

Fife Multi-Agency Adult Protection Guidance



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This document may be out of date if printed. The latest version is available at:
www.fifedirect.org.uk/adultprotection

Acknowledgements

The content of this guidance document has been drawn from:
The Adult Support and Protection (Scotland) Act 2007
The related Code of Practice
ELBEG's Adult Support and Protection: Ensuring Rights and Preventing Harm 2009
Perth and Kinross Multi-agency Guidelines
Dundee City Multi-agency Procedural Guidance on Adult Support and Protection
Shropshire Multi-agency Adult Protection Procedures

The most up-to-date version of this document is available electronically at: www.fifedirect.org.uk/adultprotection

**Are you concerned about someone
who may be at risk of harm or neglect?**

**Go directly to Page 17
(Section 2: Concerns about an Adult at Risk)
and follow the Reporting Harm Protocol
(Appendices 1a & 1b on Pages 45 & 46)**

STOP HARM. SPEAK OUT!

**Adult Protection Phone Line
01383 602200**

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Introduction

Adult Protection is everyone's business. This guidance outline the duties and responsibilities of all agencies concerned with the protection of adults, however, it is important to recognise that "*Adult Protection is everyone's business*". This statement confirms that if we want to support and protect adults at risk of harm in Fife, all individuals and services have a contribution to make.

All adults at risk should feel safe, supported and protected from harm.

Most adults who are affected by disability, mental disorder, illness, physical or mental infirmity live their lives comfortably and securely, either independently or with the help of caring relatives, friends, neighbours, professionals or volunteers. Some adults affected in this way, however, are unable to safeguard themselves.

Adults at risk may be harmed by anyone; relatives or family members, volunteers, paid carers, friends and acquaintances, other service users, neighbours, strangers and those who deliberately exploit adults at risk. Research evidence indicates that in most cases the adult knows the person causing them harm.

The support and protection of adults at risk of harm is a high priority for the statutory, voluntary and independent sectors. This multi-agency guidance is designed to ensure that there is common practice across Fife. The purpose of the guidance is to provide a framework that can be applied across all agencies and is intended to advise and complement individual agency guidance/procedures.

This guidance replaces the previous "Fife Multi-agency Vulnerable Adult Protection Procedures" published in March 2009 and takes account of multi-agency practice and experience since the introduction of the Adult Support and Protection (Scotland) Act 2007.

This 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 Adult Support and Protection (Scotland) Act 2007 and the recently implemented Protection of Vulnerable Groups (Scotland) Act 2007 complement and strengthen other legislation related to adult support and protection, specifically, the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003. The Adult Support and Protection (Scotland) Act 2007 introduces new duties and powers to safeguard adults who may be at risk of harm. It places a duty on specified organisations to cooperate in investigating suspected or actual harm and introduces a range of protection orders. It also provides the legislative framework for the establishment of Adult Protection Committees across Scotland.

Governance roles and responsibilities

The Chief Officers' Public Safety Group

The Chief Officers' Public Safety Group (COPS) is comprised of the highest level Officers (CEO NHS Fife, CEO Fife Council, and CC Fife Constabulary, Authority Reporter) across all the agencies who are involved in Adult Protection Services. This group provides leadership, direction and accountability and ensures collective responsibility and collaborative working at all levels to ensure improved outcomes for adults at risk

Adult Protection Committee

The Adult Protection Committee is the primary strategic planning mechanism for inter-agency adult protection work in Fife. To operate effectively it collaborates with other office holders and public bodies on the exercise of functions which relate to the safeguarding of adults at risk in Fife. Adult Protection Committees are statutory bodies which must be established within each council area.

Key agencies in Fife commit to representation and active participation at sufficiently senior level to ensure that the Adult Protection Committee can effectively discharge its obligations in respect of policy and practice in adult protection matters. Fife's Adult Protection Committee reports on its work to the COPS Group which meets on a quarterly basis.



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

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

- principles governing intervention in an adult's affairs
- definitions of an "adult at risk" and of "harm" (see Sections 3 & 53 of the Act)
- statutory duties on local authorities to inquire and investigate
- duty of co-operation
- offences (see Section 49 of the Act)
- protection orders (see Sections 11 - 28 of the Act)
- duty to establish Adult Protection Committees (see Section 42 of the Act).

Fife Council's Social Work Service will be the lead agency, receiving reports of harm and determining the actions to be taken.

Principles underpinning the Adult Support & Protection (Scotland) Act 2007 (Section 1& 2 of the Act).

The principles underpinning the Act mean that:

- intervention must benefit the adult
- actions should be supportive and least restrictive, and
- 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.

In addition agencies working to support and protect adults at risk in Fife will work together to ensure that all services provided will value diversity and promote equality in terms of age, disability, gender, sexuality, previous offending behaviour, cultural, racial and religious identities.



1 Adult Protection: Definitions

1.1 Who is an adult at risk of harm?

An adult at risk of harm is any person aged 16 years¹ or over who:

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

All three elements must be met.

1.2 What is harm?

An Adult is at risk of harm where:

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

Harm includes all harmful conduct and in particular includes:

- physical harm
- sexual harm
- psychological/emotional harm
- financial harm
- neglect
- self-harm (including self-neglect, self-poisoning and self-injury)

Additionally, harm as presented above can be demonstrated under the circumstances/settings below:

- discriminatory harm (including disability hate crime)
- domestic harm
- institutional harm

Please note that this list is not exhaustive.

¹ An adult between 16 to 18 may still be legally defined as a child if they are subject to a current supervision requirement issued by a Children's Hearing. It is essential that these young adults receive appropriate support from both Children's Services and relevant Adult Services.

Harm includes **all** harmful conduct. It includes harmful conduct whether deliberate or unintentional. Harmful conduct also includes acts of omission, for example neglect. In addition the harm may be as a consequence of the individual's own behaviour (self-harm).

Suggested Definitions of Harm

Suggested definition of physical harm and abuse:

Physical harm is occasioned when a perpetrator intentionally or recklessly causes the victim to believe he or she is about to be subjected to violence or is actually subjected to physical actions (touching, hitting, slapping, mishandling etc.) that result in distress or injury regardless of the degree of the consequences.

Suggested definition of sexual harm and abuse:

Sexual harm and abuse occur when a perpetrator engages in physical acts of penetrative or non-penetrative contact sexual activity or non-physical sexual activity involving visual or auditory exposure to sexually explicit material with a victim who is unable to consent to or refuse such activity.

Suggested definition of neglect and self-neglect:

Neglect entails the failure of responsible individuals to meet the physical, psychological, emotional and social needs of an individual either intentionally or through omission leading to deterioration in their condition in one or more areas of their wellbeing. Neglect may arise from individual actions or omissions or result from systemic failures in provision by the responsible agency.

Self-neglect entails the failure by an individual to meet his or her own personal, physical and health needs leading to deterioration in their condition. Self-neglect may arise because of a wide range of deteriorating motivational or health conditions.

Suggested definition of emotional or psychological harm:

Emotional or Psychological harm (in absence of other forms of harm) is perpetrated when conduct leads to fear, loss of self esteem, loss of dignity, humiliation, feelings of shame, isolation or impotence. Conduct that is construed by others as potentially having such effects, even where we do not know that the individual victim is responding in this way, should be viewed as emotionally or psychologically harmful.

Suggested definition of financial harm:

Financial harm is caused by the illegal or improper use of the individual's resources (both financial and property) by another person without their informed consent or through the exercise of undue influence.

Suggested definition of discriminatory harm:

Discriminatory harm consists of abusive or derisive attitudes conveyed orally, or in writing or through behaviour aimed at denigrating a person's gender, sexuality, ethnicity, race, culture, religion, age, disability or any other characteristic of the person. Such harm is a violation of human rights and may constitute a hate crime.²

1.3 Anticipating harm

While much of the guidance relates to addressing concerns of harm once they are disclosed or have become apparent, it is also important for individuals and agencies to be aware of circumstances and settings that may make it more likely that harmful conduct may occur. The presence of these indicators does not mean that harm has occurred or will occur but they should be anticipatory signals to the possibility of harm.

- Social isolation: The individual who lives alone or is alone with a carer and is isolated from friends and relatives may be at increased risk. In these circumstances individuals may be particularly at risk of financial harm. However other types of harm can occur in socially isolated

² "Suggested definitions" cited in the Postgraduate Certificate course Adult Support, Protection and Safeguarding, University of St Andrews, 2010

settings because there is the opportunity to keep the harm hidden; the presence of others can lead to intervention and sanctions.

- Shared living situation: this situation can provide a major risk to individuals because of the increased opportunities for contact. The risk of harm may be increased from staff and other service users in shared settings.
- Where a carer experiences mental illness or misuses alcohol there may be an increased risk of harm to a dependent adult.
- Where the carer is heavily dependent on the individual there may be an increased risk of harm.
- Behaviour that challenges others: the individual who displays challenging behaviour, particularly someone with a learning disability and/or communication difficulties, may be at increased risk of harm to themselves and to others.

It is important to be aware that harm can take place with or without any of these factors being in place.

1.4 Signs of harm

Abrasions: particularly suspicious are tears to the skin on parts of the body other than the arms and legs. May indicate physical harm or neglect.

Bruises: the pattern of the bruise can indicate the cause e.g. finger pattern or fist mark may be retained. "Tramline bruising"; parallel bruises indicative of injury from a stick. Non-accidental injury bruising is more common on face, neck, stomach, chest and buttocks.

Fractures: these may result from falls therefore it is important to check records for relevant details. Fractures of head, spine or trunk are more likely to be the result of physical harm than fractures to limbs.

Pressure sores: these may be an indicator of neglect, especially if the sores have not been brought to the attention of medical staff.

Malnutrition: there are a variety of factors that can lead to malnutrition: failure to respect cultural food preferences leading to food refusal; the effect of medication on appetite suppression; poor oral hygiene leading to eating difficulties; insufficient care staff to assist individuals with eating difficulties. Malnutrition may be an indicator of neglect.

Dehydration: may be a consequence of lack of staff support to maintain fluid intake; failure to provide liquids or to recognise the consequences of inadequate intake. Dehydration may be an indicator of neglect.

Misadministration of medication: incorrect administration of medication or over medication to control the individual may indicate neglect or physical harm.

Burns: research suggests that burns in older people may be an indicator of neglect or physical harm. Burns may also result from self-neglect.

Hygiene: poor hygiene indicated by rashes or sores, dirty/smelly clothes, squalid living environment, out of date food. Some individuals may elect to live this way therefore there is a need to take account of the individual's past life and habits. May be an indicator of neglect or self-neglect.

Sexual Harm: evidence of sexually transmitted diseases, especially when the individual lacks capacity, is an indicator of sexual harm. Bruising of the palate may indicate forced fellatio: bleeding or bruising to the genital or anal area; difficulty sitting or walking are all indicators of forced sexual activity. In addition, withdrawal, fear, depression, anger, insomnia, increased interest in sexual matters, or increased sexual or aggressive behaviours may be displayed.

This is not an exhaustive list of indicators.

Remember the presence of an indicator alone, does not confirm that harm has occurred.





2. Concerns about an Adult at Risk

Person Responsible:

The staff member who witnesses, suspects or receives information about an adult who may be at risk of harm.

Actions to be taken:

Contact the appropriate emergency services immediately if an adult at risk appears to be in need of urgent medical attention or it appears that a crime has been committed.

Staff must be aware of the need to preserve evidence.

Inform the adult that you are required to report the details to your line manager.

Where it is known or believed that an adult is at risk of harm this must be reported to the Social Work Service without delay on:

Tel: 01383 602200

2.1 Reporting harm

2.1.1 Where emergency response required

If a member of staff (from any agency) witnesses, suspects or receives information about an adult at risk being subject to harm, mistreatment or neglect and the adult is in immediate danger, requires urgent medical attention or crime is suspected then the appropriate emergency services must be called. (police, ambulance)

2.1.2 Where emergency response is not required

If the adult does not require urgent medical attention and you suspect or have witnessed harm, mistreatment or neglect, speak to the person about your concerns. Record your conversation carefully and try to write down the person's actual words in relation to their description of the event(s) and their feelings about the outcome. Include the time and date that the record was made. Tell the person that you are going to report the details to your line manager. Following receipt of the full facts available and discussion regarding

the circumstances, the line manager ³will report concerns identified to the Social Work Service.

2.2 Duty to report

Staff have a duty to report suspicions or disclosures made about any adult at risk of harm. While this may cause the individual staff member difficulties, a failure to report is a failure to carry out a duty of care. Staff must report any concerns of suspected or actual harm to their line manager.

If the adult does not give consent to report the harm go to 2.7

2.3 Whistle blowing/raising concerns

Organisations should have policies and procedures in place to deal with employee concerns about unprofessional, dangerous or illegal activities which they become aware of through their work. An essential element of such policies is the underpinning principle that staff who raise concerns reasonably, responsibly and in good faith will not be penalised or victimised in any way. For further information staff should refer to the relevant “Whistle blowing” policy for their own particular organisation.

Person Responsible:

Staff must report any concerns of suspected or actual harm to their line manager. The line manager then must take appropriate action.

Actions to be taken:

Contact the Adult Protection Phone Line on **Tel: 01383 602200**

Provide as much relevant detail to assist the Social Work Service namely:

Adult’s details including: name, date of birth, ethnic origin, gender, religion, family circumstances, support networks, physical or mental health concerns, and communication difficulties.

The nature of the concern or allegation and alleged perpetrator.

Own job title and contact details.

Record all actions taken in line with your agency’s recording requirements.

Submit an Adult Cause for Concern Form to the Social Work Contact Centre.
(See Appendix 2)

³ Exceptions to this would be where your immediate line manager is not available or where the line manager is implicated- refer to local guidance.

2.4 Allegations against staff members

When an allegation of causing harm is made against a member of staff either formally by letter, or informally by telephone or in person, it is essential that organisations regard it seriously and initiate an investigation into the staff member's alleged behaviour through the organisation's own conduct procedures. The process will be in accord with any parallel investigation into the alleged harm led by social work service. Consultation with the organisation's human resources/personnel service or equivalent and the line manager at an early stage is vital. (Completion of Significant Occurrence form in addition to Cause for Concern form required for local authority employees)

2.5 Reporting hate crime

If the alleged harm involves hate crime then this also requires to be reported on a hate crime form. This form is available on FifeDirect.

2.6 Reporting sexual harm

Where the reported harm relates to allegations of sexual harm, this must be reported to the Police. Details of the alleged perpetrator, if known, will assist the police in any investigation and alert the community protection team or Criminal Justice Service if the alleged perpetrator is already a managed offender and statutory measures are necessary.

2.7 When an adult at risk does not give consent for action to be taken

If the person does not want any action taken, his or her wishes must be respected unless **any** of the following applies:

- it is not clear if the person has capacity
- where others are at risk
- it appears likely that a criminal offence has been committed
- there are public health concerns
- it is suspected that the person may be under undue pressure not to accept intervention (undue pressure: see glossary)

Any decision about **NOT** proceeding must be recorded and agreed with line manager.

If any of the above **does** apply, then return to 2.2.

2.8 Resident of regulated service or patient in NHS facility

If the person is a resident of a care home, group home etc or a patient in an NHS facility, it is important that any suspected or actual incidents of harm, mistreatment or neglect are reported to the social work service 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 adult that the report of harm must be passed to the social work service. All reports of harm must be

reported via your agency's internal reporting system. Please refer to Appendix 1 Reporting Harm Protocol.

2.9 Child concern. If there is a child at risk contact must be made with the duty worker of the Children and Families social work service and a Child Concern referral made on behalf of the child. The Child Concern Form is available on FifeDirect.

2.10 Possible pregnancy of adult at risk

If the adult at risk is thought to be pregnant and there are concerns about potential risks to the unborn baby a planning meeting should be arranged involving social work staff from Children's and Adults services and appropriate health staff. This meeting should ensure that a pre-birth risk assessment is completed in line with the relevant Child Protection Procedures to determine the risk and the need to ensure the safety and wellbeing of the unborn baby.



3. Reporting to the Local Authority Social Work Service

3.1 Adult protection phone line and cause for concern report

Fife Adult Protection Committee has a single Adult Protection number and reporting form which enables any person within any organisation to report the facts and circumstances where s/he knows or believes that an adult is at risk of harm and that action may be necessary to protect them from harm.

The form is entitled Fife Multi-Agency Cause for Concern Form. (See Appendix 2). Fife's social work service, as the lead agency must make inquiries on receipt of an adult Cause for Concern call/form to determine;

- if the adult is an adult at risk of harm as defined at 1.1 and
- to establish whether social work may need to take steps to protect the adult's wellbeing, property or financial affairs

3.2 Reporting harm process

Cause for Concern reports will, in most cases, come through the social work service's contact centre via the single adult protection telephone number:

- **01383 602200**

Contact centre call handlers will obtain relevant details and on-site social work staff will screen all the information provided and gather more information from relevant parties as required.

Contact centre staff will receive adult protection reports from partner agencies, members of the public, relatives, carers or any person concerned that an adult may be at risk of harm.

Where reports of harm come directly to the allocated social worker or local social work office (an open case) they will be acted on as any other report of harm. The social worker will however be responsible for ensuring that the information is forwarded to the contact centre where staff will create a contact on SWIFT.

3.3 Anonymous adult protection reports of harm (Paid employees and volunteers)

While every effort will be made to protect the identity of workers who are raising concerns, the anonymity of referrers cannot be guaranteed throughout the process.

It is particularly important to remember, in cases where the police are pursuing a criminal prosecution, workers may be required to give evidence in court.

There is a possibility that a worker may be asked to give evidence at an employment tribunal as part of an investigation into staff misconduct resulting in an adult being placed at risk of harm.

Anybody can be requested to give evidence where the employer has referred a member of staff to a professional body e.g. Scottish Social Service Council.

The Data Protection Act 1998 allows alleged perpetrators to request to see information held about them.

3.4 Anonymous adult protection reports of harm reports (Public)

Members of the public may wish to make anonymous referrals. While it is preferable to know who is making a referral, a member of the public may withhold their personal details. The information supplied by an anonymous public source will be processed as other referrals.

3.5 Alleged perpetrators

Adults at risk may be harmed by a wide range of people including professional staff, relatives and family members, paid care workers, partners, volunteers, other service users and other adults at risk of harm. Neighbours, friends and associates and people who deliberately target adults at risk may cause harm e.g. fraudsters, strangers and children or young people.

The involvement of the perpetrator in any investigation or protective measures will depend on the nature of the harm, the motivation of the perpetrator and his/her relationship to the adult.

3.6 Alleged perpetrators under 16

If the alleged perpetrator is under 16, contact must be made with the duty worker of the Children and Families Social Work service and a Child Concern referral made on behalf of the child.

3.7 Social work response following receipt of report of harm

People Responsible:

Social work staff based at the contact centre and the contact centre team manager.

Actions to be taken:

Adult protection reports will be prioritised over all other work.

All adult protection reports must be subject to an immediate initial assessment to determine whether an emergency response is required.

All adult protection reports should be screened within 24-48 hours. This includes those received outwith office hours.

Screening must show evidence of contact with partner agencies and team manager involvement.⁴

Screening decisions should clearly record whether the social worker considers the adult to be at risk of harm or whether further investigation is necessary.

The social worker **must** accept the report.

If the information suggests that the adult is in immediate danger, or appears to be the victim of a crime, the contact centre social worker must contact the relevant emergency service (police, ambulance, fire service) to advise of his/her concerns if this has not already been done by the reporting agency.

Physical or sexual harm should always be reported to the police immediately in order to preserve vital evidence.

Securing the immediate health and wellbeing of the adult must take priority.

If the cause for concern relates to an adult with a mental disorder in urgent need of protection, it may be appropriate to seek the advice of a mental health officer (MHO).

If SWIFT identifies that the adult is already allocated to a worker within a **Community Care Assessment and Care Management team**, the contact centre worker should contact that worker directly by telephone to establish if they can proceed with the cause for concern report. If telephone contact cannot be established with the allocated worker there should be no further delay and the contact centre social worker must begin the screening process. Allocated workers outwith assessment and care management teams are required to co-operate with the contact centre social worker, but will not be responsible for screening the cause for concern - for example, criminal justice workers.

The contact centre social worker must discuss all adult cause for concern reports received with their on-site line manager (or alternative manager if the line manager is not available) to agree on how best to proceed.

3.8 Adults placed within regulated settings by other authorities

Fife social work service has the responsibility to undertake inquiries into any allegations regarding an adult at risk of harm placed by another authority in Fife. The placing authority has a duty to co-operate with Fife social work service when undertaking such inquiries.

⁴ While social work retains lead responsibility, partners must be familiar with each other's role and responsibilities, particularly where a multi-agency investigation is required.

3.9 Harm by organised networks and/or cases involving multiple victims or perpetrators

In cases involving multiple victims or perpetrators or when there is a suspicion that harm might be happening within an organised network, all of the above processes apply. In such cases, it is particularly relevant that management of the decision making process and of the conduct of any adult protection inquiry is clearly established, agreed and recorded. Senior officers from Fife police and the social work service should be involved in the Inter-agency referral discussions (IRD).

The command structure for the inquiry should be agreed, as should the time frames and formats for update and review meetings during the course of the inquiries.

Recording is of particular importance in such inquiries. Given their expertise in gathering, storing and handling intelligence, and access to such resources as the Scottish Intelligence database (SID), other agencies should be guided by Fife police in relation to the collation and analysis of information.

3.10 The screening process in adult protection: (social work response.)

The screening process can be undertaken by the contact centre social worker or the appropriate social worker in the assessment and care management team, as explained at 3.7. Screening involves the initial gathering of information/initial risk assessment by the worker in order to establish if the adult meets the criteria of an adult at risk of harm. Information gathered could come from a number of sources including:

- SWIFT
- case files
- SWISS
- contact with agencies who are involved with the adult - GP, Health etc.
- Care Inspectorate (formerly known as SCSWIS)
- Office of Public Guardian
- police
- housing
- contracts

It is crucial that information gathering is approached in a multi-agency manner and all those who may be involved with the adult contribute as part of the initial screening process. It is entirely appropriate for medical, nursing and other health care professionals to be contacted for more information to assist in determining whether the adult's condition makes them more vulnerable to harm than others. Consideration also must be given to any existing protective

measures in place, e.g. intervention under the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

It is good practice for all organisations to co-operate to assist inquiries, not only those who have a duty to do so under Section 5 of the Adult Support and Protection (Scotland) Act 2007.

3.11 Screening outcomes

The outcome of the screening process should establish whether:

- the person meets the criteria for an adult at risk
- actions are required to protect the adult and if so whether any immediate action is necessary
- actions are required to protect or meet the needs of relevant others, for example children residing with the adult at risk or the alleged perpetrator, or the needs of carers.

3.12 Screening decisions and actions

Decisions regarding any follow up action will only be arrived at after a range of inquiries have been carried out by the social work staff member and consultation has taken place with the worker's line manager (or alternative manager if the line manager is not available).

3.13 Screening does not meet 3 point criteria

If the screening process identifies that the adult does **not** meet the criteria for an adult at risk of harm, actions may include:

- referral for assessment under care management (subject to eligibility criteria)
- if this is an open case, continue under care management, following a review of an existing care plan
- referral to another appropriate agency
- carer's assessment, or
- no further action

In all cases the social worker will provide a written response to the referring agency outlining the reasons for the above decision. (Appendix 6)

3.14 Screening does meet 3 point criteria

If the decision is reached that the adult **does** meet the criteria of an adult at risk of harm or further action under the Adult Support and Protection (Scotland) Act 2007 is necessary to establish whether the adult is at risk of harm, then the team manager must change the status of the contact or outcome on SWIFT to "**Adult Protection Investigation**".

If the adult has no open referral then this must be “**Progress to Referral**” first and the referral outcome reason “**Proceed to Adult Protection Investigation**”.

The social worker will provide a written response to the referring agency outlining the outcome (Appendix 5).

At this stage, the team manager in the relevant locality based assessment and care management team will decide which council officer is best placed to conduct the adult protection investigation. Consideration should be given to the advantages and disadvantages of the council officer being known to the adult at risk.

It should be noted that, in all cases, “council officer” refers to a qualified social worker with at least 12 months post qualifying experience as stated in section 53(1), 2007 Act who has undertaken relevant training in adult protection. In all cases the council officer conducting the investigation should **not** be the officer who acts as welfare guardian on behalf of the chief social work officer.



4 Adult Protection Investigations

Person Responsible:

Allocated social worker or appointed council officer and team manager.

Actions to be taken:

Investigations should be completed within 2 weeks (10 working days).

4.1 Interagency referral discussions (IRD)

The screening process should have established whether the adult is at risk of harm and whether s/he may need protective measures or that a visit to the adult is necessary by a council officer to determine this, if there is insufficient information. It is the responsibility of Fife social work service to lead on adult protection investigations. The IRD requires all relevant information to be shared to agree an initial action plan.

4.2 The purpose of the IRD is to:

- identify and share relevant information with partner agencies regarding the subject of the allegation
- establish whether a crime has been committed requiring police investigation
- agree what protective measures are immediately required to safeguard the adult at risk
- establish what inquiries are required by Fife council social work service
- where there is more than one adult at risk of harm, a decision must be made on whether to conduct a large scale inquiry
- plan the investigation and establish which agencies will be involved.

Legal services should also be part of the IRD where adult protection law requires clarification.

Where the allegation of harm relates to an adult at risk within any NHS facility, the social work team manager overseeing the investigation and the nominated NHS manager will work co-operatively.

4.3 Actions resulting from an IRD

Following the IRD, sufficient information may be available to decide that no further action is required, perhaps because the adult is not an adult at risk as defined by the Act. Alternatively, the situation can be resolved by introducing or amending services to provide an appropriate level of support to allow the adult to be protected from further harm. Evidence may suggest that a single agency investigation is the best way forward.

A multi-agency response may be necessary in more complex adult protection investigations, for example, where police, health, housing, and the Care Inspectorate jointly work with the council officer to progress the investigation. Where there is a possibility that a crime has been committed the police will assume lead responsibility for the collection of forensic evidence and forensic medical examinations. A police investigation does not negate the need for the social work service to investigate.

The outcomes of the IRD are joint agreements as to how best to progress the cause for concern based on information gathered. Those practitioners who take part in the IRD will be responsible for recording all the agreed decisions made and outcomes within their own service agency reporting systems.

4.4 Visits

Visits to an adult may be necessary if the initial screening process has failed to determine whether or not the adult is at risk of harm as defined by the Act. A suitably qualified council officer is required to undertake any visits under the Act. Possible decisions and actions arising from this type of visit are the same as those noted at 3.12. If however, entry is refused and no other reasonable steps can be taken to conduct the inquiry, statutory measures may be necessary. See Protection orders, Section 6.

Investigative visits will be arranged depending on the urgency of the situation.

If the situation is assessed as critical, a **same day** visit is required.

If the circumstances are assessed as urgent, a visit should be made **within 48 hours**.

In all other cases a visit must take place **within 2 weeks** of the allocation of the council officer to undertake the investigation.

SWIFT recording should clearly document the basis for any particular timescale being followed in each case, together with the team manager's agreement.

Where the screening process has suggested a potential threat of violence to staff, it is the responsibility of the team manager to ensure that the council officer is supported to carry out the visit and is protected to do so. Staff should not place themselves at risk.

Council officers will carry identification indicating that they have the authority to carry out the duties as defined in Sections [4-10] of the 2007 Act. If the council officer is refused entry and no other reasonable steps can be taken to

conduct the investigative interview, statutory measures may be necessary. See Protection orders, Section 6.

The council officer is permitted to enter any place where the adult resides and may be accompanied, e.g. by a health professional, police officer, key worker or Care Inspectorate inspection officer. It is important that the adult is interviewed in private, particularly where it is suspected that the adult may be under undue pressure from another person. The council officer is also permitted to interview anyone else present.

An adult must be informed, before any interview, that they are not required to answer any questions and have the right to refuse a medical examination under the Adult Support and Protection (Scotland) Act 2007.

4.5 The purpose of an investigation

The purpose of an adult protection investigation is to:

- Establish matters of fact: what has actually happened and the nature and extent of the actual harm or risk of harm to the adult
- Ascertain the adult's views about his or her situation; the Act places a duty on council officers to consider advocacy services
- Determine whether actions are necessary to protect the adult
- Complete the council officer's investigation report, the basis of which is an assessment of risk

It should be noted that there may be other investigations ongoing in parallel with the adult protection investigation. For example, where the allegation relates to misconduct on the part of NHS staff or a staff member within a regulated care setting, disciplinary proceedings, criminal investigations, NHS or Care Inspectorate inquiries, respectively, may also be ongoing. This action does not negate the need for the social work service to also investigate and fulfil its duties under the Act. Any parallel investigation must report their conclusions to the council officer.

4.6 Distinct activities of an adult protection investigation

An investigation may include a number of distinct activities, all of which form part of an investigation:

- Interview of the adult. The police will lead any interview where there is a possibility of a crime having been committed. The police may do so jointly with the council officer if this would assist the investigation and avoid repeated interviewing. In all other cases an investigative interview conducted by the council officer will usually be undertaken with a second council officer or colleague from a relevant partner agency
- Medical examinations. The 2007 Act states that a medical examination may only be carried out by a health professional (defined as a doctor,

nurse, or midwife) and may be required as part of the investigation. Medical examinations may determine if immediate treatment is necessary, provide evidence to inform criminal prosecutions (conducted under police direction) or assess the adult's mental capacity. A health professional may accompany a council officer during a visit if this would assist the investigation

- Examination of records. The 2007 Act gives council officers the right to seek and obtain records including medical and financial records from any source (NHS, public, voluntary, commercial) where this would assist the investigation. The council officer should provide evidence that they are authorised to access records to the record holder
- The council officer can inspect the records or arrange for someone suitably qualified and experienced to inspect the records, for example, financial records may require assistance from colleagues within the council's finance section. Medical records must only be examined by a suitably qualified healthcare professional.

4.7 Interviews as part of the investigation process

It is important that those involved in the investigative interview process are clear about their roles and responsibilities. One council officer will lead the interview process and the supporting officer will record the interview, taking note of the following:

- Confirmation that the adult agreed to answer questions and is aware of his/her right to refuse to answer
- A description of where the interview took place and a record of the date
- Those present during the interview
- The adult's attitude and presentation
- The start and finish time
- The actual interview. Questions asked and replies given making sure each speaker is identified
- Non-verbal signs and long pauses
- Breaks in the interview and reasons why these were necessary
- Changes in interviewer

As soon as possible after the interview both officers should check the written record and agree the contents. The record, including any drawings etc. should be signed by both officers and the original kept in the adult's file.

4.8 Outcomes following an investigation

As soon as possible after the investigation, the council officer should present the findings of the investigation to his/her team manager. This should normally take place **within 10 working days** of the commencement of the investigation but may, by agreement with the overseeing team manager, be extended. The reason for any agreed extension should be clearly recorded on SWIFT.

Outcomes following an investigation could include:

4.9 The adult does not meet the criteria as an adult at risk of harm, however:

- Referral for assessment under care management may be appropriate (subject to eligibility criteria)
- If an open case it may be appropriate to the adult's needs to continue under care management arrangements following a review of an existing care plan
- Referral to another appropriate agency
- Carer's assessment is required
- No further action is required

4.10 The adult at risk criteria are met and harm is established or suspected:

- Proceed to an adult protection case conference
- If an open case, the assessment may identify that continuation with care management arrangements following a review of an existing care plan is appropriate
- It may be necessary to proceed to consideration of adult protection orders under the 2007 Act. If the council officer has been refused entry and no other reasonable steps can be taken to conduct the investigations, statutory measures may be necessary such as warrant for entry, assessment order, or removal order. (See Protection Orders)
- Another outcome may be no further action on the basis that the adult has requested this and there are no consent or capacity issues, undue pressure or risks to others identified

The council officer completing the adult protection investigation will share the findings and conclusions with all agencies involved, with the adult and with those who have contributed to the investigation.



5 Adult Protection Case Conferences

5.1 What is a case conference?

The purpose of a case conference is to enable collaborative working between partner agencies and to encourage participation of the adult, either directly or with the help of independent advocacy. Persons involved with decision making may also include carers, family members or a proxy (a welfare attorney or welfare guardian) where appropriate. The meeting assesses risk, agrees actions which need to be taken, and where appropriate, agrees an adult protection plan or reviews a plan that is already in place. The plan will detail individual and collective responsibilities with appropriate timescales.

Note: A meeting between agencies and professionals is **not** a case conference; this is a professionals' meeting or an interagency referral discussion (IRD) and may be held in addition to a case conference if required.

5.2 When should an adult protection case conference be considered?

The team 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 where the investigation identifies that harm has occurred, or concerns remain about the safety of an adult at risk of harm. This also applies where the adult appears to have little or no insight into the risk to which he or she may be placing him/herself or others.

5.3 Triggers for calling a case conference include:

- Where an adult has been harmed or is at risk of harm and requires a co-ordinated adult protection plan
- A failure of the adult to engage with, or a breakdown of, existing care plan arrangements and services, leading to the adult being harmed or being at risk of harm
- Where the adult's needs have changed for reasons not understood by any existing agency, leading to an increase in risk to the adult and/or others
- When new and complex care arrangements need to be established quickly to prevent the adult from being harmed
- Where there is continuing conflict or lack of co-ordination between agencies providing the adult with care and support, therefore placing the adult at risk of harm.

5.4 Timescales

The team manager will decide whether a case conference is required following receipt of the council officer's investigative report. The urgency and complexity of the adult's circumstances will determine how quickly a case conference is required. This should be as soon as practicable and in all cases **within 28 days** from receipt of the cause for concern report.

5.5 Organising and chairing case conferences

The council officer undertaking the investigation will be responsible for organising the case conference and ensuring a suitable date and venue to maximise attendance by all relevant parties. The council officer will arrange invitations to all relevant participants, including the adult, and include a brief on the reasons for the case conference. The brief will allow those in attendance to participate more fully during the case conference but can be withheld if it places the adult at further risk. The adult's invitation should be in a format appropriate to their needs. The chairperson will normally be the council officer's team manager but this can be delegated, by agreement, to another team manager/senior practitioner experienced in chairing. A minute taker suitably trained in case conference recording should be identified in advance of the case conference.

5.6 Role of the chairperson

The chairperson is responsible for the conduct of the case conference and the duties include an explanation of the format of the case conference and the requirement of confidentiality from those in attendance. The chairperson should not hold more than one role to ensure objectivity. All agencies are expected to share relevant information at the adult protection case conference, and all those attending must treat the information discussed as confidential.

Any restricted access or third party information should be discussed at the beginning of the meeting prior to the attendance of the adult and anyone that is accompanying them, including any advocacy worker. This part of the meeting will be minuted separately as part of the restricted access section and will not be circulated to the adult or anyone they have invited to attend.

The chairperson will be responsible for issuing signed minutes of the case conference, making sure they accurately reflect the discussion and highlighting those measures which have been discussed and agreed to protect the adult at risk.

5.6 Full participation at case conferences

It is the responsibility of the chairperson, in consultation with the investigating officer, to decide who will be invited to the adult protection case conference. Invitations should be sent to any individuals and professionals from agencies that have a direct contribution to make in understanding the nature of identified risks and can contribute to the development of an adult protection plan.

It is important to record whether the adult is in attendance or the reasons why this has not been possible. The adult's wishes and feelings should be central to any case conference and consideration should be given to how the adult concerned may wish to be supported during the case conference and how best they can be included in discussions and concerns about them, for example support from advocacy services, or communication assistance. Where the adult has not attended the case conference the minute must reflect the reason for this non-attendance and what steps were taken to ensure the views of the adult were represented in the meeting. It is important that the adult is informed of the outcome as soon as possible afterwards.

Significant family members and/or carers will also be invited to attend the case conference unless there are reasons to exclude them. Exclusions should be considered by the chairperson of the case conference, for example where the presence of someone would seriously affect the ability of the adult to participate or where the presence of an individual would place the adult at further risk.

5.8 Mental health officers at case conferences

The chairperson or investigating officer should consult with a mental health officer (MHO) regarding the advisability of having a MHO attend the adult protection case conference.

If there is evidence that the adult is at risk of harm as a consequence of a mental disorder, consideration should be given to requesting the attendance of a MHO. As a result of their specialist training and experience MHO's can assist in the assessment and risk management of adults at risk who are being neglected or harmed as the result of a mental disorder. They can also provide information and assistance in obtaining an assessment of an adult's capacity to make decisions regarding their own welfare.

If the adult protection case conference is required to consider the need for guardianship under the Adults with Incapacity (Scotland) Act 2000, as part of an adult protection plan, a MHO must be invited to attend. Under such circumstances the adult protection case conference will also perform the function of a guardianship case conference.

Not all adult protection case conferences will also be treated as guardianship case conferences. It will only be appropriate to consider the use of guardianship as part of an adult protection plan when the adult is at risk from harm as the direct result of incapacity related to a mental disorder or inability to communicate.

5.9 Conduct of a case conference

The format for a case conference involves:

- Introductions by the chairperson, explaining the functions of a case conference and the context of adult protection guidelines
- The council officer undertaking the investigation will then present his/her report based on the gathered facts. This will include details

of the initial cause for concern and the type of harm the adult is subject to or at risk of; a brief outline of the adult's current living arrangements and existing supports, both paid and informal arrangements; who the adult resides with, if appropriate; and whether the adult has a caring responsibility for any child or young person. The council officer's investigative report should highlight any issues of capacity or consent

- There will then be an opportunity for other professionals to identify the concerns they have in relation to the adult and what measures, if any, they think necessary to protect the adult from harm
- The adult and relevant others should be encouraged, with appropriate support to make their own contribution
- If there are disagreements about any information presented, then there should be an attempt to resolve these at the time, however, it may be that some disagreements can only be acknowledged.

5.10 Case conference decisions

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

- The chairperson should summarise the discussions and address whether the adult is still deemed an adult at risk of harm requiring protective measures. Protective measures could include actions under the Adult Support and Protection (Scotland) Act 2007 or any other relevant legislation
- The chairperson will be responsible for formulating the adult protection plan and identifying the owners of any actions, indicating time scales against each action. Contingency plans should be included in the adult protection plan if a breakdown of the protective measures appears likely. The adult protection plan should highlight a named person responsible for co-ordinating the identified actions
- A review case conference date should be agreed, but in all cases should not exceed 3 months from the initial case conference. An adult protection care plan review may involve key partners in the care and support of the adult rather than all those in attendance at the initial case conference; this will be at the discretion of the chairperson
- The chairperson will be responsible for ensuring the accuracy of the minutes and that any action points and timescales are clearly highlighted against the name of the person responsible. The minutes should be circulated to all those invited to attend the case conference and those tasked with any actions within 10 working days whether or not they attended
- A copy of the minutes should be sent to the adult support and protection team's quality assurance officer.

6 Adult Protection Orders

6.1 Protection orders

The Adult Support and Protection (Scotland) Act 2007 allows council officers to apply to the court for a range of orders to complete their investigation or to provide measures of protection to the adult.

In summary the orders that can be sought are:

- Warrant for entry
- Assessment order
- Removal order
- Banning order (and temporary banning order)

6.2 Warrant for entry

If, during an investigation a council officer is refused entry, is likely to be refused entry, or is unable to enter the premises for some other reason, they may apply for a warrant.

A warrant for entry authorises a council officer, accompanied by a police constable, to visit any place specified in the warrant. The warrant authorises a police constable to open lock-fast premises and to do what is reasonably required in order to assist the council officer undertaking the visit. If the council officer requires the police constable to open the adult's property by force then the council has a duty to take reasonable steps to secure the property and belongings afterwards. Consideration should be given to the services of a joiner if necessary.

6.3 Application for a warrant

An application for a warrant will be made by a council solicitor. It is therefore good practice for a representative from the legal team to be involved as early as possible as part of inter-agency referral discussions (IRD).

The sheriff may grant a warrant for entry where they are satisfied that the council officer has been refused entry or is likely to be refused entry and any attempt to visit without a warrant would be of no use. The council officer will, in most cases, need to demonstrate the attempts they have made to enter the premises to visit the adult thought to be at risk. The use of force should be a last resort and should only be considered when all other options have been exhausted. A warrant granted by a sheriff expires after 72 hours and once used cannot be used again.

6.4 Application for a warrant (in cases of urgency)

An application for a warrant to authorise entry must be made to the sheriff wherever possible. There may be occasions when it is impracticable to make an application to the sheriff and a delay is likely to place the adult at risk of harm or further harm; in these circumstances, an application seeking a warrant for entry can be made to a Justice of the Peace (JP). A Justice of the Peace list is available on FifeDirect.

A warrant for entry by a JP expires 12 hours after being granted and once used cannot be used again.

6.5 Applications to court for protection orders

A protection order may be sought at any time in the adult protection process. Unless a protection order is being sought on an emergency basis, the application must be made in writing by a council solicitor, with accompanying evidence provided by the council officer.

Protection orders can only be applied for where there is cause to suspect that the adult is at risk of **serious** harm. What constitutes serious harm varies and is not defined in the Act.

The granting of any protection order requires the consent of the adult. If the adult does not consent to the making of any protection order but there is evidence that the adult has been subject to undue pressure, it may be appropriate to make an application (see 6.7). Where the adult lacks the capacity to consent, it is important to check whether there is a welfare guardian or attorney appointed who is authorised and is willing to consent on the adult's behalf. Where no guardian or attorney exists, a protection order can still be applied for, however, the sheriff will require evidence of incapacity. Advice from council solicitors should be sought.

6.6 Undue pressure

Undue pressure can be applied by any individual and in some circumstances may not be the person suspected of causing the adult harm. The Act provides examples of undue pressure:

- Harm being inflicted by a person in whom the adult has confidence or trust and the adult at risk would give consent if they did not have the confidence and trust in that person (Section 35(4) of the Act).
- Undue pressure may also occur when the adult is afraid of, or is being threatened by someone.

6.7 Protection orders: assessment order

An assessment order allows the adult to be taken to a place where they can be interviewed and/or examined by a specified health professional. The sheriff, before granting an order, must be satisfied that:

- The council has reasonable cause to suspect that an adult at risk is being or is likely to be seriously harmed

- An assessment order is required to establish whether the adult is being seriously harmed or likely to be seriously harmed and
- There is a suitable and available place where the adult is to be interviewed and examined.

The purpose of the assessment is to allow the council officer to establish that the adult is an adult at risk of harm who requires measures to be put in place to prevent them from that harm. When an assessment order is granted the sheriff also grants a warrant for entry. The visit to implement the assessment order will be carried out with the police. A police constable in attendance can use reasonable force to gain entry to the premises.

An assessment order expires after 7 days.

The adult can be taken to the place specified in the order but cannot be detained. The council should re-consider the suitability of an application for an assessment order if the adult refuses consent to the order or compliance with any interview or medical examination.

6.8 Protection orders: removal order

Only the council can apply for a removal order. Before granting a removal order the sheriff must be satisfied that:

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

The application for a removal order should also include any voluntary approaches which have been made to protect the adult and all other options explored and exhausted including consideration of other legislation.

A removal order allows the council officer to remove the adult to a specified place within 72 hours of the order being granted and for the council to take such reasonable steps as it thinks fit to protect the person from harm. When a removal order is granted the sheriff also grants a warrant for entry. A police constable in attendance can use reasonable force to fulfil the object of the order.

The order expires 7 days after the adult at risk is moved or after any shorter period that the sheriff may decide when granting the order. The council has a duty to take reasonable steps to ensure that the property of the adult, who is subject to the removal order, is not lost or damaged.

In urgent cases an application for a removal order can be made to a justice of the peace.

Before granting a removal order the justice of the peace must be satisfied that:

- The adult at risk is likely to be seriously harmed if not moved to another place
- That there is an available suitable place where the adult at risk can be moved to
- It is not practicable to apply to the sheriff, and
- The adult is likely to be seriously harmed if there is a delay in granting the order.

A removal order granted by a justice of the peace allows the adult at risk to be moved within 12 hours of the order being granted. The order will only have effect for a period of 24 hours.

The council should re-consider the suitability of a removal order if it considers that the adult will refuse consent to the removal order or that they are unlikely to remain in the place to which they are being moved.

6.9 Protection orders: banning order/temporary banning order

Council officers and other interested parties, including the adult at risk can apply for a banning order.

Applications can be made:

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

A banning order or a temporary banning order can be considered where the adult is at risk of serious harm and it would be better for the adult to remain where they are and for the subject of the order to be banned from a specified area or place.

Before granting a banning order the sheriff must be satisfied that:

- the adult at risk is being, or is likely to be, seriously harmed by another person
- the adult's wellbeing or property would be better safeguarded by banning the other person from the place occupied by the adult than it would be by moving the adult from that place
- the adult at risk is entitled or permitted to occupy the place the subject is being banned from (or neither the adult nor the subject is entitled to occupy the place from which the subject is to be banned). If the adult does not have a right to occupy the property then the subject cannot be banned.

A banning order can last for any period up to a maximum of 6 months and may:

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

Application for a temporary banning order may be made where it is inadvisable to wait for a full hearing on a banning order application. A temporary banning order expires on the date a banning order is made, the date on which it is recalled or any specified expiry date.

A condition specified in a banning order may authorise the subject of the order to be allowed into the place they are banned from for specific reasons, for example, supervised contact.

The sheriff may attach a power of arrest to the banning or temporary banning order if there is a likelihood of the subject breaching the conditions of the order. The power of arrest becomes effective only when served on the subject of the order and will expire at the same time as the order.



7 Recording

7.1 General

All adult protection concerns must be recorded accurately, comprehensively and be evidence based.

This is a legal requirement which demonstrates accountability to line managers and the employing organisation when reporting or making decisions about adults at risk of harm. Accurate recording assists in understanding why a particular decision was taken and

- demonstrates accountability
- safeguards against allegations
- evidences good practice
- forms the basis of any risk assessment and adult protection plan
- provides the means to monitor, review and evaluate services to protect adults at risk and identify gaps in service delivery
- provides records which may be needed in court.

In addition, recording also allows a clear description of what measures may have been necessary to protect an adult at risk of harm and who was responsible for such measures. Recording also provides an opportunity to demonstrate that the principles of the 2007 Act have been taken into account, for example having regard to the views of the adult and relevant others, that the intervention benefits the adult, is the least restrictive option, and that participation of the adult has been central to any decisions.

7.2 Social work recording of adult protection activity on SWIFT

All adult protection cause for concern reports received by the social work contact centre **must** be recorded on the contacts tab as “**Adult Protection**” contact reason on the social work SWIFT data base. Contact centre staff will then create the client, if not already known to the social work service. All adult protection cause for concern reports, including those clients already known to the social work service **must** be recorded on the contacts tab as “**Adult Protection**”.

Following initial screening, if further investigation is required, the contact outcome should be changed to “**Adult Protection Investigation**”

If the client is not known the contact outcome should first be recorded as “**Progress to Referral**”, then the referral outcome recorded as “**Adult Protection Investigation**”.

7.3 Adult protection recording includes:

- all interagency referral discussions (IRD)
- all investigations undertaken
- all adult protection case conferences (including those held under the Adults with Incapacity (Scotland) Act 2000 where the adult is at risk of harm)
- all adult protection plans
- all adult protection orders (legal)
- all adult protection plan reviews.

7.4 Contemporaneous notes

All handwritten notes taken during any part of an adult protection inquiry/investigation must be kept and never destroyed as they may be required in court.

7.5 Investigative recordings:

As soon as possible after an investigative interview both the council officer and the supporting officer should check the written record and agree the contents. The record of the interview including any drawings should be signed and dated by both officers and the original should be kept in the adult's social work file.



Reporting Harm Protocol

For use by services registered with the Care Inspectorate
and those with a duty to co-operate under the ASP Act

1. Information can be received by a variety of methods, for example:

- Disclosure of harm from another person
- You may observe the adult being harmed
- You may suspect the adult to be at risk of harm from another person
- The adult may be at risk of self-harm

2. Assess the immediate risk and take appropriate action to ensure the adult's safety

- Is the person in immediate danger?
- Do you suspect that a crime has been committed?
- Is there a medical emergency?

IF YOU CAN ANSWER YES TO ANY OF THESE QUESTIONS GO TO No. 3

3. If you suspect that a crime has been committed or that there is a medical emergency. This will require immediate attention and will take priority; you **must**:

- Phone the police and/or an ambulance as appropriate. **You must do this even if the adult doesn't want you to**
- Never remove any evidence which may be used for an investigation
- Preserve evidence of harm; e.g. locking door, restricting access to area
- Immediately write down what the adult has said, what you have seen, or your suspicions
- **Proceed to No. 4**

IF THERE IS NO IMMEDIATE DANGER/MEDICAL EMERGENCY/SUSPICION OF CRIME GO DIRECT TO No. 4

4. In all cases report the incident to your line manager:

- You have a duty to pass on information of any alleged harm as a matter of urgency
- You must do this even if your immediate manager is unavailable [refer to local procedures]

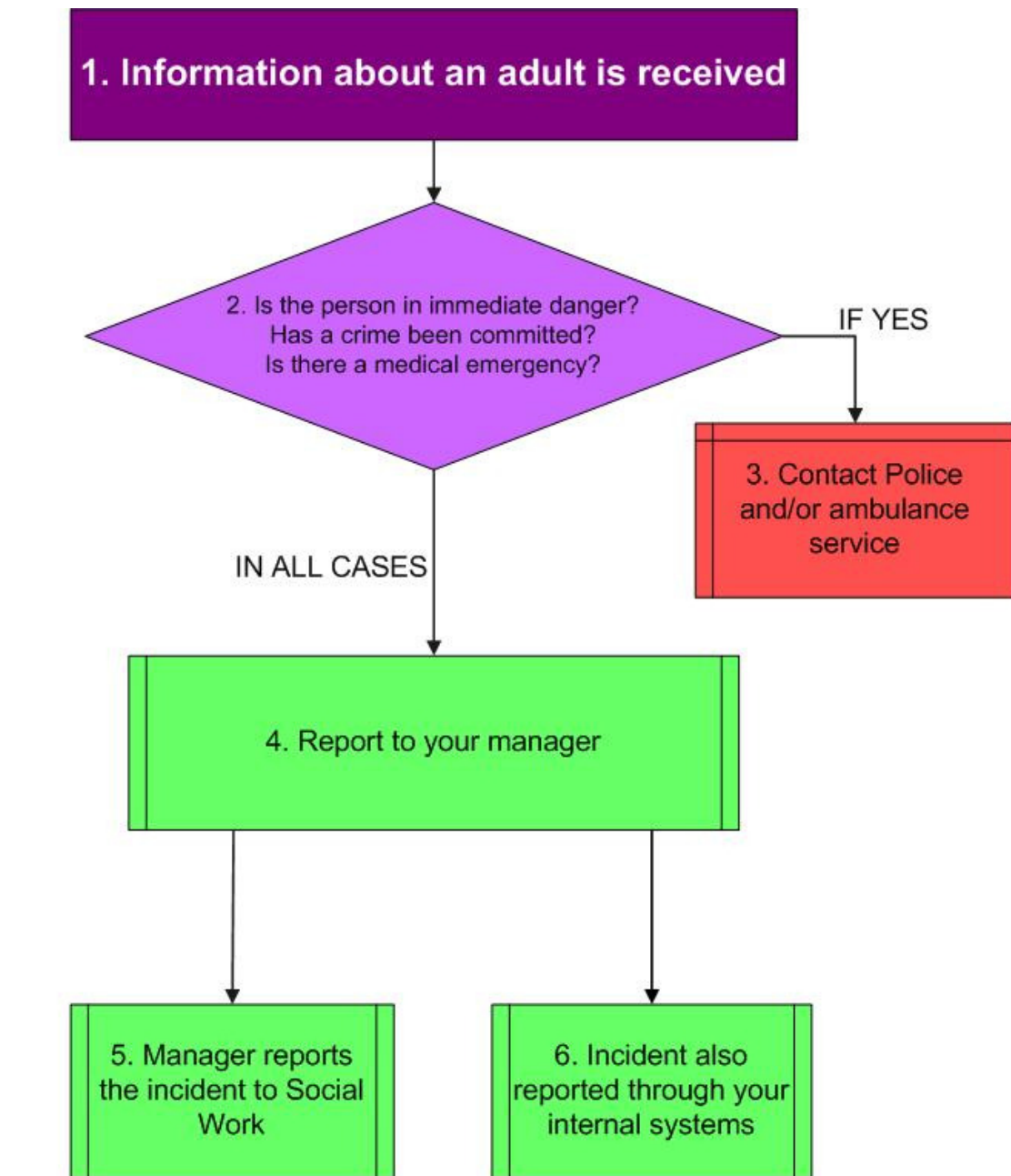
5. Manager reports the incident to Social Work Services:

- All allegations of harm must be reported to social work
- Where incident occurs in a Council run establishment the manager will report incident via same route as external agencies
- Contact must be made **initially** by phone to Social Work Services on the dedicated Adult Protection phone line **01383 602200**
- Indicate this is a referral under the Adult Support and Protection Act (Once received it will be recorded on Social Work SWIFT system)
- **Then** complete the Multi-agency "Cause For Concern" form without delay and forward it to the Contact Centre: SW.ContactCtr@fife.gov.uk

6. All incidents must also be processed through your internal systems

- This includes informing the Care Inspectorate (previously SCSWIS)

Flow Diagram



It is NOT your responsibility to:

- Investigate suspected or alleged harm;
- Evaluate the grounds for concern; or
- Seek proof before making a referral to Social Work

Appendix 2

FIFE MULTI-AGENCY ADULT CAUSE FOR CONCERN FORM⁵

Is the person in immediate danger? Has a crime been committed? Is there a medical emergency? **Contact Police and/or ambulance service**

IN ALL CASES: Report to Social Work Contact Centre by calling the Adult Protection Phone Line: 01383 602200. Then complete this form.

The Adult Support and Protection (Scotland) Act defines 'adults at risk' as individuals, aged 16 years or over, who:

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

REFERRED BY:

Name and Job Title:

Agency/Dept:

Address:

Telephone Number:

E-mail address:

Line Manager:

FULL DETAILS OF THE ADULT YOU ARE CONCERNED ABOUT:

Name:

Address:

Telephone Number:

Date of Birth:

Gender:

Ethnicity:

Disability: Yes No Don't Know

If Yes please specify:

Are there any known/suspected capacity issues? Yes No

If Yes please specify:

GP Practice:

⁵ Version 3 Revised April 2011

DETAILS OF NEAREST RELATIVE (if known)

Name:

Address:

Telephone Number:

Mobile Number:

Date of birth:

Nature of relationship:

DETAILS OF ANY OTHER AGENCY PRIOR INVOLVEMENT (if known)

Police:

Details of Officer and Station:

Social Work:

Details of Worker and Dept:

Health:

Details of any health professional and office:

Other Agencies:

Details if known:

HOW DID THE CONCERNS COME TO YOUR ATTENTION?

Attendance at incident	
Through direct observation of the adult at risk	
Through direct observation of the responsible carer	
Third party notification	
Through another agency	
Other, please specify	

CATEGORY OF HARM

Physical Harm	
Psychological/Emotional Harm	
Sexual Harm	
Financial Harm	
Neglect	
Self-Harm (self-neglect/self-injury/self-poisoning)	

DETAILS OF ANY ALLEGED PERPETRATOR/HARMER:

Name:
Address:
Telephone Number:
Date of Birth:
Gender:
Ethnicity:
Relationship to Adult at Risk:

FULL DETAILS OF OTHER ADULTS/CHILDREN RESIDENT IN THE SETTING

Name:
Address:
Telephone Number:
DOB:
Gender:
Ethnicity:
Relationship to Adult:

If in a group living situation, provide details of a relevant senior staff member.

BRIEF DETAILS OF CIRCUMSTANCES:

Please detail concerns including where the incident occurred, any risk issues and any action you have taken.

This should be to a standard to allow the text to be shared with partner agencies.

.....
.....
.....
.....
.....
.....

INFORMATION SHARING

Have you informed the individual that this information will be shared with partner agencies due to concerns regarding risk of harm?

Yes

No

If No please detail why

COMPLETED BY

Name:

Agency:

Date report completed:

AUTHORISED BY

Name:

Agency:

REFERRED TO:

Name:

Agency:

Substance Misuse Protocol

(To be read in conjunction with Multi-agency Adult Protection Guidance, Reporting Harm Protocol and Social Work (Assessment and Care Management) Protocol)

Principles and Practice

Reports of harm involving substance misuse can be complex and challenging. The adult has the right to choose how they live and this needs to be balanced against the need to intervene where the adult is unable to cope because of illness, mental disorder, disability or infirmity.

Each case must be approached and addressed **on an individual basis**, including consideration of how the adult will respond to any intervention, prior to making a decision about how to proceed.

Substance misuse fits the criteria of self-harm as defined in the Adult Support and Protection (Scotland) 2007 Act, therefore the ASP Act may be suitable if the 3 point criteria of the definition of an adult at risk is met:

1. Unable to safeguard their wellbeing, property, rights or other interests
and
2. 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.

The Council has a responsibility to inquire where it knows or believes that the adult is an adult at risk. Part of the inquiry must involve talking with other relevant agencies to gather information (Inter-agency Referral Discussion-IRD)

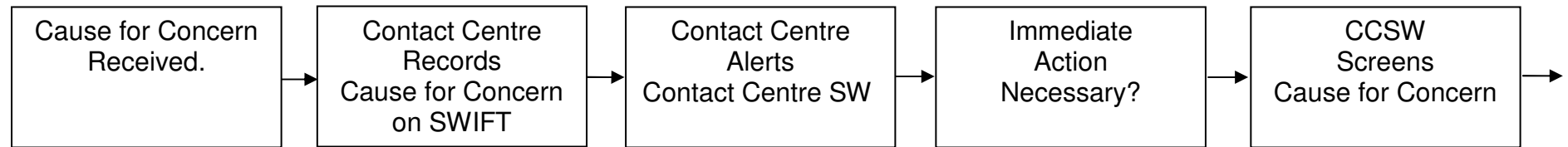
Once the inquiry is completed a decision will be made **with others involved** (a multi-agency decision) about if and how an intervention under Adult Protection legislation will proceed.

All decisions must be recorded, even if the decision is to take no action under Adult Protection.



Social Work (Assessment and Care Management) Adult Protection Protocol. Effective 11/11/2010. Amended November 2011.

To be read in conjunction with Fife's Multi-Agency AP Procedures.



	<p>NOTES</p> <p>All referrals should be directed to the Contact Centre via the Adult Protection dedicated number (01383 602200)</p> <p>Partner Agencies should confirm referral in writing using the 'Fife Adult Cause for Concern Form'</p> <p>Cause for concerns from any source including anonymous calls will be fully considered</p>	<p>NOTES</p> <p>Contact Centre Staff record pages 1 -2 SSA on SWIFT</p> <p>SWIFT – All Adult Protection Cause for Concerns are recorded as a contact reason 'Adult Protection'</p>	<p>NOTES</p> <p>Contact Centre Staff will create SWIFT workflow message to Contact Centre Social Worker (CCSW)</p> <p>CCSW <u>must</u> accept referral.</p> <p>Where a referral is already open to assessment and care management the CCSW can call the allocated worker to progress the action</p> <p>If the CCSW is unable to contact the allocated worker the CCSW must progress the action</p> <p>NB if passed to allocated worker all subsequent actions headed CCSW relate to the allocated worker</p> <p>Any allegation concerning member of Social Work staff must be reported to appropriate Service Manager</p> <p>Harm within a regulated care setting – CCSW to advise provider to report incident to the Care Inspectorate (formally SCSWIS) if provider has not already done so.</p>	<p>NOTES</p> <p>If CCSW establishes that the Adult is in immediate danger contact should be made with relevant emergency service.</p> <p>If an offence is suspected then CCSW must contact the Police Contact Centre (0845 600 5702).</p> <p>If there are children within the household of the adult at risk or the suspected perpetrator is a child CCSW must contact the appropriate Children and Families Duty Team.</p> <p>If the alleged perpetrator is known to the Criminal Justice Service or Community Protection Team the allocated worker/team manager must be informed</p>	<p>NOTES</p> <p>Information from SWIFT, SWISS, Case Files and contact with other relevant agencies to be gathered.</p> <p>The CCSW should gather sufficient info to determine whether the adult meets the three criteria.</p> <p>Substance misuse and domestic abuse are types of harm however; the three criteria require to be met.</p> <p>It may be necessary to seek medical advice to confirm the presence of illness, mental disorder, disability or infirmity which makes the adult more vulnerable.</p> <p>CCSW must now discuss initial information with Senior/ Team Manager and record decision/outcome</p> <p>Where criteria met Inform relevant assessment/care management team by calling and workflow involvement request</p>
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Timescales	Without delay		Acknowledge referral within 24 hours	Without delay	48 Hours
Paperwork	Cause for Concern		Significant Occurrence form within 24hours if SW staff allegation.	Hate Crime reporting form if appropriate (Available on Fife Direct)	
SWIFT		All Adult Protection Contact Reason "Adult Protection"	Workflow "Pass to SW Team"		Workflow involvement request



NOTES

It may be necessary to visit an adult if little is known (**Council Officers only**) as part of the screening

All available information gathered at the screening stage should now be shared with all relevant agencies. Interagency referral discussion should identify what actions should take place next as part of the investigation

The social work service retains the lead responsibility but may delegate if the harm is within an NHS setting. Issues of consent and capacity should be highlighted at this stage.

Inter-agency referral discussions must include the Care Inspectorate if the harm is within a regulated care setting.

NOTES

Adult does not meet the criteria – consider Care Management, referral to another appropriate agency or Carer's assessment.

Adult does meet the criteria or further investigation is necessary to establish this by a Council Officer. This may be in partnership with Police, Health, Housing where this would aid the investigation (cannot be a Social Worker acting as Welfare Guardian to the Adult).

If harm is within an NHS facility, Team Manager to agree who should lead investigation and may delegate as agreed with NHS Lead Manager. Social Worker to highlight capacity or consent issues at this stage if known.

NOTES

Visits to Adult by a Council Officer to determine if they are at risk and require protective measures (see timescales below).

Visits must be planned by Council Officer with partner agencies as appropriate (Health, Police, Housing etc). Any investigative interview will require a Council Officer and one other.

Investigations may include visits to the adult, medical examinations and records checks. Adult must be informed of rights to refuse any interview or medical examination and supported if necessary to participate fully in the investigation.

If access to the adult is denied, Council Officer to consider Protection Orders and contact Legal Services for advice.

NOTES

Report should establish what has actually happened and the nature of harm to the adult.

The adult's views about his/her situation.

What actions are necessary to protect the adult from harm?

Issues in relation to capacity and consent should be highlighted

Assessment of risk.

Outcomes (may include):
No further action (reasons must be explicit on SWIFT and include confirmation that Adult has been seen alone).

Refer for Assessment and Care Management or to another appropriate agency.

Proceed to Adult Protection Plan and Case Conference.

NOTES

If the Council Officer identifies harm has occurred and a co-ordinated response is necessary as part of an Adult Protection Plan, an Adult Protection Case Conference should be convened.

The adult should be encouraged to participate as fully as possible with support as necessary.

The Team Manager has responsibility for chairing the meeting and the conduct throughout. Case conferences should allow an exchange of information which would assist in developing an Adult Protection Plan.

Adult Protection Plan should indicate who is responsible for which protective measure against an agreed timescale.

Any protection plan must have a review date.

Timescales			Urgent – Same Day Critical – 48 Hours Non – Urgent 2 Weeks	Without Delay	Not Exceeding 28 Days
Paperwork				Council Officer's Report	Adults with Incapacity or Adult Protection Invites, Case Conference Minutes
SWIFT	Strategy Discussion Adult Protection Module	Open Case – Progress to Adult Protection Investigation New Case – Progress to Referral first then outcome as above in referral tab.	All recording now in Adult Protection Module SWIFT	Adult Protection Module Investigation	Adult Protection Module Case Conferences

Appendix 5 Post Screening Response



Date _____

Dear _____

With reference to your recent Cause For Concern Report regarding

Name: _____

DOB _____

The screening process is now completed and indicates that he/she does/does not meet the criteria for an adult at risk of harm.

The action we will take on this occasion is:	√ as appropriate
Progress to Adult Protection Investigation	
Referral for assessment under Care Management (subject to eligibility criteria)	
As is already an open case, continue under Care Management, following a review of an existing care plan	
Referral to another appropriate agency (indicate agency)	
Carer's assessment	
No further action	

Where the outcome was that the adult did not meet the criteria on this occasion please do not be deterred from reporting perceived harm in the future.

Name:

Designation:





<p><u>ADULT PROTECTION CASE CONFERENCE</u></p> <p>HELD ON</p> <p>AT</p>

<p>NAME:</p> <p>HOME ADDRESS:</p> <p>CURRENT ADDRESS IF DIFFERENT FROM ABOVE:</p>	<p>PIN:</p> <p>D.O.B:</p>
-----------------------------------------------------------------------------------------------------------	-----------------------------------------

CASE CONFERENCE DETAILS:	
	Name, designation and address (in full):
Chairperson:	
Present:	
Apologies:	
Invited but did not Attend:	

<p>REASON FOR CASE CONFERENCE:</p>

AREAS OF CONCERN:

VIEWS OF SERVICE USER AND HOW THESE WERE OBTAINED:

RISKS IDENTIFIED:

SUMMARY OF VIEWS (INCLUDING DISSENT):

CONCLUSION:

ADULT PROTECTION PLAN

Action	Person/Agency Responsible	Timescale:

Date/Time/Venue of next meeting (if appropriate)

CARE MANAGER/CARE CO-ORDINATOR:

Name:	
Agency:	
Tel No:	

SIGNED:

Chairperson:	
Date:	

CONFIDENTIALITY

The information in this document is confidential to you. It must not be disclosed to any other person or agency without written consent of the Case Conference Chairperson.

If you disagree with any aspect of this minute, you should contact the chairperson immediately in writing.

Copy of this minute must be sent to the Adult Support and Protection Team, Auchterderran Centre, 14 Woodend Road, Auchterderran, Lochgelly, KY5 0NE.



Appendix 8

Roles and Responsibilities of Particular Teams or Agencies

8.1 The role of the social work team manager in adult protection investigations

From the point the adult protection cause for concern has been received the team manager is responsible for leading the investigation.

Other responsibilities include:

Fully discussing the cause for concern with the social worker conducting the screening process.

Agreeing the most appropriate partner to conduct any joint investigation, for example, the Care Inspectorate, Police, and Health etc.

Agree the level of harm for the adult at risk at the point of screening and the reasons for a particular investigation timescale.

Provide professional advice, guidance and supervision about carrying out concluding an investigation with the council officer appointed to conduct the investigation.

Consider involving an independent advocate to represent the views of the adult at risk as part of the inquiry when they do not have capacity to make decisions for themselves.

Quality assure the investigation work of the team, including paperwork.

8.2 The role of the Care Inspectorate (formerly known as SCSWIS)

To submit a cause for concern to the social work contact centre where an adult at risk has been identified in a regulated service.

To participate in an interagency referral discussion (IRD) where there is a regulated service or individual involved.

To monitor whether regulated establishments and agencies are working in accordance with the Fife Multi-Agency Adult Protection Guidance.

To investigate any breach of regulations established by the Public Reform Act 2011 and take action accordingly.

To produce reports as requested by the Adult Protection Committee to contribute towards any serious case review.

8.3 The role of independent advocacy

To submit a cause for concern to the social work contact centre where an adult at risk has been identified.

To listen to the adult at risk's wishes and feelings about the harm or risk of harm and what should happen next.

When requested to do so, support the adult to risk to speak up during an investigation.

To represent the adult at risk's views at any adult protection case conference if they are not able or willing to do this for themselves.

To support the adult at risk's rights and responsibilities throughout the process.

To produce reports as requested by the social work contracts section.

8.4 The role of social work service contracts

To report any potential or suspected harm to the social work contact centre which may arise from monitoring of contracts or complaint investigations.

To monitor whether provider agencies are working in accordance with the Fife Multi-Agency Adult Protection Guidance through contract monitoring.

To investigate any breach of contract.

To ensure adequate monitoring based on any concerns raised through an adult protection investigation, which may include the development of a robust action plan to improve the service.

When appropriate, link with the Care Inspectorate (or other relevant regulator) to ensure a joint approach to monitoring and investigation.

To follow up any contractual issues and actions agreed at the Adult Protection Committee or sub committees.

To support the adult protection process where there are recommendations of suspension or re-instatement of service provider contracts.

To pass on any information to other local authority contract departments where appropriate when an adult placed in Fife is subject to an adult protection cause for concern.

To monitor the recruitment and selection process followed by provider agencies.

To produce reports as requested by the Adult Protection Committee which contribute towards any serious case review.

8.5 The role of emergency social work service

To liaise with emergency services when relevant.

To take any appropriate urgent action to protect the adult concerned.

To report any potential or suspected harm to the social work contact centre which arise outwith office hours.

To begin the screening and gathering of information which would assist the social work assessment and care management teams should further investigations be necessary to protect an adult at risk.

To produce reports as requested by the Adult Protection Committee which contribute towards any serious case review.

8.6 The role of police

To submit a cause for concern report for an adult at risk of harm in line with the reporting harm protocol.

To participate in interagency referral discussions (IRD).

To determine with the relevant social work team, whether there should be a criminal investigation.

To consider the use of an Appropriate Adult as necessary.

To log adult protection reports for monitoring purposes.

To agree with the relevant social work team, the most appropriate way for an interview with the adult, witnesses and the alleged perpetrator to be conducted if necessary.

When appropriate, attend meetings or adult protection case conferences with any relevant information about the alleged perpetrator, witness or adult at risk.

To put relevant cases to the procurator fiscal's office.

To inform the team manager of the social work team conducting the inquiry or investigation of the outcome of any police inquiries or criminal proceedings.

To produce reports as requested by the Adult Protection Committee which contribute towards any serious case review.

Appendix 9

Dilemmas in adult support and protection

The protection of adults at risk of harm, like the protection of children, raises a variety of complex issues. There may be a number of conflicts which must be considered. Some of these are discussed in more detail below.

9.1 Rights and self-determination

There is a tendency for society to believe that adults at risk of harm need to be protected and that their right to choose is secondary to this. Adults are individuals in their own right and, if they are able, must be allowed to exercise these rights even if that means they choose to remain in a situation which other people consider to be inappropriate or harmful. Every effort should be made to inform the adult at risk of the consequences of the choice he/she may be making. Where appropriate, use should be made of the local appropriate adult scheme, an independent advocate, communication aids or interpretation services. Working with adults at risk of harm poses considerable dilemmas for staff involved. If it is thought that the adult may have been the victim of a crime, for example assault, then he or she is subject to common law and the matter should be reported to the police even if the adult does not wish to make a complaint. If an adult is at risk - there may be a legislative basis upon which to intervene if he/she refuses help. The Adult Support and Protection (Scotland) Act 2007 makes provision for the application for three kinds of protection orders. Consideration may need to be given to the appropriateness of such an action, in consultation with the council's legal services (see Section 6 - protection orders).

9.2 Consent / confidentiality / disclosure

All professionals who have contact with adults at risk have a responsibility to refer concerns/anxieties/disclosures to the appropriate agency. However, it should be recognised that, at times, this may pose a dilemma for staff who may feel that by so doing this could alienate the individual and/or the family and the potential for future preventative work. To do nothing or to promise confidentiality and then report the concern is not acceptable or appropriate. The recommended procedure is to openly and honestly discuss with the individual and/or family the intention to report the information given and to advise them of the possible consequences.

9.3 Managing risk

Concern over risk-taking can stifle and constrain providers of care, leading to an inappropriate restriction of an individual's rights. There is a challenge for people working in all care settings to define a way forward where they are able to take calculated acceptable risks and allow risks to be taken.

9.4 Whistle-blowing

All organisations must have a policy on '*whistle-blowing*' in place, allowing staff to alert organisations to matters of suspected or actual malpractice. Such policies should provide guidance, protection and reassurance to staff in order to encourage disclosures. (For further details see the Public Interest Disclosure Act or visit Public Concern at Work's website at www.whistleblowing.org.uk). See also Fife Council HR website, section on Whistle blowing. All of the partners are committed to the concept of whistle-blowing and to supporting staff who report unacceptable treatment of service users by managers or staff.

9.5 Challenging behaviour / use of restraint techniques

There are some adults at risk of harm who present challenging behaviour which requires to be managed either in their own home, day care setting, hospital or care home. This brings with it a number of dilemmas including issues of restraint and the administration of medication. Any action undertaken to manage an adult with challenging behaviour could be misinterpreted, potentially leading to an allegation of harm. Therefore these issues require to be carefully assessed and recorded appropriately and should be part of care planning.

It is acknowledged that, in the course of their duties, staff may be assaulted, and in these circumstances have a right to protect themselves. Appropriate training and support should be available to staff and only those trained in restraint techniques should implement them. Incidents of violence and aggression or the use of restraint should be recorded using agency guidelines.

9.6 Domestic abuse / gender based violence

Domestic violence against women, domestic abuse or abuse by a relative in a family home is not specifically covered in this guidance. It is, however, recognised that the use of the guidance may well be appropriate in certain cases of domestic violence or abuse. It will be particularly relevant when one of the partners meets the definition of an 'adult at risk'.

9.7 Adult protection and mental health service users

The issue of adult support and protection and mental health service users is particularly complex. The emphasis of recent policy on public protection has led to a tendency for mental health service users to be regarded as potential perpetrators rather than victims of abuse or exploitation. The notion of being an 'adult at risk of harm' can be contentious. All allegations of harm must be taken seriously and investigated without assumptions as to the credibility of the complaint.

9.8 What degree of harm, mistreatment or neglect justifies intervention?

In determining what degree of harm or neglect justifies intervention, the Law Commission suggests that harm should be taken to include not only ill-treatment (including sexual abuse and forms of ill treatment which are not physical) but also the impairment of, or an avoidable deterioration in, physical

or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

The seriousness or extent of harm is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind.

In making any assessment of seriousness the following factors need to be considered:

- the vulnerability of the individual
- the nature and extent of the alleged or suspected harm or neglect
- the length of time it has been occurring
- the impact on the individual, and
- the risk of repeated or increasingly serious acts involving this or other adults at risk.



Appendix 10

Useful Links

- 10.1 Adult Support and Protection (Scotland) Act 2007
<http://www.legislation.gov.uk/asp/2007/10/contents>
- 10.2 ASP Code of Practice
<http://www.scotland.gov.uk/Publications/2009/01/30112831/0>
- 10.3 Mental Health (Care and Treatment) (Scotland) Act 2003
<http://www.hmso.gov.uk/legislation/scotland/acts2003/20030013.htm>
- 10.4 Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice
<http://www.scotland.gov.uk/Publications/2005/08/29100428/04289>
- 10.5. The Adults with Incapacity (Scotland) Act 2000
<http://www.legislation.gov.uk/asp/2000/4/contents>
- 10.6 AWI Code of Practice
<http://www.scotland.gov.uk/Publications/2008/03/18094148/0>
- 10.7 Scottish Social Services Council Codes of Practice
<http://www.sssc.uk.com/sssc/homepage/codes-of-practice.html>
- 10.8 Nursing and Midwifery Council Code
<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3057#code>
- 10.9 www.voiceuk.org.uk/
“Voice UK is a national charity supporting people with learning disabilities and other vulnerable people who have experienced crime or abuse. We also support their families, carers and professional workers.”
- 10.10 www.respond.org.uk/support.html
“RESPOND works with children and adults with learning disabilities who have experienced abuse or trauma, as well as those who have abused others”
- 10.11 <http://www.nhshealthquality.org/nhsqis/37.140.141.html>
NHS Quality Improvement Scotland, a body focusing on NHS health quality improvement within Scotland. Formed via a merger of several related bodies (CSBS, SHAS, NMPDU, HTBS and CRAG)
- 10.12 Communication Toolkit related to Adult Support and Protection
http://www.rcslt.org/asp_toolkit/adult_protection_communication_support_toolkit/welcome
- 10.13 Cause for Concern
<http://www.fifedirect.org.uk/uploadfiles/publications/c64%5FAdultCauseforConcernForm1%2Edoc>

- 10.14 Child Concern Form
http://www.fife.gov.uk/uploadfiles/publications/c64_FifeChildConcernReferralFormCPC03-03-102.doc
- 10.15 Hate Crime Online Reporting Form
https://www.fifedirect.org.uk/formFinder/index.cfm?fuseaction=form.Question&Form_id=59D48CE0-C105-4F96-BCEACBDD3B964C84
- 10.16 Human Rights Act
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- 10.17 PVG Act 2007
<http://www.legislation.gov.uk/asp/2007/14/contents>
- 10.18 PVG Act draft Guidance
<http://www.scotland.gov.uk/Publications/2009/11/05140540/10>
- 10.19 PVG Scheme
<http://www.scotland.gov.uk/Topics/People/Young-People/children-families/pvglegislation>
- 10.20 Vulnerable Witness Act 2004
<http://www.legislation.gov.uk/asp/2004/3/contents>
- 10.21 Vulnerable Witness Information Guide
<http://www.scotland.gov.uk/Publications/2005/04/04143522/35246>
- 10.22 Sexual Offences (Scotland) Act 2009
<http://www.legislation.gov.uk/asp/2009/9/contents>

Glossary of Terms

Term	Definition
Abuse	<p>Abuse is a violation of an individual’s human and civil rights by any other person or persons. (No Secrets paragraph 2.5) No Secrets – English Guidance Document www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074544.pdf NB: The Adult Support and Protection (Scotland) Act 2007 (ASP Act) refers to “Harm”. This is a significant difference. The terms are not interchangeable. The ASP Act supercedes the No Secrets Guidance, and refers to all harmful conduct, including neglect and self-harm, which are not covered in the No Secrets Guidance or by the definition of abuse. Abuse relates to deliberate harm caused by another, while the term Harm is wider and includes both deliberate and unintentional acts or omissions.</p>
Adult Protection Module	<p>A module within the SWIFT system (see below) where Social Work staff record all actions and decisions made under the adult protection procedures. This includes Inter-agency Referral Discussions (IRDs) and investigations undertaken by the Social Work Service.</p>
Adult at Risk of Harm	<p>A person aged 16 years or over, unable to safeguard his or her own wellbeing or property, is affected by disability, mental disorder, illness or infirmity, and is more at risk of being harmed than other adults who are not so affected.</p>
Adult Protection Case Conference	<p>A multi-agency meeting that will usually include the adult at risk of harm and whoever they choose to support them. The case conference will develop an adult protection plan.</p>
Adult Protection Plan	<p>A plan agreed by all agencies and the adult detailing the measures provided to protect the adult at risk from harm.</p>

Term	Definition
Appropriate Adult Scheme	<p>The Fife Appropriate Adult Scheme operates on a 24 hour 7day 52 week service. The service is provided by 9 trained individuals who all have experience in assisting people with communication difficulties.</p> <p>The role of an Appropriate Adult is to facilitate communication and to provide support for adults aged 16 years plus with learning disability, mental ill health, brain injury, autism or any other cognitive impairment, who come into contact with the Police. The service is available to witnesses, victims, suspects or accused people at police interview, specific forensic procedures or examination, and precognition.</p> <p>Appropriate Adults are accessed by police officers via the Fife Forces Call centre.</p>
Assessment Order	<p>This order allows a Council Officer to take the adult from a place visited by the officer, in the course of their investigation, to conduct a private interview and for a health professional to conduct a medical examination.</p>
Banning Order	<p>This order bans the subject of the order from being in a specified place, for up to six months. It will only be granted where an adult at risk is being, or is likely to be, seriously harmed by another person and the Sheriff is satisfied that banning the subject of the order from the place, will better safeguard the adult's wellbeing or property, than by moving the adult.</p> <p>A banning order can be made subject to any specified conditions. The Sheriff can also grant a temporary banning order pending the determination of a full banning order.</p>
Capacity	<p>The ability to make an informed choice. Adults who may lack capacity in certain areas are defined as being: "incapable of acting, making decisions, communicating decisions, understanding decisions, or retaining the memory of decisions, by reason of mental disorder or physical disability" (Adults with Incapacity (Scotland) Act 2000).</p>
Contemporaneous notes	<p>Handwritten notes taken at the time of an interview, discussion or telephone conversation.</p>
Council Officer	<p>A Registered Social Worker with at least 12 months post qualifying experience appointed by Fife Social Work Service. Authorised to conduct an investigation to establish if an adult is at risk of harm and to decide what measures should be put in place to provide protection. Council Officers are predominantly sited in Assessment and Care Management Teams.</p>

Term	Definition
Discriminatory Harm	Consists of abusive or derisive attitudes conveyed orally, or in writing or through behaviour aimed at denigrating a person's gender, sexuality, ethnicity, race, culture, religion, age, disability or any other characteristic of the person. Such harm is a violation of human rights and may constitute a hate crime.
Domestic harm / Gender Based Violence	A term encompassing the spectrum of abuse aimed at individuals and groups based on their specific gender role in society. It is experienced disproportionately by women and perpetrated predominantly by men and may manifest itself in many ways. It includes all forms of violence including what was previously known as domestic abuse, including same sex relationships, commercial sexual exploitation, harmful traditional practices, such as female genital mutilation, forced marriages and so-called "honour" crimes, sexual harassment, stalking and childhood sexual abuse.
Emergency Out of Hours Social Work Service	The Out of Hours Team provides a service for social work emergencies that take place out of office hours. The service is available outside normal office hours, i.e. - 5.00pm to 8.50am Monday to Friday, all weekend and Public Holidays. Tel: 08451 550099
Health Professional	A "Health Professional" for the purposes of the Adult Support and Protection (Scotland) Act 2007 is (a) a doctor, (b) a nurse, (c) a midwife, or (d) any other type of individual described (by reference to skills, qualifications, experience or other use) by an order made by the Scottish Ministers. The definition of doctor, nurse and midwife is as specified under their respective professionals Acts, i.e. Medical Act 1983 and Nurses & Midwives Order 2001.
Health Records	These are any records, in any format, which relate 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.
Independent Advocate	A member of an advocacy service which operates independently of other service providers. Advocacy often involves speaking up for the individual, helping them to express their views and assisting them to make their own decisions and contributions. Contact with the appropriate advocacy service can be made through Fife Social Work Service. (See useful contacts section).

Term	Definition
Inter-agency Referral Discussions (IRDs)	One or a series of discussions between agencies to share and consider all relevant information about an adult who may be at risk of harm. Those undertaking the discussions make decisions and plan responses on the basis of the shared information.
Institutional Harm	Harm can be caused through neglect and acts of omission or poor professional standards of practice often as a result of structures, policies, processes and practices within the organisation. Institutional harm can be described as repeated instances of harm to individuals or groups of individuals through poor or inadequate service within a care organisation.
Medical Practitioner	A qualified doctor, either a general practitioner or consultant.
Mental Disorder	The term mental disorder can include any form of mental illness, learning disability, dementia, acquired brain injury or personality disorder.
Mental Health Officer	Mental Health Officers are social workers with special experience and training in mental disorder and mental health law. They are appointed by the local authority to carry out functions and duties under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.
Mental Welfare Commission	A national body appointed by the Scottish Government to oversee and protect the rights of those with a mental disorder. The Mental Welfare Commission has a duty to investigate any complaint it receives concerning the welfare of anyone with a mental disorder including dementia, learning disability or acquired brain injury.
Protection Order	This is the generic term used to describe the individual orders created by the Adult Support and Protection (Scotland) Act 2007, i.e. assessment order, banning order (including temporary banning order) and removal order.
Public Protection Unit	The collective management within Fife Constabulary that oversees a range of protective services including child protection, domestic abuse, offender management, youth issues, as well as the administration of Adult Protection Cause for Concern reports. Based at Police Headquarters, Detroit Road, Glenrothes, the Unit employs an Adult Information Co-ordinator to ensure appropriate multi-agency information sharing. Policing responses and investigations continue to be delivered by frontline officers at local Police Stations.

Term	Definition
	Urgent cases of risk and reports of crimes should be made through normal channels via the public numbers at the Force Contact Centre.
Protection Of Vulnerable Groups Scheme (PVG)	A vetting and barring scheme for those working or seeking to work with children and/or protected adults. Replacing and augmenting the enhanced disclosure process. Managed by Disclosure Scotland. Commenced 28 th February 2011.
Removal Order	This order authorises a council officer to remove an adult at risk to a specified place if there is a likelihood of serious harm were they not moved. This type of order may be varied or recalled by the Sheriff where this is justified due to a change in facts or circumstances of the case. Removal orders are effective up to a maximum of seven days. As with an assessment order there is no authorisation to detain the adult at risk and they may therefore leave the place to which they have been removed if they so wish.
Safeguarder	The sheriff has discretion to appoint a person to safeguard the interests of the affected adult at risk in any proceedings relating to a protection order application.
(SCSWIS) From 15 th September 2011, known as Care Inspectorate	The Care Inspectorate is the new unified independent scrutiny and improvement body for care and children's services and has a significant part to play in improving services for adults and children across Scotland. They regulate and inspect care services and carry out social work and child protection inspections. They ensure that people receive the highest quality of care and that their rights are promoted and protected.
Significant Occurrence Form/procedures (Social Work service only)	The Procedures indicate a range of examples when a significant occurrence form should be completed. Reference should be made to the procedures for full details however, with regard to adult protection, completion of a form should be considered where the incident relates to "New incidents of serious risk involving life-threatening ill-treatment or serious neglect", staff misconduct or where there is police involvement. Form to be completed and sent to the Executive Director (Social Work) immediately. Form should arrive no later than 24 hours after occurrence.
Sub judice	Information subject to legal proceedings, the sharing of which may compromise those proceedings. A report to the Procurator Fiscal or Children's Reporter by any agency for the consideration of legal proceedings would class the information concerned as sub judice.

Term	Definition
SWIFT	Information technology system used by the social work service to record all contacts, assessments and care plans with service users and other agencies.
SWISS	Social Work data base that predates SWIFT. Social Work Information Systems
Team Manager	A manager of an Assessment and Care Management Older People's Team or Adults Team within the Social Work Service.
Undue Pressure	<p>A Sheriff cannot make a protection order if he/she knows that the affected adult at risk has refused to the granting of the order unless the Sheriff reasonably believes that the adult has been "unduly pressurised" to refuse consent and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm.</p> <p>Undue pressure is where it appears that harm is being, or is likely to be, inflicted by a person in whom the adult has confidence and trust and that the adult at risk would consent if they did not have confidence and trust in that person.</p> <p>Undue pressure is also relevant where the adult at risk is afraid of or being threatened by another person. The likelihood of undue pressure being brought to bear should always be considered when the adult at risk refuses to give consent.</p>
Vulnerable Adult	<p>Generally speaking it is situations that make individuals vulnerable, not any condition they may have.</p> <p>The term vulnerable adult was dropped by the Scottish Government during the draft of the 2007 Act.</p> <p>The Adult Support and Protection Act is concerned with adults at risk of harm. The two terms are not synonymous.</p>

Term	Definition
Vulnerable Witnesses	The Vulnerable Witnesses (Scotland) Act 2004 introduced a range of specific measures to provide improved support for child and adult vulnerable witnesses in the Justice System. The various sections of the Act were introduced in a staged process between 2006 and 2008. These measures, which can be applied where there is a significant risk that the quality of their evidence may be diminished by reason of fear or distress in connection with giving evidence at a trial, are all detailed within the Scottish Government Pack relating to the Act. The Code of Practice for Adult Vulnerable Witnesses encourages the delivery of therapeutic support to adult witnesses prior to and during court proceedings and to establish consistent best practice support which can be implemented across Scotland.
Warrant for Entry	A Sheriff who grants an assessment or a removal order must also grant a Warrant for Entry which authorises a council officer to visit any specified place under Section 7 or 16 of the Act, together with a Constable. The Constable is authorised to do anything, including using reasonable force where necessary, which is considered to be reasonably required to fulfil the object of the visit. Such a warrant expires 72 hours after it is granted and does not entitle anyone who has entered a place under the terms of the warrant to remain in that place after the warrant has expired.
Whistle-Blowing	A means by which staff can safely raise their concerns within their organisation about matters of suspected or actual malpractice. This allows an individual to bypass the formal line management arrangements if necessary.





www.fifedirect.org.uk/adultprotection