All parties involved can be considered as being potentially at risk however, the person behaving abusively can also be treated as an adult at risk.
- 4.7 There is an expectation where the perpetrator of abuse is suspected to be an employee that an internal investigation will not take precedence over reporting concerns to allow an investigation by Social Work Services and/or Police. Blackwood's Adult Support and Protection Procedures set out the reporting guidelines.

## 5. Types of Harm (see Appendix 3 for further detail)

- 5.1 **Physical Abuse** - involving actual or attempted injury to an adult defined as at risk. For example:
- Physical assault by punching, pushing, slapping, tying down, giving food or medication forcibly, or denial of medication
  - Use of medication other than as prescribed
  - Inappropriate restraint.
- 5.2 **Emotional/Psychological Abuse** - resulting in mental distress to the adult at risk. For example:
- Excessive shouting, bullying, humiliation
  - Manipulation of, or the prevention of access to, services that would be of benefit to the adult
  - Isolation or sensory deprivation
  - Denigration of culture, religion, gender, age or sexuality
- 5.3 **Financial or Material Abuse** - involving the exploitation of resources and property belonging to the adult at risk. For example:
- Theft or fraud
  - Misuse of money, property or resources without the informed consent of the adult at risk.
- 5.4 **Sexual Abuse** - involving activity of a sexual nature where the adult at risk cannot or does not give consent. For example:
- Incest
  - Rape
  - Acts of gross indecency
  - Inappropriate touching or verbal or physical sexual harassment.
- 5.5 **Neglect and acts of omission** by others charged with the care of the adult, including ignoring medical or physical care needs. For example:

- Failure to provide access to appropriate health, social care or educational services
  - Withholding of the necessities of life such as nutrition, appropriate heating, etc.
- 5.6 **Exploitation** - the deliberate targeting of vulnerable adults for personal benefit. This may also involve human trafficking - the trade of humans for the purpose of forced labour, sexual slavery, or commercial sexual exploitation for the trafficker or others.
- 5.7 **Discriminatory abuse** - for example, treating one person less favourably than another.
- 5.8 **Information abuse** - deliberately giving erroneous information or withholding information.
- 5.9 **Human rights abuse** - for example deprivation of a right to family life or to a fair hearing.
- 5.10 **Multiple Forms of Abuse** - This may occur in an ongoing relationship or service setting or to more than one person at a time. It is important therefore to look not only at a single incident, but to also consider the underlying dynamics and patterns of harm
- 5.11 **Random Violence** - An attack by a stranger on an adult defined as at risk is an assault; this is a criminal matter and should be reported to the Police. However, where there is the possibility that the violence may be part of a pattern of victimisation in a community or neighbourhood, local authority Adult Protection procedures may also apply in respect of effective multi-agency intervention.
- 5.12 **Domestic Violence** - Police Scotland define domestic violence as “any form of physical, non-physical or sexual abuse which takes place within the context of a close relationship committed either in the home or elsewhere”. In most cases this relationship will be between partners (married, cohabitating or otherwise) or ex-partners.
- 5.13 The similarity between the above acts of harm in relation to adult protection is recognised. However, the key factor in relation to activating adult protection procedures in such situations is that the victim (or suspected victim) must be an adult at risk of harm as defined in The Act.

## 6. Training

- 6.1 As an allegation of abuse can come to the attention of any employee at any time, all employees will complete training in Adult Protection Procedures as part of an initial induction, and as part of their ongoing training programme.
- 6.2 Employees will be made aware of the existence of the Adult Support and Protection Policy and Procedure, and their responsibilities in relation to the Adult Protection process:
- Through the provision of training – delivered as e-learning during induction and again as part of mandatory refresher training as appropriate to each job role.
  - By ensuring all employees have read the policy through use of sign off sheets.
  - By publicising its existence at strategic points of office/service locations and on the employee intranet (The Loop)
- 6.3 Employees can access this policy at all times on The Loop, Blackwood’s intranet: <https://loop.blackwoodgroup.org.uk/policies>

## **7. Confidentiality**

- 7.1 There is a clear requirement across agencies to co-operate in relation to the protection of adults seen to be at risk of harm. Blackwood will report any concerns to Social Work Services and/or the Police, as may be appropriate in the circumstances. Blackwood will also ensure that any ongoing involvement and assistance required from us is provided, in consultation with the relevant statutory agencies, to ensure effective risk management and continuing support to the person.
- 7.2 To ensure appropriate protective measures can be put in place, it is recognised that confidential information will need to be shared with other workers, managers and other agencies on a "need to know" basis.
- 7.3 Where an adult is seen to be at risk of harm, this will always override a professional or organisational requirement to keep information confidential, subject to the provisions of the data protection legislation. However, the disclosure should be limited to the relevant parties only. It is the responsibility of those employed or involved with Blackwood to take appropriate action to ensure the adult deemed to be at risk is protected from harm. Failure to disclose important information may result in disciplinary action.

## **8. Principles of Reporting and Information Sharing**

- 8.1 The protection of adults at risk of harm is placed above all other operating principles and supersedes the principle of confidentiality. Any concerns a Blackwood employee may have regarding the safety and well-being of an adult at risk of harm should be brought to the attention of their manager immediately.
- 8.2 Although it is recognised that a person's privacy must be protected at all times, in situations where abuse is suspected, there must be free communication between participating agencies throughout the investigation. Under no circumstances will information on an adult be withheld from Social Work Services because the holder of the information thinks that it might compromise a third party. If an employee is given information relating to adult abuse 'in confidence' they must make clear that any information relating to adult or child abuse must be passed on to Social Work Services and/or Police for investigation.
- 8.3 In all cases of suspected adult abuse, it must be recognised that children involved in the situation might also be at risk and that the Child Protection Policy might have to be invoked.
- 8.4 If the adult has difficulty communicating and requires the services of an appropriate support worker, one should be appointed to work with the adult. This should be arranged in consultation between Blackwood and social work as appropriate. Other forms of assistance to communication should be utilised if the adult cannot communicate using speech.
- 8.5 If the adult does not have English as a first language and requires the services of an interpreter, an interpreter from the Interpreting Service should be appointed to work with the adult. This should be arranged in consultation between Blackwood and social work as appropriate.

8.6 Using a member of the adult's family as an interpreter or communication support worker should be avoided to ensure impartiality.

## 9. Named Person

9.1 Blackwood acknowledges that having a specific employee as a named person/post in respect of adult protection is good practice. Our named person/post will be a manager within the organisation who has sufficient knowledge/expertise to deal with any concerns raised.

9.2 Blackwood recognises that providing a named person ensures that all allegations of abuse are reported to a central point to allow a consistent response and to maintain an overview of reports from employees. Concerns can then be passed on quickly and appropriately.

9.3 **Our named person/post is the Housing & Care Director  
If unavailable, the second named person is the relevant Regional Manager**

The relevant Regional Manager will be informed of all adult protection issues by the Care Services Manager. They in turn will inform the Housing & Care Director.

## 10. Related Policies and Procedures

Whistleblowing Policy  
Health and Safety Policy  
Complaints Policy  
Openness and Confidentiality Policy  
Recruitment Policy  
Accident and Incident Policy  
Least Restraint Procedure

Safe to Wander for people with dementia and related disorders  
[www.mwcscot.org.uk/media/51338](http://www.mwcscot.org.uk/media/51338)

All Blackwood policies can be accessed on The Loop:  
<https://loop.blackwoodgroup.org.uk/policies>

## BLACKWOOD'S ADULT SUPPORT AND PROTECTION PROCEDURES

### 1. Introduction

- 1.1 This procedure details the action you should take on suspecting harm to ensure the welfare and safety of adults at risk of harm.

### 2. Responsibilities of Blackwood Employees

- 2.1 Any report that an adult may be at risk of harm, including anonymous referrals, should be taken seriously. All cases should be considered with an open mind. In all instances, the information given must be reported immediately to your manager.

**Our named person/post is the Housing & Care Director**

**If unavailable, the second named person is the relevant Regional Manager**

- 2.2 If you become aware that an adult may be at risk of harm or you are told directly by a person that they are being/have been abused, you should be aware that the adult may be feeling vulnerable or upset when disclosing this information.
- 2.3 You should be supportive and reassure the adult by listening carefully, but do not ask unnecessary questions. It is not your role to investigate.
- 2.4 You should take steps to ensure the safety of the vulnerable adult involved.

### 3. Reporting

- 3.1 You should advise the adult that the information will have to be passed on to your manager, who will then report it to Social Services. It is also useful to advise the customer that Social Work may be required to investigate further.
- 3.2 When you feel it is appropriate to leave the person who is disclosing the abuse, the information given by the person should be passed on immediately to your manager.
- 3.3 Where you are concerned for the immediate safety and well-being of a person, contact emergency services i.e. ambulance and Police immediately. **Do not delay.** You can contact your manager once you are satisfied that the person is safe.
- 3.4 If you suspect that abuse has taken place you should contact the Police immediately and steps should be taken to preserve evidence. You can then contact your manager who will contact the relevant local authority.
- 3.5 If you are unhappy with the response from your manager, you should contact their manager who may contact Social Work Services at the appropriate office and outline your concerns and the basis for them.
- 3.6 If you are unhappy with the response from Social Work Services you can raise this with your manager or Named Person who will decide whether the Care Inspectorate should be informed (**See Appendix 1: Contact List for details**).

**NOTE:** You should follow the above procedure for all instances of suspected abuse, for example where you become aware of:

- Abuse by another person
- Abuse by someone from within the community (family or friend)
- Abuse by an employee.

#### **4. Recording (see Flowchart at Appendix 4)**

- 4.1 If possible, note the nature of your concern and anything the person may have told you using, as far as possible, the words used by the person. If you do take notes, ask the vulnerable adult to sign a copy if possible.. This information will form the basis of the referral, and will also be required if there is an investigation. As much information as possible should be recorded, please record the facts only and no opinions or assumptions should be included. All information must be recorded on the **Multi Agency Referral Form (Appendix 2)**.
- 4.2 This information will be kept and securely stored by Blackwood for 50 years, as required by our insurance provider. The Regional Manager or the Housing and Care Director will determine who this information can be shared with, will maintain an overview of reports from employees, monitor issues, and detect trends as these occur. All information will be password protected and saved in the following folder:  
G:\Governance\Adult Support & Protection
- 4.3 The Adult Support & Protection and Other Abuse Register will be kept up to date with the contact details for each case by the Regional Manager. No information that identifies the victim or any other individual will be included on the Register:  
G:\Governance\Adult Support & Protection\Adult Support & Protection and Other Abuse Register.xlsx

#### **5. Responsibilities of Blackwood Manager/Named Person**

- 5.1 **Referral:** The manager/named person will telephone the relevant Social Work Services location and give details of the alleged abuse. In accordance with the relevant Inter Agency Adult Protection Procedures, the information should be followed up in writing within 24 hours using the Multi Agency Referral Form (**AP1**). (**Appendix 2**).
- 5.2 Where information is given to your manager out of hours it must be passed to the relevant Social Work Services Standby Service.
- 5.3 The manager contacting Social Work Services and/or the Police must make a note of the following:
- The date and time that contact was made. Where contact cannot immediately be made, the reason for this must be recorded. Details of all unsuccessful attempts to make contact must also be recorded.
  - Name, address and full details of those contacted.
  - Details of who should be contacted for future follow-up/agreed further action including Next of Kin, Power of Attorney or Guardian if this is available.

- 5.4 The manager should contact Social Work Service in the relevant local authority immediately.
- 5.5 In all cases of suspected adult abuse, it must be recognised that children involved in the situation might also be at risk and the Child Protection Policy might have to be invoked.

## **6. Role of Senior Managers Social Work Services**

- 6.1 All concerns of an adult protection nature should be reported to the relevant Social Work Services office. Social Work Services will seek to allocate the matter to a member of their staff who has sufficient knowledge and expertise to deal with the investigation.

## **7. Allegations Involving Employees**

### **What if it is someone within Blackwood that you are concerned about?**

- 7.1 If you have observed a Blackwood employee acting in a way that has caused you to be concerned you should contact your manager outlining your concerns and the basis for them. They will take your concerns seriously, make appropriate enquires into them and thereafter decide on the appropriate course of action.
- 7.2 If your concerns are about your manager, then you should inform their manager or if you prefer you can contact a member of the Executive Management Team. You can also contact social work directly to pass on your concerns and seek further advice.
- 7.3 In situations where the alleged abuser is an employee, Blackwood Investigatory and Disciplinary Procedures should be followed, but will not supersede an adult protection referral or investigation by statutory agencies. In other words, care must be taken to ensure that implementation of any internal procedures (for example, fact finding) does not undermine or impede any investigation externally by statutory agencies. It may be appropriate to suspend or send home the employee concerned. Advice should be sought internally from the Human Resources Team or externally from Social Work Services before proceeding.
- 7.4 In cases where an employee is suspended, the Scottish Social Services Council will be contacted by the appropriate Manager from Blackwood. The decision will be recorded in the employee's HR file.

Blackwood's Whistleblowing policy is available as required and can be found in your service or is available from the Human Resources Team.

## **8. Frequent Complaints without Foundation**

- 8.1 A situation where a person makes frequent complaints alleging abuse, which after full investigation are found to be vexatious, cannot be ignored. In such cases it is good practice to always follow the above reporting procedures. The allegation must be reported to social work and the pattern of allegations must be reviewed regularly in case abuse is taking place.

## **9. What Happens Next?**

- 9.1 Once they have received a referral, it is the duty of Social Work Services to make enquiries and to investigate matters of concern in relation to the protection of an adult deemed to be at risk of harm as defined by the legislation. Where it is alleged that a

crime has been committed against the adult, investigation is likely to be progressed jointly in consultation with the Police.

- 9.2 The investigating officers may need to speak to the employee from whom the concerns originated. Managers and employees of Blackwood will co-operate fully with any Police or Social Work Services enquiries, and managers will ensure employees are facilitated in this.
- 9.3 The manager will take advice from the investigating officer about the suitability of seeking an Advocacy Worker or and Appropriate Adult to work with the adult.
- 9.4 The Care Inspectorate will be contacted by the Blackwood manager to report incidents of alleged abuse within the service.

## **10. Supporting the Adult at Risk of Harm**

- 10.1 It is important that all employees and those involved directly with the adult thought to be at risk of harm, act throughout in a supportive manner and continue to deliver services as normal. Employees should avoid being judgemental and should not discuss personal or third-party experiences of harm. Every effort should be made to enable the adult to express their wishes and to make decisions to the best of their ability where appropriate, but, within a duty of care, the overriding concern is the protection of the adult from harm.
- 10.2 When the investigation is complete the customers care and support plan may be reviewed and an amended care packaged put in place to support the customer to avoid future risk.

## **11. Supporting Blackwood Employees**

- 11.1 The employees involved in continuing to support the customer will be offered support and counselling as appropriate to allow them to continue to deliver care and support in a professional manner.

**APPENDIX 1 – CONTACT LIST**

<b>Name</b>	<b>Address</b>	<b>Telephone No.</b>
<b>Aberdeen City Council</b>	Aberdeen City Council, Business Hub 3 Ground Floor South, Marischal College Broad Street Aberdeen AB10 1AB	01224 522 055  <b>Out of Hours:</b> 01224 693 936
<b>Aberdeenshire Council</b>	Aberdeenshire Council Oldmeldrum Business Centre Colpy Road Industrial Estate, Oldmeldrum, Aberdeen AB51 0BZ	01651 871 246  <b>Out of Hours:</b> 0845 8400 070
<b>Angus Council</b>	Orchardbank Business Park Orchardbank Forfar DD8 1AX	03452 777 778  <b>Out of Hours:</b> 01382 307 964
<b>Clackmannanshire Council</b>	Clackmannanshire Council Kilncraigs, Greenside Street, Alloa FK10 1EB	01259 225 000  <b>Out of Hours:</b> 01786 470 500
<b>Dundee City Council</b>	Dundee City Council Dundee House, 50 North Lindsay Street Dundee DD1 1NF	01382 434 019  <b>Out of Hours:</b> 01382 307 964
<b>East Ayrshire Council</b>	East Ayrshire Council 9 Balmoral Road Kilmarnock KA3 1HL	01563 503 301  <b>Out of Hours:</b> 0800 328 7758
<b>East Lothian Council</b>	East Lothian Council Randall House Macmerry EH33 1RW	01875 824 309  <b>Out of Hours:</b> 0800 731 6969
<b>Edinburgh Council</b>	Edinburgh Council Social Care Direct 40 Captain's Rd, Edinburgh EH17 8HN	0131 200 2324  <b>Out of Hours:</b> 0800 731 6969

Name	Address	Telephone No.
<b>Falkirk Council</b>	Municipal Buildings West Bridge St Falkirk FK1 5RS	01324 506 400  <b>Out of Hours:</b> 01786 470 500
<b>Fife Council</b>	Fife Social Work Council 1 Edgar St Dunfermline KY12 7EP	01383 602 200
<b>Glasgow City Council</b>	Glasgow City Council Social Work Services 40 John Street Glasgow G1 1JL	0141 287 0555  <b>Out of Hours:</b> 0300 343 1505
<b>Inverclyde Council</b>	Inverclyde Community HSCP Hector McNeil House 7-8 Clyde Square Greenock PA15 1NB	01475 715 365  <b>Out of Hours:</b> 0300 343 1505
<b>North Ayrshire Council</b>	Please contact your local HSCP Office  <b>Three Towns</b> The Town Hall, Countess Street, Saltcoats, KA21 5HW  <b>Irvine &amp; Kilwinning</b> Bridgegate House, Irvine, KA12 8BD  <b>North Coast</b> Brooksby Medical and Resource Centre, 31 Brisbane Road, Largs, KA30 8LH  <b>Garnock Valley</b> Craigton Road, Kilbirnie, KA25 6LJ  <b>Arran</b> Council Offices, Lamlash Isle of Arran, KA27 8JY  <b>Cumbrae</b> Garrison House, The Garrison, Millport, Isle of Cumbrae, KA28 ODG	<b>Out of Hours:</b> 0800 328 7758  01294 310005  01294 310300  01475 687592  01505 684551  01770 600742  01475 530742

Name	Address	Telephone No.
<b>North Lanarkshire Council</b>	<p>Please contact your local Social Work Office.</p> <p><b>Airdrie</b> Floor 2, Coats House Gartlea Road, Airdrie, ML6 9JA</p> <p><b>Bellshill</b> 303 Main Street Bellshill, ML4 1AW</p> <p><b>Coatbridge</b> Municipal Buildings, Kildonan Street Coatbridge, ML5 3BT</p> <p><b>Cumbernauld</b> Bron Chambers, Bron Way, North Carbrain Road, Cumbernauld, G67 1DZ</p> <p><b>Motherwell</b> Scott House, 73/77 Merry Street Motherwell, ML1 1JE</p> <p><b>Wishaw</b> King's Building, King Street Wishaw, ML2 8BS</p>	<p><b>Out of Hours:</b> 0800 121 4114</p> <p>01236 757000</p> <p>01698 346666</p> <p>01236 622100</p> <p>01236 638700</p> <p>01698 332100</p> <p>01698 348200</p>
<b>Police Scotland</b>	<p>Non-Emergency</p> <p>Emergency</p>	<p>101</p> <p>999</p>
<b>Scottish Social Services Council</b>	<p>Scottish Social Services Council Compass House 11 Riverside Drive Dundee DD1 4NY enquiries@sssc.uk.com</p>	<p>0345 60 30 891</p>
<b>South Ayrshire Council</b>	<p>Elgin House 1st Floor Main Building, Ailsa Hospital Dalmellington Road, Ayr, KA6 6AB</p>	<p>01292 612 055</p> <p><b>Out of Hours:</b> 0300 123 0900</p>
<b>South Lanarkshire Council</b>	<p>South Lanarkshire Council Almada Street Hamilton, ML3 0AA</p>	<p>0303 123 1008</p>

Name	Address	Telephone No.
<b>Stirling Council</b>	Stirling Council Drummond House, Wellgreen Place Stirling FK8 2EG	01786 233 759  <b>Out of Hours:</b> 01786 470500
<b>The Care Inspectorate</b>	Compass House 11 Riverside Drive Dundee DD1 4NY <a href="mailto:enquiries@careinspectorate.com">enquiries@careinspectorate.com</a>	01382 207 200  Lo-call: 0345 600 9527

APPENDIX 2 – REFERRAL FORM

Multi Agency Adult Protection Referral form [AP1]

FOR USE BY ALL AGENCIES & CARE PROVIDERS

Adult Protection Referral Form & Actions (AP1)  
ALL AGENCIES

All agencies use the AP1 with the exception of the Police who will use their own Referral Form

- You must immediately report suspected or actual harm to your manager and you have a legal duty to report any concerns to the Social Work Services if it is known or believed that a person is an adult at risk and that protective action is needed.
- All sections of Part A of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.

**NB:** - If you do not have all the information required in Part A please do not delay and send the Referral information you have. Social Work Services will follow up on your referral and add any additional relevant and required information.

SECTION A

REFERRER DETAILS:

Name of Referrer:

Job Title:

Contact Telephone No:

Address:

REFERRAL DETAILS

In what capacity do you know the adult at risk you are referring?

Do you suspect a crime has been committed and have you informed the Police? (date & time and any actions taken by the Police)

<b>Who else have you informed of this referral to Social Work Services? (date &amp; time and any actions taken)</b>
<b>What are the details and nature of the situation leading to this referral? (to include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)</b>
<b>Do you believe the adult at risk is capable of understanding what has happened to them?</b>
<b>Have you obtained consent of the adult at risk to make this referral? If not, please give the reason for referring without consent.</b>
<b>What action, other than this referral, have you taken to ensure the adult at risk is now safe?</b>
<b>ADULT AT RISK DETAILS:</b>
<b>Name:</b>
<b>Date of Birth:</b>
<b>Gender:</b>

Ethnic Origin:	
Religion:	
Any known communication difficulties:	
YES/NO If YES, please detail:	
Living situation, e.g. lives alone, with spouse etc., type of accommodation, any known supports, caregivers, or their next of kin (provide contact details where appropriate)	
GENERAL PRACTITIONER (if known):	
Name:	
Telephone No:	
Address:	
OTHER HEALTH PROFESSIONALS KNOWN TO THE PERSON:	
Name/s:	Contact No/s:
Details of person's physical and mental health: <i>Confidentiality is important but for the purposes of allowing Social Work Services to undertake the required inquires and investigations you are required to share information to protect an adult at risk of harm .</i>	
DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN	

<b>Name</b>
<b>Relationship to person</b>
<b>Address</b>
<b>DETAIL OF ANY PREVIOUS CONCERN/INCIDENT (to include dates, times, actions taken and outcomes)</b>
<b>Referrer Signature</b>
<b>Print Name</b>
<b>Date</b>

**SECTION B**

**ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL**

Within **5 days** of receiving a written referral on Form AP1 the following actions **MUST** be completed by Social Work Services as the lead agency.

Letter of acknowledgement to be sent immediately to referrer /organisation.

Form AP1 received (date):

Form AP1, letter of acknowledgment sent (date):

Referrer/Organisation to be advised in writing of the initial outcome of their referral

Advised (date):

Referrer/Organisation to be invited to any subsequent adult protection meetings held by Social Work Services

Invitation to Adult Protection Case Conference YES/NO (date sent):

Date of Case Conference:

Adult at risk legal status at time of referral

Enquire & Complete any missing information not provided in **Part A**

Completed: (date)

Reasons for non-completion:

Gather All available initial information to inform a decision at this point.

ACTION - NO HARMFUL CONDUCT/CONCERNS	YES/NO	ACTION - YES HARMFUL CONDUCT /CONCERNS	YES/NO
i.e. - Refer on to an appropriate agency/review existing care plan/ consider other adult legislation/ action taken and give reasons:		i.e. - Immediate Adult Protection Order sought/Investigate Further / Case Conference arranged and give reasons:	

Note Primary Category of Referral

Category is:

Note Primary Category of Referrer

Category is:

Codes		Codes	
A. Physical Injury		1. Social Work Statutory Staff in Council	
B. Sexual Abuse		2. Staff at Council Residential Establishment	
C. Physical Neglect		3. Staff at Council Day Care Establishment	
D. Financial or Material Abuse		4. Home Carer (Council)	
E. Emotional /Psychological Abuse		5. Housing in the Council	
F. Neglect and acts of Omission by others charged with adult at risks care		6. Police	
G. Self Neglect		7. GP/ Member of Primary Care Team	
		8. Hospital Medical Staff/ Registrar/ Consultant/ /Nurse	
		9. Clinical Psychologist/Psychiatrist	
		10. Community Mental Health Team/Nurses/Doctors/ MHO	
		11. Substance Misuse Team	
		12. Parent/Carer/ Guardian	
		13. Neighbour/Friend	
		14. Other (Please Specify)	
All information from AP1 Form to be transferred to Councils Assessment & Care Management IT Screens or held in Council Case Files. Information gained from Police Referral Form		Date Completed:	
<i>Any future actions and any future relevant information gathered should also be recorded using Councils Assessment &amp; Care Management IT Screens or held in Council Case Files. ALSO Information collated on Forms AP 2 (Risk) or AP 3 (Protection Plan) when relevant.</i>			
<b>ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL</b>			
Senior Member of Social Work Signature			
Print Name			
Date			

## APPENDIX 3 – INDICATORS OF HARM

### *Indicators of Harmful Behaviour towards an Adult at Risk*

These can include one or a combination of the following harmful actions. The following indicators however can be **used as a guide only as most of the signs could also be explained by a variety of reasons**. It is important therefore not to make assumptions about the reasons for such signs and to place them in context of what is known about the individual and their particular circumstances.

Also, the foregoing recognition and signs should not be used as a checklist or an arithmetical aid or a predictor kit. Using it in this way could be detrimental to adults at risk of harm and their carers. It is an aid to the exercise of professional judgement and assessment

**Physical Harm** – involving actual or attempted injury to an adult defined as at risk e.g.

- Physical assault of punching, pushing, slapping, tying down, giving food or medication forcibly, denial of medication.
- Use of medication other than as prescribed.
- Inappropriate restraint.

### **Bruises**

- Black eyes are particularly suspicious if, both eyes are black (most accidents cause only one) there is no bruise to the forehead or nose or suspicion of skull fracture (black eyes can be caused by blood seeping down from an injury above).
- Bruising in or around the mouth.
- Grasps marks arms – or chest.
- Finger marks (e.g. you may see three or four bruises on one side of the face and one on the other).
- Symmetrical bruising (especially on the ears).
- Outline bruising (e.g. belt marks, hand prints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising (especially in the same area).
- Abrasions, especially around wrists and /or ankles.

**NB** Most falls or accidents produce one bruise on an area of the body - usually on a bony protuberance. An adult who falls downstairs generally has only one or two bruises.

Bruising in accidents is usually on the front of the body as most people generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

The following are uncommon areas for accidental bruising, back of legs, buttocks (except, occasionally, along the bony protuberance of the spine), neck, mouth, cheeks, behind the ear, stomach, chest, underarm, genital and rectal area.

### **Bites**

These can leave clear impressions of the teeth.

### **Burns and Scalds**

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns or scalds with clear outlines are suspicious. So are burns of uniform depth over a large area. Also slash marks about the main burn area (caused by hot liquid being thrown)

**NB** Concerns should be raised where a carer responsible for an adult at risk of harm has not checked the temperature of the bath.

### **Scars**

Many adults have scars, but notice should be taken of exceptionally large numbers of differing aged scars (especially if coupled with current bruising), unusually shaped scars e.g. round ones from possible cigarette burns or large scars from burns or lacerations that did not receive medical treatment

### **Fractures**

Should be suspected if there is pain, swelling, discolouration over a bone or a joint. The most common non-accidental fractures are the long bones i.e. arms, legs, ribs

**Emotional/Psychological Harm** – resulting in mental distress to the adult at risk e.g.

- Excessive shouting, bullying, humiliation.
- Manipulation or the prevention of access to services that would enhance life experience.
- Isolation or sensory deprivation.
- Denigration of culture or religion.

The following indicators should be considered by workers when concerns regarding emotional harm arise. In some situations, the following will be applicable

- Carers' behaviour.
- Carers' history.
- Pressure exerted by family or professional to have someone committed to care.
- Weight change- loss of appetite or overeating.
- Withdrawal confusion (could be caused by dehydration which produces toxic confusion).
- Loss of confidence.
- Extreme submissiveness or dependence in contrast with known capacity.
- Demonstration of fear of another person by the vulnerable adult.

- Sudden changes in behaviour in the presence of certain persons.
- Rejection.
- Denigration.
- Scapegoating.
- Denial of opportunities for appropriate socialisation.
- Under stimulation.
- Sensory deprivation.
- Isolation from normal social experiences, preventing the adult at risk from forming friendships.
- Marked difference in material provision in relation to others in the household.
- Unrealistic expectations of the vulnerable adult.
- Asking for an adult at risk to be removed from home, or indicating difficulties in coping with an adult at risk, about whose care there are already doubts.
- Fear of carers.
- Refusal to speak.
- Severe hostility/aggression towards other adults.

**Financial or Material Harm** - involving the exploitation of resources and belongings of the adult at risk e.g.

- Theft or Fraud.
- Misuse of money, property or resources without informed consent.
- Important documents are reported to be missing.
- Unexplained or sudden withdrawal of money from accounts.
- Contradiction between known income and capital and unnecessary poor living conditions especially where this has developed recently.
- Personal possessions of valuables going missing from the home without satisfactory explanation.
- Someone has taken responsibility for paying rent, bills, buying food etc – but this is not happening.
- Unusual interest taken by relative, friend, neighbour or other in financial assets, especially if little real concern shown in other matters.
- Next of kin refuse to follow advice regarding control of property via continuing/welfare power of attorney.

- Where care services, including residential care, are refused under clear pressure from or other potential inheritors.
- Unusual purchases unrelated to the known interests of the adult at risk.

**Sexual Harm** – involving activity of a sexual nature where the adult at risk cannot or does not give consent e.g.

- Incest.
- Rape.
- Acts of gross indecency.
- Sexual Harm can occur when adults at risk of harm are involved in sexual relationships or activities which they have not consented to or are pressured into consenting to or they cannot understand.
- Such activities could include unwanted sexual contact such as rape or incest, inappropriate touching including sexual harassment either verbal or physical, indecent exposure, displaying pornographic material and inappropriate sexual material.

**Physical indicators of sexual harm:**

***The possibility that the following behaviour or injury could be as a result of the Adult at Risk of Harms normal observed behaviour over a substantial period of time should always be taken into account. It is noted changes in an adult at risk of harm out with their normal behaviour that is significant not the presence of the following in isolation***

- Adult aversion to being touched.
- Tendency to withdraw and spend time in isolation.
- Deliberate self harm.
- Depression and withdrawal.
- Wetting or soiling, day or night.
- Sleep disturbances or nightmares.
- Anorexia or bulimia.
- Unexplained pregnancy.
- Phobias or panic attacks.

**The following are more specific indicators**

- Recurrent illnesses, especially venereal disease.
- Injuries in genital area.
- Infections or abnormal discharge in the genital area.
- Complaints of genital itching or pain.

- Presence of sexually transmitted diseases.
- Excessive washing.

**Neglect and acts of omissions by others charged with care of adult at risk** – including ignoring medical or physical care needs

- Failure to provide access to appropriate health social care or educational services.
- Withholding of the necessities of life such as nutrition, appropriate heating etc.

The following indicators, singly or in combination, should alert workers to the possibility that the adult at risk needs are being neglected:

- Lack of appropriate food.
- Lack of adequate clothing.
- Circulation disorders.
- Unhygienic home conditions.
- lack of protection or exposure to dangers including moral danger, or lack of protection or exposure to dangers including moral danger, or lack of supervision appropriate to the adult's ability to manage harm

or

- Exposure to dangers including moral danger, or lack of supervision appropriate to the adult's ability to manage harm.
- Lack of protection or exposure to danger including moral danger, or lack of supervision appropriate to adults age and ability which have arisen due to familial abuse of substances.
- Failure to seek appropriate medical attention.
- A delay or failure in seeking medical treatment which is obviously needed.
- An adult at risk is found at home or in a care setting in a situation of serious but avoidable risk.
- Unnecessary delay in employee responses to resident's requests.
- Serious or persistent failure to meet the needs of the adult at risk.
- A prolonged interval between illness/injury and presentation for medical care.
- Non-attendance at social care or educational service.
- Evidence of withholding of necessities of life such as medication, adequate nutrition and heating.

### **Self harm by adult at risk**

- Refusal to eat or drink.
- Cutting, burning, scalding or hitting parts of own body.

- Swallowing harmful substances or objects.
- Overdosing.

### Self neglect and acts of omissions by adult at risk

- Lack of ability to care for own basic needs e.g. food, clothing, personal hygiene.
- Lack of ability to care for living environment e.g. dirty or unsafe living conditions, inadequate heating or lighting.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions or time of day.
- Not requesting medical assistance and/or failing to attend appointments.

### Multiple forms of harm

This may occur in an ongoing relationship or service setting or to more than one person at a time. It is important therefore to look beyond single incidents and consider underlying dynamics and patterns of harm.

### Random Violence

An attack by a stranger on an adult defined, as at risk is an assault, a criminal matter, and should be reported to the police. However, where there is the possibility that the violence may be part of a pattern of victimisation in a community or neighbourhood, Adult Protection Procedures may apply in respect of effective multi-agency intervention.

### Domestic Abuse

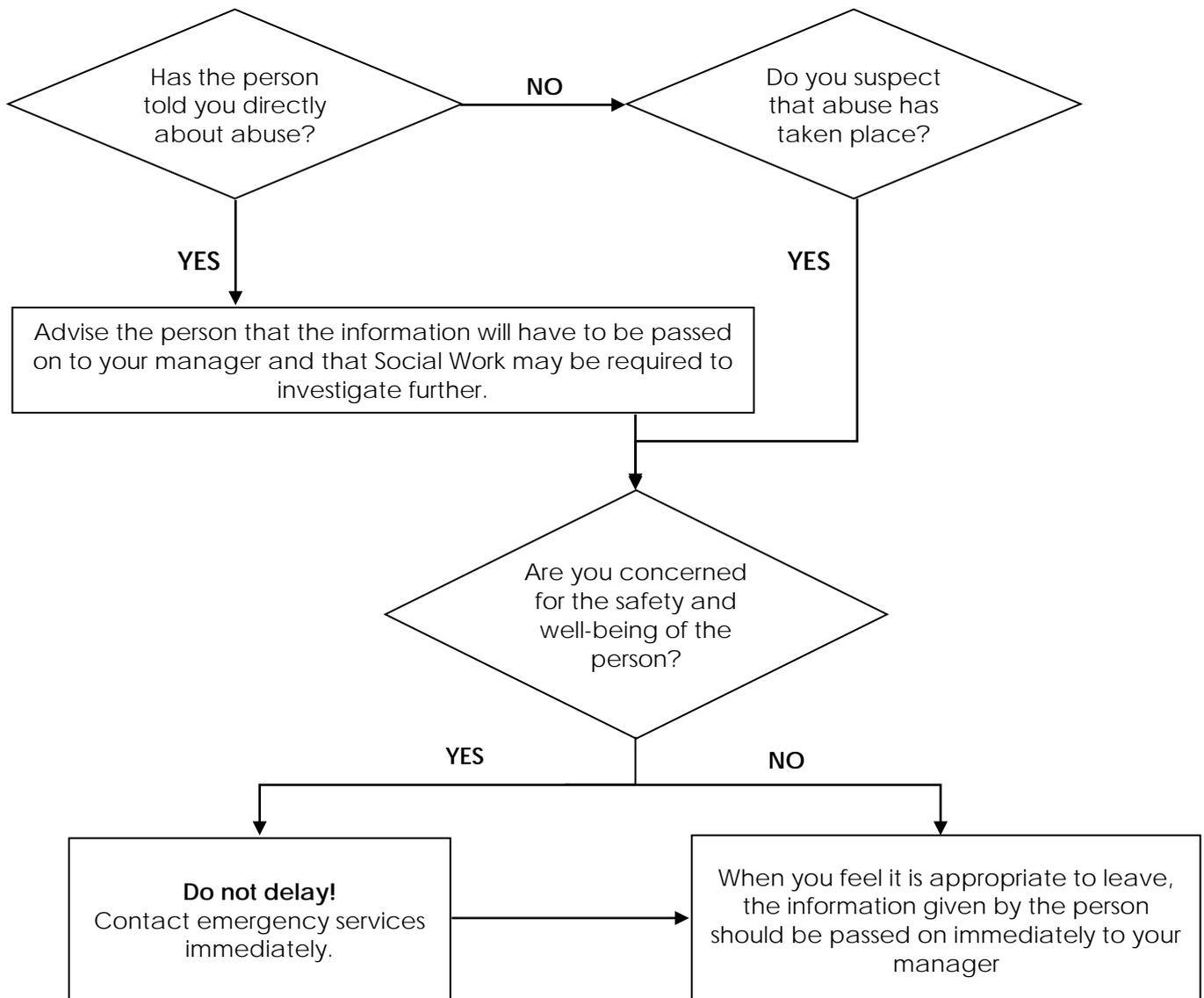
Association of Chief Police Officers Scotland (ACPOS) and Crown Office Procurator Fiscal Service (COPFS) Joint Protocol defines domestic abuse as –

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

While available evidence suggests that the most prevalent instances of domestic abuse are male violence towards women, this definition acknowledges and includes female violence towards men and violence between partners or ex-partners in close, same-sex relationships.

The similarity between the above acts of harm in relation to adult protection is recognised. However, the key factor in relation to activating adult protection procedures in such situations is dependent on assessment of "adults at risk".

APPENDIX 4 – REPORTING PROCESS



If you are unhappy with the response from your manager, you should contact Senior Management or Social Work at the appropriate office and outline your concerns and the basis for them.  
If you are unhappy with the response from Social Work, you can raise this with the Care Inspectorate

You should follow the above procedure for all instances of suspected abuse, for example where you become aware of:

- Abuse by another person
- Abuse by someone from within the community (family or friend)
- Abuse by an employee