Western Isles Council

Comhairle Nan Eilean Siar

Adult support and Protection (Scotland) Act 2007

Multi-Agency Procedures and Guidelines

This document is not available as a hard copy – but can be downloaded as required. Also, it will be updated regularly with the date of the review / update on this front cover.

Last update – October 2016

Contents **Adult Support and Protection**

Appendices

FORMS CURRENTLY IN USE

From March 2016 – the paper forms were replaced by creating 'Carefirst screens' to make the whole process of taking the referral to the conclusion more streamlined and accessible to all who are authorised to use Carefirst.
Now each stage can be recorded on the current system, authorised by the manager and the analysis and thought process enabling decisions to be made can also be seen clearly.

For help with these screens – please contact the Carefirst Team: 01851 822708

1 Foreword

1.1 Adult Support and Protection in the Western Isles of Scotland

All adults have the right to be safe, secure and protected from all forms of harm, neglect and exploitation, wherever they choose to live.

It is recognised that some adults are more susceptible to being harmed than others and may need added protection using ASP legislation via these guidelines to ensure their rights are maintained and risk is reduced or managed better.

The partner agencies promote the principle that when the needs of adults requiring support and protection are being assessed, the emphasis will always be placed upon the prevention of harm and that adults have the right to be fully involved in and give or withhold consent to any activities planned and decisions made concerning them.

It is now a legal duty of all statutory agencies and agreed process with voluntary agencies to report any concerns they may have relating to the possible or suspected harm or neglect of any adult.

1.2 Membership of Western Isles Adult Protection Committee

The committee is chaired by an independent convener and members are:
Western Isles Council – Comhairle Nan Eilean Siar
NHS Western Isles
Police Scotland
Care Inspectorate
Western Isles Community Forum

2 Introduction

These guidelines are aimed at all staff in all of the care agencies within the Western Isles. This includes Local Authority staff, NHS staff, Police and Voluntary Sector staff including volunteers working under the umbrella of a member organisation.

Most adults with mental health or physical health issues, physical or learning disabilities or other special needs live comfortably and securely, either independently or with assistance from caring relatives, friends, neighbours, professionals or volunteers.

The development of services to adults has created a more enlightened and empowering climate which offers service users choice and participation in making decisions about their own lives. This also implies a dispersal of care within the community, increasing reliance on carers and an expansion of the scope of responsibility of care staff. This involves an increase in complexity as the venues in which people are cared for become more varied.

Self-Directed Support via Direct Payments is now discussed during an adult's assessment of need by the local authority and more service users are taking this option for various reasons. The following hyper-link contains local information on SDS.

Self-Directed Support- Staff

Safeguarding adults at risk, has high priority and places legal obligations on the parties to these guidelines but the key to ensuring that these individuals are appropriately supported and cared for lies with the empowerment of the individual and their carers, a knowledge of what can be expected, a knowledge of their own individual rights, and access to a responsive complaints and advocacy service.

These guidelines have tried to be mindful of the complexities which surround adult protection and while it is not possible to cover all eventualities it is hoped that they will prove useful to those working in the field of health and social care.

This document should be read in conjunction with other appropriate local and National policies and procedures, particularly the Adult Support and Protection (Scotland) Act 2007 and revised Code of Practice (2014). Policy and Procedure for the Adults with Incapacity (Scotland) Act 2000, the Psychiatric Emergency Plan, Care

Programme Approach (Mental Health) and local multi agency Child Protection Procedures. There is also local guidance now in place for managers of registered care homes and day services within the Western Isles.

2.1 Single Outcome Agreement
Cordadh Singlite Bhuilean

The Single Outcome Agreement for 2013 – 2023 between the Scottish Government and Outer Hebrides Community Planning Partnership sets out priorities which will focus the delivery of better outcomes for the people of the Outer Hebrides. The Outer Hebrides SOA has been developed by the Outer Hebrides Community Planning Partnership

Our Vision

Recognising the key role the public sector, voluntary sector, communities and private sector will play through working in partnership to deliver local outcomes and contribute to the Scottish Government's National Outcomes.

The Single Outcome Agreement for 2013 – 2023 sets out local outcomes aligned to each of the 15 National Outcomes agreed in the Concordat. The 15 National Outcomes are set in a local context and key challenges, agreed local priorities, actions, indicators and targets are described. This key document is the result of extensive consultation with the community and discussions with our Community Planning Partners.

Single Outcome Agreement for 2013 – 2023 (Single Outcome Agreement)

The Adult Protection Committee is linked in with Western Isles Chief Officers Group and these guidelines will be regularly audited using the Care Inspectorate's process so self-evaluation and file audit will be stream-lined with the overall inspection of services and processes within the Council.

3 Values

The following values should inform and guide the application of these adult support and protection guidelines.

- Each adult has a right to be protected from all forms of harm.
- The primary consideration at all stages will be the welfare and safety of the adult.

These guidelines are also based on the expectation that all adults are entitled to:

- Live at home or in a home-like environment without fear and free from harm from their caregivers or fellow service users.
- Move freely about the community without fear of violence or harassment.
- Make informed choices about intimate relationships without being exposed to exploitation or sexual harm.
- Have their money and possessions treated with respect.
- Be empowered, with support if necessary, to make informed choices about their lives.
- Be given information about keeping themselves safe and exercising their rights.

4 Adults and carers within the Western Isles can expect

- To be assured that where they are receiving care and / or support services, these will be compliant with current legislation and good practice for the protection of adults at risk of harm.
- That all staff involved in meeting their individual care and support needs will have access to appropriate training in their role and in relation to identifying and responding to adults at risk of harm.
- That in those circumstances where a concern relating to possible harm is reported, the matter will be assessed in a sensitive manner and consistent with these guidelines.
- That they will be as involved as possible in any assessment including an ASP case conference.
- That whenever necessary, a protection plan will be developed to ensure any needs for support and protection are met.
- That their care and support arrangements will be closely monitored and reviewed as necessary and that they will be involved in all decisions concerning them, so far as they are able.

- That all matters relating to their personal circumstances will be held in confidence as per the current policies of the partner agencies.
- That they will have free access to the partner agencies' complaints procedures; and assistance where necessary to make a complaint or representation.

5 Guiding principles

In addition, the following principles underpin the Adult Support and Protection (Scotland) Act 2007 and any person or body taking a decision or action under this legislation must be able to demonstrate application of these principles.

Any intervention in an adult's affairs under the Act should:

- Provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs; and
- be the least restrictive option available to provide that benefit.

Any intervention must also:

- Take account of the past and present wishes of the adult in so far as they can be ascertained.
- Take account of the views of others if such views are relevant (i.e. the views of the `adult's nearest relative, primary carer, any guardian or attorney, and any other person who has an interest in the adult's well-being or property).
- Enable the adult to participate as fully as possible in any decisions being made. The adult is provided with information at all stages and/or with aids to communication to assist with that participation.
- Ensure that the adult is not treated less favourably in the situation than any person who is not an "adult at risk" would be treated in a comparable situation; and
- ensure the adult's abilities, background and characteristics - including, the adult's age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage – are fully taken into account.

6. Definitions

6.1 Who is an adult at risk?

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

The Act defines an adult at risk as a person of 16 years of age or over whom:

- **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 or physical or mental infirmity, they are more susceptible to being harmed than adults who are not so affected.**

The original Code of Practice clarified that the presence of a particular condition does not automatically mean an adult is an "adult at risk". For example, a person could have a disability but be perfectly able to safeguard their well-being, property, rights and other interests. It is important to stress that all three elements of the definition above must be met. It is the whole of an adult's particular set of circumstances which can combine to make them more susceptible to harm than others.

The 2014 revised Code of Practice differentiates between adults who are able to safeguard their own well-being, rights, property or other interests - but for whatever reason – choose not to in certain circumstances. Also the revised C.O.P. confirms that an adult under the influence of alcohol or other legal or illegal substances albeit on a regular basis and who is understood to have an addiction problem – is not considered an adult at risk.

6.2 Dealing with concerns and allegations that relate to young people aged 16-18 years

For young people aged between 16-18 years of age, it may be the case that the Western Isles Child Protection Inter-agency procedures

and guidelines would apply wherever concerns or allegations are being made. It is therefore important to ensure that there is a consistency of approach and ease of transition between child protection and adult support and protection processes, especially for young people who have a disability. The following processes will apply depending on the status of the young person.

- **Young people who are not known or subject to child protection measures**

  At the point of referral the Service Manager (Assessment and Care Management) and the Children's Service Manager, in consultation with colleagues in NHS Western Isles and Police Scotland, will take a view and agree whether the investigation will be undertaken under the Adult Support and Protection guidelines or the Child Protection Guidelines; and whichever guidelines are followed, initiation will also be flagged in the other system.

- **Young people who are on the Child Protection Register on their 16th Birthday**

  At the next Child Protection Plan Meeting, where it is determined that the young person should continue to be registered on the Child Protection Register, consideration should be given to which processes (i.e. child protection or adult support and protection) would be the most appropriate to manage the case; if there is consensus that the adult protection process should apply, responsibility can only be transferred if formal agreement of the Children's Service Manager and the Service Manager (Assessment and Care Management) can be confirmed at the Child Protection Plan Meeting or the subsequent Core Group Meeting. These meetings also have responsibility for agreeing and documenting the necessary process transfer agreements; and whichever procedures are followed, initiation will also be flagged up on the other system.

  Child Protection Inter-Agency Guidelines (2010)

6.3 What is risk of harm?

'Risk of harm' is defined in Section 3(2) of the Act, which makes clear that an adult is at risk of harm if:

- Another person's conduct is causing (or is likely to cause) the adult to be harmed, or;

- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

- The law in relation to adults (i.e. anyone over the age of 16) makes a distinction between those who are capax (capable of managing their affairs) and those who are not. The assumption in law is that all adults have capacity until or unless they are recognised, in law, as being incapable. Where an adult can express their free will, social work staff cannot make or impose decisions regarding how the person should behave. Any investigation of suspected harm must consider as early as possible, whether or not the adult has capacity.

6.4 What would be considered to be harm?

'Harm' is defined in Section 53 of the Act, which states that harm includes all harmful conduct and, in particular includes:

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

The definition of 'harm' in the Act sets out the main broad categories of harm. The list in the definition is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute 'harm' to others can be physical (including neglect), emotional, financial, sexual or a combination of these.

In making an application for any of the protection orders available under the Act it will be necessary to demonstrate that the adult is at risk of 'serious harm'. Neither the Act nor the Code of Practice defines 'serious harm', apart from the Code noting that what constitutes serious harm will be different for different persons.

6.5 Categories of harm

Harm to an adult at risk by others can take many forms and in practice categories/types frequently overlap. The following have been identified as the main forms of harm; however, this list is not exhaustive and should be used as a tool in conjunction with professional judgement when considering an individual's specific circumstances.

Physical Harm – including hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

Sexual Harm – including rape and sexual assault or sexual acts to which the adult has not consented, could not consent, or was pressurised into consenting. Sexual harm includes:

- 'contact' harm – touch e.g. of breast, genitals, arms, mouth etc.; masturbation of either or both persons; penetration or attempted penetration of vagina, anus, mouth by penis, fingers or by other objects,
- 'non-contact' harm – looking, photography, indecent exposure, harassment, serious teasing or innuendo.

Domestic Abuse – Domestic Abuse is not specifically covered in these guidelines. It is, however, recognised that the use of the ASP legislation may well be appropriate in certain cases of domestic abuse. It will be particularly relevant when one of the partners has recognised additional needs. Use of the Step by Step Guide may have some relevance and reference to the Appropriate Adult process will be useful.
Police Scotland now operate a Vulnerable Person Database and whenever the police are involved in situations involving individuals whom they consider 'vulnerable' – a 'concern form' is generated and discussed for screening purposes during local multi-agency meetings. This database includes child protection, adult protection and domestic abuse so even if 'victims' or 'survivors' of domestic abuse do not wish to report the incident to the police – the police have a process flowchart they must follow when the person turns up in Accident and Emergency Departments.

National and Local Women's Aid
Women's Aid Stornoway and the Western Isles
Forced Marriage.pdf

Psychological Harm – including emotional harm, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, shouting and insulting, isolation or withdrawal from services or supportive networks.

Financial or material harm – including theft, fraud, exploitation, pressure in connection with wills property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission – including purposefully ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding medication, adequate nutrition and heating.

Multiple forms of harm – may occur in an on-going relationship or service setting, or to more than one person at a time. This makes it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.

Any or all of these types of harm may be perpetrated either as a result of deliberate targeting of adults at risk or through negligence or ignorance. In some cases it may result from an extreme level of stress on an informal carer, which may be contributed to by aggressive or violent behaviour by the adult being cared for towards the carer.

In these cases a sensitive approach in supporting the carer has to be combined with a determination to deal with the harmful behaviour and prevent it reoccurring, and placing the protection of the adult at risk at the forefront of intervention.

Self-harm – the adult at risk is engaging in behaviour which is causing (or is likely to cause) self-harm. This is a broad term but will include people

- injuring or poisoning themselves by scratching, cutting or burning skin, by hitting themselves against objects, taking a drug overdose, or swallowing or putting other things inside themselves,
- less obvious forms, including unnecessary risk taking, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), being addicted to alcohol or drugs, or not looking after their own emotional or physical needs.

The category of self-harm could also include instances where the conduct of others is considered to be a cause of an adult at risk self-harming.

6.6 Potential signs of harm

Suspicions of an adult at risk being harmed can come to light in a number of ways. The clearest indicator is a statement or comment by the adult themselves, by their regular carer or by others, disclosing or suggesting that harm is being done. When the concerns reach the Council – initial inquiries must be made to establish grounds for an investigation with ASP legislation.

There are of course many other factors which may indicate that the adult is being harmed. These may include the following; however this list is not exhaustive, and any of these possible indicators may have a cause unrelated to harm. It is important to evaluate possible signs in the context of the individual's situation and particular circumstances.

Possible signs of harm:

- Unusual or suspicious injuries;
- Unusual or unexplained behaviour of carers including a delay in seeking advice, dubious or inconsistent explanations or injuries or bruises;
- An adult at risk is found alone at home or in a care setting in a situation of serious but avoidable risk;
- Over frequent or inappropriate contact / referral to outside agencies;
- A prolonged interval between illness / injury and presentation for medical care;
- The adult lives with another member of the household who is known to the Police or welfare agencies as a person who has caused or is suspected of causing harm to others;
- Signs of misuse of medication such as medication not administered as prescribed e.g. medication in excess of the prescribed dose (which may result in apathy, drowsiness, slurring of speech, lack of sleep, continual pain, etc.).
- Unexplained physical deterioration in the adult e.g. loss of weight;
- Sudden increases in confusion e.g. dehydration produces toxic confusion;

- Demonstration of fear by the adult at risk to another person / also demonstration of fear of going home or going to a particular care setting;
- Difficulty in arranging to interview the adult alone, where indicated, or with appropriate support (e.g. another adult unreasonably insists on being present);
- Changes in mood or behaviour on the part of the adult;
- Hostile or rejecting behaviour by the carer towards the adult;
- Serious or persistent failure to meet the needs of the adult by carers or care staff;
- Signs of financial harm e.g. a change in the ability of the adult to pay for services, unexplained debts, or reduction in assets;
- The adult or their main carer showing apathy, depression, withdrawal, hopelessness and suspicion;
- Important documents are reported to be missing;
- Pressure exerted by family or professional to have someone admitted to residential care.

6.7 Who is a carer?

There can be both formal and informal caring arrangements.

A carer is someone who, without pay, provides care, help and assistance to someone else who is disabled, frail or unwell and may be a parent, spouse, other family member, neighbour or friend. Care Staff or care workers are contracted to work by an employer e.g.

- Home Care.
- Residential Care Home Staff.
- Voluntary Sector Staff.
- People employed within the NHS.
- People employed in respite or day services.
- Privately employed staff including staff employed via Direct Payments

Self-directed Support - National Guidance
Self Directed Support - Guidance

6.8 Who might harm?

Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, paid care workers,

volunteers, other service users, neighbours, friends and associates, people who deliberately exploit susceptible people and strangers.

There is often particular concern when harm is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general well-being of another person.

Agencies not only have a responsibility to all adults who have been harmed but may also have responsibilities toward agencies / people with whom the perpetrator is employed or works as a volunteer. The roles, powers and duties of the various agencies in relation to the perpetrator will vary depending on whether the latter is a:

- Member of staff, proprietor or services manager.
- Member of a recognised professional group.
- Volunteer or member of a community group such as a place of worship or social club.
- Another service user.
- Spouse, relative or member of the person's social network.
- Carer.
- Care staff member.
- Neighbour, member of the public or stranger.
- Person who deliberately targets vulnerable people in order to exploit them.

Where harm has been identified within a registered community or residential care facility - consideration should be given to the
Large Scale Investigation Protocol – see hyperlink in Appendices.

6.9 Where might harm take place?

Harm can take place in any context or setting, including but not limited to:

- Where the adult lives, alone or with a relative.
- Within a residential or day care setting.
- In a hospital setting.
- In custodial settings.
- In a family or carer's home setting.
- In the community.
- On transport.

Assessment of the environment or context is vital because exploitation, deception, misuse of authority or coercion may render the adult incapable of making his or her own decisions or disclosing harm by others even though they are deemed to have 'mental capacity'.

Harmful behaviour within institutional settings may feature one or more of the following:

- Poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and insufficient knowledge base within the service.
- Unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding food or drink, seclusion, unauthorised use of control and restraint and over-medication.
- Failure of agencies to ensure that the staff receives appropriate guidance on anti-discriminatory practice.
- Failure to access key services such as health care, dentistry, prostheses.

7 Dilemmas / Other issues to consider in Adult Protection

The protection of adults, even more so than 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 introduced as follows. It is beyond the scope of this document to fully explore all of the issues that are presented but this section is included to highlight the need for awareness of these matters and consideration of them in relation to any referral that is made / received.

7.1 Duty to report

All members of staff who have contact with adult service users have a duty to report suspicions, allegations or disclosures made about any adult who appears to be at risk of harm. While this may cause the individual worker difficulties, a failure to report is a failure in their duty of care and in statutory organisations is a legal requirement. In Western Isles voluntary organisations have also signed up to this requirement. Staff must report any concerns of suspected or actual harm to their line manager. Where a staff member feels that their line manager is part of the cause of the harm, and as such they are not able to report their concerns in this way, they can report the matter to the duty worker in the Community Care Social Work Team – duty worker (01851 822708) or directly to the Police.

Where there are health concerns of any nature or health needs which are identified, during assessment, these should be passed to the person's General Practitioner.

7.2 Rights / Self Determination

Concern about adults' needs for protection may lead to a tendency to regard their rights to choose as secondary. Adults are individuals in their own right and, if they are capable of making decisions and understanding the consequences of those decisions, must be allowed to exercise these rights even if that means they choose to enter or remain in a situation which other people consider to be inappropriate or harmful. Every effort should be made to inform the adult of the consequences of the choice he / she may be making.
There may be cases where an adult who is capable of making decisions and understanding the consequences of those decisions is still not in a position to make a truly informed choice because they are under 'undue pressure' from another person. If, during the course of an adult protection investigation, an adult is believed to be under undue pressure there are a number of possible legal options available to the Local Authority to take action to protect the adult against their wishes. If the Local Authority wishes to pursue this course of action it will be necessary to establish undue pressure in Court. The Act and accompanying Code of Practice do not define undue pressure. This is the type of scenario where the involvement of an independent advocate would be appropriate.

7.3 Consent / Confidentiality / Disclosure

All professionals who have contact with adults at risk have a responsibility to refer concerns / anxieties / allegations / 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 preventative work. To do nothing, or to promise confidentiality and then report the concern, is not acceptable. 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. This is in line with the underpinning principles of the Adult Support and Protection (Scotland) Act 2007

If action within the legislation has progressed to the investigation stage and medical examination, the adult has a right to be advised that they

are not obliged to take part in the process or agree to be interviewed or medically examined.

7.4 Risk taking

Concern over calculated risk taking can stifle and constrain providers of care, leading to an inappropriate restriction of the individual's rights and freedom. There is a challenge for all those involved in assessing or caring for an adult at risk to strike a balance between promoting and respecting an individual's right to independence and self-determination whilst recognising their limitations and their right to protection.

7.5 Whistle blowing

Most organisations now have developed a policy on whistle blowing. This is to allow staff to alert organisations to matters of suspected or actual malpractice. These guidelines provide protection and reassurance to staff in order to encourage such disclosures. Please consult your own organisation's policy and procedure.

Whistle Blowing Policy

7.6 Challenging behaviour / Restraint / Medication

There are some adults who present with challenging behaviour which requires to be managed either in their own home, day care setting, short break facility setting or care home. This brings with it a number of dilemmas including issues of physical restraint and the use of medication to manage behaviour. These issues require to be carefully thought through.

Any action undertaken to manage an adult's challenging behaviour could be misinterpreted, potentially leading to an allegation of harm. Carers should be encouraged to seek advice and support if they are having difficulties dealing with dilemmas of this kind. Agencies must have in place practice guidelines to assist staff members who work in settings where challenging behaviour is likely to be a feature. Any decision to invoke any form of restraint or administer medication must be made and recorded as part of the care planning process and be in accordance with establishment policies. There must also be on-going monitoring and reviewing of any decisions to undertake any form of

restraint or use of medication, particularly if that medication is administered in a disguised manner.

Equally, it is known that there have been historical and recent cases where restraint and medication have been used inappropriately and harmfully. Any report of harm of this nature will therefore be investigated as a potentially serious matter and the policy of the agency in question, will be scrutinised.

As people with increasingly complex needs require on-going care, the prevalence of challenging behaviour is likely to increase. It is not possible to cover this degree of complexity in guidelines of this nature other than to pose it as another dilemma which requires to be faced in the field of adult protection.

7.7 Allegations of harm - against staff members

Where complaints about harm or lack of care are made against staff, each agency is responsible for the management of its own internal processes to deal with issues of quality of service or misconduct. The service's Line Manager will make an initial assessment of the incident, allegation or complaint to determine whether there is a concern to be investigated; whether this is a quality of service, capability or conduct issue; and whether there are protection issues for service users, members of the public or members of staff.

Where there are protection issues, the Adult Support and Protection legislation, guidelines apply. If it appears an offence may have been committed – this must be discussed with the local police liaison officer and the police investigation can run concurrently with the Council Officer investigation or as negotiated with the police. See hyper-link for Large Scale Investigations. An Initial Planning Meeting must be held, chaired by the relevant Social and Community Services Manager, Lead Officer or Community Care Team Leader, to determine how any need for protection of the adult or others is to be assessed, and how protection procedures are to be coordinated with internal agency processes. The Initial Planning Meeting must include the relevant agency's Personnel Services or other senior staff member with allocated responsibility for Human Resources or Personnel matters. This meeting will establish how the various necessary courses of action will be co-ordinated and sequenced in order to meet statutory

requirements, such as reporting to the Care Inspectorate, and ensure the best possible course of action to protect the adult(s).
In the absence of an organisation's own Human Resources or Personnel Services or equivalent, the Comhairle Personnel Section may be able to offer advice or assistance.

The employer may also wish to seek advice from relevant national bodies.

Where a potential criminal offence is alleged, Police must also be involved in the Initial Planning Meeting, to determine how any criminal investigation is to be coordinated with the council officer investigation and any internal agency processes.

Subject to the outcome of the Initial Planning Meeting, the nature of the allegation or complaint being confirmed, the question of the suspension of the employee needs to be settled. If conduct incompatible with the employee's remaining at work is clear, they should be suspended on full pay pending the outcome of protection and conduct/capability enquiries and any consequent procedural action as per the organisation's Human Resources or Personnel Disciplinary Policy. The ability of the employing organisation to conduct its own procedural investigation and disciplinary/capability action in parallel with, and independently of, any police enquiries must be clearly established and maintained.

7.8 Role of the Private & Voluntary Sector

There is a wide range of voluntary and private organisations in Scotland who also work with adults and provide a range of services. While these organisations do not have specific legal duties or powers under the Adult Support and Protection (Scotland) Act 2007, as care providers they have a responsibility to involve themselves with the Act where appropriate by contributing to investigations.

These organisations should discuss and share with relevant statutory agencies information they may have about adults who may be at risk of harm. They may also be a source of advice and expertise for statutory agencies working with adults with disabilities, communication difficulties or other needs. Organisations will also have a legal duty to comply with requests for examination of records. All provider agencies will also require having in place a 'liaison' Adult Protection worker and where contracted with the council to provide a service, will inform the council of suspected harm.

7.9 Independent Advocacy Services

The definition of independent advocacy services used in the Act is given in Section 259.(5) of the Mental Health (Care and Treatment) (Scotland) Act 2003 which defines independent advocacy services as independent where they are not provided by a local authority, NHS Board or a member of the local authority.

The adult should never be expected to pay for the services. Section 6. of the 2003 Act requires the council to consider the provision of appropriate services, including independent advocacy services, in respect of all suspected adults at risk. Those adults at risk with a mental disorder have an automatic right to such a service under the 2003 Act).

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand the options available to them. In instances where an advocate suspects or becomes aware of harm being done in the course of their work they will make an appropriate referral in line with their policy and these guidelines.

Independent advocacy is provided by specialist organisations that do not provide any other services. It is however recognised that some organisations, such as voluntary sector disability rights groups, who may provide (non-independent) advocacy may also provide housing, financial advice and support services. In such cases it is important to establish any potential conflict of interest.

For further information about advocacy, contact the Western Isles www.advocacywi.co.uk and Scottish Independent Advocacy Alliance: www.siaa.org.uk and email address: office@advocaywi.co.uk

7.10 Appropriate Adult

Where an adult (anyone over the age of 16years) is required to be interviewed by the Police, either as a victim, suspect, accused or witness and who is known or suspected to have a mental disorder, an appropriate adult should be asked to attend.

In broad terms the role of the appropriate adult is to facilitate communication between the adult at the police station and the police and to provide support and reassurance to the adult.

In Scotland, the appropriate adult System derives not from legislation but from Scottish Executive Guidance.

The Guidance suggests that the Police should immediately arrange for an appropriate adult to be notified and asked to attend where there is any suspicion or information that an individual may have a mental disorder or be incapable of understanding the significance of questioning. If there are indications that the person may be currently experiencing symptoms of mental illness, the police should make arrangements for the adult in the police station to be assessed by a GP and or duty Psychiatrist.
The role of an appropriate adult is to:

- Be on hand to provide support and reassurance to the person being interviewed.
- Help ensure that the interviewee understands and continues to understand why he or she is being interviewed.
- Help ensure that the interviewee understands the questions being put to him or her and the implications of his or her answers or lack of them.
- Facilitate communication where possible between the interviewee and the police officer conducting the interview.
- In the case of a suspect or accused, ensure that the mentally disordered person is not disadvantaged by their disorder, that he or she fully understands his or her rights as explained to the person by the Police and that he or she continues to understand them throughout the interview. Also the appropriate Adult is able to override a suspect's / accused's refusal of legal advice – which in the Western Isles is usually over the telephone.
- Prompt the suspension of an interview in a manner agreed in advance with the interviewing officer in order to discuss with the Police any concerns.

Scottish Appropriate Adult Network

For more information including accessing an appropriate adult please contact any of the following Offices within the Social and Community Services Department:

Lewis & Harris	0845 600 70 90
Uist	01870 602425
Barra	01871 810431

FAIRE Community Alarms - 01851 701702

7.11 Capacity

It is essential that during the investigation process the adult fully understands the nature of the concerns and the choices facing them. Therefore the adult's capacity in relation to decision making must be established.

Any communication difficulties experienced by the adult through sensory impairment, language or any other factors should be addressed with the assistance of appropriately trained interpreters, or visual or mechanical aids. An inability to communicate an opinion or decision that is the result only of communication difficulties that could be rectified by some means does not constitute incapacity.

An assessment of the adult's intellectual capacity and level of understanding forms a vital part of the initial interview with the adult in terms of whether the adult is able to give informed consent both to stages within the investigation (such as further interviews or a medical examinations) and to any actions proposed to protect the adult.

Capacity should be assessed in relation to the specific activity or issue being considered. It should not be assumed that capacity or lack of capacity in one area e.g. consent to medical treatment signifies a similar degree of capacity in another area e.g. consent to an intimate relationship.

The assessment of capacity needs to determine whether the person:

- is capable of making and communicating his/her choice
- understands the nature of what is being asked and why
- has the memory ability to retain this information and the choice he/she has made
- has an awareness of the risks and benefits involved

- can be made aware of information that is relevant to him/her
- is aware of his/her right to, and how to, refuse consent, as well as the consequences of doing so.

Discussion of capacity issues should form a major part of any Planning Meeting convened to plan the investigation. An assessment of capacity needs to be completed involving medical and other relevant professionals. Decisions should not be based on assumptions of capacity that are dependent on assessments undertaken months or years previously. Consideration must be given to the adult's current capacity.

Consideration must also be given to the principles of the Adults with Incapacity (Scotland) Act 2000 in any intervention in the affairs of an adult who lacks capacity. Disagreements or differences of opinion in relation to an adult's capacity may occur in this complex area of assessment, in which case the matter must be referred immediately to the adult's GP, if not already involved, for referral for specialist assessment by a Consultant Psychiatrist. Any essential action required to protect the adult should not be delayed as a result of this matter. It will also be necessary to record this clearly.

7.12 Consent

During the investigation a council officer should first of all ensure that the adult is seen in a physically and emotionally safe environment. If at all possible, this should not be in the presence of the person alleged to have caused the suspected harm.

The 2007 Act requires that the consent of the adult at risk of harm be obtained for any of the following actions:

- being interviewed
- being medically examined
- application for an assessment order, removal order or banning order The adult must also be advised of their right not to take part in any interview, assessment or application for an order.

The council officer should discuss with the individual the immediate situation, explain the possible next steps and potential outcomes and check that he/she is willing for further action to be taken as discussed. It is important to be clear about what information can be kept confidential, but also what information needs to be discussed and

recorded and shared with appropriate other agencies in order to protect the individual.

There are two stages at which the individual's act of consent (and his/her ability to give such consent) requires to be considered:

- did the adult give informed consent to the act, relationship or situation which gave rise to the alleged harm?
- does the adult give informed consent to action being taken in relation to actual or potential harm? Council Officers will be faced with one of the following scenarios:
- The adult has capacity and consents to action proposed under the Act.
- Adult has capacity but is not consenting to action proposed under the Act.
- Adult lacks capacity and is refusing to co-operate with (or unable to consent to) the proposed action under the Act.
- Adult lacks capacity and there is someone who holds welfare power of attorney or guardianship over the adult who can agree or disagree with actions being proposed.

Where the adult has full capacity and refuses consent this should not automatically be a 'no further action' outcome. Further consideration must be given to the circumstances of the case in discussion with relevant others in order to ensure that issues of undue pressure have been considered.

The consent of an adult who is judged to have capacity may in some circumstances be influenced by the fact that they are experiencing coercion or intimidation from the person causing harm or another person. When this situation is believed to apply, all efforts should be made to offer the adult 'distance' from the situation in order to minimise the influence of the person causing harm or others and to facilitate uncontaminated decision-making. A removal order or banning order may be appropriate courses of action in these circumstances.

Section 35 of the 2007 Act provides that where the adult at risk has refused to consent, the Sheriff in considering making an order, or a person taking action under an order, may ignore the refusal where the Sheriff reasonably believes:

- That the affected adult at risk has been unduly pressurised to refuse consent.

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

The council officer must believe that there are no steps which could reasonably be taken without the adult's consent before proceeding to apply for an order. For example, the council may have previously tried an informal approach to move the adult to another place for interview and a medical examination. If the informal approach was unsuccessful, the Council Officer may then formally apply to the Court for an assessment order or other order.

If the council decides to pursue an application where the affected adult has capacity to consent and has made known their refusal to consent, then the council must prove that the adult has been "unduly pressurised" to refuse to consent to the granting of an order.

Section 35 (4) of the Code of Practice gives an example of what may be considered to be undue pressure. This states that an adult at risk may be considered to have been unduly pressurised to refuse to consent if it appears that:

- harm which the order or action is intended to prevent is being, or is likely to be, inflicted by a person in whom the adult at risk has confidence and trust; and that
- The adult at risk would consent if the adult did not have confidence and trust in that person.

The Code of Practice suggests that the most obvious relationships to assume confidence and trust would be between parent-child, siblings, partnerships and friendships. The assessment of undue pressure may include the development of the relationship and how the suspected harmful circumstances may have resulted in the affected adult's refusal to consent. However Section 35.(5) also makes it clear that ‘undue pressure’ can also be applied by an individual who may or may not be the person suspected of harming the adult, such as a neighbour, carer or other person. For example, a relative who is not suspected of causing the harm but does not, for whatever reason, wish the Council to apply for an order. Undue pressure may also be applied by a person that the adult is afraid of or who is threatening them and that the adult does not trust.

Where the adult is deemed capable of making an informed decision and chooses to remain in the harmful situation even after the risks

have been fully discussed with him or her this should be clearly recorded. The process of applying adult protection processes should continue if the risk of harm is likely to continue and an action plan (or protection plan via a case conference) should be drawn up detailing how continuing support to, and monitoring of, the individual will be achieved even if this has to be done without the involvement of the adult at risk. It is recommended that in these situations the council officer will arrange for a full discussion of the situation with the council's legal section in terms of examining if there is any statutory basis for intervening in such cases.

Further discussion should be held with the adult around the giving of consent to see if, with the passing of time, his or her position changes.

Where an adults lacks capacity and is refusing consent, consideration should be given to intervening under Adults with Incapacity or mental health legislation before considering action under the 2007 Act under 'undue pressure' e.g. a warrant under the Mental Health (Care & Treatment) (Scotland) Act 2003. The use of these alternatives will depend on the urgency of the situation in terms of risk to the adult and the timescales involved for other options.

In making any application for an order where the adult lacks capacity it is important to be able to evidence that all possible methods have been utilised to communicate with the adult around maximising decision-making.

Reference should be made to the Scottish Government publication 'Adults with Incapacity (Scotland) Act 2000: A Guide to Communication and Assessing Capacity'. Copy in Appendix.

7.13 Information Sharing

In general, information sharing, recording and reporting practices locally are underpinned by the requirements of the Data Protection Act. In addition, local practice agreement is further set out in the multi-agency Information Sharing Protocol; however, there are a number of practice situations where further guidance and legal provision is appropriate in order to ensure the best services for people who may be in need of protection.

The overwhelming majority of professionals from other agencies will recognise the imperative to pass on concerns and relevant information

about an adult at risk or subject to harm. However, in some cases Social Work staff may encounter uncertainty on the part of practitioners from other organisations to share essential information or refer on allegations or concerns they have obtained through a professional interaction where confidentiality would normally be preserved.

Section 10 of the Adult Support and Protection (Scotland) Act 2007 permits staff accredited as 'council officers' to request and obtain copies of health, financial and other records relating to an adult known or believed to be at risk if this is required to establish whether further action is necessary to protect that adult from harm.

Reference should be made to the Act and accompanying Code of Practice in order to guide staff in making such requests for information.

The adult's consent should be sought prior to the information being requested from another agency. Where this is not practicable – for reasons of urgency regarding the adult's safety or because the adult is unable to give consent – wherever possible the adult should be informed about the information-sharing.

The principles of the Act require also, that the views of the adult (and of significant other people) should as far as possible be taken in account in deciding what information is sought and with whom it is shared (particularly if sharing with a particular person might place the adult at further risk of harm).

The adult's right to confidentiality must also be considered and if practicable discussed with the adult and the agency/professional providing the information but the Code of Practice is clear that this is not an absolute right although the information requested must be proportionate to the purpose for which it is requested.

Where the health records of an adult are requested the Act requires that these can only be examined by another health professional.

8 Support Needs During and Following Proceedings

To provide adequate support structures there has to be awareness at all levels of the potential need for support in relation to this sensitive area of work.

The need for support does not just extend to people who have been subject to harm but can also be relevant to staff, other service users and carers.

People who have been the subject of harm will require action to ensure their immediate and future safety. There should also be awareness that symptoms and reactions to harm may be immediate or can be delayed. Therapeutic interventions and / or counselling input may be appropriate. It may also be appropriate to arrange for assertiveness training or awareness raising in relation to sex education or other areas of education relating to personal safety. Adults may also need support and preparation in relation to any Court appearances.

Families and carers may also require support including the opportunity to discuss what has occurred and share and acknowledge their feelings. Consideration should be given to counselling input.

Staff members who have been involved in identifying or reporting concerns about harm need opportunities to debrief in a supportive environment. Line managers should arrange group or individual de-brief sessions as appropriate. It may be necessary to consider access to independent counselling services.

Members of staff against whom allegations of harm have been made need access to their professional and legal rights and to be reassured that appropriate procedures will be followed. They should be appointed a support person in relation to any on-going investigations.

Harm to one service user may be very distressing to other service users in shared services. Service users may need opportunities to discuss and acknowledge their feelings about what has occurred and be reassured that protective action has been taken. Staff groups will need to, in consultation with the service manager, devise a support and communications strategy for incidents affecting groups of service users.

Alleged perpetrators, themselves may be in need of support, particularly if the harm has come about as a result of an overburdened or unsupported caring role, or a lack of knowledge in relation to appropriate care. Consideration should be given to arranging support and respite services and training or education aimed at reducing and managing risks.

9 Adult Support and Protection Summary Flowchart

1. Adult Protection concern identified.

2. Contact your own Line Manager (if Line Manager is source of concern, go to next step)

3. Contact Community Care Team (social work) on 01851 822708 – duty worker or phone police.

4. Duty worker or police officer notes the concern and will complete the referral with you.

5. The lead Officer (AP) will read the referral and allocate the case within 2 working days for initial inquiries to commence. Outcome of Initial inquiries will inform the decision to initiate an investigation.

6. Following initial inquiries the case will either be ASP – NFA but retained and assessed for other services, ASP –NFA and closed. Alternatively – investigations begin.

7. During initial inquiries contact may have been made with the police (VPDatabase). During investigation the police may become involved if it is suspected an offence has been committed.

8. During investigation a risk assessment will need to be started and it may be decided to hold a case conference to collate multi-agency and client and carers views, views on adult's capacity and agree and plan interventions. P.Plans and Orders must be agreed at meeting.

9. All the documentation relating to ASP processes is available within the 'CareFirst' system.

Three Point Test: Does the adult meet the following criteria?

- Adult is unable to safeguard their own property; wellbeing; rights or other interests
- adult is at risk of harm AND
- is more susceptible because of disability; mental disorder; illness or physical or mental infirmity to being so harmed than a person not so affected.

All actions including NFA decisions must be consistent with the underpinning principles of the ASP Act. If the adult protection referral relates to a care service regulated by the Care Inspectorate, one of the local authority nominated officers (Team or Service Manager, Adult Social Work) must inform the Care Inspectorate of the referral and the outcome of the initial inquiries and the investigation.

At any time it may be appropriate to take emergency action e.g. Police or Medical intervention; referral on to another agency for support and assistance; to make an NFA decision; begin care management of the case; or a range of other potential actions. All actions must be based on assessment with the needs and wishes of the adult at the centre of the process. All decisions must be clearly recorded.

Staff Roles and Responsibilities within All Agencies

Staff Member	Responsibilities
Front Line Staff – all agencies	Report the concern to their Line Manager. Report the concern to the Community Care Duty Worker / Out of Hours Duty Social Worker / Police. Record reported or observed concerns.
Line Managers – all agencies	Record reported or observed concerns and report to their own Line Manager, who will then contact the Lead Officer (Adult Protection) in Community Care Team. Initiate any necessary Personnel or HR actions where allegations have been made against staff after discussion and agreement with the Lead ASP Officer / Out of Hours Duty Social Worker / Police. Arrange for staff and service user support.
Care Managers / Social Workers / Occupational Therapists	Report any concerns relating to their own cases to the Lead Officer (Adult Protection) for ASP Act consideration Act as Council Officer if requested to do so by the Lead Officer Community Care Team(s), in relation to their own cases. Arrange for service user support where required.
Community Care Duty Worker / Out of Hours Duty Social Worker	Record the referred concern. Report the concern to the Lead Officer (Adult Protection) / Out of Hours Senior Officer act as Council Officer if asked to do so.
Council Officers	Investigations and interventions under the Act, in consultation with Lead Officer and Team Leader – Community Care Team(s). Participate in ASP processes.
Out of Hours Senior Officer	Screen all out of hours ASP referrals and allocate and oversee cases for investigation by Council Officers. Lead ASP investigation procedures out of hours

	if unable to wait until next working day, chairing initial and further planning meeting – only when office closed for long periods and no C.O. available. Alert Police to ASP referrals if appropriate. Report matter to Lead Officer the next office working day.
Team Leader / Senior Practitioner Community Care Team(s)	Screen all ASP referrals and discuss with Lead Officer (Adult Protection) re allocation, alert Police to ASP referrals if appropriate. Lead ASP investigation procedures, including Convening and Chairing initial and further planning meeting, if Lead Officer unavailable. Keep Service Manager advised and seek agreement for actions where necessary.
Service Manager – (Assessment and Care Management) and Lead Officer	Overview and final decision making re all ASP referrals. L.O. to convene planning meetings and chair ASP Case Conferences.
Police	Receive and record referrals and pass on to Lead Officer (Adult Protection) or Community Care Team Leader/Senior Practitioner. Contribute to ASP procedures through planning stage to joint or lone investigations.
Independent Advocate	Support to adult with a view to ensuring voice of adult is heard and views are considered.
Other Support Services	Receive referrals for support and contribute to case conferences, care/protection plans and reviews as appropriate.
Personnel or HR Representatives	Participate in initial and further planning meetings where allegations have been made against staff members. Undertake Personnel or HR procedures as required but in agreement with lead ASP officer.
C.N.E.S. Legal Section	Contribute to ASP planning and processes at the request of the Lead Officer (Adult Protection) and support Council Officers with matters of Court re applications for warrants and Protection Orders.
GP	Contribute to procedures and advise, or onward refer, re matters of capacity.

11 Adult Protection Guidelines - Step by Step Guide

11.1 Step one: Alerting

Person Responsible: These guidelines should be followed by anyone who witnesses, suspects or receives information about an adult being harmed.

Concerns about possible harm are identified.

- If you are with the adult at risk concerned, speak to the person about your concerns and the risk involved.

Do

- Listen to the adult.
- Offer reassurance and support whilst being clear to the adult that you may not be able to preserve the confidentiality of what you are told, if they are at risk.
- Ask simple non-leading open questions to obtain initial basic facts.
- Make careful notes (including date and time) and keep these in their original form.
- Establish who was involved and whether anyone else was present in hearing/visual distance.
- Establish what the person would like to see happen next.
- Take precautions to preserve any forensic evidence.
- In the event of the person being injured, make a note of the injuries and seek medical advice / intervention if necessary.
- Inform your line manager (or other Social Work manager) immediately.

Do Not

- Dismiss the adult's concerns or be judgmental.
- Interview or investigate beyond what is essential to ascertain the basic facts.
- Make promises that cannot be kept e.g. around keeping a confidence, or that nothing will happen or that a certain thing will definitely happen.
- Share the information with colleagues where the allegation involves another member of staff.

Also try to ascertain potential risk to others.

- If you receive information from a third party, try to establish the same basic information.
- Record your conversation carefully and if possible ask the person to agree that you have made an accurate record.
- Explain to the person any subsequent steps you believe are necessary.
- Advise of your responsibility to report concerns about possible harm to your Line Manager (except in circumstances where your line manager is implicated in the alleged harm) and if necessary to Social and Community Service Department and the Police.

11.2 Step Two: Staff member discusses reported concern with Line Manager.

Person Responsible: Staff member in consultation with Line Manager (except where the L.M. is implicated in the alleged harm).

Consultation with Line Manager / Supervisor.

Discuss concerns with your Supervisor / Line Manager as soon as possible. If they are unavailable find a suitable alternative manager. The full facts and circumstances of the situation, together with all available options and courses of action should be identified and discussed.

The following points, amongst others, may be considered:

- The adult's level of capacity and consequent involvement in actions / decisions / choices.
- Whether a referral to the local Community Care Team Duty Social Worker (or Care Manager if known) for day time referrals or the Duty Senior Social Worker for out of office hours referrals is appropriate.
- Please note - if it appears that there has been an incident or incidents of harm to an adult at risk this must be reported as a matter of duty and where such a report is made to the Department of Social and Community Services there is a statutory duty to undertake 'initial inquiries'.
- Whether the Police should be contacted at this stage. In the case of physical / sexual harm - immediate referral is essential to ensure that vital evidence is not lost. If the Police are contacted a

referral must also be made to the Department of Social and Community Services.
- Whether emergency action is likely to be necessary and any steps required securing the adult at risk's immediate safety. If emergency action is required do not hesitate to provide this for the service user i.e. call an ambulance or NHS 24, or the Police.
- Record discussion and any action taken.

11.3 Step three: Referral to Community Care Team / Lead Officer - Tel. No. 01851 822708

Person Responsible: Staff Member / Line Manager.

Referral to Community Care Team(s) Duty Social Worker/Care Manager/Out of Hours Social Worker.

If there is a suspicion, allegation or clear evidence of harm, a referral to the Lead Officer Adult Protection or Community Care Team Duty Social Worker should be made without delay. If the concern arises outside of normal office hours a referral must be made to the emergency out of hour's duty senior worker.

The referral should include as many of the following details as possible as per what is required on the Carefirst system.

- The adult's name, address, date of birth, ethnic origin, gender, religion, GP, type of accommodation, family circumstances, support networks, physical health and communication difficulties if any, mental health including whether the person is subject to an order within the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Adults with Incapacity (Scotland) Act 2000.
- The referrer's job title and reason for involvement.
- Nature / substance of the allegation.
- Details of care givers / significant others.
- Details of alleged perpetrator, current whereabouts and likely movements within the next 24 hours, if known.
- Details of any specific incidents, e.g. dates, times, injuries, witnesses, evidence such as bruising.
- Background of any previous concerns.
- Awareness or not / consent or not by the person concerned.
- Information given to the person, expectations, wishes of the person, if known.
- Record discussion and any action taken.

11.4 Step four: The Lead Officer or Duty Social Worker or Out of Hours Senior receives the referral

Person Responsible: Lead Officer, Duty Social Worker or Out of Hours Senior.

Receiving the Referral / Responding as a Council Officer.

The A.P. Lead Officer or Duty Social Worker is responsible for receiving the referral. All referral activity should be followed up by a phone call or secure e-mail to confirm receipt and establish contact.

If the adult at risk has an allocated worker, who identifies concerns, or receives a report of concerns, the worker should follow the same steps, complete ASP Referral and consult the Lead Officer or Community Care Team Leader.

- The Duty Worker/Worker should discuss the referral with the referrer using their own terminology to record the information in as detailed manner as possible as this information will possibly contribute to the completion of the ASP Risk Assessment when and if one is required other than the continual assessment of risk as more information is forthcoming.

  Once the referral is complete the Lead Officer or Team Leader will allocated to a Council Officer to make INITIAL INQUIRIES.

  IT SHOULD BE NOTED THAT THERE IS A HIGH PERCENTAGE OF INITIAL INQUIRIES IN THE WESTERN ISLES THAT DO NOT GET TO THE INVESTIGATION STAGE. THIS IS BECAUSE THE CONCERN CAN BE ADDRESSED BY ADJUSTING THE EXISTING CARE PLAN AND MONITORING THE SITUATION OVER A FEW WEEKS. IN THIS CASE THE REFERRAL WILL BE CLOSED OFF.

- Further essential information should be gathered from checks on all available case records and with other agencies, GPs and key personnel involved (including carers if appropriate).
- The ASP Referral should be completed as comprehensively as possible, bearing in mind the nature of the concerns and potential need for urgent action.
- Consultation with the Lead Officer (Adult Protection) (or Senior on call – out of hours) (or Team Leader Community Care Team)

must always take place within two working days of referral. Reasons for any exception to this should be recorded.

- If the circumstances of an adult protection referral indicate that emergency action is necessary to safeguard the adult's welfare, such as the provision of an ambulance, and arrangements have not already been made in relation to this, the practitioner is always authorised to make these necessary arrangements without prior consultation with the Team or Duty Manager.
- Record discussion and any action taken.

11.5 Step Five: Duty Social Worker or Out of Hours Social Worker discusses referral with Lead Officer or Emergency out of Hours Senior

Person Responsible: Duty Social Worker or Out of Hours Senior

The Lead Officer (Adult Protection) (or Senior Officer if out of hours) is responsible for co-ordinating action at this stage and for multidisciplinary liaison, and support and advice to staff.

If the referral has come in out of hours, it should be passed as soon as possible to the Community Care Team (Lewis and Harris) or Community Care Team (Uist and Barra).

- Discuss all referral information and if necessary confirm details with referrer.
- Establish whether any action is needed urgently e.g. does the adult at risk need to be removed to a place of safety / require medical assessment or attention, or is immediate police intervention required. This includes whether an application for an Assessment Order under the Act is necessary.
- Consider the adult's capacity. Seek evidence to support this. If there is not sufficient evidence, seek additional input.
- Discuss and decide whether consultation with police is appropriate.
- Establish who else is involved and whether / when they should be informed.
- Liaise with senior members of staff and/or other agencies. This would include using any internal incident reporting mechanisms as appropriate and consulting Personnel if allegations against staff are involved.
- Arrange an Initial Planning Meeting as necessary.

- Identify an approved Council Officer to carry out the investigation. This will probably be the same Council Officer who made initial inquiries.
- Discuss and decide whether a joint visit is appropriate.
- Consider the potential need for independent advocacy or other support service/agency.
- If the adult at risk of harm cannot be seen alone within 2 working days, record the reason and consider putting welfare arrangements in place.

Authorised person (i.e. Lead Officer, Team Leader or Service Manager – Community Care Teams) informs the Care Inspectorate if the referral relates to a commissioned or regulated service. This includes care homes for adults, support services (day services) and housing support and care at home services. If the case has come in out of hours, the Senior Officer should pass this point on to the day time team for action as soon as possible

Ensure that all discussion and steps are recorded fully in the referral.

11.6 Step Six: The Lead Officer, Team Leader – Community Care Team(s) or Senior Officer out of hours refers to Police

Person Responsible: Lead Officer or Senior Officer out of hours

- The Police should be consulted about any concerns requiring further planned investigation. They may hold relevant information, and will be able to advise whether there are indications of a criminal offence. The police will determine whether their attendance at a planning meeting is required.
- Consultation with the police should be initiated by the Lead Officer or Senior Officer out of hours. Consultation with health services should also take place. This will include the sharing of information available to the agencies that will best assist the planning of a criminal enquiry. This is currently done via a regular weekly meeting between Social Services, Police and Health Services by way of the police Scotland Vulnerable Person Database.
- Where the victim does not wish to make a complaint to the police it will be for the Initial Planning Meeting to decide on the appropriate action. This will take into account the interests of the victim against those of public safety.

11.7 Step Seven: Initial Planning Meeting

Person Responsible: Lead Officer

An Initial Planning Meeting should be convened by the Lead Officer (or Senior Officer out of hours) following initial inquiries and before any investigations are carried out. The timescale for this is as soon as possible following post initial inquiry discussion with the Lead Officer or equivalent. Any significant delay must be recorded in the client's electronic case notes (CareFirst observations).

Should the Council Officer, who is tasked with undertaking the investigation, in consultation with others involved in the case, establish that access to the adult is being obstructed, consideration should be given to making an application for an Assessment Order.

Note though that the Codes of Practice for the Act outline that visits must take place as far as possible at 'reasonable times' i.e. not late at night or very early in the morning. The onus is on the people involved in the investigation to establish what level of risk appears to be present and whether the level of risk is sufficient to warrant visiting urgently. If an urgent visit does not appear to be necessary then a visit as soon as possible at a reasonable time, and with the prior knowledge of the adult, should be arranged.
The following should be considered for invitation to the Meeting: Actual attendance will depend on the circumstances of the case. The use of video or telephone conference facilities is acceptable. The meeting is to agree and plan the next step and this should be taken into consideration when deciding who to invite to the meeting.

- Duty Worker / Social Worker (should always attend or be represented).
- Council Officer (if this role cannot be fulfilled by the Care Manager or Duty Worker) identified to carry out assessment.
- Residential/day/care at home/other staff involved.
- Specialist Services.
- Personnel/HR (in cases of allegations against staff).
- Police.
- Health.
- Education (for young people in Education Services).
- Other service providers/Voluntary Agencies involved. In particular an independent advocate if one is involved.

- Manager of relevant service (for allegations against staff/organisations).
- Representative of the Council's Legal Services in complex cases.

The meeting will be chaired by the Lead Officer or the Out of Hours Senior Officer (in very exceptional circumstances), and recorded, on the ASP Planning Record Form, including the Care First system.

The following should be discussed at the Meeting:

- The information available from initial inquiries and further information required.
- The immediate safety, health and wellbeing of the vulnerable person.
- The risk of further abuse to the victim or other vulnerable persons.
- The wishes and views of the adult at risk.
- The wishes and views of any carers or family members.
- Capacity issues and the need for any assessments.
- Support needs of the adult at risk, carers and staff including the potential need for independent advocacy services.
- The plan for the investigation and what type of inquiry is required, which agencies are to be involved (social work, police, health) and processes to be used to investigate the allegation of harm.
- Levels of communication to monitor the progress of the investigation.
- A press strategy if it is deemed that it may be required.

For Possible Criminal Investigations

- The evidence available and how further evidence will be obtained. What medical/forensic evidence is available and how further medical/forensic examination should be undertaken.
- The possible need to use the Appropriate Adult Scheme for interviewing victims, witnesses or suspected perpetrators.

Or allegations against staff

- The management of conduct procedures alongside protection and criminal investigation processes. Adult Support and Protection procedures must take precedence.

- The possible need for a referral to other statutory bodies e.g. the Office of the Public Guardian, the Mental Welfare Commission, the Care Inspectorate.

Following the Initial Planning Meeting, agencies must share, review and evaluate any additional information as it comes to light.

Lead Officer must record the meeting using the ASP Planning Record Form and review and record any necessary amendments to the ASP Risk Summary Form. Copies of these documents must be circulated to those involved in the meeting.

Initial Planning Meetings may conclude as follows

- That no further action is required. In this case the Local Authority authorised person should complete the ASP Closure Summary within the Carefirst ASP screens and inform the Care Inspectorate of the outcome if the referral relates to a commissioned or regulated service. This includes care homes for adults, support services (day services) and housing support and care at home services.
- That a referral to another agency for advice, support or assistance is appropriate, this might include a referral for independent advocacy.
- That the issues in the case can be addressed through amendments to an existing care plan.
- That the issues in the case can be addressed through introducing care management and developing a new care plan.
- That a case conference needs to be convened.
- That emergency action is required including an application for one of the range of warrants and/or orders available under the Act.
- That the ASP Protection Plan Form be completed following the case conference.

11.8 Step Eight: Preliminary Assessment

Person Responsible: Council Officer, Lead Officer and (Adult Social Work Service Manager)

The adult must be seen alone or with a supporter of their choice within two working days following completion of initial inquiries or following referral depending on context of referral. Reasonable visiting times must be considered. Reasons for any failure to do this must be recorded.

The preliminary assessment must be carefully planned and include interviews with the adult and separately with his / her carer(s). The needs of the individual, who may be responsible for the harm, should also be addressed. If the police are involved; consideration will have been given at the Initial Planning Meeting to joint interview arrangements if appropriate.

The preliminary assessment should follow the guidance and content and must be recorded in the ASP risk Summary section. If appropriate or as decided at the Initial Planning Meeting, the ASP Protection Plan should be commenced.

The preliminary assessment will recommend whether:

- Further protective action is required – proceed to further planning meeting or Adult Protection Case Conference – including whether there is a need to consider application for any of the protection orders available under the Act.
- The reported concern of harm or neglect is unfounded.

The assessment may have identified the need for adjustments to the care arrangements (care package), which will be recorded for action.

The outcome must be communicated by the Lead Officer to all those who have been involved, via a further social work planning meeting, or written confirmation.

The ASP risk Summary section and ASP Protection Plan must be authorised by the Lead Officer, who will decide on the need for a further planning meeting or adult protection case conference, or convene this on the recommendation of the initial planning meeting.

If the assessment has been in relation to an allegation against a staff member and it has been concluded that the allegation is unfounded, it is vital that this information is properly recorded and shared with the relevant agency's Human Resources / Personnel Section or other relevant manager so that the matter, and its outcome, can be formally recorded in the agency's employee file. This is done in order to ensure

that the staff member's employment is not adversely affected where it should not be. The agency concerned should also give consideration to arrangements for support for the staff member.

11.9 Step Nine: Further Planning Meeting

Person Responsible: Lead Officer (Adult Protection)

- The Lead Officer must maintain oversight of the assessment process and ensure this is completed as thoroughly and quickly as possible. A conclusion must be reached to enable a Case Conference to be held if necessary within 10 days of the planning meeting where the decision to hold a Case Conference was made.
- Further planning meetings may be convened as required to enable inter-agency reviewing of the information gathered and further joint investigative planning.
- Further planning meetings, if they are required, should be held within five days of the assessment or the reasons for not doing so should be recorded.
- All planning meetings should be recorded on the ASP Planning Record Form.
- If the case is concluded at this stage the Local Authority authorised person should complete the ASP closure summary (i.e. Lead Officer or Service Manager – Community Care Team(s), inform the Care Inspectorate of the outcome if the referral relates to a commissioned or regulated service; this includes care homes for adults, support services (day services) and housing support and care at home services, and ensure feedback from the adult is recorded.

11.10 Step Ten: Case Conferences

Person Responsible: Lead Officer (A.P) and Team Leaders Community Care Teams

Case Conference

When should an Adult Protection Case Conference be considered?

- If the investigation that harm has occurred or concerns about the safety of the adult at risk remain.
- Case conferences should take place within 10 days of the Planning Meeting which made that decision to hold the Case Conference.

What is the purpose of a Case Conference?

- Seek a solution to the harmful situation.
- Exchange information.
- Ascertain the current level of risk.

Identify the Core Group if appropriate to:

- Formulate an Adult Protection Plan and complete the full risk Assessment.
- Make arrangements for implementing and reviewing the adult protection plan.
- Clarify roles and responsibilities of the various professionals involved.
- If anyone (including adult) has been excluded it should be briefly explained.
- Nominate an appropriate care manager.

Format and context of a Case Conference

Proceedings should normally cover the following:

- Introductions and roles of those present;
- Outline by Chair of the purpose of the Case Conference;
- Presentation of the Investigating Council Officer's report which will include:
    - summary of information about the adult at risk and their Support networks;
    - brief outline of current living arrangements and membership Of household;
    - details of allegations of harm;
    - outcome of investigation to date;

- The opportunity for representatives of agencies who have experience of the adult at risk's situation to contribute what they know about the situation and identify their concerns;
- Assessment of current risks to adult at risk;
- Summary of participants views, including dissenting views;

- Formulation of an adult protect plan, including review dates and information about who will carry out the review;
- Summary of discussion and conclusions;
- Agreed action (by whom and indicating timescales);
- Future meeting dates and location;
- Circulation list of minutes and accompanying papers will need to be decided.
- Consider C.P.A[1] if criteria met.

11.11 Step Eleven: Protection Plan

Person Responsible: (Social Worker or Care Manager identified as Case Coordinator)

Adult Protection Plan

The Adult Protection Plan should include information about the following:

- Outcome of the Case Conference;
- Action to be taken to ensure the future safety of the adult at risk, including information about who is responsible and what is entailed;
- If it is not possible to increase the safety of the adult at risk; the reasons for this should be stated;
- Details of any support services, treatment or therapy available to the adult at risk;
- Any changes to the way services are provided;
- How best to support the adult at risk through any action he or she takes to seek justice or redress;
- How on-going and future risks will be managed;
- Monitoring and review arrangements, irrespective of whether services are being provided; these should include details and timescales for reviewing the Adult Protection Plan;
- Who is the contact person in the event of breakdown of arrangements or change of circumstances?
- Consider C.P.A

Attention should be given to ensure that the Adult Protection Plan is integrated with the care plan (either existing or intended) consideration

[1] C.P.A Care Programme Approach, a process by which people with Mental Disorder, (as defined within Mental Health (Care and Treatment) (Scotland) Act 2003), can be regularly monitored.

should be given to refer for inclusion in Western Isles C.P.A process. The Adult Protection Plan and risk assessment must be approved by the Lead Officer or Senior Practitioner Community Care Team or Team Leader.

The adult protection plan should be sent to all those individuals participating in the case conference and to those who sent apologies.

11.12 Step Twelve: Review Conferences

Review Conference

Review conferences must be convened within the timeframes identified. Review Conferences must be recorded.

If the adult protection aspects of the case are concluded the Local Authority authorised person should complete the ASP closure summary and inform the Care Inspectorate of the outcome if the referral relates to a commissioned or regulated service. This includes care homes for adults, support services (day services) and housing support and care at home services. Also, feedback from the client regarding their experience and view of any investigation / intervention should be ascertained, recorded on the form and signed by the client.

Consideration should be given to refer client for inclusion in Western Isles C.P.A process if there are mental health issues.

APPENDIX 1 Glossary of Terms

Appropriate Adult	An adult specifically trained to support person who may lack or have limited capacity during a Police interview.
Capacity	The ability to make an informed choice.
Care Inspectorate	The Scottish Inspectorate for the Regulation of Care (full title) is a non-departmental public body independent of the Scottish Government although accountable to Ministers and the Scottish Parliament for its actions. The Care Inspectorate is responsible for regulating care services which were formerly regulated by NHS Boards and Local Authorities. Care Services are required to register with the Care Inspectorate and are subject to regular inspection. The Care Inspectorate takes an active role in encouraging improvement in the quality of services and making information available to the public about the quality of these services. The Care Inspectorate also has a responsibility to investigate any complaints it receives from any source concerning any care service.
Care Manager	The professional with lead responsibility for an individual's community care assessment and plan. This may be a social worker, occupational therapist or community nurse.
Core Group	A group of professionals, carers, family members and the adult who meet regularly to ensure the Protection Plan is working and to review and amend it as required.
Duty Worker	Community Social Services provides a 24 hour duty service accessed via the Council Offices out of hours. The Duty Worker may be a Social Worker or Occupational Therapist.
Independent Advocate	A member of an advocacy service which operates independently of other service providers. Advocacy is about safeguarding individuals who are not being

	heard. This often involves speaking up for them and helping them to express their views and assist them to make their own decisions and contributions. Contact with the appropriate advocacy service can be made through the local authority, NHS Board or Local Health Council.
Information Sharing Protocol	This is the document which the Council and the Board of NHS have agreed enabling them to safely share information on a need to know basis. It also protects the rights of service users to see their records
Lead Officer (Adult Protection)	The main contact within the Council to receive, coordinate and conclude referrals relating to adults at risk of harm as defined within the Adult Support and Protection (Scotland) Act 2007.
Line Manager / Supervisor	The person who has managerial responsibility for an individual worker.
Mental Health Officer	A local authority social worker who has undergone specific post qualifying accredited training in mental health. This person then has certain delegated powers under the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 to act in cases where the person lacks capacity or has a mental disorder.
Council Officer	This is defined by the Act as a qualified and registered social worker, occupational therapist or nurse, employed by the Local Authority and with a minimum of 12 months post qualifying experience in adult assessment and protection. The Scottish Government has established that the requirement for 12 months post qualifying experience in adult assessment and protection can be met through the professional's ongoing registration requirements without additional specific input. It has been established locally that staff will not be appointed as Council Officer without having undertaken suitable locally arranged training. The Council Officer has certain delegated powers under the Act.
Mental Welfare	A national body appointed by the then Scottish

Commission	Executive 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.
Place of Safety	This can be a formal or informal arrangement to allow an adult to be accommodated safely without the risk of further harm e.g. hospital, care home or the home of another family member.
Social Care	A range of settings, statutory and voluntary, includes care homes, care at home and hospitals, where people are looked after or assisted with their essential living tasks.
Social Worker	A qualified and registered social worker.
Staff Member	For the purpose of these guidelines this includes anyone who is employed in a social care setting, or who is a volunteer for a social care agency.
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.
Social Work Team Manager	A qualified and registered social worker with a management role and responsibilities. In the majority of adult support and protection cases this role will be undertaken by the Team Manager for the Adult Social Work Team. When this person is not available the role will be undertaken by any appropriate Social Work Team Manager available and identified to lead a protection investigation

APPENDIX 2 Useful Western Isles and Scotland Wide Contacts

Comhairle nan Eilean Siar Council Head Quarters Sandwick Road Stornoway Isle of Lewis HS1 2BW 0845 600 70 90	Community Care Team (CNES) (Social & Community Services Department) Lewis 01851 822708 Harris 01859 502367 Uist 01870 602425 Barra 01871 810254
Education and Children Services (CNES) Lewis and Harris 01851 822749 Uist and Barra 01870 602425	Criminal Justice Services (CNES) 01851 822710
Advocacy Western Isles Uist and Barra Office Tagsa Building Balivanich Benbecula 01870 603891 uistandbarra@advocacywi.co.uk www.advocacy.co.uk	Advocacy Western Isles Lewis and Harris Branch Lamont Lane Bayhead Stornoway Isle of Lewis 01851 701755 office@advocacywi.co.uk www.advocacywi.co.uk
NHS Western Isles 37 South Beach Street Stornoway Isle of Lewis HS1 2BB 01851 702997	Police Scotland 18 Church Street Stornoway Isle of Lewis HS1 2JD 01851 702222
Counselling and Family Mediation, Woman's Refuge, Family Contact Centre Contact: Community Care Team, Social and Community Centre Services Department on 01851 822711	Western Isles Community Care Forum Tigh an Urrais, Tarbert Harris HS3 3BG 01859 502588

Bridge Project Unit (Alcohol and Drug Misuse) 01870 610737	Del Dunn - Manager Western Isles Association for Mental Health 23 Bayhead Stornoway HS2 2DU 01851 704964 info@wiamh.org
Tagsa Uibhist (Home Based Support) 01870 602111	Hills – The Hebridean Independent Living and Learning Services 01878 700910
Third Sector Hebrides 30 Francis Street Stornoway Isle of Lewis 01851 702632 enquiries@thirdsectorhebrides.org.uk	Cross Roads (Lewis) Grianan Centre Westview Terrace Stornoway 01851 705422 Lewis crossroads.lewis@btinternet.com
Cross Roads (Harris) Old Hostel Tarbert 01859 502171 Harris Morag.Munro@harrisvs.org.uk	Cobhair Bharraigh Barra 01871 810906
Local Area Coordinators for People with Learning Disabilities 01851 822 755 Lewis and Harris 01870 602 157 Uist and Barra	Penumbra (Nova Project) 23 Bayhead Stornoway Isle of Lewis HS1 2DU 01851 706360 deb.cruben@penumbra.org.uk www.penumbra.org.uk

Alzheimer Scotland 18 Bells Road Stornoway Isle of Lewis HS1 2RA 01851 702123 Lewis@alzscot.org	Faire Community Alarm Service Dun Eisdean Westview Terrace Stornoway Isle of Lewis HS1 2LD 01851 701702 (Lewis and Harris) 01876 580694 (Uist and Barra) faire@cne-siar.gov.uk
Action for Children Bayhead Resource Centre Stornoway Isles of Lewis 01851 705080	Catch 23 – Drop in Centre 23 Bayhead Stornoway Isle of Lewis 01851 704964
Choose Life NHS Western Isles 37 South Beach Stornoway 01851 702997 elaine.campbell5@nhs.net	Citizen's Advice Bureau 41 Westview Terrace Stornoway 01851 705727 Lewis 01859 502431 Harris 01870 602421 Uist 01871 810608 Barra
Jobcentre Plus 13-15 Francis Street Stornoway Isle of Lewis 01851 763100	Office of the Public Guardian Hadrian House Callendar Business Park Farlkirk 01324 678200 www.publicguardian-scotland.gov.uk
Mental Welfare Commission for Scotland 91 Haymarket Terrace Edinburgh EH12 5HE 0131 31387777	Action on Elder Abuse Astral House 1268 London Road London SW16 4ER 020 87647648

www.mwscott.org.uk	Helpline – 0888088141
Alzheimer Scotland Action on Dementia 22 Drumsheugh Gardens Edinburgh EH3 7RN 0131 2431453 www.alzscot.org	Scottish Court Services Hayweight House 23 Lauriston Street Edinburgh 0131 2299200
Scottish Executive Health Department Health Gain Division Room 52 St Andrews House Regent Road Edinburgh EH1 3DG	Health Service Commissioner for Scotland (Ombudsman) 28 – 38 Thistle Street Edinburgh EH2 1EN 0131 2257465
Advice Service Capability Scotland 131 Elersley Road Edinburgh EH12 6HY 0131 3135510	Scottish Legal Aid Board 44 Drumsheugh Gardens Edinburgh 0131 2267061 www.slab.org.uk
Law Society of Scotland 26 Drumsheugh Gardens Edinburgh EH3 7YR 0131 2267411 www.lawscot.org.uk	Care Inspectorate Highland First Floor Castle House Fairways Business Park Inverness IV26 6AA 01463 227630 / 0845 600 9527 enquiries@careinspectorate.com
Care Inspectorate Western Isles Custom House Quay Street Stornoway HS1 2XX 01851 706157 enquiries@careinspectorate.com	

APPENDIX 3

Legal Context / Right to choose / Undue Pressure

An adult at risk who has been harmed may pursue an action in damages against his or her perpetrator. He or she may also be able to take proceedings preventing the perpetrator from acting improperly or contacting him or her further.

Criminal injuries compensation may also be available to anyone who has been the victim of a serious violent crime and it should be noted that such compensation may be available even if there has been no prosecution in respect of the crime in question.

A distinction in law is made between those adults who are capax (capable of managing their affairs) and those who are not. Until a person is recognised in law as being incapable of managing their affairs or making decisions in their own best interests no care agency can intervene in a relationship because they deem it to be unsuitable or abusive unless there is evidence of undue pressure on the adult. The statutory powers and duties of any care agency are underpinned by the Human Rights legislation and this works both ways so that, as well as protecting an individual's right to live his or her life peaceably and without fear, an authority must also (within reason) respect the manner in which the individual chooses to live his / her life. Where an individual has the capability to express their free will, understand the implications of the decisions that they make and they are not under undue pressure in that decision making, care agencies can do no more than give information about services and, where appropriate, help the adult to take up those services / options. They should not try to direct an individual to use these services in a manner that might be regarded as coercive.

It is for the foregoing reason that when approaching the kind of situation where there is the suspicion of harm of a type which requires to be remedied by legal intervention (civil or criminal) the preliminary issue to be settled in every instance is whether the alleged victim has capacity.

Adult Support and Protection (Scotland) Act 2007

The Act introduces new measures to identify and to provide support and protection for those individuals who are adults at risk, whether as a

result of their own or someone else's conduct. The measures provided for in the Act include:

- A set of principles which must be taken into account when performing functions under the Act (see page 4 and 5);
- Placing a duty on Councils to make the necessary inquiries and investigations to establish whether or not further action is required to protect the adult. The Act gives Council Officers a range of powers to facilitate investigations and visits, along with accompanying duties to provide information and make adults who are being visited aware of their rights including the right not to take part in an interview. Provision is made for face to face interviews, medical examinations, inspection of records, including inspection of medical records by a medical practitioner, and for a range of orders to facilitate the protection of adults at risk.
- Clarifying the roles and responsibilities in adult protection including defining the role of Council Officer. This is defined as a qualified and registered social worker, occupational therapist or nurse, employed by the Local Authority and with a minimum of 12 months post qualifying experience in adult assessment and protection.
- A duty to consider the importance of the provision of advocacy or other services after a decision has been made to intervene using an aspect of the legislation.
- Permitting practitioners to investigate circumstances where individuals may have capacity to choose, but not the ability to exercise that choice because of undue pressure;
- Requiring specified public bodies to co-operate with local councils and each other about adult protection investigations;
- A range of protection orders which are defined in the Act to include:
- Assessment orders;
- Removal orders; and
- Banning orders; and
- The establishment of multi-disciplinary Adult Protection Committees.

Adult Support and Protection (Scotland) Act 2007
AS&P Action against Harm

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 is one of the most significant pieces of legislation in the protection of adults.

Until the 2000 Act was passed the law did not address directly the question of how to proceed when faced with the gradual elimination of an individual's capacity. Developed over a period in history when the majority life expectancy was much shorter than today and the economic divide was such that few people held assets of a value worth protecting at home, the law comprised what was in recent times recognised as an unsatisfactory mixture of inappropriate legislative provisions, expensive curatrixes and uncertain powers of attorney.

The Adults with Incapacity (Scotland) Act 2000 introduced a more flexible system of providing for care for adults who are incapable, as well as protecting the individual and their assets. It is important to note that the 2000 Act does not simply address the needs of individuals who are incapax but is concerned with incapable adults who 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.'*

An adult will not fall within this definition if their inability to communicate or understand communications can be 'made good by human or mechanical aid'. For example, an adult with speech difficulties may have an inability to communicate his / her wishes or desires but if this can be overcome by the use of a computer or other mechanism, he / she will not fall within the terms of the Act. Likewise, where a family member is able to interpret the wishes of an adult who is otherwise incapable of communication he / she will likely not fall within the terms of the Act. Interpretation of wishes via a family member must always be treated carefully and sensitively as it carries with it the potential for the adult's wishes to be misinterpreted in the interests of the family member, although it is acknowledged that there will only be a limited number of occasions where this would be the case.

Any party with an appropriate interest in the welfare of an individual can make an application to the Court to make an order to maximise the interests and protect the wellbeing of that individual. The Court has a broad discretion in hearing evidence and is not limited to considering only evidence proffered by the applicant. The Court has an equal discretion in making any order and is bound to make its order not necessarily in accordance with the terms of the application but rather in accordance with how it sees the best interests of the subject of the application might be served. Any order must endeavour to provide for

the minimum intervention necessary as the purpose of the Act is not only to protect the individual but also to allow them as much autonomy in their life as is possible.

It is an offence for any person exercising powers under the Adults with Incapacity (Scotland) Act 2000 Act relating to the personal welfare of an adult to ill-treat or wilfully neglect that adult.

Adults with Incapacity (Scotland) Act 2000

Mental Health (Care and Treatment) (Scotland) Act 2003

This Act replaces the Mental Health (Scotland) Act 1984, and deals with the admission, detention, and treatment of persons with mental disorders.

The Act also sets up the Mental Health Tribunal for Scotland, which has jurisdiction to hear appeals from persons in respect of Orders granted in respect of them (including Treatment Orders).

Mental Health Officers have the right to apply for a number of Orders in relation to accessing property, and detaining persons for the purpose of medical examination.

It also created a range of criminal offences:-

- for a person to engage in sexual intercourse, or any other sexual act, with a mentally disordered person if, at the time of the act, the mentally disordered person does not consent to the act, or by reason of their mental disorder, is incapable of consenting.
- for a person who is providing care services to a mentally disordered person, or as the manger of a hospital in which a mentally disordered person is being given medical treatment, to engage in sexual intercourse, or other sexual act, with a mentally disordered person.
- for a person employed in a hospital, managing a hospital, or otherwise providing care or treatment to ill-treat, or wilfully neglect a patient.

Mental Health (Care & Treatment) (Scotland) Act 2003

National Assistance Act 1948 (Section 47)

Under Section 47, if a person's living conditions were so bad as to be detrimental to their health, the Medical Officer of Health (Public Health) could request a warrant from the Sheriff Court, to allow such a person to be removed to a hospital or other place of safety for a limited period.

This provision is now no longer in place and cannot be used, having been superseded by the Adult Support and Protection (Scotland) Act 2007.

Criminal law

The criminal law in Scotland permits the prosecution of any person accused of a criminal action. In order to decide whether or not a particular circumstance or alleged offence is within the criminal law it is necessary to liaise with the local Police force. If, as a result of any police investigation, sufficient evidence of a crime is found, the police will submit a report to the Procurator Fiscal, who will decide on any subsequent prosecution. The Procurator Fiscal will take into account matters of public interest, the evidence that is available, and the interests of the victim. In some serious cases it may be necessary for the Procurator Fiscal to precognosce (interview) the adult to obtain further information.

All criminal offences that are applicable to adults, who are not vulnerable, are also applicable to adults who are at risk of harm. In addition, there are laws in place which aim to give protection to people who are considered to be vulnerable. They generally relate to the protection of people with a mental disorder from unlawful sexual intercourse and the prevention of ill treatment or neglect of a person who is under the care of a Guardianship or similar order. The police must be involved in the investigation of any crimes of this nature.

When the victim of a crime is elderly or vulnerable the case may be considered to be aggravated, i.e. more serious, and the intentional targeting of vulnerable people is always viewed as being particularly serious.

In criminal law regard will always be given to the balance between the inconvenience and upset that a criminal investigation may have on the victim and the public interests served by a prosecution.

The Vulnerable Witnesses (Scotland) Act 2004 sets out a range of special measures for vulnerable adult and child witnesses. These measures are designed to support people to give evidence in difficult circumstances. They include provisions for giving evidence behind a screen and therefore unseen by the public, giving evidence by video link and therefore not in the presence of the accused, giving evidence by prior statement with only examination and cross examination of evidence taking place in Court (which could be behind a screen) and the option of a support person for the witness. Special measures can be used in combination.

Western Isles Council

Comhairle Nan Eilean Siar

Adult Support and Protection (Scotland) Act 2007

Interagency Procedure for Large Scale Investigations of Adults at Risk of Harm in Managed Care Settings

Interagency Procedure for Large Scale Investigations of Adults at Risk of Harm in Managed Care Settings

1. DEFINITIONS / SCOPE

Definition of a Large Scale Investigation

A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a managed care setting (this includes residential care, day care, home based care or a healthcare setting).

Purpose of Procedure

This procedure has been created to:

- Provide a standardised approach to carrying out a Large Scale Investigation for all professions consistent with current evidence of best practice.
- Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- Clarify partner agencies' responsibilities for overseeing Large Scale Investigations in the Western Isles.

Scope

This procedure potentially applies to all adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007, in managed care settings within the Western Isles.

For the purpose of clarity, this procedure does not replace, (nor is it a substitute for), local Health and Safety and/or Fire Safety procedures and arrangements. This procedure is designed purely to support the multi-agency response to concerns about harm regarding multiple adults within a managed care setting.

Relevant Legislation

The following legislation is viewed as being relevant and/or related to this procedure:

- Adult Support and Protection (Scotland) Act 2007
- Public Services Reform (Scotland) Act 2010

Relevant Procedures

The following agency/interagency procedures are viewed as being relevant and or related to this document:

- Western Isles Council – Comhairle nan Eilean Siar – Adult Support and Protection (Scotland) Act 2007, Multi-Agency Procedures and Guidelines for the Support and Protection of Adults at Risk of Harm.

2. INTRODUCTION

2.1 The Adult Support & Protection (Scotland) Act 2007 (The Act) introduced a duty for councils to make inquiries where it is known or believed that an adult may be at risk of harm and where protective action may be required. The Act gives the Council the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings.

2.2 This procedure has been agreed by Western Isles Adult Protection Committee, members of which include Western Isles Council, NHS Western Isles and Police Scotland, which will be the key agencies involved in any investigation process involving managed care settings. It is designed to minimise risk to both service users and staff in any care setting.

2.3 Concerns about an adult at risk being harmed in a care setting can be raised from many sources including:

- Family / friends making a complaint about standards of care
- Whistleblowing within an organisation
- Procurator Fiscal investigating a death
- Concerns raised from an admission to hospital
- Concerns highlighted via regulatory process

2.4 This guidance must not be read in isolation and should be viewed as a companion to the Act's code of practice and the Western Isles Multi-Agency Procedure and Guidelines for the Support and Protection of Adults at Risk of Harm.

3. INITIAL REFERRAL DISCUSSION / IMMEDIATE SAFETY ISSUES

3.1 When an adult protection report is received by Western Isles Council, it will initially be screened as per standard adult support and protection procedures. However, when the harm is noted to have occurred within a managed care setting, the local authority adult protection Lead Officer will also consider whether there is potential that other adults are also experiencing harm or are at risk of harm.

3.2 If there is potential that there may be multiple adults at risk of harm, then an Initial Referral Discussion (IRD) must be initiated with relevant agencies.

3.3 At this stage of the IRD process, relevant notifications to other appropriate agencies (who are not presently aware of the concerns) should be made.

3.4 The agencies who may be notified include [please note this is not an exhaustive list]:

- The Care Inspectorate (for concerns relating to registered care settings)
- Police Scotland (for concerns where there is potential criminality – also see point 3.7)
- The Mental Welfare Commission (where the concerns relates to ill treatment, neglect or cruelty towards a person with a mental disorder)
- Healthcare Improvement Scotland (for concerns located within NHS care settings)
- Local Authority Contracts/Commissioning Officer
- The Office of the Public Guardian

3.5 Following the IRD, any actions that are required to safeguard adults at immediate risk should be taken straight away and should not wait for further stages in the procedure. This reflects the position of the wider Western Isles Multi-agency Procedure and Guidelines which is clear that if an adult at risk is in immediate danger, action should be taken without delay to safeguard/protect that individual.

3.6 Potential immediate interventions could include [please note this is not an exhaustive list]:

- A suspension on admissions/referrals to the managed care setting
- Immediate Human Resources (HR) actions taken against particular members of staff involved with the managed care setting (e.g. precautionary suspension etc.). This would be the responsibility of the management of the managed care setting with advice from other agencies as appropriate.
- Immediate removal from the managed care setting of particularly at risk individuals

3.7 A caveat to points 3.5 and 3.6 is that if there is the potential for a criminal investigation as a result of the concerns raised, Police Scotland will give instruction/advice as to what actions/activities can or cannot be progressed. The general principle is that any criminal investigation must take primacy and not be compromised by other agencies' actions. However, this will always be balanced against the need for timely action to ensure the safety of any adults who are potentially at risk.

3.8 Following the Initial Referral Discussion, the local authority will be in a position to make a decision as to how to proceed in regards to the concern raised. Normally, there will be one of three outcomes:

- There is to be No Further Action (NFA) under adult protection procedures. This would be the outcome if the adults involved did not meet the three point test under Adult Support and Protection (ASP) legislation, or the risk of harm that was reported was not present. NOTE: A decision of NFA in regards to Adult Protection does not in any way preclude other interventions occurring (e.g. Care Inspectorate regulatory activity; contract enforcement action etc.).

- Individual Adult Protection Investigations – where it is likely that there are ongoing adult protection concerns, however these would be best addressed via individual inquiries/investigations. In these circumstances, individual ASP inquiries/investigations would be progressed via the standard arrangements within the Western Isles Inter-agency Policy and Procedure. This would be the outcome if the harm is thought to be limited in who it affects within the managed care setting and is felt to be best addressed on an individual basis.

- Large Scale Investigation – Where it is likely that there is ongoing adult protection concerns AND those concerns are felt to impact upon multiple adults who are involved with the managed care setting.

3.9 When the decision of the local authority is that there ARE ongoing adult protection concerns within the managed care setting AND that it impacts upon multiple residents, the next step would be to convene a Large Scale Investigation Planning Meeting.

3.10 The following are examples of when it would be best practice to convene a Large Scale Investigation Planning Meeting:

- Where care standards in a managed care setting have deteriorated to a level where there is a realistic risk of neglect occurring as a form of harm and this is likely to have a global impact on all service users.

- Where there are multiple victims not in one location, but linked due to their association with a managed care setting: for example a number of adults at risk in the community may be being systematically targeted by an employee of a care provider. A Large Scale Investigation Planning meeting would bring together key agencies to assist in any investigation and consider how to support the adults at risk.

- It may also be useful to convene a Large Scale Investigation Planning meeting in cases where multiple allegations are received from service users against other service users within a managed care setting. In these circumstances, however, experience indicates that proactively addressing the supervisory arrangements, and the management of aggressive or sexualised behaviour, can be much more effective.

4. LARGE SCALE INVESTIGATION PLANNING MEETING

4.1 The council will be the lead agency for arranging the Large Scale Investigation Planning Meeting and will appoint a Chairperson who will have overall responsibility for arranging and conducting the meeting.

4.2 The Chairperson will identify the key agencies that are required to attend the meeting. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.

The following should routinely be considered for invitation [note this is not an exhaustive list]:

- Representative from the Council's Adult Protection Network
- Council Communications Manager
- NHS Western Isles Representative
- GP medical link to the managed care setting (if appropriate)
- Other Medical Practitioner linked to the managed care setting – e.g. Geriatrician, Psychiatric Consultant etc.
- Police Scotland Representative
- Care Inspectorate relevant Manager based in Western Isles (if a registered care setting/provider)
- Senior Manager of the managed care setting involved (though see point 4.4 below)
- Representative(s) from any other local authorities who are funding placements for a service user(s) within the managed care setting concerned.
- Council Contracts Team Manager
- Council Legal representation

4.3 If senior managers are invited they may bring/delegate attendance to relevant managers involved in the investigation. However, the principle stated in point 4.2 remains – all attendees should have sufficient seniority to allow effective decision making to take place.

4.4 It is important to involve the relevant senior manager of the managed care setting that is involved in the potential investigation throughout the process, where possible. However, there will be instances where notifying the managed care setting may not be appropriate, for example, due to risk of compromise to an investigation. A decision as to whether to exclude a representative from the managed care setting from the planning meeting will be taken by the Chairperson in consultation with relevant partners e.g. Police Scotland, Care Inspectorate etc.

4.5 The Chairperson of the planning meeting will use the set agenda contained within this procedure (see Appendix A) to frame the discussion.

4.6 The intention of the Large Scale Investigation Planning meeting will be to:

- Analyse information available and make a decision as to whether a Large Scale Investigation should be initiated under Adult

Support and Protection Procedures, and/or through criminal investigation.

- Consider the nature and timing of any regulatory response being proposed by the Care Inspectorate to ensure that this does not interfere with any proposed or ongoing investigation.

- Consider/discuss any assessments/investigations already conducted at this time (from Social Work, Health, or Police).

- Consider information provided by all agencies which will include previous concerns / reports and complaints received by them.

- Consider / review whether a media strategy is required.

- Provide clarity in regard to parallel/joint investigation i.e. Police/Care Inspectorate/Council/NHS

- Identify key tasks to be undertaken; the persons who will undertake these tasks; and agreed timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).

- Consider the need for any individual interventions which need to be undertaken for adults considered to be at particular risk (it may not be necessary to do this if concerns / protection issues are adequately addressed by the Large Scale Investigation Procedure).

- Agree how the relevant manager of the care home / care setting / service under investigation will be apprised of the situation and who is responsible for this (if not already informed).

- Decide whether the relevant Contracts Manager needs to be advised of the decisions of the strategy meeting (if not in attendance)

- Consider notification of other parties (if notifications have not already been made at an earlier part of the process) – for example Mental Welfare Commission, other local authorities, family/main carers.

4.7 Where the concerns relate to potential criminal activity the meeting will ensure that:

- Any agreed action plan will focus on the immediate protective measures required, but that;

- The action plan will otherwise be primarily informed by the requirements of the Police to conduct a criminal investigation in liaison with the Procurator Fiscal

4.8 Any staffing/resource issues which may impede the progression of an investigation should be escalated to senior management within the relevant body for quick resolution.

4.9 The Large Scale Investigation Planning meeting should be minuted and a copy sent to all participants and those who were invited but were unable to attend. Minutes should be circulated within 14 days of the meeting being held.

5. LARGE SCALE INVESTIGATIONS

5.1 The first step when proceeding with a large scale investigation is the appointment of a Lead Council Officer who will be responsible for the overall coordination of the investigatory process. For the purposes of clarity, it should be stressed that there is no expectation on the Lead Council Officer to undertake the investigatory work alone; they will merely coordinate the overall process of investigation.

5.2 The Chair of the Large Scale Investigation Planning meeting will agree who will be appointed as Lead Council Officer. This officer will be an authorised Council Officer under the Adult Support and Protection (Scotland) Act 2007 and possess substantial adult protection fieldwork experience.

5.3 As allegations vary widely, it is impossible to detail all the steps which should be undertaken in any large scale investigation of potential harm.

5.4 Different situations will necessitate different levels of investigatory response. For example, in a situation where there have been concerns about standards of care within a registered care setting over a period of time, the majority of information may already be available and the primary responsibility of the Lead Council Officer will be to address any gaps in knowledge and ensure collation of all known reports. Conversely, in situations where the allegation of harm is completely new to the statutory services, far more substantial direct investigation may be required – potentially including interviews with service users, staff, family members etc.

5.5 However, in all investigatory work, the following points should be considered:

- It is essential that council staff involved in interviewing have all undergone specific training in investigating allegations of harm.

- The investigation should be carried out as sensitively as possible. The impact on the adults should always be considered and the adults' wishes must be taken into account. A balance must be reached between the need to protect the adults and respecting their rights.

- The investigation should be undertaken as soon as possible, taking into account the impact on the adults in the managed care setting.

- Preliminary interviews may have to take place with the person who may have made the allegation, workers of support services etc. Checks should also be made on all available computer records/manual records and with other councils if appropriate.

- Care should be taken in the choice of venue and timing of the interviews with the adults, to ensure they are at ease etc. and that all necessary supports are available, e.g. interpreter, computer, loop system and symbols.

- All interviews related to the investigation must be carried out by a Council Officer and one other professional e.g. from Social Work/NHS/Police. It may also be necessary to include a member of support staff who knows the adults well. If required, appropriate assistance should be made available to address any identified communication need(s).

- Council staff should consider the provision of independent advocacy services when investigations occur.

- Those involved in the investigation should always meet beforehand, to discuss how to proceed, making sure that they are aware of all the facts to date, any background knowledge/information regarding the adults involved and any alleged perpetrator.

5.6 Once the investigatory process is concluded, the Lead Council Officer will be responsible for collating the information obtained ready for presentation to, and consideration at, an Adult Protection Large Scale Investigation Outcome Meeting.

6. LARGE SCALE INVESTIGATION OUTCOME MEETING

6.1 Following conclusion of the large scale investigation, the chairperson of the planning meeting will call a large scale investigation outcome meeting to allow for discussion/deliberation of the findings.

6.2 It would be considered good practice for the chairperson of the outcome meeting to be the same person who chaired the original planning meeting.

6.3 All those who were invited to the original planning meeting should also be invited to the outcome meeting. In addition, any other relevant parties who may contribute to effective decision making should also be invited. For example, if as part of a Large Scale Investigation it was found that skin care was a particular risk factor, a tissue viability specialist might be asked to attend the outcome meeting.

6.4 Representatives of the management of the managed care setting should normally be invited to attend the outcome meeting. Due to the nature of the discussions/deliberations, the staff of the managed care setting may be excluded from sections of the outcome meeting proceedings – this will be at the discretion of the chairperson.

6.5 The chairperson of the outcome meeting will use the set agenda contained within this procedure (see Appendix A) to frame the deliberations.

6.6 Overall, the purpose of the Large Scale Investigation Outcome Meeting will be to:

- Determine, based on the information obtained during the investigation and thereafter, if the service users within the managed care setting are 'adults at risk of harm' under the terms of the 2007 legislation. If this is the case, to THEN:

- Develop an appropriate action plan to address the concerns/risks.

6.7 By the end of the Large Scale Investigation Outcome Meeting, a decision should be reached as to the ongoing management of the concerns. This will result in an outcome of one of the following:

- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users within the managed care setting were no longer found to be at risk of harm.

- Adult Protection Action Plan. This outcome would be selected if the service users within the managed care setting remained at risk of harm. This plan may include actions to safeguard all individuals involved, but may also have specific actions for safeguarding particularly at risk adults within the managed care setting.

6.8 If it is determined that there is an ongoing risk of harm to service users, then an action plan should be agreed at the outcome meeting which clearly sets out how the risks will be managed and addressed.

6.9 The action plan should be specific in regards to those responsible and timescales for implementation.

6.10 In addition, if an action plan has been agreed, then a date for review of the plan must be set at the outcome meeting.

6.11 The Large Scale Investigation Outcome meeting should be minuted and a copy sent to all participants and those who were invited but were unable to attend. The minutes should be circulated within 14 days of the meeting being held.

6.12 If the Large Scale Investigation process terminates at this point, the Chairperson may wish to consider whether a review of the work undertaken is necessary to ensure any learning for the future is taken forward.

7. LARGE SCALE INVESTIGATION REVIEW MEETING

7.1 Following a Large Scale Investigation Outcome Meeting, if an action plan is in place, its effectiveness must be reviewed.

7.2 This review will be conducted via the Large Scale Investigation Review Meeting.

7.3 It is good practice for the chairperson of the review meeting to be the same person who chaired the outcome meeting.

7.4 All those who were invited to the outcome meeting should also be invited to the review meeting. In addition, any other relevant parties who may contribute to effective decision making should also be invited.

7.5 Representatives of the management of the managed care setting should normally be invited to attend the review meeting. Due to the nature of the discussions/deliberations, the staff of the managed care setting may be excluded from sections of the review meeting proceedings – this will be at the discretion of the chairperson.

7.6 The chairperson of the review meeting will use the set agenda contained within this procedure (see Appendix A) to frame the deliberations.

7.7 Overall, the purpose of the Large Scale Investigation Review Meeting will be to:

- Review the effectiveness of the current action plan in place to safeguard those adults involved with the managed care setting;

AND

- Determine, (based on the information obtained during the meeting and elsewhere) if the adults within the managed care setting continue to be 'adults at risk of harm' under the terms of the 2007 legislation.

7.8 By the end of the Large Scale Investigation Review Meeting, a decision should be reached as to the ongoing management of the concerns. This will result in an outcome of one of the following:

- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users within the managed care setting were no longer found to be at risk of harm.

- Adult Protection Action Plan. This outcome would be selected if the service users within the managed care setting remained at risk of harm, despite the current action plan being in place. Resultantly, amendments/changes will likely be made to the action plan to address the ongoing risk.

7.9 If it is determined that there remains an ongoing risk of harm to service users, then a revised action plan should be agreed at the review meeting which clearly sets out how the ongoing risks will be addressed.

7.10 The revised action plan should be specific in regards to those responsible and timescales for implementation.

7.11 In addition, if there remains ongoing risk, and a revised action plan has been agreed, then a date for an additional review of the plan should be set at the review meeting. This review would use the same agenda and procedures as the first review meeting.

7.12 Reviews of the action plan should continue until the risk of harm is reduced to an acceptable level.

7.13 The Large Scale Investigation Review meeting should be minuted and a copy sent to all participants and those who were invited but who were unable to attend. The minutes should be circulated within 14 days of the meeting being held.

7.14 When the Large Scale Investigation process terminates, the Chairperson may wish to consider whether a review of the work undertaken is necessary to ensure any learning for the future is carried forward.

8. APPENDIX A

Large Scale Investigation Planning Meeting

Agenda

1. Introductions and apologies.

2. Recording arrangements.

3. Information currently available from each agency and any reports received.

4. Summary of concerns and current situation.

5. Decide if service users qualify as 'adults at risk of harm'.

   The Act defines an 'adult at risk' as a person aged 16 years or over whom:

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

6. Is a large scale investigation required?

   A large scale investigation will normally be appropriate in situations where multiple service users are considered to be adults at risk of harm due to the same source of concerns.

7. Investigation planning

8. Any immediate actions that need to occur to safeguard service users

9. Consider any notification requirements to other agencies/organisations

Large Scale Investigation Outcome Meeting

Agenda

1. Introduction and apologies

2. Purpose of outcome meeting

3. Discussion of findings from the investigation plus any additional reports received.

4. Clarify if the adults are at risk of harm - note any dissenting views.

   The Act defines an 'adult at risk' as a person aged 16 years or over who:

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

5. Consideration of actions required to protect the adults including application for adult protection orders or other legislation - note any dissenting views.

6. Adult protection plan agreed (include timescales and responsible officers)

7. Review arrangements

Large Scale Investigation Outcome Review meeting

Agenda

1 Purpose of the Meeting

The purpose of the meeting is for participants to provide any information updates since the last meeting, identify any ongoing risks and review the Adult Protection Plan. A decision will also be taken as to whether ongoing Case Conference Management is required.

2 Agency Updates

Each agency should provide a brief summary of any updates/ changes in circumstances since the previous meeting. Particularly focus on any changes in risks which need to be accommodated/ investigated and or issues with the existing protection plan.

The views of the adults and any carers etc as to the effectiveness of the Adult Protection Plan should be sought, along with any suggestions they have for reducing risk/ increasing safety.

3 Review of Adult Protection Plan

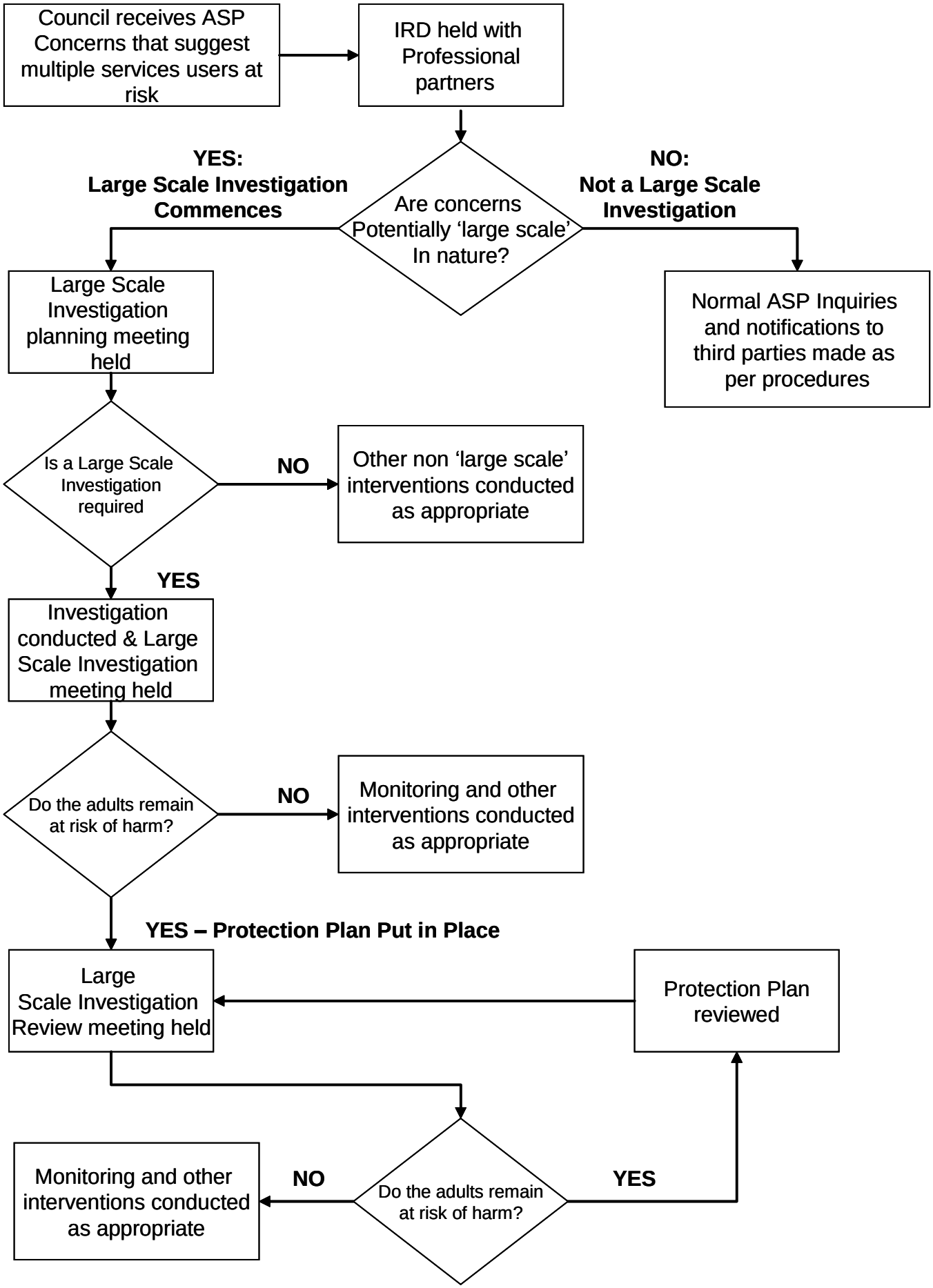
Tasks set at last meeting should be explicitly reviewed. What is working well? Or not so well? Are there any particular gaps? Any required changes or additions should be discussed and agreed here.

4 Arrangements for Monitoring/ Review

(Either specify review date, with reasons, or that review will revert to normal procedures as no ongoing risk/ risk is managed acceptably)

9. APPENDIX B: PROCESS FLOWCHART

NOTE: The flowchart on the following page is designed to provide a simple graphical representation of the large scale investigation process. It cannot cover all possible eventualities, and staff are advised to consult the whole procedure rather than rely on the diagram alone.


Council receives ASP Concerns that suggest multiple services users at risk
IRD held with Professional partners
Are concerns Potentially 'large scale' In nature?
YES: Large Scale Investigation Commences
NO: Not a Large Scale Investigation
Large Scale Investigation planning meeting held
Normal ASP Inquiries and notifications to third parties made as per procedures
Is a Large Scale Investigation required
NO
Other non 'large scale' interventions conducted as appropriate
YES
Investigation conducted & Large Scale Investigation meeting held
Do the adults remain at risk of harm?
NO
Monitoring and other interventions conducted as appropriate
YES – Protection Plan Put in Place
Large Scale Investigation Review meeting held
Protection Plan reviewed
Monitoring and other interventions conducted as appropriate
NO
Do the adults remain at risk of harm?
YES